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

**9-11 December 2025
Cybercor Conference Hall
Technical University of Moldova
Chişinău, Republic of Moldova**

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, Azerbaijan, Armenia, Georgia and 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-component of this wider project focusing on building capacity around arts and health.

The purpose of the DG ENEST funded programme is 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 programme has two major Strategic Objectives: 1) to strengthen health work capacities, and 2) to support mental health systems.

The BACH project 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 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:

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). It is currently 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.
- In December 2025, the second workshop took place in Chişinău, gathering stakeholders from Moldova and Ukraine. This document summarizes proceedings from the second workshop.

Workshop 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 Moldova and Ukraine.

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 Cybercor Conference Hall of the Technical University of Moldova. It lasted two and a half days from Tuesday 9th to Thursday 11st December 2025 and was led by arts and health expert Dr Rarița Zbranca from Cluj Cultural Center, Romania. It was hosted by the World Health Organization Country Office in the Republic of Moldova.

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 Moldova and Ukraine. Day 2 focused on capacity-building around 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 findings and a discussion around the next steps. A detailed agenda is available in Appendix 1.

Workshop outcomes

Welcome and support for this intersection

The workshop opened with an introduction to the BACH project by Ameer Shaheed, WHO Consultant and BACH project manager.

This was followed by words of welcome by Dr Miljana Grbic, WHO Representative in the Republic of Moldova, Dr Ion Prisăcaru, State Secretary at the Ministry of Health of the Republic of Moldova, and Martina Spornbauer, Team Leader for Governance, Delegation of the European Union to the Republic of Moldova. The WHO, European Union and Moldovan Ministry of Health representatives reaffirmed their interest in this growing field and expressed their interest in receiving the outcomes of this workshop and considering what activities could follow.

Mr. Christopher Bailey, WHO Arts and Health Lead, followed this with a keynote presentation, providing participants with a strong sense of the power of the arts. He grounded his presentation in his past experiences in Moldova and Ukraine, illustrating the impacts that the arts can have on different populations, such as forcibly displaced people, soldiers and orphan children. He expressed this both in terms of quantifiable benefits, such as reduced stress, improved motor functioning, and more

complex qualitative concepts such as living a good and full life, individual and collective well-being, meaning, and joy.

Representation of the local arts and health sector

A key outcome of this workshop was the gathering of participants and practices from the arts and health field in Ukraine and Moldova.

There were 45 participants in total, many of whom had not met previously, 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 range of institutions and expertise ranging from community-based artists to researchers and health workers. Moldovan delegates included more public health professionals, while Ukrainian delegates included more community artists and arts therapists.

The makeup of this group represented an important part of the cross-section of fields involved in arts and health. The full list of participants and affiliations can be found in Appendix 2.

Reviewing national culture and health asset maps

Asset map findings

The first major output of the BACH project was an “asset map” of arts and health resources in each country. Local experts were hired in Armenia, Ukraine, Moldova and Georgia respectively to conduct research and compile a document that represented key individuals and organizations related to the arts and health intersection in each country. They used a rapid mixed-methods approach and were conducted in 2025, using a combination of desk review, interviews, group discussions, and an online form that was shared via snowball sampling. Veronika Skliarova (Asset map consultant, Ukraine) and Dr Andrei Eșanu (Asset map consultant, Republic of Moldova) presented the draft asset maps from their respective countries.

Key figures from Moldova:

- 12 individual consultations
- 32 responses to online form
- One participatory workshop and group discussion
- Two advisory group meetings
- Over 30 assets identified, from over 60 localities across the country

Key figures from Ukraine:

- 30 individual consultations
- 49 responses to the online form
- One group consultation
- 112 assets identified

Ukraine-specific findings

- Mental health issues and PTSD are extremely common issues since the onset of the war affecting over 70% of the population after the first year of the war

- Major issues addressed by the arts focused on supporting mental health challenges such as depression, anxiety and PTSD (accounting for nearly half of all online form responses), as well as psychosocial support for those affected by the war including internally displaced people, veterans and vulnerable populations.
- Major challenges identified centred around needs for capacity-building and human resource development, project sustainability, evaluation, integration and recognition of the arts and health space, financing and policy and systems support.

Moldova-specific findings:

- In order of decreasing frequency, major target populations identified through the asset map consisted of: elderly persons, followed by young people, refugees / displaced persons/families, ethnic minorities, and persons with disabilities / communities of persons with disabilities.
- A good opportunity could be to work with the 1,200 + community cultural houses and libraries as hubs for arts and health activities.
- Further outreach and inclusion could take place with cultural actors and community arts organizations, many of whom do not necessarily describe themselves as working in “arts and health” explicitly.

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.
 - A broad range of arts practices were identified, addressing a range of health outcomes from general population to specific target groups (e.g. Down syndrome, mental health and loneliness, Parkinson’s disease ...)
- Many of these activities are led by grassroots initiatives at community - level
- The field is fragmented and under-supported
 - There is an absence of structural integration between culture and health sectors, and no national strategies for arts and health, and no dedicated regulatory frameworks
 - People working in this intersection are often working in specific contexts (i.e supporting mental health in prisons, or working with disabled patients in a clinic) and unaware that their work is also part of a wider field – that of arts and health. There can also be limited knowledge of other practitioners within the same country, or about international developments in this area
- Funding is still predominantly from international donors, and short-term
- Major needs include:
 - strengthening the community of practice
 - training and capacity-building, both in terms of theoretical knowledge and practical skills
 - 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 Moldovan panel featured the following case studies:

