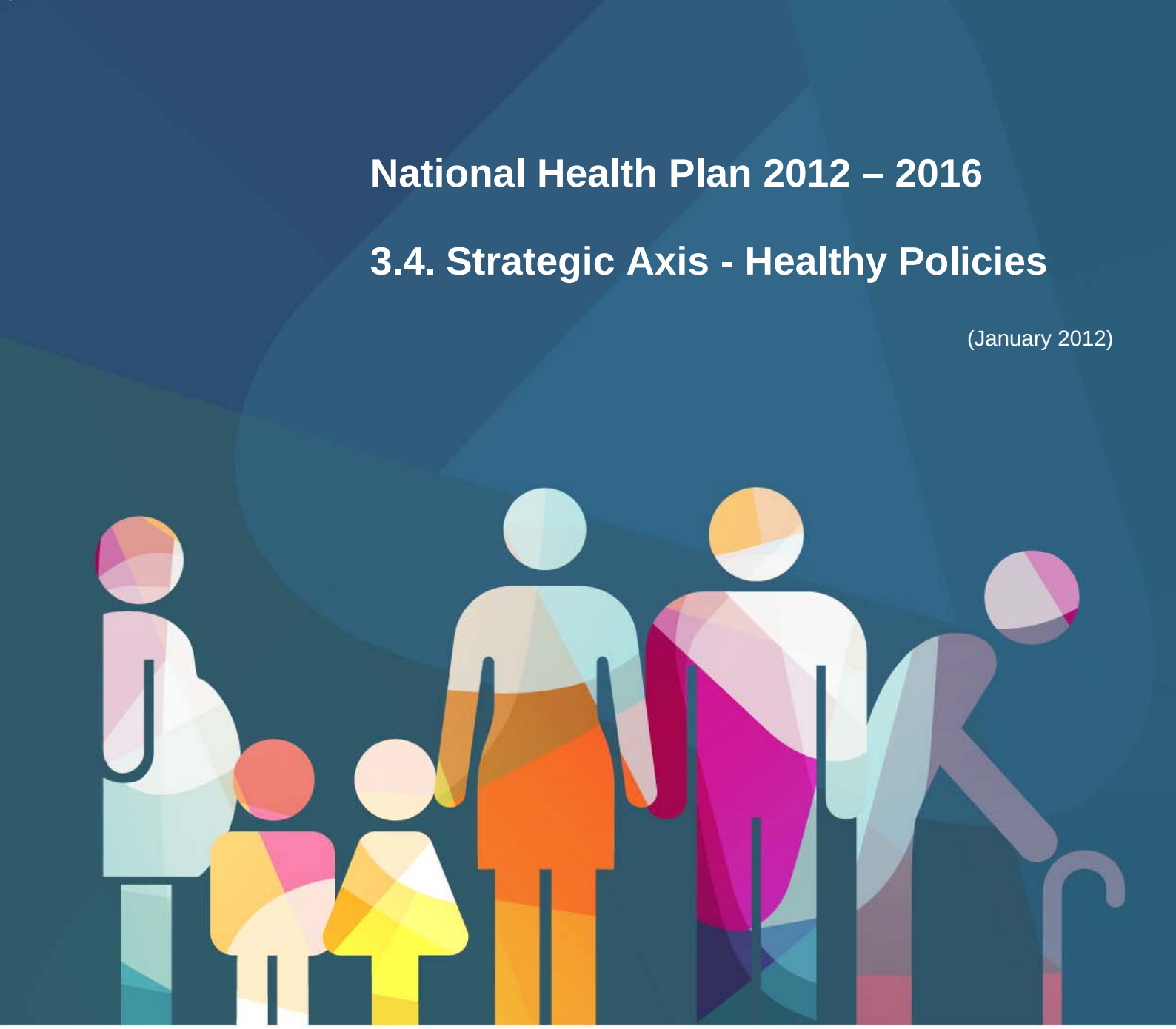
National Health Plan 2012 – 2016

3.4. Strategic Axis - Healthy Policies

(January 2012)



National Health Plan
2012–2016

3.4. HEALTHY POLICIES

Healthy Policies aim at guiding the efforts of society so that all citizens may have equal opportunities to make healthy choices and realise their full health potential.

3.4.1. CONCEPTS

WHAT IS UNDERSTOOD BY HEALTHY POLICIES?

.1. **Healthy Policies** are policies from the government, municipalities and other sectors that define parameters and priorities for action: i) in response to health needs; ii) in the distribution of health resources; iii) in optimising positive health impacts, or mitigating negative impacts, from responses to other political priorities (Glossary, WHO 1998).

REFER TO THE GLOSSARY:
Accountability, Capacity-building, Citizenship, Citizenship in health, Citizen, Interpersonal communication, Media, Humanised care, Empowerment, Literacy, Health Promotion, Doctor-patient relationship, Social responsibility

.2. They are materialised in legal, regulatory, normative, administrative or other measures aimed at creating favourable environmental, social and economic conditions to individual and collective health. These measures should help facilitate healthy choices made by citizens, making them more accessible to everyone. They reflect an explicit concern for health and equity, as well as for accountability in relation to health impacts arising from political decisions made by different sectors of governance (WHO Adelaide Declaration, 1988).

.3. It is a comprehensive concept, which holds not only the health sector accountable, but all others, including the private sector and the third sector, which should contribute to the creation of physical and social environments that promote well-being and health of populations, ensuring that every citizen has equal opportunity to make healthy choices (WHO Health Report, 2010) and to fully realise his/her health potential and his/her right to a healthy longevity.

WHAT ARE THE PROSPECTS FOR THE PROMOTION OF HEALTHY POLICIES?

.4. Health and well-being are the result of basic conditions (WHO Jakarta Declaration, 1997) and of the complex interplay of multiple factors, namely biological, behavioural, ecological and social (FIGURE 3.4.1.) (Dahlgren G, Whitehead M, 1991), therefore the responsibility of health promotion involves all sectors.

- The factors with the greatest influence on health are called health determinants. Not all determinants are modifiable. Some can be changed by individual action. Others require social interventions, such as reducing poverty or improving the levels of literacy of the population.

