

## International Forum of Public Health Observatories



## Report

November 24-26, 2008  
Magdalena Palace  
Santander, Cantabria (Spain)

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## **1. Introduction**

The International Forum of Public Health Observatories, organised by the Cantabria Public Health Observatory (Observatorio de Salud Pública de Cantabria; acronym, OSPC), took place from November 24 – 26 in Santander, Spain, at the Magdalena Palace. This event was co-sponsored by the National Women’s Health Observatory of the Spanish Ministry of Health (Observatorio de Salud de la Mujer - OSM). To formalize this arrangement, a collaboration agreement was signed by the Health Ministry and the “Marqués de Valdecilla” Foundation (the Foundation to which OSPC belongs).

This initiative brought together professionals, researchers and activists searching for equitable healthcare, representing 18 Health Observatories from Latin America, Portugal and Spain. Shared amongst all these participants is a focus on reducing inequalities in healthcare based on gender, age, socio-economic class, geographic and cultural background, and ethnicity. The event was also attended by representatives of various international organisations, including multilateral institutions such as the World Health Organization (WHO), the Pan American Health Organisation (PAHO) and the United Nations Population Fund (UNFPA), as well as various non-governmental organisations and networks from Latin America and Spain (see Appendix 1 – List of Participating Organisations and Individuals).

## **2. Objectives of the Forum**

1. Promote and contribute to the social, professional and academic debate on health inequalities based on gender, age, social class, geographic and cultural background, and ethnicity, at the regional, national and international level.
2. Share best practices, lessons learned, experiences, research results, methodologies and tools between observatories dedicated to the analysis of health inequalities.
3. Reflect upon the impact of the participating observatories on the health policies of their own regions and countries as well as on the strengthening of civil society.
4. Evaluate the contribution of the participating observatories to the public debate at the national and international levels.
5. Foster research on health inequalities from the perspective of gender, age, social class and ethnicity.
6. Promote collaborations between observatories dedicated to the research and analysis of health inequalities related to gender.
7. Disseminate research results from the participating observatories and conclusions of the Forum through the regional and national media (including both electronic and paper-based publications) in order to reach an international audience.

### **3. Events leading up to the Forum**

The conceptualization of the Forum and the elaboration of the objectives and the programme were initiated by the Cantabria Public Health Observatory and developed over the period of a year and a half with the collaboration of the participating observatories. The experiences of the health observatories in our general area (i.e. Europe and Latin America) were considered to be of significant importance to the autonomous regions of Spain and the country as a whole. Given this, the initiative was defined as an initial encounter between observatories from the countries of Latin America and the Iberian Peninsula. At all times, this Forum was seen as a preliminary project involving international dialogue between observatories that would be shared with, and extended to, other countries.

In December, 2007, the Observatory of Uruguay, through MYSU, the organisation that supports it, along with the assistance of the United Nations Population Fund (UNFPA), organised a meeting in Montevideo for the purpose of presenting its first annual report. Invited to this event were the Gender Equity Observatory from Chile (Observatorio de Equidad de Género), the Health, Gender and Human Rights Observatory (Observatorio de Salud, Género y Derechos Humanos) and the Reproductive Health Observatory (Observatorio de Salud Reproductiva) from Argentina, and the Cantabria Public Health Observatory (OSPC). The principal objectives of the meeting were to exchange information about the scope and implementation process of all initiatives, to articulate potentialities for future work, and to discuss possible areas of interest and lines of debate for this international forum, planned for 2008.

One of the agreements that came out of the Montevideo meeting was to consult, via electronic means, with a selection of likeminded Latin American observatories. The purpose was to identify areas of interest, both on the thematic as well as on the methodological and political levels, related to the perspective proposed by the planned forum. The feedback from these consultations served as the initial contributions in terms of the necessities, concerns and dilemmas of the participating observatories, all of which began to give shape to the Forum programme. From this moment on, efforts were undertaken to secure the economic and human resources required to hold the event.

