

Annual National Networks Coordinator Meeting
2-4 April 2014
Copenhagen, Denmark

Participants

Yulia Abrosimova	Russian Federation National Network
Joan Devlin	WHO Secretariat
Milka Donchin	Israeli National Network
Mariana Dyakova	Phase V Evaluation
Marko Harapainen	Finnish National Network
Peter Holm Vilstrup	Danish National Network
Zoe Heritage	French National Network
Leah Janss Lafond	Network Advisor
Solvita Klavina	Latvian National Network
Christelle Laurent	Belgian National Network
Karolina Mackiewicz	Baltic Region HCA
Karsten Mankowsky	German National Network
Eva Martin de la Pena	Spanish National Network
Olga Milovidova	Russian Federation National Network
Ingrid Ovedie Volden	Norwegian National Network
Nicola Palmer	Phase V Evaluation
Connie Petersen	WHO Europe
Dasy Papathanasopoulou	Hellenic National Network
Johanna Reiman	Baltic Region HCA
Caroline Scott	WHO Secretariat
Selma Sogoric	Croatian National Network
Lucy Spanswick	Phase V Evaluation
Agis Tsouros	WHO Europe
Antonin Tym	Czech Republic National Network

Apologies

Daniele Biagioni	Italian National Network
Kerstin Mansson	Swedish National Network
Aarstein Skjaeveland	Norwegian National Network

Wednesday 2 April

Dasy Papathanasopoulou opened the meeting and welcomed everyone. She stressed that this meeting – which is aimed to be active and participative - is very important given that Phase VI is starting and the international conference is taking place in Athens in October.

Dasy outlined the meeting programme stating that it has two directions – looking back at what has been achieved, experience and lessons learned and looking forward, how to move ahead and the role of the coordinator in doing so.

A round of introductions was made as some participants were attending their first meeting.

Presentation: Leah Janss Lafond, National Network Book and Review of ARTS

Leah Lafond informed the meeting about the status of the National Network Book. She outlined the structure of the chapters which follows the format of the previous book published in 2003.

The sources for the book are the book survey; ARTS; NN coordinators reports; NN Briefing papers; Izmir BM Report. To date 19 of 20 accredited networks have responded and Leah asked for assistance in contacting the missing network whose coordinator has retired.

There were some comments on the front cover and inside page design and use of white text which Leah will address. Dasy requested maps be included – a map showing the network within Europe and a map of the network country showing the network cities.

There was some discussion around the inclusion of the 'non-accredited' networks and it was agreed that they would be approached.

It was decided that 'percentage of population living in healthy cities' should be dropped as it is not comparable across the networks.

Leah asked for volunteers to peer review chapters – Peter, Karolina, Milka, Eva, Yulia and Zoe all agreed to assist with this.

The book information template asked for most important tips for a new country looking to set up a national network. Leah has collated these tips (or advice) as an annex. Discussion on the tips suggested that the information may be too valuable to have only as an annex. It was suggested that the tips could be the basis of an official WHO guidelines document and may be useful for an international audience with distribution in Athens.

Difficulties for networks which emerged from the book survey and ART included:

- Political – changing politicians and policy
- Financial – financial climate and budget cuts
- Framing – need to reframe to national policy trends; in competition with other health networks
- Supporting cities – changing coordinators; human and financial resources; bringing new members up to speed; distance between cities

Facilitative factors which emerged included:

- Local commitment – political support; active engagement; technical competence of coordinators
- National partnerships - joint projects; dialogue/influence; grants
- Efficient national network structures and working methods

Dasy and Milka suggested that this needs further discussion to inform recommendations for the book.

Dasy also asked that data is cross referenced eg are those networks with a full time coordinator those with enthusiastic politicians? Zoe agreed that this would be very useful for analysis of the data.

Network priorities from ART were identified as:

- National Network development
- Conferences, events and networking
- Thematic

Strengths identified:

- Functions – communication, partnerships, training
- Tools – indicators, profiles, guidebooks, HIA, IT
- Thematic Areas

Leah reported that the ART results have been very similar from year to year and suggests that style ART needs a rethink.

