EuroHealthNet evaluation 2021

An Analysis of Alignment in Health Policy Priorities in the post-COVID19 Recovery

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"People want to be able to thrive in healthy communities"

(WHO European Work Programme)

"Everyone has the right to timely access to affordable, preventive and curative health care of good quality."

(European Pillar of Social Rights principle 16)

I. Introduction

The present 2021 evaluation report for EuroHealthNet prepares the way for a transition from the EaSI[1] framework partnership 2018-21 into the new period 2022-25. To aid preparation for this strategy, we assess the degree of alignment in understanding the health challenges facing Europe and how they relate to wider social, economic and environmental challenges. This is important for two reasons: to inform the new strategy and to establish a baseline against which EuroHealthNet can measure future progress.

We have done this in a sample of EU Member States, comparing EuroHealthNet partners' (the expert level) understanding of challenges and priorities with that of governments (the political level) as perceived by EuroHealthNet partners. We have done so at supranational level between EuroHealthNet itself and international institutions the European Commission and the WHO. We tested the degree of alignment among public health leaders in terms of health policy - and among governments.

The reason for considering alignment between actors at expert and political level and across connected political systems is this: higher alignment in the policy context is considered a pre-condition for effective influencing on the basis of scientific evidence[2] - an important feature of EuroHealthNet's approach. High alignment is where policy-makers and stakeholders share similar opinions and preferences about the problem and how to tackle it. Low alignment is a context which is highly politicised, opinions are quite entrenched and dialogue is unlikely to lead to consensus.

The 2021 evaluation work is based on a partners' focus group discussion (26.04.21) and subsequent desk research into health systems[3] and EU funding priorities under the Resilience and Recovery plans[4]. It was also supported by the findings of the foresight work conducted jointly with Dutch EuroHealthNet partner RIVM[5].

There are some limitations to this methodology: it was difficult for experts to identify a strictly limited number of priorities and challenges in a complex area like public health with numerous drivers of inequalities. It was also difficult for public health specialists to act as political analysts in identifying wider political priorities outside of their area of health and wellbeing. There were also limitations to the desk research: it was not possible to find general post-COVID19 health policy priorities by governments, rather we relied on two sources. One was the Health Systems Policy Monitor which was helpful for understanding health policy context but is not up-to-date and the other was the EU Resilience and Recovery Fund, which is quite a narrow window onto health policy. Taking the two together (the focus group and the desk research) gives us some confidence in our findings.

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[1] EaSI: Employment and Social Innovation Programme, under which EuroHealthNet received an operating grant in 2018-21, now a strand of the European Social Fund+ programme 2021-27.
[2] C. Fox et al (2017): An Introduction to Evaluation, pp241-258. Sage: London.
[3] Health systems context information was taken from the Health Systems Policy Monitor. Web: https://www.hspm.org/mainpage.aspx accessed June-July 2021.
[4] National plans were reviewed in July 2021 for the sample of six Member States which were represented in the focus group. Web: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en accessed July 2021
[5] EuroHealthNet and RIVM (2021): Public health foresight in light of COVID-19. Web: https://eurohealthnet.eu/publications/annual-reports accessed 14.09.2021

II. Alignment between public health agencies and governments

Representatives of partners from Austria, Greece, Italy, Portugal, Spain and Sweden were asked to compare and contrast public health priorities and wider health system priorities in a two-hour focus group (26.04.21). We are conscious that this a non-representative sample of Member States that excludes Central and Eastern Europe: this was due to the availability and willingness of partners' representatives to take part in the process. The conclusions that follow are thus relevant to this sample, rather than the EU-27 as a whole.

Although the focus was undertaken at a time in which COVID-19 control and vaccination was still the dominant immediate priority for governments as a whole, participants were encouraged to think beyond the pandemic. They therefore considered the priorities for the aftermath, in which health system capacity is less stretched and the economic recovery gathers pace. Desk research was subsequently conducted as follows:

- To ascertain the health policy context as regards health expenditure and public health strategy from the Health Systems and Policy Monitor.[6]
- To identify Member States' inclusion of health priorities under their EU-funded National Resilience and Recovery Plans from the European Commission's assessment of those plans.[7]

These three elements are combined in the country profiles below and these are followed by general conclusions concerning alignment between public health agencies and governments.

