CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

WP4

Report on integration in national policies and sustainability. Analysis for consensus statement preparation

Task 4.3 leader: Jelka Zaletel, NIJZ

Task 4.3 co-leader: Marina Maggini, ISS

Task 4.4 leader: Paolo Michelutti, Giovanni Nicoletti, MoH IT

Task 4.4. co-leader: Ana M. Carriazo, Carmen Lama, CSJA

in the name of partners of the two tasks: FINCB, HI, VU, DOHI, CIPH, MFH, MS, MoH SK, BHTC, NIGRiR, VULSK, ISCIII

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Contributors and Acknowledgements

Task 4.3 leader: Jelka Zaletel, Rade Pribakovič, NIJZ
Task 4.3 co-leader: Marina Maggini, ISS
Task 4.4 leader: Giovanni Nicoletti, MoH IT, Paolo Michelutti, Age.Na.S.,
Task 4.4. co-leader: Ana M. Carriazo, Carmen Lama, CSJA; Rafael Rodríguez-Acuña
(FPS),

Partners of the tasks 4.3 and 4.4:
FINCB
HI
VU
DOHI
CIPH
MFH
MS
MoH SK
BHTC
NIGRiR
VULSK
ISCIII

The work is done as a part of WP4 work, led by
ISCIII: Iñaki Imaz Iglesia
and co-led by VULSK: Rokas Navickas, Elena Jureviciene, Laimis Dambrauskas
with acknowledgements to Lorena Pinilla Navas (ISCIII), Patricia Gonzalez Soriano
(ISCIII)

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Acronyms and abbreviations

CD	Chronic Diseases
CSA	Coordination and Support Action
GB	Governing Board
EC	European Commission
EIP on AHA	European Innovation Partnership on Active and Healthy Ageing
EU	European Union
JA CHRODIS	Joint Action on Chronic Diseases and promoting healthy ageing across the life-cycle
JA CHRODIS PLUS	JA CHRODIS PLUS "Implementing good practices for chronic diseases"
JA C+	JA CHRODIS PLUS "Implementing good practices for chronic diseases"
OECD	Organization for Economic Co-operation and Development
MoH	Ministry of Health
MS	Member State
NCD	Non-Communicable Diseases
NGO	Non-governmental Organizations
PAHO	Pan American Health Organization
PD	Policy Dialogue
RHN	Regions for Health Network
SDG	Sustainable Development Goal
SGPP	Steering Group on Health Promotion, Disease Prevention and Management of NCDs
SIP	Strategic Implementation Plan
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization
WHO-Europe	WHO Regional Office for Europe
WP	Work Package

1.What does this report add to the context of broader policy initiatives

Burden of chronic diseases is already enormous and is rising steeply, in EU countries as well as worldwide. Several international initiatives are already in place, from WHO, OECD as well as from European Commission. Among others, JA CHRODIS and JA CHRODIS PLUS are put into action as a response from European Commission to help Member States to improve the health of the population.

In order to maximise the EU added value of cross-country collaboration in the field of health promotion, as well as prevention and management of chronic diseases, special activities are being executed in JA CHRODIS PLUS to support the integration of the results of JA CHRODIS and JA CHRODIS PLUS in national policies and to support their sustainability beyond 2020.

In integration of results of an initiative such as JA CHRODIS or JA CHRODIS PLUS into national policies, a variety of dimensions come into play, such as who the main actors are, what kind of knowledge transfer mechanisms exist or should be developed, what is the political context, how policy features influence the uptake in the policies, and what policy implementation and governance mechanisms are or should be in place.

Based on the mapping of the experience in Member States, the facilitators for the integration are: the existence of a champion (individual with leadership skills and scientific competences was seen as the main "green light"), existent complementary national/subnational/regional legislation, endorsement by international societies, involvement of key stakeholders, especially patient representatives and direct involvement of decision-makers, synergies and collaboration across different sectors, and economic incentives and funding.

Sustainability may be achieved through specific mechanisms, such as: involvement of key policy makers, institutional (governance) involvement, intersectoral collaboration, participation of target groups, capacity to secure funding and human resources beyond the lifespan of the initiative, and the potential for replication/extension/dissemination of the results.

Mapping of the experience showed that the core promotors for the sustainability are effective and transparent communication of the gains, long term strategy/vision, involvement of key stakeholders who work cross-sectionally, and availability of the resources.

Knowledge transfer and change management at policy level, related to the burden of chronic diseases, is addressed by developing a responsive network inside JA CHRODIS PLUS, consisting of JA CHRODIS PLUS partners with policy-level positions in their Member States as well as members of the Governing Board, who represent their respective Ministries of Health.

On the other hand, functional links to relevant initiatives at EU level have been established, putatively by constituting a subgroup of Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases that will work together with the relevant JA CHRODIS PLUS partners.

In addition, the work will be aligned to the experiences from other Joint Actions working on integration in national policies and sustainability of their own results.

Governing Board members identified several success factors that would lead JA CHRODIS PLUS results to a higher potential for being integrated into Member states policies and their sustainability: connect JA CHRODIS PLUS close to activities, projects and policy discussions

at EU and MS level; produce the EU level documents that will support effective communication of technical/theoretical results as well as policy recommendations to stakeholders at EU, Member States as well as regional/local level; the activities of JA CHRODIS PLUS can be aligned to the needs of Member States via involving Governing Board members closely in the work, presenting the JA CHRODIS PLUS results as responses to their problems; assure that practices, models and tools tested are clearly described and show the evidence of their impact on health as well as their process of adaptation/transformation; develop a consensus process methodology that closely involves Governing Board members; assure high quality project management that is responsive and flexible.

First next steps suggested from Governing Board members to JA CHRODIS PLUS partners are: identification of the right stakeholders, and establishment of functional communication, structures and processes that would lead to effective consensus process.

Leaders and co-leaders of work packages, that are responsible to deliver meaningful and impactful JA CHRODIS PLUS results, and constitute Executive Board, identified the gaps among the perception of what is being done in JA and what are the needs of the Member States, as expressed by the Governing Board members. A close collaboration and a responsive network among Executive Board members and members of the Governing Board are needed to obtain also policy-level results at the end of JA CHRODIS PLUS.

Based on the lessons learnt from JA CHRODIS and JA CHRODIS PLUS, a policy level position paper "JA CHRODIS PLUS Consensus Statement" is under development, focusing on EU added value of cross-country collaboration in the field of chronic diseases. The extensive involvement of SGPP as a group, Governing Board of JA CHRODIS PLUS, as well as individual members of SGPP as well as from the Governing Board intends to develop and adapt JA CHRODIS PLUS Consensus Statement to the needs of the Member States as well as developing the EU added value of JA CHRODIS PLUS, based on the results of all work packages.

2. Key messages

A variety of dimensions come into play when a EU MS try to integrate in their national policies the results of initiatives such as JA CHRODIS and JA CHRODIS PLUS: who the main actors are, what kind of knowledge transfer mechanisms exist or should be developed, what is the political context, how policy features influence the uptake in the policies and what policy implementation and governance mechanisms are or should be in place.

Based on the mapping of the experience WP4 partners, the facilitators for the integration are: the existence of a champion, existent complementary national/subnational/regional legislation, endorsement by international societies, involvement of key stakeholders, especially patient representatives and direct involvement of decision-makers, synergies and collaboration across different sectors, and economic incentives and funding.

Sustainability may be achieved through specific mechanisms, such as: involvement of key policy makers, institutional (governance) involvement, intersectoral collaboration, participation of target groups, capacity to secure funding and human resources beyond the lifespan of the initiative, and the potential for replication/extension/dissemination of the results.

Functional links to relevant initiatives at EU level are advisable.

A close collaboration and a responsive network among Executive Board members and members of the Governing Board are needed to obtain also policy-level results at the end of JA CHRODIS PLUS.

Governing Board members identified several success factors that would lead JA CHRODIS PLUS results to a higher potential for being integrated into Member states policies and their sustainability: connect JA CHRODIS PLUS close to activities, projects and policy discussions at EU and MS level; produce EU level documents to support effective communication of technical/theoretical results as well as policy recommendations to stakeholders at EU, Member States as well as regional/local level; align JA CHRODIS PLUS activities to the needs of Member States via involving Governing Board members closely in the work; develop a consensus process methodology that closely involves Governing Board members; assure high quality project management that is responsive and flexible.

JA CHRODIS PLUS Consensus Statement, still under development, will be based on the core results of JA CHRODIS PLUS, related to health promotion, multimorbidity, good practices in care and prevention of chronic diseases and employment, on action plans developed during Policy Dialogues , and on the results of the survey among SGPP members. It will also reflect on the opinions of SGPP related to priority action areas (health in all policies (overall policy aspects), health promotion and prevention of chronic diseases / NCDs, models of health and social care, information systems and assessment, patient empowerment and sustainable workforce (training and capacity-building)), sustainability, integration on national policies and EU added value (such as integration of NCD good practices into

national/regional policies, sustainability of NCD good practices transferred into the country, EU added value for collaboration among Member States concerning NCDs), and on other suggestions on operational procedures that could be useful and feasible to implement solutions at national/regional level to enhance sustainability, based on each country own experience.

3.Executive summary

Burden of chronic diseases is already enormous and is rising steeply, in EU countries as well as worldwide. Several international initiatives are already in place. Among others, JA CHRODIS and JA CHRODIS PLUS are put into action as a response from European Commission to help Member States to increase the health of the population.

In order to maximise the EU added value of cross-country collaboration in the field of health promotion, as well as prevention and management of chronic diseases, special activities are being executed in JA CHRODIS PLUS to support the integration of the results of JA CHRODIS and JA CHRODIS PLUS in national policies and to support their sustainability beyond 2020. The three main concepts are: Integration in Policies, Sustainability, and EU added value.

A desktop work was performed, including search in the published and grey literature, and conceptual framework on the three topics was prepared. It consists of the definitions of the three concepts and identifies the core mechanisms on how they may be achieved:

- **Integration** of a result of an initiative such as JA CHRODIS or JA CHRODIS PLUS into national policies, a variety of dimensions come into play, such as who the main actors are, what kind of knowledge transfer mechanisms exist or should be developed, what is the political context, how policy features influence the uptake in the policies, and what policy implementation and governance mechanisms are or should be in place.
- **Sustainability** may be achieved through specific mechanisms, such as: involvement of key policy makers, institutional (governance) involvement, intersectoral collaboration, participation of target groups, capacity to secure funding and human resources beyond the lifespan of the initiative, and the potential for replication/extension/dissemination of the results.

A workshop was then held in February 2018 to refine the common understanding and wording among JA CHRODIS PLUS partners and to collect main barriers, promotors/facilitators, using JA-CHRODIS results as examples.

- The <u>main actors</u> involved in the integration process could be organisations, stakeholders, decision-makers as civil servants, technical advisers, policy makers, national ministries, multilateral/bilateral/partnership organisations (such as EU, WHO, OECD), associations of professionals/consumers/patients, NGOs, individual champions and policy entrepreneurs.
- The <u>knowledge transfer mechanisms</u> taken in place to integrate the good practice or the tool in the MS's policies is also one of the success factors. It is important to have a dissemination plan that identifies the main target groups, the expected impact on the target group, how different mechanisms could be adapted to the target group, which information packaging mechanisms have to be put in place and how to adapt them to the needs of target groups and policy process.

- The integration process is dependent on the <u>policy context and policy settings</u>. Different socio-economic and health system features may affect differently the integration of the same good practice or a tool. In this light, when managing the integration process, it's important to consider the political structures and administrative arrangements, the health system cultures, the timeliness/political cycle (window of opportunity), the accordance with prevalent ideology (relative to policy proposed), the problem severity, the resource availability (political, financial technical etc.) and the geographic and/or cultural proximity.

- The <u>policy features and policy aspects</u> are important aspect to assure the uptake in the policy settings: relative advantage (better than existing practice), visibility and perceived success elsewhere, compatibility and consistency with existing values and preconceived beliefs, easiness to be communicated to others, promoted policies and interventions by for example professional associations, induced policies and interventions such as included in EU legislation, complexity, cost, scale of change, degree of conflict.

- The actual policy uptake by decision makers and stakeholders does not only depend on the strength of the evidence and the used knowledge transfer strategies, but also on the <u>governance and implementation mechanisms</u> employed in individual policy settings, such as legislation and regulation, protocols and guidelines, benchmarking, soft-law policy governance such as recommendations, resolutions, incentives/penalties.

- Based on the mapping of the experience in Member States, the <u>facilitators for the integration</u> are: a champion (individual with leadership skills and scientific competences was seen as the main "green light"), existent complementary national/subnational/reginal legislation, endorsement by international societies, involvement of key stakeholders, specially patient representatives and direct involvement of decision-makers, synergies and collaboration across different sectors, and economic incentives and funding.

- Mapping of the experience showed that the core promotors for the <u>sustainability</u> are effective and transparent communication of the gains, long term strategy/vision, involvement of key stakeholders who work cross-sectionally, and availability of the resources.

Based on these results, a workshop was held in June 2018 with Governing Board as well as Executive Board members, with an aim to get the feedback on how the potentially best JA CHRODIS PLUS impact should look like, what may be the main threads and how they can be overcome.

Governing Board members identified several **success factors** that would lead JA CHRODIS PLUS results to a higher potential for being integrated into Member states policies and their sustainability: connecting JA CHRODIS PLUS close to activities, projects and policy discussions at EU and MS level; produce the EU level documents that will support effective communication of technical/theoretical results as well as policy recommendations to stakeholders at EU, Member States as well as regional/local level; the activities of JA CHRODIS PLUS can be aligned to the needs of Member States via involving Governing Board members closely in the work, presenting

the JA CHRODIS PLUS results as responses to their problems; assure that practices, models and tools tested are clearly described and show the evidence of their impact on health as well as their process of adaptation/transformation; develop a consensus process methodology that closely involves Governing Board members; assures high quality project management that is responsive and flexible.

First next steps suggested from Governing Board members to JA CHRODIS PLUS partners are related to: identification of the right stakeholders, and establishment of functional communication, structures and processes that would lead to effective consensus process.

Leaders and co-leaders of work packages, that are responsible to deliver meaningful and impactful JA CHRODIS PLUS results, and constitute Executive Board, identified the gaps in the work done in JA CHRODIS PLUS and the needs of the Member States, as expressed by the Governing Board members. A close collaboration and a responsive network among Executive Board members and members of the Governing Board are needed to obtain also policy-level results at the end of JA CHRODIS PLUS.

Knowledge transfer and change management at policy level, related to the burden of chronic diseases, is addresses by developing a responsive network inside JA CHRODIS PLUS, consisting of JA CHRODIS PLUS partners with policy-level positions in their Member States as well as members of the Governing Board, who represent the respective Ministries of Health. On the other hand, functional links to SGPP was established.

Based on the lessons learnt from JA CHRODIS and JA CHRODIS PLUS, a policy level position paper "JA CHRODIS PLUS Consensus Statement" is under development, focusing on EU added value of cross-country collaboration in the field of chronic diseases.

WP4 task 4.4 and 4.3 activities were to establish communication across Governing Board as well as SGPP that would lead to a transparent and inclusive process to develop JA CHRODIS PLUS Consensus Statement. The three sections and the categories were adapted during Governing Board meeting in June 2019.

JA CHRODIS PLUS Consensus Statement will be based on the core results of JA CHRODIS PLUS, related to health promotion, multimorbidity, good practices in care and prevention of chronic diseases and employment, on action plans developed during Policy Dialogues.

JA CHRODIS PLUS Consensus Statement will be also based on the opinions of Governing Board and SGPP related to priority action areas (health in all policies (overall policy aspects), health promotion and prevention of chronic diseases / NCDs, models of health and social care, information systems and assessment, patient empowerment and sustainable workforce (training and capacity-building)), sustainability, integration on national policies and EU added value (such as integration of NCD good practices into national/regional policies, sustainability of NCD good practices transferred into the country, EU added value for collaboration among Member States concerning NCDs), and on other suggestions on operational procedures that could be useful and feasible to implement solutions at national/regional level to enhance sustainability, based on each country own experience.

