⊛ CHRODIS+

Learnings from the Joint Action CHRODIS PLUS Policy Dialogues

October 2020

This short summary provides a brief overview of the CHRODIS-PLUS Policy Dialogue process, as well as key findings and recommendations from the final report. All CHRODIS-PLUS resources, including the Policy Dialogue methodology, templates, and country overviews can be found on the website: www.chrodis.eu
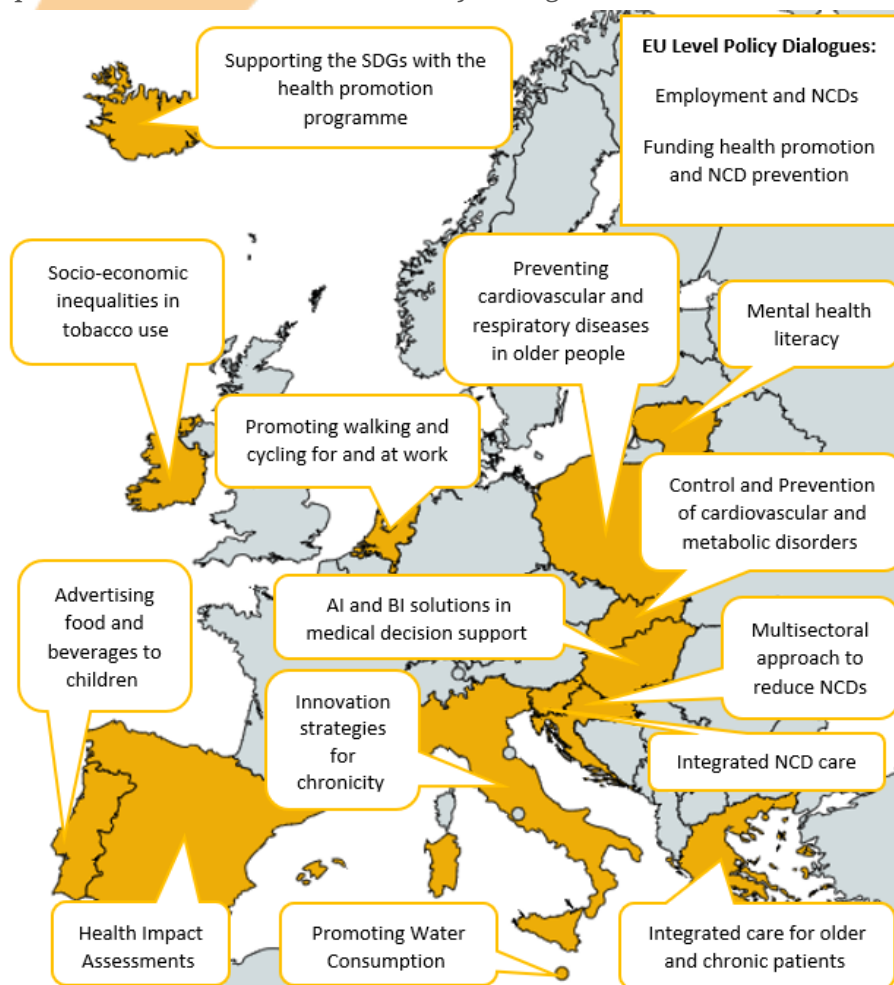
Introduction

During the Joint Action on Chronic Diseases (CHRODIS-PLUS), which ran from 2017-2020, a series of fourteen national and two EU-level policy dialogues were held on topics of chronic disease prevention and control (as illustrated on the map).

Topics of National and EU-Level Policy Dialogues

Supporting the SDGs with the health promotion programme

EU Level Policy Dialogues:
Employment and NCDs
Funding health promotion and NCD prevention

Socio-economic inequalities in tobacco use

Preventing cardiovascular and respiratory diseases in older people

Mental health literacy

Promoting walking and cycling for and at work

Control and Prevention of cardiovascular and metabolic disorders

Advertising food and beverages to children

AI and BI solutions in medical decision support

Multisectoral approach to reduce NCDs

Innovation strategies for chronicity

Integrated NCD care

Health Impact Assessments

Promoting Water Consumption

Integrated care for older and chronic patients

While there is not a standard definition of a 'policy dialogue,' the CHRODIS PLUS policy dialogues were a type of deliberative dialogue between key stakeholders designed to start new or support existing policy processes at national or EU-level.