Country Profile: Austria

Headline: still trying to re-balance towards primary care

EuroHealthNet partner, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, reports its immediate priority as COVID-19 control and vaccine roll-out. Beyond this, there is mental health post-pandemic, health equity and developing primary care. Among EU Member States, Austria spends one of the largest shares of its health budget on hospital care.[8] For the Austrian government, there are wider priorities of labour market integration, food sustainability and climate change: elements of these political priorities could have health and health equity benefits.

Austria's RRF plan[9] features the electrification of public transport and the reduction of heavy industry emissions, which could have health benefits from cleaner air. Digitalising education including access to digital devices for disadvantaged children would benefit their education, hopefully leading to health gains in later life. In modernising the health system, the further development of a network of primary care centres is one element, presumably spurred on by hospital capacity concerns during the pandemic as well as the more general high hospital expenditure. Early support for pregnant mothers from disadvantaged backgrounds is another social inclusion element of the RRF, which would presumably have health equity benefits for mothers and children.

The fragmentation of responsibility and financing between regions and health insurers is considered to have slowed the shift to community-based care in the 2010s. Prevention was also strongly medicalised (screening programmes) rather than taking account of social and environmental determinants. Austria's

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[6] Health systems context information was taken from the Health Systems Policy Monitor. Web: https://www.hspm.org/mainpage.aspx accessed June-July 2021

[7] National plans were reviewed in July 2021 for the sample of six Member States which were represented in the focus group. Web: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en accessed July 2021

[8] The Health Systems and Policy Monitor. European Observatory on Health Systems and Policies.

[9] Factsheet: Austria's Resilience and Recovery Plan. Web: https://ec.europa.eu/info/files/factsheet-austrias-recovery-and-resilience-plan_en. Accessed July 2021

public health agency has supported numerous health promotion projects in different sectors and developed a number of healthy lifestyle action plans.[10]

Country Profile: Greece

Headline: unclear health strategy post-pandemic

The Greek partner represented at the focus group was a research institute, so its perspective is different from that of a national agency. Health equity (e.g. vaccine inclusivity), health promotion (e.g. obesity reduction), mental health (especially post-covid and post-crisis addictions) are among its priorities for closer research and policy responses. Its assessment is that the Greek government does not have clear health policy priorities beyond the vaccination. It should be expanding primary care and encouraging vaccine uptake among disadvantaged groups like refugees and the Roma.

Greece's RRF plan includes efforts which could have health benefits including home renovations, greening public transport in cities and alleviating climate change risks such as fires. Vouchers will be provided to school children access to technology and greater efforts to digitalise health systems and improve access and resilience in line with EU country-specific recommendations.[11]

Greece's health policy context was seriously affected by the sovereign debt crisis of the 2010s and the Economic adjustment programmes. Already among the lowest of the EU-15 Member States, health expenditure has fallen substantially (by one fifth) since 2010. There is significant reliance on private financing through out-of-pocket payments as well as informal payments, in place due to under-investment and access difficulties, potentially leading to some forms health care being inaccessible to lower-income groups. The EU debt programmes set strict targets for reducing expenditure on pharmaceuticals, which did lead to reductions but not to the target level.[12]

The development of secondary care services was prioritised over public health through the 2010s. The services delivered rarely engage in prevention, health promotion, social care and rehabilitation. Even so, preventive spending was 1.3% in 2015, albeit of a low overall health policy budget. The Greek health care system is strongly centred in hospitals. There had been no measures to replace in-patient care with community-based care and integration between primary and secondary care providers is minimal.[13]

Country Profile: Italy

Headline: still on a journey to promote primary care and community health

The Italian partner represented is part of the Ministry of Health as the national public health agency. Its immediate priorities beyond the vaccine roll-out are health promotion and disease prevention, reduction in health inequities (a new one post-COVID) and greater involvement of citizens and patients in health. It is foreseen that these will be integrated into a single health strategy. For wider government health policy, priorities are digitalisation of health and care, disease prevention and long-term vaccine efficacy, plus improved access to health for all, notably in terms of regional inequalities and financial barriers.

