

Cross-country collaboration and EU added value in the field of non-communicable diseases (NCDs)

Summary of the Joint Action
CHRODIS PLUS Consensus
Statement¹

October 2020

¹The Consensus Statement constitutes Deliverable 4.2 of JA-CHRODIS PLUS and aims to analyse the JA CHRODIS (2014-2017) and JA CHRODIS-PLUS (2017-2020) experiences and lessons learnt in terms of integration in national policies and sustainability. The aim was to reach consensus (a “Consensus Statement”) concerning the EU added value of cross-country collaboration in the field of health promotion and prevention and management of chronic diseases beyond the project. It also contributes to understanding current NCDs strategies and implementation routes, particularly to reach EU citizens across the life-course in the places where they live, work, study and grow, with the ultimate goal to improve health and wellbeing for all.

Why act on prevention and management of NCDs?

Non-communicable diseases (NCDs) - including cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases – are a primary cause of health and social care burdens across the European Union (EU) (2,3). Multimorbidity, the co-occurrence of multiple chronic diseases in a single individual, is increasing, affecting more than 60% of people over age 65 in the European region (4). NCDs and multimorbidity are linked with numerous negative health and social outcomes, including premature mortality, disability and poor quality of life. Multimorbidity treatment and management consumes approximately 70% to 80% of health care budgets across the EU, putting healthcare systems under heavy pressure, and representing one of the most urgent and important fiscal and social challenges for Member States.

Multimorbidity is more prevalent among socially disadvantaged population groups, and is likely to increase health inequalities, even in countries where access to healthcare services has been universal, free and without charge for decades. Addressing issues in the health sector alone will never be enough to solve the growing challenge of NCDs; complementary actions by other sectors and stakeholders will always be needed (5).

Reducing the burden of NCDs has become more urgent in light of the SARS-CoV-2 (COVID-19) pandemic. The pandemic is not only a crisis for global public health but has also had profoundly negative impacts on the global economy, jeopardising physical, mental and economic wellbeing for populations around the world. It has disproportionately affected older people, immunocompromised people and those living with NCDs, who are at higher risk of severe symptoms or death (6). Like NCDs, COVID-19 also disproportionately impacts disadvantaged populations. This compounds existing health inequalities, and reaffirms the need to address NCDs from a holistic point of view, including an equity perspective and addressing the social determinants of health.

While rising levels of human and financial costs of chronic diseases are gaining political attention at national and European levels, not enough is being done to prevent or delay the onset of chronic diseases nor to effectively manage chronic conditions once they occur.

JA CHRODIS-PLUS (2017-2020) was an initiative funded by the European Commission and 42 participating organisations from 21 European countries.

The CHRODIS-PLUS has promoted the implementation of policies, strategies and interventions identified in JA CHRODIS (2014-2017).

Its core activities included:

- 16 policy dialogues which contributed to informing, developing or implementing policy to improve actions for combatting chronic diseases;

- 21 implementation pilot projects focused on four major work areas:

- 1) Health Promotion & Primary Prevention**
- 2) An Integrated Multimorbidity Care Model**
- 3) Fostering Quality Care for People with Chronic Diseases**
- 4) Employment and Chronic Diseases**



