



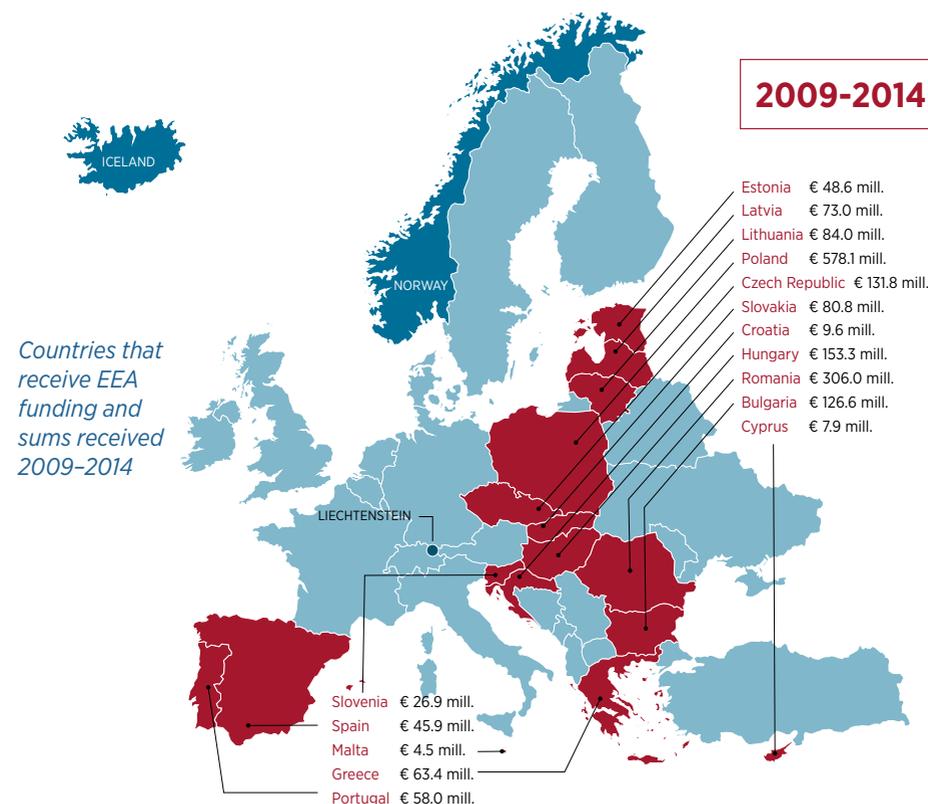
# Working together to reduce health inequalities

Fifteen examples of health projects in ten European countries

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## EEA Grants

The European Economic Area (EEA) includes the countries in the European Union (EU) plus Iceland, Liechtenstein and Norway.

Several countries have received funding through the EEA Grants for various programmes within the sectors of environment, civil society, cultural heritage, climate change, green industry innovation, human and social development, work, justice and research.

The goal is to contribute to reducing social and economic disparities in the EEA. Another

objective is to strengthen bilateral collaboration between the 15 EU countries in Central and Eastern Europe in addition to the Baltic States.

This booklet shows examples of health projects in ten countries. The Norwegian Institute of Public Health and the Norwegian Directorate of Health have participated as Donor Programme Partners in six of the countries. Norwegian institutions have participated as project partners in each country.

## Norwegian participation through the EEA Grants

National, regional, municipal and private businesses, agencies, communities and non-profit organisations in Norway, as well as research and educational institutions are encouraged to establish collaborative projects with institutions in the EU countries.

In each of the 15 countries that receive EEA grants, the local governments advertise funding for support to individual projects where Norwegian institutions can be invited to become project partners. Agencies, businesses, organisations and institutions in the 15 countries can submit applications. Any expenses incurred by the

Norwegian collaborators will be reimbursed in the project.

