

# Country Reports:

Findings, Needs and Priorities for  
Health Promotion and Disease  
Prevention across Europe





# EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING



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# Content

- Health promotion & Primary prevention landscape
- Country Reports
  - Key highlights
  - Gaps and needs / priorities

# Health promotion / primary prevention landscape



# Country reports

## Questionnaire

- Related to the structure and the delivery of health promotion
  - Feb. 2014 – summer 2014
  - 25 Partners in 15 countries
  - Process involved different organisations and actors within the countries
- => Country reports

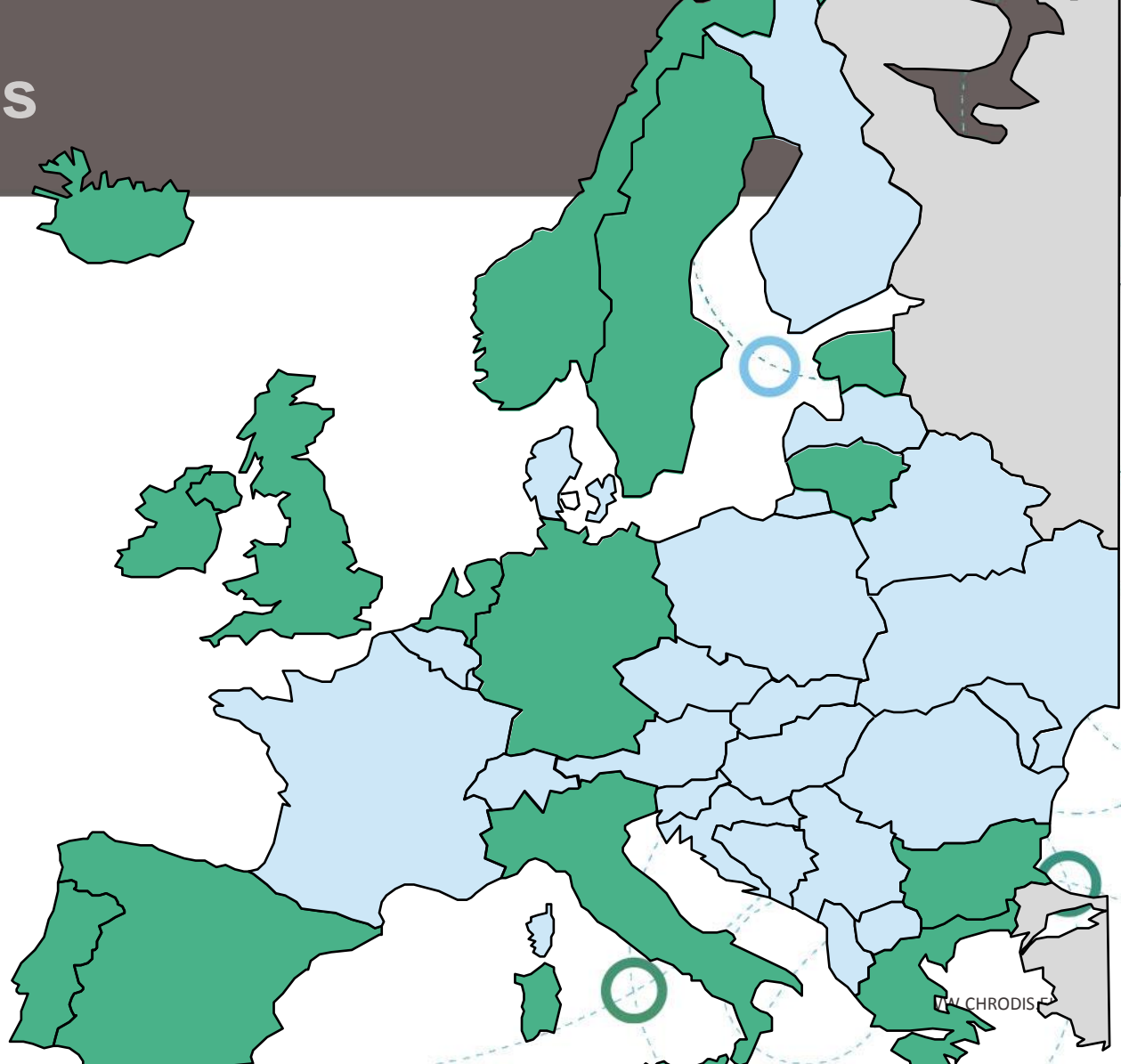
# Country Reports

- 14 Country reports
- Overview report



 CHRODIS  
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

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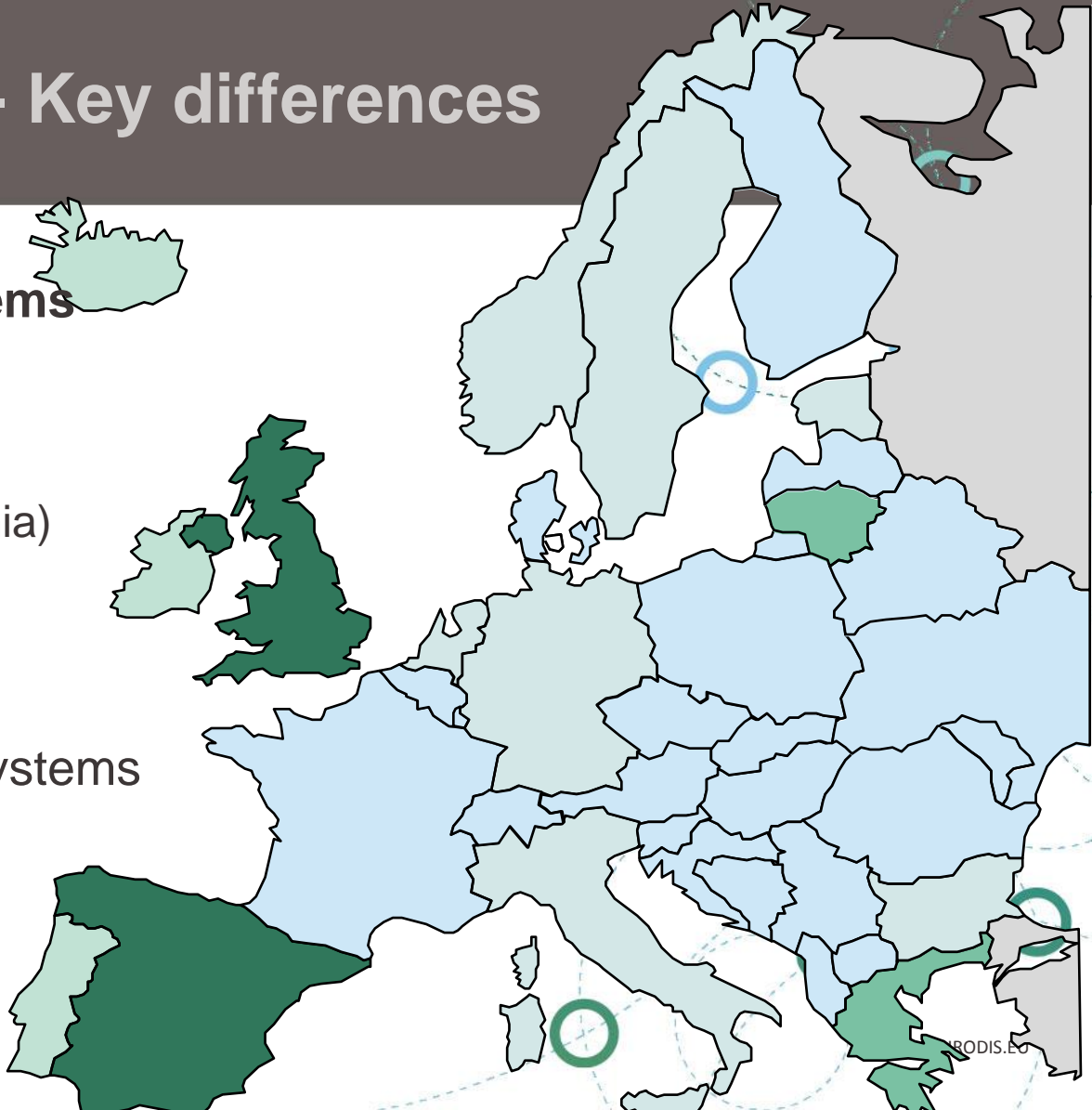


CHRODIS

# Country Reports - Key differences

## Political and policy systems relating to health

- Mainly centralised  
(Cyprus, Greece, Lithuania)
- ↓
- To complex devolved systems  
(Spain, UK)



