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Building Arts Capacity for Health (BACH) in the Eastern Partnership: Capacity-Building Workshop

19-21 November 2025

Henrik Igityan National Centre for Aesthetics, Yerevan

WORKSHOP SUMMARY

December 2025

Background:

“Health Resilience in the Eastern Partnership” is a European Union (EU) funded programme taking place from October 2024 – April 2027 in Ukraine, the Republic of Azerbaijan, the Republic of Armenia, Georgia and the Republic of Moldova. It is funded by the EU Commission’s Directorate General for Enlargement and Eastern Neighbourhoods (DG ENEST). Building Arts Capacity for Health (BACH) is a sub-project of this wider programme, focusing on building capacity around arts and health.

Overall programme objective (“Health Resilience in the Eastern Partnership”): to contribute to resilient and interconnected health systems in Eastern Partnership countries to strengthen their capacities to handle health emergencies and core health challenges. The project has two major Strategic Objectives: 1) to strengthen health work capacities, and 2) to support mental health systems.

BACH sub-project objectives: BACH is a sub-component of Strategic Output 2 and aims to “increase capacity to promote mental health and well-being through cross sectoral collaboration with the cultural sector”. It is essentially a capacity-building and implementation initiative to explore and develop the potential of arts and health activities in the project countries.

BACH focuses on three major activities, including:

1. an asset mapping of projects and institutions related to the culture and health landscape in each project country;
2. a training and workshop that will gather key stakeholders from each project country and provide capacity building around culture and health research, as well as insights into existing practices, needs and opportunities; and
3. in-country implementation of a viable culture and health project, possibly in partnership with other local stakeholders.

Progress to date:

- The project is successfully underway in four of the five countries (Armenia, Georgia, Moldova and Ukraine) and remains on hold in Azerbaijan.
- The first major activity took place from October 2024 to August 2025, resulting in draft asset maps for the four active project countries. Asset maps underwent editing and preparation for WHO publication from September – December 2025.
- A webinar took place in October 2025 to showcase findings from the asset maps, including participants from civil society and government in Armenia, Georgia, Moldova and Ukraine, as well as European Commission and World Health Organization representatives.
- In November 2025, the first of two country-workshops took place in Yerevan, Armenia. The workshop gathered stakeholders identified from the asset maps in Armenia and Georgia, as well as project members involved in the asset mapping. This document outlines the major findings from the workshop.

In December 2025, a second workshop is set to take place in Chişinău, gathering stakeholders from Republic of Moldova and Ukraine.

Aims and objectives

Aim : To strengthen participants' capacity to appreciate, design, and evaluate arts and health projects, and stimulate the development of the field in the Armenia and Georgia.

Objectives:

- To gather key country stakeholders (organizations and individuals) that were identified during the asset mapping part of BACH.
- To provide participants with a **broad understanding of the growing arts and health field**, including recent progress in terms of policy, research, and activities across the world
- To **build capacity** amongst participants in the **design and evaluation** of arts and health projects
- To explore, discuss and update the recently completed **asset map** of arts and health in the country
- To explore **viable pilot projects** that could be implemented in participants' countries

Agenda overview

The workshop took place at the Henrik Igityan National Centre for Aesthetics, in a gallery dedicated to art for children. It lasted two and a half days from Wednesday 19th to Friday 21st November 2025, and was led by an international expert in arts and health research, advocacy and implementation: Dr Nisha Sajjani from New York University and the Jameel Art and Health Lab. It was hosted by the World Health Organization Country Office in the Republic of Armenia.

Day 1 was opened with an official welcome, followed by a general overview of the arts and health sector and the asset map findings from Armenia and Georgia. Day 2 focused on capacity-building on designing arts and health projects, presentations of each country's health priorities, and groupwork to generate ideas around sector priorities and potential pilot projects. Day 3 included a presentation of groupwork and a discussion around next steps. The agenda is outlined below, and provided in detail in Appendix.

