Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Review of national public health strategies in selected countries - Appendix B

Published: 24 October 2023

Appendix B. Extracted data.

Table B1. Extracted data for Australia.

Australia	Strategy information
Author(s) **Title**	Australian Government Department of Health National Preventive Health Strategy: Valuing health before illness: Living well for longer.[8]
Timeline	2021 to 2030
Overall aim(s) (measurement method(s) and target(s) where available)	Overall vision of the strategy is to improve the health and wellbeing of all Australians at all stages of life through prevention 4 overall aims are identified: 1. All Australians have the best start in life. This Strategy recognises the value of health and wellbeing at all stages of life, which emphasises the significance of prevention from preconception period through to the early years of life. Improving the prevention of risk factors for chronic conditions, injuries and infectious disease as well as improving protective factors in childhood that are critical to creating strong foundations for later in life. ▪ Target: The proportion of the first 25 years lived in full health will increase by at least 2% by 2030 o Baseline Figure: In 2018, the total Disability-adjusted life years (DALY) in Australians aged 0-24 years was 549,749. The proportion of the first 0-24 years lived in full health in 2018 was 92.6% o Data source and anticipated timeframe: Australian Institute of Health and Welfare (AIHW) Burden of Disease Study, approximately every three years o Relevant strategy, action plan, guideline: N/A. ▪ Target: The proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031 o Baseline Figure: In 2018, 88.9% of Aboriginal and Torres Strait Islander babies had a healthy birthweight o Data source and anticipated timeframe: AIHW National Perinatal Data Collection, yearly o Relevant strategy, action plan, guideline: National Agreement on Closing the Gap. ▪ Target: The proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030 o Baseline Figure: In 2018, the total DALY in Australians aged 0-4 years was 124,954. The proportion of the first 0-4 years lived in full health in 2018 was 92.1% o Data source and anticipated timeframe: AIHW Burden of Disease Study, approximately every 3 years o Relevant strategy, action plan, guideline: N/A. Overall Target alignment with commitment: Aligns broadly with: ▪ United Nations (UN) Sustainable Development Goal (SDG) Target 3.1 ▪ UN SDG Target 3.2 ▪ UN SDG Target 3.7 ▪ UN SDG Target 5.6

	▪ World Health Organization (WHO) 'Healthier Populations' triple billion goal ▪ WHO 'Universal Health Coverage' triple billion goal ▪ WHO Global nutrition targets 2025 2. All Australians live in good health and wellbeing for as long as possible. A strong focus on preventive health and health promotion can extend the quality of life and life expectancy of Australians. Opportunities for prevention change as individual's age and this Strategy will support holistic action across the wider determinants of health to prevent chronic conditions, injuries, and infectious disease throughout life. ▪ Target: Australians will have at least an additional 2 years of life lived in full health by 2030. o Baseline Figure: In 2018, health-adjusted life expectancy (HALE) for males at birth was 71.5 years and 74.1 years for females (compared to life expectancy, this is an average of 89% and 87% of life lived in full health, respectively) o Data source and anticipated timeframe: AIHW Burden of Disease Study, approximately every 3 years o Relevant strategy, action plan, guideline: N/A. Overall Target alignment with commitment: Aligns broadly with: ▪ UN SDG Target 3.8 ▪ WHO 'Healthier Populations' triple billion goal. 3. Health equity is achieved for priority populations. The burden of ill-health is not shared equally amongst Australians. This Strategy will result in overall greater gains for parts of the Australian community who are burdened unfairly due to the wider determinants of health. ▪ Target: Australians in the 2 lowest Socio-Economic Indexes for Areas (SEIFA) quintiles will have at least an additional 3 years of life lived in full health by 2030. o Baseline Figure: In 2018, HALE for males in the lowest socioeconomic group at birth was 68.6 years and 71.4 years for females (compared to life expectancy, this is an average of 88% and 86% of life lived in full health, respectively). In 2018, HALE for males in the second lowest socioeconomic group at birth was 70.1 years and 73.5 years for females (compared to life expectancy, this is an average of 88% and 87% of life lived in full health, respectively) o Data source and anticipated timeframe: AIHW Burden of Disease Study, approximately every 3 years o Relevant strategy, action plan, guideline: N/A. ▪ Target: Australians in regional and remote areas will have at least an additional 3 years of life lived in full health by 2030. o Baseline Figure: In 2018, HALE at birth for males and females in inner regional areas was 2.2 and 1.7 years shorter, respectively, than for those in major cities; and in outer regional areas, was 2.7 and 1.4 years shorter o Data source and anticipated timeframe: AIHW Burden of Disease Study, approximately every 3 years o Relevant strategy, action plan, guideline: N/A.

	▪ Target: Aboriginal and Torres Strait Islander people will have at least an additional 3 years of life lived in full health by 2030. o Baseline Figure: In 2018, HALE for Aboriginal and Torres Strait Islander males at birth was 56.0 years and 58.8 years for Aboriginal and Torres Strait Islander females (compared to life expectancy, this is an average of 80% and 79% of life lived in full health, respectively) o Data source and anticipated timeframe: AIHW Indigenous Burden of Disease Study, approximately every 3 years o Relevant strategy, action plan, guideline: N/A. Overall Target alignment with commitment: Aligns broadly with: ▪ UN SDG Target 3.8 ▪ WHO 'Healthier Populations' triple billion goal. 4. Investment in prevention is increased Health expenditure is currently spent primarily on the treatment of illness and disease. Investment in prevention needs to be enhanced in order to achieve a better balance between treatment and prevention in Australia, as outlined in Australia's Long Term National Health Plan. ▪ Underpinned by: Investment in preventive health will rise to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030. o Baseline Figure: In 2018-19, public health expenditure was 2.0% of total health expenditure across all governments o Data source and anticipated timeframe: AIHW Health Expenditure Analysis, yearly. o Relevant strategy, action plan, guideline: N/A.
Governance	The most effective preventive health efforts in Australia have come from evidence-based approaches that have received sustained investment and commitment by governments, the health sector and the community. Enhanced governance structures are required to create a more resilient prevention system. This includes: ▪ an independent, expert-led mechanism that will advise the Australian Government, through an equity lens, on current, emerging and future priorities in prevention ▪ a governance mechanism within government, and across relevant portfolios, that have an influence on the health and wellbeing of Australians. These mechanisms need to be underpinned by long-term and sustainable funding.
Scope and collaboration	This Strategy will address the third pillar of Australia's Long Term National Health Plan, and will align to the 2020-25 National Health Reform Agreement. Achieving strategy goals will require close alignment with other key areas of health reform for the Australian Government (for example the Primary Health Care 10 Year Plan and the National Aboriginal and Torres Strait Islander Health Plan). It will also require alignment with other whole-of-government approaches, including the new National Agreement on Closing the Gap.

	The responsibility for creating positive change by 2030 is shared by: all governments, the non-government sector, research and academia, the private sector, industries, communities and individuals.
Themes and or priorities	7 principles are outlined to underpin the Framework for Action: ▪ The equity lens ▪ Multi-sector collaboration ▪ Embracing the digital revolution ▪ Enabling workforce ▪ Community participation ▪ Empowering and supporting Australians ▪ Adapting to emerging threats and evidence. The key themes that emerge when exploring past successes and failures include: ▪ Success comes from sustained and coordinated action ▪ To have real impact, prevention needs to be financed ▪ Healthy environments support healthy living ▪ Health is for all Australians ▪ The health sector is enabled to lead by example ▪ Data, research and evidence are important drivers ▪ Adapting to the future. In order to realise the achievements over the next 10 years, building key infrastructure and establishing policy direction to mobilise the prevention system needs to be the immediate priority of this Strategy. It is through prioritising the enablers and desired achievements outlined below that the foundation will be laid for further action in the prevention system. ▪ Governance mechanisms ▪ Increased investment in prevention ▪ A national platform providing credible and reliable health information ▪ Embedding prevention in primary healthcare and aligning with the Primary Health Care 10 Year Plan ▪ National consumer engagement strategy ▪ National health literacy strategy ▪ Enhanced public health workforce planning. Ongoing national data sets to support the monitoring and evaluation of this Strategy and a national prevention monitoring and reporting framework. Taking a systems-based approach to this Strategy will ensure that it remains relevant with increased prevention funding providing children with the best start to life, improving health inequities, and ultimately, helping Australians to live well for longer.

Implementation action(s), lead(s) and key performance indicator(s)	Note: While explicit actions are not outlined direction to relevant specific strategies is provided. The Framework for Action (the Framework) forms the foundation of this Strategy, providing a strategic and structured approach to achieve better health and wellbeing for all Australians by 2030. The Framework is composed of three interlinked elements: 1. Mobilising a prevention system 2. Boosting action in focus areas 3. Continuing strong foundations **1.Mobilising a prevention system** The key driver for achieving systemic change and better health outcomes for all Australians. Seven system enablers are identified in this strategy that are critical to creating a more effective and integrated prevention system for Australia over the next 10 years: **1.Leadership, governance & funding** Desired policy achievements by 2030 ▪ The priorities for preventive health action are informed by a national, independent governance mechanism that is based on evidence, effectiveness and relevance ▪ Preventive health and health promotion activities in Australia are sustainably funded through an ongoing, long-term prevention fund – rebalancing health action ▪ The governance mechanism will provide advice on the direction of the prevention fund ▪ A health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health. **2.Prevention in the health system** Desired policy achievements by 2030 ▪ Increased investment in resilient system infrastructure, particularly service models, workforce roles and capacities, digital health technologies and funding levers, enables preventive health to be embedded across the health system ▪ The inherent preventive health capabilities of primary healthcare professionals, including general practitioners (GP)s, allied health, pharmacists and nurses, are better supported and integrated within health services ▪ The public health workforce is 'future proofed' through the enhancement of the availability, distribution, capacity and skills of the workforce. ▪ Improved cultural safety across the Australian health system to enhance access to appropriate and responsive healthcare for all Australians including Aboriginal and Torres Strait Islander people and the prioritisation of care through Aboriginal Community Controlled Health Services (ACCHS) ▪ Enhanced continuity of care for patients, within the primary healthcare system, is supported through a voluntary enrolment mechanism – allowing practices to plan and monitor individual health risks

	▪ Enhanced referral pathways to community services to improve health and wellbeing are embedded in the health system at a local level with a focus on self-care support (for example social prescribing) ▪ Regional prevention frameworks are established to achieve sustained collaborative referral and monitoring arrangements ▪ Risk assessment and early detection of chronic conditions is enhanced to support appropriate referral pathways and early intervention ▪ More equitable access to quality care is facilitated through telehealth and electronic prescribing ▪ Prevention in primary healthcare is enhanced through the implementation of the Primary Health Care 10 Year Plan. **3.Partnerships & community engagement** Desired policy achievements by 2030 ▪ Innovative partnerships are established between and within sectors that influence health, to ensure shared decision-making and to drive evidence-based change ▪ Partnerships with the community are strengthened and informed by a national consumer engagement strategy that prioritises co-design approaches ▪ Communities are supported to collaboratively deliver place-based, evidence-informed preventive health action that is responsive to local circumstances ▪ Public health policies, strategies, and multi-sectoral action for prevention are monitored and protected from real, perceived or potential conflicts of interest through a national evidence-based approach and transparent stakeholder engagement processes ▪ Preventive health partnerships with priority population communities and organisations are established and strengthened. **4.Information & health literacy** Desired policy achievements by 2030 ▪ Consumers are informed by a national platform that provides or identifies credible, evidence-based health information ▪ A national health literacy strategy is developed and implemented, and guides health service improvements ▪ Health and healthcare information is developed with priority populations, and is tailored, culturally appropriate and accessible (includes Aboriginal and Torres Strait Islander communities, people with disability and Culturally and Linguistically Diverse (CALD) communities) ▪ The health workforce is supported in building the health literacy capacity of themselves, their communities, patients and clients ▪ Concise, valid and reliable measures are used to improve and monitor national health literacy levels of Australians ▪ National guidelines that provide risk-factor related advice are updated in a timely manner and are translated into practical advice ▪ Evidence-based dissemination strategies are used to promote health information. **5.Research & evaluation** Desired policy achievements by 2030 ▪ A systematic approach to the prioritisation of preventive health research is established to address key gaps including the impact of the wider determinants of health ▪ The development, testing and evaluation of preventive health interventions in Australia are enhanced ▪ Partnerships with those that are affected drive the development, implementation and evaluation of interventions

	▪ Partnership research and interventions with specific population groups, including Aboriginal and Torres Strait Islander people, rural and remote Australians, and other diverse groups, are prioritised ▪ Bidirectional prevention partnerships are established between policy makers and researchers to enable the development of evidence-informed policy and to ensure research aligns with the strategic direction of governments ▪ Collaborative partnership research models are well established between researchers, policy makers, healthcare professionals and consumers to ensure evidence translation and knowledge exchange ▪ National guidelines are developed to ensure high-quality evaluation is a key part of preventive health policy, program development and implementation ▪ Increased evaluation of local initiatives across different settings and communities to inform opportunities for scaling up at the national level ▪ A widely accessible mechanism to enhance sharing of information on best practice interventions is established ▪ Health economics is included in research and evaluation ▪ Preventive health research is protected from real, perceived or potential conflicts of interest. **6.Monitoring & surveillance** Desired policy achievements by 2030 ▪ A preventive health governance mechanism supports the monitoring and surveillance of this Strategy ▪ National data sets, including the AIHW's Burden of Disease Study, the National Primary Health Data Asset, and health expenditure, are compiled and published regularly, and include anthropometric (for example height and weight), biomedical and environmental measures ▪ Collection of demographic information in national data sets is improved, especially for priority populations, to ensure differences in health and wellbeing outcomes can be measured ▪ A set of nationally agreed prevention and wellbeing indicators, including definitions and measures of the wider determinants of health, are established and monitored ▪ A national prevention monitoring and reporting framework is utilised by all levels of government ▪ A national standard approach to govern the creation, access and sharing of data from all Australian governments is established ▪ Data indicators for social and environmental determinants of health are developed. **7.Preparedness** Desired policy achievements by 2030 ▪ A national strategic plan addressing the impacts of environmental health, including horizon scanning to identify and understand future threats, is developed and implemented in alignment with this Strategy and the work of the Environmental Health Standing Committee ▪ Evidence-based approaches are developed and implemented to identify, address and mitigate the impacts of climate change on the health system ▪ Stronger infrastructure supports the rapid drawing together of leaders from different fields and from different jurisdictions to develop national and local responses ▪ The public health workforce is 'future proofed' through the enhancement of the availability, distribution, capacity and skills of the workforce

	▪ The provision of tailored, culturally appropriate and accessible information for all Australians is prioritised during an emergency response to ensure effective messaging and distribution of public health advice ▪ A national framework is implemented in all states and territories to distribute close to real-time, nationally consistent air quality information, including consistent categorisation and public health advice ▪ A national framework is developed to address the impacts of emergencies and disasters on mental health and wellbeing. **A number of enablers and desired achievements were then selected as <u>immediate priorities</u>** 1. Governance mechanisms 2. Increased investment in prevention 3. A national platform providing credible and reliable health information 4. Embedding prevention in primary healthcare and aligning with the Primary Health Care 10 Year Plan 5. National consumer engagement strategy 6. National health literacy strategy 7. Enhanced public health workforce planning 8. Ongoing national data sets to support the monitoring and evaluation of this Strategy and a national prevention monitoring and reporting framework. **2. Boosting action in focus areas – accelerating action in initial priority areas and evolving to address future needs** **Reducing tobacco use and nicotine addiction** <u>Targets</u> ▪ Achieve a national daily smoking prevalence of less than 10% by 2025 and 5% or less for adults (≥18 years) by 2030. o Baseline Figure: In 2017-18, 13.8% of adults (≥18 years) are daily smokers o Data source and anticipated timeframe: Australian Bureau of Statistics (ABS) National Health Survey, approximately every 3 years o Relevant strategy, action plan, guideline: National Tobacco Strategy 2020-2030. ▪ Reduce the daily smoking rate among Aboriginal and Torres Strait Islander people (≥15 years) to 27% or less by 2030 o Baseline Figure: In 2018–19, 37% of Aboriginal and Torres Strait Islander people 15 years and over smoked daily o Data source and anticipated timeframe: ABS National Aboriginal and Torres Strait Islander Health Survey, approximately every 4-6 years (as smoking rates also recorded in National Aboriginal and Torres Strait Islander Social Survey) o Relevant strategy, action plan, guideline: N/A. Overall Target alignment with commitment: Aligns broadly with: ▪ The WHO Framework Convention on Tobacco Control ▪ WHO Global non-communicable disease (NCD) targets for 2025 (5 - Tobacco) ▪ UN SDG Target 3.5 ▪ UN SDG Target 3.a.

Desired policy achievements by 2030

- Ongoing development, implementation and funding of mass media campaigns and other communication tools have been implemented to: motivate people who use tobacco to quit and recent quitters to continue smoking abstinence; discourage uptake of tobacco use; and reshape social norms about the tobacco industry and tobacco use
- Protection of public policy, including tobacco control policies, from tobacco industry interference
- Increased provision and access to evidence based cessation services and support to help people who use tobacco and other novel and emerging products, including e-cigarettes, to quit
- Ongoing reduction of affordability of tobacco products including harmonisation of excise and custom duty on roll your own products compared with factory made cigarettes
- Elimination of exceptions to smoke-free workplaces, public places and other settings
- Reduced tobacco use among populations at a higher risk of harm from tobacco use, and populations with a high prevalence of tobacco use
- Elimination of remaining tobacco-related advertising, promotion and sponsorship
- Stronger regulation of the contents and product disclosures pertaining to tobacco products
- The supply, availability and accessibility of tobacco products is reduced through stronger regulation
- Reduced tobacco use among Aboriginal and Torres Strait Islander people, including during pregnancy, through expansion of efforts and community partnerships
- Stronger regulation, monitoring and enforcement for novel and emerging products including e-cigarettes is implemented
- Reduced tobacco use among disadvantaged communities and other vulnerable population groups through expansion of efforts and community partnerships
- Reduced tobacco use among regional and remote Australians through targeted support.

Improving access to and the consumption of a healthy diet

Targets

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030.
  - Baseline Figure: In 2017-18, 31% of adults (18+) were obese
  - Data source and anticipated timeframe: ABS National Health Survey, approximately every 3 years
  - Relevant strategy, action plan, guideline: N/A.
  - Overall Target alignment with commitment: Aligns broadly with: WHO Global NCD targets for 2025 (7 - Diabetes and Obesity).
- Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030.
  - Baseline Figure: In 2017-18, 25.0% of children and adolescents aged 2-17 years were overweight or obese
  - Data source and anticipated timeframe: ABS National Health Survey, approximately every 3 years
  - Relevant strategy, action plan, guideline: N/A
  - Overall Target alignment with commitment: Aligns broadly with: WHO Global NCD targets for 2025 (7 - Diabetes and Obesity), WHO Global nutrition targets 2025 (4 - Childhood Overweight).

	▪ Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030. ▪ Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030 o Baseline Figure: In 2017-18: Ages 9-11: 2.1 serves; Ages 12-13: 2.0 serves; Ages 14-17: 2.2 serves; Ages 18+: 2.4 serves o Data source and anticipated timeframe: ABS National Health Survey, approximately every 3 years o Relevant strategy, action plan, guideline: National Obesity Prevention Strategy 2020 Australian Dietary Guidelines o Overall Target alignment with commitment: N/A. ▪ Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030. o Baseline Figure: In 2011-12 across all ages, 35% of total energy consumed was from discretionary foods. This was highest amongst 14-18 year olds (41%) o Data source and anticipated timeframe: ABS National Health Survey, varied (not measured in more recent National Health Surveys) o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: N/A. ▪ Reduce the average population sodium intake by at least 30% by 2030. o Baseline Figure: In 2011-12, average daily intake of sodium from food was just over 2,404mg (includes sodium naturally present in foods & sodium added during processing, but excludes 'discretionary salt' added by consumers) o Data source and anticipated timeframe: National Nutrition and Physical Activity Survey (NNPAS) o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns directly with: WHO Global nutrition targets 2025 (4 – salt/sodium intake): A 30% relative reduction in mean population intake of salt/sodium intake. ▪ Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030. o Baseline Figure: In 2011-12, over half of Australians (aged 2+ years) exceeded 10% of dietary energy from free sugars (consumed an average of 60g of free sugars per day) o Data source and anticipated timeframe: ABS Australian Health Survey: Consumption of added sugars. Varied (not measured in more recent National Health Surveys) o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns broadly with: WHO Global NCD targets for 2025 (7 - Diabetes and Obesity), WHO Global nutrition targets 2025 (4 - Childhood Overweight). ▪ At least 50% of babies are exclusively breastfed until around 6 months of age by 2025. o Baseline Figure: In 2010, around 39% of infants were exclusively breastfed to 3 months, and 15% to 5 months o Data source and anticipated timeframe: AIHW Australian National Infant Feeding Survey o Relevant strategy, action plan, guideline: Council of Australian Governments Health Council Australian National Breastfeeding Strategy: 2019 and beyond o Overall Target alignment with commitment: Aligns directly with: WHO Global nutrition targets 2025 (5 – Breastfeeding): increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%. Aligns broadly with: UN SDG Target 2.2. <u>Desired policy achievements by 2030</u> ▪ Nutrition and food action in Australia is guided by a specific national policy document ▪ Nutrition information and guidance is translated and widely communicated for all health literacy levels ▪ Structural and environmental barriers to breastfeeding are decreased through policy action

	▪ Australian Dietary Guidelines are supported by a communication and social marketing strategy ▪ Healthy eating is promoted through widespread multi-media education campaigns ▪ Ongoing access to adequate and affordable healthy food options are available to all Australians, including older Australians ▪ A national policy document is developed to address food security in priority populations ▪ Consumer choice is guided by the Health Star Rating system which is displayed on all multi-ingredient packaged food products ▪ Children's exposure to unhealthy food and drink marketing, branding and sponsorships is further restricted across all forms of media, including through digital media ▪ Reduced sugar, saturated fat and sodium content of relevant packaged and processed foods through reformulation and serving ▪ size reduction, including consideration of tax reform ▪ Relevant guidelines and policies are regularly updated using the latest scientific evidence ▪ Consumer choice is guided by energy and ingredient labelling on all packaged alcoholic products ▪ The nutritional and health needs of priority populations are met through co-designed, community-based programs that are culturally appropriate ▪ Restricted promotion of unhealthy food and drinks at point of sale and at the end-of-aisle in prominent food retail environments, and increased promotion of healthy food options ▪ Comprehensive national data on nutrition is enhanced and collected regularly. **Increasing physical activity** <u>Targets</u> ▪ Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by at least 15% by 2030. o Baseline Figure: 2011-12: 2–5 years: 39% did not meet physical activity guideline 5–12 years: 74% did not meet guidelines 13–17 years: 92% did not meet guidelines 2017-18: 90% of 15-17 years olds did not meet guideline of at least 60 minutes of physical activity on 7 days in the last week (including work). Proportion of 18–64 not meeting physical activity component of guidelines (including work): 50% Proportion of 65+ not meeting physical activity component of guidelines (including work): 72% o Data source and anticipated timeframe: ABS National Health Survey, approximately every 3 years, National Nutrition and Physical Activity Survey (NNPAS) o Relevant strategy, action plan, guideline: Australia's 24-Hour Movement Guidelines and Australia's Physical Activity and Sedentary Behaviour Guidelines o Overall Target alignment with commitment: Aligns directly with: Global Action Plan on Physical Activity 2018-2030 target: reduce physical inactivity by 15% by 2030. ▪ Reduce the prevalence of Australians (≥15 years) undertaking no physical activity by at least 15% by 2030. o Baseline Figure: 2017-18: 14.3% of those 15 years and over participated in 0 minutes physical activity o Data source and anticipated timeframe: ABS National Health Survey, approximately every 3 years o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns broadly with: Global Action Plan on Physical Activity 2018-2030. ▪ Increase the prevalence of Australians (≥15 years) who are meeting the strengthening guidelines by at least 15% by 2030. o Baseline Figure: 2017-18: 15.8% of those 15-17 years and over did strength or toning activities 3 or more times weekly 23.1% of those 18 years and over did strength or toning activities 2 or more times weekly

	o Data source and anticipated timeframe: ABS National Health Survey, approx. every three years o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: N/A. <u>Desired policy achievements by 2030</u> ▪ Physical activity action in Australia is guided by a specific national policy document ▪ Mass media campaigns that link to actionable behaviour change are used to create healthier social norms and influence physical activity behaviour ▪ Prioritise urban design, land use and infrastructure to support physical activity by providing Australians with access to natural environments, public open spaces and green areas, and active transport networks ▪ Physical activity measures are standardised and defined consistently across jurisdictions ▪ Early childhood education and care settings, pre-school, primary and secondary schools are supported to ensure that children and students are physically active ▪ Investment in preventive health action is prioritised for Australians who are currently least active ▪ Physical activity levels in children are increased through enhanced support for parents and carers ▪ Healthcare professionals are trained and supported to provide advice and support to patients to promote physical activity and to engage in social prescribing (connecting patients with community services to improve health and wellbeing) ▪ Increased physical activity and reduced sedentary behaviour is promoted and facilitated in Australian workplaces ▪ Communities are encouraged and supported to deliver locally designed programs that support physical activity, which are inclusive and promote social connection through physical activity ▪ More Australians are engaged in sport and active recreation throughout every stage of life ▪ Behavioural and social marketing approaches are used to modify the travel behaviours of Australians to be more active ▪ All national guidelines and policies are updated using the latest scientific evidence ▪ Sleep and screen time recommendations for all age groups are incorporated into national guidelines and policies where appropriate ▪ Additional advice is provided in national guidelines and policies to increase physical activity for priority population groups ▪ A greater role is played by the Australian sport sector in preventive health action to increase physical activity and improve mental health within the community. **Increasing cancer screening and prevention** <u>Targets</u> ▪ Increase participation rates for bowel screening to at least 53% by 2025 ▪ Increase participation rates for breast screening to at least 65% by 2025 ▪ Increase participation rates for cervical screening to at least 64% by 2025 o Baseline Figure: 2020 reported screening rates (2018-2019 participation): Bowel - 44% Breast - 54% Cervical - 46%**. **Estimated 2-year participation rate for a 5-year program o Data source and anticipated timeframe: AIHW National Cancer Participation data, yearly, for screening interval ending the previous year

	o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns broadly with: WHO Resolution WHA70.12 (early diagnosis and screening of cancer). ▪ Eliminate cervical cancer as a public health issue in Australia by 2035 o Baseline Figure: In 2016, there were 889 new cases of cervical cancer diagnosed in Australia o Data source and anticipated timeframe: AIHW Cancer In Australia Report, every 1-3 years o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns directly with: WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem. <u>Desired policy achievements by 2030</u> ▪ Increased screening participation for Aboriginal and Torres Strait Islander, low socioeconomic, CALD, and rural and remote populations through targeted, localised and culturally appropriate engagement ▪ Interventions focused on increasing participation in cancer screening are developed based on evidence built through research, data, and evaluation ▪ Healthcare providers are supported and engaged to further encourage and support people to participate in cancer screening ▪ Engagement strategies are informed by existing and new data to drive behavioural change and increase participation in screening ▪ The quality and analysis of national cancer screening data has improved, leading to improved services and higher participation rates ▪ A coordinated national approach has been established that ensures investments in interventions at the national, state, and local level are achievable, efficient, effective, and more sustainable ▪ Mass media campaigns are used to influence sun protective behaviour ▪ The evidence base supporting new screening programs is developed further, enabling safe and cost-effective approaches to be considered by the Government ▪ The feasibility of a national lung cancer screening program targeting high-risk individuals is assessed ▪ Education and health promotion initiatives are delivered to raise awareness of the modifiable risk factors that lead to preventable cancers. **Improving immunisation coverage** <u>Targets</u> ▪ Increase immunisation coverage rates to at least 95% of children aged 1 and 2 years by 2030, and maintain a coverage rate of at least 95% for children aged 5 years o Baseline Figure: In March 2021: 94.9% of all one year olds, 92.5% of all two year olds, and 95.2% of all five year olds fully vaccinated o Data source and anticipated timeframe: Australian Immunisation Register (published by Department of Health), Quarterly o Relevant strategy, action plan, guideline: National Immunisation Strategy for Australia 2019 to 2024 o Overall Target alignment with commitment: Aligns broadly with: WHO Immunisation Agenda 2030.

