

Srengthening Enagement in Public Health Research

STEPS

Report on National Workshop in *Slovakia*

March 26, 2010, Bratislava

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TABLE OF CONTENTS

1. Short general description of workshop.
2. Report on four themes.
 - 2.1. Public health research system in *Slovakia*.
State of the art of public health research in Slovakia.
 - 2.2. The role of different civil society organisations, especially the citizen organisations, in contributing to public health research.
The role of civil society in contributing to public health research.
 - 2.3. National public health research topic.
Health related behaviour and possibilities of its research.
Possibilities of NGOs in the field of research on smoking.
 - 2.4. European dimensions.
The Second Programme of Community Action in the Field of Health 2008-2013 in the context of EU health policy.
The FP7 and the Slovak Research and Development Agency (APVV) support for co-funding of FP7 projects.
Projects themes of the 5th Call in the “Health” program within the 7th FRP EU.
3. Summary of small group discussions.
4. Conclusions and recommendations.
5. Attachments.
 - 5.1. Agenda of the workshop.
 - 5.2. List of participants.
 - 5.3. List of Steering Committee.
 - 5.4. Summary of the evaluation.

1. SHORT GENERAL DESCRIPTION OF WORKSHOP

The STEPS national workshop titled “**Engagement of civil society organisations in public health research**” was performed on **March 26, 2009, in Bratislava**, Ministry of Health, Slovakia. The main aim of the workshop was **to raise mutual collaboration between various civil society organisations, research institutions and government on public health research development**.

The workshop itself was organised through cooperation of 3 organisations – Civic association Slovak Public Health Association (SAVEZ) – selected as national lead organization; Stop smoking, civic association; the WHO Country Office in the SR and it was managed through steering committee.

Finally, from all 27 invited organisations or individuals, **18 participants** were present at the STEPS national workshop. Based on type of organisation, the structure of participants was following: eight persons from 7 civil society organisations - legally working as citizen organisations (short description of these CSOs is added at the end of report); four persons from 4 professional organisations oriented on public health research - three universities and one governmental research institution; five representatives of 4 governmental organisations – two research agencies and two public health practice institutions; and one representative of European organisation.

The workshop was structured into four parts. First part consisted of three presentations aimed at defining the objectives of STEPS project, describing importance of involvement of CSOs in the WHO activities in the field of public health and introducing the STEPS national workshop objectives and participants. Second part included seven presentations covered 4 themes. Selection of national public health research topic was based on filled questionnaires of potential participants from CSOs and selection of speakers was decided by the steering committee. Experts were chosen as participants in the workshop as well.

(1) *State of the art of public health research in Slovakia*

Dr. Iveta Rajnicova-Nagyova (1972) graduated in Psychology from PJ Safarik University Kosice, Slovakia in 1995, and obtained her PhD in Medical Sciences from the University of Groningen, the Netherlands in 2005.

Since 2004 she has been working for PJ Safarik University, Graduate School Kosice Institute for Society and Health (GS KISH), Research programme Chronic Disease, where she has responsibility for coordination of national and international projects dealing with public health research, especially in the field of chronic diseases, disability and quality of life. Since 2003 she has been the executive director of SAVEZ and since 2006 the president of the EUPHA section on Chronic Diseases.



(2) *The role of civil society in contributing to public health research*

Assoc. prof. Gabriel Gulis (1958) was graduated on Faculty of Natural Sciences, Comenius University in Bratislava, 1982.

Since 2002 he has been working at the University of Southern Denmark, Institute of Public Health, and Unit for Health Promotion Research. For this period he has been coordinator for many international and national projects focusing on public health research. His main research area is health impact assessment, research – practice – policy collaboration and global health.

(3a) *Health related behaviour and possibilities of its research*

Assoc. prof. Tibor Baska, MD, PhD. (1969) was graduated on the Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava in 1993 (MD). His PhD degree he received at the Faculty of Medicine, Comenius University in Bratislava in 1998 (epidemiology) and in 2009 his associate professorship was approved (public health).

From 1993 until now he has been affiliated at the Jessenius Faculty of Medicine in Martin, Comenius University in Bratislava: 1993-2003 – lecturer; 2003-2004 – Head of the Institute of Epidemiology; and 2004-until now – Head of the Department of Epidemiology, Institute of Public Health. Primary concerns of his research activities are: life-style related risk factors, epidemiology and prevention of tobacco use.



(3b) *Possibilities of NGOs in the field of research on smoking*

MSc. Peter Stastny (1968) was graduated on Faculty of Education in Constantine the Philosopher University, Nitra, 1990. Since 2005 he has worked as an executive director and president in the Stop fajčenie, o.z. (Stop Smoking, civic association). For this period he has been coordinator for many international and national projects focusing on public health research. Most of these projects were shortly described in his presentation.



(4a) *The Second Programme of Community Action in the Field of Health 2008 – 2013 in the context of EU health policy*

MSc. Edmund Skorvaga (1978) was graduated on the Faculty of Arts in Trnava University, Trnava, 2002. Since 2007 he has worked at the Ministry of Health of the SR, on EU Programs Department, in Bratislava. He is member of the Committee of the Second Programme of Community Action in the Field of Health (2008 – 2013) and Slovak National Focal Point for this Programme.