Day 1: Arts and health: the global and local landscape

Morning session

- Welcome
- Group photo
- Introduction to arts and health
- Case studies from around the world

Afternoon session

- Asset map presentation Georgia
- Panel discussion with case studies from Georgian delegates
- Asset map presentation Armenia
- Panel discussion with case studies from Armenian delegates
- Plenary session

Day 2: Capacity-building and project development

Morning session

- Project design and evaluation
- Working with an arts and health project design tool

Afternoon session

- Introduction to Armenian and Georgian health priorities
- Breakout sessions and country-level groupwork

Day 3: Country-level projects overview and next steps

Morning session

- Project presentation Armenia
- Project presentation Georgia
- Plenary and closing

Workshop outcomes

Welcome and support for this intersection

The workshop opened with warm words of welcome by a panel consisting of Mr. Vaclav Sterba, Deputy Head of Cooperation at the European Union Delegation to Armenia, Dr Inessa Asmangulyan, Ministry of Health, Republic of Armenia, Dr Siddhartha Datta, WHO Representative, WHO Country Office, Republic of Armenia and Mr. Vahan Badalyan, General Director, Henrik Igityan National Centre for Aesthetics, Republic of Armenia.

The WHO, European Union and Armenian Ministry of Health representatives reaffirmed their interest in this growing field, and expressed great interest in the outcomes of this workshop. The European Union is increasingly working on developing more holistic notions and intersectoral practices around health.

The Armenian Ministry of Education, Science, Culture and Sport was also present, providing a promising example of cross-sectoral support for this workshop.

Representation of the local arts and health sector

One of the key outcomes of this workshop was the gathering of participants and practices from the arts and health field in Georgia and Armenia.

There were 53 participants in total, the majority of whom had not met previously or known of each other's work, even from within each country group. In this sense, the workshop was a contribution in and of itself to building an arts and health community of practice in and between the DG ENEST project countries.

Participants covered a wide range of institutions and expertise, representing ministries of health and culture, WHO country offices, academic institutions, hospitals, art and laughter therapy NGOs, museums, arts and disability, cultural access and development organizations, independent artists, and psychologists to name a few. The makeup of this group successfully represented the cross-section of fields involved in arts and health. The full list of participants and affiliations can be found in Appendix.

Reviewing national culture and health asset maps

Marietta Khurshudyan (WHO Country Office, Republic of Armenia) and Ketevan Tvildiani (Asset map consultant, Georgia) presented the draft asset maps from their respective countries.

The two asset maps are in preparation for publication, and will be shared with participants and on the WHO website as soon as they are finalized.

Both asset maps were rapid mixed-methods assessments conducted in 2025, led by a local consultant who conducted a desk review, interviews, group discussions and administered an online form that was shared via snowball sampling.

Armenia:

- 35 individual consultations
- 30 responses to online form
- Two participatory workshops and group discussions
- Two advisory group meetings
- 40 assets identified

Georgia

- 51 individual consultations
- 7 responses to the online form
- Two advisory group meetings
- One group consultation
- 43 assets identified

Common findings:

- Both maps noted vibrant cultural traditions, and several initiatives from civil society, cultural institutions and health facilities involving the arts – formally or informally – in health and well-being.
- The field is fragmented and under-supported
- Lack of structural integration between culture and health sectors
- Absence of national strategies for arts and health and frameworks for intersectoral collaboration around this topic
- Short-term projects
- A broad range of arts practices were identified, addressing a wide range of health outcomes from general population to specific target groups (e.g Down syndrome, mental health and loneliness, Parkinson’s disease ...)
- People working in this intersection are not always aware that their work is part of a wider field – of arts and health – and are often unaware of each other, or the international develops in this area
- A lack of regulatory frameworks at country-level
- Need for strengthening a local community of practice
- Need for training and capacity-building , both theoretical knowledge and practical
- Need to develop integrated frameworks and approaches to develop, fund and evaluate arts and health projects

Panel discussions

Each country’s asset map review was followed by a panel discussion with participants from that country. Participants shared their work, and discussed the state of the field in their country.

The Georgian panel featured the following case studies:

- Puppet Theater Therapy, by Natia Panjikidze. A permanent project at the Living Museum in Tbilisi, focusing on the therapeutic effects conferred to patients struggling with mental health, depression, schizophrenia and suicidal thoughts. Integrating body movement with symbolism, aesthetic distance and imagination, this method has proven effective as shown by Natia's research.
- Neuroplasticity and assistive teaching tools, by Nana Gegelishvili. Nana outlined her research with assistive technologies in babies and young children, focusing on the power of classical music. She outlined her innovative use of "musicograms", a symbolic written form to understand music and movement, showcasing examples of animations that helped children appreciate and learn about classical music in an embodied sense.
- Open House, by Lile Kazaishvili. Open House is a multidisciplinary therapy center using various forms of medical, occupational and arts-based therapies. Lile outlined projects focusing on music therapy for toddlers, an inclusive orchestra, dance therapy and art therapy with special needs children.
- The McClain Association for Children, by Elene Beradze. Elene presented the McClain's work with children with disabilities, which also includes their families and making connections with elderly populations. This included the use of arts and crafts animations, and other forms of artistic engagement.