Once the agreement with the Spanish Health Ministry was signed, electronic consultations were extended to include additional observatories from Spain and Portugal. In addition, the Cantabria Public Health Observatory created a blog in which representatives from the observatories involved in the Forum were invited to contribute to the agenda for the Santander gathering. During the entire process of organising the forum, information and websites from the participating observatories were made available in order to enable all participants to have as much information as possible prior to the event.

#### **4. A summary of the Forum activities**

During the three days of the Forum, participants exchanged information about their experiences, best practices, research results and actions aimed at achieving equitable healthcare.

The activities of the Forum were divided between plenary sessions, roundtable discussions and workshops (see Appendix 2 – Forum Programme). Mornings were dedicated to conceptual and technical debates among participants on diverse issues, such as health policy work within the different political contexts of the countries and regions represented, research methods used to analyse health inequalities, and strategic collaborations.

The first day, and throughout the Forum, participants gave presentations about the diverse observatory models. Aspects explored included mission, objectives, scope and scale of observation, structure and management, and collaborations with other observatories and organisations. In addition, debates were held about the opportunities and difficulties faced by the observatories, as well as their impact on health policies regionally, nationally and internationally.

The second day centred on the strategies and methodologies used in researching and analysing health inequalities with a focus on gender, age, socio-economic class, geographic and cultural background, and ethnicity. These determinants were explored through the observatories' experiences, lessons learned and best practices within the context of the specific regions and countries represented at the Forum. In addition, participants dealt with questions related to the participation of very diverse actors in their work. The afternoon session examined how to most effectively produce and disseminate information generated by the observatories.

The third day explored collaborations among participating observatories on new approaches for evaluating impact on health policies, as well as for networking opportunities and fundraising. Participants evaluated the Forum and proposed ideas for follow-up strategies and activities.

On the afternoons of November 24<sup>th</sup> and 25<sup>th</sup>, the Forum featured two debate sessions open to other local and regional organisations and the general public. Attending these debates were representatives from patients associations, the University of Cantabria, the regional Health Ministry and the Public Health Department of Cantabria.

To publicize the Forum, a press conference was held with the regional media. It was chaired by the Health Minister of the Government of Cantabria and included the participation of the Director of the Public Health Department, a Programme Coordinator of the Women's Health Observatory of the Spanish Ministry of Health, the Director of the Uruguay Observatory of Gender and Sexual and Reproductive Health, and, the Director of the Cantabria Public Health Observatory. News about the Forum was also made available through presentations to the media by various participants in the event.

## **International Forum of Public Health Observatories**

Furthermore, all sessions and debates, as well as a number of interviews with representatives of the participating observatories, were filmed and will be compiled in a DVD for future distribution to all the participating observatories and organisations. The film will also be uploaded to the websites of the Forum organisers in an effort to reach the widest possible audience.

## **5. Characteristics of the participating observatories**

The Forum participants represented a diverse sample of observatories whose identifying characteristics or features can be grouped into two basic profiles. These profiles exhibit a marked regional basis, indicating that similarities can be seen between observatories located in countries in the same area:

### **5.1. Latin America Observatories:**

- They appear as sophisticated tools for citizens to monitor the health situation of specific groups of the population, in addition to the response of policy and decision-makers, as well as administrators.
- Their reason for being and fundamental interest is both to advocate for human rights as well as to strengthen the capacity of the people to clearly state and demand these rights. To do this, the observatories generate technical information intended for the dialogue with policy makers / administrators.
- They are surveillance instruments serving the interests of the civil society. They perform their tasks through:
  - o The provision of scientific evidence
  - o Participation in advisory bodies involved in defining directives, setting policy, granting resources and fostering research.
  - o Support with processes relating to social representation
  - o Work with the mass media and a range of other organisations, both governmental and non-governmental, at the local, regional, national and international level
- In general, the observatories in Latin America are more closely linked to the civil society (social movements) and to academic entities and universities as well as to diverse associations and networks.

