ABSTRACT
The Regions for Health Network (RHN), established in 1992, is a platform through which more than 30 regions and many associated partners in the WHO European Region work together to address and share experiences to improve population and individual health and well-being. The RHN’s annual meetings provide a forum for regions to come together, report on progress and plan future joint activities. The 27th annual meeting was hosted by the Flanders region in Belgium, and took place on 5–7 December 2022 in Brussels. On the first day, a joint high-level conference organized by RHN, the European Regional and Local Health Authorities and the European Committee of the Regions was held to discuss three important topics: digital health, cross-border cooperation and value-based health care. On 6 and 7 December, participants shared insights on regional health governance for better health and well-being, with a focus on the thematic issues mental health, behavioural insights, human resources for health, climate change, caring neighbourhoods and integrated care. Participants also discussed a joint roadmap for health and well-being for the RHN, including priority themes and activities for 2023–2026.

Keywords
EUROPEAN PROGRAMME OF WORK (EPW), REGIONAL DEVELOPMENT, WELLBEING, RESILIENT SOCIETIES, HEALTH INEQUITIES, SUSTAINABLE GROWTH

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Health and well-being in times of crisis: building resilience and learning from practice

27th annual meeting of the Regions for Health Network

Brussels, Belgium, 5–7 December 2022
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This meeting report was developed by Katie Palmer (WHO Consultant) under the overall guidance of Bettina Menne (WHO European Office for Investment for Health and Development, Italy), with revisions provided by Solveig Wallyn (Agency for Care and Health, Flanders, Belgium) and Alvise Forcellini (WHO Consultant).

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Executive summary

The 27th annual meeting of the Regions for Health Network (RHN) took place on 5–7 December 2022, on the topic “Health and well-being in times of crisis: building resilience and learning from practice”. It was the first in-person meeting of the Network since 2019. The meeting was attended by 150 people, and marked the 30th anniversary of the founding of the RHN.

The meeting comprised two events. The first day (5 December 2022) was devoted to a joint high-level conference with the European Regional and Local Health Authorities on cross-border healthcare cooperation, digital health and value-based health care, hosted by the European Committee of the Regions. Its goal was to provide an understanding of the related policy-making processes and trends in the European Union (EU) and in countries in the WHO European Region, and to discuss regional implementation of such policies.

The final two days were hosted by the Flanders Government. Members of the RHN, partner organizations, politicians and youth representatives contributed to the meeting through plenary presentations, panel discussions and parallel working group sessions on local and regional governance for better health and well-being. The meeting focused on strengthening health systems through improving integrated long-term care and mental health, as well as supporting a more resilient and sustainable health and care workforce. A further aim was to discuss the promotion of healthier populations by utilizing behavioural and cultural insights, tackling climate change and creating caring neighbourhoods. Underpinning the meeting was discussion and development of a new RHN roadmap for better health and well-being in the regions.

The discussions and outcomes of the 27th annual meeting of the RHN demonstrated the importance of having both a platform for exchange of ideas and good practices and a community in which to nurture dialogue on health and social care that emphasizes the vital role regions play in the promotion of healthier societies. During the closed RHN business meeting on the final day, the regions expressed their expectation that the Network would increase efforts to exchange best practices among its members; engage policy-makers and young people more actively; and identify new opportunities for collaboration on specific technical topics, supporting a health in all policies approach and interdisciplinary collaboration.
Background

The Regions for Health Network (RHN), established in 1992, is a platform through which more than 30 regions and associated partners in the WHO European Region work together to address and share experiences to help improve population and individual health and well-being at the regional level. Over the past three decades, the Network has supported the development and implementation of regional health policies aimed at improving the health of the population, building on policies and approaches such as the Sustainable Development Goals; Health21, the health for all policy framework for the WHO European Region; Health 2020, the European policy framework and strategy for the 21st century; the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”; and the 2030 Agenda for Sustainable Development.

On 5–7 December 2022, the RHN marked its 30-year anniversary by holding its 27th annual meeting, which was generously hosted by the Flanders Government – one of the founding member regions of the RHN. The first day consisted of a high-level conference jointly organized by the RHN and the European Regional and Local Health Authorities (EUREGHA) reference network, kindly hosted by the European Committee of the Regions. The annual meeting was the first opportunity for the RHN members to meet in person since the COVID-19 pandemic, and a hybrid format enabled participants and speakers to join online if they were unable to attend in person. After the challenges of the pandemic, the event provided an opportunity to address lessons learned and to forge future strategies on the theme of “Health and well-being in times of crisis: building resilience and learning from practice”.

Objectives of the meeting

The overall objectives of the 27th annual meeting of the RHN were to:

- discuss local and regional health governance for better health and well-being;
- increase awareness and understanding of key policies from the WHO Regional Office for Europe, and discuss strategies for implementation;
- share lessons and experiences on effective strategies to strengthen health systems, create healthier populations and increase well-being within the regions;
- agree on a joint roadmap for health and well-being in the regions, including priority themes and activities for 2023–2026;
- enhance dialogue among RHN members, and identify potential areas for bilateral and multilateral collaboration;
- develop a common understanding, jointly with EUREGHA, on three important topics: digital health, cross-border cooperation and value-based health care.

The meeting consisted of plenary presentations by invited speakers, both in person and online; panel discussions; and parallel sessions (see Annex 1 for the meeting agenda). In addition, polls were provided to participants throughout the meeting, using an interactive audience integration application to gauge opinion on key questions.

Deep-dive sessions were organized, with the aims of:

- understanding the current level of evidence and policy directions
identifying challenges
proposing priorities for future action
identifying priorities for RHN contributions.

This report is organized according to thematic topics rather than structured as a chronological report of the meeting proceedings. Thus, the contents do not follow the exact order of the agendas but reflect on common concepts emerging from both meetings and recurrent themes that appeared in different sessions from various speakers.

Opening of the meetings

Day 1 – Joint high-level conference of the RHN and EUREGHA

The WHO Regional Director for Europe, Hans Henri P. Kluge, joined online to deliver the opening speech. He thanked the European Committee of the Regions for hosting the event, and the RHN Secretariat and EUREGHA for organizing it. He remarked that 30 years have passed since the RHN was established, and described how the Network had embraced health policies and strategies throughout the decades.

He noted that the Network was ready to adapt during the COVID-19 pandemic, which is an essential capacity. He emphasized that “today, we are living in a state of constant threats, a kind of ‘permacrisis’ as some have coined it”, from the climate crisis to conflict and humanitarian crises, economic challenges, antimicrobial resistance and communicable disease threats such as COVID-19 and monkeypox. This was the reason the meeting’s themes focused on health and resilience in times of crisis, including “building resilience and learning from practice”. He welcomed the creation of a new roadmap for the RHN, and encouraged members to play to their strengths and look forward.

The President of the European Committee of the Regions, Vasco Alves Cordeiro, joined online to thank EUREGHA and the RHN for organizing a relevant event, highlighting their longstanding collaboration. He emphasized how cooperation was crucial when the COVID-19 outbreak began, and is still vital as countries focus on the ongoing conflict in the WHO European Region and the need to be ready for current and future threats. Local and regional synergies were important during recent challenges, and an important lesson learned is that regions are more effective at facing emergencies when they work together, as this helps to build on existing capacities and to foster innovation. Emergencies of all kinds are often dealt with first at the local and regional levels; thus, regions need to be sitting alongside decision-makers when responding to health crises and building resilient health systems.
Participants were welcomed by Hilde Crevits (Vice-Minister-President of the Flanders Government and Flemish Minister for Welfare, Public Health and Family, Belgium), who thanked the European Committee of the Regions for hosting the event. She described how the Flanders region, one of the founding members of the RHN, is a strong advocate for collaboration between regions, and is successful at bringing together local and regional health-care authorities. She underlined how important joint conferences are for cooperation, before briefly discussing the three themes of the day (value-based care, digital transformation and cross-border health care), and encouraging participants to foster the RHN and EUREGHA to enable regions to participate fully in these areas.

Giovanni Gorgoni (Chair of EUREGHA, Belgium) welcomed participants and speakers. He noted the 10-year anniversary of EUREGHA and the 30-year anniversary of the RHN, and described how the concept of a region encompasses the notion of community, proposing that community well-being is the future of health. He discussed the themes that would be covered during the meeting and spoke about their relevance to the regions.

