



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health promotion, disease prevention, financial instruments

Healthier Together – EU NCD Initiative

The EU NCD Initiative addresses five strands: a) cardiovascular diseases, b) diabetes, c) chronic respiratory diseases, d) mental health and neurological disorders, e) health determinants.

Contribution from health stakeholders is essential to gather:

1. **priorities for action** in each of the above-mentioned strands;
2. **examples of effective policies, best practices, promising approaches**, innovative actions (to be put for consideration of Member States) to effectively address priorities;
3. the **field of work of stakeholders** and actions that stakeholders can do in collaboration with public health authorities and other parties.

Stakeholders may also wish to provide general comments (on the structure of the approach, information gaps, recommendations for better supporting stakeholders, etc.).

How to contribute

You can provide input –or revise and add to your previous input– at any time until the end of the drafting process of the EU NCD Initiative, expected by June 2022. However, contributions will be particularly appreciated before the webinars, to feed the debate.

When you are ready to do so,

1. Download the document from the Health Policy Platform;
2. Introduce your input; please be concise;
3. Save and send the document to contact@euhealthsupport.eu;
4. Revise and resend the document in case you wish to update your input. The previous version will then be replaced.

We may contact member of the Health Policy Platform NCD Stakeholder Group for clarifications. Unless you disagree, responses will be uploaded to the Health Policy Platform and thus readable by other network members. For that reason, please do not include personal information (e.g. names and contact details) in your document.

Calendar

Stakeholders' webinars

- 3 February
- 17 March
- 27 April
- 3 June

Member States' webinars

- 28 January
- 3 March
- 8 April
- 19 May

You will receive a notification when new materials are available at the Health Policy Platform, including summaries and drafts of the EU NCD Initiative and/or new questions for stakeholders.

https://ec.europa.eu/health/non_communicable_diseases/overview_en

Stakeholder input

1. Please provide the **name of the organisation** you represent.

Individual names will not be disclosed; the list of responding organisations may be published.

EuroHealthNet

2. On which strands of the EU NCD Initiative would you like to comment? Please select all that apply.

- Health determinants
- Cardiovascular diseases
- Diabetes
- Chronic respiratory diseases
- Mental health and neurological disorders

You can then fill in the relevant sections below. If you only fill in one section, please add any general comments you may have in the closing section.

Health determinants

1. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible. You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Priorities	Rationale	References
1	Build capacities to diagnose, communicate and act on the underlying social, environmental and economic determinants of health (SEEDs) and links between inequity and health.	‘Traditional’ approaches to prevent NCDs continue to focus on the provision of information to encourage people to modify their health and risk behaviours, despite extensive evidence that there are many deeper underlying socio-economic and environmental factors beyond individual control (income, employment, education, social support) and accumulating along one’s life-course that affect their health choices. In addition, factors, like polluted and noisy environments, or a lack of support for occupational health and safety, are unequally distributed across population and are source of health inequalities. Good quality data and evidence are important to identify health inequalities and the affected groups, to demonstrate the impact	Analysis on Social determinants and non-communicable diseases: time for integrated action (BMJ 2019;364:l251) EuroHealthNet Policy Precip: Making the link – Using Health and Social Data to Monitor Health Inequalities

This calls, first and foremost for **strengthening health inequalities information monitoring systems** as well as a **whole-of-society governance for health approaches**.

To achieve this, **build on the approach taken by and the work of the EU Joint Action on Health Equity Europe (JAHEE)**.

of social and economic conditions on health, a social gradient therein, and to co-create solutions with the affected populations. Structures and mechanisms that facilitate collaboration between different sectors ('health in all policies', or 'governance for health' approaches) are also crucial, to act on this information. The EuroHealthNet Policy Precipis on using (integrated) health and social data to monitor health inequalities provides several pathways for progress at EU level and drawing on good examples from our members.

This requires **Health Inequalities Information Monitoring Systems (HIMS) to be put in place**, aligned across governance levels within as well as between states, establishing structures and mechanisms that encourage, enable and reward collaboration across sectors. National statistical services must, in collaboration with the relevant entities, have the **capacity to develop, collect and analyse the data, to measure health impacts of policies and initiatives, and to communicate on and apply this information to broader public and in policy making arenas**. Correlating health data with social, economic, and environmental data, and strengthening the equity elements of existing health monitoring systems will support development of evidence-based and targeted policies and interventions for improved health equity. This includes areas still considered difficult to reach out to – income, fiscal, investments policies.

This priority and rationale are firmly rooted in the experiences and outputs of the Joint Action Health Equity Europe (JAHEE) (2019-2021), which had work-strands that focused on Monitoring, and Health Equity in all Policies/Governance for Health. Since existing structures and capacities to measure and act on the social determinants of health, and their distributional impacts, vary greatly across countries in Europe, there is not a 'one size fits all' approach to **enable all countries to build HIMS and governance for health approaches**. The focus should rather be on encouraging and enabling the relevant professionals to learn from one another, as was done in JAHEE. **'Frontrunner' actors in different areas could set out effective approaches, that could be adapted, replicated, and evaluated** more rigorously by relevant actors in other countries, in ways that are adapted to their conditions. We urge that such an initiative be able to include the participation of non-state umbrella organisations, who can contribute valuable administrative and technical support to state actors and help ensure their effectiveness.