Phase V Evaluation: Mariana Dyakova, Agis Tsouros, WHO Europe

Mariana updated the meeting on the Phase V Evaluation process to date. The qualitative analysis of the case studies is ongoing – 155 case studies have been received from 73 cities. A small number of case studies were received from National Networks which was questioned as networks had also been invited to submit in December 2013.

Agis Tsouros joined the meeting at this point and he was updated by Joan on what has been discussed so far.

The National Network book was discussed with Agis. He stated that with the 25th anniversary of the movement we should think big and strategically and agree what it being communicated with the publication. Agis agreed that non-accredited network should be included – although with a lesser profile than accredited networks and that the opportunity to contact dormant networks should be taken now to ascertain their status.

Yulia proposed that politicians could also be approached to make a contribution. Dasy agreed with this proposal.

Agis said that he and the Regional Director would contribute to the book preface.

It became evident that there was some misunderstanding as to national networks contributing case studies to the evaluation. Non-designated cities were invited to submit case studies and a number of networks – Israel, Greece, Sweden and Czech Republic – have submitted case studies at a national level as agreed in an email request sent in December 2013. Some networks had also understood that the book and profile template was part of the evaluation which is not accurate.

After a long discussion it was agreed that the national network contribution to the Phase V evaluation would be submission of case studies and a simplified version of the questionnaire which was sent to cities.

Thursday 3 April - morning

Dasy opened the session, briefly summarised the previous day's discussion and outlined the programme for the day.

Milka (Israel) and Eva (Spain) were invited to make a presentation on their networks to address the following questions:

- How would you describe the position and status of your National Network?
- What do you regard as your National Network's main achievements during Phase V?
- What do you see as the challenges and opportunities for Phase VI?

Presentation: Milka Donchin, Israel Healthy Cities Network

Israel Healthy Cities Network established in 1990 with 4 cities. In 2014 it has 40 cities and local authorities and 5 regional authorities which covers 52% of the population.

The network is recognised by the Union of Local Authorities as the professional body in respect of health development at the local level; by the Ministry of Health as a local platform for implementing its health promotion policies and by Israeli Medical Association as a platform for engaging physicians to contribute to their economies.

Main achievements include:

- Recognition by Union of Local Authorities and Ministry of Health
- Added value of city health profile
- Promoting Phase V main goals
- Platform for implementation of national programmes
- Increased proportion of cities who fulfil the WHO minimal criteria
- Formulating the relationship with MOH
- Formulating relationships with other bodies
- Individual coaching to healthy city coordinators

Challenges and opportunities include:

- Improving health for all and reducing health inequalities
- Improving leadership and participatory governance for health

Presentation: Eva Martin, Spanish Healthy Cities Network

Established in 1998 and currently has 144 cities representing 18,849,021 inhabitants.

Spanish Healthy Cities Network is recognised as the best known network in Spain and second best useful and valued network.

Achievements include:

- Spanish cities in the network
- Collaboration agreement with the Ministry of Health
- Integration of Network of Nutrition Observatories as a working group
- Participation in major conferences, workshops and symposiums – public health, HIA, WHO Healthy Cities, healthy urban planning
- ‘Best Practices on Health’ publication developed by local governments in the network
- Support and advice, promoting collaboration and development of joint ventures between cities
- Website as a tool for dissemination and sharing of information
- Quality Awards
- Collaboration with municipality of Montemorelos, the Nuevo Leon municipalities Network for Health and the University of Montemorelos (Mexico)
- Pilot programme to evaluate nutritional status, physical, cognitive and social functioning of older people in different municipalities of Spain
- Pilot programme for the prevention of cardiovascular disease and promotion of healthy lifestyles

Challenges and opportunities

- Health 2020
- Phase VI goals and themes
- New cities to the network
- Pilot projects
- New common projects
- Collaboration agreements with Ministry of Health and other organisations

Following the presentations, comments and questions were invited.

