



BALTIC REGION HEALTHY CITIES ASSOCIATION

ANNUAL PLAN 2008-2009

24.1.2008

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Association 24.1.2008**

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INTRODUCTION

This plan is strongly built on the new re-designation period (21.12.2006-20.12.2010) of the Baltic Region Healthy Cities Association as WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region. Various institutions globally are designated as WHO Collaborating Centres. The re-designation of the status has activated the Association to cooperate with other WHO Collaborating Centres especially with the centre for the French speaking Healthy Cities. Additionally, the new period has also encouraged the Association to invest, for example, in the visual outlook during 2007.

The year 2008 is the 10th Anniversary of the Baltic Region Healthy Cities Association. This milestone will be celebrated with a Mayors Meeting in August in Turku. Also other conferences and meetings will highlight the anniversary. In the Healthy Cities movement years 2008-2009 are a transition period of two Phases.

Health is everyone's business, and health is promoted most effectively when many sectors work together and learn from each other. The background for all activities of the Baltic Region Healthy Cities Association is in the WHO Healthy Cities approach. It offers comprehensive policy and planning solutions to urban health problems. Healthy Cities engages local governments in health development through a process of political commitment, institutional changes, capacity building, partnership-based plans and concrete actions. The principles have been implemented since 1987, and they are coordinated by the WHO Regional Office in Europe.

This plan introduces the scenario of the Association on various levels: strategic approach, framework of actions and concrete activities for the years 2008-2009.

Part I is the framework of the Baltic Region Healthy Cities Association conducting the activities and including vision and mission. Furthermore the WHO Healthy Cities principles and themes for Phase IV (2003-2008) are presented and the coming Phase V themes reflected. The activities of the Baltic Region Healthy Cities Association are strongly built on these aspects. The organisation and operational environment of the Baltic Region Healthy Cities Association are introduced.

Part II presents the practical activities of the Baltic Region Healthy Cities Association for years 2008-2009. They are divided into five operational entities and 14 projects.

Part III describes the financing for the years 2008-2009.

PART I: Framework of the Baltic Region Healthy Cities Association's Activities

In the European Healthy Cities network the years 2003-2008 mark the Phase IV of the movement. The Baltic Region Healthy Cities Association was designated as a WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Region in 2002. The status was re-designated in 21.12.2006 for a period of four years. The work of the Association is based on close collaboration, support and official agreement with the City of Turku.

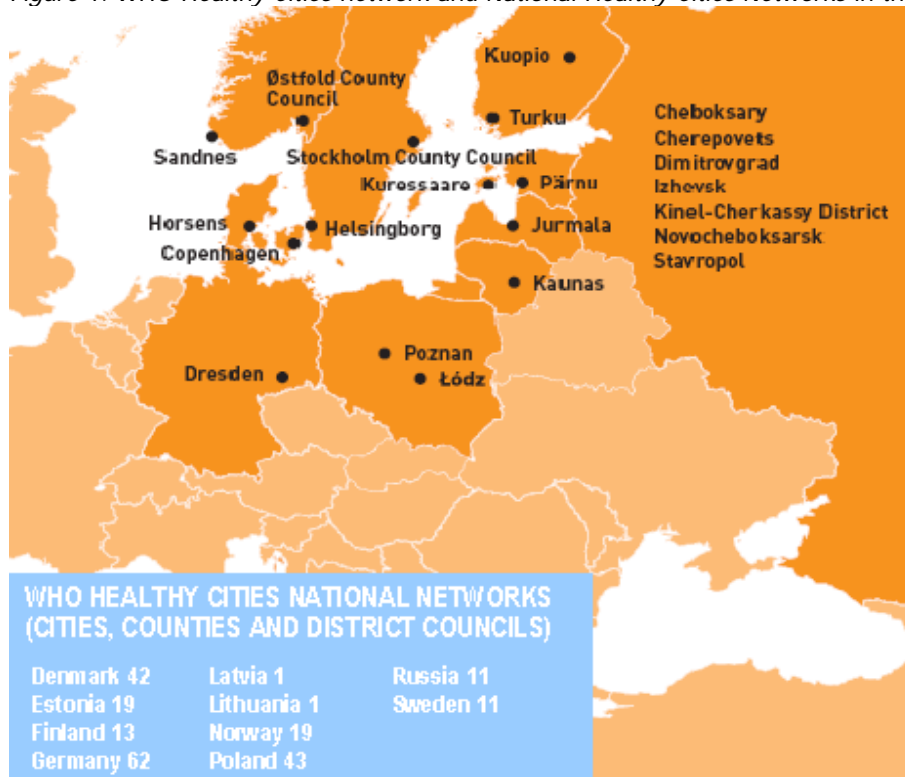
The years 2008-2009 are a transition period of the Healthy Cities movement: the end of Phase IV and beginning of Phase V. Evaluation of the activities and impacts to the cities and networks will be carried out by WHO in 2008. Also the new framework of actions and themes for Phase V will be discussed and agreed on. Year 2009 is the first in Phase V. This means for example that the cities need to apply to be designated as an official member city.

Years 2008-2009 issue new challenges for the cities and the Association. The evaluation of the last five years and planning for the following ones mean that the Association has to take a look at its actions and achievements during Phase IV, for example, has the support to the cities during the last years been relevant and sufficient.

1 HEALTHY CITIES NETWORKS IN THE BALTIC SEA REGION

At the end of 2007 there are 22 cities or regions officially designated or applied in the Healthy Cities network in 10 countries around the Baltic Sea (Figure 1.). The National Healthy Cities Networks in different countries, all together 222 cities or regions, are included in the Healthy Cities collaboration as well as other cities interested in joining these networks. There are totally 1200 cities or regions from more than 30 countries in WHO European Healthy Cities. More information on the WHO Healthy Cities is available at www.euro.who.int/healthy-cities

Figure 1. WHO Healthy Cities network and National Healthy Cities Networks in the Baltic Sea Region



2 WHO HEALTHY CITIES THEMES

The WHO Healthy Cities framework includes four themes (1-4) for the phase IV (2003-2008) in the European Network. Furthermore, the overarching themes are *City Health Development Planning* and *City Health Profiling*. The cities in the European Healthy Cities Network commit to integrating health and health promotion in their strategy, vision, values and operations. The strategy work should be conducted in collaboration with all the administrative branches of the city as well as with voluntary- and business sectors. In health promotion, more is achieved by collaboration and partnership than by everyone acting separately.

In *Healthy Urban Planning* (1) the departments/sectors in charge of city and urban planning are supported and encouraged to integrate health and well-being into their planning processes and operations. The goal should be promoting equity, sustainable development and safety.

It is recommended that *Health Impact Assessment* (2) is made a part of the decision making and operations of the cities. Assessment methods are used to predict the impacts of, for example, programmes or decisions on health.

