

What needs to be taken into account
for the exchange and transfer of
good practices

in health promotion and
disease prevention ?

Lessons learnt from Health Promotion & Disease Prevention
(WP5)



WP5: Health Promotion & Disease Prevention



Associated Partners:

- German Federal Centre for Health Education
- EuroHealthNet
- Andalusian Regional Ministry of Equality, Health and Social Policies (CISPSJA), Spain
- Center for Health Education and Disease Prevention (SMLPC), Lithuania
- Directorate General of Health (DGS), Portugal
- European Institute of Women's Health (EIWH), Ireland
- Directorate of Health (DOHI), Iceland
- Health Service Executive (HSE), Ireland
- Health Promotion Documentation Centre (DoRS), Italy
- Institute of Health Carlos III (ISCIII), Spain
- Institute of Public Health in Ireland (IPH), Ireland
- Ministry of Health (YPE), Greece
- Ministry of Health (MINSAL), Italy
- Directorate of Health (HOD), Norway
- National Centre of Public Health and Analysis (NCPHA), Bulgaria
- National Health Institute Doutor Ricardo Jorge (INSA), Portugal
- National Institute of Health (ISS), Italy
- National Institute for Health Development (NIHD), Estonia
- National Institute for Public Health and the Environment (RIVM), the Netherlands
- Progress and Health Foundation (FPS), Spain
- Regional Ministry of Health of Cantabria, Spain
- + 13 Collaborating Partners

WP5: Health Promotion & Disease Prevention

Outline:

- Background
- Objective
- Approach & steps
 1. Analysis of health promotion landscape

Health Promotion & Disease Prevention - Background

- Many chronic diseases are preventable, or their onset can be delayed, through **policies and interventions** that **address modifiable risk factors**
- Wealth of knowledge on effective and efficient ways to prevent and manage chronic diseases
& large number of practices related to HPDP exists across the EU
- Exchange of knowledge & practices is limited although **complementary to the national activities** against chronic diseases

EU Reflection Process on Chronic Diseases - Final Report October 8th 2013

http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf

WP5 - Objective

- **Map and validate good practices across the EU**

(taking into account lifestyles, health-related behaviours & the socio-economic determinants)

- **Analyse how these could be transferred**

WP5 – Approach & Concept

Interesting practices in health promotion / disease prevention

1. Analysis of Health Promotion landscape

2. Criteria to identify good practices

3. Identification / Collection of good practices (41)

CHRODIS Platform

4. Study visits & analysis of transferability

5. Success factors for scalability & transferability

1) Analysis of health promotion landscape

14 country reports

- Health systems; health policies & strategies; actors involved
- How they identify and promote good practice
- Forecasting and cost-effectiveness studies
- Gaps and needs

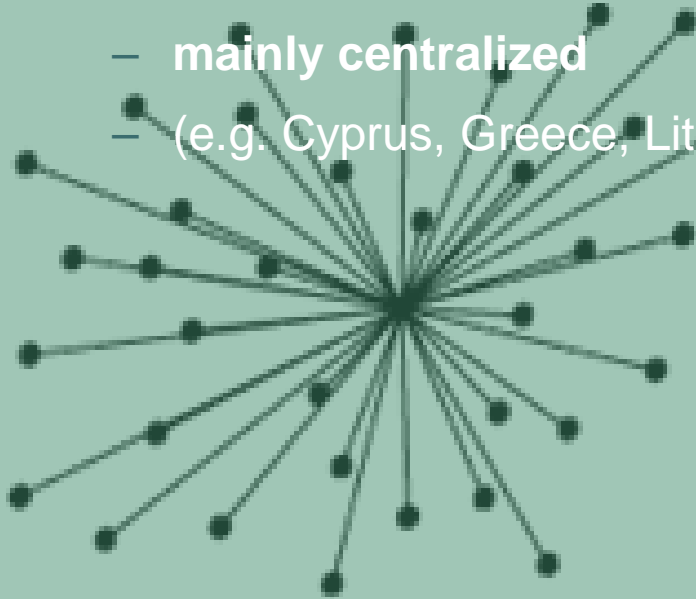


Analysis of health promotion landscape

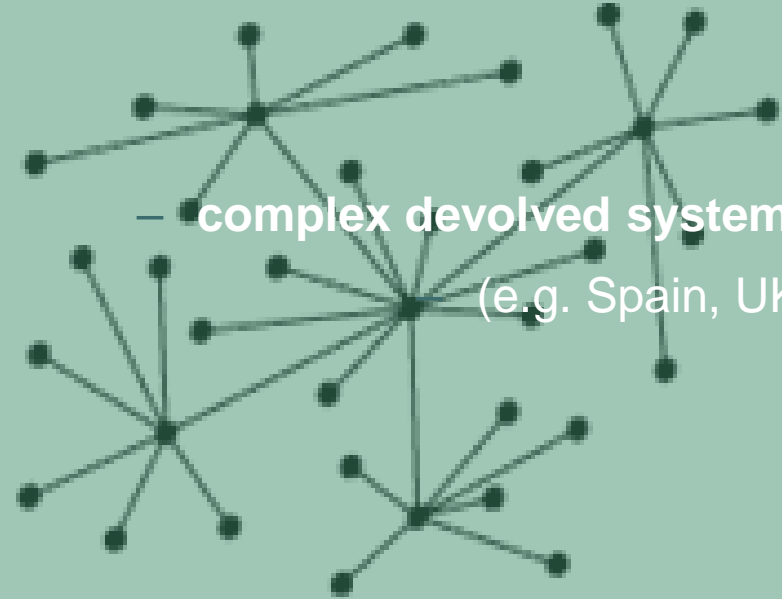
Significant differences

e.g. Political & policy systems related to health:

