

WHO Regions for Health Network 29th annual meeting

Enhancing community
well-being

Trieste, Italy
27–29 November 2024



ABSTRACT

The 29th Regions for Health Network (RHN) Annual Meeting was held in Trieste, Italy, on 25–27 November 2024, hosted by the Friuli Venezia Giulia region. Bringing together over 100 participants from 36 regions, 23 Member States, partner organizations and WHO representatives, the meeting provided a platform for dialogue, collaboration and knowledge-sharing on enhancing community well-being. Key discussions covered topics, such as healthy ageing, the health and care workforce, the Well-Being Economy, the commercial determinants of health, cross-border collaboration and public health approaches. The sessions were designed for interactivity and engagement, and a site visit to Gorizia showcased a mental health facility and a newly established Women's House, reinforcing the meeting's focus on inclusive and community-driven approaches. The meeting concluded with the adoption of the Trieste Statement, a commitment to advancing regional action for health and well-being.

Keywords

HEALTH WORKFORCE, HEALTH POLICY, COMMERCIAL DETERMINANTS OF HEALTH, HEALTH INEQUITIES, SUSTAINABLE DEVELOPMENT, LOCAL GOVERNMENT, PRIMARY HEALTH CARE

Document number: WHO/EURO:2025-11623-51395-78424 (PDF)
WHO/EURO:2025-11623-51395-78423 (print)

© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: WHO Regions for Health Network: 29th annual meeting: enhancing community well-being: Trieste, 27–29 November 2024. Copenhagen: WHO Regional Office for Europe, 2025".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. WHO Regions for Health Network 29th annual meeting: enhancing community well-being, Trieste, 27–29 November 2024. Copenhagen: WHO Regional Office for Europe, 2025. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo/).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/about/policies/publishing/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

This publication contains the report of the 29th annual meeting of the WHO Regions for Health Network: enhancing community well-being. Trieste, 27–29 November 2024, and does not necessarily represent the decisions or policies of WHO.

Photograph credits:

Cover page: © Foto Archivio PromoTurismo. Pages 2, 3, 6, 11, 12, 13, 15, 20, 22: ©WHO/Alvise Forcellini. Pages 3, 4, 10, 19, 21: ©WHO/Elisabeth Bengtsson. Page 4: ©WHO/Cristina Da Rold. Page 7: © City of Nice / Philippe Viglietti. Page 1: ©Friuli Venezia Giulia/Marco Vitrotti.

WHO Regions for Health Network 29th annual meeting

Enhancing community well-being

Trieste, Italy 27–29 November 2024

Contents

Abbreviations	iv
Background.....	1
Session 1. Political and strategic insights	3
Session 2. Sharing lessons learned	6
Session 3. The innovation labs: three parallel working groups	12
Session 4. A holistic approach to public health	19
Conclusions	22
References	23
Annex 1. Participants.....	24
Annex 2. Programme	34
Annex 3. Trieste Statement	39

Abbreviations

AGENAS	National Agency for Regional Health Services (Italy)
AI	artificial intelligence
CMHC	community mental health centre
EU	European Union
EUPHA	European Public Health Association
IT	information technology
NCD	noncommunicable diseases
PHC	primary health care
RHN	Regions for Health Network
WBE	well-being economy

Background



The Regions for Health Network (RHN), created in 1992, brings together more than 40 regions and associated partners in the WHO European Region to share knowledge and experience on individual and population health and well-being at the subnational level. Its joint objectives are embedded in the RHN Roadmap (2024–2026) and guided by the principles of the WHO European Programme of Work (1):

1. secure universal access to quality care without financial hardship;
2. protect against health emergencies;
3. ensure better health and well-being at all ages; and
4. aim at equitable solutions, leaving no one behind.

The annual meeting is RHN's flagship event, bringing together regional authorities, policy-makers, public health professionals and partners (Annex 1). The meeting serves as a vital platform for dialogue, collaboration and the exchange of knowledge and innovative practice.

In 2023, the 28th meeting focused on addressing challenges and sharing experiences in working towards health for all. The 2024 meeting, hosted in Trieste, Italy, by the Friuli Venezia Giulia region, a long-standing member of the Network, focused on enhancing community well-being, exploring strategies and solutions for fostering health-promoting environments and strengthening social sustainability within local communities. The programme of the meeting can be found in Annex 2.

The objectives of the meeting were to:

1. examine evidence-based approaches to enhancing community well-being, focusing on equity and inclusivity;
2. share lessons learned and best practice in public health interventions across different regions;
3. facilitate partnerships and collaboration on addressing shared challenges in promoting health and social sustainability; and
4. identify actionable insights and commitments that empower regions to improve health outcomes and resilience.

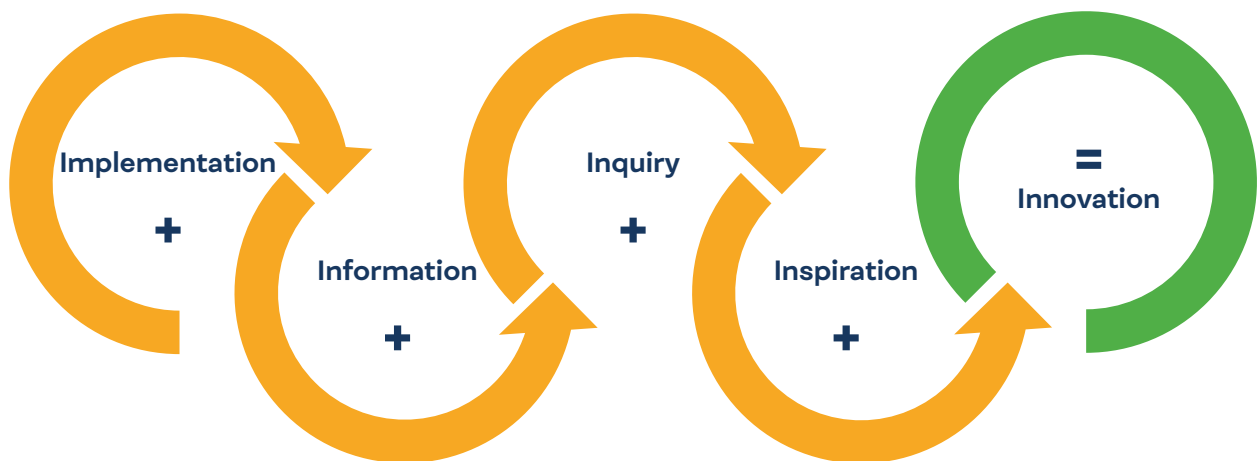
The 29th annual meeting of the RHN marked a clear watershed moment compared to previous events, using participatory techniques and placing an emphasis on cross-fertilization, delivered through a lively and engaging programme (Annex 2). In addition, for the first time, an artificial intelligence (AI) tool was used during the sessions to analyse the comments and responses of the participants in each session.



Five “Is” (Fig. 1) served as a conceptual approach to/framework for the meeting:

1. **implementation** – sharing successful action and stories to illustrate the differences being made in community well-being;
2. **information** – political and strategic developments and thinking that could lead to new policies and plans for public health and healthy ageing;
3. **inquiry** – discussions on healthy ageing, health workforce and cross-border cooperation on health and public health, using a set of participatory methods;
4. **inspiration** – derived from new learning on public health approaches, commercial determinants and well-being-economy solutions;
5. together, the above produced **innovation** in terms of alliances, ideas, potential projects and new thinking, leaving the participants in the meeting equipped to continue strengthening and building community well-being.

Fig. 1. The 5 Is



Session 1. Political and strategic insights

Political roundtables: governance for health



At the heart of the RHN Annual Meeting were two lively political roundtables, where regional and municipal leaders came together to exchange lessons in governance for health. These sessions presented bold ideas, innovative strategies, and fresh thinking—showcasing how local authorities are not just reacting to today's complex challenges but leading the charge in reimagining public health.

Political representatives underscored the vital role of strong public health leadership in building resilient communities. They affirmed RHN's unique value as a catalyst for collaboration and innovation. Real-world examples brought these messages to life: from sweeping legislative reforms and citizen engagement to tackling mental-health care gaps, misinformation, and the double-edged sword of emerging technologies.



Discussions highlighted the growing relevance of artificial intelligence, exposome science, and the One Health approach. There was strong consensus on the need for holistic, multidisciplinary strategies that cross sectors and silos—because health

challenges are rarely confined to just one domain.

An array of experiences

Integrated governance and multidisciplinary strategies

Regions like Andalusia and Friuli Venezia Giulia demonstrated how cross-sector collaboration is essential in tackling today's complex health issues. Friuli Venezia Giulia spotlighted their successful integration of the One Health framework to reinforce preventive efforts, while Andalusia showcased whole-of-government strategies promoting healthy living—aligning policies with practice across governance levels.

Sustainability and environmental impacts on health

Wales brought a strong message: the health of our environment is inseparable from human health. They shared practical insights on how to address ecological threats and overcome societal resistance to change—a critical hurdle in making sustainability actionable.

Mental-health services and the integration of technology

Western Greece presented an inspiring case for mapping mental-health services and using telemedicine to bridge critical gaps in access. Similarly, Kaunas raised the issue of geographical

disparities in healthcare, especially in sparsely populated areas. Their response? Universal access to health infrastructure and targeted mental-health programmes aimed at equity.