An RHN introductory video was played, and the new Coordinator of the RHN, Bettina Menne (WHO European Office for Investment for Health and Development, Italy), expressed her pleasure at meeting everyone for the first time in person. She thanked EUREGHA for hosting and co-organizing the meeting. She highlighted that of the 31 regions in the RHN today, five were among the founding members 30 years ago. Compared to when the RHN was launched three decades ago, huge progress has been made in areas such as improved life expectancy and lower child mortality. Nevertheless, regions are still tackling problems such as noncommunicable diseases and mental health disorders, and solidarity, security and safety are currently at stake. She emphasized that “we have moved from basic information technology tools such as fax machines to living in a world where technology extensively connects us; thus, we can rapidly take action that can help us to deal with three main areas of work within the RHN: further strengthening our health systems, healthier populations and preventing health threats”.

Following this, Michele Calabrò (Director, EUREGHA, Belgium) discussed the main themes of the meeting and described how interactive audience polls would be used to gauge the opinions of participants on various questions.

Day 2 – 27th annual meeting of the RHN

Opening the RHN annual meeting on the second day, Dirk Dewolf (Administrator-General, Flanders Agency for Care and Health, Belgium) welcomed participants to Brussels, congratulated the RHN on its 30th anniversary, and expressed the Flanders region’s pleasure in hosting the meeting. He outlined the need for international dialogue with WHO and other subnational authorities, and the requirement to focus on the interests of citizens, describing regional and local authorities as important in a governance framework for health and care systems.

Natasha Azzopardi-Muscat (Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe) welcomed participants to the meeting and thanked the Flanders Government for hosting. She described the RHN as an important and unique network that has made much progress over three decades, and suggested that now is the time to pave the way forward with new ways of thinking. She spoke about the ongoing programmatic work of the WHO Regional Office for Europe, and discussed key points related to the topics that would be discussed at the meeting. She concluded by emphasizing her continued commitment to working with the regions.
Chris Brown (Head, WHO European Office for Investment for Health and Development, Italy) presented the concept of the well-being economy, whereby public interests should determine economics rather than the other way round. She described how people want to thrive and not just survive. Citizens have expectations of living in healthy, safe communities, and want their authorities to deliver public policies that secure a better life today and for future generations. She presented some examples of how regions are driving the well-being economy through innovations such as the Health Justice Partnership in London, United Kingdom, and suggested that national-level strategies and budgets need to be shaped from the bottom up. Finally, she urged the regions to share their examples of how they are driving the well-being economy to enable RHN members to guide each other.

Solveig Wallyn (Policy Officer, Flanders Agency for Care and Health, Belgium) acknowledged the significance of being able to meet face to face, and highlighted the immense evolution of the RHN over its 30-year history. She thanked the WHO Regional Office for Europe for supporting the Network, and emphasized the importance of the regions working alongside WHO: in this way, they can share experiences and strategies, and WHO can also learn from the regions. After introducing the objectives of the RHN annual meeting, she stressed the need to set priorities for the coming years, both within the regions and for the Network.

A new roadmap for better health and well-being for the RHN (2023–2026)

Bettina Menne (WHO European Office for Investment for Health and Development, Italy) introduced the proposed new roadmap for better health and well-being for the RHN (2023–2026). Regions for health have significant regulatory and legislative powers in relation to health care. In addition, because they are closer to the local level, they are in a unique position from six perspectives: regulation, integration, intersectoral partnerships, citizen engagement, equity focus and population data.

The roadmap acknowledges that the RHN is a growing platform, bringing together subnational authorities across the WHO European Region, with the aim to:

- promote better health and well-being at all ages across sectors and settings;
- secure universal access to high-quality care without financial hardship;
- protect against health emergencies;
- power health through science, data and innovation.

During the discussion, 11 themes from four strategic priority areas were selected as the focus for cooperation across the RHN in the coming years (Fig. 1).
Fig. 1. The RHN roadmap: four goals and 11 thematic priorities

Protecting against health emergencies
- Subnational programmes on emergency prevention, preparedness and response

Promoting better health and well-being at all ages, across all sectors and in all settings
- Planetary health, One Health, climate change and environment
- Social sustainability
- Health in the well-being economy

Empowering health: harnessing the power of science, data and innovation
- Health literacy
- Public health surveillance
- Digital health

Securing universal access to high-quality care without financial hardship
- Human resources for health
- Integrated, value-based and personalized long-term care
- Mental health care
- Cross-border public health

To support the implementation of these priority areas, participants suggested that the Network’s strategic objectives should include:

- developing a forward-looking vision that could be turned into practice;
- placing health and well-being high on the key political agendas;
- promoting investment for health and well-being at the regional level;
- building an inspiring platform of innovation for sharing data, evidence, intelligence and good practice for better health and well-being;
- supporting the implementation of the WHO priorities and the United Nations 2030 Agenda;
- acting as a bridge between national commitment and regional and local delivery;
- leveraging opportunities to collaborate, at both the national and international levels;
- promoting joint advocacy and learning among RHN members;
- sharing resources and progress.
Governance for health and well-being

This session looked at the RHN in the broader context of governance for health in the WHO European Region from different angles: the perspective of regions that are members of the RHN; the viewpoint of partner organizations that actively promote health and well-being; and the standpoints of politicians who hold key positions within the regions.

Katie Palmer (Consultant, WHO European Office for Investment for Health and Development, Italy) presented a history of the RHN from its creation in the early 1990s, and described how the activities of the Network aligned with global health strategies and policies. Drivers of success that have helped the RHN survive and progress over three decades include the co-creation of the network, horizontal sharing of information, the focus on regional rather than national health priorities, cross-sector collaboration and partnerships, and the flexibility and willingness to adapt and change.

The common goals of the RHN cannot be achieved without strong political support at all governance levels (internationally, nationally and regionally). A panel of political representatives from regions within the RHN discussed the main challenges for health in the coming years and how the RHN can support health promotion. Odile Mekel (Head of the Division of Healthy Settings, North Rhine-Westphalia, Germany) gave an opening address from her Ministry on behalf of Birgit Weihrauch (former RHN focal point, North Rhine-Westphalia region) and Gerhard Herrmann (current RHN focal point, North Rhine-Westphalia region). She said how remarkable it was that regions from western, central and eastern Europe had joined together to form the Network in 1992, and how it had allowed interactions between regions, enabling them to learn from each other within an international context. It was a special honour for her region to be part of the RHN from the start, as the launch meeting was held in Düsseldorf, the capital of North Rhine-Westphalia. Health systems vary widely from one country to another, and the creative solutions adopted in different regions can stimulate the development of ideas and approaches that can be integrated into other systems. Today, the RHN is dealing with important issues related to the health and care workforce, rising costs of living, climate change and the COVID-19 pandemic. It is still a vital source of inspiration and a platform for exchanging information, experiences and ideas, just as it was 30 years ago. She remarked that the Network is unique, and thanked the RHN for its commitment and collaboration.

Linnea Hultmark (Political Adviser, Västra Götaland, Sweden) noted how the regions can find inspiration and useful methods from the RHN for their work in health promotion, and stressed the importance of comparing and discussing both challenges and successes. She outlined some major challenges for health in the coming years, describing how her region and Europe share the same health development goals and challenges, such as an increase in health inequality. It is vital to increase the health and well-being of people who are being left behind, and to address the shared challenges related to strained economies and political conflicts.

Maria Luisa del Moral Leal (General Secretary, Regional Ministry of Health and Consumers of Andalusia, Spain) stressed that Andalusia faces similar challenges to those of other regions. Demographic changes have led to an increase in the elderly population and associated chronic multiple pathologies. Therefore, coordination with social, economic and climate change sectors, among others, is essential. She stressed that primary care is the gateway to the health-care system, as well as being its backbone. She also emphasized the importance of taking a life-course approach to mental health – with a particular focus on prevention – taking action in schools, workplaces and homes for elderly people. Secure digital health for all, including health-care professionals and citizens, is needed. A further challenge is to motivate health-care professionals to make them feel that they are part of the system, focusing on humanization and a holistic approach.
Andrei Gritco (Head, Ungheni Territorial Office, Republic of Moldova) began by accentuating how the RHN annual meeting had exceeded his expectations. He shared several positive examples from his region that others could learn from, such as an agreement from 2014 between Romania and the Republic of Moldova on mutual aid for cross-border care that prioritizes medical emergency services on land and air for passport control. Another example was how the government organized a vaccination campaign with local authorities, mayors and public service leads, many of whom put aside their differing political views to come together for a common goal. He finished by encouraging technical focal points to communicate with politicians in a simple, effective and solutions-based manner. He thanked the RHN members for sharing fantastic examples from their regions, and agreed that the promotion of health and well-being, as well as a focus on humanization, should be at the heart of the Network’s activities.