### **5.2. Observatories of the Iberian Peninsula:**

- They can be characterized as knowledge management tools, charged with compiling, analysing and interpreting information according to context and political priorities. Their main tasks are: preparation of strategic reports and bulletins, and, participation in research projects, technical consulting and training.
- They mainly serve professionals, managers and researchers in the healthcare field.
- They are usually more closely linked to administrative bodies of healthcare institutions. Thus, their autonomy in decision-making is more limited than in the case of Latin American observatories, as is their potential to have an impact on policy-making and public opinion.

Within both of these two models, a series of **strengths and weaknesses** can be identified:

### **5.3. Strengths**

#### **Latin American Observatories:**

- Autonomy from the State on decision-making issues, project management and health impact evaluation
- Alliances with various actors – academia, civil society, networks
- Participatory management
- Legitimacy / recognition
- Influence on decision-making bodies
- Generate products – reports, monographs
- Composed of interdisciplinary teams
- Work with a multitude of actors
- Impact within diverse settings (local, sub-regional, regional, national)

#### **Observatories of the Iberian Peninsula:**

- Credibility, scientific rigour
- Contributing with relevant information for decision-making by policy-makers / administrators
- Efficient teams (composed of few, but highly productive, individuals)
- Knowledge and information sharing through networks
- Being a resource for support to the scientific community
- Providing assistance with information access and recovery
- Production of research and information tools
- Being agents to crystallize alliances
- Utilization of diverse dissemination strategies

### **5.4. Weaknesses**

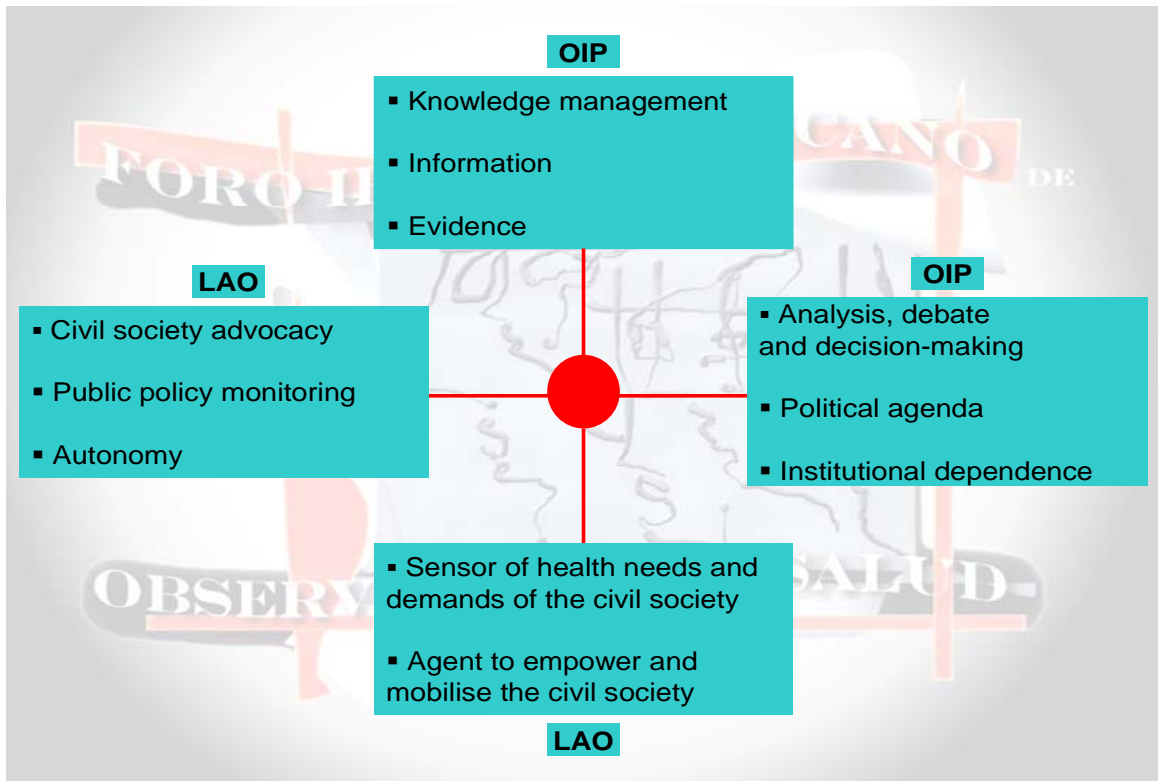
#### **Latin American Observatories:**

- Lack of continuity in the political context
- Information gaps and difficult access to the existing information
- Shortage of human resources
- Shortage of financial resources
- Difficult sustainability: dependence on external funding