All JAHEE outcomes demonstrate what can be done to reduce health inequities. Of particular relevance are:

- Policy Framework for action on Monitoring
- Policy Framework for action on Health Equity in All Policies/Governance

[JAHEE policy Dialogue "The role of Health Equity Impact Assessments and Audits in Building Back Better and Fairer"](#) (23 June, 2021)

(Updates of the Policy Framework documents and more recent JAHEE deliverables are pending final approval from HaDEA and are not publicly available yet)

<p>2 Capitalize on the ‘green transition’ to design and implement policies and initiatives that also generate greater health and equity.</p>	<p>Many policies and initiatives that restore the environment can also lead to better health (consumption of less meat, more fruits and vegetables, active travel, more green space, indoor thermal and air quality) and to greater equity, if these factors are taken into consideration in the design and implementation of these initiatives. There is evidence that eco-anxiety is undermining mental health across society, particularly of young people, while health concerns are a strong motivator to encourage pro-environmental behaviours (rather than environmental concerns in and of themselves). These concerns and motivations can be harnessed to help achieve EU Green Deal related targets. There is a clear window of opportunity, and now is the crucial time for the health sector to collaborate with other sectors and negotiate interests in the development of policies and interventions to achieve the European Green Deal.</p> <p>Against the backdrop of the geopolitical developments such as the Ukrainian crisis, where food insecurities and rising energy prices dominate the EU agenda, it is important to ensure that policies related to food and energy production and the ‘greening’ of society in general are designed and implemented in ways that also improve health at their core, and that they are evaluated for impacts across these dimensions, to maximise co-benefits for the environment, health and social equity.</p> <p>This entails investing in ‘Educating for Sustainability’, well-being and health, to encourage such holistic thinking and to enable professionals to develop the knowledge and tools to design implement and evaluate effective initiatives that benefit ‘people and the planet’.</p> <p>Workplace conditions are also an important ‘environmental’ determinant of health, with evidence that inclusive organisations and workplaces that are ‘purpose’ driven to contribute to planetary health benefit the health of those who work there.</p> <p>Finally, health professionals can inadvertently achieve many of their goals of improving health by improving social, economic and environmental determinants of health equity. They can do so by getting actively involved in consultation processes, EU Joint Actions, and other national/EU avenues to ensure that Resilience and Recovery and Cohesion Fund spending undergo more Health Equity Assessments and contributes to reducing, rather than widening of health inequalities gap.</p>	<p>INHERIT, a Horizon 2020 Research initiative (2017-2019) that focused on ‘triple-win’ solutions for the environment, health and equity.</p> <ul style="list-style-type: none"> -INHERIT Policy Tool Kit -Encouraging and Enabling Lifestyles and Behaviours to Simultaneously Promote Environmental Sustainability, Health and Equity: Key Policy Messages from INHERIT -Ten Lessons for Good Practice for the INHERIT Triple Win: Health, Equity, and Environmental Sustainability - Climate crisis and eco-anxiety <p>BMJ (2019): Environmental risks and non-communicable diseases and Report on EuroHealthNet Country Exchange on climate change and health</p> <p>EuroHealthNet responds to public consultation on education for environmental sustainability</p> <p>Workbox on Employment and Chronic Conditions: Action co-developed by a number of Joint Action CHRODIS+ partners and piloted in workplaces</p> <p>Recovery and Resilience Plans: drivers to promote health and wellbeing in the European Union? (2021)</p>
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3 **Invest in good (early) childhood conditions amongst the more and most vulnerable** as a critical entry point for health across the life course.

(See also section below on 'mental health' and psychosocial, socio-emotional wellbeing as a priority area)

There is ample evidence that **poor health in utero, infancy and early years increases cumulatively throughout the life-course**, often through negative reciprocal effects for other living conditions. Adverse childhood experiences have a profound negative impact across the life course, including higher risks of developing NCDs and greater vulnerability to infectious diseases, while interventions that promote the health and well-being in early years and throughout childhood and youth can generate high returns on investment. It is therefore crucial to begin early to ensure a healthy start, through pre-natal and early childhood services, health and equity promoting childcare institutions, kindergartens, primary and secondary schools.

Educational settings play an important role in detecting vulnerabilities in children and to help them develop healthy behaviours, setting children and youth up for good health, over their life course. School cultures and structures have an impact on shaping the habits that influence physical and mental health from an early age. In addition, there are well-established links between health status and educational outcomes; children who feel good in school and are healthy, their school attendance levels, and academic outcomes improve, which in turn improves well-being and prospects. This calls for **strengthened and integrated "whole-of-school" approaches to health placing equity and participatory measures at the core**, as promoted in the CHRODIS+ initiative.

[The Lancet \(2019\) Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis](#)

Addressing child health inequalities through the European Child Guarantee (ECG) - A [report](#) of the online Country Exchange Visit organised by EuroHealthNet that includes reference to promising practices on: early childhood interventions, interventions for school-aged children, initiatives to tackle inequalities in nutrition and data collection and monitoring. addressing the needs of homeless children or children experiencing severe housing deprivation, children with disabilities; children with mental health issues; children with a migrant background or minority ethnic origin, particularly Roma; and children in alternative, especially institutional, care

Giving all young children a healthy start – an exchange on evidence-based interventions – A [report](#) of the Country Exchange Visit organised by EuroHealthNet and Santé Publique France. It information on policies and practices on child health and wellbeing and different country experiences on interventions addressing early childhood, as a critical period to reduce inequalities across the life course.

			<p>The Joint Action on Chronic Diseases (CHRODIS+) (2017-2020) has demonstrated the value of schools as health promoting settings, as well as other EU-funded projects such as the STOP (Science and Technology in Childhood Obesity Policy) project, where it aimed to generate evidence on the factors contributing to childhood obesity in the EU and the necessary policy solutions.</p> <p>Outcomes of DRIVERS project on Early Childhood Education (2015). Improving health equity through action across the life course: Summary of evidence and recommendations from the DRIVERS project.</p> <p>The Right Start to a Healthy Life GRADIENT project</p>
4	<p>Invest in making local communities ‘umbrella settings for health’ and in integrated community care initiatives, which address primary care, social services, social prescribing, physical activity, and age-friendly environments.</p>	<p>Local authorities and municipalities, and community consortia/citizens panels can be regarded as ‘umbrella settings for health’ since they have direct access to local populations and environments such as schools and care centers, retailers, public procurers and entrepreneurs, public spaces and safety carers, neighbourhood groups, and workplaces, and provide (basic) services of general interest. In this regard, local authorities can influence many of the underlying social, environmental, and economic determinants of health (SEEDs) that affect people’s lives and health (e.g., community engagement, social services provision, transport, provision and quality of green space, cultural or sport activities). In our contribution to the European Commission’s consultation on the European Care Strategy, EU targets for early childhood education and care, and affordable quality long-term care we recommended such settings as best placed to address health and social equity holistically and effectively.</p>	<p>Municipalities as umbrella settings - JAHEE</p> <p>During the European Commission’s Workshop EU4Health Programme 2021: potential solutions for a healthier European Union, EuroHealthNet, amongst others, called for the need to support MS to make the transition from unsustainable care systems to more health promoting health systems through use of new models. More information here.</p>

