Preparatory meeting on promoting intersectoral and interagency action for health and well-being in the WHO European Region

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Meeting report

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Introduction

Following the mandate given by Member States at the 65th session of the Regional Committee for Europe through decision EU/RC65(1) ‘Health is a Political Choice’, the WHO Regional Office for Europe is exploring new partnerships to improve health and well-being throughout the WHO European Region, starting with children and adolescents and their families and communities. Within this framework, as part of the ongoing implementation of Health 2020 and in the context of the recently adopted 2030 Agenda for Sustainable Development, a High-level Conference on promoting intersectoral and interagency action for health and well-being in the European Region: working together for better health and well-being will take place in Paris, France on 7–8 December 2016, hosted by the Ministry of Social Affairs and Health of France.

In preparation for the conference, the WHO Regional Office for Europe organized a preparatory High Level technical meeting in Paris on 11 July 2016. Also hosted by the Ministry of Social Affairs and Health of France, the purpose of the meeting was to generate support for collaboration among the health, education and social sectors and to exchange existing good practices to improve the health, education and social outcomes of children and adolescents.

It brought together representatives from the three relevant sectors from 16 countries in the European Region, representatives from the European Commission, ILO, OECD, UNESCO, UNICEF and UNDP and members of the Scientific Committee for the upcoming conference in December to address the challenge and need to promote interagency action between the health, education and social sectors to improve health and well-being.

This meeting report provides an analytical overview of the discussions about: the experiences of countries in implementing intersectoral action for health and well-being among the health, education and social sectors; the challenges faced; the approaches and mechanisms used; the lessons learned; and how these experiences can contribute to developing the recommendations to be presented in the outcome document of the High Level Conference in Paris on 7–8 December 2016.

Roadmap to the High Level Conference: the journey so far

Inequities are growing throughout the European Region, and intersectoral action for health and well-being is fundamental to fully implementing the Health 2020 vision and reducing inequities, in accordance with the recommendations of the 2013 review of social determinants of health and the health divide in the WHO European Region. Its legitimacy stems from the strong evidence on how economic, social, environmental and commercial policies affect a person’s health throughout their life. The recommendations of the review, together with the governance studies that informed Health 2020, clearly show the need for sectors to work together in a whole-of-government approach to address today’s growing systemic challenges and create the conditions for good health and well-being for all.

The meeting was part of an ongoing process to strengthen intersectoral action throughout the European Region and built on important recent work carried out by countries and within the WHO Regional Office for Europe. In addition to the ongoing implementation of Health 2020, it built on three key elements from 2015: (1) The adoption of the Sustainable Development Goals by all United Nations Member States in September; (2) WHO European Member
States adopting decision EU/RC65(1) on health is a political choice at the 65th session of the WHO Regional Committee for Europe in September; and (3) the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk, Belarus in October.

It also built on the outcomes of two recent High Level technical meetings: Promoting intersectoral and interagency action for health and well-being in the WHO European Region: synergy among the health, education and social sectors, held in Paris, France on 24 April 2015 and Strengthening health in foreign policy and development cooperation, held in Berlin, Germany on 28–29 April 2015. These meetings also served as preparatory meetings to the High Level Conference to be held in December 2016.

The 2030 Agenda for Sustainable Development: a transformative narrative

The adoption of the global 2030 Agenda for Sustainable Development and its 17 global goals and 169 targets for sustainable development provides a unique opportunity for the European Region to build on existing regional and national commitments to health and well-being by strengthening its work with new sectors and building new transformative partnerships. The 17 Sustainable Development Goals have become the most important framework in terms of policy development and strategy for all countries worldwide. In the European Region, the transformative agenda of the Sustainable Development Goals reinforces the importance of Health 2020 and its values and principles and builds on its implementation thus far, specifically its focus on partnerships and intersectoral action.

The Sustainable Development Goals drive the global agenda onwards from their predecessors, the Millennium Development Goals, and aim to complete what remains to be achieved. This shift in the international policy agenda from addressing the Millennium Development Goals to addressing the Sustainable Development Goals creates a unique opportunity to act: to take the bold and transformative steps that are urgently needed to shift the world onto a sustainable and resilient path. The transformative aspect of the Sustainable Development Goal agenda is key: it focuses on what needs to be done differently than before and what transformative action is needed to ensure that this opportunity is used to promote sustainable development and improve the world for future generations, while leaving nobody behind.

From a health perspective, taking transformative action requires shifting how the sector thinks: facilitating a move away from a focus on diseases, treatment and acute care towards one on health promotion and disease prevention. Working jointly with other actors is a crucial element of this shift: implementing a whole-of-government approach and working with other sectors to achieve co-benefits and implementing a whole-of-society approach and working with actors from across society to increase community participation, in turn improving equity, empowerment, trust and ownership of people’s own health and future.

The social sector in the European Region also faces greater challenges than ever before. Addressing the current multiple, complex challenges in Europe – economic, cultural, social, environmental and political – requires doing things differently – transformative action – in partnership with other sectors. Evidence shows that more equal societies are happier, healthier and wealthier, and the social sector must move beyond simply redistributing assets to improving social security and towards a greater focus on inclusion and integration and the social processes that facilitate this. Shifting contexts within the Region, such as increased
levels of migration, emphasize the importance and timeliness of this approach.

The priority for education during the Millennium Development Goals agenda was improving access to schools. Although this is crucial, the transformative Sustainable Development Goals agenda moves beyond this, focusing not only on improving access but subsequently on improving the quality of education received, to ensure that learners are equipped with the required competencies for the future challenges they will face. Achieving this requires intersectoral collaboration; robust evidence shows that children with environments that support their health demonstrate better education outcomes, and better-educated children become healthier adults. Building resilience into the education sector and ensuring that the links between childhood development and sustainability are durable requires that they start within primary education and expand and develop throughout the secondary and tertiary levels.