Katja Čič (Manager, Youth Health Focus) joined online to discuss the importance of the voice of younger individuals, highlighting that young adults are affected by policies that concern them. Most habits are formed when people are young, and can affect their lives for years to come. She proposed the need to increase health literacy and encourage healthy lifestyles, with interventions targeting young people as potential clients, with a particular focus on prevention. Youth advocates need to be engaged as equal partners in cross-generational dialogue. She suggested that the RHN could include youth representatives from each region, emphasizing the motto “Say nothing about us without us”.

Value-based health care: the way to future-proof health systems?

Dimitra Panteli (Programme Manager, European Observatory on Health Systems and Policies, Belgium) introduced several definitions of what value-based health care means, including the European Commission’s Expert Panel on effective ways of investing in health, which recognizes that value may depend on the stakeholder’s perspective, defined as:

- a comprehensive concept built on four value-pillars: appropriate care to achieve patients’ personal goals (personal value), achievement of best possible outcomes with available resources (technical value), equitable resource distribution across all patient groups (allocative value) and contribution of health care to social participation and connectedness (societal value).

She discussed how resilience and value-based health care are aligned, and proposed 12 main policy levers (Box 1). The European Observatory on Health Systems and Policies has developed

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a framework for measuring and improving health system performance, which is being used in collaboration with the European Commission to test resilience.

**Box 1. Main policy levers for value-based health care**

1. Working across sectors for health
2. Fiscal and regulatory measures for health promotion and disease prevention
3. Strengthening primary health care
4. Funding health care for universal access
5. Setting a health benefits package
6. Strategic purchasing for health gain
7. Paying for quality
8. Integrated people-centred health services
9. Evidence-based care
10. Stepping up the introduction of eHealth and digital health
11. Involving patients in their own care
12. Involving citizens in decision-making

Sally Lewis (National Clinical Director, Value Based Health Care, Wales, United Kingdom) presented an example of how her region has been tackling obstacles to delivering value-based health care. The organization was formed at a time when value-based health care had been one of the main health-care philosophies and delivery mechanisms for several years. She reiterated that every policy lever (see Box 1) is needed to deliver value-based health care. She gave examples from Wales of the three most major obstacles:

- **culture** – in terms of the culture of the country, government, health-care professionals, patients and the public;
- **data and digital challenges** – especially regarding how to define and measure outcomes, as clinical outcome data often do not reflect the experience of patients/the public, and measuring patient-generated data can be expensive and labour-intensive;
- **policy and delivery outcomes**, which often not aligned to the principles of value-based health care – for example, waiting times are often used as an outcome measure, but many other factors also matter.

She described ways that the organization had attempted to tackle some of the major obstacles in Wales, including the importance of stakeholder engagement and collaboration with centres such as Digital Health and Care Wales, which share clinical audit data to help identify unmet needs and improve health-care systems. Further, Value Based Health Care has been creating standard approaches to digital communication with patients and the public, as well as patient-reported outcome measures, which has helped to create interoperability across Wales and a focus on informal and formal education and engagement with major stakeholders.

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Kaisa Immonen (Director of Policy, European Patients’ Forum, Belgium) discussed the definitions of value-based health care, arguing that some definitions are too simplistic. The concept of value-based health care from the perspective of the European Patients’ Forum is more complex than others, as it acknowledges the importance of what matters to individuals, citizens and patients. Although there is often a focus on the health-care aspect of a patient’s journey, there are also extremely important elements to consider in terms of health promotion and prevention, determinants of health, health equity and access to health care. She stressed the importance of putting patients at the centre, as active partners in care, and felt that some value-based health-care models put too much emphasis on patients as “customers”, whereas a participatory approach is needed. She emphasized the necessity to collect evidence through research, to translate evidence into knowledge, and to involve patients in guideline development and service design – to go beyond empowerment and shift to a concept of “participatory approaches”.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

**Challenges**

- Outcome measurements often do not measure patients’ perspectives adequately.
- Difficulties exist in comparing outcomes in different systems, both within and between regions, especially if the value-based indicators differ.

**Priorities for future action**

- Appropriate and effective mechanisms need to be developed to measure outcomes.
- Policies should focus on people rather than “patients”.
- The co-benefits of value-based health care and its spillover effect for other sectors (such as education and employment) should be recognized and communicated.
- The focus should be shifted to the potential costs of inaction, including for primary and secondary prevention.

**Possible RHN contributions**

- Modalities of “participatory governance” should be increased so that decisions and policies made at different levels reflect citizens’ and individuals’ values and needs.
- Person-centred communities that build value-based health care into local action (such as sport, leisure and schools) should be developed to create integration between health care and other sectors that work together to build community resistance at a human level.
Integrated/long-term care

Stefania Ilinca (Technical Adviser on Long-term Care, WHO Regional Office for Europe) described how long-term and integrated care is primarily a local and regional responsibility—not only in the direct implementation but also in the planning, financing and organization of services. She explained the meaning of long-term care, noting that WHO defines it as “medical, social, or personal services, and supports that allow people who are either at risk of, or already experiencing declines in intrinsic capacity to maintain a level of functioning that is consistent with their human rights and dignity”.

She described the concept of integrated care, which WHO defines as “an approach to strengthening people-centred systems through the comprehensive delivery of services across the life-course”, and explained that the term “integrated care” is used interchangeably to describe a design principle, a service delivery model or a care practice. She highlighted three main dimensions that are essential to integrated care: integration across sectors, between informal and formal care, and across governance levels. She highlighted the need to focus on the interface between the health and long-term care sectors, with an emphasis on communities. The boundary between primary care and community-based long-term care could be bridged by developing harmonized standards, procedures and care pathways. The WHO guidelines on integrated care for older people provide a model with a set of tools and practices. Many countries in the WHO European Region have a national policy on long-term care that includes different sectors. However, less than half see health and social care needs as interconnected, and account for them jointly in assessments that allow access to care. She stressed that nurse-led case management and case coordination are invaluable, and mentioned that the main component of positive outcomes that users and their families identify is continuity of care with a trusted professional. She ended by highlighting the importance of prevention-oriented approaches to long-term care and of preserving independence.

Examples from regions

The focus of the parallel sessions focused on community- and primary care-based integrated and long-term care, looking at local solutions and identifying good examples that can be built on.

Anneleen Craps (Primary and Specialized Care Division, Flanders Agency for Care and Health, Belgium) described how the Flemish Agency for Care and Health works with the Flemish Institute for Primary Care (VIVEL) through the governance of primary care boards. VIVEL has specific

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tasks focused on integrated care in the region, including advising and coaching, creating and monitoring. The long-term initiative includes a two-year re-evaluation.

Mariana Dyakova (Head of International Health, Deputy Director of WHO Collaborating Centre, Public Health Wales, United Kingdom) discussed how the region has been using an integrated health and social care system for some time. This works on both a vertical (governance) and a horizontal (sectors/organizations) level. Public Health Wales uses people-centred care and Health in All Polices approaches. From a practical perspective, seven local health boards are responsible for health-care services within their regions (such as public health, primary care, secondary care and ambulatory care). She presented some of the most important national levers from the Welsh Government, such as the Well-being of Future Generations (Wales) Act, which mandates public bodies to follow five ways of working: prevention, long-term thinking, collaboration, integration and involvement (of people/users/communities); value-based health care; and grass roots innovation. From an international perspective, Wales, United Kingdom, utilizes horizon scanning and analyses what other countries and regions do. Wales has adopted an innovative person-centred model for social prescribing, which includes not only general practitioners (GPs) but also self-referral to services focused on health promotion, as well as legal and social support. She also highlighted the importance of using social return on investment methodology to assess health programmes, which combines well-being, social, economic and environmental outcomes and impacts. The Public Health Wales WHO Collaborating Centre has developed a social value database and tools to help utilizing this approach.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

**Challenges**

- Integrating social care within the health-care frameworks is a major challenge. Nevertheless, this challenge has been addressed in the Andalusia region, where social workers are included in integrated care teams.
- “Social prescribing” is increasing in importance – for example, in Wales, United Kingdom, GPs can prescribe walking, greenspace and well-being interventions, among others.
- Several regions reported that the COVID-19 pandemic helped to speed up collaborative processes, linking more parts of the care system together. However, the burden on informal caregivers increased. They are not always properly included in integrated care programmes, even though they play a pivotal role.
- Quality indicators differ hugely between regions and within different parts of the care system; they need to be better defined and standardized.
- Integrated care initiatives within the regions have often included attempts to involve multiple stakeholders – for example, by including different representatives on the relevant boards and planning teams, and including patients and individuals from society, informal caregivers, and prevention and health promotion representatives, alongside health-care workers.
- Cross-border integrated care is a challenge, as an individual’s place of residence might be far from where their health and social care services are delivered.
Priorities for future action