# Country reports – Key differences

## National Health Plans - Planning

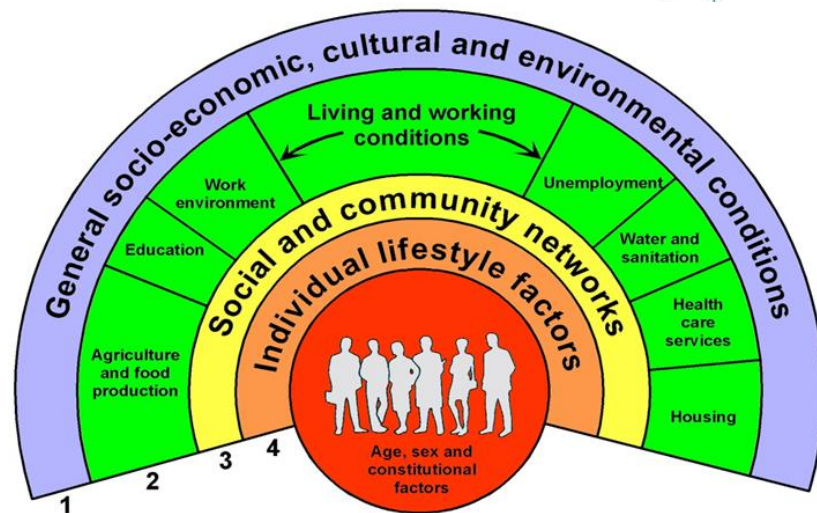
- Social model of health, with a social determinants of health approach

(f.i. Ireland, UK, Netherlands);



- To a more epidemiology/disease model

(f.i. Bulgaria, Greece,...)



Source: Dahlgren and Whitehead, 1993



# Country reports – Key differences

## National Health Plans - Implementation

- Involvement of other departments / Ministries than health /
- Mention of a « Health in all Policies » approach  
(f.i. Norway, Iceland, Ireland, Italy, Cyprus, Portugal)

# Country reports – Key differences

## National Health Plans - Implementation

- Partnership approach involving other sectors (NGOs, trade unions,... )
  - From broader structure (Estonia, Cyprus, Iceland, UK)
  - To more centralised (Ireland, Netherlands)
  - To more fragmented approaches