In Italy, the RRF plan contains green transition funding for energy-efficiency in buildings and greening public transport. In healthcare, there are plans to digitalise more services besides improving the resilience

[10] Health Systems and Policy Monitor: Austria.
[11] European Commission Factsheet: Greece's Recovery and Resilience Plan. Web: https://ec.europa.eu/info/files/factsheet-greeces-recovery-and-resilience-plan_en. Accessed July 2021
[12] Health Systems and Policy Monitor: Greece.
[13] Health Systems and Policy Monitor: Greece

and sustainability of the health system as a whole. In addition, there are plans to adapt social housing for disadvantaged groups, which could enhance health for some.[14]

The Italian context is marked by substantial regional variations in funding and therefore in access, affected not only by funding but also by cultural difference between North and South. In the 2010s there had been attempts to rein in health care spending in some regions, to earmark spending for prevention and to reorganise primary care, enhancing access for patients to services they need, but these were not a complete success.[15]

Country Profile: Portugal

Headline: potential for a greater public health role in new strategy from a low base with increased public understanding

The Portuguese member presents the national agency's priorities as sustainability of the health care system, tackling determinants like obesity and physical activity and speeding up modernisation of laboratory functions. The health minister had sought advice from public health units at all levels but then COVID put a stop to long-term policy planning so now the priorities are again unfixed. The government has made positive noises about a new attention to local public health units, besides global health in the Portuguese-speaking countries and the digitalisation of health care without leaving anyone behind. There is also a looming question about the balance of public/private health care provision and funding.

The RRF plan, as several others, commits funding to make buildings or energy-efficient to green public transport, to digitalise and modernise the health system and long-term care especially in disadvantaged areas in large cities. Likewise, there are plans to improve early years access in the cities and to improve the sustainability and resilience of the health system with a focus on primary care, mental health and long-term care.[16]

As in Greece, Italy and Spain, Portugal's health expenditure was sensitive to the post-2010 economic and debt crises. It had risen steadily from 7.5% of GDP in 1995 to 10.4% in 2010, then above the EU average of 9.8%. The austerity measures required by the Economic and Financial Adjustment Programme in 2011 reversed this trend but began rising again after 2016. It is notable that 35% of total health expenditure is private, mainly in the form of out-of-pocket (OOP) payments.[17]

Preventive care accounted for 1.7% of health expenditure in 2015. Public health doctors have historically had a low status compared to hospital doctors pre-COVID19. Their duties were wide-ranging and reforms in the later 2010s had sought to give public health doctors "a broader remit in terms of the health of the population".[18] In 2016, the government had brought forward a reform entitled 'A New Ambition for Public Health' (Uma Nova Ambição para a Saúde Pública), considering upcoming challenges such as population ageing and inequalities, and the increasing importance of the Internet and social networks, which offer innovative ways of communicating with the population, but the testimony from the focus group suggests its implementation did not meet the ambition and these issues remain on the agenda in the new decade.

Country Profile: Spain

Headline: seeking to build up primary care capacity and prevention efforts

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[14] European Commission Factsheet: Italy's Recovery and Resilience Plan. Web: https://ec.europa.eu/info/files/factsheet-italys-recovery-and-resilience-plan_en. Accessed July 2021.
[15] Health Systems and Policy Monitor: Italy
[16] European Commission Factsheet: Portugal's Recovery and Resilience Plan. Web: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-portugal_en. Accessed July 2021
[17] Health Systems and Policy Monitor: Portugal
[18] Health Systems and Policy Monitor: Portugal

Public health surveillance (communicable and non-communicable diseases), prevention of NCDs (especially reducing obesity, smoking and environmental factors) and health equity being understood as universal access – these are the three public health priorities in Spain. For government health policy in the round, reinforcing health services capacity especially in primary care is at the top of the agenda alongside health system resilience and digitalising health care. Health equity is noted as a cross-cutting issue to be present in all priorities.

