

Euro Health Net

European partnership for
health, equity & wellbeing

Making progress on health equity – Setting targets and developing policies to prevent chronic diseases and mitigate climate change

EuroHealthNet Annual Seminar 2023

5th of June 2023
Norwegian Directorate of Health
Oslo/ Norway and online



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Our societies are facing huge challenges from a number of overlapping crises. These include the growing burden of non-communicable diseases (NCDs) and threats that climate change poses to public health. Preventing and mitigating these threats with an eye on making progress on health equity requires developing evidence-based policies and setting targets for progress.

The EuroHealthNet hybrid [seminar](#) brought together over 300 policy makers, experts and senior officials from national and regional public health bodies, representing over 36 countries. The [recording of the Seminar](#) has been made available. Discussions were centred around the following themes:

1. Securing conditions to prevent NCDs and to mitigate and adapt to climate impacts on health through ambitious targets that address socioeconomic and commercial determinants;
2. Prioritising systems-thinking and building capacity to develop health promoting, service-centred systems (see EuroHealthNet's [Policy Précis 'Reducing inequalities by investing in health-promoting care'](#)) within planetary boundaries, through innovative concepts such as caring communities and the [Economy of Wellbeing](#);
3. Leveraging European tools for public health, social and environmental justice, central to targets, budgets, EU funds and decisions that affect health.
4. Increasing efforts to involve citizens and civil society in a more meaningful way in the design and implementation of EU policies.

Opening remarks

Dr. Bjørn Guldvog, Director General of the Norwegian Directorate of Health, opened the Seminar by highlighting that the connection between climate and health has become an integrated part of Norwegian public health policy, in terms of measures to help reduce emissions of greenhouse gases, as well as climate change adaption and the transition to a climate resilient society. The Norwegian Public Health Act has a development of a comprehensive NCDs strategy as one of its core priorities, and with a focus on regulatory

and community-based measures. Together with the Norwegian Public Health Institute, the Norwegian Directorate of Health aspires to lead the upcoming Joint Action on Cancer and NCD prevention. This would offer many exciting opportunities to facilitate EU-wide collaboration in this field for the years to come.

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Professor Martin Dietrich, *President of EuroHealthNet*, highlighted the importance of evidence-based solutions, collaboration, and target setting, in the context of evolving European and international health and social policies, such as the [European Pillar of Social Rights](#), and the UN Agenda for Sustainable Development Goals (SDGs). At our current pace, SDG 3.4 on NCDs will not be fully met, and current climate change targets and mitigation measures do not sufficiently focus on reducing health inequalities. This discussion is critical as we look ahead to EU institutional renewal in 2024.

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Session 1: Target-setting and policy making in the field of NCDs and health determinants

Moderated by [Dr Mojca Gabrijelčič Blenkuš](#), *Honorary Advisor EuroHealthNet*

Non-communicable diseases (NCDs) put a tremendous and increasing strain on health and social protection systems, economic development, and wellbeing. Despite a decline in mortality due to the four major NCDs (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases) in the European Region since the mid-2000s, Europe still has the highest NCDs burden in the world. This session discussed what is needed across policy and practice and across sectors and settings to mitigate, prevent and control NCDs.

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Professor Knut-Inge Klepp, *Executive Director at the Norwegian Institute of Public Health*, highlighted the untapped potential of systems-wide action to reduce the burden of NCDs. There is a huge need for data and monitoring of NCD trends, to identify the problems and where to act with urgency to help shape policies and practices that will work for all. Given that research is biased towards individual-level factors and interventions, environmental and structural drivers must be put at the centre in order to achieve the biggest population impact with the resources we have. The upcoming Joint Action on Cancer and NCD Prevention could address personal and societal drivers in

addition to individual level interventions, adopting a holistic approach through coordinated actions that employ an equity lens, with multistakeholder and multi-sectoral collaboration. The proposal of the Norwegian Institute of Public Health and the Norwegian Directorate of Health for this Joint Action gathers more than 100 partners across 25 EU member states and affiliated regions.