#### **Observatories of the Iberian Peninsula:**

- Volatile political context
- Scant control over themes; dependence on the national government for thematic agenda
- Potential to become technical offices; excessively institutionalised
- Difficulty in evaluating the impact of their work
- Difficulty in broadening participation

The following diagram shows the principal characteristics of these two categories of observatories: **Latin American Observatories (LAO)** and **Observatories of the Iberian Peninsula (OIP)**.



## **6. Key themes of the workshops**

On the second morning of the Forum, two workshops were held simultaneously, in which the following themes were discussed:

### **6.1. Workshop I: Building and tracking of inequality indicators relating to gender, social class and ethnicity**

Points raised in the discussion:

- Significant differences exist between the information systems of the participating countries, as well as large gaps of information, especially on the question of gender.
- The quality and legitimacy of sources, both primary and secondary, are highly variable: universal instruments are non-existent, highlighting the need to diversify and contrast sources.
- There are limitations on measuring the impact of health on other sectors linked to living conditions and to issues of a more structural nature. Reliable sources of information are not available to the observatories on such matters as housing, the environment, etc.
- Legitimacy of methodologies: qualitative ones are always questioned to a greater degree.
- The legitimacy of the actor as a source of information: civil society organisations are questioned more than academic or governmental institutions.
- The importance of who defines the indicators (from which perspective and ethical position) to the analysis and use, in political terms, that is made of them.
- The complexity of indicator definitions. Some examples: the use of the term “handicapped” for a group which defines itself as a social actor rather than as a handicapped collective; the use of the term “race” by some researchers (not accepted within the postcolonial framework).
- The complexity of measuring social class and discrimination due to the existence of a range of conceptual frameworks and methodologies.
- The difficulty in establishing comparisons in terms of social class and discrimination between the various countries and regions of the participating observatories: in Latin America, for example, social class is a more bipolar phenomenon (more pronounced breach both economically and in terms of opportunities).
- It is important, on the one hand, to increase and improve the classic secondary information sources and, on the other hand, to generate new information from other paradigms and through distinct prisms. Observatories must optimize information and work to expand it.
- When it comes to disseminating the data, it is critical to monitor the media. In general, the media looks for hard data. We must sensitize and educate the media so that they understand that information on social determinants is important and cannot be measured exclusively in a quantitative manner.

## **6.2. Workshop II: Participatory processes, mapping of actors, political impact strategies**

Points raised in the discussion:

This discussion centred on the uneasiness felt around participatory processes. From the question, “What is it exactly that makes us feel uncomfortable?” came the following observations:

- Lack of self-criticism within the groups that generate participatory processes, which leads to stagnation: “we’re involved in non-stop selling”, and this doesn’t allow for introspection about our work.
- Tensions generated within the organisations do not help to achieve common objectives regarding participatory practices (incoherencies).
- The views of participation as a non-problematic best practice, rather than composed of a series of issues and problems. Many doubts exist about what is a best practice in participation. Do all actors have to be actively participating at all moments in time?
- The use of participation as discourse (i.e. politically correct), and not as practice.
- Inability to resolve the lack of convergence (interests, beliefs, conflicts) between the different actors in a given setting.
- Lack of tools to evaluate our impact; particularly relating to the impact of our efforts to promote participation.
- The diversity of actors makes translation efforts necessary on numerous occasions, as the meaning and aim of certain actions are often lost.
- Inability to reach the unorganised population; in contrast, contact is regularly maintained with non-governmental associations and organisations.
- Inability to meet the expectations of the public: “we don’t know what to do with the comments people make”. Just how far should an observatory go, and, what does the community expect of an observatory?
- Expectations created by the political elite through stimulation of public participation.
- Tension between citizen demands and political possibilities.
- Lack of participation and implication by some key political players (distancing in decision-making).
- Participation seen as a threat in the political arena.
- Difficulties in communication between the wide range of sectors involved and the public, largely due to the lack of empowerment within the public to transmit the positions it holds.
- Paternalistic governments that focus on the necessity to legitimize policy rather than on transparency.
- Public compliance and acceptance of policies without feeling the need to make use of the community’s capacity to exert political influence.
- The arrogance of “information of excellence”; all information should be clear and understandable.
- Lack of growth of community organisations.