BOX 3.4.1 - HEALTHY POLICIES KEY PROSPECTS:

- Health results from the interaction of determinants, influenced by different levels of intervention.
- Healthy Policies include policies of Public Health and from other policy sectors.
- All policies have a potential impact on health, which should be expected, positively enhanced, managed, monitored and evaluated.

- Health determinants are interconnected and potentiate each other, allowing us to understand how different levels of policy intervention have an impact on individual health and on that of the populations:
  - *The first level refers to interventions aimed at improving the social, economic, cultural and environmental conditions through deep structural and long-term measures;*
  - *The second level includes measures to improve the social and material living and working conditions, by developing services and resources;*
  - *The third level aims to strengthen social and community support closer to the citizen;*
  - *The fourth level aims at influencing the individual lifestyles and attitudes.*

FIGURE 3.4.1 - Model of Health Determinants

(Adapted from Dahlgren G, Whitehead M, 1991)

Basic conditions for health	Peace, shelter, diet, income, education, social security, social relations and networks, empowerment, stable ecosystem, sustainable use of resources, social justice, respect for human rights, equity.

.5. Thus, responsibility for health promotion rests with all social sectors, with the families and with the citizens themselves.

PUBLIC HEALTH POLICIES

.6. The concept of Healthy Policies comprises a dual perspective**: Public Health Policies and Health in All Policies**:

BOX 3.4.2 - HEALTHY POLICIES INCLUDE:

- Global Public Health
  - Policies
  - Specific to the health system
- Health in All Policies

- PUBLIC HEALTH POLICIES are organized efforts directed primarily to benefit the health status of a given population, emphasising the protection and promotion of health and the prevention of disease, in addition to the provision of healthcare (Ottawa Hospital Research Institute, 2009; WHO 1984). They can be Global or Specific to the health system:
  - ***Global*** *- examples of which are: education for health, sanitary and epidemiological*

surveillance, under the direct responsibility of the health sector, and the intervention on health determinants, including the environment, and preparation of responses to epidemics and disasters, coordinated between sectors (environment, education, economy, spatial planning, social security, etc.). (Sihto M et al., 2006). The health sector can take up positions of leadership, support, partnership and/or advocacy for the development of inter-sectorial action in certain areas (Ferrinho P, Rego I, 2010), according to direct responsibility, specific knowledge about effective strategies or control over the means of intervention. For example, it enables and supports initiatives with direct impact on health, such as health programs in schools; makes partnerships for action on health determinants, such as with the food industry in combating obesity; or advocates the impact upon health through legislation regulating alcohol consumption.

- ***Specific to the Health System*** *- geared towards the coordination, regulation, production or distribution of health goods and services. Examples are access to care, medicines and other health technologies, quality of care, service management, and distribution and adequacy of financial and human resources for health.*

- **HEALTH IN ALL POLICIES** is an explicit strategy of inter-sectorial approach, based on the evidence that actions and policies taken under the initiative of sectors outside the health sector have positive or negative impacts on health and equity (Kickbusch E, 2007; Svensson PG, 1988). It aims at achieving gains in health and quality of life through interventions targeting major social determinants of health. This approach:
  - *Promotes health and well-being as an objective and value shared by all sectors, making it possible to address health in an integrated and systematic manner. It also emphasizes the impact of improved health as a resource and sustainability factor, in the objectives of other sectors.*
  - *Recognizes that the impact of health determinants generates inequalities and that intervention on the social, economic, cultural and environmental factors is fundamental for their reduction.*
  - *Requires the health sector to take up an advocacy role for health, to build the knowledge and evidence base to justify the policy measures and decisions to be adopted, to understand the language and mandate of other sectors, to create platforms for inter-sectorial dialogue and to promote work in partnerships with other sectors.*
  - *Promotes synergies and trade-offs between sectors at the national, regional and local levels, critical for the effectiveness and sustainability of interventions over the long-term, even more important as the growing impact of chronic disease on health and economy also increases.*

DESIGN AND IMPLEMENTATION SCALES

.7. **Healthy Policies** can be seen at **multiple scales of design and implementation**, involving the government, local authorities and/or other institutions, either regional and local, public, private or from the third sector, higher education institutions, scientific societies, as well as other civil society organizations, communities and families.

- The political design and involvement depend on the necessity, effectiveness and specificity in the use of resources and services close to the communities, and on the ability to empower and strengthen social cohesion, to establish partnership and to take ownership over responsibilities at local level.

- Locally designed policies can be strengthened by the existence of strategies and tools, and

by appreciation at other levels and thus they should have a framework in regional and national strategies.

.8. In this sense, Public Health policies should:

- Be based on the identification of health priorities: health needs of populations or subgroups, for which there are cost-effective interventions and which lead to health gains.
- Prioritise interventions resulting in greater impact on achieving sustainable health gains.
- Establish trade-offs between the opportunities, resources and priorities at local, regional and national levels, in order to maximise health gains at each level.
- Promote access, quality, citizenship, and reduce inequalities.

How can Healthy Policies lead to health gains?

Health Promotion

.9. **Health promotion** is the process that aims at creating conditions for people, either individually or collectively, to take action on the determinants of health, in order to maximise health gains, to help reduce inequalities and to build social capital (WHO Ottawa Charter, 1986; WHO Jakarta Declaration, 1997) (Box 3.4.3.).

BOX 3.4.3 - Health Policies lead to health gains through:

- Health promotion processes;
- Assignment of greater priority to interventions with a positive cost-effectiveness;
- Efficient management of health resources.

- It is a participatory, holistic, inter-sectorial, equitable, and sustainable process, based on combinations of multiple strategies (WHO Evaluation in Health Promotion, 2001).
- The responsibility for health promotion involves actions of other sectors beyond health and includes well-being and quality of life (WHO Jakarta Declaration, 1997).

BOX 3.4.4 - Axes of action for Health promotion (Ottawa Charter, 1986)

- Designing Healthy Policies in all areas of governance and social sectors.
- Empowerment of people and communities to take action on health determinants, increasing shared responsibility by all, for their own health. Health is understood as a public asset, essential to social and economic development;
- Creation of supportive environments for health that may promote the fulfilment of healthy lifestyle choices.
- Strengthening community and inter-sectorial actions.
- Re-orientation of health services, making them more efficient, equitable and closer to the populations.