	▪ Increase immunisation coverage rates to at least 95% of Aboriginal and Torres Strait Islander children aged 1 and 2 years by 2030, and maintain a coverage rate of at least 95% for Aboriginal and Torres Strait Islander children aged 5 years o Baseline Figure: In March 2021: 93.7% of all one year olds, 91.7% of all two year olds, and 97.3% of all five year olds were fully vaccinated o Data source and anticipated timeframe: Australian Immunisation Register (published by Department of Health), Quarterly o Relevant strategy, action plan, guideline: National Aboriginal and Torres Strait Islander Health Plan o Overall Target alignment with commitment: Aligns broadly with: WHO Immunisation Agenda 2030. ▪ HPV immunisation rate increased to at least 85% for both boys and girls by 2030 o Baseline Figure: 80.2% coverage of females turning 15 years of age in 2017, 75.9% coverage of males turning 15 years of age in 2017 o Data source and anticipated timeframe: National HPV Vaccination Program Register (HPV Register) o Relevant strategy, action plan, guideline: National Immunisation Strategy for Australia 2019 to 2024 o Overall Target alignment with commitment: Aligns broadly with: Immunization Agenda 2030: Proposed Impact Goal Indicators and Target 2.2, WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem. <u>Desired policy achievements by 2030</u> ▪ Individuals and communities' understanding of the value of vaccines is increased ▪ HPV immunisation coverage rates continue to increase through higher participation in the Gardasil vaccination program and by targeting priority populations ▪ Enhanced immunisation data are available through increased reporting of vaccinations to the Australian Immunisation Register for all Australians ▪ Improved monitoring and uptake of influenza, pneumococcal and herpes zoster vaccination ▪ Access to immunisation services is available for all Australians, regardless of financial or geographical barriers, including increasing/utilising eligible providers who can administer NIP vaccines, thereby increasing access and uptake ▪ Immunisation coverage of priority populations, including Aboriginal and Torres Strait Islander people and difficult to reach groups, have improved through strategic targeting, engagement and culturally safe delivery ▪ Increased community and health professional awareness of vaccine safety systems, which has led to improved confidence in the program and reporting of adverse events ▪ Immunisation continues to evolve from a focus on infants and children to vaccinating along the life course ▪ Safe and effective vaccines for COVID-19 are available to all Australians ▪ Community confidence in the National Immunisation Program is established and maintained through effective communication strategies ▪ Health workforce are trained to work with people from culturally, ethnically and linguistically diverse communities to ensure that services are delivered in a culturally appropriate and safe way ▪ Establish a benchmark and targets for adults at increased risk of vaccine preventable diseases due to age or underlying medical conditions, and work towards meeting those targets by 2030. **<u>Reducing alcohol and other drug harm</u>**

	Targets ▪ At least a 10% reduction in harmful alcohol consumption by Australians (≥14 years) by 2025 and at least a 15% reduction by 2030 o Baseline Figure: In 2019, 32.0% of people aged 14 and over consumed alcohol in ways that increased the risk of alcohol-related disease or injury o Data source and anticipated timeframe: National Drug Strategy Household Survey, every 2-3 years o Relevant strategy, action plan, guideline: National Alcohol Strategy 2019–2028, National Drug Strategy 2017-2026 o Overall Target alignment with commitment: Aligns broadly with: UN SDG Target 3.5. Aligns directly with: WHO Global NCD targets for 2025 (2 - Alcohol): At least a 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context by 2025. ▪ Less than 10% of young people (14-17 year olds) are consuming alcohol by 2030 o Baseline Figure: In 2019, 29.7% of pregnant women aged 14 to 49 consumed alcohol before or after knowledge of pregnancy o Data source and anticipated timeframe: National Drug Strategy Household Survey, every 2-3 years o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns broadly with: WHO Global NCD targets for 2025 (2 - Alcohol), UN SDG Target 3.5 ▪ Less than 10% of pregnant women aged 14 to 49 are consuming alcohol whilst pregnant, by 2030 o Baseline Figure: In 2019, 30.2% of 14-17 year olds consumed alcohol in the previous 12 months o Data source and anticipated timeframe: National Drug Strategy Household Survey, every 2-3 years o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns broadly with: N/A. ▪ At least a 15% decrease in the prevalence of recent illicit drug use (≥14 years) by 2030 o Baseline Figure: In 2019, 16.4% had used an illicit drug in the past 12 months (this includes non-medical use of pharmaceuticals) o Data source and anticipated timeframe: National Drug Strategy Household Survey, every 2-3 years o Relevant strategy, action plan, guideline: N/A o Overall Target alignment with commitment: Aligns broadly with: UN SDG Target 3.5. Desired policy achievements by 2030 ▪ Harm minimisation and addressing the wider determinants of health are at the forefront of Australia's approach to alcohol and other drug policy and prevention investment - guided by a national strategy ▪ Leaders across Australia challenge the normalisation of hazardous and harmful alcohol use ▪ Alcohol and Drug (AOD) policy and programs including prevention strategies avoid and reduce stigma and discrimination ▪ Effective strategies include engagement with and involvement of the broader community ▪ Build consumer awareness of the National Alcohol Guidelines ▪ The availability and promotion of alcohol is restricted to minimise alcohol-related harm, as outlined in the National Alcohol Strategy ▪ Restrict exposure to alcohol marketing for children and youth, including through digital media ▪ Evidence-based and credible mass media campaigns are a part of broader strategies to prevent harm and are adapted to local need ▪ Prevention is informed by evidence-based strategies to reduce risk factors and enhance protective factors ▪ The age of onset of alcohol and other drug use is prevented or delayed to reduce harm among young people and across their later years, including through evidence-based and aged-appropriate school programs

- The needs of high risk and priority populations, particularly the impact of alcohol use on Aboriginal and Torres Strait Islander communities and rural and remote communities, are prioritised within AOD prevention action
- The health workforce is better educated on alcohol, tobacco and other drug issues, through training and embedding in undergraduate curriculum, and are confident in evidence-based screening, brief intervention and referral to treatment.

Promoting and protecting mental health

Targets

- Towards zero suicides for all Australians
  - Baseline Figure: In 2019, there were 3,318 deaths by suicide with an age-standardised rate of 12.9 per 100,000 population
  - Data source and anticipated timeframe: AIHW Suicide & self-harm monitoring data, annually
  - Relevant strategy, action plan, guideline: The Fifth National Mental Health and Suicide Prevention Plan
  - Overall Target alignment with commitment: Aligns broadly with: WHO Comprehensive Mental Health Action Plan 2013-2020 (extended to 2030) Global target 3.2, UN SDG Target 3.4.

Desired policy achievements by 2030

- Australians are kept well through the management of their health and wellbeing in the community
- Community cohesion and social connectivity is boosted and promoted, particularly among those at risk of loneliness and isolation
- The use of mental health services is promoted and normalised to reduce stigma and encourage early intervention
- A national stigma reduction strategy is developed and implemented. Investment in prevention and early intervention is prioritised, both early in life and early in the development of an illness, supporting Australians, especially rural and remote communities, to prioritise and manage their own mental health and that of their loved ones
- Programs are delivered within schools, workplaces and communities to improve mental health literacy and enhance resilience
- Targeted prevention and early intervention programs are implemented for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations
- Suicide prevention activities are co-ordinated through the National Mental Health and Suicide Prevention Agreement
- Mental health policy addresses social and emotional wellbeing for Aboriginal and Torres Strait Islander people, including the importance of connection to land, spirituality, ancestry and family and community
- Aboriginal and Torres Strait Islander communities are empowered to develop their own solutions, with people with lived experience driving solutions
- A national framework is developed to address the mental health and wellbeing impacts of emergencies and disasters.

3. Continuing strong foundations

There are many effective and well-designed prevention-based programs and strategies developed by government, non-government organisations, and communities. This element of the Strategy's Framework for Action acknowledges the immense activity that is already under way to better prevent illness and disease in Australia. The Framework allows for the creation of new Focus Areas to boost responses to emerging health issues.

	Partners in preventative health action: ▪ Academia ▪ ACCHSs ▪ Aged care ▪ All governments ▪ Business sector ▪ Childcare ▪ Communities ▪ Community and cultural ▪ settings ▪ Families ▪ Healthcare systems ▪ Individuals ▪ Industry ▪ Non-government organisations ▪ Private health insurers ▪ Professional associations ▪ Schools ▪ Unions ▪ Volunteers ▪ Workplaces A "Blueprint for Action" is being developed which outlines the implementation details for the strategy, including how existing health infrastructure will be leveraged in reaching policy achievements and targets.
Supporting economic analysis	While economic analysis to support future interventions is not provided, the strategy provides a section around the "value of prevention" to date and outlines previous results. Such as, it was estimated that $6 billion of net savings could have been made to the health system through a reduction in direct healthcare costs, through introducing tax increases on tobacco (30% increase), alcohol (30% increase) and unhealthy foods (10% increase), alongside mandatory salt limits on processed foods.
Any additional information	The strategy presents a section where it positions Australia's current status in terms of the determinants of health. It also provides direction to all related strategic guidance throughout, such as the National Children's Mental Health and Wellbeing Strategy, and The National Alcohol Strategy 2019-2028.
Strategy development	
Stakeholder(s) and or consultation method(s)	The strategy has been developed using the best evidence, including: ▪ National and international evidence about what works ▪ Targeted consultations, which provided the opportunity to hear from experts in different fields of prevention; the views of people representing communities, consumer groups and advocacy organisations; and from the public about what is important to keep themselves, their families and their communities healthy

	▪ Responses from over 6,000 people through an online survey ▪ The lessons learned from past prevention activities ▪ Other relevant national strategies, action plans and frameworks to ensure the Strategy aligns with and builds on action in prevention ▪ Relevant health consultations conducted by the Australian Government in recent years ▪ Online public consultations on the Consultation Paper and the draft Strategy. An Expert Steering Committee has guided its development, composed of experts in public health, research, health promotion, medical, allied health, nursing and consumer advocacy fields. Strategies and plans such as Australia's Long Term National Health Plan have been considered in the development of the strategy to ensure there is consistent and complementary approaches that consider the wider determinants of health and wellbeing across the life course.

Key: ABS: Australian Bureau of Statistics; AIHW: Australian Institute of Health and Welfare; ACCHS: Aboriginal Community Controlled Health Services; AOD: Alcohol and Drug; CALD: Culturally and Linguistically Diverse; DALY: Disability-adjusted life years; HALE: health-adjusted life expectancy; N/A: not available; NCD: non-communicable disease; NNPAS: National Nutrition and Physical Activity Survey; SDG: Sustainable Development Goal; UN: United Nations; WHO: World Health Organization.

Table B2. Extracted data for Austria (Health Targets)

Austria	Strategy information
Author(s) **Title**	Federal Ministry of Health and Women's Affairs Austrian Health Targets – long healthy life years for all.[9]
Timeline	2012 - 2032
Overall aim(s) (measurement method(s) and target(s) where available)	The 10 Austrian health targets were developed with the aim of prolonging the healthy lives of all people living in Austria irrespective of their level of education, income or personal living conditions. Implementation is planned for a period of 20 years (until 2032). The 10 health targets are: ▪ To provide health-promoting living and working conditions for all population groups through cooperation of all societal and political areas ▪ To promote fair and equal opportunities in health, irrespective of gender, socio-economic group, ethnic origin and age. ▪ To enhance health literacy in the population ▪ To secure sustainable natural resources such as air, water, soul and healthy environments for future generations ▪ To strengthen social cohesion as a health enhancer ▪ To ensure conditions under which children and young people can group up as healthy as possible ▪ To provide access to a healthy diet with food of good quality for all ▪ To promote healthy, safe exercise and activity in everyday life through appropriate environments ▪ To promote psychosocial health in all population groups ▪ To secure sustainable and efficient healthcare services of high quality for all.
Governance	**Head of process coordination:** Federal Ministry for Social Affairs, Health, Care and Consumer Protection **Technical and organisational support:** ▪ Federal Ministry for Social Affairs, Health, Care and Consumer Protection: Judith delle Grazie, Andreas Maier ▪ Health Austria: Sabine Haas, Gabriele Antony, Petra Winkler, Robert Griebler, Gudrun Braunegger-Kallinger, Carina Marbler, Jenny Delcour. Working groups to develop concrete strategy and action concepts for the individual health goals.
Scope and collaboration	The health goals start where a positive influence can be exerted on maintaining and developing the health of the population. The health goals therefore focus on those factors that have a decisive influence on health, such as education, work situation, social security or environmental influences. Prior to the development of the 10 Health Goals the multidisciplinary plenum (see Stakeholder(s) and or consultation method(s)) identified 10 principles for moving forward: ▪ Health in all policy areas ("Health in All Policies"): all political areas are actively involved in dealing with topics that are relevant to health and well-being and contribute to an overall health-promoting policy ▪ Promotion of equal opportunities: health and social inequalities should be reduced ▪ Consideration of important influencing factors ("determinant orientation"): personal, social, economic and environmental factors that influence health must be taken into account

	▪ Resource Orientation: alignment with resources in terms of strengths and opportunities ▪ Public health orientation: what counts is the benefit to the health of the entire population ▪ Future orientation and sustainability: the focus is on the long-term benefits for the health of all people in Austria ▪ Traceability, impact orientation and significance: the meaningfulness of the selected measures is proven by data and facts ▪ Comprehensibility: everyday language formulations are used that are also understandable for non-specialists ▪ Feasibility/affordability/binding: only measures that can actually be implemented under the given framework conditions should be determined ▪ Measurability: suitable indicators and metrics are needed that enable the achievement of goals to be checked - both with regard to the degree of implementation of the planned measures (process indicators) and with regard to the desired effect (result indicators).
Themes and or priorities	10 Health Goals were developed in 2012 and form the framework for action for an overall health-promoting policy. **Health Goal 1: Working together to create health-promotional living and working conditions.** The health of the population is essentially determined by the framework conditions in the living and working world and thus by decisions in all areas of politics and not just by individual behaviour and physical factors. In everyday life in particular, for example where people live, play, learn, work, travel and spend their free time, people's quality of life and health are created. It is therefore of central importance to design people's living and working environments in such a way that they are health-promoting and work-life balance is possible. This requires the contribution of all relevant actors and thus cooperation between the federal government, states, municipalities/cities, public bodies and the social partnership across all areas of politics and society. Opportunities for citizens to participate, help shape and make decisions about their living and working environments are also of great importance. **Health Goal 2: Ensure equal health opportunities for everyone in Austria.** All population groups should have equitable opportunities to promote, maintain and restore their health. Alongside social status and income, education is a key influencing factor on health. Equality of opportunity must be ensured, particularly with regard to healthy life expectancy and the burden of disease. It should be guaranteed that all age groups have the same health opportunities, regardless of their origin, region of residence or gender. This requires, among other things, the strengthening of disadvantaged population groups in all areas of life as well as fair starting conditions in the education system. The health and social system must be designed in such a way that equal, target group-specific and barrier-free access is guaranteed for all population groups. Creating and ensuring sustainable access for everyone to evidence-based innovations in the health sector must be the common goal of all actors in the health system. **Health Goal 3: Strengthen the health literacy of the population.** Health literacy is an important cornerstone for promoting health and health equity in the population. It is intended to support people in making independent decisions in everyday life that promote their health. Among other things, this means strengthening the personal skills and sense of responsibility of all sections of the population, particularly disadvantaged groups, facilitating access to understandable, independent and quality assured information, and promoting awareness of preventive healthcare. In the healthcare system, the role of patients and users and thus patient sovereignty should be strengthened. It should be easy for people to find their way around the health, education and social system and to assume the role of responsible partner in the system. **Health Goal 4: Secure air, water, soil and all habitats for future generations.** Shaping and securing the natural foundations of life such as air, water and soil as well as all of our habitats for future generations in a sustainable manner. Strengthen the health literacy of the population. A healthy environment is an important health resource. However, environmental factors can also affect health and well-being. Health literacy is an important cornerstone for promoting health and health equity in

	the population. It is intended to support people in making independent decisions in everyday life that promote their health. Among other things, this means strengthening the personal skills and sense of responsibility of all sections of the population, particularly disadvantaged groups, facilitating access to understandable, independent and quality assured information, and promoting awareness of preventive healthcare. In the healthcare system, the role of patients and users and thus patient sovereignty should be strengthened. It should be easy for people to find their way around the health, education and social system and to assume the role of responsible partner in the system and contribute to chronic diseases (such as respiratory diseases and certain types of cancer). The population is exposed to varying degrees of environmental pollution. Vulnerable groups and children need special protection. Keeping air, water, soil and the entire natural habitat accessible and clean and producing safe and high-quality food is of great importance in terms of sustainable health security. A sustainable design of our living spaces and a strengthening of personal environmental competence are contributions to the health of current and future generations. **Health Goal 5: Strengthen health through social cohesion.** Social relationships and networks make an important contribution to health and well-being. Solidary societies are healthier. Social cohesion both within and between different generations and genders as well as socioeconomic and sociocultural groups is important for the quality of life in a society. Social cohesion, an appreciative approach to diversity, as well as opportunities to help shape things and a greater sense of responsibility on the part of the individual for society strengthen the sense of community. In combination with the corresponding social skills of the people, they form an important basis for social cohesion and for the health of the population. The maintenance of social relationships, voluntary work and participation in democratic, community processes (social health) need time and appropriate structures. **Health Goal 6: Ensure that children and young people grow up healthy in the best possible way.** Shaping and supporting healthy growing up for all children and young people in the best possible way. Children and young people deserve special attention, as the foundation for a healthy lifestyle and lifelong health is laid in the early stages of life. Inequalities in health opportunities in early childhood can translate into inequalities in adulthood, including in health status. Optimal framework conditions for children and young people therefore have a long-term benefit for those affected as well as for society. Already during pregnancy and in the first years of the child's life, it is important to support parents and legal guardians in caring for their children and building a secure and positive bond with them, because this represents an important protective factor for health. Therefore, in addition to everyday practical support, the relationship and upbringing skills of parents should also be promoted with regard to their role model effect and responsibility. The gender-specific promotion of education and life skills in childhood is an important contribution to a healthy lifestyle. In addition, comprehensive care for children and young people with needs-based health services that is accessible to all must be ensured. **Health Goal 7: Make healthy and sustainable nutrition accessible to all.** Nutrition has a fundamental impact on the health and well-being of people at all stages of life. A balanced diet can reduce the risk of many chronic diseases (particularly cardiovascular diseases, diabetes). The range of communal catering – whether in kindergarten, school, company, hospital or retirement home - should therefore be put together according to health-promoting criteria and carefully prepared and also take special nutritional needs into account. Health, ecological and social aspects should also be taken into account in the production, processing and marketing of food. A health-promoting diet with high-quality food must be accessible to all sections of the population. Seasonal and regional foods are an important part of a high-quality diet. Nutritional competence should be promoted in all people - especially children, young people, pregnant women, parents/guardians and older people. **Health Goal 8: Promote healthy and safe exercise in everyday life.**

	Regular physical activity has a fundamental and lasting positive effect on health. It prevents many chronic diseases and promotes mental and physical well-being. Sufficient exercise is an indispensable part of health promotion from early childhood to old age. The aim is therefore to integrate sufficient exercise into everyday life, for which the living environments including infrastructure (such as cycle paths, playgrounds, school routes and break rooms) must be designed in such a way that they enable and encourage exercise. In addition to creating space for safe exercise in everyday life, movement skills and enjoyment of exercise and sport are to be promoted, especially in kindergartens and schools, in retirement and nursing homes and in clubs. The needs of people with disabilities must also be taken into account. **Health Goal 9: Promote psychosocial health.** Psychosocial health is an important factor for the quality of life and interacts with acute and especially chronic diseases. The living and working conditions should be designed in such a way that psychosocial health is promoted in all phases of life and psychosocial burdens and stress are reduced as far as possible. Particular attention should be paid to strengthening life skills and to measures to prevent violence and addiction (for example, dependency on legal and illegal substances, non-substance-related addictive behaviour such as eating disorders). Knowledge and sensitivity to mental illnesses should be increased with the aim of comprehensive destigmatisation. People with mental illnesses and their relatives (above all parents and children) must be provided with comprehensive and needs-based care and remain or be integrated into society. **Health Goal 10: Ensure high quality and affordable healthcare for all.** Securing the health of the population requires patient-oriented, needs-based, coordinated, effect- and process-oriented, and quality-assured healthcare services. The public health system based on solidarity must therefore be safeguarded in the long term. Priority concerns are strengthening prevention and prevention as well as primary healthcare and guaranteeing target group specific and non-discriminatory access, especially for disadvantaged population groups. Integrated, multi-professional and health-promoting supply systems and network structures make an important contribution to quality, effectiveness and efficiency. Effective early detection, early intervention, integrated care and strengthening patient competence in dealing with their disease are of central relevance. A future-oriented healthcare system requires efficient and appropriate. Planning, control and financing in joint responsibility on the basis of a partnership target control system. Transparency and orientation towards quality goals are necessary with regard to patient safety and patient benefits. Corresponding capacity development (capacity building) in the areas of public health, health economics, gender medicine, health services research as well as practical and needs-based training and continuous further training for health professions are required. Good working conditions in the healthcare professions can make a significant contribution to high-quality healthcare.
Implementation action(s), lead(s) and desired outcome(s)	**Working groups** Work groups were developed for each of the Health Goals. Depending on the topic, a working group therefore always has different members of the plenum as well as numerous experts from relevant organizations. In several workshops, the working groups develop concrete strategy and action concepts for the individual health goals. To do this, they each formulate 2 to 3 impact goals, define suitable indicators for checking the achievement of goals and clarify responsibilities and timetables for implementation. Once the working group report has been completed, the institutions and organizations involved begin to implement the measures. As a result, regular updates of the strategy and action plans are created. There are accompanying monitoring checks for each initiative under the 10 Health Goals. **Health Goal 1: Working together to create health-promotional living and working conditions.** 3 impact goals identified with selected measures (health and active aging dialogue, national strategy “health in the workplace) described (measures were monitored in 2017): 1. Establish a cross-political cooperation of the relevant actors in the sense of a health-promoting overall policy

	2. Expand working environments, especially companies that deal with maintaining and improving health in a systematic and structured way 3. By designing the relevant living environments, giving people of all ages the opportunity to exploit their health potential and to take an active role. Healthy and active aging dialogue **Description:** The aim of the dialogue is to develop a program of measures with stakeholders and to ensure implementation at federal, social security, state, city, community and non-governmental organisations (NGO) level - based on broad political commitment. Dialogue brings people and organizations together to do something together. Together we want to ensure that the people in our country grow old healthily and can live independently for a long time and that the need for care is delayed as long as possible. It is about anchoring a positive view of old age and a new culture of aging in society and developing measures that promote social cohesion and the participation of older people in a long-lasting society. **Desired outcomes:** The dialogue connects organizations and actors in order to make activities visible, create synergies and spread knowledge. In dialogue, models of good practice are identified and widespread implementation is initiated. In dialogue, tools are developed that change the images of aging in our society for the better. **Implementing institutions:** The dialogue is a cooperation between the Federal Ministry for Social Affairs, Health, Care and Consumer Protection, the umbrella organization of Austrian social insurance and the Healthy Austria Fund. **Target group and strategic target group:** Senior citizens and cooperation partners – NGOs, states, municipalities and cities. **Funding considerations:** The federal government, Austrian Health Promotion Fund are currently working on ways to expand funding for the 2021 issue. **Start and duration of measure:** 2019 to 2023. National strategy "Health in the workplace" **Description:** A long and self-determined life in good health is of great importance to everyone. An important basis for this also lies in the workplace. Therefore, as part of the national strategy "Health at work", companies of all sizes and sectors are to be given even better support with occupational health management. In terms of the objective of maintaining, promoting and restoring health, the three fields of activity of employee protection, company health promotion and company integration management are to be brought together under the umbrella of company health management. Comprehensive company health management has positive effects for everyone: better health, well-being, motivation and working atmosphere for people, higher competitiveness and lower illness-related costs for companies as well as preservation of know-how and lower benefits for absenteeism, invalidity and unemployment for the public sector. The implementation is to take place through better networking and cooperation between the three pillars as well as coordinated advisory services and clearly structured information. In this context, it is important to provide practical assistance for companies as well as information and networking platforms for stakeholders. For this purpose, a new website including a newsletter was made available in autumn 2021, as well as a checklist that supports companies in identifying their strengths, potential and options for action. **Desired outcomes:** Not specified. **Implementing institutions:** Federal Ministry of Labor and Economics in cooperation with the Federal Ministry for Social Affairs, Health, Care and Consumer Protection, the Federal Ministry for Digitization and Business Location, the social security institutions, social partners and federal states. **Target group and strategic target group:** companies and employees; cooperation partners – federal, state, social security, social partners. **Funding considerations:** Not specified. **Start and duration of measure:** May 2019 as part of the study "Health in the workplace". Duration not specified.

Health Goal 2: Ensure equal health opportunities for everyone in Austria.
A working group report was published in August 2015. In October 2017, a first update with current measures was completed. In 2017, a monitoring of measures was carried out.
3 impact objectives were defined:

1. Enabling social advancement over the life course and across generations
2. Systematically reducing social and health inequalities
3. Increase the effectiveness of health and social protection and ensure it for all.

Increased establishment of early intervention
Description: Numerous studies show that growing up in stressful situations also has health effects on the affected children, which can extend into adulthood. The main objective of the Austrian model is to reach and support families in need (due to stressful living conditions or circumstances) during pregnancy or in the first three years of a child. “Frühe Hilfen” follows a multi-professional as well as multi-sectoral approach (investing in networking esp. with services from the health and social sector) to support families in raising healthy children. The programme is voluntary and ensures access of families through direct contact and through professionals, such as health and social workers, who can identify and refer them. Implementation is based on the Austrian model for early childhood interventions (so-called "Frühe Hilfen") developed by the Austrian National Public Health Institute on the basis of international findings and systematic analysis of practical experience.
Desired outcomes: Establish regional early intervention networks to relieve the burden on families as early as pregnancy and thus ensure a health start in life and more equal opportunities.
Implementing institutions: Federal Ministry of Social Affairs, Health, Care and Consumer Protection (Areas of Social Affairs and Health), Federal Chancellery (Areas of Family and Youth, Women and Gender Equality), Provinces and Social Insurance Institutions, Health Austria GmbH, Federal Ministry for Europe, Integration and Foreign Affairs, Health Austria Fund
Target group and strategic target group: Families in need (due to stressful living conditions or circumstances) during pregnancy or in the first three years of a child. Frühe Hilfen is explicitly aimed at supporting families in stressful life situations according to their individual needs.
Funding considerations: Not specified.
Start and duration of measure: 2015. Duration not specified.

Update from the accompanying monitoring: At the end of 2016, there were 23 regional early intervention networks in Austria, covering more than 50 districts. While in 2015 about 380 families could be care for by an early help network, in 2016 already 1,350 families benefited from this form of support. At the end of 2018, there were 24 regional early childhood interventions networks covering more than half of Austria's political districts. At the end of 2018 about 100 home visitors were working in multi-professional teams (mainly social work, pedagogy, midwives, psychology, early support, nurses). The following success factors for early childhood interventions in Austria were identified in the evaluation:

- Active and systematic access and outreach work
- Work in multi-professional teams
- Inter-sectoral cooperation
- Support by the NZFH.at.

Training Fit

Description: AusbildungsFit aims to prepare young people in need of support for and implement the next step in education through individual counselling, specific training in job-related skills, imparting knowledge and learning strategies, as well as training in general social and cultural skills. In addition, sports units make a significant contribution to increasing the well-being of young people.
Desired outcomes: Through intensive and individual support, the chances of social advancement in the life course are also increased in the long term and social inequality is reduced.
Implementing institutions: Federal Ministry of Social Affairs, Health, Care and Consumer Protection; Federal Ministry of Labour, Family and Youth.

Target group and strategic target group: AusbildungsFit is aimed at young people:
- up to the age of 21 or 24
- with a disability or special educational needs, learning disability, social or emotional impairments
- who want to do vocational training
- whose career aspirations seem clear and feasible.

Funding considerations: Not specified.
Start and duration of measure: 2015. Duration not specified.

Adult Education Initiative: Catching up on educational qualifications, basic education

Description: The "Adult Education Initiative" is a funding programme of the federal states and the federal government that opens up better access to the labour market for educationally disadvantaged and formally low-skilled adults. Throughout Austria, there is the possibility to attend courses in the field of basic education free of charge and to catch up on the compulsory schooling.
Desired outcomes: To ensure that all people have an adequate educational foundation. Objectives of the Adult Education Initiative are:
- Securing access to continuing education in the programme areas of basic education and compulsory schooling
- Creation of a comprehensive and regionally balanced educational offer
- Ensuring high-quality educational opportunities designed to meet the needs of the target groups
- Orientation of the educational offerings to permeability, connectivity and further perspectives of the participants
- Consistent gender equality orientation.

Implementing institutions: Federal Ministry of Education, Science and Research.

Target group and strategic target group: Educationally disadvantaged and formally low-skilled adults.
Funding considerations: 2015. Duration not specified.
Start and duration of measure: Not specified.

