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Expert Panel on Effective Ways of Investing in Health (EXPH)
Hearing on Options to Foster Health Promoting Health Systems

Brussels, 23 October 2019

Aim and objectives

The Opinions of the Expert Panel on Health support the Commission by providing the views of the Panel, informed by evidence, on issues that can make a real change to health systems reforms and investments within the EU.

The aim of the Hearing was to provide stakeholders with an opportunity to share their views on the draft Opinion of the Expert Panel on Options to foster health promoting Health Systems; the draft Opinion was made available on the Panel website prior to the hearing.

Presentation of the draft Opinion

Panel members: Prof. Margaret Barry (presenter/rapporteur), Prof. Jan De Maeseneer (chair of the hearing), Assoc. Prof. Liubove Murauskiene.

Prof. De Maeseneer opened the hearing and introduced the Expert Panel on Effective Ways of Investing in Health. He noted that Panel has produced 19 opinions in the past six years. The topic of the meeting was health promotion and health-promoting systems. He said that the aim was to obtain feedback on the draft Opinion in order to see how to improve, correct, and optimize the document.

Prof. Barry listed the members of the working group with Prof. De Maeseneer as the chair. She thanked external experts Timo Ståhl from the National Institute for Health and Welfare in Finland and Selina Rajan from the London School of Hygiene and Tropical Medicine in the UK for their input.

Prof. Barry began by introducing the mandate for the Panel and the terms of reference. She said they were asked to look at what are the mechanisms for strengthening the implementation of health promotion within health systems, how health systems can incorporate, integrate, and foster health promotion efforts and paradigms, and what policies need to be in place to make this happen from a health-in-all policies perspective.

She noted that since public health services and primary health care are operating in an increasingly integrated way, there is a need to understand how this joint approach can contribute to the implementation of health promotion and improved health literacy and how this development could be linked to social care.

The final point of the mandate was to look at what could be the success factors for further integration from a conceptual, organisational and financing point of view.

Prof. Barry said it was important to have an understanding of what health promotion is. She said that health promotion is a critical component of modern health systems, and that it is necessary for ensuring healthy lives and maximising health potential for all, ensuing no one is left behind. She said that health promotion has reframed the challenge of improving population health and wellbeing since its emergence in the 1980s, as its focus is how to promote and protect good health. Therefore, health promotion promotes a positive definition of health and a broader understanding of the determinants of health and how they can be addressed. This has brought a shift in focus from treating and preventing disease to promoting population health and wellbeing. That was a significant shift, she remarked.

Prof. Barry then reviewed the conceptual framework for the Opinion. She referred to the WHO's 1986 Ottawa Charter for Health Promotion which mentions "the process of enabling people to increase control over, and improve, their own health." She said the charter embraced a socio-ecological model of health and provided a blueprint for integrated multilevel action. It was a paradigm change in thinking about health, to state clearly that health is more than the absence of disease.

Prof. Barry said it begged the question of where health is created and how can it be promoted. This requires multidisciplinary knowledge and skills base that extends beyond the traditional healthcare approach, she said. She then showed a graphic representing the Ottawa Charter, a systems-based approach that looks not only at the individual, but at the individual's community, environment, and the structural policy factors that determine that. This involves developing personal skills, strengthening community action, reorienting health services toward promotion and prevention, creating supportive environments for health, and ensuring a public policy that promotes good health. We need to make sure these work together in a systems approach, she said.

Prof. Barry then described the rationale for health promotion. She cited changing patterns of health and complex health problems, such as non-communicable diseases, mental health, and multiple chronic conditions as part of the rationale. Also important is addressing the social determinants of health inequities, she said. These have grown in many cases, not reduced. There

is also increased recognition of the role of behavioral, social and environmental factors in shaping population health, addressing the so-called "causes of the causes." Another rationale is the sustainability of health systems given rising demands for expensive clinical treatments and health care, she said. Finally, there is the economic case, the ideal of efficiency and equity in health gains if investments in health promotion are made.

Prof. Barry then provided an overview of policy frameworks underlying the Opinion. These included the Political Declaration on the Prevention and Control of NCDs (UN, 2011); the WHO Global Action Plan 2013-2020; the WHO (2013) Helsinki Statement on Health in All Policies (HiAP); and Health 2020: a European policy framework supporting action across government and society for health and well-being (WHO, 2012). These all focus on policy and cross-sectoral actions, she noted.