Prioritisation

.10. **Strategic planning defines the priorities of action for Public Health** and enables the evaluation of the plans, strategies and actions, at various levels, according to the following sequence: i) assessment of health needs; ii) identification of target-determinants and of potential gains; iii) identification of the most effective interventions; iv) prioritisation.

- The process of setting priorities recognizes that resources are limited compared to health needs, that not everything that is effective can be done, and that not everything that is done is effective (HD Banta, 2008).
- The identification of health gains generates and mobilises additional resources (investment, volunteer service, actions by non-governmental organizations, the adhesion of the population to campaigns) and priorities should take up the following principles:

- o ***Explicit evidence of impact****, prioritising interventions with greater definition of gains identified through cost-effectiveness analysis. These analyses are more common on the use of medications and clinical services but are scarce regarding preventive services due to the strong dependence on the context and on the characteristics of the population, because they are multi-strategic and difficult to control or to compare.*
- o ***Monitored and evaluated interventions, based on models****, in order to identify best practices, ensure comparability and strategic development decision, dissemination, reformulation or extinction.*
- o ***Involvement of the various actors and recipients*** *in the definition, operationalisation, monitoring and evaluation, through transparency, accountability, disclosure and assignment of a social value.*

BOX 3.4.5 - PUBLIC HEALTH POTENTIATES HEALTH GAINS BY:

- **OPTIMISING THE CAPACITY OF SERVICES:**
  - o Identifying the health needs of the relevant populations and subgroups;
  - o Promoting equity and access to services;
  - o Increasing cost-effectiveness in meeting health needs, focusing on the measurement of outcomes;
  - o Taking part in the processes to improve the quality and safety of care;
  - o Taking part in the planning, organization and management strategies for services and interfaces (between levels of care);
- **Political, institutional and social decisions, explicit and participated, on investments and distribution of health resources, by:**
  - o Analysing and publicising the evolution in health status and its determinants;
  - o Identifying health gains that are amenable to health care and/or dependent on other sectors;
  - o Identifying and developing the capacity of health services and other resources, strategies and policies;
  - o Prioritising strategies and resources for achieving health gains, while ensuring equity.

WHICH STRATEGIES AND RESOURCES TO STRENGTHEN HEALTHY POLICIES?

.11. Healthy Policies are supported upon strategies and resources, such as:

- **REGULATORY**, legislative, fiscal, and normative measures, charters and statements, including international commitments framing the mandate and responsibilities of institutions and civil organizations, which contribute to the protection and promotion of public health.
- **INSTITUTIONS, AGENCIES AND DEPARTMENTS** with responsibilities in the development, administration, implementation, supervision, monitoring and evaluation at central, regional, local and institutional level, from macro-strategies to the operational level. They include higher education institutions and scientific societies with knowledge, training and research in the area of Public Health, administration and management of health services.
- **INTER-SECTORIAL PARTNERSHIP PLATFORM**, in terms of central and local government, involving the private and social sectors, with the mandate of engaging, creating, implementing and evaluating policies across sectors.
- **PLANNING AND GOVERNANCE IN HEALTH PROGRAMS**, with ability to inform, influence and coordinate, while systematically considering the opportunity and ability of other sectors to form partnerships and synergies in health-promoting interventions.
  - o *At local level,* ***LOCAL HEALTH STRATEGIES****, which can be understood as processes directed towards achieving health gains through governance and operationalisation resources in*

the context of partnerships of local organisations, stand out (Santos A et al., 2010).

- **CREATION AND SUPPORT OF INTER-SECTORIAL NETWORKS**, able to capitalise and share resources, including knowledge, of framing action models and supporting strategies.
- **KNOWLEDGE MANAGEMENT AND EVIDENCE CREATION SYSTEM** about policies, practices and interventions of the health sector and others, leading to health gains through cost-effective processes and strengthening the areas of technology assessment, impact assessment, health services research, economic analysis and epidemiological research, in participatory processes.
- **HEALTH MONITORING AND EPIDEMIOLOGICAL SYSTEMS**, either continuous or regular, for determinants, health statuses, diseases, interventions and services relevant to people's health, including infectious and non-infectious diseases, accidents, environmental phenomena and social factors. This control allows warning and response, planning and assessment, and also to identify and intervene in high-risk or vulnerable groups.
- **HEALTHCARE ORGANISATION**, explicitly encouraging responsibility for systematic or opportunistic health promotion actions, suitable to the various levels, contexts and mandates, with quality criteria. For instance, through clinical guidelines, quality indicators, measurement of medium/long-term outcomes such as control of chronic diseases, planning models, monitoring and evaluation of institutions, contracting, identification of best practices, etc.
- **MEDIUM AND LONG-TERM MEDIA AND SOCIAL MARKETING STRATEGIES**, at the level of health programs, of the institutions and civil society organisations' mandate; reinforced by networks, partnerships and the civil society involvement; built on solid knowledge evidence bases; able to increase awareness, literacy, *empowerment*, social mobilization and capacity for advocacy in intervention on health determinants.
- **PREPAREDNESS AND RESPONSE TO HEALTH THREATS**, including preparation of the community, health services and other services in the planning, simulation, coordination and evaluation of response to outbreaks, emergencies, natural disasters or bioterrorism; increasing flexibility and responsiveness, inter-institutional and inter-sectorial articulation, empowerment for resource management and communication in the event of a crisis, and the social value of the health system.
- **HEALTH IMPACT ASSESSMENT** (HIA) of the policies from other sectors (WHO Health Impact Assessment, 1999), guided by principles of captive participation, equity, sustainable development, ethics of evidence and global health approach (Quigley R *et al.*, 2006), focusing on equity in society, or in the health system. These processes generate knowledge and support decision-making and partnership. The evaluation of the health impact is an important tool that helps to predict and to assess the consequences of different actions and to guide decision-making both within the Health System and in the development of best practices in Public Health.

BOX 3.4.6. OPPORTUNITIES ARISING FROM THE DEVELOPMENT OF HEALTHY POLICIES:

i) The existence of international and national reference documents that promote Healthy Policies (WHO Tallinn Charter, 2008; National Health Plan 2004-2010);

ii) The promotion of health inter-sectorial character by the Ministry of Health;

iii) The Presidency of the Council of Ministers as a promoter resource of the articulation between sectors;

iv) Initiatives of other ministries and sectors with positive impact on health;

v) Implementation of legislation conducive to health (e.g. Tobacco Act);

vi) Globalisation of citizen awareness regarding environmental issues, sustainability, health and welfare;

vii) Increased number of concerted communication and *marketing* strategies that promote literacy and *empowerment* of citizens.