- MENSANA, presented by Victoria Condrat
 - [MENSANA](#) focuses on reforming mental health services in Moldova and is supported by the Swiss Development Cooperation. The country disposes 40 community mental health centers. They have worked with the arts to combat stigma and raise awareness around mental health issues.
- CASMED, presented by Natalia Postolachi
 - [CASMED](#) is an NGO focusing on elderly care in Moldova. The panelist presented their "Grandma and Grandpa Festival", to honour the elderly and promote healthy and active ageing in society. The festival makes ample use of cultural and artistic engagement to raise awareness and promote creative activities that are good for healthy ageing.
- Moldovan Society for the Study and Management of Pain, presented by Stanislav Manastirchi
 - Stanislav described the "[Show Me Your Pain](#)" campaign, which used arts and science collaborations to raise awareness around destigmatizing pain, advocacy, and promoting prevention and early interventions.
- National Congress of Ukrainians of Moldova, presented by Kateryna Katkova
 - Kateryna described the use of art as a tool for psychosocial support amongst displaced women and children in Moldova, in a project that saw a collaboration between WHO, UNICEF, and UNHCR amongst others. It included arts and crafts, group-reading, film and cartoon screenings, creative workshops (drawing, mandalas, sculpting) to promote resilience, hope and healing from trauma.
- Sunshine Children with Down Syndrome, presented by Ala Burlaca
 - An association with over 350 members for support of children with Down's Syndrome. It uses arts engagement both for direct therapeutic and developmental benefits in children with Down's Syndrome, and for raising awareness and combatting stigma.
- National Coalition Life Without Violence, by Anastasia Morozan
 - A project addressing violence in women which has made effective use of artistic and creative media. Experiences included helping women in rural areas produce movies around their own life stories and traumas. This acted as a healing tool for the women involved, and as a powerful awareness-raising mechanism. Women with hearing impairments worked through visual arts to be able to communicate their experiences. The money gained from some of these initiatives was also used to offer access to women to cultural activities and venues.

The Ukrainian panel featured the following case studies:

- Project HOPE, presented by Marta Stoian
 - [Project HOPE](#) is an international organization working in the context of humanitarian relief across more than 30 countries.
 - It includes mental health and psychosocial support (MHPSS) in 13 centers in several Ukrainians towns. The focus is on regaining a sense of safety, recreating and rebuilding social networks, improving community efficacy and resilience, and helping communities develop strategies to cope with stressors.
 - Several projects include arts engagement, such as: creative workshops for healthcare workers to reduce stress and improve team cohesion, workshops with children

undergoing oncology treatment, workshops with people with disabilities, arts workshops on the frontlines with internally displaced populations, and creative workshops for children, and art therapy workshops with war veterans.

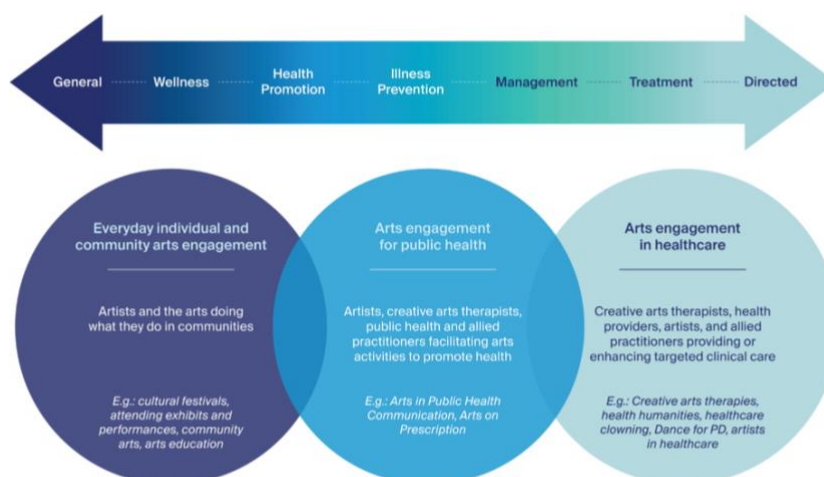
- Gen.Ukrainian's Cryones project, presented by Viktoriia Vereschak
 - [Cryones](#) is a project by the NGO Gen.Ukrainian dedicated to addressing childhood trauma during the war via artistic expression.
 - The project led to a publication of artworks, and may be the world's largest collection of art works by children who have survived traumatic experiences.
- Art Therapy Force's Art Dot project, presented by Svitlana Bazhenova
 - [Art Therapy Force](#) is a Ukrainian NGO that is playing a leading role in federating arts and health activities and organizations in Ukraine, as well as being an active contributor to the field of arts therapy in the country.
 - It includes the following [projects](#):
 - art projects in hospitals and shelters for displaced persons,
 - an online platform with materials dedicated to arts therapy,
 - the Ukrainain Artist's Camp, dedicated to capacity-building around arts therapy,
 - the Kid's Art Retreat Project, a recovery camp for children from the front lines of the war
 - a Family Art Retreat Project, an art recovery project for IDP children and their family members
 - Art Therapy Force also recently completed [Healing Arts Lviv](#) (July 2025), which was the first Ukraine-based part of the international arts and health campaign led by Jameel Arts and Health Lab
- Kharkiv Music Fest, presented by Yuliia Nikolaievska
 - Yuliia is a vice rector at Kharkiv National University of the Arts, and outlined her work which included:
 - A series of courses dedicated to music therapy, inclusion and mental health. These took place between 2022 – 2025 and helped train 350 students in the basics of arts therapy for mental health, trauma and inclusivity.
 - Regular music and health sessions in a children's hospital in Kharkiv, and early findings from associated research.
 - The Vibrations of Recovery project, a music and mental health project developed in collaboration with the Ukrainian Cultural Foundation and 5th Separate Assault Brigade. A number of concerts were organized in a military clinic rehabilitation centre, including military personnel in treatment and recovery.
- Unbroken Ukraine Rehabilitation Center, presented by Olena Sira
 - Unbroken is a leading multidisciplinary health and rehabilitation [project in Lviv](#). It is a facility combining medical excellence with mental health and social services, and wider community rehabilitation and social re-integration. It works significantly with arts therapists to address mental health, stress relief, and psychological rehabilitation, using artistic practices and creative hobbies.