Prof. Barry also cited the sustainability development goals of the UN (2015) to "ensure that all human beings can fulfill their potential in dignity and equality in a healthy environment."
Goal 3, she said, is to "ensure healthy lives and promote well-being for all at all ages." Target 3.4 of the goals is to by 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing. She underscored that the goals, for the first time, explicitly mentioned mental health. The goals were echoed in the WHO's 2016 Shanghai Declaration on Promoting Health and in the UN's 2019 Universal Health Coverage statement, in terms of looking at health in a universal way.

In terms of implementing a health promotion approach, Prof. Barry stated that EU health policies and strategies have endorsed the need to invest in health promotion. Progress, however, is variable across EU member states, and remains primarily on curative and clinical care. Cost-effective and feasible health promotion interventions have been shown to improve population health, reduce risks for NCDs, improve mental health and wellbeing, as well as health literacy and health equity. There is an evidence base that this works and can be implemented, she said.

Still, there are significant gaps in implementing health promotion in many EU countries, including a lack of political commitment and investment in developing health promotion systems and sustainable financing mechanisms. Countries also suffer from a lack of infrastructure, and organizational and workforce capacity are not developed in many cases.

Prof. Barry next reviewed what progress has been achieved to date. Progress on health promotion has been assessed since the Ottawa Charter. She cited the following studies: McQueen & Salazar, 2011; Potvin & Jones, 2016; Thompson *et al*., 2018; Ziglio *et al*., 2011; Wise & Nutbeam, 2007. There also have been studies on policy change in population health and health promotion. She cited the following studies: Baker *et al*., 2018; Béland & Katapally, 2018; McGovern *et al*., 2014). The Joint Action CHRODIS Plus report Barnfield *et al*., 2018) provides

an overview of good practices, gaps and needs in health promotion, and primary prevention in 21 EU countries, she said.

According to Prof. Barry, most talk about a need for a long-term strategic approach to promoting population health, but there also needs to be a focus on creating supportive environments for health. This means avoiding "lifestyle drift," where one looks at behavior change but does not address the environment. Another issue is the need for sustainable financing and capacity development for health promotion, she mentioned.

Prof. Barry next reviewed the enablers and barriers to progress in health promotion. She discussed conceptual barriers, noting that health promotion is poorly understood. "There seems to be a block around it," she said. It also lacks visibility in terms of a large system approach and lacks public visibility, she said. There are also ethical issues around some strategies in terms of social marketing, she noted, as some people see it is as the "nanny state" intervening in their personal lives. These issues need to be addressed.

There is also the matter of policy and political barriers. Health promotion requires a review of institutional norms and practices and medical models of health. There are also competing vested interests in the equation, including hostile industries such as tobacco and alcohol. Given the broad scope and diffusion of responsibility it is also unclear at times who is responsible for health promotion, she said and there is a lack of accountability because of that. Prof. Barry also cited a lack of institutional structures and processes for delivering health promotion. Especially important, she said, are structures around policy and delivery. Prof. Barry also cited a lack of implementation mechanisms, including funding mechanisms and incentives as a barrier to health promotion.

In terms of enablers, Prof. Barry cited advocacy for health promotion, which helps to communicate its purpose, raise its visibility, and justify policy implementation. There are also policy and political requirements to enable health promotion. These include high-level political commitment, including the appointment of senior-level officials for health promotion; the establishment of institutional structures and processes; the development of capacity and strengthening of delivery mechanisms for implementation.

Rolling this out at the local level will require developing workforce capacity, investing in health promotion practice, research and evaluation, and sustainable financing, Prof. Barry said. She next reviewed mechanisms for strengthening health promotion within health systems. These included:

- Implementing a Health in All Policies (HiAP) approach

- Promoting a coherent policy across sectors to enhance population health, wellbeing and equity
- Capacity and competence within health systems
- Permanent structures that enable sustained work
- Intersectoral committees
- And systematic processes and mechanisms.

Prof. Barry cited cases from Finland, Wales, and Austria that could inform future efforts.
It requires long-term commitment and vision, structures, processes, and tools, she said. Every country doesn't have to reinvent the wheel, but structures have to be appropriate to the local context.