BOX 3.4.7. THREATS TO THE DEVELOPMENT OF HEALTHY POLICIES:

AT THE LEVEL OF NATIONAL, REGIONAL AND LOCAL DECISION-MAKING:

i) Low valuation of health promotion as an investment that contributes to the sustainability of the System;

ii) Planning poorly associated with decision-making and resource allocation centres, contracting, monitoring and assessment;

iii) Low quality and accountability in decision-making, which are not based on medium and long-term strategies;

iv) Misunderstanding of the role and capacity of local structures on the effectiveness in reducing inequalities;

v) Difficulty in articulating sectorial languages, paradigms and cultures; inability to value the impact of health in other sectors; poor management of political opportunities; lack of strategic vision as a value in all policies;

vi) Lack of interdisciplinary and inter-sectorial scientific evidence adapted to the national context; inability to formulate useful recommendations and influence planning and decision, assess Healthy Policies and disseminate best practices;

AT THE LEVEL OF HEALTH PROFESSIONALS:

vii) Insufficient knowledge about the impact of health promotion and education in all contexts, *empowerment* of citizens and professional satisfaction;

viii) Lack of benchmarks and *feedback* on the impact of their activities on community health in the medium and long-term; the impact on the reduction of inequalities, social determinants and vulnerable groups;

ix) Difficulty in negotiating and sharing power with other sectors and other professionals in the resolution of conflicts of interest and in the creation of synergistic processes; resistance, lack of incentives and confidence to change;

x) Lack of investment and valuation of interdisciplinary and inter-sectorial models.

3.4.2. FRAMEWORK

LEGAL, LEGISLATIVE, REGULATORY AND STRATEGIC FRAMEWORK

.1. According to the **Basic Law on Health** (Law No. 48/90, Base I), health protection is "a right of individuals and of the community which becomes effective through the joint responsibility of citizens, society and state." Public Health promotion is achieved through the activity of the State, in articulation with civil society, particularly with the third sector. Citizens, public and private entities should collaborate in the creation of conditions facilitating the exercise of the right to health protection and the adoption of healthy lifestyles (Law No. 48/90, Base II).

BOX 3.4.8. REFERENCES ABOUT HEALTHY POLICIES:

INTERNATIONAL:

- *Alma-Ata Declaration (1978). The responsibility of states and primary health care in health.*
- *Ottawa Charter (1986). Health Promotion in Industrialized Countries.*
- *Adelaide Declaration (1988). Health Promotion and Healthy Public Policies.*
- *Sundsvall Statement (1991). Health Promotion and Supportive Environments for Health.*
- *Jakarta Declaration (1997). Health Promotion in the 21st Century.*
- *Mexico Declaration (2000). Health Promotion: Towards Greater Equity.*
- *Bangkok Charter (2005). Health Promotion in a Globalized World.*
- *Tallinn Charter (2009). Health systems as engines of social developments.*

NATIONAL:

- *National Health Plan 2004-2010 (DGS, 2004).*
- *Local Health Strategies. Analysis for the NHP 2011-16 (Santos et al., 2010).*
- *Healthy Public Policies. Analysis for the NHP 2011-16 (Ferrinho P, Rego I, 2010).*
- *Declaration for a better life (DGS, 2010).*

- **The Ministry of Health**'s mission is to define and lead the national health policy, ensuring implementation and sustainable use of resources and the assessment of its results (Decree-Law No. 86-A/2011). It coordinates its action with that of the ministries responsible for related areas, whose departments should be involved in all activities to promote health, including specific areas in security and social well-being, education, employment, sports, environment, and economy (Law No. 48/90, Base VI).
- Some institutions and agencies with responsibilities in the development, administration, implementation, supervision, monitoring and assessment of health policies should be highlighted:
  - ***Directorate-General of Health*** *(Regulatory Decree No. 14/2012), which regulates, guides and coordinates the activities on health promotion, disease prevention and definition of technical conditions for proper care provision; it plans and programs the national policy for quality in the Health System, as well as ensures the development and implementation of the National Health Plan, and also coordinates international relations of the Ministry of Health;*
  - ***National Health Institute Doutor Ricardo Jorge*** *(Decree-Law No. 27/2012), which serves as the national reference laboratory and national health observatory;*
  - ***Regional Health Administrations*** *(Decree-Law No. 22/2012), which ensure access to quality healthcare, at the regional level, matching available resources to the needs, and implement health policies and programs in their area of intervention, offering Public Health Departments, Planning and Contracts;*
  - ***Central Administration of the Health System*** *(Decree-Law No. 35/2012), which manages the NHS's human and financial resources, facilities and equipment, information technologies and systems and promotes organisational quality of healthcare providers, including training of professionals;*

- *National Authority of Medicines and Health Products (INFARMED) (Decree-Law No. 46/2012), which regulates and supervises the sectors of medications, medical devices, and cosmetic and personal hygiene products.*
- *The **Service for Intervention on Addictive Behaviours and Dependencies**, known as SICAD (Decree-Law No. 17/2012), with the mission of promoting the reduction of psychoactive substance abuse, preventing addictive behaviours and reducing addictions.*

- The **Health Authorities** (Law 48/90, Base XIX) at national, regional and municipal level, attached to the Director-General of Health, provide intervention in serious risk to public health situations, having for that duties and special powers in surveillance and intervention.

PRIMARY HEALTHCARE

.2. Within Primary Healthcare, one should highlight:

- The **Executive Council of the ACES (Groups of Primary Care Centres)** (Decree-Law No. 28/2008), responsible for the definition of health policy at local level in articulation with the community.
- The **Community Councils** (Decree-Law No. 28/2008), as platforms for inter-sectorial action.
- **Public Health Units** (Decree-Law No. 81/2009) with Health Observatory functions in their geo-demographic area, being responsible for developing information and plans in the fields of Public Health and epidemiological surveillance, for managing intervention programs for health prevention, promotion and protection of the general population or specific groups, and for cooperating in the exercise of health authority functions.

