



Hrvatska mreža "**Ždravih gradova**"

Croatian Healthy Cities Network

Zagreb, 31 December 2013

Report on the Activities of the Croatian Healthy Cities Network for the year 2013

It is with unhidden pride that I start this report by writing a very pretentious statement that year 2013 has been one of the most fruitful years for the Croatian Healthy Cities Network. Given the fact that our financial income has been meagre this year, the results we have achieved are truly amazing. In the last year of their term, your Presiding Committee has much evidence to support the claim that 'Network activities have been upgraded to a higher level of excellence'. Not only through support and (only) through Network Support Centre activities but also because of your strong networking. I am especially proud of the achievements resulting from your initiative and carried out without the mediation of your national coordinator. One of such examples of excellent cooperation, within Network, is IPA project LOVE YOUR HEART (LYH), the goal of which was to establish a network in the Adriatic region which would improve activities aimed at cardiovascular diseases prevention. The leading partner of the project is Istria County which included Zadar and Neretva-Dubrovnik counties in the project (among other partners and associates), as well as 'Andrija Štampar' School of Public Health. Another example of excellent inter-county networking is cooperation of the development of palliative care. Several-year long cooperation of the cities of Vinkovci and Poreč is the best example of successful mutual strengthening through sharing knowledge and experience in healthy urban planning and family policy. Such examples, which lead to synergy through cooperation, led to the decision made by the Assembly (held in Biograd) that in 2014, the Network should strive to stimulate that kind of operation – mentor work, and partnership cooperation between cities and counties with different levels of achievements in the programme. Keeping what has been said in mind, we are already working on networking interested members. The win-win cooperation is the one based on interest and real gain from cooperation with others, and as such is the only possible way to ensure long-term, continuous and sustainable Network development.

1. National Level

a) The Activities of the Network and its Support Centre

There haven't been major changes in the activities of the Network Support Centre in 2013. The facilities have remained the same ('Andrija Štampar' School of Public Health, Zagreb Medical School), and so have the cooperators – administrative secretary, journalist, translator, auxiliary workers, consultants, book-keeping service, and web masters.

In 2013, **two Reporting Assemblies of the Croatian Healthy Cities Network** were held. One was held in Zagreb, February 28, and another in Biograd n/M, during the Network business meeting, October 5.

b) Regular annual Network activities bring together and connect cities and counties which are Network members, facilitate sharing of experiences, knowledge, ideas and activities, enhance cooperation and enable education and the giving (and the taking) of practical help and support to carry out activities on the local level.

Various regular Network activities have been carried out in 2013: there was 17th Health Fair in Vinkovci in April; the Healthy Cities Day was celebrated sumptuously on May 20; seven courses of the 20th Motovun Summer School of Health Improvement were held (June-July – Grožnjan, Motovun, Labin, Poreč). After a longer pause, the 15th issue of the Epoch of Health was published, Network web pages in Croatian and English have been updated, and the 18th Network Business Meeting was held in October and was hosted by Biograd n/M and Zadar County.

The 17th Health Fair was held in Vinkovci, April 19-21, on the premises of 'Lenije' Sports and Recreation Centre and the Faculty of Agriculture, once again under the auspices of the Ministry of Health and Social Welfare of the Republic of Croatia. The Fair was organised by the City of Vinkovci, Vukovar-Srijem County and the Croatian Healthy Cities Network; this year's partners were the cities of Poreč and Labin, Mirko Filipović (Cro Cap), Zara Polyclinic, Vinkovci, and Zara Health Recreational Centre from Vinkovci. The fair was opened in congress hall of Slavonija Hotel, by celebrating 25th anniversary of Healthy Cities in Croatia, and promoting the City of Vinkovci Health Profile.

The Fair was traditionally organised in two parts – one, comprising the fair segment, and the other, educational segment. In the fair part, which proved to be the most interesting for visitors, over 200 exhibitors were presented. In the educational part, four forums were held (including Slavonija and Srijem first Health Forum), as well as a symposium on emotional pedagogy, nutritionism, palliative care, professional training for nurses, physiotherapists, forestry engineers, electrotechnics engineers of other professions, etc. There were also forums, round tables, and around twenty workshops for parents, children, teachers, meetings of Crime Prevention Councils... Furthermore, there was a number of dancing, sporting, culinary, scientific and other manifestations, the most interesting of which proved to be Hunters' Gastro Picnic organised in PIK flat in Sopot. The 17th Health Fair was very well coordinated and led by our 'first urban planner lady' Mandica Sanković M.S., and attracted a large number of visitors.

May 20, **the Healthy Cities Day**, has been celebrated since 2003, and is an occasion for city and county authorities to showcase numerous activities undertaken to improve their fellow citizens' health. Furthermore, it is an opportunity for various non-government organisations and volunteers to present their activities and programmes. This year, to celebrate 25th anniversary of the Healthy Cities, Rijeka organised 'Dancing to Health' project. On Zamet, from 17.30, everybody was dancing, aged 3 or 103. Zagreb Health City organised a panel in the premises of *Tribina Grada Zagreba*. The panel topic was the following: PREVENTIVE NUTRITIONISM – PREVENTION OF CHRONIC NON-CONTAGIOUS DISEASES – how to gain and maintain health. At Pula market, a joint promotion of Healthy Cities of Istria was held. The participants talked with the citizens, passers-by, and the media, and distributed flyers and brochures which set forth local Healthy City projects, and written messages to invite people to make healthy life choices. The topic Poreč chose for Healthy Cities Day was THE CULTURE OF PET KEEPING, which was promoted via lectures, radio show, and distribution of flyers. Opatija organised sports recreation for Nuns of all ages, and on 26 May organised Mum-baby Učka marathon. Nationally, the 25th anniversary of the Healthy Cities Project was celebrated on 21 May 2013 at 'Andrija Štampar' School of Public Health of Zagreb Medical School via a conference entitled 'Academic knowledge aimed

at improving management practice for health at local and national levels’.

As part of **the 20th anniversary Motovun Summer School of Health Promotion**, which took place from 4 June to 6 July in Grožnjan, Motovun, Poreč, and Labin under the auspices of the Ministry of Science, Education and Sport, and the Ministry of Health, 7 workshops and courses were held for over 380 participants from Croatia, Austria, Bosnia and Herzegovina, Belgium, Montenegro, Serbia, Macedonia, Bulgaria, Poland and Norway.

The first course of the 20th Motovun Summer School of Health Improvement was **Health and Health Policy**, entitled ‘Health System in the 21st century – management, efficiency, quality’. The course was held in Motovun, 4 to 6 June 2013, and the delegates were health system managers, primarily directors of general, specialised, and clinical hospitals, Ministry of Health officials, as well as officials of Croatian Health Insurance Institute, and county self-government authorities. The course encompassed presentations, round tables, and discussions, providing help of renowned international organisations’ representatives. The topic addressed was the most acceptable courses of hospital sector development in Croatia. Course directors, Selma Šogorić and Aleksandar Džakula of ‘Andrija Štampar’ School of Public Health, and Luka Vončina of the Ministry of Health, managed to opened discourse on important topics: quality fostering in health care, strengthening management capacities in health providers, strengthening and better use of human resources in health care, reorganisation of hospital organisation and activities and cooperation with other health care stakeholders and local/regional authorities. The course topic was not accidentally picked. Namely, at the beginning of 2013, a process aimed at development of regional strategy entitled ‘SEE 2020’ offered a new incentive to redefining the role of the Network and regional health priorities within South Eastern Europe Health Network. Regional Cooperation Council coordinated the work on regional development strategy, the goal of which is to bring in line this region’s development with the European development strategy ‘Europe 2020’, bearing in mind specific reality of the region. In February 2013, SEEHN Executive Committee formed a health work group which is the holder of the development in chapter on health (included in the so called inclusive growth together with education and employment important for social development of communities. Prior to the first group meeting (held at the beginning of April 2013, in Sarajevo), we carried out a quick research of existing national health policies (national equivalents to H2020), through which national health priorities were recognised, and ways to address them (by member states) set forth. The analysis of eight national strategies (that was the number of responses we received) led to recognising eight areas of work (challenges) which appear in all countries of the region: the need to improve quality of health care, reorganise structure and operation of health providers (to achieve integrated health care – continuity of care), maintain health care financial stability, reduce inequality in health care fostering preventive activities, strengthen managing capacities in health (professional efficient system management), improve and make better use of human resources in health, carry out informatization and e-health development, and improve cooperation with other sectors, territorial levels and society on the whole. The results of the research referred to serve as basis for both development of health stage ‘SEE 2020’ and the course during which operational suggestions for cooperation with international networks and organisations SEEHN partners were discussed.

