

**RESPONSE BY THE INTERNATIONAL UNION FOR HEALTH PROMOTION & EDUCATION TO  
THE DISCUSSION DOCUMENT FROM THE HEALTH AND CONSUMER PROTECTION  
DIRECTORATE-GENERAL OF THE COMMISSION OF THE EUROPEAN COMMUNITIES  
'HEALTH IN EUROPE: A STRATEGIC APPROACH'**

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**FOREWORD**

This response has been prepared on behalf of the European Regional Committee of the International Union for Health Promotion and Education (IUHPE). IUHPE is a democratically constituted, global membership, non-governmental organisation of individuals, associations and institutions, committed to improving health through the advancement of health promotion and health education. Founded in 1951, based in France, and comprising around 2000 members, its goals are to advance theoretical knowledge, professional skills, effective practice, and high quality research in health promotion.

One of six IUHPE administrative regions across the globe, the European Region (IUHPE/Euro) is geographically defined by the boundaries of WHO/EURO. Through elected regional officers and a regional committee, IUHPE/Euro organises the European region-based work of IUHPE's 300+ European members. These include members in all 27 EU member states, comprising numerous national and regional organisations as well as individuals.

Further details of IUHPE's mission, organisation and activities - including major projects on health promotion effectiveness undertaken in partnership with the European Commission - can be found at [www.iuhpe.org](http://www.iuhpe.org) and at [www.hp-source.net](http://www.hp-source.net)

**INTRODUCTION AND BACKGROUND**

The IUHPE warmly welcomes the Commission's proposal for a new overarching strategic framework to set aims and objectives to guide future work on health, and to put in place the right instruments and actions to achieve these aims and objectives in the coming decade.

The IUHPE notes that research consistently demonstrates that well-being and good health are among EU citizens' highest aspirations for themselves and their families, and acknowledges that the EU's aim - to achieve its social and economic objectives of prosperity, solidarity and security - will require a population in well-being and good health. Conversely, the better achievement of future well-being and good health will itself require greater prosperity, solidarity and security. The priorities in this respect are committed policies and effective actions: to greatly reduce social and economic inequalities, within and among European populations; to strengthen and maintain fundamental instruments of social security; and to promote solidarity among different sections and cohorts throughout society.

Acknowledging all the key outcomes of the Commission's 2004 consultation on 'Enabling Good Health for All', the IUHPE will be particularly looking to the proposed new health strategy to deliver concrete results, in particular to: mainstream health concerns into all Community policies; powerfully address social and economic

inequalities by effectively tackling the underlying determinants of health; strongly build capacity by consistently facilitating the much needed development of systems, infrastructures, institutions, resources, and skills for effective health promotion across the European Union.

At the outset of this hopeful next phase in the development of European health policy, the IUHPE particularly notes and supports the central role indicated for health promotion in the proposed EU strategic approach. However, it will be important to more clearly define and articulate that role in the final framework document. Health promotion is an 'upstream' activity, prioritising and focussing on achieving 'health', rather than the prevention of disease or medical care, vital though they are. While its specialised approaches, skills and techniques can and should make important contributions to those other vital fields, the primary contribution of health promotion is to facilitate and enable individuals, groups, communities, and whole societies, to improve their health through taking control over its determinants. This empowering activity, when properly resourced and effectively practised, at the pertinent levels and in the relevant settings of society, can make a significant contribution to achieving the wider goals of social and economic development which are at the core of the European Union's aspirations.

## **NEW DEVELOPMENTS**

- **Health services**

The IUHPE submitted a response in January 2007 to the Commission's communication regarding Community action on health services. This response welcomed the Commission's overall intentions, and made a number of additional proposals. Of particular relevance to the Commission's plan to formulate a new health strategy, the IUHPE response on health services set out the case for using Community instruments to progressively raise the standards of health promotion and disease prevention practice in all Member States.

The IUHPE has also responded positively to the Commission's Green paper 'Promoting the Mental Health of the Population. Towards a Strategy on Mental Health for the European Union', endorsing:

- the importance of recognising mental health as a major public health issue for the Community
- the relevance of mental health for key EU strategic policy objectives (prosperity, solidarity, social justice, and the quality of life of European citizens), and
- the need for coordinated and concerted efforts, directed at population-level improvements to promote mental health, across Member States and at Community level

- **Health threats**

The field of health promotion has an important role in countering and managing emergent major health threats. Unfortunately, in almost all instances in recent decades, the approaches, models, techniques and skills of health promotion have been

applied late, inappropriately, or often not at all. There are many reasons for this, but generally underlying them, in most Member States, are the continuing under-development of effective health promotion policy and the inadequate provision of systems and resources for effective health promotion practice.

The net outcomes have been sub-optimal responses to the actual threats. So, quite appallingly and unnecessarily, 25 years after its arrival in Europe, the HIV/AIDS epidemic continues its growth across the Continent, even in some of the most prosperous EU Member States. During the same period, the populations of many Member States have been ill-served by serious communications deficiencies in relation to apparent threats posed by variant CJD, SARS, avian influenza, and other emergent phenomena, while at the same time, the battle against re-emergent epidemic tuberculosis has been seriously weakened by the failure to deploy effective health promotion as a key instrument of the response mechanisms.

Concurrently, epidemics of obesity and alcohol- and drug-related harm have also become serious and growing threats to the health of Europeans. As previously noted in IUHPE responses to consultations by the Commission, combating these socially complex threats more effectively in future will require the full and sustained deployment of the approaches, skills and techniques of health promotion, as a key part of a coordinated and concerted effort across Member States and at Community level.

In the proposed new health strategy, the role of health promotion needs to be explicitly recognised and fully articulated in relation to preparedness, response mechanisms and sustained measures against new and re-emergent health threats.