Workforce shortages and information technology (IT) challenges

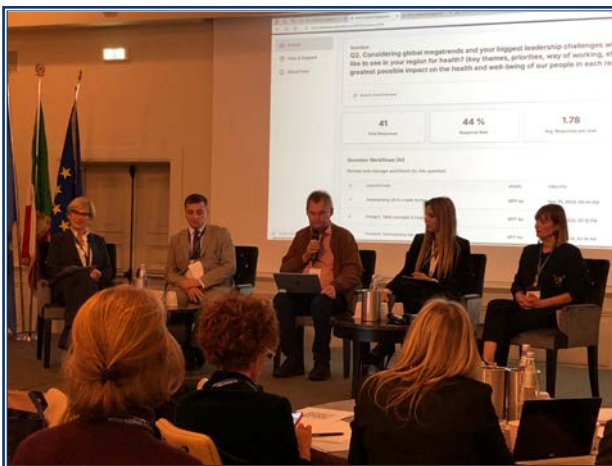
Västra Götaland called attention to persistent health workforce shortages and the widespread struggle to keep up with digital tools. Their proposed solutions included not only relieving pressure on the system through innovative planning but also enhancing accessibility—such as through free public transport to health services.

Urban health and ageing populations

Regions like Attica and Biscay tackled the dual challenge of urbanization and ageing populations head-on. They showcased people-centred strategies built on partnerships, strategic foresight, and community-driven innovation. Their integrated models of personalized care leverage both technology and human connection to improve quality of life in urban settings.

Ultimately, the session underscored the importance of regional autonomy, interdisciplinary strategies and innovative solutions to fostering resilience and health equity across diverse populations.

Unlocking innovation



Before the group discussions, the participants reflected on two key questions:

1. can regions be hubs for health innovation? and
2. can AI be trusted as a tool for improving public health policies?

One speaker brought up the concept of permacrisis, emphasizing the intertwined local and global dimensions of public health. The role of regions as pivotal hubs of innovation, where adaptable, context-specific approaches often outperform centralized efforts, was highlighted. Key challenges include data integration, participation barriers and the need for inclusive solutions to effectively leveraging innovation.

Another speaker explored AI's transformative potential in public health policy-making, emphasizing its role in harmonizing and enhancing decision-making. The importance of a comprehensive understanding of the AI ecosystem, legislative frameworks, and AI-literate professionals was stressed. Recommendations included:



- establishing AI-awareness ethics committees;
- creating best practice informed by public health research; and
- engaging stakeholders at the regional level to ensure responsible and inclusive use of AI.

These insights underscored the importance of regions and AI as drivers of health innovation.

Regions in action: building sustainable futures

Regions across Europe are implementing innovative, context-specific health-promoting policies to foster well-being and equity. Public Health Wales leads with the Welsh Health Equity Solution Platform, using research to reduce health disparities. Andalusia's initiatives in Spain, such as the Andalusian Strategy for Promotion of Healthy Living, emphasize the importance of factors, such as emotional well-being, active mobility, and the use of positive technology in collaboration with local authorities. In Central and Eastern Europe, Kaunas (Lithuania) engages municipal leaders through health-focused working groups, while Turkmenistan fosters youth engagement via international olympiads. These diverse regional efforts exemplify the power of multisectoral cooperation (see Box 1 for additional information).

Key partners, including the European Public Health Association (EUPHA) and EuroHealthNet, play pivotal roles in advancing public health. EUPHA supports evidence-based, equitable initiatives through capacity-building, webinars, and a Memorandum of Understanding with WHO, which highlights the RHN as a key partner. EuroHealthNet addresses socioeconomic health determinants, mental health and climate change, advocating a well-being economy and supporting EU antipoverty strategies. Together, these efforts drive resilience and sustainability in public health.

Box 1. Side meeting of the leaders and governors of the Regions for Health

Leaders from the regions of Andalusia (Spain), Attica (Greece), Biscay (Spain), Friuli-Venezia Giulia (Italy), Kaunas (Lithuania), Västra Götaland (Sweden) and Western Greece met to discuss the value of including a dedicated high-level session at future annual meetings of the RHN, as well as proposals regarding the provision of relevant information for such meetings.

A proposal to dedicate a session to input from political leaders in the regions was welcomed, and the opportunity this would provide to share tactics for solving common challenges was highlighted. Challenges included: shifting resources; expenditure on prevention; harnessing innovations and new delivery modes; keeping public health high on the regional political agenda; and communicating with the public on value and impact.

Suggestions made included:

- distributing evidence briefs and investing in making the case for prevention (by regional health leaders in dialogue with regional governments – several topics were proposed);
- agreeing on a common modality for subsequent interventions at annual RHN meetings; and
- keeping roundtable discussions at annual forums closed.

Session 2. Sharing lessons learned

Healthy ageing

The session on healthy ageing emphasized the need for a paradigm shift in how ageing is perceived and addressed, focusing on empowering the older population and adapting health systems and policies to meet the challenges of an ageing society.

The session collected feedback from RHN members that will feed into the draft WHO Healthy Ageing Strategy (on which public consultations and stakeholder engagements will take place in 2025). Discussions centered on how a new WHO Healthy Ageing Strategy could truly enhance the lives and well-being of older people.

A panel comprising WHO technical advisors and researchers discussed the four strategic priorities of the future WHO Healthy Ageing Strategy (Fig. 2, Box 2): prevention; the transformation of health and care systems; the creation of safe and enabling environments; and the reshaping of societal perceptions of ageing. Participants discussed the need to challenge the assumption that ageing populations inevitably strain health-care systems, proposing a more holistic view of ageing as an asset to society.

Fig. 2. The healthy ageing session



Box 2. Strategic priorities for healthy ageing

A new WHO strategy on healthy ageing is being developed. It will advocate a twin-track approach, addressing the needs of today's older generations while preparing for those of the future. This includes:

- **prevention:** prioritizing measures to reduce health risks, including mental-health support;
- **transforming systems:** strengthening primary health care (PHC), integrating health and social care and fostering dignity in long-term care;
- **enabling environments:** building age-friendly, inclusive spaces that foster social connections and intergenerational solidarity; and
- **reimagining ageing:** combating ageism through leadership development, public campaigns and educational reforms in health systems.

In 2024, the global population over 65 years outnumbered the population under 15 years.



Highlights and insights

The panel discussion explored innovative ways of redefining ageing through a multidisciplinary lens, focusing on digital innovation, age-friendly environments and integrated-care models (Box 3).

Box 3. The Age-It programme (2023–2025)

The Age-It Programme aims to position Italy as a leader in research on ageing through a holistic, interdisciplinary and problem-solving approach. By integrating diverse perspectives and fostering collaboration among research institutions, health-care providers, civil-society organizations and industries, Age-It addresses fragmentation in ageing-related research. The programme, which has a total funding of approximately €115.2 million is part of Italy's National Recovery and Resilience Plan.

Age-It aims to address all the main critical areas, promoting active healthy ageing while fostering an inclusive society across all ages. The programme covers topics ranging from demographic trends and biological ageing to care systems, the silver economy and ageing-related policies.

Through micro (individual), meso (family and institutions) and macro (society and policy) analyses, Age-It aims to comprehensively address the complexities of ageing in contemporary societies.

The highlights of the session were identified as follows.

Ageing is living

As part of the journey throughout life, ageing was viewed not as a burden but as a privilege filled with purpose and connection for each and everyone who was granted it. Ageing emphasizes the value of older people as survivors, contributors and essential members of society.

Complementary technological and social advancements are reshaping health care

Artificial intelligence, genomics and new care models were identified as technological and social innovation models. It was stressed that the most important role of an individualized and resource-efficient approach to caring for older people is to ensure that they receive effective and lasting support.

Age-friendly cities and communities

Age- and disability-prone physical infrastructure and social interaction mediated by local or municipal services were recognized as good examples of best practice. Evidence was presented on initiatives to improve walkability and strategically locate essential services, such as placing pharmacies close to where older people live. Global frameworks are major drivers of local action while context-specific expertise validates them and feeds a realistic perspective into effective implementation.

Integration of health and social care

Regional initiatives that focus on reinforcing integrated health- and social-care services are essential for person-centered well-being. Efforts to empower older people to take an active role in local health and well-being initiatives were seen to increase inclusion.

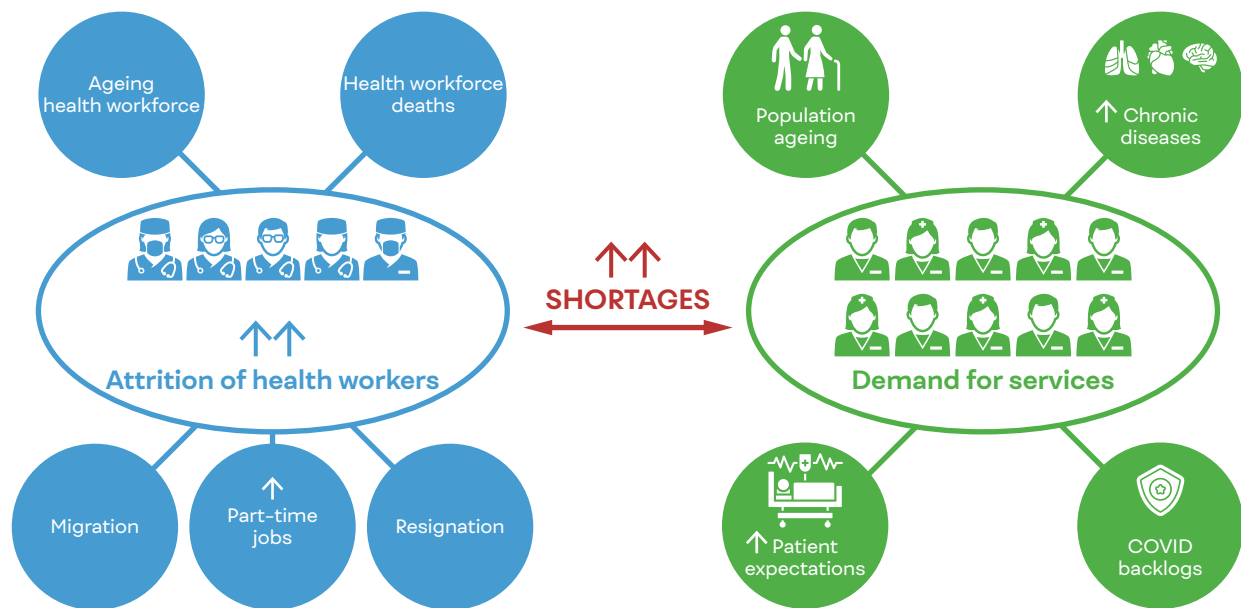
Building a well-being economy

A shift from competitive to well-being economies is a necessary component of truly valuing people's lives. This involves addressing disparities in health and life expectancy, ensuring social inclusion and fostering policies that promote quality of life over economic output.