Health Goal 3: Strengthen the health literacy of the population.
The health literacy goal was originally developed in a working group with representatives of numerous institutions. Since 2015, the tasks of the working group have been carried out by the Austrian Platform for Health Literacy. Detailed information on the process and results can be found in the report of the working group (completed in April 2014). In 2017, a monitoring of measures was carried out. The impact objectives are to:

	▪ Make the health system more health-literate with the involvement of stakeholders ▪ Strengthen personal health literacy, taking into account vulnerable groups ▪ Embed health literacy in the service and manufacturing sectors. Establishment of the Austrian Platform for Health Literacy (OePG) **Description:** The working group recommended the establishment of a cross-sectoral platform for the national development of health literacy. At the end of 2014, the Federal Health Commission decided to establish the OePG. The OePG also focuses on the following areas: quality of conversation, good health information, organisational health literacy and measurement of health literacy. The OePG has set itself the following tasks: ▪ Support the long-term development and establishment of health literacy in Austria ▪ Promote networking, collaboration, exchange of experience and collaborative learning ▪ Enabling and coordinating measures between political and social sectors ▪ Develop a common understanding, disseminate knowledge and enable innovation ▪ Establish monitoring and reporting, develop transparency and quality. **Desired outcomes:** The national development of health literacy. **Implementing institutions:** Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Social Insurance Institutions, Federal States, Federal Chancellery (Department of Families and Youth), Federal Ministry of Education, Science and Research, Federal Ministry of Arts, Culture, Civil Service and Sport, Healthy Austria Fund and multipliers. **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. Health-literate social security **Description:** The "health-literate social insurance" wants to facilitate access to understandable health information. For this purpose, a method box for social security has been set up, which gathers best practice examples and suggestions for possible improvements (for example strategies for successful communication). **Desired outcomes:** To facilitate access to understandable health information. **Implementing institutions:** Umbrella organisation of the Austrian Social Insurance, interested social insurance institutions, Insurance Institute for Railways and Mining. **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. Health Literacy Coaching

	Description: The health literacy coaching focuses on strengthening individual health literacy. They support clients in obtaining reliable information on their own and in being able to make good use of it. For this purpose, useful tips have been compiled around the therapist-patient conversation or for Internet research on health issues, which are intended to encourage people to try things out. **Desired outcomes:** To strengthen individual health literacy **Implementing institutions:** Austrian Health Insurance Fund (ÖGK), Insurance Institute for Railways and Mining **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. <u>Improving migrants' health literacy</u> **Description:** Socially committed migrants and fellow migrants are trained as health pilots. After completing the course, they organize information events on health topics on a voluntary basis in their native language. **Desired outcomes:** Easy to understand health information. Simplified orientation in the health system. The long term aim is to increase health equity. **Implementing institutions:** Federal Chancellery, Vienna Health Promotion, ÖGK, Volkshilfe Wien (implementation). **Target group and strategic target group:** People with a migration background who often find it difficult to find their way around the Austria health and care system. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. <u>Expansion of extracurricular learning support for socio-economically disadvantaged groups</u> **Description:** Tutoring for pupils is associated with costs that socio-economically disadvantaged families find difficult or impossible to bear. This is where various models of extracurricular learning support such as learning clubs, learning houses, learning aids and learning cafés come into play: the pupils are supported free of charge **Desired outcomes:** To achieve their class learning goals and graduation or in making transitions to other types of school. The promotion of general education also indirectly strengthens health literacy. **Implementing institutions:** Federal Association of Free Welfare. **Target group and strategic target group:** Pupils from socio-disadvantaged groups. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. **Health Goal 4: Secure air, water, soil and all habitats for future generations.** **Description:** The implementation was linked to the national implementation of the Ostrava Declaration, which was adopted in June 2017. This is the result of the "Environment and Health in Europe" process of the WHO Euro and the Economic and Social Committee for Europe. In the Ostrava Declaration, the undersigned environment and health ministers committed themselves to protecting and promoting health and well-being and preventing premature deaths, illnesses and inequalities due to environmental pollution and degradation. This is to be made possible, among

	other things, by establishing national forums for knowledge exchange and cooperation and communication. The working group is one such forum. **Desired outcomes:** The strategy and action concept drawn up by the working group is an important basis for the implementation of the Ostrava Declaration. The impact objectives are to: ▪ Maintain and strengthen the foundations for a healthy life through the responsible and sustainable use of resources and through the same design of the living space ▪ Avoid, identify, monitor and, if possible, reduce environmental pressures with potential health impacts ▪ Promote/strengthen awareness of the relationship between environment and health among the population and decision-makers and ensure environmental justice in the best possible way. **Implementing institutions:** more than 20 institutions are represented on the working group They are not named. **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified. **Start and duration of measure:** 2017. Duration not specified. **Health Goal 5: Strengthen health through social cohesion.** **Description:** Social relationships and networks make important contributions to health and well-being – societies based on solidarity are healthier. The social cohesion of generations, genders and population groups is central to the quality of life in a society. **Desired outcomes:** The impact objectives are to: ▪ Extend opportunities for social participation and participation for all, thereby promoting inclusion ▪ Promote respect and solidarity between and for people and social groups in order to strengthen social cohesion in society ▪ Recognise diversity as an enrichment and challenge for society, taking into account the needs of minorities and disadvantaged population groups, and safeguarding and enforcing their rights. **Implementing institutions:** more than 37 institutions are represented on the working group They are not named. **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified. **Start and duration of measure:** 2019. Duration not specified. **Health Goal 6: Ensure that children and young people grow up healthy in the best possible way.** According to the mission statement of the working group and the Child and Adolescent Health Committee the mission statement of the merged group is to deal with current topics of child and adolescent health as well as corresponding framework conditions for a healthy upbringing, and to develop common positions. The impact objectives of the group are: ▪ Raising awareness among those responsible for the special needs of children and adolescents ▪ Laying the foundation for long-term health during pregnancy and early childhood ▪ Strengthening the life skills of children and adolescents, using education as a key factor influencing health. <u>Promotion of vocational training and labour market integration of young people</u>

	Description: Compulsory education up to the age of 18: On 1 August 2016, the Compulsory Training Act came into force, which obliges all young people up to the age of 18 to continue their education if they have so far only completed compulsory schooling and are permanently resident in Austria. The following are available to young people: ▪ Youth coaching, training fit, apprenticeships and apprenticeship company coaching ▪ Training guarantee up to age 25. **Desired outcomes:** The extended compulsory training is intended to increase the chances of young people being able to participate sustainably and comprehensively in economic and social life. **Implementing institutions:** Federal Ministry of Social Affairs, Health, Care and Consumer Protection / Ministry of Social Affairs, Federal Ministry of Labour, Federal Ministry for Digital and Economic Affairs. **Target group and strategic target group:** Young people up to the age of 25. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. <u>Expansion of the Austrian Youth Portal</u> **Description:** The Austrian Youth Portal deals with topics that are relevant for young people between the ages of 12 and 26. An editorially selected, regularly updated and annotated collection of links is intended to facilitate orientation on the Internet. Contributions by young people (Youth Reporters) are also published here. **Desired outcomes:** To facilitate orientation on the internet. **Implementing institutions:** Department of Families and Youth. **Target group and strategic target group:** Young people between the ages of 12 and 26. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. <u>Extension of the free childhood vaccination programme “Protection against HPC infections”</u> **Description:** This is a free childhood vaccination program. The vaccination, which protects against the development of a large proportion of HPV-related diseases, is offered to all girls and boys in the fourth grade as part of the school vaccination program. **Desired outcomes:** To ensure high vaccination coverage. **Implementing institutions:** Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Health Division. **Target group and strategic target group:** Young people aged **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. **Health Goal 7: Make healthy and sustainable nutrition accessible to all.** **Description:** See ‘desired outcomes’. **Desired outcomes:** The impact objectives of the working group are to: ▪ Create a cross-sectoral political, legal and economic framework for a sustainable food system that enables everyone to eat healthily

	▪ Ensure a diverse, health-promoting and sustainable range of food and dishes ▪ Design the nutritional environment in a health-promoting and sustainable way. **Implementing institutions:** more than 35 institutions are represented on the working group They are not named. **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified. **Start and duration of measure:** 2019. Duration not specified. **Health Goal 8: Promote healthy and safe exercise in everyday life.** The work on this goal was based on the National Action Plan for Movement and the two processes were always considered together in further processing. The National Action Plan for Movement is currently being revised. This could provide impetus for key topics in the further processing of Health Goal 8. The impact objectives of the working group are to: ▪ Promote/increase movement competence in a target group-specific manner ▪ Create living environments that promote physical activity ▪ Build and expand network structures. <u>Exercise at school</u> **Description:** Many initiatives committed to promoting physical activity in schools. Examples include “Bewegte Klasse macht Schule” where interested schools are professionally accompanied and supported in the planning, implementation and sustainable anchoring of the topic of “movement” in the organised structure. Legal changes ensure that all-day school types include sufficient exercise in their leisure activities. This states that pupils should be given at least 5 exercise units per week. **Desired outcomes:** Physical activity in schools. **Implementing institutions:** Federal Ministry of Education, Science and Research and Lower Austrian Health and Social Fund – Initiative “Tut gut”. **Target group and strategic target group:** School going children. **Funding considerations:** Not specified. **Start and duration of measure:** 2015. Duration not specified. <u>Active health through teaching</u> **Description:** Targeted training intended to alleviate postural weaknesses and back pain and counteract lack of exercise. Both the apprentices and the Lower Austrian sports clubs benefit from exercise opportunities close to their place of residence and work, attracting new club members in this way. **Desired outcomes:** To raise awareness among trainers and apprentices. **Implementing institutions:** Working Group for Sports and Physical Culture in Austria, Regional Association of Lower Austria. **Target group and strategic target group:** Not specified. **Funding considerations:** Not specified.

Start and duration of measure: 2015. Duration not specified.

Health Goal 9: Promote psychosocial health.
The impact objectives of this working group are:

- In order to promote and maintain people's psychosocial health and well-being, their living environments and life skills are shaped or strengthened through systematic and structured measures.
- The living environments as well as the health and social system ensure that low-threshold, needs-based support, care and rehabilitation services are available for psychosocially stressed people, people with mental illnesses and their relatives. The planning, financing and implementation of such an offer are guided by the principles of inclusion and integrated care
- In all living environments of society, there is a climate of open and natural interaction with individual diversity of psychosocial health and illness.

Mental health in the work of smartphones

Description: In recent years, a number of studies have appeared on the relationship between physical and mental health stresses and problems and the use of digital media by children, adolescents and parents. However, there are different expert opinions and recommendations from scientists from the health and media sectors: Some warn of dramatic health damage caused by the use of digital media, others are reassuring and even see more advantages than disadvantages that these media offer for individuals and society. The only consensus is that "too much" use of digital media can lead to a relationship of dependency, which results in consequential damage to health. Possible health effects of the use of digital media investigated in the studies include sleep disorders, lack of concentration, stress reactions due to constant availability, disorders of language development, hyperactivity, loss of control, depression, cyberbullying or loss of empathy.
Desired outcomes: Poorer or less educated families may be at higher risk for these effects. The project aims to shed further light on these questions, focusing on the situation in Austria and limiting itself to the use of smartphones, as these are now widespread and available and usable anytime and anywhere, as well as a variety of possible uses (telephony, Internet, sending and receiving messages, communication via social media, photography, filming, listen to music, play games). Another focus is placed on the possible effects on mental health.

Implementing institutions: Institute for Health Promotion and Prevention, Vienna.
Target group and strategic target group: Not specified.
Funding considerations: Not specified.
Start and duration of measure: Not specified.

Testimonial spots ganznormal.at

Description: People affected by mental illness can overcome their stigma if they deal with their illness "offensively" and try to dissolve factors that trigger fear, ignorance and ignorance in society towards people with mental illness. The ganznormal.at association has therefore set itself the goal of increasing its presence in social networks with spots in which well-known sufferers discuss their personal experiences with their mental illness and how they deal with stigmatization. The use of well-known personalities increases the attention and the chance of viral spread. Networking and interacting in social networks can lead to finding and supporting like-minded people if they cannot classify their suffering or assign it to a plausible reason – that of a serious illness.

Desired outcomes: Increasing the presence of ganznormal.at in social networks.

Implementing institutions: ganznormal.at, Association for the Promotion of Public Debate on Mental Health.
Target group and strategic target group: Not specified.
Funding considerations: Not specified.
Start and duration of measure: Not specified.

Health Goal 10: Ensure high quality and affordable healthcare for all.

Health services must be geared to the needs of patients. To achieve this, it is necessary to secure the public health system based on solidarity in the long term. A future-oriented healthcare system needs a coordinated approach and quality assurance within the framework of the partnership-based healthcare reform. The most urgent concerns are: strengthening prevention, early detection and primary care, increasing health literacy and ensuring target group-oriented and easy access for all population groups without disadvantaging anyone. Patient safety and patient benefit are central to this. High-quality and affordable healthcare includes well-coordinated and networked services as well as health promotion measures. The healthcare system must constantly adapt to the current challenges. To this end, it is important to ensure research and development, practical and needs-based education and training in the healthcare sector and good working conditions for the health professions. This is the big, common goal. There is no information available on specific measures under this goal.

The health promotion strategy also serves as a support for the implementation of the Health Goals.[10] It identifies 6 prioritised areas and allocates 66% of available funds to these areas.
1.Early help
2. Healthy crèches and health kindergartens
3. Healthy schools
4. Healthy living environments and healthy lifestyles for young people and people of working age
5. Health literacy of young people, people of working age and older people
6. Social participation and psychosocial health of older people.

Prioritised area, impact target and outcome metric

1. Early Help
   Impact Target: The health chances of children and families are promoted in the best possible way through early help.
   Metrics:
   - staged plans for establishing early help according to a coordinated framework and early help measures are implemented regionally
   - early help measures reach children and parents, especially in families under stress, and contribute to improved health equity
   - relevant institutions and organizations at federal, state and municipal level are networked in a structured way.

2. Healthy crèches and health kindergartens
   Impact Target: Crèches and kindergartens are a healthy living environment for children and teachers. The children are encouraged to lead a healthy lifestyle with the involvement of their parents.
   Metrics:

	▪ measures for long-term health promotion in the setting of influenza/kindergarten are implemented ▪ health promotion measures in the nursery/kindergarten setting reach the target groups of children, parents and kindergarten teachers and helpers ▪ relevant institutions and organizations at federal, state and municipal level are networked in a structured way. 3. Healthy schools Impact Target: The school setting is established as a health-promoting living environment and health promoting action by all those involved is supported, end on existing strategies of the education sector at federal and state level. Metrics: ▪ measures to strengthen and establish health promotion in the school setting are based on existing strategies in the education sector at federal and state level ▪ health promotion measures in the school setting reach the pupils, teachers, directors, other staff in the school setting and the parents ▪ relevant institutions and organizations at federal, state and municipal level are networked in a structured way. 4. Healthy living environments and healthy lifestyles for young people and people of working age Impact Target: Young people and people of working age participate in the health-promoting design of living environments and live healthier lives. Metrics: ▪ setting-oriented health promotion measures for young people and people of working age are implemented ▪ setting-oriented measures for young people and people of working age promote healthy lifestyles and/or the development of healthy living environments for these target groups ▪ relevant institutions and organizations at federal, state and municipal level are networked in a structured way. 5. Health literacy of young people, people of working age and older people Impact Target: Young people, people of working age, older people are strengthened in their health literacy. Metrics: ▪ measures to improve health literacy are set for young people, people of working age and older people - with special consideration of vulnerable groups ▪ young people, people of working age, older people and, in particular, vulnerable groups are reached through measures to improve health literacy ▪ relevant institutions and organizations at federal, state and municipal level are networked in a structured way. 6. Social participation and psychosocial health of older people Impact Target: Older people are supported to participate in society and to maintain their psychosocial health. Metrics: ▪ measures are taken to strengthen social and societal participation and to promote the psychosocial health of older people ▪ older people are reached through measures to strengthen social and societal participation and to promote psychosocial health

	▪ relevant institutions and organizations at federal, state and municipal level are networked in a structured way. The Integrated Data and Documentation System on Health includes all measures that are financed by the nine provincial health promotion funds (LGFF) and from the preventive funds (VM) of the Federal Health Agency as well as the Austrian Recovery and Resilience Plan. The measures are entered by employees of the LGFF and VM-related and RRF early intervention institutions. The measures are categorized according to state, setting and target group. The contact details of the organisations responsible for financing and implementing the measures are also available. The aim is to support an exchange of experience between interested health promotion actors.
Supporting economic analysis	None identified
Any additional information	The Health Promotion Strategy identifies the manner in which funds are distributed for the promotion of health and supporting the implementation of the Health Goals.
Strategy development	
Stakeholder(s) and or consultation method(s)	**Timeline of strategy development** April 2011: the Federal Health Commission and the Council of Ministers decided to develop health goals. May 2011: Federal Health Conference attended by approximately 300 representatives from health-related political and social sectors: Start of the development of the health goals. May to August 2011: Public consultation via internet platform in which the public had the opportunity to contribute their ideas on the topic of "health maintenance". More than 4,500 suggestions were received. These suggestions were sorted thematically, evaluated and discussed in the plenary workshops. Interested parties were informed about current developments during the course of the process by means of an electronic newsletter. July 2011: Intersectoral political dialogue on the subject of health goals took place in order to a lay a basis for cross-political cooperation. October 2011 to March 2012: A plenum (supported by the Federal Ministry of Health and Women) consisting of 40 representatives from various political and social areas: ▪ Federal Ministry for Social Affairs, Health, Care and Consumer Protection ▪ Federal Ministry for European and International Affairs ▪ Federal Ministry for Art, Culture, Public Service and Sport ▪ Federal Ministry for Climate Protection, Environment, Energy, Mobility, Innovation and Technology ▪ Federal Ministry of Education, Science and Research ▪ federal Ministry of Internal Affairs ▪ Federal Ministry of Finance ▪ Federal Ministry for Digitization and Business Location ▪ Federal Ministry for Agriculture, Regions and Tourism ▪ Federal Chancellery ▪ Social Health Insurance ▪ Umbrella organization of Austrian social security ▪ Austrian Medical Association ▪ Austrian Chamber of Pharmacists ▪ Nursing and patient advocacy

	▪ Austrian Senior Citizens Council ▪ Federal Youth Representation ▪ Chamber of Labour ▪ Austrian trade union federation ▪ industrial association ▪ Austrian Chamber of Commerce ▪ Austrian Association of Municipalities ▪ Austrian Association of Cities ▪ Healthy Cities Network ▪ Austrian Health and Nursing Association ▪ Austrian Society for Public Health ▪ poverty conference ▪ BAG free welfare ▪ AKS Austria ▪ 4 representatives from the federal states ▪ Federal Parents Association ▪ Umbrella organization of higher medical-technical services in Austria ▪ Professional Association of Austrian Psychologists ▪ Austrian League for Child and Youth Health ▪ Austrian federal sports organization The plenum developed a proposal for health goals for the Federal Health Commission in five workshops. **Further plenum details:** The starting point for the development of the goals in the plenary session were six previously defined subject areas: healthy living conditions/healthy relationships, health behaviour, equal opportunities in health, design of the care system, special target groups and "widespread diseases". Already existing health goals from the federal states as well relevant action plans and strategies at federal level were taken into account in the process. The central task of the plenum was to feed back the results of the workshops to their organisations to ensure broad acceptance of the goals in the respective organisations. April 2012: Public consultation via internet platform. May 2012: Federal Health Conference: Presentation of Austria's health goals. June 2012 Federal Health Commission: Decision of the health goals Austria. August 2012: Council of Ministers decision on the health targets in Austria. April 2013: Start of the working group on the goal of making the best possible way for children and young people to grow up healthy. May 2013: Start of the working group on the goal of strengthening the health literacy of the population. May 2013: Target control for health 2013-2016: Alignment with the health targets in Austria. June 2013: Start of the working group on the goal of jointly creating health-promoting working and living environments. October 2013: Start of the working group to ensure equal health opportunities for all people in Austria. October 2013: Publication of the working group reports on the goal of creating the best possible healthy growing-up for children and young people and the goal of strengthening the health literacy of the population. October 2013: Monitoring of the health goals in Austria – baseline for monitoring the indicators.

	December 2013: Government program 2013 – 2018: Austrian health targets anchored. March 2014: Health promotion strategy: supporting the implementation of health goals. Sep 2014: Start of the working group to promote healthy and safe exercise in everyday life. November 2014: Overall concept for accompanying monitoring of Austria's health targets. December 2014: Publication of the working group report on the goal of creating health-promoting living and working conditions. March 2015: Publication of the working group report on the goal of ensuring equal health opportunities for all people in Austria. December 2015: Publication of the working group report on the goal of promoting healthy and safe exercise in everyday life. January 2016: Start of the working group on promoting psychosocial health. January 2017: Start of the working group on the goal of securing air, water, soil and all habitats for future generations. April 2017: Health Goals Monitoring Report. May 2017: Ceremony 5 years of health goals in Austria. June 2017: Start of the working group on the health goal of making healthy nutrition accessible to everyone. October 2019: Start of the working group on the health goal Strengthen health through social cohesion. Healthcare reform 2017-2021: Health target control: renewed consideration of Austria's health targets.

Key: LGFF: nine provincial health promotion funds; NGO: non-governmental organisations; OePG: the Austrian Platform for Health Literacy; ÖGK: Austrian Health Insurance. .Fund; VM: preventive funds.

Table B3. Extracted data for Austria (Roadmap)

Austria	Strategy information
Author(s) **Title**	ROADMAP "Future Health Promotion": 10 packages of measures for a health-promoting future in Austria.[11]
Timeline	2023 – 2027
Overall aim(s) (measurement method(s) and target(s) where available)	The current roadmap aims to formulate and prioritise measures for better health and quality of life for all people living in Austria in the next 5 years.
Governance	On the part of the Federal Ministry for Social Affairs, Health, Care and Consumer Protection (BMSGPK), the bundles of measures for setting topics are already being used and introduced for current and planned important decision-making processes, such as when updating the health promotion strategy and as part of the negotiations on financial equalization. The centers of excellence Agenda for health promotion are now implementing bundles of measures focusing on health and social affairs, climate-friendly and exercise-friendly living and social spaces, growing up, psychosocial wellbeing, participation of the population, sustainable food system and health education and information about. The Healthy Austria Fund takes up the priorities in the work program from 2024 and supports them in its implementation and funding programs.
Scope and collaboration	The proposed package of measures should promote a stronger anchoring of health promotion in Austria and make the added value of health visible in the different sectors. In accordance with the process, they have a clearly intersectoral character and can only be realized through the cooperation of all central actors. A political coordination process with all possible sectors to formulate the roadmap is not planned as part of the participation process. Rather, this roadmap is the starting point for the formation of alliances for the implementation of selected bundles of measures. All actors are called upon to contribute to the implementation and to enter into implementation partnerships with the BMSGPK.
Themes and or priorities	10 bundles of measures for a future with a good quality of life, with many healthy years of life and equal opportunities for all people living in Austria, are recommended: ▪ Social society and ecological management: Promote socially and ecologically compatible business practices, taking equal opportunities into account ▪ Health and social affairs: Reorientation in health and social services as well as in nursing towards more health promotion and comprehensive prevention ▪ Climate resilient and movement-enhancing living and social spaces: Promote movement and respectful, solidary coexistence in climate-resilient and environmentally friendly living spaces ▪ Workplace: Promote integrated company health management and support small (or very small) companies in particular in ensuring a health-promoting working environment ▪ Psychosocial Wellbeing: Promote psychosocial health, the elimination of taboos on mental stress and respectful cooperation ▪ Grow up: Design educational and care rooms for children, young people and educators in a health-promoting manner ▪ Sustainable food system: Creating a healthy, fair and sustainable food system, especially in communal catering

	▪ Resources for health promotion: Increase financial and human resources, strengthen structures and knowledge about health promotion, improve cooperation ▪ Participation of population: Strengthen the participation and participation of the population as the key to better health ▪ Health literacy and info: Prepare health information in a target group specific and easily accessible manner and make it (digitally) accessible.
Implementation action(s), lead(s) and key performance indicator(s)	The recommended measures were assigned to three areas of intervention for the development of capacities in health promotion: Policy and networking, resources and implementation, and knowledge and skills. **Recommended actions:** <u>Social society and ecological management:</u> ▪ Policy and networking: o Communicate orientation towards alternative indicators for measuring the success of a company o Promote health-promoting regulation according to the standards of the common good (“Well-Being Society”) through subsidies and taxes o Implement entangled budgets (health in all policies). o Establish cooperation with supporters of a "well-being society" in civil society, business and politics o National Convention for a "Well-Being Society" o Promote tax and income justice (for example, wealth taxes) o Combat poverty, guarantee a secure livelihood for everyone o Secure affordable living space for everyone through legal framework conditions and avoid vacancies. ▪ Resources and implementation: o Expand supporting structures for care work (care and childcare) and promote other low-threshold municipal contact points o Establish model projects and model regions of a "Well-Being Society". ▪ Knowledge and skills: o Further develop indicators, measurement and control instruments for a "Well-Being Society". o Carry out health impact assessments for economic models on tax justice and more social equality. <u>Health and social care:</u> ▪ Policy and networking: o Adapt quality indicators in terms of health promotion. ▪ Resources and implementation: o Guarantee structures for the participation of citizens and patients via contact points o Closing gaps for everyone through more preventive health insurance benefits (especially dental health), access to psychosocial and other therapy offers and the implementation of prevention chains o Barrier-free access to health services, especially for people with cognitive disabilities and language barriers o Implementation, local coordination and consolidation of community nurses, early help, social prescribing and health promotion in primary care o Offer health promotion in a common basic training for all health professions (including doctors). o Promote cooperation between all health and social professions and create good working conditions and incentives for the professional groups

	o To this end, develop a binding basis for workplace health promotion in health and social facilities as well as good networking and intensification of existing cooperation o Addiction prevention, in particular with regard to legal addictive substances and non-smoker protection o Promote support programs for addicts. ▪ Knowledge and skills: o Collect data on healthcare workforce needs o Empower healthcare professionals to implement salutogenetic and communicative skills o Expand advice and support for those affected (for examples relatives and employers). <u>Climate resilient and movement-enhancing living and social spaces:</u> ▪ Policy and networking: o Intersectoral, legal anchoring of measures to adapt to climate change (including heat protection) and to protect the climate o Enforce speed limits for motor vehicles o Maintain basic infrastructure in rural areas and in local centers for encounters and social participation o Create federal competence for overarching spatial planning in order to push for an Austria wide spatial development concept for municipalities, also taking into account areas for exercise and recreation as well as consumption-free areas. ▪ Resources and implementation: o Invest in health-promoting, exercise-friendly, traffic-calming urban and spatial planning (for example, by reducing parking space). o Design newly developed spaces in a participatory manner o Offer inexpensive, barrier-free public transport (especially in rural areas). o Ensure accessibility in public space and for living o Create and expand consumption-free spaces and low-threshold offers close to home to remain mentally, physically and socially active o Protect and create exercise areas (for example green spaces, parks, cycle paths and footpaths) and sports areas and make existing infrastructure more accessible (for example offers for daily exercise) o Promote renaturation and sensitively develop building sites o Expand infrastructure for active mobility (for example, bicycle parking spaces) o Expand health-promoting, caring communities nationwide. ▪ Knowledge and skills: o Communicate knowledge about the positive effects of regular exercise (for example, exercise recommendations) and encourage active mobility, exercise and sport o Promote community through small-scale, identity creating structures and cultural and sporting offers o Develop a framework concept for caring, health promoting communities (“caring communities”), make the benefits visible and make methods (best practice toolbox) for their promotion better known and expand. <u>Workplace:</u> ▪ Policy and networking: o Clarify the tasks of all relevant stakeholders in workplace health management (WHM) and actors and establish interface management for WHM

	o The "top 10 topics in the company" and corresponding measures, for example, by means of health conferences o Better coordinate existing strategies. ▪ Resources and implementation: o Provide coordinated inputs on WHM topics as part of vocational training o Coordinate and implement measures of the WHM strategy intersectorally o Accompany WHM pilot projects with small and very small businesses. ▪ Knowledge and skills: o Enabling and promoting a common understanding through campaigns and information on WHM o Evidence and impact analyses for WHM regarding the expectations of employers in different o Settings as well as with regard to digital exchange formats and their effects o Expand regional WHP network initiatives and clusters (if they are positively evaluated) o Analyse motivators for WHM and create evidence for the benefits of WHM (self-evaluation tools, company key figures/return on investment). <u>Psychosocial Wellbeing:</u> ▪ Policy and networking: o Develop a national mental health action plan o Develop an overarching strategy to promote the mental health of children and young people o Structurally anchor community self-help and peer counselling. ▪ Resources and implementation: o Ensure easy and quick access to preventive care, advice and therapy for mental stress and illnesses, especially for people with cognitive impairments o Create therapeutic offers and advice for people whose mother tongue is not German o Maintaining and promoting psychosocial health at the workplace, in kindergartens and schools (healthy working conditions, sufficient specialist staff and capacities) o Introduce relief through everyday assistance for older people and supporting relatives or make them more accessible, as well as relief and support offers for people with care responsibilities o Support community initiatives financially and organizationally through the public sector. ▪ Knowledge and skills: o Strengthen health-promoting communication and personal development, among other things, at school (for all school partners). o Measures to raise awareness of psychosocial health (school, workplace, family) for example with information campaigns. <u>Grow up:</u> ▪ Policy and networking: o Revise or “clear out” educational framework plans for kindergartens and school curricula o Initiate a participatory process to revise the training curricula of pedagogical staff o Create nationwide, affordable and high-quality childcare (legal entitlement)

	o Create framework conditions for less time pressure and continuous learning in everyday school life in order to promote equal opportunities and enable greater integration of important focal points (such as health promotion). ▪ Resources and implementation: o Continue to promote and implement health-promoting structures in schools o Secure support systems for children with disabilities in schools and for the educators who accompany them o Offer professional support for educators (school development advice, personal development and health promotion) o Encourage good working conditions in schools and care facilities with supervision and sufficient preparation time o Improve care key o Roll out pilots “daily movement unit” for children in educational institutions o Carry out a publicity campaign for more men in elementary education jobs. ▪ Knowledge and skills: o Carry out health impact assessments, especially in the area of children and young people, before measures are implemented or rolled out o Roll out evaluated programs in educational institutions to strengthen psychosocial protective factors in children and young people o Introduce offers to strengthen health literacy in schools especially for socially disadvantaged groups. <u>Sustainable food system:</u> ▪ Policy and networking: o Adapt the legal framework to avoid food waste (especially in retail and mass catering) o Use food tax adjustments to promote sustainable and health promoting consumer behaviour o Offer healthy, regional, organic food that is affordable for everyone o Promote health-promoting community catering in companies, educational and care, social and nursing facilities o Encourage farmers and farm workers to work towards environmentally friendly, organic farming. ▪ Resources and implementation: o Ensure healthy nutrition, especially for children and young people, including free, organic and balanced meals in schools and kindergartens o Avoid obesity and the resulting stigmatization by providing healthy food and information for children, but also for older people o Communicate knowledge about sustainable, health-promoting, increasingly meat-free cuisine o Create the necessary infrastructure (dining room, kitchens, etc.) and knowledge for community catering in the settings o Ensure the necessary agricultural land and capacities for healthy food and climate friendly agriculture o Implement measures to ensure animal welfare and biodiversity and to reduce land use. ▪ Knowledge and skills: o Transparency and information on production chains, plant and animal nutrition and the effects on the climate and health (for example, food labelling) o Carry out a nationwide current status survey / evaluation of community catering. <u>Resources for health promotion:</u> ▪ Policy and networking: o Develop a nationwide strategy for quality and funding guidelines in health promotion o Promote stakeholder commitment to collaborative funding across multiple institutions and sectors

	o Long-term anchoring of financing mechanisms, for example via financial equalization and in the government programme. ▪ Resources and implementation: o Provide a budget for research in the field of health promotion o Provide long-term funding and sponsorship for community-based health promotion organizations to move from projects to programs. ▪ Knowledge and skills: o Create a chair for health promotion and public health o Promote young researchers o Present research results to the population in a fact-based and generally understandable way o Expand existing non-profit structures for raising funds for health promotion research at EU level. <u>Participation of population:</u> ▪ Policy and networking: o Promote political commitment to participation at federal and state level (establishment of appropriate structure) o Develop a participation strategy (step-by-step plan), accompanied by a committee with interest groups. ▪ Resources and implementation: o Set up a central overview of participation opportunities and experiences (online portals to map the needs and moods of the citizens) o Create a hub/contact point for stakeholders and those interested in participation issues (structure with perspective: public, easily accessible, informative, top down/bottom up) o Conduct nationwide citizens' councils to set topics in the entire policy cycle, including for people in healthcare professions and on socially relevant issues (such as, "How do we get to a well-being society?") o Introduce patient councils in the healthcare system ▪ Knowledge and skills: o Promote participatory research and sensitization of researchers to new, needs-based issues (accompanying and methodological research, (pilot) projects, research funding). o Offer inclusive information and education on participation formats and training for citizens o Offer peer training for multipliers to ensure accessibility via settings (for example, school) and expand communication channels. <u>Health literacy and info:</u> ▪ Policy and networking: o Dissemination of health information in places where people are (post office, bank, inn) o Disseminate health information through all media and especially integrate it into public broadcasting. ▪ Resources and implementation: o Provide easily accessible information on counselling and placement services o Carry out a target group-specific information campaign on health-promoting measures and risks that are hazardous to health o Develop clear platforms for offers o Anchor health promotion in schools o Strengthen social media presence on health promotion topics o Use networking via social media to exchange useful information (for example, family caregivers).

