



The EU Mutual Learning Programme in Gender Equality

Gender Equality, Mental Health and Gender Mainstreaming Health Policies

Online seminar, 18-19 November 2021

Summary Report



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Introduction

The EU Mutual Learning Programme convened a well-attended and timely online seminar on gender equality, mental health and gender mainstreaming health policies on 18-19 November 2021. It was co-hosted by Czechia and Sweden and involved 11 other Member States as well as representatives of the European Commission and the European Institute for Gender Equality (EIGE).

The European Commission representative welcomed participants, noting that gender influences people's experience and access to health care. She noted that women in Europe have a worse health status than men and that work and family strain are likely to impact women's physical and mental health. Gender inequalities in the field of health need to be analysed and addressed to advance gender equality. The [EU4Health](#) programme is one of the EU's ambitious responses to the COVID-19 pandemic, which goes beyond crisis response to address health care systems' resilience in general. Through the 3rd Health Programme, the EU is also supporting Member States to address mental health topics.

In her opening remarks, Martina Štěpanková, Deputy Minister for Labour and Social Affairs, Czech Republic, noted that COVID-19 has impacted mental health and that women are the most vulnerable. The government adopted a new ten-year Gender Equality Strategy in March 2021, which for the first time has connected gender issues in the fields of employment, education, security and health. With the support of the European Social Fund Plus (ESF+), the government is implementing a multi-disciplinary approach to mental health with gender equality as a horizontal issue.

In welcoming participants, Lenita Freidenvall, Director of the Gender Equality Division of the Swedish Ministry of Employment, recalled the Swedish government's commitment to ensuring that gender equality is central to all decision-making, including gender equal health. The government is concerned about the increase in mental health issues among children and young people and the impact of extensive internet and social media use, an issue, which has become even more relevant because of the COVID-19 pandemic. The government is undertaking a wide range of actions with a clear gender perspective in order to develop gender-specific responses.

1. The good practices of Sweden

1.1 Swedish government initiatives on digitalisation and mental well-being from a gendered perspective

Cecilia Asklöf and Frida Randén from the Gender Equality Division of the Ministry of Employment presented four good practices concerning the gendered dimensions in research, policy and programme interventions to address increased mental health issues among young people in the digital age.

The [Swedish Media Council](#) has a mandate to protect children and young people from harmful effects of the media. It carries out regular research and in 2019 surveyed

children and young people to examine the gender dimensions of digital consumption and its self-perceived impact on mental health. The survey noted that the internet was a double-edged sword, providing both opportunities and risks. It found that there were strong gender differences in terms of risks, with girls more likely to experience symptoms of anxiety and stress; that older girls experience higher levels of stress; and that extensive media use (more than five hours per day) clearly correlated to impaired mental well-being among both boys and girls. Children who spoke regularly to their parents, exercised and met regularly with friends were less likely to report mental ill-being. On the other hand, children from low-income families or with both parents born abroad appear more at risk, but more research is needed to understand these correlations better.

A Youth Policy and Action Plan is adopted every four years, and the 2021-2024 plan has a strong gendered focus on mental health and social inclusion with initiatives to strengthen research and investments in mental health and suicide prevention. The Ombudsman for Children is undertaking a mapping of pornography use and its impact on the mental health of young people. The government has also developed a new school curriculum on comprehensive sexuality education (CSE), which will be introduced in autumn 2022. The curriculum provides a holistic approach to sexuality, consent and relationships and is considered one of the most important tools to counteract the negative effects of pornography and on-line and offline sexual harassment.

1.2 Digital media and gender equality in mental health in youth

Sofia Lindbom, from the Swedish Gender Equality Agency, provided an overview of the Swedish country context and the importance of the topic given increasing mental illness among young people, especially among girls; and the gendered differences in how mental illness manifests itself. However, there is still insufficient understanding of the causal links between mental ill-health and the digital environment. She referred to the socio-economic determinants of mental health and the importance of a rights-based approach as framed by the Convention on the Rights of the Child, in particular [General Comment 25 \(para 30\)](#) on social media and children. The Swedish good practices were an important step, but the research now needs to be translated into policies and regulations, educational interventions and remedial measures. It has also been crucial to carry out continuous evaluation of the policies and programmes.