Overview of arts and health

Dr Rarița Zbranca provided an overview of the arts and health field, from its ancient origins to major recent developments in public health research, key documents, current challenges and opportunities for the field. Her presentation covered:

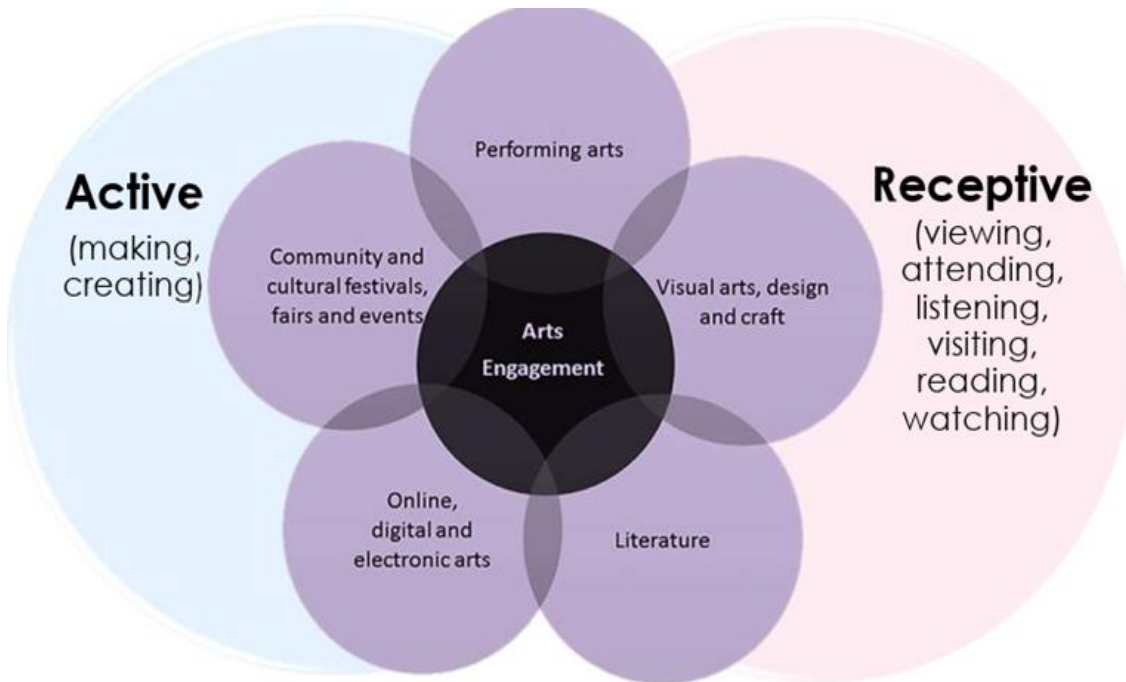
- Definitions of arts engagement, health and well-being, and terms like “culture and health” (see Figure 1 and Figure 2).
- Key recent documents, including:
 - The 2019 WHO [systematic review](#) on arts and health
 - The 2022 EU-funded [Culture for Health](#) report
 - “[Active ingredients](#)” involved in arts and health
 - The 2025 EU Open Method of Coordination (OMC) report on “[Culture and Health : Time to Act](#)”
- A range of key case studies, including:
 - [Music and motherhood](#)
 - [Dance for Parkinson’s](#)
 - Overcoming [burnout](#) through the arts
 - The [House of Memory](#), a museum project to support management of dementia
- An overview of major policies on culture, health and well-being (see Figure 3)
 - This included an overview of recent EU policy developments from 2021 to 2025 and beyond (see Figure 3)
 - Identifying recent WHO policies, including
 - the 2025 draft resolution identifying the power of fostering [social connection](#) for global health, which includes explicitly noting the need to strengthen collaboration between culture and health sectors
 - a 2025 guidance on policy and strategic actions for mental health and the [culture, arts, and sports sector](#)