		<p>As outlined throughout the JAHEE project, for local authorities to act as umbrella settings for health, support is needed on multiple fronts (capacity-building, tools, resources, funding by national/regional governments/the EU) to strengthen action at municipal level. Through this support, municipalities would be better able to position themselves as the responsible entities to, for instance, implement the necessary public health interventions, evaluate the quality of living through tools (such as the Scottish Place Standard Tool to assess the quality of living areas), and develop more strategic approaches with schools, workplaces, and local health services, amongst others, to serve as implementers of health and wellbeing at a microlevel.</p> <p>Integrated health and social services provide new impetus to move from healthcare systems to health-promoting systems, including more emphasis on primary and community care (integrating public health, health promotion and disease prevention). Integrated services include the prescription of non-medical treatments/social prescribing (e.g. prescribing exercise, programmes to combat loneliness, employment support, income support etc.). Framing this shift within the return of investment it brings in the short- and long-term is equally important, to demonstrate the costs of existing interventions versus those of more forward-looking practices.</p>	<p>EuroHealthNet response to the European Care Strategy, the revision of the EU targets for early childhood education and care, and a proposal for affordable quality long-term care.</p>
5	<p>Invest in capacity to address the commercial determinants of health</p>	<p>Commercial marketing and its determinants have a wide impact on health outcomes, including the prevalence of NCDs and of their risk factors. Commercial determinants of health affect everyone, but young people are especially at risk, and unhealthy commodities and obesogenic environments worsen pre-existing economic, social, and racial inequalities. Against this background, we – collectively as the EU - need to reinforce our approach to tackle commercial determinants by:</p> <ul style="list-style-type: none"> • Strengthening the capacity of health professionals and the tools they use to push back against the commercial determinants of health by forging better policy and legal pathways to identify and report on unfair/harmful marketing (including digital) or taxation practices (tobacco, alcohol, ultra-processed and sugary foods and drinks). Such capacities would need to be additionally supported by efforts to raise awareness amongst policymakers and decisionmakers about the long-term effects of such determinants, backed by evidence-based findings. 	<p>EuroHealthNet’s position on facilitating healthier food choices</p> <p>Analysis on the role of social marketing in public health (Oxford Medicine Online)</p> <p>EuroHealthNet’s Thematic Working Group on Social Marketing for Addressing Addictions initiatives:</p> <ul style="list-style-type: none"> • MoisSansTabac – Publique Sante France • Help me Quit – Public Health Wales • Pure Smokefree – Trimbos Instituut Netherlands

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| | <ul style="list-style-type: none"> • Facilitating the transformation of European food systems towards ones of greater sustainability, supporting quality and healthy diets and nutrition, by moving towards the increased production, promotion and consumption of nutritious food, plant-based food, while reducing the appeal, availability and affordability of products/foods contributing to unhealthy and unsustainable diets, characterized by ultra-processed/high intake of fat, sugar and salt foods and beverages. This would also feed into and impact the cardiovascular diseases and diabetes vertical strands, EU's efforts to beat cancer, and synergies with other instruments (the Farm-to-Fork strategy, upcoming Sustainable Food Systems initiative, and the Common Agriculture Policy). This may require developing a Sustainable Food System Indicator to measure progress in transitioning to healthier and more sustainable European food systems, as part of the European Semester and/or the implementation of national Recovery and Resilience efforts, for example. Some work in this regard has been initiated by EuroHealthNet in the context of the Joint Action Best-ReMaP. • Shifting towards social marketing (marketing for the common good), to counteract commercial practices of the 'addiction' industry and advance on health promotion and disease prevention, including in digital environments. EuroHealthNet has created a thematic working group on social marketing to tackle addictions, bringing together experts from public health institutes to exchange knowledge and practices regarding all aspects of social marketing in the public health field. The group has predominantly focused on effective marketing strategies to reduce tobacco and alcohol consumption, discussing key challenges to reach key demographics, lessons learned from past efforts and the way forward. | <ul style="list-style-type: none"> • Rookvrije Start – Flemish Institute for Healthy Living/GezondLeven |
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2. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible. You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost/effectiveness, or why it should be tried as a novel option with high impact).

Priority area this action is linked to:	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
1	Italy: developed a social stratifier in health records to facilitate the assessment of health inequalities	As part of the JAHEE work-strand on Monitoring, the Ministry of Health commissioned the Piedmont region to design and pilot a procedure to gather individual data on a social covariate, which would subsequently feed into prospective Health Equity Audits carried out within the Italian National Health Service. In doing so, four Italian regions (Piedmont, Emilia Romagna, Lazio, Puglia covering 16 million inhabitants) agreed to test the feasibility and results of the new model that correlates the social status variable collected in the population census and health data collected in the regional health information systems (such as hospital admissions, pharmaceutical prescriptions, medical visits, and examinations). Two social covariates were taken from individual data of the population census: education (low, medium and high) and area-based deprivation.	More information available here .
1 & 3	Italy: made Health Equity Audits a legal obligation in the new National and Regional Prevention Plans and developed and implemented a capacity building process to enable 20 Italian regions to fulfil this.	As part of JAHEE, the Istituto Superiore di Sanità and Piedmont Region-ASLTO3 support and coordinated the introduction of the equity lens approach in the new National Prevention Plan and in the single Regional Prevention Plans (2020-2024). The Plan made Health Equity Audit a binding obligation; the action involved a capacity building process in all 20 Italian regions to help the fulfil this new obligation. It demonstrated how the combination of a new legal duty and technical support for capacity building can help to mitigate the heterogeneous and fragmented capacity of policy response to inequalities in prevention.	A description of the training program is available at: https://www.disuguaglianzedisalute.it/lequita-nei-piani-regionali-di-prevenzione-secondo-modulo-formativo-25-26-febbraio-2021/ The toolbox of is available on request in the specific platform of the National Prevention Plan of the Ministry of Health.
1	Belgium: Initiated a health equity in-all-policies approach at Federal Level	Health equalities have been on Belgium’s radar for quite a while, however action on this front has been lacking - with no formal mechanisms (except for the Constitutional right to health) or specific funding in place to tackle health	Scientific report on Health System Performance Assessment: how equitable is the Belgian health system?