The UNESCO Global Education First Initiative is an example of the education sector’s transformative response to global challenges: education is seen as a means to foster creativity, solidarity and sustainability throughout society, all of which are crucial elements of improving well-being within society and relevant to both the health and education sectors.

A key challenge of a shift towards a transformative intersectoral agenda is the necessity for a new narrative to accompany it: a narrative of the future and not the narrative of the past. The challenge is how to frame the new narrative to truly reflect the challenges and opportunities ahead while communicating effectively with all sectors and all corners of our societies, especially those most vulnerable and most marginalized.

**Partnership between the health and social sectors: high-quality early-years services and programmes for all children and their families**

**Bosnia and Herzegovina: integrated health, education and social programmes**

With the purpose of providing integrated health, education and social programmes for early child development within the system, competent institutions in Bosnia and Herzegovina work on strengthening intersectoral and multidisciplinary approaches for improving child and adolescent health, welfare and health inequities. Since 2003, new principles and standards have been promoted, which recommend enrolling all children in preschool programmes one year before they are enrolled in school and increasing the coverage of children with institutional preschool education.

The intersectoral element of this approach is vital, with continual cooperation between sectors throughout the programmes, at all stages from development to implementation. Engagement of the wider social community is also a key element: NGOs and mass media are used to obtain social support for the programmes, and groups from the community, such as parents, are also involved in the programmes at various stages. The need to strengthen an integrated approach to early child involvement is considered crucial, since it is a prerequisite to ensuring that children are healthy and physically and emotionally ready to be successful and overcome the challenges that life brings.
The programmes aim to move towards focusing on children rather than keeping a traditional sector focus, thus enabling the partnership to be sustained and leading to increased ownership from all sectors, stemming from increased responsibility and accountability for all partners in the programme.

France: tackling inequalities in early childhood

a) France reiterated the importance of early, targeted interventions policies and programmes that are family friendly, gender responsive and without discrimination and stigma. Starting health interventions before birth and ensuring continuity before (prenatal interview) and after birth is crucial to maximize effectiveness. To reinforce this approach, the prenatal interview, distinct from the medical pregnancy monitoring, has been generalized by law in 2016. Further, the link between poverty and parenting problems should not be systematically made, as not all vulnerabilities have a social cause and as poor parents will not necessarily have parenting problems.

France brought forward the key question of the transferability of successful policies and interventions between organizations or countries. To illustrate this point France presented the PANJO intervention programme, which focuses on promoting health and bonding of newborns and their (young) parents. The programme integrates the health sector and social sector approaches and encourages sharing good practices to enable parenting support, the promotion of well-being child abuse to be prevented and well-being to be promoted. It is mainly based on mobile child welfare protection services and home visits for first pregnancies or for lone parents, with more than 5000 clinics throughout the country. The programme was adapted from North America (where it was conducted by psychologists. It was decided to adapt it with paediatric to the French context of “PMI” (Mother and Child Protection), the French child welfare services with over 5000 prenatal care and well child clinics throughout the country. PANJO is conducted by the “PMI” pediatrics nurses through a comprehensive approach, including: home visits, training health professionals, intervention guidelines and analysing professional practices.

Feedback from both health and social sector professionals and families involved in the programme was still being gathered at the time of the presentation. Nevertheless, the programme is a good example and an attempt to experiment on how to combine both the approaches and resources of the health and social sectors to deliver a transformative solution, as well as an example of how such a program can be adapted to the context of different countries.

b) In France, 1 of every 5 people is a child, and 1 of every 3 people who are socioeconomically deprived is a child. The poverty rate among children living with only one parent is 36%. That is why a national strategy for children is needed, with a particular focus on early childhood services, parenting support, fighting against inequalities and parental involvement in education. In 2013, measures were taken within the framework of the multiyear national plan against precariousness and social exclusion, which aimed at supporting parenthood and fighting inequalities.

Key measures have been taken, aiming at reinitiating access to social housing and to basic care and services for the most vulnerable populations, reducing social inequalities, providing financial support to low-income families with young children and addressing geographical inequalities in access to basic services. Further action was developed to better consider the
needs of children, support parenthood and fight inequalities, such as the curriculacurriculum reform that started in September 2014. This includes diversifying early childhood services, improving the social protection services provided to children and improving the consideration given to what the children (as the target group) had to say on the programme design.

Effective intersectoral programmes require better engagement with the community and with targeted people, to better design services adapted to their needs.

**Ireland: intersectoral national policy framework for children and young people**

Better Outcomes, Brighter Futures: the national policy framework for children and young people 2014–2020 is an intersectoral programme in Ireland that adopts a whole-of-government approach to look to the future and identify how to best deliver positive outcomes for children in the areas of early years, youth and education. It is rooted in a sector-wide determination to make Ireland one of the best small countries in the world in which to grow up and raise a family, where the rights of all children and young people are respected, protected and fulfilled, where their voices are heard and where they are supported to realize their maximum potential now and in the future.

The policy framework provides for a range of policy commitments across government departments, clearly emphasizing the evidence-informed approach, coupled with a transformational agenda and goals. The framework identifies 163 action-focused commitments and involves intersectoral arrangements at the highest level of government.

Better Outcomes, Brighter Futures provides for:

- establishing a shared set of outcomes for children and young people towards which all government departments and agencies, statutory services and the voluntary and community sectors will work to ensure a coherent response for children and young people;
- a range of policy commitments in place across government and progression of these based on a structured, systematic and outcome-focused approach;
- emphasizing an integrated and evidence-informed approach to working across government, at the horizontal and vertical levels, which transfers to all sectors and settings working with children and young people; and
- giving priority to key cross-cutting transformational goals under each outcome area, which requires concerted and coordinated action to ensure the realization of the respective outcomes.