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Dr. Jessica Ellen, Deputy Director of the Institute of Health Equity at University College London, argued that it is essential to embed the underlying social drivers and deprivation data into NCD policy work. In this regard, the widening health inequalities in the burden of preventable NCDs must be acted on at local levels, within local authorities and through a place-based approach. There are opportunities and challenges related to embedding social justice issues in NCD prevention work, such as issues of leadership, rights-based issue-framing in the political and public awareness, legal basis and responsibility for action, data scarcity, costs (including of inaction) and time-bound capacities to act. When it comes to addressing how businesses shape health, three fundamental aspects should be taken into account: providing good quality work for the wellbeing of the employees; supporting health of clients and customers via their products, services or investments, and finally influencing communities via partnerships, advocacy, taxation or environmental impacts.

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Dr. Gauden Galea, WHO Europe Special Advisor on NCDs highlighted via [video message](#) that there is a new political urgency as the UN High Level Meeting on NCDs 2025 approaches and beyond it the 2030 deadline of the Sustainable development goals. It is critical to discuss the issue while considering three main points:

- 1) The need for NCDs to regain political prioritisation in the permacrisis context
- 2) Rebalancing priorities: The actions we recommend to governments must not only best 'best buys' but also 'quick buys' producing benefits in the short term. We need to consider whether the resources we invest in interventions with lower immediate return are worth the time and money we put in them.
- 3) Inequity and action on the social and commercial determinants of NCDs must again be drivers in our efforts to shine a spotlight on NCDs, this leading killer of Europeans.

Dr. Kira Fortune, Regional Advisor Healthy Cities, Health Promotion and Wellbeing, built on Dr. Galea's message to highlight that the WHO Healthy Cities Network (HCN) focuses on the transformation of people's living environments into enabling and innovative

spaces to better reach and co-shape the ‘glocal’ progress on NCDs. One example of cities being used as strategic vehicles to implement the SDGs is the current HCN initiative where a collaboration between 10 European cities champion health in the wellbeing economy.

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Q&A session

Participants reflected on the importance of community participation (including in digital spaces), trust and engagement, framing the issues of concern as issues of social justice. The speakers reiterated the importance of putting public health on the agenda of local municipalities and of the public scrutiny of local electorates and policy making processes, as in case of the Norwegian Public Health Act and cyclical white papers’ (reviews) production. The Geneva Charter for Well-being aids this goal as well through putting local experience front and central. Recent challenges have increased the prominence of the socioeconomic determinants narratives, ensuring that health is understood as more than just health care, and has pushed these issues onto the agenda of businesses and in regulatory and legislative spaces. In order to listen to the voices of underrepresented groups we need to create and nurture enabling, safe and adequate spaces to do so. Finally, the issue of not only collecting good and useful data on health disparities, but also acting on it in the context of proportionate universalism to flatten the gradient was raised. In conclusion, a social justice concept, a notion of wellbeing and accounting for the costs of inaction at societal levels are all powerful ways to equally and effectively move forward.

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Session 2: Target-setting and policy making in the field of climate change and health

Moderated by **Dr. Sumina Azam**, Vice-President EuroHealthNet

Climate change poses huge threats to public health, and these environmental impacts are unequally distributed. In addition, those who bear least responsibility for climate change often suffer most from the consequences. This session discussed how health policymakers and the health community can help drive the climate agenda.

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Dr. María Neira, WHO Assistant Director-General a.i. Healthier Populations Division and Member of the Advisory Panel for the UN Global Climate Action Awards, drew attention to three critical factors to help tackle the health impacts of climate change in her video message. First, health needs to be used as a strong argument to tackle the causes of climate change during the COP negotiations (for instance, regarding air pollution). Second, all countries should endorse the Alliance for Transformative Action on Climate and Health ([ATACH](#)), set up during COP26 to help build climate resilient and sustainable health systems. Finally, the health and NCD communities need to be mobilised in these debates, including at the upcoming COP28, which will feature a “Health Day” for the first time – to help advocate for adequate finances for instance.