In addition, Norwegian partners can collaborate across borders through the bilateral funds under the EEA Grants. The bilateral funds cover expenses related to conferences, seminars, study tours, exchanges etc. Norwegian partners must be invited to participate and cannot apply directly.

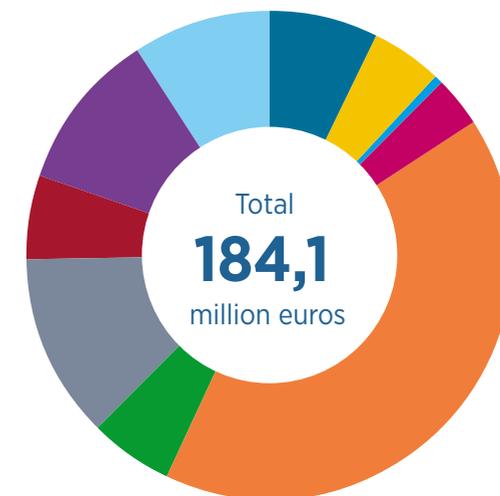
In autumn 2017, the Norwegian Ministry of Foreign Affairs will issue a guideline with practical information about partnerships.



**The collaboration has been mutually beneficial. The scientific resources developed through the project are also relevant for Norway.**

From a survey among Norwegian partners, conducted by the Norwegian Institute of Public Health in 2016

## Public Health Programme 2009–2014



The Public Health Programme aimed to improve the health services and public health work in each country. During 2009–2014, many of the countries gave priority to strengthening health infrastructure and to capacity building. This involved improved competencies among health personnel, innovative health services and health information systems, and improved quality and accessibility of public health efforts.

Through the EEA Grants, Norwegian participation has benefited both the target groups and centres of competence in partner countries, and equivalent centres in Norway.

### PUBLIC HEALTH PROGRAMME UNDER THE EEA GRANTS 2009–2014

Bulgaria €13,4M	Portugal €10,0M
Estonia €8,9M	Romania €22,6M
Cyprus €1,2M	Slovenia €10,2M
Lithuania €6,0M	Czech Republic €19,2M
Poland €76,0M	Hungary €16,6M

*The total amount for the health programmes under the EEA Grants 2009–2014 was 184.1 million euros. The figure shows the distribution by country.*



**Seeing public health challenges in another national context with different solutions has been useful and has triggered ideas for use in a Norwegian setting.**

From a survey among Norwegian partners, conducted by the Norwegian Institute of Public Health in 2016

# Working together to reduce health inequalities

## EEA Grants and the UN Sustainable Development Goals

The world's Sustainable Development Goal number three is to ensure healthy lives and promote well-being for all at all ages. In Europe, Norway contributes to achieving these UN development goals 2030 through several channels, including the EEA Grants.

The EEA Grants finance projects in which levelling out health inequalities is important. Many of these projects have contributed to changes that have had an effect beyond the EEA Grant project period. Some measures have contributed to new knowledge enhancing European health research and laid the foundation for knowledge-based decision-making to improve the health systems and public health initiatives.

Bilateral collaboration has resulted in major changes in several countries and a more holistic approach to public health challenges, according to the 2016 mid-term evaluation of the EEA Grants.