- Informal carers need to be recognized and integrated into the system.
- Health-care frameworks need to ensure that informal caregivers are part of the care team (to achieve person-centred care).
- Initiatives should be developed to reach and teach patients and informal caregivers about integrated care.
- The links made during the COVID-19 pandemic between different health and care workers, health-care settings and services, should be built on to leverage existing connections.
- Systems should be integrated on a vertical (governance) and a horizontal (sectors/organizations) level, and should focus on health promotion as well as legal and social support.
- A wide range of representatives on primary care boards and networks should be involved, to ensure that all stakeholders are represented – including patients and people within their networks, informal caregivers, social workers and representatives from long-term care facilities.
- The inclusion of social workers on primary care boards and health-care planning teams should be considered.
- The use of “social prescribing” and integrated care and support plans should be supported, with input from care recipients and both formal and informal caregivers, with set goals for the patient (a goal-oriented focus).
- A life-course perspective should be adopted to help achieve healthy ageing through health promotion and prevention strategies.
- Focus should be placed on value-based health care, and outcomes and quality indicators to assess value should be identified and quantified – including, for example, investigating how care is perceived by individuals and preventing hospitalization of individuals with frailty.

Possible RHN contributions

- These aims can be supported through sharing of good practices, developing a repository of tools and, potentially, European joint funding.
- The possibility of joint study visits should be investigated.
- Work should be undertaken on the inclusion of informal caregivers within regional integrated care systems.
- Regions should endeavour to increase horizontal sharing and learning on best practice and initiatives in other countries and regions.
The health and care workforce: time to act

Tomas Zapata (Programme Manager, Health Workforce and Service Delivery Unit, WHO Regional Office for Europe) illustrated that the WHO European Region is facing a potential crisis due to shortages of health and care workers, insufficient recruitment, unattractive working conditions and difficulties in attracting workers to underserved geographical areas, among others. In addition, the average age of health-care professionals is increasing, with large proportions of professionals due to retire within 10–15 years. This issue sits alongside an increase in health-care needs due to ageing populations and a rise in noncommunicable diseases. One of the main causes of disruption of health services during the COVID-19 pandemic, and the subsequent backlogs and long waiting lists, was the shortage of health and care workers. A 2022 WHO report proposed a set of 10 effective actions to strengthen and support the health and care workforce in Europe (Box 2).

### Box 2. Effective actions to strengthen human resources for health

1. Align education with population needs and health service
2. Strengthen continuing professional development to equip the workforce with new knowledge and competencies
3. Expand the use of digital tools that support the workforce
4. Develop strategies that attract and retain health workers in rural and remote areas
5. Create working conditions that promote a healthy work–life balance
6. Protect the health and mental well-being of the workforce
7. Build leadership capacity for workforce governance and planning
8. Strengthen health information systems for better data collection and analysis
9. Increase public investment in workforce education, development and protection
10. Optimize the use of funds through innovative workforce policies

### Examples from the regions

Kurt Van Landeghem (Head of Division, Flemish Care Fund and Care Professions, Belgium) described how the number of open vacancies in their region has doubled over the last five years, noting that retirement is approaching for many health and care workers. The government has been trying to address this demand, including by avoiding overconsumption and ensuring that

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the limited supply of workers is allocated where they are most needed. A further need is to define legislative starting quotas in terms of how many new students can start to study medicine or dentistry, as well as subquotas relating to which specializations are needed. Predictive analytics run by experienced data scientists and analysts could be used to account for demand (such as the age of the population) and supply (such as the gender distribution of the workforce and need for maternity leave). He reported that planning has been done in anticipation for the coming 15 years.

Noemi Casas (Event Coordinator, Health House, Belgium) presented the Flanders region’s Health House and explained how digital health is contributing to addressing the future health workforce challenges. These include expertise platforms, chatbot functions that can reduce consultation times, and technologies to detect seizures and support post-surgery rehabilitation. It is imperative to involve health and care professionals in the design of digital health tools, and to assess tools’ effectiveness and cost–effectiveness to allow digital technologies to be an integral part of the health and care workforce.

- Some countries, such as Romania, have tried innovative solution to address these issues – for instance, by asking medical students to work for one year in rural or remote areas.
- Catalonia has initiatives for individuals undergoing family physician training, to attract more health-care workers in rural areas; they are given special financial incentives to take part of their residencies in rural areas and, once qualified, they can receive additional financial incentives. However, the amount is small and should be increased.
- A study on the shortage of nurses in border regions in Germany evaluated and compared hiring and retention strategies from both sides of the border to evaluate the number of nurses needed and assess the levels of acceptance of technology (such as the use of robots).
- In Sweden many health and care workers in the northern area of the country are supplied by companies that hire private staff to work there. However, mixing private workers with public services can be problematic.
- Kaunas (Lithuania) made a political decision that when medical students graduate, they must work in the country for five years without moving abroad. However, setting limits on where young physicians can work and live can be controversial. The regions feel that it is important to improve the living conditions of workers in rural and remote areas by, for instance, offering free or subsidized accommodation and other facilities.
- Baden-Württemberg (Germany) has a programme to improve the working conditions of midwives. Although there are no financial incentives, the programme funds a centre where a specific administrative post has been formed, which frees the midwives from administrative tasks, allowing them to focus more on their clinical duties. Additionally, they have working schedules that try not to overburden staff with long periods on duty.
- Veneto (Italy) has a lack of physicians and midwives. Health and care workers receive the same salaries in all areas, and the region believes that there is a need to create more health-promoting workplaces regardless of the location. The region reported that, when well organized, community nursing works well.

Canada is facing problems attracting family physicians, especially in rural areas. Initiatives are in place for hosting medical students in multiple rural communities, or they can gain experience working in vulnerable communities in cities.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.
Challenges

- Challenges remain in connecting regional and national political levels.
- Difficulties abound in attracting health and care workers to rural and remote areas. Many regions – such as those in Cyprus, France, Greece, Hungary and Romania – have areas described as “medical deserts”, where some parts of the population have inadequate access to health care, especially in rural and remote areas. Data on this are sparse, however, so it is difficult to measure this from a health and care workforce standpoint.
- Border regions also have issues with hiring and retaining health and care workers if working conditions vary on different sides of the border.
- Gaps exist in long-term human resources for health planning. For example, the ageing of the health and care workforce is ongoing but has not been adequately planned for. In some areas there is no good baseline to assess or monitor the effect of policy interventions. Quantification of the number of nurses and other health and care workers is not readily available.
- Certain occupations – for instance, primary health-care specialties – are currently less attractive than other specializations.
- Many professionals are interested in learning how to use digital tools, but they face difficulties in using the instruments currently available.
- There is a need to identify levels of acceptance of digital health technologies.

Priorities for future action

Participants selected the following top three actions from a list of 10 to strengthen human resources for health:

- aligning education with population needs and health services;
- expanding the use of digital tools that support the workforce;
- creating working conditions that promote a healthy work–life balance.

Possible RHN contributions

- Regions should improve investment in health and care workers to strengthen health systems and increase resilience to future pandemics.
- Regions need to plan long, act quickly and update frequently.
- The three key action points selected by participants should be prioritized.
Mental health: a community perspective on the life-course approach

Ledia Lazeri (Regional Adviser on Mental Health, WHO Regional Office for Europe) discussed how mental health issues, which are widespread, have been a long-neglected area of health, and mental health care is undertreated and underfunded. There is a significant treatment gap between those who need care and those who receive it, and although the situation in the WHO European Region is slightly better than in other areas in the world, only 2% of health budgets on average are allocated to mental health. Further, the COVID-19 pandemic had a significant and widespread impact on the mental health and well-being of populations, with an estimated 25% increase in the prevalence of depression and anxiety disorders, especially among younger people. She described three pillars of the WHO European Framework for Action on Mental Health 2021–2025:?

- mental health service transformation that focuses more on promoting self-care and management;
- protecting people against health emergencies – for example, integrating mental health into emergency preparedness, response and recovery;
- adopting a life-course approach and tackling mental health through health promotion, prevention and protection.