(4b) *The FP7 and the Slovak Research and Development Agency (APVV) support for co-funding of FP7 projects*

MSc. Vanda Benkovicova (1980) was graduated on the Faculty of Education, Comenius University in Bratislava, 2005. Since 2008 she has worked at the Slovak Research and Development Agency, section on EU frame programs, in Bratislava.



(4c) *Topics of projects in the 5th call in the “Health” program within the 7th FRP EU*

Dr. Valentin Both, PhD. (1943) was graduated on Faculty of Natural Sciences at Comenius University in Bratislava, 1968. Since 1997 he has worked at the Slovak Academy of Sciences (SAS), Department of International Cooperation, Bratislava, as department Deputy Head and coordinator of participation of SAS institutes in international S&T programs and projects.



He was acting as representative of SAS at the Committee of Ministry of Foreign Affairs for Cooperation with OECD; representative of SAS at the Commission of Ministry of Education for Cooperation with Science Committee at NATO; National Contact Point of Slovakia for the LifeSci-Health program of EU FP6; partner in 2 consortia for EU FP6 specific support action projects (Slovak FP6, Mentor LSH).

2. REPORT ON FOUR THEMES

2.1. Public health research system in Slovakia

State of the art of public health research in Slovakia

The presentation of Iveta Rajnicova-Nagyova on description of existing public health research system in Slovakia was mainly based on the outcomes of the SPHERE project, in which SAVEZ was a partner. The presentation was structured as follows:

- Public health research: General introduction
- SPHERE project
- State of the art of public health research in Europe (based on the outcomes of SPHERE)
- State of the art of public health research in Slovakia (based on the outcomes of SPHERE)
- Challenges / Questions

Public health research: General introduction

In the first part of the presentation basic facts about of public health (PH) research were introduced. Firstly the general description of PH research was given (i.e. PH research is undertaken at the population or health service level, goal-oriented, with policy-relevant, generalisable knowledge, using a range of observational and comparative methods). Then, basic and applied disciplines included in PH were introduced (epidemiology, sociology, psychology, economics; environmental health, health promotion, health systems research, etc.). Finally, the overview of competing voices, opinions, interests in PH research was given (industry, public health associations, research funders, civil society organisations, public health training organisations, ministries, governments, EU, media, voters, etc.).

SPHERE project

In the next parts the aims, methodology and outcomes of the SPHERE projects were described shortly.

Aims of the SPHERE project were focused on description current PH research strategies in Europe by reviewing multi language scientific literature; consultations on how public health research can be strengthened and most effectively integrated with European health policy (consultations with ministries, European institutions, civil society organisations and research organisations); and discussions on development of the PH research agenda in FP 7, as well as promoting the development of national and regional level policies and economic, cultural and legal perspectives based on the European PH research.

The project's main **methodological tool** was the evaluation of published articles in the file of interest, i.e. bibliometric studies. With regard to bibliometric studies information was given on definitions used, search strategies (using Medical Subject Headings and key words), publishing years, countries and topics.

From **the European** perspective the following **outcomes** have been presented:

- Average annual numbers of PH publications per year for the European Economic Area (EEA), US and Australia, Canada, New Zealand (ACNZ)
- Average annual PH publications by country 1995-2004 per million population
- Outcomes of bibliometric studies on 6 key topics - health services research publications, environmental health, genetic epidemiology, PH management, communicable disease, health promotion

Also, the summary of **main outcomes** was given:

- European PH research is globally competitive, but quality and relevance needs further assessment
- Countries should have PH research programmes, and develop models of good practice in research commissioning and infrastructures
- Ministries of health and ministries of science need to improve coordination
- There should be a clearing-house of PH research calls, researchers and institutes

The state of the art of public health research in Slovakia

The description of the state of the art of PH research in Slovakia started with presenting the organisation of PH research in Slovakia, which is as follows: Government Funding, Ministry of Health, Ministry of Education, and Slovak Academy of Sciences.

Next, priorities of PH research in Slovakia (as defined by the above mentioned ministries) were compared with priorities reported by Sweden and the Netherlands as well as with priorities as defined by the national public health association.

In the following, major barriers of PH research in Slovakia were discussed. Major barriers identified by the SPHERE projects were: lack of infrastructure, lack of technological equipment, lack of research personnel, unsatisfactory administrative personnel, difficulties of publishing results of research, no interactions between policy makers' needs and scientific needs, no evidence on implementation.

Challenges / Questions for discussion:

In the final part of the presentation provocative questions for the audience were proposed. These were as follows:

- Is enough, and good enough, PH research being done in Slovakia in order to meet the health priorities and needs of the citizens?
- How to implement the outcomes of PH research into governmental policies?
- How can public health researchers and CSOs better contribute to setting research agendas?
- Can research commissioning be used to direct research to fields where there are greatest health needs, or where greatest benefit can be achieved?

