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CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

D4.2 Report on the Integration in National Policies and Sustainability

WP4 Integration in National Policies and Sustainability

Task 4.4 Consensus Statement and Report on the Integration in National Policies and Sustainability

Consensus statement concerning the EU added value of cross-country collaboration in the field of CD and the sustainability of JA-CHRODIS and CHRODIS-PLUS beyond 2020

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Contents

The CHRODIS PLUS Joint Action

CHRODIS PLUS is a three-year initiative (2017-2020) funded by the European Commission and participating organisations. Altogether, 42 beneficiaries representing 20 European countries collaborate on implementing pilot projects and generating practical lessons in the field of chronic diseases.

The very core of the Action includes 21 pilot implementations and 17 policy dialogues:

- The pilot projects focus on the following areas: health promotion & primary prevention, an Integrated Multimorbidity Care Model, fostering the quality of care for people with chronic diseases, ICT-based patient empowerment and employment & chronic diseases.
- The policy dialogues (15 at the national level, and 2 at the EU level) raise awareness and recognition in decision-makers with respect to improved actions for combatting chronic diseases.

A heavy price for chronic diseases: Estimates are that chronic diseases cost EU economies €115 billion or 0.8% of GDP annually. Approximately 70% to 80% of healthcare budgets across the EU are spent on treating chronic diseases.

The EU and chronic diseases: Reducing the burden of chronic diseases such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for EU Member States and at the EU Policy level, since they affect 8 out of 10 people aged over 65 in Europe.

A wealth of knowledge exists within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, strokes and type-2 diabetes. There is also great potential for reducing the burden of chronic disease by using this knowledge in a more effective manner.

The role of CHRODIS PLUS: CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of this burden by promoting the implementation of policies and practices that have been demonstrated to be successful. The development and sharing of these tested policies and projects across EU countries is the core idea driving this action.

The cornerstones of CHRODIS PLUS: This Joint Action raises awareness of the notion that in a health-promoting Europe - free of preventable chronic diseases, premature death and avoidable disability - initiatives on chronic diseases should build on the following four cornerstones:

- health promotion and primary prevention as a way to reduce the burden of chronic diseases
- patient empowerment
- tackling functional decline and a reduction in the quality of life as the main consequences of chronic diseases
- making health systems sustainable and responsive to the ageing of our populations associated with the epidemiological transition

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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

Executive summary

This document constitutes Deliverable 4.2 of JA-CHRODIS PLUS, which is the "CHRODIS PLUS Consensus Statement" on the EU added value of cross-country collaboration in the field of health promotion and prevention and management of chronic diseases beyond the project. The document analyses CHRODIS and CHRODIS PLUS experiences and lessons learnt in terms of integration in national policies and sustainability.

To reach such consensus the JA CHRODIS PLUS engaged the EU Commission Steering Group on Health Promotion, Disease Prevention and Management of NCDs (SGPP) and the CHRODIS PLUS Governing Board (GB). The consensus includes a **common vision** for exchanging good practices on non-communicable diseases among EU Member States.

Endorsing this vision EU MSs commit themselves

- to ensure and sustain availability of high quality and accessible healthcare, including increased preventive measures for NCDs;
- to constantly engage in working across policy areas, involving non-health stakeholders and linking health policy with people's living environments, including school, work, and leisure activities;
- to sustain and encourage local innovative practices, which can respond to local needs; improve the safety, quality and acceptability of care; and offer the opportunity to generate new approaches to leverage health in all sectors.

Furthermore, EU Mss recognise the importance of the exchange of good practices between EU countries for NCDs prevention and management to reach the endorsed vision, specifically in the key fields of actions that were agreed by EU Member States in the EPSCO Council (EU Employment, Social Policy, Health and Consumer Affairs Council), and prioritize by the SGPP and GB members. Specifically, they acknowledge "*Health promotion and prevention of chronic diseases / NCDs*" and the closely-related area of "*Health in All Policies*", as the two main categories of future engagement and investment.

In this fields, and in the related areas, CHRODIS PLUS Work Package leaders recommend the adoption of a long-term NCD strategy and action plan based on **"horizontal and vertical" collaboration** while lessons from the CHRODIS PLUS policy dialogues highlight the importance of a "**Health in All Policies**" process, involving sub-national authorities and social partners, as well as transferring and integrating initiatives across EU states or regions.

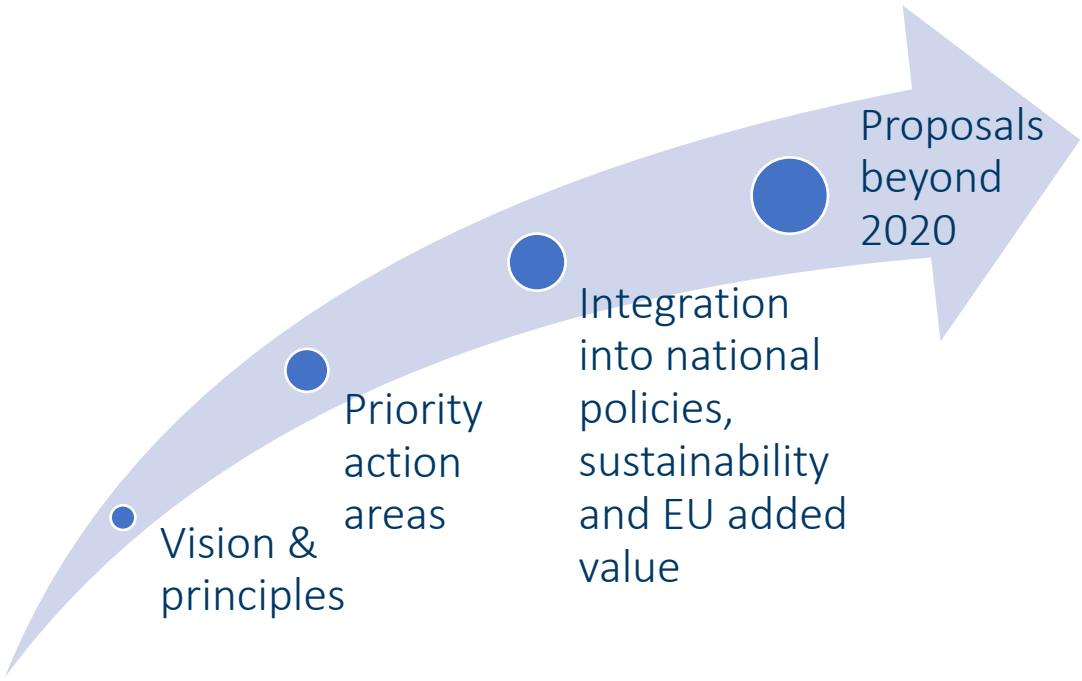
The integration of good practices into national policies, their sustainability in the medium to long-term and the EU added value of this learning and implementation process are the three keystones identified by CHRODIS PLUS to support the implementation process and exchange of experiences and lessons learned.

- To assure a successful **integration of results** of an initiative such as JA CHRODIS or JA CHRODIS PLUS into national policies, it's important to manage a variety of dimensions: 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.

- To guarantee the **sustainability** of those results, it's fundamental to implement 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.
- The actions which can guarantee to the EU MSs the greatest **EU added value** of the good practices exchange are: to break down barriers and silos between sectors and levels of governance, facilitate the digital transition and the sharing of national data sources through common actions of harmonization of the legal and the infrastructural frameworks; linking national/regional NCD strategies and plans to existing targets for health and sustainable development; benchmarking and clustering among EU MSs with similar needs; networking across the EU to spread knowledge and experiences facilitated by supportive organizational mechanisms (similar to the European Reference Network); using EU funds and economic incentives to promote faster implementation of shared objectives and encouraging long-term integration and sustainability of good practices.

Finally, SGPP and GB members identified 18 proposals focused on sustaining CHRODIS PLUS results **beyond 2020**, aimed at further developing the knowledge and EU cooperation on chronic diseases and conditions and that will enrich the EU's capacity to face the NCD challenges and understand the drivers and mechanisms leading to sustainable health systems. Through this list of future commitments, this document aims to open dialogue between EU Member States in order to propose and support these initiatives, **committing themselves** in the first instance.

Document orientation visual guide



Premise

Non-communicable diseases (NCDs) continue to cause high health and social care burdens across the European Union (EU)[1]. The most common NCDs include cardiovascular diseases (e.g., ischemia), cancers, chronic respiratory diseases (e.g. asthma) and diabetes[2]. Multimorbidity, the co-occurrence of multiple chronic diseases in a single individual, is increasing, and affects more than 60% of people over age 65[3] (Europe region). Unfortunately, chronic illnesses and multimorbidity are linked with numerous negative health and social outcomes, including premature mortality, disability and poor quality of life. In addition, the high burden of multimorbidity treatment and management consumes many resources, putting healthcare systems under heavy pressure, and representing one of the most urgent and important challenges for Member States. Multimorbidity is more prevalent among socially disadvantaged population groups, and is likely to increase health inequalities. Such inequalities occur even in countries where access to healthcare services has been universal, free and without charge for decades. This demonstrates that healthcare services alone will never be enough to solve the growing challenge of NCDs; complementary actions by other sectors and stakeholders will always be needed.[4] Indeed, only about 10% of health inequalities are due to challenges within healthcare systems, while 35-45% are due to social determinants such as education and living conditions.[5]

Recognising the severity of this issue, governments from all over the world attended the United Nations High-level Meeting of the General Assembly on Prevention and Control of Non-Communicable Diseases in 2012. Following this meeting, a political declaration was adopted which included, amongst other points, the importance of establishing and strengthening multisectoral national policies and plans for the prevention and control of NCDs and developing national targets and indicators for NCDs based on national situations. In response to this, the World Health Assembly endorsed the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs 2013-2020 in May 2013. The goal of the plan is to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs 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 targets on NCDs.

