MANIFESTO *Extended*

All Policies for a Healthy Europe

Improving citizens' well-being

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All Policies for a Healthy Europe Overview

A EUROPE THAT CHAMPIONS WELL-BEING

Since the economic crisis, there has been growing international recognition of the need to think differently about economic and societal progress. Well-being is at the heart of the UN Sustainable Development Goals, and central to new policy frameworks on inclusive growth. In New Zealand, the government of Jacinda Ahern has pioneered a 'Well-being budget', which sets out a new approach to social investment. In 2019, the Finnish EU Presidency is expected to focus on 'The Economy of Well-being', and its relevance to EU economic governance in particular.

> **The [global] financial crisis was a dramatic wake-up call.** Growth as we know it doesn't work for all and is putting everyone's wellbeing at risk. **We need to** develop new and improved models and **focus on ensuring growth actually improves lives.**
>
> (Organisation for Economic Cooperation and Development)

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A future EU agenda on well-being must have health at its heart. In 2018, the OECD surveyed people in 19 countries about the economic and social risks that matter most to them. In the short-term (i.e. the next one to two years), people's greatest concern was 'becoming ill or disabled'. Among people from low-income households, 'securing and/or maintaining adequate housing' was also seen as a major risk.[1] Europe's citizens want to see greater EU attention on these issues: in the May 2018 Eurobarometer, 70% of respondents said that they favoured more EU action on health and social security.[2]

Cross- and inter-sectoral Action on Health and Well-being

The need for inter-sectoral action to improve health and well-being has long been championed by those working in Public Health. In 1978, the Alma-Ata declaration called for coordinated action between health and other sectors. Within the EU, the 2006 Finnish Presidency championed the concept of 'Health in All Policies'.

The WHO defines 'governance for health and well-being' as 'the

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1 | OECD, 'Risks that Matter' (2018 Survey): http://www.oecd.org/social/ministerial/Risks-That-Matter-Early-Results-2018.pdf . In Belgium (63%), Estonia (61%), Finland (65%), France (62%), Germany (51%), Greece (53%), Ireland (52%), Portugal (63%), Slovenia (62%), Lithuania (58%), more than half of respondents said that becoming ill or disabled was among their top three concerns.

2 | Eurobarometer 89.2, 'Democracy on the Move: European Elections – One Year to Go' (May 2018): http://www.europarl.europa.eu/at-your-service/files/be-heard/eurobarometer/2018/eurobarometer-2018-democracy-on-the-move/report/en-one-year-before-2019-eurobarometer-report.pdf

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attempts of governments and other actors to steer communities, whole countries or even groups of countries in the pursuit of health as integral to well-being through both whole of government and whole of society approaches'.[3] It outlines five main proposals for governance for health in the 21st Century:

- Governing by collaborating

- Governing by engaging citizens

- Governing by mixing regulation and persuasion

- Governing through new independent agencies and expert bodies

- Governing through adaptive policies, resilient structures and foresight

At European level, the potential for positive cross-sectoral action on health is too often missed due to the narrow identification of health issues with the organisation, management and financing of health systems. However, the EU treaties are clear that Europe has a mandate to address health and well-being determinants.

Article 168 of the Treaty on the Functioning of the European Union (TFEU) states that: "A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities". In addition, Article 6 states that the

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3 | WHO Regional Office for Europe, 'Governance for Health in the 21st Century' (2012).

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EU "shall have competence to carry out actions to support, coordinate or supplement the actions of the Member States" including the "protection and improvement of public health".

Increasingly non-health organisations and sectors such as schools, employers, urban developers, and retail businesses are taking initiatives themselves to promote the health of their students, employees, customers, and visitors. Enabling structures at national and European level can support and add value to their individual efforts to improve health and well-being.

It is not only health that can benefit from collaborations with other sectors; engagement with health and well-being considerations can also help other sectors to strengthen the social value of their policies/actions. For example, European action on air quality has produced co-benefits for both health and the environment. The positive contribution of inter-sectoral collaboration at European level can also be seen in areas such as Occupational Safety and Health and traffic safety. These positive examples should be replicated in other fields, within the context of broader inter-sectoral action to advance sustainable development and inclusive growth.

Across Europe, there are numerous successful examples of inter-sectoral action at local and national level, which can inform inter-sectoral collaboration at European level.

Success stories

Annex I features a number of examples ('Insights') on cross-sectoral action at the local, regional and EU level. These clearly show that cross- and inter-sectoral action on health and well-being is feasible, does not need to be complicated, and can deliver important benefits.

- **Insight 1** focuses on a cross-sectoral approach to reducing childhood obesity in the Finnish city of Seinäjoki. The local health authority collaborated with childcare, education, nutrition, recreation, and urban planning to halve childhood obesity rates in just six years.

- **Insight 2** describes the 'All About Health…' initiative in the Netherlands, showing how governance arrangements at national level can facilitate and incentivise voluntary health and well-being initiatives among a wide variety of organisations and groups.

- **Insight 3** highlights an important EU level example of cross-sectoral action on health and well-being: the Action Plan to combat Anti-Microbial Resistance.

Cross- / inter- sectoral action on health and well-being also applies to digital tools: in Portugal, for example, national health authorities have worked with the Ministry of Justice to enable use of hospital IT systems in prisons, with the aim of improving

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healthcare for people serving prison sentences. The measure had the added benefit of reducing costs associated with the movement of prisoners between prisons and hospitals.

Similarly, Portuguese health services have worked with the education sector to ensure parents receive important information (electronically) about vaccines for school children.