2. The good practices of the Czech Republic

2.1 Gender mainstreaming of mental health policies in the Czech Republic

Lucie Hradecká and Tereza Zvolská from the Gender Equality Department of the Office of the Government of the Czech Republic presented good practices on integrating gender mainstreaming in health policies, with specific reference to mental

health. While mental health care reform has been ongoing since 2013 in Czechia, it has only recently included a gender perspective, following the adoption of the new [Gender Equality Strategy 2021-2030](#). The national action plan for mental health 2020-2030 also includes gender-specific measures for the first time. The Gender Equality Division of the Ministry of Employment was able to link up with gender progressive colleagues in the Ministry of Health and included the Ministry of Health in the consultation process before proposing any measures to the government. By fostering this close cooperation between the Department of Gender Equality and the Ministry of Health, the overall aim is to achieve a high quality service, respecting the human rights of both women and men.

Areas of focus include the de-institutionalisation and de-stigmatisation of mental health care with the development of inclusive community-based approaches; raising awareness among care providers about gender bias and the social determinants of health; addressing women's double burden of work and care; strengthening crisis services for victims of gender-based violence (GBV); and improving working conditions of health care providers, in particular mid-wives. The ESF+ has been instrumental in providing resources to make the programme operational. A pilot project includes workshops with employers on remote working and mental health with a gender perspective and the production of an information brochure for health care providers on the gendered aspects of mental health.

2.2 Assessment of the Czech approach to mental health mainstreaming

Iva Šmidová from Masaryk University and Elena Tulupova from Charles University outlined the context in which the Czech reforms are taking place, emphasising that the new strategies mark an innovative departure, given the legacy of Soviet era medical and institutional approaches to mental health. The integration of patient-centred, inclusive and gender perspectives into mental health policies is particularly challenging given the hierarchical nature of the medical profession and the limited resources available for the gender equality work. Moving forward, it will be important to integrate an intersectional perspective; to coordinate with other institutions and civil society; and to continue with gender-awareness education for policy makers, health and social care professionals. Sustainable financial and structural support is also essential.

3. Recent EU research on digital use, mental health and gender equality

3.1 Cross-country results from the EU Kids Online Database

Monica Barbovschi of the Institute of Sociology, Romanian Academy, presented the findings of the latest [EU Kids Online Survey \(2018-2020\)](#) conducted in 19 countries, among children of 9-16 years old. Another report covers [young people's experiences with sexual messages online](#). The survey uses a common methodology, focusing on

a risk assessment and a set of mental health proxy indicators for emotional responses, peer perceptions and the family environment. This method relies on self-reporting and has not been assessed by a medical clinician. It charts excessive internet use, and the extent children are viewing harmful content and sexual images; and how they respond to receiving sexual messages. The numbers of children reporting excessive use, defined by a set of criteria, is relatively small and has not changed over time. Furthermore, there are no significant gender differences. However, girls report they are significantly more disturbed about receiving sexual messages than boys. There is a strong correlation between bullying and feeling less safe at school and receiving unwanted sexual requests. Further research would be needed to understand why some children, particularly girls, experience a lack of support when faced with negative online experiences; and what are the implications for building resilience, policy-making and legislative initiatives to protect children's rights.

3.2 Mental health and gender equality: findings from EIGE's Gender Equality Index 2021

Blandine Mollard from EIGE outlined the main findings of the [EIGE's Gender Equality Index 2021](#), with the thematic focus this year on health. Gender norms and relations influence mental health in many ways. Women's mental well-being is consistently lower than men's with gender disparities most acute among younger women (18-24 years old). In the EU, about 20% of women and 18% of men suffer from mental disorders, equivalent to the total population of France. The impact of the COVID-19 pandemic on mental well-being has been dramatic and the consequences are likely to outlive the COVID-19 pandemic. There is a clear link between experience of GBV and mental health: traditional norms of masculinity lead to lower help-seeking behaviour; dissatisfaction with body image particularly among adolescent girls impacts on mental health; and women's burden of unpaid care is also a strong determinant of mental health. There has also been a huge toll on the mental health of care workers, the great majority of whom are women, because of the poor levels of preparedness, trauma and overwork, and fear of infection. Gender and intersectional perspectives need to be included in mental health services, which should be a key aspect of COVID-19 recovery plans.