The Armenian panel featured the following case studies:

- Exhibitions in Penitentiaries, by Samvel Saghatelian. Samvel showcased his pioneering work using different artforms with prisoners, including photography, painting, and mixed media exhibitions and installations. His various projects, including [Borderline Reality](#) with inmates, can be found on this website.
- Lousé Foundation Center, by Diana Galstyan. The Lousé social rehabilitation center was established by Save the Children and Yerevan My Love foundations, and offers rehabilitation services for children, family strengthening, and awareness raising. It uses arts engagement both as activities to confer direct benefits to the children as well as for awareness raising.
- Association of Healthcare and assistance to older people, by Lilit Muradian. Lilit outlined her organization's work focusing on healthy ageing, dementia care and related areas, and the use of creative hobbies and arts engagement to support elderly care and health.
- Laté NGO, by Susanna Amirkhanyan. Susanna introduced her organizations' work focusing on upcycling textile waste in Armenia, which trains and empowers women to engage with textiles creatively all the while reducing waste and developing a sustainable, circular economy business model.

Overview of arts and health

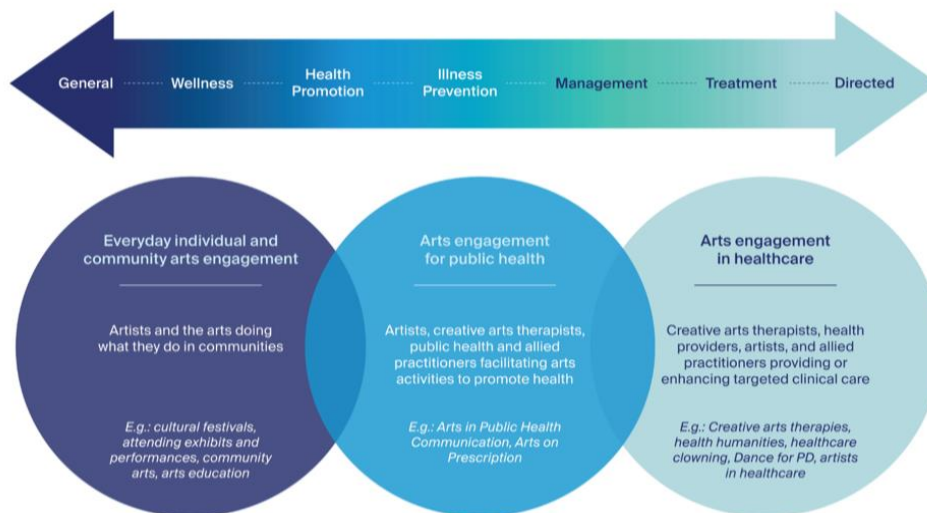
Professor Nisha Sajjani, Co-director of the Jameel Arts and Health Centre and lead workshop facilitator, provided an overview of the arts and health field, starting from the ancient roots of combining aesthetics and the arts into healing, to key recent developments in public health research.

This presentation covered:

- Definitions of arts, cultural engagement, health, and the term "arts and health" (see Figure 1)
- Key recent documents, including
 - The 2025 EU OMC report on ["Culture and Health : Time to Act"](#)
 - The 2019 WHO [systematic review](#) on arts and health
 - ["Active ingredients"](#) involved in arts and health

- A wide range of recent papers and case studies, including
 - A [systematic review](#) on the arts for disease prevention and promotion
 - Creative experiences and [brain clocks](#)
 - [Music and motherhood](#)
 - [Dance for Parkinson's](#)

Figure 1: The arts along a “continuum of care”



Sajjani, Sonke, et al. (forthcoming) Lancet Global Series on the Health Benefits of the Arts

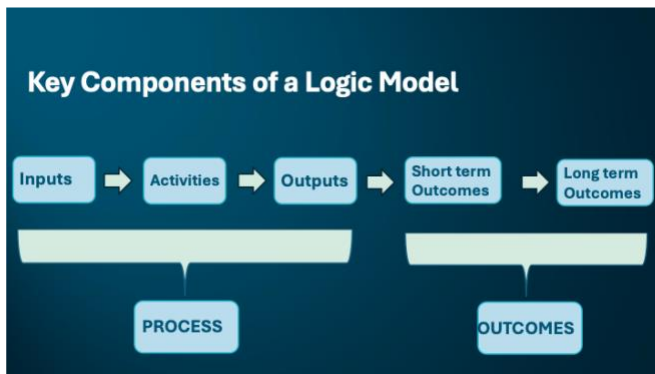
This discussion ended with some thoughts around barriers and challenges in this sector, including:

- Awareness of the value of arts and health (including health and well-being impacts, as well as economic value)
- Availability of a skilled workforce
- Adequate cross-sectoral funding
- Need for systems-wide guidelines and infrastructure for implementation

Capacity-building for project design

The primary tool to support arts and health project design was a logic model. Participants were taken through the different components of such a model (see Figure 2), with examples of real projects, and then provided time to work on their own examples, drawn from their respective areas of work. This was also outlined as a tool for evaluation, and a way to identify and group different kinds of performance indicators.

Figure 2: key components of a logic model



Groupwork: country health priorities

Dr Kakha Gvinianidze (WHO Country Office, Georgia) and Mrs Marietta Khurshudyan (WHO Country Office, Republic of Armenia) outlined key health priorities for their respective countries. These are known as the Country Cooperation Strategy (CCS), WHO country office health priorities developed in cooperation with the ministries of health. These were used as the basis around which to initiate group discussions around arts and health priority areas and project ideas for each country.

CCS focus areas for Armenia:

1. **Strengthening the primary health care system** to achieve universal health coverage
2. **Securing equitable access to health services** through resilient primary healthcare systems
3. Assuring Demographic Resilience Through **Health Across the Life Course**
4. Strengthening National Health Security for **Emergency Preparedness, Response and Recovery**
5. Prioritizing the Environment–Health Nexus and Advancing **Climate-Resilient Health Systems**

In collaboration with another workshop participant, Dr Inessa Asmangulyan (Ministry of Health, Republic of Armenia), Mrs Khurshudyan suggested that the following areas might have particular potential for developing future arts and health projects in Armenia:

- **NCDs:** Using creative approaches to support prevention, self-management, and patient engagement.
- **Public Awareness:** Leveraging arts and culture to enhance health communication and promote community engagement.
- **Palliative Care:** Integrating arts-based methods to support dignity, emotional well-being, and quality of life.
- **Stigma Reduction:** Employing participatory arts to challenge stigma and discrimination, especially around mental health.
- **Mental Health:** Using arts for emotional expression, psychosocial support, recovery-oriented practice, and community resilience.
- **Rehabilitation:** Applying creative modalities (movement, music, visual arts) to support physical, cognitive, and psychosocial rehabilitation.
- **Healthy Lifestyle:** Promoting positive health behaviors and social connectedness through culturally rooted creative activities.

- **Elderly care:** Supporting healthy ageing, memory, social inclusion, and well-being through tailored arts programmes.

CCS focus areas for Georgia:

Italicized priorities with an asterisk sign () indicate areas which Dr Gvinianidze considered to have good potential for arts and health projects*

1. Provide health

- 1.1 *Advanced PHC reform as a vehicle towards UHC **
- 1.2 *Strengthened effectiveness and quality of hospital services **
- 1.3 Sustainable health financing – increased, efficient and equitable resource allocations for health
- 1.4 Improved access to high-quality essential medicines
- 1.5 *Built up and retained skilled health workforce **
- 1.6 Strengthened health system resilience to address communicable diseases
- 1.7 *Rehabilitation, Assistive Technology, long-term and palliative care **
- 1.8 *Improved quality of care and patient safety at all levels of health services provision **

2. Promote health

- 2.1 *Reduced burden of non-communicable diseases through strengthened prevention and control **
- 2.2 *Improved access to Mental Health services **
- 2.3 *Effective and comprehensive Cancer control policies and services **
- 2.4 *Healthy lifestyle (physical activity, healthy diet, etc.) **
- 2.5 Advanced One Health as a collaborative transdisciplinary approach to improve health and well-being and tackle AMR

3. Protect health

- 3.1 Strengthened health emergency preparedness and response capacities based on the all-hazard approach and in accordance with the International Health Regulations (2005)
- 3.2 Strengthened national epidemiological surveillance system
- 3.3 Strengthened emergency response capacities with focus on emergency healthcare services and EMT (emergency medical technicians)

Participants were divided into groups based on country, and spent the second half of Day 2 and first part of Day 3 developing and presenting their ideas around arts and health priorities and projects for Armenia and Georgia.