4. Introduction

Governments from all over the world committed themselves in a United Nation (UN) Political Declaration on Non-communicable diseases (NCDs) to establish and strengthen multisectoral national policies and plans for the prevention and control of NCDs and consider the development of national targets and indicators based on national situations. As a response, World Health Assembly endorsed the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013. Its goal is to reduce the preventable and avoidable burden of morbidity, mortality and disability due to noncommunicable diseases by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health and productivity.

Its implementation is monitored through the achievement of the nine voluntary global NCD targets.

In 2015, many countries adopted the 17 United Nations' Sustainable Development Goals (SDGs), each of which has specific targets to be achieved over the next 15 years. The SDGs include one health goal (SDG 3: Ensure healthy lives and promote well-being for all at all ages) and over 50 health-related targets which are applicable to all countries, irrespective of their level of development. In October 2017, world leaders endorsed the Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority, with a pledge to reaffirm their commitment to SDG target 3.4 (By 2030, reduce by one third premature mortality from NCD through prevention and treatment and promote mental health and well-being).

WHO Europe Regions for Health Network (RHN) promotes proactive collaboration among its members by sharing data, experiences, advice and knowledge to help themselves to see how good practices and valuable policies can be implemented. Within its activity, the RHN promoted the publication entitled "Scaling up projects and initiatives for better health: from concepts to practice".

Aligned to other international initiatives, the health ministers in 2010 invited EU countries and European Commission to begin a reflection process on how to respond to these challenges. In 2012 and 2013 EC consulted EU countries and major stakeholders, and the summary report on these consultations was endorsed by the Council in 2013. First Chronic diseases Summit was held in 2014.

EC is committed to supporting EU countries in their efforts to reach the voluntary global NCD targets, as well as Sustainable Development Goal 3.4. In this sense, the Commission set up a Steering Group on Health Promotion, Disease Prevention and Management of NCDs (SGPP). The activities of SGPP are intended to facilitate the implementation of evidence-based best practices by EU countries, in order to ensure that the most up-to-date findings and knowledge are being put into practice.

With the specific aim of foster innovation and digital transformation in the field of active and healthy ageing, the EC also launched the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), one of which main important goals is "Supporting the long-term sustainability and efficiency of health and social care systems.

EC responded also by joined forces among EC and Members States. In the second EU Health Programme, JA-CHRODIS (http://chrodis.eu/outcomes-results/) was co-financed, followed by JA CHRODIS PLUS (http://chrodis.eu/) in the third EU Health Programme. Up to now, these two joint actions represent the two biggest EU responses to the challenges of health promotion and chronic diseases.

5. Objectives of the report

The objective of this Report is to describe the activities of Task 4.3 and Task 4.4 up to Month 30 of the JA CHRODIS PLUS (February 2020). It summarises the reports and analyses on integration of JA-CHRODIS and JA CHRODIS PLUS results into national policies and their sustainability as preparation for "Consensus Statement" development. The "Consensus Statement" will focus on EU added value of cross-country collaboration in the field of chronic diseases and is under development in a format of a policy level position paper during the period of Month 19 (March 2019) to Month 32 (April 2020) of the JA CHRODIS PLUS.

The objectives of the Task 4.3 and Task 4.4 are:
1. to create a responsive network mainly among JA CHRODIS PLUS partners and members of Governing board, that is able to:
   - map experiences in the uptake of JA CHRODIS and JA CHRODIS PLUS results in Member States and identify barriers, promotors/facilitators;
   - provide input related to the sustainability in achieving changes;
   - deliver country-specific actions proposals, based also on the results of Policy Dialogues (run by Task 4.2) including further funding sources;
   - reflect on relevant aspects of health system/healthcare personnel/patients changes;
2. to establish functional links to relevant initiatives in chronic diseases area in EU and to the work of WHO;
3. to create a structure and a process, that will lead to development of a "Consensus Statement" concerning EU added value of cross-country collaboration in the field of chronic diseases and the sustainability of JA-CHRODIS and JA CHRODIS PLUS results beyond 2020. Its development will be based on the inputs and conclusions of the Task 4.1 and 4.2, and other relevant outputs of other work packages.

6.Methodology

Although the Tasks 4.3 and 4.4 are by Grant Agreement not defined to start early and at the same time, the decision was made by NIJZ, ISS, MoH IT and CSJA to work on the two tasks together from the first months of the JA CHRODIS PLUS.

The three main concepts that are in the focus of these two tasks were identified to be: **Integration in Policies, Sustainability, and EU added value**. A desktop work was performed, including search in the published and grey literature, and conceptual framework on the three topics was prepared. It consists of the definitions of the three topics and identifies the core mechanisms on how they may be achieved. A workshop was then held in February 2018 (presented in previous report) to refine the common understanding and wording among JA CHRODIS PLUS partners, and to collect main barriers, promotors/facilitators, using JA-CHRODIS results as examples.

Based on these results, a workshop was held in June 2018 with Governing Board as well as Executive Board members, with an aim to get the feedback on how the potentially best JA CHRODIS PLUS impact should look like, what may be the main threads and how they can be overcome (presented in previous report).

A review of international initiatives in the field of CD has been conducted to further contribute to the analysis of facilitators and barriers to the integration of best practices in National Policies of Member States in a sustainable way (presented in previous report).

To establish functional links to relevant initiatives in chronic diseases area in EU, the decision was taken, supported by EC, to proactive communication to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGHPPThe communication was established via survey to all SGHPP members as well as personal involvement of SGPP members at the workshops and teleconferences. The details are:

In March 2019 Task 4.4 and 4.3 leaders and co-leaders propose a planning for the SGPP survey delivery. The plan foreseen the have a first draft of the survey by IT MoH and Andalusian MoH (April '19), then an improvement cycle during the JA CHRODIS PLUS Conference (May '19) and finally the survey delivery by June 2019. The plan was discussed and approved by the WP4 partners.

In April 2019, a first draft of the survey was presented by IT MoH and Andalusian MoH. The proposal draft was made up 3 section, the first on the priority policy area (from the EU Council conclusions), the second on the Integration on national policies, Sustainability and EU added value concepts (from Interim Report on Integration on national policies, Sustainability and EU added value by task 4.3 and 4.4, February 2019), the third on implementation advices and suggestions. In that occasion the WP4 coordinator proposed to involve the Governing Board members in the construction of the survey. Specifically, he proposed to have a specific session to test the survey draft during the upcoming Governing

Board meeting on June '19. The proposal was discussed and accepted by the WP4 partners.

In May 2019, at the occasion of JA CHRODIS PLUS Conference in Budapest, the draft of the survey was discussed during an improvement cycle. The section 1 (priority policy areas) and 2 (integration, sustainability and EU added value) were discussed in 2 parallel sessions. The Conference participants had the opportunity to give their contribution and feedback in 2 rounds of the improvement cycle.

In June 2019 , during Governing Board meeting in Malta, the survey draft was presented to the GB members and discussed in 2 rounds of 2 parallel sessions. Questions for the discussion were:

- o *Does the e-survey include all relevant area/items? Are there any other topics to consider?*
- o *Are there any other people to involve in the e-survey and in the drafting of the Consensus Statement (except SGPP members / GB members and Joint Action partners already involved)?*
- o *How do you propose to facilitate the process of completing the questionnaire in your country?*
- o *Do you wish to contribute to the drafting of the Consensus Statement (based on the Survey results)? How?*

The survey content was finalized during June 2019 and send to EC for approval. Afterwards, EC turned the survey into an online version.

In July 2019, EC sent to SGPP members the link to the e-survey. The deadline to receive the responses was fixed to September the 30th 2019. The Survey was closed on **October 11th 2019.** Task 4.4. leader and co-leader started the analyses of the responses. An e-survey report was prepared by Andalusian MoH. On **19 November 2019,** Task 4.4. hold a meeting in Rome with SGPP and GB volunteers' members to draft the consensus statement content on the base of the e-survey outputs. The meeting was attended by MoH representatives from France, Denmark, Germany, Austria, Lithuania, Spain and from JA CHRODIS PLUS WP4 task leaders and co-leaders for a total of 12 people. During the meeting the various sections of the consensus statement documents were discussed and each participant had the opportunity to write down its contribution directly into a Google Drive file. There were the sections discussed during the meeting:

- Vision and principles on exchanging good practices on NCDs among EU MSs;
- Priority action areas;
- Sustainability, integration on national policies and EU added value of good practices on NCDs;
- Statement and recommendations on EU added value;
- Proposals beyond 2020.

From **November 2019-January 2020,** the improvement of the consensus statement draft was taken place. During the meeting in Rome, inputs were collected from participants to build the approach for further Consensus Statement refinement. After the meetinh, the SGPP and GB volunteers, coordinated by the IT MoH, proposed different amendments and improvements the weeks following weeks. Then, the MoH delivered an improved draft version to the EC on the 15th of January 2020. Based on the EC comments, the IT MoH will deliver a next version to be sent to SGPP members by the end of January 2020. This latest version will be discussed during a webinar among SGPP members and WP4 partners on the 13th of February 2020. (This report describes the activities up until January 31st 2020.)

On **14 January 2020,** decisions regarding the next steps for Consensus statement improvement were discussed and agreed during the Executive Board meeting. WP4 leader presented a plan for the consensus statement improvement. The plan includes to receive contribution from WP leaders (by 17 of March 2020), to collect further input from Governing Board and Executive Board members during a meeting in Madrid (on the 23rd of April 2020) and, finally, to present the Consensus Statement to the GB members for its endorsement during the last GB meeting on the 9 and 10th of June 2020 in Rome.

7.Results and findings

MECHANISMS FOR INTEGRATION IN NATIONAL POLICIES

When discussing the question of how to integrate a good practice into national policies in other context, a variety of dimensions come into play, such as who the main actors are, what kind of knowledge transfer mechanisms exist or should exist, what is the political context, how policy features influence the uptake in the policies, and what policy implementation and governance mechanisms should be in place.

The **main actors** involved in the integration process could be organisations, stakeholders, decision-makers as civil servants, technical advisers, policy makers, national ministries, multilateral/bilateral/partnership organisations (such as EU, WHO, OECD), associations of professionals/consumers/patients, NGOs, individual champions and policy entrepreneurs. It's important to identify their role and their capacity in the integration process and their attributes and expertise in knowledge brokering with policy decision makers, considering different dimensions such as governance, management and staff, collaboration.

The **knowledge transfer mechanisms** taken in place to integrate the good practice or the tool in the MS's policies are also one of the success factors. It is important to have a dissemination plan that identifies the main target groups, the expected impact on the target group, how different mechanisms[1] could be adapted to the target group, which information packaging mechanisms have to be put in place[2] and how to adapt them to the needs of target groups and policy process[3].

The integration process is dependent on the **policy context and policy settings**. Different socio-economic and health system features may affect differently the integration of the same good practice or a tool. In this light, when managing the integration process, it is important to consider the political structures and administrative arrangements, the health system cultures, the timeliness/political cycle (window of opportunity), the accordance with prevalent ideology (relative to policy proposed), the problem severity, the resource availability (political, financial technical etc.) and the geographic and/or cultural proximity.

The **policy features and policy aspects** are important elements to assure the uptake in the policy settings: relative advantage (better than existing practice), visibility and perceived success elsewhere, compatibility and consistency with existing values and preconceived beliefs, easiness to be communicated to others, promoted policies and interventions by for example professional

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[1] Mechanisms such as academic, stakeholder or professional organization conferences, focused briefings, rapid responses, policy dialogues, policy makers forums and networks, policy round tables, webinars

[2] For examples executive summaries, policy briefs, websites, electronic newsletters, etc.

[3] E.g. decision relevant, understandable language, etc.

associations, induced policies and interventions such as included in EU legislation, complexity, cost, scale of change, degree of conflict.

The actual policy uptake by decision makers and stakeholders does not only depend on the strength of the evidence and the used knowledge transfer strategies, but also on the **governance and implementation mechanisms** employed in individual policy settings, such as legislation and regulation, protocols and guidelines, benchmarking, soft-law policy governance such as recommendations, resolutions, incentives/penalties.

Several categories of factors enabling the integration in National policies are identified:

- Champions: the presence of individuals with leadership skills and scientific competences is considered as one of the main factor ("green light") enabling the integration of a good practice or a tool in the national policy.
- The presence of specific national or subnational/regional legislation that is complementary to the good practice or a tool is also perceived as a way to foster the integration of specific good practices or a tool.
- Endorsement by "broader, global" entities is experienced as a powerful trigger: EU, WHO, UN, Governing board of JA CHRODIS PLUS, etc.
- The involvement of key stakeholders is considered as the success factor: especially the involvement of patient representatives, but also the direct involvement of the decision makers. General speaking, the networking is seen as a facilitator.
- The synergies and the collaboration among different sectors, different territorial levels and different type of communities are seen as an effective enabling factor: especially the collaboration between national and regional level (for example bottom up approach in implementation and top down approach in evaluation) and the synergies among scientific community and policy makers. This is related to the evidence-informed priority list of the policy makers, the proven effect of the good practice or a tool and the transparency in highlighting the added value of the good practice or a tool, also for the business community.
- Finally, economic incentives and funding are considered also useful to promote and facilitate the integration of a good practice or a tool in national policies.

Factors inhibiting or impeding the integration in National policies, which could be considered mainly as the absence of the enabling factors mentioned above: for example, lack of incentives or funds, decision making process lead by lobbies and not by scientific evidence, topics of the good practice or a tool not in the top priority list of the policy makers.

Moreover, the participants highlighted the following barriers for the integration in national policies:

- Inequalities among subnational/regional area,
- Out of focus: "quantity" instead of "quality", "disease" instead of "patient",
- Maintaining the status quo and to be against innovation or changes in general.

The proposed mix of factors which could be the most important for a successful integration in national policies are the combination among the existence of national champion (-s) and a multi-partner involvement, including the patient representatives' involvement.

MECHANISMS TO GAIN SUSTAINABILITY

A definition of sustainability is the following[4]:

"*Not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the system surrounding them is transformed as well. In other words, the change has become an integrated or mainstream way of working rather something "added on". As a result, when you look at the process or outcome one year from now or longer, you can see that at a minimum it has not reverted to the old way of working, or old level of performance. Further, it has been able to withstand challenge and variation; it has evolved alongside other changes and perhaps has continued to improve over time. Sustainability means holding the gains and evolving as required – definitely not going back.*"

According to the European Commission definition, sustainability is achieved through specific mechanisms.

- Policy level: involvement of key policy makers at national and sub national level since from the inception.
- Institutional involvement: governance structures allowing the activities to continue to be in place beyond the lifespan of a project/initiative; local "ownership" of the results of the action.
- Intersectoral collaboration: involvement of relevant sectors.
- Participation: involvement and participation of beneficiaries and target groups.
- Funding and Resources: capacity to allocate funding beyond the lifespan of a project/initiative; human resources planning and forecasts.
- Multiplier effect: potential for replication and extension of the outcomes of the good practice, model and tool, and dissemination of the information.

The items presented as strategic in the previous section with reference to the "integration in national policies", could be likely crucial to achieve *sustainable* integration.

Most of the factors enabling the integration in national policies were also identified as factors which could facilitate the sustainability of it. The following categories of factors promoting the sustainability of a good practice or a tool in the national policy agenda were identified:

- Effective and transparent communication, including public reporting and promoting the results, to address to the broader audience, the right message.
- Long term strategy or vision which could support the good practice or the use of a tool over the long-term period and so overcoming the policy mandate term.

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[4] NHS, 2005

- Involvement of the key stakeholders for all levels/sectors, to let leaders and entities to lobby the sustainability of the good practice or the use of the tool, taken advantage from the cross-sectional efforts.
- Highlighting the gains for all the key engaged stakeholders of supporting and maintain the good practice or the use of the tool in the long term.
- Identifying additional resources of funding the good practice or the use of the tool.

Barriers that could potentially inhibit the sustainability were mainly identified as an "absence" of enabling factors:

- The turnover of staff in absence of mechanism to transfer knowledge to the inexperienced staff.
- Not clear / not appealing communication.
- Political and economic instability /changing.