Prof. Barry next turned her attention to health promoting health services. She noted that there has been "limited progress" in reorienting health services to health promotion. She cited a few examples of health-promoting health services including the WHO Health Promoting Hospitals Initiative and the Baby-Friendly Hospitals Initiative. There is also a need for health promotion in services for older people via community, residential and social care, opportunistic health promotion, and better education and training of health professionals. She stressed the need for health promotion to be included in undergraduate curricula of health professionals.

Prof. Barry then addressed strengthening health promotion within primary care. She described a "comprehensive and integrated spectrum of care" including those described in the WHO's 2018 Astana Declaration and 2019 UN Political Declaration on Universal Health Coverage.
She called for:

- Improving health literacy by creating health literate primary care organizations
- Enhancing communication and shared decision-making
- Health promotion interventions in primary care
- Community-oriented primary care (COPC)
- Advocacy for health promotion in primary care
- Integration of health promotion in primary health care
- And primary care teams integrating public health, social care, and community organizations.

Prof. Barry addressed the issue of sustainable financing for health promotion. At the moment, there are currently low levels of spending despite the evidence of cost-effectiveness. She said there is a timing bias against investing in long-term effects, as well as uncertainty, as there is a lack of a clear and visible link between investments and outcomes.

Payment mechanisms therefore need to:

- Clearly identify tangible benefits and assets from health promotion

- Demonstrate the importance of creating a sense of entitlement
- Set the overall level of funding and its protection into the future
- Establish a legal system, payment system, reporting contracts, and framework for citizen entitlement.

Prof. Barry referenced different sources of sustainable financing for health promotion. She referenced innovative modes of paying for health promotion, as well as Health Promotion Foundations via so-called "sin taxes" on tobacco and alcohol, though she noted the more successful these efforts are, the lower the available budgets become. There could also be earmarked funding, delegated financing, and budgeting schemes to support health promotion, she said.

Prof. Barry next addressed mobilizing community participation and engagement. She looked at a "whole-of-society" approach that involved engaging civil society organizations and non-state actors, which is particularly important with a cross-sectoral approach. She said it was important for there to be an inclusive policy development and implementation processes. She called for wider community engagement, empowerment, and partnership via community development and asset-based approaches.

Cultural competence is incredibly important, Prof. Barry noted. This informs power-sharing, collaborative decision-making and partnerships, and working with bicultural health workers when appropriate. Also important is engaging vulnerable groups and young people using diverse methods and new technologies.

Conclusion

In conclusion, Prof. Barry said there is a solid case for investing in health promotion on the grounds that it improves population health and wellbeing, and that it reduces inequality, protects human rights, and improves the performance of health systems. She said that the implementation of the sustainability development goals in Europe and the focus on Universal Health Coverage has created a new impetus for concerted action.

It is time to move beyond the rhetoric of health promotion towards strengthening systems and capacities for implementation, Prof. Barry said. This means integrating health promotion more effectively within health systems and strengthening health promotion functions at the broader political and policy level. "We need a comprehensive approach," she said. "There aren't quick fixes."

Recommendations

Prof. Barry then reviewed the Panel's list of recommendations. These included:

- **Advocate for the importance of health promotion** for sustainable health systems
    - Ensuring that the functions of health promotion are recognised and understood across the political spectrum and in communications for public health, especially for vulnerable groups
    - Advancing political commitment for effective health promotion policies and action plans
    - Formulating specific health promotion goals and developing feasible and evidence-based policy options for action among high-level policymakers in the EU
- **Protecting and promoting sustainable financing mechanisms** for health promotion
    - Reviewing current budgets and spending across the spectrum of health services
    - Balancing spending on treatment and rehabilitation with promotion and prevention
    - Investing in the development of robust health promotion policies and programs at the EU level
    - A sustained investment beyond once-off projects and stand-alone initiatives
- **Developing the capacity to implement health promoting health systems** at the EU and Member State level
    - Setting guidelines and standards regarding governance structures and processes, high-level leadership, and political responsibility at the country level
    - Supporting the assessment of health promotion capacity in Member States
    - Carrying out national assessments and audits of policy and implementation structures
- **Providing strategic leadership for health promotion at the EU level**
    - Ensuring the implementation of a HiAP approach and the integration of health promotion within European and national policies
    - Providing technical guidance on implementing health promotion in practice
    - Supporting countries by setting norms and standards for best practices and priority interventions and strategies
    - Investing in developing a dedicated workforce for health promotion in Europe
    - Improving EU leadership in recognition of the need for a dedicated health promotion workforce with key competencies for quality professional practice
    - Promoting the integration of health promotion within health services, especially primary care
    - Enabling universal access to health promotion – with the scope and reach of services reaching more vulnerable groups
- **Investing in health promotion research in Europe,** with innovative interdisciplinary approaches
    - Monitoring positive indicators of population health and wellbeing

