Lay Report

REDUCING HEALTH INEQUALITIES:

How HealthEquity 2020 helped regions to prioritise local needs, prepare action plans and secure funds

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1 Introduction

Dealing with health inequalities is not a new challenge. We have more than 30 years of history in this field. Yet, inequalities remain a constant problem despite improvements in data, knowledge, policies, and interventions. In our communities, health inequity is a circle that needs breaking. It is both the catalyst and product of unequal economic, social, and environmental conditions. This is inherently unfair, unjust, and avoidable.

Over 42 months the HealthEquity-2020 project looked at how tackling health inequalities in EU regions could be done differently, putting in place sustainable foundations for effective actions. This report tells the reader what the project did, why it took a highly interactive approach with participating regions, some of the challenges to a very interactive approach, what the project delivered and what can be done next to build on this work.

This report is particularly relevant for policy makers, public authorities, public services, local communities and citizens who are thinking about how best to reduce health inequalities locally and so improve the attractiveness of regions and communities as places to live and work.

2 Why the project matters

Equity is about fairness and justice. Promoting equity[1] is essential if human and social development is to be combined with economically productive societies. Reducing health disparities is important, and the upward trends for such differences call for further innovative, collaborative actions at all levels. The general objective of the HealthEquity-2020 project was to assist Member States & regions to develop evidence-based regional action plans on reducing health inequalities, which also informs the use of Structural Funds in the present and new programming period. Such disadvantages have negative social and economic causes and impacts.

Socioeconomic disadvantage translates into health disadvantage for economically marginalised regions and social groups. Worse health leads to labour productivity losses, unemployment, increased demands for health care and higher uptake of social security benefits. Such differences are inherently unfair, unjust and avoidable. Therefore, action at

[1] We will use the term inequalities rather than inequities. Health inequities are considered avoidable differences in health that are unfair and unjust while health inequalities are broader and also include differences due to biology or free choice. Since in practice the distinction is hard to make, we will use the term health inequalities.

local, regional, national and European levels is not only about safeguarding human rights, but also has a strong economic and social rationale.

2.1 Project scope and objectives

At EU level there is a stack of policies that show where action is needed and why. Some of these carry a health label [*Solidarity in Health* (EC 2009), EU Council conclusions on *Health and Equity in All Policies* (2010) and *Towards Modern, Responsive & Sustainable Health Systems* (2011), the EC/WHO Joint Declaration (2010) and Health 2020]. Others also have a profound strategic relevance e.g. EU Cohesion Policy 2014-2020 [COM (2011) 615 final], Europe 2020, the EU Charter of Fundamental Rights, as well as the Territorial Agenda of the European Union 2020 (TA2020).

HE2020 used these policies to identify common drivers for action and to see how these drivers matched or differed with drivers at regional and local levels. Specifically, how participating regions tried to align local needs and priorities to the priorities and opportunities national and regional strategies e.g. ESIF Partnership Agreements, ESIF Operational Programmes, national health strategies and, occasionally, previous work to address health inequalities.

In this context, the bottom-line for HealthEquity-2020 was its contribution to translating into practice the EC Communication on *Health Inequalities* COM (2009)567 which set out the intention to "*review the possibilities to assist Member States to make better use of EU Cohesion policy and structural funds to support activities to address factors contributing to health inequalities*" .

In the context of these policies and how they are interpreted at EU, national and regional levels, the general objective of the project was to assist Member States & regions to develop evidence-based regional action plans to reduce health inequalities. Participating regions also looked at options for funding actions to address priorities, including the use of Structural Funds (ESIF) in the 2014-2020 programming period. Beyond this general objective, there were six specific objectives:

1. Develop and test a toolkit on evidence-based action planning
2. Develop a website and database of good practice to support use of the toolkit online
3. Build capacity and skills that regions need to tackle health inequalities using the toolkit and action planning

4. Support the regions to develop action plans that address local needs
5. Share experience, information and good practice between regions
6. Make sure that what the project achieved and the progress made by regions is sustained.