The good practice or a tool can become "part of the system", if it is resilient to the changes. This could be the major factor the sustainability in the long term.

MECHANISMS TO MAKE USE OF THE EU ADDED VALUE

This concept is based on the interest of all European Projects on achieving results that suppose an improvement or addition to the current European status that makes the European Union better after our work. With this project we are seeking an additional improvement to the value created by actions of individual Member States. It may result from several factors, e.g. coordination gains, legal certainty, greater effectiveness or complementarities. It reflects broader European relevance and significance of the action with a view to presenting models and mechanisms which can be applied not only regionally or nationally but also EU widely.

Given the fact that the responsibility for defining health policies lies with Member States (Article 168 of the Treaty on the Functioning of the European Union) the concept of European added value has been developed to assess subsidiarity in areas which are beyond the scope of EU exclusive competencies and prioritise action at EU level. The European added value assessment can be applied at various stages of the Programme in order to: (1) support the definition of Programme actions to be set out in the annual work programme; (2) help evaluators during the selection process; (3) assess final project results and (4) evaluate ex-post the impact of the Programme.

The following seven ways have been identified:

1. Implementing EU legislation and ensuring that the legislation is correctly implemented
2. Economies of scale with the aim of using money more efficiently and providing citizens with better services
3. Promotion of best practice in all participating Member States in order for EU citizens to benefit from the state-of-the-art best practices
4. Benchmarking for decision-making requiring a strong commitment to use result with the aim of facilitating evidence-based decision making

5. Focus on cross-border threats in order to reduce risks and mitigate their consequences
6. Free movement of persons with the aim of ensuring high quality public health across Member States
7. Networking as an important tool for disseminating results to all Member States including nonparticipants.

With relation to health promotion and chronic diseases, it seems that:

- Implementation of legislation: it could be very useful to have at least some EU level recommendations;
- Efficient use of money: it was seen a potentially useful field (how to create lean practices for example), but also as a potential threat (effectiveness and efficiency in some fields of health are not easily measured, or the measures are not uniformly defined), so it was felt that a cautiousness is needed related to this perspective;
- Promote best practices: promotion of best practices or the use of tools and the transfer of knowledge;
- Facilitate evidence-based decision making: supporting and facilitating the evidence -based decision making;
- Networking: very useful to spread knowledge and experiences.

INPUTS FROM POLICY-MAKING LEVEL, REFLECTING THE NEEDS OF MEMBER STATES

The potential worse case scenarios for JA CHRODIS PLUS were identified as: lack of sustainable impact, lack of effective communication, the results of JA CHRODIS PLUS not addressing the needs of Member States, JA CHRODIS PLUS practices lacking evidence on impact on health or evidence of transformability and/or sustainability, lack of consensus building process, bad project and quality management.

Several actions were proposed to prevent them happen, such as:
- Connect JA CHRODIS PLUS close to activities, projects and policy discussions at EU and MS level.
- EU level documents, arising from JA CHRODIS PLUS, should be able to show sustainable impact, strengthen effective communication of technical/theoretical results and should also include policy recommendations to stakeholders at EU, MSs as well as regional/local level.
- The activities of JA CHRODIS PLUS can be aligned to the needs of MSs only by involving Governing Board members closely in the work, presenting the JA CHRODIS PLUS results as responses to their problems.
- Practices should be clearly described and show the evidence of their impact on health as well as describe to a sufficient degree their process of adaptation/transformation.
- a consensus process methodology should closely involve Governing Board members
- high quality project management that is responsive and flexible is needed
- Communicate to the GB members on a regular basis, not only related to GB meetings.

First next steps suggested to JA CHRODIS PLUS partners are:
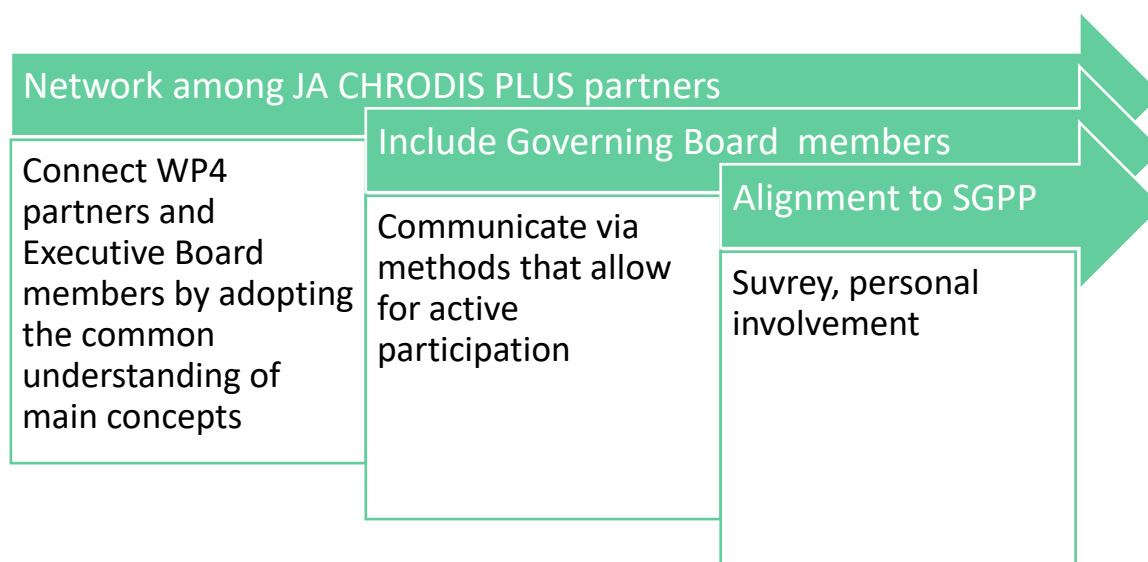- identify the right stakeholders,

- Establish the functional communication, structures and processes that would lead to effective consensus process.

The great majority of Governing Board Members also volunteered for their personal engagement, such as proactive communication in their own MS, providing feedback and alignment of JA CHRODIS PLUS to the needs of MS, as well as connecting the practices in their context and their experiences to the practices in JA CHRODIS PLUS.
Their willingness and energy, together with the involvement of SGPP, are the main human resources that are engaged in the JA CHRODIS PLUS Consensus statement preparation that will be finally delivered in June 2020.

8.Graphical representation of the process of work

Network among JA CHRODIS PLUS partners

Connect WP4 partners and Executive Board members by adopting the common understanding of main concepts

Include Governing Board members

Communicate via methods that allow for active participation

Alignment to SGPP

Suvrey, personal involvement

9.Review of International initiatives related to chronic diseases (presented in previous report)

As previously said, Non-Communicable Diseases (NCDs), as a mostly preventable problem, have been a global concern in the last years. Fortunately, governments from all over the world have become aware of this situation and they committed themselves in a United Nation (UN) Political Declaration on NCDs, reinforced by the establishment of "The Global Action Plan for the Prevention and Control of NCDs 2013-2020" by WHO, in May 2013.

Three years later, the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development were adopted, stressing the focus on an inclusive, sustainable and resilient future for people and planet. Among them, SDG 3.4 refers to NCDs, aiming to reduce by one third the premature deaths through the prevention and treatment of CD in 2030.

This commitment was reaffirmed in 2017 during the "WHO Global Conference on NCDs: Enhancing policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030", where "The Montevideo Roadmap 2018-2030 on NCDs" highlighted the need for coordinated actions among all sectors and the whole of society.

Thus, in the previous report, an overview of main International and European initiatives related to chronic diseases are presented.

10.Conclusions and next steps

The mechanisms that are leading to integration into national policies and its sustainability, as well as the processes to create EU added value are clearly identified.

In the future, the following actions would be needed:

- Further refine, with the expertise of JA CHRODIS PLUS partners acting at policy- level, the described mechanisms focusing on JA CHRODIS results, and when available on JA CHRODIS PLUS results, and identify barriers, promotors/facilitators
- Support WP5, 6, 7 and 8 leaders and co-leaders to integrate the identified mechanisms into the final results of their work packages
- Align closely to the work on policy dialogues (Task 4.2) to deliver country-specific action proposals, including identifying further funding mechanisms
- Identify and reflect on the relevant aspects of health systems/healthcare professionals/patients change
- Participate in the subgroup of SGHPP as will be defined by the work plan, involve GB members and align the activities and outputs to the relevant results of the JA CHRODIS PLUS, resulting in the Consensus Statement.
- Engage in the activities, that EC will be organising with respect to sharing experiences with other work packages on Integration in National Policies and Sustainability in other Joint Actions
- Collect all relevant lessons learnt, related to the policy-level area, from Tasks 4.1 and 4.2, and from other WPs outputs, with analysis on the integration in national policies and sustainability of JA CHRODIS and JA CHRODIS PLUS results beyond 2020.

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11.Lessons learnt

- Efficient and continuous communication among Task leaders/co-leaders with JA CHRODIS PLUS partners, Governing Board, EC initiatives and WHO, should represent the most important way to achieve the task 3 and 4 objectives.

- Face to face meetings, using the methods that allow active participation of the participants, seem to be the most effective way to collect feedback, ideas and to share knowledge and experience.

- The focus of WP leaders/co-leaders may not be fully aligned to the needs of policy-makers yet. Joint meetings with active participation from both sides may be the most efficient way to achieve a better understanding.

- Governing Board members, representing the policy making bodies of Member States, may not yet be fully familiarised to the work of JA CHRODIS PLUS. Concise and frequent communication to them may raise their interest; potentially, personal one-to-one communication in non-official environment may bring best results.

- Building on what is already known, with the structures that already exist (SGHPP, WP4 packages in other Joint Actions etc.) may help to maximise the impact of the work as described in this report.

Annexes

Annex I

Governing Board members' feedback. Governing Board meeting. Discussion session 5 June 2019

Integration in National Policies and Sustainability. Consensus statement. Is there an opportunity for Governing Board members to act?

WP4 presented the e-survey with the aim to gather input from the Governing Board members on the structure and content of the survey as well as to discuss on how to gain the maximum results from the survey optimising the efforts.

Questions for discussion:

1. *Does the e-survey include all relevant area/ items? Are there any other topics to consider?*
2. *Are there any other people to involve in the e-survey and in the drafting of the Consensus Statement (except SGPP members / GB members and Joint Action partners already involved)?*
3. *How do you propose to facilitate the process of completing the questionnaire in your country?*

Does the e-survey include all relevant area/ items? Are there any other topics to consider?

Feedbacks on the questionnaire - Section 1

- The link with Chrodis Plus specificity does not appear (for example, interventions in the schools).
- Very difficult to rank the priority of the items, because they are in parallel lines, meaning that they cannot be compared by priority.
- Not clear / not easy to rank priority in the "current" situation and in the "desired" situation (desired by whom: government; researcher community; etc.).
- What level is requested to give the answer: national, regional or local?
- What does "policy" mean? Implemented actions, regulations, strategies, political willingness?
- The instructions in the beginning are not very clear regarding how to fill in, what is the request.
- Some issues are missing: for examples, alcohol in health determinants, NCDs prevention on living environments (in retirement home, at school, at work), linked with social care sector.
- To add description of the items to avoid misunderstandings.
- Some areas have more item than ranking possibilities.

- Ranking the "current" importance of a topic is too vague, it should be better to ask about the current status of the actions performed on the items.
- Area 1: to clarify "health sector"; to explain better item 4; item 3: "to reduce" instead of "to face".
- Area 2: the items 1, 2 and 3 could be merged in a single item; "secondary prevention" is not clear enough.
- Area 3: assuring the continuity of care is missing; long term health models include social services that are out of the health competence; item 1: in which field? Which key population? Item 3: "health models" not clear; item 4: delete "actual".
- Area 4: to clarify the meaning of "sharing health databases"; not clear what's the interest in item 3.
- Area 5: to clarify the meaning of "enable patients": what does it include? "Health literacy is missing; to include an item regarding the community involvement in assessing the needs and developing actions.
- Area 6: to change the area title in: "sustainable and adequate workforce"; specify what is meant with long term care; "multidisciplinary work, task distribution, skill mix" are missing; to include actions on social care workforce and informal careers.
- Last question of section 1: "policy agenda" is referred to already agreed strategies or future strategies?

Feedbacks on the questionnaire - Section 2

- It' hard to rank the proposed solutions, the request should be clearer.
- What is the scope of this section? What will be done with the results?
- Question 1: item 3 (replace GB with SGPP);
- Question 2: individual leadership is missing; item 8 is part of item 6
- Question 3: "free movement of persons" item should be clearer; synergies of different EU funds on the same topic is missing.
- In question 2 and 3, please repeat the whole sentence.

Feedbacks on the questionnaire – Last section on personal data

- Is it necessary to identify the MSs involved in the answering?

Feedbacks on the process to fill in

- To share the SGPP members name with the related in-country GB members
- Semi-structured interview are suggested
- Difficult to have a coordinated answer over the summer
- More detailed explanations on the introduction are needed.
- To include sample questions and answer to illustrate what is required

Are there any other people to involve in the e-survey and in the drafting of the Consensus Statement (except SGPP members / GB members and Joint Action partners already involved)?

- SGPP members need to involve "relevant" partners in filling in the questionnaire.
- Regional health authorities / local stakeholders must be consulted;
- Implementing stakeholders and permanent representatives in EU.

How do you propose to facilitate the process of completing the questionnaire in your country?

- To organise a meeting/workshop in the MoH with SGPP member and relevant partners to: describe the questionnaire, explain the scope, complete the questionnaire.
- Focus more on Chrodis topics, to add definitions and descritpions to the questions.
- Delphi type consultations with key persons

ANNEX II

STEERING GROUP ON HEALTH PROMOTION, DISEASE PREVENTION AND MANAGEMENT OF NCDS (SGPP) ELECTRONIC SURVEY. RESULTS AND DATA ANALYSIS

Joint Action CHRODIS PLUS (2017-2020)
WP4 – Task 4
(V03)

Authors:
Ana M CARRIAZO (CSyFA)
Rafael RODRÍGUEZ-ACUÑA (FPS)
Giovanni NICOLETTI (MoH IT)
Paolo MICHELUTTI (AGENAS)
Reviewers:
Iñaki IMAZ (ISCIII)
Jelka ZALETEL (NIJZ)

Date: 25/02/2020
www.chrodis.eu

WARNING AND DISCLAIMER:

1. Chrodis Plus Joint Action is partially supported European Union, in the framework of the Health Programme (2014-2020). See the Chrodis Plus Joint Action website (chrodis.eu) for further information.

2. The sole responsibility for the content of this report lies with the authors. The European Union is not responsible of its contents and/or for any use that may be made of the information contained therein.

3. This report is only intended to Chrodis Plus team members and the Chrodis Plus activities justification purposes.

4. No other person, entity or third party have access to the individual information provided by each country. Therefore, the information provided by each country is confidential and this fact must be ensured when information exchange among Chrodis Plus team members will be required.

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ANNEX 1: Questionnaire used in the SGPP electronic survey

ANNEX 2: Lessons learnt during the Chrodis Plus Treviso workshop

INTRODUCTION

The Joint Action (JA) CHRODIS PLUS (2017-2020) is a flagship initiative funded by the Third EU Health programme of the European Commission. It involves 42 partners from 21 European countries (http://chrodis.eu). CHRODIS PLUS **aims to contribute to the reduction of the burden of chronic diseases** (or non-communicable diseases, **NCDS**) by promoting the **implementation** and scaling up of **policies** and **practices** that **have been demonstrated** to be **successful** in other EU countries.

Work Package 4 focuses on "Integration into National Policies and Sustainability". It is devoted to **supporting EU Member States** (MS) in the implementation of new or innovative policies and practices that further empowerment, health promotion and prevention, and the management of chronic diseases and multimorbidity. The main output will be a **policy-level position paper** ("**Consensus Statement**") that will guide future work in Europe on NCDs with a focus on EU added-value of cross-country collaboration.