[Watch video message](#)

Professor Tanja Winther, Center of Development and the Environment at University of Oslo and Head of [Include](#), highlighted that energy poverty has direct impacts on health. To achieve a socially inclusive transition we need to acknowledge these health and social impacts, and work across sectors to create inclusive and healthy services and societies. Municipalities have an important role to play, as they have more knowledge on the local situation (e.g., in terms of vulnerable groups and housing conditions). Social acceptance of climate measures is vital to ensure distributional, recognitional and procedural justice, including energy justice – ensuring everyone has access to affordable energy. Inclusive processes rather than a top-down approach can help acknowledge needs and capacities of different groups.

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Dr. Remco van de Pas, Senior Research Fellow at the Centre for Planetary Health Policy, drew attention to the fact that we are currently overshooting several planetary boundaries, and that we urgently need to take action to address these intersecting, global crises. Our economic systems need to be re-oriented away from our current focus on economic growth. An entry point for the public health community into these debates is around the issue of care. Care is an important part of our economies but it is often invisible – we need to invest more in unpaid care work and focus less on productivity growth and overconsumption. In addition, the healthcare sector itself needs to be resilient and low-carbon, with a focus on primary and community health, away from biomedicalisation, and being wary of the vested interests in the healthcare sector. Health can also be an entry point into shared decision-making, achieving wellbeing for all through citizen assemblies. We urgently need to generate evidence and demand political leadership to drive the needed transition.

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Dr. Marco Martuzzi, Director of the Environment & Health Department at the Italian National Institute of Health, highlighted that it is critical to adopt systems thinking in public health since health and its determinants are part of complex systems – there is no silver bullet, but rather we need to work within the complexity. Ideally, we need to enact change at the level of our systems (e.g., our underlying economic models). In the public health sphere, to step up our work on environment and health, we need to focus on primary prevention. Key areas in which actions on reducing climate change can achieve health co-benefits include transport, energy production, and agriculture /nutrition.

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Q&A Session

Discussions focused on the need to both adapt to and mitigate climate change, taking into account health equity impacts and ensuring that interventions are not unequally distributed. It can also be relevant to look at hot-spot areas such as industrial development sites, as they combine high levels of exposure to environmental contaminants with high levels of social deprivation. It is also important to continue pushing the health promotion agenda amongst health and medical students, and to translate all the progress that has already been made (e.g., Ottawa charter) into the present-day context.

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Concluding remarks

Caroline Costongs, Director of EuroHealthNet, highlighted that the challenges of health inequalities, the burden of NCDs and climate change crisis are all very much interrelated. There are three main commonalities that emerge, and where accelerated action is needed.

First, these challenges have a common root problem, which lies in the way our economies and societies are designed – promoting endless growth, production and overconsumption. We need to transition towards an [Economy of Wellbeing](#) that serves the needs of all as well as of the planet. To do so, we should prioritise targets related to the economy (commercial determinants, financial means and resources), using tools such as the [European Semester](#).

Second, we need to address these challenges through upstream policies and interventions, with disease prevention at the centre. Tools such as health equity impact

assessments can help to review and refocus policies to ensure they promote planetary and human wellbeing for all. We also need to set concrete targets for health promotion and disease prevention, in terms of progressive increases in health budgets and allocation of investments.

Third, people and communities should be placed at the heart of the transition. Behaviour change measures need to be equity-proof, giving people the opportunity, capability and motivation to change. Governments across different levels need to set targets for and invest in participatory governance mechanisms, systematically engaging with diverse groups of citizens in order to address real needs and concerns. In order to act on these points, public health actors need to step up their advocacy ahead of the European Parliamentary elections in 2024, deciding on priority targets and approaches to push for.

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Dr. Øyvind Giæver, Director of the Department of Social Determinants, Norwegian Directorate of Health, concluded the event by calling for a reinvigorated local-to-global action on NCDs and climate change. Continued exchange and collaboration should be encouraged as social inequalities in the causes and the burden of NCDs can be found everywhere, including in highly developed economies and municipalities. We must stay attentive and ready to act.

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EuroHealthNet

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Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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