	<p>by facilitating research and monitoring, appointing 20 health equity ambassadors within different Federal departments.</p> <p>This action was piloted and evaluated as part of the JAHEE Work Package on Health and Equity in all Policies Governance.</p>	<p>inequalities. Through JAHEE, 20 health equity ambassadors were appointed to serve as the main contact point to promote health equity within different Federal departments. Their role is also to promote health equity impact assessments in future policies/projects within their field.</p> <p>The implemented action generated more political attention on the topic of equity and health inequalities (the implementation of Health-in-all policies was mentioned in a ministerial policy brief, in all Federal administrations, and in the new proposition of the new sustainable development plan). It also stimulated research on the monitoring and evaluation of equity and financial accessibility of the Belgian health system, providing grounds for the regular evaluation of equity in the health sector by the Belgian Health Care Knowledge Centre (KCE). The undertaken action highlighted the great potential the network of health equity ambassadors has for the implementation of health-in-all policies.</p>	
1	<p>Slovenia: Transforming the reporting on health equity in the health sector, from a health indicator approach to a policy indicator approach.</p> <p>Action was piloted and evaluated as part of the JAHEE Work Package on Health and Equity in all Policies Governance.</p>	<p>The reporting on health inequalities in Slovenia has been primarily focused on collecting, analysing, and presenting data on health gaps between different population groups. Through JAHEE, the National Institute of Public Health implemented an action to transform the reporting on health equity in the health sector, from a health indicator approach to a policy indicator approach, to improve networking and understanding amongst sectors. This was done by conducting a case study on the different health equity reporting approaches between 2011 to 2021. The results were brought together into a report. The action, as expected, enhanced networking among sectors, led to more aligned reporting, better understanding of the influences of policies on equity. The evaluation of the action relied on process indicators (number of engaged sectors, number of meetings), output indicators (Health Equity report for Slovenia and case study report) and the changes in the attitudes of health-related sectors towards reporting on the influence of sectoral policies with respect to the situation of health equity in the country.</p>	<p>Case Study on inequalities in health future challenges for intersectoral cooperation.</p>

<p>3</p>	<p>Wales: Adverse Childhood Experience Support Hub (school-based intervention).</p> <p>The actions have been piloted.</p>	<p>The adverse childhood experience (ACE) support hub, funded by the Welsh government, delivers awareness and trauma-informed practice training to primary and secondary schools across Wales.</p> <p>Understanding of adverse childhood experiences (ACEs) and their longer-term impacts within child refugee and asylum-seeking population is a first step in ensuring these children get the support they need to overcome these and lead healthy, happy lives. Public Health Wales has written a report to bring together what is known about ACEs in refugee and asylum-seeking children arriving and settling into host countries. Furthermore, Public Health Wales has implemented a project to gain insight into the views of primary school education providers on their available support and potential resource gaps as they strive to meet the needs of refugee and asylum-seeking children.</p> <p>To ensure that the training continued during the pandemic, resources were made available online. Resources are available for all schools, and in 2020, two-thirds of primary schools had completed the training.</p>	<p>Support Hub</p> <p>Research article on the impact of COVID-19 on children and young people’s experiences of violence and adverse childhood experiences.</p> <p>Public Health Wales report on Adverse Childhood Experiences in child refugee and asylum-seeking populations</p> <p>Public Health Wales project</p> <p>Leung J. et al. (2020). Exploring the perspectives of providers of education and educational support services on their ability to meet the needs of sanctuary-seeking primary school children in South Wales. (link)</p>
<p>3</p>	<p>Ireland: Active School Flag Initiative, also transferred and piloted in Lithuania and Italy through CHRODIS+ project</p> <p>Initiative has been piloted and evaluated, and is also listed in SGPP Best Practice Portal</p>	<p>The Active School Flag (ASF) is a Department of Education and Skills initiative supported by Healthy Ireland, and part of the National Physical Activity Plan, providing schools with a framework to guide, support and incentivise them to work towards achieving a physically educated and physically active school community.</p> <p>The initiative is underpinned by the “whole-of-school” method, encouraging a participatory approach of self-reflection and action planning across the whole school community to strengthen physical education and literacy programmes.</p> <p>The ASF was transferred and piloted within primary schools in Italy and Lithuania to address the low physical activity levels among children. This was achieved by the organisation of site visits in Ireland and the implementing</p>	<p>Active School Flag</p> <p>Final Report of CHRODIS+ WP 5 on health promotion: Building on what works: transferring and implementing good practice to strengthen health promotion and disease prevention in Europe</p> <p>Research article evaluating the ASF Initiative</p> <p>Video of Transfer experiences in Italy and Lithuania [2:74-9:33]:</p>

		countries, the translation of ASF resources and the introduction of new activities promoting movement in schools.	
3	England: Green Gym and Meat Free Mondays	Green Gym and Meat Free Monday was a ‘case study’ designed in the context of the INHERIT research project that combined two sustainable practices in a London primary school: integrating gardening activities within the curriculum (Green Gym), and implementing a meat-free (plant-based) lunch once a week (Meat Free Mondays). The goal is to encourage children to adopt healthy dietary behaviours, increase physical activity, social relations, encourage environmental attitudes and use green spaces in schools. The case looked at the challenges and opportunities for implementing inter-sectoral cooperation.	Green Gym and Meat Free Monday - INHERIT Effects of a School Based Intervention on Children’s Physical Activity and Healthy Eating: A Mixed-Methods Study
4	The Scottish Place Standard Tool – piloted by Germany, Spain and Slovenia	The Scottish Place Standard Tool provides a framework to structure conversations to assess the quality of a place, addressing both the physical and social elements which support health, wellbeing and high quality of life. The tool can be used by a variety of stakeholders to assess what works about their place and where it needs to improve, and provides a structure for: <ul style="list-style-type: none"> • evaluation and improvement of new and existing places; • conversations between different actors • consistency in the delivery of high quality, sustainable places; • Reduction in health inequalities <p>As part of JAHEE, this tool was piloted and tested in Germany, Spain and Slovenia, with data to be collected on their evaluation.</p>	Scottish Place Standard Tool
4	Iceland: Aligning Health Promoting Communities and the Sustainable Development Goals	The Health Promoting Communities (HPC) Programme is led by the Directorate of Health in Iceland (DOHI) in collaboration with other local authorities and stakeholders. It is an integral part of national policy documents, such as the Public Health Policy (2016-2030). Through the programme, the DOHI has signed agreements with 34 local governments, covering 93.5% of the Icelandic population. An HPC coordinator is appointed within each of these municipalities to bring together and oversee a local steering group of	Article from EuroHealthNet magazine Final Report of CHRODIS+ WP 5 on health promotion: Building on what works: transferring and implementing good practice