The Economy of Health & Well-Being

A stronger focus on health and well-being, in particular to address the determinants of health, can bring economic benefits in numerous ways. A healthy population can improve productivity and will be better able to sustain longer working lives. EU data for 2013 shows that, among people aged 50-59, 83% of men and 72% of women without a chronic disease were in employment. That compares with 74% of men and 63% of women with one chronic disease, and 61% of men and 48% of women with two or more chronic diseases.[4]

Ageing populations in Europe will bring rising levels of chronic disease, with increasing costs for the economy and health system. In 2009, the economic burden of cancer was estimated to be 126 billion euros – 40% of which was accounted for by health care costs, 40% in productivity losses and work absences, and 20% in costs related to informal care.[5]

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4 | European Commission, *Health at a Glance: Europe 2016.*
5 | P. Brennan et al. 'Chronic disease research in Europe and the need for integrated population cohorts' European Journal of Epidemiology, *32*, 9 (2017).

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Public expenditure on health and long-term care is on the rise across Member States. In 2015, it accounted for 8.5% of GDP in the EU and EU projections suggest that it could reach 12.5% of GDP in 2060[6]. For some countries, the figure is higher. The best way to contain the future costs of ill health is through stronger and more effective policies/actions aimed at keeping citizens healthy.

Digital tools have the potential to improve the efficiency of the health system – for example, the use of electronic health records to support integrated services, and using remote monitoring to reduce unnecessary visits, as well as readmissions, and support self-management. At the same time, it is crucial that the adoption of new digital technologies is based on principles of inclusion and equity. In particular efforts are needed to ensure that potentially vulnerable groups, which may also be less digitally literate (e.g. the elderly, migrants), are able to benefit from the opportunities that new technologies provide.

The health sector is also an important source of employment in the European Union. The health and social care workforce has been estimated to account for 10% of employment.[7] Given that this represents a significant investment in human capital, ensuring the health, well-being, and sustainability of the health workforce should be a high priority for governments across the EU.

6 | European Commission, 'Joint Report on Health Care and Long-term Care Systems and Fiscal Sustainability' (2016).
7 | European Commission, 'Investing in Health', Commission Staff Working Document (2013)

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To capitalise on the linkages between policy areas, and the co-benefits that can be derived from inter-sectoral cooperation between closely related sectors, All Policies for a Healthy Europe proposes action within three health and well-being 'clusters': I. Healthy Societies; II. Healthy Environment; and III. Healthy Care Systems.
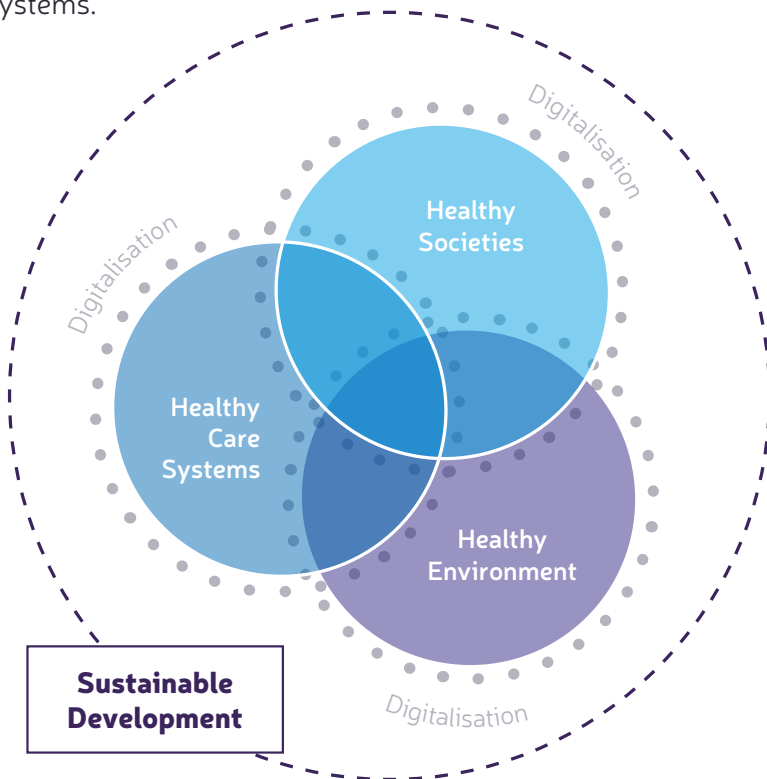
The clusters encompass many of the key determinants of health and well-being: economic, social (including health-related be-haviours), environmental, commercial and political. At the same time, there remains a need to ensure a well-functioning care system. At the core of All Policies for a Healthy Europe is a 'life course perspective' – reflecting the fact that health promotion, prevention, early detection, patient-centred chronic disease management (including community-based and self-care) are part of a continuum.

Data-driven technologies are creating new opportunities to improve health and well-being, and therefore provide a cross-cutting theme. The adoption of new technologies should be based on strong equity principles, so that all sections of the population can benefit equally from the opportunities they provide.

I. Healthy Societies

The Healthy Societies pillar should focus on the social deter-minants of health and well-being, defined by the WHO as: "the conditions in which people are born, grow, live, work and age" – including income, education, physical environment, working conditions, and social protections. Effective EU action on health and well-being should encompass early childhood development, active and healthy ageing, healthy lifestyles, work-related health and well-being, poverty reduction, affordability of housing, and social inclusion.