In Spain's Resilience and Recovery Plan there is some focus on sustainable transport and adapting buildings to climate change also digitalisation of the health and education systems as part of public service modernisation. There is also a raft of measures to address youth unemployment and labour market segregation issues, that have been concerns of the EU country-specific recommendations in 2019 and 2020.[19]

Government health expenditure had decreased by 0.6 points of GDP from 2009-15 then began to rise again, likely an impact of the economic crises. In Spain, out of pocket payments play a significant role in health spending, possibly leading to fair access concerns. Public health spending was noted as a similarly small percentage of health care spending compared to inpatient treatment.[20]

Country Profile: Sweden

Headline: a stronger preventive approach than most, now with greater awareness of public health function

Sweden's short-term member priorities are vaccines, but also health equity within regions and nationally, more digital and person-centred services and to improve mental health in children and adults post-pandemic. The government has a new public health strategy with eight goals, noting the autonomy of regions and municipalities. A more person-centred health system aided by digital tech is considered a priority as is supporting mental health at all ages post-COVID19. It is considered that there is a strong national-regional alignment on the strategy, among public health professionals and politicians and a much greater public awareness of the role of the public health function. Sweden's total health care spending per capita is above the EU average and its prevention spending is significantly higher.[21]

At time of writing, Sweden's RRF plan had not yet been approved (14/9/21) so the most recent two years of Country-Specific Recommendations (CSR)[22] were used as a proxy. Here, to "ensure the resilience of the health system" was part of the CSR on a prudent fiscal recovery. Clean energy and sustainable transport were among the priorities for climate transition as part of an innovation-focused CSR.[23] Such actions could have health equity benefits if designed to support and be accessible to disadvantaged groups.

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[19] European Commission Factsheet: Spain's Recovery and Resilience Plan. Web: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility/recovery-and-resilience-plan-spain_en. Accessed July 2021.
[20] Health Systems and Policy Monitor: Spain
[21] Health Systems and Policy Monitor: Sweden.
[22] CSRs are the policy recommendations issued by the European Commission to Member States each year under the 'European Semester' process to ensure coherence with agreed EU priorities.
[23] European Council (2020): Recommendation on the 2020 National Reform Programme of Sweden. Web: https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1591720698631&uri=CELEX:52020DC0527 Accessed July 2021

Comparative overview of country profiles

Broad alignment was noted between the priorities of public health agencies and wider health systems which is suggestive of a sound basis for reforms to mainstream and better resource national agencies in a range of roles. However, governments' reasons for action on health inequalities tend to concern protecting the capacity of health care systems rather than better health outcomes for citizens overall on their own merits. These are different motivations possibly leading to the same responses. That said, there is not a clear consensus about the diagnosis of the problem: is the problem the unsustainability of healthcare systems or the inequality in health outcomes?

There is quite clear alignment within the EuroHealthNet partnership itself. The representatives spoke the same language of social determinants and health equity and had similar concerns around the impacts of the pandemic on society and on health systems. There appears to be broad alignment in priorities between public health agencies (EuroHealthNet partners) and wider government health priorities. Governments give direction to public health agencies so this alignment is to be expected.

Partners framed priorities as health equity and health promotion (prevention of NCDs[24]) with mental health being of particular concern. There was more focus in government policy priorities on prevention and the sustainability of health care systems, rather than equity and prevention. Looking more broadly at health systems and health policy, it is noticeable that some Member States have been struggled over the long run to shift health care towards the community and towards prevention, let alone towards tackling those social determinants that lie outside of health policy entirely.[25] It remains to be seen whether COVID-19 is the systemic shock that could unlock extensive change or the shock to reverse the trend back towards acute illness-treatment, whatever the cost.

Aspects of the National Recovery and Resilience Plans across the EU under the digital and green transitions have the potential to tackle social and environmental determinants as well as enhance resilience of health systems, thereby potentially improving health outcomes for all.[26] That said, the EU's RRF are not central to health policy-making or health expenditure.

There was in general more variety in perceived government priorities and more homogeneity in those of public health agencies. The area with the strongest alignment is digital transformation throughout health systems between EuroHealthNet members and governments – and across governments, an area that is reflected within national RRPs.

[24] Non-communicable diseases
[25] Health Systems Policy Monitor: chapters on health expenditure and public health for the six sample countries. Web: https://www.hspm.org/mainpage.aspx. Accessed June-July 2021
[26] Resilience and Recovery Facility: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en#the-recovery-and-resilience-facility

III. Alignment at the European level

The WHO's Europe Region work programme 2020-25[27] begins by noting public expectations by which health systems are increasingly being held to account:

- "People want their authorities to guarantee their right to universal access to quality care without fear of financial hardship"
- "They want them to offer effective protection against health emergencies"
- "And they want to be able to thrive in healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being."