JA CHRODIS PLUS resources to reduce the burden of NCDs

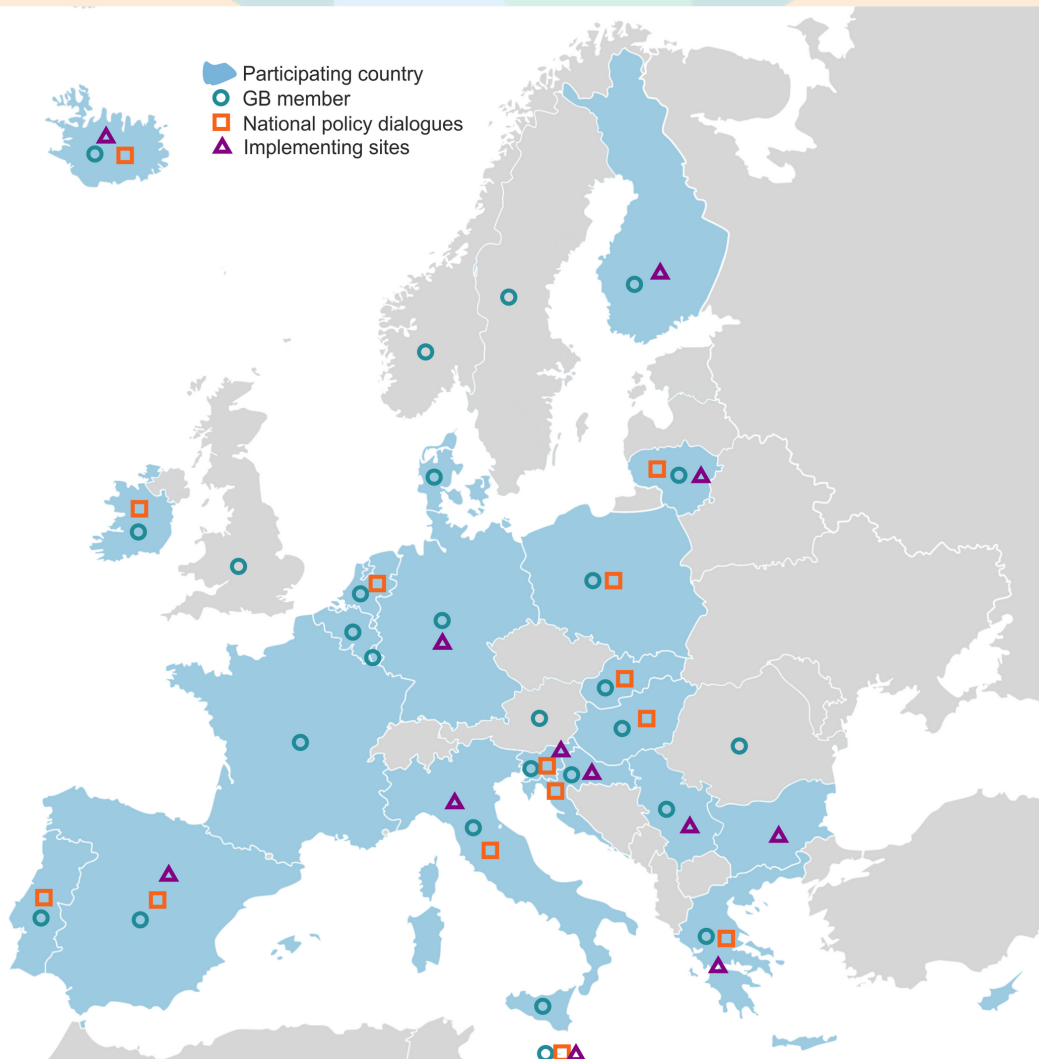
Throughout the JA CHRODIS PLUS, 42 partner organisations from 21 European countries engaged in developing, improving and testing tools (e.g., good practices, models of care) to reduce the burden of NCDs. Building on the learnings from the Joint Action CHRODIS (2014-2017), the tools were investigated for their transferability between different settings.

16 policy dialogues (14 national and 2 EU level) contributed to informing, developing or implementing policy to improve actions for combatting chronic diseases.

14 National Policy dialogues were organised using the CHRODIS PLUS Policy Dialogue Methodology. It is a useful and transferable tool to other policy research fields. The dialogues identified policies or changes to existing policies and legislation that can tackle major risk factors for chronic disease. A diverse group of relevant stakeholders (e.g., civil servants, technical advisers, policy makers, national ministries, multilateral organisations, patient/professional associations, NGOs, individual ‘champions’ and policy entrepreneurs) were identified and engaged. All dialogues resulted in Action Plans.

More information about the CHRODIS PLUS Policy Dialogue Methodology and learnings from the policy dialogues are available [here](#).

CHRODIS PLUS activities across Europe



JA CHRODIS PLUS resources to reduce the burden of NCDs

21 implementation pilot projects focused on four thematic areas and delivered the following outputs

1) Health Promotion & Primary Prevention

Lessons learnt from the transfer and implementation of 5 good practices in 8 locations
[Report and Recommendations](#)

Lombardy Workplace Health Promotion Network:

Aims to achieve healthier work-place conditions by engaging and strengthening collaboration between employees and the main workplace stakeholders: associations of enterprises, trade unions and the regional health system.

[Home page](#) and [Best Practice Portal](#).

Active School Flag: Aims to increase physical activity in children through developing a physically active and physically educated school community.

[Home page](#) and [Best Practice Portal](#).

JOGG: Encourages all people in a city, town or neighbourhood to make healthy food and exercise an easy and attractive lifestyle option for young people.

[Home page](#) and [Best Practice Portal](#).

Toy Box: Aims to promote healthy lifestyles in early childhood in order to prevent obesity. It includes environmental changes and group interventions.

[Home page](#) and [CHRODIS Repository](#).