		<p>representatives from different municipal departments, to discuss data-driven health trends in the municipality covering major lifestyle determinants, health status, well-being, and health care services. Coordinators can also seek cooperation from each other.</p> <p>In some sectors however, health promotion is not seen as a primary responsibility. To overcome this, the DOHI strove to align the HCP objectives with the SDGs, which are in themselves related to the social determinants of health. This has in turn gained traction within the Prime Minister’s office, and a formal multi-stakeholder HPS steering group was established at a national level. DOHI has also established a national level multi-sectoral Consultation Platform for HPC and the SDGs.</p>	<p>to strengthen health promotion and disease prevention in Europe</p> <p>WHO report on Participatory approaches to reaching the Sustainable Development Goals in Iceland</p>
4	<p>Netherlands: Strengthened intersectoral cooperation between the health, social and urban planning sector in Dutch municipalities</p> <p>Action was evaluated based on its impact on the social determinants of health with an equity focus, as part of the JAHEE work package on Health and Equity in all policies Governance.</p>	<p>The Dutch Ministry of Health, Sports and Welfare has started funding municipalities to stimulate a local integrated approach to reduce health inequalities as part of the National Prevention Program. Nevertheless, intersectoral collaboration between the health, social and urban planning sectors, with a health equity at the core, has not always consistent at municipal level in the Netherlands. Pharos (The national expertise centre to reduce health inequalities) has focused on stimulating health equity in all policies, by strengthening intersectoral cooperation between the health, social and urban planning sector, with health equity at the core. Pharos engaged with three municipalities (Nunspeet, Maastricht and Utrecht) to: frame health equity within a physical environment setting; implement health equity within a neighbourhood renovation process and share knowledge to convince urban planners to take health equity into account</p>	<p>‘GezondIn’ (‘HealthyIn’) - Pharos</p>
5	<p>Ireland: The Sugar Sweetened Drinks Tax in Ireland</p>	<p>The Sugar Sweetened Drinks Tax from Ireland is an example of how fiscal measures can be used to discourage unhealthy behaviour. The Sugar Sweetened Drinks Tax (SSDT) is one of a number of measures being implemented under Ireland’s obesity policy and action plan “A Healthy Weight</p>	<p>EuroHealthNet Financing e-guide</p>

		<p>for Ireland – Obesity Policy and Action Plan 2016-2025” to reduce levels of obesity.</p> <p>It was initially applied to water and juice-based drinks which have added sugar and a total sugar content of five grams or more per 100 ml. The scope of the tax has since been extended with effect from 1 January 2019 to include certain plant protein drinks and drinks containing milk fats. Drinks with an added sugar content above 5g and below 8g per 100ml are taxed at 16 cent per litre (20 cent including VAT). Drinks with more than 8g of added sugar per 100ml are taxed at 24 cent per litre (30 cent including VAT). It is anticipated that the introduction of a SSDT will result in reduced consumption by incentivising individuals to opt for healthier drinks, as well as encouraging the soft drinks industry to reformulate products.</p> <p>The funds generated through this are allocated to general funds as hypothecation (the dedication of a specific tax for a particular expenditure purpose) is not a feature of the Irish tax system.</p> <p>Further to that, the WHO Europe has recently come up with a practical guide on how to use the taxation policies’ potential to increase healthy choices.</p>	<p>Sugar-sweetened beverage taxes in the WHO European Region: success through lessons learned and challenges faced (2022)</p> <p>Thow, AM, et al. (2022). Sugar-sweetened beverage taxes in Europe: learning for the future, European Journal of Public Health, 2022</p>
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3. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can do in collaboration with public health authorities and other parties?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Roles	Rationale	References	Other concerned parties
1	Advocating for health, as the primary societal goal	The COVID-19 pandemic and increasingly the climate crisis have/are demonstrating the centrality of health in our	EuroHealthNet Strategic Development Plan June 2021 - 2026:	EU institutions, national and regional public health

	<p>in today’s knowledge-based economies – achieved by addressing the social determinants of health through ‘proportionate universal’ approaches, to reduce health inequalities</p>	<p>lives, how policies and interventions developed in other sectors have a profound impact on health, often reinforcing existing structures and patterns of deprivation and inequality. The crisis has made the health sector and health professionals more visible; we must use this visibility to build trust among communities and continue advocating for what surveys across Europe reflect people’s value most – their health Health professionals (referring to all those who work towards health - including but not limited to public health experts, health promotion experts, epidemiologists, public officials working for public health authorities, social workers, health psychologists, nutritionists, health environment experts) must therefore continue to strengthen methodologies and build the capacities to look beyond their own sectors and work with other stakeholders to ensure that investments are more prevention-based and are made to achieve recovery and resilience contribute to healthier, more equitable populations, demonstrating how ‘more equitable societies do better’, on a very wide range of indicators.</p> <p>EuroHealthNet work focusses on strengthening the voice of health in policy making to improve co-benefits and achieve these goals, but we must involve, and work with a very wide range of stakeholders to achieve this.</p>	<p>www.eurohealthnet.eu for more information on our work and approaches</p> <p>The Economy of Wellbeing Council Conclusions (24 October 2019)</p> <p>Kate Raworth’s Donut Economics, focusing on an economy which “meets the needs of all within the needs of the planet”</p> <p>The Wellbeing Economy Governments partnership (WEGo) - a collaboration of governments who share expertise and policy practices, with the shared aim to build wellbeing economies. Another relevant partnership is the Wellbeing Economy Alliance (WeALL) - a collaboration of organisations, alliances, movements, and individuals, which also works towards a wellbeing economy, delivering human and ecological wellbeing.</p>	<p>authorities and institutes falling under the EuroHealthNet membership</p> <p>Organisations involved in ‘economy for well-being’ movements</p> <p>Funders and investors, health and social insurers, social infrastructure and social economy operators</p>
2	<p>Creating and sustaining platforms for cross-country knowledge exchange, to share promising practices and</p>	<p>Addressing the many determinants of health requires a community of cross-sectoral implementors, moving beyond the traditionally ‘siloed’ approaches between the health and social sectors. EuroHealthNet’s Thematic Working Groups and Country Exchange Visits provide</p>	<p>EuroHealthNet Thematic Working Groups List of previous Country Exchange Visits</p>	<p>European Commission’s strategic dialogues and high-level platforms</p>