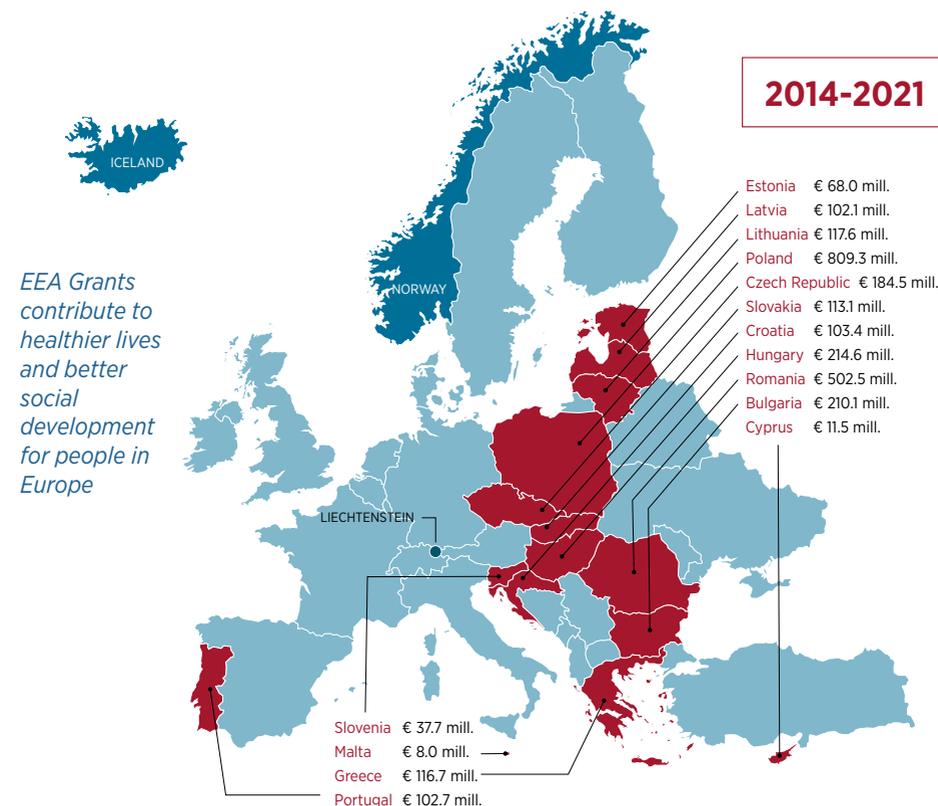
### HEALTH INEQUALITIES IN EUROPE

Some examples

- Life expectancy, lowest and highest: Lithuania 74.6 years and Switzerland 83 years (2015) <sup>a</sup>
- Child mortality per 1000 live births: Romania 7.6 and Slovenia 1.6 (2015) <sup>a</sup>
- Incidence of tuberculosis per 100 000 persons: Moldova 152 and Iceland 2 (2015) <sup>b</sup>
- Doctors per 100 000 persons: Greece over 600, Turkey less than 200 (2014) <sup>a</sup>
- Europe has the highest consumption of alcohol and tobacco in the world. The consumption of alcohol per person (15 years+) in litres alcohol 1990–2010: Lithuania 12.9 and Italy 6.1 <sup>c</sup>
- Percentage of daily smokers, persons 15 years+ (2008): Greece 31.9 and Slovenia 18.7 <sup>a</sup>
- Percentage of total number of deaths caused by mental and behavioural disorders 2013: Switzerland 7.8 and Bulgaria, Greece, Romania 0.1 <sup>a</sup>
- Poverty increases the probability of inadequate health services

**Sources:**

- <sup>a</sup> Eurostat
- <sup>b</sup> World Bank
- <sup>c</sup> World Health Organization



*EEA Grants contribute to healthier lives and better social development for people in Europe*

## Next period for EEA Grants 2014–2021

New EEA Grant agreements were signed in May 2016 between the three donor countries and the EU.

The next period will run from 2014 to 2021. Iceland, Liechtenstein and Norway are negotiating agreements with each EU country that will receive funding. The agreements define how the EEA Grants are distributed between different programmes under each priority sector. Health falls within priority sector two – Social inclusion, youth employment and poverty reduction, see the fact box on the next page.

The aim is to complete the negotiations with each country by the end of 2017. The next step is to develop the programme agreements with each country, which will clarify the areas each country will prioritise within the health programme.

Project collaboration and bilateral activities will be advertised under each programme. These announcements are listed on each country's page on [www.eeagrants.org](http://www.eeagrants.org). Only institutions in the 15 countries can submit an application, while Norwegian partners can be invited to participate.