She described the Pan-European Mental Health Coalition as an important implementation mechanism that brings together a critical mass of partners, including nongovernmental organizations, advocacy organizations, employers and labour advocates, as well as youth organizations. Discussion in the parallel session focused on three priority areas: the mental health of young people; awareness and mental health literacy; and quality of care and system enablers.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

Challenges

- All three priority areas currently face common challenges: mental health is chronically underfunded; there is too much focus on inpatient care and segregated residential care; and a life-course approach is lacking.
- Current actions to address the mental health of younger people focus too much on treatment rather than prevention and mental health promotion.

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Schools were identified as an important setting for early interventions. However, they are not easy settings, with multiple barriers, including determining who will carry out activities and how they can be framed. Further, it is difficult to motivate overworked teachers and staff within the education sector to focus on mental health activities, as they often feel that these do not fall within their duties or responsibilities.

Challenges related to engaging young people in mental health activities include those due to stigma, or use of services and strategies that are not appropriate or relevant to them.

There is lack of mental health literacy and awareness across all areas of society, and stigma is a major barrier.

Challenges related to quality of care and system enablers include long waiting times – especially for younger people, limited access to appropriate and affordable treatment, a lack of integration between different sectors and services (mental health and social and physical health), and difficulties in prioritizing resources when budgets are limited.

Priorities for future action

- Further investment is needed in mental health promotion and prevention initiatives in all community settings, and mental health enabling environments need to be created – particularly in schools, workplaces and settings for older adults.
- Better financial support for psychological interventions needs to be achieved.
- Existing institutions and agencies should be strengthened before new ones are created.
- Safe environments to talk about mental health should be created.
- It is important to improve understanding of what young people want, through better co-design and co-creation processes.

Possible RHN contributions

- Knowledge on mental health should be generated and disseminated to improve understanding of the needs of different stakeholders.
- Capacity-building in best practice participatory approaches should be supported, and techniques and methodologies co-designed.
- Mechanisms should be developed for continued priority-setting and experience-sharing, including peer-to-peer learning.
Cross-border cooperation in health care: new trends and lessons learned from COVID-19

Matthias Wismar (Programme Manager, European Observatory on Health Systems and Policies, Belgium) introduced the Cross-Border Patient Rights Directive (2011/24/EU) and gave two examples of new lessons learned since the COVID-19 crisis. First, cross-border patient mobility during the pandemic was an enormous logistical effort, but showed great solidarity. Second, it is not just patients who move over borders but also health-care professionals and experts. The European Reference Networks for rare diseases are examples of patients, experts and health-care professionals collaborating and needing to travel across borders. He gave two concrete examples from a recent publication on cross-border collaborations (the bi-national Hospital de Cerdanya/Hopital de Cerdagne and Franco-German cross-border cooperation before and during the COVID-19 crisis). He then presented some old lessons from cross-border cooperation before the pandemic, such as the need to:

- improve the European Health Insurance Card;
- have better information for health-care professionals and patients;
- end financial risk for patients;
- improve continuity of care;
- improve user-friendliness;
- strengthen the European Reference Networks;
- strengthen the evidence base and monitoring of bilateral agreements;
- better integrate and support the possibility of further bilateral agreements.

Julia Winkler (Healthacross Initiative, Health Agency of Lower Austria) presented the work of the Healthacross initiative, which aims to facilitate access to health-care facilities close to home for citizens living in bordering regions. From the patients’ perspectives, there are three important aspects: where can patients go to access health-care services that are close to home, how can they get there, and who will pay. She presented examples from Healthacross, including a collaboration with Czechia and Lower Austria, where cross-border inpatient and outpatient care is now possible. She also described a pilot project for transferring neonates with birth complications across the border for specialist care. Healthacross is now working on ways to improve how patients travel – for example, by ensuring that the closest available emergency service vehicle is sent to a patient, irrespective of which country they are in. She also discussed payment issues, as different countries have different payment processes, which are not always convenient for the patient. She emphasized the importance of talking to health-care professionals, local mayors and patients, to identify what is needed in each region and to devise pilot projects to try to get political backing.
Donata Meroni (Head of Unit, Health Monitoring and Cooperation, Health Networks, European Commission, Belgium) discussed how cross-border health care can alleviate health system burdens, especially in rural areas, as seen during the COVID-19 pandemic. She stressed how important this was at the regional level, and noted that small countries such as Luxembourg have some good examples of cross-border care, as do Austria, Belgium, France and Germany. Each year more than 300,000 patients take advantage of planned health care abroad in the EU, and this offers a lifeline to patients when the most appropriate treatment or nearest hospital is in another country. She mentioned that, in addition to giving patients the right to information on cross-border care, it is also important to have complaints and appeal mechanisms in place. The European Commission has evaluated the Cross-Border Patient Rights Directive (2011/24/EU), and published a Commission report, including an evaluation of shortcomings and an action plan.\textsuperscript{8} It was reported that the Directive successfully provided a legal framework to strengthen cooperation in three main areas: rare diseases, eHealth and health technology assessment. It also found areas to improve, such as disproportionate administrative procedures, gaps in awareness of obligations, and uncertainty over treatment in other countries – especially in terms of payment. The action plan seeks to raise awareness of patient rights in cross-border health care, increase confidence and reduce financial risk for patients. The Commission organizes the exchange of best practices within countries through national contact points, but would like to involve the regions in the future to pass on best practices and share examples.

Several participants described examples of cross-border health-care initiatives in their regions. These included EU Prevent in Limburg, Kingdom of the Netherlands, where approximately 8% of patients receive cross-border health care; and the Dutch/German Cross-border Institute of Health-care Systems and Prevention, which is a joint initiative of the University of Groningen in the Kingdom of the Netherlands and the University of Oldenburg in Germany. The Institute is conducting several research projects that look at similarities and differences in health-care systems and structures, to identify the main barriers to cross-border care.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

**Challenges**

- Gaps exist in cross-border cooperation on public health, which were highlighted during the COVID-19 pandemic.
- Better data on patient mobility are needed, especially at the national level.
- It is often difficult to get health-care information or data about a patient from a different region or country; cross-country electronic records linkage might help.
- Patients and health-care professionals are not always aware of their rights.
- Cross-border care processes can be very complex and time-consuming.
- Regions outside the EU cannot rely on the benefits of the Cross-Border Patient Rights Directive or the European Health Insurance Card, so more bilateral agreements might be needed.
- Prevention and health promotion are also essential on topics such as alcohol and sugar taxes, for example, as these have a huge impact on the health and well-being of citizens.

Priorities for future action

The top three priorities (identified in a poll) for enhancing cross-border cooperation in Europe were:

- reduction and simplification of administrative procedures to access cross-border health care;
- enhancement of collaboration among cross-border public health institutes and professionals;
- simplification of reimbursement procedures.

Participants also identified needs to:

- address the mobility of the health-care workforce to ensure that regions do not have a lack of professionals and experts;
- target informal caregivers in addition to the health-care workforce in cross-border capacity-building.

Possible RHN contributions

- Cooperation on cross-border capacity-building for regions in the RHN should be promoted and improved, through sharing of good practices, updating available publications and initiating new exchanges between cross-border regions.

The role of regions in the digital and data transformation

David Novillo Ortiz (Regional Adviser on Data and Digital Health, WHO Regional Office for Europe) presented the Regional digital health action plan for the WHO European Region 2023–2030\(^9\) and its five guiding principles for appropriate and sustainable adoption of digital health solutions:

- placing the individual at the centre of trustworthy care;
- understanding health system challenges;
- recognizing the need for policy decision-making based on data, evidence and lessons learned;
- leveraging digital transformation to reimagine the future of health systems;
- recognizing that this requires long-term commitment and an integrated care approach.

He further described how to set up a regional direction (Fig. 2).

Fulvia Raffaelli (Head of Unit, Digital Health, European Commission, Belgium) introduced the European Health Data Space (EHDS) proposal, which was presented by the Commission in May 2022. It aims to regulate the transmission and sharing of health data across the EU for both private individuals and researchers or policy-makers. She stressed that sharing data will save lives, and described how the proposal is formed around two main pillars: primary use and secondary use of health data. The second focuses on greater availability of health data to support the production of new and innovative medicines and devices. Data protection is one of the main elements, since the EHDS puts individuals at the centre by empowering them to access, share or hide their health data.

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as they wish. She explained that the EHDS is fully supportive of WHO’s Regional digital health action plan, and encourages European countries to develop legislation and policies to support digital transformation in the health-care sector.

