

SWOT Analysis

AUSTRIA

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Included policies and programs

- 10 Rahmen-Gesundheitsziele (10 Health Targets for Austria)
- Nationaler Aktionsplan Bewegung - NAP b. (National Actionplan on Physical Activity)
- Nationaler Aktionsplan Ernährung – NAP e. (Austrian Nutrition Action Plan)
- Vorsorgeuntersuchung (preventive medical check up)
- Disease Management Programm Therapie Aktiv (DMP Therapie Aktiv)

Please note: A SWOT analysis across the very heterogeneous strategies and programs in Austria are very problematic. Particularly because the focus of the strategies and programs are quite different - for instance the Health Targets for Austria mainly deal with health promotion and therefore is not combating diabetes directly in comparison to the DMP Therapie Aktiv. Therefore the following analyses has limited validity.

SWOT

STRENGTHS

WEAKNESSES

OPTIONS

THREATS

STRENGTHS

- All included strategies:
 - often developed with a participatory “health in all policies“ approach → shared commitment/ownership
 - support health promotion, diabetes prevention and partly treatment
 - often vulnerable or certain target groups are considered (health equity)
 - Social determinants are taken into account
 - multi-/inter-sectorial and/or a multidisciplinary approach → shared commitment/ownership
 - Definition of concrete goals / measures as well as indicators (evaluation, monitoring)

STRENGTHS

- Specific strategies and programs:
 - *NAP e.*: Nutrition measures (actions to improve the nutritional status of Austrians) are harmonized
 - *NAP e.*, *NAP b.*, *10 health targets*: Intersectoral approach and interdisciplinary cooperation, enhanced networking and concerted action
 - *NAP b.*: a rolling strategy → aims to be adapted regularly
 - *10 health targets*: 10 health targets is a dynamic process with the constant input and feedback by 40 different stakeholders
 - *DMP Therapie Aktiv*: Recent program evaluation (e.g. positive effects on mortality and cost reduction) → driver for further implementation
 - *DMP Therapie Aktiv*: The recent evaluation of the program provides scientific documentation of the benefits → increased enrollment in the program - both doctors and patients - is expected.

SWOT

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WEAKNESSES

- All included strategies:
 - Due to the federalism in Austria programs as well as data and statistics are often only regionally available, there is rarely a nationwide evaluation
 - Limited (long-term) data/statistics (no diabetes register) → aspects are partly available, but not nationwide (*not applicable for 10 health targets*)
 - Partly limited evaluation and/or only monitoring of the strategies / programs (*not applicable for 10 health targets*)
 - Constraints due to budgetary cuts - well established prevention projects lost funding and could only be continued with severe cuts
 - Due to their broad scope it is rather difficult to evaluate the goals
 - Political commitment across all sectors needs further strengthening
 - The degree of stakeholder involvement can be a challenge

SWOT

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OPTIONS

- Governmental support and general political commitment – HiaP
- Identify windows of opportunities
- Recent national policies were developed
- Health care reform (Zielsteuerung Gesundheit): integrated care, health literacy as well as the redesign of the primary care sector are important areas of action
- Financial pressure and expected positive effects of prevention (morbidity and economic effects) have the potential to enforce the focus on prevention
- A comprehensive diabetes strategy is currently being developed with a broad participatory approach
- Foundation for action → challenges are well known (Diabetes-Report 2013)

SWOT

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THREATS

- Limited resources (finance, personnel)
- Sometimes lacking cooperation and motivation of stakeholders
- Federalism – competences and responsibilities are not always clear
- Fragmentation of responsibilities and competencies within prevention and healthcare
- Lack of political support due to political changes
- Lack of legislation (e.g. to allow/enforce data sharing among care providers)
- Care structures in Austria are mainly addressed to acute care, further attention to chronic diseases is needed
- Structures for prevention are not as well developed as those for care
- So far lack of a comprehensive diabetes strategy - the former diabetes plan 2005 was not implemented

Successful Strategies

- participatory “health in all policies“ approach supports the implementation, assists in intersectoral cooperation and leads to win-win solutions
- Health co-benefits are integrated in projects and activities of other sectors

Lessons Learned

- Definition of legislation before implementing a strategy
- The right mindset is needed in order to actively work with HIAP
- Windows of opportunities assist in implementation and operation





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