The needs of the ageing must be taken into consideration in the operations of the cities to improve health, care and quality of life. The goal in promoting *Healthy Ageing* (3) is an active and independent life and appropriate services.

Cities are encouraged to be active in the promotion of *physical activity and active living* (4). The goal is to develop strategies and innovative actions that facilitate and encourage physical activity for all age groups, and tackling of overweight and obesity.

The themes for future, Phase V (2009-2012), were discussed for the first time in the European Healthy Cities Annual meeting in October 2007 (Rennes). It is likely that Health in all Local Policies will be a covering title for the cities to work on equity, lifestyles and healthy urban planning. Also the aspects of creativity, quality of life and social marketing will be taken in consideration. The feed-back from the cities and the evaluation process will have an effect on the specification of the Phase V plan.

3 STRATEGY AND ORGANISATION OF THE BALTIC REGION HEALTHY CITIES ASSOCIATION

The vision and mission guide all activities of the Association. The principles and values followed by the Phase IV Healthy Cities themes support the planning of the practical activities.

Vision

Baltic Region Healthy Cities Association as WHO Collaborating Centre for Healthy Cities and Urban Health in the Baltic Sea Region is an important producer and intercessor of health and well-being innovations in the region.

Mission

The aim of the Baltic Region Healthy Cities Association is to promote health conditions in urban areas in the Baltic Sea Region and to support the programmes of WHO, which concentrate on urban health issues.

Principles and values

The following principles and values have been agreed with WHO in 2004 to guide the work of the Association.

A collective effort is required to reduce inequity and provide equal access to everyone at the local level. *Equity* means reducing the health gap and making health more accessible to all and substantially improving the health of populations at risk.

Many factors have a positive or negative influence on the health of cities and the individuals. These are known as the *determinants of health*. The determinants of health are those at the individual level and moving through to those in the wider society. The local governments influence many of these by decisions in transport, education, leisure and recreation etc.

The principles of health and *sustainable development* are realised through commitment to the Health For All policies and the Aalborg Charter and Commitments. These policy frameworks mutually reinforce each other, bringing together the goals of health for all and sustainable development.

People *participate* in health through their lifestyle choices, their use of health services, their views on health issues and their work in community groups. Healthy Cities promote more active roles for people in all of these areas.

Terms of reference

In order to promote the health of the cities WHO and the Baltic Region Healthy Cities Association have agreed on the cooperation for the Collaborating Centre to

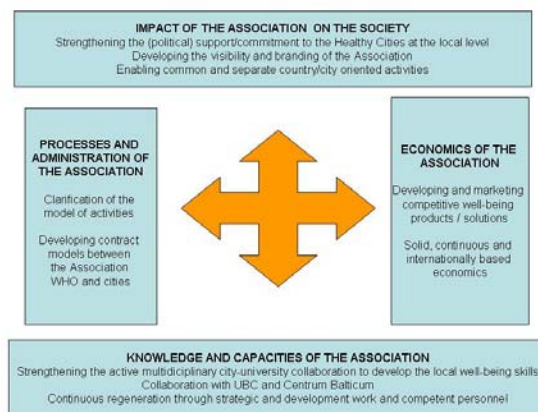
- Support the cities in implementing WHO Healthy Cities goals and motivate new cities into joining the networks
- Network with appropriate local institutions and organisations, and, thereby build and strengthen the capacity of health and well-being expertise
- Increase the visibility of the Healthy Cities operations and communication
- Build and maintain an information system of best practices and the state of well-being in cities belonging to the Baltic Sea Region Healthy Cities networks
- Network with appropriate local, national and international health and well-being experts to share the best practices and expertise

Strategy map

The re-designation of the Collaborating Centre status encouraged the Association to develop a strategy for the future work. The Balanced Score Card, BSC, by Norton & Kaplan was chosen as a tool for this development. BSC is a management system that enables organisations to clarify their vision and strategy and translate them into action. The Balanced Score Card suggests that the organisation is viewed from four perspectives: learning and growth -, process -, customer- and financial perspectives.

The strategy map was developed by the Board of the Association in 2006, and 2007 was the first year to realise it (Figure 2.). The basics will remain the same in 2008, but some updating of the information has been done. The revision of the strategy will be discussed in 2009 in accordance with the Phase V of the Healthy Cities movement.

Figure 2. Strategy map of the Association



November 2007

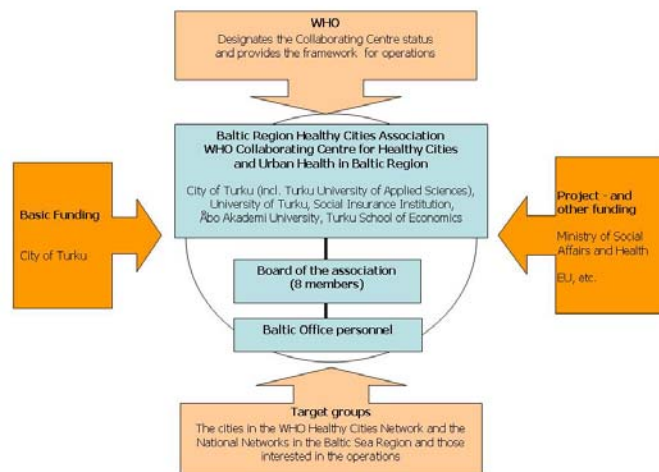
The strategy process was an important one in itself, and the strategy-map describes the outcome of the process. All activities and projects of the association are viewed through the four perspectives and critical success factors, which form the base for the development and measurement of the activities of the association.

Organisation and operational environment of the Association

The Collaborating Centre is administratively organised as the Baltic Region Healthy Cities Association. It was founded in 1998. The members of the Association are the City of Turku, University of Turku, Social Insurance Institution of Finland, Åbo Akademi University and Turku School of Economics (Figure 3.). These member organisations of the Association provide the necessary expert services and other services as requested. The Association maintains the Baltic Office. It is supervised and governed by the Baltic Region Healthy Cities Board, and the practical operations are carried out by the office personnel together with the member organisations and other partners. The head of the Office is Executive Director. The statutory meeting of the Association, held twice a year, represents the highest authority in the Association's affairs.

WHO is the organisation that designates the Collaborating Centre status. It provides the framework of the activities of the Association. The activities are addressed to the cities in the WHO Healthy Cities Network and the National Networks in the Baltic Sea Region and those interested in the operations. Main target groups are politicians and other decision-makers of the local governments, civil servants and officers of local and national administrations, Healthy Cities co-ordinators, and researchers and experts in universities and institutions.

Figure 3. The Operating Environment of the Association in 2008-2009



Evaluation

The evaluation of the activities of the Association includes the aspects of the awareness, skills and possibilities of the cities to promote Healthy Cities and health promotion. The evaluation is mainly carried out as internal processes based on the goals of each project/activity; quantitative and qualitative indicators are used.

