

SHAPING POLICIES ON CHRONIC DISEASES THROUGH THE 16 CHRODIS+ POLICY DIALOGUES

LESSONS LEARNED

Fourteen national and two EU-level policy dialogues (PD) were organised to identify policies or changes to existing policies and legislation that are capable of tackling major risk factors for chronic disease, strengthening health promotion and prevention programmes, and ensuring health systems are well-equipped and resourced to address the growing health challenges of chronic disease.

LESSONS LEARNED FROM TOPICS AND CONTENT

The topics covered in PDs were highly diverse, ranging from water consumption and integrated care and management to tobacco inequalities and health impact assessments. Yet there were also many similarities. ‘Health in All Policies’, health inequalities concerns, and capacity building, for instance, appeared in many policy dialogues. Along with diverse topics, national organisers also looked at different levels of governance and policy-making, from sub-national, ‘bottom-up’ approaches engaging local communities and end users (Malta, Ireland) to regulatory changes requiring national action at high-level (Portugal, Spain, Iceland). Alignment with international initiatives was also observed though most PDs referred to national programmes and laws. European regulation was referred to in Spain, Malta and Portugal, pointing to environmental, water and market regulations respectively. **For more detailed information check CHAPTER 3.**

LESSONS LEARNED FROM THE IMPLEMENTATION AND CONTEXT

The process of organising policy dialogues stimulated national organisers to identify and prioritise policy actions which could be taken to address chronic diseases, and gave them a mechanism which they could use to engage a diverse range of policy makers and set specific objectives and targets. Some countries (e.g., Slovenia, Ireland) chose to focus on examining and revising existing policies while others selected topics (e.g., Lithuania, Hungary) at an earlier stage in the policy making process. This choice influenced the selection of participating policy makers and other stakeholders, as well as the methods and materials used to prepare them for the dialogue. Common approaches of national action plans developed following the dialogues included establishing working groups, conducting pilot activities, or providing training. Maintaining political and societal commitment towards the objectives and securing sufficient human and financial resources were identified as common barriers of follow-up actions. **For more detailed information check CHAPTER 4.**

COVID-19 IMPLICATIONS

Although most of the Policy Dialogues took place before the emergence of COVID-19, their associated discussions and conclusions can offer relevant guidance in the following categories: use of new technologies to provide knowledge and support for management and prevention of non-communicable diseases (NCDs) (e.g., Portugal and digital marketing); provision of health system and community level services in safe ways for NCD patients (e.g., Malta and water consumption); considerations regarding social, economic, environmental or behavioural determinants of NCDs (e.g., Ireland and tobacco consumption in vulnerable populations), or the importance of continuous improvement in capacities and knowledge (Croatia, Greece, Italy, Lithuania, Poland, Spain and the two EU PDs). **For more detailed information check CHAPTER 5.**

KEY LEARNINGS - A SET OF CONCLUSIONS

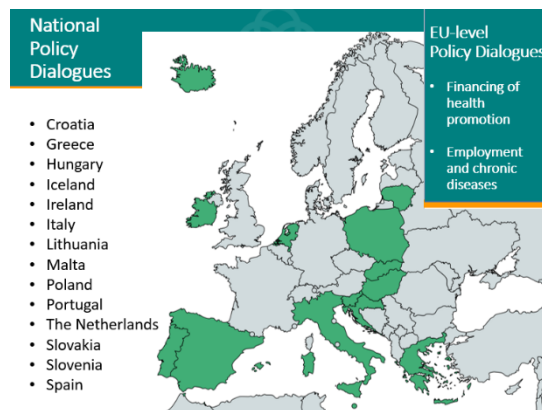
- The CHRODIS PLUS Policy Dialogue Methodology is useful and transferable to other policy research fields and policy dialogues can serve as a key step in the policy making process.
- Health promotion and disease prevention are central to policy efforts to reduce chronic disease.

- An inter-sectoral approach to health promotion and disease prevention is key to addressing chronic diseases.
- Adequate human and financial resources are necessary to accomplish objectives set out during the policy dialogues.
- Addressing socio-economic and environmental determinants of health through effective policies and practices becomes even more urgent in the aftermath of the COVID-19 pandemic.
- Health is an increasing priority at all levels which brings new opportunities but also a need for more communication and coordination across all sectors and all levels, particularly by policy makers.

For the set of conclusions and recommendations check CHAPTER 6.

INTRODUCTION TO POLICY DIALOGUES

Croatia. The Croatian Institute of Public Health organised a policy dialogue on the importance of a multisectoral approach in reducing the burden of chronic non-communicable diseases. During the meeting, participants acknowledged that it is necessary to strengthen existing and initiate new cross-sectoral cooperation to achieve the implementation of the Action Plan for prevention and control of non-communicable diseases 2019-2025. At the end of the dialogue, stakeholders involved agreed to establish a multisectoral working group to monitor the implementation of the Action plan.



Greece. Aristotle University of Thessaloniki and Centre for Research and Technology Hellas in Thessaloniki organised a policy dialogue to gather stakeholder commitment to improvement and optimization of integrated care, with special emphasis on elderly and chronic diseases patients. The ongoing primary care reform presented an opportunity to adopt integrated care services. The participants of the policy dialogue acknowledged that sustainable implementation needs to be supported by all relevant stakeholders.