In 2015, all 193 United Nations Member States adopted the United Nations' 17 Sustainable Development Goals (SDGs), each of which has specific targets to be achieved between 2015-2030. The SDGs include one explicit health goal (SDG 3: *"Ensure healthy lives and promote well-being for all at all ages"*) and one target specific to non-communicable diseases (Target 3.4: *"By 2030, reduce by one third premature mortality from NCD through prevention and treatment and promote mental health and well-being").* In October 2017, world leaders endorsed the Montevideo Roadmap 2018-

[1] https://ec.europa.eu/jrc/en/health-knowledge-gateway/societal-impacts/burden
[2] https://www.euro.who.int/en/health-topics/noncommunicable-diseases/noncommunicable-diseases/fact-sheet-on-the-sdgs-noncommunicable-diseases-2017
[3] Vetrano, D.L., Roso-Llorach, A., Fernández, S. et al. Twelve-year clinical trajectories of multimorbidity in a population of older adults. Nat Commun 11, 3223 (2020). https://doi.org/10.1038/s41467-020-16780-x.
[4] Palmer K, Marengoni A, Forjaz MJ, Jureviciene E, Laatikainen T, Mammarella F, et al. Multimorbidity care model: Recommendations from the consensus meeting of the Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS). Health Policy (New York) [Internet]. 2018 Jan 1 [cited 2020 Apr 13];122(1):4–11. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0168851017302348?via%3Dihub#!
[5] https://apps.who.int/iris/bitstream/handle/10665/324901/9789289054133-eng.pdf?sequence=5&isAllowed=y

2030 on NCDs as a Sustainable Development Priority, with a pledge to reaffirm their commitment to SDG target 3.4.

In the EU, the European Institutions and Member States have also been working to address the challenges of NCDs. The European Commission is committed to supporting EU Member States in their efforts to reach the voluntary global NCD targets, as well as SDG 3.4. For example, in 2012 and 2013, the Commission conducted a consultation with EU Member States and major stakeholders. The summary report on this consultation was endorsed by the Council in 2013 and the first Chronic Diseases Summit was held in 2014. More broadly, a number of European Council conclusions (2006-2014) have addressed the growing burden of morbidity and disabilities caused by chronic diseases and the importance of health promotion, disease prevention and early diagnosis programmes from the early stages of life and across the lifecycle. These conclusions also acknowledge that better management of long-term health conditions can help people stay active and independent in older age. Health in all policies and patient-centred approach are therefore considered key elements in addressing chronic diseases and health inequalities issues.

Supporting these conclusions, the Commission set up a Steering Group on Health Promotion, Disease Prevention and Management of NCDs (SGPP) in 2018. The activities of the 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. In cooperation with Member States, the Commission has also co-financed two Joint Actions (JA) through the EU Health Programme, JA-CHRODIS (2014-2017) and JA-CHRODIS PLUS (2017-2020). To date, these joint actions represent the largest EU responses to the challenges of prevention and management of non-communicable diseases.

Overarching European initiatives which contribute to the implementation of EU strategic political priorities, such as the European Green Deal and its associated proposed 'Farm to fork strategy' – as well as the proposed Europe Beating Cancer Plan – also offer an important opportunity to design and deliver a coherent response to health, social and environmental challenges related to unsustainable food production, climate change and consumption patterns.[6,7] The European Green Deal is a key part of the EU's commitment to deliver on the UN 2030 Sustainable Development Agenda. It includes three specific initiatives: the Just Transition Fund, the European Climate Law and the European Climate Pact. Environmental determinants of health – such as clean air, food and green space – have a critical impact on people's health and transitioning to a more sustainable, cleaner environment could thus have important health and equity benefits. Promoting sustainable food consumption and facilitating the shift to healthy and sustainable diets, as well as moving towards a 'green economy' are also in line with EU Member States' commitments enshrined in the European Pillar of Social Rights (EPSR).[8]

Action to reduce the burden of NCDs takes on greater urgency in light of the SARS-CoV-2 (COVID-19) pandemic. The pandemic is not only a crisis for global public health but has also had profoundly negative impacts on the global economy, jeopardising physical, mental and economic wellbeing for populations around the world. It has disproportionately affected older people, immunocompromised

[6] https://ec.europa.eu/info/strategy/priorities-2019-2024/european-green-deal_en
[7] https://ec.europa.eu/health/non_communicable_diseases/cancer_en
[8] https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

people and those living with NCDs, who are at higher risk of severe symptoms or death.[9] Like non-communicable diseases, COVID-19 also disproportionately impacts disadvantaged populations. This compounds existing health inequalities, and reaffirms the need to address NCDs from a holistic point of view, including an equity perspective and addressing the social determinants of health.

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

Within the first JA-CHRODIS, a methodology for evaluation and selection of effective practices was developed, together with a database of good practices identified in three thematic areas ((1) health promotion and primary prevention, (2) multimorbidity and prevention and (3) management of diabetes), as well as the development of a comprehensive care model (integrated multimorbidity care model).

JA-CHRODIS PLUS has promoted the implementation of policies, strategies and interventions identified in JA-CHRODIS. Its core activities include 16 policy dialogues and 21 implementation pilots and testing projects of 2 new tools:

- The policy dialogues - 14 at the national level, and two at the EU level – contributed to informing, developing or implementing policy to improve actions for combatting chronic diseases (Work Package 4);
- The implementation and testing projects focused on the following four major areas:
  - Health Promotion & Primary Prevention (Work Package 5),
  - Integrated Multimorbidity Care Model (Work Package 6),
  - Fostering Quality Care for People with Chronic Diseases (Work Package 7),
  - Employment and Chronic Disease (Work Package 8).

Following their CHRODIS PLUS experiences, Work Package leaders gave their recommendations, derived from the outcomes and results of pilot implementations, on how lessons learnt could be integrated into national policies and enhance the sustainability of the implemented CHRODIS PLUS good practices (see Annex 1 for the detailed recommendations).

The following sections are based on those recommendations as well as on the contributions given by SGPP members. Inputs from CHRODIS PLUS policy dialogues have been also incorporated to this document. Main outputs and detailed recommendations from the individual Work Packages on future sustainability and potential integration of CHRODIS PLUS learnings into national policies are reported in annex.

[9] Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. Lancet (London, England) [Internet]. 2020 Mar 28 [cited 2020 Apr 13];395(10229):1054–62. Available from: http://www.ncbi.nlm.nih.gov/pubmed/32171076

Vision for exchanging good practices on non-communicable diseases among EU Member States

The causes of non-communicable diseases are complex, usually a combination of genetic, physiological, socio-economic, environmental and behavioural factors. Many of these factors lie outside of the health system and directly relate to the conditions in which we are born, live, work and age. Preventing, managing and controlling non-communicable diseases requires a comprehensive vision[10] and 'Health in All Policies' approach in order to allow implementation of effective strategies. This vision should anticipate future trends in family, society, environment, economy, climate and nutrition and their potential positive or negative impacts on health and wellbeing. Moreover, it must also consider quality of life lived (as measured by raise in healthy life years) compared to life expectancy alone.

SGPP members and members of the CHRODIS PLUS Governing Board (GB) were engaged by the CHRODIS PLUS Task 4.2 Leaders in a co-creation process and asked to propose a vision for exchanging good practices on non-communicable diseases among EU Member States. They proposed the following:[11]

Vision:

The health systems of the EU Member States, both at national and local level, will be able to respond to current and upcoming challenges and opportunities for NCD prevention, control and treatment, including: demographic change, increasing digitalization, environment and climate change, and evolution of health determinants, whereby:

1. They will ensure and sustain availability of high quality and accessible healthcare, including increased preventive measures for NCDs;
2. They will constantly engage in working across policy areas, involving non-health stakeholders and linking health policy with people's living environments, including school, work, and leisure activities;
3. They will sustain and encourage local innovative practices, which can respond to local needs; improve the safety, quality and acceptability of care; and offer the opportunity to generate new approaches to leverage health in all sectors.

In addition, participating SGPP and GB members also agreed on some principles as the importance of the exchange of good practices between EU countries for NCDs prevention and management. This exchange improves the effectiveness of efforts to achieve the vision described above. They also agreed that an EU strategy on NCDs is crucial for fostering innovation, achieving new standards for health promotion, successfully managing NCDs, and enhancing the long-term impact of policies at national level.

An EU strategy on NCDs in line with the shared vision will build on learnings and features from CHRODIS PLUS. These will include a focus on health promotion and disease prevention, including the development of common and comparable measures across countries. It will also include integrated care and disease management through commitment to conditional voluntary synergies and exchange

[10] https://www.who.int/nmh/global_monitoring_framework/en/

[11] "WP4 Report on integration in national policies and sustainability. Analysis for consensus statement preparation", 2020

of good practice. It will define priority areas for further exchange and innovation, including such concepts as innovative approaches to patient pathways, prevention and primary health care as the pillar of the health care, and patient empowerment, amongst others.

The shared vision and principles are also reflected in the learnings from the implementation of good practices carried out during the Joint Action, as well as in the conclusions from the policy dialogues conducted at national and EU level. Indeed, the results from the CHRODIS PLUS implementations demonstrated the benefits of health promotion and chronic disease prevention, as well as multidisciplinary approaches to managing NCDs for citizens, patients, and the wider health system. These include an improved use of health services which are more appropriate to patient needs and an improvement in physical and mental health[12].

Priority action areas

SGPP members and GB members were also consulted on the priority action areas for continued EU engagement on NCD prevention and management. The participation of the SGPP, which is currently defining criteria for priority setting (particularly around exchange of good practices), is an important opportunity to set up operational procedures to realize priority actions for NCDs across EU Member States.

This portion of the consultation process was organised via an online survey aiming to prioritize the actions endorsed by EU Member States in the EPSCO Council (EU Employment, Social Policy, Health and Consumer Affairs Council)[13]. Actions were grouped into the following areas:

1. Health in All Policies (Overall policy aspects);
2. Health promotion and prevention of NCDs;
3. Models of health and social care (e.g., integrated care, patient centred-care and patient participation and empowerment, reinforcement of primary health care and mental health);
4. Information systems and assessment;
5. Patient empowerment;
6. Sustainable workforce (training and capacity-building).

18 respondents completed the survey (one reply by country was considered) out of 28. They provided their view, for each of the six areas of action, on the priority **policies currently implemented** in each country as well on priority areas on each country's **policy agenda**.

[12] Please see Annex 1 for more information.

