

Healthy Ambition

Policies for healthy living
environments – trialling a policy
mapping tool

Discussion paper I December 2018

european public health alliance





Tracking progress on the implementation of ambitious health policies in Europe

Background and aims of the initiative

This document summarises the thought process and assumptions underlying a policy mapping initiative which aims to track the implementation of a select number of health policies in Europe, to be trialled by the European Public Health Alliance (EPHA) in 2019. It is the outcome of a reflection process spanning several months throughout 2018 involving the EPHA team, its members and scientific advisors, as well as an iterative research phase that provided input into the viability and desirability of different mapping scenarios¹.

The idea for this initiative evolved in response to the widely accepted need to step-up action on health promotion and disease prevention. While Europe has made considerable progress in reducing premature mortality, it has been much less successful in preventing diseases, non-communicable diseases (NCDs) especially. The high prevalence of such preventable diseases causes suffering and risks undoing some of the health improvements gained over the last decades [[WHO, 2018](#)]. This burden of disease also threatens sustainable economic development. Nearly 10% of European Union (EU) GDP is currently spent on healthcare, which puts at peril national budgets and impairs other much-needed societal investments [[EU/OECD, 2018](#)].

For many years, the absence of policy action proportionate to health challenges has been highlighted in the public health academic literature [[Swinburn et al., 2015](#)]. But the recognition of a lack of progress on certain critical health issues is also shared by governments. For example, the Political Declaration of the 3rd United Nations (UN) High Level Meeting on NCDs from 2018 recognises “*that action to realize the commitments made for the prevention and control of non-communicable diseases is inadequate*” [[UN, 2018](#)]. Similarly, in 2017 EU health ministers concluded that “*existing policies to promote health, prevent overweight and obesity with the aim of halting the rise in childhood obesity have not been sufficiently effective*” [[Council Conclusions, 2017](#)].

¹ With special thanks to Cecilia Andersen for involvement in the research and development phase.



These considerations strongly suggest on the need for greater policy ambition for public health. This is why the term ‘ambition’ figures in the proposed title of the initiative. “Healthy ambition” stresses both the need for greater ambition *for* health, but it also implies that it is ‘healthy’ to *have* this kind of positive ambition.

By focusing on recommended population-level policies, the initiative also seeks to provide a clearer narrative and understanding of what public health policies actually aim to do. At their core, health policies exist to create the contexts – the environments – that enable people to lead healthier, more fulfilling lives. No public health policy can, or is meant to ‘oblige’ anyone to be healthy. But policies can empower people to pursue health and well-being by creating the right societal conditions. According to historians of health, most of the increase in life expectancy over the last 200 years resulted from non-medical social improvements [[Lindsay et al., 2014](#)], such as introduction of sewage systems and clean drinking water. Improvements to other shared environments, like food and drink environments or the quality of our common air, are also expected to result in positive outcomes for individuals and entire populations.

Furthermore, standards and policies that create a level-playing field for businesses throughout Europe can improve the functioning of the EU common market and promote sustainable business models.

Key features of the policy mapping

This initiative will track progress on the implementation of a select number of ambitious health policies in Europe (see Annex I for a first round of selected policies). The initiative aims to:

- **Select** a number of effective policy measures that signal a ‘higher-than-average’ level of ambition in creating healthy living environments;
- **Map** progress on the adoption and implementation of such policies across 30 countries in Europe, covering European Union Member States and Norway and Switzerland (as well as the UK when no longer in the EU);
- **Create awareness and debate** about the role of policy in empowering people to pursue well-being;
- Ultimately, to **stimulate ambitious action** to promote people’s health.

The outcomes of the policy mapping will be visualised with the help of an online map of Europe which will highlight how widespread the selected policies are implemented. By selecting - i.e. clicking on - an individual policy measure, those countries that have implemented the measure will ‘light up’ on the map (see visualisation below). Despite individual countries being highlighted to indicate progress on implementation, the core focus of the mapping will be on policies, rather than countries. The mapping will therefore not create country profiles or compare countries in terms of how many of the selected policies were implemented by each.

Instead, the mapping will produce policy fiches. Each policy fiche will cover:

- A non-technical description of the policy measure, focused on a reflection of how the measure contributes to the creation of a healthy living environment;
- The reasons for selecting the measure, including key evidence base;
- Description of the exact criteria for inclusion;
- Overview of countries that have implemented the measure, with additional details and comments where necessary. Countries that have adopted the measure, but where it has not yet come into force are highlighted as well. Data sources are included.




The mapping will group policies on the basis of ‘modules’ or ‘thematic areas’ linked to different key health challenges and health environments. The trial will focus on ‘food and drink environments’, sampling key policies in the area of food and alcohol. At least one annual update of the mapping is previewed, but more regular updates are possible as well, for instance if an update is reported by third parties. In the latter case, each reported update will be evaluated on the basis of the inclusion criteria employed.

A preliminary structure of a future online tool:

Healthy Ambition for healthy living environments

Tracking progress on the implementation of ambitious health policies in Europe

About
Healthy living environments
Method
Report update



Themes:

Healthy food & drink environments

- Policy ‘A’
- Policy ‘B’
- Policy ‘C’
-

Hovering or clicking on a policy measure will see the countries that have implemented it light up

What are food and drink environments?

Food environments have been defined as “*the collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status*”

Healthy food environments can be described as “*environments in which the foods, beverages and meals that contribute to a population diet meeting national dietary guidelines are widely available, affordably priced and widely promoted*” [Swinburn et al., 2013].