2.2 Getting started

Before the project really got up and running we had to be clear about two issues: how to balance partner expertise with regional needs and not to waste our budget due to unnecessary duplication.

Balancing partner expertise and regional needs - The basic principle that drove this project was to support regions to be active partners in the project. A basic challenge was encouraging participating regions to be vocal. Help to set the agenda for how the project works. Over time the regions grew in confidence about expressing their views, concerns and ideas. This helped focus where support was needed. In particular it helped: getting people and organisations (e.g. health, social care, local municipalities, regional governments) to work together on a common issue; knowing where to look for information that helps understand local needs; agreeing what are the realistic priorities for action; finding proven ways to take action and; having the confidence to identify and assess options for funding the action(s) and then making a case to get that money.

Avoid duplication - We started by wanting to avoid duplicating what other projects and initiatives have done. After some desk research, 20 relevant EU projects were identified and information on these projects was obtained and summarized. Then each was invited to a workshop to share what they had learned and what was still needed. This was crucial for HE2020 to avoid repeating previous mistakes and to start on the right foot. This also helped inform development of the Toolkit. Further collaboration with parallel projects (Equity Action and the EPODE for the Promotion of Health Equity) helped review the work of our project as it progressed.

Taking a moment at the start of the project to consider these issues and how to deal with them was time well spent.

3 How the project worked

The project was not about experts telling regions what they need to do to reduce health inequalities. That top-down approach had little chance of success. The participating regions (Figure 1) did have a shared challenge: early deaths (for people under 65) were more than 20% of the EU average. This is a significant health inequality. That said, each of the participating regions had different starting points: different needs; different priorities; different resources; different experience in how policy makers, decision-makers, health care providers, other public authorities and services and local communities work together (or not). The bottom-line is that HealthEquity-2020 had to challenge what normally happens in each region. To build on what works and to stop wasting resources on what doesn't work. So, there are three key pillars that need to be considered and put in place if they don't already exist.

Lodzkie, Poland (WP5 Pilot region)

Pomurje, Slovenia (WP6 Pilot region)

Stara Zogora, Bulgaria

Vysočina, Czech Republic

Tallinn, Estonia

Northern Great Plain, Hungary

Latvia

Klaipėda District, Lithuania

Covasna, Romania

Figure 1: Regions that took part in HealthEquity-2020

3.1 Pillar 1: Building a 'community of the willing'

A problem for transition and less developed regions or localities across the EU seems to be the rather limited nature of stakeholder engagement (e.g. not only between decision makers, public sector professionals, business and communities but also within organisations) and between different levels of governance. Conversations with regional public authorities and services in Central, Southern and Eastern Europe suggest that engagement between national and regional stakeholders is usually formal and symbolic. At all levels stakeholder engagement needs improvement. In particular, there is a need for:

- Better synergies between ministries (including in their intermediate ESIF roles) & regions
- Clarity about sincere consultation methods for establishing priorities for National Reform Programme, Country Specific Recommendations, ESIF and regional/local development programmes
- Engaging all stakeholders (including local communities) with the whole process of regional planning from priority setting to planning and onto implementation and review.
- Securing and using budget lines and capacity building to strengthen active involvement of stakeholders in this process, especially for local communities.

The HE2020 approach - Regions were asked to establish a Regional Action Group with representatives from different sectors (e.g. regional planning, public health and management authorities for the European Structural Funds, different industries). This was easier for regions from decentralized systems, where there is greater autonomy and culture for developing action at the community level. Nonetheless, there are also examples where there is no formal regional level (Latvia; Pomurje, Slovenia) but where mobilization of stakeholders for local action was successfully undertaken. In addition, active leadership structures in the community carry great influence in coordinating efforts and facilitating partnerships (e.g. between the Slovene Ministry of Health and the Centre for Health and Development Murska Sobota; between Klaipėda District in Lithuania with local stakeholders and national structures).

