

EEA and Norway Grants: Third network meeting for children and adolescents' health

4 and 5 December 2023 – Bucharest, Romania



Executive summary

The third network meeting for children and adolescents' health was organised on 4-5 December 2023, at the Grand Hotel Continental in Bucharest, Romania. With a focus on improving the healthy lifestyles of children and young people, the meeting centred around the salient work being done by the EEA and Norway Grants Network. Network representatives from Romania, Poland, Estonia, Lithuania, the Czech Republic and Norway provided a national overview of their respective efforts to improve child and youth health and wellbeing in the areas of health promotion and prevention, with the support of the 2014-2021 EEA and Norway Grants. Due to unforeseen circumstances and technical issues, the representative from Cyprus was not able to present the status in Cyprus. These presentations introduced a wide breath of actions to support healthier children and adolescents – including, improved access to health services, healthy nutrition, mental wellbeing, vaccination programmes, physical activity as well as the prevention and control of substance, tobacco, and alcohol consumption. Speakers further showcased the value of health promotion and disease prevention in setting the foundation for better health outcomes, and the positive impact of the financial mechanism in advancing priorities within their national context. The meeting also focused on the next steps for the network, including the forthcoming funding cycle and 4th network meeting in Vilnius. Partners had the opportunity to take part in a site visit following the meeting, which showcased a new radiology department within a medical centre in Bucharest's 6th district, funded through the EEA and Norway grants. An optional study visit was additionally organised by the Romanian Ministry of Health between 6-7 December, involving visits to health centres, one oncology institute, hospitals and municipalities which positively benefitted from the funding scheme.

DAY ONE

Welcome and introduction

Romanian Ministry of Health - Monica Isaila and Alexandru Florin Rogobete.



Monica Isaila opened the meeting, welcoming participants to the third network meeting for children and adolescents' health and introducing the State Secretary of the Ministry of Health in Romania, Alexandru Florin Rogobete. On behalf of the Ministry, Mr Rogobete thanked the network members for the strong partnerships created through the EEA and Norway Grants. Within the context of healthy lifestyles for children and youth, he reflected on the importance of mental health, not only for Romania, but also for the EU, where discussions for a potential European Strategy for Mental Health and associated funding streams are underway. Concluding on this note, he wished participants proactive discussions over the course of the meeting.

Royal Norwegian Embassy in Bucharest – Kerstin Agneta Wahlberg



In her opening remarks, Kerstin Agneta Wahlberg noted that experts from different network countries will have the opportunity to share experiences and good practices with each other, building a network of trust and a pool of inspirational examples. She explained that public health was a priority even before COVID-19, given that it is an important pre-requisite for economic prosperity.

For children and adolescents, public health “is not only a personal priority, but an institutional priority too”

Under the EEA and Norway grants, over EUR 63 million have been invested in Romania under the public health programme. This funding has helped create policies and services for a healthy ageing population, enhance mental health services for community-based treatment and provide high quality health care tailored to the needs of groups in vulnerable situations (such as older groups and the Roma community). Applauding the work done so far, Ms Wahlberg emphasized that Norway will continue supporting future endeavours in the field.

Norwegian Directorate of Health (Donor Programme Partner) – Janne Strandrud

Janne Strandrud explained that the idea behind the network for children and adolescent health was to enable an exchange of experiences and lessons learned, through the topics supported by the grant. As such, this network can provide opportunities for grant beneficiaries to create new partnerships and build

greater capacities for better sustainability. *It also helps explore how health promotion and disease prevention are key to better wellbeing.*

Differences across the socioeconomic gradient greatly link to health inequalities, where communities on the lower end of the gradient are often in poorer health. Such inequalities have an impact on tobacco use, harmful alcohol consumption, access to social protection measures, among others. Against this background, this meeting will spotlight countries' efforts to address physical inactivity, nutrition issues, substance abuse, tobacco and alcohol consumption, insufficient sleep, and poor mental wellbeing. At the centre of these discussions, she raised the question of how the EEA and Norway grants can support the efficient promotion of healthy lifestyles, enable effective exchange of experiences, and create stronger relationships between health institutions.

Lifestyle challenges among children and youth: country overview presentations and discussions

Moderating the session, **Janne Strandrud** explained that participating countries will give an overview of the main challenges around healthy lifestyles in children and adolescent health and present ongoing efforts in their respective national contexts.

'Health Promotion interventions for children and vulnerable children in Romania'

Dr. Adriana Galan - National Institute of Public Health, Romania

Dr Adriana Galan presented the predefined project 1 (PDP1) "[Strengthening the National Network of Primary Health Care Providers to Improve the Health Status of population, children and adults \(including vulnerable population\)](#)". The overall objective of this project was to improve equitable access to primary health care services through the integration of services delivered, with a special focus on health promotion and disease prevention. In doing so, the project aimed to improve the evidence-base for health policies at local and national level, boost health information systems for better health interventions and empower the primary health care level with new/updated instruments. Project partners worked with 84 localities in 7 counties in Romania, reaching 100 family doctor offices and 45 schools and supporting children and adult populations as the key beneficiaries. The chosen counties represented the most deprived areas in Romania, enabling the project to address the impact of lower socioeconomic status on health outcomes. Throughout the project, a number of resources have been developed:

- A European Health Examination Survey for adults and children (report under development).
- [Community health needs assessment at local level](#) with a dedicated chapter on child health.
- [Ten practice guidelines](#) for family doctors (with specific guidance on the prevention of rickets and anaemia in childhood and prenatal care), community health workers and school nurses (addressing preventive and curative interventions at individual level around respiratory diseases and emotional disorders, interventions at community level for the prevention and control of communicable diseases and early detection of chronic diseases, interventions for health education and health promotion at individual and community level.)
- Health promotion materials and campaigns at community level for children in the 84 localities. These included health promotion booklets for children aged 6-10 and 11-14 years, with supporting guides for educators, an example of which can be found [here](#).

- Training material for family doctors as part of the Youth Sexual and Reproductive Health Learning Model. This also facilitated discussions between experts and adolescents on health topics. An e-learning platform was additionally launched with specific courses for family doctors, community workers and school nurses.
- Health promotion videos to communicate the risks of smoking, alcohol consumption and domestic accidents.

More information on the project results [here](#).

'Lifestyle challenges among children and youth in Poland'

Marcelina Mroczkowska - Ministry of Health, Poland



Marcelina Mroczkowska provided a national overview of the health challenges faced in Poland. She explained that about 60% of adult Poles do not perform any physical activity. While this is equally an issue among children and adolescents, figures show that a significant percentage of students meet WHO recommendations for intense and moderate physical activity (38% and 17% respectively). Polish students aged 11-15 are particularly prone to excessive body weight, where on average, 29% of boys are overweight and 7% obese (among girls: 13% and 2%). Moreover, 38% of Polish students fulfil the daily consumption of fruit, 34% for vegetable intake.