	approaches to streamline health-in-all policies cross-sectorally	platforms whereby partners can exchange learning and experience on approaches to achieve this, in relation to different topics, like early child development, social marketing, climate change and health and integrated community care.	List of all our alliances/networks/ partnerships where we cross-pollinate EU health and non-health policy agenda's EuroHealthNet magazine	
3	Facilitating the transfer and implementation of selected practices at ground-level	Implementation of promising practices and approaches should be a strong component of the “Healthier Together” initiative, to truly drive change and reduce the cross-cutting burden of health determinants. EuroHealthNet has identified a wide range of promising approaches and practices in the context of the EU co-funded projects that it has led or been involved in, and other activities. The most relevant are captured in the Database on our website , and in the Health Inequalities Portal – an information hub comprising of tools, practices, policies, research, and other resources which address health inequalities in Europe, to make this learning available to and engage a wide range of stakeholders.	List of projects EuroHealthNet is involved in EuroHealthNet’s Country Exchange Visits and TWIGs Health inequalities portal	

Mental health and neurological disorders

4. Please indicate your **priorities for EU-supported action** in this strand.

Please select up to five priorities and be as specific as possible.

You may provide a short clarification on why these priorities rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Priorities	Rationale	References
1	<p>Integrating and/or strengthening more comprehensive mental health policies and practices during both “peace” time and “crisis” times (including humanitarian and refugee crises)</p>	<p>Presently, there is a heavy focus on mental health treatment, as opposed to mental health promotion and protection (a positive/assets-based approach). It is therefore essential that the mechanisms in place shift from a curative <i>modus operandi</i> to more health promoting systems which uphold prevention and positive mental health promotion.</p> <p>This shift needs to be consolidated within health and social systems used in both “peace” times and “crisis” times. In other words, mental health promotion and protection should be an intrinsic element of both day-to-day services and emergency operations triggered by health / social / humanitarian and refugee crises. Such a need can be evidently demonstrated by the disproportionate impact COVID-19 had on mental health, highlighting the vulnerabilities of existing systems and the equivalent importance of addressing mental wellbeing in countries’ preparedness, response, and recovery strategies. The integration of proper mental health promotion should also be extended in the face of conflict, so that the population at large, particularly the frontline emergency care workers, are given the support needed.</p> <p>Moreover, defining accountabilities for a public mental health response is crucial, particularly in sectors where health is not the primary field of action, such as in education, social protection, public administration, amongst others. Increasing awareness of the potential and role of mental health</p>	<p>EuroHealthNet webinar on “Public sector responses to addressing mental health needs at population level of the COVID-19 crisis now and looking ahead – sharing of good practices and learnings”</p> <p>EuroHealthNet and National Institute of Public Health of the Republic of Slovenia (NIJZ) analysis “What was the role of public health agencies in addressing the mental health needs of the population during the COVID-19 pandemic?”</p> <p>EuroHealthNet statement: Mental health in the eye of the COVID-19 hurricane. We recommend to:</p> <ol style="list-style-type: none"> 1. Integrate mental health concerns into all crisis-response activities; 2. Communicate efficiently while containing panic and fear; 3. Protect the mental health of frontline workers;

		<p>promotion and prevention in such sectors is imperative for a successful public health response.</p>	<ol style="list-style-type: none"> 4. Recognise the role of informal carers and provide them with adequate support, counselling and training; 5. Assess and manage risks in work organisations; 6. Ensure timely access to and continuity of treatment and care for all who need it during and after the pandemic; 7. Protect the mental health of people in vulnerable situations, including older persons; 8. Adopt a whole-of-society approach to mental health
2	<p>Promoting targeted positive mental wellbeing across the life course, with special focus on demographics with the most unmet needs</p>	<p>Mental health needs vary across the life course, and it is essential that promotion and protection services are tailored accordingly. Moreover, some people are more vulnerable than others – with risk factors including poverty, loneliness, unemployment, and pre-existing mental health problems. By way of prioritisation, services should target demographics with the most unmet needs along the social gradient by ensuring that such services can be accessed in an equitable and affordable manner, and can include:</p> <ul style="list-style-type: none"> • early childhood interventions which promote a stable and protective environment to support their formative years and are sensitive to children’s health, developmental, social and educational needs • social support and targeted engagement with elderly populations • specialised outreach programmes for vulnerable people (such as psychosocial interventions for minority groups) • mental health interventions to tackle addictions • occupational mental health measures (such as parental leave, flexible working arrangements, the “right to disconnect” after official working hours) 	<p>EuroHealthNet webinar on “Public sector responses to addressing mental health needs at population level of the COVID-19 crisis now and looking ahead – sharing of good practices and learnings”</p> <p>WHO fact sheet on Mental Health</p> <p>EuroHealthnet response to the European Commission consultation on the European Care Strategy, the revision of EU targets for early childhood education and care, and a proposal for affordable quality long-term care.</p>