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The social determinants of health are the conditions in which people are born, grow, live, work and age.
The[y] are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

(World Health Organisation)

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Policy responses to address these challenges include: promoting healthy behaviours and regulatory measures that incentivise

healthy choices and protect against harmful ones (focus areas should include nutrition, diet, physical activity, smoking cessation, and reducing alcohol-related harm); strengthening health literacy; enabling work-life balance for parents and carers; and measures to reduce poverty, particularly among children (for example, by ensuring access to affordable housing).

Mental health, including depression, anxiety,alcohol and drug use disorders, and suicide, needs to be treated with the same urgency as physical health.[8] Mental and physical health are two sides of the same coin and require the relevant resources to address them. Health at a Glance: Europe 2018 found that, each year, mental health conditions affect one in six people in the EU. The economic cost (including employment, productivity, and care costs) is estimated at over EUR 600 billion – more than 4% of GDP.[9]

The **European Pillar of Social Rights** has a crucial role to play in this regard. Jointly signed by the European Commission, EU Council, and European Parliament, the'Social Pillar' sets out 20 principles grouped into three categories:
I. Equal opportunities and access to the labour market; II. Fair Working conditions; and iii. Social protection and inclusion. Emphasis should be placed on implementation of the Social Pillar as part of Europe's economic governance arrangements.

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8 | See 'A sustainable approach to depression: moving from words to action', Report (European Parliament Interest Group on Mental Health, Wellbeing and Brain Disorders): https://www.gamian.eu/wp-content/uploads/IG-Report-5-1.pdf
9 | OECD, European Commission, Health at a Glance: Europe 2018. Also see OECD, 'Mental Health Problems Costing Europe Heavily': http://www.oecd.org/health/mental-health-problems-costing-europe-heavily.htm

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In the knowledge that a **healthy workforce** (physically and mentally) will be a productive workforce, employers should be encouraged to place greater emphasis on prevention and health promotion in the workplace — for example by encouraging and facilitating exercise (e.g. gym memberships and access to green spaces), access to healthy food options, smoking cessation, and measures to identify and combat stress and depression.

Policies to promote **work-life balance** (especially for parents and carers) should be prioritised. Digital tools can also play a supportive role in this context — for example by facilitating teleworking. Interventions are also needed to address the physical and mental health impacts of precarious work.

Schools and universities present important opportunities to influence health-related behaviours at an early age — for example through an emphasis on exercise, nutrition, dental care, and mental health awareness, as well as by tackling air pollution (for example, switching from fossil fuel based, polluting school buses to zero or low emission alternatives). Good practices in promoting health at school should be disseminated.[10]

In addition, teachers should be trained to identify children/ young people that may be experiencing mental health issues, and counselling services should be made more accessible. Health literacy should be emphasised in school curriculums, as should

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10 | For example: see the Schools for Health in Europe Network Foundation: http://www.schools-for-health.eu/she-network

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digital literacy as a tool to enable both health literacy and social inclusion.

Attention should also be given to Europe's role in promoting healthy societies **beyond Europe's borders** – for example: mainstreaming health provisions in EU trade agreements; tackling global health threats such as antimicrobial resistance or air pollution via EU development policies; and implementation of the SDGs.

In Focus:
Well-being and the Workplace

Business has the potential to make an important contribution to the well-being of its employees. A healthy workforce will benefit firms by reducing costs associated with sickness and absenteeism. From an economic policy perspective, gains in workplace-related health and well-being should improve productivity and the sustainability of public finances (by reducing claims associated with ill health and labour market absence).

Employers can help promote and protect the health and well-being of their employees in many ways. Actions that can be taken will depend upon particular circumstances but could include providing access to green spaces and healthy food choices, arrang-

ing annual health checks for staff, offering full or subsidised gym memberships, and providing support for smoking cessation and digital tools that improve work-related health literacy.

A focus on mental health is equally important. In 2017, a report for the UK government on improving mental health in the workplace recommended that organisations should: produce, implement and communicate a mental health at work plan; develop mental health awareness among employees; and encourage open conversations about mental health and the support available for employees who are struggling.

Employers also have a crucial role to play in strengthening gender equality, and enabling parents and carers to combine work with responsibilities to look after children and other dependent relatives. Insufficient work flexibility can lead to one parent (often women) withdrawing from the labour market, which may undermine social protections (such as pensions) and entrench gender inequalities. Facilitating tele-/remote working can also make an important contribution in this context.

Occupational Health and Safety (OHS) remains fundamental. In addition to identifying and responding to new health risks, atten-

tion should be given to supporting longer working lives and the 'silver economy' – including by means of work organisation and working time arrangements, the accessibility of work premises, and other specific interventions aimed at older workers. The principle of 'reasonable accommodation for disabled persons' (Article 5 of the directive on equal treatment in employment and occupation) should be extended to include groups that face specific challenges in accessing or maintaining employment due to age or ill health.

II. Healthy Environment

Environmental sustainability and human health and well-being are inextricably linked. Environment policy is one of the best examples, at EU level, of a non-health sector placing health and well-being considerations at the forefront of policy-making – thereby ensuring co-benefits for both the environment and health.

> Opportunities for reducing environment-related health risks are considerable. **The benefits of many environmental policies** in terms of reduced health care costs and increased productivity **significantly exceed the costs of implementing these** policies.
>
> (Organisation for Economic Cooperation and Development)

Building on the 7th Environment Action Programme, as well as the WHO's Draft Global Strategy on Health, Environment and Climate Change, the next Commission should continue to prioritise environmental determinants of health and well-being.