Substance abuse and addictions have also been prevalent among students, as evidenced by a European School Survey Project on Alcohol and Other Drugs (ESPAD) and a youth study. The ESPAD study demonstrated that young people are experimenting with inhaled substances, marijuana, and sedatives and sleeping pills without prescription. A 2021 youth study of 80 secondary schools indicated that 13% of participating 18–19-year-olds had used drugs in the past 12 months – the lowest recorded figure since 1996.

To continue addressing these prevailing issues, the Ministry of Health in Poland launched the [‘Healthy Future’](#) strategic framework to support the health care system for 2021-2027, looking ahead to 2030. They additionally created the [‘Health Needs Maps for 2022-2026’](#), to identify and forecast the health needs of regions and the whole country, as well as national and provincial transformation plans. Action is also taken at a local level, where local governments adopt their own municipal programme, with provisions in place to implement preventive measures for children and youth in coordination with education institutions. Specific efforts are also being taken to promote healthier living. For instance, to improve healthy nutrition, individuals can receive consultations with a dietician, upon referral from a primary care physician. To address substance abuse and addictions, in 2022 local governments allocated PLN 144 million for prevention efforts, from funds collected through permit fees on alcohol sales. Local authorities also put in place a recommendation system for prevention and mental health promotion programmes and additionally invested another PLN 86 million in extracurricular sport activities.

'Children Health Behaviour in Estonia'

Marika Kookla - National Institute for Health Development, Estonia

Marika Kookla shared the results from two surveys used to assess children's health behaviour in Estonia – the Health Behaviour in School-Aged Children (HBSC) survey and the WHO European childhood Obesity Surveillance (COSI) Initiative. She set out how the proportion of overweight and obesity has almost tripled in Estonia. The 2018-2019 COSI study showed that, on average 18% of 7-11-year-olds are overweight, and 11% obese. According to the HBSC survey, the proportion of overweight and obese has increased from 7% to 20% both among girls and boys over 20 years (2001-2022). It additionally demonstrated that, over the same period, while students with normal bodyweight ate slightly more vegetables and fruit, their sweets and soft drinks intake was higher (47% in comparison to the 39% of overweight or obese students). 38% of overweight/obese children reported insufficient sleep during school days. The proportion of children eating breakfast on school days decreased from 74% to 53% in 20 years, which has in part been affected by families' economic status. Figures also show that only 16% of 11–15-year-olds move sufficiently, with boys being more active than girls. Moreover, less than half of the students who rate their economic situation as bad, partake in physical activity.

Within this context, Ms Kookla presented key initiatives in Estonia which have helped support healthy behaviours, including the:

- Movement Year 2023, to create more societal interest in exercise and healthy lifestyles
- Schools in Motion education programme initiated by the University of Tartu to increase physical activity students and staff
- Network of health promoting schools and kindergartens, to promote holistic approaches to health in educational settings
- Toybox project, an evidence-based approach to prevent obesity in early childhood
- Estonian health trails foundation, including 120 well-maintained health tracks
- Development of school meals, together with recommendations for school cafeterias and different manuals about healthy food and physical activity.

'National Focus on Children and Youth Health and Wellbeing in Lithuania'



Justina Račaitė - Ministry of Health, Republic of Lithuania

Justina Račaitė set out the context in Lithuania, explaining that in 2022, the country scored higher than EU average for people at risk of poverty/social exclusion (24.6%) and for the level of inflation (18.9%). These socioeconomic indicators are particularly important to note, given their wide-reaching impact on health-related outcomes. She stated that between 2016-2020, children's self-reported happiness decreased by 13% and self-reported healthiness by 5%. The data also show increasing loneliness with age among both 11-15-year-old girls and boys. The national survey for 5th to 9th grade school children (2020) indicated that an average of 33% consume daily fruit and vegetables, with only 13.9% engaging in daily physical activity and 25% being exposed to more than 4 hours of daily screen time. Students also reportedly used e-cigarettes (20%) and alcohol (22%) and have experienced bullying and physical punishment.

Against this background, there are significant national efforts to attain the SDG targets which improve child and adolescent health, such as universal health coverage, access to youth-friendly services, a reduction in non-communicable diseases and better mental health and wellbeing. Moreover, every school in Lithuania has preventive services, supported by a network of over 600 health-promoting schools.

Moreover, as part of the 2014-2021 EEA/Norway Grants health programme, Lithuania aimed to strengthen mental health promotion and prevention services in communities and improve the well-being of children, youth and their families. This included the implementation of the following programmes:



-  Adaptation and implementation of the 'Incredible Years' programme modules in Lithuania
-  Provision of health offices in schools and pre-schools with the support of methodological tools
-  Implementation of an adapted and expanded youth-friendly healthcare services delivery model
-  Development and implementation of a model for home visitation intervention services
-  Counselling services for individuals facing emotional difficulties (wellbeing advisors)

Through the EEA/Norway grants health programme, Lithuania was able to introduce new services in health prevention and promotion reaching over 35,000 children and young people, help families and improve parenting skills, train 223 specialists, better equip health offices at schools and preschools, and boost the availability of mental health services. Ms Račaitė indicated that some of the measures will be sustained through the national insurance fund and national budget.

'Mental Health of children and adolescents in Cyprus: Actions, Challenges and Perspectives'

Dr. Anna Paradeisioti - Directorate of Mental Health Services State Health Services Organization (due to technical issues Dr Paradeisioti was unable to carry out the presentation online)

'New generations – new challenges; examples of lifestyle challenges among children and youth in Norway'

Edle Fuglset Buer - Directorate of Health, Norway



Edle Fuglset Buer introduced the ‘UngData’ tool, a series of digital child and youth surveys where school pupils (13-19 years of age) across the country answer questions about how they feel and what they do in their spare time. The surveys are implemented in a three-year cycle across 350 municipalities, and results are published every year due to the participation of different municipalities. They cover a wide range of subject areas, including relationships, local environment, wellbeing and school issues, leisure activities, drug and tobacco use, sexual health and risky behaviours.

The ‘Oppvekstprofil’ public health profile for municipalities (as pictured below) contains indicators on health and living conditions. It maps out the municipality’s strengths and challenges, informing local plans on how to improve the life of children and young people as well as facilitating a comparison across municipalities.