KEY MESSAGE - Overall, policies and planning do not often benefit those who don't have a voice in their design or implementation. So, transparent and timely engagement is a necessary first step if local needs are to inform consensus on and commitment to

3.2 Pillar 2: Evidence to help decide what actions are needed

In order to address human rights and the economic consequences of health inequalities, current health strategies need to be strengthened and combined with new strategies, directly tackling social determinants. The potential for both national and regional policies to help improve the population' s health need to be maximised. Regional policies are of particular importance for addressing existing differences between and within regions within the EU. Problems should be tackled locally, where they arise.

The HE2020 approach - Within the project a HE2020 Toolkit that can be accessed free of charge, was developed to assist regions in undertaking evidence-based action planning in order to tackle health inequalities. The Health Equity 2020 Toolkit has a structured approach with four main phases: 1. Needs assessment; 2.Capacity assessment; 3. Setting priorities and choosing actions, and; 4.Impact assessment of selected actions.

1 Needs Assessment (NA) NA tools focus on: what is the current situation in the region with respect to socioeconomic health inequalities (health outcomes and its determinants) and what are the desired outcomes? Identified needs for the entry points for action.	3 Setting priorities and choosing actions Tools for this Phase provide information on mechanisms and strategies about how to address health inequalities, how to set priorities and consider appropriate actions and how to translate priorities into regional action plans. It also contains a database that contains both effective and promising policies and interventions for addressing health inequalities.
2 Capacity Assessment (CA) CA tools focus on involving local stakeholders and provide information on how to assess and address capacities needed to tackle health inequalities such as organizational development, workforce development, resource allocation, partnerships, and leadership. A practical interview guide to do a capacity audit is included.	4 Impact assessment (IA) IA tools provide information on how to do an equity focused health impact assessment and gather information on economic impact of potential actions to reduce health inequalities. It includes a quantitative estimation tool that enables the estimation of the effects a certain action may have on socioeconomic health inequalities.

3.3 Pillar 3: Planning for the long-term

Health inequalities are a chronic social condition. Solutions can' t simply be short-term. And yet, in the shadow of the economic and financial crashes of 2007-2009 and in a world overloaded with problems and information, short-termism prevails, largely driven by political resistance to thinking and acting strategically combined with the financial pressure on public services to continue fighting fires instead of looking ahead.

In contrast, cities, regions and sectors in the US, Australia, Canada and New Zealand know that 30-40 year plans are needed in the competition to attract investment, generate economic growth and build vibrant and attractive communities. Some policy priorities in the EU (e.g. spatial planning in Scotland) have a long-term view, but only a few regions (e.g. Kymenlaakso [Finland], Norbotten [Sweden] and perhaps Berlin- Brandenburg [Germany]) have worked out how to 'game the system' (secure funds from ESIF and national sources) to plan long-term in finding and putting in place solutions to long-term problems e.g. improving care access for ageing populations in spatially distant rural communities.

Regions who took part in HE2020 tried to make sure that priorities they identified using the Toolkit (3.2 above) matched (in some way) priorities already adopted in national health strategies (e.g. Latvia and the Klaipėda District in Lithuania). Others looked to regional health master plans and regional development programmes (e.g. Pomurje in Slovenia). The last of these is an element of regional development that promotes an integrated approach to urban and rural regeneration, stimulation of local economies and the positioning of health services across sectors

What is important about longer-term planning is that it is not about a static list of investment priorities that are tossed out and replaced during election cycles. It is about having a clear and transparent set of strategic principles to guide planning decisions (e.g. maintain and improve liveability. increase competitiveness, drive sustainability and resilience to climate change). Putting these principles in place after a genuine consultation process positions them as a coherent driving force despite policy and target changes in the shorter-term. For action plans to reduce health inequalities this can include aligning action plan priorities with longer-term priorities e.g. a compact and carbon efficient city, housing diversity and choice, social inclusion and fairness, affordable living, and community engagement.

Perhaps most important, longer-term planning and associated needs assessment supported by informed consultation can help communities work the economy to achieve their priorities (e.g. safe and vibrant local communities with affordable housing, closing the education gap, using renewable energy, confident local economies, closer to home care) rather than hollow-out communities to serve the economy.