# Country reports – Key differences

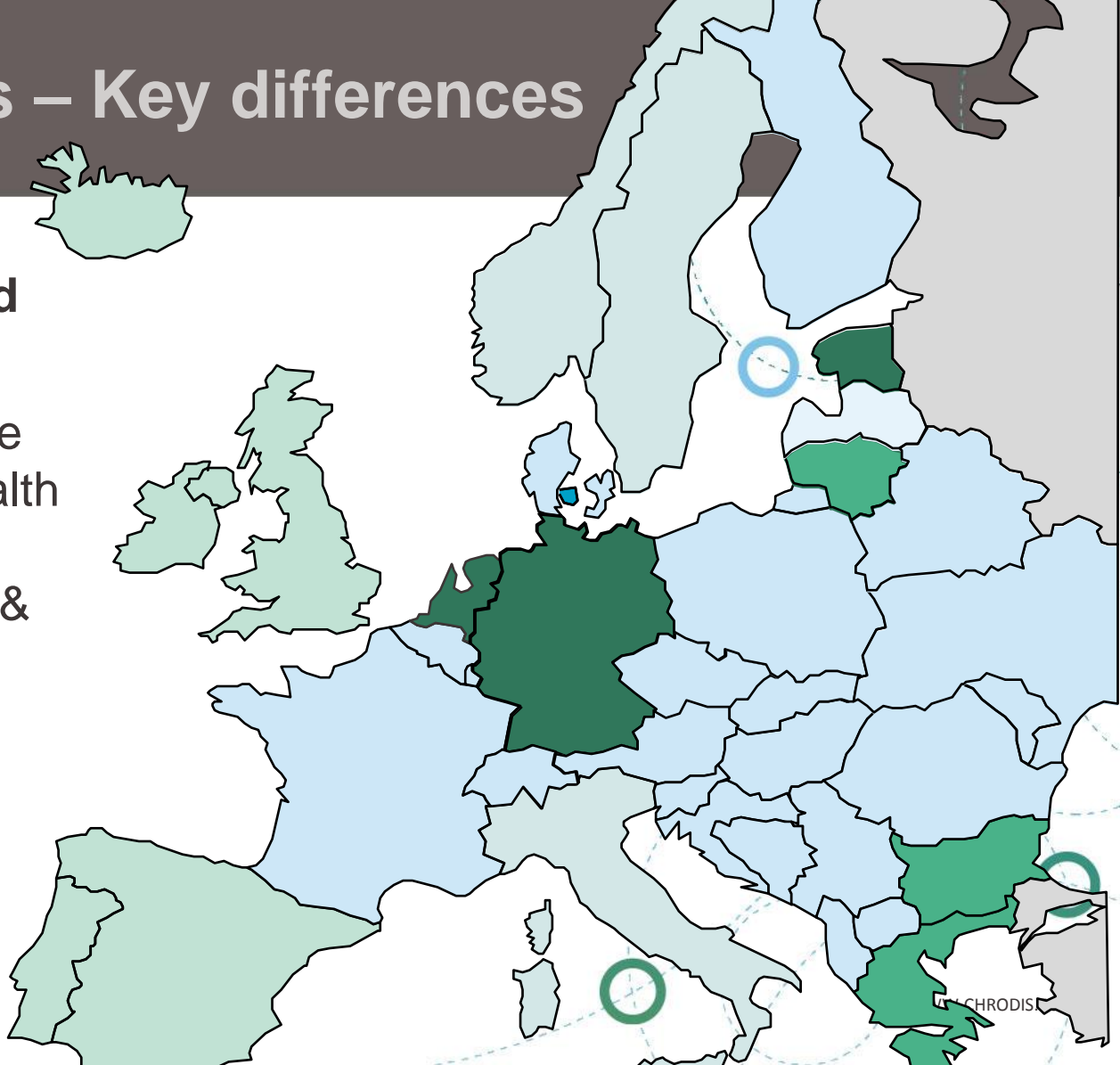
## Levels and sources of funding of health promotion / primary prevention

- Ministry of Health (Cyprus,...)
- National Health Insurance Fund (f.i. Bulgaria, Lithuania, Estonia,...)
- Other stakeholders : private health insurance; NGOs; municipalities; local / regional governments; foundations; Lottery fund

# Country reports – Key differences

## Levels of capacity and capabilities

- Some countries have more developed health promotion and prevention capacity & capabilities



# Despite differences across Partner Countries common themes emerge



Gaps and needs identified  
across partner countries



# Gaps and needs - Monitoring/evaluation and research

(13 countries)

- Lack of evidence
- Lack of
  - Coordinated mechanisms for monitoring and evaluation
  - Measurable evaluation criteria
  - Research priorities
- Limited research, particularly related to
  - Primary prevention;
- Results insufficiently communicated to policy makers



# => Priority: Monitoring / evaluation & Research

- (More) systematic **data collection**
- **Shared and robust criteria** for monitoring and evaluation of hp/pp policies, programmes and practice
- More research
  - in **cost-effectiveness** of interventions
  - in **forecasting studies**
- Mechanisms to improve the **dissemination** of findings





# Gaps and needs - Capacity / capacity development / knowledge development

(10 countries)

- Limited workforce
- Lack of (specific) competence, of health promotion/primary prevention teams;
- Lack of education and training on health promotion/primary prevention

# => Priority in Capacity

- Real investment in
  - Human resources
  - Training & education for public health professionals and other actors in health promotion, as well as for healthcare professionals
  - Multidisciplinary primary care teams
- Increase the capacity of structures/ organisations which are responsible for the implementation of programmes



# Gaps and needs – Partnerships / Participation / HiAP

(9 countries)

- Lack of coordination / lack of legal framework that support formal partnerships,
  - in particular between the healthcare sector and other sectors related to the socio-economic determinants of health
- Lack of multidisciplinary teams
- Lack of integration of health promotion into health care practice

# => Priority for Health in All Policies



- Real need (& potential) for health promotion & disease prevention to innovate and develop new approaches in cooperation with other sectors and organisations

# => Priority for Health in All Policies

- Ministries
  - Social welfare and employment; social protection; transport, tourism and sport; justice and equity; education, science and culture; agriculture and food; youth and sports; and many more
- Agencies:
  - Food authorities; environment, national health insurance funds, primary health service centres, municipalities; ...