    - A comprehensive evaluation of complex multilevel interventions
    - Undertaking multi-country implementation trials
    - Carrying out economic analyses of health promotion interventions
    - Disseminating of feasible evidence-based approaches
    - Developing knowledge of translation mechanisms for health promotion in the EU region
    - Establishment of dedicated health promotion KT centres to improve the use of research and knowledge
- **Strengthening the health promotion partnerships at EU level**
- The support of dedicated foundations and NGOs (such as IUHPE, EuroHealthNet), academic partners, and national focal points
- **Supporting social mobilisation strategies**
    - Improving community engagement strategies
    - Raising public awareness and understanding of health promotion
    - Stressing the importance for sustainable human and social and economic development
    - And greater accountability at EU and country level.

Prof. De Maeseneer then opened the floor for discussion.

Open discussion: participants' views

A representative of the **European Oncology Nursing Society** commented that the society would like to see a better call for education and capabilities in the multidisciplinary teams and that healthcare professionals are called that throughout the document. The representative also noted that there are many prevention activities going on already, especially in the oncology nursing community. Members are operative in hospitals, communities, and primary care settings and are working on tobacco control projects, alcohol prevention programs, and so on. The representative said the phrase "developing capacity for healthcare professionals" in the Opinion is a bit limited. The representative suggested a need to look at what is out there, harness experience of these healthcare professionals, identify change makers, and using them to inspire others.

Prof. Barry agreed there are many prevention activities undertaken by healthcare workers. In addition, there is a need for promotion outside of the healthcare setting, in schools, workplaces, and homes. We see it as a spectrum and all is needed, she said.

Prof. De Maeseneer said he was grateful that the education of healthcare professionals was mentioned. He mentioned that a Panel’s opinion was published months ago on task shifting that dealt with the issue of information, profiles, complementarity, and applied to the field of health promotion.

A representative of **EuroHealthNet** said the document is based on UN and WHO approaches, and advocated for better links to EU policies, such as linking to Article 168 in the Lisbon Treaty. The representative also discussed using health literacy as a way to transform health systems. Digital health literacy is important as well, the representative said and noted that, again, there is a lot of activity at the EU level with the economy of well-being approaches, such as the European Pillar of Social Rights. A lot of financial systems could help transit the health systems toward being more health promoting, the representative noted. EuroHealthNet has also recently published a financing guide that provides innovative ways and mechanisms to search for financing, the representative added.

Prof. Barry said she was aware of the financing guide and there is an opportunity to reference it in the final report.

Prof. De Maeseneer reminded participants that the Panel recently published an opinion on digitalization where health literacy was mentioned. This should also be cross-referenced in the Opinion, he said. He said the integrated vision of taking influences from EU policies, as well as the UN and WHO, is "absolutely in the DNA of the Panel" and that the representative "correctly mentioned opportunities to improve that aspect."

A representative of **Institut Merieux** said that health literacy is very important to have a better informed, global approach, and to access information about healthy lifestyle and its impact on diseases, as well as information about the impact of inappropriate antibiotic intake. The representative also mentioned a healthy food and environmental approach and developing policy around that. This should be integrated not only from a health promotion but from a treatment approach. The representative also mentioned stress and the impact of stress on chronic diseases but also infectious diseases, and discussed what can be done to help people to reduce stress. There could be more links to European instruments and initiatives, the representative said, especially to Horizon Europe, which contains health partnerships. The representative said there is room for health promotion in the new EU Missions, such as the Missions on Soil Health, Food, and Cancer. Also within the European Investment Bank there are incentives for companies to provide health promotion in the workplace. All of these should be linked in an integrated cross-cutting approach, integrating health promotion into the whole healthcare pathway.

Prof. Barry said there are health promotion activities on stress in the workplace, not only on stress management but also focusing on organizational approaches. The Health and Safety Directive includes the idea of psycho-social hazards in the workplace. There is a growing evidence base on what works, she said.