# Five priority sectors for the EEA Grants 2014–2021

1. Innovation, research, education and competitiveness
2. Social inclusion, youth employment and poverty reduction, **where European public health challenges is one of the programmes**
3. Environment, energy, climate change and low carbon economy
4. Culture, civil society, good governance and fundamental rights and freedoms
5. Justice and home affairs

Examples of projects that have received funding during 2009–2014 follow on the next pages



**The collaboration has resulted in bilateral contact in similar professional fields beyond the project and project period.**

Examples of projects that have received funding during 2009–2014 follow on the next pages

## BULGARIA



Photo: colourbox.com

## Fresh start for young people with anorexia and bulimia

The non-profit organisation INSIGHT in Sofia wants to put the spotlight on eating disorders in Bulgaria, where this is a greater problem than in most other European countries.

The goal of the project is to improve access to health services for young people with eating disorders. The aim is also to increase the quality of the services, including the specialised health services in psychology.

During the project period, INSIGHT will visit three cities to analyse the needs of young adults with eating disorders. They will then conduct an evaluation of the health services, promote targeted interventions for intensive therapy and strengthen prevention programmes. The Norwegian partner in the project is the advisory service for eating disorders (Rådgivning om spiseforstyrrelser).

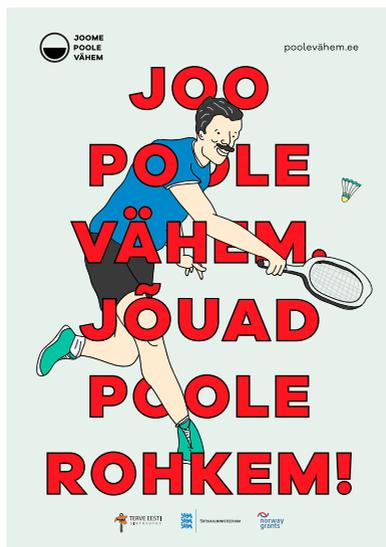


Photo: Estonian Health Foundation

*A poster from the campaign about drinking less by halving alcohol consumption.*

## Campaign to encourage young people to half their alcohol intake

This is an initiative from a private organisation, Health Estonia Foundation, in collaboration with five other non-profit organisations. A large-scale media campaign was launched.

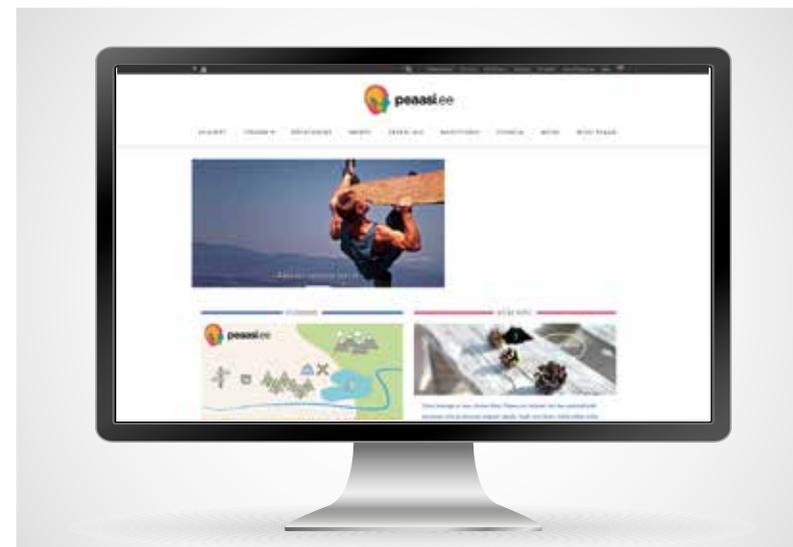
The campaign aims to promote a shift in social norms that will result in a change in the national alcohol policy and a reduction in alcohol consumption and negative health effects.

There are three target groups; the public with the message Let's drink less by half; adolescents between 11 and 18 years with the message Alcohol and smoking are out!; and parents with information about addictive substances and child development.