**Fig. 2. Setting up a regional direction**

| Setting norms, developing evidence-based technical guidance and formulating direction | Enhancing country capacities to better govern digital transformation and advance digital health literacy | Building networks and promoting dialogue and knowledge exchange | Conducting horizon-scanning and landscape analysis to identify solutions that are patient-centred and can be scaled up |

Isabelle Johansson (Head of EU Office, Region Östergötland, Sweden) discussed how digital transformation is a way of making health and care services more people-centred, and noted that good examples of how to do this exist within regions, as they are the main health-care providers. She stressed the importance of knowing what role the regions will have leading up to implementation of WHO’s Regional digital health action plan, and what concrete support they can provide. Some clarity is needed on legal and information technology-related issues for specific details, particularly with regard to primary and secondary use of data. Region Östergötland conducted a survey including different components about digital health needs, receiving input from Member States in the WHO European Region on what needs to be done, and the views of relevant partners and stakeholders.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

**Challenges**

- The top three barriers to overcome to get the most from digital transformation at the regional level (identified in a poll) were: the lack of harmonized standards for data quality and reliability, fragmented regulatory frameworks, and gaps in digital and health literacy and skills.

**Priorities for future action**

- A catalogue of digital health solutions for researchers, innovators and policy-makers should be developed.
- Focus should be placed on usability and simplicity of tools so that less emphasis is needed on digital literacy.
• Users such as health-care professionals and patients should be involved in the development of tools.
• There should be a push to improve and advance harmonization and interoperability.
• Regions should ensure that data governance is an essential priority.

Possible RHN contributions

• The RHN could support sharing of best practices. For example, several regions reported using COVID-19 recovery funds to develop, implement or evaluate digital health solutions, and this work should be continued and expanded.
• Regions can share good examples of health and care workforce skill development for the digitalization of the workforce. Regions are often responsible for training and educational programmes, and there are financial and funding opportunities that may help to support regions for this.

Caring neighbourhoods

Kira Fortune (WHO Healthy Cities Coordinator, WHO Regional Office for Europe) presented the concept of caring neighbourhoods, and discussed how poverty and inequity are two of the greatest challenges of the century. She provided a definition of a “caring neighbourhood” (Box 3), and presented the three pillars and eight building blocks of a caring neighbourhood (Box 4). The three pillars are participation and inclusion; connecting informal and formal care; and intersectoral collaboration that focuses on prevention, health promotion, provision of integrated care and support with a focus on quality of life. There are stark differences between and within countries, but also within regions and cities in terms of health and life expectancy. The WHO European Region faces several challenges, including increasing urbanization, child poverty, noncommunicable diseases, mental health, air pollution and road traffic injuries, among others. In terms of implementation, many networks such as the RHN and the Healthy Cities Network focus on how local solutions can help to tackle complex global challenges.

Box 3. What is a “caring neighbourhood”?

In a caring neighbourhood, conditions are met so that people, regardless of age and large or small support needs in multiple life domains, can (continue to) live comfortably in their home or familiar neighbourhood. It is a neighbourhood where young and old live together, where people feel good and safe, where quality of life is central, where residents know and help each other, where people and families with large and small support needs receive support and where services and facilities are accessible and available.

Box 4. Eight building blocks of a caring neighbourhood

1. Social networks
2. Strengths and talents (everyone will have needs in the future; all have talents)
3. Raising awareness and providing information
4. Detection of care needs (early detection of needs of vulnerable people; ability to refer to health-care facilities)
5. Refer people to care services
6. Intersectoral collaboration (a bottom-up approach)
7. Analysis and evaluation of the impact of caring neighbourhoods (know your neighbourhood with quantity and quantity information)
8. Policy advice (theory of change; what impact is the aim to achieve?)

Examples from the regions

The Flemish policy on caring neighbourhoods was introduced by Isabelle Van Vreckem (Project Coordinator, Caring Neighbourhoods, Belgium). The Policy Caring Neighbourhoods project put vision into practice with 133 two-year caring neighbourhood projects that started in March 2022. The projects were initiated by municipalities and health and welfare organizations, using local partnerships co-created by residents. They are supported by a consortium with more than 15 academic and research centres. They include coaching and training on key topics (such as neighbourhood analysis, theory of change, participation, inclusion, intersectoral collaboration, healthy public space and asset-based community development). Alongside this, research is being conducted by the collaborating academic institutions with the aim of creating practical tools to develop a sustainable caring neighbourhood and give concrete policy recommendations. The goals are to scale up the number of caring neighbourhoods, and to inspire and inform the wider field.

“Caring Leuven”, introduced by Renilde Alaerts (Coordinator, Zorgzaam Leuven), currently includes 12 pilot projects covering more than 100 000 people in Leuven, with plans to scale up to the entire region. It includes a multidimensional approach, with care pathways and care programmes, multidisciplinary vicinity teams of primary care professionals, data-driven population management and financial incentives. The integrated, self-managing community neighbourhood teams include a local network of GPs, pharmacists, nurses, physiotherapists and other professionals. The teams include individuals with specific roles such as coaching, operational management and a care coach (proactive coordination for people with complex needs using, for example, care plan tools to support self-management of the individual and aid communication with their care team). They have also constructed a population health management dashboard. Lessons learned were discussed, such as the importance of networking to know and learn about other health and welfare
actors, and the need for powerful, pioneering leadership. The Caring Leuven team recommended staying faithful to your model and giving it time to grow, self-evaluating and learning from others.

Camilla Ihlebæk (Professor in Public Health, Norwegian University of Life Sciences, Norway) presented an example of using schools as an arena for co-creating participation, equity and well-being in neighbourhoods in Norway. Health and well-being are primarily created and maintained within areas outside the health sector; thus, schools are good places to use for co-creating equity within communities and neighbourhoods. Their project includes a primary school located in a deprived area with high immigration, which is open from morning to evening with activities that all people can participate in. The teachers saw the project as an asset, as they could get to know people and the principal of the school was a committed and important driver of the project.

During panel and audience discussions, several priorities for future action and possible RHN contributions were identified.

### Priorities for future action

- There is a need to look into the role of regional health and social authorities who can work at the local level to promote the development of caring neighbourhoods.
- Current projects should be replicated from the bottom up, with local actors starting to work together, making agreements to work in the same place and focusing on what needs to be improved, and organizing themselves within the community.
- People should be encouraged to get involved without financial incentives, possibly by providing incentives from the regions that link to actions and resources.

### Possible RHN contributions

- RHN members can continue to share their experiences of implementation strategies and examples of activities that promote caring neighbourhoods in their regions.

### Co-creating local climate solutions

Vladimir Kendrovska (Technical Officer on Climate Change and Health, WHO European Centre for Environment and Health, Germany) described some key points from the United Nations Climate Change Conference, the COP26 Health Programme/Alliance for Transformative Action on Climate Change and Health. He also introduced a WHO initiative: the Alliance for Transformative Action on Climate and Health, in which over 60 countries participate. Reducing climate change, reducing air pollution and protecting

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Health and well-being in times of crisis: building resilience and learning from practice

Health are three interplaying actions that have many co-benefits. He described the need to act now to reimagine urban environments, transport and mobility, noting that this can also be done at the regional level by prioritizing walking, cycling and public transport, and creating people-centred cities. He presented five ways to protect and restore nature as the foundation of health, and concluded that creating local climate solutions is complex, but there is a need to act now and – while acting locally – to think globally and on a larger scale.

Examples from the regions

Bart Bautmans (Environmental Health Team Leader, Flanders Agency for Care and Health, Belgium) presented the Flanders region’s experience in co-creating local climate solutions. They work with multistakeholder collaborations, which include health-care professionals, local and regional governance, mayors, agencies that conduct health services and economic evaluations, companies and industry. He stressed the importance of combining adaptation and mitigation, and highlighted three aspects of the complex scenario: factors determining success, policy and frameworks of cooperation (local, regional, national). He discussed how all regions are unique and need to adapt according to their characteristics and specific challenges.

Francesca de’ Donato (Department of Epidemiology, Lazio Regional Health Service, Italy) described an example from the Lazio region that involves an active temperature surveillance and heat warning project during the summer, which is designed to reduce heat-related mortality and emergency room admissions. It is conducted in collaboration with multiple regional stakeholders and includes the involvement of GPs and telecommunication strategies to connect with people who are at risk of heat-related negative health outcomes. She also listed various regional strategies and plans that focus on environment, climate and health.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

Challenges

- Cooperation between different stakeholders and actors is often lacking.
- Regions have different needs in terms of adaptation and mitigation actions.
- Regional and local-level indicators and data are not always comparable between settings.