2.2. The role of different civil society organisations, especially the citizen organisations, in contributing to public health research

The role of civil society in contributing to public health research

Whereas Gabriel Gulis was also invited for Malta STEPS workshop and it was held at the same day, his presentation in Slovakia was done by Zuzana Katreniakova. Objectives of presentation on the role of civil society in contributing to public health research were defined as follows:

- How did I reach NGO and public health research – SPHERE project
- Public health research within health research
- Role of civil society in public health research

At the beginning Zuzana Katreniakova shortly explained how Gabriel Gulis became involved in public health research - civil society relation. As many public health researchers from former communist countries he started his international public health research career thanks to a grant by Open Society Foundation (OSF) who supported his participation in an environmental epidemiology conference in the Netherlands in 1994. Later on this “passive” relation turned to “active” two way relation by for example attending international workshop on health of Roma population and closely collaborating with newly established Slovak Public Health Association (SAVEZ) in his home country. Within this national civic association he became involved in SPHERE (Strengthening public health research in Europe) project coordinated and “guided” by Prof. Mark McCarthy from London, UK and he co-coordinated the work package on public health research and civil society. Main issues related to his work on that project were identification of CSOs working on public health area (in co-operation with the EPHA and completion of survey focused on detailed description of identified CSOs (work area, international experience, participation in EU or other international programs, national priorities and international priorities of public health research by CSO).

Eighty questionnaires (EU15 – 31, EU10 – 27, non-EU – 13) were received from across Europe. 71 CSOs were grouped into four categories: disease or disease group oriented; specific problem or specific population oriented; health care oriented; health policy, education and general public health oriented. It was interesting to see that the highest number of CSOs both on national (10) and international (6) placed research on public health and population health research as top priority. This could reflect the “unclear status” of what public health research is and signalize a missing element in knowledge. To clarify this issue, second part of presentation continued with definition what is public health research.

Prof. M. McCarthy in his recent paper in European Journal of Public Health briefly reviewed different approaches to health research and public health research. The Global forum for health research defines all areas of biomedical and public health research as one health research field whereas the Alliance for health policy and systems research reduces public health research to planning, management and finance of health services. Prof. M. McCarthy rightly pointed out that health relates to life sciences, clinical sciences and public health sciences and so should health research.

Taking into account definition of public health as “the art and science to promote health and prevent disease ...” public health research should be “public” not only as signalization of the funding mechanisms for health care, but most importantly via dealing with health promotion and disease prevention.

Bauer, Pelikan and Davies developed a "health development model" called EUHPID model which places different elements into one concise system and could also be used as a framework to define the scope of public health research. Public health research should equally deal with the salutogenic "track" mostly via health promotion, looking for solution how to support health, finding individual and societal resources for promoting health. Public health research should also provide a knowledge base for pathogenic "track" targeting areas of health protection, disease prevention and health care. Last, but not least public health research should study how do these two main "tracks" interact and fit together in terms of planning, implementation and effectiveness. So, what are **the roles of civil society in public health research**?

The most well known role is **funding and support to development of new research**, new career's. Participation of G. Gulis in conference on Roma health initiated by OSF showed the second role, **being a bridge between research and practice**. This role might have many different faces; it is not always only between research and practice, but it could also be between different elements of health research. Does it sound to challenging to advocate within national (or international) health systems for more a balanced health research according to EUHPID model, doesn't it? Those involved in SPHERE clearly raised their voice by putting general public health and population health research on top of priority lists. **Advocacy** needs to be strengthened not only around diagnoses and treatment of certain diseases, but around diseases prevention, health protection and with no doubt about it, on salutogenic track represented by health promotion. A combination of bridging, advocacy strengthened by communication could help to pass the "public health message" to non-health sectors. Quite a few NGOs raised the issue of small, cross-border collaboration which can very well include direct public health research and acknowledge the role of context; this is definitely an option, especially on field of small size intervention and implementation research. Raising awareness on priority setting within national and international public health research is another very important role for civil society.

Concluding, civil society has a major role in public health research on two main ways. First, it **brings the public**, the citizen, the population **into public health** and raises his/her voice. Second, it **communicates health into public** via bridging, advocacy, awareness raising, communication and placing things on agenda. In summary, **the civil society has a key role in implementation and intervention research related to public health**.

2.3. National public health research topic

2.3a. *Health related behaviour and possibilities of its research*

Tibor Baska started his presentation with main facts on lifestyle as one of the key health determinants. Life-style, including all intentional or unintentional activities such as replays to stimuli, behaviours in various situations, ways to satisfy needs etc. indisputably influences population health. Life-style related factors having influence on health can be divided into proximal and distal. Proximal factors directly cause functional or morphological changes leading to health impairment and disease. E.g. carcinogens inhaled during tobacco smoking directly impair tissues and trigger tumour growth. Distal factors do not injure health directly but can create conditions to emerge other – proximal – factors. E.g. low socioeconomic status is associated with increased risk of cigarette smoking.

Life-style considerably influences health of the population, particularly in developed countries, accounting for 40-50% of all premature losses of health. From this aspect, modifiable factors play a particularly important role, since their modification or elimination represents the most powerful tool to improve population health. Among top ten causes of premature loss of health in high-income countries as defined by World Health Organisation (tobacco use, high blood pressure, overweight and obesity, high blood cholesterol level, alcohol use, physical inactivity, low fruit and vegetable intake, illicit drug use, unsafe sex and iron deficiency anaemia), almost all of them are behavioural in nature. Similarly, in Slovakia life-style related risk factors such as hypertension, tobacco and alcohol use, as well as hypercholesterolemia substantially share on the overall mortality and morbidity.

