

## **Response to the draft opinion on *Options to Foster Health Promoting Health Systems* by the EU Expert Panel on Effective Ways of Investing in Health (EXPH)**

EuroHealthNet notes the draft EXPH opinion on *Options to Foster Health Promoting Health Systems* in the context of the Terms of Reference (ToR) which are:

- a) *What are the **mechanisms for strengthening the implementation of health promotion** within health systems, how can health systems incorporate, integrate and foster health promotion efforts and paradigms, and **what policies need to be in place to make this happen from a health-in-all-policies perspective?***
- b) *As increasingly **public health services and primary health care are operating in an integrated way, how can this joint approach contribute to action and implementation of health promotion and improved health literacy. How could this development be linked to social care?***
- c) *What could be **the success factors** for further integration from **a conceptual, organisational and financing point of view?** And what are the main **obstacles and challenges** to address?*

EuroHealthNet thanks the authors and Panel members for their approach, the substantial evidence presented, and for including mention of stakeholders such as EuroHealthNet in potential solutions to overcome challenges. Given the public hearing held on October 23 2019 and the imminent end of the current EXPH mandate, we would like to support the timely conclusion of the Opinion by suggesting some potential enhancements based on our lengthy leading experience of these subjects in the EU context, which we hope will be constructively helpful for investment decision makers and regulators.

Overall the Draft Opinion is a useful contribution to develop strategic approaches to implementing health promotion within the EU region and strengthening the integration of health promotion within health systems. Recognising that health promotion is an essential strategic approach for addressing health inequalities and wider systemic determinants of physical and mental health is a fundamental message that should underpin further action on transformation of health, care and wider public systems in Europe, including for health and wellbeing in all EU policies established in the EU Treaties.

We suggest that **the structure of the Recommendations and key evidence could be clarified in terms of responsibilities and accountabilities** (in a similar way that EU Council Recommendations would be) **to identify measures where the EU/EC has competences which could be acted upon, or where Member States may benefit and act most directly**. This would also underline the importance of the partnerships that are needed intersectorally with relevant stakeholders, for example in the many cases where health promotion, health and care services including primary care are delivered, organized and funded at sub national or community levels. Clearly grouping recommendations in this way could focus the attention of decision makers and key investors on their priorities.

It is also wise to set out **potential options in terms of time feasibilities: short, medium and long term**. Some options can be initiated swiftly: the EC sets annual work programmes which can be influenced by priority setting; while the EU MFF negotiations 2021-27 offer new medium term investment opportunities which are being set now or soon, for example in the cancer “mission”, digital strategies, AMR and vaccination priorities in which health promotion has a clear role to play, not least based on all the evidence in this draft Opinion. Of course some of the more comprehensive strategic paradigm shifts from cure and care to investing in prevention and promotion will take longer to plan, implement and evaluate in wider contexts. For example via the 2025 EU strategic goals, 2030 SDGs, or Food 2050 goals; or as we have set out through to 2040 and beyond in our [www.inherit.eu](http://www.inherit.eu) findings and models for integrated health, equity and sustainable development.

This rapid response is in line with our *REJUVENATE Framework for Health Promotion Action to achieve the Agenda2030*<sup>1</sup>, agreed by our national partners and experts with responsibilities for health promotion on the ground in EU Member States, in the context of updating and proactively taking forward health promotion competences and approaches for the coming decade.

It is also based around our recently launched “*Financing Health Promoting Services*” Guide and an online interactive information tool (upcoming)<sup>2</sup>, produced with inputs from the WHO Europe Coalition of Partners for strengthening Public Health Services. These highlight how to overcome existing gaps in investment in health promoting services by providing concrete examples of how such investment can be mobilised.

This can both show the wide potential scope and reach of health promotion across barriers and enablers (envisioned in REJUVENATE), while showing how specific investment and planning measures can be taken towards those concepts and visions of reorientation of systems into health promoting systems (as in the Guide).

