

# **NCDs prevention and health promotion through training, networking and awareness- raising across the EU**

Project n.101128898 — Preventia

## **Reports from twinning participants (D2.4)**

### **Document Type (R/Dem/Dec/Other)**

R — Document, report

### **Dissemination Level (Pu/Co/Ci)**

PU - Public

## Document control page

Project acronym	Preventia
Project title	NCDs prevention and health promotion through training, networking and awareness-raising across the EU
Grant Agreement number	101128898
Call identifier	EU4H-2022-PJ-3
Project starting date	01/01/2024
Project duration	36 months
Deliverable	D2.4
Work Package	WP2
Document title	Reports from twinning participants
Version	V1
Responsible author(s)	Eleonora Messina (ADOC)
Date of submission	13 February 2026
Due date of deliverable	31 January 2026
Type	R — Document, report
Language	English
Dissemination level	PU - Public

## Version history

Version	Drafted by	Date	Description
V1	Eleonora Messica (ADOC)	13/02/2026	First version

## Disclaimer

*“Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.”*

## Table of content

List of acronyms .....	3
List of tables .....	3
1. Introduction.....	3
1.1 Project background .....	4
1.2 Overview of the Work Package .....	4
1.3 Overview of the deliverable .....	5
2. Annex 1: Agreement with medical centre in Belgium.....	6
3. Annex 2: Agreement with medical centre in Croatia .....	7
4. Annex 3: Agreement with medical centre in Lithuania.....	8
5. Annex 4: Agreement with medical centre in Italy.....	9
6. Annex 5: Template agreement in English.....	10

## List of acronyms

<b>INCO</b>	National Institute for the Treatment of Obesity
<b>NCDs</b>	Non-Communicable Diseases
<b>WP</b>	Work Package

## List of tables

Table 1: List of Work Packages .....	5
Table 2: List of deliverables of Work Package 2 .....	5

# 1. Introduction

## 1.1 Project background

Non-communicable diseases (NCDs) are the result of unhealthy lifestyles, e.g. tobacco use, physical inactivity, unhealthy diets, and use of alcohol, leading to metabolic and physiological changes. In European countries, NCDs are responsible for an enormous part of the burden that public health systems in the Member States are facing. The increasing rates of deaths related to NCDs in Europe are concerning, but although running rampant, the complex health issues caused by NCDs can be tackled, if we improve prevention measures and promote health.

The Preventia project aims to contribute to the achievement of three general and transformational objectives: i) to reduce health inequalities across the EU, ii) to decrease the spreading of NCDs across the EU, iii) to foster cooperation and exchanges between the EU Member States.

Through a set of relevant Work Packages and tasks, the project unfolds according to 3 main dimensions: i) capacity-building and training, ii) networking and cooperation and iii) campaigning and awareness-raising.

The project's specific objectives are to: i) enhance the cooperation and peer-learning of civil society across the EU in the fight against NCDs, with a special emphasis on stakeholders from Ukraine; ii) encourage the exchanges and best practices and mobility opportunities of health and nutrition workforce across the EU; iii) improve health literacy of younger generations on NCDs prevention through training on healthy eating habits and childhood obesity; iv) reduce health inequalities across the EU (and beyond) through inclusive activities for vulnerable groups; v) raise awareness of citizens at large through participatory and interactive campaigns; vi) empower consumers to make better informed and more nutritious food choices through innovative digital tools; vii) analyse and assess national policies related to NCDs prevention; viii) advocate for new EU policy approaches based on the Member States' needs; ix) widely and effectively communicate about the project and give visibility to its activities; x) to promote and disseminate the project deliverables among targeted audience across the EU.

## 1.2 Overview of the Work Package

The present deliverable (D2.4) falls within Work Package 2 - Training and twinning. The objectives of this Work Package (WP) are to: i) enhance the cooperation and peer-learning of civil society across the EU in the fight against NCDs, with a special emphasis on stakeholders from Ukraine ii) encourage the exchanges of best practices and mobility opportunities of health and nutrition workforce across the EU.

A complete list of the project Work Packages is presented in the table below. The Work Package to which the present deliverable belongs is highlighted in green.