MS **involvement** is therefore of the **utmost importance**. With this aim, the members of the **Steering Group on Health Promotion, Disease Prevention and Management of NCDs** (SGPP)[5] have been involved through different activities and, particularly, with an electronic survey (eSurvey). The results of this eSurvey are one of the inputs that will contribute to the development of the Consensus Statement.

METHODOLOGY

Questionnaire design

The design of the survey for SGPP members was initiated with the identification of potential areas of interest to be addressed in the questionnaire. The chosen approach included potential contribution grouped in three sections:

   I.   Section related to main priority policy action areas in the field of NCDs in the EU arena
  II.   Key aspects to achieve sustainability, integration in national policies and EU added value
 III.   Open section for further advice and suggestions.

The process for developing the questionnaire used in the e-survey expanded from March 2019 till June 2019. Each section followed the procedure described below:

- **Section I - Priority action areas -** The priority policy action areas and topics were identified from the Council Conclusions[6] in the field of NCDs endorsed by MS in different

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[5] EC is committed to supporting EU countries in their efforts to reach the voluntary global NCD targets, as well as Sustainable Development Goal 3.4. In this sense, the Commission set up a Steering Group on Health Promotion, Disease Prevention and Management of NCDs (SGPP). The activities of SGPP are intended to facilitate the implementation of evidence-based best practices by EU countries, in order to ensure that the most up-to-date findings and knowledge are being put into practice.

[6] See References section

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EPSCO Council[7] meetings by the date of the questionnaire drafting. Council Conclusions were reviewed, and all statements and recommendations contained were carefully studied and grouped in framework areas by the drafting team, in several consensus meetings. A merging exercise with the different recommendations was carried out, leading to a rewording of the items to be included in the questionnaire. Inputs from a specific set of sessions at the JA Conference held in Budapest (May 2019) and from the GB meeting in Malta (June 2019) were incorporated to the questionnaire. The final framework areas were the following six:

1. Health in all Policies (Overall policy aspects)
2. Health promotion and prevention of chronic diseases / NCDs
3. Models of health and social care
4. Information systems and assessment
5. Patient empowerment
6. Sustainable workforce (training and capacity-building)

Each of these 6 framework areas included specific set of statements. Each statement had a 5-level scale of agreement to be rated by respondents according to the current implementation in each country, from "1= Completely disagree" to "5= Completely agree". In a final question (area 1.7), MS representatives were requested to select the 3 main priority areas in the policy agenda of their Countries from the listed six ones.

- **Section II - Sustainability**, **integration on national policies** and **EU added value** - The effectiveness of key aspects[8] to enable the transferability, integration, and sustainability of NCD good practices into national and/or regional policies and/or practices were identified during the Chrodis Plus workshop held at Treviso in 2018. These key aspects where grouped in three categories:

    1. the integration of NCD good practices into your national/regional policies
    2. the sustainability of NCD good practices transferred in your country
    3. EU added value for collaboration among Member States concerning NCDs

SGPP representatives were requested to select the three top items from the key aspects in each category as potential solutions.

- **Section III - Operational advice and suggestions** - Additional advice and suggestions on operational procedures that could be useful and feasible to implement solutions at national/regional level to enhance sustainability were requested, based on each country

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[7] Employment, Social Policy, Health and Consumer Affairs Council

[8] The key aspects presented in the section 2 were identified during the Chrodis Plus workshop that were held at Treviso in 2018. For additional information, see annex 2.

own experience. Information on any other initiative known intended to enable the transferability, integration and/or sustainability of NCD good practices into the national/regional policies/practices was also possible to add.

All items included a free-text box for additional or further information, comments and clarifications.

A specific question for expressing their willingness to contribute to the elaboration of the "Consensus statement" was added at the end.

Data collection

The study was conducted through an electronic survey based on a web questionnaire which was hosted and distributed by the EUSurvey platform of the European Commission.

The target population were SGPP members[9], who were contacted by the European Commission. The link to the questionnaire was sent to all SGPP representatives by the EUSurvey platform on July 19th, 2019. Access to the eSurvey website was done using login/password.

Initial deadline was set on September 30th, 2019, but extended until October 10th. Two targeted reminders were sent.

Data processing

It is important to bear in mind that this survey provides qualitative data based on answers by respondents.

Data processing includes a basic descriptive analysis as the limited number of responses, due to the numbers in the target group, prevents us from performing in-deep statistical procedures.

Analysis

a) Areas 1 to 6 in Section I: the absolute number of countries for each agreement level (1 to 5) in each statement is shown in stacked bar charts. Statements are highlighted according to the number of responses agreeing on levels 4+5 (highest and lowest), mediated by the number of responses on levels 1+2 together.

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[9] COMMISSION DECISION of 17.7.2018 setting up a Commission expert group "Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases" and repealing the Decision setting up a Commission expert group on rare diseases and the Decision establishing a Commission expert group on Cancer Control, the SGPP is composed by one member per Member State. DG for Health and Food Safety may invite experts with specific expertise with respect to a subject matter on the agenda to take part in the work of the group or subgroups on an ad hoc basis. The representatives of the EFTA states that are parties to the Agreement of the European Economic Area may participate as observers in the meetings of the group.

b) Area 7 in Section I and Section II: the absolute number of countries selecting each item was counted and shown in stacked bar charts. Selection of highest and lowest options are highlighted (2 or 3, if there are equal number of responses).

c) Free-text fields in all sections: additional information provided is detailed after its review.

RESULTS

NOTE ON RESPONDENTS

The number of respondent countries has been 18 completed questionnaires.

Respondent's roles:

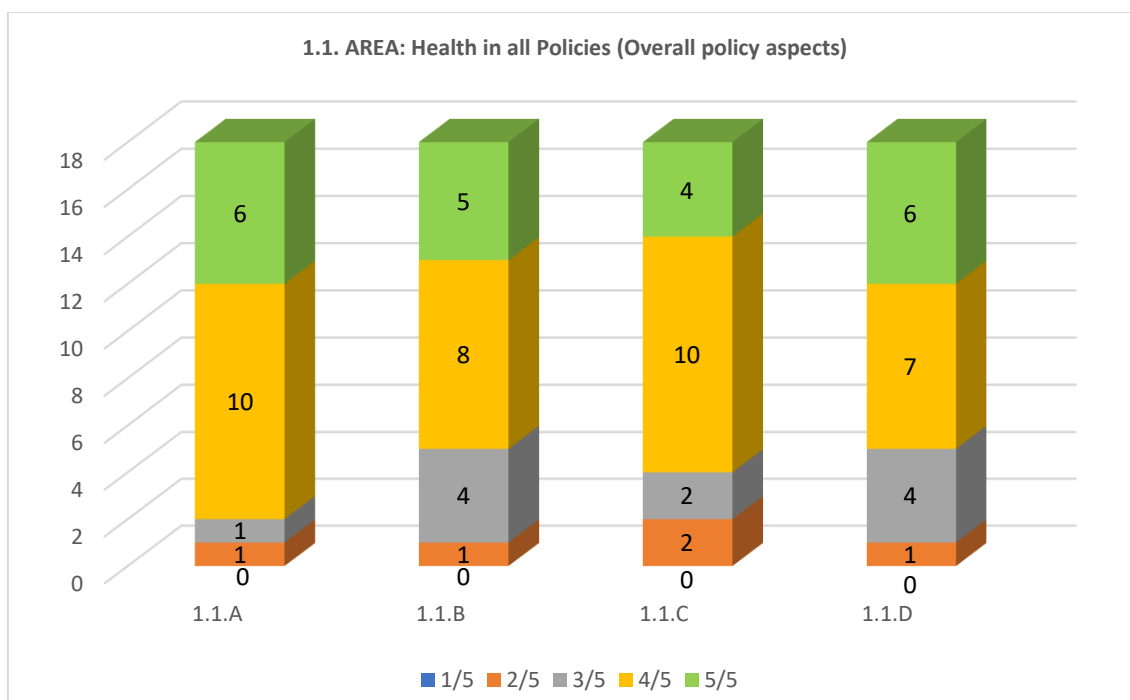| Role	Number
• Director General	2
• Senior officer	8
• Head of unit / Director plan	4
• Not specified	4

Specified role or equivalent

Of the 18 respondents, 13 agreed to contribute to the "Consensus statement" drafting.

SECTION 1: Priority action areas

1.1. Health in all Policies (Overall policy aspects)

A. In my country the **Health in All Policies approach** is taken into account to further strengthen health promotion and disease prevention in an integrated manner [2, 4, 6].

B. My country is engaged in **inter-sectoral and cross-policy actions** for health promotion activities [2, 6, 7, 12].

C. In my country the health policies contribute to the **reduction in health inequalities** [1, 2, 3, 5, 9].

D. My country follows the Commission guidelines on **effective, accessible and resilient health systems** [1, 7, 8, 9, 11].

1.1. AREA: Health in all Policies (Overall policy aspects)

	1.1.A	1.1.B	1.1.C	1.1.D
5/5	6	5	4	6
4/5	10	8	10	7
3/5	1	4	2	4
2/5	1	1	2	1
1/5	0	0	0	0

Legend: ■ 1/5 ■ 2/5 ■ 3/5 ■ 4/5 ■ 5/5

Overall results on area 1.1

As it is shown in the figure, high numbers of 5 and 4 level of agreement are obtained for all statements.

The statement that gets highest number of 5 and 4 is **A**-"In my country the Health in All Policies approach is taken into account to further strengthen health promotion and disease prevention in an integrated manner" while one with the lowest number of 4 and 5 is **B**-"My country is engaged in inter-sectoral and cross-policy actions for health promotion activities". Statement **B** is also the one with the highest number of 2 and 3.

Comments and details provided to better clarify the answers on area 1.1

10 countries provided additional comments. Most respondents stated:

- "Health in All Policies approach" implementation in their own legislation/strategies/plans.
- Direct communication, coordination and joint work among ministries and main stakeholder groups.
- Implementation of the "reduction in health inequalities" in their own legislation/strategies/plans.

Some respondents mention accessibility of health systems issues.
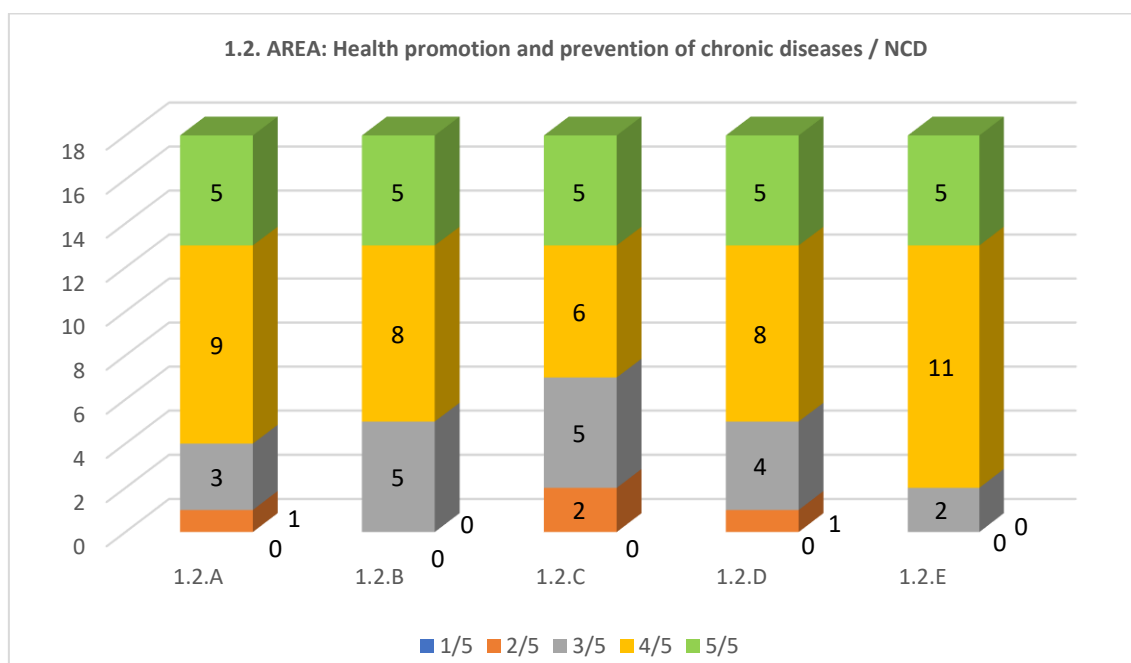
Some countries reported about plans and/or intersectoral committee to insure sustainability of the NHS as key aspect of health equality.

Some countries reported criticalities and difficulties in implementing "health in all policies" approach because of the barriers among different policy sectors (silos) and lack of practices in planning and working in integrated manner.

Integration among sectors and intersectoral plans seem to be the main key points.

1.2. Health promotion and prevention of chronic diseases / NCD

A. My country is engaging in **inter-sectoral** and **cross-policy** actions for the **promotion** of **healthy diets** and **physical activity** in **all policies** targeting the rising rates of NCDs [2, 5, 6, 7, 12].

B. In my country, inter-sectoral and cross-policy actions are implemented to **target** the rising rates of NCDs related to **unhealthy diets** (including **tobacco** and **alcohol**) and **physical inactivity**, **overweight** and **obesity**, and the **low** levels of participation in **physical activity**, across **all** age **groups** and all socio-economic strata [5, 6, 7, 12].

C. In my country, **healthy choices** in life for **all citizens** are facilitated as part of the health promotion and prevention of chronic diseases strategies [3, 5].

D. My country **supports initiatives** to **promote health** in **schools** and in the **workplace** [5, 12].

E. In my country actions to promote the **early prevention** and **detection** of **chronic diseases** are encouraged [3, 7, 8, 9, 10].

1.2. AREA: Health promotion and prevention of chronic diseases / NCD

	1.2.A	1.2.B	1.2.C	1.2.D	1.2.E
5/5	5	5	5	5	5
4/5	9	8	6	8	11
3/5	3	5	5	4	2
2/5	1	0	2	1	0
1/5	0	0	0	0	0

Legend: ■ 1/5 ■ 2/5 ■ 3/5 ■ 4/5 ■ 5/5

Overall results on area 1.2

As it is shown in the figure, high numbers of 5 and 4 points of agreement are obtained for all statements.

The statement that obtains the highest score (highest number of 5 and 4) is **E**-"In my country actions to promote the early prevention and detection of chronic diseases are encouraged" while the lowest is **C**-"In my country, healthy choices in life for all citizens are facilitated as part of the health promotion and prevention of chronic diseases strategies".

Comments and details provided to better clarify the answers on area 1.2.

10 countries provided additional comments.

Regarding implementation in their own legislation/strategies/plans, most respondents specify:

- "Promotion of healthy diets and physical activity", as well as inter-sectoral and cross-policy actions to ease/boost it;
- measures for tackling unhealthy diets and lifestyles;
- measures for easing healthy choices (or hindering unhealthy ones);
- measures to promote preventive check-ups as well as screening programmes (mainly related to cancer).

Some countries reported a cross-sectoral, population-based and life-long approach to health.

Some countries reported criticalities and difficulties because of lack of workforce and inappropriate funding.

Other mentioned weaknesses are:

- lack of joint planning on common objectives and consequent fragmentation of programs and interventions;
- difficulty integrating services and functions;
- lack of training for professionals in all sectors involved and aimed at transferring knowledge and encouraging the construction of networks.

Good examples of successful implementation are health prevention in schools and workplaces.

The Ministry of Health usually plays a leading role by advocating, inspiring and guiding the multisectoral action

One country stated that the strategic choice is to improve a health system that intercepts people to tackle the risk factors and for an early diagnosis of NCDs and direct them towards community or therapeutic programs

1.3. Models of health and social care

A. In my country **national policies** and **programmes** on **integrated** forms of **care** reshaping the fragmented delivery of **health and social services** are established and developed[10].

B. My country considers **innovative ways** of **integration** between **primary** and **hospital care**, and between **health** and **social care** [3, 11].

C. In my country **long-term** health **strategies** are developed, with particular **emphasis** on **effective investment** [4, 7, 9].