A representative of the **University of Milan/Italian National Federation of Nurses** said the organization appreciates the Opinion, especially the need for a health conceptual framework including sustainable development goals, the need for advocacy, political action, and financing for the health promotion system. The organization agrees that promoting health systems calls for new base of multidisciplinary competencies that extend beyond a traditional healthcare approach. It also agrees that a cadre of health promotion specialists with the necessary training to work with a wider workforce is needed. However, the representative noted that there is no mention of nurses' role in health promotion. In the EU, the representative said, there are 4 million nurses, and 400,000 nurses in Italy alone. The organization therefore would prefer the Panel mention the role of nurses in health promotion. It believes that nurses play a critical role in healthcare, not only in hospitals but also in primary and homecare settings. A growing number of nurses work in primary care, in response to the shortage of GPs, the representative noted. The organization agrees there is a need for more investment both in academic education and practice to develop a dedicated workforce for health promotion in Europe. The Opinion should advocate for the improvement of advanced nursing education at the master's level, for example.

Prof. De Maeseneer said the approach from the Panel has always been to emphasize an inter-professionnal, integrated approach by a team, be it at the primary-care level, the hospital level, or public health approaches. He agreed that nurses play an important role at all of these levels and have a diversified appearance nowadays with people doing independent visits or involved in specific disease-oriented programs or in grassroots work to reach groups and inform them of health and related issues.

A representative of the **Pharmaceutical Group of the European Union (PGEU)** noted that when it comes to promoting health and reducing healthcare inequalities, community pharmacists play a clear role in Europe. They are often the only healthcare resource available in rural areas where vulnerable groups are resident. They promote health services that increasingly go beyond management and supply, but increasingly involve screening and health literacy. PGEU welcomed the call for increasing investment in health promotion. The organization also would welcome a reference to community pharmacy services in the paper within the framework that it also supports health promotion, the representative said.

Prof. De Maeseneer agreed that this requires translation into European instruments.

A representative of the **Belgian Respiratory and Tuberculosis Association** noted that tuberculosis is linked with social determinants. There should be more elaboration on commercial determinants of health, inappropriate interference of industries with conflicts of interest into policy making using fake science, lies, lobbying, and buying scientists, the representative said. We can't have a health promotion sector that is strong if we don’t handle the commercial determinants, the representative said.

Prof. Barry noted they have included a section on commercial determinants in the Opinion. What we have seen with tobacco, she said, is the right of countries to protect populations and put a legal framework around it. This is obviously the ideal, she said. That has to be done across diverse commercial determinants. The WHO framework on Tobacco Control employs comprehensive stratgies that run "up and down" the key health promotion action area of the Ottawa Charter, she noted. It is based on integrated actions. This is what we need to do in these areas, she said.

Prof. De Maeseneer noted the panel dealt with fake information especially in its Opinion on vaccination. One needs to ensure there are not disinformation strategies that reach people dominated by other interests, not the health of the people, he said.

Prof. Barry said there is a need to work on who is sponsoring work in different areas.

A representative of **EFPIA** said that if one looks at health promotion in a broader perspective, there are other potentially budgetary sources of funding, such as through transport, clean cities, environment, and housing. The health sector should think more of how to look beyond and use those instruments to achieve health goals, the representative said. The representative also discussed digital health literacy. There is so much happening in regards to personal health apps, wellness apps, and empowering people to take control over their own health, the representative noted. The representative asked about the right of citizens to access their own health data and records as a way of empowerment. In regards to the long list of recommendations in the Opinion, the representative suggested structuring or prioritizing the section. What can the EU do versus member states and where can the EU add value?

Prof. De Maeseneer noted that countries in transition shifting care from hospitals to primary care, have a double investment, because they still have the hospital costs, whilst they have to make investments to strengthen primary care. That could be a place where Europe could provide help supporting this transition within framework of clearly set goals, he suggested.

Assoc. Prof. Murauskiene said the difficulty to calculate money for a broader approach shows a lack of systematic approach. One can't easily calculate money for something not well defined, she said.

Prof. De Maeseneer thanked all for their input. The Panel concluded the hearing by requesting a speedy delivery of comments via email to SANTE-EXPERT-PANEL@ec.europa.eu. The Panel will finalise the Opinion and present it in the plenary meeting of the Panel on 7 November for adoption.