**I would not be here today without e-counselling. I didn't have anyone to talk to about my situation. Thanks to the psychologist's simple explanation, I came to my senses. Thank you to all of you whose assistance made this counselling possible.**

One of the users of the e-counselling services on [www.peaasi.ee](http://www.peaasi.ee), 2016.



## Peaasi.ee – an online mental health e-counselling service for young people

The Estonian non-profit organisation Peaasjad (*The head counts*) has developed a web page about mental health for young people aged between 14 and 26 years. The web page is also useful for health personnel, parents, teachers and youth workers who are in contact with young people.

The goal is to increase attention about mental health among young people, reduce stigmatisation, provide better access to mental health services and prevention programmes, and provide interventions at an early stage. Since the launch in

2015, the web page has had 12 000-15 000 site visits per month.

The website was developed in collaboration between the young people themselves and adult co-workers. The users find interactive information, e-counselling with specialists, training and self-help tools, videos and animations. Everything is available for PC, smartphones and tablets.

The project belongs under the Estonian Ministry of Social Affairs, and Arkimedes AS has been the Norwegian partner.

# POLAND



Photo: Distriktskontoret i Prudnick, Polen

Soccer tournament in Prudnick for Polish and Norwegian children.

## Sport – an effective way to reduce social inequalities in health among children

In this project, the communities of Prudnick in Poland and Frøya in Norway aim to promote physical activity among children and young people. The concept behind the project is that sporting events can help promote joy, enthusiasm and physical development among children, which in turn can create a foundation for improved health and healthier lifestyle in the communities.

Six soccer teams from Prudnick and three teams from Frøya took part in the soccer tournament, with almost 70 children aged

between 7 and 12 years. Social activities were also part of the programme, with a visit to an old castle, horse and carriage riding and outdoor grilling.

Not only has the project been beneficial for the children with fun-filled healthy activities, it has also motivated the adults to continue working to promote good health among children and young people.

The community can now enjoy the soccer equipment, soccer kits and 30 bicycles that were purchased through the project.

# ROMANIA



Photo: Naționalul Institutul de Sănătate Publică, România

Health mediators and community nurses receive professional training to provide better health services in the community centres.

## Strengthening the national network of Roma health mediators to improve the health of the Roma population

Through this project, the National Institute of Public Health in Bucharest aims to improve the Roma population's access to good health services.

One of the measures is to further develop the National Network of Roma Mediators to reach vulnerable groups among the Roma population. Agreements have been made with 45 local authorities with teams of local nurses and health mediators through the existing local health centres.

The teams conducted a survey about the health needs of the Roma people and 50 professionals from the health district authority have become training consultants. So far, 108 500 Roma people have been helped by the local health teams. The network has also contributed to a number of legislative amendment proposals that will strengthen the Roma population's access to health services and social welfare in Romania.

# LITHUANIA



Photo: colourbox.com



*A new national health information system to monitor children's health has been developed in Lithuania.*

## National health information system to monitor child health

The Institute for Hygiene under the Ministry of Health in Vilnius has developed a national health information system to monitor children's health, changes in their health status and to contribute to targeted policies and actions. The results include a user manual for the system and a template for annual reporting from the municipalities.

This work brings together a number of professionals and expert agencies, for example health personnel in primary health care, public health specialists in educational institutions and staff in the municipalities and central government.

*Representatives from Plunge District visit a childcare centre in Bjerkreim, Norway.*



Photo: Financial Mechanism Office, Brussel

## Healthy youth – essential for the well-being of Plungė District

A collaboration to improve the health among young people has been established between Plungė District in northwest Lithuania, the non-profit organisation Krantas and Bjerkreim municipality in Rogaland, Norway.

The goal is to improve adolescent friendly health and care services by increasing their accessibility and quality. A co-ordination centre was established to promote good health among children and adolescents in addition to training interdisciplinary and intersectoral teams of specialists.