Mr. Nand Shani of RCC presented the project ‘Regional cooperations – Vision for South Eastern Europe 2020’, Ms. Mehri Gafar-Zada, DG Democracy ‘Platform model for consultation with citizens’ (right to health protection) of the Council of Europe, Ms. Roumyana Petrova-Benedict presented the project of cooperation with IOM, entitled ‘Health of illegal immigrants and Roma’, and Ms. Snežana Manić, RHDC Belgrade, Serbia, presented experiences and achievements in implementation of accreditation and quality management process in the region. Health providers’ presidents found most interesting the project addressing cooperation of strengthening management capacities of the ‘HOPE’ project, presented by Ms. Katerina Takovska. During final discussion, in which participated representatives of Ministry of Health of the Republic of Serbia and Bosnia and Herzegovina (Serbian Republic), regional

priorities of health development were discussed (found by research referred to), and ways to address them defined. The most important among them are suggestions for founding Regional Health Forum (which would come together annually), and fostering establishment of expert team work groups. The burning issue is financial viability of the system. In cooperation with 'HOPE' project, professors of 'Andrija Štampar' School of Public Health will develop a set of education modules (form of continuous medical doctors' education) entitled 'Strengthening management capacities', which will be piloted in 2013/14 with Croatian hospital presidents and their teams. Similar forms of cooperation will be developed with the network of hospitals promoting health and with EuroHealthNet.

The second course of the 20th Motovun Summer School of Health Improvement, held from 7 to 9 June 2013 in Grožnjan was **Media and Health**, with the topic of 'European Union Health Systems – a new chance for better health in Croatia or just another difficulty?' The course was again organised by 'Andrija Štampar' School of Public Health of Zagreb Medical School, Croatian Healthy Cities Network, Croatian Journalists' Association - department of journalists covering medicine and health care. It was led by Mario Harapin from Croatian Radio, Ognjen Brborović, and Tea Vukušić-Rukavina from 'Andrija Štampar' School of Public Health. The main topic of the course, which gathered 120 participants was Croatian accession to the EU, and imminent changes in health care. The course speakers and presenters were as follows: Minister of Health, prof. Rajko Ostojić D.Sc., Minister of Science, Education and Sport Željko Jovanović D.Sc, Sanja Franc D.Sc from Zagreb University Faculty of Economics, prof. Stipe Orešković D.Sc. from 'Andrija Štampar' School of Public Health, assistant to the Minister of Health, Luka Vončina M.Sc., director of the Croatian Health Insurance Institute, Siniša Varga prim., director of the Croatian Drug and Medical Products Agency, Viola Macolić Šarinić D.Sc., dean of Rijeka Medical School, prof. Alan Šustić D.Sc, president of the Croatian Medical Chamber, Hrvoje Minigo, prim., president of the Croatian Medical Doctors' Association, prof. Željko Krznarić D.Sc, and president of the Croatian Nurses' Chamber, Dragica Šimunec. Given the fact that health system is not a part of EU legal inheritance, Croatia will continue to organise its own health system according to the needs of its citizens. The Ministry intends to invest in hardware minimally, in software up to the level to be able to rise to the standards, and in people – humanware the most. Due to the need to adjust to European Union, in 2013, 22 pieces of legislation and by-laws have been either passed or amended. In June, other three key bills will be proposed, as follows: Obligatory Health Insurance Act, Health Care Act, and Foreign Nationals' Health Care in Croatia, providing for provisions of Directive 2011/24/EU to be implemented and mechanisms for free movement of people introduced, ensuring the right to health care in EU. Croatian health system is ready to join EU, from the point of view of bringing in line national and EU health regulations, i.e. trans-border health care, regulated professions, setting the price of drugs and listing them on either basic or auxiliary drug list of the Croatian Health Insurance Institute, medical products, blood, tissue, and cells, and environment protection. During the course, a national health development strategy for the period from 2012 to 2020 was presented and discussed. Furthermore, a theme round table was held, the conclusion of which was that Croatian accession to the EU presents an opportunity for health: because European values will be adopted, information and technology supply improved, medical tourism enhanced. However, there is a challenge of possible drain of professionals. The second course day started with the presentation by the Minister of Science, Education and Sport, Željko Jovanović D.Sc, on the need to introduce health education in primary education. It continued with presentation of challenges facing education of health professionals. Evaluation of educational programmes from 2008 showed that Croatia has outdated programmes. Secondary programmes have not been altered since 1997 in areas involving education of nurses, sanitary technicians, etc. The biggest changes were introduced in the system of education of nurses, following recommendations of the committee visiting Croatia, and in accordance with the Directive. Tertiary education was brought in line by mid 2011; however, there is still space for improvement, the Minister claimed. Bringing in line enables our qualifications for health professionals to be approved, and creates precondition for them to be automatically accepted in EU. Future international cooperation in education of all health

professionals is thus facilitated, and possibilities for their professional training and promotion enabled. After that, communication workshop for health professionals was held, as well as workshop on mental illnesses reporting for journalists. In the end of the course, an innovative exercise of cooperation and team work was done, demonstrating the importance of mutual communication and understanding.