Work Package number	Work Package name	Lead beneficiary	Start month	End month
1	Project management	SAFE	1	36
2	Training and twinning	LCI	1	25
3	Tackling health inequalities through inclusion	CEIP	1	36
4	Campaigning and awareness raising	U.DI.CON	1	36

5	Policy and advocacy	SAFE	6	36
6	Communication and dissemination	SAFE	1	36

Table 1: List of Work Packages

Work Package 2 encompasses various tasks, including the development of a twinning programme between medical centres located in the partners' countries (i.e., Belgium, Croatia, Lithuania and Italy). This mobility and capacity-building scheme is designed to target the workforce specialised in NCDs prevention and nutrition. This programme aims at fostering peer-to-peer learning and exchanges of best practices within the EU Member States, while enhancing longer-term cooperation between national health institutions.

In preparation for the twinning programme, project partners mapped relevant medical centres in their respective countries based on agreed criteria to ensure comparable capacities and infrastructure. Agreements were then signed with the selected centres, outlining the terms and conditions, as well as the rights and responsibilities of the parties involved. The signed agreements were compiled in D2.3.

Following, one medical staff was selected in Belgium, Croatia, Lithuania and Italy to take part in the twinning programme. The duration of the mobility consisted of three days of training, from 20 to 22 January. During the twinning period, in addition to engaging in the daily activities of the centre, the participants got together with the centre's workforce to brainstorm on issues to tackle in relation to NCDs prevention. After the termination of the twinning programme, they were required to produce a report.

The full list of the deliverables belonging to Work Package 2 is reported in the table below. The present deliverable is highlighted in green.

Deliverable number	Deliverable name	Lead beneficiary	Type	Dissemination level	Due month
D2.1	Workshops for NGOs and Ukrainian professionals	LCI	R — Document, report	PU - Public	25
D2.2	Workshop toolkits	LCI	R — Document, report	PU - Public	25
D2.3	Agreements with medical centres	Amici Obesi	R — Document, report	SEN - Sensitive	18
D2.4	Reports from twinning participants	Amici Obesi	R — Document, report	PU - Public	25

Table 2: List of deliverables of Work Package 2

### 1.3 Overview of the deliverable

The present deliverable (D2.4) gathers the reports prepared by the participating health professionals from Belgium, Croatia, Lithuania and Italy. All the reports are presented as annexes to this document.

## 2. Twinning programme between medical centres

A twinning programme between medical centres located in the partners' countries was developed as part of T2.2. This mobility and capacity-building scheme targeted the workforce specialised in NCDs prevention and nutrition. This programme aims at fostering peer-to-peer learning and exchanges of best practices within the EU Member States, while enhancing longer-term cooperation between national health institutions.

At first, the initial task leader (Amici Obesi) identified and mapped medical centres in Italy that could potentially host the twinning programme, ultimately selecting the [Department of Bariatric and Metabolic Surgery of the Galeazzi - Sant'Ambrogio hospital](#), located in Milan. Its National Institute for the Treatment of Obesity (INCO) is a national reference centre for the treatment of obesity and metabolic disorders since 2010, ensuring a continuous and patient-centered care.

INCO's activities are delivered through an integrated, multidisciplinary approach spanning medical, nutritional and psycho-behavioural care. Clinical management combines medical and surgical expertise, using the most innovative pharmacological, endoluminal, video-laparoscopic minimally invasive and robotic techniques. This is complemented by comprehensive dietological and nutritional support, including supplementation and pharmacological therapies aimed at weight management and nutritional control for overweight and obese patients. In parallel, psycho-behavioural care is provided through both individual and group interventions, ensuring a patient-centred model of continuous support throughout the care pathway.

Bariatric and Metabolic Surgery at INCO is performed by highly experienced and skilled surgeons, using the most innovative laparoscopic and minimally invasive techniques. Surgeons work hand in hand with a multidisciplinary team, composed of endocrinologists, bariatric dietitians, clinical psychologists and psychiatrists. This multimodal approach offers a comprehensive care for obesity and its comorbidities, according to International Guidelines. INCO offers also a dedicated post-bariatric reconstructive surgery and a nutritional rehabilitation, focusing on the most common comorbidities especially type 2 diabetes and metabolic syndrome.