NATIONAL HEALTH PLAN 2004-2010

.3. At a strategic level, it is important to highlight the National Health Plan 2004-2010:

- The **National Health Plan 2004-2010** established itself as a guiding document for the Ministry of Health institutions, other Health bodies - governmental, private and social solidarity - and other sectors of activity, to be able to ensure or contribute to health gains (DGS, 2004). It is a framework document for health programs, identifying priority areas and existing health programs.
- The **strategies, plans, projects and actions in health**, arising from the NHP and relevant to public health policies.

INTER-SECTORIAL POLICIES

.4. Inter-sectorial policies can be developed at various levels:

- **Nationally, it is worth highlighting the National Public Health Council** (Law No. 81/2009), with representatives from the public, private and social sector. It identifies risk situations through the Public Health Surveillance System and proposes contingency plans for emergencies or public disasters.
- **Locally, it is worth highlighting the already mentioned Community Councils**, **comprising** representatives of the local authority, social security, schools, social charities, associations, the reference hospital, the social volunteer teams and the Commission for the Protection of Children and Young People. This comprehensive engagement enables the local management of health in all its perspectives.
- **It is also important to mention the implementation of Local Health Strategies**, developed in some Primary Care Centres, in order to fulfil the goals of the NHP at the local level. In this context, local authorities and municipalities, social security, educational institutions, private social solidarity institutions (IPSS), and non-governmental organizations, among others, participated actively.

BOX 3.4.9. INITIATIVES FROM OTHER MINISTRIES WITH IMPACT ON HEALTH AND/OR PARTNERSHIPS WITH THE MINISTRY OF HEALTH, FROM MARCH 2005 TO OCTOBER 2009 (FERRINHO P, 2010):

- **EDUCATION:** Health Education, sexual education, school meals, school modernisation, Reading Plan;
- **SCIENCE, TECHNOLOGY AND HIGHER EDUCATION:** Research grants in the field of health, radiological protection;
- **LABOUR AND SOCIAL SOLIDARITY:** Expansion and investment support for social facilities, long-term care network, additional benefits for the health of the elderly, social integration income, National Inclusion Plan, Integration of People with Disabilities or Incapacities, National Plan for Accessibility Promotion, Integration of Homelessness People, Social Network, Senior Health and Thermal Treatment Program, promotion of family policies and family advisory board, System for the Allocation of Supportive Products, training of health personnel on the special needs of people with disabilities, promotion of the right to health information in accessible formats, articulation of responses the influenza pandemic, heat waves, and cold waves;
- **PRESIDENCY OF THE COUNCIL OF MINISTERS:** CUIDA-TE programme, "SNS Jovem" health volunteering, National Plan for Equality, National Plan Against Domestic Violence, National Plan Against Trafficking of Human Beings, Immigrant Integration, health statistics;
- **ENVIRONMENT AND SPATIAL PLANNING:** National Environment and Health Plan, Waste Transport, integrated centres for the collection, recovery and disposal of waste, Strategic Plan for Medical Waste, Water and Health Protocol, Registration, Evaluation, Authorisation and Restriction of Chemicals;
- **PUBLIC WORKS, TRANSPORT AND COMMUNICATIONS:** Global qualification to drive, next generation networks;
- **FOREIGN AFFAIRS:** Cooperation and internationalisation, Cooperation Plan on Health in the CPLP (Community of Portuguese-speaking countries), international agreements;
- **JUSTICE:** voluntary termination of pregnancy, prison health, educational centres, death certificate, National Action Plan for the Fight Against the Spread of Infectious Diseases in Prisons, National Plan for the Reduction of Alcohol-Related Problems
- **INTERNAL ADMINISTRATION:** Integrated homeland security system, National Plan for Prevention and Protection of Forest Against Fires, patient transport, inspection of driving under the influence of alcohol;
- **AGRICULTURE, RURAL DEVELOPMENT AND FISHERIES:** Food products, labelling;
- **CULTURE:** Document management of health institutions.

STUDIES ON HEALTHY POLICIES

EXTERNAL EVALUATIONS BY THE WHO

.5. The **NHP 2004-2010** was assessed by WHO-Euro and the report published by the ACS can be found *online* (WHO Evaluation of the National Health Plan of Portugal, 2010). WHO-Euro also assessed the **performance of the Portuguese Health System** (WHO Portugal Health System Performance Assessment, 2010), with relevance to health policies.

- As conclusions, it is important to highlight: i) the need for the health and social policies to consider the differences and specificities of population groups, including those of a gender, geographical or social nature; ii) that the responses to policies may require adaptation to local, community and social contexts; iii) that these processes should be monitored, evaluated and followed by information systems that include the breakdown by social determinants.
- From the recommendations, it is important to highlight the following: i) developing leadership and incorporating health into all policies, strengthening the mechanisms for inter-ministerial coordination and inter-sectorial action; ii) investing in health promotion interventions, sensitive to gender issues, in order to act on risk factors and integrate social determinants in Public Health, health promotion and disease prevention programs; iii) conducting a study on the impact of social determinants of health and health inequalities, so as to obtain a profile and identify the priorities leading to its

reduction; iv) strengthening the reforms of primary care and public health, as the foundation for achieving health gains and a better management of chronic diseases; v) developing an appropriate information system enabling regular reporting and monitoring of the population's health needs, with a focus on inequities associated with socioeconomic factors; vi) developing on the best practices drawn from the success stories of health policies, to address the main causes of mortality and morbidity.

ANALYSIS WITHIN THE FRAMEWORK OF THE NHP 2012-2016

.6. The study "Políticas Públicas Saudáveis" (Healthy Public Policies) (Ferrinho P, 2010) carries out a survey of the policies adopted by the different ministries with a potential impact on health (Box 3.4.7.) and recommends:

- Establishing information systems that integrate all sectors and provide an evaluation of the impact on health;
- Making scientific evidence available to policy-makers and population, to improve understanding of the consequences different factors have on health;
- Providing health professionals with training aimed at the acquisition of skills to work together with professionals from other sectors;
- Defining health problems and its determinants, as a way to create dialogue and to have a positive influence over the most relevant policies of the non-health sector;
- Increasing the Ministry of Health's participation in key areas, such as access to low-literacy groups, senior citizens' education and other measures related to active ageing and health of the elderly, and youth and urban planning policies.