Groupwork outcomes from Georgia

Suggestions for supporting the overall sector:

- Developing a toolkit to standardize monitoring and evaluation frameworks for arts and health activities in Georgia.
 - This would base itself on the international evidence base and adapt it to the Georgian context
- Arts and health awareness-raising activities and networking opportunities

- Organizing workshops to convene the diverse range of Georgian professions involved in arts and health and strengthen the community of practice
- Organizing exchanges with other countries involved in the BACH project
- Integrating arts and health education in higher education faculties (including medicine)

Suggestions for arts and health focus areas:

- Target groups or health issues for arts and health interventions
 - Women's health
 - Veterans and refugees with post-traumatic stress disorder (PTSD)
 - Children with disabilities
- Project focus areas:
 - Building upon existing projects around laugh therapy for children with cancer
 - Building upon existing projects around elderly health and the arts
 - Palliative care in oncology
 - Creating a training center for arts therapists and mental health professionals focusing on cancer patients
 - This could benefit from additional funding sources, as the majority of hospitals in Georgia are privatized
 - Developing an education and arts center for child patients in long-term healthcare

Groupwork outcomes from Armenia

Armenian delegates shared two key focus areas for projects, while also identifying a number of other areas that could be developed, and sector-wide priorities.

The delegation presented the following two areas in plenary:

- Drama therapy for mental health
 - Building capacity and activities around the use of drama therapy. This could be further honed for different target populations (young people, marginalized communities, etc.)
 - Developing a capacity-building training manual for artists and health practitioners
 - Increasing patient-engagement through arts activities (general patient population?)
 - Raising public awareness through festivals and campaigns around the use of arts for better mental health
 - (It was unclear whether this topic was to be developed at national level, a general suggestion, or based around a specific location or community...)
- Elderly-care projects in hospitals
 - Developing existing arts-based initiatives to help meet universal health coverage targets for the rising elderly population, which suffers the highest morbidity level and heaviest financial burden
 - Review and build upon the existing curricula in clubs for the elderly
 - Developing an arts and health focused curriculum (for the various people working in this intersection, including artists, health and care workers)
 - Integrating a dedicated monitoring component based on best practices. This could involve international collaboration with WHO or other relevant arts and health partners.
 - Starting the project in the two existing administrative division ("marzes") in Armenia where this project is taking place (name?)

The above two projects were part of a larger list of health topics and target groups identified in groupwork:

- Correctional facilities
 - Developing programmes for re-socialization of inmates through arts engagement
- Elderly care
 - Arts activities in existing clubs for the elderly, working with media such as textile art, embroidery, needle work , and hand-craft therapy
- Stigma reduction
 - Organizing awareness-raising campaigns in schools and universities, focusing on particular stigmatized populations and topics
 - Beautifying mental health centres through artworks
 - Working with mental health professionals in hospitals through arts-informed seminars, and inclusive workshops for patients and health professionals
- Non-communicable diseases (NCDs)
 - Developing an arts and health curriculum for primary health care facilities
 - Pilot an arts and NCD project in a given facility
- Public awareness
 - Addressing burnout via arts practices in health facilities (burnout of healthcare staff? Or patients suffering from burnout?)
- Disabled communities
 - Community-based arts education through programmes run by artist with different abilities

Suggestions for the overall sector:

- Professionalization
 - Developing training materials for students, individuals, and artists
- Cross-sectoral collaboration
 - Promoting collaboration across sectors, via creative programmes addressing specific target groups and health issues
 - Offering internships that bridge art therapy associations and public health institutions (double check ...)
 - It is important to not only connect the culture and health sectors, but all other relevant ministries (labour, social services...)
- Public engagement
 - Raising public awareness through creative campaigns dedicated to particular health topics, and which could be rolled out across the country

Next steps

- Building communities of practice
 - Delegates expressed strong interest in remaining in touch and collaborating – both within their countries and between BACH project countries – and in building their local communities of practice.
 - The BACH team will organize an online webinar in the new year with organizations identified during the asset mapping and workshop attendants to act as a kick-off for such a a community. This online meeting can include a discussion around the

November workshop outcomes and country priorities going forward. Details for this meeting will be shared with participants in an upcoming communication.