Among various population target groups, children and adolescents are particularly important from preventive aspects. In these age groups behavioural schemes are still developing and can be influenced by external impulses. Primary prevention has the most powerful effect compared to older population and these groups are relatively easily accessible in their school environment (school based programs for monitoring and intervention).

In Slovakia among others, several projects studying health related behaviour are carried out. These projects can provide valid epidemiological information as a baseline for evidence-based public health interventions:

- MONICA (Multinational Monitoring of Trends and Determinants of Cardiovascular Diseases)
 - general population 25-64 years, in 2002 survey using this methodology carried out in Slovakia
- CINDI (Countrywide Integrated Non-communicable Disease Intervention Programme)
 - general population 15-64 years, Slovakia participating from 1993, cross-sectional studies in 1993, 1998, 2003 (Banská Bystrica, Brezno and Trebišov model areas)
- HBSC (Health-Behaviour in School Aged Children)
 - 11, 13 and 15 years; in Slovakia surveys in 1993/94, 1997/98, 2005/06 (currently carrying out 2009/2010 survey)
- ESPAD (European School Survey Project on Alcohol and Other Drugs),
 - 15-16 years, from 1995 also including Slovakia
- GTSS (Global Tobacco Surveillance System) including surveys in several population groups:
 - GYTS (Global Youth Tobacco Survey)
 - 13-15 years, in Slovakia surveys in 2003 and 2007
 - GSPS (Global School Personnel Survey)
 - teachers of elementary schools surveyed in GYTS, in Slovakia one survey in 2003
 - GHPSS (Global Health Profession Students Survey)
 - full-time 3rd year students of medicine, nursing, dentistry and pharmacy, in Slovakia one survey in 2005 (currently carrying out the 2nd survey)

Research on life-style related factors in Slovakia encounters currently several **problems**. Among them, the most important ones include:

- Insufficient information exchange among governmental authorities, academic institutions and CSOs. Some investigators have inappropriate professional background and knowledge deficit on standardised internationally based survey project and frequently non-standard methodologies (providing not comparable results) and non-representative samples are used. Results are superficially analysed and inadequately interpreted. Moreover, research scopes are sometimes overlapping and already known facts are again studied.
- Research results are insufficiently published and disseminated. Some investigators are not appropriately educated about formal rules to prepare scholar papers. Besides this, language barriers can prevent to prepare suitable manuscripts for internationally based journals.
- Public health research, particularly study of life-style related factors, is not sufficiently supported by existing grant systems and governmental organizations. These are traditionally oriented mostly on basic biomedical and clinical research.

To solve current, above mentioned problems, several **suggestions** can be formulated:

- To develop effective system of information exchange and coordination of carried out studies and surveys (registry).
- Local surveys and studies should come out from large international projects to ensure comparability and validity. Such activities can provide specific added value and thus provide notable scientific information.
- Academic institutions, governmental bodies and CSOs should understand their roles and should cooperate and communicate keeping mutual respect.

2.3b. Possibilities of NGOs in the field of research on smoking

Peter Stastny had introduced briefly public health activities (campaigns, surveys) conducted in Slovakia in the field of tobacco. Some of them had been included in international projects and others had been carried out by governmental organisations (HBSC, ESPAD, GTSS, GYTS, GSPS, GHPSS, and Prevalence of drug abuse in Slovakia and citizens attitudes on problems associated with drug addiction). He alerted to the fact, that **Slovakia has no relevant complex data on smoking including whole population from 2008**.

International projects in the field of tobacco:

- Smokefree Class Competition (2005 – 2009)
 - preventive project designed for 10 – 16 years old children in cooperation with teachers
- Adolescent smoking cessation (2004 – 2005)
 - project designed for 15 – 18 years old adolescents; it had been done in cooperation with the National Coalition for Tobacco Control (NKKT) in the SR
- ETS - EuroSurvey 2005
 - prevalence of Exposure to Environmental Tobacco Smoke

- Health Professionals and Smoking in a Larger Europe (2004 - 2005)
- project had been carried out in cooperation with the NKKT in the SR
- IMPASHS (2008 – 2011)
- evaluation of the impact of smoke-free policies in Member States on exposure to second-hand smoke and tobacco consumption
- Families and Adolescents Quit Tobacco - FAQT (2009 – 2012)
- promotion of a healthier smoke free way of life for European adolescents and families
- Access strategies for teen smoking cessation in Europe - ACCESS (2009 – 2010)
- project aims at developing guidelines on how to motivate 12 - 19 years old adolescents to use existing cessation aids

National projects in the field of tobacco:

- Enlargement of complete internet information service providing in the field of tobacco control in the SR in linkage to official drug information website www.infodrogy.sk (2006)
- project included surveys of prevalence and attitudes to smoking in Slovak population
- Development and implementation of communication, education and information strategy in the field of prevention and tobacco control in Slovakia (2006 – 2007)
- Global Youth Tobacco Survey (2007)
- survey among 13 - 15 years old children conducted in cooperation with the NKKT, the Public Health Authority of the SR and the WHO Country Office in the SR