Tema	Indikator (klikkbare indikatornavn)	Kommune	Fylke	Norge	Enhet (*)	Oppvekstbarometer for Barnevik
Befolkning	1 Andel barn, 0-17 år	20	20	21	prosent	
	2 Andel 0-17 år, framskrevet	18	18	19	prosent	
Levekår	3 Lavinntekt (husholdninger), 0-17 år	15	11	9,3	prosent	
	4 Bor trangt, 0-17 år	18	15	19	prosent	
	5 Barn av enslige forsørgere	19	17	15	prosent	
	6 Stønad til livsopphold, 20-24 år	8,5	8,4	7,1	prosent (a,k)	
	7 Ikke i arbeid eller utdanning, 16-25 år	14	13	12	prosent (a,k)	
	8 Bemanning i barnehage, oppfylt	92	89	59	prosent	
	9 Laveste mestringsnivå i lesing, 5. kl.	21	24	24	prosent (k)	
Barnehage og skole	10 Laveste mestringsnivå i regning, 5. kl.	22	24	23	prosent (k)	
	11 Trives på skolen, 7. klasse	90	90	89	prosent (k)	
	12 Mobbes på skolen, 7. klasse	4,5	5,2	5,7	prosent (k)	
	13 Frafall i videregående skole	22	20	20	prosent (k)	
Fritid og nærmiljø	14 Fornøyd med lokalmiljøet, 2018	68	68	70	prosent (a,k)	
	15 Trygt i nærmiljøet, 2018	81	85	87	prosent (a,k)	
	16 Med i fritidsorganisasjon, 2018	63	65	66	prosent (a,k)	
	17 Fornøyd med treffsteder, 2018	49	49	50	prosent (a,k)	
	18 Fortrolig venn, 2018	89,8	90,0	90,0	prosent (a,k)	
	19 Skjermtid over 4 timer, 2018	37	35	31	prosent (a,k)	
	20 Tror på et lykkelig liv, 2018	73	72	72	prosent (a,k)	
	21 Fornøyd med helse, 2018	68	69	71	prosent (a,k)	
Helse og helseferd	22 Depressive symptomer, 2018	16	15	14	prosent (a,k)	
	23 Psykiske sympt./lidelser	179	170	156	per 1000 (a,k)	
	24 Lite fysisk aktive, 2018	15	14	14	prosent (a,k)	
	25 Overvekt og fedme, 17 år	21	22	22	prosent (k)	
	26 Muskel og skjelett	231	236	238	per 1000 (a,k)	
	27 Reseptfrie smertest., ukent., 2018	19	17	17	prosent (a,k)	
	28 Alkohol, har vært beruset, 2018	8,5	12	12	prosent (a,k)	
	29 Har brukt cannabis, 2018	3,3	3,2	3,1	prosent (a,k)	
	30 Vaksinasjonsdekning, meslinger, 9 år	96,0	95,5	96,5	prosent	

‘Oppvekstprofil’ public health profile for municipalities

Ms Buer also presented the key health challenges faced by children and adolescents. She noted that there was a higher level of self-reported sadness, depression, general worries, stress, and poor sleep, with mental health problems affecting more girls than boys. While the majority of youth do not smoke or use snus - there is an increase in the testing of e-cigarettes among students in high school, from 15% in 2021 to 31% in 2023 according to UngData 2023 (Capital study). And in 2023, 7% of high school students in Oslo reported weekly or daily use of e-cigarettes. She set out how social media has been driving up the use of e-cigarettes and other tobacco products, where teenagers are exposed to and being drawn to smoking through trends such as party smoking and colourful products. There are also reported links between use of tobacco and alcohol consumption, and high alcohol consumption and intake of cocaine (UngData Oslo/YouthData Capital).

How are the challenges being solved? Ms Buer explained that on 13 November, the Norwegian government decided to ban flavoured e-cigarettes, only permitting the sale of tobacco-flavoured e-cigarettes with neutral packaging and health warnings. While this is an important step forward, she commented that purchasing these products online or through social media may reduce the impact of this legislation.

On a larger scale, there have also been [national efforts](#) to lower social inequalities to promote better health status, providing municipalities with the support to take action in these areas. At local level, the focus has been to provide universal services for health promotion and disease prevention, facilitate easy access to services, better coordination across services, and if needed, more targeted and specialized treatment.

She concluded by saying that it is important to systematically involve the young people in measures that should target their lifestyle challenges and that the majority of young people and children are satisfied with their health and life quality.

Health promotion and prevention

Moderating the next session on health promotion and prevention, **Dr. Adriana Galan** remarked on the positive action taken by Norway at municipal level, noting that Romania should follow this example. She then proceeded to introduce the session speakers.

'Nutrition and child activity in the project *Healthy lifestyle of children and youth*'

Dariusz Jusczyński – Ministry of Health, Poland

Elin Anette Bjørnstad – Verdal Municipality, Norway



Dariusz Jusczyński presented the [pre-defined project no. 2 'Healthy lifestyle of children and youth'](#) co-financed by the Norwegian Grants (2020-2024). The main objectives of this project are to increase the knowledge of healthy eating principles, water intake and physical activity in kindergarten and nurseries, engaging children under 6 years of age and the entire educational environment (parents, caregivers, facility teachers and staff). Social media became increasingly important in the project, as a tool to involve the wider school community. The project developed specific training for teachers and staff, children, and parents. The online training for

teachers helped prepare staff to use educational materials, carry out workshops and games, and train other professionals in the field. After participating in these trainings, teachers were given certificates, which further enabled their meaningful connection to the project. Parents were also trained by experts in making healthier choices, preparing simpler recipes, and offering support in difficult situations, such as lack of appetite among children.

The workshops organised for children ranged across cooking classes, games involving food preparation, multi-sensory learning about ingredients and educational activities that promote physical activity. In nurseries, the workshops were called 'Flavour Olympics' where the character 'Detective vitamin' was introduced to animate food preparation and identify the important nutrients in food. This activity aimed to teach children to consciously make good decisions about their nutrition, drink water and increase

interest in vegetables and fruits. In kindergartens, the workshops were called ‘Olympics of the senses’, consisting of multi-sensory food preparation to familiarize children with different textures, colours and smells, and improve their openness to new products and ingredients. Mr Juszczynski also set out the project progress, noting that around 42,064 children have been reached by these educational activities (out of the planned 84,000 which were already recruited in the project), 4256 professional staff have been trained – surpassing the initial 500 target, and that 15,368 family members/caregivers have been educated in healthy lifestyles out of the intended 25,000. 675 entities have been engaged in educational activities, from the foreseen 12. Moreover, a conference and study visit were organised in Warsaw in September, where the Verdal Municipality met with Polish colleagues to exchange good practices and experiences in the training provided.