Based on the Italian hospital's characteristics, beneficiaries identified medical centres in their respective countries with similar expertise, capacity, and infrastructure. Simultaneously, the task leader collaborated with the hosting medical centre to draft a concept for the programme. Using the programme proposal as a reference, beneficiaries finalised agreements with the medical centres in their countries. These agreements, outlining the terms, conditions, rights, and responsibilities of the parties involved, were translated into Croatian, French, Lithuanian and Italian and were compiled in D2.3 'Agreements with Medical Centres.'

During Autumn 2025, the new task leader (ADOC) held several meetings with the Galeazzi – Sant'Ambrogio medical centre to define the dates, programme content, and logistics. Further consultations were carried out with the partner institutions involved in the twinning initiative to finalise and confirm arrangements. The twinning programme was scheduled to take place on 20-22 January 2026.

The programme was developed in close agreement with the Italian medical centre's coordinator and manager. The core programme underpinning the twinning initiative has been designed as a three-day full-immersion experience. This timeframe has been identified as essential to introduce and develop an understanding of the complex field of eating behaviour disorders, as well as their human and clinical implications.

The three-day training programme focused on the treatment of obesity and related NCDs. The first day was dedicated to presenting the Galeazzi – Sant’Ambrogio’s philosophy and the work of its Obesity Centre. The interdisciplinary approach that has consistently characterised the INCO Centre was illustrated through clinical interaction among physicians, psychologists, nutritionists and specialists from the various medical disciplines involved in the care of patients with obesity.

On the second day, participants addressed obesity as a metabolic disease and explored the associated clinical challenges. Etiopathogenetic aspects, including those related to rare genetic conditions, were examined in order to understand the more common metabolic and clinical implications. The multidisciplinary clinical approach was then analysed, together with its interaction with social and psychological factors.

On the third day, after participants had acquired the necessary knowledge and shared key stages of the clinical pathway with the participating physicians, greater emphasis was placed on comparing different national, cultural and social contexts. This was achieved through direct interaction with participants, addressing their observations and encouraging discussion.

-

The detailed agenda of the programme is presented as Annex 1.

### **3. Annex 1: Agenda**

The agenda of the twinning programme is provided in 'Annex 1\_Agenda'.

## 4. Annex 1: Report from Belgian participant

### 1. Participant information

- Name: Georgiana Taujan
  - Medical centre / organisation: CHU Brugmann
  - Country: Belgium
  - Professional role: MD, Deputy head of clinic
- 

### 2. Objectives

- What were your main objectives for joining the twinning programme?
    - To broaden my academic and professional perspective through international exposure.
    - To learn (from) different educational and cultural approaches.
    - To build meaningful cross-cultural relationships.
    - To enhance my communication and adaptability skills.
  - What did you expect to learn from the training?
    - To learn updated medical knowledge and practical clinical skills that would improve my ability to provide effective patient care.
    - To better understand medical procedures, protocols, and best practices, as well as how to apply them accurately in clinical settings.
    - To gain more knowledge about evidence-based prevention and management strategies, such as lifestyle interventions, nutritional guidance, physical activity, and medical or behavioral approaches.
    - To improve my ability to assess, counsel, and support patients with obesity.
- 

### 3. Programme activities

Briefly describe your participation in the following activities:

- Day 1 - Introduction to the hosting centre and multidisciplinary approach:
  - I attended the presentation on the history of the hospital.
  - I attended the theoretical presentation on the clinic organisation.
  - I contributed to group discussions on structural organisation of a multidisciplinary obesity clinic, highlighting the differences and advantages of the system presented compared to the clinic where I work and I applied theoretical knowledge to case studies related to obesity.
  - I attended the theoretical presentation on different behavioural, medical and surgical approaches in obesity management and I contributed to group discussions on clinical cases.