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



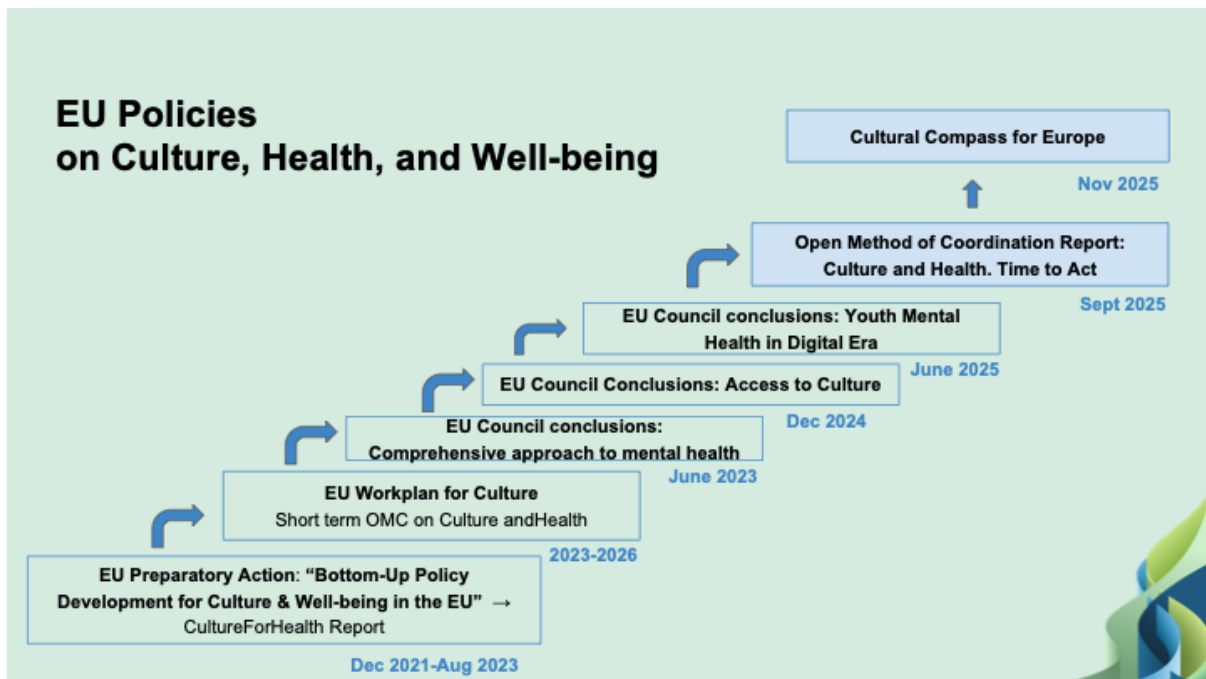
Sajjani, Sonke, et al. (forthcoming) Lancet Global Series on the Health Benefits of the Arts

Figure 2 :Types of arts engagement



Davies, C., Rosenberg, M., Knuiman, M., Ferguson, R., Pikora, T., and Slatter, N. (2012). Defining arts engagement for population-based health research: art forms, activities and level of engagement. *Arts Health*. 4:203–216. doi: 10.1080/17533015.2012.656201

Figure 3: EU policies on culture health and well-being



The discussion ended with some thoughts around opportunities for growth, barriers, and challenges in this sector.

Opportunities for growth include:

- integrating arts in sustainable approaches to address growing mental health problems, ageing populations, successive and interlinked complex challenges and crises.
- The arts as part of a wider paradigm shift from bio-medical approaches to bio-psycho-social and ecological approaches to health
- Positioning arts engagement as a *health behaviour*, a central policy recommendation
- Focusing on an economy of well-being, cultural welfare, and to prevention and building healthy societies rather than focusing solely on combatting disease

Barriers and challenges include:

- Achieving sustainability of practice and service – fragmentation.
- Terminology and value regimes in which different sectors operate.
- Awareness of value (personal and economic).
- Availability of skilled facilitators.
- Adequate cross-sector funding to support practice and evaluation.
- Need for system-wide guidelines and infrastructure to enable implementation in cultural and care centres.
- Instrumentalisation or misuse.

Areas for further growth include:

- Generating and synthesising different kinds of evidence to build the field.
- Raising awareness across audiences, sectors, and society.
- Enabling expertise through training at various levels: pre-professional, professional, continuing education.
- Systemic support: develop a creative health workforce, infrastructure, including networks, job profiles, strategies.

Capacity-building for co-designing and implementing arts and health projects

Delegates were introduced to several tools to support arts and health project design. This included a basic logic model, a creative health quality framework, the [INNATE](#) arts and health “ingredients” framework, and an arts and health intervention plan.

They were also led through a discussion around when to use different evaluation types, including formative evaluation, process evaluation, and outcome evaluation. This included an overview of common methodological approaches, measures, and tools used in arts and health interventions.

These different topics came together in a breakout session where participants worked in groups to identify key design and evaluation components that would be used in implementing the Music and Motherhood project in their local context.