**Actions that could be taken regarding these problems:**

- It is necessary to view these problems as opportunities.
- Participation should not only be contemplated for the identification of needs. It should be sought in the implementation phase, as well as in all other phases, of social and health policy development.
- It is important to make use of the learning process as the mechanism to put the demands of the population on the public agenda.
- We must foster participation and alliances with the entire range of actors, not only with the “communities”. Health professionals, administrators, ombudsmen, etc., must be included.
- It is important to emphasize the sustainability of observatory actions.

**In the session “How to disseminate the information produced and analysed to the various publics, how to promote participation and contribute to building citizenship, and how to evaluate the impact of our information, education and communication strategies”**

Participants spoke about eligibility criteria for the associations that would participate in the policy work of observatories: eligibility criteria for actors; expectations of the government and of the observatories; communication gaps and efforts to solve them; governmental bureaucracy regarding policy making; efforts to determine what is involved in the application of these policies; difficulties in measuring the impact of these policies; and, differences between use and impact.

In this session, multiple questions were raised regarding evaluation of the degree of influence achieved, and, of the participatory processes themselves, both of which represent important challenges for the observatories. From where does one participate? How can participation be evaluated if communication channels do not exist between the government and the civil society?

**In the last plenary debate of the Forum: “Links, strategic support and collaborations”**, the following approaches to collaboration were suggested:

- Share methodologies and experiences
- Evaluate the impact and the processes of the observatories
  - o Perform some parallel evaluations between observatories with the most similar projects or visions.
  - o Evaluate the different types of policy influence brought to bear by the observatories.
  - o Evaluate how far the observatories have come with the resources available and the strategies employed.

## **7. Evaluation of the Forum and proposals for the future**

In the final discussion session, it was decided to redefine the term “Conclusions” in the title of the closing session to “evaluation of the Forum and proposals for the future”, since it was felt that the three days of reflection and debate, rather than leading to conclusion or closure, served to raise questions and open new areas of discussion. The event also presented possibilities for collaborations and alliances between the observatories and other organisations that were in attendance, generally providing support in numerous ways for the work of the observatories.

Overall, the Forum was qualified as an opportunity to learn, debate and discuss, in addition to an exchange of views, concerns, experiences, tools and proposals. There was consensus about the need to continue reflecting upon, deconstructing and analysing all that was learned. The diversity of the participants was greatly valued. All who attended applauded the distinct synergies that emerged between observatories with very diverse trajectories, and between the observatories and the other institutions that attended the Forum.

Some of the participating observatories and organisations offered support including: the optimization of observatory websites; and assistance with the future development of some observatories, particularly the newest ones in Latin America. The multilateral institutions proposed specific assistance: the World Health Organization –WHO- offered to aid the Nicaraguan Observatory; and the United Nations Population Fund – UNFPA- made the commitment to continue supporting the projects of the observatories that it is involved with in Latin America. Doctors of the World also offered to look for synergies with the health observatories in areas in which it could provide direct technical aid. In addition, this organisation offered to serve as a channel or an instrument for the purpose of supporting, interpreting and acting to further specific initiatives and projects. Doctors of the World also mentioned that instruments (associated with cooperation and development) and programmes exist today in which the integration of observatories would be both feasible and relevant.