- Day 2 – Obesity as a metabolic and non-communicable disease:
    - I assisted obese patients in their surgical management of obesity.
    - I engaged in case-based discussions, analysing the metabolic mechanisms, risk factors, and long-term health consequences associated with obesity.
    - I also contributed to discussions on its prevention and management from a public health and clinical perspective.
    - I assisted patients in their multidisciplinary medical follow-up after surgical treatment.
  - Day 3 – Exchange of practices and comparative discussion:
    - I assisted obese patients in their initial multidisciplinary evaluation.
    - I actively participated in the exchange of practices and comparative discussions by sharing experiences and insights, listening to peers' approaches, and analysing similarities and differences in strategies for managing obesity.
    - I contributed to evaluating best practices and reflected on how these could be applied or adapted in different clinical and public health contexts, underlining the key elements that I think are the base of good results.
- 

#### 4. Key learnings

- Clinical, organisational, or methodological insights gained:
  - I gained more clinical insights into the pathophysiology, assessment, and management of obesity, including evidence-based interventions
  - Organisationally, I learned how multidisciplinary teams coordinate care and implement prevention strategies effectively.
  - Methodologically, I developed skills in critically evaluating research, comparing intervention approaches, and applying best practices in both clinical and public health contexts.
- Innovative practices or approaches identified:
  - Multidisciplinary approach.
  - One-day initial evaluation.
  - Tailored therapeutic decisions and patient centred strategies.
  - Innovative endoscopic/bariatric technics.
  - Satellite clinics for better/easier initial evaluation and follow-up of patients.
  - Prevention programme implemented in schools – EAT.
- Best practice examples discussed:
  - Multidisciplinary approaches to obesity management.
  - Evidence-based lifestyle interventions.
  - Structured nutritional and physical activity programme.
  - Patient-centred counselling techniques.

- Community-based prevention initiatives.
  - Case studies highlighted successful integration of clinical, behavioral, and public health strategies to improve patient outcomes.
- 

## 5. Comparison with your home country

- One or two key differences or similarities compared to practices in your country:
    - Similarities
      - Bariatric surgery inclusion criteria.
      - Reimbursement/cost coverage
      - Behavioral/lifestyle modification, medical and surgical approaches.
    - Differences
      - A very well organised programme/structure for lifestyle modification.
      - Three weeks post-surgery rehabilitation programme.
      - Very good follow-up programme.
      - More patient-centred approach.
      - A highly cohesive multidisciplinary team.
  - Practices or ideas that could be adapted or transferred:
    - More patient-centred approach.
    - More behavioural/life-style modification structured interventions.
    - Post-surgery rehabilitation programme.
    - More strict and better defined follow-up programme.
- 

## 6. Added value of the twinning programme

- How did this experience benefit you professionally?

This experience enhanced my professional knowledge and skills in managing obesity, improved my understanding of evidence-based clinical and public health strategies, and strengthened my ability to critically analyse research and best practices. It also improved my communication and collaborative skills, enabling me to contribute more effectively to multidisciplinary teams and support patient-centered care.
  - How could it benefit your organisation or health system in your country?
    - Emphasise a multidisciplinary approach with a very well welded team of specialists.
    - Re-starting behavioural and lifestyle changing programme.
    - Implementing a strict multidisciplinary follow-up programme.
-

## 7. Challenges and suggestions

- Any challenges encountered during the programme:

The lack of complete information regarding this programme and the announcement at very short notice, which made organising the departure a challenge.

- Suggestions to improve future twinning programmes:
    - Define shared goals from the start (skills transfer, cultural exchange, research, service improvement).
    - Provide pre-twinning orientation (cultural awareness, expectations, communication norms).
    - Plan for post-twinning follow-up and knowledge sharing.
- 

## 8. Overall assessment

- Overall evaluation of the twinning experience:

The twinning experience was extremely valuable and impactful. The programme facilitated meaningful knowledge exchange and enhanced professional and cultural understanding among participants, while also identifying practical areas for improvement in terms of structural and logistical organisation in the clinic where I work.

- Key recommendations on how to tackle NCDs:
  - Strengthen prevention and health promotion by addressing key risk factors such as unhealthy diets and physical inactivity.
  - Promote healthy lifestyles through public awareness campaigns, school-based programmes, and community engagement.
  - Ensure equitable access to essential medicines and technologies, particularly for vulnerable and underserved populations.
  - Strengthen health workforce capacity through training and continuous professional development on NCD management.
  - Support sustainable financing and policy frameworks aligned with national and international NCD strategies.

## 5. Annex 2: Report from Croatian participant

### 1. Participant information

- Name: Ivana Vučemilović Šimunović
  - Medical centre / organisation: Poliklinika dr.Ivana Vučemilović
  - Country: Croatia
  - Professional role: MD, Paediatrician, Paediatric pulmonologist
- 

### 2. Objectives

- What were your main objectives for joining the twinning programme?