The Minister for Children and Youth Affairs recently convened one interdepartmental group in the context of Better Outcomes, Brighter Futures that focused on early childhood care and education to ensure equitable access for all and that is now guiding the future direction of early-years policy.

The recommendations being implemented include:

- provision of additional resources in Budget 2016;
- expansion of the Early Childhood Care and Education (ECCE) Scheme (which is Ireland’s free preschool service) significantly:
  - to ensure equitable access and accommodation for children with disabilities;
to ensure that, from September, children can use free preschool services from age 3 years until they transfer to primary school; and

- to ensure the development of new qualification requirements for childcare workers.

One of the commitments in Better Outcomes, Brighter Futures is to implement the Area-Based Childhood (ABC) Programme to address the impact of child poverty and improve child outcomes. This programme is operational in 10 areas of disadvantage. It is an innovative prevention and early intervention initiative consisting of committed funding for an area-based approach to helping to improve outcomes for children by reducing child poverty. The focus of the Programme covers child health and development, children’s learning, parenting and integrated service delivery. Areas are implementing a range of programmes and services in a variety of settings including schools, early-years settings and the home. Emphasis is placed on enhancing interagency collaboration to ensure that the services being delivered are timely and accessible and have the potential to become mainstreamed.

The key lesson learned from two years of implementation of Better Outcomes, Brighter Futures is that the voice of children (the target group) is crucial to invite, encourage, engage with and listen to. This lesson was translated into policy with the national obesity policy and action plan, published in September 2016, titled A Healthy Weight for Ireland, Obesity Policy and Action Plan, 2016–2025. A fundamental part of the development process was constantly engaging with and considering the voice of children and their views on the future means for implementing the programme. At the same time the obesity policy and action plan was published, the Minister for Children and Youth Affairs published Healthy lifestyles – have your say – a report on consultations with children and young people. The report of the consultations outlines the views of children and young people on what helps them and what challenges they face in having healthy lifestyles. Action in A Healthy Weight for Ireland directly addresses the issues raised at the consultations with children and young people, including those on the importance of healthy food, physical activity, smoking, the home, schools and the local areas, highlighting the importance of these consultations.

Also in 2015, local community development committees have been established in each local authority area. The purpose of this is to bring a more strategic, joined-up approach to local and community development. Children and young people’s services committees connected with these local community development committees, with local government and the national Child and Family Agency provide the local mechanism for giving priority to local action to address issues relating to children and young people. This has shown that action at the local level is crucial, not simply to implement and monitor programmes but to be equal partners throughout the policy development process as well. This is important for sustainability, since it increases ownership by local authorities and local communities.

Ireland’s experience also suggested that ensuring intersectoral action and programmes are mainstreamed, rather than being implemented as projects, increase the likelihood that the sectors will maintain cooperation. This is because the work is considered core business, as opposed to merely a short-term project, therefore increasing interest from both sectors, since they see greater potential for developing further work over time as well as increasing levels of ownership.

The need to engage the people who are most excluded in society is also crucial, although a consensus has yet to emerge on how the health sector can do this to ensure that it is not
merely a consultation process, but rather genuinely fosters lasting engagement. This is still a major challenge. Addressing these issues is part of making the future approach transformational.

Ireland’s experience showed that intersectoral action is challenging and requires considerable effort, input and investment to achieve effectively. This is especially true when intersectoral projects have to break down the traditional vertical model of policy-making and replace it with a participatory cross-sectoral approach. Despite the challenges, however, the impact is much more encompassing than vertical sector-specific approaches.

**Finland: integrated services for families and children**

In many municipalities, Finland has integrated services for families and children in family centres. These centres are a single point for several relevant services that focus on providing preventive services and early support for children and families. Although the core services available come from the social and health sectors as well as early childhood education programmes, experts from other sectors (NGOs, schools, culture and sports) also provide services in the centres. The current government has identified the implementation of family centres across the country as a key priority for their administration, ensuring funding and political will. Similarly to the examples of France and Ireland mentioned, children and families (as the target groups) also actively participated in the decisions taken around the development of programmes and services offered at the family centres and their methods of implementation.

The necessary data to effectively assess the impact of integrated services on children and families are not always available, especially at the local level. This represents a key issue, and new means of collecting, using and disseminating data are therefore urgently required to pursue an effective transformative agenda.

**Montenegro: social and child protection law**

On 16 July 2015, the Parliament of Montenegro adopted the Law Amending the Law on Social and Child Protection. The amendments to the Law introduce an allowance for a parent or a guardian for caring for a person who receives personal disability allowance benefits and a child allowance paid for mothers with three or more children. From January 2016, working mothers with three or more children, who have 25 or 15 years of service, will, if they wish, receive a lifetime monthly benefit of 70% of the average net salary in Montenegro earned in the year preceding the year of exercising that right. In addition, unemployed women with three or more children who are registered at the Montenegrin Employment Agency for at least 15 years can exercise the right to lifelong compensation, amounting to 40% of the average net wage in Montenegro.

The Government of Montenegro has recognized the need for an intersectoral approach in preventing child abandonment and relinquishment, as evidenced by the development and signing of the Protocol on Intersectoral Cooperation for the Prevention of Child Abandonment and Relinquishment by three ministries: the Ministry of Labour and Social Welfare, the Ministry of Health and the Ministry of Education. The Protocol represents an expression of commitment made by the respective ministries to undertake all the necessary measures to prevent institutionalization, to engage in transforming existing institutions and to improve the quality of services and programmes for children.
Montenegro has been using an intersectoral approach to cases of violence against children, as reflected by the work of the local-level operational multidisciplinary teams for protecting children from violence, abuse and neglect. Representatives and professionals from various sectors are working together at the local levels to tackle the issue. In developing social and child protection services at the local level, the establishment of a network of day care centres at the local level is of great importance for improving the situation of children with disabilities. So far, 11 day care centres have been founded in Montenegro. This form of protection of children promotes a larger degree of realization of the rights of children with disabilities, especially children with intellectual disabilities, and their socialization and inclusion in the community. Creating a network of day care centres in all municipalities throughout Montenegro is a key aspect of social welfare reform in Montenegro.