The overall objective of the policy dialogues was to encourage effective and substantial collaborative action toward intended change and to aid the development of effective, sustainable and evidence-informed policy around chronic diseases. The specific objectives varied across participating Member States.

The CHRODIS PLUS Policy Dialogue Methodology provided a valuable framework to structure national policy dialogues while retaining sufficient flexibility to allow for a variety of topics and approaches.

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

JA 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 areas:
  - Health Promotion & Primary Prevention
  - An Integrated Multimorbidity Care Model
  - Fostering Quality Care for People with Chronic Diseases
  - Employment and Chronic Diseases

How were CHRODIS-PLUS Policy Dialogues organised?

National organisers worked closely with CHRODIS PLUS Task Leads throughout the process of preparing, hosting and reporting the policy dialogues. They followed the CHRODIS-PLUS Policy Dialogue Methodology, which consisted of three phases: preparation, implementation of the dialogue, and follow up. Each had supporting templates, such as a planning questionnaire, a sample report, a table for developing an action plan, and a survey to collect feedback after the dialogue.

The CHRODIS-PLUS Policy Dialogue Methodology

In each dialogue, three key roles were defined. These included: the national organiser (responsible for overseeing the full process), a moderator (an objective and knowledgeable individual to guide dialogue discussions), and a rapporteur (who recorded the minutes and drafted the report and initial action plan).

In spite of varying themes in each country, many dialogues shared common points. These included a 'Health in All Policies' approach, concerns around health equity, and alignment with both international and (sub)national initiatives. There were also similarities in the implementation of the dialogues, though the methods used for selecting stakeholders depended largely on the dialogue's objectives and where the topic sat in the policymaking process. In all contexts, ensuring sufficient human, financial and technical resources was a potential barrier to follow-up activities.

The full report containing learnings from the 16 policy dialogues can be accessed here.

Common follow-up activities identified in Policy Dialogue Action Plans

Despite different topics and objectives, common activities appeared in many national policy dialogue action plans. These are the activities on which dialogue participants agreed to continue collaborating to achieve the objectives of the dialogue. They included:

- **Working groups**: one of the most frequent outcomes from the dialogues were plans to establish working groups to take forward policy dialogue learnings and outcomes.
- **Metrics for monitoring and accountability**: most action plans also indicated the need to establish milestones to track progress on activities (often managed by the working groups)
- **Training**: training and capacity building were considered crucial to produce effective outcomes, and many action plans indicated specific actors who would receive (or could provide) training to help achieve activities
- **Pilot actions**: several dialogues proposed pilot actions (either new pilot actions or links to existing actions) to test policy initiatives
- **Impact assessments**: several action plans included systematic assessments of the impacts of their proposed policy developments

Key Recommendations for policy making at national and European levels

The following key learnings were gathered throughout the preparation, organisation and implementation of the CHRODIS-PLUS Policy Dialogues. Each learning is followed by a recommendation for either the organisation of policy dialogues or the issues to be picked up by the policy makers and addressed at national and/or European level.

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

The process of holding the policy dialogues generated added value by stimulating national thinking and concrete actions about priorities and rationales to address chronic diseases. As a part of this exercise, national and EU-level organisers were required to consider the various challenges and opportunities faced in chronic disease prevention and care, and to rank priorities in order to select a topic for the dialogue. This has been accomplished through: a) Questionnaire planning, b) reporting and Action Plan, c) Evaluation. Through this effort, participating stakeholders, including policy makers, raised awareness of needs, challenges and opportunities, and set concrete goals and objectives.

Recommendation: To maximise the benefit of engaging multiple stakeholders, use a verified framework, such as the CHRODIS PLUS Policy Dialogue Methodology, to prepare, run, report and evaluate policy dialogues.