Moreover, participants suggested creating a web instrument for communications between observatories and for follow-up from the Forum. A proposal was also made to continue updating the mapping of observatories, building on the maps designed and maintained by the Cantabria Public Health Observatory<sup>1</sup> from 2007 up to the date of the Forum.

Finally, comments were made about joint publications, based on the presentations, proposals and analyses of the Forum, as well as about the need to continue the dialogue between the observatories that participated in the event.

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<sup>1</sup> [www.ospc.es](http://www.ospc.es)

## **International Forum of Public Health Observatories**

The Forum opened new arenas of reflection and debate in terms of the role of health observatories, as political actors, on the reduction of health inequalities and the achievement of equity in healthcare. The legitimacy of the health observatories depends on the coherence between their fundamental values and mission, and the methods, rigour and impact of their work. However, their sustainability is going to depend, in addition to institutional and economic support, on the strength of their alliances and on the capacity to interact with a wide range of actors, all of whom are fundamental to their work. Therefore, partnerships between observatories with common values and interests, across sectors and borders, could represent an important strategy for both the continuity and the growth of observatories.

## 8. Appendix 1. List of Participants

### Latin American Observatories

- Observatory of Health, Gender and Human Rights (Observatorio de Salud, Género y Derechos Humanos) INSGENAR.  
**Argentina**, Susana Arminchiardi
- Argentinean Reproductive Health Observatory (Observatorio de Salud Reproductiva de Argentina).  
**Argentina**, Evelina Chapman
- National Network for Reproductive and Sexual Rights (Consortio Nacional por los Derechos Reproductivos y Sexuales) CONDERS.  
**Argentina**, Susana Checa
- Observatory of Gender Equity in Health (Observatorio de Equidad de Género en Salud).  
**Chile**, Pamela Eguiguren
- Regional Observatory of Equity in Health according to Gender and Mapuche People (Observatorio Regional de Equidad en Salud según Género y Pueblo Mapuche).  
**Chile**, Elga Arroyo Cortés
- Santander Public Health Observatory (Observatorio de Salud Pública de Santander).  
**Colombia**, Rafael Gustavo Ortiz Martínez y Claudia Milena Hormiga Sánchez
- Nicaraguan Women's Health Observatory (Observatorio nicaragüense de Salud la Mujer).  
**Nicaragua**, Eliette Valladares, Matilde Jirón, Sylvia Narváez y Darlene Omeir
- Health Observatory (Observatorio de la Salud).  
**Peru**, Margarita Petrerá
- Gender and Sexual and Reproductive Health Observatory (Observatorio en Género y Salud Sexual y Reproductiva).  
**Uruguay**, Alejandra López

### Portuguese Observatory

- Portuguese Observatory of Health Systems (Observatório Português de Sistemas de Saúde, Escola de Saúde Pública de Portugal).  
Ana Escoval

### Spanish Observatories

- Observatory of Health Inequalities (Observatorio de Desigualdades en la Salud). CIBERESP.  
Lorena Cascant
- Barcelona Public Health Observatory (Observatorio de la Salud Pública de Barcelona), Agencia de Salud Pública de Barcelona.  
Carme Borrell
- Occupational Health Observatory (Observatorio de Salud Laboral). University Pompeu Fabra.  
Ana M<sup>a</sup> García
- Castilla-La Mancha Health Observatory (Observatorio de Salud de Castilla-La Mancha). FISCAM.  
Olga Solas

## International Forum of Public Health Observatories

- Observatory of Public Policies and Health (Observatorio de Políticas Públicas y Salud). University of Alicante,  
Diana Gil González
- Observatory of Health in Europe (Observatorio de Salud en Europa).  
Andalusia Public Health School (Escuela Andaluza de Salud Pública).  
Inés García Sánchez.
- Women´s Health Observatory (Observatorio de Salud de la Mujer), Ministry  
of Health (Ministerio de Sanidad y Consumo),  
Isabel Saiz y Rosa López
- Cantabria Public Health Observatory (Observatorio de Salud Pública de  
Cantabria), Regional Ministry of Health (Consejería de Sanidad),  
Angeles Cabria, Ana Pérez, Dolores Prieto y Oscar Pérez.