Specific examples were presented: the city of Udine (Italy) illustrated co-creative processes and socially driven approaches; in Andalusia, the focus was on advancing prevention efforts at the regional level, with a strong emphasis on integrating health care and social care.

Sub-session on strengthening the health and care workforce

Regions across Europe face critical challenges in sustaining the health and care workforce. From 2012 to 2022, the density of doctors and nurses increased by 20% and 8%, respectively. At the same time, their respective training outputs rose by 37% and 26% (2). However, in the WHO European Region, workforce shortages continue to worsen as demand outpaces supply (Fig. 3).

Fig. 3. Health-care-workforce shortages versus demand

Source: Slide from the presentation by Tomas Zapata.

The *Framework for action on the health and care workforce in the WHO European Region 2023–2030* (3) identifies five key pillars: retention and recruitment; optimizing performance; planning; building supplies; and investing (Fig. 4). Priorities include improving working conditions, addressing mental health and leveraging digital tools to enhance—not replace—human resources. Ageing personnel, uneven distribution and recruitment challenges require tailored, context-specific solutions and cross-regional collaboration.

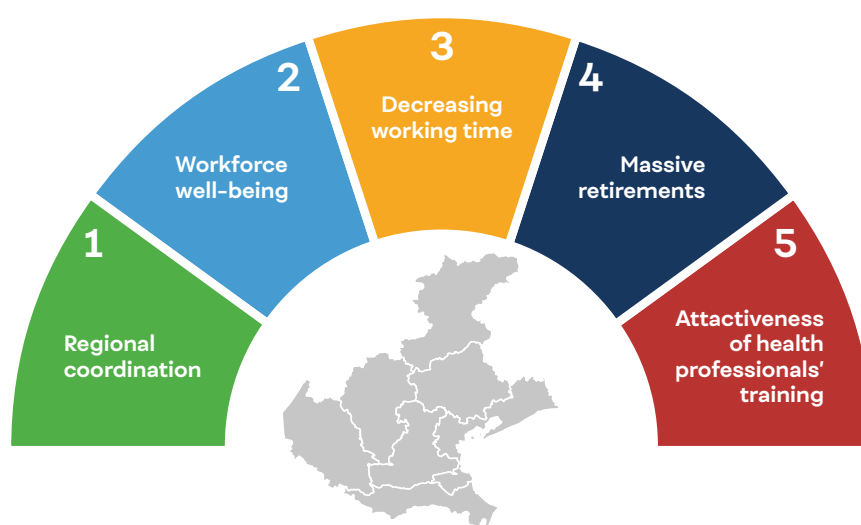
Fig. 4. Framework for action on the health and care workforce in the WHO European Region 2023–2030

Source: Slide from the presentation by Tomas Zapata.



A deep dive looked into the Italian Veneto region, which launched its new “Strategic Plan for Sustainable Workforce Development” in October 2024 (Fig. 5). The aim of the plan is to respond to pressing challenges: recruitment difficulties compounded by an ageing population and workforce; territorial imbalances in distribution; and a lack of trained personnel, particularly nurses. The PHC system is under strain, facing operational inefficiencies and unexpected resignations. These challenges, including interaction with the private sector, begin at the training level and have a ripple effect throughout the system. The regional strategy is aimed at addressing these issues through wide-ranging measures to mitigate shortages and create a more resilient workforce, among others.

Fig. 5. The Veneto strategy



Source: Slide from the Veneto region presentation.

The key questions were:

- how do long-term demographic perspectives impact the health and care workforce?
- what innovative strategies, including developments in digital health and AI, could regions implement to address workforce shortages and ensure equitable access to health care?

The RHN members agreed that countries need to move away from short-term measures to address shortages in human resources towards forward-looking perspectives, integrating technological advancements and flexible and balanced working arrangements to address the needs of an ageing workforce and those of the new and younger recruits.

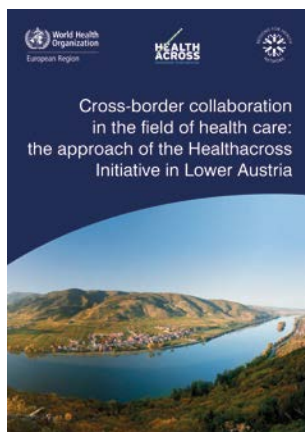
Sub-session on cross-border cooperation

Shifting borders: Friuli Venezia Giulia and Slovenia

Friuli Venezia-Giulia showcased its journey its journey to a collaborative partnership (Box 3). The Salute–Zdravstvo project, funded under the European Grouping of Territorial Cooperation in 2011, exemplifies this progress through initiatives, such as:

- **women's health:** the establishment of prenatal and postnatal care centres in Gorizia, Italy, and Šempeter, Slovenia;
- **mental health:** development of joint guidelines on young adults' mental health and reintegration;
- **autism:** development of early diagnosis, awareness and shared medical protocols;
- **central booking system:** simplified cross-border access to health care;
- **social inclusion:** creation of a network for delivering joint services to vulnerable populations.

These actions highlight commitment to integration and enhancing cross-border well-being.



Lower Austria: the Healthacross Initiative

Lower Austria's Healthacross Initiative demonstrates how cross-border collaboration can optimize health care. Many regions tend to focus their efforts inwards, overlooking the benefits of external cooperation, which results in untapped potential. Challenges, such as regional autonomy and insufficient integration, often lead to the inefficient use of resources. Successful examples of cross-border collaboration represent valuable blueprints for enhancing regional approaches and fostering more effective partnerships (4).

Insights from the Meuse-Rhine Euroregion experience

Public health authorities often fail to prioritize citizens' needs effectively. This gap is particularly evident in border regions in the Meuse-Rhine Euroregion, where patient monitoring, data sharing and access to services remain poorly integrated, undermining health coverage and accessibility. Similar challenges are seen in regional border areas elsewhere, highlighting the need to extend national frameworks, like those shared by the countries participating in the RHN, to regional and cross-border contexts. Cross-border projects can also play a crucial role in introducing best practice and demonstrating successful solutions, even amidst political inertia.



The follow-up discussion addressed disparities in cross-border health care, as seen in the Geneva canton in Switzerland, where differing infrastructures and systems create inequities for border populations. Dealing with these requires tailored solutions and collaboration across regions. An example of cross-border collaboration is given in Box 4.

Box 4. From border wall to cross-border collaboration



Participants in a site visit on day 2 discussed cross-border issues between Italy and Slovenia, specifically the cities of Gorizia (Italy) and Nova Gorica (Slovenia).

The border between Italy and Slovenia underwent significant changes throughout the 20th century, particularly after the two World Wars and through treaties, such as the Osimo Agreement (1975). The shifting border left deep cultural and social impacts, most notably in Gorizia and Nova Gorica, dividing communities and even cemeteries. However, decades of collaboration have fostered strong relations between the two regions, culminating in their joint designation as the GO!2025, Nova Gorica–Gorizia Borderless European Capital of Culture.

Session 3. The innovation labs: three parallel working groups

Innovation lab 1: public health approaches

This session explored organizational models and public health strategies across diverse contexts and countries in an effort to identify potential advantages and gaps. Discussions addressed structural, legal and operational dimensions of public health, emphasizing the integration of health-in-all policies and the role of evidence-based planning (Fig. 6).

Fig. 6. Innovation lab 1: public health approaches



Centralization versus decentralization

The presentations related to both centralized and decentralized systems. An example of a centralized system is found in Bulgaria, where the Ministry of Health directly oversees public health. While this model enables robust programmes (e.g., on maternal and child health), it creates challenges, such as fragmented prevention models and limited population-based screening. In contrast, Canada's decentralized health system means that the provinces govern health autonomously. In Italy, on the other hand, the universal health system covers all citizens and legal foreign residents. It is funded by corporate and value-added tax revenues collected by the central government and distributed to the regional governments, which are responsible for delivering care. Nineteen regions and two autonomous provinces are responsible for the public health services and the delivery of health and social care. Netherlands (Kingdom of the) operates a mixed governance system whereby national guidance is provided by the National Institute for Public Health and the Environment while regional municipal health services implement public health initiatives. This model balances national oversight with regional flexibility.

Integration of public health into broader systems

Effective public health systems integrate health priorities into broader planning and governance frameworks. Italy emphasizes collective prevention and health-in-all policies, ensuring that regional programmes address individual, socioeconomic and environmental determinants. Norway's Public Health Act embeds public health into municipal planning, leveraging multisectoral collaboration.

Resource allocation and funding models

Resource distribution plays a critical role in enabling effective public health delivery. Bulgaria and Canada highlighted challenges with resource fragmentation and underutilization, emphasizing the need for more efficient resource alignment and data-driven decision-making. Netherlands (Kingdom of the) relies on shared funding from municipalities and the Government, and supports regional autonomy while ensuring national priorities are met.

Conclusions

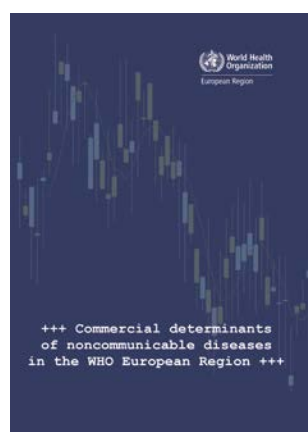


Six key pillars for enhanced public health approaches were identified.