	▪ Knowledge and skills: o Promote media literacy and in dealing with social media, information abundance and train fake news o Prepare comprehensible, scientifically based health information for specific target groups and taking into account gender-specific differences o Strengthen health literacy o Offer health information and prevention in general and specifically on the subject of "addiction" (for example, on smoking).
Supporting economic analysis	None identified.
Any additional information	None identified.
Strategy development	
Stakeholder(s) and or consultation method(s)	Together with the Competence Center Future Health Promotion (Fonds Gesundes Österreich, a division of Gesundheit Österreich), the Federal Ministry for Social Affairs, Health, Care and Consumer Protection organized a broad participation process as part of the health promotion agenda. Citizens, experts and decision makers were invited to contribute their perspectives and recommendations for a health-promoting future in Austria. Based on the findings of all groups involved, an editorial team developed this recommendation paper with 10 bundles of measures for more quality of life and longer healthy life years for all people in Austria. Experts and decision-makers from different areas were involved in the editorial process. The paper could be publicly commented on online before it was adopted. **How and when could you participate?** ▪ Survey on the occasion of 10 years of health goals Austria July 2021: Population survey and supplemental focus groups on everyday health, during the Covid-19 pandemic and personal health resources ▪ Foresight process 2021: Experts and stakeholders worked together to develop visionary goals for the further development and sustainable anchoring of health promotion by 2050 in different areas of society ▪ Online expert consultation May to June 2022: On the digital participation platform, experts recommended starting points and concrete measures for various areas of society, building on previous processes and existing strategies ▪ Online citizen dialogue July to September 2022: Interested citizens contributed their experience of needs so that health-promoting measures start where they are needed most ▪ Four focus groups and one discussion round August to September 2022: Population groups that were less able to participate in the other participation formats, such as people affected by poverty, young people, people with a migration background, senior citizens and people with health restrictions and their caring relatives who are involved in self-help groups, actively participated in rounds of discussions ▪ Three citizen councils September to October 2022: Randomly selected citizens from all over Austria spent 1 ½ days in Salzburg, Graz and Vienna intensively discussing the future of health promotion and each developed five core messages with concrete proposals for measures ▪ Event: Future Health Promotion Forum October 2022: The results of all groups involved were presented at a hybrid event in Vienna and discussed against the background of existing national and international strategies and developments in order to develop needs-based and effective bundles of measures. **Who participated?**

	A total of around 500 people were actively involved in the 2021 and 2022 strategy process: around 300 of them experts and around 180 citizens. More than 2,000 people also took part in an online survey and focus group discussions between summer and autumn 2021. ▪ 150 experts (personally in the foresight process) ▪ 2,102 Citizens (Survey on 10-year health goals) ▪ 49 Focus group participants (personal) (6 young people, 11 seniors, 2 people at risk of poverty, 14 people with a migration background (Arabic and Turkish-speaking women and Turkish-speaking men), 17 members of self-help groups ▪ 43 Citizens' Councils (personal) ▪ 86 Citizens (online on participation platform) ▪ 176 experts (online on participation platform) ▪ 88 Citizens and 153 Experts and stakeholders (personally/online, Future Health Promotion Forum) **How were people invited to participate?** In the strategic future process 2021, three events (launch, scenario and vision forum) took place, at which experts and stakeholders from a wide variety of areas, such as politics, research, practice of health promotion, civil society, self-help, business and education, presented their perspectives contributed and jointly developed a vision of "Health Promotion 2050". Around 6,000 people from all over Austria, randomly selected from the central population register, were invited in 2022 in the participatory strategy process to apply to participate in a citizens' council. Participants of different ages, genders, educational levels and regional origins were drawn from those who were interested and invited to one of the three citizens' councils in Salzburg, Vienna and Graz. Five focus groups were organized together with cooperation partners. Their implementation was supported by the Caritas social and family counselling center in Vienna, the mobile youth work tandem, the board of trustees of the Viennese pensioners' residential buildings - Haus Prater, the umbrella organization of the self-help groups in Upper Austria and health centers. To participate online, on the occasion of the 10th anniversary of the health goals, and on the participation platform, invitations were sent nationwide via digital and analogue channels. Experts who are active within the framework of the Austrian Health Goals, representatives of relevant strategies and political decision-makers were personally invited to participate in the strategy process (2021 - 2022). They got involved in the events and on the digital participation platform. **Representatives of following strategies were involved in the process:** ▪ Health goals Austria ▪ Health Promotion Strategy ▪ National strategy "Health in the workplace" ▪ Child and Adolescent Health Strategy ▪ Austrian youth strategy ▪ Dementia strategy ▪ National Action Plan for Women's Health ▪ National Disability Action Plan ▪ National Action Plan for Nutrition ▪ National Action Plan for Physical Activity ▪ Sustainable Development Goals ▪ Climate protection strategies currently being developed (co-benefits).

	Processing of results in the strategy process "Future Health Promotion": The proposals from all participation formats were prepared for the "Future Health Promotion Forum" after analysing the content of the online consultations. At the event, they were evaluated for their effectiveness in thematic workshops based on the following criteria: ▪ The proposed measures meet a special need and are accepted by the population and stakeholders ▪ The proposed measures are resource efficient and are highly visible ▪ The proposed measures can build on existing capacities or contribute to the innovative further development of concepts ▪ The proposed measures are also relevant for other sectors and there is a high level of commitment from decision-makers and stakeholders ▪ The proposed measures are of high quality and correspond to the basic principles of health promotion. On the basis of this, central objectives for the next steps towards more firmly anchoring health promotion were worked out in the workshops. These focal points (“levers”) and the recommended measures that are important and effective for their implementation were used in this recommended bundle of measures for a health-promoting future in Austria. The package of measures takes up the reorientation of society suggested by the WHO in the "Geneva Charter for Wellbeing" in the sense of a fair distribution of wealth, health and well-being, which takes into account the limits of the (natural) resources of the environment. Particularly noteworthy here are the principles that guide the entire process health equity and the goal of empowerment. The website agenda.gesundheitsfoerderung.at provides information about current participation opportunities. At the end of 2023, Citizens in the Ministry of Health are invited to a presentation of the implemented measures.

Key: BMSGPK: Federal Ministry for Social Affairs, Health, Care and Consumer Protection; WHM: workplace health management.

Table B4. Extracted data for Canada (Public Health Agency of Canada).

Canada	Strategy information
Author(s) **Title**	Public Health Agency of Canada (PHAC) 2022-23 Departmental Plan[14]
Timeline	2022 - 2023
Overall aim(s) (measurement method(s) and target(s) where available)	No specific aim outlined. PHAC continues to support the Government of Canada's commitment to keep Canadians safe and healthy in 2022-23. PHAC will continue work to ensure that health inequities, including those exacerbated by the COVID-19 pandemic, are understood and addressed in inclusive and culturally appropriate ways with Indigenous Peoples, racialized Black Canadians and other equity-deserving communities, and with vulnerable and marginalized populations in Canada.
Governance	Government of Canada.
Scope and collaboration	None identified.
Themes and or priorities	4 core responsibilities: 1. **Health Promotion and Chronic Disease Prevention**: Promote the health and well-being of Canadians of all ages by conducting surveillance and public health research and supporting community-based projects which address the root causes of health inequities and the common risk and protective factors that are important to promoting better health and preventing chronic disease. 2. **Infectious Disease Prevention and Control**: Protect Canadians from infectious diseases by predicting, detecting, assessing, and responding to outbreaks and new threats; and, contribute to the prevention, control, and reduction of the spread of infectious disease among Canadians. 3. **Health Security**: Prepare for and respond to public health events and emergencies (for example, floods, forest fires, and outbreaks such as COVID-19); address health and safety risks associated with the use of pathogens and toxins; and, address travel-related public health risks. 4. **Internal Services**: Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services: ▪ management and oversight services ▪ communications services ▪ legal services ▪ human resources management services ▪ financial management services ▪ information management services ▪ information technology services ▪ real property management services ▪ materiel management services ▪ acquisition management services.

Implementation action(s), lead(s) and key performance indicator(s)	**1. Health Promotion and Chronic Disease Prevention**: **Description:** Under this core responsibility, PHAC will focus on advancing the following Departmental Results: A) Canadians have improved physical and mental health B) Canadians have improved health behaviours C) Chronic diseases are prevented. **Desired outcomes**: *A) Canadians have improved physical and mental health* ▪ Contributing to the response to Post COVID-19 Condition as a public health issue in Canada by leading evidence synthesis work and engaging with different stakeholders at the Federal level ▪ Contributing to government-wide initiatives that seek to promote health equity and address the social and structural determinants of health, including a Federal LGBTQ2+ Action Plan, Health in All Policies approaches, Quality of Life indicators, and Canada's Anti-Racism Strategy ▪ Strengthening the Health Inequalities Data Tool in collaboration with the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute for Health Information to inform decision-making with the aim of reducing health inequalities and addressing the social determinants of health ▪ Producing equity analyses and policy research ▪ Supporting international, national, and community-based organisations through funding programs aimed at promoting health equity ▪ Enhancing capacity of individuals, service providers, and organisations to promote mental health and prevent mental illness ▪ Enhancing support for community-based organisations to deliver and test programming to prevent and address family and gender-based violence—in response to emerging data and reports that show that risk factors for family and gender-based violence have intensified since the outbreak of COVID-19 ▪ Working with key partners to advance suicide prevention efforts. This includes enhancing and analysing available data on suicide ideation, self-harm hospitalisations, and deaths by suicide in order to understand trends, risks, and protective factors ▪ Improving understanding of post-traumatic stress disorder (PTSD), promoting evidence-based practices for its prevention and treatment, increasing awareness, and addressing stigma by collaborating on the implementation of the Federal Framework on PTSD: Recognition, Collaboration and Support ▪ As mandated by the Federal Framework on PTSD Act, complete a review of the effectiveness of the Framework in a report to Parliament no later than February 2025 ▪ Launch Phase 2 of the Mental Health Promotion Innovation Fund program ▪ Support more culturally focused knowledge, capacity, and programs that address mental health and its determinants for Black Canadians, including a focus on youth ▪ Invest in community-based projects and innovative program models through the Autism Spectrum Disorder Strategic Fund to increase knowledge, help reduce stigma, develop resources, and build lifelong skills among people with autism, their families, caregivers, and communities ▪ Accelerate the development of a National Autism Strategy, in collaboration with provinces, territories, families, and stakeholders, that will consider a wide range of views and evidence-based information ▪ Leading and coordinating efforts across the federal government to support the United Nations Decade of Healthy Ageing (2021-2031), including efforts that facilitate supportive communities and responsive care for older adults

- Monitor progress and performance of the New Brunswick Healthy Seniors Pilot Project
- Work with provincial partners and academic researchers under the Enhanced Dementia Surveillance Program to implement new approaches addressing key data gaps and improving the understanding of dementia to support policy and program development and health services planning
- Contribute to the implementation of Canada's National Dementia Strategy by funding projects through the Dementia Strategic Fund: Dementia Guidelines and Best Practices Initiative and The Dementia Community Investment.

Departmental result indicator	**Target**	**Date to achieve target**	**2018-19 actual result**	**2019-20 actual result**	**2020-21 actual result**
% of low-income children in very good or excellent health	At least 80%	March 31, 2025	84.1% (Canadian Health Survey on Children and Youth) (CHSCY) 2019)	84.1% (CHSCY 2019)	Not available
% of populations who have high psychological wellbeing	At least 75%	March 31, 2025	75% (CCHS 2015)	75% (CCHS 2019)	75% (CCHS 2019)

B) Canadians have improved health behaviours:

Prevent substance-related harms:

- Apply a public health lens to address substance-related harms through the promotion of equity, trauma and violence reduction, and diversity-informed approaches
- Build capacity within communities to address risk and protective factors
- Improve the understanding of substance use and support the prevention of substance-related harms in Canada through engagement and collaboration across sectors, including key populations such as healthcare professionals and youth, knowledge mobilisation strategies, and public education initiatives
- Fund projects that support tobacco cessation and prevention – with a particular emphasis on priority populations that have significantly higher prevalence rates of tobacco use – through the Healthy Canadians and Communities Fund.

Helping create the positive conditions for the development and lifelong adoption of healthy behaviours:

- Promote the health and social development of vulnerable children and families through the Community Action Program for Children
- Promote healthy pregnancies for vulnerable pregnant persons through the Canada Prenatal Nutrition Program
- Support Canada's Indigenous Early Learning and Child Care Framework, which adopts a distinctions-based approach to strengthening high-quality, culturally appropriate child care for Indigenous children guided by Indigenous priorities
- Aim to improve the healthy development of children (birth to 6 years) living in official language minority communities through the Healthy Early Years Program
- Promote the health and wellbeing of school-aged youth (13 to 19 years) through the new School Health Grant for Youth program.

Conduct primary research and syntheses of existing evidence in order to identify best practices to support community improvements:

- Fund surveillance projects that explore the use of new technologies, tools, and approaches to collect, use, and disseminate data related to the built environment as it relates to health behaviours, such as active transportation and access to and use of parks and recreational facilities

- support interventions that address the behavioural risk factors for chronic diseases and create physical and social environments that are known to support better health among Canadians.

Departmental result indicator	Target	Date to achieve target	2018-19 actual result	2019-20 actual result	2020-21 actual result
% increase in average minutes/day of physical activity among adults	At least 20% (30 minutes a day)	March 31, 2025	-4%*24 minutes a day (CHMS 2014-15)	+4%*26 minutes a day (CHMS 2016-17) (Baseline: 25 minutes a day, CHMS 2012-13)	+10% (27.4 minutes a day)), (CHMS 2018-19)
% increase in average minutes/day of physical activity among children/youth	At least 10% (64 minutes a day)	March 31, 2025	+9%*63 minutes a day (CHMS 2016-17)	+9% 63 minutes a day (CHMS 2016-17) (Baseline: 58 minutes a day, CHMS 2012-13)	+2% (59.2 minutes a day), (CHMS 2018-19)

C) Chronic diseases are prevented

- Supporting healthy living and chronic disease prevention in priority populations through the Healthy Canadians and Communities Fund

Sex and Gender-based Analysis Plus:

- Prioritise gender equality, diversity, inclusiveness, and commitments to health equity through the application of Sex and Gender-based Analysis Plus (SGBA Plus), a Government of Canada priority
- SGBA Plus capacity will be enhanced by delivering tailored SGBA Plus training and presentations, launching tools for the public health context, and implementing awareness campaigns and communications
- Strengthen governance and accountability by advancing work to support the implementation of the updated Health Portfolio SGBA Plus Policy (2022) that outlines responsibilities for all employees to apply SGBA Plus in their work
- Investment in Supporting the Mental Health of those Most Affected by the COVID-19 Pandemic will fund projects reaching disproportionately affected populations. Projects will collect and analyse data disaggregated by factors including age, sex, gender, sexual orientation and gender identity, income, and geographic location to understand the effectiveness of interventions on diverse populations
- Reporting to PHAC on the initial results of Dementia Strategic Fund projects is expected to begin in 2022-23
- Community Action Program for Children, Canada Prenatal Nutrition Program, and Healthy Early Year, will continue to support mothers and children while also prioritizing support for the entire family unit. This includes diverse and non-traditional families with the intention of effectively supporting positive health behaviours and outcomes for all
- Consider ways to better support funded recipients in their work with gender-diverse families
- The Healthy Canadians and Communities Fund will continue to initiate and provide training on integrating gender, diversity, and inclusion considerations within SGBA Plus to existing funding recipients.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals:

- PHAC Healthy Canadians and Communities Fund contributes to the achievement of Sustainable Development Goal (SDG) 3: "Good Health and Well-Being" by supporting projects that improve health behaviours (for example, physical activity, healthy eating, and decreased tobacco use)
- Through initiatives under Health Promotion and Chronic Disease Prevention, PHAC contributes towards SDG 10: "Reduced Inequalities" by supporting projects that improve health behaviours among priority populations who face health inequalities and are at greater risk of developing chronic diseases.

Experimentation:

- PHAC's Mental Health Promotion Innovation Fund will continue to support experimentation in the form of testing and delivering evidence-based population health interventions in the area of mental health promotion across multiple levels and populations for children/youth/young adults and adults in caregiving roles
- PHAC's family and gender-based violence prevention programming will continue to support projects using experimental, quasi-experimental, and exploratory design to assess the effectiveness of violence prevention programs
- Conduct a scan of the application of alternative/innovative data sources to help facilitate and enhance their continued use for varying chronic diseases and conditions
- Continue to model opioid-related deaths to anticipate the future trajectory of the overdose crisis.

Departmental result indicator	Target	Date to achieve target	2018-19 actual result	2019-20 actual result	2020-21 actual result
% increase in years lived in good health by seniors	At least 4% (health adjusted life expectancy at age 65 = 17.0 years)	March 31, 2025	1%*16.6 years (CCDSS 2012-13 to 2014-15)	1% 15 years (Statistics Canada, 2010-2012 to 2015-2017)	1% 15 years (Statistics Canada, 2010-2012 to 2015-2017)
Rate of new diabetes cases among Canadians	At most 6.2 cases per 1,000 age 1 and older	March 31, 2025	6.1 cases per 1,000 age 1 and older (CCDSS 2014- 15)	6.2 cases per 1,000 age 1 and older* (CCDSS 2016-17)	6.0 per 1000 age 1 and older (CCDSS 2017- 18)
% of adults who are obese	At most 28%	March 31, 2025	27% (CHMS 2016-17)	24% (CHMS 2018-19)	24.4% (CHMS 2018-2019)
% of children and youth who are obese	At most 13%	March 31, 2025	11% (CHMS 2016- 17)	10% (CHMS 2018-19)	10% (CHMS 2018- 19)

Implementing institutions: See 'desired outcomes'
Target group and strategic target group: All population with a particular focus on vulnerable populations outlines under 'desired outcomes'

Funding considerations:
Planned budgetary spending for Health Promotion and Chronic Disease Prevention

2022-23 budgetary spending (as indicated in Main Estimates)	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
% of low-income children in very good or excellent health	At least 80%	March 31, 2025	84.1% (CHSCY 2019)
% of populations who have high psychological wellbeing	At least 75%	March 31, 2025	75% (CCHS 2015)

Start and duration of measure: 2022 - 2023

2. Infectious Disease Prevention and Control:
Description:
Under this core responsibility, PHAC will focus on advancing the following Departmental Results:
A) Infectious diseases are prevented and controlled
B) Infectious disease outbreaks and threats are prepared for and responded to effectively.

Desired outcomes:
A) Infectious diseases are prevented and controlled
- Support COVID-19 vaccination response priorities
- Secure a supply of high-dose influenza vaccine for use by provinces and territories to protect long-term care residents for the 2022-23 influenza season
- Enhance population health management through VaccineConnect
- Provide expert immunisation guidance from the National Advisory Committee on Immunization to support provinces and territories' decision-making
- Monitor the clinical and epidemiological features of COVID-19
- Enhance hospital-based surveillance on patients identified with COVID-19 and improve data collection on healthcare workers
- Monitor and integrate available public health measures evidence and support knowledge creation in order to fill gaps in evidence, technical guidance, and advice to the public during the COVID-19 response
- Incorporate lessons learned into future pandemic preparedness and response guidance for inter-pandemic and epidemic periods
- Address data gaps on priority populations through improved integration of epidemiological, immunisation, and laboratory data into state-of-the-art systems to collect and analyse vaccination data (coverage, safety, and effectiveness) for COVID-19 and other emerging diseases, and on the impact on accessing healthcare services
- Support the management of individuals infected with or who may have been infected with the SARS-CoV-2 virus through the continued development of guidance and evidence-based public health practices
- Continue work to prevent outbreaks and resurgence of vaccine-preventable diseases at the national, regional, and local levels via updated Healthcare Provider training, education, and other information resources to support vaccine confidence in Canada
- Begin the renewal process for the National Immunization Strategy
- Contribute to the implementation of Canada's Biomanufacturing and Life Sciences Strategy through the provision of public health expertise to maximize Canada's future pandemic and endemic preparedness capacity
- Continue to monitor and provide policy guidance as needed on the implementation of the Vaccine Injury Support Program

- Work with partners to reduce the emergence and spread of antimicrobial resistance through increased monitoring and analysis of trends and successful interventions.

COVID-19 Vaccine Rollout:

- Work with federal colleagues, provinces and territories, municipalities, Indigenous communities, organizations, and other partners to continue the rollout of COVID-19 vaccines
- Support the procurement of COVID-19 vaccines and therapeutics for all Canadians in collaboration with Public Service Procurement Canada and Innovation, Science and Economic Development Canada
- Facilitate the safe, timely, and equitable allocation and distribution of vaccines and ancillary supplies to provinces, territories, and federal populations through supply chain strengthening and ongoing development of VaccineConnect
- Continue to work with Global Affairs and Gavi, the vaccine alliance to meet Canada's donation commitments to support global vaccine equity
- Support the launch of the COVID-19 Proof of Vaccination Fund
- Expand the Canadian National Vaccine Safety Network to enhance surveillance on COVID-19 vaccine adverse events
- Advance studies on vaccine safety and effectiveness by supporting the COVID-19 Immunity Task Force to inform ongoing public health practices and guide immunization plans and monitoring
- Support administration of the Immunization Partnership Fund
- Detect, prioritize, and assess all reported adverse events following immunisation against COVID-19 and identify safety signals for potential regulatory or public health action
- Continue to monitor COVID-19 vaccine coverage in Canada and the factors that influence uptake of vaccines
- Build understanding, confidence, and trust in the safety and effectiveness of COVID-19 and other routine vaccines.

Departmental result indicator	**Target**	**Date to achieve target**	**2018-19 actual result**	**2019-20 actual result**	**2020-21 actual result**
% of 2 year old children who have received all recommended vaccinations	At least 95%	Dec 31, 2025	Data not collected	68%	Data is collected bi-annually
Proportion of national vaccination coverage goals met for children by 2 years of age	Exactly 7	Dec 31, 2025	Data not collected	1/12 (2017)	Data is collected bi-annually
Rate per 100,000 of new diagnosed cases of Human Immunodeficiency (HIV)	0.6 Cases per 100,000 population	Dec 31, 2025	6.9 Cases per 100,000 (2018)	5.6 cases per 100,000 (2019)	4.3 cases per 100,000 (2020)
Rate of a key antimicrobial resistant infection identified among people in hospitals	At most 0.7 cases per 1,000 patient admissions	June 30, 2025	0.77 Cases per 1,000 admissions (2018)	0.84 Cases per 1,000 admissions (2019)	0.83 Cases per 1,000 admissions (2020)

B) Infectious disease outbreaks and threats are prepared for and responded to effectively

	▪ Work to strengthen Canada's health data foundations through the co-development and implantation of a federal, provincial, territorial pan-Canadian Health Data Strategy, in collaboration with health Canada and other government departments ▪ Launch a request for proposals that represents a significant opportunity to analyse anonymized point-of-care data on medical services across Canada ▪ Maintaining the timely detection of and response to foodborne illness outbreaks based on laboratory testing, data, and analysis ▪ Engage federal, provincial, and territorial partners on the implementation of the Pan-Canadian sexually transmitted and blood borne infections (STBBI) Framework for Action, reinforce surveillance efforts, and support interventions to prevent and control STBBI ▪ Support community investments and culturally-responsive interventions through PHAC's HIV and Hepatitis C Community Action Fund and Harm Reduction Fund by continuing to engage Indigenous partners, community-based organizations, and people with lived and living experience ▪ Support the work of the Canadian Thoracic Society to complete the publication of the 8th edition of the Canadian Tuberculosis Standards ▪ Support the development of Canada's first National Adaptation Strategy on climate change ▪ Continue to implement the Infectious Disease and Climate Change Program ▪ Build on investments made and support new activities as part of the Infectious Disease and Climate Change program ▪ Continue to support the Métis Nation to address the health impacts of climate change ▪ Table a final report to Parliament on the effectiveness of the implementation of Lyme Disease in Canada: A Federal Framework ▪ Increase genomics capacity in Canada through the deployment of Genomics Liaison Technical Officers to provincial and territorial public health laboratories ▪ Build national capacity to address future outbreaks and pandemics through participation in the Canadian COVID-19 Genomics Network ▪ Support surveillance and monitoring of infectious diseases, risk assessments, modelling, and laboratory diagnostics as well as health professional education and public awareness activities through effective knowledge translation efforts ▪ Procure testing supplies on behalf of the Government of Canada and make diagnostic testing readily available to northern, remote, and isolated communities ▪ Inform public health and optimize COVID-19 response efforts through the wastewater surveillance system that samples and analyses SARS-CoV-2 in cities across Canada, in collaboration with other government departments, provinces, territories, and academia ▪ Via the Safe Voluntary Isolation Sites Program, PHAC will continue to support cities, municipalities, and health regions across Canada to provide safe isolation accommodation to people who lack the space and means to safely isolate in their usual place of residence. <u>Sex and Gender-based Analysis Plus</u>: ▪ Continue to closely monitor areas for which vaccination rates are suboptimal and work with jurisdictions to address challenges, leverage support from community partners, and continue to think innovatively about closing equity gaps ▪ The development of public health measures guidance and advice for the public is informed by SGBA Plus analysis. Equity is a key principle guiding the development and implementation of the pan-Canadian Health Data Strategy, which will respect the rights and promote the inclusion of all peoples and communities, particularly for Indigenous peoples, racialized minorities, and marginalized populations ▪ Working with Statistics Canada and other data providers to provide disaggregated data wherever possible, implementing the SGBA Plus data standards set by the Treasury Board ▪ Pursuing new approaches to working with First Nations, Inuit, and Métis People, territories, children and youth, and rural, remote, and northern communities to help to mitigate unequal geographic impacts and support more equitable access to resources ▪ Applying a SGBA Plus lens to antimicrobial resistance.

United Nations' (UN) 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals:

- PHAC's procurement of safe and effective therapeutics for the treatment of COVID-19 and COVID-19 vaccine rollout plans contribute to SDG 3: "Good Health and Well-Being", SDG 10: "Reduced Inequalities", SDG 5: "Gender Equality", and SDG 8: "Decent Work and Economic Growth"
- The Infectious Disease and Climate Change Program delivers on Government of Canada commitments in the Pan-Canadian Framework on Clean Growth and Climate Change by increasing capacity of public health professionals to respond to the rising demands posed by climate-driven infectious diseases. This includes providing them with the information they need to advise their patients and clients and enabling Canadians to have access to timely and accurate information and tools to better understand their risks and take measures to prevent infection
- Actions taken by the Public Health Agency of Canada to address antimicrobial resistance support Canada's efforts to implement the 2030 Agenda through contributing to the Sustainable Development Goals listed as well as strengthening the means of implementation and revitalizing global partnership for sustainable development (Goal 17).

Experimentation:

- Building on initial success of experimentation activities to better understand the virus that causes COVID-19, the National Microbiology Laboratory Branch (NMLB) will transition its focus to activities related to post-peak maintenance, vigilance, and protection
- NMLB will undertake continued experimentation in the following areas - using wastewater surveillance to monitor viral pathogens - advancing the use of genome sequencing for the virus that causes COVID-19 to inform public health action
- A Behavioural Science Office has been established to understand the main drivers and barriers to health-related behaviours and provide behaviour change advice to program areas across the Agency
- A dedicated Centre for Corporate Surveillance Coordination is now in place to coordinate surveillance activities across the Agency and facilitate horizontal awareness and oversight across Branches involved in surveillance.

Departmental result indicator	Target	Date to achieve target	2018-19 actual result	2019-20 actual result	2020-21 actual result
% of foodborne illness outbreaks responded to within 24 hours of notification	At least 90%	March 31, 2022	91%	98%	93%
% of new pathogens of international concern that Canada has the capacity to accurately test for	At least 90%	March 31, 2022	100% (2018)	100% (2019)	100% (2020)

Implementing institutions: See 'desired outcomes'.
Target group and strategic target group: All population with a particular focus on vulnerable populations outlined under 'desired outcomes'.

Funding considerations:
Planned budgetary spending for Infectious Disease Prevention and Control

2022-23 budgetary spending (as indicated in Main Estimates)	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
7,439,195,456	7,439,195,456	1,817,697,218	345,874,518

Start and duration of measure: 2022 - 2023

3. Health Security:
Description:
Under this core responsibility, PHAC will focus on advancing the following Departmental Results:
A) Public health events and emergencies are prepared for and responded to effectively
B) Public health risks associated with the use of pathogens and toxins are reduced
C) Public health risks associated with travel are reduced.

Desired outcomes:
A) Public health events and emergencies are prepared for and responded to effectively
Strengthen PHAC's surge support role:
- Maintain and strengthen the capabilities of the National Emergency Strategic Stockpile (NESS) to continue responding to the COVID-19 pandemic and prepare for and respond to other public health emergencies or events by:
  - maintaining a robust supply of critical medical assets
  - providing provinces and territories with medical assets in response to requests for assistance
  - making targeted investments in critical medical assets to diversify stockpile holdings
  - advancing efforts to modernize the NESS warehouse facilities and systems
  - developing a comprehensive management plan for the NESS by building on lessons learned and as identified by the Auditor General in their report on Pandemic Preparedness, Surveillance, and Border Control Measures.
- To build health human resource capacity—both within the Agency and the broader Canadian public health workforce— PHAC will augment the number of field epidemiologists in the Canadian Field Epidemiology Program available to respond to jurisdictional requests for assistance.

Strengthen enhanced emergency management operations for a sustained COVID-19 response:
- Continue to coordinate the Health Portfolio's response to the resurgence of COVID-19
- Increase emergency response capacity, provide emergency management governance support and operational communications, and modernize public health emergency management
- Advance updates to key Health Portfolio Emergency Management Plans and test plans as appropriate to increase preparedness for future events
- Continue to invest in emergency management operations and in the development of sustainable support structures to enable a scalable, timely, and coordinated response.
-

Improve public health intelligence capacity:
- Improve the Global Public Health Intelligence Network (GPHIN), taking action to address the GPHIN Independent Review and the Auditor General's Report on Pandemic Preparedness, Surveillance, and Border Control Measures

- Strengthen early detection and warning of potential public health threats by improving existing systems and developing new ones, linking GPHIN to PHAC's broader surveillance activities, and training and recruiting the GPHIN staff
- Improve detection capacity for other public health threats, such as antimicrobial resistance, with an emphasis on high priority pathogens
- Ensure that the Agency's public health intelligence is provided to those who need it, in the formats and timeframe in which they need it, to support public health action to improve the health of Canadians through the development of the Surveillance Knowledge Translation Standard
- Develop a Human Resources Strategy for the Agency's surveillance community, outlining retention and recruitment of surveillance expertise and addressing workforce capacity issues.

Provide onsite expert advice and support to public health partners to combat disease outbreaks and emergencies:
- Continue to operate field service and training programs aimed at providing on-the-ground support to public health partners across Canada to prepare for and combat disease outbreaks and emergencies
- Extending public health officers (epidemiologists and nurses) in provinces and territories working on joint COVID-19 response efforts
- Extending public health officers addressing joint federal, provincial, and territorial responses to the overdose crisis
- The development and delivery of applied public health training and field readiness training to public health officers, fellows of the Canadian Field Epidemiology Program, and federal, provincial, and territorial partners.