At the same time, a course entitled 'How to promote health in work place' or **Health Promoting Organisations** was held in Motovun from 6 to 9 June 2013. Motovun Summer School of Health Improvement, which celebrates its 20th anniversary, was started in 1993 under the following motto: 'The school of hope, and the network of kindness'. Over two decades, it has been bringing together experts and scientists from the region, Europe and worldwide. As its founder and director, prof. Selma Šogorić D.Sc. says, the school of hope because it brings together people who wish to operate and act to improve health and quality of life, both their own and others', and the school of kindness because it brings together people who observe human rights and can prove it. The course 'How to promote health in work place' or Healthy Work Organisations was created and grew together with Motovun Summer School. Over the years, the course provided its participants with new insights and built new elements in their work. This year, all former courses' participants were invited and asked to share their experiences from the course, the results of which are reflected and built in their professional and scientific development. Furthermore, a proposal of the national programme of health and safety for workers in health care was presented, targeting the period from 2013 to 2020. The proposal was devised by the Ministry of Health, in cooperation with WHO Cooperative Centre for Health and Safety in Croatia, as well as work-related ministries (Ministry of Labour and Social Welfare), and organisations responsible for protection and improvement of health and safety for workers in health in private and public sectors (National Health and Safety Council, National Occupational Health and Safety Institute, Croatian Medical Doctors' Association, Croatian Association of Occupational Health with the Croatian Medical Doctors' Association, Croatian Medical Chamber, Croatian Nurses' Chamber, Croatian Association of Nurses, Croatian Union of Medical Doctors, and Croatian Professional Union of Nurses). Among 32 participants present, there were representatives of 8 universities: Vienna Medical University and Vienna University of Economics from Austria, Medical School of Tuzla University, Bosnia and Herzegovina, Montenegro University, Podgorica Medical School, Medical School of Belgrade University, Serbia, and three universities from Croatia: Nautical School of Split University, Law School of Rijeka University, and 'Andrija Štampar' School of Public Health, Medical School of Zagreb University. Course delegates were representatives of Ministries of Health of Montenegro and Croatia, and Croatian Institute of Occupational Health and Safety, and Croatian Public Health Institute. It has been concluded that an attempt should be made for course delegates' cooperation to be made more regular and streamlined to specific issues, especially during the time between summer schools, and in accordance with temporary cooperation and meetings held so far. Therefore, the following meetings have been suggested: September 2013, Professional diseases (prof. Petar Bulat D.Sc, Medical School of Belgrade University), winter 2013, The world of work and new occupation (assistant professor Andrea Russo, Nautical School of Split University), and autumn 2014, Education in occupational health and safety (prof. Nurka Pranjić, Medical School of Tuzla University).

One of the professional seminars of the 20th Motovun Summer School of Health Improvement was held between 27 and 28 June 2013, third time in a row, in the premises of Poreč Healthy City. The seminar was entitled **Healthy Urban Planning**, and was organised by Healthy Cities of Poreč and Vinkovci, Istria County and Croatian Healthy Cities Network. The seminar participants were professionals from various technical branches (designers, urban planners, electrical engineers) from all around Istria, and representatives of utility and other municipal services from Istria. The goal of the seminar was to bring together technical and public health professionals in order to bring to life and use world notions on important influence urban planning has on population's health. The impact of urban planners and technical engineers on designing living area is huge, because it enables planning and designing for

healthier and more quality life. Representatives of this profession design urban areas, walking paths, planting, parks, bicycle lanes, housing materials, they can affect energetic efficiency and designing advanced networks and advance homes. Healthy urban planning adds health issues into the work of technical profession, and has been the key topic of European Healthy Cities Network for years. The seminar was opened by a coordinator of Poreč Healthy City, Nataša Basanić Čuš, and Mandica Sanković M.Sc. architecture, coordinator of Vinkovci Healthy City. Ms. Sanković stressed the importance of technical profession in urban planning and design, given the fact that it leads to health and well-being of all people by influencing their behaviour and life style. Well planned distribution of living areas, public facilities and social areas, as well as quality organisation of public transport, energy quality, etc., along with multidisciplinary cooperation of various professionals can influence how socially connected people are, can have impact of quality of housing, employment, area accessibility, safety in housing and transport, equality and belonging to local community, for all categories of residents. Ms. Sanković pointed out that urban planning always has to include residents of the area as well; furthermore, healthy urban planning can result in mental health of all residents, which is recognisable in quality individual behaviour communication, ways of spending free time, and quality local structural conditions. Action plan of energy sustainable development of Poreč was presented by Gordana Lalić, B.Sc. mechanical engineering. In the introduction, she introduced delegates with the initiative of Mayor Agreement, including 50 countries and 50 EU countries, among which the city of Poreč. The goal of the Agreement is to engage local government in active environment protection. Action plan provides activities to reduce CO₂ emission by 2020, increase energy efficiency, increase use of renewable sources of energy, and increase the share of bio fuel in transport. Sectors of energy consumption fall into three categories: housing, transport and street lightning. After energy consumption has been analysed in all three sectors in Poreč, it has been shown that housing sector has the biggest share I energy consumption, and requires most work. Necessary changes has been integrated in transport sector with the existing strategy of transport flow, whereas street lightning is a sector where not many changes are needed, given the fact that it complies with quality standards and EU regulations. Ms. Lalić stated that action plans could be financed through EU irrevocable financial means, and that their importance lies in the fact that they will enable transformation of urban quarters into environmentally viable areas, increase the quality of life, and set basis for energy sustainable urban development. Damir Karavidović B.Sc. electrical engineering, presented on the topic of advanced networks, advanced electricity systems, advanced electricity meters, and advanced homes, all of which is needed for the vision of advanced city to come to life. In his presentation, prof. Karavidović stressed electric energy as a need which makes lives better, but also pointed out that the production of electric energy harms these very lives, and that caution is needed (electric energy produced by use of fossile fuels has harmful effects on climate). Mr. Karavidović stated that the time of 'creative man' has come, the time of increased production of electric energy from renewable sources of energy, especially from the sun. He sees salvation in reduced consumption of electric energy on the whole, its more efficient use, and in production of electric energy from sources which do not contribute to increased emission of CO₂ in the atmosphere, such as the sun, wind, water, biomass, and municipal waste. At the conference, further close cooperation of the cities of Poreč and Vinkovci was agreed on development of healthy urban planning, including increased number of designers willing to present in future conference, and especially on including topics related to archaeology/restauration in the function of adjustment of living areas to all residents, because in these sphere cities with historic heritage face many difficulties (especially when adaptations are needed for disabled people and others). After the round table, delegates visited Višnjan Observatory, where prof. Korado Korlević gave a very interesting lecture on light pollution.

On 5 July 2013, in the premises of Poreč Healthy City Foundation, the seventh festival of **Children's Film and Video Making in Function of Public Health** was held, organised by Croatian Film Association, Croatian Healthy Cities Network, Poreč Healthy City Foundation, Istria County, and Poreč Association of Our Children. The festival was held under the auspices of 'Andrija Štampar' School of

Public Health, Zagreb University Medical School. The following films were screened: 'Bye bye, dust', by Zaprešić Photo, Film, and Video Club; 'Šime and Mate', by Croatian Film Association, Zagreb; 'Stress', by Zaprešić Photo, Film, and Video Club; 'What are electricity windmills whispering to us?', 'Jurje Šišgorić' Primary School, Šibenik; 'Shop Top Piškornica', by 'Antun Nemčić Gostovinski' Primary School, Koprivnica; 'I don't get off on the wrong foot', by 'Marija Jurić Zagorka' Primary School, Zagreb; 'Medsave', by 'Ljudevit Gaj' Primary School of Zaprešić; 'Kongo', by 'Ivan Perkovac' Primary School, Šenkovec; and 'Alice En Nur', by 'Rudeš' Primary School, Zagreb. A documentary entitled 'Dancing Classes' by the Primary School of Poreč is about an action carried out among students, who through dance gained new knowledge on the importance of respecting their peers, socialisation, and tolerance. The festival brought together around forty primary students from Koprivnica, Novigrad, Poreč, Šenkovec, Zagreb, and Zaprešić.

From 1 July to 5 July, in the premises of Poreč Healthy City Foundation, the fifth Children's Film Camp took place. A documentary by 'Marija Jurić Zagorka' Primary School from Zagreb entitled 'A Notice from Filming' opened the camp. The film is about the atmosphere and the events at the 2011 Festival and Camp. After the documentary, three workshops followed: motion picture, by Karmen Bardek, teacher; documentary film, by Katica Šarić, social pedagogue; and for the first time, acting, by Katarina Franjo, teacher. In five days, the following films were thought up, filmed, edited, and screened: 'Ask or read', the film which talks in humorous way about an attempt to get rid of mosquitoes during the film shooting; '28', documentary film about dilemmas Croatian citizens were facing at the time of joining EU. Participants of the acting workshop thought up, wrote, dramatised and prepared for filming a number of screenplays, some of which were acted out and documented; they also prepared in various ways for future demanding roles.