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Key priorities within a 'Healthy Environment' cluster include:

1. **Air pollution**, including particulate matter, nitrogen dioxide, and ground level ozone, is the leading environmental cause of early mortality in the EU, causing about 400,000 premature deaths.[11] Health-related costs are estimated to run to hundreds of billions of euros annually. Health conditions caused by air pollution include asthma, lung cancer, respiratory disease, cardiovascular disease, and birth defects.[12] There are also causal links to mental health conditions and diabetes.

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Air pollution is an invisible killer

... it is so important that Europe redoubles its efforts to reduce emissions caused by transport, energy and agriculture and invest in making them cleaner and more sustainable.

(Hans Bruyninckx, Executive Director, European Environment Agency)

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2. **Noise:** WHO Europe has identified noise from transport as the second most significant environmental cause of ill health in Western Europe (after air pollution).[13] Exposure to noise

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11 | European Court of Auditors, 'Air pollution: Our health still insufficiently protected', Special Report 23 (2018).
12 | WHO Europe, 'Healthy Environments for Healthier People' (2018)
13 | WHO Europe, 'Burden of disease from environmental noise: Quantification of healthy life years lost in Europe' (2011).

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can lead to stress reactions, sleep disturbance, impaired cognitive function in children, and can also have a detrimental effect on cardiovascular health.[14] Within a broader well-being perspective, noise can be detrimental to performance in schools and workplaces, as well as well-being at home.

3. **Access to clean water:** most people in the EU enjoy access to good quality water. However, levels of protection vary across Member States, and water quality problems persist in some remote and rural areas.[15] Furthermore, continued efforts are needed to prepare for future challenges and to update quality standards in the light of the latest scientific evidence. In order to increase tap water consumption and reduce use of plastic bottles, attention should also focus on improving information and confidence in water quality, particularly among tourists and people travelling between Member States.

4. **Hazardous chemicals:** in line with SDG 3.9 'Good Health and Well-being', the EU is committed, by 2030, to substantially reduce the number of deaths and illnesses from hazardous chemicals, as well as air, water and soil pollution and contamination.

5. **Sustainable and healthy diets** will be one of the key regional and global challenges over the coming decades. Global population growth will require policy coherence between health,

14 | European Environment Agency, 'Environmental Indicator Report 2018' (2018).
15 | European Commission, 'Study supporting the revision of the EU Drinking Water Directive: Final Report' (2016).

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environmental, economic and social policy goals. The European Union will need to transform its food system to achieve the sustainable food production systems (SDG2) by 2030.

Sustainable and healthy diets means moving away from thinking about the food system in relation to its individual components, and instead to take a holistic approach to issues of food security, climate change and malnutrition. Such an approach will by definition require a cross-sectoral approach, and require more attention to be given to health impact assessments and evaluations of food system policies across society.

Environmental impacts on health are distributed unequally. Children, the elderly, those on lower incomes, and those who already suffer from a health condition, are disproportionately affected. Action to address environmental determinants of health therefore has a strong equity dimension.[16]

At the global level, the EU has a crucial role to play by showing leadership on climate action and by contributing to the implementation of the Sustainable Development Goals. For example, EU international cooperation and development policy should continue to support Water, Sanitation and Hygiene (WASH) infrastructure programmes, biodiversity projects, as well as natural disaster risk reduction.

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16 | European Environment Agency, 'Unequal Exposure and unequal impacts: social vulnerability to air pollution, noise and extreme temperatures in Europe'. EEA Report 22/2018.

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Sustainable corporate & public sector footprints

Organisations, both private and public, have a key role to in addressing environmental determinants of health and well-being – in particular by:

- Developing responsible **supply chains** and **procurement practices** – for example, by including sustainability criteria in procurement contracts/tenders

- Improving **energy efficiency** and shifting to green energy sources

- Making use of **green logistics**[17], particularly within cities, to improve air quality

- Enhancing **water and waste management** processes – making use of new digital tools

- Re-orienting manufacturing towards **Circular Economy** principles, minimising waste and resource use

Sustainability objectives should also be part of health system reform. WHO Europe's strategic document on 'Environmentally Sustainable Health Systems' provides guidance to countries in this regard.[18] Ultimately, resource use by the health system is linked to the demand for health care services.

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17 | See A. Mesjasz-Lech, 'Urban air pollution challenge for green logistics', Transportation Research Procedia 16 (2016).
18 | WHO Europe, 'Environmentally Sustainable Health Systems: a strategic document' (2017).

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Strengthening prevention and public health policies is therefore central to ensuring more environmentally sustainable health systems.

To ensure high level political support and intensified efforts across Member States, action within the Healthy Environment cluster should be based upon an integrated strategy — combining environmental, public health, climate, and food sustainability goals — thereby avoiding duplication of efforts.[19]

In Focus:
Clean Cities — a role for the EU's Urban Agenda

More than 70% of EU citizens live in urban environments. Urban areas often present very specific challenges for health and well-being, including poor air quality, noise pollution, and high housing costs. For example, 19% of the urban population in EU Member States is exposed to particulate matter levels above the EU daily limit value, and approximately half are exposed to levels exceeding WHO recommended limits.

Well-designed interventions are necessary (both at local and national levels), including investments in low carbon mobility, energy efficient buildings, and waste and water management.

19 | In this context, also see S. Ratzan et al. 'Guiding Principles for Multi-stakeholder Engagement for Sustainable Health (MESH)', Havard Kennedy School (2019).

Digital technology can support these efforts: data on traffic and congestion can be used to improve public transport services; through the provision of real-time information on air quality; and smart systems can be used to improve energy conservation in buildings.

Promoting the consumption of local, ethical, and sustainably produced food can strengthen responsible consumption and production, and strengthen environmental sustainability. Effective European action to foster healthy cities can make an important contribution to EU implementation of the Sustainable Development Goals (in particular SDG 11: Sustainable Cities and Communities).