Elin Anette Bjørnstad kicked off her presentation with a video on the activities carried out by the Verdal municipality in the field of physical activity and healthy nutrition. As a partner of the above-mentioned project, she then introduced the municipality’s perspectives of the initiative led by the Ministry of Health in Poland under the programme "Improved prevention and reduced inequalities in health", co-financed by the Norwegian grants. Ms Bjørnstad mentioned two best practice reports developed through the project - [Module 1 – Best practice physical activity and nutrition in kindergartens in Norway](#) and [Module 3 – Best practice mental health in children and youth](#).

She additionally provided information on healthy nutrition and physical activity practices. In Norway, the staff taking care of the children also prepare the food. To emphasise the healthy nutrition guidelines, Verdal municipality chose to involve a part-time nutritionist to help the staff to further develop shopping lists, and lunchbox brochures were made and given to families

She also explained that there is an ongoing Norwegian initiative ‘Fiskesprell’ to promote fish consumption. This is an offer that all kindergartens and primary schools can make use of. To improve physical activity in kindergartens and after school programmes, Verdal municipality chose to involve a full-time sports educator and staff would similarly be guided to increase their competences with courses for activity leaders, a learning network and access to idea banks and activity toolboxes. She remarked that the municipality, in line with national policy, was given increased responsibility to integrate physical activity into daily school routines, to combat sedentary lifestyles. The municipality chose to focus on evidence based "Physically Active Learning", where the staff is trained and where movement is integrated into the teaching of academic content, potentially boosting learning outcomes at the same time. This may also have wider benefits of movement, such as better social skills and relations between students and staff.

More resources on physically active learning:

- Bartholomew, J (2011). [Physically active academic lessons in elementary children](#). [article]
- Vingdal, I. (2014) [Physically active learning](#). [book]
- Daly-Smith, A. (2021) [Behaviours that prompt primary school teachers to adopt and implement physically active learning: a meta synthesis of qualitative evidence](#). [article]

‘Toybox – intervention scheme to prevent obesity in early childhood’

Ms Alice Haav, Ms Agne Kivisaar - National Institute for Health Development, Estonia

Alice Haav and Agne Kivisaar spoke about the [Toybox initiative](#) – a parent-involved intervention for preschools aimed at shaping healthy nutrition and physical activity habits among children aged 3-7 years. Against the rising levels of childhood obesity, lower physical activity uptake and unbalanced diets, the Toybox intervention was developed in collaboration with researchers and practitioners in 10 European countries, to lay the foundation for behavioural habits from a young age. Funded by the EU (2014-2020), the intervention is free to use and easily transferred and adapted to local conditions. They noted that the resources created are effective across all socio-economic groups and have helped increase water consumption, decrease intake of sweets and improve the diet quality among children and parents, as well as reduce the time spent on computer and video games.

‘Toybox’ was adapted to the Estonian context by the National Institute for Health Development, which included the translation of materials and pilot testing in the 2021/2022 and 2022/2023 academic years. The implementation saw a regular shift in theme across four main topics – healthy eating, water intake, physical activity and reduced sedentary time. In doing so, implementors first needed to create a supportive environment in the kindergarten, including in group rooms, such as the availability of water and healthy snacks, and sufficient open space for physical activities. The teachers would then conduct daily activities with children to promote the desired behavioural habits - encouraging them to be physically active, reducing sedentary time with short movement breaks and promoting healthy eating. They would also carry out fun activities in the group room, involving the entire group. Involvement of parents in the intervention was also key to transferring these habits to the home environment too. The toybox intervention included a resource kit with a general guide setting out recommendations for the kindergarten environment, supporting activities and an action plan, teacher guidance materials on the four themes, parental materials (information letters, worksheets, videos), other materials (stickers, puppets, social media group).

The impact of the implementation was also evaluated among the 22 intervention groups and 35 comparison groups. Children’s physical activity levels were monitored at the beginning and the end of the intervention. This was supported by parental and teacher questionnaires and a kindergarten environment assessment questionnaire undertaken over the same periods. The pilot study results will be published in January 2024, with the main study results to be released the following year. While longer-term plans will become clearer after the impact assessment, the intention is to extend the intervention to at least one kindergarten per county in 2024, with a target of 30 institutes.

In the Q&A session, there was a discussion around the difficulties in inspiring parental involvement. The representative from the Polish Ministry of Health provided its views, explaining that this depends on the parents’ education. While in big cities there is a stronger buy-in for healthy nutrition, the traditionally fattier diets are more difficult to shift in rural areas. However, if there is respect between parents and staff, it is easier to implement such changes. The economic aspect is always the best argument – it is cheaper to buy vegetables than sugary/salty snacks.

‘Improving Health Promotion in School and Preschool Institutions and Youth-Friendly Health Services in Lithuania’

Milda Lukošūūtė - Ministry of Health, Lithuania

Milda Lukošūūtė built on the Lithuanian perspective previously set out, reflecting on the prominent trends of low physical activity, unhealthy habits, passive leisure and increased screen time, as well as high e-cigarette and alcohol use. These problems become apparent at a later age, where unhealthy eating habits have been linked to overweight and obesity, and harmful habits have been associated with criminal behaviour.

Strengthening mental health promotion and prevention measures has been a core priority under the health programme of the EEA/Norwegian financial mechanism (2014-2021). One of these measures was the introduction of health offices in pre-schools and schools equipped to promote healthy lifestyles and habits, including physical activity and mental wellbeing. Building on previous investments under the 2009-2014 financial mechanism, this measure facilitated the involvement of 27 municipalities, equipped 323 offices, trained 150 health specialists, and enabled the implementation of specific activities such as the renovation of public health bureaus and the development of methodological tools for e.g. better nutrition and physical activity. As a result, 37,722 children and young people were able to receive these services.

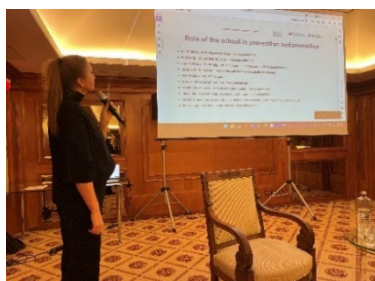
Ms Lukošūūtė also presented another measure of the Lithuanian health programme to adopt, extend and implement the youth-friendly health care service (YFHCS) model targeting 14–29-year-olds, in accordance with municipalities' needs. In the previous funding stage (2009-2014), the model was implemented in 12 Lithuanian municipalities. Under the 2014-2021 health programme, the implementation was extended to 24 municipalities. In doing so, a total of 9 projects were coordinated with the active involvement of up to 3 municipalities per initiative. The measure also led to the training and development of guidelines for 29 YFHCS coordinators, the updating of a dedicated [internet portal](#), and evaluation of the YFHCS model delivery by Lithuanian University of Health Services. Expanding on the role of the YFHCS coordinators, she explained that they can help connect young persons with service provider networks, facilitate free expert consultations in cooperation with the relevant health centres, organize health events and trainings, among others.