Departmental result indicator	Target	Date to achieve target	2018-19 actual result	2019-20 actual result	2020-21 actual result
Canada's readiness to respond to public health events and emergencies as assessed independently by the WHO	4 (rating out of 5)	June 31, 2023	4.5	4.5	4.5
% of provincial and territorial requests for assistance responded to within negotiated timelines	Exactly 100%	March 31, 2022	100%	100%	100%

B) Public health risks associated with the use of pathogens and toxins are reduced

Advance global health priorities in biosafety and biosecurity to protect Canadians from pathogen and toxin related risks emerging outside Canada:
- Continuing to deliver on the WHO Collaborating Centre Action Plan and support safe and secure knowledge growth globally through the sharing of technical expertise and best practices
- Continuing to serve as the secretariat to the International Experts Group of Biosafety and Biosecurity Regulators and co-chair of the steering committee
- Continuing to support global efforts to effectively contain poliovirus
- Participating on the WHO Scientific Advisory Group for the Origins of Novel Pathogens.

Modernise regulatory oversight:
- Strengthening and modernising regulatory oversight of Canadian laboratories

- Supporting a strong, safe, and secure domestic supply chain for the development of vaccines and other medical countermeasures to respond to future pandemics and threats.

Promote compliance and increase openness and transparency:
- Continue to promote compliance by remaining engaged, transparent, and accountable, and by providing current and comprehensive resources and tools - Publishing the third edition of the Canadian Biosafety Standard
- Developing and disseminating scientific, technical, and regulatory information and guidance to support safe use and secure containment of human and terrestrial animal pathogens and toxins
- Publishing high-level summaries of inspections of regulated parties as part of Canada's commitment outlined in open government policies.

Departmental result indicator	Target	Date to achieve target	2018-19 actual result	2019-20 actual result	2020-21 actual result
% of compliance issues in Canadian laboratories successfully responded to within established timelines	At least 85%	March 31, 2022	88%	98%	100%

C) Public health risks associated with travel are reduced

Identify and mitigate public health risks related to travel:
- Maintaining its border presence
- Managing border-related requirements that respond to the evolving epidemiological situation
- Continuing to administer and enforce the Quarantine Act
- Continuing to train a skilled and agile cadre of designated officers
- Processing compassionate exemption applications
- Engaging key federal, provincial, and territorial partners to investigate and detect fraudulent traveller documentation through increased monitoring and scrutiny
- Providing support to prosecutors and law enforcement related to contested contraventions tickets
- Continue to use lessons learned for future pandemic or other communicable disease events
- Improve Canadians' knowledge about travel-related public health risks.

Manage travel-related public health risks on passenger conveyances and ancillary services:
- Conduct potable water, food, and sanitation inspections of public conveyances and their ancillary services, focusing efforts on areas of greatest risk to public health
- Modernise the Travelling Public Program to better utilize regional resources to respond to COVID-19 and environmental transmission of communicable diseases.

Sex and Gender-based Analysis Plus:
- SGBA Plus considerations continue to be examined and incorporated into PHAC's work to advance health security in Canada
- Offering epidemiologists and data analysts training on a range of the cultural competence factors needed to work with sexual and gender minorities

- Continue to use SGBA Plus analysis for its border and travel health programs.

United Nations' 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals:

- Relative to SDG 3: "Good Health and Well-Being", PHAC works with other government departments to respond to public health events and emergencies to protect the health and safety of Canadians
- Providing other countries with technical expertise and tools to enhance their national biosafety and biosecurity oversight frameworks and help them meet commitments under the International Health Regulations
- Advance SDG 6:"Clean Water and Sanitation"
- the NESS continues to operationalize a lifecycle management approach to optimize asset use to reduce waste and maximize recycling where possible.

Experimentation:

- Continue to explore new collaborations and approaches to identify, assess, and examine options to address public health and supply chain challenges, vulnerabilities, and risks and to optimize life cycle materiel management as part of its NESS program.

Departmental result indicator	Target	Date to achieve target	2018-19 actual result	2019-20 actual result	2020-21 actual result
Canada's capacity for effective public health response at designated points of entry into Canada	4 (rating out of 5)	March 31, 2023	5	5	5
% of inspected passenger transportation operators that meet public health requirements	95%	March 31, 2022	94%	96%	100%

Implementing institutions: See 'desired outcomes'
Target group and strategic target group: All population with a particular focus on vulnerable populations outlined under 'desired outcomes'

Funding considerations:
Planned budgetary spending for Health Security

2022-23 budgetary spending (as indicated in Main Estimates)	2022-23 planned spending	2023-24 planned spending	2024-25 planned spending
432,712,693	432,712,693	289,650,244	180,328,989

Start and duration of measure: 2022 - 2023

4. Internal Services:
PHAC is committed to ensuring that the Agency and its' employees are agile, responsive, and able to continue providing internal services and supporting the work and mandate of the Agency as a whole, even in the midst of COVID-19 or any future public health emergencies.
Note: Data extraction not completed for this section as it was not considered relevant to the scope of this project.

Supporting economic analysis	N/A.
Any additional information	Health Canada also have a departmental plan released for 2022-2023. This is mainly systems, regulation and innovation focused however Departmental Result 5: Canadians make health choices, in Core Responsibility 2: Health Protection and Promotion may be of relevance.[13] Priorities: ▪ promoting healthy eating ▪ modernizing the regulatory oversight of food ▪ improving food packaging and labelling ▪ ensuring the safety of the Canadian food supply ▪ reducing tobacco use ▪ responding to the increase in youth vaping ▪ supporting Canadians in making informed decisions about cannabis use through public education, research and surveillance. **Promoting health eating** Action: health Canada will continue to advance initiatives under the Healthy Eating Strategy. Examples include supporting restrictions on the advertising of certain food and beverages to children in Canada. Action: focus on increasing food skills through developing new resources such as recipes, videos etc., aimed to help consumers overcome barriers to healthy eating and increasing awareness of the influence of food marketing. Action: prioritise and direct its policy and promotion to children and youth, young adults and families who are experiences or at risk of food insecurity. Examples included focusing on settings where the identified populations eat such as recreational centres, schools and community food centres. Action: continue to urge and work with the food processing sector towards achieving the 2025 target set in “Voluntary Sodium Reduction Targets for Processed Foods 2020-25”. Action: publish baseline data on the trans-fat intake of Canadians. **Modernising the regulatory oversight of food** Action: establish a regulatory framework for supplemented foods and modernise the oversight of microbiological criteria and food additives. **Improve food packaging and labelling** Action: propose to finalise new regulations that introduce a mandatory front of package nutrition labelling system on pre-packaged foods with levels of saturated fat, sugars and or sodium that meet or exceed specific thresholds. Action: with the Canadian Food Inspection Agency continue to coordinate regulatory amendments that require a change to food labels. **Ensuring the safety of the Canadian food supply** Action: improve public education and awareness activities related to the importance of safe food handling and preparation practices to reduce foodborne illnesses in Canada. **Reducing tobacco use and responding to the increase in youth vaping**

	Actions to address vaping: Action: continue to implement Canada's Tobacco Strategy – with the goal of achieving the target of less than 5% tobacco use by 2035. Action: support the minister of Health in conducting a review of the Tobacco and Vaping Products Act. Action: ongoing work on the proposed Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act (Flavours) and Standards for Vaping products' Sensory Attributes Regulations that were pre-published in Canada Gazette Part I in June 2021. Action: proposing new regulations to amend the Tobacco (Access) Regulations to help further reduce youth access to vaping products, including via online sales. Action: proposing new regulations to require manufacturers and importers of vaping products to provide information on their products to Health Canada. Action: raising public education and awareness of the potential harms associated with vaping, particularly for youth. Action: monitoring national trends in vaping and smoking, particularly in youth and young adults, and conducting public opinion research to better understand youth use of vaping products and inform future regulatory and policy initiatives. Action: inspecting websites and social media where advertising or promotion of vaping products is accessible to youth; inspecting retailers, manufacturers, and importers of vaping products and conducting product sampling and testing; and publishing the results of compliance and enforcement activities. Actions to address tobacco: Action: proposing new regulations to update the health-related messages (including health warnings, health information, and toxicity information) that must be displayed on tobacco products. Action: exploring innovations to modernize the Pan-Canadian Quitline Initiative and developing voluntary smoking cessation standards for healthcare organizations, in collaboration and coordination with P/Ts and other stakeholders. Action: promoting compliance, and inspecting tobacco product retailers and manufacturers. Action: requiring tobacco manufacturers to pay for the cost of federal public health investments in tobacco control. Action: raising awareness of resources and services to help Canadians quit smoking through public education campaigns. Action: providing up to $3.5 million for community organizations that undertake prevention, protection and/or cessation efforts vs. the use of tobacco and vaping products. Projects aim to: inform Canadians about cessation interventions for people who smoke and youth who vape; encourage and support attempts to quit; and address any information/knowledge gaps. **Supporting Canadians in making informed decisions about cannabis use through public education, research and surveillance.** Action: monitor changes in knowledge, attitudes and behaviours through the Canadian Cannabis Survey and adapt its public education and awareness activities to ensure that Canadians are able to make informed decisions to protect their health. Action: inform the public of health effects associated with cannabis youth. Action: provide up to $7 million in ongoing support to community based and indigenous organisation in educating their communities with a focus on youth and at risk groups on the use of cannabis and its health effects. Action: proving funding to support research on cannabis use and its impact on mental health. Targets which may be relevant: **Department Result Indicator:** Percentage of Canadians (aged 15+) who are current cigarette smokers (Baseline: 16% in 2017) **Target:** At most 5%

	Date to achieve Target: March 31, 2035 **Results to date:** 2018–19: 17.8% 2019–20: 17.8% 2020–21: 13% **Department Result Indicator:** Percentage of youth (grades 10–12) who report frequent (daily to weekly) cannabis use in the past 30 days (Baseline: 9.2% in 2018–19) **Target:** 9.2% or lower **Date to achieve Target:** March 31, 2024 **Results to date:** 2018–19: 9.2% 2019–20: 9.2% 2020–21: 9.2% **Department Result Indicator:** Percentage of Canadians who use dietary guidance provided by Health Canada (Baseline: 41% in 2012) **Target:** At least 50% **Date to achieve Target:** March 31, 2023 **Results to date:** 2018–19: 47% 2019–20: 47% 2020–21: 47%
Strategy development	
Stakeholder(s) and or consultation method(s)	N/A.

Key: CHSCY: Canadian Health Survey on Children and Youth; GPHIN: Global Public Health Intelligence Network; NESS: National Emergency Strategic Stockpile; NMLB: National Microbiology Laboratory Branch; PHAC: Public Health Agency of Canada; PTSD: post-traumatic stress disorder; SDG: Sustainable Development Goal; SGBA Plus: Sex and Gender-based Analysis Plus; STBBI: sexually transmitted and blood borne infections.

Table B5. Extracted data for Canada (Minister's Declaration).

Canada	Strategy information
Author(s) **Title**	Ministers of Health and Health Promotion/Healthy Living, Canada Creating a Healthier Canada: Making Prevention a Priority A Declaration on Prevention and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living[73]
Timeline	Published in 2010 but no further timeline provided.
Overall aim(s) (measurement method(s) and target(s) where available)	Vision: governments work together and with private, non-profit, municipal, academic and community sectors, and with First Nations, Inuit and Métis peoples, to improve health and reduce health disparities and to build and influence the physical, social and economic conditions that will promote health and wellness, and prevent illness so that Canadians can enjoy good health for years to come.
Governance	N/A.
Scope and collaboration	This Declaration reflects the important role that health promotion and disease and injury prevention play in improving the health of Canadians. By working together to support prevention and promotion within and outside the health-care system, the health and well-being of all Canadians will benefit.
Themes and or priorities	5 principles outlined in the Declaration: 1. **Prevention is a priority:** Canada's current health system (as of 2010) is mainly focused on diagnosis, treatment and care. To create healthier populations, and to sustain our publicly funded health system, a better balance between prevention and treatment must be achieved. 2. **Prevention is a hallmark of a quality health system:** Internationally, health promotion and prevention are recognized as essential pieces of high-quality health systems. Through this Declaration, Canada is showing leadership in making prevention and promotion a priority. 3. **Prevention is the first step in management:** Many Canadians will develop and have to live with chronic diseases or disabilities. By encouraging healthier living and promoting preventive health services, we can help Canadians living with these conditions to maintain or improve their health and prevent the development of additional chronic diseases. 4. **Health promotion has many approaches that should be used:** The overall health of Canadians can be improved, and many health problems can be prevented. This can be done by: ▪ Changing risk factors and conditions that lie outside the health sector ▪ Providing population health promotion initiatives and public health services working with, and in support of the communities and families they are meant to serve ▪ Ensuring Canadians can access and use appropriate effective clinical prevention services ▪ Helping people learn and practise healthy ways of living ▪ Doing and using research to build the evidence on what creates good health, the broad causes of disease and injury and how to influence them. 5. **Health promotion is everyone's business:** While it is clear that health services are a determinant of health, they are just one among many. Others include: environmental, social and economic conditions; access to education; the quality of the places where people live, learn, work and play; and community resilience and capacity. Because many of these determinants of health lie outside the reach of the health sector, many of the actions to improve health also lie outside the health sector, both within and beyond

	government. This means that many government departments and a wide range of people and organizations in communities and across society play a role in creating the conditions for good health that support individuals in adopting healthy lifestyles. Promoting health and preventing diseases is everyone's business—individual Canadians, all levels of government, communities, researchers, the non-profit sector and the private sector each have a role to play.
Implementation action(s), lead(s) and key performance indicator(s)	N/A.
Supporting economic analysis	N/A.
Any additional information	N/A.
Strategy development	
Stakeholder(s) and or consultation method(s)	N/A.

Key: N/A: Not available.

Table B6. Extracted data for England (Public Health England).

England	Strategy information
Author(s) **Title**	Public Health England (PHE) PHE Strategy 2020 to 2025[15]
Timeline	2020 to 2025
Overall aim(s) (measurement method(s) and target(s) where available)	PHE are guided by a number of aims: ▪ our first duty is to keep people safe. Threats from environmental hazards and infectious disease remain great at home and from overseas. We work to prevent risks from materialising and reduce harm when they do. PHE has the capability to respond to emergencies and incidents round the clock, 365 days a year ▪ we work to prevent poor health. Our aim is for people to live longer in good health, to rely on the NHS and social care less and later in life, to remain in work for longer and, when unwell, to stay in their own homes for longer ▪ we work to narrow the health gap. There is still huge disparity in the number of years lived in poor health between the most and least deprived people across the country. Many conditions also take a disproportionate toll on minority communities. Our work aims to reduce these unjust and avoidable inequalities in health outcomes ▪ we support a strong economy. Good health is an asset to the UK economy, enabling people to live long and productive working lives; securing the health of the people is a UK investment in our economic future.
Governance	This strategy has been developed by all parts of PHE and in consultation with their partners, and everyone will have a part to play in delivering it. PHE will refresh the governance around our priorities, ensuring that they have processes and structures in place that facilitate cross-PHE collaboration and effective decision-making and oversight. PHE will embed the strategy into our corporate planning and performance management, enabling teams and individuals across the organisation to connect their work to PHE's strategic objectives.
Scope and collaboration	Scope is not specifically outlined however the ten priorities are cross-sectoral (for example priorities are located within the health domain and or the environmental domain).
Themes and or priorities	PHE ten priorities over the five year period were identified as: **Healthier** 1. Smoke-free society: Take steps towards creating a smoke-free society by 2030 2. Healthier diets, healthier weight: Help make the healthy choice the easy choice to improve diets and reduce rates of childhood obesity 3. Creating cleaner air: Develop and share advice on how best to reduce air pollution levels and people's exposure to polluted air 4. Better mental health: Promote good mental health and contribute to the prevention of mental illness **Fairer** 5. Best start in life: Work to improve the health of babies, children and their families to enable a happy healthy childhood and provide the foundations of good health into adult life **Safer** 6. Effective responses to major incidents: Enhance our ability to respond to major incidents (including pandemic influenza) by strengthening our health protection system

	7. Reduced risk from antimicrobial resistance Work to help contain, control and mitigate the risk of antimicrobial resistance: Work to help contain, control and mitigate the risk of antimicrobial resistance **Stronger** 8. Predictive prevention: Utilise technology to develop targeted advice and interventions and support personalised public health and care at scale 9. Enhanced data and surveillance capabilities: Improve our data capability and strengthen our approach to disease surveillance using new tools and techniques 10. New national science campus: Transition to a new national science campus with state-of-the-art facilities at 11. PHE Harlow PHE are not responsible for every priority, but believe they are the areas which can have the most impact.
Implementation action(s), lead(s) and key performance indicator(s)	**Promote a healthier nation** **1. Smoke-free society** *Ambition:* To make smoking obsolete by 2030 by reducing the overall number of people who smoke, preventing young people from smoking in the first place and targeting vulnerable population groups and areas where people smoke at higher rates. *Aims:* This will contribute to the Government's aims in the Tobacco Control Plan to reduce the smoking prevalence among adults to 12%, the percentage of pregnant women smoking at the time of delivery to 6% and the rate of regular smoking age at 15 to 3% by 2022. ▪ reduced death and disease attributable to smoking, including from cardiovascular disease ▪ reduced variation in smoking prevalence rates between socio-economic groups *Approach:* Maintain a leading role in this area and advocate for local and national action across the health and care system to reduce the health impact and inequalities of smoking in England. advise and influence government on effective national and local tobacco control policy, including on harm reduction and effective treatment, that works to reduce overall rates of smoking and inequalities affecting lower socio-economic groups and vulnerable communities ▪ partner with the NHS to advise on, evaluate and provide implementation support for new models for identifying and supporting smokers to quit across NHS services nationwide, including a specific model for pregnant women ▪ influence and advise local authorities on the provision of evidence-based tobacco control action and local stop smoking services, including increasing targeting towards groups and local areas with the highest need ▪ deliver national marketing campaigns to stimulate effective quit attempts tailored to lower socio-economic groups ▪ commission, manage and promote reviews of evidence on e-cigarettes and emerging nicotine products and provide advice on their toxicological impact ▪ advise on national regulation activities for smoking and tobacco-related products following the UK's exit from the EU **2. Healthier diets, healthier weight** *Ambition*: To enable current and future generations to live in local environments that promote a healthier weight as the norm and make it easier for everyone, regardless of background, circumstance or where they live, to access healthier food, enjoy healthier diets and live active lifestyles.

	Aims: This will contribute to the Government's aims in the Childhood Obesity Plan to halve childhood obesity and reduce the gap in obesity rates between children from the most and least deprived areas by 2030. ▪ 20% reduction in levels of sugar in a range of everyday foods consumed by children ▪ 20% reduction in numbers of calories in a range of everyday foods consumed by children ▪ increased consumption of healthy food groups among children ▪ reduced levels of salt in average diets across the population *Approach*: We will further strengthen our national leadership in this area emphasising interventions that can deliver the biggest impact for children in the most deprived areas. We will: ▪ advise national government partners on policies to improve diets and lower obesity rates across the population and among disadvantaged groups ▪ lead the reduction and reformulation programme to reduce sugar and calories in everyday foods, including advising government on the reformulation of infant foods ▪ provide expert advice and monitoring of the nation's diet to support the salt reformulation programme, including work to lower levels of salt in those everyday foods which are the greatest contributors to average population salt intakes ▪ develop and roll out a national learning and development programme for the broader health and care workforce on nutrition and action to tackle obesity ▪ partner with local government, the NHS, voluntary organisations and communities to support local models of care to promote a healthier weight, focussing on areas where there is greatest need ▪ work with local government and other partners, to support the implementation of a 'whole systems' approach that considers how all elements of local places, communities and services can help to address obesity and the variation in obesity between the most and least deprived areas ▪ support local authorities to create vibrant, health-promoting environments, including healthier high streets, which facilitate healthier food options and physical activity ▪ encourage and embed innovative practices across the system, using data to understand, evaluate and extend the evidence base on effective action to prevent and reduce obesity and tackle inequalities in rates of obesity ▪ use digital technologies to offer personalised behavioural approaches for children and their families designed to fit with local support and the needs of families with the most to benefit **3. Creating cleaner air** *Ambition*: To make the case for action to address air pollution so that people in England enjoy cleaner air and healthier lives wherever they live. *Aims:* This will contribute to the Government's aim in the Clean Air Strategy to halve the number of people living in locations where concentrations of particulate matter are above 10 micrograms per m3 by 2025. ▪ reduced exposure to polluted air and lower rates of ill health attributable to air pollution ▪ better health outcomes for vulnerable groups most affected by poor air quality *Approach:* We will grow and share the evidence base on the impact of air pollution on health and influence national and local partners to implement the most effective interventions. We will target our actions towards the most vulnerable population groups, including more deprived communities, people with pre-existing respiratory and cardiovascular conditions and young and older people. We will: ▪ develop the evidence base on air quality, including on sources of pollution, levels of exposure and how this contributes to health outcomes

	▪ advise and influence decision-makers on the effectiveness of actions to promote healthy indoor and outdoor environments (including their ability to reduce inequalities) and support their implementation, sharing information and learning from local, national and international partners ▪ working with Defra, the Sustainable Development Unit, third sector organisations and other partners, develop the Air Pollution Control Plan, implement the Clean Air Strategy, and inform existing and emerging legislation and regulation ▪ improve how advice and information on indoor and outdoor air pollution can be communicated, drawing on behavioural science and, where resourced, supporting awareness-raising activity **4. Better mental health** *Ambition:* To contribute towards measurable improvements in mental health. *Aims*: This will contribute towards the Government's aim in the Cross-Government Suicide Prevention Workplan to reduce suicides by 10% by 2021/22 and maintain a downward trend beyond 2022. ▪ reduced development and exacerbation of mental health problems, including among high risk groups and children and young people ▪ increased mental health literacy across the population and particularly among high risk groups, with at least one million people taking action on their own and other people's mental health by 2021 ▪ reduced inequalities in premature mortality for people with long-term and severe mental health problems ▪ improved social connections, housing and employment prospects for people at risk of, living with and recovering from mental health problems *Approach*: We will work towards ensuring mental health has parity with physical health, modelling the role that organisations can play as employers and embedding good mental health across PHE's work. We plan to target efforts towards the most disadvantaged communities and those living with and recovering from serious, long-term mental illness. We will: ▪ influence and advise national and local government, voluntary and community partners, academia, business and employers on the delivery of evidence-based mental health preventative interventions to people of all ages, including an extended Prevention Concordat for Better Mental Health ▪ influence, advise and support the NHS on the key mental health components of the NHS Long Term Plan, such as suicide prevention and new models of care to improve the health of people with severe mental illnesses ▪ deliver national marketing campaigns and digital tools that focus on or incorporate mental health to improve the public's mental health literacy, targeting towards groups with higher rates of mental health problems ▪ work with Health Education England and other system partners to improve the capabilities of the public health workforce to promote mental health, prevent mental health problems and prevent suicide **Work towards a fairer society** **5. Best start in life:** *Ambition*: To help reduce inequalities and improve health outcomes for children and families across England. We want all mothers to experience good health before, during and after pregnancy and all children to have a happy healthy childhood. *Aims*: ▪ reduced inequalities across key markers of maternal and child health ▪ reduced rates of infant mortality and low birthweight ▪ improvements in rates of key protective factors linked to better child health outcomes, such as maternal mental health and breastfeeding

	▪ higher rates of childhood immunisation ▪ more children ready to learn by the age of two and ready to start school by the age of five ▪ lower rates of tooth decay and hospital attendances due to preventable accidents and illnesses *Approach:* We will work with partners to create a modernised, evidence-based Healthy Child Programme that is universal in reach and personalised in response to the health needs of every family and child. With a greater focus on all aspects of prevention and early intervention, the Healthy Child Programme will be extended to include the health of mothers before conception and during pregnancy. Our work will amplify the voices of children and parents, particularly those in deprived and vulnerable communities. We will: ▪ work with partners in academic, professional organisations and the NHS to provide evidence and leadership for the development of a schedule of interventions for the modernised Healthy Child Programme that includes screening, immunisation, oral health, reviews of child development and support and guidance in areas such as parenting and mental health ▪ develop new indicators to improve the monitoring of outcomes and inequalities in the early years and facilitate evaluations of early years services ▪ collaborate with local authorities and other key partners within communities to develop healthy places for families that help to reduce inequalities, vulnerability and adversity experienced by children and parents ▪ advise and influence national, regional and local government partners and service commissioners and providers on a range of programmes to improve maternal and children's health ▪ work with NHS Digital and NHSX to deliver the child digital strategy and develop digital child health records to enable the collection of high quality information on early years services and support improvements to standards of care and early intervention **6. Effective responses to major incidents:** *Ambition*: To ensure that the UK health protection system is integrated, resilient and able to prepare for and respond to all major hazards. *Aims:* ▪ a refreshed plan for handling an influenza pandemic ▪ a strengthened system of health protection at a local and national level that provides an all hazards emergency preparedness, resilience and response system, consistent with world leading standards and approaches ▪ reduced number of outbreaks of preventable diseases affecting at-risk communities *Approach*: We will respond quickly and effectively to outbreaks of infectious disease and all other threats, continually learning from our responses to improve our approach to future emergencies. We will: ▪ identify and use the latest evidence to update our understanding of the requirements and standards for an efficient, effective and safe health protection system ▪ assess current capability and governance of the health protection system nationally and locally for responding to major incidents and identify and address key risks and areas for improvement ▪ develop and integrate international, national and local relationships to ensure a joined-up public health protection system where all can respond and coordinate their efforts where appropriate ▪ define and agree PHE's role in a set of high intensity and high demand scenarios, establishing the core and surge capability needed to address these scenarios and participating in test exercises to assure our emergency preparedness

	▪ increase and improve evaluations of PHE's health protection work and responses to outbreaks and incidents to inform how we can use our capacity and capabilities to greater effect ▪ upgrade our systems for overseeing and maintaining the workforce, skills mix and supporting infrastructure needed to respond to potential major incidents **7. Reduced risk from antimicrobial resistance Work to help contain, control and mitigate the risk of antimicrobial resistance** *Ambition*: For the risk of AMR to be effectively contained, controlled and mitigated for the people in the UK, as part of global efforts to address antimicrobial resistance. *Aims:* This will contribute towards the Government's aims in the AMR National Action plan to: ▪ reduce healthcare associated Gram-negative bloodstream infection by 50% by 2024, from a 2016 baseline ▪ reduce key antibiotic-resistant infections by 10% by 2025, from a 2017 baseline ▪ reduce antibiotic use by 25% from a 2014 baseline by 2024 *Approach:* We will draw on PHE's unique expertise to help optimise antibiotic prescribing to prevent antimicrobial resistance and deliver world-leading surveillance for the drug-resistant infections that do occur. Our programme of work will target the most challenging multidrug resistant pathogens, including those causing gonorrhoea, tuberculosis and Gram-negative infections. We will work to develop, implement and evaluate evidence-based interventions to prevent infections and define and prevent tipping points when AMR infections go from rare events to endemic diseases. We will: ▪ improve understanding of antibiotic prescribing and its unintended consequences, including the implications of reduced antibiotic prescribing and the impact of the failure of treatments for drug-resistant infections on clinical outcomes ▪ grow the evidence base and advocate for interventions to improve the prevention and control of infections in hospital and community settings and support partner organisations to improve how health professionals prescribe antibiotics ▪ work with local authorities to maximise infection prevention efforts focusing on hand hygiene and opportunities in public spaces ▪ develop predictive models to identify patient groups at greatest risk of established and emerging AMR problems ▪ use and improve whole genome sequencing and data processing capabilities to better understand the microbiology and impact of drug-resistant infections, including how they develop resistance ▪ develop consistent methodologies for the surveillance and reporting of existing AMR infections and a unified England-wide infection dataset to improve understanding of AMR infections, antibiotic usage, health outcomes and inequalities ▪ improve surveillance of emerging resistance, and underlying mechanisms of resistance, to last-line and newly developed antimicrobials to enhance our understanding of the effectiveness of various therapeutic approaches ▪ work with partners to maximise uptake of available vaccinations, including with the Joint Committee on Vaccination and Immunisation to ensure any relevant new vaccines are adopted ▪ collaborate with national partners to influence funding models for new antimicrobials, ensuring that PHE systems can measure the impact of these drugs **Strengthen the public health system** **8. Predictive prevention:** *Ambition*: To help provide people, particularly among vulnerable and disadvantaged groups, with personalised public health interventions that empower them to take greater control of their health and prevent avoidable illness.

Aim: Together with priority 9 on enhanced data and surveillance capabilities, this will contribute to the Government's aim in the Industrial Strategy to use data, artificial intelligence and innovation to transform the prevention, early diagnosis and treatment of chronic diseases by 2030.

- increased understanding among the public of health risks and options for preventative action
- expanded access to evidence-based digital interventions to enable people to identify and address their health issues as early as possible
- increased capabilities to connect lifestyle, health and environmental data for individuals at scale

Approach: We will collaborate closely with NHSX to develop our predictive prevention programme, engaging with the health tech industry and academia to promote innovation across the system. We will work with partners to ensure that the needs of people in disadvantaged and vulnerable groups are reflected in our priorities and the design and delivery of our products and services.
We will:

- use user-centric design approaches to create new digital products and services that support people to identify and reduce risks to their health
- conduct and publish evaluations of products and services and engage with external research to establish and expand the evidence base on what works
- develop and apply models of 'dynamic consent' that ensure that people understand and retain control over how their personal information is used
- draw on the latest behavioural science to develop approaches to communicating personal health risks that motivate people to take action and adopt healthy behaviours

9. Enhanced data and surveillance capabilities

Ambition: To develop a world-leading public health data and surveillance infrastructure that supports effective decision-making and action by generating public health intelligence which is accessible, consistent, flexible, timely and of high quality.