Participating in this programme was a highly valuable experience. As a paediatrician working with children, the core focus of my work is prevention and the promotion of a healthy lifestyle and diet. Childhood obesity is becoming a major global health challenge. My main goal and expectation were to observe how overweight and obese patients are monitored and treated in a hospital recognised as a centre of excellence. I was particularly interested in identifying which early problems or risk factors we, as paediatricians, can detect and address preventively. In addition, I was keen to learn about the organisation of work within a different health system.

- What did you expect to learn from the training?

My main goal was to understand how every member of the healthcare programme plays an equally important role and to learn, from the experience of a hospital recognised as a centre of excellence, how a multidisciplinary approach is essential not only for treatment but also for disease prevention.

---

### 3. Programme activities

Briefly describe your participation in the following activities:

- Day 1 - Introduction to the hosting centre and multidisciplinary approach:

The first day of our stay at Ospedale Galeazzi-Sant’Ambrogio, Istituto Nazionale per la Cura dell’Obesità, was spent familiarising ourselves with the management and organisation of the centre’s work. We were also able to introduce ourselves and compare how healthcare is organised in our home countries.

- Day 2 - Obesity as a metabolic and non-communicable disease:

The second day of the programme was devoted to a series of interesting presentations by surgeons, endocrinologists, nutritionists, dietitians, psychologists, and psychiatrists, all of whom contribute to the treatment and prevention of obesity.

- Day 3 - Exchange of practices and comparative discussion:

On the third day, we exchanged experiences from our home countries. In Croatia, a preventive programme for children is organised as counselling during systematic examinations. In kindergartens and schools, there is no systematic education on the importance of healthy food and habits. A very interesting practice in Lithuania is that children in kindergartens and schools participate in daily workshops with public health

representatives, where they learn about the importance of a healthy diet and the harmful effects of excessive sugar, snacks, and juice consumption. Similarly, in Belgium, daily menus in institutions for children are designed according to the principles of healthy eating.

---

#### 4. Key learnings

- Clinical, organisational, or methodological insights gained:

Participating in the training provided me with a great deal of new knowledge, including recognising obesity as a disease that requires active treatment, rather than merely identifying it as a risk factor for the development of diabetes, stroke, or certain types of cancer. Obesity has a chronic course, and after weight loss, the weight often returns quickly, and its pathophysiology is progressive.

Obesity is a multifactorial disease. In genetically predisposed individuals, its development is influenced by eating habits, physical activity, socioeconomic and psychological factors, environmental influences, and, increasingly highlighted by current research, the gut microbiome. The patients we treated have suffered from obesity since childhood. They report a high intake of refined foods and snacks, a large consumption of pasta, and a low intake of vegetables and fruits, combined with reduced physical activity and psychological difficulties.

- Innovative practices or approaches identified:

During this training, we observed a holistic approach to patient care, in which a major advantage is the multidisciplinary collaboration in understanding each patient. On the same day, internists, dietitians, endocrinologists, surgeons, nutritionists, and psychologists conduct a joint evaluation and agree on the most appropriate treatment plan for each patient.

---

#### 5. Comparison with your home country

- One or two key differences or similarities compared to practices in your country:
  - I have been working as a paediatrician for more than 20 years, and over the past ten years we have observed an increase in the number of obese children. Croatia ranks fourth in Europe in terms of childhood obesity. Residents of both Italy and Croatia have among the highest obesity rates in Europe. What surprises me is that countries in the Mediterranean region are among the most affected in Europe.
  - In Croatia, patients with obesity generally do not receive a multidisciplinary approach. They are usually monitored by a family doctor, with an endocrinologist conducting examinations and recommending a restrictive diet. Psychological support is absent and is not part of standard practice. If patients also have diabetes or hypertension in addition to obesity, they are monitored for complications by an endocrinologist or cardiologist, but obesity itself is not addressed through a multidisciplinary approach.
  - Patients therefore lack a comprehensive strategy that addresses the causes and consequences of obesity, and treatment rarely includes psychological support or coordinated care to select the most effective interventions.
- Practices or ideas that could be adapted or transferred:

What I consider the most valuable experience was the opportunity to communicate with the entire team, who jointly participate in diagnosing, counselling, and treating patients. Such a holistic approach is the only guarantee of long-term success, even after weight loss, and it encourages the adoption of healthy lifestyle habits. The concept of combining collaborative teamwork with joint decision-making in selecting the most appropriate therapy was entirely new to me.