**Therefore, EuroHealthNet suggests that several important points should be addressed and further strengthened in the Opinion:**

- 1. Need for a clearer definition or clarification of what is meant by health promoting health systems, services, and workforce implications:* Given the EXPH ToR we regard this as particularly important, also in view of the recent Opinion on task shifting. The definition should feature early in the Opinion to set the bases for further arguments. Thus, we appreciate the analysis of barriers from Page 43 of the draft Opinion but commend further clarification of what “*health promoting health services*” can mean in a rapidly transforming world. This might include:
  - **Health promotion services** directly sited from system centres such as acute and primary care;
  - **Health services promoting health and wellbeing** including food, mobility, (green) environments;
  - **Wider health resources and workforces** linking with education, housing, work systems etc.
- 2. Include a stronger focus on digital transformation and digital health literacy:* In the context of rapidly changing environments for health systems and delivery of care, this represents a game changing opportunity for reorientation of outdated and unfit systems towards health promoting models. But it is also a clear and present threat if transformations, including safe data spaces, e-health and m-health options are not well configured. They need direct involvement from health promoters in design through evaluation cycles and digital health literacy as a fundamental pre-requisite while upholding principles of equity and quality. **We agree with the draft Opinion that “the place of digital tools for health promotion in primary care has to be assessed carefully”, but insufficient attention is addressed to how digital operators are already changing the way health systems are run and how health promotion and care are co-created and delivered across populations.** In doing so, we urge a critical and precautionary approach towards digitally-delivered ‘lifestyle’ interventions with questionable impacts on equity and effectiveness. Ensuring for fair distribution of opportunities, health and social wellbeing outcomes across social gradients should be central to design and implementation of new digital modalities within health systems, including in areas considered health-promoting. EuroHealthNet recommends urgent investments in digital health literacy as part of a strategic approach to improving health literacy and digital skills of

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<sup>1</sup> <https://eurohealthnet.eu/publication/rejuvenate-eurohealthnet%E2%80%99s-call-health-promotion-more-social-and-sustainable-society>

<sup>2</sup> <https://eurohealthnet.eu/publication/financing-health-promoting-services-information-guide>

Europeans, as outlined in our recent *Policy Precip* on this subject<sup>3</sup>.

3. *Consider the underpinning macro-economic perspective in achieving health promoting health systems:* The wider macro-economic policy arena in which health systems reforms in the EU Member States take place need to be more strongly elaborated as a fundamental for successful investments in health promotion. **Beyond referring to the UN Agenda 2030, structural reforms and EU funds directly linked to the European Semester and the implementation of the European Pillar of Social Rights can offer solid investment opportunities to foster health promoting health systems in Europe, while recognising sub national needs and capacities.** The EC has a key role which could be enhanced in the short to medium term via the EU Structural Reform Support Service and relevant EC DGs, offering capacity building and other resources, while the *InvestEU* Programme is a major new opportunity for public-private partnership and infrastructures including primary care centres which integrate community health, promotion and prevention, *inter alia*. **This is not only about better “advocacy”, although that is possible as we have urged: it is about more systematic engagement, new competences and perspectives and use of innovative ‘health in all policies’ approaches based on understanding common priorities.**
4. *Need for timely evidence and impact assessments as part of policymaking cycles across sectors:* There are plenty of health promoting policies, strategies and mechanisms already available at EU and national levels. EuroHealthNet calls for smarter evidence, including health (equity) impacts assessments and learning from other sectors to be harnessed via EU research, ESIF and other relevant EU programmes. This will further advance advocacy and detailed evidence-informed policy options for health and wellbeing. **The draft Opinion should elaborate on the importance of interdisciplinary and new strategies able to monitor positive indicators of health and wellbeing across sectors and social gradients, cost-benefits, cost-effectiveness and return on investment of health promoting health systems and ‘upstream’ measures related to the determinants of health.** Data and sources linking health and wellbeing to living and working conditions, poverty reduction and social inclusion efforts, social protection and social investments, work-life balance, quality and integrated early childhood education and care, environmental protection, sustainable and healthy foods production and consumption etc are crucial. Further capacity to use adequate indicators and to measure health equity impacts, and support to interdisciplinary collaboration will be needed both at policymaking and public health professional levels.
5. *Ensure capacity building in human resources, institutional structures and processes for health promotion:* Mainstreaming of delivery of health promotion within and going beyond the borders of the current and future health systems calls for **re-development of organisational capacity, a dedicated health and wider workforce with a clear mandate for action.** EuroHealthNet’s General Council has issued a statement calling for health professionals to take a more prominent role in addressing health equity within health promoting health systems<sup>4</sup>.
6. *Highlight the importance of sustained multi-level partnerships for health promotion:* we are pleased that EuroHealthNet is explicitly mentioned along with others. However, more attention could be given to innovative aspects of partnerships which need sustainable funding opportunities beyond single finite projects or stand-alone initiatives. As an example, EuroHealthNet has worked