Israel: 360 degrees

Since 2011, Israel has run a programme called 360 Degrees, which is directed towards early childhood development. The programme is allocated to areas of low socioeconomic development; at-risk children who experience problems in development and education are identified from data gathered by maternal and child clinics operated by the Ministry of Health, and the budget for programmes is allocated accordingly. Under the umbrella of 360 Degrees, various programmes exist – social, health, and education programmes. The individual clinics decide the programmes they identify as most likely to be effective for their local context, in accordance with their budget. The maternal and child clinics have been identified as the most appropriate place to deliver the health-related programmes, since they are the first setting where it is possible to make contact with all children. The integrated nature of the services offered by the clinics means it is also possible for service users to access social workers and educational professionals at the same setting.

Greece: universal health coverage

Greece has been at the centre of a surge in migration to Europe, culminating with a current estimated 60 000 migrants and refugees currently in Greece, 40% of whom are children up to the age of 18 years. This has emphasized the necessity for focusing on universal access to services, and the Government of Greece has initiated a plan to integrate full access to school education with full access to health services, by offering services in hospitality centres in each neighbourhood. The plan has a primary focus on disease prevention and health promotion; while universal vaccination coverage is a key target for disease prevention, focusing on facilitating breastfeeding is key to the health promotion element of the plan.

The role of cultural mediators was stressed as extremely pertinent to the context. Refugees and migrants from different backgrounds require cultural health mediators to ensure effective communication, understanding and full use of and benefit from the services offered. A key issue is the need to focus on how services can be redesigned to ensure that they are culturally appropriate and are able to target specific vulnerable groups.

United Kingdom: the Troubled Families Programme

The Troubled Families Programme is a cross-government scheme for England led by the Department for Communities and Local Government and launched by the Prime Minister in 2011 with the stated aim of helping the 120 000 families experiencing the greatest difficulties
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in improving their situation. Initially, the scheme focused on unemployment, truancy from school and antisocial behaviour. Almost three-quarters (71%) of these families had health problems according to the first evaluation. Subsequently, the Programme widened this intersectoral approach to include families with mental and physical health problems, families with vulnerable children and families affected by domestic violence and abuse when it was expanded to include an additional 400 000 families in April 2015. It seeks to challenge the repeating generational patterns of poor parenting in these families by transforming the delivery – and coordination – of local services on a payment-by-results basis. This expanded programme is supported by £200 million a year from the central government and run by troubled-families teams in local authorities, supported by health and other professionals. Each family has an assigned family worker to help address its specific needs and foster links with services as necessary.

Slovenia: pre-retirement programmes and violence prevention

Slovenia is focusing on the lifecycle approach, as advocated in the 2015 Minsk Declaration, and is developing pre-retirement activities to prepare people for retirement. Collaboration between the health and social sectors has led to a first attempt to implement pre-retirement activities to prepare teachers nearing retirement to use their skills after retirement by volunteering in the social sector, for instance in schools for recently arrived migrants. The programme was a response to EU Semester recommendations to address ageing.

The National Programme on Prevention of Family Violence also focuses on joint programmes between the health, social and education sectors, in accordance with the guidelines for violence prevention. The Programme supports projects, for instance aimed at education on violence for at-risk families as well as education for health and social sector workers to deal with violence within families.

Georgia: integrated social and health services

Georgia is starting to implement integrated social and health services. Although the social and health sectors fall under one ministry, the governance structures in place make coordination between both parts of the ministry complex. Once the regional and local levels are added to a specific programme, cooperation and coordination becomes even more complex. Recent programmes have focused on ensuring that both sectors are involved in developing programmes from the outset, thereby increasing ownership and input from both sides. This is being facilitated by the development of a health information system and a social information system – which will be accessible to both sectors. The data collected will allow evidence-informed programmes to be developed that provide co-benefits for both sectors, increasing the potential for being able to transfer programmes across regions and municipalities.

Partnership between the health and education sectors: using the school setting as an arena for health and well-being for all children and adolescents and their communities
France: the health curriculum

The wellbeing of children and young people is a priority for the French government. This common goal is addressed by the education policies in terms of educational achievement, health as a component of citizenship, while the health policies priorities will be the early action on health determinants and the fight against health social inequalities. Article 6 of the French Education Law, adopted in 2013, states that ‘health promotion activities’ fall under the missions of education. The ‘health pathway’ programme in the curriculum is such enshrined in the law, confirmed by the law on modernization of the health system (2016). An intersectoral task force (education and health) built the health pathway program around a shared analysis.

The intersectoral approach insists that intervention be at the earliest age possible and until the very end of the school curriculum. The programme advocates for intervention: starting as early as possible, in kindergarten, at a time when children begin to develop knowledge and skills, and which will decline until the end of the curriculum and schooling; ensuring and improving students’ well-being at school; participating in the fight against social inequalities in health; and creating a structuring and fulfilling environment.

The health curriculum needs to be included in all school projects and developed in three main areas: health education, disease prevention and health protection. It reflects a specific educational approach that promotes the acquisition of skills, knowledge and behaviour.

The health curriculum should involve not only educational professionals but also health professionals, social workers and, more and more, parents. Health and citizenship committees have thus been created within each school to identify the needs and determine the action to be carried out. A collective and interdisciplinary reflection with all relevant actors and staff members is necessary to ensure coherence. Parents are also involved in the programme in various ways: being consulted in the structure, informed of the development or, in some cases, directly involved in the programme, in either delivering or receiving knowledge.