Figure 4: key components of a logic model

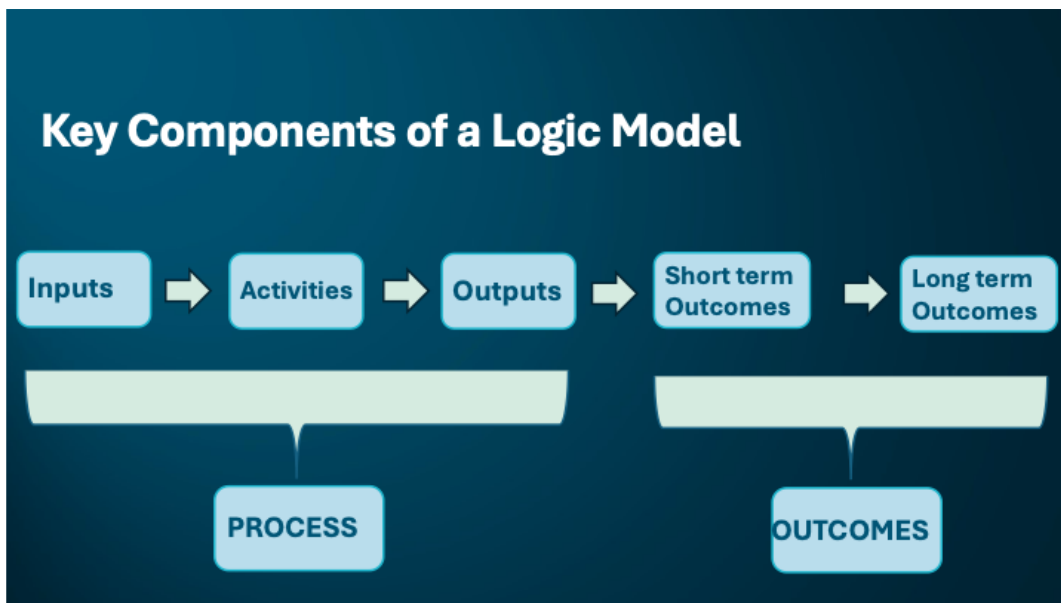


Figure 5: Creative Health Quality Framework

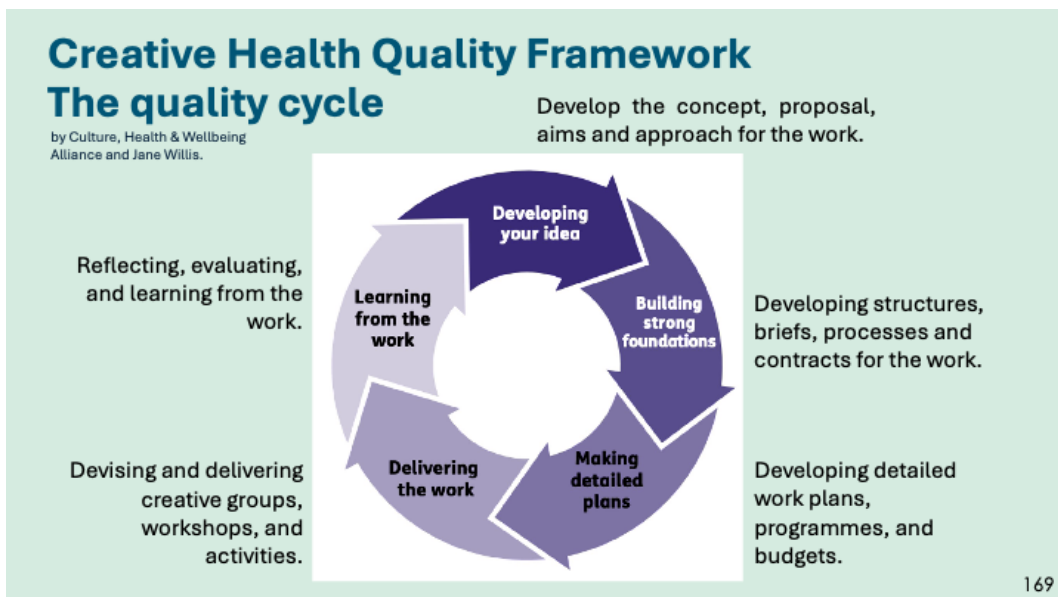


Figure 6: INNATE framework of active ingredients in arts and health projects

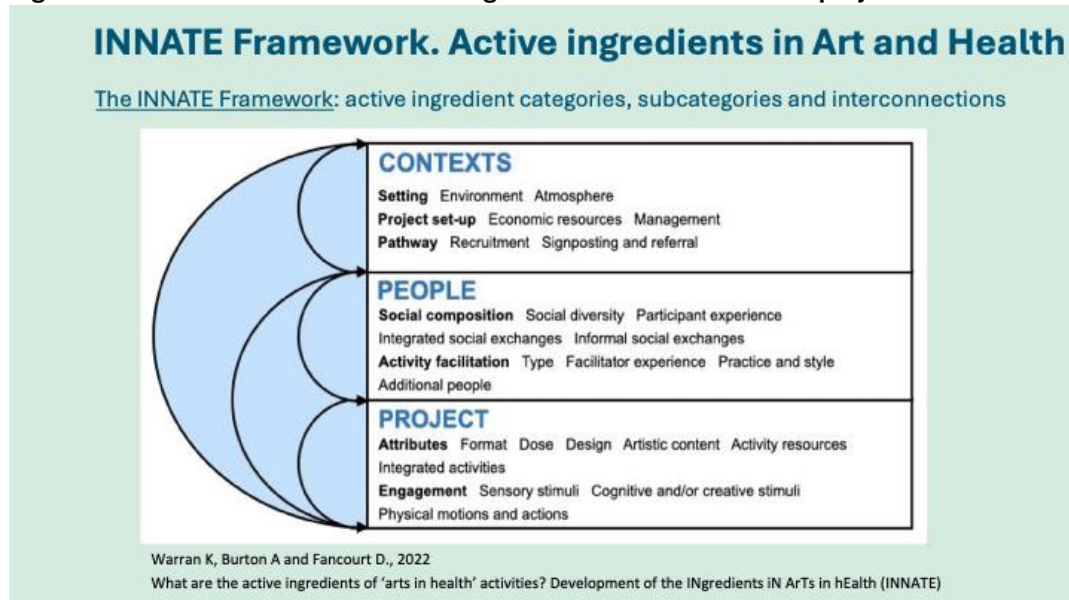


Figure 7: Arts and health intervention plan – activity table

Arts and Health. Intervention Plan

3.10 Activity Plan

Session no	Session Objectives	Expected results	Activities – exercises and timing	Resources and materials

Groupwork: country health priorities

Dr Ganna Legkova (Specialist on Psychological Interventions, WHO Country Office, Ukraine) and Daniela-Maria Madan (Public Health Officer, WHO Country Office, Republic of Moldova) outlined key health priorities for their respective countries. These were based on the Country Cooperation Strategy (CCS), WHO Country Office health priorities developed in cooperation with the ministries of health. They were used as the basis around which to initiate group discussions around arts and health priority areas and project ideas for each country.