---

## 6. Added value of the twinning programme

- How did this experience benefit you professionally?

Staying at a centre of excellence for the treatment of obesity and collaborating with colleagues from other countries was undoubtedly a valuable experience. Focusing on a personalised approach to each patient, with an emphasis on cooperation among all professionals, is the only way to achieve successful prevention and treatment.

As a paediatrician, I see an increasing number of overweight and obese children, highlighting that this problem extends beyond the family and the paediatrician's work: it is a significant public health issue. Modern lifestyles, including high consumption of processed foods and reduced physical activity, are key risk factors, leading to obesity and the development of metabolic syndrome in children.

The problem of obesity begins long before it is recognised as a disease or a personal issue. It often starts in childhood and can persist throughout life. I was particularly interested in understanding when obese individuals seek help, i.e., at what point does obesity become a problem for them or for others?

In light of this, I will make every effort to protect the interests of children by promoting a healthy lifestyle and diet.

- How could it benefit your organisation or health system in your country?

Since the population of Croatia is among the most overweight in Europe, the first step should be to promote a healthy lifestyle and balanced diet within the educational system, alongside public health campaigns.

Even for patients who are already obese, a multidisciplinary approach is essential. Only by involving all relevant professionals, such as general practitioners, internists, endocrinologists, nutritionists, surgeons, and psychologists, can treatment and lifestyle interventions have a positive impact.

---

## 7. Challenges and suggestions

- Any challenges encountered during the programme:

Participants of the twinning programme came from different specialties, which initially seemed challenging. On the first day, we focused on understanding each other and the areas in which we work.

- Suggestions to improve future twinning programmes:

I consider this twinning programme to be very successful. It is essential to maintain a multidisciplinary approach and to involve other professions (not just doctors) in promoting a healthy lifestyle and diet. Today, socioeconomic factors remain a major cause of obesity, alongside the easy availability of high-calorie, nutritionally poor foods and drinks.

---

## 8. Overall assessment

- Overall evaluation of the twinning experience:

Due to the growing global problem of obesity and related diseases, training programmes like this open new horizons and perspectives for understanding the causes and developing strategies for prevention and treatment, based on the experiences of different countries.

- Key recommendations on how to tackle NCDs:
  - Public health campaigns targeting children, young people, and adults are more effective in promoting prevention and healthy lifestyle habits than treatment alone, as they are directly linked to everyday ways of living.
  - The media and social networks play a major role in informing the public, both by providing information about a healthy lifestyle and by supporting the health system in early disease recognition, timely treatment, and multidisciplinary follow-up.
  - In addition to facilitating early disease detection, regular systematic examinations provide an opportunity for education and prevention.
  - The key takeaway from this training was that together we can achieve more. We observed how effective communication and collaboration among different experts improves treatment outcomes.

## 6. Annex 3: Report from Lithuanian participant

### 1. Participant information

- Name: Gabija Kalpokaitė
  - Medical centre / organisation: The Institute of Hygiene
  - Country: Lithuania
  - Professional role: Public health specialist
- 

### 2. Objectives

- What were your main objectives for joining the twinning programme?

My main objectives were to discuss the problems different countries face in relation to NCDs, exchange good practices, and get ideas on how to improve our health systems for both health professionals and society.

- What did you expect to learn from the training?

I expected to deepen my knowledge of nutrition and NCDs, and to learn new approaches and practices for the prevention and management of NCDs.

---

### 3. Programme activities

Briefly describe your participation in the following activities:

- Day 1 - Introduction to the hosting centre and multidisciplinary approach:

Together with other participants, we discussed NCDs, especially obesity, and shared problems and practices from our countries.

- Day 2 - Obesity as a metabolic and non-communicable disease:

I had the opportunity to be in the operating room and observe teamwork during surgery, as well as participate in patient consultations with different specialists (psychologist, dietitian, surgeon) and learn about their working methods.