4. The situation in the other participating countries¹

In *Belgium*, mental health care provision was substantially reformed in 2010 to give more emphasis to community-based care. The reform did not have a specific focus on decreasing gender disparities in mental health care, even though all newly

¹ For more information on the single participating countries, see the respective [country papers](#).

implemented policies within Belgium are mandated to be subject to gender mainstreaming. There are some independent reports on the relationship between internet and social media use and mental well-being, including the EU Kids Online research, with gender-disaggregated data for the Flanders region. Similar to the situation in Sweden, the data suggests that boys and girls are equally vulnerable to online risks but that girls are more often viewing content related to eating disorders and are more likely to be victims of cyber-bullying while boys are more often confronted with sexual content. Similar to Czechia's initiatives, the Belgium reform of mental care seeks to reduce residential hospital care with multi-disciplinary outreach teams providing care and allowing users to choose where they wish to receive treatment. Belgium also has a number of initiatives to destigmatise mental health and has opened centres to assist victims for sexual violence and Family Justice Centres.

In *Germany*, mental health care provision is relatively holistic and the involvement of patient representatives is common. However, a substantial number of mental disorders remain untreated because of stigmas or because those affected do not recognise their condition. A standardised low-threshold testing to increase treatment success would possibly lead to more gender equal mental health care. There have been recent initiatives by the Federal Ministry of Education and Research to improve understanding of the gender aspects of health care, and it would be important for treatment guidelines to fully embrace a gender perspective. While there is data on media use and its impacts on mental health, the causal links are not clear. The Swedish CSE curriculum is a good practice, which could usefully be implemented in Germany, as sex education still mainly focuses on its biological aspects. Children and adolescents at most risk of the harmful effects of digitalisation are often from neglectful or abusive families. It might therefore be more effective to identify and support victims of childhood maltreatment, because extensive or addictive use of digital media might be a symptom rather than a cause.

In *Estonia*, the situation can be compared to both Sweden and Czechia, as it finds itself somewhere between the two. The overall health status of Estonians is now near the EU average. Although the country has a similar legacy of a paternalistic, centralised medical system like Czechia, the main current challenge for Estonia is to improve the level of services, as there are still many unmet needs and health inequalities. It is vital that gender aspects and the needs of vulnerable groups are addressed. Estonia has institutions and programmes similar to those in Sweden, such as the Swedish Media Council and the youth action plan, but activities take place on a smaller scale. Estonia also has gender-disaggregated mental health data, but there are no gender-specific interventions as yet. It will be important to collect experiences about evidence-based activities where implementation leads to positive change. Member States would benefit from an EU funding instrument to support cooperation and improve health policies.

In *Greece*, there is no gender-disaggregated data of digital media usage, and the country ranks towards the bottom of the EU scale for digital technologies and skills. Ground-breaking legislation on gender mainstreaming in public policy-making was introduced in 2019, including on mental and physical health-related issues. Other

policy measures include the National Action Plan for Gender Equality (2021-2025), which has a strong emphasis on GBV, including for refugee and migrant women. The government has conducted research on gendered aspects of health and health services use, with a particular reference to the impact of the austerity crisis on women and other vulnerable groups. In relation to internet and social media use, it is important to ensure that young people's agency and critical awareness are not undermined or construed as problematic. There is a new initiative to consider introducing CSE in the school curriculum, with a pilot project on CSE training for primary and secondary school teachers. The Swedish CSE is an exemplary good practice, particularly for countries with no or emerging sex education curricula as it will assist with the development of skills and promote informed responses to sexualised digital communication.

In *Finland*, gender mainstreaming has been integrated into all decision-making for many years, and the government seeks to address persistent health inequalities based on gender, and socio-economic status and regions. A major reform of public health care and social welfare is underway to improve access and the quality of services. The Finnish Institute for Health and Welfare (THL) regularly monitors the health and well-being of school and higher education students. Since the pandemic, there has been a dramatic increase in mental health distress among students, particularly girls and young women. Similar to the situation in Sweden, girls and young women spend more time on social media and are more likely to suffer from excessive internet use, while boys and young men spend more time on gaming. Online pornography consumption is relatively low. The National Audiovisual Institute and the Ombudsman for Children are tasked to protect children. The Centre for Gender Equality Information operates under the THL and disseminates information on gender equality, health and well-being, including of gender minorities and the foreign-born population. Further research is needed on issues such as the mental health of LGBTIQ+ young people and the impact of digital media. However, rather than seeking to control the negative effects of digital media, it may be more helpful to identify and support vulnerable groups. Because of increased demand for mental health services, an on-line support service for students has been launched recently.