Priorities for Ukraine:

Dr Ganna Legkova explained that WHO Ukraine in collaboration with the Ministry of Health is currently focusing on three strategic priorities:

1. Access to universal quality services for health
2. Prevention and reduction of major health risks
3. Building robust institutions

The major outlooks for health in Ukraine up to 2030 entail:

- The far reaching impacts of the war
- The need for reforms to build robust institutions and systems
- A wide range of health priorities including
 - Non-communicable diseases (NCDs)
 - Communicable diseases
 - A One Health approach (multisectoral strategy recognizing human, animal, planetary health interconnections)
 - Improving life expectancy and healthy years
 - Addressing Tobacco, alcohol and nutrition-linked risks
 - Improving immunization coverage and diseases that can be addressed through vaccination

Some ideas around where the arts can fit into this picture include:

- Health literacy and stigma reduction

Project examples:

 - using creative tools for anti-stigma campaigns
 - promoting awareness around HIV, NCDs and health literacy via creative campaigns
 - challenging stigma via artistic campaigns
 - arts in health facilities
- Mental health and psychosocial support

Project examples:

 - Arts-based methods in community mental health services
 - Creative approaches to address mental health recovery and social inclusion
 - Anti stigma arts installations and exhibitions
 - Arts-informed activities for well-being in rehabilitation and palliative care contexts
- Community engagement and social cohesion

Project examples:

 - Participatory arts projects
 - Peacebuilding and creative expression in conflict affected communities

- Creative campaigns to address mental health, healthy behaviours, substance abuse
- Arts-based outreach in rural communities, elderly populations, disabled populations
- Health promotion and behaviour change
 - Project examples:
 - Creative campaigns on tobacco, alcohol, diet, physical activity
 - Integrate creative methods in schools and youth programmes for healthy lifestyles and against obesity
 - Reinforce positive health behaviours through creative campaigns
 - Campaigns to address vaccine hesitancy
- Climate and environmental health
 - Project examples:
 - Eco-art installations to communicate climate related health risks
 - Science communication and translation
 - Campaigns to promote climate-smart behaviours
- Integrating monitoring and evaluation and learning in all the above activities to provide solid evidence for further support

Priorities for the Republic of Moldova

Daniela-Maria Madan outlined key priorities identified by WHO CO and the Moldovan MoH. The country's health priorities are linked to a double burden of disease: NCDs (especially cardiovascular and cancer) and communicable diseases such as HIV/TB, with rural and vulnerable groups facing the biggest barriers.

The major priorities for the Biennial Collaborative Agreement for 2026–2027 are linked to the objectives of the National Health Strategy “Health 2030”, the National NCD Programme 2023–2027, the National Mental Health Programme 2023–2030, Second National Cancer Control Programme, and the European Immunization Agenda 2030, and in line with WHO Second European Programme of Work (EPW2) and WHO 14th General Programme of Work (GPW 14).

Daniela outlined the 5 priority clusters that have been identified, in addition to some thoughts around arts-informed practices that could potentially be involved in addressing them:

1. NCDs and healthy lifestyle
 - Project examples:
 - Participatory theater for behaviour change
 - Movement based arts for physical activity
 - Creative cooking and food heritage projects
2. Mental and brain health
 - Project examples:
 - Art and music therapy modules in mental health centres
 - Arts-based social prescribing pilots
 - Creative resilience workshops in schools
 - Storytelling programmes for mental health recovery
3. Maternal, child, adolescent health and immunization
 - Project examples:

- Child-friendly clinic design
 - Comics and animations for topics like sexual health, vaccination, substance abuse
4. Digital health and people-centred systems
Project examples:
- Human centred design with artists for e-health portals, aged-friendly interfaces
 - Data visualization of health indicators
 - Gamified health education apps
5. Governance, equity, emergencies and resilience
Project examples:
- Inclusive workshops co-designed with disability groups
 - Memorials and public art for emergencies
 - Arts for healthy ageing and social inclusion
 - Arts in health communication during emergencies

Though the presentation was structured according to clusters, it was recognized that arts and health interventions lend themselves to *multisectoral, systems-wide approaches that can address several areas and dimensions simultaneously*. Arts and health in Moldova should adopt an approach involving health, culture, education and civil society.

Groupwork outcomes from Moldova

The priority topics which emerged from this group discussion were:

1. Well-being of healthcare workers, including activities focused on mental health support, resilience building, and the prevention of burnout syndrome.
2. Healthy ageing, with an emphasis on promoting independence, functional ability, and quality of life in older age
3. Mental health and well-being of children and young people, including accessible rehabilitation and support services for children, adolescents, and young adults.
4. Neurological health and well-being, including care and support related to Parkinson's disease and other neurodegenerative disorders.

The Moldovan group focused their suggestions on a single proposed project, focused on a 12-month pilot project using arts-informed activities in 5 health centers across the country.

- The project could address three populations: children with special needs, caregivers and medical staff. The first phase would focus on the children, and the second on adults (caregivers), followed by medical staff.
- The group discussed different art forms, including visual arts and embroidery, though they convened around working with *pottery using clay polymers*. This emphasizes physical touch and uses a material that is safe in medical settings.
- It could take place in 5 health centers, which would host the arts activities, led by artists and art students, for existing patients and people referred to the centers from outside the health centers.
- A curriculum would be developed for this project that could also help build arts and health capacity in medical staff and students. This could involve medical university and arts academy and strengthen the work of the local arts sector.