Launched in 2016, the EU's Urban Agenda aims to address challenges facing cities through partnerships between the European Commission and other EU organisations, Member States, local authorities, and other stakeholders – as well as by improving funding opportunities relating to the core themes of the Agenda. It provides an important framework for promoting urban planning policies that reflect environmental, health and well-being concerns.

III. Healthy Care Systems

While the organisation and delivery of health services is primarily a national and regional level responsibility, the EU has a vital role to play in supporting countries to prepare for current and future challenges, including demographic ageing, increasing levels of chronic disease, and strained health and social care budgets.

EU action on health and social care systems should be underpinned by core European values — in particular, universal health coverage and equitable access to quality health care without discrimination. Measures to address inequalities in access to care and health outcomes (within and between countries) are crucial.

The EU can support the reform, sustainability and strengthening of Member State health systems by: facilitating the sharing and dissemination of best practices; identifying reform priorities; providing financial support for reform implementation; and investing in research to address common challenges.

Priorities include:

- **Health promotion and prevention:** in line with the healthy societies cluster, it is essential that health promotion and prevention are prioritised within national health systems and that resources are directed towards that.[20] In this context, continued efforts are needed to increase

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20 | According to the OECD, health promotion and disease prevention account for only 3-4% of total health spending.

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vaccination coverage within Member States. Early diagnosis, detection and disease interception can improve health outcomes whilst reducing costs associated with long-term conditions.

- **Integrated care:** one consequence of ageing populations, is increasing numbers of people with multiple chronic conditions. Health systems need to become more coordinated, with multi-disciplinary cooperation. Health systems will need to undergo a shift towards more community-based care, and the EU should share learnings from communities taking a key role in improving and sustaining good health.

- **Patient-centred** chronic disease management requires a greater emphasis on responding to individual needs and preferences, enabling patients to become active participants in their care management and delivery (patient empowerment). A shift to more patient-centred approaches requires efforts to strengthen health literacy, shared decision-making, and self-caresupport, as well as improved measurement of patient-reported outcomes and experiences (see OECD PaRIS initiative below).

- **Health workforce sustainability:** Governments need to ensure that the current (and future) health workforce have the necessary skills, training and resilience to meet the health needs of the population, to perform new roles

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that may emerge as care systems evolve, and to adapt effectively to developments in clinical science and technology. Training health professionals to be able to utilise and make the most of digitally-enabled tools is also key.

- **Health information infrastructure:** improving the performance of health systems requires robust data and information flows that can be used for research and analysis. The insights generated can then inform health policy and clinical practice. To this end, it is vital that Member States invest in high quality health information systems and infrastructure (for example electronic health records) which can be used to capture and process information in a secure way.

- **Digital transformation:** data-driven technologies such as artificial Intelligence are creating new possibilities in relation to prevention, reduction of readmissions, self-monitoring, and precision medicine. In the context of electronic health records (EHRs), attention should be given to the development of 'holistic' health records which capture social and environmental health risks and which can be used to support precision medicine.

- **Efforts to tackle anti-microbial resistance and other cross-border health threats** should remain a key part of EU action on health and well-being, including in the context of EU external action.

In Focus:

Enhancing Value in European Health Systems: measuring outcomes[21]

The central objective of health systems is to improve the health of individual patients (health care) and the population as a whole (public health). In order to know whether health systems are successfully achieving these goals, and delivering value for money, it is vital to measure health outcomes. A key task in this regard is to measure outcomes and experiences from the patient-perspective.

Too often the data collected by health systems does not reflect what really matters to patients. The OECD's Patient-Reported Indicators Survey (PaRIS – funded by the EU) is seeking to develop standardised measurements of outcomes and experiences as reported by patients. PaRIS will provide crucial information about the impact of treatment and care – for example, pain, mobility, psychological well-being, and ability to carry out normal day-to-day activities – which can be used to inform policy and clinical practice.

21 | See 'The Value of Health: Improving Outcomes' final report: http://valueofhealth.eu/documents/

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This new focus should make it easier to assess the efficiency of services, to identify waste and variation in service quality, and ensure that the needs of patients are identified and met. The next Commission should therefore continue to invest in the OECD's PaRIS initiative as a key tool to improve value for money. Once the PaRIS data is available, it can be integrated into EU analyses of health system performance (for example, the European Semester and the State of Health in the EU cycle), and thereby support monitoring of health and well-being at EU level.

Digital for all policies & digital inclusion
A health data ecosystem underpinned by trust

Data is a vital tool for improving health and well-being. Across Europe there is a need to foster a health data ecosystem that supports improvements in public health and the digital transformation of health systems.

Good data makes it possible to assess whether certain population groups or communities are exposed to important risk factors, or may be more likely than others to develop specific health conditions. For example, public health data can be used to conduct risk stratifications based on air quality, or to assess the likelihood the someone within a particular neighbourhood may experience a mental health condition.

A robust health data ecosystem requires policies that ensure open data standards, so that health data can be integrated with data from other sectors. Policies supporting secure access to and exchange of data, in conformity with the General Data Protection Regulation, would facilitate the shift towards 'holistic health records' that capture social and environmental health risks, and which can be used to support precision medicine.

A sustainable health data ecosystem is one that is based on trust and consent. There is a need for ongoing dialogue and transparency with citizens about how data is being used to improve health services. The European Commission should support efforts in this direction by sharing best practices across Member States.