Aims:

- enhanced insights into the population's health and health inequalities
- easier access to data and surveillance information for partners across the system, leading to policies, services and research that make a difference to the public's health

Approach: Working closely with the NHS and other partner organisations, we want to facilitate links between existing datasets to provide a more integrated understanding of the public's health. We plan to expand our approach to non-communicable disease surveillance and further strengthen our surveillance of infectious disease and environmental hazards.
We will:

- review and, where appropriate, rationalise and integrate our data collections and surveillance activities, reducing the burden on data providers and promoting more analysis at the data source where possible
- improve consistency in how data are collected and stored and how analytical and data science tools are applied to ensure that analytical outputs are of high quality, evidence-based, timely, transparent and trustworthy
- develop a national all-disease registration service in partnership with NHS Digital
- increase the efficiency of our data analytics, including through automation, and strengthen our prioritisation processes to target effort more effectively towards work that will inform action
- make use of opportunities presented by novel data sources and new technologies, such as artificial intelligence and machine learning

	▪ develop a flexible, adaptable and skilled workforce who are able to make the best use of new and emerging technologies and approaches and are recognised as experts in their field **10. New national science campus** *Ambition*: To establish a new state-of-the-art public health science campus at PHE Harlow that enables our mission to meet the challenges of a changing world. *Aims*: ▪ more innovative and more responsive public health services for local government, the NHS and the public ▪ increased and improved translation of public health research for the benefit of the public and UK economy ▪ better partnerships with leading scientific organisations locally, nationally and internationally ▪ improved ability to retain, attract and develop the excellence of public health science experts ▪ enhanced collaborative working with improved sharing of practice, knowledge, capabilities and experience across PHE. *Approach*: At PHE Harlow, we will embrace the very latest advances in technology and knowledge. We will: ▪ design a campus with state-of-the-art facilities that encourage innovative approaches to delivering on public health challenges, support flexible ways of working and enable joined up working between and across all our services nationwide ▪ develop new national bases for key national scientific assets, including the national public health microbiological laboratories and the PHE national emergency response centre ▪ grow and develop research partnerships with academic institutions and commercial businesses, driving forward the Government's vision for the UK to be a global scientific leader
Supporting economic analysis	No economic analysis provided however the below is provided for context: **Making the economic case for prevention:** Evidence shows that prevention and early intervention represent good value for money. Well-chosen interventions implemented at scale help people to avoid poor health, reduce the growth in demand on public services, and support economic growth. PHE's own analysis has highlighted a wide range of interventions across a variety of health conditions and risk factors that offer a positive return on investment. Investing in prevention can protect individuals and their health, but also wider parts of the economy: NHS costs, for example, hospital care and medical treatment Social care, for example, residential care Productivity losses, for example, sickness absence Wider economic costs, for example, alcohol-related crime
Any additional information	PHE also outlines how they will develop as an organisation, however this was not deemed of relevance.
Strategy development	
Stakeholder(s) and or consultation method(s)	The process to determine the ten priorities has involved extensive consultations with people working in all parts of PHE as well as engagement with external stakeholders. They have told us about what matters most to them and the people they serve and represent, which we have factored into our decision-making alongside the latest evidence base. During the final stages of this process, experts and leaders from across PHE were asked to identify areas where:

	▪ we see major implications for the public's health ▪ there is substantial scope to improve outcomes and reduce inequalities ▪ PHE is well-placed to make a significant contribution ▪ we can generate a good return on investment

Key: AMR: Antimicrobial Resistance; EU: European Union; NHS: National Health Service; NHSX: National Health Service User Experience; PHE: Public Health England.

Table B7. Extracted data for England (Public Health Outcomes Framework).

England	Strategy information
Author(s) **Title**	Public Health England Public Health Outcomes Framework 2019–2022[16]
Timeline	Latest update of the framework is 2019-2022.
Overall aim(s) (measurement method(s) and target(s) where available)	The Public Health Outcomes Framework (PHOF) sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators Vision is to improve and protect the nation's health and wellbeing and improve the health of the poorest fastest.
Governance	PHE is responsible for formally reviewing and refreshing the indicators included in the framework every 3 years.
Scope and collaboration	N/A.
Themes and or priorities	N/A.
Implementation action(s), lead(s) and key performance indicator(s)	**Two overarching indicators were identified:** A01: Increased healthy life expectancy A02: Reduced differences in life expectancy and healthy life expectancy between communities **Four further domains were identified (with associated objectives and indicators):** 1. Improving the wider determinants of health 2. Health improvement 3. Health protection 4. Healthcare public health and preventing premature mortality **1. Improving the wider determinants of health** **Objective:** Improvements against wider factors which affect health and wellbeing and health inequalities **Indicators:** ▪ B01 Children in low income families ▪ B02 School readiness ▪ B03 Pupil absence ▪ B04 First time entrants to the youth justice system ▪ B05 16-17 year olds not in education, employment or training

	▪ B06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation ▪ B07 Proportion of people in prison aged 18 or over who have a mental illness ▪ B08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services ▪ B09 Sickness absence rate ▪ B10 Killed and seriously injured casualties on England's roads ▪ B11 Domestic abuse ▪ B12 Violent crime (including sexual violence) ▪ B13 Levels of offending and re-offending ▪ B14 The percentage of the population affected by noise ▪ B15 Homelessness ▪ B16 Utilisation of outdoor space for exercise / health reasons ▪ B17 Fuel poverty ▪ B18 Social isolation ▪ B19 Loneliness **2.Health Improvement** **Objective:** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities **Indicators:** ▪ C01 Prescribing of long-acting reversible contraception ▪ C02 Under 18 conceptions ▪ C03 Maternity ▪ C04 Low birth weight of term babies ▪ C05 Breastfeeding ▪ C06 Smoking status at time of delivery ▪ C07 New birth visits ▪ C08 Child development at 2 – 2 ½ years ▪ C09 Child excess weight in 4-5 and 10-11 year olds ▪ C10 Children aged 5-16 sufficiently physically active for good health ▪ C11 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25 ▪ C12 Emotional well-being of looked after children ▪ C13 Smoking prevalence – 15 year olds ▪ C14 Self-harm ▪ C15 Diet ▪ C16 Excess weight in adults ▪ C17 Physically active and inactive adults ▪ C18 Smoking prevalence – adults (over 18s) ▪ C19 Drug and alcohol treatment completion and drug misuse deaths

	▪ C20 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison ▪ C21 Alcohol-related admissions to hospital ▪ C22 Estimated diagnosis rate for people with diabetes mellitus ▪ C23 Cancer diagnosed at stage 1 and 2 ▪ C24 National screening programmes ▪ C26 Take up of the NHS Health Check programme – by those eligible ▪ C27 Long-term musculoskeletal problems ▪ C28 Self-reported well-being ▪ C29 Injuries due to falls in people aged 65 and over **3. Health Protection** **Objective:** The population's health is protected from major incidents and other threats, whilst reducing health inequalities **Indicators:** ▪ D01 Fraction of mortality attributable to particulate air pollution ▪ D02 New STI diagnoses ▪ D03 Population vaccination coverage (children aged under 5 years old) ▪ D04 Population vaccination coverage (children aged 5 years old and over) ▪ D05 Population vaccination coverage (at risk individuals) ▪ D06 Population vaccination coverage (people aged 65 and over) ▪ D07 People presenting with HIV at a late stage of infection ▪ D08 Treatment completion for TB ▪ D09 NHS organisations with board approved sustainable development management plan ▪ D10 Antimicrobial Resistance **4. Healthcare public health and preventing premature mortality** **Objective:** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities **Indicators:** ▪ E01 Infant mortality ▪ E02 Proportion of five year old children with dental decay ▪ E03 Mortality rate from causes considered preventable ▪ E04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke) ▪ E05 Under 75 mortality rate from cancer ▪ E06 Under 75 mortality rate from liver disease ▪ E07 Under 75 mortality rate from respiratory diseases ▪ E08 Mortality rate from a range of specified communicable diseases, including influenza ▪ E09 Excess under 75 mortality rate in adults with serious mental illness

	▪ E10 Suicide rate ▪ E11 Emergency readmissions within 30 days of discharge from hospital ▪ E12 Preventable sight loss ▪ E13 Hip fractures in people aged 65 and over ▪ E14 Excess winter deaths ▪ E15 Estimated diagnosis rate for people with dementia
Supporting economic analysis	N/A.
Any additional information	N/A.
Strategy development	
Stakeholder(s) and or consultation method(s)	N/A.

Key: HIV: Human Immunodeficiency Virus; N/A: Not available; NHS: National Health Service; PHE: Public Health England; PHOF: Public Health Outcomes Framework; STI: Sexually Transmitted Infection; TB: Tuberculosis.

Table B8. Extracted data for Finland.

Finland	Strategy information
Author(s) **Title**	Ministry of Social Affairs and Health, Finland 1. Promoting well-being, health and safety in 2030: Decision in principle of the Government[17] 2. Promoting well-being, health and safety in 2030: Implementation plan[18]
Timeline	The implementation plan was published in 2021, with the measures included due for implementation by 2030.
Overall aim(s) (measurement method(s) and target(s) where available)	The goal of this principled decision is to secure the sustainable well-being of Finns in all population and age groups. It outlines the long-term measures that will reduce the inequality in the well-being and health of Finns by 2030.
Governance	The cooperation forum that brings together the expertise of the ministries and different administrative sectors directs and monitors the implementation. The monitoring of the implementation of the implementation plan is coordinated by the Public Health Advisory Board, which consists of experts from ministries and various administrative sectors. The ministries are responsible in their own administrative area for making the decision in principle will be implemented.
Scope and collaboration	The decision in principle supports the implementation of the government program and it simple implementation plan is updated regularly. The decision in principle implements the ministries' strategic goals and strengthens welfare economic thinking. It is part of the implementation of the UN Sustainable Development Goals (Agenda 2030) in Finland. Ministries and their subordinate agencies and institutions, other research and development institutions, advisory boards, municipalities, regional operators, organizations, educational organizations, companies and other service providers participate in the implementation. Implementation is carried out as part of the activities of various administrative branches and organizations. The ministries are responsible in their own administrative area for the implementation of the measures. Measures are implemented with the cooperation of different industries.
Themes and or priorities	Four focal points are outlined: 1. Opportunity for everyone to participate: 2. Good everyday environments: 3. Activities and services that promote well-being and health: 4. Effectiveness with decision making: Sub-goals for each focal point (along with their associated strategic actions, timeline, coordinating body or lead and cooperation partners) are outlined below.
Implementation action(s), lead(s) and key performance indicator(s)	The Public Health Advisory Board monitors the implementation of the implementation plan's measures and agrees on the monitoring indicators used to evaluate the achievement of the goals. The consultation committee annually summarizes the progress of the measures and the implementation plan is updated based on this. In connection with the update, a hearing and a round of comments will be held, where proposals from stakeholders to promote implementation and possible new measures will be gathered.

	Sub-goals for each focal point, along with their associated strategic actions (A), timeline (T), coordinating body or lead (L) and cooperation partners (P) are outlined below. Aivoliitto: Finnish Brain Association AVI: Regional state administrative agency Future welfare areas: welfare areas to be established in the social security reform, which are entities under public law separate from municipalities and the state Kela: Social Insurance Institution of Finland Kunitaliitto: Association of Finnish Local and Regional Authorities Magic heart: national cooperation network for the multidisciplinary coordination, development and communication of connections between art and well-being MMM: Ministry of Agriculture and Forestry OKM: Ministry of Education and Culture OPH: Board of Education SPEK: Finnish National Rescue Association STEA: Funding Centre for Social Welfare and Health Organisations STM: Social and Health Ministry Taike: Art Promotion Center TAIKU 3: Cooperation group for art and cultural activities promoting health and well-being TE services: Ministry of Economic Affairs and Employment THL: Department of Health and Welfare Traficom: Finnish Transport and Communications Agency TTL: Institute of Occupational Health Työturvallissäkiskeskus: The Occupational Safety Center Valvira: National Supervisory Authority for Welfare and Health VM: Treasury VNK: government office VRN: Finnish Food Authority **1. Opportunity for everyone to participate:** People feel that they are equal and included when: ▪ they have the opportunity to make a sufficient living and they do not experience poverty - *A1: Reform social security* T: 2020-2027 L: STM P: TEM, VM, OKM, KELA - *A2: Launch a national social care development program* T: 2020-2022 L: STM P: Future welfare areas, municipalities, THL, social competence centres

	- *A3: Evaluate employment operating models* T: 2020-2022 L: STM P: OKM, TEM, organizations, future welfare areas, municipalities, parishes, Taike - *A4: Create new cooperative partnerships between public, private and third sectors* T: 2020-2023 L: Union of Municipalities P: VM, STM, THL, STEA, future welfare areas, provinces, municipalities, organizations, AVI - *A5: Continue developing ways to prevent debt problems, including legislation. Focus on problem gambling* T: 2020-2023 L: OM P: TEM, VM, STM ▪ they have sufficient knowledge, skills and opportunities to influence and participate for democratic decision-making - *A6: implement the measures of the National Democracy Program and the National Youth Work and Policy Program (VANUPO)* T: 2020-2025 L: OM P: VM, OPH, OKM, VNK, other ministries, Confederation of Municipalities - *A7: implement the measures of the National Democracy Program's Action Plan* T: 2020-2025 L: OM P: State Council, Union of Municipalities - *A8: increase the introduction of participatory budgeting and the experiments of phenomenon budgeting* T: 2020- L: Ministry of Interior and other ministries P: Kuntalitto ▪ they have the opportunity to learn and develop themselves at all stages of life - *A9: increase opportunities for lifelong learning and cultural pursuits* T: 2020-2023 L: OKM P: OPH, Age Institute, Taikusydän, organizations, operators of liberal arts work, Union of Municipalities, AVI - *A10: development of special education, teachers are supported through qualifications, co-teaching and teaching groups and flexible basic education is developed* T: 2020-2022 L: OPH P: OKM - *A11: develop media and technology literacy* T: to be specified L: OKM P: OPH - *A12: develop and strengthen the ability of organisations to implement population health communication effectively*

	T: to be specified L: STM P: OKM, THL, organizations *- A13: defined measures to increase awareness of gender diversity and promote equality* T: to be specified L: STM P: THL, TTL, nongovernmental organizations, labour market organizations ▪ they have a safe and healthy home to live in *- A14: develop housing counselling* T: 2020 – 2028 L: YM P: Organizations, Municipal Association, AVI, parishes *- A15: promote independent living for people with impaired functioning* T: 2021–2028 L: YM P: STM, municipalities, future welfare areas, provinces, parishes *- A16: add adaptable and flexible housing stock* T: 2021–2028 L: YM P: ARA *- A17: increase the supply of affordable housing and develop preventive actions to prevent exclusion from the housing market* T: 2021–2028 L: YM P: STM, OM, ARA, municipalities, future welfare regions, provinces, organizations, companies ▪ they can participate in working life equally and without discrimination *- A18: ensure accessible and multidisciplinary services for people in a weak labour market position* T: 2020–2023 L: TEM P: OKM, STM, future welfare regions, provinces, KELA, municipalities, Municipal association, organizations, TE services *- A19: ensure access to skills developing services for people in a weak labour market position* T: to be specified L: OKM P: TEM, future welfare regions, provinces, municipalities, Municipal association, TE services *- A20: increase partnerships with companies and employers to change attitudes and create effective practices* T: 2020–2023 L: TEM P: STM, labour market organizations, provinces, TE services *- A21: implement evidence-based operating models to support the employment of people who find it difficult to find employment* T: 2020–2023 L: TEM

	P: OKM, STM, STEA, provinces, municipalities, TE services *- A22: assess the effects of activation services and activities on the employment, work and activity ability, and participation of people with a weak labour market position* T: 2020–2023 L: TEM P: STM, TE services *- A23: support the work and functional ability of people who have become unemployed by introducing multidisciplinary work ability support models* T: 2020–2023 L: Future welfare areas P: Municipalities, organizations (experience experts), TE services *- A24: remove incentive traps in a way that it is profitable to accept a job without fear of a loss of livelihood or a break in it* T: 2020–2027 L: STM P: TEM, VM *- A25: create tools to identify risks to the prolongation and recurrence of unemployment* T: 2020–2023 L: TEM P: OKM, STM, future welfare areas, provinces, TE services *- A26: narrow the differences in the length of the unemployment period in population groups and regionally* T: to be specified L: TEM P: Provinces, future welfare areas, municipalities, Kunitaliitto, TE services *- A27: promote rapid re-employment* T: to be specified L: TEM P: Employers, labour market organizations, associations, TE services *- A28: support labour mobility nationally and in Europe* T: 2020–2023 L: TEM P: STM, labour market organizations, provinces, TE services ▪ they know and can use various digital services *- A29: strengthen digital inclusion and develop digital inclusion tools. Enable large-scale utilisation and user experience* T: 2020–2025 L: VNK P: VM, STM, OM, organisations, Association of Municipalities, regional digital project operators *- A30: improve digital service availability and accessibility* T: to be specified L: VM P: SM, KELA, TE-services other public service providers, the Confederation of Municipalities, AVI

	▪ they have the opportunity for meaningful leisure activities and for hobbies *- A31: ensure the vitality and importance of exercise and sports clubs as a provider of recreational opportunities for the entire life course* T: 2020– L: OKM P: STM, municipalities, sports and sports clubs *- A32: develop cooperation between youth work and educational institutes. Promote the use of day-care centres and educational institutions as environments for meaningful activities and hobbies* T: 2020– L: OKM P: Municipalities, non-governmental organizations, Union of Municipalities, AVI ▪ young people feel that they can act and have a meaningful impact *- A33: implement the National Children's Strategy 2020–2030* T: 2020–2023 L: OKM P: Future welfare areas, municipalities, organizations, provinces, STM, OM, YM, AVI *- A34: use school health surveys, KOTT research (the Finnish Student Health and Wellbeing Survey), the youth barometer and the experience information of young people to prevent youth exclusion and safety problems* T: 2020– L: THL P: Municipalities, future welfare areas, provinces, AVI ▪ minority groups and immigrants get to give full their contribution to society *- A35: implement the National Roma Policy Program 2. Roma Policy Program (ROMPO 2)* T: 2018–2022 L: STM P: OPH, Roma education team education board, OKM, AVI *- A36: ensure the selection criteria for discretionary state aid projects include increasing cultural diversity, community and inclusion* T: 2018–2021 L: STEA P: OKM, AVI *- A37: promote the integration of people who have moved to the country, with special attention for those outside the working life. Spread information about good integration practices* T: 2020–2023 L: TEM P: OKM, STM, Kunitaliitto, municipalities, AVI, organizations *- A38: Prepare and implement cross administrative anti-racism and good population relations action program. Produce practical tools for municipalities to promote good relations between local population groups* T: 2020–2023 L: OM P: Other ministries, Union of Municipalities, Taike, municipalities, provinces, future welfare areas, AVI

	▪ those belonging to linguistic and cultural minorities and those with a refugee background immigrants' health has improved as well as the general population average *- A39: implement the recommendations of THL's PALOMA project to promote the mental health of people who have immigrated to the country with a refugee background* T: 2020–2023 L: THL P: Ministries, municipalities, future welfare areas *- A40: implement the Nordic suicide prevention plan for Sami people and introduce methods for promoting positive mental health through the means of Sami culture* T: 2020–2023 L: STM P: Sámi assemblies, municipalities, social and health organizations *- A41: start work with experts from general substance abuse and mental health services to develop projects aimed at Roma* T: 2020– L: STM P: OM, organizations *- A42: implement the action recommendations of the Roosa research project* T: to be specified L: THL P: Ministries **2.Good everyday environments:** A good everyday environment for people is healthy, safe, barrier-free and aesthetic when it: ▪ encourages action to promote one's own well-being and health and supports the ability to study, work and function *- A43: municipalities encourage residents to be active for activities and hobbies through community and housing planning and experiencing a good and aesthetic environment* T: 2020– L: Union of Municipalities P: Municipalities, Resident associations, YM, OKM, organizations, entrepreneurs and entrepreneur organizations, Taike *- A44: municipalities, regions and other developers set aside a percentage of the construction or renovation costs for art acquisitions in order to increase the comfort of the care and facility environment* T: to be specified L: Taike P: Municipalities, future welfare areas and other developers, YM *- A45: municipalities and regions consider accessibility in the planning and development of operating environments and housing* T: to be specified L: to be specified P: Municipalities, provinces, organizations, YM, STM *- A46: municipalities develop operating models for inclusive planning of residential environments and influencing the residential environment in such a way that children, young people and the elderly can safely be active participants and enthusiasts*

	T: to be specified L: YM P: Municipalities, organizations, Municipal association, SPEK, rescue services *- A47: promote the sexual and reproductive health of the population in accordance with the actions of the Sexual and Reproductive Health Action Program (2014– 2020). Facilitate the availability and accessibility of safe sex accessories and self-testing equipment* T: to be specified L: THL P: Municipalities and future welfare areas *- A48: support health literacy in all population groups* T: to be specified L: STM P: Organizations, municipalities *- A49: continue actions that promote brain health and prevent memory diseases in line with the National Memory Program (2015 – 2020)* T: to be specified L: STM P: Aivoliitto, Kunitaliitto, municipalities, future welfare areas, THL, occupational healthcare providers, organizations, Taike *- A50: municipalities will develop school and educational institution environments to encourage safe movement and healthy nutrition* T: to be specified L: STM P: OKM, municipalities ▪ supports community and social cohesion and reduces differentiation of residential areas *- A51: national implementation of participatory cultural activities* T: to be specified L: OKM P: STM, future welfare areas, municipalities, organizations *- A52: implementation of national democracy program measures* T: to be specified L: OM P: Provinces, municipalities, organizations, ministries ▪ strengthens mental health skills and mental health *- A53: map the mental health skills of those working in social and healthcare, early childhood education, teaching, youth work, the police and the defence forces, in cooperation with relevant organisations* T: 2020–2023 L: STM P: OKM, SM, PM, THL, educational institutions, industry players, organizations *- A54: ensure mental health skills are included in supervisor training, and that training emphasises prevention and early intervention* T: 2020–2023 L: STM P: Labour market organizations and nongovernmental organizations

	- A55: prevent and develop interventions in relation to bullying, harassment and discrimination. Ensure monitoring of improper treatment, harassment and discrimination at workplaces by occupational safety and health authority T: 2020-2022 L: OPH P: Institute of Occupational Health, labour market organizations, non-governmental organizations, Occupational Safety Center, AVI *- A56: ensure workplaces means in active use to reduce the psychosocial load factors of the job and increase the resource factors of the job* T: 2020-2022 L: STM P: TTL, labour market organizations and non-governmental organizations, Työturvallissäkiskeskus, THL *- A57: organise training in mental health skills in public, private and third sectors* T: 2020–2023 L: STM P: organizations, AVI *- A58: develop the teaching of health information in elementary school and secondary school studies, utilise the means of cultural well-being, develop and establish a study community that promotes the mental health of secondary and tertiary students and methods that strengthen mental health skills* T: 2020–2023 L: OKM P: OPH, STM, THL, TTL, organizations, Taike *- A59: develop, introduce and consolidate methods of strengthening mental health skills in the elderly* T: 2020–2023 L: STM P: Organizations, Age Institute, Magic heart *- A60: develop ways to support mental health* T: 2020-2022 L: to be specified P: Private companies, organizations, future welfare areas, municipalities and STM, THL, universities, AVI, provinces *- A61: implement the National Age Program until 2030* T: 2021-2023 L: STM P: Other ministries, THL, municipalities, provinces, organizations, Magic Heart, future welfare areas ▪ encourages physical activity and gives equals opportunities for movement and enjoying the nearby nature and cultural environment *- A62: municipalities increase low-threshold sports opportunities (such as offering free and affordable exercise for different population groups)* T: 2020 – Programs currently running L: OKM and STM with physical activity promotion programs P: Municipalities, organizations, clubs, associations and companies, Confederation of Municipalities, AVI, parishes - A63: *municipalities enable work, study and school trips as well as the use of local services by walking, cycling and connecting them to longer journey chains with public transport*

	T: Measures agreed 2020–2023 target schedule 2030. L: to be specified P: Municipalities, LVM, Traficom, AVI *- A64: disseminate information about physical activity and promote physical activity* T: 2020– L: OKM and STM P: National exercise promotion programs, expert institutions, associations, target organizations *- A65: increase knowledge of professionals around walking, cycling and other physical activity and continue education around the community, environment and traffic planning for example* T: to be specified L: YM P: OKM, educational institutions *- A66: ensure easy access to nature sites through transport connections and ensure recreational and educational use of nearby nature is taken into consideration when planning zoning* T: to be specified L: YM P: Municipalities, provinces, LVM ▪ offers everyone the opportunity for high-quality nutrition *- A67: the nutritional commitment operating model of the State Nutrition Advisory Board is implemented (with relevant bodies supported) aimed at measures such as reducing salt, saturated fat and sugar intake, increasing the use of vegetables and domestic fish and moderating portion sizes.* T: 2017–(2021)– L: VRN P: Ministries, municipalities and provinces, food industry operators, organizations *- A68: develop measures to guide local and regional work to promote health nutrition* T: to be specified L: to be specified P: MMM, companies, VRN, Food Agency, organizations *- A69: launch an investigation into the creation of a voluntary indicator of nutrition quality, such as OIVA-hymy, to support the self-monitoring of food service and food industry operators, in addition to the obligations of food legislation* T: 2021– L: Food Agency P: - *- A70: introduction of new dietary recommendations for different target groups* T: 2020– L: VRN P: STM, MMM, OKM, municipalities, provinces and private service providers, organizations *- A71: workplaces create better opportunities for healthy eating during work such as increasing awareness of health eating and option for meals and snacks etc.* T: to be specified

	L: TTL P: Jobs *- A72: limit the marketing of unhealthy foods. Measures to be defined* T: 2020-2021 L: STM P: MMM, TEM, LVM, OKM, Food Agency, consumer authorities *- A73: create material around nutrition for municipalities and provinces to enhance decision making* T: 2021 L: STM P: VRN, union of municipalities MMM, THL, municipalities, provinces and future welfare regions *- A74: monitor the nutrition of children and young people to support decision making* T: 2021 L: THL P: - *- A75: expand community group catering activities and places to do things together. Develop hobby and peer support activities and guidance and paths to other activities* T: to be specified L: to be specified P: Organizations, municipalities ▪ prevents possible damage caused by buildings and the environment *- A76: increase the population's awareness of the factors affecting the health and safety of buildings and the environment, and the risks associated with them* T: 2018-2028 L: STM P: THL, YM, SM, municipalities, Valvira, AVI, STUK *- A77: pay attention to factors that can reduce the risk of being exposed to harmful factors in buildings and the environment* T: 2018-2028 L: STM P: THL, YM, municipalities, Valvira, AVI, STUK *- A78: develop ways to prevent harm in the everyday environment* T: 2018-2028 L: STM P: THL, STUK, TTL, SM, organizations, municipalities, AVI, Valvira *- A79: implement measures to increase health and well-being in accordance with the themes of the Healthy spaces 2028 program and the National indoor air and health program coordinated by THL* T: 2018-2028 L: VNK, STM and THL P: YM, OKM, TTL, organizations ▪ encourages methods of action to protect the population from infections and from resistant pathogens

	- A80: increase the populations awareness of antimicrobial resistance and the factors influencing the spread of resistance, along with the proper use of antimicrobials T: 2017-2022 L: STM P: MMM, involved in the national monitoring, for example, THL, municipalities, hospital districts, Food Agency *- A81: draw attention to factors which reduce the risk of exposure to resistant bacteria in everyday life* T: 2017-2022 L: STM P: MMM, involved in the national monitoring, for example, THL, municipalities, hospital districts, Food Agency *- A82: maintain the monitoring of the resistance of bacteria, the ability to investigate epidemics caused by resistant microbes and the ability to react to unexpected new threat situations* T: 2020– L: THL P: Food Agency ▪ reduce the harm caused by the use of substances, tobacco and gambling to people, their loved ones and the surrounding environment *- A83: implement the substance abuse and addiction strategy. Further implementation of the gambling policy program, the government's decision in principle on drug policy, the tobacco working group, the interim evaluation of the alcohol law, and the action program for Preventive* *substance abuse work coordinated by THL* T: to be specified L: THL P: Municipalities, regions, organizations *- A84: prevent the spread of hepatitis C among injection drug users in accordance with the Hepatitis Strategy* T: 2020– L: STM P: Organizations ▪ helps prevent domestic and family violence, accidents and injuries. *- A85: the committee for combating violence against women and domestic violence coordinates measures to reduce violence* T: 2018–2030 L: Violence against women and the Committee for Combating Domestic Violence P: - *- A86: implement the measures of the Safe Life for the Elderly action program (SM 6/2018)* T: 2020– L: SM P: STM, OM, organizations and congregations (searching and finding work for the elderly), future welfare areas, municipalities, Association of Municipalities, AVI *- A87: implement the measures of the 2021–2030 program for the prevention of accidents in the home and leisure time: Safely for all ages* T: 2021–2030 L: Home and Leisure Accident Prevention Coordination Group (STM)

	P: Ministries, research institutes, universities, municipalities, organizations, future welfare regions, provinces - *A88: implement a traffic safety strategy* T: 2021– L: National Road Traffic Safety Working Group (LVM) P: - - *A89: implement the Violence-Free Childhood action plan on violence against children 2020 – 2025* T: 2020-2025 L: THL P: STM, POHA, SM, OM, OKM, OPH, hospital districts, organizations, universities - *A90: draw up and implement a plan for the Lanzarote agreement* T: 2020–2023 L: STM P: OM, SM, UM, organizations - *A91: draw up and implement a cross-administrative action program against human trafficking* T: 2020–2023 L: OM and VN anti-trafficking work coordinator P: TEM, STM, UM, organizations - *A92: prepare a proposal for a new law on helping victims of human trafficking* T: 2020-2022 L: STM P: SM, OM, UM, TEM, THL - *A93: implement the program for the prevention of violent radicalization and extremism* T: 2020– L: SM P: STM, THL, OM, OKM, OPH, organizations - *A94: make available information on the cause of death investigation, forensic autopsy, rescue operations and first aid to those working in accident prevention* T: 2021–2030 L: THL P: POHA, STM, SM, Rescue college - *A95: implement the actions of the effectiveness goals of the Safe and accident-free everyday 2025 action program* T: 2020-2025 L: SM P: Rescue services, municipalities, future welfare areas, hospital districts, organizations **3.Activities and services that promote well-being and health:** People need activities that promote well-being, health and safety, as well as high-quality and equal services. This means that: ▪ promoting well-being, health and safety is part of municipalities and regional management, operation and cooperation - *A96: form and describe structures supporting cooperation and coordination of the promotion of well-being, health and safety* T: 2020-2022