Georgia: educational elements in child day care centres

Georgia has implemented a joint programme between sections of the Ministry of Labour, Health and Social Affairs that brings educational elements to child day care centres. The programme mainly targets children from poor families and focuses on three directions: elementary life skills, literacy and mathematics. One part of the programme offers services to and educates the families, and another part educates health, social and education sector workers on how to deal with the type of children seen in the programme. The programme also includes child behaviour specialists offering psychological services and assistance to children and families.

The programme’s functioning is defined by regulatory frameworks and the funding and budgeting mechanisms linked to them. Different regulatory frameworks exist in different contexts and must be considered when drafting region-wide recommendations for improving intersectoral collaboration between sectors.

Ireland: Social, Personal and Health Education programme

Ireland is working to strengthen the links between the schools and the community. The 1998 Education Act states that Ireland should provide a moral, spiritual, social and personal
education for all. A national programme for education and support for socially disadvantaged children exists. It focuses on the children who are at risk of leaving school early and, through early intervention, aims to prevent this scenario.

A Social, Personal and Health Education programme, at both the primary and secondary levels, also aims at teaching children skills with which they can become active, critically thinking citizens. The programme reiterates this by making strong links to the community settings, ensuring that children feel a part of the local community. The programme forms part of a well-established partnership between the Ministry of Health and the Ministry of Education. From September 2017, a greater emphasis will be placed on student well-being, with a focus on enhancing the physical, mental, emotional and social well-being of students. Although certain core elements of the programme will remain compulsory, such as physical education and personal, social and health education, schools will be given freedom in shaping the rest of the programme to ensure context-specific programmes.

Israel: National Active Healthy Living Programme

Israel recently launched the National Active Healthy Living Programme among the whole population, not only children. The programme has strong intersectoral collaboration built in, including a specific pathway for healthy schools within the programme. The national, regional and municipal levels are all strongly involved and equal partners in the programme. The aim of the programme is to ensure that all schools are health-promoting schools by 2020; the current figure stands at about 20%.

Strong collaboration has been achieved between the Ministry of Health and the Ministry of Sport to promote physical activity to children both in and out of school.

United Kingdom: parental representation on school governing boards

In the United Kingdom, schools involving parents in governance. is mandatory. Their role is to govern in the best interest of students and not to represent or lobby for the wider parent body. However, guidance makes clear that governing boards should have separate arrangements in place for engaging meaningfully with all parents and that governors can assist their school in building relationships with business and other employers to enhance the education and raise the aspirations of students. This may include promoting health.

Republic of Moldova: education for health in preschool and school education

Health promotion in schools is one of the main ways of promoting correct knowledge on various aspects of health and also forming attitudes and skills essential to responsible behaviour and health.

It was demonstrated that 70% of premature deaths among adults are caused by risky behaviour initiated during adolescence, although health promotion, social equity in health should be started in the early development of children’s education in school, family and society.

The topic of promoting healthy lifestyles comprises several disciplines within primary and secondary education: through the compulsory discipline physical education for grades 1–9; the module, on the reproductive system and reproduction in humans for grades 8 and 11; and
Despite this, however, there was an increased prevalence of various types of risky behaviour among adolescents. According to a study on knowledge, attitudes and practices on adolescent health and development in 2012 among 36% of adolescents 15–19 years old, every fourth teenager who has sex does not use contraception. Thus, the incidence of sexually transmitted infections (syphilis and gonorrhoea) among adolescents 15–19 years old is about 180 cases per 100,000 people annually, which is the highest in the European Region. Youth knowledge on reproductive health are still relatively modest: only 38% of 15–24 years old possess adequate knowledge about HIV and AIDS.

Another problem is the consumption of addictive substances. According to the Global Survey on Smoking in Adolescents, more than 1 in 10 adolescents 13–15 years old were smoking. Teenage smoking is a habit and is considered quite accepted as a social mediator (smokers have more friends). Among adolescents, 23% believe that smoking helps people to feel more comfortable at celebrations, parties and social gatherings.

The 2008 Strategy for School Education includes a strong focus on health education. The strategy promotes personal hygiene, physical education and ecological education throughout all levels of the education system. The strategy noted the co-benefits that could be achieved by the health and education sectors working together.

One issue raised by the Republic of Moldova was the notion that wider society could also present significant challenges as well as being potential partners in interventions. The example of the integration of children with disabilities and learning difficulties into mainstream schools was given. The greatest challenge to this integration stems from public mentality and existing social stigma. Opposition comes from civil society, parents, teachers and other members of the community. Overcoming this opposition requires a shift in cultural understanding, which can only be achieved by all relevant sectors working and engaging with society to educate them about the issue and the rights of children with disabilities or learning difficulties.

**Greece: environmental and health curriculum**

Since 1995, Greece has maintained a focus on environmental education throughout its national curriculum. A network of 53 centres for environmental education has been operating, which encourages close collaboration between the Ministry of Health, the Ministry of Education, Research and Religious Affairs and the Ministry of Environment and Energy. The centres for environmental education run several thematic networks at the school level, focusing on different topics of environmental education.

Although funding limits the programme, the collaboration between the health, education and environmental sectors is longstanding and provides a solid foundation to integrate environmental education for sustainable development, and the health effects, into the national curriculum in Greece.

**Finland: school health check-ups**

Every year in Finland, parents are involved in three comprehensive school health check-ups at their children’s schools, where they are able to raise concerns about the health and safety
of the school setting. This provides an opportunity for the school to engage with the parents, and for parents, as stakeholders, to input into the design of the school setting, from physical environment to school catering. This raises awareness of the importance of a healthy setting among parents and ensures that the school is held directly accountable to key stakeholders.