[13] EPSCO Council Conclusions that have been taken into account in the development of this section: "Common values and principles in EU health systems" (2 June 2006); "Equity and Health in All Policies: Solidarity in Health" (8 June 2010); "Innovative approaches for chronic diseases in public health and healthcare systems" (7 December 2010); "Towards modern, responsive and sustainable health systems" (6 June 2011); "Closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours" (2 December 2011); "Promoting health-enhancing physical activity (HEPA)" (27 November 2012); "Healthy Ageing across the Lifecycle" (7 December 2012); "Annual Growth Survey" and the Joint Employment Report in the Context of the European Semester (28 February 2013); "Towards social investment for growth and cohesion" (of 20-21 June 2013); "Reflection process on modern, responsive and sustainable health systems" (10 December 2013); "The economic crisis and healthcare" (20 June 2014); "Nutrition and physical activity" (20 June 2014).

Survey results on currently implemented policies illustrate that EU MS are investing in the challenge of NCDs, with some similarities and some key differences:

- Each country has developed different plans and strategies. Some countries have a single, comprehensive strategy for NCDs, while others have different sectoral and multi-level strategies (e.g., national, regional, local).
- Regarding the implementation of plans and strategies, some countries experience difficulties due to a lack of dedicated health workforce, technological resources not yet/sufficiently developed, and/or strong barriers between the different sectors.
- Integration between different sectors (health, social sector, school, environment, work) is a strength in some countries, but a weakness in others. It seems that integration between different sectors is more complex in large, decentralised countries.
- Stakeholders' involvement, especially in the planning stage, is a key aspect in all countries, although patient involvement is an element that needs further improvement.

Survey results demonstrated that "*Health promotion and prevention of chronic diseases / NCDs*", was the top priority across countries participating in the survey. (Figure 1) The closely-related area of "*Health in All Policies*", specifically the strengthening of integrated health promotion and disease prevention and intersectoral engagement, was the second-ranked priority area. Barriers among different policy sectors ('silos') and a lack of experience planning and working in integrated manner are recognized key difficulties for implementing a "Health in All Policies" approach.

Building on these top priority areas, responding SGPP members also mentioned the following related issues for consideration: cross-sectoral initiatives for health promotion and prevention (e.g., in schools and workplaces), programmes for prevention and early detection of NCDs, reduction of health inequalities, and use of comparable international indicators (EU/OECD/WHO) to enable evidence-based policies.

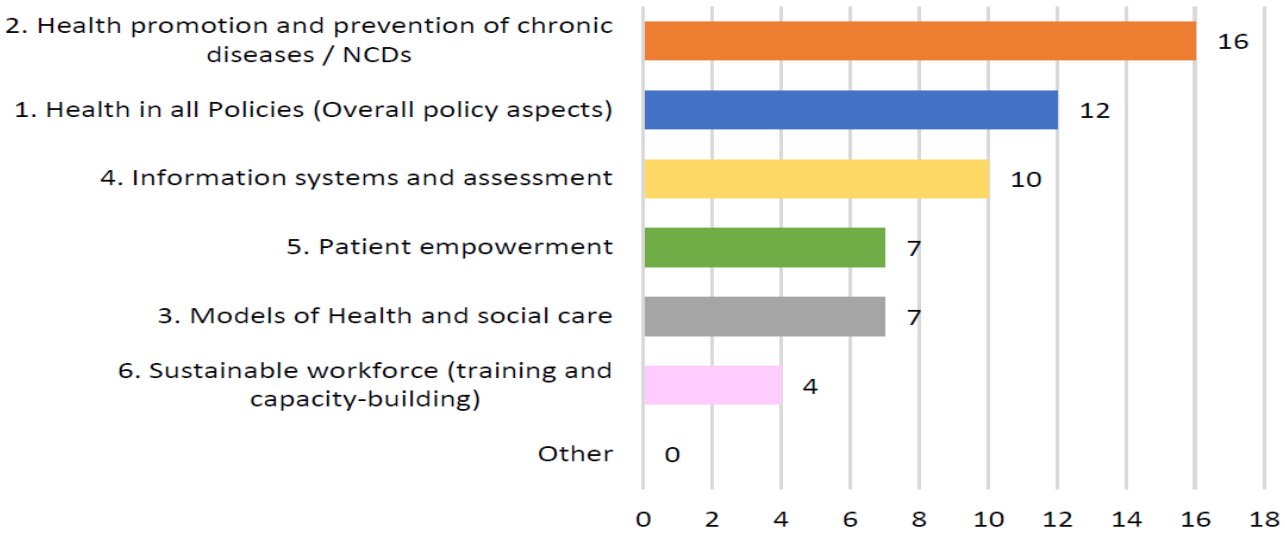


Figure 1: Priority areas in the policy agenda of consulted countries (nº of votes).

For three of the proposed priority areas, less than half of SGPP respondents agreed that they were priorities on their respective countries' policy agendas. These are patient empowerment, models of

health and social care, and sustainable workforce. Some contributions suggested these are areas for potential improvement and strengthened cooperation for sharing good practices.

Several transversal or cross-cutting concepts and areas were also addressed by survey respondents. One of these was health information (particularly information systems and assessment, to allow comparability of data among different European Health systems). Another transversal priority action is to encourage a paradigm shift in understanding health promotion, chronic disease prevention and care as a complex systems problem, linked to the social determinants of health and health equity. Thus, the adoption of a complex system approach can promote a better understanding of the wider political, institutional and cultural context in which health outcomes, risk factors and behaviours are embedded[14].

The priority actions highlighted by SGPP respondents are consistent with the recommendations of CHRODIS PLUS Work Package leaders who conducted pilot studies during the Joint Action. Given the complexity of NCDs prevention and management, Work Package leaders recommend the adoption of a long-term NCD strategy and action plan based on "horizontal and vertical" collaboration. This would bring together the various institutions involved (e.g., ministries, healthcare providers, insurance funds) at different institutional levels (e.g., national, local), and across different sectors (e.g., health, education, labour). Existing plans could also be revised to better address complexity and intersectoral collaboration. Work Package leaders suggest that ministries of health would take a primary role in moderating the policy dialogues needed to implement these collaborative strategies and plans. Lessons from the CHRODIS PLUS policy dialogues also highlight similar aspects, namely: a "Health in All Policies" process, involvement of sub-national authorities and social partners, as well as the transferability of initiatives across states or regions.

This could be facilitated through a number of policymaking and coordination channels, including the European Semester, the main mechanism for economic and social policy coordination in the EU.[15] The European Semester offers the opportunity for the European Commission and Member States to agree on the reforms to be taken in the year to come to tackle the biggest challenges that each country is facing. This process also allows policymakers and health officials to assess the effectiveness of current actions to address structural determinants of health and equity, which supports their planning for future activities. Rather than launching sporadic initiatives, this annual process supports Member States to instigate systemic changes. In addition to the European Semester, many CHRODIS PLUS policy dialogues addressed legislative matters with precedents at EU or EU Member State level. Many of these related directly to commercial determinants of health, such as the Tobacco Products Directive or food marketing to children and adolescents[16][17]. More exchange of practices and concerted efforts between national and EU policymakers on the commercial determinants of health could directly combat obesity, addictions, and their related impacts on the burden of NCDs. Prior and

[14] For details on the SGPP survey results, see "WP4 Report on integration in national policies and sustainability. Analysis for consensus statement preparation"Available at: http://chrodis.eu/wp-content/uploads/2020/11/chrodis-wp4-milestone-ms43-final.pdf

[15] https://ec.europa.eu/info/business-economy-euro/economic-and-fiscal-policy-coordination/eu-economic-governance-monitoring-prevention-correction/european-semester_en

[16] Sienkiewicz, D.; Maassen, A.; Imaz-Iglesia, I.; Poses-Ferrer, E.; McAvoy, H.; Horgan, R.; Arriaga, M.T.; Barnfield, A. Shaping Policy on Chronic Diseases through National Policy Dialogs in CHRODIS PLUS. Int. J. Environ. Res. Public Health 2020, 17, 7113. Available at: https://www.mdpi.com/1660-4601/17/19/7113

[17] CHRODIS PLUS Deliverable 4.1 "17 action plans derived from policy dialogues". Available at: http://chrodis.eu/wp-content/uploads/2020/10/chrodis-plus-deliverable-4.1_26.8.2020.pdf

upcoming Joint Actions in the field of nutrition, for instance, include the Joint Action on Nutrition and Physical Activity (JANPA) and the Joint Action Joint Action on Implementation of Validated Best Practices in Nutrition (JA BestReMap).[18,19] Similarly, Member States and representatives from the EU could coalesce around international initiatives (e.g., the SDGs) to further define actions at European, national, and local levels to tackle important climate change and sustainability matters. These also have direct impacts on environment quality, lifestyles, mobility, and food patterns which affect the overall burden of NCDs.

Sustainable integration into national policies, and the EU added value of good practices on NCDs

CHRODIS PLUS is built on three interrelated and complementary concepts to ensure successful exchange of good practices on NCD prevention and management:

1. the **integration of good practices into national policies**;
2. the **sustainability** of good practices in the medium- to long-term;
3. a European dimension and **EU added value** as a keystone to support the implementation process and exchange of experiences and lessons learned.

SGPP and GB members have analysed these elements during Task 4.2's co-creation process which included a survey on the key factors underpinning those 3 principles[20]. The 3 figures reported in the following 3 sub-sections refer to the answers received to this survey.