### Other participating institutions

- World Health Organisation. Geneva, Enrique Ezcurra. Coordinator for the  
Reproductive Health and Research Department of the Americas  
Ana Cristina González. Advisor. Technical Office for Latin America. WHO.
- United Nations Population Fund (UNFPA):  
Leonor Calderón, Representative for Latin America and the Caribbean.
- Panamerican Health Organisation,  
Sylvia Narvaez. Representative for Nicaragua.
- Latin American and Caribbean Women´s Health Network (Red de Salud de  
las Mujeres Latinoamericanas y del Caribe - RSMLAC),  
Sandra Castañeda
- Spanish Interest Group in Population, Development and Reproductive Health  
(Grupo de interés Español en Población, Desarrollo y Salud Reproductiva -  
GIE). Emilliana Tapia
- Doctors of the World – Spain (Médicos del Mundo - España),  
Yedra García Bastante y José Fernández Díaz.

### Collaborators

- Perla Rosental, President of the Lesbian, Gay, Bisexual and Transexual  
Association of Cantabria (ALEGA).
- Milagros Ramasco, Chief of Health Promotion. Public Health Department.  
Community of Madrid.
- Margarita Plà, Director of the Qualitative Research Department. Autonomous  
University of Barcelona.
- Helena Martínez Bueno, Coordinator of the Gender Equality Unit. Women´s  
Health General Department (Unidad de Igualdad de Género, Dirección  
General de la Mujer). Government of Cantabria.

## 9. Appendix 2 – Forum programme

PROGRAMME OF THE FORUM		
MONDAY 24	TUESDAY 25	WEDNESDAY 26
<p><b>9:30-10:30 Inauguration</b></p> <p>Luis Truan Silva <b>Health Minister of the Government of Cantabria</b></p> <p><b>Opening session</b> <b>Address by the Health Minister</b></p> <p>Isabel Saiz, <i>Coordinator of Programmes. Women´s Health Observatory. Ministry of Health</i></p> <p>Alejandra López, <i>Co-Director of the Gender and Sexual and Reproductive Health Observatory (Uruguay)</i></p> <p>Santiago Rodriguez, <i>General Director of Public Health. Government of Cantabria</i></p> <p>Angeles Cabria, <i>Director of the Cantabria Public Health Observatory</i></p> <p>Video presentation of the Forum</p>	<p><b>9:00-11:00 Plenary debate:</b></p> <p><b>Strategies and methodologies for researching and analysing health inequalities</b></p> <p>Susana Checa, <i>Nacional Network for Reproductive and Sexual Rights - CONDERS (Argentina)</i></p> <p>Rafael Ortiz, <i>Santander Public Health Observatory (Colombia)</i></p> <p>Carme Borrell, <i>Barcelona Public Health Observatory</i></p> <p>Alejandra López, <i>Gender and Sexual and Reproductive Health Observatory (Uruguay)</i></p> <p><b>Moderator:</b> Olga Solas, <i>Castilla-La Mancha Health Observatory</i></p>	<p><b>9:00-11:00 Plenary debate:</b></p> <p><b>Links, support networks and collaborations</b></p> <p>Leonor Calderón, <i>UNFPA, Representative for Latin America and the Caribbean.</i></p> <p>Enrique Ezcurra, <i>WHO, Coordinator for the Reproductive Health and Research Department of the Americas</i></p> <p>Rosa López, <i>Women´s Health Observatory. Ministry of Health</i></p> <p>Ana Escoval, <i>Portuguese Observatory of Health Systems</i></p> <p>Angeles Cabria, <i>Cantabria Public Health Observatory</i></p> <p><b>Moderator:</b> Helena Martinez Bueno, <i>Coordinator of the Gender Equality Unit. Government of Cantabria</i></p>