Successful Ageing: A 6-month multi-modal programme developed in Iceland, to improve physical activity levels of older people and their health-related behaviour.

[Home page](#) and [Best Practice Portal](#).

More interventions on the [CHRODIS repository of good practices](#).

2) An Integrated Multimorbidity Care Model (IMCM)

IMCM aims to overcome the challenges related to fragmented care. The widely applicable model proposes 16 components for improved care of multimorbid patients. Structured approach supports care providers, improves outcomes and aims to optimise resource usage.

IMCM was assessed in practice by 5 pilot site teams to prove its applicability in different local contexts. 3500 patients benefited from the pilot implementations.

[Results from the Pre-Implementation Stage. Assessing the Pilot Implementation of IMCM.](#)

3) Fostering Quality Care for People with Chronic Diseases

Quality Criteria and Recommendations Tool (QCR)

is a core set of quality criteria that may be applied to various health care areas (prevention, care, health promotion, education, and training), and are general enough to be applied in countries with different political, administrative, social and health care organisations. It contains 9 quality criteria, made up of 39 categories ranked and weighted with the ultimate aim to improve prevention and quality of care for people with chronic diseases. Learn more about the QCR Tool [here](#).

The Guide for the implementation of the QCR Tool to improve the quality of care for people with chronic diseases describes the overall implementation process (including the potential for applying it to other contexts), indicates implications for its use, as well as suggests next steps for fostering quality care for people with chronic diseases.

4) Employment and Chronic Conditions

CHRODIS PLUS Workbox on Employment and Chronic Conditions

The Workbox contains two tools:

- 1) the Training Tool for Managers on inclusiveness and workability for people with chronic conditions
- 2) the Toolkit for Workplaces – fostering employees' wellbeing, health and work participation.

It targets managers, human resource departments, and OHS specifically, and provides them with checklists to facilitate understanding where interventions are needed, tools for measuring workability of employees with chronic conditions, and helps to generate practical actions to design a health-supporting workplace, both in terms of the structural environment and organisational culture and attitudes. Access Workbox [here](#).

Around 20 implementing partners across Europe in the work areas 1, 2 & 3 have successfully used **the CHRODIS PLUS Transfer and Implementation of good practices Strategy.**

Vision for exchanging good practices

The causes of non-communicable diseases are complex, usually a combination of genetic, physiological, socio-economic, environmental and behavioural factors. Many factors lie outside of the health system and directly relate to the conditions in which we are born, live, work and age. Preventing, managing and controlling non-communicable diseases requires a comprehensive vision (7) for implementation of effective strategies.

To develop the Consensus Statement, JA CHRODIS-PLUS engaged the European Commission's Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP), and the CHRODIS-PLUS Governing Board (8) in a co-creation process to define a vision and principles for exchanging good practices on non-communicable diseases among EU Member States. Working together, they also identified priority action areas, which included health promotion and disease prevention and taking a "Health in All Policies" approach.

Overarching European initiatives can also be harnessed to contribute to achieving set priorities. These include key EU health, social, and environmental political priorities, like the European Green Deal and its associated proposed 'Farm to fork strategy' – as well as the proposed Europe Beating Cancer Plan. These strategies offer an important opportunity to design and deliver a coherent response to challenges related to unsustainable food production, climate change and consumption patterns (9, 10). The European Green Deal is central to the EU's commitment to deliver on the UN 2030 Sustainable Development Agenda.

Promoting sustainable food consumption and facilitating the shift to healthy and sustainable diets, as well as moving towards a 'green economy' are also in line with EU Member States' commitments made in the European Pillar of Social Rights (EPSR) (11).

Another relevant policymaking tool is the European Semester, the main mechanism for economic and social policy coordination in the EU (12). The European Semester offers the opportunity for the European Commission and Member States to agree on the reforms to be taken in the year to come to tackle the biggest challenges that each country is facing. National or EU-level legislative precedents were also highlighted in many CHRODIS PLUS policy dialogues, such as those related to commercial determinants of health, such as the EU Tobacco Products Directive or food marketing to children and adolescents (13).

More exchange of practices and concerted efforts between national and EU policymakers on the commercial determinants of health could directly combat obesity, addictions, and their related impacts on the burden of NCDs. Prior and upcoming Joint Actions in the field of nutrition, for instance, include the Joint Action on Nutrition and Physical Activity (JANPA) and the Joint Action on Implementation of Validated Best Practices in Nutrition (JA BestReMap) (14, 15). Similarly, Member States and representatives from the EU could coalesce around international initiatives (e.g., the SDGs) to further define actions at European, national, and local levels to tackle important health, climate change and sustainability matters.