D. In my country further **access** for all to high **quality healthcare services** is **improved**, paying particular attention to the most **vulnerable groups** [1, 2, 8, 11].

E. In my country **integrated care** is a **priority** within its **health policies** and programmes at national, regional, and local levels (when applicable) [10].
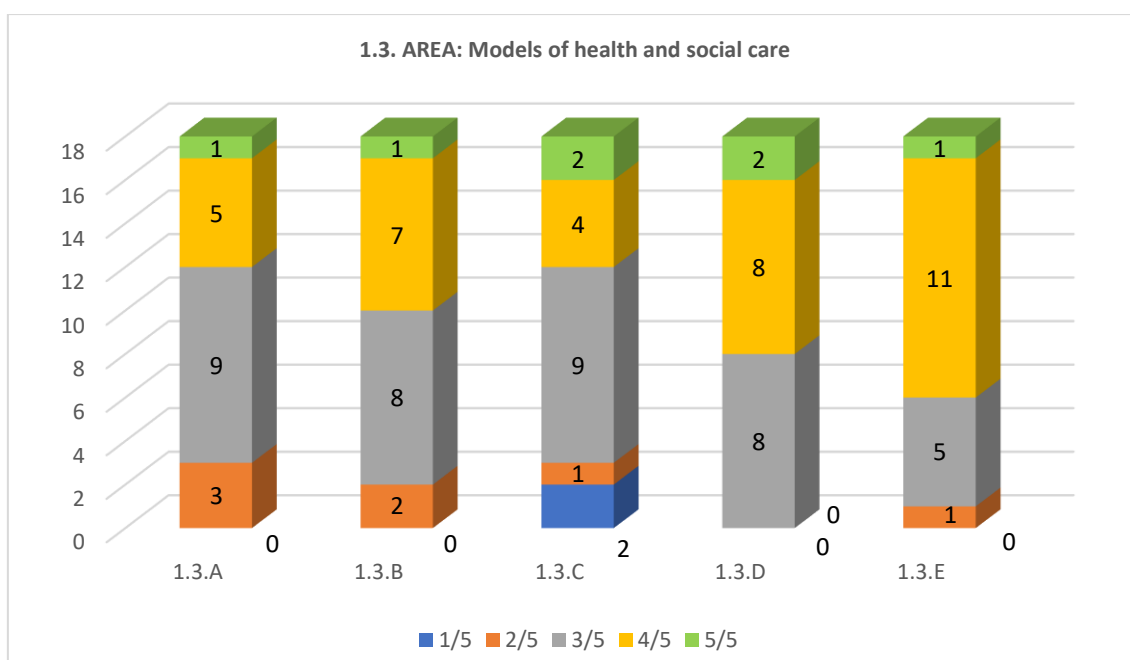
Overall results on area 1.3

As it is shown in the figure, high number of 3 and 4 level of agreement is obtained for all statements.

The statement with the highest number of 4 and 5 is **E**-"In my country integrated care is a priority within its health policies and programmes at national, regional, and local levels", followed by **D**-statement "In my country further access for all to high quality healthcare services is improved, paying particular attention to the most vulnerable groups". **C**-"In my country long-term health strategies are developed, with particular emphasis on effective investment" is the one with the lowest level of agreement by respondents.

Comments and details provided to better clarify the answers on area 1.3.

8 countries provided additional comments.

Integrated care is identified as an objective/goal with different levels of implementation.

Regarding implementation in their own legislation/strategies/plans, most respondents specify:

• High quality healthcare services to all persons without discrimination

- Specific measures for the promotion of high-quality healthcare services access focused on most vulnerable groups.

In some cases, the following statements are included:

- Global patient-centred health reforms;
- Integrated forms of delivery of health and social care services take in place;
- Integrated care has recently begun to emerge as a priority area;
- in the field of integrated care much must be done.

Scarce references to effective investment are done.

For some countries integrated care has only recently begun to emerge as a priority area or are still scarce to date.

Some countries are implementing or plan to implement in the upcoming years a health reform based on the integration between health and social sector.

Anyway, health and social integration is commonly recognized as the key point for a sustainable, appropriate, effective health care system.

1.4. Information systems and assessment

A. In my country **better use** of existing **indicators** and **monitoring systems** for NCDs (incidence, prevalence, risk factors, and outcomes) is encouraged to **improve reporting** under the global **monitoring** framework for NCDs [5, 12].

B. My country promotes the use of **comparable information** at **EU level** on NCDs and encourages **increased cooperation** among **Countries** to exchange good practices and **enable evidence-based policies** [3, 5].

C. My country uses **effective** tools and **methodologies** for the **assessment** of **health systems response** to NCD [2, 4, 5].

1.4. AREA: Information systems and assessment
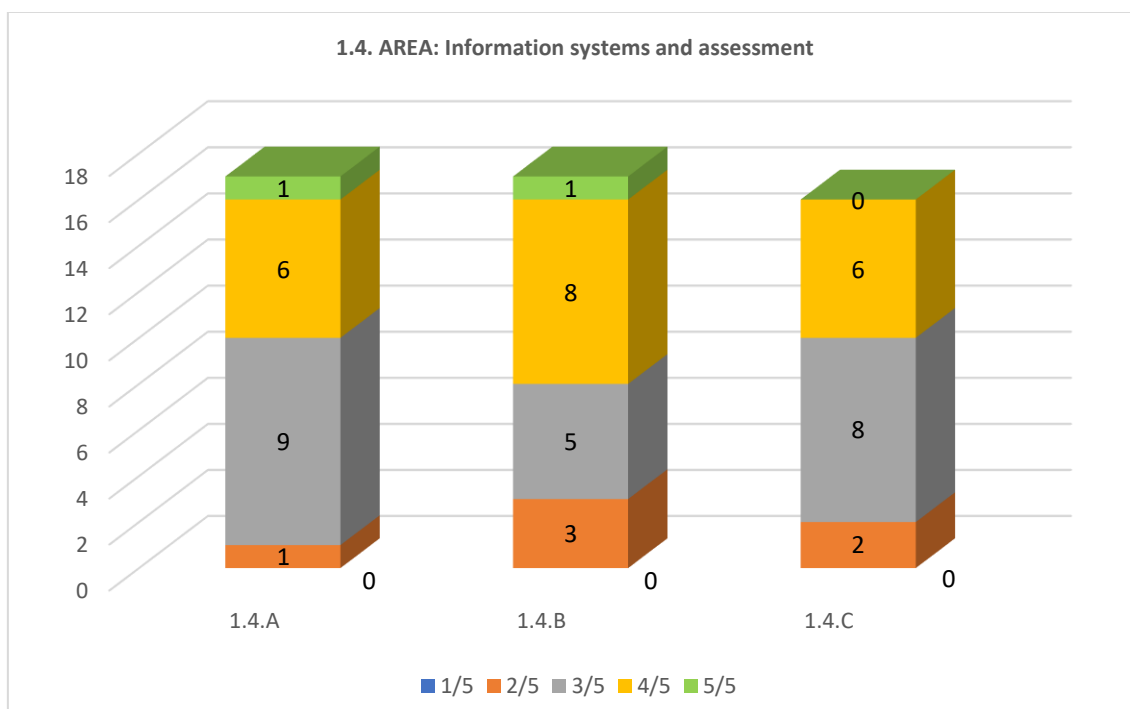
Overall results on area 1.4

As it is shown in the figure, this area is the one with the lowest level of agreement of the 6 priority action areas.

The statements that obtain the highest level of agreement is **B**-"My country promotes the use of comparable information at EU level on NCDs and encourages increased cooperation among Countries to exchange good practices and enable evidence-based policies", but also have the highest level of low agreement. The lowest is **C**-"My country uses effective tools and methodologies for the assessment of health systems response to NCD".

Comments and details provided to better clarify the answers on area 1.4.

11 countries provided additional comments.

Regarding implementation in their own legislation/strategies/plans, most respondents specify

- structured health monitoring methodologies;
- outcome assessment frameworks with national / international purposes;
- data / indicators which should meet international requirements.

By the way, many countries use national indicators in line with EU indicators and OECD, to fill the relevant SDG targets and facilitate the reporting and international comparisons made by global organisation across countries.

In many countries data collection and indicators monitoring is strengthen by a legal framework.

One country mentioned the need to strengthen cooperation between EU countries in order to share and implement good practices developed in this area.

1.5. Patient empowerment

A. In my country **policy actions** towards creating **favourable** conditions for **patient empowerment** are proposed [1, 7, 10].

B. In my country **patients** are **involved** in the **development** of **policies** and **programmes** for **integrated care** at all appropriate levels [10].

C. In my country the **identification** and **sharing** of **good practices** regarding ways to **enable patients** with chronic diseases to **maximise their autonomy** and **quality of life** is promoted [3, 7].

D. My country promotes **disease self-management** using **ICT innovations** and eHealth solutions [11].

1.5. AREA: Patient empowerment
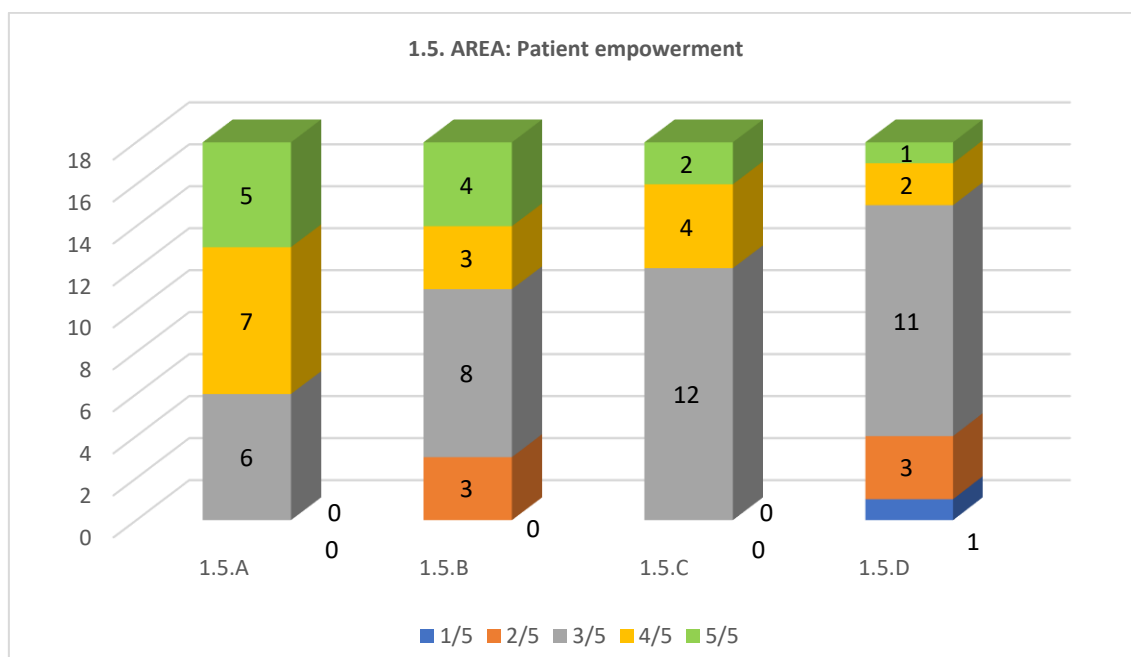
Overall results on area 1.5

The statement with highest level of agreement is **A**-"In my country policy actions towards creating favourable conditions for patient empowerment are proposed", while the lowest is **D**-"My country promotes disease self-management using ICT innovations and eHealth solutions". This is also the one with lowest level of agreement of all areas.

Comments and details provided to better clarify the answers on area 1.5.

8 countries provided additional comments.

Most respondents specify that in the consultation process and development of health policies Citizens/ patients / patient organizations usually participate.

The following statements are included:

- Some ICT innovations and eHealth solutions for promoting self-management are available;
- ICT innovations and eHealth solutions for promoting self-management are insufficiently developed;
- Scarce references to creating favourable conditions for patient empowerment and lack of satisfactory e-health and ICT solutions available for self-management of the disease.

One country reported that various agencies working within the health services have their own individual approaches to creating favourable conditions for patient empowerment but collectively there is no one overarching policy

1.6. Sustainable and adequate health workforce (training, capacity-building, retention)

A. In my country the **training** of the **health workforce** for **integrated care** is promoted [10].

B. In my country there are **policies** to **provide** and **retain** adequate **health workforce** for **integrated care** [4].

C. My country has **strengthened health workforce policies** to **ensure** the **sustainability** of the workforce with the necessary skills to guarantee **accessibility**, safety, and **quality of care** [11].

D. In my country the **health professionals' organisations** are encouraged to have an **active role** in **integrated care** [10].

E. My country is investing to **ensure sustainable** and **well-trained social care workforce**, including informal carers (any relative, partner, friend or neighbour who has a significant personal relationship with, and provides a broad range of assistance for, a person with a chronic or disabling condition) [4].

1.6. AREA: Sustainable and adequate health workforce
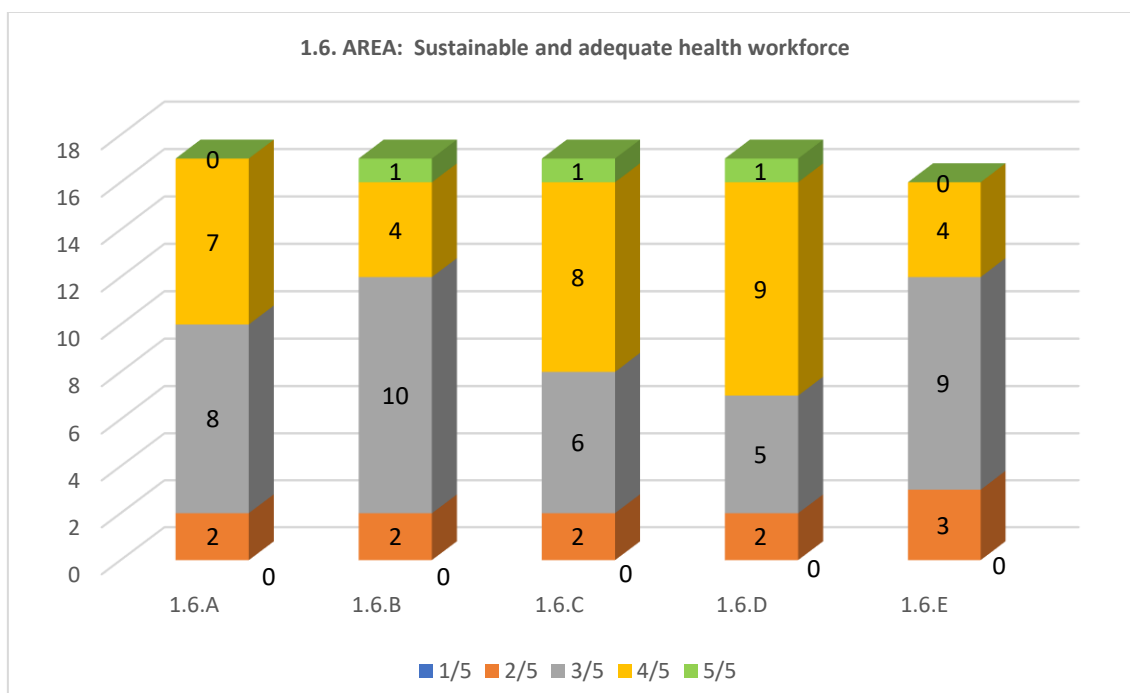
Overall results on area 1.6

The statement with highest score is **D**-"In my country the health professionals' organisations are encouraged to have an active role in integrated care", while the lowest is **E**-"My country is investing to ensure sustainable and well-trained social care workforce, including informal carers".

Comments and details provided to better clarify the answers on area 1.6.

6 countries provided additional comments

Most respondents specify that the measures for ensuring adequate health workforce are conducted.

