EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

Better Research for Better Health: EuroHealthNet's comments and recommendations

Introduction

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and health equity between and within European countries. We achieve this supporting members' work in EU and associated states through policy, project and research development, networking and communications. Throughout our 20 years of existence we have built up a wide and extensive portfolio of international collaborations. Our main focus is the European Union and its member states. We have also worked extensively with WHO/Europe and actors within that broader region. EuroHealthNet is proud to have contributed to building the increasingly large body of evidence underpinning the validity of the Ottawa Charter health promotion objectives.[1]

We are currently a network of nearly 50 organisations and institutes from 26 countries, also drawing in partners from other sectors and academia to foster knowledge-based practice and policy, whole-of-society approaches, and strengthened advocacy. To advance evidence-based whole-of-society approaches our partnership includes three pillars. At our core is Health Promotion Europe, bringing together (sub)national bodies publically responsible for health promotion and disease prevention. CIRI [2] is our research-oriented and included partners from the academic field. Our third pillar, PHASE[3] brings together a wider range of partners from health and other sectors, and focuses on policy and advocacy.

Our rapidly changing world requires us to be more dynamic, flexible and responsive than ever before. Thankfully, our body of knowledge has grown considerably in the past few decades, but more needs to be done in terms of applying such knowledge to implementation research. There is a need to test what solutions can work where and under what conditions, to ensure better health for all. Research should concentrate on practical solutions in real-life situations, which would add real value to the EU research programme. These solutions do not necessarily mean technological solutions; managerial, policymaking, community initiatives and other solutions may provide cheaper and more effective ways of dealing with public health challenges.

This acknowledges and should mobilise multi-sectoral whole-of-societies contributions and should centre around a mission (equitable health and well-being) rather than a sector or profession. It also means that we need to ensure that health is not seen only from a purely medical point of view, but from a holistic perspective that considers social and environmental determinants as having as much impact on health as biological and genetic factors.

[1] http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
[2] European Centre for Innovation, Research and Implementation for Health and Well-being
[3] European Platform on Health and Social Equity

General comment

The paper presents interesting points such as the importance of a multi-disciplinary approach and of data integrity, the mention of a need for preventative approaches targeting health, and reference to the implementation of health in all policies actions. As it stands, however, we fear that it does not represents a complete framework to ensure better research for better health. The approach in writing the paper is almost exclusively from a biomedical point of view, while it is documented that human health and well-being go beyond a purely medical approach to them. The paper would need a strong redrafting involving experts from other fields than medical disciplines (or health economy). Contributors should include, for instance, public health and demography experts, environmental health researchers, and social scientists. To limit the recommendations to the current proposal would endanger real progress in health for all.

Specific feedback

<u>A very dominant focus on biomedical research throughout the paper.</u>

The paper acknowledges that research should serve the ultimate purpose of improving health and wellbeing. If we are to achieve this, though, we need a truly multidisciplinary focus, not the very dominant biomedical one this paper radiates. In some parts of the paper (e.g. the beginning of subsection 3.7) the word "health" is even taken out of the picture, referring uniquely to "biomedical research".

This strong biomedical perspective may be the results of the composition of the panel that drafted it, which covers most medical specialisms, but does not seem to include public health experts or experts from other relevant disciplines. This is surprising, as a multi-disciplinary approach is recognised as a strong value in health research and in the paper itself. Moreover, while the SPH has been tasked with helping to achieve better health and wellbeing for all, there is no real strategic view described on how to achieve this that systematically brings on board the concepts of equity and the social determinants of health.

While other stakeholders are now being consulted, it would have been beneficial to include from the onset experts to reflect the broad range of disciplines and perspectives we need on board to improve our overall understanding of health, ill health and its determinants. As it stands, it is more difficult to provide extensive feedback on a paper that would have looked different if a multi-sectorial team had drafted it.

Nevertheless, examples of aspects that are overlooked or deserve more attention are:

- Understanding the drivers of health - including the causes of the causes-
- Population-based approaches
- Integrated approaches
- Equity
- Social innovation
- Health system dynamics
- Health policy
- Change management

The missed opportunity to address the above is surprising, especially as there are some paragraphs and statements on the importance of Health in All Policy and multi-sectoral work, although the paper does not elaborate on them.

Walk the talk on aspiration to improve health and well-being.

The Horizon 2020 programme is nearing its last two-year phase, yet we still have not seen how it delivers on its aspiration to improve overall health and well-being (not just repair or prevent individual ill health). If this paper is to help formulate a vision on research needs post-Horizon 2020, we need a good analysis of how we can make that shift and bridge the gaps in our knowledge. Research needs to look more on how to assess impact and study what factors play a role in the link between proposed solutions and health outcomes. Moreover, research should also focus on what are the best ways in which evidence can be disseminated efficiently and how we can encourage its uptake. This is essential if EU-funded research is to benefit society as a whole. Initial work on this has already been done within the DRIVERS project[4,5], but more research in this area should be done if we want research to have a real impact on health and on society.

What challenges to meet?

If the SPH is to come up with a vision on the kind of research we need to meet current global challenges, it would help to broaden its perspective on what these challenges are. For instance, it might be considered enough from a purely biomedical point of view to link human health to health in animals, plants and agriculture. If we are to consider human health holistically, though, we cannot reduce its moderating and mediating factors to those. What about climate change, migration, technology, inequity, global conflict, to name but a few? Where is the link with major new frameworks such as the Sustainable Development Goals?