Health promotion and disease prevention are central to policy efforts to reduce chronic disease

Despite choosing different themes, stakeholders in all dialogues agreed on actions related to health promotion and/or disease prevention. This demonstrates the key importance – from an outcomes, financing and health equity policy perspective – of preventing chronic disease, rather than focusing solely on treatment and curative care services. This suggests that health promotion and disease prevention should receive significantly more attention from health planners when setting priorities, allocating budgets and designing activities.

Recommendation: Re-orient health services towards health promotion and disease prevention. It may require not only rethinking current policy approaches, but also a rebalancing of health system budgets to ensure that enough resources are allocated for prevention.

An inter-sectoral approach to health promotion and disease prevention is key to addressing chronic diseases

Given that many of the determinants ofchronic disease lay outside of the health sector (e.g., environment, education, socio-economic status), all dialogues acknowledged the importance of bringing together and engaging stakeholders – particularly policy makers – from outside of the health sector. While the individual policy dialogues only brought together an average of 12 participants, meaning that not everyone was able to be represented in initial dialogues, most action plans laid out specific activities or areas of further work that would bring in other stakeholders from across different policy areas in future actions. The long-term uptake and eventual scale-up of good practices in health promotion and disease prevention can hardly be achieved without a multi-level and multisectoral approach.

Recommendation: Collaborate horizontally and vertically to tackle chronic diseases. Invest in bringing together policy makers and other relevant stakeholders across a range of sectors to allow for more holistic and efficient health promotion and chronic disease prevention programmes.

Adequate human and financial resources are necessary to accomplish objectives set out during the policy dialogues

For sustainability purposes, all conceived actions should be integrated into existing programmes or processes. Otherwise, creating external activities to the current workload, especially for the stakeholders outside of the health care sector, can make it difficult to achieve follow-up activities. Political capital and commitment are also key to achieving follow-up actions indicated in the action plans. Understanding how priorities and political landscapes change, it is also important that dialogue participants envision ways to gain and maintain political commitments from the necessary policy and decision-makers. Political capital often follows financial capital, reinforcing the importance of planning for adequate resources to meet established objectives.

Recommendation: Ensure adequate human and financial resources to accomplish objectives set out during the policy dialogues – and work to gain and maintain political commitment.

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

In reality, COVID-19 is more than a pandemic; rather it is a 'syndemic' occurring against the backdrop of an existing NCDs epidemic and rising social and economic inequalities (Bambra, et al. 2020). The links between risk factors for NCDs and COVID-19 (e.g., obesity) are clear, as are the social factors (e.g. socio-economic status, ethnic minorities). Both NCDs and COVID-19 have had a disproportionately negative impact on the most vulnerable, sharply increasing health inequalities. Many CHRODIS-PLUS dialogue topics which address determinants of health, health equity, and ways to improve integrated care or support vulnerable groups (e.g., older people, children) can provide useful insights to policy makers struggling with the appropriate response to COVID-19.

Recommendation: Monitor and take action to reduce health inequities by addressing social determinants of health through effective policies and practices, underpinned by research. Strengthen co-creation to foster inclusion and implementation of health and other policies. Make sure to assess impact of policies and other interventions on health and equity of the population.

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

Investing in health and wellbeing is first and foremost a government responsibility, which requires priority setting and adequate public budgets. However, EU level funding mechanisms can support governments in their journey to build more resilient health systems. There are many European programmes that offer investment in health but unfortunately the information is dispersed. Ministries of Health and other national or regional bodies are calling on the European Commission to provide as clear information as possible, which would facilitate the inter-ministerial as well as vertical communication within member states. Related to the above, it is also critical that strengthening national focal points (in health) and improving their cooperation across sectors (e.g., bundling of projects) would improve the ability of local and regional organisations to participate in EU funding and projects.

Recommendation: Actors at all levels of governance (European, national, regional and local and including the Steering Group on Prevention and Promotion) should consider additional structured mechanisms for discussing and setting priorities, as well as for sharing crucial information about opportunities (e.g., funding) to act on these priorities.