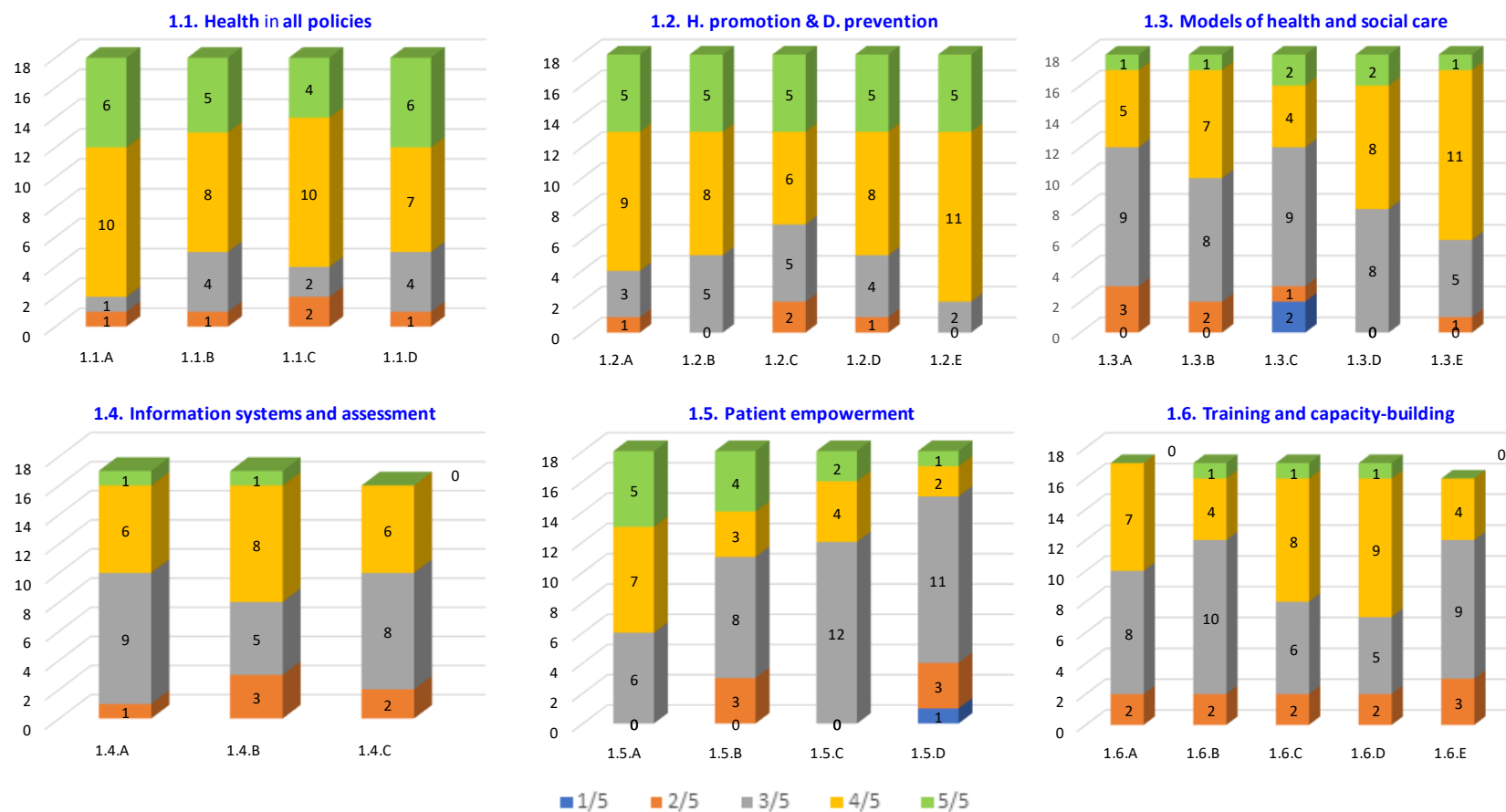In some cases, the following statements are included:

- Measures for providing skilled health workforce in the field of integrated care are carried out;
- Coordinated actions between ministries and national/local government to tackle training programs of health workforce issues are carried out;
- Coordinated actions between ministries and national/local government to tackle social and health care issues are carried out.

Some countries pointed out that the issue that social care workforce issues falls out the scope of the Ministries of Health are also mentioned.

One country stated that in recent years, efforts have been made to address the lack of human resources in health care. These measures do not particularly emphasize the need to provide human resources for integrated care as they are already part of the overall human resources policy.

Some countries mentioned the training of specialists on the integrated health care area, both for nurses and medical doctors

AREAS 1.1 to 1.6: Result Overview

1.1. Health in all policies

1.2. H. promotion & D. prevention

1.3. Models of health and social care

1.4. Information systems and assessment

1.5. Patient empowerment

1.6. Training and capacity-building

Legend: 1/5 | 2/5 | 3/5 | 4/5 | 5/5

1.7. Priority areas in the policy agenda of the countries

1.7. Taken into account the aforementioned 6 policy areas, what are the 3 priority areas in the policy agenda of your Country?

Please select three areas from the list below.

1. **Health** in **all Policies** (Overall policy aspects)

2. **Health promotion** and **prevention** of chronic diseases / NCDs

3. **Models** of Health and social care

4. **Information systems** and **assessment**

5. **Patient empowerment**

6. **Sustainable workforce** (training and capacity-building)

7. Other (please, specify)

1.7. Priority areas in the policy agenda of consulted countries (nº of votes)

Area	Votes
2. Health promotion and prevention of chronic diseases / NCDs	16
1. Health in all Policies (Overall policy aspects)	12
4. Information systems and assessment	10
5. Patient empowerment	7
3. Models of Health and social care	7
6. Sustainable workforce (training and capacity-building)	4
Other	0
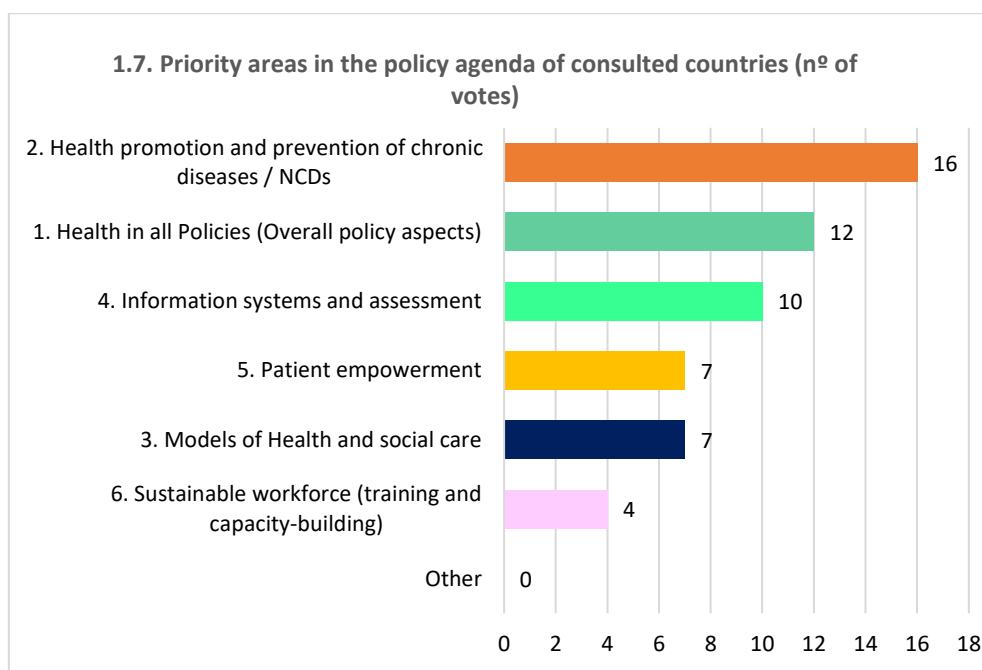
Overall results on area 1.7

As it is shown in the figure, the highest numbers of votes were reached by "Health promotion and prevention of chronic diseases / NCDs" and "Health in all Policies (Overall policy aspects)", while "Models of Health and social care", "Patient empowerment" and "Sustainable workforce (training and capacity-building)" obtained the lowest ones.

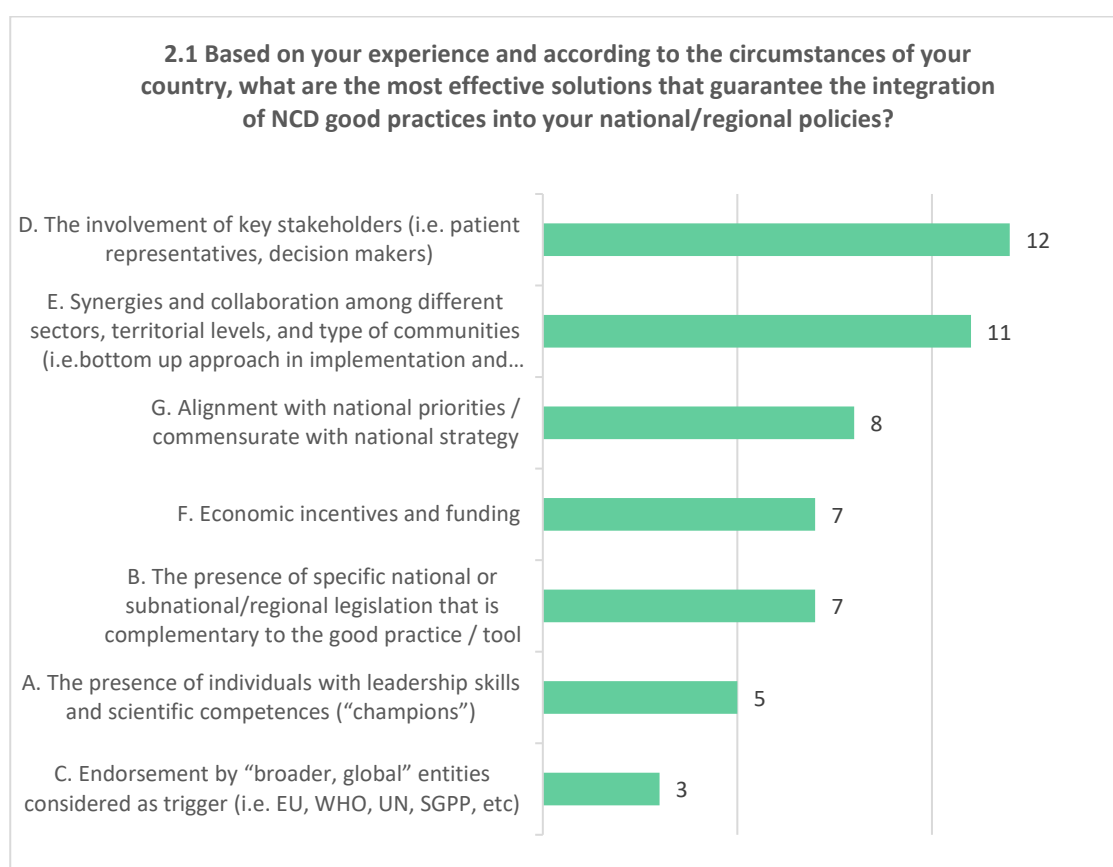**Comments and details provided to better clarify the answers on area 1.7.**

Only 1 country provided additional comment which highlights that all areas are important, so singling out any of them is difficult and not meaningful.

SECTION 2: Sustainability, integration on national policies and EU added value

2.1. Integration of NCD good practices into national /regional policies

The questionnaire included different options regarding solutions to guarantee the integration of NCD good practices into national/regional policies. The responses are shown in the next figure:

2.1 Based on your experience and according to the circumstances of your country, what are the most effective solutions that guarantee the integration of NCD good practices into your national/regional policies?

Option	Votes
D. The involvement of key stakeholders (i.e. patient representatives, decision makers)	12
E. Synergies and collaboration among different sectors, territorial levels, and type of communities (i.e.bottom up approach in implementation and…	11
G. Alignment with national priorities / commensurate with national strategy	8
F. Economic incentives and funding	7
B. The presence of specific national or subnational/regional legislation that is complementary to the good practice / tool	7
A. The presence of individuals with leadership skills and scientific competences ("champions")	5
C. Endorsement by "broader, global" entities considered as trigger (i.e. EU, WHO, UN, SGPP, etc)	3

Overall results on area 2.1

The solutions with highest number of votes are **D**-"The involvement of key stakeholders" and **E**-"Synergies and collaboration among different sectors, territorial levels, and type of communities", while A-"The presence of individuals with leadership skills and scientific competences" and C-"Endorsement by 'broader, global' entities considered as trigger" obtained the lowest ones.

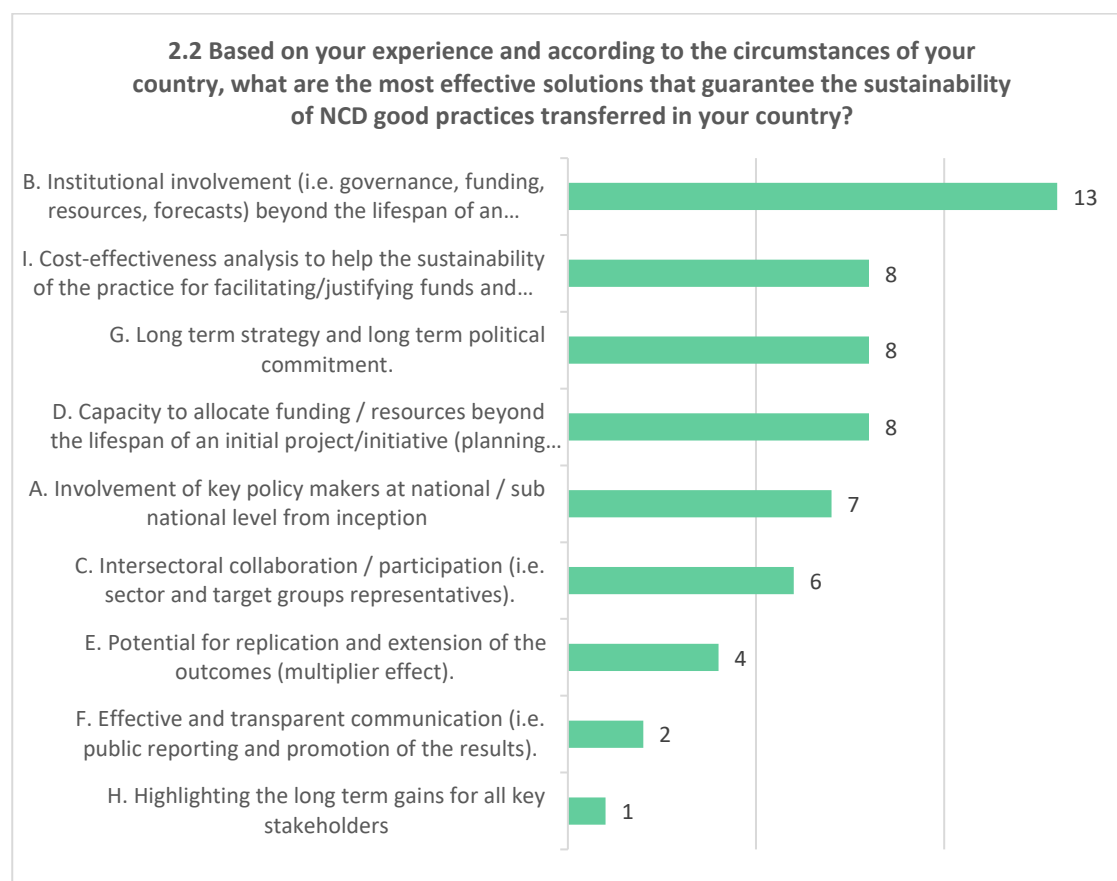**Comments and details provided to better clarify the answers on area 2.1.**

5 countries provided additional comments.