Integration of good practices into national policies

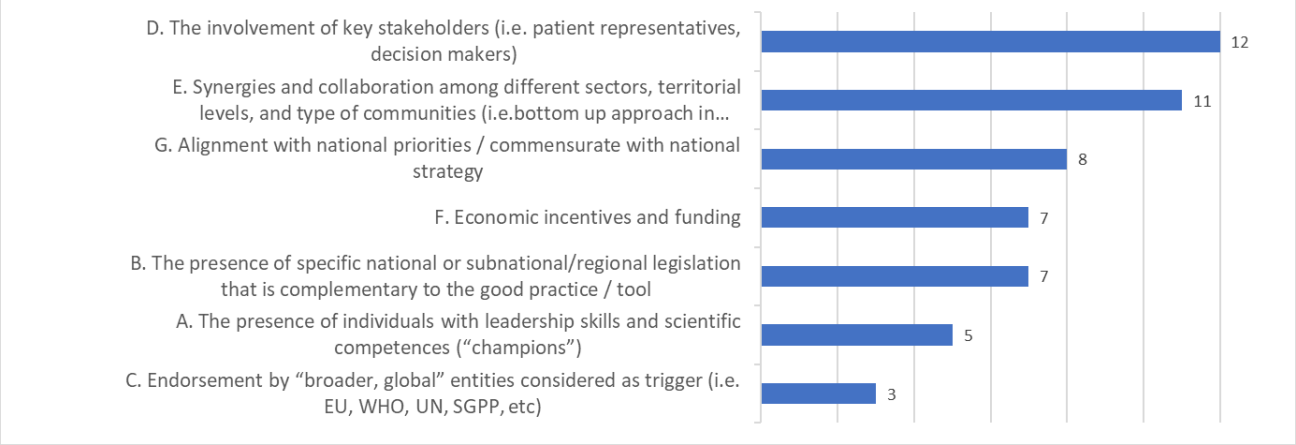


Figure 2: Most effective solutions that guarantee the integration of NCD good practices into national/regional policies (n° of votes)

[18] https://www.anses.fr/en/content/european-joint-action-nutrition-and-physical-activity-janpa
[19] https://www.rivm.nl/en/international-projects/best-remap
[20] This survey was conducted as part of the broader survey concerning the priority action areas on NCD (see section "Priority action areas" of this document).

When discussing the first concept – **how to integrate NCD good practices into national policies** – a variety of dimensions come into play. These include the main actors who should be engaged, what kind of knowledge transfer mechanisms exist or should be developed, what is the political context, how policy features influence policy uptake, and what policy implementation and governance mechanisms are or should be in place.

Of these dimensions, participants felt the most strategic and valuable element to guarantee successful integration was the involvement of key stakeholders. Appropriate selection of the stakeholders is the first step, and the stakeholders to be involved might be heterogeneous (civil servants, technical advisers, policy makers, national ministries, multilateral organisations, patient/professional associations, NGOs, individual 'champions' and policy entrepreneurs). Selection and engagement of stakeholders must then be followed by the establishment of functional communication (including the dissemination of monitoring outcomes and activities conducted) that would lead to an effective consensus process. This finding (key stakeholders' involvement and cross-sectorial collaboration) is reflected in the experiences of implementing pilots in CHRODIS PLUS as well as the policy dialogues, whose resulting action plans often included the formation of working groups composed of key stakeholders[21].

Other recommendations include political support, alignment with existing national policies, adaptation to local needs and characteristics, a clear framework for transfer and adoption as well as tools to analyse the current situation and a methodology to implement, report and evaluate on the outcomes of the integration of the good practice(s). One existing type of tool which could further support integration are registers or 'portals' of good practices, including the EU Best Practice Portal and similar portals existing at the EU Member State level. These portals, and their associated processes for best practice evaluation, could serve as both a source of potential good practices in the field of NCDs, as well as provide lessons for their transferability and scalability and evaluation over time[22].

[21]Implementing partners of Joint Action Chrodis Plus were guided by a multi-dimensional implementation strategy to facilitate the uptake in routine practice of good practices, policies and tools. It was based on Collaborative Methodology and Local Implementation Working Groups (LIWG) and included a structured but flexible variety of methods and techniques, frameworks and recommendations to enhance the adoption, sustainability and scale up of practices and JA CHRODIS tools. For more details , please see the implementation strategy presentation at the following link: http://chrodis.eu/wp-content/uploads/2019/05/14-may-2019-esteban-de-manuel-implementation-strategy.pdf.

[22] https://webgate.ec.europa.eu/dyna/bp-portal/

Sustainability over the medium- and long-term

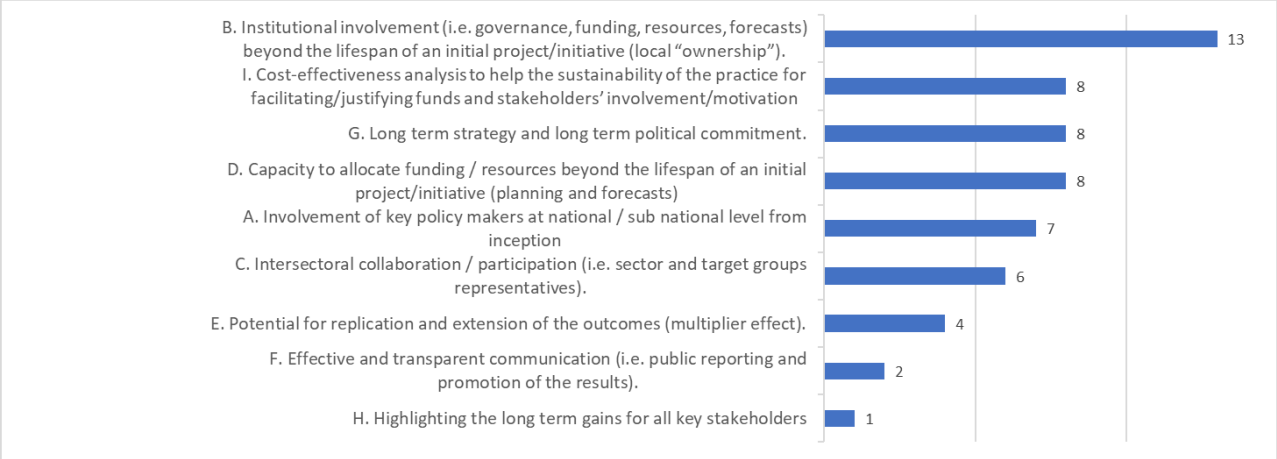


Figure 3: Most effective solutions that guarantee the sustainability of NCD transferred good practices (n° of votes)

Involvement of key stakeholders, specifically policy makers, is also key to the **sustainability** of good practices in the medium- to long-term. Other elements that are key to long-term sustainability include effective and transparent communication of the gains from implementing the good practice, a long-term strategy/vision, high quality project management, demonstration of cost-effectiveness and availability of human and financial resources.

Beyond CHRODIS PLUS and the field of NCDs, the concept of sustainability is currently being explored at EU and global levels. A number of ongoing Joint Actions covering various EU health policy topics[23] have a dedicated Work Package focused on sustainability and integration of learnings into national policy. The United Nations 2030 Agenda for Sustainable Development also encourages the use of innovative approaches and defines an indicator to measure sustainability which public authorities and civil society are encouraged to adopt[24] Health indicators, addressed within the Expert group on European Core Health Indicators (ECHI), are key tools to assess the effectiveness and sustained impact of health measures over time[25]. For example, in tobacco control, the effectiveness of increasing the price of cigarette pack is well documented, and we know that this measure has to be repeated as impact erodes with time[26].

Further recommendations for sustainability also come from the implementations carried out within CHRODIS PLUS. A particularly important one is ensuring adequate economic, technical and human resources for the transfer and sustainability of a good practice, while building off of 'what works' currently and acknowledging the valuable experience and potential of existing staff. Another is the inclusion of practices in overall strategies and ensuring that evidence-based results of their implementation are effectively communicated to policy makers and other key stakeholders.

Integration into national policies, as described above, is of course key to sustainability over the long-term. Linking implementation of good practices to high-level EU policies and instruments, such as the

[23] https://ec.europa.eu/chafea/health/areas/index_en.htm
[24] https://sdgs.un.org/sites/default/files/publications/2013150612-FINAL-SDSN-Indicator-Report1.pdf
[25] https://ec.europa.eu/health/indicators_data/echi_en
[26] https://www.who.int/bulletin/volumes/94/4/15-164707.pdf

European Semester, also helps to ensure continued commitment from policymakers to their active implementation. Critically, as demonstrated in many CHRODIS PLUS policy dialogues, a focus on systemic, 'upstream' change is key to sustained impact, rather than 'downstream' projects delivered in an ad hoc fashion.

EU added value

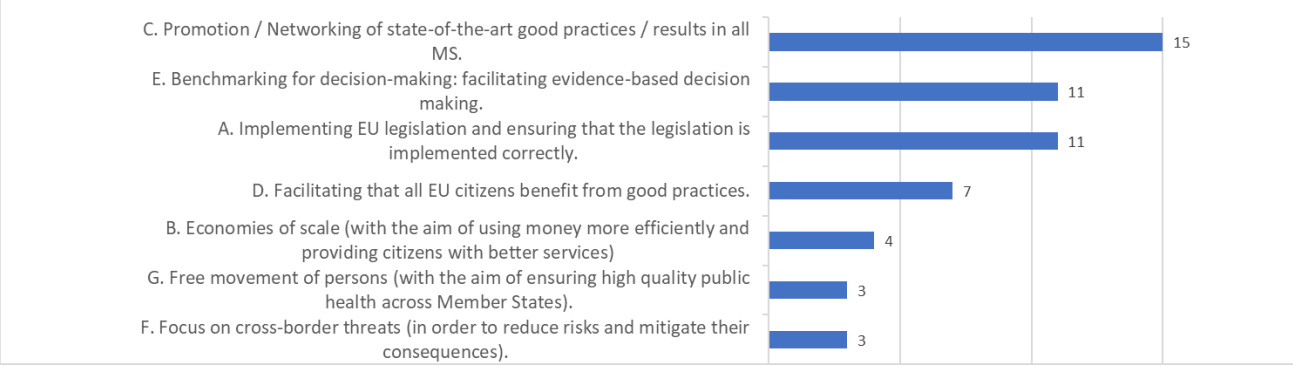


Figure 4: Most effective solutions that guarantee EU added value for collaboration among Member States concerning NCDs (n° of votes)

All projects co-financed by the European Union aim to achieve results that make the EU a better place for all citizens. In CHRODIS PLUS, we have worked hard to achieve results that are 'greater than the sum of their individual parts', generating value that goes beyond the actions of individual Member States. These gains, broadly speaking, include improved coordination amongst partners across Europe, increased complementarities in activities, and a broader base for conducting research and collecting evidence.