Joan said it was good to see in come alive in the presentations information which we see in ART. Agis agreed and said it was good to see such thriving, well connected networks who are seen as legitimate partner. This is a vital entry point for the implementation of Health 2020.

Agis asked about the personalised support provided by the networks. Spain provides training and help with implementation of ART, questionnaires and so on. Also help with programme implementation and networking connections. Israel splits the cities between 2 coordinators and provide help with any aspect necessary – how to present healthy cities to agencies; advise on topics; budget proposals.

Olga asked if all networks had links to national authorities and if this impacted on the independence of networks.

Marko, Finland – MoH representation on the Board and that independence has not been considered previously.

Solvita, Latvia – Independence not possible at present. Network does not charge a fee and relies on budes from ministries with which they have close links.

Peter, Denmark – Danish network has close links with Ministry of Health and National Board of Health. Network is seen as a partner and has commissioned work to the network.

Agis said that action at a local level, action in the urban context and local government as key convenors in health and sustainable development at a local level are the trilogy on which healthy cities is based. The healthy cities movement is supported by the Ministries of Health all of whom adopted Health 2020.

Karsten, Germany – not currently possible to have links with MoH. A special law on health promotion will soon be produced and funding for health promotion action is possible which is a new opportunity to strengthen the network.

Dasy, Greece – described how Greek network was dormant in 2007/2008 but was now thriving with 152 member cities (325 municipalities) which covers over half the population. Network is in a good position and cooperates with the MoH and Association of Local Authorities.

Antonin, Czech Republic – independence is both good and bad. There is no direct funding so rely on city fees. This gives you freedom on what you want to do but members want to see results for the fee they pay. Work comes directly from the cities but also from the WHO Regional Office. Increasing membership has given the network the strength to influence national policy.

Agis said Health 2020 gives networks opportunity to strengthen their position. Networks are regarded as a serious partner – at a minimum to be consulted.

Presentation: Karolina Mackiewicz, Healthification

Karolina informed the meeting of the Healthification Report from the Baltic Region Healthy Cities Association on the Implementation of Health in All Policies on the local level for more effective prevention of non-communicable diseases in the Baltic Sea Region/Northern Dimension Area – Healthification

Presentation: Zoe Heritage, French National Network – Essential Qualities of a National Network

The French network is a non-statutory independent organisation. It is very political with cities presented by a politician and a technical officer. Cities pay an annual fee.

The network is divided into 5 regional networks of about 12-15 cities as they believe networking is only effective where you can sit around a table or where you have had a least a five minute conversation with someone. Local meetings also buy in more politicians. Greece and Israel also adopt this 'regional' approach.

The recent success of right wing political parties has been challenging.

Given the challenges facing coordinators, the necessary qualities of a coordinator were then considered.

Qualities of a coordinator: need to be resilient (can be lonely) and need to be curious (to learn about new topics).

Antonin stressed that activities should not be tied to political parties and their agendas so that cannot be easily dismissed if/when replaced by a new party.

Agis said qualities of a coordinator included: be a champion and enthusiast, driven, ability to navigate the landscape of knowledge and opportunity and make the connections, ability to make it real, politically astute.

Communication skills are critical – ability to have ‘the elevator conversation’ ie when you have a very short time to hook someone in which is especially valid with politicians.

Agis spoke about dealing with ‘far right’ politicians. We don’t always work in ideal circumstances – sometime democracy and human rights may not always be evident in member states. WHO will work with member states as long as they are legitimate members of the UN. There are of course red lines. WHO may need to contact the health minister of any country whose policy is not in keeping with the values they have subscribed to. There is a need to reflect in this issue in the network as it becomes increasingly more likely. We should always have the big picture and consider difficulties as opportunities.

Dasy summed up the qualities of the coordinator Agis described:

- Enthusiastic
- Flexible
- Communicator
- Political
- Strategic
- Opportunistic
- Ability to see the big picture

Yulia agreed that coordinators need to be skilled, trained and prepared. Sometimes professional language and public health terms are difficult for understanding by city coordinators - then a network coordinator works as communicator (“translator to simple language”)

Milka said coordinators need the ability to create and promote partnerships – make friends and not enemies.