	L: STM P: Municipalities, future welfare areas, AVI, social competence centers, provinces *- A97: introduce practices for pre-assessment of effects on people, and utilise multidisciplinary information on the well-being and health of the population* T: 2021– L: THL P: Future welfare regions, provinces, ministries, AVI *- A98: municipalities and future welfare areas prepare welfare reports and plans in multi-disciplinary and multi-stakeholder cooperation (including organizations) using expert knowledge and experience* T: 2021– L: THL P: Municipalities, future welfare areas, Federation of Municipalities, FCG, THL, AVI, social competence centers, provinces *- A99: The service strategy of the future welfare areas describes the goals of promoting wellbeing, health and safety and measures including services and service chains at the interface of future welfare areas and municipalities* T: 2022– L: STM P: Future welfare areas, THL, AVI *- A100: establish art and culture-oriented welfare services, art and cultural activities promoting health and well-being, and cultural rights as part of the promotion of well-being and health* T: 2020-2022 L: Taiku 3 P: Future welfare areas, municipalities, AVI, STM, OKM *- A101: introduce tools to promote physical activity, nutrition and safety in organisations operations* T: to be specified L: TTL P: Future welfare regions, provinces, municipalities, organizations, workplaces, ministries *- A102: introduce evidence based operating models which promote well-being, health and safety and sense of security of the most vulnerable population groups, in the public, private and third sectors* T: 2021– L: THL P: STEA, STM, VM, OM, OKM, social competence centres, organisations, Association of Municipalities, Age Institute, Magic Heart *- A103: joint integration of education, social, health, labour and guidance services for young people into a unified customer-oriented entity on the Ohjaamo platform* T: 2018–2020, continues 2021– L: TEM P: Future welfare regions, provinces, municipalities *- A104: monitor art and cultural activities that promote health and well-being and the realization of cultural rights as part of interface services and as part of well-being reports* T: 2021– L: Taiku 3

	P: Future welfare areas, municipalities, AVI, Taike, organizations *- A105: support expectant mothers and families with children through ensuring those working at family centres, counselling centre and student care have methods at their disposal to identify families in need of parenting support, and the means of supporting them. Introduce tools to support parents in strengthening children's mental health skills and healthy lifestyles* T: 2020-2022 L: STM P: Future welfare areas, municipalities, OKM, organizations *- A106: the development needs for lifestyle guidance, mental health skills, cultural well-being and skills in the fight against vaccine-preventable diseases are mapped and strengthened with training for professionals in social and healthcare services, or those working with children* T: to be specified L: to be specified P: Future welfare regions, municipalities, organizations, companies, STM, OKM, AVI, educational organizations offering continuing education. ▪ community activities and services prevent problems from arising and are timely *- A107: strengthen the use of preventative action models in social and healthcare services* T: 2020–2023 L: THL P: Future welfare areas, pharmacies, STM, OKM, organizations, municipalities, organizations, social competence centers, expert institutions, companies, AVI, THL *- A108: ensure the accessibility of services and people right to receive support and guidance* T: to be specified L: to be specified P: Future welfare areas, organizations *- A109: ensure multidisciplinary actions that support maintenance of functional capacity in the services for the elderly, taking into account those with memory problems and family caregivers* T: 2020–2023 L: to be specified P: Future welfare areas, municipalities, organizations *- A110: reduce unnecessary demand for antibiotics by communicating to consumers about drug-resistant pathogens, the effect of antimicrobials on an individual's microbial flora, and the importance of vaccination in disease prevention* T: 2017-2022 L: STM P: - *- A111: municipalities identify persons belonging to the risk group of different infectious diseases and adapt preventive measures taking into account the special characteristics of each group* T: 2021– L: STM P: Municipalities, future welfare areas *- A112: the acceptability of vaccines is increased and vaccine coverage is improved through wide ranging and versatile means*

	T: to be specified L: STM P: AVI, Valvira, future welfare areas, THL, TTL *- A113: develop metrics that describe the effectiveness of preventive and promotional work* T: to be specified L: THL P: Taike, social competence centers *- A114: increase the usability and nationwide availability of data* T: 2020– L: THL P: - *- A115: the work and work well-being development program (TYÖ2030) finances development projects at the industry and workplace level* T: 2020–2023 L: STM P: TTL, jobs *- A116: implement the Action Program for Working Life and Good Mental Health* T: Started in spring 2021 L: STM P: TEM, THL ▪ workplaces are actively using means to support people's well-being *- A117: preparation and implementation of the rehabilitation implementation plan* T: 2020-2022 L: STM P: - ▪ services and benefits are coordinated to promote functional ability *- A118: implemented as part of the social security reform (is one of the entities examined in the reform)* T: 2020–2028 L: STM P: - ▪ rehabilitation and rehabilitative work activities support people's ability to work and opportunities for work *- A119: integrate multidisciplinary service entities into services available from one place* T: 2020–2023 L: STM P: Future welfare areas, municipalities, TE services, Kela ▪ people can influence and act on the services they need in matters *- A120: strengthen the expertise of regional authorities through ensuring that residents and customers participate in the planning, development and evaluation of operation services* T: 2020-2022 L: THL

	P: Future welfare areas, municipalities, organizations ▪ cooperation structures enable effective cooperation in different ways between administrative branches and organizations *- A121: enhance the monitoring of children's and young people's lifestyles and early support by agreeing on responsibilities, structures and processes and preparing treatment paths and improving care guidance* T: to be specified L: THL P: Municipalities, future welfare areas, STM, organizations *- A122: establish structures that strengthen cooperation between organisations, such as forums and councils in municipalities and regions* T: 2020–2023 L: STEA (coordination project) P: Organizations, future welfare areas, provinces, municipalities, STM *- A123: strengthen cooperation structures and processes to develop health and mental health skills, and strengthen community* T: 2020–2023 L: STM P: Municipalities, future welfare areas, OKM, organizations *- A124: enhance the use of nutrition, cultural and art activities and rehabilitation, by increasing multi-professional cooperation* T: 2020-2022 L: to be specified P: Provinces, future welfare areas, municipalities, STM, OKM *- A125: ensure functioning inter-governmental cooperation mechanisms and regional operating models to prevent intimate partner and family violence, and help victims* T: 2020– L: STM P: Municipalities, future welfare areas, SM, AVI *- A126: strengthen the skills of social and health professionals, teachers in schools and educational institutions and people working with people in other fields to identify the needs for mental well-being support and organize support and prevent suicidal acts in difficult life situations (as part of the implementation of the National Mental Health Strategy and Suicide Prevention Program)* T: 2020–2023 L: STM P: Ministries, municipalities and regions, OPH, expert institutions and organizations *- A127: develop common working platforms for different actors, such as service trays and service guidance using an electronic service tray* T: 2020–2023 L: STM P: Provinces, municipalities, organizations and companies ▪ with social and health professionals and other people working people have tools to promote well-being and health and the ability to prevent suicidal acts in difficult life situations *- A128: support, with project funding operating methods, the development and renewal of cooperation of the public, private and third sectors*

T: to be specified
L: to be specified
P: Ministries

- people get smoothly working together public, private and organizations services provided

- A129: ministries create new ways of working to cooperate with the private sector and organizations in the field of promoting well-being and health

T: to be specified
L: STM
P: Ministries

4.Effectiveness with decision making:

Decision makers promote well-being, health and safety and reduce inequality throughout the country, regionally and locally. For decision-makers to succeed in this work:

- decision-making work methods have been developed to reduce inequality in well-being and health and are actively used
- they have at their disposal enough up-to-date information to promote well-being, health and safety, as well as the tools to assess the effects of alternative decisions
- methods are developed that can be used to better demonstrate the effects of financial decisions on people's well-being, health and safety
- they have reliable and easy-to-understand information at their disposal that investments in well-being are financially profitable in the long term and also help to prevent the emergence of safety problems
- they have reliable and easy-to-understand information at their disposal about the effectiveness of the methods of promoting well-being, health and safety

Actions within focus area 4 are linked to all sub-goals.

- A130: strengthen the use of pre-assessment of the effects of decisions at the national, regional and local level by increasing awareness, understanding and know-how of the possibilities of using pre-assessment in the preparation of decision-making

T: to be specified
L: THL
P: Municipalities, provinces, ministries, Confederation of Municipalities

- A131: produce instructions to improve the quality of the preliminary assessment and to support the implementation

T: to be specified
L: to be specified
P: Ministries

- A132: introduce the regulatory impact assessment quality indicator in term of effects on humans

T: to be specified
L: to be specified
P: Ministries

- A133: add methods that support participation to the decision making processed of municipalities, future welfare regions, provinces and ministries. Support implementation of the participatory management model

T: to be specified
L: THL

	P: Municipalities, future welfare areas, provinces, OM, VM, other ministries, Confederation of Municipalities *- A134: introduce new forms of participation such as cooperating with the Democracy Network (Union of Municipalities)* T: 2020-2025 L: VM P: OM, Kuntalitto *- A135: increase accessibility of preparatory documents and information* T: 2022-2023 L: OM P: Ministry of Interior, ministries, Association of Municipalities *- A136: develop training for organisations to allow for better participation* T: 2021– L: VM P: OM, ministries, Association of Municipalities *- A137: include an inclusion plan as part of an organisations management system* T: to be specified L: to be specified P: Municipalities, provinces, ministries, Confederation of Municipalities *- A138: strengthen decision makers expertise on issues that create and reduce inequality by versatile and multichannel communication and influence* T: to be specified L: to be specified P: Ministries, Union of Municipalities *- A139: develop tax policies and support practices in health and well-being* T: to be specified L: to be specified P: Ministries *- A140: ensure that tax solutions are made that target people impact assessment* T: to be specified L: VM P: STM, THL *- A141: collect research data on the cost-effectiveness and effects of the national economy of promoting well-being, health and safety, and reducing inequality. Identify information gaps and make indicator information as up to date as possible* T: to be specified L: THL P: Taiku 3, Taike, organizations - A142: *develop tools for the promotion of well-being, health and safety and the monitoring of the narrowing of inequality. Enhance utilisation of existing monitoring tools* T: to be specified L: THL P: TTL, Taiku 3, Taike

	- A143: ministries map and develop digitally implemented processed for the promotion of well-being and health T: to be specified L: VM P: Ministries *- A144: begin monitoring and collecting statistics on serious accidents* T: to be specified L: STM P: THL, SM **Key performance indicators** Sotkanet.fi, are located within the Finnish institute for health and welfare and provide statistical information on welfare and health in Finland. They produce over 3,500 indicators on health, welfare and functioning of the service-system.(44)
Supporting economic analysis	N/A.
Any additional information	N/A.
Strategy development	
Stakeholder(s) and or consultation method(s)	The principle decision and its implementation plan was prepared after the end of the Health 2015 program. More than 200 experts participated in the development of the principal decision and its implementation plan. These were represented across: ▪ various ministries ▪ expert and research organizations ▪ public services such as municipalities and hospital districts ▪ social competence centres ▪ regional administrative agencies ▪ provincial associations and organizations. In the preparation emphasis was placed on the commitment of different administrative branches to common goals and implementation, as well as a sufficiently concrete implementation plan. Statements were requested from the ministries on the decision in principle. The statement was issued by the: ▪ Ministry of Transport and Communications ▪ Ministry of Education and Culture ▪ Ministry of Justice ▪ Ministry of the Interior ▪ Ministry of Labor and the Economy ▪ Ministry of Finance ▪ Ministry of the Environment

	▪ Prime Minister's Office. The Ministry of Agriculture and Forestry and the Ministry of Defence did not issue a statement. They have participated in the preparation, and the changes they proposed have been made into a decision in principle. As a general rule, those who gave opinions considered the decision in principle necessary and supported the objectives of the proposal. Clarifications and additions were made to the priorities of the principle decision, the paragraph describing the implementation, and the background based on the statements. **5 Stakeholder Workshops (Autumn of 2020)** The five stakeholder workshops were attended by representatives of universities and universities of applied sciences and other research and development organizations, representatives of organizations, representatives of municipalities and municipal associations, representatives of trade unions and institutions under ministries. The implementation plan was worked on by specifying measures and identifying partners for various measures, and views were gathered on how to utilize the plan.

Key: A: Associated strategic actions; Aivoliitto: Finnish Brain Association; AVI: Regional state administrative agency; Future welfare areas: welfare areas to be established in the social security reform, which are entities under public law separate from municipalities and the state; Kela: Social Insurance Institution of Finland; Kunitaliitto: Association of Finnish Local and Regional Authorities; L: Coordinating body or lead; Magic heart: national cooperation network for the multidisciplinary coordination, development and communication of connections between art and well-being; MMM: Ministry of Agriculture and Forestry; OKM: Ministry of Education and Culture; OPH: Board of Education; P: Cooperation partners; SPEK: Finnish National Rescue Association; STEA: Funding Centre for Social Welfare and Health Organisations; STM: Social and Health Ministry; T: Timeline; Taike: Art Promotion Center; TAIKU 3: Cooperation group for art and cultural activities promoting health and well-being; TEM services: Ministry of Economic Affairs and Employment; THL: Department of Health and Welfare; Traficom: Finnish Transport and Communications Agency; TTL: Institute of Occupational Health; Työturvallissäkiskeskus: The Occupational Safety Center; UN: United Nations; Valvira: National Supervisory Authority for Welfare and Health; VM: Treasury; VNK: government office; VRN: Finnish Food Authority.

Table B9. Extracted data for Northern Ireland.

Northern Ireland[19]	Strategy information
Author(s) **Title**	Department of Health Northern Ireland Making life better: A whole system strategic framework for public health.[19] Making Life Better: Key indicators progress update 2022[20]
Timeline	2013 - 2023
Overall aim(s) (measurement method(s) and target(s) where available)	Vision: All people are enabled and supported in achieving their full health and wellbeing potential. Aim: To achieve better health and wellbeing for everyone and reduce inequalities in health. The gradient approach: In order to achieve the aims of better health and wellbeing for everyone and reduced inequalities in health, the overriding approach must be to take account of the need for greater intensity of action for those with greater social, economic and health disadvantage. This applies right across the social gradient, as recognised by Marmot, and requires action to improve universal services as well as more targeted services for those in greater need. Overall activity was reported on annually. The framework also identifies a number of high-level indicators which serve as proxy measures to monitor progress towards the outcomes, and which were used to measure progress over time.
Governance	At strategic level a **Ministerial Committee for Public Health** was established. This group was chaired by the Minister for Health, Social Services and Public Safety and supported and informed by the All Departments Officials Group (ADOG). Key functions will be to provide strategic leadership, direction and coherence with other key strategic programmes and structures such as Programme for Government (PFG), NI Economic Strategy and Delivering Social Change, agree shared goals and priorities and oversee implementation on behalf of the Executive. This group will be chaired by the Minister for Health, Social Services and Public Safety and supported and informed by the All Departments Officials Group (ADOG). **The All Departments Officials Group (ADOG)**, chaired by the Chief Medical Officer, will comprise senior officials from all departments. It will inform and make recommendations to the Ministerial Committee; co-ordinate collaborative working at departmental level; connect with the Regional Project Board, directing, or supporting action as appropriate; and monitor and report on progress. The **Regional Project Board**, led by the Public Health Agency (PHA) will focus on strengthening collaboration and co-ordination to deliver on shared strategic priorities across sectors at a regional level, and on supporting implementation at a local level. Membership of the group will comprise the Chief Officers of relevant statutory agencies, and include representation from local government, the community and voluntary sector and the private sector. The primary focus of this group will be to drive implementation of agreed priorities through: ▪ building connections between strategic drivers and local implementation ▪ driving forward opportunities for regional initiatives that cut across common themes ▪ directing, providing co-ordination for and monitoring the work of local partnerships ▪ examination of emerging data, evidence and best practice in terms of addressing health and social wellbeing inequalities ▪ providing advice and recommendations to the ADOG and Ministerial Committee on emerging issues and potential areas for policy and legislative consideration and joint working.

	This Group will be informed by and will support local partnerships. It may also be supported through the establishment as appropriate of thematic sub-groups or time bound working groups on priority themes. The Group will report through the Chair to the ADOG. Individual members will also be required to make effective links into their relevant Department/ organisation in terms of emerging issues and implementation. In conjunction with local level partnerships the **Regional Board** will develop an Implementation Plan, focussed on strengthening co-ordination in relation to the priorities identified in this framework. **Local strategic partnerships** of key statutory, private, community and voluntary bodies will be established based on an agreed geographic coverage. Each Partnership should in the first instance be developed from existing local arrangements and include a balance of statutory and non-statutory partners. The partnerships' role will focus on local delivery and will be to: ▪ identify local opportunities for collaboration and partnership working based on local need ▪ drive local interventions/services to support those most in need ▪ develop and promote new ways of working and models of intervention and test concepts ▪ ensure regional priorities are reflected in local plans ▪ ensure that local priorities are fed into the strategic process ▪ report to the Regional Project Board (the Chair of the local partnership will be a member of the Regional Project Board). These arrangements should link into and align with local **Community Planning** arrangements over time. New legislation will place a duty on councils to lead the community planning process and on other public bodies to participate. Departments will also be required to promote and encourage community planning and have regard to the councils' community plans in planning the delivery of services. Legislation will establish a statutory link between the community plan and the local development plan. This will ensure that issues relating to the general wellbeing of the community will be taken into account in the preparation of a council's local development plan. To support the proposed structures a monitoring framework will be developed to include: ▪ reports from local partnerships to Regional Project Board ▪ reports from Regional Project Board on regional and local activity with advice and recommendations to ADOG ▪ reports from ADOG to the Ministerial Committee on strategic issues, key indicator trends, overall activity and provide advice and recommendations ▪ an annual report on overall progress. **Data and Research Groups** established to support the framework, a set of key indicators has been agreed to facilitate high-level monitoring of progress. **DHSSPS Information and Analysis Directorate** will undertake the role of collating and publishing updates on the key indicators including on those relating to the social determinants

Scope and collaboration	See 'strategy development'. This strategy retains a focus on the broad range of social, economic and environmental factors which influence health and wellbeing. It brings together actions at government level and provides direction for implementation at regional and local level. At strategic level this framework emphasises the inter-connectedness of many government policies and programmes, and the mutual benefits and shared goals that can be achieved by working together effectively. It is clear that there are opportunities to strengthen these linkages through governance and monitoring which develops a sense of coherence flowing through to implementation at delivery level. The reform of local government will also provide an opportunity to strengthen the already significant contribution at local level to improving health and reducing health inequalities. The productive joint working arrangements between the PHA and councils will be maintained and built upon, as well as ensuring strong linkages with others through the new community planning process. A whole system approach is required, with clear lines of communication, accountability and clarity on how governance and implementation is to work. Connections with other relevant strategies and initiatives need to be managed and maximised. Collaboration should be embedded in every aspect of governance and monitoring, and with clear recognition of and relevant linkage with structures and partnerships which will contribute - examples are Children and Young People's Strategic Partnership, and Public Health Local Government Steering Group.
Themes and or priorities	Underpinning themes: ▪ Sustainable communities ▪ Building health public policy Six main themes have been identified: **1. Giving every child the best start** What happens to children in their earliest years is key to outcomes in adult life. Individuals and communities benefit from the strong attachment and emotional links that are created by good parenting and positive early life experiences. These give children the best start in life and help to prepare children to get the most out of education and social interactions **2. Equipped throughout life** Initiatives which encourage and engage people at any age in social, cultural, sport and leisure activities impact on both physical and mental health and wellbeing, as well as on such issues as creativity, social inclusion, and good relations. They can also support interaction across generations. In addition to individual and wider societal benefits, there are environmental benefits to be gained. Participation in such interests offers lifelong enjoyment and fulfilment and is an essential part of healthy living. **3. Empowering healthy living** People's behaviours – whether they smoke, how much they drink, what they eat, whether they take regular exercise – are widely recognised as affecting their health and risk of dying prematurely. This work argues for a move away from a silo approach to promoting

	particular healthy behaviours, towards interventions which adopt a more holistic and integrated approach. The "clustering" of lifestyle with medical risk factors is the most important issue related to risk and will require integrated approaches which take account that many people will present with several risk factors at the same time. **4. Creating the conditions** This theme focuses on the wider economic and environmental determinants that provide the fundamental conditions to support good health and wellbeing. These include the economy, which affects employment and income levels, the wider physical environment and infrastructure, and living conditions. There is growing recognition of the impact and mutual reliance of public policies on each other and the need therefore for inter - connectedness, reinforcement and cross–cutting collaboration both in policy development and implementation. Creating the conditions for good health and wellbeing will require a "whole system" approach across government and through inter-sectoral working, which ensures that connections between relevant initiatives are maximised. **5. Empowering communities** "Creating the Conditions" and "Empowering Communities" address the wider structural, economic, environmental and social conditions impacting on health at population level, and within local communities. These will align with key government strategies such as those to develop the economy, tackle poverty and promote community relations. **6. Developing collaboration** "Developing Collaboration" considers strengthening collaboration for health and wellbeing at regional and local levels. This theme identifies three areas of work (in relation to food, space/environments and places, and social inclusion) around which a number of partners have been developing collaborative approaches. These areas have been recognised as being of importance in improving health and reducing health inequalities. They have the potential to bring together communities and relevant organisations at local level, supported where necessary at regional level.
Implementation action(s), lead(s) and desired outcome(s)	For each of the six themes long-term outcomes have been set with strategic supporting actions and commitments over the current budgetary period that work towards these. They include actions which are particularly relevant to influencing the determinants of health and wellbeing. It is intended that departmental commitments will be updated on a rolling basis over the period of the framework. The Regional Project Board, led by the Public Health Agency (PHA) focuses on strengthening collaboration and co-ordination to deliver on shared strategic priorities across sectors at a regional level, and on supporting implementation at a local level. This Group was informed by and supports Local Partnerships of key statutory, private, community and voluntary bodies, based on an agreed geographic coverage. These were developed from existing local arrangements and include a balance of statutory and non-statutory partners. The Partnerships' role will focus on local delivery. Key overarching indicators : ▪ Life expectancy Description: Differential between NI average and most disadvantaged areas for men and women. Baseline Period: 2009 – 2011 Baseline: In 2009-2011, the differential between the NI average and the 20% most deprived areas was 4.5 years for males and 2.8 years for females. Source: DHSSPS – IAD

Availability: Annual (March)
Healthy life expectancy:
Description: Healthy Life Expectancy between NI average and most disadvantaged areas for men and women.
Baseline Period: 2008/09 –2010/11
Baseline: Between 2008/09 and 2010/11, the differential between the NI average and the 20% most deprived areas was 7.2 years for both males and females
Source: DHSSPS – IAD
Availability: Annual (March)

- Disability Free Life Expectancy:
  Description: Disability Free Life Expectancy between NI average and most disadvantaged areas for men and women.
  Baseline Period: 2008/09 –2010/11
  Baseline: Between 2008/09 and 2010/11, the differential between the NI average and the 20% most deprived areas was 5.4 years for males and 5.0 years for females
  Source: DHSSPS – IAD
  Availability: Annual (March)

Theme 1: Giving each child the best start
Key strategies / strategic programmes: Families Matter, Co-operating to Safeguard Children, Healthy Child Healthy Future, Breastfeeding strategy – A Great Start 2013 – 2023, Children and Young People's strategy, Child Poverty Action Plan, Delivering Social Change Framework/Signature Programmes, Revised Curriculum, Learning to Learn – A framework for Early Years Education and Learning, iMatter programme, School Improvement policy - Every School a Good School, Raising numeracy and literacy levels – Count, Read: Succeed, Entitlement Framework, A Fitter Future for All, Healthy Food for Healthy Outcomes – Food in Schools policy, Education Works campaign, Bright Start - Childcare strategy, Priorities for Youth, Pathways to Success, Community Family Support Programme, Essential Skills for Living, Hidden Harm Action Plan, Child Maintenance programmes, Play and Leisure Policy statement and Play and Leisure Implementation Plan, Care Matters, Transforming Your Care, Making it Better - A Strategy for Pharmacy in the Community.

Key long term outcomes:
1. Good quality parenting and family support
2. Healthy and confident children and young people
3. Children and young people skilled for life

Key indicators:

- Infant Mortality:
  Description: Number of children dying before their first birthday per 1,000 live births
  Baseline Period: 2007 – 11
  Baseline: For the period 2007 to 2011, the infant mortality rate was 4.9 per 1000 live births, with a rate of 5.2 within the 20% most deprived areas.
  Source: DHSSPS – IAD
  Availability: Annual (December)
- Smoking During Pregnancy:

Description: Proportion of mothers smoking during pregnancy in NI and the most disadvantaged areas
Baseline Period: 2012
Baseline: In 2012, 16.5% of expectant mothers in Northern Ireland smoked during their pregnancy, with a rate of 29.6% within the 20% most deprived areas.
Source: DHSSPS – IAD
Availability: Annual (March)

- Breastfeeding:
  Description: Proportion of mother's breastfeeding on discharge and differential between NI average and most deprived.
  Baseline Period: 2012
  Baseline: In 2012, 42.3% of mothers discharged were breastfeeding, including those partially breastfeeding and those breastfeeding only. The differential between the NI average and the 20% most deprived areas was 14.6 percentage points
  Source: DHSSPS – IAD
  Availability: Annual (March)
- Educational Attainment – Key Stage 2:
  Description: Proportion of primary pupils achieving at the expected levels in Key Stage Two assessment in Communication and Using Mathematics
  Baseline Period: 2012/2013
  Baseline: In 2012/13: - 77.1% of pupils achieved at or above the expected level in Communication at KS2 in 2012/13 - 78.5% of pupils achieved at or above the expected level in Using Maths at KS2 in 2012/13
  Source: DE
  Availability: Annual (December)
- Educational Attainment – GCSE:
  Description: Proportion of school leavers achieving at least 5 GCSEs at A*-C or equivalent, including GCSE English and Maths.
  Baseline Period: 2011/2012
  Baseline: In 2011/12, 62.0% of school leavers achieved at least 5 GCSEs at A*-C or equivalent, including GCSE English and Maths. The differential between the NI average and the 10% most deprived areas was 21.9 percentage points.
  Source: DE
  Availability: Annual (May)

1.Good quality parenting and family support

Actions and Commitments 2013 - 2015

D) Promote and support positive parenting:

- establishment of Family Support Hubs and systematic expansion of a range of initiatives and evidence based parenting support programmes
- establishment of a cross-departmental/sectoral Early Intervention Transformation Programme (led by DHSSPS subject to funding approval)
- roll-out of Family Nurse Partnership programme
- implementation of the PHA/HSCB Hidden Harm Action Plan
- improved safeguarding outcomes for children
- parents and other relatives who can play a role in the lives of children who are in care or on the edge of care

- improved availability of high quality, accessible and affordable childcare through a new Childcare Strategy (this work reports to and is guided by the Ministerial Sub-committee for Children and Young People)
- implementation of an infant mental health training plan
- implementation of the Education Works campaign and website.

E) Ensure appropriate family based financial support to children through:

- effective Child Maintenance arrangements in place
- encouraging and enabling families to take financial responsibility for their children
- providing information and support for separated and separating families

Key partners:

A) DHSSPS / OFMDFM / HSC / PHA / CYPSP / DSD / SSA / DE / DOJ / DEL Safeguarding Board/ Community and Voluntary sector
B) DSD

Target group and strategic target group:

A&B) Children and families, with a particular focus on children in need and children in families in areas of disadvantage and experiencing inter-generational unemployment

Funding considerations: Not specified

Start and duration of measure: 2013-2015

2.Healthy and confident children and young people

Actions and Commitments 2013 - 2015

A) Ensure high quality public health and social care services are provided for all children and young people, from ante natal care onwards to include:

- the full range of health protection, health promotion, surveillance and screening and immunisation programmes
- implementation of the breastfeeding strategy including support programmes for those least likely to breastfeed
- additional and tailored support to those who need it
- targeted support for low income, vulnerable pregnant women and young families through the continued promotion and delivery of the Healthy Start scheme

B) Children are cognitively, emotionally and social ready to benefit from education by the time they start P1

- Linking learning and development more effectively through relevant strategies and policies around early intervention and early years, for example implementing 'Learning to Learn – A Framework for Early Years Education and Learning' to strengthen and develop early years education and learning services
- maintaining high quality Sure Start services in designated areas of disadvantage, to support parenting and services for children aged 0-4; and evaluating through a review how effectively the Programme is making a difference to young children and their families
- making at least one year of pre-school education available to every family that wants it.

C) Maximise opportunities for every child and young person to develop confidence, personal resilience and basic skills required for life through for example:

- ensuring all children's and young people's settings (such as schools, colleges and youth organisations) provide environments which support good health and wellbeing
- continuing development and implementation of the "iMatter" programme across post-primary schools and special schools
- delivering Social Change Nurture Units Project – establish 20 new Nurture Units within Primary Schools, to address early emotional and behavioural difficulties among children in Years 1-3. Implementation of Priorities for Youth policy
- implementation of Priorities for Youth policy

D) Increase parents and children's awareness of child internet safety

E) For looked after children and young people ensure: greater involvement in the preparation of their care and personal education plans, improved engagement in special interests, culture and leisure and extra-curriculum activities, regular school attendance by all children and young people in care

F) Promote the benefits of play and leisure and increase the opportunities for children and young people to enjoy it

Key partners:

A) DHSSPS / HSC
B) DE / DHSSPS/ others
C) DE / DHSSPS / PHA / Local government / Community and voluntary sector
D) Departments led by OFMDFM / DHSSPS / Safeguarding Board for NI
E) Departments led by OFMDFM / DHSSPS / Safeguarding Board for NI
F) Departments led by OFMDFM/ Local government / DE / DHSSPS / HSC

Target group and strategic target group:

A) All children and young people, from ante natal care onwards
B) Young children and their families, especially the most disadvantaged
C) Young children and their families, especially the most disadvantaged
D) Young children and their families, especially the most disadvantaged
E) Looked after children and young people
F) Young children and their families, especially the most disadvantaged

Funding considerations: Not specified

Start and duration of measure: 2013-2015

3.Children and young people skilled for life

Actions and Commitments 2013 - 2015

A) Through implementation of "Every School a Good School" and the Literacy and Numeracy strategy:

- increase the proportion of primary pupils achieving at the expected level in Key Stage Two in both Communication and Using Maths
- address numeracy and literacy issues at transition between primary and post primary school through provision of a professional development programme for teachers of English and Mathematics across Key Stages 2 and 3
- increase the proportion of school leavers achieving at least 5 GCSEs at A* – C or equivalent, including GCSE English and Maths

- increase the proportion of school leavers from disadvantaged backgrounds achieving at least 5 GCSEs at A* – C or equivalent including GCSE English and Maths

B) Provide young people with an awareness of budget management including the financial implications of parenthood

C) Provide young people with access to:

- a broad and balanced range of courses, including Essential Skills, that have coherent pathways to HE, FE, training or employment, and that meet the needs of the local economy

D) Identify and intervene early to support children and young people up to age 19 with special or additional educational needs through:

- Pilot approaches and building capacity in line with the Review of Special Education Needs (SEN) & Inclusion
- full roll out of Personal Education Plans (PEPs) process for all Looked After Children in school and training
- development of guidance for schools on promoting attendance

E) Provide 100 Shared Summer Schools for post primary young people

Key partners:

A) DE / Education sector / OFMDFM
B) DE / others
C) DE / DEL / FE / HE
D) DE / DHSSPS / HSC
E) OFMDFM / DE

Target group and strategic target group:

A) All children and young people, especially the most disadvantaged
B) All children and young people, especially the most disadvantaged
C) Young children and their families, especially the most disadvantaged
D) Children and young people up to age 19 with special or additional educational needs
E) Post primary young people

Funding considerations: Not specified

Start and duration of measure: 2013-2015

Theme 2: Equipped throughout life

Key strategies / strategic programmes: Essential Skills for Living, Success through Skills – Transforming Futures, Access to Success – an Integrated Regional Strategy for widening Participation in Higher Education, Further Education means Business, Pathways to Success, Build Pathways to Employment, Employment Service programmes, Training for Success / Bridge to Employment / Youth Employment scheme, draft Economic Inactivity strategy, Delivering Social Change Signature Programmes, Community Family Support Programme, NI Economic strategy, Reducing Offending strategy, Care Matters, Join In – Get Involved, Sport Matters, Draft Active Ageing strategy, Transforming Your Care, Making it Better – A Strategy for Pharmacy in the Community, Promoting Good Nutrition – A Strategy for good nutritional care for adults in all care settings in Northern Ireland 2011-2016.