- mainly centralized
(e.g. Cyprus, Greece, Lithuania)



- complex devolved systems
(e.g. Spain, UK)



Analysis of health promotion landscape

- National Health Plans:
 - Reported in all partner countries
 - In the majority of partner countries, their development is the responsibility of the ministry/ department of health
- Basis for health policies:
 - Social model of health & social determinants of health approach
 - (majority of countries, e.g. Ireland, UK, Netherlands,...)
 - Emphasis on disease / risk approach
 - (e.g. Bulgaria, Greece, Lithuania)

Analysis of health promotion landscape

- Approach:
 - Partnership approach in majority of countries
 - Including the involvement of ministries other than health
 - Some refer to Health in All Policies and involvement of NGOs.
 - A need for more structured and coordinated approaches in some countries

Analysis of health promotion landscape

- Funding:
 - HPDP activities funded from national taxation systems
 - In Iceland, some funds are sourced from a tax on alcohol and tobacco.
 - Few references to funding from the private sector;
 - Many references to other sources of funding
 - E.g. European Structural Funds, other EU sources.

Gaps and needs in health promotion

- Evaluation and monitoring
 - Examples exist (e.g. policy and programme implementation).
 - However, frequent references to **the need for:**
 - **Agreed criteria;**
 - **More coordinated and structural approaches;**
 - **Dedicated funding** for evaluation;
 - **Better dissemination** and use of findings.

Gaps and needs in health promotion

- Capacity & capacity development
 - Need to **develop and sustain workforce capacity** for HPDP
 - **Number**
 - **Specific competence, education,...**

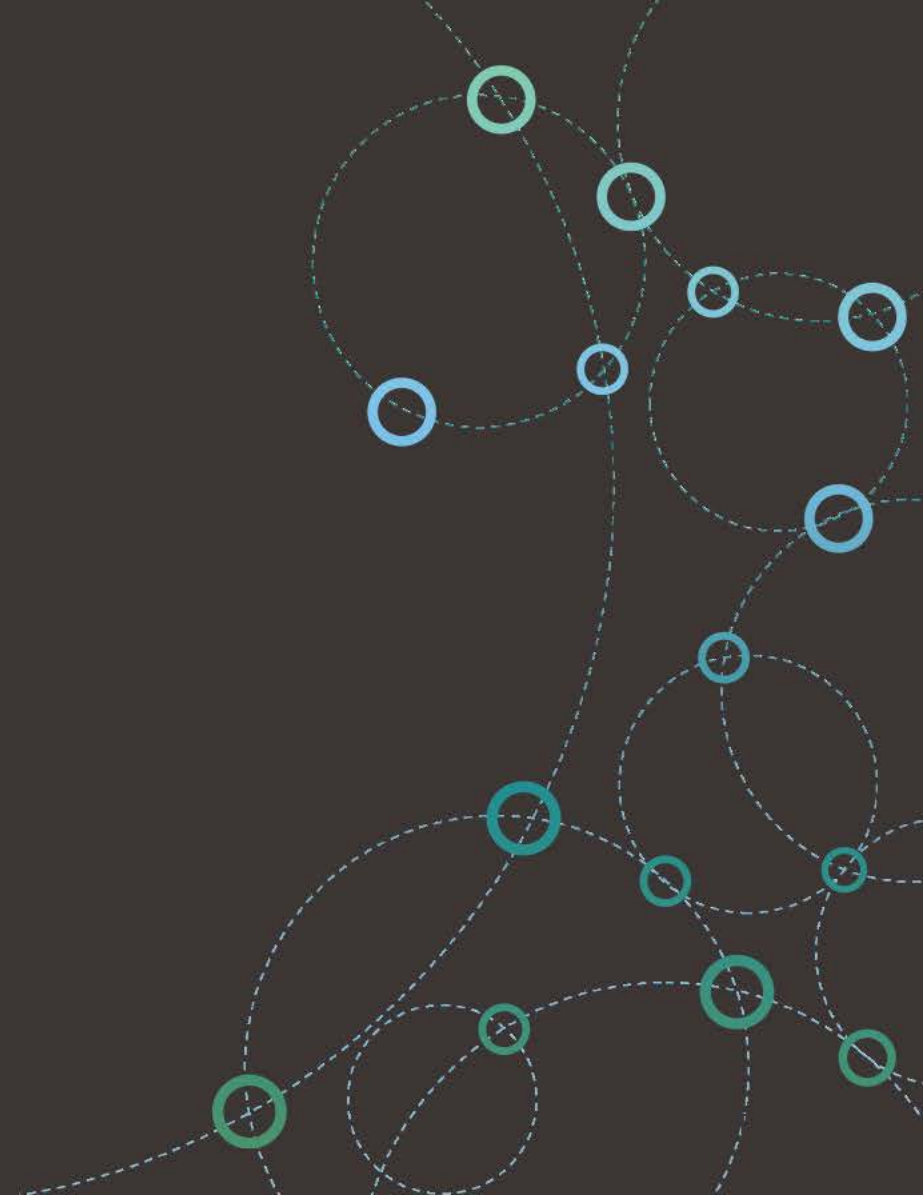
Gaps and needs in health promotion

- Funding:
 - **Is inadequate for HPDP & forms a very small proportion of overall health budgets.**
 - Impact of the economical crisis on funding for health in general, and on funding for promotion and prevention in particular.

Summary conclusions

- **Clear differences** across partner countries
- **Common themes emerge in the gaps and needs**
 - => Excellent basis for reorientation, innovation, improvement, redevelopment and capacity development
 - => Useful tool to increase the collaboration across countries

Thank you



The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)

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