**UNESCO: global awareness in a global world**

The necessity of focusing on sex education and gender equality should not be understated. UNESCO emphasized that young people themselves call for culturally accurate, comprehensive sex education to be made available to all. In addition to sex education, the importance of global citizenship education was highlighted. Globalization on our doorstep necessitates a discussion on global awareness, critical thinking and how we approach an interconnected world. A thorough understanding of their role in an increasingly expanding and connected world is crucial to a person’s well-being. It is not good enough to simply impart knowledge, but it must be given in the context of the world in which young people will be growing up. In Europe, with increased migration and shifting cultural and social norms, this is especially pertinent.

**A transformative partnership between the health, education and social sectors to reach the 2030 Agenda for Sustainable Development**

**France: experience of the National Nutrition and Health Programme**

The Prime Minister initiated a National Nutrition and Health Programme in France in 2001. Intersectorality is at the root of the policy – it is administered by a steering committee bringing together many different ministries (Agriculture, Education, Consumption, Social Affairs, Research, Internal Affairs and public health agencies) and coordinated by the Ministry of Health. A follow-up committee was also established to discuss elements of the Programme, which includes representatives of local authorities, the food economic sector, consumer and patient associations. Its main objective was to improve the state of health of the whole population by acting on one of the main determinants: nutrition. Policies under the programme are comprehensive, ranging from developing pedagogical tools for nutrition education in schools to regulating the commercial marketing in the school setting, banning vending machines in schools (since 2005) and limiting snacking at school or even parents participating in meals commissions in some schools.

Although the programme has been successful, its implementation faced many challenges, among which the including adapting local specificities, the need for consistency and coherence among all levels, sectors and actors and the right balance between collaboration and partnership. The delegation of responsibility among levels of governance can also be testing: depending on the context, national, regional, municipal or local levels – with the full participation of civil society – may be most effective or most appropriate. Public–private collaboration also raises challenges as does the extent to which NGOs should be involved in developing or implementing government-run policies and programmes. A lack of available capacity to conduct follow-up evaluations also contributes to a lack of data, lowering the transferability of the policy.
Kyrgyzstan: Strategy 2020

The Government of Kyrgyzstan approved the national Health 2020 Strategy (Strategy for Protection and Promotion of the Population Health of the Kyrgyz Republic until 2020) to improve the whole-of-government approach for health based on a cross-sectoral and nationwide approach to protecting and promoting public health. Key elements of the national health programme administered under Health 2020 include improving cross-sectoral collaboration, improving social protection and focusing on improving agriculture and water supply. A government platform has been created for cross-cutting issues with participation of representatives of all ministries and state agencies and chaired by the Vice Prime Minister –: the Coordinating Council on Public Health. The council discusses different activities and interventions under the national action plan on different Public Health issues, as well as information campaigns on healthy lifestyles for children and families. The Council discusses activities and interventions under the national action plan on public health issues as well as the media plan for covering joint activities.

In a period of two years, a transformative systemic process has occurred, with engagement at the national level, the local level and the village level. The key limitations are the lack of public stable and sustained financial resources to engage in sustainable activities and the persistent low engagement of some government institutions.

Ireland: Healthy Ireland

In 2012, Ireland adopted Healthy Ireland, a framework to improve the health and well-being in the country for the period 2013–2025. Several intersectoral mechanisms were established at a high level involving regular meetings with representatives across key government departments. The Cabinet Committee on Social Policy oversees the implementation of the framework at the government level.

Although it might sound trivial, a photograph of every government minister with a copy of the framework convinced all stakeholders that cross-sectoral commitment was present from the outset and ensured wide-scale commitment to implementation across all the other relevant sectors.

The implementation of Healthy Ireland has been ongoing for three years; the lesson is that, although it is not easy to do, it is achievable. There have been four key challenges to implementation.

- **Measurement** – better methods of measuring the success of policies need to be developed. Although better working relationships have been developed with other government departments and stakeholders, measuring the overall success of the policies is difficult, especially at such an early stage;.
- **Responsiveness** – the European Region is changing rapidly, and policies must be able to adapt with it;.
- **Budgets** – financial mechanisms to effectively share budgets between sectors must be identified.
- **People** – it is necessary to develop a shared understanding between different stakeholders such that, although they might be described differently, there are mutually beneficial outcomes between stakeholders, and building the right relationships with the people in other organizations can help to develop mutually
acceptable approaches and can assist in knowing whether engagement is taking place with the right stakeholders to achieve maximum impact and efficiency.

Slovenia: health and agriculture

Slovenia has developed effective collaboration between the health and agriculture sectors. This was achieved by the health sector identifying the drivers in the agriculture sector and communicating to them using multidisciplinary competence and the language of the agriculture sector. The health sector identified an entry point – fruit and vegetables, because the meat and milk lobbies were too strong within the agriculture sector – and the sector engaged throughout, since their competence was necessary to deliver the programme. Working with national institutions that support different sectors is also key to building relationships and partnerships with these sectors and to build understanding of the other sectors and potential synergy.
Key issues for developing recommendations

The High Level Conference in Paris, France in December 2016 will be asked to endorse several recommendations to facilitate and strengthen collaboration between the health, social and education sectors. The following are key points from this meeting regarding developing these recommendations.

- **Start early.** The evidence shows that early childhood care is most effective. The Review of social determinants of health and the health divide in the WHO European Region concludes that the highest priority is to ensure a good start in life for every child, focusing particularly on “adequate social and health protection for women, mothers-to-be and young families and making significant progress towards a universal, high-quality, affordable early years, education and childcare system.” The 2015 Minsk Declaration emphasizes the commitment of Member States to this, the adopted text stating: “The earliest years of life set the tone for the whole of the lifespan.”

- **A child focus and not a sector or institution focus.** Moving away from an approach focused on sectors or institutions towards a child focused (targeted) approach helps to build responsibility, accountability and ownership among all partners and enables the partnerships developed between sectors to be maintained in the future. This shift in focus is an example of transformative action.