3	<p>Integrating mental health measures in social welfare, labour, education, and youth policies, streamlining psychosocial models of mental health and wellbeing in the policy-making processes</p>	<p>Mental health services were already over-stretched and weakly integrated within psychosocial settings before the pandemic. COVID-19 exacerbated such infrastructural vulnerabilities and brought about a new wave of challenges, severely restricting social connection, employment and educational engagement, access to open spaces and health services, amongst others, which bore a disproportionate burden on the population’s mental health.</p> <p>It is therefore important that national frameworks and resources are set up or strengthened to support certain settings, particularly education and employment settings, in effectively integrating provisions that promote and protect mental health and wellbeing in their daily practices.</p>	<p>Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response – OECD report (2021)</p> <p>EuroHealthnet response to the European Commission consultation on the European Care Strategy, the revision of EU targets for early childhood education and care, and a proposal for affordable quality long-term care.</p> <p>EuroHealthNet Contribution towards the Roadmap for the EU Strategic Framework on Health and Safety at Work (2021-2027)</p> <p>The promotion of psycho-social health: multidisciplinary, integrated and institutional approaches to prevent violent behaviours and support victims of violence, EuroHealthNet Country Exchange Visit 2019, Italy</p> <p>EuroHealthNet Policy Precip: Making the link-Working conditions, health and equity.</p>
4	<p>Moving towards more proactive mental wellbeing systems, with the support of data-driven foresight analysis</p>	<p>There is increased awareness of the intrinsic vulnerabilities of mental health systems. Our efforts to fortify the resilience of mental health systems should therefore also support the development of more proactive services, based on tackling the evidence-based determinants of mental ill-health and health and social inequalities. This can be done by strengthening existing data tools, contributing to larger databases, such as WHO’s proposed Mental Health Data Platform and reviewing existing methodologies. These data provide a strong basis to identify current trends, projected forecasts, and</p>	<p>Public health foresight exercise carried out by EuroHealthNet members in light of COVID-19</p> <p>EuroHealthNet responses to the EU4Health 2022 Workprogramme</p> <p>EuroHealthNet responds to Consultation on European Health Emergency Preparedness and</p>

	the most affected population groups, supporting the scientific community as well as public authorities in anticipating new and emerging risks to mental health associated with a transforming Europe, and contribute to better and inclusive public mental health preparedness	Response Authority, and the European Health Union
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5. Please provide your selection of **effective policies, best practices, promising approaches** and innovative actions (to be put for consideration of Member States) to effectively address the priorities.

Please list up to ten suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

Please indicate if the action has been evaluated or piloted, whether there is information on (cost-)effectiveness, or why it should be tried as a novel option with high impact.

Priority area this action is linked to	Effective policies, best practices, promising approaches or innovative actions	Rationale	References
1	EuroHealthNet E-guide for Financing Health Promoting Services	<p>This e-guide provides a promising approach to drive financing towards health promoting services by providing concrete “out-of-the-box’ examples of how investment in health promotion and disease prevention can be mobilised, encouraging collaborations within and across sectors to improve health and wellbeing for a healthier society and advocating the need for systemic change and strengthening integrated health systems. In line with this, the e-guide includes information on:</p> <ul style="list-style-type: none"> • Planning for strategic opportunities • Systems thinking • Transformation of health systems • Investing in sustainable community-based systems • Fiscal sustainability 	Guide

		<ul style="list-style-type: none"> • Technological transformations • Foresight and evaluation 	
2	<p>Building social and emotional skills to boost mental health resilience in children and young people in Europe, BOOST project</p> <p>The action has been piloted and evaluated.</p>	<p>Social and emotional skills are an important part of mental health promotion and many school-based Social and Emotional Learning (SEL) programmes providing these skills have proven effective in increasing social wellbeing and academic achievement in children.</p>	<p>The need for a more systematic approach to promoting mental wellbeing among children in schools</p>
2	<p>Positive Discipline</p>	<p>A systematic review was undertaken as part of DRIVERS to identify interventions that improve health during early childhood (1999-2013) found that the most effective were those that offered intensive support to improve parenting capacities. Positive Discipline is a programme developed in the US but being implemented internationally, to teach young people to become responsible, respectful and resourceful members of their communities. Positive Discipline teaches important social and life skills in a manner that is deeply respectful and encouraging for both children and adults (including parents, teachers, childcare providers, youth workers, and others).</p>	<p>About Positive Discipline Dr. Jane Nelsen</p>
2	<p>Belgium: Happiness in the classroom (school-based intervention)</p> <p>The action has been piloted and evaluated.</p>	<p>Happiness in the classroom is a multi-component intervention for teachers in both primary and secondary education. The basis is an online platform ('Happiness in the classroom'), which is part of the general Belgian Healthy Schools-website. The platform contains a broad array of information and ready-made materials to use in the classroom, to support the implementation of this intervention. To this end, the initiative offers:</p> <ul style="list-style-type: none"> • Accessible information for teachers on mental wellbeing and mental health competences • Information for teachers regarding the promotion of mental wellbeing in the class and broader context (classroom climate, self-care for teachers etc.) 	<p>More information on project</p>

		<ul style="list-style-type: none"> • Happy Snacks: 'hybrid' toolbox, aiming to 'train' young people in applying mental health strategies on a day-to-day basis. Additionally, teachers are stimulated to use the 'Happy Snack box' in their classroom. This box contains 48 cards, a manual, a simple screening tool (to support teachers to make a quick needs assessment in their class). There is a separate Happy Snacks toolkit for primary and for secondary education. • There is also an accompanying educational package contains lessons for 5 different age groups (6-8, 8-10,11-12, 13-15 and 15+), with different pedagogical approaches, with age-appropriate methods on explaining mental wellbeing. 	
2	<p>The Netherlands: "Happyles"</p> <p>This action has been piloted and evaluated.</p>	<p>"Happyles" is a lifestyle intervention that aims to enhance well-being and prevent depression in young people aged 13-25 in secondary education. "Happyles" is developed by the Trimbos Institute (Netherlands Institute of Mental Health and Addiction). The program is specifically developed to reach youths from low-socioeconomic status families. Since they are less inclined to seek help for their depression symptoms themselves, it was decided to offer "Happyles" in a school setting.</p> <p>Happyles consists of four lessons and an individual conversation. Through the lessons, young people gain insight into factors that influence their happiness, and they receive tips to get a better grip on their lives. The young people complete a Happyles test twice with questions about their well-being and possible feelings of sadness. After the lessons, the trainer conducts an individual consultation with each student based on the test. The trainer will refer students if necessary. Happy lessons are given by specially trained trainers, which are employed by a local organization in the municipality or region of the school. The Trimbos Institute provides a one-day trainers' course, so that they can provide the Happyles lessons at schools.</p>	More information on project
2	<p>Greece: Detecting depressive symptoms and mild mental disorders in older groups.</p>	<p>This action sought to train health professionals to use specific diagnostic tools (including the Geriatric Depression Scale, Mini Mental State Examination and Clock Drawing Test) that would help in identifying depressive symptoms and</p>	"Help at Home" programme