In *Hungary*, the government has not adopted gender-mainstreaming policies and there is only limited gender-disaggregated data available. Instead, it has adopted a 'family-mainstreaming' agenda, which gives priority to population increase and strengthening women's role within family structures. The government health care strategy 2021-2027 is quite broad and only a summary of the National Mental Health Programme is publicly available without specific indicators. Hungary has participated in some studies on digital and social media use among young people, and the association between students' mental health and screen time. One study concluded that there were slightly higher numbers of girls with problematic levels of social media use. Some NGOs and civil society organisations have programmes related to adolescent mental health. The good practices in Sweden and Czechia could be replicated in Hungary and would prove invaluable. However, for their effective implementation, a first step would be for policy makers to view women independently,

not only in the context of family structures. Another important issue is to make strategy documents available to the public to encourage stakeholder participation in monitoring. EU-level data collection on mental health of children and adolescents would also be useful.

In *Ireland*, there is currently a mix of publicly funded health services and a substantial private sector. A major health system reform is underway, intended to provide universal health care. The new mental health policy framework, adopted in 2020, seeks to ensure services are gender sensitive and build on a number of past and present initiatives, including a women's health taskforce, established by the Department of Health. Ireland ranks poorly on child mental well-being and like other Member States, young women are more likely to experience depression than young men. The National Youth Mental Health Taskforce has worked to increase school and community support and access to mental health services; as well as providing on-line support, with information materials and a telephone counselling service. There are similarities with Czechia's reform process, in particular the development of policy with users of services, and the focus on community mental health care. Like Sweden, Ireland has carried out youth mental health surveys. Legislation to prohibit abusive sharing of images has been passed, and there are further legislative proposals to improve online child safety; to end the self-regulation of social media; and establish an Online Safety Commissioner and a mechanism for individual complaints. There are also on-going reforms to the sexuality education curricula.

In *Malta*, gender mainstreaming is not well established. There is a strong state-funded public health service, but mental health services remain largely concentrated in psychiatric hospitals. The 2019 National Mental Health Strategy was developed through a wide consultation process and aims to improve community care provision, but lacks a funding allocation. The Czech example of involving representatives of patients and caregivers in the implementation of the national health strategy could be usefully replicated in Malta. There are not many studies of the mental well-being of young people. The gendered use of internet and social media appears to reflect the situation in Sweden. Malta has one of the highest prevalence rates of problematic social media use by adolescents, with high levels of exposure to sexual content and pornography. Like Sweden, the National Youth Agency plays an important role in research and monitoring of leisure activities and future collaboration with a mental health entity would be valuable. Sexuality education in schools is very limited, although it does include a focus on relationships and is covered through the Personal, Social and Career Development curriculum. Further research is needed in order to devise services with a clear gender perspective, as well as training on gender mainstreaming for public policy makers.

In the *Netherlands*, the government and health professionals are keenly aware of the importance of applying a gender-sensitive approach to health, including mental health, and there are a number of useful reports on the issue as well as on-going research. Mental health policies are developed using a 'polder model' or consensus decision-making, involving a wide-range of stakeholders. However, because gender issues can get crowded out during this process, a new alliance, called the Dutch

Alliance for Gender and Mental Health was formed in 2019. Bringing together users' associations, women's rights organisations and health professionals, the Alliance carries out advocacy and awareness raising. Compared to Czechia, there is more of a focus on bottom-up initiatives, with the active involvement of civil society. With reference to the impact of the use of digital media on the mental health of young people, the Dutch policies are quite similar to the Swedish approach except there is greater focus on bullying, blaming and shaming, which has become a traumatic plague in recent years. There are on-line support programmes for young people to treat depression, such as 'Grip on your Dip', which avoid the stigmatisation of referral to mental health facilities. A key to success is involving all parties, especially mental health service users, in the development of tailor-made policies and solutions.