The following methods, for example, are used to evaluate the activities:

- Process descriptions of the projects and activities
- Amount and content of meetings/seminars and participants
- Amounts and descriptions of the results, outcomes of the projects and activities
- Questionnaires and feedback from the cities, member organisations and collaboration/project partners
- Using the information from the WHO Annual Reporting templates of the cities

The EU co-funded projects are evaluated according their project plans.

PART II: Operational entities and projects 2008-2009

The operations of the Association are divided into five *operational entities* in 2008-2009. Three of the entities are based on the WHO Healthy Cities themes and the others reflect other WHO priorities or programmes. The practical activities are realised as *projects*, in total 14 projects are realised and/or developed closely connected to each other (Figure 4.). All projects realise the strategic focuses and the critical success factors described in the strategy map.

New EU programmes are launched in the beginning of 2008. Therefore, the annual plan 2008-2009 includes several project initiatives or plans, which are under preparation. They will be adjusted according the applied/received funding.

There are various ways to divide the activities/projects of the association in to the five operational entities. In the Figure 4 the projects are divided in two groups. They show projects, which are confirmed (blue) and projects, which are under planning or development (white). Also the aspects of Association as coordinator/partner are presented as well as draft schedule for applications for the projects under development.

Figure 4. Operational entities and projects that are ensured (blue) or under development (white) in 2008-2009.

1 Capacity Building for Health in All Local Policies			
	Confirmed projects	Projects under development	
C	Baltic Profile – Profiling Healthy Cities in the Baltic Sea Region (project 1.1)	BROW – Baltic Region Opportunities for Wellbeing (project 1.3)	C*
C/P	WIS 2008 (Well-being in the Information Society) (project 1.2)	Continuing the development of Health Profiles (EUROHEPRO/COST) (project 1.4)	P**
2 Healthy Ageing – Active Ageing			
	Confirmed projects	Projects under development	
C/P	International conference on Healthy Ageing – Active Ageing (project 2.1)	Active Arenas of the Elderly (project 2.2)	P**
3 Supporting the visibility of Physical Activity/ Active Living			
	Confirmed projects	Projects under development	
C	Dissemination practises and experiences (project 3.1)	Network of Accessible, Interactive Beaches and Recreational Areas in the Baltic Sea Region (project 3.2)	C***
		Continuation project to partner in Well-being through physical activity in cross-border co-operation (project 3.3)	P**
4 Promoting sexual health and prevention of HIV/AIDS			
	Confirmed projects	Projects under development	
C	We Choose a Life – Youth Against HIV/AIDS (project 4.1)	YÓU&ME Promoting Youth Sexual Health (project 4.2)	C***
5 Networking activities			
	Confirmed projects		
C	Meetings, visits and support for Healthy Cities activities (project 5.1)		
C/P	Member organisations, Union of Baltic Cities Collaboration (project 5.2)		
C	Communication and visibility (project 5.3)		

NOTE:
Confirmed projects
 C = coordinator P = partner C/P = collaboration with members
Projects under development, schedule for applications 2008
 *** = spring ** = autumn * = to be confirmed

All actions for 2008-2009 are described in more detail in the following pages. Each operational entity includes general background and the context of the activity from the point of view of the Association. The details of each project follow this information.

1 CAPACITY BUILDING FOR HEALTH IN ALL LOCAL POLICIES

General background

WHO Healthy Cities approach values the importance of health and wellbeing in the decision making and activities of cities. It seeks to build a strong local level movement for public health. Healthy Cities has been running in Europe since 1987.

The city health development plan (CHDP) seeks to put health to the political agenda and embed health as a part of all activities in a city. During the Healthy Cities project there has been developed several tools to support this work for example, health profiles and health impact assessment. Health Profiles can be seen in diverse forms, because they can be produced according to the different needs of the cities.

City health profile is an important a tool for a city health development plan and in creating Healthy Cities. These elements are also in the background of developing the Baltic Profile. The Phase II (1993-1997) of the Healthy Cities put strong emphasis on city health plans based on the information of the city health profiles. Phase III identified city health development plan (CHDP) as a key deliverable for the member cities. The WHO Healthy Cities project has listed key indicators, which are used in the city health profiles. They aim to measure and monitor health in cities, giving a contribution to the health policy of the city. WHO has defined city health profiles as reports that "identify in writing and graphs health problems and their potential solutions in a specific city".

Context of the Association

The Association started to develop the Baltic Profile in 2002 and agreed with Healthy City coordinators in the region to collect diverse information about the Healthy Cities work and experiences. The aim is to produce a profile, which would include more than Healthy City indicators. The association continued the development in 2003 together with the Turku School of Economics, and the first version of the profile was launched in 2003.

The development of the Baltic Profile continued in cooperation with the Turku School of Economics, and an information technology based web-service was established in October 2004. Since that, the European Healthy Cities meetings and Baltic Sea Region Healthy Cities co-ordinators meetings have been used to strengthen the engagement of the co-ordinators on the development of the Baltic Profile. In 2007 the development of the profile continued with a new web-site and electronic questionnaire. They ease the collection and input of the information, and thereby, the Baltic Profile has more up-to-date information on the web-site.

Developing and maintaining the Baltic Profile serves the Healthy Cities network as well as the goals of WHO and the Association. The concrete outcome of the Baltic Profile is a website gathering and presenting information about health and wellbeing in the Baltic Sea Region. The information is divided according to a 4-category concept developed by the Association.

The first seminar on Well-being in the Information Society (WIS2006) was organised in co-operation with Turku School of Economics in 2006. The main subject was to create future images of well-being and develop tools and methodologies for health impact assessment. It encouraged the Association to continue co-operation with Turku School of Economics, and to develop the WIS -idea into series of seminars.

The BROW - Baltic Region Opportunities for Well-Being is a new project concept that is based on the experiences and needs from the cities of the Healthy Cities network. Evaluation, foreseeing, assessment and planning of the activities are important stages of the strategic planning for the implementation of the city health development plan (CHDP). The BROW will offer tools for these stages of the planning circle. Especially health, wellbeing and sustainability will be highlighted.

Goal

The goal of the operational entity of capacity building for health in all local policies is to enhance the capacity of decision-makers to put health as a core of the decision making of the cities. This will be done by organising conferences, offering tools as well as disseminating and collecting the best practises from the network cities.

Projects 2008-2009

Baltic Profile – Profiling Healthy Cities in the Baltic Sea Region (project 1.1)

The Baltic Profile aims at making the information about health promotion visible and available in Healthy Cities around the Baltic Sea Region. The goal is to support city health development planning and decision making on health promotion. The Baltic Profile offers a possibility to learn from each other and to develop health integrated planning. It makes visible activities and state of the health and wellbeing in a city.