- Day 3 - Exchange of practices and comparative discussion:

We continued our discussions and took a deeper look at dietary patterns of obese patients during nutritionist consultations. I also had the opportunity to discuss pharmacological approaches with an endocrinologist.

---

### 4. Key learnings

- Clinical, organisational, or methodological insights gained:

This programme gave me the opportunity to see how teamwork and a positive organisational culture help achieve goals in the health sector. This attitude is transferred to patients and supports them in adopting a healthier lifestyle and changing habits. I also learned that about 20% of patients who undergo bariatric surgery return after five years with a similar weight as before the operation, which highlights the importance of long-term follow-up.

- Innovative practices or approaches identified:

We discussed that health and nutrition education should start at an early age. In Lithuania, there are public health specialists in every public school and kindergarten. In Italy, the hosting hospital participates in the EAT project, where healthcare professionals go to schools to teach children.

- Best practice examples discussed:

A multidisciplinary approach helps patients understand why they need to change their lifestyle and supports them throughout this process. The possibility to receive consultations from different specialists on the same day also makes it easier for patients to attend appointments.

---

## 5. Comparison with your home country

- One or two key differences or similarities compared to practices in your country:
  - In Lithuania, a similar approach is applied, where lifestyle change is considered very important and specialists support patients through consultations. Without lifestyle change and education, it is impossible to achieve long-term results in obesity management.
  - One difference is that, while bariatric surgery is performed in Lithuania in several hospitals and private centers, these procedures are generally less visible and there is no widely recognised national network of specialised bariatric centers. In practice, the number of patients undergoing bariatric surgery appears lower compared with many Western European countries.
  - Another important difference is health education in schools. In Lithuania, public health specialists work in schools and kindergartens and are directly involved in children's health education. During the programme, it appeared that in countries such as Italy, Belgium and Croatia, this role is less formalised or not systematically integrated into the school system.
- Practices or ideas that could be adapted or transferred:
  - The possibility for patients to attend several consultations in one day could reduce missed appointments and improve follow-up.
  - Specialised clinics or health centres for common health problems could also improve treatment outcomes.
  - Programmes like the EAT project (Italy) could make health education more engaging.

---

## 6. Added value of the twinning programme

- How did this experience benefit you professionally?
  - I was able to observe an organisation working like a “family” in a multidisciplinary way and see how this affects patients. Happy staff make patients feel calmer and more open, which is key for lifestyle change. The organisational microclimate is very important, and solving problems together benefits both staff and patients. Professionally, this experience strengthened my understanding of how multidisciplinary collaboration works in practice, not only in theory.

- I improved my knowledge of obesity management, including surgical, nutritional and psychological aspects, and gained new perspectives on patient-centred care. It also helped me reflect on my own role as a public health specialist and how prevention and health education can be better integrated with clinical practice.
- How could it benefit your organisation or health system in your country?

This experience can encourage stronger multidisciplinary collaboration and highlight the importance of organisational culture in improving patient outcomes.

---

## 7. Challenges and suggestions

- Any challenges encountered during the programme:

Lack of clear communication about the programme.

- Suggestions to improve future twinning programmes:

The programme could be more effective if it was targeted at specific professional groups. In this case, it would have been most useful for surgeons, but participants were not informed about this in advance.

---

## 8. Overall assessment

- Overall evaluation of the twinning experience:

I positively evaluate this twinning experience. It was interesting and useful to learn about different countries' approaches to tackling NCDs. However, I believe the programme would have been most beneficial for bariatric surgeons.

- Key recommendations on how to tackle NCDs:

- Health education should start in childhood, but many parents lack adequate knowledge, especially about nutrition. Therefore, both children and parents should be educated.
- The best way to tackle NCDs is through a multidisciplinary approach.

## 7. Annex 4: Report from Italian participant

### 1. Participant information

- Name: Alessandro Giovanelli
  - Medical centre / organisation: INCO (Istituto Nazionale di Chirurgia dell'Obesità), IRCCS Ospedale Galeazzi - Sant'Ambrogio
  - Country: Italy
  - Professional role: Chief Surgeon
- 

### 2. Objectives

- What were your main objectives for joining the twinning programme?