KEY MESSAGE - Deciding what to do to tackle health inequalities needs attention to four clear questions: What do we want to achieve? What needs to change? What are the risks? How do we

4 What the project achieved

To ensure the value of the project to participating regions we focused on three issues: maximising access to and use of knowledge, participatory learning and converting evidence into action.

4.1 Maximise access to and use of knowledge

- HE2020 Toolkit providing a step-by-step approach to help regions undertake evidence-based action planning in order to tackle health inequalities. The steps are – needs assessment, capacity assessment, finding entry-points for action and impact assessment
- Action Database of proven practical actions and good practice as examples of how to reduce health inequalities in different ways (policies, interventions and programmes) with particular focus on living and working conditions, health behaviours, access to and quality of health care and prevention
- Policy Matrix is a small guide of possibilities. It shows the opportunities to address action plan priorities in small and big ways by aligning them with priorities in national and regional Operational Programmes for EU Structural Funds (see also Figure 2 below. This is important because it shows that opportunities to tackle health inequalities using EU Structural Funds is wider than most people believe is possible).
- Interactive and easy to use website(s) was developed and will be maintained beyond this project for an agreed time period or merged with another website to enable the above listed resources to be accessed

Figure 2: The Policy Matrix Framework

4.2 Participatory learning

Developing the resources listed in 4.1 above was not a simple technical exercise. It involved a process of ongoing learning and review by participating regions. This included an action-learning programme with 5 workshops and follow-up online meetings, capacity building, peer support (the Pomurje partner with other regions) and thematic workshops: access to health care services (hosted in Brussels); healthy lifestyles (hosted by the Klaipėda District in Lithuania) and; helping vulnerable groups (hosted in Sfantul Gheorghe, Romania).

Figure 3 below shows how participatory learning was developed using five action learning workshops hosted by different participating regions with organisation and delivery shared with the WP7 Action Learning Programme leader (Department of International Health at Maastricht University) and the WP4 leader responsible for developing the Toolkit. Action learning is an approach to solving real problems that involves taking action and reflecting upon the results. The learning that results helps improve the problem-solving process as well as the solutions the people taking part develop. The full action learning cycle was in place from Workshop 2 to Workshop 4. This meant:

- Session 1 - People from participating regions giving a presentation about the results of the exercise in their region using the tool(s) introduced in the previous workshop; then discussion of shared and different results and reflection about their experiences of the exercise
- Session 2 - The WP4 Toolkit lead partner (Department of Public Health, Erasmus Medical Centre, Rotterdam) introduced the next phase of the toolkit and the relevant tools. Some practical exercises let participants try out the tool(s)
- Post workshop – Conduct the follow-up exercise using the relevant tool introduced in the workshop e.g. the needs assessment tool after WS1, the capacity assessment tool after WS2 and so on. Online support sessions were also arranged with the participating regions and then the regions prepared feedback for the next workshop

This cycle ended with a final workshop (No.5) where each region presented their action plan to each other based on evidence generated by using tools from the toolkit, local discussion of results and agreement about priorities for action by members of their regional or local action group.

The added value of this approach is that as each Phase (and tools) of the Toolkit was introduced in each workshop this provided a chance for the people developing the toolkit to get feedback from participants about what worked well and what they needed better guidance for.