During the years 2008-2009, the development of the Baltic Profile will concentrate on 1) information collection, and 2) development of the content in co-operation with member organisations (Turku School of Economics etc.) and Healthy Cities Collaborating Centre for French speaking cities. The cities are continuously supported to provide information to the web-site. The cooperation with the HEPRO-project is going to continue by means of the dissemination of the results and the principles of the concept.

1) Information collection

The cities are supported in the information collection process by informing about and assisting in use of the new electronic answering form, and the cities/coordinators are encouraged to provide new information from their cities. Engagement of the network cities will be supported and information collection especially from network cities in Russia is encouraged.

2) Development of the content

New innovations concerning the content of the Baltic Profile will be developed in co-operation with Turku School of Economics and the Healthy Cities Collaborating Centre for French speaking cities. See more information from BROW – Baltic Region Opportunities for Wellbeing (*project 1.3*).

Well-being in the Information Society (WIS 2008) (project 1.2)

The goal of the international series of seminars is to combine best practices and tools from Healthy City networks with recent multidisciplinary research on well-being in the information Society. These aspects are discussed among the political, scientific and management leaders to create a common understanding of the concept. The expertise of the member organisations of the Association is made visible in the WIS-process.

WIS 2008 will be organised in co-operation with Turku School of Economics and other member organisations of the Association and the conference themes are:

- e-Health
- Sustainable development and urban planning for health
- Measuring and documenting health and well-being
- Empowering citizens for healthy living and equal opportunities
- Governance structures for health and well-being

WIS 2008 is organised in Turku 19-21. August. More information is available at www.wis.fi

BROW – Baltic Region Opportunities for Wellbeing (project 1.3)

BROW will offer the municipalities knowledge to utilise and integrate planning tools as a part of the strategic planning process case. These tools can be e.g. HIA, foresight and vision(ary) processes, process evaluation. Each participating municipality can choose the case by themselves from the field of health and wellbeing.

In the BROW an international network of experts will support the municipalities adapting planning tools that enhance the strategic planning process (in this case assessment, implementation and evaluation). The experts may be e.g. Finland Futures Research Centre, Finnish National Research and Development Centre for Welfare and Health - International Development Collaboration –unit.

The project outcomes will be collected to the Baltic Profile. The Baltic Profile forms a virtual platform for the project and a market place where best practices can be changed.

Goal of the project is to support the cities in their strategic planning for health promotion (CHDP) by

- Identifying and assessing 1(-2) strategically important cases
- Strengthening the leadership
- Developing the Baltic Profile model
- Increasing the international exchange of best practices

Planning and preparatory meeting(s) for project will be organised in co-operation with interested cities and other actors during the year 2008. Based on the results from these and depending on the open calls for project proposals in Central Baltic, Baltic Sea Region etc. programmes, a project funding will be applied for the project with interested actors.

Continuing the development of Health Profiles (EUROHEPRO/COST Action) (project 1.4)

The Association was, firstly, a partner in HEPRO-project (Focus on Health and Social Well-being in the Baltic Sea Region) and, secondly, provided assistance in the coordination of one of the Work Packages of the project during 2005-2007. The project was funded by Interreg IIIB. The HEPRO concept and the population survey EUROHEPRO were trademarked during the project.

A new project is planned during 2008 to utilise the tools and experiences of the HEPRO-project's results. The Association will actively participate in the planning of the new project in an initiative group lead by Østfold County Council (Norway). The role, responsibilities, funding and details of the project will be clarified during 2008 in the work of the initiative group. From the point of view of the Association the project will be closely linked to the development of the Baltic Profile.

Indicators and profiles are also developed in the COST Action project initiative "Indicators and Indices for Monitoring at the Local Level: Linking Health, Housing, Transport and Urban Environment Policies in Europe". The key objectives of this COST Action is to develop a coordinated set of indicators and indices that synthesise the findings of numerous contributions that currently are not being used for policy definition and implementation. (COST = European Cooperation in the field of Scientific and Technical Research). The project is coordinated by the University of Geneva and association will act as partner and funding is applied during 2008.

2 HEALTHY AGEING – ACTIVE AGEING

General background

The increasing amount of elderly and old people raises great challenges to but also opportunities for economic and social development all around Europe. Health promotion of the elderly people has a key role in tackling with this development. Healthy people are precondition for economic growth and competitiveness of the cities.

There is about 18.2 million inhabitants aged 80+, meaning 4 % of the total population in 25 EU countries. In 2014 there will be 24.1 million (5.2 %) people aged 80+ in these countries.¹ In 2025 around one-third of population in Europe will be aged 60 or over, with a particularly rapid increase in those aged 80 years or older². The number of older people aged 65–79 has increased significantly since 2000 and will do so until about year 2050³.

The World Health Organization (WHO) states active ageing as: “Active Ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age”⁴. The phase IV (2003–2008) of the Healthy Cities programme includes healthy ageing as one of the main themes to work on the value of equity. The goal of activities under the theme is to create a strong political commitment in the city and to set up policies and planning processes that ensure older people’s needs for health development and care by utilising a holistic and well-balanced approach.

Context of the Association

Healthy Ageing was chosen as one priority of the Association in 2007-2008 at the meeting of the Healthy City co-ordinators and the Baltic Sea Region University Network (BSRUN) in Kaunas 2006. In 2007 the cooperation was widened to work with Healthy Ageing sub-network. As an outcome of the collaboration the Association and Baltic Sea Region University Network (BSRUN) organised the 2nd joint meeting “Healthy Ageing -Active Ageing” in 2007 (Pärnu, Estonia). It combined the experiences and expertise of WHO Healthy Cities and universities/research institutes.

The meeting gathered people from three networks: the Healthy City co-ordinators, experts from the cities and universities and WHO Healthy Cities sub-network on Healthy Ageing. Based on the experiences and needs raised in the meeting the co-operation was decided to be continued in 2008.

Based on the discussions during the Pärnu-meeting in 2007 the need to invest and promote activities on healthy ageing was raised. There is a need in the network cities to develop activities for elderly people to create social networks and offer possibilities to be an active part of the society. Also a need to create arenas for inter-generational gatherings was brought up.

Goal

The overall goal of the Healthy Ageing – Active Ageing operational entity is to strengthen the capacities of elderly people to be able to live at home longer and healthier – mentally and physically. The specific goal is to strengthen the cooperation both internationally and locally between the municipalities, universities, WHO Healthy Cities sub-network, NGOs and/or private organisations as well as elderly people. The projects within the operational entity 1) strengthen the multi-stakeholder work in health promotion 2) develop models and indicators to support the decision making process, and 3) offers comparative health and well-being information across the Baltic Sea Region on the issues of elderly people.