HEALTH IMPACT ASSESSMENT

.7. Of the few studies on health impact, one that deserves attention is "Health Impact Assessment (HIA) of Employment Strategies", a collaborative project, which will run until 2014, between the Institute of Preventive Medicine (Faculty of Medicine of Lisbon), the National Health Institute Doutor Ricardo Jorge and the General-Directorate for Health.

PROCESSES AND INSTRUMENTS

.8. The following governance processes and instruments should be considered:

- **National Public Health Council** (Law No. 81/2009), with representatives from the public, private and social sector, which uses the Public Health Monitoring System to identify risk situations and proposes contingency planning in emergency or public disaster situations.

GOVERNANCE

- **NHP 2004-2010 Monitoring Committees,** chaired by the High Commissioner for Health: The **Permanent** Committee, with representatives of ARS and ACSS, and the **Plenary** Committee, with representatives of the MS institutions and other Ministries, namely Education, Labour and Social Solidarity, Environment, Spatial Planning and Regional Development, Presidency of the Council of Ministers, as well as a representative of Statistics Portugal (Order No. 18800/2007).
- **National Priority Programmes of DGS** (Order of the Deputy State Secretary to the Ministry of Health of 3rd January, 2012)**,** including the development of the National Programme for Prevention and Control of Diabetes, National Programme for Prevention and Control of HIV/AIDS Infection, National Programme for Prevention and Control of Smoking, National Programme for the Promotion of Healthy Eating, National Programme for Mental Health, National Programme for Oncological Diseases, National Programme for Respiratory Diseases and National Programme for Cerebro-cardiovascular Diseases. The work, which will be carried out until 2011, of the National Coordination Services for the NHP 2004-2010 priority areas (oncological diseases, cardiovascular diseases, HIV/AIDS, mental health).
- **National Health Observatory** (DGS, Information Circular No. 46/2006), whose definition was reformulated by the General-Directorate for Health. ARS North set up in 2010 the North Health Observatories Network, comprising Public Health Units and the Northern Region Public Health

Department, with an explicit functional reference framework (DGS, 2010; ARS North, 2010).

INFORMATION

.9. See section CITIZENSHIP IN HEALTH to know more about information, awareness-raising and education tools for the citizen, such as the Health Portal.

- **NHP Monitoring System** (ACS, NHP Indicators and Targets), microsite developed by the ACS and expanded to become a geographic and community-based system (ACS, WebSIG - Interactive Maps); inter-sectorial mapping of available data sources with relevance to health (ACS, Health Information Directory);
- **SIARS**, real-time information system that brings together information from several administrative and clinical information systems, supports decision-making and monitors central, regional and local health-related performance indicators (ACSS).
- **Statistics Portugal Portal**, where it is possible to access information on health and related thematic areas, such as environment, living conditions and citizenship, education, labour market, population and social protection, among others. In the set of INE's publications, "Anuários Estatísticos Regionais" (Regional Statistical Yearbooks) should be referred. They are the publication of reference in the framework of regional and municipal statistical information, used as a basis for the analyses made on the pathways of regional development and for the study of territorial-based issues. The four thematic files should also be mentioned: Territory, Gender, Structural Indicators and Sustainable Development Indicators, as well as the decennial publication of the General Population and Housing Censuses. Regarding the **health indicators made available by INE**, some were collected from population surveys, namely from the National Health Survey and the Survey on Living Conditions and Income, and can therefore be cross-checked with socio-demographic variables, such as gender, age, level of education, labour situation and income bracket.
- Despite still being in a development phase, the following inter-sectorial sources of information can also be mentioned by way of example: The **Environment and Health Information System**, recommended by the National Environment and Health Plan 2008- 2013 (Resolution of the Council of Ministers No. 91/2008) and the **Information and Evaluation System of Portuguese Healthy Cities Network**, which is based on a health indicators grid designed to monitor local projects of the Network and to be the basis for the Health Profiles and Municipal Health Plans (Portuguese Healthy Cities Network, 2010).

LOCAL HEALTH STRATEGIES

.10. At the local level, the following are processes and instruments for the development of Healthy Policies:

- The already mentioned **Community Councils**, with representatives from local authorities, social security, schools, social solidarity institutions, associations, reference hospital, social volunteering teams and the Commission for the Protection of Children and Young People. This comprehensive engagement enables the local management of health in all its perspectives.
- **Local Health Strategies**, a joint initiative of the ACS, in partnership with ENSP and ARS, developed in five Primary Care Centres, for the achievement of the NHP objectives at the local level, with an active participation of local authorities and municipalities, social security, education institutions, private social solidarity institutions (IPSS) and non-governmental organizations, among others.

HEALTH IMPACT ASSESSMENT

.11. The **Health Impact Assessment** is currently in a development and implementation stage, with an emphasis on the recommendations from DGS that Municipal Spatial Planning should consider and integrate the Human Health Component (DGS, Informative Circular No. 36/2009).

INTERNATIONAL NETWORKS

.12. Portugal participates in international networks that promote Healthy Policies, both at the level of governance and representation, and also by being involved in projects such as:

PROMOTING HEALTHY POLICIES

- **Portuguese Healthy Cities Network**, which is part of WHO's European Healthy Cities Network since June 2001, currently has 29 municipalities as members who, in an organised and cooperative way, support local strategies for achieving health gains. WHO's European Healthy Cities Network emphasizes the importance of environments that promote social inclusion and literacy in health; the development of social and health services able to respond quickly; policies that promote the participation and *empowerment* of children and the elderly; smoke-free environments and the prevention of alcohol and drug abuse; strengthening local health systems and partnerships for the prevention of non-communicable diseases; physical activity and healthy eating; the development of healthy spaces and environments; the integration of health in healthy urban planning processes, programmes and projects; the implications and the impact of climate changes on Public Health.
- **National Network of Health Promoting Schools** (DGS, Health Promoting Schools), supported by the Council of Europe, WHO-Euro and the European Commission (Schools for Health in Europe) with the objective of promoting model schools to demonstrate the impact of health promotion in the school environment, using health education and involving the educational community. In the 2004-2005 school year, there were already 411 partnerships, of which 261 (64%) were part of the Centre Region (DGS, 2006). This project was concluded with the adoption of this approach by the totality of the educational system, under the coordination of Ministry of Education.