1. It is important to establish a **unified framework**, which includes guidelines on structure, strategy and legislation, to ensure consistent standards and coordinated support across sectors.
2. At the regional level, **strong leadership and clear direction** are essential to prevent fragmented policies and ensure cohesive public health action.
3. Governments must **prioritize public health** while balancing it with health-care considerations. It is also vital to align efforts by including health-care professionals in public health initiatives.
4. A comprehensive approach to public health must include a **focus on the social factors that influence health outcomes**, ensuring that all determinants are considered.

5. Effective public health requires **shared responsibility across different sectors** to ensure integration and coordination at every level of action.
6. **Strong public funding mechanisms** and the integration of economic policies are crucial to supporting long-term public health initiatives.

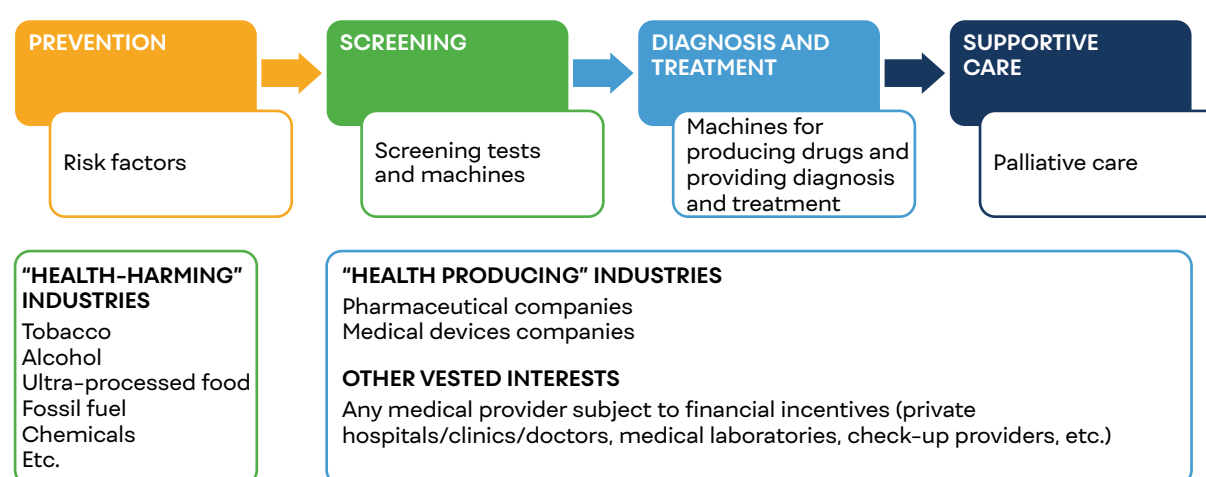
Innovation lab 2: commercial determinants of health



This session explored how corporate practice influences public health outcomes, particularly in the prevention and treatment of cancer and noncommunicable diseases (NCD). Addressing the commercial determinants of health is critical because industries, such as those dealing with tobacco, alcohol and food, use strategies that increase exposure to NCD risk factors.

Industrial campaigns often promote harmful products, normalizing their use and disproportionately affecting vulnerable groups, such as children and people from lower socioeconomic backgrounds (Fig. 7).

Fig. 7. Commercial determinants along the disease-control continuum



Other examples include: (i) lobbying policy-makers in screening for all kinds of conditions, as the healthy population eligible for screening – thanks to the availability of costly machines and consumables – is huge. For example, in the European Union, 91 million women are eligible each year for breast-cancer screening; and (ii) aggressively marketing costly treatments and technologies (such as surgical robots) that often lack significant health benefits but increase health-care costs.



The participants discussed industry-related tactics, including lobbying, funding-biased research and shifting blame to consumers, as well as the role of pharmaceutical and medical-device companies in prioritizing profits over patient care. Further examples are available in a special issue of *EuroHealth* (5) and a regional report on the health impacts of industries, such as those dealing with tobacco, alcohol, ultraprocessed foods and fossil fuels (6).

Key recommendations on addressing commercial determinants

Broadening the focus

Beyond those dealing with tobacco, industries associated with gambling, arms, advertising and social media also pose major public health risks that influence mental-health and policy priorities.

Education and awareness

The education of the public, and more specifically youth, is vital to exposing deceptive practice and countering the normalization of harmful products. Health-care professionals need training to be able to critically assess the influence of industry, including the promotion of pharmaceuticals.

Economic argument

Highlighting the cost savings and health benefits of reducing harmful products, resisting the promotion of pharmaceuticals, and lobbying in policy-making are important factors to consider from an economic perspective.



Systemic action

Cross-sectoral, integrated approaches are needed to address commercial determinants effectively. Breaking down silos within organizations is crucial.

Regulating the influence of industry

Stricter regulations are essential to curb practice, such as supermarkets' sponsorship of educational materials, or the lobbying of the pharmaceutical industry at the level of the European Commission.

Innovation lab 3: the well-being economy

The well-being economy (WBE) represents a paradigm shift in economic thinking, prioritizing health and well-being, equity and sustainability as part of all policy-making and investment (7). A key focus of the WBE agenda includes generating new revenues as well as shaping existing expenditure to deliver well-being and health-equity outcomes (8). Tools that countries are using include:

- budgeting for well-being;
- legal and accountability mechanisms with a focus on well-being and equity;
- co-creation of policies and services with the communities – for example, participatory policy approaches;
- measuring what matters to people's well-being and taking their responses into consideration in decision-making.

Whole-of-government approaches and public engagement are key pillars in achieving this transition. The WHO European Healthy Cities Network and the WHO European Office for Investment for Health and Development (the WHO Venice Office) are jointly running a pilot programme on building capacity for WBE approaches, which involves eight cities across the region.

Key discussions and insights

The discussions highlighted the importance of engaging diverse stakeholders and identifying effective entry points for transition to a WBE. The participants emphasized the need for alignment across sectors and communities, focusing on core issues, such as youth mental health and inclusion, and integrative approaches to climate change that combine mitigation, adaptation and well-being goals.

Representatives of the Friuli Venezia Giulia and Utrecht regions expressed a strong interest in collaborating with other regions in advancing the WBE agenda, reflecting growing momentum for regional partnerships (Box 5).

Box 5. Establishing Friuli-Venezia Giulia as a WBE pilot innovation site

This pilot project, which will be launched in 2025, aims to position the Friuli-Venezia Giulia region as a leader in advancing the inclusion of well-being and health equity in all regional activities. Supported by the WHO Venice Office, it will build on existing initiatives, such as Udine's Healthy Cities project, and integrate regional assets in addressing key challenges, such as population ageing, mental health and climate change.

Over a period of 2.5 years, the project will aim to:

1. embed well-being data and modelling in decision-making;
2. co-produce solutions with stakeholders, including communities, universities and businesses;
3. share knowledge to inspire adaptation in other regions; and
4. enhance resource mobilization for sustainable and cross-sectoral impact.

As the first Italian region to pioneer this approach, Friuli-Venezia Giulia will join an international network of innovators, demonstrating how WBEs can drive sustainable development and equity.

Utrecht is actively engaged in promoting well-being through various initiatives that integrate health, sustainability and community development. Economic Board Utrecht brings together public and private partners with the common vision of creating widespread healthy prosperity in the region (9,10). The Cartesius Neighbourhood project (11) exemplifies this vision. Its aim is to create a vibrant, inclusive living environment where social interaction and physical activity are central and people live longer, healthier and happier lives. This sustainable urban district was inspired by the Blue Zones (regions known for the longevity and well-being of their inhabitants) concept.

In 2015, the Welsh Government (Wales, United Kingdom) passed the Well-being of Future Generations Act. The Act establishes seven national well-being goals, which were shaped by an extensive public consultation and reflect the key priorities of the citizens of Wales, namely: prosperity, ecological resilience, health, equality, cohesive communities, vibrant culture, a thriving Welsh language, and a globally responsible Wales. It aims to address short-termism by placing sustainable development at the heart of the Welsh Government's activities. Through its legal duties, the Act has created a context in which decision makers are encouraged to consider and address cross-cutting issues.

Through the Act and the Welsh Government's longstanding membership in the Wellbeing Economy Governments partnership, the aim of framing and measuring societal progress has shifted to putting the well-being of people and the planet first.

This also suggests that there has been a move away from purely profit-driven models towards a more equitable and environmentally friendly approach, including the fair treatment of workers and investment in young people as a key part of economic growth, as outlined in the Economic Mission for Wales (12).

Wales also presented another impactful initiative, outlining how children of primary-school age now universally receive breakfast and lunch at school free of charge (13).

Site visit to Gorizia: from brainstorming to implementation

During the site visit to Gorizia (Box 3 above), the participants visited and discussed two different initiatives: the Community Mental Health Centre and the Women's, Children's and Adolescents' Health House.