- It would also seek to provide activities that parents could engage in with their children at home, strengthening their connection and health impacts. Activities could also be geared towards health center staff for their own health and wellbeing, and could even address burnout.
- An exhibition could be organized to showcase project outcomes, and be part of an awareness-raising campaign / caravan that could tour across the country.
- Arts engagement could also support vocational developments in children.
- The project would involve collaboration between the ministries of health, culture, labour and social protection.
- There was also conversation around potentially getting insurance companies to support such activities if they proved cost effective and impactful.

The group also broadly mentioned some other ideas that emerged during their discussion. This included:

- Working with the Ministry of Culture to provide cultural vouchers for healthcare workers.
- Developing projects focused on age-friendly communities.
- Arts and health “caravans” and campaigns could take place to reach rural communities and increase awareness about arts and health.
- Pilot project for dance activities for people with Parkinson’s Disease.

Groupwork outcomes from Ukraine

The feedback from Ukrainian delegates covered:

1. a range of pilot project ideas,
2. existing projects that could be scaled further,
3. the development of a largescale project (focusing on social prescribing),
4. systems to support sustainability and strengthening the arts and health space

Major target groups and health topics:

- Major target groups identified were young people/ adolescents, veterans, and the general war-affected population.
- The major public health area identified was mental health, including all war-related trauma and rehabilitation needs.
- In general terms, projects should respond to geographic and contextual differences. Ukraine’s different regions have widely different priorities in light of the war, with some areas having good conditions for longer term work, and others that are on frontlines.

Pilot project ideas:

- Multidisciplinary arts and health activities could be developed across a network of shelters, supported by additional resources, materials and arts and health capacity-building
 - Focusing activities in community centres and multi-functional spaces allows for more sustainable projects. These could be combined with other fields including psychology and different forms of therapy.
- Making use of the fact that the Ukrainian population is highly digital, a mental health application could be developed that includes prompts for activities, and which can use a form of digital accountability and rewards like giving access to cultural activities and venues (free tickets for

people who can show that they participated in a given pro-mental-health activity). Such an activity could be integrated into the digital passport system (“Diia”), used by over 23 million people.

The group also identified existing projects that could be scaled up further. This includes:

- A multidisciplinary and multifunctional “Imagination hub” currently based in Kherson (the “Uyava” space which includes therapy, trauma-informed arts programmes, and other ways of community-based creative approaches to social cohesion, expression and healing)
- Museum-based activities to re-socialize people affected by the war.
- Mobile centers and roving teams focused on improving mental health in rural areas and communities.
- Theater activities for re-socialization and emotional well-being of veterans, piloted in Kyiv and Lviv.
- Immersive theaters
- Anger rooms / rage rooms for emotional and physical release
- Arts-based therapies and emotional-support activities for young people who are hospitalized for long and short-term treatments, including cancer.

Capacity-building and institutionalization of arts and health

- “Arts therapy” and related terms are still broadly defined, variably recognized, and do not have a clear or centralized capacity-building and training pathway. There was a strong felt sense that these different disciplines need further formalization, training, recognition and integration in Ukraine.
 - The Ukrainian government, including the ministry of health and ministry of culture, should take a more active role in supporting training in arts therapy and related disciplines. Currently, while arts therapy is officially recognized as being able to play a role in addressing mental health, there remains widespread stigma and doubt surrounding the role that the arts can play in healing, and it is still mostly psychiatrists and medical professionals who are able to work in health centers using arts-informed practices.
- Different curricula should be developed to integrate mental health training and arts and health, including in medical teaching.

Social prescribing pilot project

- A large-scale social prescribing pilot could help develop arts and health across the country in a way that is more sustainable and allows for a diversity of approaches to be promoted and used.
 - This would hopefully lead to the institutionalization of social prescribing and improve the recognition of arts and health as a field.
- A 5 year pilot was proposed, taking place across 3 regions
- This project would be led by a consortium of three NGOs : Art Dot, Project HOPE, and PRO HEALTH
- The pilot will focus on connecting patients experiencing psychosocial distress (IDPs, veterans, and other vulnerable populations) to non-clinical, community-based, social and cultural resources.
 - It will provide practical lessons, evaluate patient engagement and service coordination, and inform the design of future, larger-scale social prescribing initiatives.
 - Social prescribing schemes could include both artistic and physical activities
- Beneficiaries would include.
 - Internally displaced persons (IDPs)

- Primary healthcare patients (especially those with chronic and psychosocial conditions)
 - Veterans and their families
 - Older people
 - Youth in crisis situations
 - Persons with disabilities
- Preliminary activities would include stakeholder mapping, and learning from international best practices.
 - An advocacy campaign would be required to raise awareness and to communicate findings and outcomes over the course of the project. It could include public consultations and discussions.
 - Partnerships would be developed between various professions, including medical, scientific, and NGO/ community-based organizations, as well as international organizations including the WHO.
 - A monitoring and evaluation system would be developed in collaboration with international experts, and include medical outcomes as well as economic and cost-effectiveness data
 - The project could make use of the many cultural institutions developed during the Soviet era, as well as public libraries and community centres.
 - Funding could use a combination of international support, local private sector, municipal budgets and insurance companies
 - A more detailed concept note was prepared after the workshop and has been shared with participants by email and through a digital community created after the workshop

Participant feedback to the workshop

The last piece of group feedback pertained to the workshop itself. Participants responded to four questions, the answers of which are summarized below.

1. What did you appreciate?

Participants highly appreciated the richness and clarity of the content, the strong organisation, and the professional yet warm atmosphere of the event. The combination of theory and practice, diversity of expertise, and interactive formats such as group work and practical exercises created meaningful learning experiences. Collaboration, mutual respect, and support among participants were repeatedly highlighted, as well as the opportunity to exchange experiences, discover new initiatives, and explore art—especially music and art therapy—as a powerful and well-integrated tool within health and social contexts.