Agis – we push frontiers: working with cutting edge theories to make them mainstream – part of the make-up of the city. Sustaining this position needs political commitment. It is structurally good to have a ‘niche’.

Thursday 3 April – afternoon

Dasy opened the afternoon session: How do we move forward in Phase VI. Our networks are different, some political, some programme based. We need some common basic guidelines. What is our goal and purpose? How do we involve all the sectors?

Yulia made short remarks regarding approaches to implementation of key Health 2020 themes. The main idea is to provide comprehensive models (good examples) of working for one key theme or another for NN cities. It can be done by joint working of NN public health experts and member cities on priority directions for providing a good-quality study/ intervention. After evaluation it can serve as a model for possible implementation in the other network cities. In 2012 the Russia HC Network experts together with the city of Izhevsk carried out a study of social determinant “health from early years” based on Marmot review recommendations. It was an important experience as intersectoral health policy and social determinants remain a relatively new approach in the Russian cities

Dasy stressed that we need a main guideline – something more than the Terms of Reference.

Milka proposed ‘building blocks’ common to all eg activities, approaches. A common goal and purpose, minimum common functions and ways of working.

Zoe suggested the TOR as a basis to work from.

Peter said that more important to work on the functions and deliverables.

Selma advocates a bottom up approach – the bottom line is we need to serve our communities.

Yulia suggested we need to think about how to demonstrate to non HCP cities where and why HC make a difference

Karolina said that only action brings networking – we need to do it rather than talk about how to do it.

Yulia said it would be helpful to have a set of practical examples (a set of “ready answers” for beginners) on how to communicate to politicians/journalists

Antonin suggested that guidelines could be an amalgamation of all network success and a review of what already exists.

Johanna stressed that we must not be afraid of failure and how to learn from it and how this could be added to guidelines.

Milka said that a common website has been a suggestion from previous discussions.

Presentation: Agis Tsouros, Phase VI and National Networks

Health 2020 – 2 + 4 with right to Health an overall aim.

Important to apply the Health 2020 lens and generate debate around the table – where do you stand? How would we score ourselves? Where do we want to be in 10 years and is health there? Is there evidence that health in our city is central in strategies and ways of working?

HiAP concept does not necessarily imply that sectors are working together. Sectors may already be working on health but do not realise this as it is not called 'health'.

Whole of Government is a more comprehensive and integrated approach and takes time.

Phase VI – spread awareness of ideas. Seminars on health diplomacy, governance for health; policy briefs for different sectors.

Discussion on role of National Networks

Yulia asked do we wait for guidelines on Health 2020 from WHO or do we act ourselves?

Dasy said Health 2020 agenda provides different levels of cooperation in the country and national networks can act to bring these policies together – partnerships with ministries, regions, cities. As a vehicle, it is ready to implement.

Selma said that we have been doing this already – continue with vertical and horizontal collaboration.

Leah said we need to communicate and share – and what are the best ways to do this?

Athens Conference

Joan presented the themes of the conference. The title of the conference is Health and the City: Urban living in the 21st century. There was some discussion around expectations from networks at the conference:

- Plenary session on Phase VI – what is expected of cities and networks
- Networking opportunities
- Platform for networks from other WHO regions

Friday 4 May

Zoe Heritage opened the morning session by introducing Francesca Racioppi from WHO Europe who described how the HEAT tool had first been conceived in Barcelona in 2001 but then there was limited evidence to proceed but epidemiological evidence later quantified the link reduction of mortality through

physical exercise. The tool is simple, understandable and doesn't require a complex number of inputs but with robust science behind it.

The tool is constantly under revision as a new update will be published in a few weeks.

Presentation: Christian Schweizer, HEAT (Health Economic Assessment Tool)

Following Francesca's introduction, Christian provided a practical demonstration of the HEAT tool.