¹ EUROPA – Eurostat: Population projections. 2006. Retrieved 3.5.2006 from http://epp.eurostat.ec.eu.int/portal/page?_pageid=1996,39140985&_dad=portal&_schema=PORTAL&screen=detailref&product=Yearlies_new_population&language=en&root=/C/C11/caa11024.

² World Health Organization. Active ageing: a policy framework. Report No: WHO/NMH/NPH/02.8 (http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf). Geneva: World Health Organisation; 2002.

³ Green Paper – Confronting demographic change: a new solidarity between the generations. COM(2005) 94. Brussels: European Commission; 2005.

⁴ World Health Organization. Active ageing: a policy framework. Report No: WHO/NMH/NPH/02.8 (http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf). Geneva: World Health Organisation; 2002.

Projects 2008-2009

International conference on Healthy Ageing - Active Ageing (project 2.1)

The goal of the conference is to combine the experiences and expertise of Healthy Cities and universities on the theme of Healthy Ageing. The conference is a good opportunity to explore synergies and develop more collaboration around:

- Multidisciplinary work in health promotion and development
- Models and indicators to support the decision making process
- Comparative health and well-being information across the Baltic Sea Region

In 2008 the conference is organised in co-operation with the Association, Baltic Sea University Network, and the City of Jurmala. It is targeted to the representatives of the Healthy Cities, Baltic Sea Region University Network and Healthy Ageing sub-network. It will take place on April 17-18 in Jurmala, Latvia.

The continuation and follow-up of the conference is realised in publications and/or articles by the participants and developing collaborative activities on elderly-related issues. Feedback is collected from the participants and the presentations will be available on the Association's website.

Active Arenas of the Elderly (project 2.2)

The goal is to strengthen the cooperation in the cities related to the issues of elderly people. Bringing the actors together strengthens the cooperation and enhances the capacities of elderly people to be able to live at home longer and healthier. This is done by creating multi-stakeholder networks and activities which support both mental and physical capacity of the elderly.

Planning and preparatory meeting(s) for project will be organised in co-operation with interested cities and other actors in the year 2008. Based on the results from these and depending on the open calls for project proposals in Central Baltic, Baltic Sea Region etc. programmes, a project funding will be applied for the project with interested actors.

3 SUPPORTING THE VISIBILITY OF PHYSICAL ACTIVITY / ACTIVE LIVING

General background

Promotion physical activity is a global challenge. The concept of the positive benefit of physical activity on health has become a major issue in health promotion. This is based on extensive research, and strong scientific evidence for the various influences of physical activity on the health of people. In addition to scientific data, a framework for the promotion is provided by the WHO *Global Strategy on Diet, Physical Activity and Health* (2004). The strategy originated from the reaction of the WHO to the globally significant changes in diet habits and physical activity levels world-wide. Mostly preventable health risk factors are the cause of 47% of global disease burden. Chronic diseases, such as cardiovascular diseases, diabetes, cancer and respiratory diseases cause about 60% of the 57 million deaths each year.⁵

According to the American College of Sports Medicine recommendation, adults need at least 30 minutes of regular, moderate-intensity physical activity on most days. Children need at least 60 minutes of moderate-intensity physical activity each day at least twice a week. This should include activities to improve bone health, muscle strength and flexibility.⁶

Active living gives everyone the opportunity to decide how to make physical activity a part of everyday life. At the same time it provides opportunities to break down isolation and engage people in collective activities. Personal choices depend, for example, on physical condition, the opportunities provided for the practice of physical activity, personal needs, preferences, values and expectations. Physical activity should be a positive experience that feels enjoyable so that people will practice it out of their own volition and needs.

WHO published in 2006-2007 two booklets on Physical Activity related to the Healthy Cities work: (1) "Promoting physical activity and active living in urban environments. The role of local governments. The solid facts" and (2) "Physical Activity and Health in Europe: evidence for action" are guidelines for physical activity promotion at the local level.

Context of the Association

Baltic Region Healthy Cities Association was approved in 2007 as a member in the European network for the promotion of health-enhancing physical activity (HEPA Europe). It is a collaborative project which works for better health through physical activity among all people in the WHO European Region, by strengthening and supporting efforts to increase participation and improve the conditions for healthy lifestyles.

The Association published a book "Active Living in Turku – promoting Health by Means of Physical Activity" in connection to the WHO European Healthy Cities Networks meeting in Turku in October 2006 in order to help the City of Turku to promote its experiences. Since 1994, the City of Turku has been developing health-enhancing physical activity (HEPA) and active living. Efforts have been fuelled by a desire to improve the well-being of all inhabitants. The new model of Turku was based on the comprehensive influence that physical activity has on an individual's health through life. The central idea was to increase the amount of physical activity in the city by emphasising the connections between physical activity and health.

The new models of Turku are also promoted by the Association. Currently, the city focuses on the *Schools on the Move* project, promoting the well-being of children. Physical activity and nutrition have a central role both in the *TurkuDEE* project preventing type 2 diabetes, and the project *A Weighty Matter* for the intervention on children's overweight. Another factor introducing new approaches to physical activities will be the Turku's European Capital of Culture 2011 process. The objectives include, among other things, combining culture and physical activities in an innovative manner for improving the well-being of citizens, as well as establishing a professorship and a degree programme in cultural well-being at the University of Turku.

The Association has been partner in "Well-being through physical activity in cross-border co-operation"-project (EU, Interreg IIIA) 2005-2007. The project was established in partnership with the Estonian Healthy City Network, and it is co-ordinated by the Centre for Extension Studies at the University of Turku. The

⁵ WHO *Global Strategy on Diet, Physical Activity and Health*. 2004. Retrieved 23.11.2007 from www.who.int/dietphysicalactivity/en/

⁶ Pate, R.R., Pratt, M., Blair, S. N., et al. 1995. *Physical activity and public health: a recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine*.

outcome of the project is strategies for health promoting physical activity in the 13 Estonian and Finnish municipalities, which participated in the project. The valuable experience, network and results of the project will be used to establish a follow-up project.

Goal

The overall objective of this operational entity is to promote the comprehensive development of health-enhancing physical activity/active living in the Healthy Cities in the Baltic Sea Region by using the policies and models of WHO, City of Turku and developmental projects. The specific objectives are to (1) share experiences and collect best practises of physical activity/active living in the Healthy Cities in the Baltic Sea Region and (2) promote equity by supporting accessibility in physical activity facilities.

Projects 2008-2009

Dissemination practises and experiences (project 3.1)

The membership in the health-enhancing physical activity (HEPA Europe) network offers the Association, as an addition to the Healthy Cities networks, a wider perspective and new sources of information. It is a possibility to receive up-to-date scientific information to be shared with the cities as well as offer platform to the experiences of the cities.