The festival and the camp stemmed from the Motovun Summer School of Health Improvement, and were thought up as the place of coming and working together for the members of school film groups all over Croatia, and which in their work tackle public health topics, and public health professionals. Camp also provides an opportunity for primary students who have already proved to be outstanding authors to share their knowledge (with the help of tutors) with their peers from Istria who don't have organised forms of film and video making. It is especially rewarding to note that among students from Istria there are some who have been participating for the third time in a row, showing they have strong and lasting need for such form of creative expression. Višnja Biti, a journalist with Croatian Radio, filmed and prepared two coverages on the seventh festival of Children's Film and Video Making in Function of Public Health, and of the fifth Children's Film Camp.

From 3 to 6 July 2013, Motovun hosted a course entitled **Health and Health Care System –** Intelligences in health, which addressed three topics – changes that Croatian health has been facing after joining EU, present state in health, especially hospital recovery and informatisation of health on all levels of health care. Along with the main part of the programme, a professional meeting addressing the role and tasks of public health in informatisation process was held. The programme delegates (over 90 of them) were representatives of local and state authorities, representatives of health providers, chambers, business sector operating in health, and patient associations. For the third year in a row, topics addressed in Motovun were primarily related to reality and present difficulties Croatian healthy system is facing – informatisation and managements, but also changes brought about by Croatia's joining EU. The course was co-organised by Croatian Public Health Association, 'Andrija Štampar' School of Public Health, Croatian Medical Chamber, Istria County, PIN for Health, in cooperation with the Ministry of Health, Croatian Health Insurance Institute, and Croatian Public Health Institute. The first day of the course was dedicated to Croatian health after joining EU, and health workers and patients' mobility in EU. The topic was presented by Hrvoje Minigo, president of Croatian Medical Chamber, Nikolina Budić, secretary of Croatian Medical Chamber, Dubravka Pezelj Duliba, assistant director of health care of the Croatian Health Insurance Institute, Mirjana Grubišić, president of Croatian Physiotherapist Chamber, Ruža Evačić, Croatian Nurses' chamber, Katica Vugrinčić, president of

Croatian Medical Chamber, Sandra Orešić, assistant director for legal affairs of the Croatian Health Insurance Institute, and Nika Pavić, the Croatian Health Insurance Institute. The importance of the Chamber was stressed in the process of recognising, checking, and issuing professional qualifications, and the importance of new regulations governing permission for independent work (licence) pointed out. Croatian Health Insurance Institute will be a national contact point for providing information on the rights on insured persons to health care in other member states in accordance with EU regulations and 2011/24/EU Directive. For the time being, European health insurance card provides urgent health services, with prior agreement with health provider, health care related to chronic and existing diseases, and pregnancy and birth-giving related care. Morning part of the second day of the programme was dedicated to hospital recovery, with the following speakers: Jasminka Hlupić of the Ministry of Health, and Dragan Korolija, recovery manager of Dubrava Clinical Centre, Jaminka Hlupić gave an overview of the recovery process in public providers, pointing out legislation governing recovery of public providers, organisation and recovery programme, whereas Dragan Korolija presented an example of good practice and recovery process of a clinical hospital. He also stressed the importance of using business information as the main prerequisite for successful management and implementation of recovery process. Hlupić pointed out that the goal of recovery is to restore financial stability of public providers and improve responsibility in management plus increase quality and efficiency in public services provision. Korolija singled out an example showing the influence of the system of distribution of unit treatment on medication consumption, resulting in lower consumption thereof, qualitative improvement towards more rational medication use, and predictability of medication use. Afternoon part of the programme was dedicated to present state in health, presented by Tatjana Premđa Trupec, assistant director of the Croatian Health Insurance Institute, Dubravka Pezelj Duliba, assistant director for health care of the Croatian Health Insurance Institute, Morena Butković, family medicine specialist, Miroslav Končar, Oracle, Miroslav Mađarić, advisor to IT department director of Zagreb Clinical Hospital, Ljiljana Perić M.D., Vanja Vajagić, Croatian Health Insurance Institute, Branko Knežević, Rijeka Clinical Centre, and representatives of Laus cc Activities undertaken related to e-health in the previous year were presented. The vision is to ensure health system in which quality health care is available to all, following the principles of comprehensiveness, accessibility, and solidarity. Dubravka Pezelj Duliba spoke on the role and the possibilities of DTS /*Diagnosis treatment groups*/, and pointed out that it can be used as the indicator of success and quality, and the possibility for development and improvement. Morena Butković spoke about informatisation in the work of family health specialists, enumerating the advantages and disadvantages thereof, and presenting possible solutions. She stressed that informatisation will lead to further increase in administrative jobs, and decrease in time spent on medical jobs. Miroslav Končar presented present state in the world as regards eHealth. Miroslav Mađarić presented integrated eHealth as a factor in integration of health and gave 6 examples of integration and possible solutions. Ljiljana Perić gave a medical doctor's overview of e-referral, and presented advantages and disadvantages thereof. She considers information technology to have decreased operational costs, speeded up the process of administrative work, and created the starting point for competitive advantage by monitoring individual work. Maja Vajabić showed a view of hospital through personal account, quality indicators, and key success indicators. She supported her ideas with 2012 figures of all acute hospital providers. Branko Knežević presented information tools used to manage referral system in Rijeka Clinical Hospital. Ljubo Nikolić from Laus cc presented Argosy Meds as a tool in e-referral process. At the end, Tomislav Konig and Nataša Bezić presented the present status of e-waiting lists and e-referral. They pointed out that so far, 64 hospitals have been networked, 15 different BSN solutions offered, 440 procedures included; furthermore, a table with the number of open referrals has been made available, as well as the listing of the first available date; also, data collection has been automatised. Future plans include automatic reminders on imminent examination, creating protocols for patient complaints, and more intense work with hospitals. The third and the fourth day were dedicated to applications and business intelligence solutions in health system. In the introduction, Siniša Varga, director of Croatian Health Insurance Institute, presented reporting system of the Croatian Health Insurance Institute through

medications. Such reporting system provides clear view of the analysis and business results, and gives prognosis of the future operations. Goran Lazić and Zoran Maravić presented examples of new models of primary care contracting and e-integration of Croatian health system, as well as panels of chronic patients. Ines Zelić Baričević presented SMART study results on family medicine informatisation in Europe. Tihana Govorčinović presented EU prescriptions and what awaits us after 25/10/2013. For example, prescription medications can be issued only if prescribed by a medical doctor licenced for work in Croatia. Darko Gvozdenović, Mario Ravić, and Višnja Lovrak presented examples of e-health records and mobile health as new technologies in Croatian health. Darko Gvozdenović, company Ericsson Nikola Tesla manager for development of information technologies in health, stated that the existing electronic health note should be upgraded by adding new business processes, networking and integration.

The last of this year's courses was **16th School of Democracy**, held every year under the auspices of the Croatian Healthy Cities Network, Istria County, and the City of Labin, and organised by 'Mate Blažina' Secondary School and Labin Healthy City project. This year's school of democracy was held from 4 to 6 July, with the topic of youth peer bullying, with emphasis on virtual bullying. The School participants were around sixty students and teachers from Labin schools and their guests from Sandnes (Norway), Zabok, Zagreb, Vukovar, Rijeka, and volunteers from Poland.