1	Positive aspects regarding Public Health: • The social and cultural conditions that support family and community life (family and community are the medium on which all Health policies and programmes can grow and sustain) • Facilitated dissemination of information (required changes can be easily communicated with all related stakeholders and the society) • Limited barriers to build partnerships between health and other sectors in order to address easily social and economic problems • Facilities to build easier a supportive environment (more flexible procedures to promote new legislations and structures).
2	• There have been implemented several legislations towards publicity of foods and beverages to children, tax on sugary drinks, reformulation of some foods such as: breakfast cereal, yogurts, soups, pre made meals, snacks, potato ships, etc, according to standard values. Limiting the salt in bread (1g of salt per 100g of bread), there have been developed guidelines and legislation for food offering in schools (buffets, lunch rooms and vending machines) and control of food provision in public institutions of the National Health Service. • Law published in 2017 as a result of a collaboration between several ministries, including the Finance, Internal Affairs, Education, Health, Economy, Agriculture, and Sea Ministries, aiming at improving the dietary habits of the population. The working group, led by the Ministry of Health, developed this strategy based on WHO and European Commission recommendations as well as on relevant data from the last dietary intake survey (2015/2016). The 2017 law also reflects the results of a public hearing, including the food industry, among others, and the experience gathered, since 2012, through the National Programme for the Promotion of Healthy Eating. It considers the 'health in all policies' challenge set by WHO and has four different strategic areas, namely (1) creation of healthier food environments, (2) improvement of the quality and accessibility of healthy food choices for consumers, (3) promotion and development of literacy, in order to encourage healthy food choices, and (4) promotion of innovation and entrepreneurship. In order to achieve these goals, a set of 51 actions was established and assigned to the seven ministries involved.
3	• Alignment with national strategy/plan is of upmost importance for timely integration of NCD good practices into national policies, since existing plan/strategy warrants timely implementation, secured funding and coordination of stakeholders
4	• The health system reform in General practitioner development for outpatient health care services has set objectives to start launch the pilot models for monitoring patients suffering from more than one chronic disease in the municipalities (Chrodis+)
5	• Having legislation without budget for its implementation is ineffective, because goodwill does not last even if there is commitment and leadership.

2.2. Sustainability of NCD good practices transferred in the countries

The questionnaire included different options regarding solutions to guarantee the sustainability of NCD good practices transferred in the countries. The responses are shown in the next figure:

2.2 Based on your experience and according to the circumstances of your country, what are the most effective solutions that guarantee the sustainability of NCD good practices transferred in your country?

Option	Votes
B. Institutional involvement (i.e. governance, funding, resources, forecasts) beyond the lifespan of an…	13
I. Cost-effectiveness analysis to help the sustainability of the practice for facilitating/justifying funds and…	8
G. Long term strategy and long term political commitment.	8
D. Capacity to allocate funding / resources beyond the lifespan of an initial project/initiative (planning…	8
A. Involvement of key policy makers at national / sub national level from inception	7
C. Intersectoral collaboration / participation (i.e. sector and target groups representatives).	6
E. Potential for replication and extension of the outcomes (multiplier effect).	4
F. Effective and transparent communication (i.e. public reporting and promotion of the results).	2
H. Highlighting the long term gains for all key stakeholders	1

Overall results on area 2.2

As it is shown in the figure, the highest number of votes with great difference is reached by **B**-"Involvement of key policy makers at national / sub national level from inception" while F-"Effective and transparent communication" and H-"Highlighting the long-term gains for all key stakeholders" obtained the lowest ones.

Comments and details provided to better clarify the answers on area 2.2.

3 countries provided additional comments.

1	• Sustainability is best guaranteed though the integration of the practice into the health care routine
2	• An aspect not sufficiently valued and therefore with a great deal of room for improvement to contribute to the sustainability of the transferred NCD good practices is the development of a

	proper Communication and Dissemination Strategy, both at the internal level of the organization where good practice is recognized as at the level of spreading it to other groups of similar interest, so that "communities of knowledge" are created and the highest levels of excellence in health care for addressing chronicity can be exponentially multiplied. • If adding two additional item to the already selected we would like to point out the importance of item G (long term strategy and long term political commitment that enable the sustainability of NCD Good practices transferred and to support this item I is also of great relevance (cost-effectiveness analysis to help the sustainability of the practice for facilitating /justifying funds and stakeholders' involvement/motivation
3	• It has been difficult to select only 3 solutions that might help guarantee the sustainability of NCD good practices transferred into the country, as all of the above are important. Alongside those solutions selected we would attach equal weight to solutions I and E above.

2.3. EU added value for collaboration among Member States concerning NCDs

The questionnaire included different options regarding solutions to guarantee the EU added value for collaboration among MS in the field of NCDs. The responses are shown in the next figure:

2.3 Based on your experience and according to the circumstances of your country, what are the most effective solutions that guarantee EU added value for collaboration among Member States concerning NCDs?
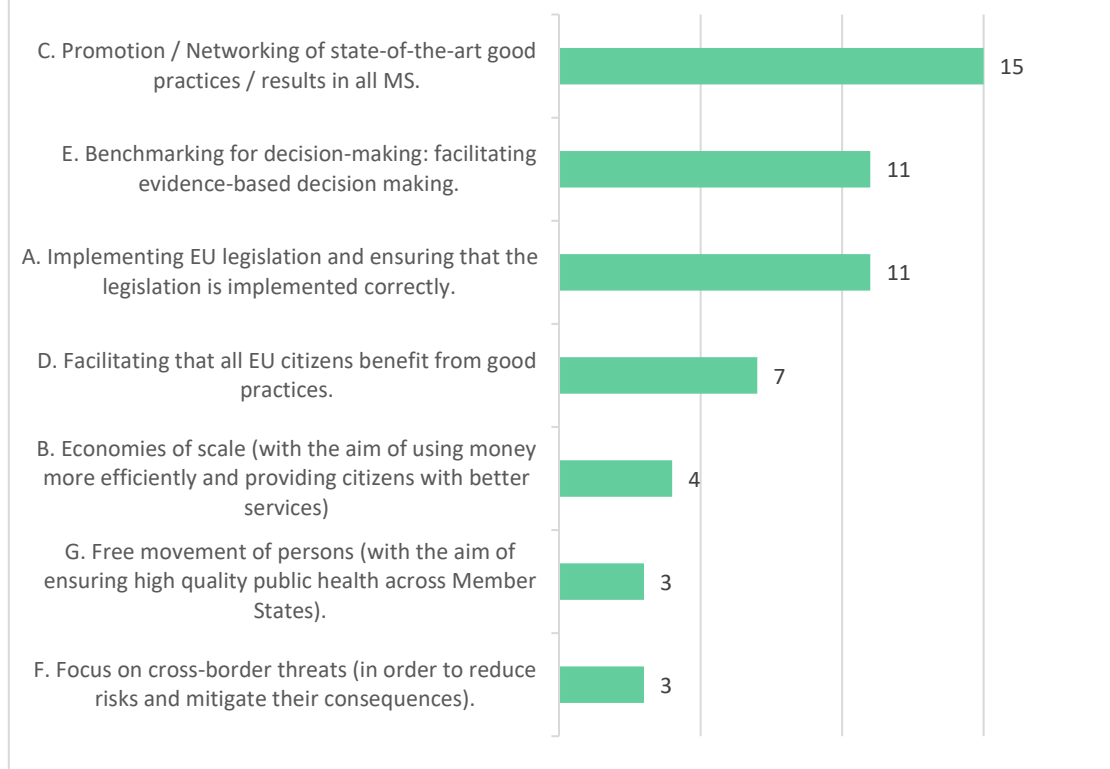
Overall results on area 2.3

As it is shown in the figure, the highest number of votes was reached by **C**-"Promotion/Networking of state-of-the-art good practices/results in all MS", while G-"Free movement of persons" and F-"Focus on cross-border threats" obtained the lowest ones.

Comments and details provided to better clarify the answers on area 2.3.

2 countries provided additional comments.

1	- Some essential elements to scale up the global action in public health at EU level besides leadership include: - the need of evidence base (benchmark of experience and expertise) - Working together across nations and across sectors (informal groups, meeting, awareness raising, collaborative networks, …) - Both are at the core of European identity. Cross border threats offer also opportunities to strengthen integration of practices through networks and/or exchange of patients
2	- There are some good examples of EU Legislation which has guarantee the EU added value for collaboration among Member states (e.i. ERN established by the Directive 34/2011 on cross-border healthcare). However not all fields or aspect in health care provision can be object of EU legislation in order to respect the national sovereignty principle. - Networking is a good provision for the EU collaboration, however it has to be coordinated and supported by a formal structure. Finally, when there are data on better performance or cost-effectiveness of a Good Practice among others, the interest in collaboration is easier to be maintained.

SECTION 3: Operational advice and suggestions

3.1. Procedures that could be useful to implement solutions to enhance sustainability.

This section included the opportunity for respondents to provide opinions that could be useful and feasible to implement solutions at national/regional level to gain enhance sustainability.

9 countries provided suggestions and options useful and feasible for implementing solutions which are listed below.

1	- Transferring best practices among MS - Dedicating European funds for the implementation of best practices
2	- There is a necessity to develop a common plan or strategy for development of policy in order to reduce non-communicable diseases. - Intersectoral collaboration between the ministries, municipalities, non-governmental organizations and other stakeholder. - Cost-effectiveness analysis for the availability, necessity and effectiveness of treatment services.
3	- Inspirational Leadership - Good management/ transparency - Implementation of evidence based practices through partnerships with mutual benefit

	• Ecological approach: Person-Family-Community -Society
4	To enhance sustainability, one may need: • To identify the relevant common challenges • Work across countries on joint solutions: for example, the varying price of tobacco across MS is challenging if one wants to sustain a national tobacco control policy • Develop implementation research and outcome research to measure impact • To work across sectors
5	• To improve intersectoral collaboration • To allocate the funding in more efficient way • To improve health literacy
6	• Stronger involvement of national /subnational actors in the implementation of EU-programmes could be useful.
7	• Keep inform all regional health authorities and actors in the field on the results of different projects on the specific matter/issue identify as a priority for health care of patient with chronic diseases. • Provide a summary of the synergies and results of different EU initiatives on the specific issue of interest in the NCD field and link them with the different mechanisms and funds possibilities. • Provide the data of cost-effectiveness of measures/practices in NDC field to National and Regional authorities.
8	• In order to enhance the sustainability of transfer of good practices, it is absolutely essential that National policy makers and key stakeholders are involved from the inception to enable transfer / integration / sustainability of good practices are being discussed / considered. • Very important to ensure a continued revenue stream to support the programme. It is necessary initially to invest seed funding with a view to the initiative becoming self-sustaining i.e., a continuous self-funding or revenue generating mechanism is essential to achieve sustainability. • Support and 'buy in' from participants at a local level is a great driver to achieving sustainability • Monitoring and evaluation is essential to demonstrate tangible and effective results of the programme. Being able to demonstrate positive outcomes will in turn give the programme a better chance at sustainability.

9	• Good project management and planning.
	• Networking and involvement of all stakeholders.
	• Evidence base.
	• Sound, valid methodology in documentation and evaluation.
	• Analysis of health care context

3.2. Other initiatives that enable the transferability, integration and/or sustainability of NCD good practices

This section included the opportunity for respondents to provide information on other initiatives intended to enable the transferability, integration and/or sustainability of NCD good practices into the national/regional policies/practices.

5 countries provided suggestions and options useful and feasible for enabling the transferability, integration and/or sustainability.

1	• YOUNG50 Grant agreement (transfer of an Italian best practice for screening NCDs to other Member States)
2	• In line with the Public Health Strategy for 2014 - 2020, during coming years it is planned to implement health promotion and disease prevention activities at national and local level for all inhabitants, paying special attention to priority target groups such as children, elderly, unemployed, poor people, people with disability and people living in rural and remote areas (public campaigns educational lectures, activities at kindergarten and school etc.). For implement of these activities substantial financial resources are allocated, including from EU funds.
	• In cooperation with the World Health Organization it has been established a National Network of Healthy Municipalities and Health Promoting Schools to promote public health in municipal level.
	• Smoking, harmful use of alcohol, use of illicit drugs are one of the mains NCD's risk factors, therefore over the years it has implemented a number of legislative measures such as smoking ban in public areas and in presence of child; system for restricting trade of new psychoactive substances etc.
	• Excise taxes non-alcoholic beverages as well as implementation nutrition policy have leaded to decrease consumption of soft drinks at least once a day among adolescents more than two times during last 15 years.
	• In 2018, the government approved the regulation on the maximum permissible content of trance-fatty acids in foodstuffs, which aim is to improve the dietary habits and public health in general.

	• In cooperation between Ministry of Health, the Children's Clinical University Hospital and the Rare Disease Alliance the action plan for rare diseases was developed in 2017 and The Coordination Center for Rare Diseases was established in 2018. This improves awareness of disease, information about steps to be taken, the diagnosis and treatment of rare diseases and provides more coverage both for children and adults.
3	• SRSS: structural reform support program, which provides and coordinates technical support in the preparation, design, implementation and evaluation of growth-enhancing reforms
4	• The EU portal of Best practices; • The WHO portal KAP

5	• It has promoted the development of a "Scaling-up/Replication Guide" for the NHS, based on two pillar points:
	
	   - We have worked together with public administrations (central government and autonomous regions) together with experts in health innovation and replication of successful experiences, and
	
	   - We have consulted the international and EU evidence available in scaling-up for good practices
	
	• Working together with all these agents has achieved feeling the project as our own and now we have the first version as "white paper of replication/scaling up in the NHS" within the framework (laws, structure, organizational and strategic) of our National Health System (NHS).
	
	• Next step is getting the allocation of funding for the replication of identified Good Practices of the NHS in those prioritized field or areas of the health care. Allocation of funding is a major incentive of success, that when available is, together with institutional support, the key to scaling-up and sustainability of good practices. The commitment of professional teams that implement good practice is not enough.

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DATA ANALYSIS SUMMARY AND COMMENTS

A first point to highlight would be to acknowledge the contributions by SGPP members participating in this eSurvey exercise. Most of respondents provided additional information on their own experience and policy actions, in some cases with great detail.

After describing the results obtained, a summary of responses and comments is included here.

SECTION 1

Priority action areas 1.1-"Health in all Policies (Overall policy aspects)" and 1.2-"Health promotion and prevention of chronic diseases / NCD" are the ones with highest level of agreement among respondents. On the contrary, statements in areas 1.4-"Information systems and assessment" and 1.6-"Sustainable and adequate health workforce", are the ones with lowest level of agreement.

Regarding statements on policies implemented in each country, the ones with highest level of agreement are 1.1.A-"In my country the Health in All Policies approach is taken into account to further strengthen health promotion and disease prevention in an integrated manner" and 1.2.E-"In my country actions to promote the early prevention and detection of chronic diseases are encouraged". On the contrary, statements on policies implemented in each country with lowest level of agreement are 1.5.D-"My country promotes disease self-management using ICT innovations and eHealth solutions" and 1.6.E-"My country is investing to ensure sustainable and well-trained social care workforce, including informal carers".

Overall, there is high consistency between the importance of action areas currently implemented in each country (areas 1.1 to area 1.6) and the priority ones in their policy agenda (area 1.7). As said before, health promotion and prevention together with a Health in All Policies approach have highest level of agreement and are also the most voted priority areas in the policy agenda.

Contributions by MS, roughly 9 per action area, reflect their great efforts to implement the different NCD policies. Each country has developed different plans and strategies. Some countries have a unique and comprehensive strategy, while in other countries there are different sectoral and multi-level strategies (national, regional, local). With regards to Its implementation, some countries recognise criticalities and difficulties due to a lack of dedicated health workforce, technological resources not yet / enough developed or to the presence of strong barriers between the different sectors. A crucial aspect concerns the integration between different sectors (health, social sector, school, environment, work). Some countries have made this integration their strength, while for others it remains a weakness. It seems that integration between different sectors is more complex in large countries based on subsidiarity (federal states).

Stakeholders' involvement, especially in the planning stage, is a key aspect in all countries, although patient involvement is an element that needs further improvement.

Again, most comments deals with issues such as Health in All Policies, coordination, reduction of inequalities, cross-sector initiatives for health promotion and prevention, including schools and workplace, programmes for prevention and early detection of NCDs, the importance of integrated care (including references to primary healthcare), use of comparable international indicators (EU/OECD/WHO) to enable evidence-based

policies, the involvement of patients in the development of integrated care, and the existence of measures to ensure sustainable work-force.