More specifically, CHRODIS PLUS partners and GB members recognized the following CHRODIS PLUS outcomes as the most significant for increasing EU added value in relation to health promotion and chronic diseases:

- Common recommendations found across implementation sites and policy dialogues which relate to broader EU level recommendations. These include:
    - taking action to break down barriers and silos between sectors and levels of governance;
    - facilitate the digital transition and the sharing of national data sources through common actions of harmonization of the legal and the infrastructural frameworks;
    - linking national/regional NCD strategies and plans to existing targets for health and sustainable development;
- Increasing the use of best practices in health promotion and disease prevention and encouraging recognition of the importance health promotion to prevent and manage NCDs.
- Increasing the use of tools to transfer knowledge in EU MSs, including benchmarking and clustering among EU MSs with similar needs;
- Supporting and facilitating the evidence-based decision making around NCD policy and practice;
- Networking across the EU to spread knowledge and experiences facilitated by supportive organizational mechanisms (similar to the European Reference Network);
- Using EU funds and economic incentives to promote faster implementation of shared objectives and encouraging long-term integration and sustainability of good practices.

Proposals beyond 2020

The following 18 proposals focus on sustaining CHRODIS PLUS results beyond 2020. They are aimed at further developing the knowledge and EU cooperation on chronic diseases and conditions and will enrich the EU's capacity to face the NCD challenges and understand the drivers and mechanisms leading to sustainable health systems.

The proposals were collected through a process of different steps, which includes:

- Inputs from SGPP and GB members, based on the priority action areas in their country;
- Proposal from JA CHRODIS Plus Work Package leaders based on the interest of good practices implementers to scale-up or transfer their implementing experience;
- Inputs from National Policy Dialogues managed by Work Package 4, based on the next steps actions proposed as follow up phase of each policy dialogue.

As last step of the process, a survey addressed to GB members to collect their expression of interest on the proposals was delivered. In the following table the 18 proposals are reported, based on the type and degree of interest expressed in the survey[27] .

Proposals to improve health promotion and prevention in the children / school environment.

Proposal	CHRODIS Plus practices on this topic	Best type of implementation	Expression of interest by GB members
1. Positive parenting and health promotion in early stages of life.	The Greek ToyBox - Taste and move adventures project is an evidence-based, multicomponent, intervention primarily involving the kindergarten setting. The programme targets four energy-balance related behaviours (EBRBs) among 3-4-	Implementation at local level within the country	Partnership (Spain, Denmark, Lithuania, Italy)

[27] The GB members were asked to answer, for each of the 18 proposals beyond 2020, the following questions:

- *What type of cooperation would be interested to your country if involved in such a kind of initiatives?*
- *What degree of involment could your country have in such a kind of initiatives?*

	year-old preschool children and their families that contribute to early childhood obesity i.e. drinking, eating and snacking, physical activity and sedentary behaviour and their determinants, with the aim of promoting water consumption and healthy snacking, increasing physical activity and reducing sedentary behaviour, both within and outside of the school. Teachers are regarded as key role models throughout the project and are asked to facilitate a health-promoting environment during school hours. Parents are also included in the intervention through newsletters and are encouraged to create a home environment that facilitates these behaviours. During the JA CHRODIS Plus, elements of the "ToyBox" were transferred to Malta and implemented by the Directorate of Health and Disease Prevention Malta.		
2. Health promotion in schools: health promoting schools by implementing healthy school settings and health as a cross-cutting issue in curricula	Health promotion in schools: health promoting schools by implementing healthy school settings and health as a cross-cutting issue in curricula The "Active School Flag" (ASF) is a nationwide initiative in Ireland, focused on supporting a whole school approach to enhancing physical activity and is targeted at school-going children between the ages of 5 and 18. To be awarded an "active flag" schools must apply a 'whole-school' approach, and review their current provision across the areas of physical education (PE) and physical activity and to commit to a number of improvements. Thee review areas include elements of planning PE curriculum, professional development, school PE resources, activity during break times, cross-curricular and extra-curricular activity, inclusive physical activity, and active	Implementation at local level within the country	Partnership (Spain, Denmark, Lithuania, Italy)

	travel. There is also a strong emphasis on partnership and on working with pupils, parents, the local community and national agencies. During the JA CHRODIS Plus, elements of ASF were transferred to Italy and Lithuania and implemented by Piedmont Regional Health Promotion Documentation Centre (DORS, Italy) and Institute of Hygiene (HI, Lithuania).		
3. Health promotion in the community	Jongeren op Gezond Gewicht (Youth at a Healthy Weight)- JOGG is a Dutch movement which encourages all people in a city, town or neighbourhood to make healthy food and exercise an easy and attractive lifestyle option for young people (0-19 years). It focusses on children and adolescents themselves, along with their parents and direct environment. JOGG advocates a local approach in which not just the parents and health professionals, but also shopkeepers, companies, schools and local authorities join hands to ensure that young people remain at a healthy weight. During the JA CHRODIS Plus, elements of JOGG were transferred to Iceland and implemented by the Directorate of Health (DOHI, Iceland) E.g. National Policy Dialogue in Portugal about advertising of food and beverages with a high content of sugar, fat or sodium.	Implementation at national level	Partnership (Spain, Denmark, Lithuania, Italy)

Proposals to tackle NCDs in the field of adults / work environment and leisure.

Proposal	CHRODIS Plus practices on this topic	Best type(s) of implementation	Expression(s) of interest by GB members
4. Supporting community level initiatives to connect health, social, urban planning, transportation, food industry, and more, working with local stakeholders to create added value in terms of health outcomes, social mobility, and overall development. (the C40 process/social cities/healthy cities).	E.g. National Policy Dialogue in Malta promoted discussion of how water consumption can be increased through improving access to and availability of safe drinking water at the neighbourhood or locality level. E.g. National Policy Dialogue in the Netherlands on promotion of cycling and walking before, during and after work.	Implementation at national level	Partnership (Spain, Denmark, Lithuania, Italy)
5. Healthy workplace	The Italian Lombardy Workplace Health Promotion Network aims to promote a healthy lifestyle through actions that target healthy eating, smoking cessation, increased physical activity, alcohol reduction and safe walking/biking to work. It has established a clear implementation model, which involves: an assessment to ensure organisations comply with laws, policies, and regulations relevant to the areas of Health Promotion, Workplace Safety and Environmental Safety. Questionnaires issued at the start and end of the interventions monitor that at least 60% of those attending introductory sessions participate in the proposed activities. The WHP certification is awarded	Implementation at national level Clusters of national or local authorities at EU level	Partnership (Spain, Denmark, Lithuania) Leadership (Italy,)

	after at least 2 good practices were carried out by the workplace. During the JA CHRODIS Plus, the Lombardian approach was transferred to Spain and implemented by Andalusian Regional Ministry of Health and Families (CSJA Spain)		
6. Raising employers' awareness of the benefits of investing in the inclusion, wellbeing, health, and work participation of all employees' despite their health status and work ability. Provide employers hands-on tools and support them in doing this.	The CHRODIS Plus Training Tool for managers on inclusiveness and workability aims to help managers understand the benefits of the inclusion for all workers and a good management of people with or at risk of chronic diseases at the workplace. It is based on a biopsychosocial approach to health, based on and targeting human functioning, personal capabilities and chronic diseases commonalities as well as ensuring that the work environment is a facilitator and not a barrier. Seven workplaces from in five different European countries have tested the feasibility and usability of the Training Tool. The Toolkit for workplaces collects concrete means through which workplaces can support the wellbeing and health and enhance the work participation of all employees. In addition, the means included in the Toolkit aid to prevent chronic health problems in healthy employees. Altogether ten workplaces from six European countries evaluated and tested the Toolkit.	Implementation at national level Clusters of national or local authorities at EU level	Partnership (Spain, Denmark, Lithuania) Leadership (Italy)
7. Increase the involvement of citizens and patients (in particular in those European regions with lower experience in collective participation) in their own	The CHRODIS Plus Integrated Multimorbidity Care Model, (IMCM) implemented across 5 different pilot sites in Europe is focusing on different aspects of multimorbid patient care, not only related to clinical factors, but also to organizational factors and includes components such as "comprehensive assesment", "case manager", "individualized care plan",	Implementation at national level	Partnership (Spain, Lithuania) Leadership (Denmark)

health and care by promoting self-management and their participation in the individualized care plans according to their preferences	"multidisciplinary team" and others (http://CHRODIS.eu/wp-content/uploads/2017/11/ja-CHRODIS-multimorbidity-care-model-wp6-rokas-navickas.pdf).		

Proposals to tackle NCDs in the elderly population.

Proposal	CHRODIS Plus practices on this topic	Best type(s) of implementation	Expression(s) of interest by GB members
8. Promoting healthy ageing through: Age-friendly and healthy settings; Addressing frailty; Fighting against discrimination by age.	The Icelandic "Multimodal Training Intervention in Communities – an Approach to Successful Ageing" was designed to address higher rates of disability, functional dependence and use of healthcare resources by older adults. The training intervention includes daily endurance training (30 min) at least once a week with a trainer, and strength training sessions at least twice a week with a trainer. Training programs are individualized, but participants train together as a group. They also receive monthly lectures about nutrition, physical exercise, aging, and physiological changes. The intensive programme lasts six months, following which participants are followed up every six months to monitor the longer-term effects and sustainability of the intervention.	Implementation at national level	Partnership (Spain, Denmark, Lithuania, Italy)

	During the JA CHRODIS Plus, the programme was transferred to Spain, Lithuania and multiplied across Iceland and implemented by Institute of Hygiene (HI) in Lithuania, Institute of Health Carlos III (ISCIII) in Spain, Directorate of Health (DOHI) in Iceland. Also, National Policy Dialogue in Poland addressed the Prevention of Cardiovascular and Respiratory Diseases in Older People through the modification of the Comprehensive Geriatric Assessment		
9. Supporting caregivers through training programs to achieve the competences they need and boost coordination with other sector in order to improve social features for informal caregivers.	JA CHRODIS quality criteria and recommendation (QCR) is a tool based on JA CHRODIS recommendations to improve prevention and quality of care for people with chronic diseases (http://chrodis.eu/wp-content/uploads/2020/10/qcr-tool.pdf). During the JA CHRODIS Plus QCR tool was used through pilot actions, in several countries with different health system organization, settings, domains, and health care organizations, including the use of mobile technology, and to identify key enablers and barriers to its use. The QCR tool includes also the education and training dimension.	Implementation at national level	Partnership (Spain, Lithuania, Italy)

Proposals to tackle NCDs by improving the health care organisation.