Activities of the Youth Council of the city of Sandnes (Norway) were presented, along with activities and organisation of Youth Councils of the cities of Rijeka and Labin. Bjarte Bjørnsen, representative of local community of the city of Sandnes, presented their Sandnes Healthy City Project, and stated examples of good practice of decrease in crime and violence: 'Street mediation', 'Walking for safety and security', and 'Night ravens'. Professional support staff of 'Mate Blažina' Secondary School – psychologist Mirjana Dobrić and pedagogue Irena Crvak presented the results of school bullying survey, comparing the 2003 and 2013 data. After the presentations, several simultaneous workshops took place: cyberbullying workshop by Friedrich Ebert-Stiftung Foundation, led by Vanja Nedić and Silvia Stanišić (incorporating the theatre of the oppressed method, in which participants are given opportunity to act scenes out, present them in plenum and have discussion with audience, on the bullying/violence-related topics), and the workshop by psychologists Hana Šiljan Bembić ('Ivo Lola Ribar' Primary School) and Marina Župan ('Ivan Batelić' Primary School from Raša). The workshop goal was to raise awareness and educate participants on harmful effects of cyberbullying, and how to protect themselves. After the workshop, the participants will be able to recognise cyberbullying, protect themselves from it, help cyberbullying victims by giving advice and support, and participate in prevention thereof. The second day of the School of Democracy started with the presentation of good practice example. Members of the Sandnes Youth Council presented activities undertaken by their Council aimed at preventing cyberbullying. After that, examples from Croatia were presented: sociology teacher, Vesna Ivezić ('Mate Blažina' Secondary School, Labin) presented results of the survey which looked into the extent secondary students of years 1 and 3 of grammar school are able to recognise peer bullying, and what they understand under the term of bullying. Students of 'Antun Gustav Matoš' Grammar School from Zabok, and their teacher Daniel Pevec presented their preventive activities aimed at school bullying in Croatian and English. In the evening of the second day, results of two-day work with students in the workshops was presented. The students presented their experience and understanding of peer bullying in creative and interesting way, through posters and short acted scenes; furthermore, they set forth guidelines for prevention thereof.

It was traditionally held in 'Mate Blažina' Secondary School in Labin, from July 5 to 7, and led by Mr. Čedomir Ružić, prof., and Mr. Egil Ovind Ovesen, under the auspices of the Croatian Healthy Cities Network, Istria County, and the City of Labin. Two workshops were held: the first, was a planned 'local self-government' game led by the trainer of the Friedrich Ebert Foundation from Zagreb, where the participants simulated a session of the city council of an imaginary city of Radograd, and played the role

of city representatives, thus simulating the process of decision making on the level of their local community; and the second, addressing volunteering, entitled 'Advantages and Opportunities of International Volunteering', led by an AIESEC representative – Rijeka, and a representative of Alfa Albona, youth association from Labin. Participants of the course were around 70 students from Pula, Rijeka, Čakovec, Slatina, Labin, Sandnes, and Padua, with their leaders and mentors. During the course, the students presented a number of good practice examples from their communities in Croatia, Norway, and Italy, such as activities at school (students' councils), in the cities (city youth councils, youth assemblies), or in the counties (county youth councils). With mutual help and the help provided by future partners, these projects will be elevated to European level through the Youth Democracy Project and E-Democracy Campus. Čedomir Ružić, principal of 'Mate Blažina' Secondary School and executive director of the School of Democracy, thanked all tutors and students on active participation. He handed in certificates of attendance to all course participants, and gifts with seahorses (work by teacher Alida Blašković Koroljević) to guests from Norway, Poland, Zabok, and Rijeka. Seahorse is the symbol of this year's School of Democracy. Furthermore, all participants received a bag with the same symbol, made by Labin Inclusion Centre.

The 17th Business Meeting of the Croatian Healthy Cities Network was held in Biograd n/M, October 3 to 5, 2013. The central topic of the meeting, in the light of our accession to the EU, was defining mechanisms of cooperation which will enable implementation of our Health Plans through help provided by EU structural funds and other mechanisms, as well as stimulate the development of services adjusted to needs in the realm of health and social welfare.

One of the integral parts of the Business Meeting is presentation of good practice model provided by the host, this time being Zadar County and the town of Biograd n/M. Examples of international projects were presented, in which Zadar county or institutions owned by Zadar County took part: from the financial means of pre-accession funds (IPA Health Adriatic Network Skills project, Love Your Heart); from the Community Programme (Development of human resources 'Possibilities of volunteering in elderly and infirm care'; Europe for citizens 'Twinned Towns Network', SEMIA 'Social Emancipation of mentally ill adults'), and project proposals under way for financing from structural funds ('Health tourist centre Biograd' project). Out of the good practice models, it is important to point out examples of work with children and young people (student population) and development of palliative care. People of Biograd presented their models of good practice in community mobilisation through the work of their most active associations (Hope, Smile, Hippocampus, etc.). The Biograd Healthy City association incorporates the work of all local associations and thus supports appropriate and sustainable town development, improves environmental health, improves health of different population groups, providing special care to people with special needs and the elderly.

Field visit organised by our hosts were memorable. We visited 'Maslina' /Olive/ Agricultural Cooperative, and Polača Vine, established in 2006 with the goal to foster development of rural area of Ravni Kotari. We also visited 'St. Francis' Facility for Adult People in Zadar, which was celebrating its 130th anniversary on the very day of our visit, and the Museum of Antique glass in Zadar.

The eighteenth Business Meeting of the Croatian Healthy Cities Network brought together around seventy coordinators and politicians from around ten Croatian healthy cities (Zagreb, Rijeka, Poreč, Labin, Vinkovci Opatija, Rijeka, Dubrovnik, Velika Gorica, and Biograd n/M), and ten counties (Krapina-Zagorje, Bjelovar-Bilogora, Dubrovnik-Neretva, Istria, Požega-Slavonia, Međimurje, Vukovar-Srijem, Primorje-Gorani, Zagreb and Zadar).

In mid-April 2012, the fifteenth theme issue **the Epoch of Health** was published in 6,000 copies. The new issue of the Epoch, entitled 'From Strategy to Implementation' brings an overview of relevant European and national strategies (Health 2020 of the WHO office for Europe, national health system and public health development strategies), and the existing examples of good practices in cities and

counties which address selected priorities. The examples presented are a proof of how efficient what we have been doing for the past 25 years is – we recognise and respond to challenges now selected as strategic priorities (nationally and supranationally).

In 2013, English and Croatian **Network webpages** have been updated.

c) Program Partnership

The 'Management and Administration for Health (healthy counties)' programme started in spring 2002 as a partnership project of the Ministry of Health, Ministry of Labour and Social Welfare, counties, and 'Andrija Štampar' School of Public Health of Zagreb Medical School. Its aim was to assist bodies of local government and self-government in the process of health and social welfare decentralisation.

Evaluations of the programme carried out in 2006 and 2012 helped us establish how successful we were. In order to sum up program achievements, measuring instruments were developed, and two circles of evaluation carried out - individual and team. The last team evaluation was carried out at the end of 2012 through four regional evaluation workshops. Out of twenty counties, which were invited, thirteen joined evaluation process. Preliminary results were presented at Evaluation Conference of the 'Responsible Health Government and Management' (Healthy counties) on 4 October 2013 in Biograd n/M at the 18th Business Meeting of the Croatian Healthy Cities Network. The instruments used in evaluation workshops were basic public health functions matrix and schedule (which participants are familiar with from previous evaluation carried out in 2006). On the basis of basic functions matrix (comparison before-after for every county), we can estimate whether there has been improvement in three basic public health functions – evaluation, health policy creation, and insurance. Quantitative (numeric) and qualitative (delegates' description) improvements testify to improvement on public health practice on county level. The schedule of activities (with the supplement adding activities of the second phase of the programme) is a group check list of the activities the teams have undertaken, and constitutes the basis for process evaluation. Activities in the schedule follow a time order: however, according to characteristics, how three team characteristics: the abilities to learn new methods of work, take legitimate action and 'deliver' products.