Health has a firm place in the 2030 Agenda for sustainable development as a goal, determinant and indicator. In addition to the specific goal 3 on health the Sustainable Development agenda includes 10 other goals that relate to wider health determinants. Other clear synergies with health promotion approaches are its population, intersectoral and life-course perspectives.

With WHO we agree the integrated nature of the SDGs provides new legitimacy for addressing the wider determinants of health[6]. As the Goals are universal they can also boost whole-of-society efforts to achieve equitable health and well-being in countries of the European region. The dedicated goal on health ('Ensuring healthy lives and promote well-being for all') could and indeed should provide a platform for the development of integrated, health promoting research.

A useful exercise for the SPH would be to consider what kind of responses it could produce to the challenges described in the new Falkenberg paper on sustainability[7] (and its call to stop working in silos).

What innovation?

The SPH refers to the need to advance 'disruptive' technologies. However, innovations can come in many shapes and forms, and are not synonymous with technologies. Social innovation, for instance, has long been considered central to smart, sustainable and inclusive societies. Social innovations tend to be experimental in nature, testing out a range of alternatives and assessing which ones work using experimental methods such as pilot projects, demonstrations, test beds, etc. They are also cross-cutting, operating at and bringing together different levels (local vs. national) and cross or

[4] www.health-gradient.eu
[5] http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12112/epdf
[6] Health in the 2030 agenda for Sustainable Development, WHO, EB138/14, 2015. http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_14-en.pdf
[7] http://ec.europa.eu/epsc/pdf/publications/strategic_note_issue_18.pdf

multi-disciplinary, collaborative, making full use of the potential of new networked technologies, multi-stakeholder in nature and characterised by frequent and on-going dialogue (Social Innovation Europe, 2012[8]; Cunningham, 2005[9]).

The concept of 'disruptive innovations' has been developed to identify types of innovation that create new networks and organisational cultures, involve new players, and have the potential to improve health outcomes and the value of health care. As such, disruptive innovations displace older organisational structures, workforce, processes, products, services and technologies. In their recent (April 2016) publication on disruptive innovation for health and health care[10], DG SANTE's Expert Panel on Effective Ways of Investing in Health identified five strategic areas for disruptive innovation: health promotion, translational research, access to new innovative technologies, precision medicine, and health and care professional education. The panel acknowledged that health promotion has identified and developed 'a suite of less costly actions and strategies for improving health'. The Expert Panel also recognised that significant knowledge gaps (e.g. methods of development, frameworks for designing the necessary system changes) hinder the implementation of disruptive innovations in our European health systems, also making the case to invest in trans-disciplinary research and education at a pan-European level, and to support the development of health and social innovation labs.

Has the SPH liaised with this senior advisory panel to DG SANTE? Work on improving research for health would greatly benefit from taking on board their views on research as well.

Which values to support?

Section number 2, the value of health and biomedical research in and for Europe, concludes with a box stating that "health and research policies must support these values when addressing present challenges and opportunities".

This raises an issue with sub-section 2.3. While it is true that health brings economic value, it is concerning to suggest that health and research policies should support economic values –and that therefore economic values and objectives should be the leading factor in prioritizing research. The EU values are enshrined in the Treaty and our health ministers have defined common values of health systems as early as 2006: universality, access to good quality care, equity and solidarity.

This issue could be solved by moving the conclusive box before sub-section 2.3, or to mention the economic added value somewhere else. It would also be extremely useful to elaborate in the paper on the kind of research that would help support and reinforce such values.

What else is missing?

There are three key issues that must be addressed and used as a base for identifying key research priorities:

- Health problems among the poor/socio-economically worse off. The contribution to the overall health burden from these groups is likely to grow unless something is done about their situation and related health behaviour.

[8] https://webgate.ec.europa.eu/socialinnovationeurope/be/

[9] Cunningham, P. N. (2005). Innovation in the Public Health sector: A case study analysis, PUBLIN WP4: Synthesis Report. Publication link: www.aviana.com/step/publin/reports/d19-casestudies-health.pdf

[10] http://ec.europa.eu/health/expert_panel/opinions/docs/012_disruptive_innovation_en.pdf

- The significant role played by life style on the burden of disease. How to change that? Interventions and their effectiveness must be tried and evaluated. We need to better understand the conditions for their success and to what extent effective interventions can be replicated in other countries/regions, groups, cultures, and contexts in order to produce comprehensive models that can be flexibly adapted to face different realities. The challenge is also to develop different options for making change happen and provide mechanisms to stimulate motivate and support resilient lifestyle change.
- The need to work on the underlying causes for ill health and the social determinants of health. Research is needed in health and other sectors policies on how we organize health and well-being in our societies in a more sustainable manner. Assessing health impacts of policies from other sectors, like transport, food system, built environment, etc. are crucial as well as assessing their differential effects on population groups.

Conclusions and key messages

Research should not forget the importance of providing evidence for implementing actions that lead to equitable health and well-being.

A social gradient perspective should be included in most research projects around health, to ensure different socio-economic groups are reached and benefit from evidence-based interventions. This also applies to research in other sectors as a similar gradient exists there, too.

Research should test integrated, upstream policies and comprehensive strategies that address the systematic differences in health across the social gradient.

Health research should further strengthen and develop understanding of the impact and dynamics of integrated policies, and should advance dialogue with a wide range of policy areas: health research needs to go beyond health!

Progress to reorient health services has been relatively limited. Research needs to focus on the broader health systems agenda, including the current debates on system resilience and efficiency.

The Sustainable Development Goals provide a new framework to advance health promoting research. The agenda needs to be owned in European research, and work on goal 3 (health) should include multi-sectoral efforts.

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