Proposal	CHRODIS Plus practices on this topic	Best type(s) of implementation	Expression(s) of interest by GB members

10. Strengthening of the forecasting and assessment principles, improving health information systems while promoting that all professionals attending the same patient can share the most relevant patient information quickly and easily, with special attention to complete information on active medication and diagnosis test.	Section 4 of the CHRODIS Plus Integrated Multimorbidity Care Model, (IMCM) is focused on the improvement of information systems and technology	Implementation at national level Online professional community	Partnership (Spain, Lithuania, Denmark, Italy)
11. Increasing the capacity and competencies of health workforce, facing the reflexion on the need for shifting tasks to enhance the nurse role in the care of patients with chronic diseases, and considering strategies to support the overtime care of the patient by the same reference professionals.	Component 6 of the CHRODIS Plus Integrated Multimorbidity Care Model, (IMCM) is focused on training members of the multidisciplinary team	Implementation at national level Online professional community	Partnership (Spain, Lithuania, Denmark) Leadership (Italy)
12. Promoting and fostering evolution of models of health and social care, in particular	Section 1 of the CHRODIS Plus Integrated Multimorbidity Care Model, (IMCM) is focused on improvement of the delivery of	Implementation at national level	Partnership (Spain, Lithuania, Denmark)

strengthening the primary health care as the pillar of the attention for persons suffering chronic diseases, with a patient-centred care and a population-based approach.	the care model system with a patient-centred care and a population-based approach.		Leadership (Italy)
13. Ensuring that the functions of health promotion and disease prevention and its contribution to human, social and economic development in Europe is recognised across the political spectrum and in communications for public health.		Implementation at national level	Partnership (Spain, Lithuania, Denmark)
14. Fostering the health literacy of the population by creating a framework to assess, map, and promote good health literacy across MS, building upon existing WHO indicators to involve health communication, education policies for health workforce & general population, media health dissemination practices, and more to	National Policy Dialogue in Lithuania about mental health literacy	Implementation at national level Dissemination in specific works groups	Partnership (Spain, Lithuania, Italy) Leadership (Denmark)

support and ensure a health building of Europeans and Europe.			
15. Integrating benchmarks (such as the OECD PaRIS) at local, regional, and national level to ensure a European framework of health performance data that can create a new feedback model into financial policies.	National Policy Dialogue in Iceland about how Health Promotion Programme supports SDGs implementation at local level, especially SDG 3	Implementation at national level	Partnership (Spain, Lithuania, Denmark)
16. Addressing health equity by monitoring health inequities, implementing interventions with a proportionate universalism (taking into account social gradient, apart from a more selective approach), tackling health inequities by addressing social determinants of health, strengthening social participation in the design, implementation and evaluation of policies and evaluating policies and interventions with an equity perspective.	National Policy Dialogue in Ireland looked into which elements of Tobacco Free Ireland are currently targeted to address socio-economic inequalities in tobacco use; explored how European partnerships and initiatives could be leveraged in the future to support the reduction of inequalities in tobacco use in Ireland; and identified which policy and programme actions should be sustained and what new actions should be considered to address inequalities in tobacco use in the future.	Implementation at national level Online professional community	Partnership (Spain, Lithuania, Denmark)

17. Promote the assessment of sustainability of practices (assessment of indicators of results) and promote incentives based on this assessment when the assessment result favourable.		Implementation at national level Online professional community	Partnership (Spain, Lithuania, Denmark)
18. Facilitating health data access and sharing among actors of care process by use of technology and according to General data protection Regulation.		Online professional community	Partnership (Lithuania, Denmark)

ANNEX 1. JA CHRODIS and JA CHRODIS PLUS Outputs and Recommendations

Joint Action CHRODIS (2014-2017)

The objective of the first JA-CHRODIS (Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle) was to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multimorbidity and diabetes.

Although CHRODIS's results of can be found at http://CHRODIS.eu/outcomes-results/, the main ones are summarized below.

- A **methodology** (**available** thanks to an **online tool) for** the **evaluation** and **selection** of **potentially** effective practices valuable for exchange or transfer to other settings.
- A **data base** of **good practices** (practices previously assessed and positively evaluated using the aforementioned methodology), available for public access, grouped according to 3 **thematic areas**:
    - **Health promotion and primary prevention**,
    - **Multimorbidity**,
    - **Prevention and management of diabetes**.
- Development of a **new** comprehensive care model (**multimorbidity care model**) that **responds** to unmet needs **for improved care** and **coordination** and **better** support to **self-management** of patients.
- A core set of indicators to improve early detection, preventive interventions, and the quality of care for people with diabetes.

Joint Action CHRODIS PLUS (2017-2020)

JA-CHRODIS PLUS has promoted the implementation of policies, strategies and interventions identified in JA-CHRODIS. Its core activities include 16 policy dialogues and 21 implementation projects. The policy dialogues contributed to informing, developing or implementing policy to improve actions for combatting chronic diseases (Work Package 4). Their activities and final lessons are summarized in a table below.

The 21 implementation pilot and testing projects focused on the following four major areas:

- Health Promotion & Primary Prevention (Work Package 5),
- An Integrated Multimorbidity Care Model (Work Package 6),
- Fostering Quality Care for People with Chronic Diseases (Work Package 7),
- Employment and Chronic Disease (Work Package 8).

Below, the main action's areas are shown:

WP	Actions' areas	Number of Actions	Countries
4	Development and adoption of Policies	16	Croatia, Greece, Hungary, Iceland, Ireland, Italy, Lithuania , Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain and two at European level
5	Health promotion & primary prevention	8	Iceland, Italy, Lithuania, Malta, Spain

6	Integrated Multimorbidity care model	5	Italy, Lithuania, Spain
7	Fostering quality of care for people with CD	8	Croatia, Finland, Greece, Serbia, Slovenia, Bulgaria, Germany, Spain
8	Employment and chronic diseases	16	Italy, France, Germany, Hungary, Lithuania, Spain, The Netherlands, Finland.

To ensure the quality of the results, a common implementation strategy[28] was developed in WP5, WP6 and WP7 order to standardize the intervention and outcome assessment. This strategy included the following steps:

- Assessment of participating pilot sites.
- Adaptation of the practice / intervention / model to each local context.
- Development of a pilot action plan tailored to each site.
- Pilot implementation.
- Pilot assessment.

The **pilots** were **carefully implemented** and **closely monitored** to generate **practical lessons and data** that could contribute to the **uptake** of CHRODIS-PLUS results **and** their subsequent **scaling up**.

Outputs and outcomes of this JA can be described as referring to **two dimensions** that underlie it, that is, related to **benefits for patients** and **health and/or other systems**. In addition, further recommendations for the future were generated in the light of the JA the experiences and taking into account the objectives of integration into national policies and sustainability. A description of main outputs and recommendations are summarized below:

WP4: Integration in National Policies and Sustainability

Introduction and justification

W4 aimed to support Member States on the implementation of new or innovative policies and practices for empowerment, health promotion and prevention, management of chronic diseases and multimorbidity. The core activities that the WP4 performed can be summarized in two.

The first one was to reach a final position paper ("Consensus Statement") concerning the EU added value of cross-country collaboration in the field of chronic diseases and the sustainability of the results from JA-CHRODIS and CHRODIS-PLUS beyond 2020. The results of this activity are reported in the Deliverable 4.2.

The second one were the Policy Dialogues. The aim of the dialogues was to identify policies or changes to existing policies and legislation that are capable of tackling major risk factors for chronic disease, strengthening health promotion and prevention programmes, and ensuring health systems are well-equipped and resourced to address the growing health challenges of chronic disease. The methodology of the CHRODIS Plus Policy Dialogues is described in Deliverable 4.1. Fourteen National Policy Dialogues (PD) as well as two European Policy Dialogues were held. The international ones were dealing with 1) Employment and Chronic Conditions and 2) Funding of health promotion and chronic disease prevention.

[28] CHRODIS PLUS Transfer and Implementation of good practices Strategy: http://chrodis.eu/wp-content/uploads/2019/05/14-may-2019-esteban-de-manuel-implementation-strategy.pdf.

Although each of the Dialogue came to particular conclusions and recommendations, which were reported in specific documents, some general lessons from all of the dialogues learnt can be reported here below.

Conclusions and recommendations

1. The CHRODIS PLUS Policy Dialogue Methodology is useful and transferable to other policy research fields and policy dialogues can serve as a key step in the policy making process. Recommendation: To maximise the benefit of engaging multiple stakeholders, use a verified framework, such as the CHRODIS PLUS Policy Dialogue Methodology, to prepare, run, report and evaluate policy dialogues. Carefully evaluate the optimal moment in the policy making process to employ the policy dialogue approach.
2. Health promotion and disease prevention are central to policy efforts to reduce chronic disease. Recommendation: Re-orient health services towards health promotion and disease prevention. It may require not only rethinking current policy approaches, but also a rebalancing of health system budgets to ensure that enough resources are allocated for prevention.
3. An inter-sectoral approach to health promotion and disease prevention is key to addressing chronic diseases. Recommendation: Collaborate horizontally and vertically to tackle chronic diseases. Invest in bringing together policy makers and other relevant stakeholders across a range of sectors to allow for more holistic and efficient health promotion and chronic disease prevention programmes.
4. Adequate human and financial resources are necessary to accomplish objectives set out during the policy dialogues. Recommendation: Ensure adequate human and financial resources to accomplish objectives set out during the policy dialogues – and work to gain and maintain political commitment.
5. Addressing socio-economic and environmental determinants of health through effective policies and practices becomes even more urgent in the aftermath of the COVID-19 pandemic. Recommendation: Monitor and take action to reduce health inequities by addressing social determinants of health through effective policies and practices, underpinned by research. Strengthen co-creation to foster inclusion and implementation of health and other policies. Make sure to assess impact of policies and other interventions on health and equity of the population.
6. Health is an increasing priority at all levels which brings new opportunities but also a need for more communication and coordination across all sectors and all levels, particularly by policy makers. Recommendation: Actors at all levels of governance (European, national, regional and local and including the Steering Group on Prevention and Promotion) should consider additional structured mechanisms for discussing and setting priorities, as well as for sharing crucial information about opportunities (e.g., funding) to act on these priorities.