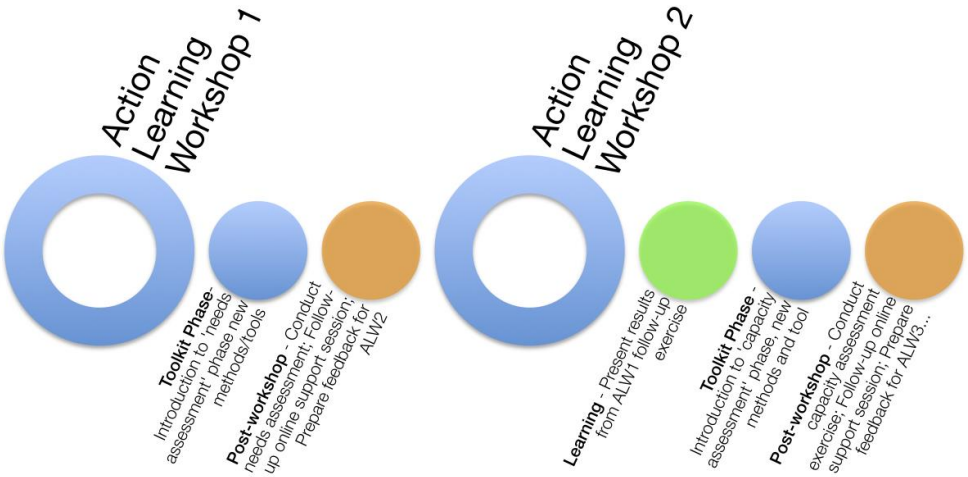

Figure 3: A shared action learning cycle for HE2020 consortium partners and participating regions

4.3 Converting evidence into action

Before the end of the project, 10 action plans were delivered by participating regions. Of these, seven were more clearly informed by use of the toolkit. This strengthened the action plans and is likely to have been a contributing factor to their adoption. Also, several participating regions have identified or secured funding (regional or national) for their plans. The remaining three action plans are more 'lite' and so their likely impacts are less obvious.

The action plans developed by the regions focus on: vulnerable groups (interventions for the Roma, children, migrants, the poor); the ageing society (developing smart specialization & innovation, investing in healthy ageing; capacity building between generations; education & capacity building to address their needs); improving access to health services (integrated care; community care); healthy lifestyle (prevention - addressing risk factors like alcohol consumption, obesity, tobacco use) but also healthy living; capacity building to address health inequalities.

In terms of interventions these range from: improving services (palliative care beds, outpatient departments, consultants, mobile care, e-health); screening to target vulnerable groups; improving data availability (linking databases of health and social affairs; research data centre); education, health education & information (for patients families but also training of personnel; health literacy); health promotion (bicycles routes, playgrounds, healthy tourism, healthy workplaces); training, exchanging good practices, further cooperation on HI (e.g. establishment and coordination of health councils).

In many cases the action plans have been successfully integrated within regional health strategies, social strategies or innovation strategies (such as in the case of: Klaipeda district, Lithuania; Covasna, Romania; Stara Zagora, Bulgaria; Vysočina, The Czech Republic; North Great Plain, Hungary). In other cases this has been an integral part of the Operational Program (like in the case of Latvia who included reducing health inequalities within the Operational Program for Growth and Employment).

5 Five key learning points

The learning from this project can be summarised around five main points:

5.1 Evidence-based planning to tackle health inequalities

Putting evidence into focus the developed toolkit helped the regions review the current nature of health inequalities in their region, and to identify how the wider determinants are

affecting inequalities. This way the HE2020 Toolkit assists regions in drawing up evidence-based regional action plans to reduce health inequalities. The HE2020 Database was a key resource in formulating actions as a response to the needs assessment.

However, evidence also acts as an obstacle if common sense actions are delayed and/or opportunities are not taken due to a lack of evidence. Actually 'lack of evidence' is used as a reason for not acting by public services under pressure to perform better under conditions of financial and political insecurity. Raising awareness of the importance of these common sense actions is the task of everyone working with regions at the field.

5.2 A menu of regional support methods

European regions are eager to exchange ideas, policies, actions and talk about stories, successes and even failures with other regions about tackling inequalities, including in the wider context of regional development. There are several platforms for this. Exchange can be done via regional peer-to-peer support programmes; online expert moderated support webinar sessions; freely accessible online action databases providing practical knowledge, case examples and options for policies and actions; a range of events including international, national and regional conferences, workshops and seminars and study visits. HE2020 has tested a combination of all of these techniques in practice with an action learning workshop series at the heart of the project.

5.3 Working together for impact and sustainability

Tackling health inequalities is a multifaceted problem that requires intersectoral work and is a learning process in its own way. Regional planning to tackle health inequalities should follow a step-wise approach (action learning) and start from where regions are with differing needs and resources.