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Digital enablers of cross-sectoral action

- **Digital literacy** is a key tool for strengthening economic and social inclusion. Digital skills are crucial to enhance employment opportunities for young people, which will in turn impact on their long-term health and well-being. Digital literacy can also facilitate access to a wide variety of services that support social inclusion, including community support services and educational opportunities.

- **Teleworking** can be a key tool to support remote working, and thereby address the work-life balance challenges faced by parents and carers.

- **Smart systems** can make a powerful contribution to the sustainability of urban environments — for example, by designing public transport services to avoid congestion, through tools to monitor air quality, and to strengthen the energy efficiency of buildings. Smart technologies in agriculture can also contribute to Circular Economy goals by reducing food waste.

- **Social media** can support the work of public health professionals — providing a tool to strengthen health literacy and awareness of health risks, as well as for rapid dissemination of information in the event of public health emergencies. Social media can also be used to gather

relevant public health data, and provide targeted information to specific risk groups.

- **Artificial intelligence** and other data-driven technologies (including medical and biological), are playing a key role in the digital transformation of health systems, and are a critical enabler of early detection, more integrated and more patient-centred approaches to care delivery. That includes remote monitoring to prevent readmissions, self-monitoring, readmission predictions, telemedicine, and precision health care.

- **Electronic health records** are a key tool for improving quality of care. The next European Commission should use EU funding and other measures to promote interoperability and standardisation of health data in a federated model. The data generated from electronic health records (as well as an increasing number of personal health tools) needs to be better harnessed and used to accelerate research into improved patient care pathways.

- **Data portability** should also be prioritised so that citizens can access their health data across borders, and transfer electronic health records for use by health professionals in other Member States. Further steps to ensure security of data are also crucial in this context.

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The EU's Structural Reform Support Service should assist Member States with the **integration of new technologies** into national health systems. EU support can help prevent a new 'digital divide' in which countries with greater resources are better placed to reap the benefits of the digital transformation in health care, but countries with fewer resources get left behind.

Digital health literacy will be vital to take advantage of many of the opportunities outlined above, and to support trust in the new tools that are becoming available. Digital skills should also be an important part of the education of health professionals, and kept updated through on the job training.

Attention should also be paid to the fact that some potentially **vulnerable groups**, such as older people, people with disabilities, migrants and Roma communities, might face challenges in using digital technologies. Their adoption should therefore be accompanied by a strong equity perspective, and strategies that support vulnerable groups to make the most of the opportunities that new digital tools provide.

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2.3 GOVERNANCE MECHANISMS

The European Commission's reflection paper 'Towards a Sustainable Europe by 2030' emphasises the need to take into account the interlinkages between 'different sustainability challenges and opportunities', and to support 'coherence between different policy areas, sectors and levels of decision-making'. The WHO's report on 'Governance for Health' emphasises the need for whole government and whole society approaches based on collaboration, engagement of citizens, a combination of regulation and persuasion, roles for independent agencies and expert bodies, as well as adaptive policies, resilient structures and foresight.

These principles underpin the governance mechanisms for cross- and inter-sectoral action on health and well-being that are proposed below. The proposals reflect the need for oversight and coordination of inter-sectoral collaboration at a senior level within the Commission, policy coherence (for example between health and well-being and other priorities), the use of expertise and evidence to inform decision making, financial support for health and well-being priorities (at local and European level), multi-level cooperation, and systematic stakeholder participation.

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Specifically, All Policies for a Healthy Europe recommends that the next Commission should include / ensure:

1. A senior European Commissioner responsible for inter-sectoral action on health and well-being

The success of inter-sectoral collaboration on health and well-being depends on political prioritisation. A senior Commissioner should therefore be made responsible for ensuring effective inter-sectoral collaboration. The role would fall naturally into the portfolio of a Vice-President for Sustainable Development, supported by the Commission's health directorate(s) (see 'Home for Health' below) and the Secretariat-General. The mandate of the senior Commissioner should include ensuring synergies across EU budget clusters, as well as strengthening citizen and stakeholder participation. To build momentum, and to share learnings across policy areas, successful examples of inter-sectoral and multi-level collaboration should be given wide publicity.

2. Strengthened Health and Well-being Impact Assessment procedures

Health Impact Assessment (HIA) provides a tool for directing the attention of non-health policy makers to health issues they might otherwise overlook. The outcomes of HIA can be used by decision-makers to decide between various options

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and make changes to draft policies/legislation in order to limit potentially harmful effects on health and well-being. It is vital HIA is an integrated procedure that informs its users from early stages onwards and has a formative, constructive contribution to policy formation, rather than an obstructive role in the very latest stages of decision-making.

All Policies for a Healthy Europe recommends strengthening the health toolbox within the Commission's existing regulatory impact assessment procedures, and ensuring that this is used at an early stage in the development of new policies. Non-health sectors should work with the Commission's dedicated health services to consider potential health and well-being impacts. Supporting evidence and information systems should be strengthened, making appropriate use of the Joint Research Centre, as well as external expertise and advisory bodies.

3. Alignment between resources and inter-sectoral collaboration

The EU's Multi-annual Financial Framework can be used to support intersectoral collaboration, as well as local level initiatives that promote health and well-being. Opportunities to advance health and well-being goals should be identified across policy clusters within the EU's next Multi-annual Financial Framework, including the 'Cohesion and

Values' cluster (encompassing the European Social Fund Plus and Regional Development), the 'Natural Resources and Environment' cluster, and the 'Single Market, Innovation, and Digital' cluster.