These seem to capture quite well the difficulties of health care design for governments: to be ready to treat anyone and everyone with a need, but also to stem the need for treatment through public health measures. The WHO emphasises the 'living' nature of its strategy and notes the need to be agile in its priorities as the region exits the hardest period of the pandemic. Its four flagships concern: mental health; empowerment through digital health; long-term immunization; and healthier behaviours, incorporating behavioural and cultural insights. In the WHO narrative, the health equity dimension is more to the fore than in the EU narrative. There is, though, a common thread around the digital transition in health care and that this could enhance access and fairness if well-designed and implemented.

The EU policy context is divided between two silos: health policy and social policy, and EuroHealthNet is active in both. In social policy, the European Pillar of Social Rights is the new guiding framework since 2018, while health policy has been substantially reshaped due to the COVID-19 pandemic. The Pillar sets out 20 principles that are all relevant to health equity of which no. 16 focuses specifically on health care:

> "Everyone has the right to timely access to affordable, preventive and curative health care of good quality."[28]

The Pillar principles have been followed by an Action Plan setting out what the EU can do within its competences to support their realisation.

> "Reforms and investments in health systems are required to increase their resilience and capacity to manage current and future crises, to reinforce primary health care and mental health, and to improve access to quality healthcare for all and reduce social, territorial and economic inequalities in health."[29]

The necessity of such reforms is partly driven by the need to adapt to an ageing society in which more people are living longer but with multiple morbidities. This is not only about health care systems, but also social care and the Commission intends to address this, too. Especially relevant to EuroHealthNet is the announcement of new tools to "measures barriers and gaps in access to health care".[30] It is noticeable here that the driver of reforms is not health equity in its own right but, again, the need to protect health care systems, so raising questions about the basis on which EuroHealthNet should argue for policy change and investment in equity.

The centrepiece of the NextGen EU is the resilience and recovery facility (RRF), the initiative which is funding the national Resilience and Recovery Plans considered above. At EU level, none of the seven priorities *obviously* concerned public health or healthcare spending but they could affect the social, economic and environmental determinants of health including clean technology, energy efficiency, renewable transport, broadband infrastructure and the modernisation of public administration, including

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[27] WHO (2020): European Programme of Work – 'United Action for Better Health in Europe'.
Web: https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work. Accessed July 2021.
[28] European Pillar of Social Rights. Web: https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en. Accessed June 2021.
[29] European Commission communication (2021): The European Pillar of Social Rights Action Plan. Web: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM:2021:102:FIN. Accessed July 2021
[30] EC (2021) ibid.

health systems. Each RRF plan was required to include 37% allocation for climate transition and 20% for digital transition.[31]

EU health priorities are: to 'beat cancer' from prevention to treatment, improve food safety and sustainability (from 'Farm to Fork'), to promote labour market and social inclusion through the EPSR, to roll out the COVID-19 vaccines equitably across Member States and to support the recovery and promote digital health. Health equity is considered to be present in the words but policies are being made in silos and even DG SANTE is considered more inclined to the bio-medical approach than the health equity approach. EuroHealthNet perceives the EU's health priorities as being on a bio-medical response to the pandemic, on beating cancer, food sustainability and the social rights agenda – noting the EU's specific competences within each area.

The Commission's European Health Union communication, responding to the pandemic, does not use the language of 'health equity' explicitly. However, it does recognise a failure to protect the most vulnerable from COVID-19 and the "interlocking damage caused by the pandemic in society, the economy and health".[32] It goes on to present a number of very specific legislative proposals that full within the EU's agreed health competence. The pandemic also led effectively to a vast increase in the EU4Health programme and to its preservation as a separate programme form ESF+.[33]

EuroHealthNet's priorities, as illustrated in the EuroHealthNet Strategic Development Plan 2021-2026 are: to improve health equity through EU social, employment, education policies, to help prevent NCDs through EU food and agricultural policies, to alleviate impacts of climate change on health via the SDGs and the Green Deal, to support a shift towards prevention and primary care in health systems (including through digital transition), and to promote health through the life-course in an age-appropriate way.