In conclusion, Ms Lukošūūtė emphasized that promoting children's health is not only a guarantee for their safety but also an investment for a strong future.

In the Q&A session, the discussion turned to the organization of public health services. In Lithuania, the public health services are concentrated in their respective departments within the municipality. Schools also have designated public health specialists (replacing school nurses), who are responsible for prevention. This is regulated by the Ministry of Health, which now stipulates that there should be one public health specialist per 300 students.

'School-based mental health prevention and promotion in Czechia'

Anna Kagstrom - National Institute of Mental Health, the Czech Republic



Anna Kagstrom explained that there is a lot of consensus-building around the role of schools in prevention and promotion. Among others, schools should be equipped to demonstrate increased awareness and sensitivity on mental health issues and warning signs, create supportive environments, facilitate appropriate and non-stigmatising communication, boost mental health literacy and establish multisectoral models. She introduced two projects funded under the

EEA Norway grants, the ‘strengthening universal prevention, resources, and evaluation for mental health in education (SUPREME-MH)’ programme and the ‘On my mind’ intervention.

The [SUPREME-MH project](#) aimed to monitor the mental health of children and adolescents in schools, evaluate the effectiveness of prevention programmes and detect and respond to potential issues. As such, the project sought to achieve agreement among an expert platform on what to evaluate (with specific considerations around mental health literacy, symptoms of mental illness, mental wellbeing), carry out a [psychometric validation of the relevant tools](#), and training 100 educational/health staff. The SUPREME-MH initiative also supported the implementation and evaluation of the [‘On my mind’ mental health literacy](#) education programme for primary schools. The intervention consisted of a curriculum manual with 20 lesson plans, covering mental health, emotional literacy, relationships, communication, and mental health first aid. Supplemental materials were additionally developed for teachers and parents. A total of 852 students from the 6th and 7th grade were reached, 60 professionals were trained, and 5 teachers underwent a ‘train the trainers’ programme to support other educators. A randomized controlled trial of the ‘On my mind’ curriculum was conducted in 66 schools. The piloted mental health monitoring system showed that over half of the surveyed 9th grade students (6036) reported deteriorated wellbeing. Ms Kagstrom explained that the SUPREME-MH project ends in January 2024, and will be followed by an analysis of the final results.

Supporting these project activities, the project team carried out a review of some of the approaches to build mental health literacy in school-aged children. They also mapped the key developmental milestones, literacy skills and competences for children aged 9-13 years and the main literacy tools in use. Against this context, they used the Theory of Change framework, as pictured below, to develop and implement a mental health literacy curriculum, and establish an understanding around feasibility and piloting, development, implementation and evaluation. This methodology also facilitated the revision processes of the curriculum among teachers and students. More information on the process [here](#).

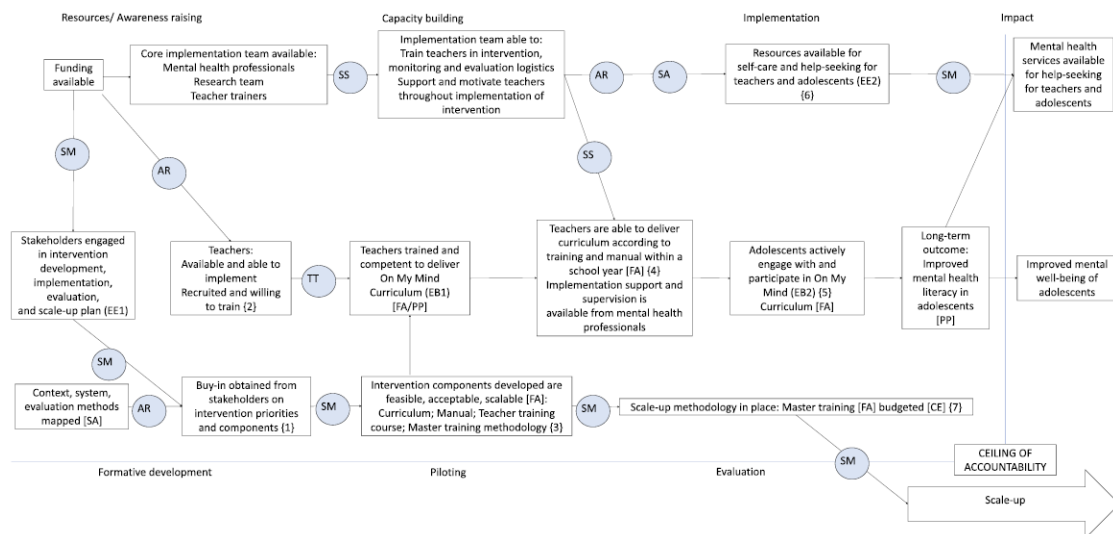


Figure 1; Theory of Change framework for the 'On my mind' programme in Czech Republic. Taken from: Kagstrom, A., Juríková, L., Pešout, O., Šimsa, B., & Winkler, P. (2023). Applying a theory of change approach to develop and pilot a

Ms Kagstrom reflected on the barriers for building mental health literacy in schools, with high stigma, teacher burnout, lack of time and insufficient monitoring and evaluation among the key obstacles. Notwithstanding this, the main facilitators which can enable progress include teacher motivation, flexible educational structures, high demand for such interventions and their perceived benefit, as well as opportunities to develop new systems in monitoring and evaluation.

The Q&A session focused on the involvement of school psychologists and sustainability. Ms Kagstrom noted that while it is not mandated to have a school psychologist, teachers can also take up the role of ‘prevention methodologist’. Sustainability needs to be addressed as funding is limited and competitive, however the institute is working with the health and education ministries.

‘Preventing drug use among adolescents in Romania’

Ana Isac - National Centre for Mental health and Anti-Drug Action.



Ana Isac set out how the percentage of 15–34-year-olds consuming psychoactive substances is consistently rising, with the latest data additionally showing the negative impact of the pandemic. The high consumption of new psychoactive substances (substances which mimic soft or hard drugs) is also worrying as little is known about their effects. In the current legal context in Romania, there is a zero tolerance for the personal use of drugs, with a penalty of 5 years. However, the conservative approach taken, and the scare tactics used, have increased consumption as

well as stigmatization.