The differences in achievement vary greatly among counties. The greatest improvements in public health practice on county level, and 'delivery' of concrete products were achieved by six counties, the teams of which participated in the first and the second set of education modules: Istria, Primorje-Gorani, Krapina-Zagorje, Zagreb, Međimurje, and Zadar. A part of the counties with stronger professional team component (active Institutes of Public Health) achieved improvement in the development of evaluation function and learning new methods of work. Counties with stronger political-governmental team component achieved more improvement in the development of health policy creation function. Improvement in insurance function is the most noticeable in counties with greatest achievements in the programme. Along with unbelievable improvement in evaluation and health policy creation, they are the only ones which succeeded in enhancing insurance to greater extent. The schedule showed the abilities of the above count health teams to learn new methods of work, take legitimate actions, and 'deliver' products.

The second set of education modules enabled us to overcome some barriers in the development of the Healthy Counties programme that we came across in the first round of evaluation in 2006, especially related to improving cooperation and networking skills, motivating for change as regards professionals and politicians (advocacy), and anchoring (maintaining the achieved level of change). However, the results show that 'the work is not finished'. There are still challenges (even among the best) in the area of resource management (communication with sub-system, development of intervention basis) and putting in place mechanisms of monitoring and evaluation. The skills which need to be worked on (along with the afore said ones) are communication and coordination (horizontal and vertical with super-system

and sub-system), strategic network and resources management, evaluation of intervention efficiency, efficient intervention implementation, especially resource redirecting and redefining courses of action. The biggest challenge facing the programme, and thus the first to be addressed is progressive increase in difference in capacities and abilities among counties. Continued education, via the second set of education modules led to achievements, but also to larger gap between the most and the least successful counties. The result referred to does not motivate national level to continue decentralisation process, on the contrary. Around seventy coordinators and politicians from around ten Croatian Healthy Cities Network and around ten counties discussed the results presented and decided that it was important to introduce a new way of action taking within the Healthy Counties programme – mentor work, i.e. partner cooperation between counties with different level of achievements in the programme.

During the Business Meeting in Biograd n/M, within the Healthy Counties programme, the following activities took place: Days of Prevention, in April 2013, which through local organisation of preventive activities brought together a large number of Network members (around fifteen cities and counties), several items of professional counselling addressing palliative care (Vinkovci, Zagreb), and educational workshop entitled 'Methodology of work in process improvement projects in health care – TQM projects'. The workshop was held from 21 to 23 May 2013 in Zagreb, at 'Andrija Štapar' School of Public Health of Zagreb Medical School. The workshop was tutored by Brian Robie of CDC, and Aleksandar Džakula D.Sc of the School of Public Health. There were around forty delegates in the workshop, mainly from the field of public health, who worked on development of three project groups: improvement of palliative care provision (the City of Zagreb, Istria and Primorje-Gorani counties), improvement of national early malign diseases detection programme (Croatian Institute of Public Health, Ministry of Health, School of Public Health, and the counties Promorje-Gorani, Istria, Međimurje, Osijek-Baranja, and Požega-Slavonia), and improvement and rationalisation of microbiological tests use (Istria County).

Individual visits and mentor work has been organised with Istria County and the City of Zagreb.

d) Other Network Activities

Network activities related to celebrating 25th anniversary of Healthy Cities

To mark the 25th anniversary of Healthy Cities, Support Centre of the Croatian Healthy Cities Network provided cities and counties with a logo and other graphically prepared materials as early as in February 2013. They were intended for posters, T-shirts, badges, and other promotion material, as well as for use on web pages and with media articles and events. In mid-April, a new issue of the Epoch of Health was published, entitled 'From Strategy to Implementation', which has been sent, along with older issues of the Epoch of Health (and books) to members in order to distribute them to partners and citizens during local events. Support centre organised printing of 400 T-shirts, which have been distributed to participants of the 25th anniversary celebration held in Zagreb, and at Biograd n/M business meeting.

To celebrate the 25th anniversary of Healthy Cities and CDC award, on 21 May 2013 a **conference** was held in Zagreb, entitled '**Academic knowledge in the service of improvement of management for health on the local and national levels' or how we have earned CDC 'The Global Health Program of Distinction Award'**. The meeting was hosted by Luka Vončina on behalf of prof. Rajko Ostojić, Minister of Health, and prof. Selma Šogorić, leader of the 'Healthy Counties' programme. The invitation to participate in the meeting was accepted by over 120 delegates, city and county project coordinators and their politicians, as well as our CDC mentor, Mr. Brian Robie. The program was opened by a 10-minute video presentation of 25-year-long history of Healthy Cities in Croatia. After that, welcoming speeches were given and prof. Šogorić and Brian Robie, Ph.D. presented their own views on 'What is the biggest

value of the Healthy Counties Programme?’ After refreshment and socialising, a new TQM workshop started entitled ‘Methodology of work on process improvement projects in health care provision – TQM projects’, which continued on to 22 and 23 May 2013.

Action research ‘Defining single-parent family needs in Croatian healthy cities’ aims to establish single-parent family needs and develop efficient assistance and support programmes to meet those needs. The project not only opens possibilities for creating and implementing programmes locally to address needs and improve the quality of life of both parents and children of single-parent families, but also enhances local self-government capacity (form of training) through joint action research based on the model learning by doing. During 2011, four introductory theme meetings/workshops were held: In Vinkovci, Zagreb, Motovun, and Rab. These meetings provided description of the present state through reports of the included cities (description of the state and trends, existing programmes intended for single-parent families), and overview of research published so far and interventions (reference search in Croatia and worldwide). Research group meetings continued in 2012 within the framework of Healthy Cities and Counties Forum in Vinkovci, and two workshops (held in May and December) in Zagreb at the School of Public Health. In the workshop, interviewers were trained (community nurses), and field research has been agreed. We have been receiving interview transcripts until April 2013. A total number of 80 interviews was sent to our e-mail addresses up to then: 41 from Zagreb, 10 from Poreč, 8 from Labin, 8 from Rijeka, 7 from Dubrovnik, and 6 from Vinkovci, which is more than sufficient for analysis. The first workshop in 2013 was held in Zagreb, in September, at the moment when received interviews had been processed, and the most appropriate interventions (appropriate to local situation) were to be decided on based on the received results. At the workshop, a lecture providing overview of the interventions (received by reference search) was given, and interventions grouped according to the ones aimed at general populations, and those aimed at single-parent families, as vulnerable group. Interventions were also grouped as general and streamlined (addressing finances, child care, psychological counselling, providing information on the rights, housing, and work). Preliminary results gained from analysis of transcripts of interviews conducted with around eighty mothers in six cities provide vivid description of the state of their families. Housing- interviewees live independently (with the burden of housing loan) or as tenants, often with parents, grandparents and other family members. Their finances are meagre – seldom can a mother provide for her family, most often help is provided by her family, sometimes by a friend or father’s family. For most interviewees, alimony is a problem. A big number of them is unemployed. If they are lucky to have a job, their typical answer is: ‘My finances are about surviving. From my salary, I can pay tenant and kindergarten fees, and all the rest is spent on food, bills and clothes.’ They don’t have social life. ‘I work a lot, and all is about work and housekeeping.’ Family support is not present, at least not in one quarter of interviewees. They say that ‘there is no support from anybody, no psychological support, and they are used to dealing with everything alone’. Most of them have their family support and say that ‘if it weren’t for my family, we would be hungry. They help me pay the rent, but also give me money because I am a seasonal worker, which means that I am presently unemployed.’ Interviewees are satisfied with accessibility and quality of health care, kindergarten teachers (Labin), Family centre (Pula), Safe house (Zagreb). Social welfare centres are mentioned in extremely negative context. ‘I was not satisfied with information provided by Social welfare centre, because I felt like a ball being thrown around.’ A smaller number have complaints on police work related to protection of abused spouse in cases of family violence. As regards needs, the most mentioned need was financial assistance – all interviewees have problems with alimony collection, financing further education. ‘I would really like to study for two more years, but I can’t afford it’. ‘I have the need for personal growth. I would like to take an IT or a foreign language course’. ‘My personal growth is mostly hindered by finances’. ‘I wanted to enter college, but I couldn’t afford it’. ‘The needs society could help me meet are of financial nature. I heard about subsidies for overheads, but they are asking for tenant agreement’. ‘I would need financial assistance for my child’s (kindergarten or primary school) fees, and for solving housing problems’. ‘Single parents can be provided financial assistance