Nearly 2000 young people have already taken advantage of the services during 2016–2017. The cooperation between Plungė and Bjerkreim municipalities has contributed to useful exchanges of health specialists and has inspired new initiatives, for example outdoor childcare centres, gym in the classroom and other health-promoting activities in school introduced by the young people themselves.

# CYPRUS



Photo: Financial Mechanism Office, Brussel

*A coffee cup can save lives.*

## The Cyprus Bone Marrow Registry

A special collaboration has been developed between a coffeehouse chain on Cyprus and the Karaiskakio Foundation. They want to highlight the need for more bone marrow donors for people with blood and immune system diseases. The Karaiskakio Foundation developed, and maintains the Cyprus Bone Marrow Registry and is looking for solutions that are more effective for better

matches between donor and receiver. Due to the campaign, 2000 new donors were registered resulting in more lives that can be saved.

The project aims to reduce health disparities between the Turkish and Greek-Cypriot populations by making the donor service accessible to all segments of the population on Cyprus with better matches.

# HUNGARY



Photo: Projects Directorate ANITZ Országos Tisztifőnörség Hivatal

*Health mediators from the pilot project in Farkaslyuk receive training in cardiopulmonary resuscitation (CPR) by paramedics.*

## Improved working conditions for health mediators active in Roma communities

The National Public Health and Medical Officer Service in Hungary supports this project. The project has provided new technical solutions and digital tools to facilitate the work of local health personnel, with the result that health mediators can now work in local networks.

In addition, training and information material has been developed for the Roma

population. For example, a video is available about hygiene and injury prevention in the home.

Romania and Hungary are working with similar challenges to improve the Roma population's access to primary health care. Both countries employ health mediators and wish to draw on each other's experiences in the future.

# PORTUGAL



*Screening programme for malnutrition in the elderly population at a university hospital in northern Portugal.*



Photo: Rui Ramalho

*Participants at a workshop in Lisbon on communicating results from health surveys.*

## Improving epidemiological health information to support public health decision and management in Portugal

Portugal lacks reliable health data to give adequate knowledge about the health of the country's population. The public health institute in Lisbon, Instituto Nacional de Saúde Dr. Ricardo Jorge (INSA), leads a project to remedy this situation. The project is based on the national health policy and national health surveys.

The goal is to strengthen knowledge about the health of the population, changes in health over

time and health inequalities in the country. Improved data through more accurate and comprehensive health registries and information systems will give the authorities a better basis for decision-making and targeted measures nationally, regionally and locally.

The Norwegian Institute of Public Health contributes to developing public health profiles for the municipalities.



Photo: Central Administration of the Health System (ACSS) / Helsedepartementet, Portugal

## QuaLife

São João Hospital in Porto aims to improve the monitoring of the nutritional status among people aged over 65 years. The group includes patients who are hospitalised and outpatients.

Within the project, a standard to measure and evaluate nutritional status has been developed, as well as a training programme for healthcare

personnel. Preliminary results show that it is necessary to introduce interventions to reduce malnutrition, particularly among women.

The data collected form the basis for further research in nutrition and health among the elderly.

When the project is completed, São João Hospital plans to continue monitoring the nutritional status among the elderly.

# SLOVENIA



Photo: Slovenian Press Agency / Government Office for Development and European Cohesion Policy

*Increased access to health services for all in Slovenia is one of the goals of the Together for better health project.*

## Together for better health

In the project *Together for better health* the National Institute of Public Health in Ljubljana and the Norwegian Institute of Public Health collaborate to develop indicators to monitor the new prevention programmes. The programmes, targeted towards children, young people and adults, aim to reduce lifestyle-related diseases in the population. The project is developing new

ways to increase access to preventive health services, improve competence among health personnel and increase cooperation between different sectors in society in order to reduce health inequalities.