2. What would you have done differently?

Participants suggested mixing Ukrainian and Moldovan groups more intentionally and involving additional cultural organisations from Moldova. Time was a recurring concern, with suggestions ranging from streamlining the agenda to extending the workshop to three days to allow deeper engagement, creativity, and relationship-building. Individual preferences were expressed towards more case studies, creative moments, more opportunities to discover each other's work, medical research, and study visits to hospitals/local activities.

3. One insight / takeaway

A key takeaway was the understanding that art is not merely decorative but a structured, impactful intervention with real health outcomes. Participants left inspired by new ideas, contacts, and a sense of compassion and solidarity. Individuals reflected on the balance between chaos and structure in creative work, the emotional depth art can unlock, and the strength of community support. The event reinforced that collaboration, shared knowledge, and creative courage can transform complex challenges into actionable projects.

4. One action

Following the event, participants expressed strong intentions to act by developing new artistic and health-related projects, seeking funding, and strengthening cross-sector cooperation. Planned actions included sharing knowledge with colleagues, forming new partnerships, creating courses, exhibitions, choirs, and community initiatives, and maintaining communication through online groups or meetings. Overall, the feedback reflects a commitment to translating inspiration into concrete steps that advance arts and health practices locally and internationally.

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 community. This online meeting can include a discussion around the December workshop outcomes and country priorities going forward. Details for this meeting will be shared with participants in an upcoming communication.

- Sharing the outcomes of this workshop
 - A number of participants noted that the WHO could play a useful role by sharing the ideas that emerged from this workshop to potential future partners and funding agencies identified by delegates. This would leverage the convening power of the WHO to raise awareness around this topic and share participants ideas to international, national and local entities that could support further arts and health initiatives.

- 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: Tuesday 9 December 2025

09:30 – 10:00	Registration and welcome coffee
10:00 – 10:40	<p>Welcome and Introductions</p> <p>Introduction <i>Ameer Shaheed</i>, Consultant, WHO Regional Office for Europe</p> <p>Welcome addresses <i>Dr Ion Prisăcaru</i>, Secretary of State, Ministry of Health <i>Martina Spornbauer</i>, Team Leader for Governance, European Union Delegation to the Republic of Moldova <i>Dr Miljana Grbic</i>, WHO Representative in the Republic of Moldova</p> <p>Keynote <i>Christopher Bailey</i>, Arts & Health Lead, WHO</p>
10:30 – 10:40	Group photo
10:55 – 12:20	<p>Introduction to Arts and Health – Rarița Zbranca</p> <p>Overview of Evidence and Policy Developments Case studies Identifying common barriers and needs</p>
12:35 – 13:35	Lunch Break
13:40 – 13:50	Creative practice
13:50 – 15:10	<p>Regional Perspectives: Asset Map and Case Studies from Moldova</p> <p>Introduction to Moldova Asset Map, <i>Andrei Eșanu</i>, Asset map consultant</p> <p>Panel: Case Studies from Moldova and discussion on key insights <i>Natalia Postolachi</i>, executive director, CASMED <i>Stanislav Manastirschi</i>, Moldovan Society for the Study and Management of Pain <i>Irina Basiul</i>, Program Coordinator, National Congress of Ukrainians of Moldova <i>Ala Burlaca</i>, director, Sunshine Children with Down Syndrome <i>Anastasia Morozan</i>, Program Coordinator, National Coalition Life without Violence <i>Victoria Condrat</i>, MENSANA Project</p>
15:10 – 15:30	Coffee Break
15:30 – 16:50	<p>Regional Perspectives: Asset Map and Case Studies from Ukraine</p> <p>Introduction to Ukraine Asset Map, <i>Veronika Skliarova</i>, Asset map consultant</p> <p>Panel: Case Studies from Ukraine and discussion on key insights <i>Marta Stoian</i>, Project Hope <i>Vikroria Vereshchak</i>, Gen.Ukrainian, Cryones Project <i>Svitlana Bazhenova</i>, Art Dot, Art Therapy Force Project <i>Julia Nikolaevskaya</i>, Kharkiv Music Fest, Music therapy</p>

Olena Sira, Unbroken Ukraine Rehabilitation Center, Textile therapy

16:50 – 17:00 Closing of Day 1

DAY 2: Wednesday 10 December 2025

09:30 – 10:00 Welcome coffee
 10:00 – 10:15 Creative practice
 10:15 – 11:15 **Co-designing and Implementing Arts and Health Projects**
 Trainer and facilitator: Rarița Zbranca
 11:15 – 12:15 **Project co-design: Collaborative and individual work using an arts and health project design tool**
 12:35 – 13:35 Lunch Break
 13:30 – 15:00 **Project co-design: Group work for identifying priority themes and developing project proposals in Moldova and Ukraine (part one)**
 15:00 – 15:20 Coffee Break
 15:20 – 16:50 **Project co-design: Group work for developing project proposals in Moldova and Ukraine (part two)**
Converging to share key insights
 16:50 – 17:00 Closing Day 2

DAY 3: Thursday 11 December 2025

09:30 – 10:00 Welcome Coffee
 10:00 – 10:10 Creative practice
 10:10 – 11:10 **Presentation of project proposals for Ukraine – Ukrainian delegates**
 Feedback and discussion on enabling framework
 11:15 – 11:35 Coffee Break
 11:30 – 12:30 **Presentation of project proposals for Moldova – Moldovan delegates**
 Feedback and discussion on enabling framework
 12:30 – 13:00 **Conclusions and next steps**
 13:05 – 13:15 **Closing remarks**