Secondly, he presented shortly main research activities of the Stop smoking CSO in the tobacco field: Campaign **No Smoking Day 2002** oriented on prevalence of smoking (338 cities and villages and 1420 schools, conductor: Stop Smoking); Survey **The General Public Attitudes on Second-hand Smoking**, 2002 (n=1065, age 18+, conductors: Stop Smoking, Markant); **GYTS 2003** (n=4594, age 13 – 15 yrs, conductor: Institute of epidemiology JLF UK, Martin); **Prevalence of Exposure to Environmental Tobacco Smoke**, 2006 (n=800, age 18+ conductors: Stop Smoking, ACRC); **Implementation of Act on non smoker protection in practice**, 2007 (n=1001, age 18+ conductors: Stop Smoking, ACRC); **GYTS 2007** (n=4696, age 13 – 15 yrs, conductors: Stop Smoking, NKKT, Public Health Authority of the SR and the WHO Country Office in the SR).

In the last part of his presentation he summarised **threats for NGOs activities** in the field of public health research:

- weak support from governmental bodies and organisations (Ministry of Health included);
- complicated financing for activities within research activities;
- low level of communication and collaboration between NGOs and governmental bodies and between NGOs themselves;
- limited opportunities for transferring research results into practice (legislation, school programs, intervention/cessation, etc.).

And finally, he proposed also some **opportunities for future improvement**:

- to improve mutual communication, cooperation and informing between NGOs and NGOs and governmental bodies;
- to ensure regular monitoring based on standardized methods, which is comparable with other countries (planned monitoring – prevalence of smoking in the SR 2010, GYTS 2010);
- to improve system of grants and calls for actions of NGOs in the field of public health research.

2.4. European dimensions

2.4a. *The Second Programme of Community Action in the Field of Health 2008-2013 in the context of EU health policy*

Before describing the Second Programme of Community Action in the Field of Health 2008 – 2013 Edmund Skovgaard introduced wider context of the EU health policy and the Programme objectives. He stressed that the Program belongs under the wider EU strategy “White paper - Together for Health: A Strategic Approach for the EU 2008 – 2013” which has three objectives: fostering good health in an ageing Europe; protecting citizens from health threats and supporting dynamic health systems and new technologies.

Main part of his speech presented following characteristics of the Second Programme of Community Action in the Field of Health 2008 – 2013: priorities, potential applicants, attendance conditions, financial mechanisms, eligible costs, evaluation process and award criteria, principles of partnerships, national contact points networks and the most useful websites.

Priorities of the Programme are: to improve citizens' health security; to promote health, including the reduction of health inequalities; and health information and knowledge. The financial envelope for the Programme is EUR 321.500.000. A wider variety of financing mechanisms of the Programme are offered, the main one are: co-financing of projects intended to achieve a Programme objective; tendering actions to achieve a Programme objective; co-financing of the operating costs of a non-governmental organization or a specialised network; co-financing of conferences to achieve a Programme objective; co-financing of joint actions of the European Commission with one or more Member States. According to financing mechanisms there is a tendency to increase support on joint actions and tenders in 2010.

Independent experts will assist with the three phase's evaluation process. Each highly ranked project will be finally assessed on the basis of: policy and contextual relevance; technical quality – projects should be innovative, with a clear evaluation and dissemination strategy; and management quality (planning, partnership, communication strategy) and budget. Partnership in the Programme activities can be realized through four types of position: main partner, associated partners, collaborating partner, and subcontractor. And at country level a network of national contact points is responsible for effective implementation of the Programme.

Workshop participants were informed about useful links (www.health.gov.sk - projekty a výzvy, www.ec.europa.eu/eahc, www.ec.europa.eu/health, www.health.europa.eu) and MSc. Skorvaga concluded his presentation with matters for further discussion:

- opportunities for improvement of the 2nd of Community Action in the Field of Health 2008 – 2013 NCP operation with aim to increase dissemination of information and participation of Slovak organizations on the Programme activities;
- and opportunities for coordination and mutual informing (7th FRP, national grants, operational research and development program etc.).

2.4b. The FP7 and the Slovak Research and Development Agency (APVV) support for co-funding of FP7 projects

Presentation of Vanda Benkovicova was structured in two parts. Firstly, she introduced FP7 overall structure with attention to specific program Cooperation and secondly, she gave more detailed description on the APVV and its schemes for co-funding of FP7 projects.

She started with overview on Framework programmes which are the main financial tools through which the European Union supports research and technological development. Slovakia joined FP7 at the beginning of 2007 utilizing experience already gained during the FP5 and FP6. FP7 covers the 2007 – 2013 periods with a total budget of EUR 53.2 million which represents the biggest budget for this kind of programmes. The FP7 comprises five Specific programmes: Cooperation, Ideas, People, Capacities, and Nuclear research.

The Cooperation programme fosters collaboration across Europe and other partner countries through research projects by transnational consortia in ten key priorities: Health; Food, agriculture and fisheries, and biotechnology; Information and communication technologies; Nanosciences, nanotechnologies, materials and new production technologies; Energy; Environment (including climate change); Transport (including aeronautics); Socio-economic sciences and the humanities; Space and Security. “Funding schemes” are the types of projects, by which FP7 is implemented. Within the “Health” priority the following types of projects are implemented: Collaborative projects – small or medium scale focused research projects; Specific International Cooperation Actions (SICA); and Coordination and Support Actions (CSA). For potential FP7 participants set of important documents (e.g. Call Fiche, Work programme, Guide for Applicants) and useful links (e.g. http://cordis.europa.eu/fp7/health/home_en.html, http://cordis.europa.eu/fp7/ethics_en.html) are available.