# Gaps and needs - Funding

(11 countries)

- Significant lack of funding for health promotion and primary prevention
  - Process for the allocation of funds to primary prevention is not known/transparent
  - Particularly in comparison to care & cure



HEALTHCARE  
ADMINISTRATION

CHRONIC DISEASE  
MANAGEMENT

TREATMENT

**97%**



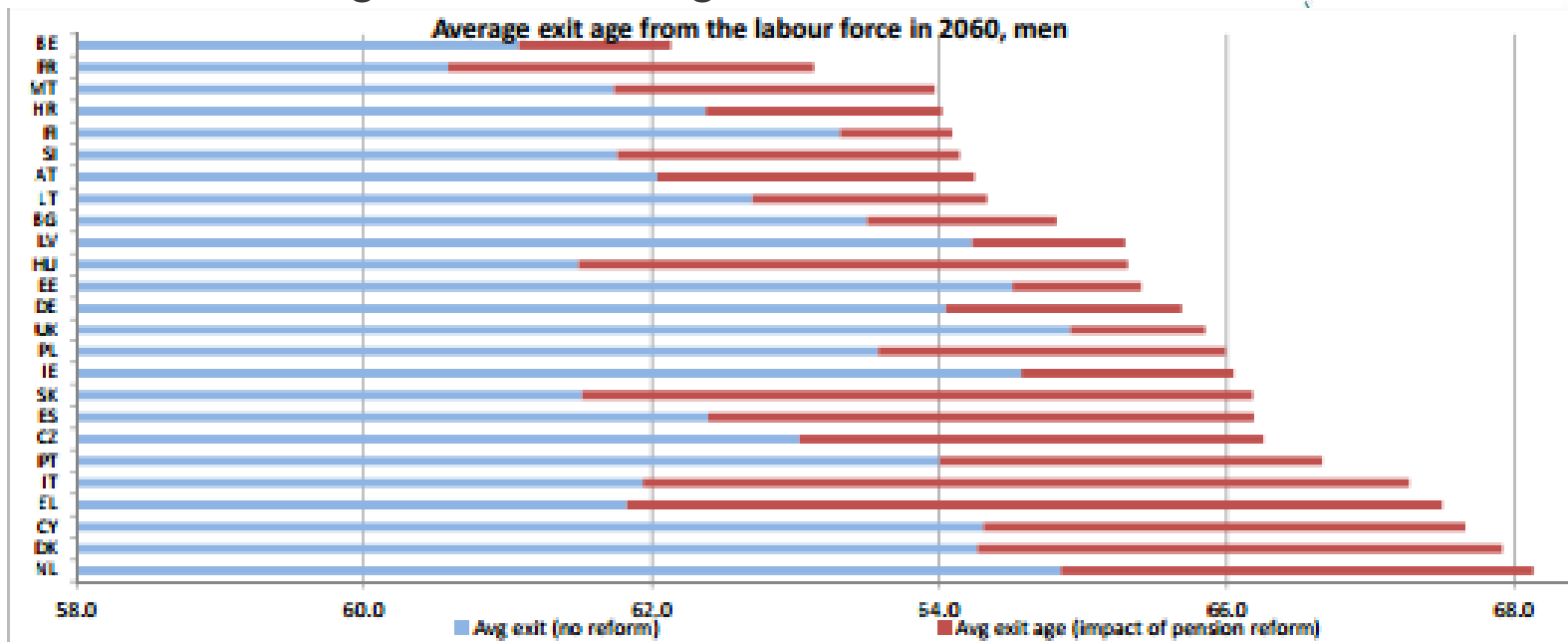
PREVENTION

**3%**

<https://www.youtube.com/watch?v=da8iw9hvQX4>

# Investing in health promotion

- Retirement age is increasing



European Commission, The 2015 Ageing Report Underlying Assumptions and Projection Methodologies; European Economy 8|2014



# => Priority for improved funding

- Need for **research on cost-effectiveness** of health promotion/primary prevention
- Need to develop **shared approaches to advocate** for dedicated & sustained funding streams

# Gaps and needs – Leadership and strategic vision

(7 countries)

- Lack of governmental support
- In part. for interventions that are not favourable to industry
  - (f.ex. Minimum alcohol pricing, plain packaging for cigarettes,...)
- Lack of leadership / of strategic vision