4. Sustained focus on health and well-being priorities in EU economic governance

Sustainable development and inclusive growth should be at the core of EU economic governance arrangements (currently known as the European Semester), including a stronger focus on well-being. As with economic and financial indicators, monitoring and reporting on health and well-being outcomes is essential to ensure visibility and political prioritisation. Building on the State of Health in the EU cycle and Social Scoreboard, a limited number of headline indicators should be adopted and reported on, highlighting trends over time and divergences between different parts of the EU.

In line with this approach, the 2019 Finnish Presidency of the EU is expected to develop proposals in relation to the 'Economy of Well-being' - encompassing social, health, environment, and equality goals. All Policies for a Healthy Europe strongly supports this agenda, and will develop a multi-stakeholder contribution to provide cross-sectoral perspectives on the theme. The Open Method of

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Coordination can also provide a framework for coordinated action on health and well-being at Member State level.

5. Systematic citizen and stakeholder participation

The Commission should provide opportunities for engagement with civil society, professional groups, and businesses, including regional and local level organisations — for example, through civil society dialogues and public hearings that feed into policy development. The Commission should also facilitate and support grassroots initiatives and cooperation by providing forums and platforms for exchange of information and best practices, and provide funding and coordination for projects at local and regional level.

A 'Home for Health': a central role for the Commission's health services

Within the new Commission, it will be important that there remains a 'Home for Health' — that is to say, a concentration of knowledge and expertise within a Health Directorate / Directorates, which would both retain responsibility for health sector-specific priorities (such as the EU Health Programme), and support the implementation of cross- and inter-sectoral action.

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In the context of cross-/inter-sectoral action on health and well-being, the Health Directorate(s) would:

- Make more visible the interrelationships between health and other sectors, and provide technical assistance to the team working to the Vice President for health and well-being.

- Improve the evidence-base on the short and longer-term health impacts of EU policies and support (together with the Joint Research Centre) other DGs with undertaking health impacts assessment of proposed policies and legislation.

- Ensure that the outcomes of EU funded research on health and well-being (for example, Horizon 2020) feeds into policy-making and is made accessible to civil society organisation and citizens.

Act as the focal point for cooperation with other international organisations – including WHO Europe (in particular to make the most of synergies with WHO work on Health Governance) and the OECD.

A unit within the Commission's health directorate(s) should be responsible for coordination between other sectors and the dedicated health services. Inclusion of health expertise in non-health directorates (e.g. environment and industrial policy) would also

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help to ensure that health and well-being considerations are fully embedded in policy development across sectors.

The Council of the EU and European Parliament

Other European institutions can further enable an inter-sectoral approach to health and well-being within existing structures. The Open Method of Cooperation provides an important framework for cooperation between Member States. Inter-sectoriality is also embedded in many EU Council configurations.

The European Parliament should similarly exploit inter-sectoral synergies at Committee level, as well as through a strengthened role for 'intergroups'. Intergroups can be used to address priority issues across the three health and well-being 'clusters'. The intergroup on digital is particularly relevant in this context, and should be given a more prominent role or evolve towards a dedicated digital committee.

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ANNEX I: EXAMPLES OF CROSS-SECTORAL ACTION

Insight 1: Finland: improving childhood health and well-being[22]

- Finland has a long track-record of cross-sectoral action on health and well-being, dating back to the North Karelia project in the early 1970s. The project involved community organisations, agriculture and food, and education to successfully reduce mortality from cardiovascular disease. Finland also popularised the term 'Health in All Policies' when it made this a priority of its EU Presidency in 2006.

- A recent example of cross-sectoral action in Finland concerns childhood health and well-being. Child and adolescent health are shaped by a wide range of factors, and effective action to improve outcomes necessarily requires collaboration across sectors. The Finnish Health Care Act mandates a 'Health in All Policies' approach. For example, municipalities are providing free health care counselling and health examinations to all children and their families.

- The Finnish city of Seinäjoki has proved particularly successful in tackling rising rates of childhood obesity. The local health authority collaborated with childcare, educa-

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tion, nutrition, recreation, and urban planning: the urban planning department improved school playgrounds, recreation focused on physical activity in schools, and nutrition worked with day care centres to reduce sugar intake and improve school meals. The health services introduced annual health checks in schools, including educating parents on healthy eating

- The project had a significant impact. Within six years, the childhood obesity rate had halved, and Seinäjoki now provides a best practice example to inform efforts in other Finnish cities.

Insight 2: The Netherlands: All About Health

- 'All about Health…' (AaH) was initiated by the Dutch Health Minister in 2013 following a request by the Dutch Parliament. It is part of the broader Dutch National Prevention Program (NPP) and reflects a shift in the Netherlands towards a behavioural health and holistic approach to health and well-being.

- Parliament called for more coordination of fragmented health activities in society across different settings of education, work, neighbourhood and healthcare. Long term health goals for the NPP included reducing negative

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health trends (smoking, alcohol abuse, obesity, depression), increasing physical exercise, and reducing health disparities.

- The AaH programme aims to facilitate a health movement in society, connecting initiatives, networks, domains and sharing knowledge and experience across settings. Partners pledge to contribute to overall health improvement and manage their own initiatives.

- There is no funding and there are no specific requirements, offering low entrance and exit thresholds. Public exposure and network expansion are incentivising partners to voluntarily engage. A small facilitative Program Office is funded by the Ministry of Public Health, Welfare and Sports.

- The animating idea behind the AaH is that self-reinforcing cooperation (collaborative governance) can emerge bottom up within small groups, or localized networks, that will eventually spill over into more encompassing problem solving and more substantial health impact. The voluntary basis and horizontal peer review imply that new forms of governance and accountability will have to be developed among the partners themselves.