On the basis of the Agreement with the Ministry of Education of the SR, the Slovak Research and Development Agency (APVV) ensures the country support of participation in FP7. The intention of the Agency is to provide legal and financial advice and consultancy to intellectual property rights and to process systematically the success rates of Slovak participants within individual FP7 calls.

The coordination is done by national coordinators, delegates of program boards and national contact points (NCP) and support is provided through three types of programmes:

1. **PP7RP** - Support of preparation of projects within the Seventh Framework Programme for research and technological development for 2007 – 2013 (the call is issued on annual basis);

2. **DO7RP** - Open call for applications for funding of successful projects within the FP7 for research, technological development and demonstration activities;
3. **EUROSTARS** - Support of small and medium size enterprises - partners in EUROSTARS projects.

Following details on each type of programme were briefly described: aim of the call, legal applicant, eligible costs, APVV contribution, support conditions, call duration, budget and contact person.

2.4c. Projects themes of the 5th Call in the “Health” program within the 7th FRP EU

Main aim of Valentin Both’ presentation was to inform about preparation of the 5th Call on the FP7 “Health” specific program. A new proposal “Work program 2011” was adopted on March 22, 2010 in Brussels by the FP7 Programme Committee and Slovakia was represented by national delegate prof. Jan Slezak.

The Health theme is a major theme of the Cooperation programme and its general objective is improving the health of European citizens and increasing the competitiveness and boosting the innovative capacity of European health-related industries and businesses, while addressing global health issues including emerging epidemics.

Dr. Both firstly presented the content structure of the FP7 “Health” programme – 4 main areas:

1. Biotechnology, generic tools and medical technologies for human health
2. Translating research for human health
3. Optimising the delivery of healthcare to European citizens
4. Other actions across the health theme.

He pointed out those areas which are the most associated with public health research e.g. area 3 Optimising the delivery of health care to European citizens – subarea 3.3 Health promotion and 3.4 International public health & health systems.

Then he continued with three **priorities of the 5th Call on the FP7 “Health” programme**: Lifestyle - Health (with regard to brain diseases, diabetes mellitus, obesity, cardiovascular diseases and social health determinants), Global health and Pilot actions for “high impact” projects.

Finally, he presented **concrete projects themes** based on the overall content structure as public health research examples e.g.:

3. Optimising the delivery of healthcare to European citizens
 - a) Development of measures for decreasing health inequalities
 - b) Analysis of integrated strategies for sustainable behavioural change
 - c) Development and implementation of methods for transferring research into health promotion and diseases prevention policy
 - d) Road map for mental health research in Europe

Dr. Both closed his presentation with information on financing conditions for the forthcoming 5th Call on the FP7 “Health” programme in the frame of APVV support.

3. SUMMARY OF SMALL GROUP DISCUSSIONS

From all 18 participants, 12 people stayed for afternoon small groups discussions. They were divided in two groups and each group discussed all themes in general and selected themes in more details. Short summaries were presented by each group at plenary discussion.

Small group discussion 1

First small group consisted of representatives of Ministry of Health of the SR, APVV, two research institutions and two CSOs. Its discussion was predominantly focused on theme 1 – existing public health research state in Slovakia and theme 4 – international perspectives of public health research.



Social community, civil society, social capital, legitimisation of research

The discussion started with debate on inclusion of social community into civil society. In the following the topics on social capital as well as equal changes were introduced. Discussion then continued on ‘legitimisation’ of research. Who should decide what research is important and should be carried out? (K. Repkova, Institute for Labour and Family Research). One of the opinions was that PH research should be done based on real needs of society.

The role of CSOs in defining topics for PH research

CSOs rarely have research listed among their focus activities. CSOs mainly provide consulting, training in various fields or are carrying out intervention programmes, but there are almost no CSOs in Slovakia dealing with research. On the other hand, CSOs are well acquainted with problems at citizen’s level and therefore they are important source of information for research.

The topics for research are defined by government and representatives of universities. CSOs are rarely involved in this process. Thus, the CSOs should be more seriously taken when deciding on topics for research. With regard to PH research the CSOs are often involved in the process of data collection as well as dissemination of results, but they are rarely involved in decision making regarding the topics for research (J. Potuckova, StopSmoking).

In addition, when carrying out research, in some cases only CSOs which are ‘approved’ by Ministry of Education that they are able to carry out research can apply for research grants (K. Repkova, Institute for Labour and Family Research).

On the other side, CSOs differ in their level of professionalism and quality. Some CSOs are well known for their high quality work and there are often also appreciated by the society and respected as authority in their field. The League against cancer or SOCIA could serve as examples of such organisations. Consequently, the question arose whether also less prestigious CSOs should be taken into consideration when defining the PH research priorities?

To conclude this issue, at the present time there are no standardized mechanisms for involvement of CSOs into the process of setting priorities of PH research.