In *Romania*, the National Health Strategy does not include gender mainstreaming nor intersectional perspectives. Mental health services still follow a centralised, paternalistic model and there is enormous stigma attached to mental illness. There is no systematic data collection regarding internet and social media use among children and adolescents apart from the EU Kids Online cross-country surveys. Similar to Sweden, young people most at risk from digital experiences come from unsupportive family and school environments. An emergency programme 'Care for the Children' recognises the mental health impacts of COVID-19 pandemic and is designed to strengthen intervention mechanisms in cases of violence against children. Initiatives to introduce CSE in schools have been thwarted by conservative and religious groups, and there is considerable discrimination against the LGBTIQ+ community. The Czech strategy of developing community care and involving service users and family members in mental health policies is equally valid for the Romanian context. A multi-stakeholder advisory body would also be a good model. The Swedish good practices could be useful as well to address the negative effects of extensive digital and social media use in a gender-sensitive manner.

In *Slovakia*, mental health reform is one of the priorities of the EU-funded Recovery Plan. The plan proposes setting up mental health centres in the community and enhancing training of mental health care professionals, but the proposals lack any gender or intersectional perspective. Good practices are mainly from civil society initiatives, including counselling helplines and initiatives to destigmatise mental illness. The National Coordination Centre for the Protection of Children from Violence has an action plan on the protection of children in the digital space. Cyber-bullying has recently been included in the Criminal Code and gender-disaggregated research on cyber-bullying among young people, shows that girls are more affected than boys. There is no CSE in schools, because of the persistent influence of conservative sectors. It is recommended that the recently established Government Council for Mental Health be broadened to include NGOs and service users and that a gender perspective be included in the Recovery Plan and proposed training programmes. Research on the impact of young people's digital use would be valuable and consideration should be given to establishing a Digital and Social Media Council.

5. Key issues discussed during the seminar

There were fruitful and thought-provoking discussions in two breakout groups. Following the Swedish presentations, good practices in different countries on **digital media use and young people's mental well-being** were shared. A number of countries were carrying out regular monitoring of school student health or young people's on-line safety, including excessive use and the extent of gaming or bullying. Similar to the situation in Sweden, other countries had also suffered a marked deterioration in young people's mental well-being as a result of the COVID-19 pandemic. A culture of 'blaming, shaming and bullying' was described as an epidemic. Studies from various countries confirmed that girls were more exposed to unwanted online sexual messaging than boys. A focus on the most vulnerable children without supportive parental environments was considered useful. Consideration should also be given to the different impacts of puberty on boys and girls, and how girls can need support not just with menstrual products but also with their mental health. Some countries, on the other hand, reported that there is currently very limited or no research or government programmes on mental health and young people's digital use, although there are some initiatives carried out by a small number of highly committed NGOs.

Some countries had promoted strong youth involvement in issues that concern them and provided direct and on-line professional and peer counselling. An on-line young person's mental health platform, including information materials and stakeholder input, lowered the threshold for access to help and was used proactively. Sexual consent campaigns and workshops with both students and teachers was another useful tool to ensure young people were less exposed to sexual risks, both on-line and off-line, and such programmes had received positive feedback.

Participants were interested to learn more about the Swedish CSE curriculum and whether they had encountered any pushback against its introduction. It was an issue that appeared to divide Europe. In some countries, CSE had been instituted with positive results, for example, leading to a reduction in teenage abortions. In other countries, conservative political forces and religious groups strongly opposed its introduction and teachers did not have much freedom on the issue. The [WHO guidance on sexuality education](#) was commended as a very comprehensive resource, which can also be used as an advocacy and training tool. The positive contribution of government gender equality information services in framing public opinion was also discussed.²

² In particular, reference was made to the Centre for Gender Equality Information of the Finnish Institute for Health and Welfare. More information in English available at: <https://thl.fi/en/web/gender-equality>