Hungary. Semmelweis University organised a policy dialogue about how Artificial intelligence in national screening programs could significantly increase screening efficiency. The representatives from academia, public and private sector discussed technology assessment and related regulatory environment as well as how to ensure that products made with community resources are utilised.

Iceland. The Directorate of Health (DOHI) was responsible for organising a series of meetings with representatives of the prime minister's office and meetings with representatives of the Association of Local Authorities to ensure multi-sectoral collaboration in the implementation of the Health Promoting Community (HPC) programme aligning it with the Sustainable Development Goals (SDG). The SDG agenda opened a window of opportunity for HPC team to approach different ministries and other high level decision makers to work together towards common goals.

Ireland. The Institute of Public Health in Ireland organised a dialogue to identify and explore which elements of Tobacco Free Ireland are currently targeted to address socio-economic inequalities in tobacco use; exploring how European partnerships and initiatives could be leveraged in the future to support the reduction of inequalities in tobacco use in Ireland; and identifying which policy and programme actions should be sustained and what new actions should be considered to address inequalities in tobacco use in the future.

Italy. The Ministry of Health, together with the Italian National Agency for Regional Healthcare Services, organised a policy dialogue to share regional projects and plans to support chronic disease strategies, understand the capacity of regions in coordinated actions and explore how to boost the integration of services and coordination of different plans at regional and national level. Participants agreed to establish an inter-ministerial working group to review current chronic care models.

Lithuania. Vilnius University and the Institute of Hygiene organised a policy dialogue to gain insight on how to provide the needed supportive services for the divorced families (adults and children) or families going through a divorce. In terms of the ratio of marriages and divorces, there are currently 65 divorces per 100 marriages in Lithuania – one of the highest numbers in the European Union. Lithuania showed initiative to investigate the situation, to develop and implement a system of support for divorced families.

Malta. The Ministry of Health organised a policy dialogue to promote discussion of how water consumption can be increased through improving access to and availability of safe drinking water at the neighbourhood or locality level. Multiple stakeholders who took part in the dialogue examined each organisation/institution's potential contribution towards the main objective within a collaborative, intersectoral framework, and established next steps to address the issue.

Netherlands. The National Institute for Public Health and the Environment organised a policy dialogue about how to systematically promote cycling and walking before, during and after work. As a result, the National Alliance 'Werken in Beweging' (for exercise at work) will collaborate with stakeholders from policy and especially from practice to create a platform that could support employers promoting physical activity.

Poland. The National Institute of Geriatrics, Rheumatology and Rehabilitation organised a policy dialogue to assess the benefits of enriching Comprehensive Geriatric Assessment (CGA) to ensure better prevention of cardiovascular system and respiratory system diseases. Among other things, stakeholders decided to work towards increasing the availability of CGA for elderly patients (60+) through training and empowering a wider group of providers (e.g. nurses, physiotherapists) to perform the geriatric evaluation of patients.

Portugal. The Directorate-General of Health organised a policy dialogue to find ways to tackle the issue of advertising of unhealthy food and beverages to children at national level. After discussing the effectiveness of industry's self-regulation, participants decided that self-regulation was not enough and highlighted the need for stricter laws and improved health literacy among the population.

Slovakia. The Ministry of Health organised a policy dialogue to come up with a collaborative approach to prevention of cardiovascular and metabolic disorders. The conclusions of the dialogue will serve as a starting point for the creation of a new National Health Promotion and Healthy Lifestyle Programme for 2020-2026.

Slovenia. The National Institute of Public Health organised a policy dialogue to propose the integration of care model between primary and secondary level of healthcare for persons with complex multiple needs, with emphasis on patient participation. The participants committed to creating national streams and pathways of care for patients with chronic conditions.

Spain. The Ministry of Health (MoH) and Carlos III Health Institute organised a policy dialogue to reinforce collaboration between the MoH and the Ministry of Environment and Ecological transition (MET) to jointly address health and environment and to assess the possibility to include health indicators into Environmental Impact Assessment (EIA). During the meeting it was agreed to establish an Inter-Departmental Working Group between the two ministries that would start by defining criteria for Health Impact Assessment (HIA) within EIA that takes into account equity and social determinants of health.

EU level policy dialogue on employment and chronic conditions. The work led by the Fondazione IRCCS Istituto Neurologico Carlo Besta in Italy allowed CHRODIS PLUS partners to showcase tools that if employed would lead towards inclusion, integration and reintegration of people with chronic conditions in the workplace and improvement of workers' health and wellbeing. A number of stakeholders were invited to share insights on how EU policy can support the implementation of these instruments.

EU level policy dialogue on funding health promotion and chronic disease prevention. The primary focus of the policy dialogue was on understanding the ways in which revised European Union funding mechanisms may be used towards prevention of chronic diseases and to support the broader health system during this crisis period and its aftermath. The main outcome was a set of recommendations for action for EU and national policy and decision-makers to increase equitable and sustainable funding and financing of health promotion and chronic disease prevention.