One of the results from the project is the development of health profiles for the municipalities modelled from Norway.

*Disability is no obstacle to having fun with sports!*



Photo: Sports Federation for the Disabled of Slovenia – Paralympic Committee of Slovenia

## Active, healthy and happy!

The Sports Federation for the Disabled of Slovenia – Paralympic Committee of Slovenia in Ljubljana led this project. It was a collaboration between several partners in Slovenia and Valnesfjord health sports centre in Nordland, Norway.

The goal was to contribute to equal opportunities for all by integrating children and young people with disabilities into sports programmes and other events, in line with children and young people without disabilities. The project included capacity building for

specialists who developed the programmes and implemented the activities.

Valnesfjord health sports centre explained how to adapt and facilitate physical activities to different disabilities, about various sports equipment and rehabilitation. In return, Valnesfjord health sports centre learnt how Slovenia facilitates such programmes in childcare centres and schools.

The Slovenian and Norwegian partners are discussing possibilities to expand the collaboration.



Photo: Den norske ambassaden i Praha

*Loving care is part of the treatment of premature children in the Czech Republic.*

## New methods for the follow up and care of premature babies

Preterm children shall receive solid interdisciplinary medical treatment and care after being discharged from intensive care units for newborns. This is the main goal of the General University Hospital in Prague. Areas of expertise within the network of specialists participating in the project include psychology, psychiatry, child growth-studies, lung diseases and physical therapy.

Experienced medical specialists use new

tests and methods, in addition to advanced technical and medical equipment, to identify risk factors for this vulnerable group. By doing so, they reduce the child mortality rate among premature newborns.

Results from the project form the basis to develop new routines for diagnosis and treatment. In addition, guidelines will be developed for use in intensive care units for newborns throughout the Czech Republic.

*Injury prevention among children in the Czech Republic with help from a blue hippopotamus!*



Photo: Gavefondet, Den blå hvalrossen

## Injury prevention with the “Blue Hippo”

The main cause of death among people aged between 0 and 25 years in the Czech Republic is due to injuries. Modrý hroch, which means the blue hippo in Czech, is a non-profit organisation located in Brno. Established in 2005, its goal is to prevent injuries and support treatment of injured children.

In this project, there are three main activities targeted towards injury prevention. These

include 28 puppet performances for almost 500 children, counselling for parents and an interactive web page with information about how to prevent injuries in different situations.

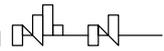
In addition, a number of prevention programmes are being developed for pre-schoolers in 25 childcare centres. The Norwegian partner is the Norwegian Safety Forum.

[www.fhi.no](http://www.fhi.no)

The mission of the Norwegian Institute of Public Health is to produce, summarise and communicate knowledge to contribute to effective public health efforts and appropriate health and care services. The Norwegian Institute of Public Health was Donor Programme Partner for the EEA Grants 2009–2014 in the public health programmes for Czech Republic, Estonia, Hungary, Portugal and Slovenia.

[www.helsedirektoratet.no](http://www.helsedirektoratet.no)

The Norwegian Directorate of Health carries out the national health policy, administers health legislation and is a professional advisor in health issues. The Norwegian Directorate of Health was Donor Programme Partner for the EEA Grants 2009–2014 in the public health programme for Poland.



**Iceland** **Liechtenstein** **Norway**  
Norway grants    grants

Updated information will be available on the web site for the Norwegian Institute of Public Health, the Norwegian Directorate of Health and the Norwegian Ministry of Foreign Affairs. The Ministry of Foreign Affairs will publish a practical guideline for Norwegian partners that will be available on their website in autumn 2017.

Follow these web pages:

[www.regjeringen.no/eosmidlene](http://www.regjeringen.no/eosmidlene)  
for guidelines on partnerships

[www.facebook.no/eosmidlene](http://www.facebook.no/eosmidlene)  
for general information on programmes and announcements

[www.eeagrants.org](http://www.eeagrants.org)



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