- Furthering capacity and training
 - Participants were keen to obtain links to arts and health capacity-building resources, particularly with regards to evaluating and designing interventions. Below are some links that were also shared by email with all delegates.
 - Resources and links
 - The 2019 WHO [systematic review](#) on arts and health
 - The 2023 EU-funded [Culture for Health](#) report, including a [map](#) of European activities, which participants can use to add their own projects to.
 - The 2024 [Frontier Economics report](#) on the cost-benefit of arts interventions in the UK
 - The 2025 WHO/JAHL [toolkit](#) for adapting and implementing arts and health interventions
 - The 2025 EU Commission OMC report on Culture and health, which includes guidance for national, sub-national and community-level arts and health policy and practice [Full report](#) and [Executive summary](#)
 - The [Jameel Arts and Health Lab](#) (JAHL) website, including the [resources](#) section; affiliated [research centers](#) and [capacity building](#) references
 - Finally, for a deeper in-person training in arts and health research, a number of world-leading arts and health researchers lead an [annual research intensive](#) in the UK. The next one will be in June 2026.
- Initiating in-country projects
 - The next major phase of the BACH project will consist of identifying and initiating viable arts and health pilot projects.
 - After internal discussions with the European Commission and WHO, the BACH team looks forward to following up with more details. The team will reach out to workshop participants and other organizations identified through the asset mapping process.

Appendices

Appendix 1 Workshop agenda

DAY 1: 19 November 2025

09:30 – 10:00	Registration
10:00 – 10:30	Welcome and Introductions <i>Vaclav Sterba</i> , Deputy Head of Cooperation at the European Union Delegation to Armenia <i>Inessa Asmangulyan</i> , Ministry of Health, Armenia <i>Siddhartha Datta</i> , WHO Representative in Armenia <i>Vahan Badalyan</i> , General Director, Henrik Igityan National Centre for Aesthetics
10:30 – 10:40	Group photo
10:40 – 11:00	Coffee Break
11:00 – 11:30	Introduction to Arts and Health
11:30 – 11:45	Creative practice
11:45 – 12:05	Case studies from around the world
12:05 – 12:35	Identifying common barriers and needs
12:35 – 13:35	Lunch Break
13:35 – 13:50	Creative practice
13:50 – 14:10	Introduction to Georgia Asset Map <i>Ketevan Tvildiani</i> , Asset map consultant
14:10 – 14:50	Panel : Georgian case studies <i>Natia Panjikidze</i> – Kamara and Living Museum <i>Elene Beradze</i> – MAC Georgia <i>Lile Kazaishvili</i> – Open House <i>Nana Gegelishvili</i> – Library-Cultural Center for People with Disabilities
14:50 – 15:10	Plenary session / Q&A
15:10 – 15:30	Coffee Break
15:30 – 15:50	Introduction to Armenia Asset Map <i>Marietta Khurshudyan</i> , WHO Armenia
15:50 – 16:30	Panel : Armenian case studies <i>Ani Avetisyan</i> , Seda Ghazarian Mental Health Foundation <i>Diana Galstyan</i> , Louse Rehabilitation Center <i>Lilit Muradian</i> , Assoc. of Healthcare and Assistance to Older People <i>Samvel Saghatelian</i> , Artist
16:30 – 16:50	Plenary session / Q&A
16:50 – 17:00	Closing of Day 1

DAY 2: 20 November 2025

09:30 – 10:00	Arrival
10:00 – 10:15	Creative practice
10:15 – 11:00	Project design and evaluation

11:00 – 11:15	<i>Nisha Sajnani</i> , lead trainer Plenary session / Q&A
11:15 – 11:35	Coffee Break
11:35 – 12:20	Working with an arts and health project design tool <i>Nisha Sajnani</i> , lead trainer
12:20 – 12:35	Q&A
12:35 – 13:35	Lunch Break
13:35 – 15:00	Breakout session 1 <i>Groupwork according to country and thematic topics</i>
15:00 – 15:20	Coffee Break
15:20 – 16:05	Plenary session / Q&A
16:05 – 16:50	Breakout session 2 <i>Groupwork according to country and thematic topics</i>
16:50 – 17:10	Closing Day 2

DAY 3: 21 November 2025

09:30 – 10:00	Arrival
10:00 – 10:15	Creative practice
10:15 – 11:00	Projects and enabling framework - Armenia <i>Armenian delegates</i>
11:00 – 11:15	Plenary session / Q&A
11:15 – 11:35	Coffee Break
11:35 – 12:20	Projects and enabling framework - Georgia <i>Georgian delegates</i>
12:20 – 12:35	Plenary session / Q&A
12:35 – 13:05	Next steps
13:05 – 13:15	Closing remarks