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<sup>3</sup> <https://eurohealthnet.eu/publication/digital-health-literacy-how-new-skills-can-help-improve-health-equity-and-sustainability>

<sup>4</sup> <https://eurohealthnet.eu/media/news-releases/what-role-health-professionals-address-health-inequalities>

within successive EU Health and Research Framework Programmes; but has also been a core partner within the EU Employment and Social Innovation Programme (EaSI), as have other health related networks. Others have engaged with Environment or Justice Programmes, or through European vocational, structural and social funds to build the wider workforce. These – and many other widening and deepening initiatives and partnerships achieved or possible nationally or at EU levels – could offer more sustainable avenues for health promotion and promoting investments than repeating attempts to increase pressures on limited public health budgets, resources and capacities. **The need to achieve universal UN Agenda 2030 goals beyond SDG 3 to promote health systematically provides a decade of opportunity for partnerships which could be highlighted in the Opinion.**

7. *Reinforce leadership and coordination at EU levels:* Progress has been slow and variable on the implementation of “Health in All EU Policies” approaches since the 2005 Finnish Presidency. Now another Finnish Presidency offers new inspiration through an “Economy of Wellbeing” which health promoters should grasp. In fact, the recent Council Conclusions can be considered as one comprehensive health promotion strategy endorsed by Member States. However, the draft Opinion focuses on UN global strategies and frameworks including the welcome recent WHO Global Action Plan for Healthy Lives and Well-Being for All<sup>5</sup>, **but relatively underplays available EU and national mechanisms to actually achieve them.** We are pleased to see the Wales Well-being of Future Generations Act and examples of inter-sectoral work from our Partners featured in the Opinion. Providing guidance to countries, regions and local authorities to develop the required organisational structures to timely and adequately act on recommendations laid out in these are key.
8. *A stronger emphasis on the reorientation of a medical model of health and addressing the ‘lifestyle drift’ of health promotion:* We agree with the draft Opinion that “*For sustainable changes in population health (...) there is a need to move beyond a focus on individual lifestyles to also address the broader factors that shape people’s lives and determine their health.*” There is certainly a role more lifestyle-oriented approaches can play in achieving healthy life years, but also risks of investing in ‘downstream’, low-scale practices, with some reduced impacts and health equity outcomes. **Applying evidence and innovation around effective measures and investments for underlying key social, economic, environmental, commercial, cultural and political determinants is vital for modern health promotion and health promoting services; their more extensive inclusion could strengthen the draft Opinion.**

Naturally, if EuroHealthNet can provide further information, be of assistance in completing the Expert Panel’s final Opinion or for subsequently taking forward its Recommendations, our Partners and Brussels Office will be pleased to consider and contribute as appropriate. Thank you for the opportunity to participate in this helpful process.

**Caroline Costongs, Director**  
**October 2019**

*EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. Our Mission is to improve and sustain health between and within European States through action on the social determinants of health, and to tackle health inequalities.*

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<sup>5</sup> See EuroHealthNet’s response to the draft WHO Global Action Plan for Healthy Lives and Well-Being for All: <https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/Global%20Action%20Plan%20for%20Healthy%20Lives%20and%20Wellbeing%20for%20All%20Eurohealthnet%20contribution%20final.pdf>