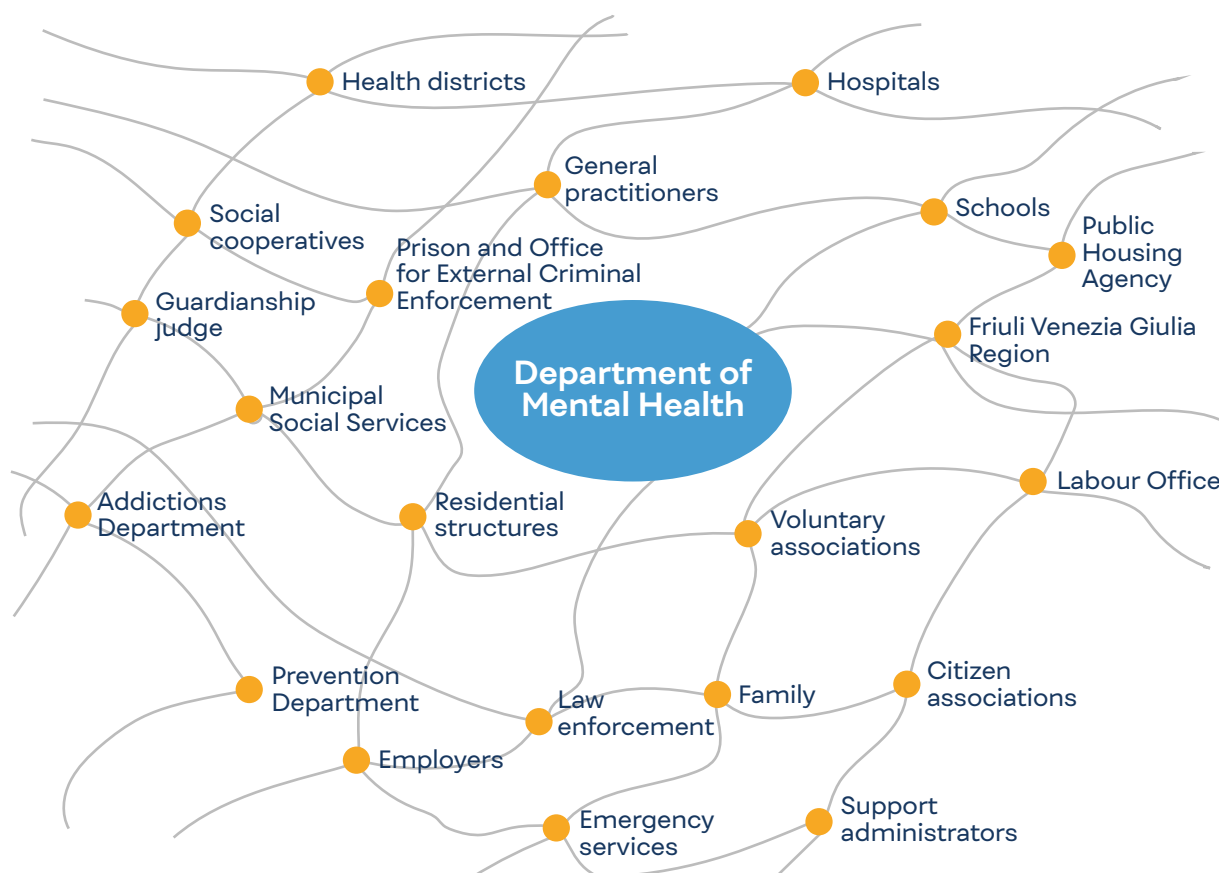
The Community Mental Health Centre, Gorizia

Italy's deinstitutionalization movement, led by Franco Basaglia, an Italian psychiatrist and reformer, shifted the concept of mental-health care from an asylum-based to a community-centered service. Starting in 1961 at the Gorizia Psychiatric Hospital, Basaglia abolished restraint devices and fostered collaboration between patients and staff. He later implemented reforms in Trieste, focusing on prevention, treatment and after-care, reducing the number of hospital beds and establishing territorial psychiatric teams.

*"....It is not so important whether or not there are asylums and closed clinics in the future, it is important that we now have proven that **it can be done differently**, we now know that there is another way to deal with this issue; even without the coercion...(14)."*

(Franco Basaglia)

This movement culminated in the 1978 Basaglia Law 180/78, which closed psychiatric asylums, regulated compulsory treatment and integrated mental health into general hospitals. The law also introduced community mental-health centres (CMHCs), psychiatric hospital wards with a 15-bed limit, and a community-based care model prioritizing prevention and rehabilitation (Fig. 8).

Fig. 8. A holistic approach to mental health

The CMHCs in Trieste and Gorizia operate 24/7 with 6–8 beds. They serve as multifunctional hubs for day care, outpatient services and community teams. They provide individualized rehabilitation, crisis management and continuous care in a domestic-style setting that fosters dignity and user participation. These centres exemplify a holistic, person-centered approach to mental-health care, integrating prevention, treatment and rehabilitation.

The Women's, Children's and Adolescents' Health House

This innovative community-based initiative delivers exemplary care focused on women's health across the life course, including reproductive well-being and perinatal care, as well as child and adolescent health. It integrates health with social-assistance services in the local community, placing individuals at the centre of care.

Midwives act as “case managers”, coordinating personalized care with a multidisciplinary team of gynecologists, psychologists, social workers, pediatricians and other specialists. This model emphasizes post-partum support, addressing physical recovery, emotional well-being and early parenting challenges to reduce risks, such as post-partum depression and breastfeeding difficulties. This approach fosters resilience, enhances maternal and infant health and strengthens the social fabric.

Session 4. A holistic approach to public health



Representatives from each discussion group and additional sessions presented an overview of their findings, highlighting key areas for collaborative action in 2025. The lively discussions held aimed at addressing the following core question: what should the RHN focus on in 2025?

Priority themes

The RHN members expressed clear priorities for addressing pressing health challenges, such as mental health, climate change and workforce shortages, while also recognizing the importance of digital innovation, participatory community approaches, and cross-sectoral collaboration. These priorities align with a vision of sustainable and equitable health systems that promote well-being across all populations.

The meeting was instrumental in leveraging, for the first time, the support of AI in analysing live responses to specific questions, collected through mobile phones.

Critical thematic areas

Through pre-identified prompts, AI identified common responses from the participants, evaluating them and providing summaries in a matter of seconds. The feedback highlighted several critical thematic areas that will shape the focus of RHN's efforts. These were:

- healthy ageing: focus on intergenerational connections and the mental health of older people;
- mental health: place an emphasis on the determinants of mental health, particularly of young people, and on fostering healthy behaviours;
- climate change and health: address the health impacts of climate change, ecological metrics and sustainable practice in health care; and
- public health and the care workforce: educate and improve health-care staff, foster collaboration and develop digital-health skills.

Actionable priorities

The participants identified several specific actionable priorities aimed at strengthening regional public health systems, fostering collaboration and addressing emerging challenges.

1. Systematic collection and sharing of knowledge:
 - gather and share more structured knowledge from the regions about public health systems and strategies, focusing on specific topics.
2. Regional profiling and tailored solutions:
 - conduct more systematic comparisons of regional contexts to refine practice and strategies, an approach that can uncover cooperation opportunities and address specific challenges often overlooked in country-level analyses;

- address the limitations of generic databases for best practice, which can be difficult to navigate and apply.
3. Leveraging AI for public health:
- support regions in implementing AI tools to improve health literacy and strengthen health-promotion efforts.
4. Addressing commercial determinants:
- facilitate the sharing of successful strategies to address the commercial determinants of health;
 - encourage advocacy for stronger standards and regulations to mitigate the negative health impacts of commercial practice.
5. Health in All Policies:
- share good practice in implementing approaches based on Health in All Policies.
6. Strengthening RHN connectivity and engagement:
- enhance interaction among RHN members throughout the year;



- recognize the complementary roles of other networks, such as EuroHealthNet and the European Regional and Local Health Authorities, in providing ongoing support;
- gather feedback on existing RHN communications, including the RHN newsletter, which some participants felt focuses too heavily on broader WHO initiatives.

Strategies to enhance collaboration within the RHN

During a parallel session, representatives of the Italian RHN regions (Emilia-Romagna, Friuli-Venezia Giulia, Latium and Lombardy,) and key organizations – the National Agency for Regional Health Services (AGENAS) and the Patient-Reported Outcomes Measurement Information System (ProMIS) – discussed strategies to enhance collaboration within the RHN and identify additional areas of focus for 2025. Ideas regarding joint commitment among the Italian regions were weighed up and discussed (Box 6).

Box 6. The Italian Regions' joint commitment

Ideas for the joint commitment of the RHN members in Italy included potentially:

1. **establishing a working group**, comprising representatives of the Italian regions, with the aim of sharing challenges, prioritizing pressing public health topics and providing each other coordinated support for RHN activities;
2. **strengthening national engagement** by introducing RHN activities to the Health Committee of Italy's State-Region Conference, thus fostering greater alignment with and integration into national public health priorities;
3. **amplifying international visibility** through stronger collaboration with Italian regional representation offices of the EU; and
4. **launching webinars** focusing on public health topics of specific relevance to Italian regions, such as healthy ageing and PHC.

These commitments reflect a unified effort to strengthen the engagement of the Italian regions in RHN activities.

Accountability mechanisms



Accountability mechanisms aim to ensure that the RHN and its members uphold their commitments, emphasizing the positive outcomes of cooperation and avoiding undue administrative burden. This approach involves:

1. defining accountability: clarifying who is accountable (for example, the RHN Secretariat, the RHN advisory group, RHN members), for what (for example, UN/WHO requirements, network commitments), and to whom (for example, WHO, the Network, or the citizens);
2. contextual responsibility: accountability for implementing WHO goals rests with the citizens and the regional legal frameworks since the Network cannot force the members to take action.

The following mechanisms were proposed:

1. periodic retrospective reviews: conduct 4–5-year reviews, using questionnaires and case studies to evaluate cooperation, leveraging existing resources, such as newsletters;
2. strategic goal setting: define major topics, set goals, outline action, establish collaboration mechanisms and implement timelines, including monitoring and evaluation; and
3. evaluation of network facilitation: assess the Network's role in advancing health commitments and highlight the value of RHN membership.

These mechanisms could help to enhance transparency, track progress and reinforce the Network's collective impact.

Conclusions

Presentation of the Trieste statement

At the end of the meeting, the participants signed the Trieste Statement (Annex 3) (Fig. 9), jointly committing to a range of programmatic goals and methodological approaches to collaboration. By focusing on the identified thematic areas and pursuing strategic directions with robust WHO support, the Network will enhance health outcomes and well-being across Europe and ultimately build a more resilient and healthier future for all.