	As part of JAHEE’s work package on “Improving Access to Health and Social Services for Those Left Behind”, the action was piloted and evaluated.	mild mental disorders in the elderly. Guided by the Ministry of Health and Education, the action was implemented by the health professionals involved in Greece’s “Help at Home” programme. Almost 200 participants were part of this capacity-building initiative and educated on how to promote mental health across older groups.	
2	Greece: Friendship at any Age: A program to combat loneliness and social isolation among older people	<p>The Prolepsis Institute implements the program “Friendship at every Age”, aimed at tackling social isolation and loneliness among older people, in collaboration with the international organization <i>Les Petits Frères des Pauvres</i>.</p> <p>Within this programme, groups of volunteers are set up at a local community-neighbourhood level. The volunteer groups provide support to older people through:</p> <ul style="list-style-type: none"> • Telephone communication or home visits on a weekly basis (which was the main avenue of outreach during the pandemic) • Collective activities, events etc. <p>Within the framework of the Friendship at every Age program, a helpline (210-6101300) was made available to older people who feel lonely.</p>	<p>“Friendship at every Age” programme</p> <p>More information here</p>
3	<p>Act-Belong-Commit Model of Mental Health</p> <p>This action has been implemented and evaluated.</p>	<p>The Act-Belong-Commit (ABC) approach, first implemented in Western Australia, provides an evidence-based lifestyle framework for mental health promotion, which can be applied at population level and within specific settings through the extensive use of social franchising. It targets individuals through activities which strengthen and maintain good mental health, as well as organisations which offer mental health-related activities as part of the “social franchisers” of the campaign.</p> <p>The Act (keeping active), Belong (develop a sense of belonging) and Commit (doing meaningful things) are the 3 main areas of approach which contribute to good mental health. Studies have shown that the ABC programme is cost efficient for governments since it is heavily based on a social franchising, community-based approach, as it largely utilizes existing infrastructures and the reframing of</p>	<p>Research article about the Act-Belong-Commit approach</p> <p>Evaluation of the approach</p>

		<p>existing services. They have also demonstrated that the implementation of the ABC framework is a valuable capacity-building resource for mental health promotion, providing a simple and understandable framework for individuals to work towards mental health promotion, and at a societal level, develop commitment, structures, systems and leadership in the field.</p> <p>Lastly, the campaign’s aims are consistent with the EU’s mental health promotion and mental disorder prevention policies and can be linked with the European Commission’s strategy on “Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union” (2005) and WHO’s Mental Health Action Plan.</p>	
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6. What could be **role of stakeholders** for achieving the priorities, and the actions that the stakeholders can/should lead and can/should do in collaboration with public health authorities?

Please list up to five suggestions and be as specific as possible.

You may provide a short clarification on why these suggestions rank high and add relevant links (e.g. scientific literature, reports of reference institutions, policy documents).

	Roles	Rationale	References
1	<p>Representing a European network of national and regional public health authorities</p>	<p>As outlined in the previous section on “health determinants”, EuroHealthNet represents a membership of 64 organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. Through its different communication channels with EuroHealthNet partners, the organization of Country Exchange Visits, events and meetings, and the establishment of Thematic Working Groups (TWIGs), EuroHealthNet is able to build meaningful collaborations amongst key experts to support the design and exchange of evidence-based mental health promoting-interventions.</p>	<p>EuroHealthNet Strategic Development Plan (June 2021 – 2026)</p>

2	Participating in WHO’s pan-European Mental Health Coalition and in the Joint Action on Implementation of Best Practices in the Area of Mental Health (ImpleMental) as key partners	EuroHealthNet’s involvement will serve to support the Coalition’s endeavours in developing a mental health leadership package , supporting the mental health and wellbeing across the spectrum and within different social settings, and the transformation of mental health services and data across Europe. Moreover, we are also part of a stakeholder advisory group on the Joint Action ImpleMental , further ensuring that we maintain synergies with key actors in the field, placing health equity at the core of our focus.	The Pan-European Mental Health Coalition
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Closing section

7. You may wish to add other comments (e.g. on the structure of the approach, information gaps, recommendations for better supporting stakeholders).

Comments (maximum 500 words)
<ul style="list-style-type: none"> As outlined above, whilst it is positive that health inequalities will be addressed throughout, EuroHealthNet nonetheless reiterates that there needs to be proper structures in place and capacities developed to ensure health inequalities are explicitly considered and gaps do not widen. This should be true to both the activities that will be carried out under the umbrella of the initiative, as well as the tools (financial, information etc) that will be developed/utilised for the purposes of Member State implementation. We further advocate that the final list of prioritized action should seek to go beyond the biomedical approach, capturing the social and environmental factors that contribute to the prevalence of NCDs across the social gradient. This would promote a more holistic implementation of activities as we strive to build back resilience in our communities and facilitate better and more meaningful cross-sectoral cooperation. What will be the next steps upon presentation of the list of priorities to tackle NCDs to Member States, and how will the NCD initiative be carried forward to ensure practical implementation? What are the reforms that will come out of this initiative? Will there be a structure in place for stakeholders to follow-up on the implementation and exchange with country-level implementors, and will this be subject to stakeholder feedback? With this in mind, we strongly highlight the need for a more institutionalized approach to the engagement of civil society organisations and non-governmental organisations at EU level and within Member States, to work towards an EU that enables proactivity and co-production of initiatives in multiple fields.

Please check the boxes that apply:

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I confirm that the document does not include personal information (e.g. names and contact details)

Thank you for your contribution