In practise the Association offers through the HEPA network and the UBC Commission on Sports and their annual meetings a legitimate opportunity and arenas for the Healthy Cities and national networks to present and disseminate their best practises and experiences of promoting physical activity/active living. The Association will act as an intermediate organisation and has at the same time a possibility to collect more comprehensive information for the Baltic Profile.

The experts from the cities are invited to present the practises and experiences in the meetings. The association acts as an active communication channel to provide information of the possibilities and finding "right people to right place". The precondition to realise the activity is, firstly, to collect actively the information and negotiate with the cities/project who, when and how they can participate in the activity.

Network of Accessible and Interactive Recreational Areas in the Baltic Sea Region (project 3.2)

The overall objective is to improve the attractiveness and vitality of the cities by making the recreational areas accessible to everyone and thereby promote health/well-being of the vulnerable groups as well as support tourism. The specific objective is to increase the skills and knowledge of the planners to take accessibility and needs of the vulnerable groups in consideration in all planning.

The objectives are achieved by

- Developing the practises for participation/citizen involvement and using the cross-sectoral collaboration and cooperation with NGOs
- Establishing recreational areas (beaches, parks, play grounds, physical activity areas etc.) with special attention to the disabled people (seeing disorders, difficulties in moving, wheel-chair users etc) and local culture and cultural heritage
- Creating a network and information system of accessible sites around the Baltic Sea Region in order to promote tourism

During the project one recreational area in each participating municipality will be planned and realised. The area can include for example

- Necessary routes/sound systems etc. for the disabled and areas for physically active persons and children for playing, playgrounds etc. are established separately from each other
- Investing in the necessary facilities: dressing rooms, colours, materials, which are safe and suitable for many types of disabled
- Paying attention to the materials of the walking- and other paths
- Interactive points: information on services of the area, cultural performances e.g. local music, paintings, pictures, stories

The local NGO's and groups of disabled will be involved in the planning and realisation of the project. Also the cross-sectoral collaboration and involvement of decision makers is necessary.

The outcomes of the project for the local people and tourists are

- Better services (collaboration)
- Increased equal opportunities for everyone (equity)
- Marketing possibilities (e.g. common website) with partner cities (economy)
- Learning to take the needs of disabled in consideration in city planning (participation)

Continuation project to Partner in Well-being through physical activity in cross-border co-operation (project 3.3)

The aim of the continuation project to Partner in Well-being through physical activity in cross-border co-operation is to evaluate the adoption of strategic approach of physical activity and active living and integration of this approach as a part of the city development or well-being strategies in the cities already participated to the Partner in Well-being through physical activity in cross-border co-operation project (2005-2007). New partners are invited to the project.

The idea of continuation project will be implemented between Finland, Estonia, Latvia and Sweden. The project would focus on evaluation and examination of the Well-being through physical activity in cross-border co-operation project (2005-2007), and assessing its impacts. The continuation project would also gather and produce material on physical activity to support the cities' and intersectoral activities, and to disseminate the strategic and program work in the cities of Latvia and Sweden. Social- and health sector will also be included in the project. Distinct timetables and focuses will be planned, to achieve more efficient periodical work for the cities. The increased benefits for the current cities consist of assessment of impacts, research, targeted education and twin city -activities. New cities will benefit from a well-tested model, targeted education and training, and other forms of interaction.

4 PROMOTING SEXUAL HEALTH AND PREVENTION OF HIV/AIDS

General background

Russian Federation has one of the fastest growing HIV/AIDS epidemics in the world⁷. While the HIV/AIDS epidemic in the country has so far largely been among marginal groups for example, injecting drug users and sex workers – there is increasing evidence of heterosexual transmission, which raises concerns about a more generalised epidemic. Heterosexual HIV transmission in the Russian Federation, for example, was reported at 6% in 2001 and 25% in 2004⁸, up to 37% in 2005⁹. Consequently women, many of them under 25 years old, bear a growing part of the HIV burden. In 2005, they accounted for 41% of newly reported HIV infections. About one third of newly diagnosed HIV infections in this region are in people aged 15-24 years old.¹⁰

In 2005, Estonia reported the largest number of new HIV diagnoses per population in the EU, at 467 per million, almost twice the number of the second largest number in EU region¹¹, despite the fact that Estonia spends more per capita per annum on HIV prevention than any other country in Europe. A recent European survey carried out by ECDC (European Centre for Disease Prevention and Control) pointed to a variety of needs related to combating the HIV epidemic in Estonia. These included e.g. the need to increase political will and multi-sectoral involvement; e.g. lack of involvement of Ministry of Education, which leads to difficulties in providing health education in schools.

Many of the HIV/AIDS actions in Russian Federation and Estonia have focused on medication and treatment. The Global Fund and others have identified the need for more attention to be paid to preventive work among vulnerable groups, like young people. The European Commission's Health and Consumer Protection Directorate General (SANCO) also notes that a focus of EU action on HIV/AIDS must be addressed to prevention work, especially among migrants, sex workers and young people.

Sexuality education can be seen as one of the key success factors when fighting the HIV-infections among young people. According to the Sexuality education in Europe - A reference guide to policies and practices (2006) a broad approach is needed for efficient work. Sexuality health education must be seen as a part of wider initiatives to improve the health and well-being of youth. The media plays an important role. Policy makers and people providing sexuality education need to work more proactively together with media to make it serve education and health/well-being of youth.¹²

Context of the Association

The prevention of HIV/AIDS with Russian and Estonian cities has been explored since 2004, in order to work multi-disciplinary with HIV/AIDS professionals and to establish good practises. The initiative for this theme and cooperation came from the World Health Communication Associates Ltd. During the years 2005-2007 several preparatory meetings were organised both with Russian and Estonian representatives.

For the first time the funding for Russian project was applied from TACIS/IBPP in June 2006. The concept note of the project was not accepted. The project idea was developed further with Russian Healthy Cities network during the 2007. Funding for the Russian project was applied again in June 2007 from TACIS/IBPP programme. The concept note was accepted to the second round of the application process and the full application of the project was written during the autumn 2007 and preliminary approved in December.

Youth Sexual Health Education in Collaboration with Local Level Actors –project between Estonia (three partners) and Finland (one partner) received funding from European Regional Development Fund. The Association was a coordinator in the project. It was realised 1.4. – 31.12.2007 supported by South Finland and Estonia Interreg IIIA –programme. Main goals of the project was 1) to map and collect existing know-how and materials about youth sexual health promotion and further develop material as a collaboration by a

⁷ Report on the global AIDS epidemic 2006. Retrieved 23.11.2007 from http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp

⁸ UNAIDS/WHO "AIDS epidemic update: December 2005" Special section on HIV retrieved 23.11.2007 from http://www.unaids.org/epi/2005/doc/EPIupdate2005_html_en/epi05_00_en.htm

⁹⁻¹² HIV/AIDS Surveillance in Europe. 2006. European Centre for the Epidemiological Monitoring of HIV/AIDS WHO and UNAIDS Collaborating Centre on HIV/AIDS.