The National Centre for mental health and anti-drug action aims to change the paradigm towards mental health promotion, using inclusive language based on empathy and understanding. It has been working in 39 schools in Bucharest to design and implement workshops reaching a total of 3000 students aged 12–19 years. The primary focus of these workshops is to present information on the effects of psychoactive substances on mental functioning and the links to mental health, also explaining how addiction works. Examples from everyday life are used, together with evidence-based informative videos and images, and age-appropriate communication. A secondary focus is on the development of personal skills, where students are taught how to refuse drugs, ask for help, make decisions, and solve problems. She explained that efforts can be expanded down the line by: allocating more time to the interventions (particularly around the development of personal skills), having nation-wide programmes which target addictions in general (alcohol, smoking gambling), putting in place selective prevention measures for at-risk students and students who already consume psychoactive substances, organizing information sessions for parents and focusing on community building. In conclusions, Ms Isac noted that to prevent drug use, it is imperative that adolescents seek safe spaces and learn to ask for help even when the problems are emotional, understand the difference between short and long-term solutions, adopt healthy coping methods and recognize the importance of mental health.

The Q&A session reflected on the different legal contexts around drug use and possession. In Poland for example, this has been illegal since 2001, however the court considers the profile of the user when assessing the case. It was noted that Romania's legislation needs to have similar flexibility.

'The Centre for children and adolescents with neuro-developmental disorders (NDD) in Cyprus',

Dr. Anna Paradeisioti - Directorate of Mental Health Services State Health Services Organization (due to technical issues Dr Paradeisioti was unable to carry out the presentation online)

'Health promoting and preventive services in the Norwegian municipality from 0-20 years of age, including pregnancy'

Edle Fuglset Buer - The Norwegian Directorate of Health

Building on the presentation about the PDP1 project "[Strengthening the National Network of Primary Health Care Providers to Improve the Health Status of population, children and adults \(including vulnerable population\)](#)", Edle Fuglset Buer focused on the Norwegian perspective. She noted that according to Norwegian laws and regulations, municipalities are obliged to offer health promotion and disease prevention services to children and adolescents between the ages of 0-20 and their parents. As such, children have a right to health and medical care, and parents are required to ensure this. The Norwegian Directorate of Health also sets out key guidelines and recommendations for knowledge-based and universal services, a standardized programme of consultations (including vaccination) and cross-sectoral cooperation to facilitate better health promotion.

In Norway, health promotion services are provided across the life course, and include pregnancy consultations, an infant healthcare programme (0-5 years), school health services (5-20 years) and health services for youth which are free to up the age of 20 years (depending on the municipality, this may also be extended to 25 years of age). The services provided during pregnancy include free follow-ups with the midwives and/or general practitioners, with a strong focus on what is important for the patient. In addition to medical tests, consultations may therefore address lifestyle challenges encountered, birth planning, breast-feeding, and parenting, among others. The mother and partner's mental health is in focus during pregnancy and post-partum consultations. The child health centre programme (0-5 years) consists of 14 consultations, with special attention to the holistic tracking of children's development, including aspects such as physical activity, quality sleep, healthy nutrition and vaccination. Home visits 7 to 10 days after birth are an integral part of the programme, for public health professionals to better understand the home situation and provide more tailored guidance. Overall, the aim is to support parents in their new role, ensure good interaction between child and parents, give referrals to the child if needed and detect any signs of violence.

Ms Buer noted that school health services offered to 5-20-year-olds can further drive health promotion and disease prevention forward - ensuring a good psychosocial environment, better wellbeing and improved health literacy across the school community. Vaccination is core to health consultations across primary and secondary education and high schools, resulting in high coverage. Individual consultations also take a look at sleep, dietary habits and physical activity (at Grade 1 level) and the use of tobacco, alcohol and drugs, sexual health and physical activity (at Grade 8 level). Health centres for youth offer a multisectoral service with health nurses and doctors, with some municipalities also engaging midwives and psychologists. Consultations are free-of-charge and offer additional guidance around mental health, sexual health and prevention of unplanned pregnancies.

It is generally important that health services cooperate with other services in the municipality, such as educational institutions, child and social welfare systems, public health, dental health, among others. Moreover, health promotion and disease prevention should be treated as low-threshold services that are universally available, with facilitated access to specialized services for those in need.

DAY TWO

The second day focused on the opportunities at EU level and within the EEA/Norway grants network for children and adolescents' health. The first session was moderated by **Livia Cioran** from the National Institute of Public Health in Romania.

'Improving child and adolescent health in the European Region: the main EU initiatives and tools'

Gabriella Sutton – EuroHealthNet



Gabriella Sutton introduced the main European initiatives that can support healthy lifestyles and healthy living environments for children and adolescents – the first one being the ['Healthier Together'](#) EU non-communicable diseases initiative. Launched in 2021, the initiative aims to support EU countries in reducing the burden of major NCDs by proposing effective policies and actions as well as make links to existing EU funding. Strong importance is given to health determinants, as one of the key strands of the initiative. The [European Pillar of Social Rights](#) is another important tool, setting out 20 key principles for a more social Europe for all. In doing so, the pillar addresses key social determinants which influence health, and as such can be considered a 'European Pillar for Health'. EuroHealthNet has contextualised the importance of this pillar for public health in its new [flashcard tool](#).

[Europe's Beating Cancer Plan](#) is another important health milestone, supported by EUR 4 billion in EU funding. In tackling the entire disease pathway, this plan also puts an emphasis on prevention. Supported by an implementation roadmap and progress indicators, the plan outlines preventive measures such as achieving a tobacco-free Europe by 2040, reducing alcohol consumption and environmental pollution and improving health promotion through healthy diets and physical activity. On the topic of mental health, the European Commission launched its [comprehensive approach to mental health](#), earmarking EUR 1.23 billion in EU funding. The initiative aims to stimulate investments in mental health-in-all-policies approaches, training and capacity-building, mental health-promoting workplaces, and targeted support.

Addressing childhood poverty and social exclusion, the European Child Guarantee instrument seeks to guarantee access for children to education, healthcare, healthy school meals and adequate housing. Based on these targets, Member States developed [national action plans and appointed Child Guarantee Coordinators](#) to facilitate the implementation process. Progress on the European Child Guarantee was also a key priority under the Spanish Presidency for the Council of the EU, where coordinators met to exchange experiences. The Presidency additionally featured other important topics for child and youth health, pushing for [a global framework to tackle childhood obesity](#), sectoral action to [promote healthy lifestyles](#) and [healthy nutrition in schools beyond the European Child Guarantee](#). Ms Sutton also noted that there is a growing movement in the EU around the digital and green transition. Under the digital umbrella, instruments such as the [Digital Services Act](#) and the [European Strategy for a better Internet for kids](#) were launched to create safer and engaging digital spaces for children, protecting them from targeted

advertising and harmful content. According to a [European Commission Strategic Foresight Report \(2023\)](#), climate change and environmental degradation is increasingly impacting the health and wellbeing of children and youth. One of the initiatives to boost the involvement in the green transition is the [Council Recommendation on learning for the green transition and sustainable development](#), to mobilise climate education and greener investments.