(employment) The biggest problem arises when I show up for job interview and say that I am a single mother of three. Nobody wants to hire me'. 'There are one-off financial assistances at the centre, so that it would be good if they could make them available. I would be satisfied if I could find a job, but wherever I go for job interview, they ask me why did they send you here, what are we to do with a single mother of three?' 'I would like them to give me work, I don't want welfare allowance. I have my own hands to work with, and my education'. Extracurricular activities for children (socialising) 'It would be nice to be able to talk to other people with the same problems, and know that I am not alone'. 'Now I am new at work and work overtime every day, I am replacement for maternity leave, and I work for two people. That can be a problem for me because there is no one who could pick my child up from kindergarten (nanny). Quality information 'I had to find out all information alone, and fight for my rights. I search the Internet for information'. 'I have never received appropriate information; you hear one thing on TV, and then go to the welfare centre, where they seem not to know anything about anybody. When you ask, they are not willing to say anything'. 'I would like to have a help telephone line available around the clock, so that I could call for professional assistance. It would be great to get your rights in writing, along with the description of the procedure for child registration, to know what documents are needed'. Psychological and legal counselling 'Most of all, I need peace and permanent job, at least for several years'. 'It would be useful to have a psychologist to come to with a problem'. 'I wanted to talk to a psychologist, somebody out of my whole situation I could have a conversation with, but I couldn't find such a person in my surroundings'. 'There should be a service available for single parents and children, where they could get counselling. There should be psychologists, workshops for helping parents to deal with the situation they are faced with, and raise children in a way that they are capable to accept the situation'. 'There should also be a lawyer we could contact with legal problems, instead of having to search the Internet'. Looking after children and activities for children 'It seems to me that it would be great if there could be a system of nannies, whether they be older or younger women, I could leave my child in care of, and be sure that that he is in the hands of a verified, professional person'. 'The society should extend the kindergartens' working hours, or provide nannies to take care of children'. Socialising with other people - 'Single parents should have some kind of workshop because we don't share the same problems as married parents. We would understand each other very well. We have similar problems, experiences and situations as regards children'. The results gained served as basis for deciding on interventions to be implemented by the cities. Up to the workshop held at the beginning of December in Zagreb, every research group described (and on the first day of the workshop, presented) one or more examples of successful intervention in their city. During the workshop, the teams developed a plan for implementing one of the interventions to be implemented. The second part of the workshop was intended for agreement on devising a single-parent families register to be kept by community nurses (development of joint subproject to ensure continuous support to such families). Under the term 'register' we understand a special information system containing relevant information on interviewed entities (single-parent family in this case), that provides access to any time to individual recordings (information on single-parent family) and data processing and analysis aimed at defining problems (in this case being needs and types of interventions).

In accordance with adopted Programme of work of the Presiding Committee, representatives of cities and counties participating in the Presiding Committee of the Croatian Healthy Cities Network are taking over greater responsibilities in undertaking regular Network activities. The city of Vinkovci has total independence in organisation and provision of Health Fair; Istria County and the cities of Poreč and Labin in organisation of Motovun Summer School; and cities of Vinkovci and Poreč in carrying out Healthy Urban Planning theme group (education of urban planners and other engineering professionals participating in the process of living area design). In line with the agreed **decentralisation**, support centre will keep its coordination role (especially relating to horizontal and vertical networking with others), but will scale its executive role down considerably.

Cooperation with the Association of Cities of the Republic of Croatia, and Association of Counties continued. Furthermore, there was a more intense cooperation with the Croatian Institute of Public Health. Also, cooperation with state administration bodies continued, especially with the Ministry of Health – under the auspices of which 17th Health Fair and 20th Motovun Summer School were held, and which provided financial support (amounting to kn 55,500.00) for theme meeting of Network counties. Network members participated in writing applications for pre-accession proposals for structural funds of the Ministry of Health. Selma took the position of national health coordinator (appointed thereto by the Minister of Health in spring 2012) in South Eastern Europe Health Network (SEEHN), which brings together high-positioned (ministerial level) decision makers from ten countries in the region (Bosnia and Herzegovina, Serbia, Montenegro, Macedonia, Kosovo, Albania, Bulgaria, Romania, Moldova, Israel). At the regional meeting held in Tel Aviv at the end of 2012, she was elected member of SEEHN Executive Committee for the period 2013-2015.

New members, representatives of city authorities of Velika Gorica are doing their 'internship' at Network meetings, and are preparing to apply for membership.

2. Local Level

In **Zagreb**, a series of workshops was held with a wider project team, the aim of which was to train the team for **monitoring process of implementation of Health Plan** for the 5th phase of the European Healthy City project. In 4 half-day workshops, the following topics were addressed: 1) measuring progress in the work of theme groups, analysis of achievements and delay in project implementation, along with workshop addressing advocacy skills; 2) measuring progress in the work of theme groups based on defined indicators with obstacles analysis (force-field analysis), along with workshop addressing meeting leading skills; 3) measuring success in overcoming obstacles, along with workshop addressing communication and motivation skills; and 4) project redesign – changes in approach aimed at increasing implementation efficiency. Through 'homework' (work in themed groups between educational workshops), the wider team of the Zagreb-healthy city project managed to: create process and outcomes indicator list, according to priorities, in order to measure improvement in the project; created a plan to overcome obstacles in activity implementation, redesigned the project to increase efficiency of activity implementation, and in that view redefined the plan of implementation of Health Plan.