Priorities for future action

- Cooperation is needed from multidisciplinary and multistakeholder perspectives in terms of working together and obtaining funding to tackle climate change solutions in relation to health within regions.
- Further action is needed on developing regional tools, data and indicators – both for creation of implementation measures and for evaluation to identify how they can be improved.
- It is essential to combine both adaptation actions and mitigation actions, and to co-create local climate solutions in the RHN.
Possible RHN contributions

- Cooperation is needed to seek joint funding solutions that address the topic of environment, climate and health, and there are possibilities to use COVID-19 recovery funds for measures that can be directly or indirectly used for the topic of environment, climate and health.

- Activities of future RHN work could include possible study visits, seminars, data sharing, sharing of knowledge – particularly between western and eastern parts of the WHO European Region – and developing joint statements with the Healthy Cities Network.

Integrating behavioural insights across health

Nils Fietje (Research Officer, Behavioural and Cultural Insights Unit, WHO Regional Office for Europe) opened his talk by noting that many elements mentioned in other sessions of the conference involved different aspects of behaviour. A holistic vision of health is needed, as well as ways to zoom in and recognize nuances to obtain insights at the individual and community levels. Behavioural insights are important to understand the complexity behind an individual’s behaviour, including barriers and drivers in everyday life that can be used to tackle persistent health problems. He described the advocacy, guidance and scientific work of his Unit, and provided examples of research and implementation related to behavioural and cultural insights, such as the Nutri-Score front-of-pack food labelling system, intercultural mediation to tackle health inequities, and cultural interventions (such as dancing for patients with Parkinson disease).

Ashley Gould (Director of Behavioural Science Unit, Public Health Wales, United Kingdom) presented the Behavioural and Cultural Insights guide developed by Public Health Wales. This aims to support policy-makers and practitioners to make effective use of behavioural science in their work, to optimize their efforts and increase the likelihood that policy objectives are achieved. He described some of the essential steps and underlying principles to consider, and illustrated its application in the real world. He explained how to make decisions using the capability-opportunity-motivation-behaviour (COM-B) model and APEASE criteria (acceptability, practicability, effectiveness, affordability, spillover effects and equity), and presented tools such as checklists and a behaviour change wheel “building” tool.

Examples from the regions

All regions and partners expressed high interest in behavioural and cultural insights, but showed very different ways of using such approaches. For instance, within EuroHealthNet, cultural insights have been used for work across borders, and Sweden used behavioural change to target people

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who did not show up for vaccine appointments during the COVID-19 pandemic.

During panel and audience discussions, several challenges, priorities for future action and possible RHN contributions were identified.

Challenges

- Behavioural science should not be focused on the individual but should consider wider contextual conditions as reasons for a behaviour: a behaviour is not an individual’s “fault”.

Priorities for future action

- Underlying rationales should be used to guide priorities – for example, consideration that “my solution is not necessarily your solution” because psychological, social, cognitive and environmental characteristics affecting health are different for all people.
- Future action should focus on health-protective behaviours (such as screening), wider behaviours (such as those related to climate change) and health-affecting behaviours (such as alcohol consumption).

Possible RHN contributions

- RHN members can continue to share their experiences of implementation strategies and examples on how use behavioural insights to improve population's health.

Reporting on ongoing RHN activities

Sara Darias-Curvo (Professor, Universidad La Laguna, Canary Islands, Spain) presented a checklist that was developed to assist regional and local health authorities to identify the essential elements of gender, equity and human rights to support health inequity monitoring. She described the available tools and resources that technical staff at the regional and local levels can use to improve their capacities for health inequality monitoring.

Cory Neudorf (Professor, University of Saskatchewan, Canada) gave an update from the RHN Solutions Group on public health innovation, with initial reflections from their first meetings and possible ways forward. The Group’s definition of innovation is “an idea, practice or technology perceived as new, and a process involving many different actors along unpredictable and indirect pathways and requiring many different types of problems to be solved (biomedical, technological or organizational)”. The future steps of the Solutions Group for next year are to compile case studies into products and resources that the RHN can use to help guide future public health innovations throughout the Network. Four regions have contributed innovations so far, and the Solutions Group identified several commonalities in these examples.
Innovation is often triggered by a common crisis or problem that needs to be solved.

- Insufficient data are often available to solve the problem, so new sources need to be developed.
- Political and/or managerial support and resources need to be available for action to be taken.
- Innovations need multisector involvement to be implemented and sustained, facilitated by stakeholders and end-users, who are engaged from the start.
- It is important to be aware of not raising unrealistic and false expectations and learn while going along.

Elizabeth Tamang (Medical Director, Department for Prevention, Veneto region, Italy) presented "Veneto for Health", the regional prevention plan for 2020–2025. This includes aims to create and strengthen healthy environments that can contribute to population health in different settings (such as schools and workplaces that promote health, active municipalities and child-friendly communities), tackle health inequities and develop an integrated prevention strategy to take care of the whole population. She described many successful achievements so far in the Veneto region that have:

- strengthened the alliance with schools and developed a regional Health-promoting Schools Network;
- produced recommended practices for school interventions aimed at promoting health and preventing unhealthy lifestyles;
- created alliances to promote road safety, as well as air and water safety plans;
- created intersectoral tables and working groups to develop local-level strategies and actions to promote health and prevent noncommunicable diseases;
- developed a regional communication plan called “Vivo Bene” [I live well] for health promotion and prevention.

Conclusions and next steps: RHN business meeting

Maria Luisa del Moral Leal (General Secretary, Regional Ministry of Health and Consumers of Andalusia, Spain) announced that Andalusia, Spain, will host the 28th annual meeting of the RHN in 2023.

Participants at the meeting and representatives from the regions and the Steering Group discussed priorities for the RHN and strategies for achieving goals and ensuring the longevity of the Network. The following is a list of the main suggestions gathered that will help to steer the work in coming months and years.

RHN activities and priority areas

- Collaboration should be increased between member regions to initiate joint projects and seek joint funding.
- The RHN should make use of current tools, resources and outlets such as the European Journal of Public Health, and potentially organizing events for European Public Health Week (May 2023).
- New solutions groups should be set up, focusing on gender, human rights and similar issues.
- Workshops and guidance on “how to” – teaching practical skills on specific themes – should be developed.
- Current activities such as summer schools, site visits and sharing of lessons learned should be developed and increased.
- Activities (webinars, small visits and meetings) should be planned at different times of the year, to enable more discussion and exchange at the annual meeting.

Future RHN annual meetings

- More politicians and young people should be involved in the meetings.
- The time spent on thematic in-depth discussion should be increased.
- More time should be allocated to networking and space for reflection.
- A balance should be created between learning about current guidelines from WHO that can be put in practice in the regions and listening to regions about ongoing challenges when they implement strategies.
- A “speed-dating” activity should be introduced for individuals to get to know current and new Network members and regions.

Financing and membership

- Member regions should explore the potential to add a youth representative.
- More dialogue is needed to determine whether all members should pay a membership fee rather than maintaining the original statement of solidarity and equity that required that the financial burden of the Network might be shared unequally.
- Discussion about possibly introducing different membership levels took place, while stressing that the finance decisions need to be sustainable to allow the Network to continue.
- Strategies around funding should be created in terms of membership, seeking external funding and engaging politicians for regional funding.

Declaration of interests

Declarations of interests were collected from all external contributors and assessed for any conflicts of interest in order that they might be managed according to WHO’s policies and procedures. No conflicts of interest were identified.

Funding

The meeting was hosted by the Flanders Government. Some travel and accommodation costs were covered by RHN members’ contributions.
Annex 1.