Small group discussion 2

Second small group comprised of representatives of four CSOs, one university and one public health practice institution. Theme 3 – health related behaviour and possibilities of its research was the issue mostly discussed within this group from different perspectives.



The role of CSOs in defining topics for health determinants research

From focus perspective, it was stressed that it is necessary to shift attention in Slovakia from risk factors oriented research to health determinants oriented research (J. Kollarova, Regional Public Health Institute in Kosice). Secondly, there is not exactly known what kind of public health research on health related behaviour has been or is currently done, among which target groups and by which organisations in Slovakia. It can be connected with missing national database on public health research projects as well as by insufficient dissemination of public health research findings on both, professional and public levels (T. Baska, Jessenius Faculty of Medicine in Martin).

Position of CSOs on different levels of society

All representatives of CSOs mentioned their negative experiences with cooperation on national especially governmental level e.g. real participation of CSOs and acceptance of their suggestions in changing legislation processes; lack of opportunities to communicate results from CSOs activities to Ministry of Health or to Governmental bodies; lower chances to receive finances for CSOs public health research projects from national agencies. Also real availability of public health research data, collected by governmental organisations or universities, is seen as a weak point which decreases voice of CSOs e.g. in changing legislation processes or grants applications.

On the other side, same CSOs representatives gave examples of their positive experiences with cooperation on regional level e.g. with other CSOs, regional public health institutes, universities, private companies, self-governing regions or municipalities.

4. CONCLUSIONS AND RECOMENDATIONS

Based on small group discussion 1, it was concluded, that CSOs have great expertise in the field of interest, still only seldom are carrying out research. What is needed to be done is:

- Firstly, raising **awareness of the expertise of CSOs** in the field of interest and its importance for research. As already mentioned CSOs strength in process of carrying out research is especially in the first phase, i.e. when **defining the topics for PH research**. Similarly, CSOs have great potential in the process of **dissemination of results** as well as **practice implications**.
- Secondly, developing **human resources**, in particular more depth education of CSOs staff in methodology of PH research and statistics.
- Thirdly, creating partnerships with research organisations and universities. In case, the CSOs is aware of its limitations regarding possibilities of carrying out research on its own, it is very useful to create co-operation with some research organisation or university and share the workload. So the so-called **project partnerships** could be a solution for restricted research capacities of CSOs.
- Finally, to carry out PH research should be among priorities of CSOs. In general, CSOs are aspiring to change policy or law in the field of interest, however the authorities can be persuaded only by figures and consequently, the evidence-based politics and policy is more and more common.

To conclude small group discussion 2, potential for engagement of CSOs in public health research can be raised by:

- Increasing process of **dissemination of the public health research findings** on both, professional as well as public levels. It can be done through increased publication activity of professionals in journals and through providing research findings in language understandable not only for researchers, but also for public health practitioners or for CSOs;
- Increasing **awareness of CSOs at national level** (towards to the Ministry of Health of the SR and governmental public health institutions) and increasing real availability of public health research data for CSOs;
- Building **collaboration in the field of public health research** through database of organisations interested in this field;
- Transferring **examples of good practice in collaboration** on regional level from one region to other regions or from regional to national level.

To summarize both small group discussions, following **recommendations** to raise potential for engagement of civil society organisations in public health research in Slovakia were formulated:

- **To build mutual collaboration between CSOs, professional organisations and governmental institutions at regional or local levels;**
- **To develop professionalism of CSOs through own capacity building for public health research and through cooperation with professional organisations working in the field of public health research and practice;**
- **To create national database of all organisations (CSOs, professional organisations) interesting in and/ or working in the field of public health research.**

5. ATTACHMENTS

5.1. Agenda of the workshop

8:30 – 9:00	REGISTRATION OF PARTICIPANTS
9:00 – 9:20	Welcome and opening speech Objectives of STEPS “Engaging Civil Society in Public Health Research” <i>Katreniakova Z. – SAVEZ / PJ Safarik Univ., MF IPH & KISH, Kosice, SR</i>
9:20 – 9:40	Welcome and opening speech Involvement of civil society organisations in the WHO activities in the field of public health <i>Sedlakova D. – WHO Country Office in Slovakia, Bratislava, SR</i>
9:40 – 10:00	Introduction of the program and participants of the workshop <i>Katreniakova Z. – SAVEZ / PJ Safarik Univ., MF IPH & KISH, Kosice, SR</i>
10:00 – 10:20	Theme 1 State of the art of public health research in Slovakia <i>Rajnicova Nagyova I. – PJ Safarik Univ., MF IPH & KISH / SAVEZ, Kosice, SR</i>
10:20 – 10:40	Theme 2 The role of civil society in contributing to public health research <i>Gulis G. – University of Southern Denmark, Esbjerg, Denmark</i> <i>Katreniakova Z. – SAVEZ / PJ Safarik Univ., MF IPH & KISH, Kosice, SR</i>
10:40 – 11:00	COFFEE BREAK
11:00 – 11:15	Theme 3 Health related behaviour and possibilities of its research <i>Baska T. – Comenius Univ., MF, IPH, Martin, SR</i> <i>Madarasova Geckova A. – PJ Safarik Univ., MF IPH & KISH, Kosice, SR</i>
11:15 – 11:30	Possibilities of NGOs in the field of research on smoking <i>Stastny P. – Stop smoking NGO, Bratislava, SR</i>
11:30 – 11:45	Theme 4 The 2nd Programme of Community Action in the Field of Health 2008 – 2013 in the context of EU health policy <i>Skorvaga E. – Ministry of Health of the SR, EU programs, Bratislava, SR</i>
11:45 – 12:00	The 7th FRP structure and the Slovak Research and Development Agency (APVV) programs for support of the 7th FRP projects participants <i>Benkovicova V. – APVV, FP7 – Cooperation (Health), Bratislava, SR</i>
12:00 – 12:15	Projects themes of the 5th Call in the “Health” program within the 7th FRP EU <i>Both V. – APVV, FP7 – Cooperation (Health), Bratislava, SR</i>
12:15 – 13:00	LUNCH BREAK
13:00 – 14:00	Small groups discussions on themes 1-4
14:00 – 14:15	COFFEE BREAK
14:15 – 15:00	Plenary discussion on themes 1-4 <i>Katreniakova Z. – SAVEZ / PJ Safarik Univ., MF IPH & KISH, Kosice, SR</i>
15:00 – 15:30	Conclusions and evaluation of the workshop <i>Katreniakova Z. – SAVEZ / PJ Safarik Univ., MF IPH & KISH, Kosice, SR</i> <i>Rajnicova Nagyova I. – PJ Safarik Univ., MF IPH & KISH / SAVEZ, Kosice, SR</i>