As a representative of the hosting medical centre, our primary objective in joining the twinning programme was to share INCO's personalised, multidisciplinary approach to obesity management, and to disseminate our organisational structure and clinical criteria among professionals working across different cultural settings.

- What did you expect to learn from the training?

We wanted to learn different approaches to obesity disease, in order to understand and possibly integrate other protocols and to offer the best healthcare to our patients.

---

### 3. Programme activities

Briefly describe your participation in the following activities:

- Day 1 - Introduction to the hosting centre and multidisciplinary approach:

After a brief introduction about our hospital, we organised interactive meetings in order to face our multidisciplinary structural organisation involving endocrinologists, psychologists, nutritionists and surgeons. We were able to show them how our team members work together in order to evaluate each patient in every clinical aspect.

- Day 2 - Obesity as a metabolic and non-communicable disease:

We were able to convey our perspective on obesity as a metabolic disease and to present, in detail, the structured peri-operative pathway that each patient follows in order to receive optimal care. We emphasised that obesity is a multifactorial condition, arising from the complex interplay of genetic, metabolic, environmental and behavioural factors. We also highlighted obesity as a non-communicable disease, while acknowledging that shared behaviours, environments and cultural norms may increase the risk of its development among individuals within the same social or familial context.

- Day 3 - Exchange of practices and comparative discussion:

We were able to show to the participants how we manage the patients from the first visit to the follow up, involving them in ambulatory field, in the inpatient ward and during surgery procedures. We were able to show and explain them both clinical and surgical critical points about our practice. Participants were able to join our everyday practice, interacting with our team members in order to drill down into the protocols and the approaches explained during theoretical part.

---

#### 4. Key learnings

- Clinical, organisational, or methodological insights gained: This program helped us to understand how obesity is faced in different cultures and working fields.
- Innovative practices or approaches identified: We were able to exchange professional expertise with a paediatrician, which proved highly valuable given the importance of effective obesity management in younger populations, particularly in preventing the development of obesity-related comorbidities later in life.
- Best practice examples discussed: By reflecting on our own working practices, we were able to share and discuss each step of our daily clinical routine. This process enabled us both to recognise our strengths and to identify areas for further development in order to provide the highest standard of care. One of the key improvements discussed was the opportunity to strengthen collaboration with general practitioners, thereby creating a more comprehensive support network for patients living with obesity.

---

#### 5. Comparison with your home country

- One or two key differences or similarities compared to practices in your country:  

One of the main similarities discussed with the participants was the approach to obesity as a multifactorial disease. We were then able to focus on the different approaches to the pathology. Our team faces obesity in a multidisciplinary structural organisation that shares decisions and creates a personal path to every patient, whereas other countries have more surgeon-centric organisation.
- Practices or ideas that could be adapted or transferred: The possibility to educate family doctors and paediatricians to obesity care, in order to develop a daily support network for patients.

---

#### 6. Added value of the twinning programme

- How did this experience benefit you professionally?  

This experience helped us to focus on our daily organisation work, helping us to identify and correct critical points and to integrate our protocols with other cultures' approaches.
- How could it benefit your organisation or health system in your country?  

This programme is very useful to both participants and hosts, because it allows to share skills and knowledge between different professionals working in different settings. This can help both sides to gain knowledge and enhance cultural understanding about their own working field. This has the potential to strengthen healthcare systems in both the participating and host countries.

---

#### 7. Challenges and suggestions

- Any challenges encountered during the programme: Our Team has a significant patient flow, so we had to reschedule our assignments in order to better welcome and manage the participants and to better share our working routine with them.

- Suggestions to improve future twinning programmes: Our only suggestion to improve the twinning programmes is to spread this programme, in order to create a knowledge network between different countries and working fields that can help patients all over Europe to receive the best healthcare achievable.
- 

## 8. Overall assessment

- Overall evaluation of the twinning experience: This experience was very useful to our Team, helping us to both spread our beliefs and learn about other countries' management and approach.

- Key recommendations on how to tackle NCDs:

Tackling NCDs as obesity disease requires a combined approach:

- Reducing modifiable risk factors, including the widespread availability of unhealthy foods;
- Implementing awareness-raising campaigns to increase public understanding of the disease and the importance of early identification;
- Strengthening healthcare systems to support early detection, timely intervention and appropriate long-term management of NCDs.