As part of the HE2020 project participating regions set up regional/local action groups and shared their new or already existing experiences in order to become able to develop viable, sustainable action plans in collaboration with other relevant sectors. This was not been easy for some regions who had started with a narrowly defined partnership.

Working with HE2020, participating regions provided examples of how to build and sustain regional collaborations using a step-by-step approach that serve as good examples for other regions.

5.4 Maximising the impact of regional planning

One way to improve the likelihood of successful actions is to find a practical opportunity to build on the work of regional/local action groups in prioritising local needs. Regional development programmes and related integrated planning are helpful because they can be used to incorporate specific, health inequality focused action plans into wider regional and/or national development plans in order to promote and ensure synergies in decision making and funding. But getting their priorities for tackling health inequalities integrated into a regional or even a national planning cycle is one of the biggest challenges for regions (See the HE2020 Policy Brief 4: Using integrated planning for leveraging stakeholder commitments to tackle health inequalities).

5.5 Funding actions to tackle health inequalities

We now work in an environment driven largely by austerity-related measures with small consideration of the social consequences of such policies. Government funds will remain insufficient for many years and this will contribute to maintaining or worsening economic and social inequities. Relatedly, alternative sources of funds such as ESIF exist and especially the EU13 member states can benefit from these. However, there can be a tendency to see ESIF as a substitute for limited national funds. And projects to address health inequalities are often seen as too small scale to warrant ESIF funding. In this context, potential ESIF beneficiaries face considerable competition to access Structural Funds and then, if successful, to implement interventions that will be financially sustainable. In this context:

- Regional action plans developed by regions to address factors contributing to health inequalities should fully appraise ESIF options
- The HE2020 Policy Matrix was developed to fit health within the European Structural and Investments Funds (ESIF) 2014-2020 and to help regions thinking ' outside the health box' when securing funding for actions

There are alternative forms of investing as well (e.g. social impact investing, Social Impact Bond, Social Impact Investment Partnerships), increasingly involving private investors (philanthropists, charities, foundations, social impact investors) who offer an alternative route for funding actions to tackle the basic social determinants of health such as unemployment, housing, fuel poverty and educational attainment gaps. Decision-makers and potential beneficiaries in EU regions and action groups should be introduced to these alternative opportunities.

6 The project ends but what comes after…

A series of follow-up activities and measures were discussed within the Core Group and with Project Advisory Board members during the final phase of the project in order to secure the sustainability of what HE2020 has delivered. Several themes were identified together with possible future actions and form the basis of a Sustainability Plan:

- Ensuring that the main HE2020 resources and learning generated by the project continue to be available at EU, national and regional levels
- Bring forward discussion on ESIF policy and its use in relation to funding actions at the field
- Addressing the continuing support needed by regions in tackling health inequalities.

Regarding the last of these points, the following key recommendations are offered:

- The national and regional authorities involved with HealthEquity-2020 (as participating regions and as Advisory Board members) work together to lobby DG REGIO and the INTERREG Secretariat in Lille to adopt tackling health inequalities as a priority for the programme that will replace INTERREG IVC.
- An open learning platform model would provide the basis for interregional knowledge exchange and learning alongside the current ESIF cycle and as preparation for the next cycle.
- National bodies represented on the Advisory Board should consider funding in-country open learning platforms (OLPs) or another knowledge exchange structure to enable HE2020 participating regions to share their knowledge and experience with other regions/micro-regions.
- Both the relevant national ministries, public health authorities and ESIF managing authorities should commit to participating in, informing and learning from in-country OLPs as part of the follow-up to HE2020.