A number of EU-funded projects are also prioritizing child and youth health, including: [Schools4Health](#), [Inclusive Healthy Lifestyle Groups in Schools](#), [Health4EUkids](#), [ICE-Hearts](#), [The CO-CREATE project](#) and [PSLifestyle](#). WHO has equally released important tools and initiatives, such as the [Zagreb declaration on the prevention of childhood obesity](#), the [Nutrient Profile Model tool](#) to protect children from unhealthy food marketing and an [indoor air quality toolbox](#) for schools. In conclusion and in view of the shifting landscape around the upcoming EU elections, Gabriella explained that EuroHealthNet has launched its [priorities to improve health equity and wellbeing in Europe by 2030](#) through action on the determinants of health.

‘Lessons learned and future perspectives’

Gudrun Dogg Gudmundsdottir – Financial Mechanism Office



Gudrun Dogg Gudmundsdottir noted that a lot of great initiatives have been implemented under the EEA/Norway grants health programme. In preparation for the final stages of the grant cycle, the Financial Mechanism Office will provide a dedicated training in 2024. As a short refresher, the eligibility period of programme management costs has ended, however projects can continue with other funding sources. Moreover, the Financial Programme Report must be submitted no later than four months after the final date of eligibility of programme management costs. The Financial Mechanism Office is preparing a template for this report.

She explained that an agreement has been reached with the European Commission for the next financial mechanism. Iceland, Liechtenstein and Norway will contribute EUR 3.268 million over a 7-year period to reduce social and economic inequalities in Europe. This must be approved by the Donor parliaments and the EU-27 countries, with the aim being to finalise the agreement in the first half of 2024. The grants will continue facilitating cooperation in health, the green transition and innovation, research and education, culture, the justice sector, asylum, migration and integration, disaster preparedness, local development, social dialogue, and will support groups in vulnerable circumstances. They will also provide increased support for civil society and to beneficiary states facing specific challenges as a result of Russia’s attack on Ukraine. Cooperation with international organisations (Council of Europe, OECD and the EU Agency for Fundamental Rights) will also be continued. Women’s rights, gender equity and digitalisation will be cross-cutting considerations. In view of this, the Financial Mechanism Office is drafting the blue book.

Ms Gudmundsdottir mentioned that some written input has already been received about the lessons learned from the previous financial mechanism but will be followed up with more formal consultations at a later stage. She put forward a number of questions regarding what worked and what can be improved in the programme, how more implementation time can be ensured for the next period, what the most effective use of the grants is, and what are partners’ priorities for the next mechanism. She then asked Ms **Gytė Sirgedienė** from the Ministry of Health in Lithuania to share her experience. Ms Sirgedienė said

that when planning for projects under the EEA and Norway grants health programme, they gave priority to those initiatives which could be integrated in the Lithuanian health system. This for example meant the prioritisation of nurse partnerships and the Incredible Years programme, which was then included in the national strategic plan and other strategic documents, and subsequently in the state budget. Thinking about how the projects can be integrated across different services and sectors has helped with securing sustainability in funding.

Next steps for the Network

The second session was moderated by **Ms Gudrun Degg Gudmundsdottir**, who commented on the added value of sharing experiences, as an important step in sustaining this network in the long-term.

‘Support for the Development of Mental Health Services for Children and Adolescents’

Diana Stanculeanu - National Centre of Mental Health and Anti-drug Action (CNSMLA)

Diana Stanculeanu introduced the ‘Support for the Development of Mental Health Services for Children and Adolescents’ programme. She noted it is one of the biggest initiatives in Romania that seeks to develop appropriate and accessible community services for children with mental health disorders and improve the supportive capacities of community members, parents and professionals in primary care, education and social protection. This programme links to the three objectives of the National Strategy for Child and Adolescent Mental Health by developing:

- Mental health promotion and prevention services in partnership with education, child protection, health and justice institutions;
- Identification and early intervention services for children at risk of mental health disorders (including children with pervasive disorders, anxiety, depression and abuse in the family);
- Specialized intervention services for children with mental health disorders and their families, through investment in community services and capacity-building of professionals.

She then presented the main results from the programme, which include:

- The first national study on the prevalence of mental health disorders among Romanian children.
- First quality standards manual that regulates, improves, and compares community mental health services across Romania. This currently covers 22 community services at national level, setting out key considerations and indicators around access, evaluation, planning, activities, child’s rights, human resources, management, services and the equipment used.
- A multi-modular programme to facilitate identification, timely referral, and early intervention for children at risk of autism spectrum disorder, ADHD, anxiety, depression, and attachment disorders. More than 500 professionals (educational child protection staff) improved their competences in the field. Another programme was also designed to facilitate specific interventions following diagnosis, training more than 500 professionals in multidisciplinary settings.
- A guide for school councillors and teachers on preventing substance abuse among school-aged students, engaging around 250 educational staff in trainings to provide a holistic approach to mental health issues. She noted that professionals can also learn from students on what is out there and what messaging can help to support prevention.
- Improved technical capacities for community mental health services and the National Centre to support mental health service delivery for children with mental health disorders. 6 community

mental health services benefitted from this technical assistance, training 36 staff in multidisciplinary teams and reaching over 2000 children.

- Raising awareness to combat the stigma around mental health, which acts as a main barrier in accessing services. The [‘Open Mind’ programme](#) was launched to support this.
- Development of positive parenting skills and empowered parents to identify early signs of emotional risk in their children and make timely referrals to specialized services. This involved the training of 23 mental health professionals as facilitators for parents at community level, delivering positive parenting workshops for 1500 parents. At least 50% of parents were engaged within school settings to help support their children’s socioemotional development and gain the relevant competences to do so.

In conclusion, Ms Stanculeanu outlined the necessary next steps for mental health services in Romania: prevention of substance abuse among school-aged children, trauma-informed educational practices for mental-health oriented home and school environments, better competences to support children’s mental health and school-based mental health promotion programmes.