MEETING AGENDA

Day 1. EUREGHA–RHN Joint High-level Conference: the role of regions towards future-proof, resilient and connected health systems

European Committee of the Regions, Brussels, Belgium (and online), 5 December 2022

Monday 5 December 2022

14:00–14:20 Registration

14:20–14:40 Opening of the meeting
   Bettina Menne, Healthy Settings Coordinator, WHO European Office for Investment for Health and Development
   Giovanni Gorgoni, Chair, EUREGHA

14:40–15:10 Welcoming speeches
   Michele Calabrò, Director, EUREGHA
   Hans Henri P. Kluge, WHO Regional Director for Europe (online)
   Hilde Crevits, Vice-Minister-President of the Flanders Government and Flemish Minister for Welfare, Public Health and Family, Belgium (online)
   Vasco Alves Cordeiro, President, European Committee of the Regions (online)

15:10–16:00 Value-based health care: the way to future-proof health systems?
   Dimitra Panteli, Programme Manager, European Observatory on Health Systems and Policies, Belgium
   Sally Lewis, National Clinical Director, Value Based Health Care, Wales, United Kingdom
   Kaisa Immonen, Director of Policy, European Patients’ Forum, Belgium
   Q&A

16:00–16:50 Digital health: the role of regions in implementing digital solutions
   David Novillo Ortiz, Regional Adviser on Data and Digital Health, WHO Regional Office for Europe
   Isabelle Johansson, Head of EU Office, Region Östergötland, Sweden
   Fulvia Raffaelli, Head of Unit, Digital Health, European Commission, Belgium
   Q&A

16:50–17:40 Cross-border cooperation in health: new trends and lessons learned from COVID-19
   Matthias Wismar, Programme Manager, European Observatory on Health Systems and Policies
   Julia Winkler, EU Project Manager, Healthacross Initiative, Lower Austria
   Donata Meroni, Head of Unit, Health Monitoring and Cooperation, Health Networks, European Commission, Belgium
   Q&A
Day 2. 27th annual meeting of the RHN: Health and well-being in times of crisis: building resilience and learning from practice

Brussels, Belgium, 6–7 December 2022

Tuesday 6 December 2022

Session 1. Governance for health and well-being: the role of RHN

09:00–10:15 Plenary
Chair: Solvejg Wallyn, Policy Officer, Flanders Agency for Care and Health, Belgium
Speakers:
- Dirk Dewolf, Administrator-General, Flanders Agency for Care and Health, Belgium
- Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe
- The well-being economy: Chris Brown, Head, WHO European Office for Investment for Health and Development, Italy
- The RHN Framework: Bettina Menne, Healthy Settings Coordinator, WHO European Office for Investment for Health and Development, Italy
Discussion

Session 2. Health and social care systems: the challenges ahead

10:45–11:30 Plenary
Chair: Elisabeth Bengtsson, Senior Adviser in Public Health, Västra Götaland, Sweden
Speakers:
- Human resources for health: Tomas Zapata, Unit Head, Health Workforce and Service Delivery, WHO Regional Office for Europe
- Mental health: a community perspective: Ledia Lazeri, Regional Adviser on Mental Health, WHO Regional Office for Europe (online)
- Integrated/long-term care: Stefania Ilinca, Technical Adviser on Long-term Care, WHO Regional Office for Europe
11:30–12:30  **Session 2. Parallel working groups (WGs)**
Integrated/long-term care

**Moderators:**
- Mariana Dyakova, Head of International Health, Deputy Director of WHO Collaborating Centre, Public Health Wales, United Kingdom
- Stefania Ilinca Technical Adviser on Long-term Care, WHO Regional Office for Europe

Mental health: a community perspective on the life-course approach

**Moderators:**
- Milena Oikonomou, Consultant, WHO Regional Office for Europe
- Cassie Redlich, Technical Officer, WHO Regional Office for Europe

Human resources for health

**Moderators:**
- Leda Nemer, Consultant, WHO Regional Office for Europe
- Tomas Zapata, Programme Manager, Health Workforce and Service Delivery, WHO Regional Office for Europe

12:30–13:00  **Session 2 (contd). Reporting back from parallel sessions (plenary)**

14:00 – 14:45  **Plenary**

**Chair:** Solvejg Wallyn, Policy Officer, Flanders Agency for Care and Health

**Speakers:**
- Caring neighbourhoods: Kira Fortune, WHO Healthy Cities Coordinator, WHO Regional Office for Europe (online)
- Co-creating local climate solutions: Vladimir Kendrovski, Technical Officer on Climate Change and Health, WHO European Centre for Environment and Health
- Integrating behavioural insights across health: innovative pathways for healthier populations: Nils Fietje, Research Officer, Behavioural and Cultural Insights Unit, WHO Regional Office for Europe

14:45–16:00  **Parallel working groups**

Caring neighbourhoods

**Moderators:**
- Camilla Ihlebæk, Professor in Public Health, Norwegian University of Life Sciences, Viken region, Norway
- Isabelle Van Vreckem, Project Coordinator, Caring Neighbourhoods, Flanders

Co-creating local climate solutions
Moderators:

• Bart Bautmans, Environmental Health Team Leader, Flanders Agency for Care and Health, Belgium

• Francesca de’ Donato, Department of Epidemiology, Lazio Regional Health Service, Italy

• Vladimir Kendrovski, Technical Officer on Climate Change and Health, European Centre for Environment and Health

Integrating behavioural insights across health

Moderators:

• Nils Fietje, Research Officer, Behavioural and Cultural Insights Unit, WHO Regional Office for Europe

• Ashley Gould, Director of Behavioural Science Unit, Public Health Wales, United Kingdom

16:15–17:00  Session 3 (contd). Reporting back from parallel sessions (plenary)

Chair: Solvejg Wallyn, Policy Officer, Flanders Agency for Care and Health, Belgium

Conclusions of Day 2

Day 3. 27th annual meeting of the RHN: Health and well-being in times of crisis: building resilience and learning from practice

Brussels, Belgium, 6–7 December 2022

Wednesday 7 December 2022

Session 4. Governance for health and well-being: the role of the RHN (contd)

09:00–11:00  Plenary

Chair: Bettina Menne, Healthy Settings Coordinator, WHO Regional Office for Europe

Speakers:

• 30 years of the RHN: Katie Palmer, WHO Consultant

• The RHN Solutions Group on public health innovation: initial reflections and possible way forward: Cory Neudorf, Professor, University of Saskatchewan, Canada

• Checklist with the essential elements on gender, equity and human rights: Sara Darias-Curvo, Professor, Universidad La Laguna, Canary Islands, Spain

• Panel discussion
  - The voices of politicians
  - The voice of technicians
  - The voices of partners and youth organizations
  - Summary of discussion
11:30–12:45  **RHN business meeting**

*Plenary*

**Moderators:**

*Alvise Forcellini, WHO Consultant*

*Bettina Menne, Healthy Settings Coordinator, WHO Regional Office for Europe*

**Topics for discussion:**

- The roadmap for better health and well-being for the RHN (2023–2026): next steps
- Initiatives of the RHN in 2023:
  - webinars and communication
  - solution-based working groups
  - the gender, equity and human rights scorecard
  - study visits
- Steering Group composition: election of Steering Group members
- Financing
- In-kind contributions
- Announcement on hosting of the 28th annual meeting of the RHN in 2023

12:45–13:00  **Next steps and closing remarks**

*Bettina Menne, Healthy Settings Coordinator, WHO European Office for Investment for Health and Development*

*Solvejg Wallyn, Policy Officer, Flanders Agency for Care and Health, Belgium*

13:30–14:30  **Media briefing for communications experts from ministries of health in countries with regions participating in the RHN (online)**

**Moderator:**

*Cristina Da Rold, WHO Consultant*

*Communicating the results of the 27th annual meeting of the RHN and providing materials that can be disseminated through media/social channels*
# Annex 2.

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27th annual meeting of the Regions for Health Network

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania  Albania
Andorra  Andorra
Armenia  Armenia
Austria  Austria
Azerbaijan  Azerbaijan
Belarus  Belarus
Belgium  Belgium
Bosnia and Herzegovina  Bosnia and Herzegovina
Bulgaria  Bulgaria
Croatia  Croatia
Cyprus  Cyprus
Czechia  Czechia
Denmark  Denmark
Estonia  Estonia
Finland  Finland
France  France
Georgia  Georgia
Germany  Germany
Greece  Greece
Hungary  Hungary
Iceland  Iceland
Ireland  Ireland
Israel  Israel
Italy  Italy
Kazakhstan  Kazakhstan
Kyrgyzstan  Kyrgyzstan
Latvia  Latvia
Lithuania  Lithuania
Luxembourg  Luxembourg
Malta  Malta
Monaco  Monaco
Montenegro  Montenegro
Netherlands (Kingdom of the)  Netherlands
North Macedonia  North Macedonia
Norway  Norway
Poland  Poland
Portugal  Portugal
Republic of Moldova  Republic of Moldova
Romania  Romania
Russian Federation  Russian Federation
San Marino  San Marino
Serbia  Serbia
Slovakia  Slovakia
Slovenia  Slovenia
Spain  Spain
Sweden  Sweden
Switzerland  Switzerland
Tajikistan  Tajikistan
Türkiye  Türkiye
Turkmenistan  Turkmenistan
Ukraine  Ukraine
United Kingdom  United Kingdom
Uzbekistan  Uzbekistan

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