- A first evaluation study (2014-2017) concluded that while it is too early to observe distinct health impacts, there

were several relevant preconditions established that are expected to contribute to better health in the future. By 2018, 374 pledges had been signed by about 2200 organisations that consist of civil society organisations, commercial businesses, and public institutions.

- Early experiences with "All about Health…" confirm that time, trust and reciprocity remain important conditions for bottom-up governance.

- The work processes in AaH resemble the EU's Open Method of Coordination, and suggest that existing procedures at EU level could be used to promote and encourage national and local level action on health and well-being. Involving stakeholders in deliberative governance can be an effective way to stimulate action.

Insight 3: The European Union: Anti-Microbial Resistance

- Anti-microbial resistance (AMR) is the ability of microorganisms, such as bacteria, to become resistant to substances used to kill or inhibit their growth – including antibiotics, antivirals, and antifungals. Factors contributing to the growth of AMR include: inappropriate use of anti-microbials in human and veterinary medicine, poor

hygiene in hospitals and the food chain (facilitating the transmission of resistant microorganisms), and contamination of the environment by pharmaceuticals.

- It is one of the defining scientific, health and economic challenges of our time. It has been responsible for an estimated 700,000 annual deaths worldwide, including more than 50,000 in the United States and Europe alone. By 2050, those numbers could increase to 10 million globally – a greater global impact than we currently face from diseases like cancer and diabetes. From an economic standpoint, AMR could cost the global economy more than $100 trillion between 2014 and 2050 cumulatively.[23]

- Given the diverse factors contributing to AMR and its global scale, any effective response must be cross-sectoral. This is reflected in the EU Action Plan on AMR, which includes commitments involving human and animal health, food, water, the environment, awareness raising, surveillance and control, incentives for new therapeutics and vaccines. Reflecting the fact that AMR is a global challenge, the Action Plan also includes commitments to ensure that AMR remains on the global political agenda (e.g. at the UN, G7 and G20), technical cooperation, and the inclusion of standards and measures for tackling AMR in trade and other bilateral agreements.

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23 | See Review on Antimicrobial Resistance (UK), Chaired by Jim O'Neill, 'Antimicrobial Resistance: Tackling a crisis for the Health and Wealth of Nations' (2014).

- AMR has been a leading political priority at a Global and European level, but despite many laudable efforts, more needs to be done to maintain and increase the awareness of this important issue and move beyond calls for action toward activities that drive meaningful change. Failure to act will have a staggering impact on both global public health and the global economy. The next European Commission should continue to drive action by first and foremost delivering on the commitments in the prior Commission's 2nd Action Plan on AMR and strategy on Pharmaceuticals in the Environment while also assessing new opportunities to address this global health threat.

ANNEX II: SUMMARY OF POLICY PROPOSALS

Healthy Societies

- Strengthen implementation of European Pillar of Social Rights via the European Semester

- Prioritise actions on health promotion in schools and workplaces (including exercise, diet, nutrition, smoking cessation, mental health, and health literacy)

- Continue to prioritise work-life balance for parents and carers

- Renew and update EU framework on Occupational Safety and Health in relation to longer working lives and the challenges faced by older people in the work place

- Extend Article 5 of the directive on equal treatment in employment and occupation, so that 'reasonable accommodation for disabled persons' also includes people living with chronic diseases

- Integrate health goals into the Sustainable Development chapters of EU trade agreements

- Foster a health data ecosystem underpinned by trust

Healthy Environment

- Prioritise action on air pollution, noise, and access to clean water

- By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination (SDG3)

- To deliver sustainable food production systems by 2030 (SDG2), develop a more holistic approach to food, which combines nutrition, food security, and climate change

- Promote sustainable corporate and public sector foot-prints — for example by including sustainability criteria in procurement, improving energy efficiency, green energy use, and water and waste management processes.

- Ensure action on the environmental determinants of health is at the centre of the EU's Urban Agenda.

- In this context, target EU funding towards investments in low carbon mobility, energy efficient buildings, better waste management, etc., taking advantage of opportunities provided by advanced technology solutions

Healthy Care Systems

- Strengthen support for Member State reform of health systems (e.g. through identification of reform priorities and financial support for structural reforms)

- Ensure universal health coverage without discrimination, and action to address inequalities in access to care and health outcomes (within and between countries)

- Strengthen efforts to tackle anti-microbial resistance and other cross-border health threats

- Provide support for and investment in the implementation of evidence-based programmes for prevention

- To ensure more patient-centred health systems, provide support for standardised measurement of patient-reported outcomes & experiences – in particular by continuing to invest in the OECD Patient-Reported Indicators Survey

- Prioritise and accelerate EU work on secure health data portability. Promote and ensure funding for interoperability and standardised exchange of health data

- Support Member States with the integration of digital technology in health systems, underpinned by robust equity strategies to ensure all population groups benefit

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European Public Health Alliance

European Connected Health Alliance

European Union of Private Hospitals

European Patients' Forum

European Health Management Association

Global Alliance of Mental Illness Advocacy Networks-Europe

Active Citizenship Network

Re-Imagine Europa

European Union of Medical Specialists

Finnish Federation for Social Affairs and Health

EU40

International Exchange Erasmus Student Network

Humanwise

Federation of the European Sporting Goods Industry

European Public Health Association

European AIDS Treatment Group

European Federation of Associations of Families of People with Mental Illness

Institute for European Environmental Policy

European Association Working for Carers

European Institute for Innovation through Health Data

Digital Health Society

EuropaBio

MedTech Europe

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