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10:30-11:30 Press conference Photos and coffee	11:00-11:30 Coffee	11:00-11:30 Coffee
<p><b>11:30-14:00 Plenary debate:</b></p> <p><b>Analyzing the diversity of observatories: strengths and weaknesses regarding management approach, scope of action, alliances and political context</b></p> <p>Pamela Eguiguren, <i>Regional Observatory of Equity in Health according to Gender and Mapuche People (Chile)</i></p> <p>Inés García Sánchez, <i>Observatory of Health in Europe</i></p> <p>Margarita Petrera, <i>Health Observatory (Peru)</i></p> <p>Lorena Cascant, <i>Observatory of Health Inequalities</i></p> <p>Susana Arminchiardi, <i>Argentinean Reproductive Health Observatory (Argentina)</i></p> <p>Ana M<sup>a</sup> García, <i>Occupational Health Observatory</i></p> <p>Diana Gil González, <i>Observatory of Public Policies and Health</i></p> <p><b>Moderator:</b> Milagros Ramasco, <i>Chief of Health Promotion. Public Health Department. Community of Madrid</i></p>	<p><b>11:30-14:00 Workshops:</b></p> <p><b>Workshop 1: Building and tracking of inequality indicators relating to gender, social class and ethnicity</b></p> <p><b>Facilitators:</b></p> <p>Alejandra López, <i>Gender and Sexual and Reproductive Health Observatory (Uruguay)</i></p> <p><b>Workshop II: Participatory processes, mapping of actors, political impact strategies</b></p> <p><b>Facilitators:</b></p> <p>Marga Plà, <i>Qualitative Research Department. Autonomous University of Barcelona</i></p>	<p><b>11:30-13:00 Conclusions, final remarks and evaluation of the forum</b></p> <p>Angeles Cabria, <i>Cantabria Public Health Observatory</i></p> <p><b>13:00 Closing Ceremony</b></p> <p><b>Closing panel:</b></p> <p>Rosa López, <i>Coordinator of Programmes. Women´s Health Observatory. Ministry of Health</i></p> <p>Carmen Martin, <i>Council woman. Santander City Hall</i></p> <p>Santiago Rodriguez <i>General Director of Public Health. Government of Cantabria</i></p>

**International Forum of Public Health Observatories**

14:00-16:00 LUNCH	14:00-16:00 LUNCH	13:30 FAREWELL COCKTAIL
<p><b>16:00-18:00 Round table discussion</b>                      The “why” and “for what” of observatories: what objectives motivate us; what opportunities and difficulties do we face relating to scope and scale of observation; how can we influence public health and gender equity policies</p> <p>Alejandra López, <i>Gender and Sexual and Reproductive Health Observatory (Uruguay)</i></p> <p>Ana Escoval, <i>Portuguese Observatory of Health Systems</i></p> <p>Elga Arroyo Cortés, <i>Regional Observatory of Equity in Health according to Gender and Mapuche People (Chile)</i></p> <p>Isabel Saiz, <i>Women´s Health Observatory. Ministry of Health</i></p> <p>Olga Solas, <i>Castilla-La Mancha Health Observatory</i></p> <p>Evelina Chapman, <i>Argentinean Reproductive Health Observatory</i></p> <p><b>Moderator:</b> Angeles Cabria, <i>OSPC</i></p>	<p><b>16:00-18:00 Round table discussion</b>                      How to disseminate the information produced and analysed to the various publics; how to promote participation and contribute to building citizenship; and how to evaluate the impact of our information, education and communication strategies</p> <p>Rosa López, <i>Women´s Health Observatory. Ministry of Health</i></p> <p>Pamela Eguiguren, <i>Observatory of Gender Equity in Health (Chile)</i></p> <p>Margarita Petrera, <i>Health Observatory (Perú)</i></p> <p>Alejandra López, <i>Gender and Sexual and Reproductive Health Observatory (Uruguay)</i></p> <p>Inés García Sánchez, <i>Observatory of Health in Europe</i></p> <p><b>Moderator:</b> Marga Plà, <i>Qualitative Research Department. Autonomous University of Barcelona</i></p>	