The HEAT approach:

- Practical tool
- Recognises importance of economic analysis in transport
- Evidence based
- Transparent
- Adaptable
- Modular

To date the website has been visited 22,000 times

It has been used by policy makers, academics and advocates

Can be used for:

- Planning new projects
- Evaluating past projects
- Modelling
- Assessment of current use

The tool is for an adult population level – not individual – and for habitual walking/cycling.

www.euro.who.int/HEAT

Presentation: Manfred Huber and Jacqueline Jackish, Age Friendly Environments

Through the WHO European Healthy Cities Task Force on Healthy Ageing and Age-Friendly Environments in Europe project (AFEE) can support National Networks in assisting member towns and cities to improve delivery on healthy ageing initiatives.

Task Force on Healthy Ageing provides a strong forum for strongly committed cities and National Networks to accelerate action on healthy ageing. In close collaboration with AFEE the task force will:

- Develop a common understanding of a comprehensive framework to Healthy Ageing in a local level
- Contribute to a monitoring framework

- Develop, test and improve guidance and templates on how to create age-friendly cities
- Develop mechanisms to share and critically peer review case studies on age-friendly environments
- Creatively engage and foster development of mechanisms to engage and encourage participation and empowerment of older citizens
- Engage in capacity building and training for age-friendly cities

AFEE is a joint project between WHO Europe and the European Commission, DG Employment, Social Affairs and Inclusion. The goal is to creating tool and guidance for local and regional authorities to make string commitments to become more age-friendly and to measure their progress towards this objective.

There was discussion on how national networks can cooperate. A list of those cities already involved would be useful and a question should also be added to the NN evaluation questionnaire. It is possible that a national network meeting with a focus on ageing could be held.

Dasy suggested that products be available on the global website as well as a guide on how to use the guides.

Any networks interested in joining the group should contact Josephine.

Presentation: Selma Sogoric, Chemistry of Healthy Cities

Croatian Healthy Cities Network in existence since 1987. The aim of the Network is to support city and county administration in ensuring preconditions for health for all citizens. By continuously upgrading public health competence for members, new qualities are being introduced in local planning and management for health.

The revised (2011) mission of the Croatian Healthy Cities Network is 'to upgrade capacity of health resources planning and management on the local level, thus providing our citizens better environment quality, healthier life and access to services required to meet their needs'.

The network helps members to apply contemporary public health and management knowledge and skills, in networking and information sharing, in development and exchange of the models of good practice and joint advocacy for national legislation improvements.

Approach: change of philosophy and approach to the community; bottom up approach in health planning; orientation towards processes and outcomes; participation; partnership and collaboration; milestones; learning by doing; flexibility; innovation; networking; synergy; results.

Presentation: Mariana Dyakova, Horizon 2020

Mariana described the Horizon 2020 programme:

- Biggest EU research and innovation programme, providing almost €80 billion of funding over 7 years (2014 to 2020) in addition to the private and national public investment to be attracted.
- It is in the heart of the Europe 2020 strategy for smart, sustainable and inclusive growth
- Aims at creating a common European Research Area (ERA) - a single market for knowledge, research and innovation.
- It is however open to the participation of researchers from across the world.

Milka had identified the 'health promotion and disease prevention: improved inter-sector cooperation for environment and health based interventions' as an area where networks could be involved. It was agreed that Mariana and Milka would prepare an 'expression of interest' to be sent to networks and to establish how to go forward if the interest is there.

Athens Conference

Agis asked for thoughts on the conference and themes. Comments included:

- Too many themes
- National Networks should have a profile
- Platform for National Networks in other regions
- Networking opportunities
- Plenary session on Phase VI – what is expected of cities and networks

Conclusion

Dasy thanked everyone for their participation and said it had been a lively meeting with useful discussion. The main action points from the meeting were summarised as follows:

National Network Book

- Will include map of Europe showing network countries
- Will include map of each network country showing their cities
- 6 volunteers to peer review chapters – Peter, Karolina, Milka, Eva, Yulia, Zoe

Evaluation

- Networks will complete a questionnaire
- Networks will submit case studies at the national level

Horizon 2020

- Milka and Mariana will prepare an information call for networks to gather expressions of interest