Fig. 9. Signing of the Trieste Statement



In the Trieste statement, RHN members jointly committed to:

- working closely – within the health sector and across sectors – with civil society, youth and other stakeholders to ensure that health and well-being are included as a top priority in policies, strategies and plans;
- promoting healthy ageing across the life course and ensuring intergenerational solidarity to render this stage of life an opportunity for renewed social vitality and resilience;
- sharing data, experiences and best practice in addressing the challenges posed by demographic change, and ensuring that policies are responsive to the needs of ageing populations while preparing for a “demographic spring” of greater opportunity;
- promoting policies that prioritize the health and well-being of individuals over commercial interests; and
- fostering the development of well-being communities that provide equitable access to services, promote social cohesion and support vulnerable populations, also across borders.

References¹

1. European Programme of Work, 2020–2025: United Action for Better Health. Copenhagen: WHO Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/339209>). Licence: CC BY-NC-SA 3.0 IGO.
2. National health workforce accounts data porta [website]. Geneva: World Health Organization; 2022 (<https://apps.who.int/nhwportal/>).
3. Seventy-third Regional Committee for Europe, Astana, Kazakhstan, 24–26 October 2023: Framework for action on the health and care workforce in the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2024 (EUR/RC73/8; (<https://iris.who.int/handle/10665/372563>)).
4. Cross-border collaboration in the field of health care: the approach of the Healthacross Initiative in Lower Austria. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/378548>). License: CC BY-NC-SA 3.0 IGO.
5. Commercial determinants of cancer control policy. Eurohealth. 2022;28(2) (<https://iris.who.int/handle/10665/353366>).
6. Commercial determinants of noncommunicable diseases in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/376957>). License: CC BY-NC-SA 3.0 IGO.
7. Health in the well-being economy. Background paper: working together to achieve healthy, fairer, prosperous societies across the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/366228>). Licence: CC BY-NC-SA 3.0 IGO.
8. WHO European Well-being Economy Initiative [website]. World Health Organization; 2025 (<https://www.who.int/europe/initiatives/who-european-well-being-economy-initiative>).
9. Political statement of the WHO European Healthy Cities Network. Towards thriving societies: advancing health in the well-being economy. Copenhagen: WHO Regional Office for Europe; 2023 (<https://iris.who.int/handle/10665/376153>).
10. Welcome at Economic Board Utrecht [website]. Economic Board Utrecht; 2021 (<https://www.economicboardutrecht.nl/meet-economic-board-utrecht/>).
11. Cartesius Utrecht [website]. Mecanoo; 2025 (<https://www.mecanoo.nl/Projects/project/224/Cartesius-Utrecht>).
12. Economic mission: priorities for a stronger economy. Cardiff: Welsh Government; 2023 (<https://www.gov.wales/priorities-stronger-economy-html>).
13. Food and drink in schools [website]. Welsh Government; 2023 (<https://www.gov.wales/food-drink-schools>).
14. Basaglia, Franco, editor. L'istituzione negata: Rapporto da un ospedale psichiatrico. Turin: Einaudi, 1968.

¹ All references were accessed on 11 February 2025.

Annex 1. Participants

Austria, Lower Austria

Monika Kyselova
EU Agenda/Healthacross
Directorate for Medicine and Nursing
St Pölten

Florian Lochner
EU Agenda/Healthacross
Directorate for Medicine and Nursing
St Pölten

Belgium, Flanders

Marie-Laure Robberechts
Policy Officer - International Policy Team
Department of Care
Services of the Secretary-General
Brussels

Bulgaria, Varna

Klara Dokova
Department of Social Medicine and Health
Care
Faculty of Public Health
Medical University, Varna

Canada, Saskatoon Health region

Cory Neudorf
Professor, Department of Community Health
& Epidemiology
College of Medicine, University of
Saskatchewan
Interim Senior Medical Health Officer
Saskatchewan Health Authority/ University of
Saskatchewan

Croatia, Split Dalmatia

Jelena Paušić
Professor
Faculty of Kinesiology
University of Split

Czechia, Ústecký Region

Milan Rychtařík
Department of Health
Ústí

Petr Severa
Head
Department of Health
Ústí

Germany, Baden-Wuerttemberg

Julia Moser
Health Promotion, Prevention and Equal
Health Opportunities
Department for Health Policy and Prevention
Ministry of Social Affairs, Health and
Integration
Bonn

Germany, North Rhine-Westphalia

Anne Draeseke
Health Policy (Grundsatzfragen der
Gesundheitspolitik)
Ministry of Labor, Health, and Social Affairs
Düsseldorf

Greece, Attica

Athanasios Askitiis
Psychiatrist
Vice Governor
Athens

Xristos Gogos
Neurosurgeon
Adviser for the Attica Region

Mary Kouri
Deputy Governor of Public Health
Regions for Health focal point
Athens

Dionysia Papathanasopoulou
National Coordinator of the WHO-Hellenic
Healthy Cities Network
Member of the WHO Advisory Committee for
European Healthy Cities Networks

Greece, Eastern Macedonia and Thrace

Alexandros Panagiotidis
Vice Governor
Social Policy
Komotini

Sofia Tsakiridou
Vice Mayor
Social Policy
Municipality of Drama

Greece, Western Greece

Panagiotis Anastasopoulos
Technical Focal Point
General Directorate of Public Health and
Social Welfare of the Western Greece Region
Patras

Anna Mastorakou
Deputy Regional Governor for Public Health
Western Greece Region
Patras

Italy, Autonomous Province of Trento

Marta Legnaioli
Local Policies on Health and Well-being,
Healthy Ageing and Public Health Innovation
Office of Innovation and Research
Regional Health Agency
Trento

Italy, Emilia Romagna

Luigi Palestini
Department of Innovation in Health and
Social Care
Directorate General of Health and Welfare
Bologna

Italy, Friuli Venezia Giulia

Diego Antonini
Director
Insiel Spa
Trieste

Carlo Bolzonello
Regional Councilor
President of the 3rd Commission: Health
Protection, Social Services, Nutrition,
Complementary and Supplementary Welfare
Trieste

Raul Bubbi
Director
Legal and Legislative Affairs Service and
Policies for the Third Sector
Directorate for Health, Social Politics and
Disability
Trieste

Denis Caporale
Director General
University Health Authority
Central Friuli
Udine

Tiziana Del Fabbro
General Secretary
Federsanità National Association of Italian
Municipalities Friuli Venezia Giulia
Udine

Lucia Gardisan
Technical Officer
Directorate for Health, Social Politics and
Disability
Trieste

Elisa Marsi
Directorate for Health, Social Politics and
Disability
Trieste

Edoardo Miotto
Medical Doctor
School of Hygiene and Preventive Medicine,
University of Udine

Alessandro Montello
Public Relations Office
Regional Agency for Health Coordination
Trieste

Luigi Murena
Director
Medicine Department
University of Trieste

Pietro Orciuolo
Professor
University of Trieste
MIB School of Management Trieste

Diego Pajero
Director Planning, Control and Health
Economics Service
Directorate for Health, Social Politics and
Disability
Trieste

Stefania Pascut
Healthy Cities Project
Social Services Unit
Municipality of Udine
Udine

Riccardo Riccardi
Regional Minister of Health
Trieste

Luana Sandrin
Operating Officer, Health Promotion
Directorate for Health, Social Politics and
Disability
Trieste

Gianna Zamaro
Director
Directorate for Health, Social Politics and
Disability
Trieste

Rodolfo Ziberna
Mayor of Gorizia
Gorizia

Italy, Lazio

Mirko Di Martino
Senior Statistician
Department of Epidemiology
Regional Health Service
Roma

Paolo Parente
Medical Director
Strategic Health Directorate
Adjunct Professor of Public Health
Università Cattolica del Sacro Cuore
Roma

Italy, Lombardy

Danilo Cereda
Manager
Prevention Organizational Unit
General Directorate of Welfare
Milan

Nadia Vimercati
Regional Service for Support of Health
Promotion Plans and Programs and Health
Documentation Activities
Health Protection Agency
Milan

Italy, Veneto region

Antonio Maritati
Director
Health Commission and Socio-Health
Relations Unit
Health and Social Area, Venice

Meuse–Rhine Euroregion

Stijn Michielse
Researcher–Epidemiologist
Department of Knowledge & Innovation
Maastricht

Brigitte Van der Zanden
Director
EuPrevent/ Meuse–Rhine Euroregion
Maastricht

Rianne Reijs
Youth Health Care
Municipal Public Health Service Limburg
Municipal Health Centre South Limburg
Limburg

Lithuania, Kaunas

Laurynas Dilys
Director
Kaunas District Public Health Office
Chairman of Health Promoting Kaunas
Region
Kaunas

Eglė Grinevičienė
Health System Manager
Administration of Birštonas municipality

Laimutė Jančiukienė
Vice mayor
Prienai District Municipality

Birutė Gailienė
Advisor to the Mayor
Jonava District Municipality

Akvilė Juškienė
Health System Manager
Administration of Raseiniai District
Municipality

Juozas Pundzius
Professor
Lithuanian University of Health Sciences
Kaunas

Tomas Vaicekauskas
Vice Mayor
Kaišiadorys District Municipality

Paulius Visockas
Vice Mayor
Kaunas District Municipality

Netherlands (Kingdom of the), Utrecht province

Liesbeth van Holten
Programme Manager
Healthy Urban Living
Department of Physical Environment
Province of Utrecht

Louisa Kuiper
Policy adviser
Healthy and Safe Living Environment
Province of Utrecht