What this policy mapping is not

This initiative does not provide a comparative assessment of the effectiveness of national policy frameworks. There is a firm consensus that lasting solutions to health challenges, in particular those related to consumption patterns, can only be achieved through comprehensive, multicomponent strategies. There is no firm evidence that such strategies, to achieve a high level of health protection and promotion, necessarily need to include each of the measures identified as part of this policy mapping. Therefore, the initiative focuses on *policies* and not on creating *country profiles* aimed at comparing countries against each other.

An earlier version of the concept did consider the option to allocate points to countries based on their levels of implementation of the selected measures, which would have allowed a ranking of countries. While the latter idea was considered inappropriate for the trial of the policy mapping, the compilers of this initiative do, however, consider that a convincing case exists for the use of the selected policy measures. One of the aims of the mapping would be to stimulate debate on why, for instance, certain countries have left certain measures out of a policy mix, and on what basis potentially other alternative measures have been selected, including how they are expected to deliver equivalent results

Transparency of method: how do policies get selected?

The process of selecting a measure for inclusion is based on a mixed method that draws on the best available evidence and expert opinion. This involves an iterative process of consultation with EPHA members, its scientific advisers and external experts. Where relevant and available, authoritative recommendations are used as a starting point, such as the World Health Organization (WHO) 'Best Buys' [[WHO, 2017](#)].

The following selection criteria guide the inclusion of policies. Policies should:

- Be justified by existing evidence and, ideally, be accepted by reputable institutions – **authoritative**;
- Convey a sense of ambition compared to the 'status quo' – **ambitious**;
- Be able to reach a large share of the population – **population based**;
- Be recommended for implementation in any country – **relevant**;
- Constitute an implemented government measure – **implemented policy**;
- Be easily and transparently identifiable – **transparent**.

For example, selected policies under the 'food and drink environments' module are based on measures recommended by the WHO Best Buys, under the headings unhealthy diet and alcohol harm. In those cases where the Best Buys do not describe a specific policy intervention, but an intervention category, the compilers of the indicator, on the basis of existing literature and following consultation, select a specific measure in the given category.

For instance, the Best Buys recommend the implementation of "subsidies to increase the intake of fruits and vegetables". The concrete policy measure selected on the basis of this recommendation is the national implementation of a 0% or minimised value added tax (VAT) for fruit and vegetables. This in accordance with expert opinion and also based on existing evidence on the effectiveness of VAT reduction on fruit and vegetables intake [[Dallongeville et al., 2011](#)].



Trial, continuous update and further development

Before launching the trial in 2019, the mapping which was already conducted on the policy measures listed in Annex I, will be updated and, where necessary, the inclusion criteria revised yielding an updated overview of which policy measures have been implemented in which countries.

During the trial period feedback will be sought from a variety of sources to receive comments on the usefulness of the tool, the consistency and quality of the approach, whether the tool should be further developed, and if yes, directions for potential future development. During this trial period a version of the map with limited functionality will be used.

On the basis of received feedback the initial tool will be evaluated and a decision will be made regarding its future, including on the launch and exact shape of an online portal with full functionalities.

Options for future development include:

- Further specification of policy measures within a theme/module;
- Addition of new policy measures within a theme/module;
- Expansion in the number of themes/modules, for instance gradually adding modules with policies for air quality, antimicrobial resistance, sustainable diets and others. Such modules could be 'co-owned' and elaborated in partnership with other organisations or foundations.
- Addition of case studies on commercial determinants, for instance based on the policy dystopia model [[Ulucanlar et al., 2016](#)], to arrive at a clearer perspective on the political economy of policy development in the area of public health.



Annex

First round selected policy measures for the creation of healthy food and drink environments

1	SUGAR-SWEETENED BEVERAGE AND/OR SUGAR TAX
2	GOVERNMENT ENDORSED FRONT OF PACK (FoP) LABELLING SCHEME FOR FOOD
3	MINIMISED VAT RATE ON FRUITS AND VEGETABLES
4	LEGISLATIVE LIMIT ON SALT IN ONE OR MORE PRODUCT GROUPS
5	REGULAR INCREASE IN ALCOHOL EXCISE DUTY
6	ALCOHOL PRICING MEASURES, INCLUDING MUP
7	MANDATORY HEALTH INFORMATION LABELS ON ALCOHOL
	<i>Special focus on marketing:</i>
8	APPLICATION OF THE WHO EUROPE NUTRIENT PROFILE MODEL
9	WATERSHED ON (TELEVISION) MARKETING OF UNHEALTHY FOODS
10	LEGAL RESTRICTIONS ON FOOD ADVERTISING ON DIGITAL MEDIA
11	BAN ON TV AND RADIO ALCOHOL ADVERTISING
12	BAN ON ALCOHOL SPONSORSHIP
13	RESTRICTIONS ON ALCOHOL ADVERTISING ON DIGITAL MEDIA

About EPHA

EPHA is a change agent – Europe's leading NGO alliance advocating for better health. We are a dynamic member-led organisation, made up of public health civil society, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.

EPHA is a member of, among others, the Social Platform, the Health and Environment Alliance (HEAL), the Alliance to Save Our Antibiotics, the Transatlantic Consumer Dialogue (TACD).

EPHA sits on various EU-level platforms, including the EU Multi-Stakeholder Platforms on Sustainable Development Goals (SDGs), High Level Forum for a Better Functioning Food Supply Chain, the EFSA Stakeholder Platform, DG AGRI Civil Dialogue Groups, and the Better Regulation Watchdog.

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