¹² Sexuality education in Europe - A reference guide to policies and practices, 2006.

network of local experts, and 2) to increase the means of those working with youth on both preventing sexually transmitted diseases and decreasing discrimination against people living with HIV/AIDS.

Goal

The goal of promoting sexual health and the prevention of HIV/AIDS at the city level is

- To provide tools for youth sexuality education
- To provide tools for the improvement of youth health and well-being
- To decrease the HIV/AIDS epidemic
- To reduce stigma and discrimination of people living with HIV/AIDS

Projects 2008-2009

We Choose a Life – Youth Against HIV/AIDS (project 4.1)

Four cities of the Russian Healthy City network will participate in the project to which the funding from TACIS/IBPP was approved in late 2007. The Union of Baltic Cities Environment and Sustainable Development Secretariat and City of Rotterdam will act as partners in the project by offering expert services. International expertise is subcontracted from World Health Communication Associates and Cuwaert. The project realises its own project plan.

The project term is two years, during which several training weeks will be carried out in Russian Federation with a study visit to Rotterdam. The trainers will include international experts in youth sexual health education, leadership and management, media and communication and HIV/AIDS.

YOU&ME - Promoting Youth Sexual Health (project 4.2)

Based on the experiences gained and needs indicated during the Youth Sexual Health Education in Collaboration with Local Level Actors –project a continuation will be developed in co-operation with Estonian and Finnish partners and actors e.g. from Latvia and Sweden. Planning and preparatory meeting(s) will be organised in co-operation with interested cities and experts during the year 2008. Based on these and depending on the open calls for project proposals in Central Baltic Interreg IVA etc. programmes project funding will be applied with Estonian, Finnish and possible with Latvian and Swedish actors. Aim is to start the project in 2008 or 2009.

The goals of the project are

- To increase the skills of actors working on sexual health among
- To increase the knowledge of youth
- To establish a multi-sectoral collaboration centre

In addition the goals are

- To begin to implement the results and experiences gained during the “Nuorten seksuaaliterveyden edistäminen paikallistason yhteistyönä” -project
- To disseminate the best practices and embed them as daily practices of the youth sexual health promotion of the city

During the project will be organised workshop on sexual health education for the people work with youth, e.g. teachers, (school) nurses, youth workers. Youth sexual health education is approached from health promotion point of view and especially working, teaching and communication methods are highlighted. Interactive, participatory and empowering methods are emphasized. In connection with workshop site visits will be executed to learn the different methods used in sexual health education among youth in different partner regions and countries.

The skills and knowledge gained during the workshop and site visits will be utilised and tested when working with youth. Youth will be asked to contribute to the development of methods and materials. Multi-sectoral collaboration will be strengthened during the project. The actors work on youth sexual health in partner regions develop and publish a meeting/education centre that offers sexual health information for youth but also tighten the collaboration of different actors (municipality (e.g. education, social, health care, and youth sectors), NGO). The information gained during the workshop and site visits, and from youth will be utilised when planning the centre.

5 NETWORKING ACTIVITIES

General background

Networks are outcome of social participation, shared values and trust. It is common to build international activities on networking, based on needs of the partners/actors. The needs can vary, but networks offer a platform for the activities and enable actors to achieve things that they may not be able to achieve on their own.

WHO Healthy Cities forms a network of cities. These cities have common interest to put health into the agenda of the decision making of the city and its activities. Through a network there is a possibility to share the ideas and lessons learnt. The network can be seen as a market place for exchange of experiences.

The values that guide the networking activities of the Association are based on Health in All Policies. It highlights that "health is largely determined by factors outside the health care domain. Efforts to integrate health considerations into societal policy-making with the aim to improve population health are being made almost everywhere, both at the community level as well as at the national, regional and local levels.¹³" Thus health must be embedded into decision making and activities of all levels of society. Aalborg Charter and Commitments emphasises policy from a viewpoint of sustainable development. Furthermore, the Charter and Commitments are seeking similar future of the society as Health for All Policies; wellbeing of the future generations as well as the people of current which demands sustainable decisions and activities both in social, economical and ecological dimensions.

Context of the Association

The role of the Association is to increase the awareness and support of the decision makers to the Healthy Cities movement in the local level. This will be achieved in co-operation with different actors. The Association has contacts with local, national and international institutions dealing with health and wellbeing as well as municipalities, which can support Healthy Cities networks.

In order to promote the health of the cities WHO and Association have agreed to work with local institutions and organisations, and appropriate experts to share the best practices and expertise. E.g. member organisations of the Association (City of Turku, the University of Turku, the Åbo Akademi University, the Turku School of Economics and the Social Insurance Institution of Finland) provide extensive expertise to support the Healthy Cities' goals in the region. They have competence on various research fields, including health and well-being. The Association has organised in previous years several projects and activities together with them. Based on these experiences the co-operation will be continued and strengthened.

The main operational area of the association is the Baltic Sea Region, and the activities are focused on this specific region. Important collaborating partners of the Association are the cities in WHO Healthy Cities network and National Healthy Cities networks in this region. Furthermore, networks like Union of Baltic Cities, especially Environmental and Sustainable Development Secretariat and Commission on Sports, and Baltic Sea Region University Network are important partners. Through and with these networks the ideology of Healthy Cities is distributed.

Goal

The overall objective of the networking projects is to strengthen the role of health promotion and Healthy Cities by using the expertise of the Association in the collaboration with the cities, various networks and projects. The specific objectives are to

- Raise the awareness of local decision makers on health, sustainable development and wellbeing
- Support by training and capacity building the Healthy City coordinators (empowerment) to strengthen the sustainability and permanence of the Healthy Cities approach
- Involve new people from different sectors of the cities to the activities of the Association

¹³ European Observatory on Health Systems and Policies, Health in All Policies: Prospects and potentials. Retrieved 2007-22-11 from http://www.euro.who.int/observatory/Publications/20060915_2

Projects 2008-2009

Meetings, visits and support for Healthy Cities activities (project 5.1)

The Association organises visits, meetings and other supportive activities in and for the network cities in order to increase the awareness of health and strengthen the role of health promotion and Healthy Cities.

The yearly Healthy City coordinators' meeting will be organised 18.4.2008 in Jurmala, Latvia in connection with Healthy Ageing – Active Ageing II conference. During the meeting recent Healthy Cities activities in the network cities will be discussed, and the best practices and experiences are shared. Furthermore, during the meeting day there will be a training session about one theme suggested by the Healthy City coordinators: cross-sectoral cooperation, citizen involvement, or communication/media.