WP5: Health Promotion and Disease Prevention

Introduction and justification

WP5 aims to improve the knowledge and practice on health promotion and disease prevention across Europe.

In recent years, health promotion and disease prevention (HPDP) have been proven to be cost-effective and efficient in reducing the burden caused by chronic diseases.

Working with twenty-two partners from fourteen countries, WP5 builds on the successful results from the previous Joint Action CHRODIS. WP5[29] focuses primarily on:

- analysing and assessing countries' health promotion and disease prevention strategies;
- transferring and implementing good practices targeting children, the working population, and older people;
- and better integrating health promotion and disease prevention in the healthcare and wider social care systems.

Perceived benefits from the implementations

As a result of the implementations some benefits have been noted:

- Citizens/Patients: Increasing physical activity at all ages, not only improves health but also makes people feel much better mentally and socially.
- Health system and others: In general terms, healthy lifestyle (physical activity and healthy nutrition habits) improves the quality of life and can prevent or delay the onset of chronic health problems.

  Some implementations also noted a better atmosphere and improvements in social relations and communications amongst those involved (e.g. between older people and the rest of the population, and in the school environments)

Integration in National Policies and Sustainability

Key factors for sustainability of the practices are:

- Ensure sustained political support for health promotion and disease prevention activities, with clear long-term strategies and adequately-resourced programmes, that embed established good practice.
- Ensure health promotion and disease prevention strategies and programmes are designed to work across sectors, with established mechanisms for inter- and intra-sectoral collaboration among relevant authorities and professionals (healthcare, sports, education, occupational health, risk prevention...)
- The needed resources (guidance, training and accompaniment should be offered by the public health administrations completely free-of-cost.

Recommendations

[29]Some practices of this WP were implemented at a National level (e.g. Iceland, Malta), while others at regional one (e.g. Andalucía, in Spain)

1. Commit to the vision and goal of health promotion as a process of working with other sectors to create environments and communities that support health, and to embedding this role in health systems, to improve health and well-being outcomes while reducing or delaying costs of health care. Draw on good practice from other settings and countries to achieve this.
2. Build on existing motivation and resources: select good practices that address clear needs and national priorities and implement them in sites that already have some relevant structures and resources in place; involve existing networks and staff with pertinent experience. Also invest in building a strong implementation team with committed leadership and the relevant representatives working at different levels of government and sectors that can provide different perspectives.
3. Apply a clear implementation framework to guide the implementation process, like the CHRODIS PLUS framework, which, in the experience of the implementations sites, works. Consider carefully how differences in local contexts (e.g., cultural aspects, social and organisational structures) can affect the implementation of the good practice, and what must be done to address this. Also consider from the outset what is needed to multiply and scale an intervention, and incorporate this in the implementation process. Be realistic when setting objectives and indicators and anticipating resources needed, including those for monitoring and evaluation.
4. Invest in strong links between project 'owners' and 'implementers' in all phases of the intervention. Decide from the outset the nature of the transfer (e.g., exact or loose replication) and sign a Memorandum of Understanding (MoU), setting out the agreements between the two parties. Maintain close contacts through exchange visits and by e-mails, teleconferencing and the use of social media, throughout the process. Allocate sufficient staff time and other resources to enable this.
5. Make the process of transferring and implementing the good practice fun, and invest in creating 'communities of good practice and change', by networking with other stakeholders and making use of opportunities to mainstream, multiply and/or scale initiatives. This includes linking to other national and international initiatives to share learning and experiences through 'communities of good practice' and engaging the media, to inspire broader support and participation.

WP6 - Pilot Implementation of Integrated Multimorbidity Care Model (IMCM)

Introduction and justification

Patients with multimorbidity have complex health needs, but due to the current traditional disease-oriented approach, they face a highly fragmented form of care. Main objective of WP6 was to implement an integrated care model for the care of patients with multimorbidity (JA-CHRODIS integrated care model) across 5 different pilot sites in Europe and assess in practice its applicability. Proposed model is focusing on different aspects of multimorbid patient care, not only related to clinical factors, but also to organizational factors and includes components such as "comprehensive assesment", "case manager", "individualized care plan", "multidisciplinary team" and others (http://CHRODIS.eu/wp-content/uploads/2017/11/ja-CHRODIS-multimorbidity-care-model-wp6-rokas-navickas.pdf). Based on local experience and knowledge, participating partners determined IMCM to the specific characteristics of their local health care setting and developed country specific model versions, fully adapted and specified for local implementation.

Perceived benefits from the implementations

Although the implementation period has been short (one year on average), the following main benefits can be highlighted for:

- Patients: The patients´ self-perceived health care provision (PACIC questionnaire) improved, and most patients reported an improvement in quality of care after the intervention.
- Health systems: Improved access and coordination of care and optimization of resources (reduction in the number of visits to primary healthcare and number of emergency episodes).

Integration in National Policies and Sustainability

- The IMCM implementation must be based on four pillars:
    1. Model adaptation to local needs and specific characteristics of the intervention;
    2. Identification of the right patients (correct target group);
    3. Definition of the plan and outcomes assessment taking into consideration potential benefits for all: a) patient, b) healthcare usage, c) healthcare provider;
    4. Identification/designation of the responsible to coordinate, timely deliver and follow-up the care plan (case manager).

  It is expected that the results coming from a structured implementation of IMCM components will convince national/regional decision makers to review demands of healthcare services and can put a strong groundwork for further scaled up of the model.
- The sustainability is facilitated when IMCM elements (such as case manager appointment, individual care plan, multi sectoral patient centered approach) are regularly considered in the overall strategies and plans for care of patients with multimorbidity with healthcare systems. Adaptation of funding/resources can boost/ease the initial implementations/assessment of the model.
- The availability of evidence-based results (coming from a "pre Vs post"-implementation outcome assessment help to demonstrate the clinical effectiveness and economic feasibility of the care models. Some organizational changes (e.g. healthcare professionals' training, IT systems adaptation, carefully allocation of resources) may facilitate a successfully scaling up of this model.

- Demands of primary healthcare services should be reviewed by each implementing site and modified considering pilot implementation findings: primary care provided for multimorbid patients needs to be strengthened.
- Decision and policy makers should be aware that multimorbidity is an issue that goes beyond an economic and/or structural burden. In addition, the support and commitment of key stakeholders of healthcare (e.g. directors of healthcare plans and strategies, general managers of the healthcare services providers), community care and patient representatives is also needed.

Recommendations

1. **Based on the evidence from WP6 implementation review and update of national/local Healthcare strategies and plans for care and management of patients with multimorbidity**. In order to ensure quality and sustainability of primary health care it is recommended for each MS to review national health strategy sections for treatment of patients with multimorbidity and complement it relying on science-based methodological WP6 pilot implementations (such as case manager appointment, individual care plan, multi sectoral patient centered approach).
2. **IMCM adaptation to local context and pilot scale up is encouraged**. Political debate moderated by the Ministry of health at a national level (in all MS) to supper the IMCM adaption to local context, implementation and encourage the scaling up of the practices, aimed at reducing the burden of chronic diseases should be organized.
3. **Economic evaluation of the impact of scaling up the pilot sites experience is recommended in each MS.** The long-term success of the IMCM intervention need to be further assessed and the economic evaluation of IMCM pilot implementation across different size and location stakeholders must be enforced by each MS nationally. Demands of primary healthcare services should be reviewed by each MS and modified considering pilot implementation findings.

WP7: Fostering quality of care for people with chronic diseases

Introduction and justification

The objectives and activities are to evaluate the applicability and transferability of the JA CHRODIS quality criteria and recommendation to improve the quality of care for people with chronic diseases through pilot actions, in several countries with different health system organization, settings, domains, and health care organizations, including the use of mobile technology, and to identify key enablers and barriers to its use.

Perceived benefits from the implementations

Pilot actions in WP7 were designed, implemented and reported based on the nine JA CHRODIS recommendations for implementing good practices in chronic diseases (in short: design the practice, promote the empowerment of the target population, define an evaluation and monitoring plan, assure comprehensiveness of the practice, include education and training, address ethical considerations, use governance approach, design interaction with regular and relevant systems and develop sustainability and scalability of the practice).

The use of the JA CHRODIS recommendations have shown the following results:

- Citizens/Patients

  Increased access of risk screening and prevention interventions for a chronic disease to an underserved population group

  Strengthened patients' health literacy and self-management, nudging patients into stronger involvement in treatment process and care

  Improved patient lifestyles and self-management capabilities ca via focused education, personalized training, lifestyle modifications and holistic self-management coaching

  Improved access to diabetes care at primary level via the established network of diabetes care units

  Reduced variation of care and reduced waiting time via development of a protocol of care connecting primary and secondary level care

  Improved trends in metabolic control, physical activity and health literacy

  Patients benefited through the easy-to-use mobile application and the shared decision-making and education-information, leading to a potential improved access to care.

  Better access to reliable information and practical tips for their daily life, that were helpful for them individually.

- Health system and others

  Development of a strategy on how to co-create an intervention model to efficiently identify individuals at risk and to provide lifestyle counselling in underserved population

  Harmonization of information systems and coordination mechanisms for a chronic

  Improvement of health care professional capacities for the optimal measures for prevention and management of chronic diseases with ensured financial viability

  Establishment of the national coordinating centre for diabetes care and education in the country, enhancement of competences of health professionals, implementation of step-wise protocols for identification of persons at risk and with undiagnosed diabetes, and established of a system of electronic diabetes records for monitoring and improving of care quality

National stakeholders agreed on the actions at system level to facilitate integration across healthcare levels.

The intervention developed became a part of the chronic care program of the region.

Advocacy from national patients' association was established.

New collaborations among stakeholders emerged.

The methodology of the work and the potential for the further use is described in a Guide for the use of JA CHRODIS quality criteria and recommendation

Integration in National Policies and Sustainability

Sustainability and scalability of the practice action was built based on:

1. the assessment of the potential impact on the population targeted;
2. the achievement of a broad support for the practice among the implementers;
3. the institutional anchoring and/or realization by the relevant stakeholders or communities;
4. the adaptation to local context, needs and/or characteristics (e.g., health and social policies, innovation, cultural trends, general economy, and epidemiological trends).