At the beginning of 2013, a partner conference was held with the goal to start the project entitled '**Love Your Heart**' (IPA), aimed at establishing a network in Adriatic region which would improve work on cardiovascular diseases prevention. **The leading partner in the project is Istria County**, whereas other partners are Istrian health centres, and Pula General Hospital from Croatia, ADRA humanitarian organisation from Albania, and Scuola Centrale Formazione, health provider from Chioggia, which provides primary health care, and a hospital from Porto Vira. Ten associates were included in the project, among which the Institute of Public Health of Istria County, Zadar County, Institute of Public Health of Dubrovnik-Neretva County, and 'Andrija Štampar' School of Public Health. The project goal is to create preconditions for efficient cardiovascular diseases prevention by spring 2014, via experience and knowledge sharing between partners: on the basis of examined resources and needs, develop the model of cardiovascular diseases prevention which fosters networking, informatisation, and education of professionals and citizens. Ensure resources and infrastructure for work. By the end of the project (September 2015), the goal is to develop a professional and viable programme of cardiovascular diseases prevention through the existing and new international and inter-regional networks, as well as integrative cooperation between governing bodies, health providers, and civil sector dealing with cardiovascular diseases prevention. Networking will be coordinated from the centres and will have

defined protocols for cooperation. Experimental project implementation and evaluation will be carried out in 2014 and 2015 in order to: a) test developed educational materials (for health and other sectors), and test the system of certification of health workers; b) test educational materials for citizens and assess changes in their health habits; and c) evaluate experimental implementation of work of newly-founded Centres for cardiovascular diseases prevention in Pula and Tirana, and evaluate improvements in the process of early risk factors detection, as well as how fast service is rendered to risk patients; furthermore, evaluate improvement of monitoring of their condition. The following outcomes are expected: dissemination of scientifically based information of cardiovascular diseases prevention and upgrading citizens' awareness on the need to take care of their own health via various media and channels of information (from printed flyers and oral consultations to highly sophisticated information media); furthermore, it is expected that educational packages for certification (further education) of health professionals and volunteers will be developed, as well as the concept of the Centre for Cardiovascular Diseases Prevention developed and piloted.

3. International Level

Through activities of the Croatian Healthy Cities Network (visits, participation in meetings and conferences), excellent **cooperation continued with European Office of the World Health Organisation, CDC Atlanta, and via SEEHN, with South-East European countries.**

Danish Healthy Cities Network **hosted the fifth education and coordination meeting of politicians and coordinators of European national healthy cities networks** in Copenhagen.

The meeting brought together around thirty participants, representatives of fourteen national healthy cities networks (Israeli, Turkish, Norwegian, Greek, Croatian, Italian, French, British, German, Czech, Danish, Swedish, Latvian, Russian and Baltic Healthy Cities Centre). Presence of the WHO Office for Europe resulted in major part of discussion being turned towards re-accreditation (for the fourth phase of European project) of cities and national networks and implementation of H2020 strategy. 'Experience sharing' workshops provided at the meeting were very interesting and dynamic. They addressed national health strategy and their correlation with Health 2020. Other workshops addressing acquiring new knowledge and skills were also excellent: a) developing community resistance by Ms. Nina Mguni, and b) human rights and equity in health care – gender equality by Isabel Yordi.

The annual business and technical **conference of the European Healthy Cities Network** and the Network of National Healthy Cities of the European Office of the WHO was held in Ismir, Turkey, in September (instead in June) 2013. Due to a later date of the conference (at a very short notice), there were fewer delegates than usual. The most important conference messages can be summed up in a few sentences. Unfortunately, even today, there are inequalities in health in Europe, and the gap between the countries and in the countries is being widened. Although there is evidence that health promotion activities result in economic profit, and decrease the number of non-contagious diseases, these diseases continue to create huge economic costs for societies. Early development proves to result in the biggest positive effect. Cooperation between levels of government is problematic, and the importance of local, municipal authorities is not stressed enough, although it has the biggest influence on health determiners. Inter-field cooperation is ineffective, and so is cooperation and inclusion of all interested stakeholders.

In 2013, Croatian Healthy Cities Network **cooperated** intensively with the **South-East Europe Health Network (SEEHN)**, Regional Council for Cooperation (RCC), International Organisation for Migrations (IOM) related to health of illegal immigrants and Roma, HOPE project and Council of Europe related to right to health.

Although SEEHN primarily works with a very high (ministerial) decision-making levels of the ten countries in the region, it also provides opportunities for the sharing of experiences and fosters easier joint addressing of funds, as well as networking with important EU associations and institutions (for example, Network of Health Promoting Hospitals, EuroHealthNet with long-standing lobbying experience, IOM, Hope, and others). Cooperation within SEEN opens up new possibilities for our Healthy Cities Network to network with other countries in the region (Bosnia and Herzegovina, Serbia, Montenegro, Macedonia, Kosovo, Albania, Bulgaria, Romania, Moldova, Israel). In 2013, three regional meetings were held (in Skopje, Chisinau, and Podgorica), as well as two Executive Committee meetings and five meetings of the work group for **development of regional development strategy 'SEE 2020'**. In 2013, Regional Council for Cooperation (RCC) seated in Sarajevo, coordinated creation of regional development strategy aimed at bringing in line regional development with Europe 2020 development strategy, at the same time bearing in mind specific characteristics of the region. As that is development strategy, key national partners in every country of the region were Ministries of Economy. Excited at the possibility to build health in basic economic development strategy for the first time, in February 2013 we formed SEEHN work group for health, which was the holder of the development in chapter on health (included in the so called inclusive growth together with education and employment important for social development of communities. Prior to the first group meeting (held at the beginning of April 2013, in Sarajevo), we carried out a quick research of existing national health policies (national equivalents to H2020), through which national health priorities were recognised, and ways to address them (by member states) set forth. The results thereof served as a basis for creation of SEE 2020 health strategy (adopted on 21 November 2013), forming Network development strategy (till 2020), and devising operative proposal for cooperation with partners – international networks and organisations.

During the year, we have provided continuous support to neighbouring countries developing the Healthy Cities projects and implementing accreditation process. We were invited by the Serbian Association of Cities and Municipalities to present experiences of our cities, counties, and Network at the conference held in Belgrade in May 2013.

Cooperation with the Centre for Disease Control and Prevention, SMDP Programme, Global Health Department (Atlanta, USA) has been going on since 2001. Since 2002, the very beginning of the Healthy Counties Project, CDC has been partner institution in program implementation. To celebrate the 20th anniversary of the SMDP Programme, Global Health Department, Centre for Disease Control and Prevention, Atlanta USA, our 'Management and Administration for Health' (Healthy Counties) program was awarded '**The Global Health Program of Distinction Award**' on January 13, 2013.

The program implementation has been supported by several ministries in the past twelve years, as well as local county government level. The program is a model of good practice – cooperation of academic community, local and national government. It is an example of how academic notions can be applied to daily life, and implement into government and administration for health on local and national level. In 2006, the program had already been awarded the award for excellence by the Global Health Department, Centre for Disease Control and Prevention, Atlanta USA. However, the present award overcomes all previously received ones (for successful county project and project in total) because it is based on judgement of the Global Health Department and awarded to 'exceptional programs which have improved local capacity of management and administration for health, thus leading to better health results'.

On 21 May 2013, a conference was held in Zagreb, at 'Andrija Štampar' School of Public Health, entitled 'Academic knowledge in the service of improvement of management for health on the local and national levels' or how we have earned CDC 'The Global Health Program of Distinction Award'. The invitation to participate in the conference was accepted by over 120 delegates, mostly coordinators and

members of the Healthy Counties health teams. Furthermore, our CDC mentor, Mr. Brian Robie, the Ministries we closely cooperate with (health, labour, education, and social welfare), as well as the USA ambassador in Croatia were also invited to the conference.

Report written by:
Professor Selma Šogorić D.Sc, National Coordinator
of the Croatian Healthy Cities Network
with the seat at 'Andrija Štampar' School of Public Health
Medical School, Zagreb University

Rockefellerova 4

10000 Zagreb

Tel: 01/ 45 90 132, fax: 01/46 84 213

mob: 098 387788

E-mail address ssogoric@snz.hr

Web page www.zdravi-gradovi.com.hr