5.2. List of participants

No.	Surname and name, organization	Address & Contact
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5.	Katreniaková Zuzana SAVEZ / UPJŠ LF	Trieda SNP 3, 040 11 Košice +421-902-240300, zk3@netkosice.sk
6.	Kollárová Jana RÚVZ so sídlom v Košiciach	Ipeľská 1, 040 01 Košice +421-55-6251517, janakollarova@yahoo.com
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8.	Potúčková Jana Stop fajčeniu, o.z.	Krajinská 91, 825 56 Bratislava +421-2-45526651, sunylst@yahoo.com
9.	Rajničová Iveta UPJŠ LF & KISH / SAVEZ	Trieda SNP 3, 040 11 Košice +421-905-757261, iveta.rajnicova@upjs.sk
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14.	Šablová Marianna ACHO	Tabaková 6, 811 07 Bratislava +421-905-857942, sablova.m@gmail.com
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17.	Šťastný Peter Stop fajčeniu, o.z.	Krajinská 91, 825 56 Bratislava +421-2-45526651, stastny@stopfajceniu.sk
18.	Zajac Štefan EU, Ústav ekonómie a manažmentu	Dolnozemská cesta 1, 852 35 Bratislava +421-2-67295168, stefan.zajac@euba.sk
19.	Đurčo Martin (media) Rádio Lumen	Hutnícka 10, 040 01 Košice +421-949-886616, durcomartin@gmail.com
20.	Ivanová Antónia (organising team) TU, FZaSP	Univerzitné nám. 1, 918 43 Trnava +421-907-268195, tonny.andre@seznam.cz
21.	Mikušová Veronika (organising team) TU, FZaSP	Univerzitné nám. 1, 918 43 Trnava +421-907-735345, vemi18@yahoo.com

5.3. List of Steering Committee

Zuzana Katreniakova, MD, PhD.	SAVEZ
Iveta Rajnicova-Nagyova, PhD.	SAVEZ
Jana Potuckova	Stop smoking, civic association

5.4. Summary of the evaluation

Each workshop participant had opportunity to fill **the workshop evaluation questionnaire** which consisted of three parts: organization of the workshop, content and participants involvement; themes presented at the workshop; and overall evaluation. However, only 7 participants filled this questionnaire and we received following feed-back from them:

	Average score
Organization of the workshop (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree)	
1.1 Information I have received before the event were sufficient.	3.7
1.2 Overall organization of the event was very good.	3.9
1.3 Program of the event was well planned from time schedule perspective.	3.9
Content and participants involvement (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree)	
2.1 I am very satisfied with overall content of the event.	3.7
2.2 Content of the event was suitable for my work.	2.9
2.3 I had opportunity to receive new knowledge at the event.	3.3
2.4 I have ability to use received knowledge in my practice.	2.3
2.5 I have opportunity to be actively involved during the all event.	3.1
2.6 Proper look out was given to my comments.	3.0
Presented themes (1 = excellent; 2 = good; 3 = satisfactory; 4 = unsatisfactory)	
3.1 Téma 1 – Rajničová-Nagyová Iveta	1.6
3.2 Téma 2 – Guliš Gabriel, Katreniaková Zuzana	1.3
3.3 Téma 3 – Baška Tibor, Madarasová Gecková Andrea	1.0
3.4 Téma 3 – Šťastný Peter	1.0
3.5 Téma 4 – Škorvaga Edmund	1.6
3.6 Téma 4 – Benkovičová Vanda	1.4
3.7 Téma 4 – Both Valentín	1.4

Among **the weakest aspects of the event** were mentioned: number of participants, weak involvement of the CSOs, no discussions immediately after each theme, and lack of information on national financing.

The strongest aspects of the event were raised as follows: content of the workshop, overall organization and time keeping, small group discussions, and active involvement of all participants.