It was generally considered that there was a need to engage more systematically with the social media industry, including on issues such as their business model that amplifies extreme and harmful content, and on the issue of gender bias in algorithms. While there are some initiatives to prohibit non-consensual sharing of images, and to regulate sexist hate speech, it was noted that there is no discussion on regulating the promotion of unachievable beauty standards or unhealthy diets, which can lead to eating disorders. It was also noted that self-regulation of the social media industry had probably reached its limits, particularly in relation to sexist hate speech and on-line violence against women. The EU is currently preparing two relevant legislative proposals, the first one on preventing and combating violence against women and domestic violence, both online and offline violence; and a separate initiative presented by the Commission in December 2021 to extend the list of 'EU crimes' to hate speech and hate crime. This initiative is part of a broader set of EU actions to counter illegal hate speech and violent extremist ideologies and terrorism online, such as the EU Code of Conduct on countering illegal hate speech online, the proposed Digital Services Act, the Regulation on addressing terrorist content online and the EU Internet Forum.

With reference to ***gender mainstreaming of mental health programmes***, participants emphasised the importance of an intersectional approach, taking into account the specific needs of ethnic, refugee and migrant girls and women, the LGBTIQ+ community and women with disabilities. In some countries, there are strong gender-mainstreaming laws and practices and positive developments to include gender perspectives in mental health care provision with a multi-stakeholder approach; as well as initiatives to introduce gender budgeting. It was also noted that unfortunately, there is sometimes good research, but it is not taken into account when new policies are created. It was noted that gender mainstreaming is quite complicated and that progress is slow. It is therefore useful to develop time-bound strategies and evaluate progress regularly.

In some countries, training programmes for public administration officials to strengthen their understanding of gender mainstreaming are taking place. Some countries noted that recent reforms designed to integrate mental health into the community were in principle welcome, but had been used in practice to cut funding and consequently had a negative impact on women's access to mental health care. In other countries, there are gender-mainstreaming laws, but they are not systematically applied by the Ministry of Health. In Central and Eastern Europe, apart from Czechia, gender mainstreaming is not a priority and there is a lack of gender-disaggregated data. Conservative political and religious groups are challenging the concept of gender mainstreaming and advocating in its place a 'family-impact' assessment. This tendency to present a 'gender ideology' as undermining family values exists in a number of countries.

The Czech focus on the need to improve the status and working conditions of midwives and obstetricians was also an issue of concern in many Member States. It was noted that across the EU, midwives are poorly paid and many are leaving the profession. There have been some recent initiatives in some countries to improve

their status and empower the profession, including by giving them the right to prescribe certain medication. Participants also discussed the importance of gender-sensitivity training for the mental health profession, so they can better understand the risks associated with gender stereotyping, which can lead to situations of misdiagnosis. In some countries, it was encouraging to find that young women are now more prepared to speak openly about mental health issues and to take sick leave if necessary, although it was noted that such entitlements are not available to many working women. Another area that merited further research was the role of religious institutions and faith-based organisations in providing mental health counselling services, particularly to women, and the gender dimensions of this support.

6. Conclusions and recommendations

Participants agreed the topics for the seminar were highly relevant given the unprecedented challenges to mental well-being as a result of the COVID-19 pandemic, which has particularly impacted women and young people. The presentations and discussions had been very useful and the strategies could be used to strengthen actions to incorporate gender perspectives in future mental health policies and reforms. With regard to possible next steps, the following recommendations were put forward:

Digital media use and young people's mental well-being

- Regular research by Member States and at EU level on digital use by young people from a gender perspective together with specific campaigns to support young people's mental well-being;
- Continued advocacy for the introduction of CSE in schools so that girls and boys have the right tools to steer through the digital world in a gender-sensitive manner;
- Legislation to tackle online abuse and to increase the responsibility of the social media industry;
- Recognising the cross-border nature of online abuse, the development of an EU-wide approach and support for Member States to improve online safety. In this regard, the proposed EU network of gender experts on prevention of GBV and domestic violence, which will also address cyber-violence and cyber-bullying, is a welcome initiative.

Gender mainstreaming of mental health programmes

- Systematic collection of detailed gender-disaggregated data at both EU and Member States levels, including age, gender, race, ethnicity and socio-economic status to facilitate an intersectional analysis of mental health needs;
- Gender-awareness training for health professionals, with a particular focus on university teaching staff and trainee health professionals;
- Regular evaluation of policies and programme interventions in order to disseminate evidence-based results.