Netherlands (Kingdom of the), Zuid-Limburg

Christian Hoebe
Physician–Epidemiologist Society and Health
Infection Control
Professor of Social Medicine. Infection
Control
Head of the Sexual Health, Infectious
Diseases and Environment Department, GGD
Zuid Limburg
Municipal Health Centre South Limburg
Maastricht

Norway, Osfold

Camilla Ihlebæk
Professor in Public Health
Head, Department of Public Health Science
Faculty of Landscape and Society
Norwegian University of Life Sciences
Ås

Republic of Moldova

Tatiana Rotari
Head of Office
Ungheni Territorial Office
Ungheni

Russian Federation, Moscow metropolitan area

Natalia Mogosova
Leading Analyst of the Atmospheric Air
Monitoring Sector
Mosecomonitoring, Environmental Budgetary
Institution
Moscow

Olga Kostenkova
Chief Expert on Environmental Technologies
Mosecomonitoring, Environmental Budgetary
Institution
Moscow

San Marino

Claudio Muccioli
Director
Health Authority
San Marino

Serbia, Vojvodina

Aleksandra Ilić Čavić
Professor
Medical Faculty, University of Novi Sad
Member of the City Health Council
Novi Sad

Slovakia, Žilina region

Silvia Pekarčíková
Director
Department of Health Care
Žilina

Slovenia, Coastal–Karst Region

Dorjan Marusic
Professor, former Minister of Health of
Slovenia
Koper

Slovenia, Littoral

Samo Turel
Mayor
City Municipality of Nova Gorica
Nova Gorica

Slovenia, Pomurje

Peter Beznec
Head
Centre for Health and Development
Murska Sobota

Slovenia, Zasavje Region

Petra Marinko
Chief Executive Officer
Non Tox Uni Kum
Šentvid

Spain, Andalusia

Ana María Carriazo
Senior Advisor
Regional Ministry of Health and Consumer
Affairs of Andalusia
Seville

Maria Luisa Del Moral Leal
Deputy Regional Minister
Regional Ministry of Health and Consumer
Affairs of Andalusia
Seville

Spain, Biscay

Amaia Antxustegi
Deputy General of Social Action
Government of Biscay
Bilbao

Naiara Artaza Aristondo
Adviser
Cabinet of the Deputy General of the
Government of Biscay
Bilbao
(online)

Izko Cardenal Solar
Adviser
Cabinet of the Deputy General of the
Government of Biscay
Bilbao

Spain, Catalonia

Ana Bocio
Head, Health Promotion Unit
Public Health Agency
Ministry of Health of the Regional
Government of Catalonia
Barcelona

Tona Lizana
Migration and Gender, Health Promotion Unit
Public Health Agency
Ministry of Health of the Regional
Government of Catalonia
Barcelona

Sweden, Västra Götaland

Malin Spetz
Medical Advisor
Department of Strategic Healthcare
Development
Gothenburg

Peter Sörgaard
Member of the Regional Assembly
Gothenburg

Switzerland, Geneva Canton

Alessandro Cassini
Cantonal Doctor, Geneva Canton
Geneva

Switzerland, Ticino

Martine Bouvier Gallacchi
Head, Health Promotion and Evaluation Office
Health Department, Division for Public Health
Liebefeld

Turkmenistan

Allaberenova Maral Italmazovna
Editor-in-Chief
Saglyk/Health magazine
Ashgabat

United Kingdom, Wales

Susie Abson
Data Analyst
Food Division
Welsh Government
Cardiff
(online)

Sir Frank Atherton
Chief Medical Officer
Directorate for Health Policy
Cardiff

Robert Morgan
Head of Sustainable Development
Welsh Government
Cardiff
(online)

Jo Peden
Consultant in Public Health and International
Health
Honorary Professor
University of Wolverhampton

Organizations, associations and institutions

Federico Benassi
Researcher
Department of Political Science
University of Naples Federico II
Italy

Michele Bertani
Researcher
Department of Economy
University Ca'Foscari, Venice
Italy

Patrizia Bonesso
Operational Unit
Labor Relations, monitoring endowments,
needs and costs
Human Resources Directorate
Health and Social Care Area
Veneto Region
Italy

Alice Borghini
Digital Health and telemedicine
National Agency for the Regional Medical
Services
Rome
Italy

Silvio Brussafero
Director
Accreditation, Clinical Risk Management, and
Health Performance Evaluation
Udine
Italy

Michele Calabro
Director
European Regional and Local Health
Authorities
Brussels
Belgium

Caroline Costongs
Director
EuroHealthNet
Brussels
Belgium
(online)

Michiel Dijkman
Executive Director
Economic Board Utrecht
Netherlands (Kingdom of the)

Alberto D'Onofrio
Department of Mathematics, Informatics and
Geosciences
University of Trieste
Italy

Geoff Green
Emeritus Professor of Urban Policy
Centre for Health and Social Care Research
Sheffield Hallam University
United Kingdom

Nick Guldemon
Professor
Healthcare and Public Health
Department of Public Health and Primary
Care
Leiden University Medical Center
Netherlands (Kingdom of the)

Pietro Pomella
Project Coordinator
ProMIS
Venice
Italy

Vania Putatti
Policy Coordinator
EuroHealthNet
Brussels
Belgium

Temporary adviser

Maria Scordialos
Temporary Adviser
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

World Health Organization

Regional Office for Europe

Natasha Azzopardi-Muscat
Director
Division of Country Health Policies and
Systems
(online)

Elisabeth Bengtsson
WHO Consultant, Regions for Health Network
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Luigi Bertinato
Senior Consultant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Andrea Bertola
Technical Assistant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Dorota Tomalak
Deputy Head of Unit
Natural Resources Commission
European Committee of the Regions
Brussels
Belgium
(online)

Chris Brown
Head
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Marilys Anne Corbex
Senior Technical Officer
NCD Management (noncommunicable
diseases)

Cristina Da Rold
WHO Consultant, Social Media
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Alvise Forcellini
WHO Consultant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Kira Fortune
Regional Adviser
Healthy Cities
Health Promotion and Well-being

Hans Henri P. Kluge
Regional Director
(online)

Ogulsuray Komekova
Programme Assistant
WHO Country Office in Turkmenistan

Olga Manukhina
Communications Support Officer
WHO Country Office in the Russian
Federation

Bettina Menne
Regional Policy Advisor, Healthy Settings
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Yannish Naik
Technical Officer – Economy of Well-being
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Leda Nemer (Rapporteur)
WHO Consultant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Lazar Nikolic
Programme Assistant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
System

Milena Oikonomou
WHO Consultant
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Jihane Tawilah
Senior Coordinator, Health Sector Economy
WHO European Office for Investment for
Health and Development
Division of Country Health Policies and
Systems

Yongjie Yon
Technical Officer, Ageing and Health
Division of Country Health Policies and
Systems

Tomas Zapata
Regional Advisor, Health Workforce and
Service Delivery
Division of Country Health Policies and
Systems
(online)

Annex 2. Programme

Wednesday, 27 November 2024

Venue: Trieste Savoia Excelsior Palace (Riva del Mandracchio 4)

13:30–14:00	Arrivals, registrations
Session 1. Political and strategic insights	
14:00–14:15	<p>Welcome</p> <p>Scope and purpose of the meeting</p> <p><i>Moderators</i></p> <p>Gianna Zamaro, Director, Directorate for Health, Social Politics and Disability, Autonomous Region of Friuli Venezia Giulia</p> <p>Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development</p>
14:15–14:45	<p>Opening of the meeting</p> <p>Riccardo Riccardi, Regional Health Minister, Autonomous Region of Friuli Venezia Giulia</p> <p>Hans Kluge, WHO Regional Director for Europe (recorded video statement).</p> <p>Vasco Alves Cordeiro, President, Committee of the Regions (recorded video statement)</p> <p>Chris Brown, Head, European Office for Investment for Health and Development (Venice, Italy)</p>
14:45–15:45	<p>Political roundtables: Governance for health</p> <ol style="list-style-type: none"> Strengthening governance for health at the regional level In the context of multiple crises and ongoing megatrends, what are the priorities that guide your approach to resilience? Supporting the health and well-being of older people What measures are you implementing to support and enhance the health and well-being of older people in your region? <p>Panel 1</p> <ul style="list-style-type: none"> Riccardo Riccardi, Regional Health Minister, Friuli-Venezia Giulia Sir Frank Atherton, Chief Medical Officer for Wales María Luisa del Moral, Deputy Regional Minister of Health and Consumer Affairs of Andalusia Anna Mastorakou, Deputy Regional Governor for Public Health, Western Greece

	Panel 2 <ul style="list-style-type: none"> • Tomas Vaicekauskas, Vice Mayor of Kaišiadorys District Municipality, Kaunas • Peter Sögaard, Commissioner, Member of the Regional Assembly, Västra Götaland • Mary Koury, Regional Councilor of Attica Region • Amaia Antxustegi, Deputy General of Social Action, Government of Biscay <u>Interactive AI prompts</u>
15:45–16:00	<i>Coffee break</i>
16:00–16:30	WiseBytes <p>Leadership in public health: what are the opportunities for regions today?</p> <ul style="list-style-type: none"> • Silvio Brusaferrero, Former President of the Istituto Superiore di Sanità, Rome; Professor of Hygiene and Public Health, University of Udine <p>Can AI be a trusted support to improve public health policies?</p> <ul style="list-style-type: none"> • Alberto D'Onofrio, Senior Professor, Head Researcher of the Computer Science for Complex Systems Laboratory, Department of Mathematics, Informatics and Geosciences, University of Trieste <p><u>Q&A</u></p> <p><u>Interactive AI prompts</u></p>
16:30–18:00	Achievements of RHN members and partners <p><i>In an interactive session, regions and partners are asked to talk about their successes in advancing health and well-being in their regions or within their partnerships in 2023–2024.</i></p> <p><u>Interactive AI prompts</u></p>
18:00–18:15	Summary of day 1 <p><u>AI generated summaries</u></p>
18:15–18:45	Short walk to Palazzo della Giunta and group photo
19:00	Refreshments