The 10-years Anniversary of the Association will be highlighted with a Mayors Meeting in conjunction with the Well-being in the Information Society (*WIS 2008*) conference. Mayors of Healthy Cities will be invited in cooperation with the City of Turku. The goal of the Mayors Meeting "Networking in the Baltic Sea Region – Focus on Well-being" is to discuss health promotion and sustainable development in the network cities. Invited speakers will represent high-level expertise of WHO and EU. The meeting will take place at 20 August 2008. The Anniversary year offers new opportunities to increase the visibility of the Association also in Turku.

As an addition the Association supports benchmarking/peer review of the best practises between the networks cities, for example a meeting of the Latvian municipalities to discuss health promotion is organised in February 2008.

Collaboration with the member organisations and Union of Baltic Cities (project 5.2)

The member organisations of the Association are a source of expertise and high-skilled support for the activities. Association has strong collaboration with these organisations in various projects 2008-2009. For example, in 2008 two conferences: Healthy Ageing – Active Ageing II and WIS2008 (Well-being in Information Society) are organised in close cooperation.

The Association and the UBC Environmental and Sustainable Development Secretariat have shared the same premises since 2006. There is competence in both organisations to work on strategic approach in the city level. The current projects and activities provide a starting point future co-operation towards common projects. The collaboration on the Nordic-Baltic Aalborg Commitments Network began in 2007 and will continue. Also new project applications of the Association and UBC are prepared. The collaboration will focus especially on the Aalborg Charter and Commitments.

Communication and Visibility (project 5.3)

The communication of the Association was developed in 2007. More systematic communication and analysing the target groups are important challenges in the future. Visibility of Healthy Cities and the activities of the Association at the local level and in the network cities have to be increased. The Association aims at better visibility of its activities regionally in the Baltic Sea Region and locally in the City of Turku.

Various new channels for the communication are explored: collaboration with the communication units of the member organisation will be increased and journals/newspapers as well as journalists are approached at an individual level. The communication will concentrate on activities or events of the projects as an essential part of their realisation. The 10-years anniversary gives possibilities to increase the visibility remarkably. The communication will be done in Finnish and English depending on the target group. The traditional channels of targeted e-mails, and electronical newsletters will continue. Marketing of the renewed website is strengthened.

PART III: Funding for operations 2008-2009

The basic operations of the Association are financed by the City of Turku. The funding from Ministry of Social Affairs and Health and other sources cover the costs of the projects as well as project personnel.

The years 2008-2009 is going to be active fund raising period for the Association. The Structural Fund period covering the years 2007 - 2013 for a trans-national co-operation opened in the end of the year 2007. Other funding rising possibilities are also examined.

Next tables (1 and 2) describe the budget for the year 2008. The operational incomes, fixed and variable costs are presented in the short version (Table 1). The planned distribution of the funding from the ministry to the projects 2008 is presented in Table 2.

Table 1. Budget 2008 with trends of profit and loss account (2002-2007)

	Profit and loss account 2002	Profit and loss account 2003	Profit and loss account 2004	Profit and loss account 2005	Profit and loss account 2006	Estimat. profit and loss account 2007	Budget 2008
INCOME							
City of Turku	51 000	70 000	70 000	70 000	70 000	80 000	80 000
MSAH Project funding	34 000	46 000	39 000	40 000	70 000	50 000	60 000
Other project funding	12 107	1 700	6 641	12 861	57 358	53 322	10 000*
Member fees	1 800	1 800	1 800	1 800	2 700	2 700	2 700
Income total	98 907	119 500	117 441	124 661	200 058	186 022	152 700
COSTS							
Personnel costs	61 316	38 958	45 066	66 244	115 871	111 292	84 700
Other fixed costs	15 902	9 401	14 967	14 429	23 896	18 402	21 000
Variable costs	21 171	49 550	38 467	38 603	70 788	61 129	47 000
Costs total	100 432	99 323	98 500	119 276	210 555	190 823	152 700
PROFIT/LOSS FOR THE PERIOD	-1 525	20 177	18 941	5 385	-10 497	- 4 801	0

* Association has preliminary approval of funding for We Choose a Life – Young Against HIV/AIDS -project (project 4.1). Funding is approved from TACIS/IBPP programme 296 180 €, and the EU contribution is 80% of the costs (236 944 €) for two years.

Table 2. The distribution of the funding to the projects

The table presents the planned allocation of funding from the Ministry of Social Affairs and Health to different projects. The funding (incl. personnel and other fixed costs) from City of Turku and member organisations, is distributed to projects after final funding decisions of these organisations.

FUNDING FOR OPERATIONS 2008 (€)	BASIC FUNDING	MSAH APPLIED AMOUNT	OTHER PROJECT FUNDING	TOTAL FUNDING 2007
City of Turku	80 000			80 000
Membership fees of member organizations	2 700			2 700
Operational entities				
Operational Entity 1: Capacity building for Health in All Local Policies		16 000		
Baltic Profile – Profiling Healthy Cities in the Baltic Sea Region (project 1.1)		8 000		8 000
WIS 2008 (Wellbeing in the Information Society (project 1.2)		3 000	City of Turku (3 000)	6 000
BROW – Baltic Region Opportunities for Wellbeing (project 1.3)		4 000		4 000
Continuing the development of Health Profiles (HEPRO process) (project 1.4)		1 000		1 000
Operational Entity 2: Healthy Ageing – Active Ageing		10 000		
International conference on Healthy Ageing - Active Ageing (project 2.1)		6 000		6 000
Active Arenas of the Elderly (project 2.2)		4 000		4 000
Operational Entity 3: Promotion of Physical Activity/ Active Living		11 500		
Dissemination practises and experiences (project 3.1)		3 000		3 000
Network of Accessible and Interactive Recreational Areas in the Baltic Sea Region (project 3.2)		8 000		8 000
Continuation project to partner in well-being through physical activity in cross-border co-operation, continuation project (project 3.3)		500		500
Operational Entity 4: Promoting sexual health and prevention of HIV/AIDS		8 000		
We Choose a Life – Young Against HIV/AIDS (project 4.1)			*	
YOU&ME – Promoting youth sexual health (project 4.2)		8 000		8 000
Operational Entity 5: Networking activities		14 500		
Meetings, visits and support for Healthy Cities activities (project 5.1)		14 500	City of Turku (7000)	21 500
Member organisations, Union of Baltic Cities collaboration (project 5.2)				
Communication and Visibility (project 5.3)				
TOTAL FUNDING FOR 2008	82 700	60 000	10 000	152 700

* We Choose a Life – Young Against HIV/AIDS–project (project 4.1) begins after signing the official contract between the association and EU, which defines the starting point of the project. Before that it is not possible to present project budget for the year 2008.