There seems to be a majority view that European collaboration in public health will increase due to the pandemic, as further European integration is being sped up by the crisis. However, the EuroHealthNet head office assessment is that there will be a continued bio-medical approach to health crisis with limited attention to health equity dimensions, the social dimension perhaps being put in the box of the European Pillar of Social Rights. The foresight work re-affirmed the need for cross-country collaboration and exchange, for making the case to the EU institutions for health equity and for supporting national agencies and other partners in their technical advocacy efforts towards other parts of government.

[31] See: https://ec.europa.eu/info/business-economy-euro/recovery-coronavirus/recovery-and-resilience-facility_en

[32] European Commission (2020): Communcation on Building a European Health Union. Web: https://ec.europa.eu/commission/presscorner/detail/en/ip_20_2041. Accessed June 2021

[33] EuroHealthNet Director's input to focus group, 26.04.21

IV. Conclusions

As we learn to live with COVID-19, there is a firm consensus that health inequalities will increase, that there is and will be a negative impact on mental health, that the current level of health care expenditure cannot be sustained due to ageing (with long-term conditions). There is an even spread of views on whether the resilience of health systems has been permanently compromised by COVID-19 or will recover – 'resilience' here referring to systems' capacity to deal with COVID-19 whilst not reducing access for other conditions. There is a strong consensus at expert and political level that the digitalisation of health care should be a priority.

Concurrently with these risks, awareness of and appreciation for public health agencies has probably never been greater, both at the political level and among the public at large – this point was made in the foresight process and the focus group on strategic alignment. In the foresight work, eight out of 11 respondents said political attention for health equity would increase and the contention that it would become more mainstreamed in the health care system was supported too.[34]

The current positive image of public health was considered an opportunity to further develop and enhance its role within the national health system and in local communities. This does leave us with two foresight conclusions that are difficult to reconcile: the consensus that health equity will gain greater attention and the consensus that health inequalities will grow. This suggests that a greater awareness of the problem may not lead to action to manage it better, at least not without a substantial advocacy effort on the part of public health experts.

Right now, there is an unusual degree of focus in policy on public health and an unusually high level of public understanding about the role of public health agencies. Equally however, many health systems are still struggling with how to balance primary and secondary care – let alone tackling the social determinants of health lying outside of health systems. Health equity is not as present as the partnership would wish in the strategic European documents and not often explicitly mentioned or framed as health equity rather as concerning vulnerable groups in society generally or specifically. At Member State level, government policy for prevention of NCDs and primary care is firmly anchored in the need to promote sustainability of health systems, rather than reducing inequalities of health outcomes.

Recommendations to EuroHealthNet for the post-COVID recovery

Health equity and social determinants of health are well-known in specialist public health circles, but are not commonly used as policy drivers more widely.

- Celebrate the role of public health agencies in the COVID19 pandemic in order to build credibility and gain an audience for your messages
- Working within the partnership, continue to work on high-quality health equity research and mutual learning among for the expert community
- When working externally to the partnership, argue for reform to health systems on the basis of their sustainability rather than on the basis of health equity
- Frame your arguments in terms of social rights and social inclusion in debates where a social justice agenda is dominant.
- Explore how digitalisation can support your health equity goals but argue for action in terms of sustainability and raise awareness of the risk of digital exclusion.

[34] EuroHealthNet and RIVM (2021): Public health foresight in light of COVID-19. Web: https://eurohealthnet.eu/publications/annual-reports accessed 14.09.2021

Appendix: Participants in the focus group

- Karin Schindler, Federal Ministry of Labour, Social Affairs, Health and Consumer Protection, Austria
- Pär Vikström, Public Health Agency of Sweden,
- Elisabeth Bengtsson, Department for Social Sustainability, Västra Götaland region (Sweden)
- Rafaella Bucciardini, National Institute of Health, Italy
- Pania Karnaki, Institute of Preventive Medicine, Environmental and Occupational Health (PROLEPSIS), Greece
- Carlos Matias Dias, National Institute of Health, Portugal
- Ana Gil Luciano, Ministry of Health, Spain

With many thanks to them for their time and insight.