BEST PRACTICES AND POLITICAL AND INTER-SECTORIAL INITIATIVES

.13. In this area, the following examples stand out:

- **Portuguese Heat-Wave Contingency Plans** (DGS, 2004), with the main objective of minimising the effects on health of extreme heat through an early assessment of risk and the development of appropriate responses. They bring together different institutions, some belonging to the health sector (INEM, ARS) and others external (Civil Protection, Portuguese Environment Agency, Social Security Institute, Meteorology Institute, Regional Coordination and Development Commissions, PSP, GNR, Fire Department and parishes, among others).
- The **implementation of the Tobacco Act** (Law No. 37/2007), due to the inter-sectorial articulation (e.g. the economic sector and surveillance), the social debate it raised and the commitment to assess its implementation.
- The **response to H1N1 influenza pandemic** in 2009, due to the cross-cutting social involvement it required, articulating public entities, both within and outside the health sector, private entities and the media.
- The **Labour Platform against AIDS** (created in 2005 and coordinated by the National Coordination for HIV/AIDS), with the objective of prioritising HIV infection/AIDS as a labour issue through the creation of a network of reference stakeholders who jointly develop business policies and *guidelines* on HIV/AIDS for the workplace and contribute to their implementation.

ASSESSMENT OF THE CAPACITY TO IMPLEMENT HEALTHY POLICIES

.14. **The Portuguese Observatory on Health Systems** publishes an annual spring report, describing, analysing and evaluating the areas of governance, management and health policies, the progress of diseases, and risk factors, among others. These reports allow an independent and reasoned evaluation of health policies and policies targeting the strengthening of the Health System (including the engagement of citizens), carrying out regular assessments of governance and contracts and drafting recommendations.

3.4.3. GUIDELINES AND EVIDENCE

AT THE LEVEL OF POLITICAL DECISION-MAKING

.15. **To systematically make the most of opportunities that exist and to create new opportunities, to develop leadership and to incorporate health into all policies**, to strengthen the mechanisms of inter-sectorial coordination and intervention, so that policies of other sectors, including other ministries, municipalities, private sector and third sector, have a bigger impact on health, assuming leadership, partnership, support and/or advocacy roles at national, regional and local levels.

- *At government level, there must be structures with a clear mandate to interact between sectors, to mediate interests, to systematically identify opportunities and to evaluate their implementation in a proactive and participative way (WHO Adelaide Declaration, 1988). Other countries have been successful in the development of such mechanisms (Finland, South Australia, UK, Sweden) and public health programmes have been identified in which inter-sectorial mechanisms are essential for critical areas such as harmful alcohol consumption, tobacco consumption, accidents, mental health or prevention of violence (WHO/Euro Equity, social determinants and public health programmes, 2010).*
- *The evaluation of the health impact is an important tool that helps to predict and assess the consequences of different actions and to guide decision-making both within the Health System and in the development of best practices in Public Health.*
- *This methodology has been used to study the impact on health of environmental, waste, sewerage, energy, transport and communication, agriculture and food, green spaces and recreational areas planning, housing, culture and tourism policies.*
- *Guidelines, manuals and other national instruments have been developed to help in the implementation of evaluation processes at a European level (Eur Policy HIA).*

.16. **To develop and provide evidence bases on the effectiveness and cost-benefit ratio of interventions and policies within the scope of Healthy Policies, including Public Health and the health impact of other sectors' policies**, on the support to and influence on decision-making, including national policies, local authorities, health professionals, private sector, social sector and population in general.

- *The following are examples of models of organisations: The National Institute for Health and Clinical Excellence (NICE) and the Public Health Interventions Cost Effectiveness Database, in Yorkshire, the U.K. Humber Public Health Observatory and the NHS Health Scotland's Public Health Science Directorate.*

.17. To use, in a critical manner, a wide and well defined set of references to assess health needs, identify health determinants, prioritise interventions and monitor/assess the impact of policies at several levels and involving the various sectors, so that it is possible to consider and fulfil inter-sectorial and multi-strategic policies and interventions in the different levels of health determinants.

- *Public Health should participate in the definition and quantification of the population's health needs, in the development and prioritisation of interventions and in the evaluation of the adequacy of healthcare and health services. An operational involvement includes assessment of needs, contracting and evaluation of services, planning responses for health-related threats, multi-sectorial interventions and articulation at all levels.*

.18. **To integrate and provide longitudinal and georeferenced information on sociodemographic health monitoring,** with indicators, services and resources at all levels and from all sectors, including interventions under different levels of responsibility (national, regional and local) and different stakeholders (health institutions, municipalities and others) and the expected impact on health (targets).

o *The capacity to define health needs on a community basis, to identify the impact of health determinants, including environmental and social determinants and those related to the access to health services, and to monitor the impact of health policies is highly dependent on the information systems that are available, on their interconnection and on the production/use of multidisciplinary knowledge.*

.19. **To promote and to test different models for planning, financing, joint management and inter-sectorial assessment of initiatives and services with an impact on health**, in order to help institutions integrate multiple inter-sectorial strategies.

.20. To promote the **systematic evaluation of national, regional and local opportunities for the development of Healthy Policies** in such a way as to have an influence on the plans and activities of institutions with political responsibility, as well as responsibility for the provision of services in all sectors, training of professionals and research.

.21. To ensure an inter-sectorial preparedness and response to Public Health threats.

AT THE LEVEL OF INSTITUTIONS

.22. To promote **dialogue, networks and partnerships of inter-sectorial and multidisciplinary interventions within and between institutions**, in planning, provision of services and evaluation processes.

.23. To promote **opportunities for inter-sectorial and multidisciplinary intervention, training and research**, in order to enhance health professionals' awareness and skills for an inter-sectorial and multidisciplinary action, to foster networking and teamwork, and a wide and integrated intervention over health determinants.

.24. **To use common benchmarks on information, prioritisation, allocation of resources, monitoring and evaluation,** in order to enable an articulation of services and care, comparability and identification of best practices and the assessment of institutions. In addition, specific and innovative responses to priority health needs should be developed, using models that allow an integration of those responses, the evaluation of their impact and their dissemination as best practices.