# => Priority: leadership / strategic vision

- More political commitment
- Need for institutions and key figures from different healthcare areas to take the lead &
- Shift the focus on treatment and secondary treatment to health promotion/ primary prevention

# Gaps and needs – Social determinants / inequalities

- The **health equity approach has to be implemented in an effective way** in different policies/programmes • Need to identify the exact needs of vulnerable groups and develop targeted programmes to cover • Disaggregation of results according to socioeconomic variables and small geographic areas to adapt interventions towards health equality • Public health interventions **not sensitive to specific needs of the most vulnerable groups** • Adoption/application of socioeconomic models of

health/social determinants • variations in the extent of information on health equality across educational institutes. •

**Strengthening a comprehensive healthy lifestyles approach** • Keeping the setting **approach to the forefront** – avoiding ‘lifestyle drift’ – where policy starts off recognising the need for upstream health determinants only to drift downstream and focus on individual lifestyle •

Mechanisms to **detect diseases with data on socioeconomic determinants** of health. •

Equity in health is mentioned in documents but

**solutions remain focused mainly on the provision of health care** • Questions if interventions specific/ sensitive to vulnerable groups/ gender/ age/culture are targeted to their needs • **Lack of training on health equity / determinants of health** only available in one post graduate course

# => Priority: Social determinants / inequalities

- Need
  - To identify the exact needs of vulnerable groups and to include them in public health interventions
  - To adapt interventions towards health equality
  - To adapt training on health equity

# Gaps and needs across partner countries

- Lack of communication and coordination
  - F.ex. for screening, to collect research data, etc.
- Lack of willingness to shift the focus of treatment and secondary prevention to health promotion / primary prevention
- Lack of quality assurance and competence

# Lessons

## Gaps and needs identified offer a basis

- for reorientation, improvement, innovation and capacity development
- to promote the exchange, the scaling up, and transfer of highly promising, cost-effective and innovative health promotion and primary prevention practices.
  - Incl. emerging opportunities for health promotion e.g. mhealth, eHealth, PPPs

# Conclusions

Strong need to invest more, and more consistently

+ Evaluation and research

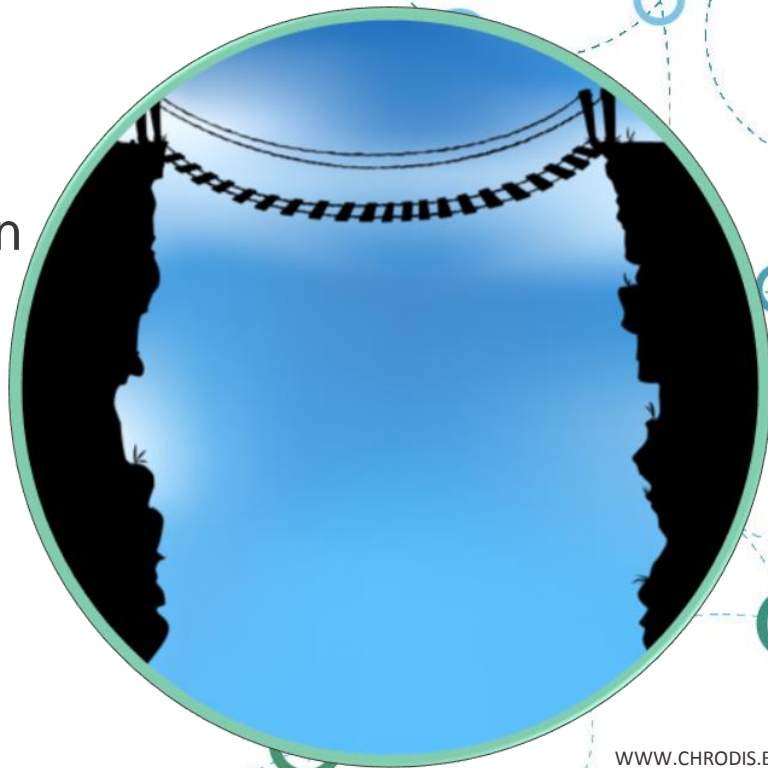
+ Capacity (development)

to increase Participation

+ Political commitment

+ Focus on health equity

as an approach to making  
health systems more sustainable.





# Thank you