‘4th Network Meeting for Children and Adolescents’ Health in Vilnius’

Gytė Sirgedienė - Ministry of Health, Lithuania

Gytė Sirgedienė briefly presented the mental health interventions implemented in Lithuania under the EEA and Norway grants, including the family visitation early intervention, the ‘Incredible Years’ programme and the ‘Youth Friendly Health Care Services’ model (for more information, refer to presentations by the Ministry of Health in Lithuania given on Day 1).

She announced that the 4th Network Meeting for Children and Adolescents’ Health will be held in **Vilnius**, in conjunction with the 4th International Public Mental Health Conference, on **28-29 May 2024**. On 28 May, discussions will focus on child and adolescent mental health and wellbeing, where network partners will have the opportunity to share their experiences following the implementation of the relevant projects, as well as explore next steps. On 29 May, and as part of the international conference, the core theme will be ‘community-based public health interventions’. Ms Sirgedienė extended an initial invite to representatives from WHO, EUPHA, EuroHealthNet and the Nordic Council of Ministers Office in Lithuania to speak at this event.

‘Exploring new opportunities under the EU4Health’

Gabriella Sutton - EuroHealthNet

Elin Anette Bjørnstad, Kari Anne Karlsen, Maria Aunøien, Ola Rygg – Verdal Municipality Norway

Setting the scene, Gabriella Sutton introduced the [EU4Health programme](#), the main financial instrument to fund health initiatives between 2021-2027. This funding programme supports endeavours to build a ‘European Health Union’ by investing in urgent health priorities, such as the COVID-19 crisis, Europe’s Beating Cancer Plan, and the digital transition. With a financial package of EUR 5.3billion, EU4Health seeks to improve and foster health in the Union, make medicines available and affordable, protect people from serious cross-border threats to health and strengthen health system resilience and efficiency. Actions under the programme are clustered into four overarching strands, with a cross-cutting focus on cancer. The health promotion and disease prevention strand tackles health determinants and inequalities, supports actions on communicable and non-communicable disease and should be financially supported

by at least 20% of the budget. EU4Health is implemented through annual work programmes – the 2024 work programme is set to be launched in the coming days.

Representatives from Verdal Municipality set out the local context, explaining that the municipal action plan highly values the importance of early intervention and access. They noted that resources and factsheets produced by WHO on physical activity, healthy nutrition and mental health provide opportunities for action. Physical inactivity is, as in the rest of the country, a big challenge in the community, motivating the Verdal Municipality to develop a project for kindergarten children to combat sedentary lifestyles. The project objectives are aligned with the national guidelines, and in doing so aim to improve physical activity competences, facilitate learning networks among kindergartens to exchange experiences and enable access to idea banks and toolboxes to inspire participating staff. As such, schools are important settings to boost physical activity. However, one must not only look at the health-based approaches to physical activity, but rather, incorporate an educational-based perspective. Learning can happen in any setting, and therefore, methods such as ‘physically active learning’ create a solid link between physical activity and learning outcomes, supporting the development of crucial social and cognitive skills and may increase students’ sense of belonging.

The Municipality also aims to promote healthier food for children, in line with the national guidelines. This includes measures to improve staff competence on healthy diets and the preparation of healthy meals. Verdal also has some experience with providing nutritional breakfasts in secondary schools. However, further steps need to be taken to support these aims, which is why it would be useful to look at best practices outside of Norway to understand how school meals can be organised, what type of food is served and how to elevate the element of ‘mealtime enjoyment’.

A good kindergarten is an important investment into the early years, providing the foundation for a healthy childhood and life-long learning. In view of its experience in promoting healthy lifestyles at a local level, the Verdal Municipality announced that it is interested in leading on a proposal as part of the **‘DP/CR-g-24-29 Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments’** under the [EU4Health 2024 Work Programme](#), with specific focus on sub-topic (a) on NCDs and their risk factors. They explained that this proposal could be a good opportunity to link with the relevant work carried out by the network. Between January to October 2024, they will contact potential project partners to map out the different activity packages. Network partners interested in joining this proposal were invited to contact the Verdal municipality representatives.

Closing remarks and project site visit

Closing the meeting, the Romanian Ministry of Health applauded the inspiring interventions shared over the two days. Network partners were then invited to join the project site visit, which showcased a new radiology department within a medical centre in Bucharest’s 6th district, financed through EEA and Norway Grants. Through the project funds, the department was able to offer services to groups in more vulnerable situations, such as elderly people, persons with disabilities, the Roma population and other communities prone to social exclusion. Partners were also optionally invited to participate in a study tour on 6-7 December, visiting key institutes and municipalities in Cluj-Napoca and Mureş County which were supported by the financial mechanism (Annex I).



Ministerul Sănătății



Norwegian Institute of Public Health

Helsedirektoratet
Norwegian Directorate of HealthIceland
Liechtenstein
Norway grants

Third network meeting for children's and adolescents' health
Study tour
6th and 7th of December 2023 - Romania

Agenda

Day 1 – 6th of December

Not later than 06:00 - Meeting at the Henri Coandă International Airport – Otopeni (domestic departures)

7:05 – Departure; 8:00 - Landing at Cluj-Napoca International Airport – pickup by coach

8:30-9:00 arrival at the first site visit: PDP 2 – “Cedicrom” - the Oncology Institute "Prof. Dr. Ion Chiricuta" Cluj-Napoca (IOCN) and PDP 6 Increasing performance in the diagnosis and treatment of childhood cancers by improving technical equipment, purchasing high-performance equipment, training medical staff and developing guidelines

9:00-11:00 site visit and presentation PDP s –The Oncology Institute "Prof. Dr. Ion Chiricuta" Cluj-Napoca (IOCN)

11:15-11:30 trip to Regional Institute of Gastroenterology and Hepatology Prof. Dr. Octavian Fodor Cluj-Napoca

11:30-12:00 site visit and presentation AP 1.06 HE-RO-I - Regional Institute of Gastroenterology and Hepatology Prof. Dr. Octavian Fodor Cluj-Napoca

12:00-14:00 trip to Târgu Mureș, Mureș County

14:15 – 15: 15 Lunch in Târgu Mureș

15:15-16:00 trip to Beica de Jos, Mureș County

16:00 site visit and presentation AP 1.13 “Healthy villages” in Beica de Jos, Mureș County

17:30-19:00 trip to Sighișoara; Mureș County

19:00 arrival to Sighișoara – check-in at the hotel and dinner (+ visit of Sighisoara fortress, depending on time arrival)

Day 2 – 7th of December

9:00 – site visit to Hetiur, Mureș County

9:00-10:30 site visit and presentation AP 1.32 “Your health matters!”

10:30 -13:30 trip to Sinaia

13:30-14:30 Lunch in Sinaia

14:30-16:30 Peleş Castle tour

16:30-18:30 trip back to Bucharest