CHRODIS PLUS Conclusions and Recommendations to integrate NCD good practices into national policies

Many participating Member States and/or regional authorities have indicated that they will continue the implementation or will initiate a scale up of good practices which started during the JA CHRODIS PLUS. The following boxes describe conclusions reached by the Joint Action, examples of associated actions taken during the Joint Action, and recommendations to facilitate the successful integration of good practices in national policies to reduce the burden of NCDs.

Conclusion 1: Link national/regional NCD strategies and plans to existing targets for health and sustainable development

CHRODIS PLUS Action: Many CHRODIS PLUS activities were linked to national, regional and global strategies for NCDs. One example includes the Dutch 'JOGG' (Youth at Healthy Weight) good practice. Several elements of the practice were transferred to Iceland and implemented to strengthen national Health Promoting Community Programme.

Recommendation: Facilitate alignment with existing national policies by adapting practices to local needs and characteristics, and providing a clear framework and tools to support transfer, adoption, and evaluation of the outcomes of the integration of the good practice(s).

CHRODIS PLUS Conclusions and Recommendations to integrate NCD good practices into national policies

Conclusion 2: Take action to break down barriers and silos between sectors and levels of governance, and work towards systemic solutions

CHRODIS PLUS Action: The role of intersectoral collaboration in health promotion good practices was explored by CHRODIS PLUS partners in cooperation with owners of twenty good practices across Europe. Most of the identified practices worked together with more than six sectors outside of the health care sector. Experiences were synthesized to determine cross-cutting barriers and enablers and led to formulation of recommendations for intersectoral collaboration (summarised below).

Recommendations: Invest in bringing together an effective mix of different partners with diverse backgrounds and skills, and ensure sufficient resources to sustain the collaboration.

Define a shared vision of the problem to be solved aligned with common goals and use a planned/systematic approach to work suitable for all partners.

Build bridges between sectors and disciplines with effective leadership.

Conclusion 4: Ensure adequate economic, technical and human resources for the transfer, implementation and sustainability of a good practice, while building from 'what works' currently and acknowledging the valuable experience and potential of existing staff.

CHRODIS PLUS Action: The EU Level Policy Dialogue on funding health promotion and chronic disease prevention concluded that prospective beneficiaries of EU funds must have the knowledge and capacity to learn of eligible opportunities for funding, to apply for funding, and then to absorb the funds and successfully manage associated projects. Building this capacity and awareness amongst beneficiaries at all levels of government should be one of the main priorities for future actions in the field.

Recommendations: Use EU funds and economic incentives to promote implementation of shared objectives and encourage long-term integration and sustainability of good practices. Support all organisations (particularly small organisations) to understand and monitor opportunities for funding and/or bundling projects for investment. Strengthen the role and capacity of intermediary actors (e.g. between national and regional levels) to improve the flow of information and opportunities between all levels of governance.

Conclusion 5: Support and facilitate evidence-based decision making around NCD policy and practice.

CHRODIS PLUS Action: The Integrated Multimorbidity Care Model (IMCM) was assessed in practice by 5 pilot site teams to prove its applicability in different contexts. Based on local experience and knowledge, participating partners adapted the IMCM to the specific characteristics of their local health care setting and developed country specific model versions for local implementation. 3 out of 5 pilot sites confirmed further pilot scale up across the country.

Recommendations: Build up political support and include new practices in existing political strategies; ensure that the results of their implementation are effectively communicated to policy makers and other key stakeholders to support evidence-based policymaking. Recognise the importance of health promotion to prevent NCDs and increase the use of health promotion and disease prevention best practices. Utilise tools, such as best practice portals, to support integration of evidence-based policies (and to capture lessons for their transferability and scalability and evaluation over time).

References

Conclusion 3: Increase the use of tools to transfer knowledge in EU Member States

CHRODIS PLUS Action: Throughout the different areas of work, CHRODIS PLUS partners developed, applied and validated tools, such as the CHRODIS PLUS Policy Dialogue Methodology and the CHRODIS PLUS Implementation Strategy, to support the transfer of knowledge or generate new knowledge within and between EU Member States.

Recommendation: Apply validated tools and frameworks (such as the CHRODIS PLUS Transfer and Implementation Strategy), to support the transfer of knowledge within and between EU Member States. When transferring practices, carefully consider and address differences in local contexts (e.g., cultural aspects, social and organisational structures) which can affect the implementation of the good practice.