- **A child focus and not a family focus.** By focusing on families, we are missing the large number of children for whom the concept of a healthy and meaningful family does not exist. A child focus would ensure that no child is excluded, whatever their circumstances. It also links to the importance of starting early and enables intervention for all individual children as opposed to waiting to identify instances in which the family or support structures fail and then intervening with the children, thereby pre-empting the negative effects of this situation on childhood development. This links with the Sustainable Development Goal phrasing “nobody left behind.”

- **Better engagement, either directly or through mediators, with parents or children when developing interventions.** More emphasis must be placed on the role of the local community or group that is the target of the services during the development and design phase of services and interventions. The involvement of future service users from the outset increases local ownership and participation and encourages local solutions that are context-specific and culturally sensitive. It helps in understanding the context of the locality or particular group targeted and ensures that existing services are also redesigned to be culturally appropriate.

- **Use clear and inclusive language to define the new narrative.** Being transformative requires redefining the narrative to tell the narrative of the future and not the narrative of the past. To ensure worthwhile engagement with the whole of society, the narrative and language used must be clear and concise, inclusive and not alienating.
• **A transformational change requires altering how we approach public policy – initiating a shift in both focus and power from the national level to the local level.** Allowing meaningful investment in creating capacity for the social economy at the local level, and working with NGOs and other stakeholders as partners where appropriate, is crucial to this.

• **A greater role for mental health.** Mental health is key to health and well-being – especially in modern society – for children, parents and families and must be addressed separately and specifically in the recommendations. Significant social and cultural shifts within the Region, such as increased migration, are leading to increased mental health complexities that must be addressed. Support for professionals working with children must be provided to ensure that they feel comfortable and competent when recognizing and dealing with issues of mental health.

• **Tackle the commercial determinants of health.** The commercial determinants of health must be tackled through a combination of policies. The commercial determinants should be tackled individually as well as collectively, to ensure that none is overlooked. Such industries as the alcohol and food industries frequently use the same tactics as other industries, such as tobacco, and even hire the same public relations companies to represent them, and hence the lessons from tackling one determinant of health can be transferred to approaches for tackling others. Fiscal policies, regulatory policies and education policies are all crucial to effectively address the commercial determinants of health and must be used in conjunction with each other to be effective.

• **Identify effective financial and budgetary mechanisms for allocating joint budgets between sectors.** The most effective mechanisms for allocating budgets across sectors for intersectoral programmes must be identified.

• **A new construct of overlapping vulnerabilities.** Vulnerabilities are not siloed. There is a wide range of vulnerable groups, including children and families from disadvantaged backgrounds; those suffering from geographic isolation, people with disabilities, the economically disadvantaged, homeless people, people who suffer disadvantage for gender, race or ethnic background, and migrants. A different range of vulnerabilities exists both within and between these groups. Our services are not currently prepared for the complexities of overlapping vulnerabilities and must be redesigned to ensure that they are. This requires flexibility and adaptability of services to respond to shifting social and cultural dynamics.

• **More data and new types of data must be collected.** Follow-up research (monitoring, measuring and evaluation) is needed to increase the capacity to transfer effective policies and programmes, both at the country level and throughout the European Region. New ways of measuring the success of intersectoral programmes are also necessary. More data need to be collected at different levels, especially the local level, where few data exist in many cases.

• **Our sectors must lead by example.** The health, education and social sectors are three of the largest employers in a country, and the public sector should set a good example for other sectors to follow.
• **Public–private collaboration.** The private sector is increasingly one of the major driving forces behind global environmental, economic and social change – all determinants of health. Engagement with the private sector is not always appropriate, but it can be; the private sector permeates all communities, at all levels, and its knowledge and understanding of local communities therefore represents an often-untapped resource and an asset that, if appropriately and ethically harnessed, as outlined in the whole-of-society approach in Health 2020, can contribute significantly to health and well-being. However, although partnerships with industry may have some role to play, experience dictates that they need to be backed up with a strong threat of legislation to ensure industry compliance.

• **Share not only best practices, but also failures.** Sharing stories and experiences was underlined as a useful mechanism to strengthen intersectoral action for health in countries while promoting the exchange of expertise across the Region. However, these stories should also include failures and not simply best practices, as engaging with failures can help overcome similar barriers in the future. Sharing experience also contributes to the potential for scaling of initiatives, while some initiatives work very well on a particular level of governance (for example the local level), they may not always be transferable to another (for example the regional level).

• The European Platform for Investing in Children of the European Commission has a repository of evidence-informed practices from throughout Europe that can be searched by topic to facilitate the transfer of best practice.

• The OECD social policy division is working on a family database, including collecting data on issues related to families and effective social interventions.
Annex 1: Scope and Purpose

Intersectoral action for health and well-being is fundamental to the implementation of the 2030 Agenda for Sustainable Developments as well as fully implementing the Health 2020 vision – the European policy framework for health and well-being. Its legitimacy stems from the strong evidence on how economic, social, environmental and commercial policies have an impact on a person’s health through life. The recommendations of the Review of social determinants and the health divide in the WHO European Region together with the governance studies that informed Health 2020, clearly show the need for a whole-of-government approach to address today’s growing systemic challenges to creating the conditions for good health and well-being for all.

Following the mandate given by Member States at the 65th session of the Regional Committee for Europe (RC65) through the decision EU/RC65(1) ‘Health is a ’Choice’, the WHO Regional Office for Europe is exploring new partnerships to improve health and well-being, starting with children, adolescents and their families. Within this framework a High Level Conference on Promoting intersectoral and interagency action for health and well-being in the European Region: working together for better health and well-being will take place in Paris on 7-8 December 2016, hosted by the Ministry of Social affairs and Health, France. In order to inform and steer both the programme and the content of the Conference, a preparatory Level technical meeting will take place in Paris on 11 July 2016, outcomes of which will seek to generate support for collaboration among the health, education and social sectors and to exchange on existing good practices to improve the health, education and social outcomes of children and adolescents.