There are several policy aspects with lower level of agreement and in which some contributions have point out potential areas of improvement. These are patient empowerment and information systems and assessment. Some contributions suggested these areas and particularly, the use of effective tools and monitoring systems allowing assessment as one of potential strengthening cooperation for sharing good practices.

SECTION 2

This section is based on the results from the Treviso workshop. The exercise provides a ranking of the potential solutions for each aspect, namely, integration into national policies, sustainability and EU added value.

Regarding integration into national/regional policies, the involvement of key stakeholders is the most voted item, together with synergies and cross-sector collaboration. Additional comments by respondents include references to cultural aspects, supportive environments, alignment with national strategies/plans, eliminating barriers to build partnerships, and the importance of legislation enforcement, budget allocation and the dissemination of the activities carried out.

In fact, institutional involvement is a key aspect voted by respondents in the section on sustainability of NCDs good practices. Further information refers to the integration in routine practice of transferred good practices, and again, communication and dissemination strategy, building a "community of knowledge" to be shared.

The EU added value aspect most voted has been the promotion and networking of state-of the art good practices, followed by benchmarking and implementing EU legislation. Additional suggestions mention the need of evidence-based experiences and expertise, the opportunities for networking facilitated by supportive structures. The example of the experience of the European Reference Network is mention as a success case of EU added value.

SECTION 3

The last section included additional opinions by respondents useful for implementing solutions and to gain sustainability, and to enable transferability, integration.

A repeated contribution by several respondents with regards to sustainability is the need for cost-effective analysis, monitoring and evaluation of good practices in the field of NCDs. Additional comments refer to the existence of budget for implementing best practices, that need to be evidence-based, as well as the involvement of national and subnational actors.

Other initiatives of interest mentioned by respondents in the field of transferability, integration and sustainability include cooperation with the World Health Organisation, particularly with the healthy cities network, the EU Portal of Best Practices, and the existence of funds and guides for replications.

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ANNEXES

ANNEX 1: Questionnaire used in the SGPP electronic survey

Contribution ID: f215f4dd-3726-471d-a1f3-60dad4e15106
Date: 09/07/2019 10:45:02

Joint Action (JA) CHRODIS PLUS (2017-2020)

Fields marked with * are mandatory.

The Joint Action (JA) CHRODIS PLUS (2017-2020) is a flagship initiative funded by the Third EU Health programme of the European Commission. It involves 42 partners from 21 European countries. CHRODIS PLUS **aims to contribute to the reduction of the burden of chronic diseases** (or non-communicable diseases, **NCD**) by promoting the **implementation** and scaling up of **policies** and **practices** that **have been demonstrated** to be **successful** in other EU countries.

Work Package 4 focuses on "Integration into National Policies and Sustainability". It is devoted to **supporting EU Member States** (MS) in the implementation of new or innovative policies and practices that further empowerment, health promotion and prevention, and the management of chronic diseases and multimorbidity. The main output will be a **policy-level position paper** ("**Consensus Statement**") that will guide future work in Europe on NCDs with a focus on EU added-value of cross-country collaboration.

MS involvement is therefore of the **utmost importance**. With this aim, the **Steering Group on Health Promotion, Disease Prevention and Management of NCDs** (SGPP) agreed to cooperate with the CHRODIS PLUS Joint Action, in particular through involvement in this survey, the results of which will contribute to the development of the Consensus Statement.

The survey **includes three** sections:

- **Priority action areas** (Section 1) - to gather input on the priority policy action areas based on EU Council conclusions on the field of NCDs.
- **Sustainability, integration on national policies** and **EU added value** (Section 2) - to have your input on the effectiveness of identified solutions into national and/or regional policies and/or practices.
- **Operational advice and suggestions** (Section 3) - to have your advice and suggestions, based on your Country experience in implementing those solutions.

We kindly ask you to fill in this questionnaire in your capacity as a MS representative in the SGPP. We will consider your responses as the contribution from your country. We will not publish your responses; they will only be used in an aggregated way.

Thank you for completing this survey and for working with us to develop a suite of tools to overcome the burden of NCD.

☑ Before completing the form, please read carefully the privacy statement to conform to European data protection regulations. I have read and accept the terms and conditions related to this meeting

1

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SECTION 1: Priority action areas

In this section, policy action areas and topics have been included based on the Council Conclusions in the field of NCDs that have been endorsed by MS in different EPSCO Council meetings (Employment, Social Policy, Health and Consumer Affairs Council).

Please grade the following statements regarding policies implemented in your Country using the following 5-level scale:

Completely disagree				Completely agree
1	2	3	4	5

1.1. AREA: Health in all Policies (Overall policy aspects)

A. In my country the Health in All Policies approach is taken into account to further strengthen health promotion and disease prevention in an integrated manner.	⭐⭐⭐⭐☆
B. My country is engaged in inter-sectoral and cross-policy actions for health promotion activities.	⭐⭐⭐⭐☆
C. In my country the health policies contribute to the reduction in health inequalities.	⭐⭐⭐⭐☆
D. My country follows the Commission guidelines on effective, accessible and resilient health systems.	⭐⭐⭐⭐⭐

Please provide any useful comments and details to better clarify your answers :

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1.2. AREA: Health promotion and prevention of chronic diseases / NCD

A. My country is engaging in inter-sectoral and cross-policy actions for the promotion of healthy diets and physical activity in all policies targeting the rising rates of NCDs.	☆☆☆☆☆

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B. In my country, inter-sectoral and cross-policy actions are implemented to target the rising rates of NCDs related to unhealthy diets (including tobacco and alcohol) and physical inactivity, overweight and obesity, and the low levels of participation in physical activity, across all age groups and all socio-economic strata.	☆☆☆☆ ☆
C. In my country, healthy choices in life for all citizens are facilitated as part of the health promotion and prevention of chronic diseases strategies.	☆☆☆☆ ☆
D. My country supports initiatives to promote health in schools and in the workplace.	☆☆☆☆ ☆
E. In my country actions to promote the early prevention and detection of chronic diseases are encouraged.	☆☆☆☆ ☆

Please provide any useful comments and details to better clarify your answers :

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1.3. AREA: Models of health and social care

A. In my country national policies and programmes on integrated forms of care reshaping the fragmented delivery of health and social services are established and developed.	★★★★ ☆
B. My country considers innovative ways of integration between primary and hospital care, and between health and social care.	★★☆☆ ☆
C. In my country long-term health strategies are developed, with particular emphasis on effective investment.	★★☆☆ ☆
D. In my country further access for all to high quality healthcare services is improved, paying particular attention to the most vulnerable groups.	★★★★ ☆
E. In my country integrated care is a priority within its health policies and programmes at national, regional, and local levels (when applicable).	★★★★ ★

1.4. AREA: Information systems and assessment

3

A. In my country better use of existing indicators and monitoring systems for NCDs (incidence, prevalence, risk factors, and outcomes) is encouraged to improve reporting under the global monitoring framework for NCDs.	★★★ ★★
B. My country promotes the use of comparable information at EU level on NCDs and encourages increased cooperation among Countries to exchange good practices and enable evidence-based policies.	★★★ ★★
C. My country uses effective tools and methodologies for the assessment of health systems response to NCD.	★★★ ★★

Please provide any useful comments and details to better clarify your answers :

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1.5. AREA: Patient empowerment

A. In my country policy actions towards creating favourable conditions for patient empowerment are proposed.	★★★ ★★
B. In my country patients are involved in the development of policies and programmes for integrated care at all appropriate levels.	★★★ ★★
C. In my country the identification and sharing of good practices regarding ways to enable patients with chronic diseases to maximise their autonomy and quality of life is promoted.	★★★ ★★
D. My country promotes disease self-management using ICT innovations and eHealth solutions.	★★★ ★★

Please provide any useful comments and details to better clarify your answers :

1.6. AREA: Sustainable and adequate health workforce (training, capacity-building, retention)

A. In my country the training of the health workforce for integrated care is promoted.	★★★ ★★

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B. In my country there are policies to provide and retain adequate health workforce for integrated care.	★★★ ★★
C. My country has strengthened health workforce policies to ensure the sustainability of the workforce with the necessary skills to guarantee accessibility, safety, and quality of care.	★★★ ★★
D. In my country the health professionals' organisations are encouraged to have an active role in integrated care.	★★★ ★★
E. My country is investing to ensure sustainable and well-trained social care workforce, including informal carers (any relative, partner, friend or neighbour who has a significant personal relationship with, and provides a broad range of assistance for, a person with a chronic or disabling condition).	★★★ ★★

Please provide any useful comments and details to better clarify your answers :

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1.7. Taken into account the aforementioned 6 policy areas, what are the 3 priority areas in the policy agenda of your Country?
Please select three areas from the list below.

- ☑ 1. Health in all Policies (Overall policy aspects)
- ☐ 2. Health promotion and prevention of chronic diseases / NCDs
- ☑ 3. Models of Health and social care
- ☐ 4. Information systems and assessment
- ☑ 5. Patient empowerment
- ☐ 6. Sustainable workforce (training and capacity-building)
- ☐ Other (please, specify):

SECTION 2: Sustainability, integration on national policies and EU added value (Section 2)

In this section you are kindly asked to express your opinion on the effectiveness of the key aspects[1] which enable the transferability, integration, and sustainability of NCD good practices into the national and /or regional policies and/or practices. We are interested in the solutions that are more relevant for enhancing added value to EU collaboration among Member States.

5

[1] *The key aspects presented in the section 2 were identified during the Chrodis Plus workshop that were held at Treviso in 2018.*

Note:

When discussing the question of **how to integrate a good practice into national policies** in another context, a variety of dimensions come into play. This includes who the main actors are, what kind of knowledge transfer mechanisms exist or should exist, what is the political context, how policy features influence the uptake in the policies, and what policy implementation and governance mechanisms should be in place.

It has to be taken into account that **sustainability** implies not only that the process and outcome have changed, but the thinking and attitudes behind them are fundamentally altered and the system surrounding them is transformed as well. In other words, the change has become an integrated or mainstream way of working. Rather than, something that has been "added on". Therefore, according to the European Commission definition, sustainability is achieved through specific mechanisms.

- Policy level: involvement of key policy makers at national and sub national level since policy inception.
- Institutional involvement: governance structures allowing the activities to continue to be in place beyond the lifespan of a project or initiative; local "ownership" of the results of the action.
- Intersectoral collaboration: involvement of relevant sectors.
- Participation: involvement and participation of beneficiaries and target groups.
- Funding and Resources: capacity to allocate funding beyond the lifespan of a project or initiative; human resources for planning and forecasts.
- Multiplier effect: potential for replication and extension of the outcomes of the good practice, model and tool, and dissemination of the information.

The concept "EU added value" is based on the interest of all European Projects achieving results that deliver an improvement or addition to the current European status that makes the European Union better as a result of our endeavours.

Chrodis Plus partners are seeking with this project an additional improvement to the value created by actions of individual Member States. It may result from several factors, e.g. coordination gains, legal certainty, greater effectiveness or complementarities. It reflects broader European relevance and significance of the action with a view to presenting models and mechanisms which can be applied not only regionally or nationally but also to the EU as a whole.

2.1. Based on your experience and according to the circumstances of your country, what are the most effective solutions that guarantee the <u>integration of NCD good practices</u> into your national /regional policies?

Please select the three top solutions from the list below.

- ☐ A. The presence of individuals with leadership skills and scientific competences ("champions")
- ☐ B. The presence of specific national or subnational/regional legislation that is complementary to the good practice / tool
- ☑ C. Endorsement by "broader, global" entities considered as trigger (i.e. EU, WHO, UN, SGPP, etc)
- ☐ D. The involvement of key stakeholders (i.e. patient representatives, decision makers)
- ☐ E. Synergies and collaboration among different sectors, territorial levels, and type of communities (i.e. bottom up approach in implementation and top down approach in evaluation)
- ☐ F. Economic incentives and funding

6

☐ G. Alignment with national priorities / commensurate with national strategy

Please provide any useful comments and details to better clarify your answers :

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2.2. Based on your experience and according to the circumstances of your country, what are the most effective solutions that guarantee the sustainability of NCD good practices transferred in your country?
Please select three top solutions from the list below.

☐ A. Involvement of key policy makers at national / sub national level from inception

☑ B. Institutional involvement (i.e. governance, funding, resources, forecasts) beyond the lifespan of an initial project/initiative (local "ownership").

☐ C. Intersectoral collaboration / participation (i.e. sector and target groups representatives).

☐ D. Capacity to allocate funding / resources beyond the lifespan of an initial project/initiative (planning and forecasts)

☐ E. Potential for replication and extension of the outcomes (multiplier effect).

☑ F. Effective and transparent communication (i.e. public reporting and promotion of the results).

☐ G. Long term strategy and long term political commitment.

☐ H. Highlighting the long term gains for all key stakeholders

☑ I. Cost-effectiveness analysis to help the sustainability of the practice for facilitating/justifying funds and stakeholders' involvement/motivation

Please provide any useful comments and details to better clarify your answers :

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2.3. Based on your experience and according to the circumstances of your country, what are the most effective solutions that guarantee EU added value for collaboration among Member States concerning NCDs?
Please select three top solutions from the list below.

☑ A. Implementing EU legislation and ensuring that the legislation is implemented correctly.

☐ B. Economies of scale (with the aim of using money more efficiently and providing citizens with better services)

☐ C. Promotion / Networking of state-of-the-art good practices / results in all MS.

☑ D. Facilitating that all EU citizens benefit from good practices.

☐ E. Benchmarking for decision-making: facilitating evidence-based decision making.

☐ F. Focus on cross-border threats (in order to reduce risks and mitigate their consequences).

7

☑ G. Free movement of persons (with the aim of ensuring high quality public health across Member States).

Please provide any useful comments and details to better clarify your answers :

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SECTION 3: Operational advice and suggestions

3.1. In this section you are kindly asked to give your opinion on operational procedures that could be useful and feasible to implement solutions at national/regional level to gain enhance sustainability.

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3.2. In addition, do you know <u>any other initiative</u> intended to enable the <u>transferability, integration and/or sustainability</u> of NCD good practices into the national/regional policies/practices?
If yes, please specify:

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3.3. As part of the specific objectives of the Joint Action CHRODIS PLUS, an aim is to reach consensus on a final position paper ("Consensus Statement") concerning the sustainability of the results beyond 2020 and the EU added value of cross-country collaboration in the field of chronic diseases.
Would you like to contribute to the elaboration of the "Consensus statement"?

- ◉ Yes
- ○ No

QUESTIONS ABOUT YOURSELF

To finish we would like to ask you a few questions about yourself:

1. Which country do you work for?

- ○ Austria
- ○ Belgium
- ○ Bulgaria
- ○ Croatia
- ○ Cyprus
- ○ Czechia
- ○ Denmark
- ○ Estonia
- ○ Finland
- ○ France
- ○ Germany
- ○ Greece
- ○ Hungary
- ○ Ireland
- ○ Italy
- ○ Latvia
- ○ Lithuania
- ○ Luxembourg
- ○ Malta
- ○ Netherlands
- ○ Poland
- ○ Portugal
- ○ Romania
- ○ Slovak Republic
- ○ Slovenia
- ○ Spain
- ○

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Sweden
- ○ United Kingdom
- ◉ X: Other (Please specify)

Please specify:

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2. What position / role do you have in your institution?

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3. Do you have anything to add?

- ◉ Yes
- ○ No

Please specify:

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Background Documents

Annex 1

Contact

SANTE-SGPP@ec.europa.eu

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ANNEX 2: Lessons learnt during the Chrodis Plus Treviso workshop

Transferability, integration, and sustainability of NCD good practices into the national and/or regional policies and/or practices in the development. Lessons learnt during the Chrodis Plus workshop that were held at Treviso in 2018.

When discussing the question of **how to integrate a good practice into national policies** in another context, a variety of dimensions come into play. This includes who the main actors are, what kind of knowledge transfer mechanisms exist or should exist, what is the political context, how policy features influence the uptake in the policies, and what policy implementation and governance mechanisms should be in place.

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