7 Project contact and partner information

About the Toolkit and Action Database, and Action Plans

These are free to use and can be found at https://survey.erasmusmc.nl/he2020/

About the Policy Matrix

This can be found at http://www.healthequity2020.eu/pages/policy-matrix/

Other HE2020 resources can be found at http://www.healthequity2020.eu/pages/resources/

If you want more specific guidance about the project, how to run any elements of it in your own region/city/district and/or access to the expertise and experience available from the HE2020 partners or the participating regions then as a first point of contact email:

Project contact: Edit Sebestyen, Health ClusterNET Coordinator edit@healthclusternet.eu

Project Partners	Project Advisory Board
Lead Partner - Department of International Health, University of Maastricht. Project Leader (Prof Helmut Brand). Project Coordinator (Oana Neagu) WP7 Action Learning Programme leader (Dr Kai Michelsen), WP8 Capacity Building Programme leader (Dr Kai Michelsen) Health ClusterNET – Project Director (Prof Jonathan Watson), WP1 Management & Coordination leader (Dr Carole Maignan), WP2 Project Dissemination leader (Edit Sebestyen), WP3 Project Evaluation leader (Prof Jonathan Watson) with Margit Ohr (expert support for WP8) Department of Public Health, Erasmus Medical Centre. WP4 Translational Evidence & Policy lead (Prof Johan Mackenbach with Dr Mariëlle Beenackers and Dr Frank van Lenthe) Medical University of Lodz. WP5 Pilot action in large EU region leader (Mikolaj Gurdala with Przemyslaw Kardas, and Kinga Zel)	Equity in Health Institute, Rome, Italy EUROHEALTHNET Assembly of European Regions WHO Venice Office European Centre for Health Assets and Architecture Institute of Public Health, Ireland Local Urban Development European Network OECD Centre for Entrepreneurship, SME and Local Development European Association of Development Agencies Ministry of Health, EU Financing, Planning and Control Unit, Department of Budget and Investments, Latvia Ministry of Health, Unit for Structural Funds, Slovakia Public Health Directorate, Ministry of Health, Slovenia Public Health Strategy Division, Public Health

Centre for Health and Development Murska Sobotka WP6 Pilot Action in a Small EU Region leader (Tatjana Buzeti with Peter Beznec, and Mojca Halozan)	Department, Ministry of Health, Lithuania National Institute of Public Health, Czech Republic National Centre of Public Health and Analyses, Bulgaria Healthcare Department, Ministry of Social Affairs, Estonia Ministry of Health, European Funds Department, Poland National Development Agency, Human Resource Programme, Hungary

HE2020 Collaborating Regions		
Bulgaria, Stara Zagora	Elena Georgieva Kaneva	Director Regional Health Inspectorate Stara Zagora Region
Czech Republic, Vysočina Region	Sona Mertlova	Head of Department of Health Regional Authority
	Katerina Smejkalova	Officer, Department of Health Regional Authority
Tallin, Estonia	Maria Filina-Kossatšova	Tallinn University, Institute of Political Science and Governance
Hungary, North Great Plain region	Dr Zsuga Judit	University of Debrecen Faculty of Public health, Department Of Health Systems Management And Quality Management For Health Care
	Gábor Tajti	University of Debrecen
	Kriszitán Pák	University of Debrecen
Latvia	Kristīne Karsa	Ministry of Health, EU Financing, Planning and Control Unit, Department of Budget and Investments
Lithuania, Klaipėda District	Neringa Tarvydienė	Director of Klaipėda District Municipality Public Health Bureau
Romania, Covasna County	Hubbes Kinga	Caritas
	Marta Tatar	County Council, Head of the Commission for EU Affairs and transnational Programs

Slovakia, Self-governing region of Trenčín	Kiselova Gabriela	Office of Self-governing region of Trenčín, Department of Health and Human Pharmaceuticals
	Marian Bridik	Office of Self-governing region of Trenčín, Department of Health and Human Pharmaceuticals
Welsh Government, UK	Catherine Weatherup	Head of Health Inequalities and Legislation
	Sumina Azam	Consultant in Public Health, Policy, Research and International Development Directorate, Public Health Wales
Junta de Andalusia, Spain	Alberto Fernández	Junta de Andalusia, Spain, Public Health Department, Regional Government; Andalusian School of Public Health
Region Skåne, Sweden	Elisabeth M Bengtsson	Department of Urban Development Director of Public Health