This one day meeting will bring together selected countries with experience in joint actions across the health, education and the social sectors with the aim to improve health and development in early childhood and to create the conditions for adolescent health and well-being. The meeting will draw on the good practices and share learning on how to move towards addressing the common challenges in health and equity outcomes through strengthened partnership and working across sector. The meeting will look at joint areas of work for health, education and social sectors with a view to developing concrete inputs and recommendations for the upcoming High Level Conference in December 2016.

A particular focus will be on strengthening social participation in decisions that affect the health of children, adolescents, their families and communities; as well as strengthening accountability and policy coherence across sectors.

The preparatory meeting discussions will be framed around the following key questions:

1. What are the key actions being taken at national, regional and local levels jointly by the health, education and social sectors to improve children’s and adolescent health, well-being and address health inequities?

2. What instruments, tools and mechanisms are being used to strengthened cooperation between health, education and the social sector at national, regional and local levels?

3. What models are available to help identify strategic entry points and instruments for collaboration across different countries and contexts?
What was the impact and what lessons can be drawn from the experiences?

The expected outcomes of the preparatory meeting to input into preparation and proceedings of the High Level Conference in December 2016 include:

1. Deeper understanding of the range of approaches available to Member States for increasing cooperation between the health, education, and social sectors (through selection of good practices);
2. Deepening the understanding of the areas for capacity strengthening amongst the sectors for joint working including a) institutional capacity b) professional capacity c) financial capacity;
3. Better understanding of the possibilities for transferability of recommendations, interventions, and mechanisms/instruments from one context to another;
4. Identifying strategic priorities and entry-points for intersectoral action among these sectors at the country and regional levels and the key tools and instruments to facilitate implementation;
5. Identifying gaps in evidence and research to address the issues discussed, including greater joint-sector research, civil society and community participation into research and new forms of evidence (through identification of issues to be further explored by the Scientific Committee).

Feeding directly into the High Level Conference in December 2016, this preparatory July meeting will:

1. Concretely identify good practices from the Member States to be presented at the High Level conference;
2. Discuss the background document of the High Level conference;
3. Building on identification of the priorities of the High Level conference, discuss the conference’s scope and purpose, as well as draft programme;
4. Prepare questions and issues for the Scientific Committee to explore towards the High Level conference.

Format

The meeting will be held in English and be conducted as a moderated discussion, using a structured template which will be circulated ahead of the meeting.

Participants

The meeting will be attended by invited Member States, representatives from NUN agencies and international organizations, members of the Scientific Committee of the Paris conference and civil society representatives.
Annex 2: Programme

Annotated programme

Monday, 11 July 2016

9:00-10:00  
**Opening Remarks**  
Benoit Vallet, Director General, Health, Minister of Social Affairs and Health, France (5 mins)  
Piroska Ostlin, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe (5 mins)

Presentation from Monika Kosinska, Programme Manager, Governance for Health on the roadmap towards and draft outcome document for the Paris High Level Conference, 7-8 December 2016. (10 mins)

**Keynote speech by Professor Ilona Kickbusch, Co-Chair of the Scientific Committee (20 mins)**

**Questions and answer session**, all participants (20 minutes)  
Moderated by: Christoph Hamelmann, Head of Office, WHO European Office for Investment for Health and Development, Venice, Italy

10:00-11:30  
**Session 2: Partnership between the health and social sectors: high quality early years services and programmes for all children and their families**  
This session will discuss the draft recommendations for the High Level conference related to early childhood, and including tackling inequalities and vulnerability. It will look at national and local levels and will take the form of an exchange amongst Member States and participants. It will include good practice to be brought to the High Level conference; identify priorities and gaps to be further explored by the Scientific Committee meeting.

**Presentation of recommendations (5 minutes)**

**Discussion**, all participants (1h25 minutes)  
Moderated by: Christine Brown, Programme Manager Social Determinants of Health and Equity, WHO Regional Office for Europe  
Moderated by: Martin Weber Programme Manager Child and Adolescent Health, WHO Regional Office for Europe
13:00-14:30  
**Lunch**

14:30-16:00  
**Session 4: A transformative partnership between health, education and the social sectors to reach the 2030 Agenda for Sustainable Development**  
This session will discuss the draft recommendations for the High-level conference related to partnership and intersectorality, and will include building capacity across sectors, as well strengthening accountability and policy coherence. It will specifically explore new areas including transferability and scaleability of interventions, commercial determinants and new actors. It will take the form of an exchange amongst Member States and participants. It will include good practice to be brought to the High Level conference; identify priorities and gaps to be further explored by the Scientific Committee meeting.

**Discussion**, all participants (1h25 minutes)  
Moderated by: Matthias Wismar, European Observatory on Health Systems and Policies

16:00-17:00  
**Session 5: Closing and next steps.**  
This session will summarise the discussion and proposed inputs for the High Level December Conference, including good practices to be presented in December, preparation of the background document, the December programme, and priorities and gaps to be presented to the Scientific Committee for the discussion.

**Closing presentation: Didier Jourdan, Co-Chair Scientific Committee**

**Questions and answer session:** all participants  
Moderated by: Monika Kosinska, Programme Manager Governance for Health, WHO Regional Office for Europe

**Closing remarks:**  
Benoit Vallet, Director General, Health, Minister of Social Affairs and Health, France (5 mins)  
Piroska Ostlin, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe (5 mins)
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Meeting report: Preparatory meeting on Promoting intersectoral and interagency action for health and well-being in the WHO European Region, 11 July 2016, Paris, France

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