Thursday, 28 November 2024 (day 2)

Venue: Trieste Savoia Excelsior Palace (Riva del Mandracchio 4)

Session 2. Sharing lessons learned	
08:45–09:00	Recap of Day 1 <ul style="list-style-type: none"> • Maria Scordialos, Facilitator, Living Wholeness Institute <p>Opening and framing of the day</p> <ul style="list-style-type: none"> • Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe

09:00–10:00	<p>Healthy ageing</p> <p><i>Moderator</i></p> <ul style="list-style-type: none"> • Bettina Menne, Regional Adviser, Healthy Settings, WHO European Office for Investment for Health and Development <p>Introduction</p> <p>What could a new WHO healthy ageing strategy do for older people?</p> <ul style="list-style-type: none"> • Yongjie Yon, Technical Officer, Ageing and Health, Division of Country Health Policies and Systems, WHO Regional Office for Europe <p>Roundtable: developing a new narrative on ageing through multidisciplinary approaches</p> <ul style="list-style-type: none"> • Nick Guldemond, Professor, Healthcare and Public Health, Leiden University Medical Center, Department of Public Health and Primary Care • Geoff Green, Emeritus Professor, Sheffield Hallam University • Alice Borghini, Manager, AGENAS • Federico Benassi, Department of Political Science, University of Naples Federico II <p>Local experiences</p> <ul style="list-style-type: none"> • Stefania Pascut, Healthy City Project Coordinator, Municipality of Udine • Ana M Carriazo, Senior Adviser, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain <p><u>Interactive AI prompts</u></p>
10:00–11:00	<p>Group work: healthy ageing</p> <p><i>Participants will be organized in small groups</i></p> <p>The session will aim to explore multisectoral approaches to healthy ageing. It is envisaged that input from this session will help further develop the draft WHO Healthy Ageing Strategy.</p>
11:00–11:20	<p><i>Coffee break</i></p>
11:20–12:15	<p>Strengthening the health and care workforce</p> <p><i>Moderator</i></p> <ul style="list-style-type: none"> • Gianna Zamaro, Director, Directorate for Health, Social Politics and Disability, Friuli Venezia Giulia <p>Framework for action on the health and care workforce</p> <ul style="list-style-type: none"> • Tomas Zapata, Unit Head, Health Workforce and Service Delivery, WHO Regional Office for Europe • Leda Nemer, Consultant, Healthy Settings, WHO European Office for Investment for Health and Development <p>Challenges and solutions for the health and care workforce in Veneto</p> <ul style="list-style-type: none"> • Patrizia Bonesso, Human Resources Directorate, Health and Social Care Area, Veneto region <p><u>Discussion</u></p> <p><u>Interactive AI prompts</u></p>

12:15–13:10	Cross-border cooperation in health and public health <i>Moderator</i> <ul style="list-style-type: none"> • Alvise Forcellini, Consultant, Healthy Settings, WHO European Office for Investment for Health and Development From the “Wall of Gorizia” to EU health-care cooperation with Slovenia <ul style="list-style-type: none"> • Gianna Zamaro, Director, Directorate for Health, Social Politics and Disability, Friuli Venezia Giulia How to build a cross-border project: lessons learned from the Healthacross Initiative in Lower Austria <ul style="list-style-type: none"> • Florian Lochner, Healthacross Initiative, Lower Austria Public Health and cross-border cooperation: findings from the Meuse-Rhine Euroregion <ul style="list-style-type: none"> • Brigitte Van der Zanden, Director, euPrevent <u>Discussion</u> <u>Interactive AI prompts</u>
-------------	---

13:10–14:00 *Lunch break (and closed meeting of the Italian regions)*

Session 3. Innovation labs

14:00–14:10			
Framing of the afternoon session <ul style="list-style-type: none">• Maria Scordialos, Facilitator, Living Wholeness Institute The participants will work in parallel groups between 14:10 and 15:45.			
Parallel Working Group 1		Parallel Working Group 2	
Parallel Working Group 3			
14:10–15:45			
Public health approaches <u>Organizer:</u> Camilla Ihlebæk , Professor in Public Health, Head, Department of Public Health Science, Norwegian University of Life Sciences, Oslo Objective: to compare and discuss different public health functions and approaches across European regions and countries Expected outcome: a common understanding of the strengths and weaknesses of different organizational models and functions with regard to public health objectives		Commercial determinants of health: private sector influence on public health <u>Organizer:</u> Marilys Corbex , Senior Technical Officer, WHO Regional Office for Europe Objective: based on recent WHO publications, to discuss specific case studies and examples according to which private actors are negatively affecting people’s health Expected outcome: an understanding of potential strategies that could be implemented to counteract harmful commercial practice	
		Well-being economy solutions <u>Organizer:</u> Yannish Naik , Technical Officer, Economy of Well-being, WHO European Office for Investment for Health and Development (Venice, Italy) The goal of this Innovation Lab is to inspire, develop participants’ knowledge and capacity to take forward action on well-being economies through introductory presentations, experiences shared by other regions, interactive exercises. The session will propose an innovation group of regions, to work together during 2025 and report back at the annual meeting 2025.	

16:00	Site visit to the city of Gorizia (by bus) The visit will include a meeting with the mayors of two neighbouring cities, Gorizia in Italy and Nova Gorica in Slovenia, to discuss cross-border collaboration and visit the former border that once separated them. In 2025, the two cities will share the title of “European Capital of Culture” as “The European Capital of Borderless Culture”. In addition, mental-health initiatives inspired by Franco Basaglia, a pioneer of the modern concept of mental health and one of the most influential Italian psychiatrists of the 20th century, will be presented.
20:30	Dinner (Caffè Tommaseo, Piazza Nicolò Tommaseo, 4, Trieste)

Friday, 29 November 2024 (day 3)**Venue: Trieste Savoia Excelsior Palace (Riva del Mandracchio 4)**

Session 4. A holistic approach to public health	
09:00–09:25	Framing of day 3 <ul style="list-style-type: none"> • Maria Scordialos, Facilitator, Living Wholeness Institute Presentation of the Trieste statement <ul style="list-style-type: none"> • Gianna Zamaro, Director, Directorate for Health, Social Politics and Disability, Friuli Venezia Giulia • Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development
09:25–11:10	Feedback from days 1 and 2 and identification of priorities for 2025 <i>A spokesperson from each group will present the findings of their discussions or session, with special emphasis on an area of action that could be collaboratively planned for 2025.</i> <u>Interactive AI prompts</u> Identification of three RHN priorities through collaborative planning for 2025.
11:10–11:30	<i>Coffee break</i>
11:30–12:00	Signing of the Trieste Statement
12:00–13:00	RHN business meeting <ul style="list-style-type: none"> • New members • Budget and financing • Discussion on accountability • 2025 workplan <u>Interactive AI prompts and summary</u>
13:00–13:15	30th annual meeting of the RHN Next steps
13:15	Lunch
Afternoon	Departure

Annex 3. Trieste Statement

Gathered in Trieste (Friuli Venezia Giulia region), Italy, for the 29th annual meeting of the WHO Regions for Health Network (RHN), we, the representatives of the RHN member regions and partners, acknowledge the continued health-related complexities that people are facing across the WHO European Region. These include the impacts of interconnected global mega trends, including climate change, war and other ongoing conflicts, demographic shifts, increasing economic and social inequalities and environmental degradation.

Health in older age is a large achievement in everybody's life! The Regions for Health stress the importance of creating conditions that allow populations to thrive across all stages of life, including health systems that are ready to adapt to the needs of older people and that place an emphasis on prevention throughout the life course.

In this context, we recognize the vital importance of creating well-being communities rooted in inclusive, equitable and sustainable support systems in which human and planetary well-being are at the heart of decision-making. With ongoing pressures on public budgets, we need – now more than ever – new ways to invest in well-being with positive returns, including equity and healthier societies, while maximizing the benefits for everyone.

We recognize the pressing need to address the commercial determinants of health—those private-sector activities, such as marketing and product development, that can shape health-related outcomes. Addressing these determinants is crucial in our collective efforts to reduce noncommunicable diseases, promote healthier environments and safeguard public health from harmful commercial practice.

We are committed to strengthening and innovating public health, building capacity and leveraging the wealth of expertise within the Network to advance these goals. In line with the RHN Roadmap 2024–2026, we pledge to:

- *affirm our commitment to working closely – within the health sector and across sectors – with civil society, youth and other stakeholders to ensure that health and well-being are included as a top priority in policies, strategies and plans;*
- *promote healthy ageing across the life course and ensure intergenerational solidarity to render this stage of life an opportunity for renewed social vitality and resilience;*
- *share data, experiences and best practice in addressing the challenges posed by demographic change and ensure that policies are responsive to the needs of ageing populations while preparing for a “demographic spring” of greater opportunity;*
- *promote policies that prioritize the health and well-being of individuals over commercial interests;*
- *foster the development of well-being communities that provide equitable access to services, promote social cohesion and support vulnerable populations, also across borders.*

We request the RHN Secretariat at the WHO Regional Office for Europe to continue supporting the RHN members and monitoring their progress in implementing these actions.

We reaffirm our commitment to the 2030 Agenda for Sustainable Development and to advancing health, equity and well-being in the Region.

The WHO Regional Office for Europe

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

Member States

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

Document number: WHO/EURO:2025-11623-51395-78424 (PDF)
WHO/EURO:2025-11623-51395-78423 (print)

World Health Organization Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen, Denmark
Tel.: +45 45 33 70 00 - Fax: +45 45 33 70 01
Email: eurocontact@who.int - Website: www.who.int/europe