- **Health in all policies**

The IUHPE considers the European Community's emphasis on the importance of healthy public policy, and its recognition and initiation of action in relation to the potential influence on population health and well-being, of practices in other sectors of society outside the health sector, to be one of the most important developments in global health policy in recent decades. We would expect to see the new health strategy build on these strong foundations and to include proposals for extended actions in this field by the EU and Member States, for example through the greater involvement of civil society, including health-related NGOs

## **THE FOCUS OF THE STRATEGY**

The three elements upon which the new health strategy proposes to focus are clearly described and logical.

The challenge to maintain, protect and improve health across the EU postulates *inter alia* a core role for health promotion. In view of the IUHPE's remit, its responses to the questions posed at the end of the document focus on the role of health promotion.

## RESPONSES TO QUESTIONS

1. Action at EU level to promote, facilitate and support the development of effective health promotion systems, infrastructures, skills, practices, capacities and resources is indispensable to the success of this strategy.
2. In the field of health promotion, the aim should be to have in place in all Member States and at Community level within five years, and fully operational in at least 2/3 Member States within ten years, a system of appropriate infrastructures and institutions, and trained staff and technical and financial resources, sufficient to enable evidence-based policy-making and practice, right across the field of health promotion, from underlying social, economic and environmental determinants of health through to risk behaviours, and from local community-based activities through to European Community level policy making, appropriately applying all the approaches, models, techniques and skills of health promotion, as required by the issues in question.
3. Legislation would be an inappropriate approach to establishing effective systems of health promotion. The Open Method of Coordination would be appropriate. Careful design, actions sustained by the Commission and Member States over many years, and sufficient resources, would all be required to achieve success.

On the other hand, evidence-based legislation to control some of the otherwise intractable social, economic and environmental determinants will be indispensable to the conquest of many of the most serious threats to health, including, for example, obesity and alcohol-related harm.

4. Health promotion which combines, for example, approaches to different health determinants, with lifecycle approaches and strategies on key settings, has long been practised in a number of Member States. It lies at the heart of effective health promotion; current evidence-based good practices should in future provide a basis for broader exchange and mutual learning among all Member States
5. a) Use of Health Impact Assessment in different decision making processes would be a very useful tool in all administrative areas and also an indicator of how well the strategy is being implemented.  
  
b) It would be desirable to monitor some determinants of health from the perspective of 'health in all policies', for example:
  - the existence of different kinds of places and possibilities for physical activity
  - the prices and availability of healthy lunches in workplaces and communities
  - the taxation of alcohol and tobacco.  
c) Building on substantial investment over many years by the Commission and its partners, indicators of the development of health promotion intervention systems could be further developed. This should build on the initial theoretical work of the EUHPID health development model and classification system and its contribution to the ECHI/ECHIM short-list. This includes both indicators related to health promotion policy and practice using the HP-Source system, and also the integrated

settings indicators working through various European health promotion settings networks.

d) Among other indicators, it would be possible, for example, to monitor across the EU:

- the establishment of Masters courses conforming to the Curriculum of the European Masters in Health Promotion [EUMAHP<sup>1</sup>];
- the numbers of EUMAHP graduates from each course in each Member State; and
- the numbers of EUMAHP graduates entering into supervised in-service or academic career-level training in each Member State.

6. This is the most important question. The strategy will be a failure if, to give one example among many, the huge disparities continue among Member States in deaths of women from cervical cancer (which are almost entirely preventable with appropriate screening systems). A rigorous system of regular peer reviews (by small multi-national expert teams) could be tested in, say, 10-12 areas of the strategy in the first 5 year period (with a review of the peer review process itself after, say, three years).
7. a) The diversity of NGOs with a potential role in promoting health - in professional, health, patient, sport, youth and other fields - needs to be recognised. Co-operation between the public sector and health related NGOs and other stake holders is important. The public sector, with good researchers, experienced policy-makers and skilled professionals working together, can, through an evolving legislative and social framework, create every day circumstances, which help to promote health. And NGOs, working among different kinds of population groups, and having the potential to pick up and hear "weak signals" in society, can communicate "everyday information" to politicians and civil servants, can support positive changes, and can also work in many other ways among different kinds of people to develop and maintain possibilities for healthy living. The strategy should highlight this potential and encourage the development and continuing facilitation of strong, independent NGOs.
- b) The strategy should promote the formation of national inter-sectoral health committees, following the examples of Member States where these are already established, Based on the prerogative of Health in all Policies, and usually with representatives from all ministries, local authority associations, important trade unions, health professional associations, health NGOs and other relevant organisations, such a committee can ensure that all stakeholders meet regularly to share local, national and EU-level information and advise on future policy.
- c) Maintain easily accessible communications with stakeholders which provide 'need-to-know' information on a regular basis (with links to the background documentation), and opportunities for feedback.
- d) Engage stakeholders in peer review activities, as exemplified at 6. above.

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<sup>1</sup> Co-sponsored by the European Commission

- e) Draft a process of accountability to stakeholders, comprehensively consult the stakeholders about it, modify accordingly, introduce it, and abide by it.
8. The health and health problems of different individuals are strongly related to their every day circumstances. These determine how easy or difficult it is for them to make every day choices, for example regarding physical activity or eating - choices which may promote or support their health, or play a part in undermining it. This is a deep-seated cultural issue. The kinds of health-related behaviours that are generally accepted or appreciated among family, friends, and colleagues, within particular population groups, and those which are not, are strongly culturally determined. Such behaviourally-related determinants are basic elements of everyday life, usually very far from the scope and influence of the health sector. Health strategy therefore needs to be significantly greater than health sector strategy, and needs a correspondingly broader and more powerful political and administrative 'home'.

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.