Recommendations

1. **The design of good practices for chronic diseases by using the JA CHRODIS quality criteria and recommendations has the potential to improve the quality of care**. Good practices for chronic diseases (interventions, programmes, policies) should be carefully **designed** using the existent knowledge, actively promote **target population empowerment**, include **monitoring and evaluation** cycles for potential practice reshaping, should consider main contextual factors in achieving effectiveness and **comprehensiveness of the practice**, address **education and training** for professionals and target population, include **ethical considerations** to assure equity, facilitate the **interaction of the practice with regular and other relevant** systems, the development and implementation should be led by efficient leadership and **governance**, with elements of **sustainability and scalability** considering the contextual factors and in achieving ownership addressed from the designing phase of the practice, as described in JA CHRODIS quality criteria and recommendations to improve the quality of care for people with chronic diseases and conditions.

2. **The Guide for applying the JA CHRODIS quality criteria and recommendations summarizes lessons learnt on how to strengthen the capacities for establishing good practices**. Using JA CHRODIS quality criteria and recommendations, JA CHRODIS PLUS partners strengthened the capacities for establishing of good practices by developing, implementing and evaluating pilot actions in their own countries, and summarised the expertise and experience in a Guide to further facilitate use of JA CHRODIS quality criteria and recommendations by other institutions and countries. Partners themselves represent a knowledge hub and network with hands-on expertise in improving prevention and care of chronic diseases. *As described by one of the partners: "The use of JA CHRODIS Recommendations as described in the Guide, provided a feasible and practical framework for the designing and implementing the pilot. It steered focus on the whole picture at the beginning of the project and forced to ponder the practical details in advance. The JA CHRODIS recommendations and criteria is a comprehensive set: if you follow it you can be assured that you are not missing important aspects."*

3. **The JA CHRODIS quality criteria and recommendations are a useful tool for decision makers in their approaches to strengthen prevention and care for chronic diseases**. Results of the pilot actions, developed, implemented and evaluated according to JA CHRODIS quality criteria and recommendations, established high level of involvement of target population and show a great

potential for sustainability and scalability; we JA CHRODIS PLUS partners propose to institutions and decision makers in EU countries to incorporate the core characteristics of this process, as described in the Guide for use of JA CHRODIS quality criteria and recommendations, in their approaches to strengthen prevention and care for chronic diseases.

4. **It is recommended to Member States to support the JA CHRODIS PLUS knowledge hub in other projects and initiatives.** Guide for the use of JA CHRODIS quality criteria and recommendations to improve the quality of care for people with chronic diseases and conditions and the knowledge hub of JA CHRODIS PLUS partners should be further used in projects, initiatives and activities at EU level, thus supporting high quality public health across Member States by networking and cross-fertilisation of knowledge and experience on implementation science, including know-how on efficient use of resources to provide citizens with better service, promoting the process to develop good practices in all countries and help understand why and how they are they achieving good results, and help in benchmarking for decision-making, based among others on JA CHRODIS quality criteria and recommendations.

WP8: Employment and chronic diseases

Introduction and justification

One in five employees in Europe suffer from chronic diseases, and even larger proportion is at risk of developing health problems in the future. Employees with or at risk of chronic diseases may encounter discrimination, poorer employment prospects, and losses of income. One reason for this is that employers may not have enough knowledge, support, or practical tools to create working conditions that foster the inclusiveness, wellbeing, health, and work ability of all employees, regardless of their health status.

Altogether 18 partners from 11 EU countries worked together in WP8 to develop and pilot the ***CHRODIS+ Workbox on Employment and Chronic Conditions.*** The Workbox consists of two tools:

1) ***Training Tool for Managers*** for promoting inclusiveness and work ability of employees with chronic health conditions, and
2) ***Toolkit for Workplaces*** for fostering employees' wellbeing, health, and work participation.

Finalized based on pilots in 16 workplaces from 8 EU countries, the Toolbox is now available in seven languages (en, it, fi, es, lt, hu, de). The Workbox is complemented with Policy recommendations for developing legislative frameworks that improve the employment of individuals with chronic diseases and promote the use of all material developed by CHRODIS+ for employment and chronic conditions. .

Perceived benefits from the implementations

Although WP8 was not implementing but developing Tools for the employment sector so as to support the idea of health in all sector, the pilots in different countries and settings for development of the 2 tools proved that there is need for these instruments and many stakeholders are ready for further implementation

- Workplaces that piloted the CHRODIS+ Training Tool for Managers found it clear and comprehensive and an essential tool for whoever manages human resources to evaluate how much issues such as inclusiveness and chronic disease are taken into consideration, and offers the opportunity for discussion and action on such themes, improving the work condition of all employees
- Workplaces that piloted the CHRODIS+ Toolkit for Workplaces found it comprehensive, detailed, and easy-to-read a guide that is useful for employers and their stakeholders, and that covers all aspects of wellbeing, health, and work participation.

Integration in National Policies and Sustainability

- The sustainability of the Workbox is supported by it being grounded on scientific evidence on the effectiveness of workplace interventions as well as co-creation with European workplaces, patient associations, employment experts, international labour organizations. Perspectives of both managers and employees were compiled in interviews in six EU countries to understand the possibilities, facilitators, and barriers in promoting employees' wellbeing, health, and work participation, and in preventing the development/progression of chronic health problems.
- European patient associations have an important role in the sustainability and further implementation of the Workbox, with their vast experience in the challenges related to employment and chronic conditions, and wide networks that allow spreading the message of the Toolbox to decision-makers, employers, and relevant stakeholders.

- The CHRODIS-PLUS Workbox has been developed and piloted on a small scale. Creating an online version will facilitate the dissemination and larger-scale implementation of the Workbox at European workplaces. The Open Access online version can be shared through various digital media, and embedded on stakeholders' websites in various European countries.
- The recommendations and ideas as well as the instruments proposed in the CHRODIS Workbox provide a scalable set of devices that could be used to increase the employment of those affected, promote the health of all workers and increase the general well-being in the workplaces.

Recommendations

1. **Raise awareness of how investing in the wellbeing, health, work ability, and inclusion of all employees benefits not only employees, but also employers and the whole society.** These investments enhance employees' wellness and job satisfaction. Employers benefit through reduced absenteeism, occupational healthcare costs, and staff turnover, and through improved productivity, competitive advantage, and an image as a caring employer. The society, in turn, benefits via increased sustainability and equity, improved population health, and reduced healthcare consumption.
2. **Promote inclusion and good management of employees with or at risk of chronic conditions as well as promote workplace inclusiveness for all.** Advance the dissemination, uptake, and implementation of the CHRODIS+ Training Tool for Managers, in particular promote the evaluation of inclusiveness of the enterprises and encourage managers to integrate the tool in the strategies and policies of their organizations. The Training Tool provides information on and tools for measuring and strengthening the inclusion and work ability of employees with or at risk of chronic conditions.
3. **Promote the wellbeing, health, and work participation of all employees**. Advance the dissemination, uptake, and implementation of the CHRODIS+ Toolkit for Workplaces among all actors involved in the promotion of occupational wellbeing and health. The concrete means included in the Toolkit support workplaces to promote the wellbeing and health, prevent the development and progression of chronic health problems, and enhance the continuation of work among all employees, regardless of their work ability and health status.
4. **Create legislative frameworks to improve the employment of individuals with chronic diseases.** Encourage Member States to adopt a holistic inter-sectoral *health in all sectors* -approach to tackle chronic diseases effectively. Targeting policy-makers is important in promoting the development of legislative frameworks that improve the accessibility of existing employment support for individuals with chronic diseases.

ANNEX 2. Scientific publications with results of the JA CHRODIS and JA CHRODIS PLUS.

On the other hand, the quality work done and the aforementioned results of both Joint Actions has been supported by their publication in indexed and peer reviewed scientific journals (19 papers to date).

Below are summarized the most relevant ones to date:

- The **Annali dell'Istituto Superiore di Sanità**[30] (the journal of the Italian National Institute of Health), published a short monograph on diabetes [Ann Ist Super Sanità (2015) 51 (Nº3)]. The papers (five in total) were focused on the aspects of "quality criteria" and "indicators" as essential tools to monitor the quality of care for people with diabetes, as well as the "role of National diabetes" they can play to change health care systems to strengthen diabetes prevention and care.

- The **European Journal of Internal Medicine**[31] included eight publications based on CHRODIS results focused on the identification of a population with multimorbidity who had a high or very high care demand [Eur J Intern Med (2015) 26(3)].

- The journal **Health Policy**[32] published the [Health Policy 122 (2018):4-11] "Multimorbidity care model" proposed in the framework of the project.

- The Special Issue "**Implementation of Interventions in Public Health**" of the **International Journal of Environmental Research and Public Health**[33] [Int. J. Environ. Res. Public Health 2019, issues 16 and 17] includes a series of articles related to evidence of successful implementation frameworks, or innovative interventions in public health carried out at different scales and in different settings (such as education, social, labour, and health systems) that may increase the sustainability of health and social care systems and the wellbeing of citizens.

- The Special Issue "Population Health and Health Services" of the International Journal of Environmental Research and Public Health[34] [Int. J. Environ. Res. Public Health 2020, issues 18 and 19] includes a series of articles with results of CHRODIS Plus since the results of the National Policy Dialogues, recommendations for intersectoral collaboration in health promotion and assessment of the implementation of the CHRODIS Plus IMCM model.

Furthermore, the Organisation for Economic Co-operation and Development (OECD) has expressed its interest by the potential transferability of the activities carried out in CHRODIS PLUS. Thus, OECD is evaluating the cost-effectiveness of some pilots.

[30] https://annali-iss.eu/index.php/anna/issue/view/11
[31] https://www.sciencedirect.com/journal/european-journal-of-internal-medicine/vol/26/issue/3
[32] https://www.sciencedirect.com/science/article/abs/pii/S0168851017302348?via%3Dihub
[33] https://www.mdpi.com/journal/ijerph/special_issues/implementation_interventions
[34] https://www.mdpi.com/journal/ijerph/special_issues/implementation_interventions

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