.25. **To develop the preparedness and response to health threats.** (McCabe *et al.*, 2010; Guoqing H *et al.*, 2006; Nelson CD, 2008; Ransom MM, 2008, including:

o *Epidemiological Surveillance Systems, related to the functions of detection, registration, reporting, confirmation, analysis and response to acute or sustained situations (McNabb SJ et al., 2002), including their efficiency in the support to decision-making (Canada Health Surveillance Coordinating Committee, 2004);*

o *Planning of actions, communication and contingency plans;*

o *Empowerment of institutions and professionals through training, simulation and exercises.*

.26. **To strengthen local health strategies (ELSA)**, as processes directed to obtaining health gains through the use of governance and operationalisation resources in the context of partnerships of local organisations (Santos A *et al.*, 2010), such as Community Councils.

o *ELSA promote empowerment and engagement of communities, citizens, patients and informal*

caregivers; their action scope should be large enough to mobilise a considerable number of actors and to have an influence on significant or more vulnerable health problems in the short-run (quick-wins); they demand information (e.g. health profiles), analysis, planning, negotiation, networking and management capabilities.

- *Due to their characteristics, they may require their own financing procedures, the sharing of knowledge and networking experiences and a governance structure that allows for the creation of knowledge and capacity. At local level, there are models to support planning, implementation and evaluation (USA, CDC, 2000) of local and community strategies, aided by training, instruments and advisory groups (Health Improvement Planning of Scotland) as well as evidence of their effect on communities (Hayes S et al., 2010).*

AT THE LEVEL OF PROFESSIONALS:

.27. **To raise awareness among health professionals** about the **relevance of an inter-sectorial approach and intervention in health** and of the development of skills that allow to make the most of working together with professionals from other sectors.

.28. **To promote regular training in the area of Public Health**, including the definition of policies, planning, implementation, monitoring and evaluation, and the engagement of all stakeholders, including the recipients of healthcare.

AT THE LEVEL OF CITIZENS:

.29. To raise awareness among citizens and civil society about the need to comply with protection and health promotion measures.

.30. To promote an active participation by the citizens in individual and collective processes of health promotion and protection.

3.4.4. VISION FOR 2016

Healthy Policies should promote a positive view of health as a resource that allows citizens, families and communities to realise their full potential. With the increase in the levels of health literacy, active ageing and prevalence of chronic illnesses, globalisation and social interculturality, the strengthening of social networks and the focus on economic and environmental sustainability, an isolated, fragmented and purely technical response by the Health System in the prevention and control of diseases will be increasingly insufficient. Healthy Policies should promote, in all contexts and activities, a culture of health as a social value, focusing on quality of life, equity, reduction of social inequalities, and individual and social skills.

The culture of health is a highly valued social capital

These sectors work together through a network of strategic offices. They analyse the legislative agenda of measures which will potentially have in impact on health, they optimise the positive character of that impact, they conduct preparatory studies and impact analyses and they create opportunities for reinforcing inter-sectorial work. This work has a strong technical support from health institutions and organisations outside the sphere of health (public and private), from academia, scientific societies and patient associations, allowing their influence, input and involvement in the planning, implementation, monitoring and evaluation of Healthy Policies. There is a similar model of an inter-sectorial network, at regional and local level, which reinforces the opportunities for a synergistic articulation between levels.

Health in All Policies is a pillar of central and local governance that systematically seeks opportunities for creating and making the most of Healthy Policies, with the involvement of several sectors

Institutions, within and outside the health sector (e.g. schools, social care homes, prisons), local authorities, groups of primary care centres, regions and other levels of planning, have the capacity and the responsibility to monitor the health status of the population they serve and to include improvement actions in their plans. The monitoring system creates reports with common health profile models, which enable longitudinal analysis, comparison of performance between levels, calculation and projection of indicators, detection of local specificities and support to informed decision-making on potential gains, priorities and impact of the interventions. There is a temporal and geographic mapping and a follow up of interventions relevant for Public Health, which include local health strategies. The health status and performance indicators of the Health System make it possible to cross-reference socioeconomic, environmental, social resource, local services and policies data and provide information on health inequalities and on the contribution made by organisations to their reduction.

Institutions, local authorities, groups of Primary Care centres and local health strategies, with innovative and specific responses, articulated between themselves and at the national level

There is a social agreement and a medium to long-term view of health needs, potential gains and priorities at national, regional and local levels that make it possible to plan, implement and evaluate Healthy Policies on a stable basis. The institutions are aware of their capacity and responsibility for obtaining gains and are valued by their adequacy and performance. Governance strengthens the health system through cross-sectional regulation, strategies and instruments, which increase the capacity, autonomy and empowerment of institutions, health professionals and citizens. Feedback on the performance of institutions and professionals is provided, as a way to encourage continuous development, multidisciplinary work, the engagement of citizens and professional satisfaction. There is an evident interdependence between professionals, institutions and sectors in order to obtain health gains.

A medium to long-term view of health gains allows the development of Healthy Policies, institutions and professionals

Solid scientific evidence is the basis for the analysis and building up of Healthy Policies. Priority is given to interventions with a proven cost-benefit ratio. Both the impact of Public Health interventions and programmes and the impact on health of other sectors' policies are systematically evaluated. This culture exists at central, regional, local and institutional level, and leads to an intensive exchange of experiences and knowledge, to discussions on Public Health and general health recommendations and decisions in all policies, thus strengthening the influence of Public Health. These processes of monitoring, of evaluation of opportunities and of influence over health policies and management of health resources, in an articulated and integrated manner, increase the social and the Health System's response capacity to the needs and threats posed to health.

Healthy Policies are strengthened by scientific evidence and by the evaluation of cost-effectiveness and impact

Health is a fundamental value for social well-being, identity and development. It is recognised that Health contributes to economic and social development and is dependent on other sectors, such as education, economy, social security, environment, spatial planning, research and innovation, etc. As such, gains result more or less directly from these sectors and also have an influence on their objectives. This understanding has a political and social nature and therefore the importance and the social discourse on health transcend the individual, economic, health access and quality of services perspective.

Health is a fundamental value for social fulfilment, identity and development