Key long term outcomes:

4. Ready for adult life
5. Employment, life-long learning and participation
6. Healthy active ageing

Key indicators:
- Unemployment – Long Term:
  Description: Long Term Unemployment
  Rate: proportion of unemployed that have been Unemployed for one year or longer
  Baseline Period: 2012
  Source: DFP
  Availability: Annual (October)
- Unemployment – Portion of 16 – 24 year olds who are not in Education, Employment, or Training (NEETs):
  Description: Proportion of 16 to 24 year olds who are not in employment, full time education or training (NEETS).
  Baseline Period: 2012
  Source: DFP
  Availability: Annual (October)

4. Ready for adult life
Actions and Commitments 2013 - 2015

A) *Provide young people with access to:*
- careers information advice and guidance as required, to enable them to make effective career/learning choices
- a guarantee of a training place for those in the 16 and 17 year old age group (up to age 24 in special circumstances) who have left school
- opportunities to gain Essential Skills qualifications in literacy, numeracy and ICT from entry level to level 2 that will help young people improve their employability as well as overall quality of life

B) Make tailored health and safety information available to all young people entering work for the first time

C) Promote employability schemes in public and private sectors targeted at young and long term unemployed

D) Implement the cross–departmental "Pathways to Success" Strategy for young people not in education, employment or training. (NEETS)

E) Development and delivery of the United Youth Programme offering young people employment, work experience, volunteer and leisure opportunities along with a dedicated programme designed to foster good relations and a shared future

F) PCSPs work collaboratively with local government and relevant partners to intervene early with young people at risk of offending

G) *Take forward relevant outcomes in Care Matters aimed at reducing exclusion and marginalisation:*
- maintain appropriate support for young people in and leaving care in higher and further education
- enhance current employability services for each Trust area providing dedicated education and training support
- maintain young people in and leaving care in suitable, affordable and safe accommodation with financial support whilst in higher education/training
- continue to provide fostering services for 18+ in care and provide a point of contact adviser up to age 25

Key partners:
A) DEL
B) DETI / HSE
C) DEL / Others
D) DEL / DE / Others
E) DEL / OFMDFM / DE
F) DOJ / Local government / other local partners
G) DHSSPS / DEL / HSC

Target group and strategic target group: Young people

Funding considerations: Not specified

Start and duration of measure: 2013-2015

5. Employment, life-long learning and participation
Actions and Commitments 2013 - 2015

A) Contribute to rising levels of employment by supporting the promotion of 25,000 jobs by 2015 as set out in the Northern Ireland Economic Strategy
B) Provide all citizens as required, with careers information advice and guidance to enable them to make effective career/learning choices
C) Support all citizens who avail of Employment Service programmes and services towards employment
D) Up-skill the working age population by delivering over 200,000 qualifications
E) Provide continued access by adult learners to FE provision including Essential Skills, subject to demand locally, for their economic and/or social benefit
F) Through "Access to Success" the NI Strategy for Widening Participation in Higher Education provide support to the most able but least likely people from disadvantaged backgrounds to raise their aspirations, and educational attainment, in order that they can progress to the higher education provision that is right for them, irrespective of their personal or social background (particular focus on people identified as under–represented in higher education)
G) Assist people with mental and physical health and disability related barriers to employment to improve their chances of finding and sustaining employment through the provision of appropriate services and programmes

Key partners:
A) DETI / DEL
B) DEL
C) DEL
D) DEL / FE
E) DEL / FE
F) DEL / DE / HEIs / FECs / and others
G) DEL / DHSSPS / HSC Third sector specialist disability organisations

	Target group and strategic target group: Young children and their families, especially the most disadvantaged **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 6. Healthy active ageing Actions and Commitments 2013 - 2015 *A)* Improve job outcomes by providing temporary work for those aged 50+ who are unemployed and claiming benefit through the Steps to Work – Step Ahead 50+ *B)* Promote healthy active ageing, through opportunities to participate including for example through volunteering and opportunities for learning *C)* Delivery of the cross-cutting Active Ageing Strategy which will promote age friendly environments using the WHO Age Friendly Environments programme *D)* Promote home as the "hub" of care for frail older people through the outworking of TYC *E)* Take forward public engagement to promote good nutrition. **Key partners:** A) DEL B) OFMDFM / DHSSPS / DEL / DCAL/ DSD / HSC other Departments / Volunteer Now / Local government / Community and Voluntary and Business sectors C) OFMDFM and DOE in association with PHA and Councils D) DHSSPS / HSC / Community and Voluntary Sector E) DHSSPS / PCC / Nutrition Coalition **Target group and strategic target group:** Older adults **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **Theme 3: Empowering health living** Key strategies / strategic programmes: Protect Life, Tobacco Control Strategy, New Strategic Direction for Alcohol and Drugs, A Fitter Future for All, Teenage Pregnancy and Parenthood strategy, Sexual Health Promotion strategy, Breastfeeding - A Great Start, Strategy for Tackling Antimicrobial Resistance, Sport Matters, Transforming Your Care, Making it Better - A Strategy for Pharmacy in the Community, Long Term Conditions Policy Framework, Strategy for improving the lives of those with disabilities 2012 - 2015, NI Civil Contingencies Framework, UK Influenza Pandemic Preparedness Strategy (DHSSPS as NI lead), Programme for Government Commitment 44 - patient education for people with long term conditions, Programme for Government Commitments 22 – investment in public health and 45 investment to tackle obesity

	Key long term outcomes: 7. Improved health and reduction in harm 8. Improved mental health and wellbeing, and reduction in self-harm and suicide 9. People are better informed about health matters 10. Prevention embedded in services Key indicators: ▪ Smoking: Description: Proportion of adults (aged 18 and over) who smoke and proportion in the most deprived areas Baseline Period: 2011/12 Baseline: In 2011/12, of those surveyed in Northern Ireland, 25% were smokers, with a proportion of 39% in the 20% most deprived areas Source: DHSSPS – IAD Availability: Annual (March) ▪ Alcohol-related Admissions: Description: Standardised rate for alcohol-related admissions in NI and the most disadvantaged areas Baseline Period: 2011 Baseline: For the period 2009/10 to 2011/12, the standard rate for alcohol-related admissions was 618 per 100,000 of the population, with a rate of 1,413 within the 20% most deprived areas. Source: DHSSPS – IAD Availability: Annual (March) ▪ Adults who drink above sensible drinking guidelines: Description: Proportion of adults who drink above the sensible drinking guidelines suggested, and proportion in the most disadvantaged areas. Baseline Period: 2011/12 Baseline: In 2011/12, of those adults surveyed in Northern Ireland, 19% drink above the sensible drinking guidelines suggested, with a proportion of 24% in the 20% most deprived areas. Source: DHSSPS – IAD Availability: Annual (March) ▪ Teenage Births: Description: The teenage birth rate for mothers under the age of 17 – NI and most deprived areas Baseline Period: 2011/12 Baseline: In 2011, the teenage birth rate for mothers under the age of 17 was 2.2 per 1,000 females, with a rate of 4.6 per 1,000 females within the 20% most deprived areas. Source: DHSSPS – IAD Availability: Annual (March) ▪ Adult Obesity: Description: Percentage of adults surveyed classified as obese, and proportion in the most disadvantaged areas. Baseline Period: 2011/12

	Baseline: In 2011/12, of those adults surveyed in Northern Ireland, 23% were classified as obese, with a proportion of 25% in the 20% most deprived areas. Source: DHSSPS – IAD Availability: Annual (March) ▪ Childhood Obesity: Description: Percentage of children surveyed classified as obese. Baseline Period: 2011/12 Baseline: In 2011/12, of those children surveyed in Northern Ireland, 10% were classified as obese. Source: DHSSPS – IAD Availability: Annual (March) ▪ Mental Health & Wellbeing Description: Mean WarwickEdinburgh Mental Wellbeing Scale by deprivation quintile Baseline Period: 2011/12 Baseline: The 2011/12 Health Survey results indicate a mean score of 50: Quintile 1 (most deprived) – 48 Quintile 2 – 50 Quintile 3 – 51 Quintile 4 – 51 Quintile 5 – 52 Source: DHSSPS – IAD Availability: Annual (March) ▪ International self-harm Description: Crude suicide Rate in NI and the most disadvantaged areas Baseline Period: 2009 – 11 Baseline: For the period 2009- 11, the crude suicide rate in Northern Ireland was 16.1 suicides per 100,000 of the population, with a rate of 30.1 within the 20% most deprived areas. Source: DHSSPS – IAD Availability: Annual (March) ▪ Blood Pressure/ Hypertension Description: Number of patients with established hypertension and % of GP registered patients with established hypertension Baseline Period: 2013 Baseline: Figures from the 2013 QOF reported that there were 245,730 patients in NI with established hypertension which represented 13% of all GP registered patients. Source: DHSSPS – IAD Availability: Annual (April) ▪ Long-term Conditions Description: Number of people with one or more long term condition attending structured patient education/self-management programmes Baseline Period: 2011/12 Baseline: An audit of structured patient education/ self-management programmes showed that in 2011/12 there were 10,189 attendances at structured patient education/self-management programmes in Northern Ireland Source: DHSSPS – IAD Availability: Annual (June)

	7.Improved health and reduction in harm Actions and Commitments 2013 - 2015 *A) Develop and implement strategies, action plans and targeted programmes to:* ▪ reduce the number of people who: o smoke o are overweight or obese o drink above the recommended alcohol limits o misuse drugs ▪ reduce the number of births to teenage mothers, particularly in disadvantaged areas ▪ reduce sexually transmitted infections (STIs) including HIV ▪ increase breastfeeding rates ▪ improve oral health through a regional caries prevention programme, and programmes to increase dental services utilisation ▪ reduce preventable hearing and sight loss ▪ halt the rise in the incidence of skin cancer ▪ encourage more proactive ill health prevention amongst men *B)* Achieve and maintain high uptake rates of screening programmes, immunization and vaccination programmes across all areas and target populations, and introduce new vaccination programmes in line with expert advice *C)* Establish a group to coordinate efforts to tackle antimicrobial resistance in both human and veterinary medicine *D)* Maintain state of readiness for emergencies through management and replenishment of regional stockpile of health counter measures and any associated vaccination programme *E)* Develop and deliver a joint healthcare and criminal justice strategy to improve the health and wellbeing of offenders and reduce the risk of poor health (including mental health problems) leading to offending or reoffending *F)* Ensure a co-ordinated approach across lead bodies with responsibility for food safety, diet and nutrition **Key partners:** A) DHSSPS / PHA / DE / DCAL / DSD / other public bodies including local government, community and voluntary sector B) DHSSPS / HSCB / PHA / Trusts C) DHSSPS / DARD D) DHSSPS / HSCB / PHA / Trusts / BSO E) DHSSPS / DOJ / HSCB / PHA / HSCTs F) FSA / DHSSPS / PHA / FSPB **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **8.**Improved mental health and wellbeing, and reduction in self-harm and suicide Actions and Commitments 2013 - 2015

	A) Develop new policy to promote positive mental health, reduce self-harm and suicide *B)* Increase resilience and improve mental wellbeing in children and young people through implementation of initiatives outlined in theme 1 including, for example, Family Support, Roots of Empathy, iMatter (pupil's emotional health and wellbeing programme) *C)* Reduce the levels of self-harm through roll out of successfully evaluated approaches *D)* As part of the joint healthcare and criminal justice strategy, work to identify and support people with mental ill-health or other vulnerabilities who have offended **Key partners:** A) DHSSPS / other Departments / HSC / Voluntary and Community sector B) DE / DHSSPS / PHA C) DHSSPS / PHA / HSC / others D) DoJ / DHSSPS / PHA / HSCB / HSC Trust **Target group and strategic target group:** A) All population B) Particular focus on children and young people from families at risk C) Particular focus on people who repeatedly self-harm, people treated at A&E for injuries due to deliberate self-harm D) Young people with mental health / communication problems in the juvenile justice system identified for targeted action **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **9.**<u>People are better informed about health matters</u> <u>Actions and Commitments 2013 - 2015</u> *A) Empower people to make healthier choices and informed decisions about their health by improving health literacy. This will include:* ▪ providing appropriate and accessible health information (making greater use of modern communication technology) and advice to all, which is evidence informed and tailored to meet specific needs, and which: o encourages more people to present with early symptoms of health problems to HSC services o promotes self-care, and sign-posts to appropriate support through, for example patient education/self-management programmes *B)* Promote healthy active ageing, including further opportunities for more active promotion of health and wellbeing in nursing and care settings *C)* Develop and deliver a Community Resuscitation Strategy to focus a drive to increase the number of people, of all ages, trained in Emergency Life Support skills and to coordinate the use of available resources **Key partners:** A) DHSSPS / PHA / HSC / Local government / Community and Voluntary sectors, others including NUS – USI B) DHSSPS / HSC / others C) DHSSPS / PHA / DE / DCAL community and voluntary sector

Target group and strategic target group:
A) This should have a specific focus on groups at risk of developing conditions, and those with conditions who are at risk of exacerbating or developing complications.
B) Older adults
C) All population

Funding considerations: Not specified

Start and duration of measure: 2013-2015

10. Prevention embedded in services
Actions and Commitments 2013 - 2015
A) Increase the emphasis on prevention and early intervention in the commissioning and delivery of Primary, Community, and Secondary Care services including:
- health professionals, particularly within primary care and Emergency departments, trained and encouraged to undertake substance misuse brief interventions and suicide prevention/mental health promotion intervention programmes across NI
- arrangements for Primary and Community sector to deliver accessible sexual health services
- strengthening the focus on improving the mental and physical health and wellbeing of those in contact with mental health services or with a learning disability
- encouraging public health and patient education/self-management interventions alongside clinical approaches for people with long term conditions, for example diabetes

B) Continue implementation of Integrated Care Partnerships with an initial focus on frail elderly and aspects of long term conditions, namely stroke, diabetes and respiratory conditions and end of life and palliative care in respect of these areas of initial focus
C) Increase the share of the health budget spend on prevention and early intervention and develop mechanisms to monitor this across the HSC, in line with the PFG commitment

Key partners:
A) DHSSPS / HSCB / PHA / Trusts / GPs
B) DHSSPS / HSC / other partners including community and voluntary sector
C) DHSSPS / HSCB / PHA / Trusts

Target group and strategic target group: All population

Funding considerations: Not specified

Start and duration of measure: 2013-2015

Theme 4: Creating the Conditions

	Key strategies / strategic programmes: Programme for Government, NI Economic Strategy, Lifetime Opportunities Anti-poverty strategy, Tackling Rural Poverty and Social Isolation, Delivering Social Change Framework, Social Economy strategy, Success through Skills – Transforming futures, Air, Water and Waste Management strategies, Planning Policy, Accessible Transport Strategy, Active Travel Strategy, Local Government Reform programme, Road Safety strategy, Housing and Homelessness strategies, New Strategic Direction on Alcohol and Drugs, Tobacco strategy, Transforming Your Care, (Draft) Active Ageing Strategy, Strategy to improve the lives of those with disabilities 2012 - 2015. **Key long term outcomes:** **11.** A decent standard of living **12.** Making the most of the physical environment **13.** Safe and healthy homes Key indicators: ▪ Investment in Public Health Description: Amount invested in public health. Baseline Period: 2011/12 Baseline: In 2011/12, the PHA Resource outturn was £77.2 million. Source: PHA Availability: Annual (June) ▪ Poverty: Description: Percentage of individuals in low-income groups before housing costs Baseline Period: 2009/10 – 2011/12 Baseline: For the period 2009/10 -2011/12, 21% of the population were in relative poverty (Before Housing Costs). Source: DSD Availability: Annual (February) ▪ Child Poverty Description: Percentage of children in low income groups before housing costs. Baseline Period: 2009/10 – 2011/12 Baseline: For the period 2009/10 -2011/12, 23% of children were in relative poverty (Before Housing Costs). Source: DSD Availability: Annual (February) ▪ Economic Inactivity: Description: Economic Inactivity Rate: proportion of the working-age population that is not in the labour force Baseline Period: 2012 Baseline: In 2012, the economic inactivity rate in Northern Ireland was 27.6% Source: DFD Availability: Annual (October) ▪ Housing Standards: Description: Proportion of social housing dwellings classified as non-decent homes. Baseline Period: 2011

	Baseline: In 2011, the Non Decency Rate of Social Housing Dwellings was 3.7% Source: DSD Availability: 3 Years ▪ Air Quality: Description: Annual mean concentration level of Nitrogen Dioxide at urban background sites and urban roadside sites. Baseline Period: 2011 Baseline: In 2011, the annual mean concentration level of Nitrogen Dioxide was 22.0 µg/m3 at urban background sites and 35.2 µg/m3 at urban roadside sites Source: DOE Availability: Annual (February) Description: Annual mean concentration level of particulate matter (PM 10). Baseline Period: 2011 Baseline: In 2011, the annual urban background sites mean concentration level of particulate matter was 21.3 µg/m3 Source: DOE Availability: Annual (February) Description: Annual mean concentration level of Benzo(a) pyrene at monitored sites. Baseline Period: 2011 Baseline: In 2011, the annual mean concentration level of Benzo(a)pyrene was 0.86 ng/m3 at Lisburn Dunmurry High School, 0.95 ng/m3 at Derry Brandywell, and 1.12 ng/m3 at Ballymena Ballykeel. Source: DOE Availability: Annual (February) Description: Annual number of ozone breaches (days) at monitored sites. Baseline Period: 2011 Baseline: In 2011, there were 4 ozone breach days at Belfast site, 12 at Lough Navar and 9 at Derry. Source: DOE Availability: Annual (February) ▪ Water Quality: Description: Annual percentage compliance of Water Utility Sector Waste Water Treatment Works. Baseline Period: 2012 Baseline: 29% of respondents to the 2013 NI Omnibus Survey stated that they had volunteered in the past year. Source: DOE Availability: Annual (February) Description: Annual percentage mean zonal compliance of drinking water quality Baseline Period: 2012 Baseline: In 2012, there were 843 casualties (killed or seriously injured) as a result of road traffic collisions in Northern Ireland. Source: DOE Availability: Annual (March) 11. <u>A decent standards of living</u> <u>Actions and Commitments 2013 - 2015</u>

	A) Increase employment and prosperity for all by delivering the commitments set out in the Northern Ireland Economic Strategy *B)* Reduce economic inactivity through development and implementation of a strategy for skills, training, incentives and job creation, and careers advice *C)* Mitigate the impact of poverty and the potential for negative impact of individual welfare reforms through ▪ delivering a range of key targeted actions, by way of the Delivering Social Change Framework, including the Social Investment fund ▪ reduce the number of births to teenage mothers, particularly in disadvantaged areas ▪ publishing and implementing a plan for improving uptake of benefits to ensure people have the opportunity to maximise their income levels ▪ developing and implementing a new discretionary support service to help people most in need through the provision of immediate financial assistance and encouraging longer term financial independence ▪ developing a financial capability strategy to ensure people have budget management skills ▪ developing a co-ordinated strategic approach to address food poverty. *D)* Provide more opportunities for work experience and employment through, for example, maximising the use of social clauses in procurement contracts, and the potential contribution of employability schemes through public and private sector organisations **Key partners:** A) All Executive Departments B) DEL / DETI / others C) OFMDFM / DSD / DHSSPS / DE / DEL / DETI / DARD / SSA / FSA / PHA / Safefood / Local government / others D) Government departments / public agencies including HSC / Local government etc. **Target group and strategic target group:** A) All population B) All population C) All population D) This focuses on the unemployed, particularly the young and long term **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 12. <u>Making the most of the physical environment</u> <u>Actions and Commitments 2013 - 2015</u> *A) Protect and promote good health and wellbeing through:* ▪ improving air quality to achieve objectives and targets established to protect health, and alerting those more likely to be affected when levels of air pollution are high ▪ providing high quality drinking water which is clean and safe, and ensure that waste water is treated in a manner that will not harm the environment and will be if no danger to plant and animal life ▪ preventing waste and increasing recycling and re-use, through the Northern Ireland Waste Management Strategy

	▪ minimizing the harmful effects of exposure to environmental noise, in line with the Environmental Noise Directive (END) by designating and protecting Quiet Areas *B)* Enhance the capacity of our physical infrastructure to protect, support and provide access to healthy and active living and wellbeing through: ▪ completing work on the current Planning Policy Statement (PPS) programme and publish a single, strategic planning policy document which will, inter alia, address sustainable development and how health and wellbeing considerations are taken into account within the planning system ▪ formulating and co-ordinating policy for the orderly and consistent use of land with the objective of furthering sustainable development and promoting or improving wellbeing ▪ producing guidance on urban stewardship and design to promote a positive sense of place encompassing local involvement, distinctiveness, visual quality and potential to encourage social and economic activity which are fundamental to a richer and more fulfilling environment ▪ promoting "safe by design" approaches ▪ promoting age friendly environments ▪ addressing dereliction through the Social Investment Fund to make areas more appealing for investment and for those living there ▪ ensuring easier access to and sustainable use of publicly owned land including forests for sport and physical recreation ▪ implementation of an Active Travel Strategy Action Plan, providing increased opportunities for sustainable transport options such as walking and cycling and promotion of a number of demonstration projects *C)* Improve transportation infrastructure and services to help achieve a modern, sustainable, safe and fully accessible transport system which actively contributes to social inclusion and everyone's quality of life – this has a particular focus on older people and people with disabilities *D)* Produce a Northern Ireland Climate Change Adaptation Programme that will contribute towards building Northern Ireland's resilience to a changing climate. *E)* Carry out a cross-departmental review of the implementation of the UK Children's Environment and Health Strategy in NI **Key partners:** A) DOE / Local government B) DRD / DOE / OFMDFM / DARD / DCAL / DOJ / DHSSPS / Local government C) DRD D) DOE lead / all other depts. including DHSSPS E) DHSSPS / DOE / other departments and agencies **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 13. Safe and healthy homes Actions and Commitments 2013 - 2015

	A) Deliver 8,000 social and affordable homes as set out in the PFG *B)* *Improve the quality of the housing stock through:* ▪ undertaking a review of the statutory fitness standard for homes in all tenures ▪ reviewing support for repair and improvement in the Private Housing sector with the aim of providing a new scheme to assist homeowners to deal with deterioration in their properties ▪ addressing dereliction and deprivation ▪ interventions that help those most in need and/or in fuel poverty Improve the quality of the housing stock through ▪ undertaking a review of the statutory fitness standard for homes in all tenures ▪ reviewing support for repair and improvement in the Private Housing sector with the aim of providing a new scheme to assist homeowners to deal with deterioration in their properties ▪ addressing dereliction and deprivation ▪ interventions that help those most in need and/or in fuel poverty *C)* Deliver practical support through the Supporting People Programme which targets older people, people with disabilities and people with learning disabilities to live independently *D)* Develop a new strategy to reduce unintentional injuries and deaths resulting from accidents in the home. Children and older people identified for targeted action *E)* Reduce levels of homelessness and mitigate the effects of homelessness by providing support and services to those who are homeless **Key partners:** A) DSD / NIHE B) DSD / NIHE / others C) DSD / NIHE / DHSSPS / HSC Board / PHA / HSCTs / OFMDFM D) DHSSPS / PHA / Local government / Community and Voluntary sectors / NIFRS / HSCTs / HSENI / NIHE E) DSD / DHSSPS / HSC / others **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **Theme 5: Empowering Communities** Key strategies / strategic programmes: Community Safety, Strategic Framework for Reducing Offending, Together – Building a United Community, Urban Regeneration and Community Development Policy Framework, Strengthened Communities and Vibrant Urban areas, People and Place - Neighbourhood Renewal, Areas at Risk programme, Community Asset Transfer framework, Tackling Poverty and Social Isolation, Rural Development Programme, Rural Transport Fund, Delivering Social Change – Social Investment Fund / Build Pathways to Employment, Tackling Domestic and Sexual Violence and Abuse Action Plan, Join In - Get Involved, Sport Matters, Extended Schools and Community Education Initiatives Programme, Transforming Your Care, Workplace Health, (Draft) Active Ageing Strategy, Making It Better - A Strategy for Pharmacy in the Community.

Key long term outcomes:
14. Thriving communities
15. Safe communities
16. Safe and healthy workplaces

Key indicators:
- Social Capital:
  Description: Proportion of respondents having volunteered in the past year
  Baseline Period: 2012
  Baseline: 29% of respondents to the 2013 NI Omnibus Survey stated that they had volunteered in the past year.
  Source: DSD
  Availability: Annual (February)
- Road Collisions:
  Description: Number Killed or Seriously Injured (KSI) casualty numbers per capita
  Baseline Period: 2012
  Baseline: In 2012, there were 843 casualties (killed or seriously injured) as a result of road traffic collisions in Northern Ireland.
  Source: PSNI
  Availability: Annual (March)

14. Thriving communities

Actions and Commitments 2013 - 2015

A) Strengthen and promote thriving communities which are welcoming, accessible and safe, and which support social inclusion through:
- the Urban Regeneration and Community Development Policy framework which sets out clear priorities through policy objectives and supporting actions for operational programmes (includes targeted action for disadvantaged and areas at risk)
- supporting the development of shared and safely accessible commercial centres in our towns and cities
- the new duty of community planning which will see councils, statutory bodies and the community and voluntary sectors work together to develop and implement a shared vision for promoting the wellbeing of an area
- delivery of Rural Community Development Support programmes

B) Develop more cohesive and engaged communities by developing volunteering and active citizenship, and empower local people

C) Through the Social Investment Fund, support communities to Build Pathways to Employment by tackling educational under achievement and barriers to employment; tackling skills deficits and promoting job brokerage, widening access to the labour market, promoting business start-up and increasing sustainability through social enterprise – focus on targeted areas and population groups

D) Promote healthy and thriving communities at local level, with a particular focus on disadvantaged areas, through:
- maximising collaboration to tackle determinants of health
- increasing access to and use of sports, arts and other leisure programmes
- maximising land/green space/woodlands use at local level to promote outdoor activities, allotments etc.
- increasing access to public facilities for use by the local community
- supporting investment in social enterprise growth to increase sustainability of social enterprises and the broader community sector
- supporting the growth of the local economy through encouraging people to buy local and use local services and facilities

	E) Through the Extended Schools programme, which enables those schools that draw pupils from some of the most disadvantaged areas to provide a range of services and programmes which focus on improving educational outcomes, reducing barriers to learning and providing additional support, to help improve the life chance of disadvantaged children and young people *F)* Through the Community Education Initiatives Programme fund community based organisations working with local schools in areas of social deprivation and under attainment to help address the high levels of educational under-attainment *G)* Implement the new good relations strategy "Together: Building a United Community" which sets out the strategic framework for improving good relations. Children and young people, communities of interface areas and areas of contested space identified for targeted action *H)* Implement support arrangements for the voluntary advice services to help ensure that citizens have access to quality advice which is free at the point of need *I)* Ensure that everyone has an opportunity to volunteer and that volunteering is representative of the diversity of the community *J)* Maintain provision of Rural Transport Fund Services to enable people in rural areas improved access to work, healthcare and recreational activities **Key partners:** A) DSD / NIHE / DOE / Local government / other depts and sectors / DARD / others B) DSD / DHSSPS C) OFMDFM / DEL / DE / DETI / others D) DHSSPS / DSD / DCAL / DETI / PHA / HSC / Arts Council NI / Sport NI / National Museums and Libraries NI / Local government / Education / community and voluntary sector E) DE / DCAL / PHA / HSC F) DE G) All relevant Departments and stakeholders H) DSD I) DSD / DCAL / DHSSPS / HSC / others J) DRD **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **15.** Safe communities Actions and Commitments 2013 - 2015 *A)* PCSPs work collaboratively with the community and relevant agencies at local level and deliver Community Safety programmes so that people feel safer, have reduced fear of crime and increased confidence *B)* Develop and implement a revised joint Domestic and Sexual Violence and Abuse Strategy to provide victims and witnesses with protection and support, and bring perpetrators to justice

	C) Reduce the numbers of people of all ages killed or seriously injured in road collisions through implementation of road traffic collision prevention programmes **Key partners:** A) DOJ / Local government B) DHSSPS / DOJ / PSNI / Safeguarding Board / other statutory and voluntary sector partners C) DOE / PSNI / other partners **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **16.** Safe and healthy workplaces Actions and Commitments 2013 - 2015 A) Support more businesses to provide workplace health and wellbeing programmes to secure: ▪ improved physical and mental wellbeing ▪ reduction in the number of reportable work related injuries ▪ prevention, control and management of key occupational health hazards ▪ awareness raising and advisory campaigns to highlight the dangers of carbon monoxide and promote appropriate management of risk ▪ appropriate control of risks to the public from harmful organisms encountered in, or associated with workplaces such as legionella sp, E.coli sp B) Implement initiatives to improve safety, and reduce casualties and work related deaths on farms including through: ▪ the work of the Farm Safety Partnership ▪ tailored information delivered in rural primary schools ▪ "Stay Farm Safe" awareness raising campaign Older farmers and children identified for targeted action **Key partners:** A) DETI / HSE / PHA / Business sector / Local government B) DETI / HSE / DARD / DE / Farm Safety Partnership **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 **Theme 6: Developing Collaboration**

	Key strategies / strategic programmes: NI Economic Strategy, Lifetime Opportunities Anti-poverty strategy, Delivering Social Change Framework, Tackling Rural Poverty and Social Isolation, Rural Development Programme, Rural Transport Fund, Local Government Reform programme, Community Safety, Strategic Framework for Reducing Offending, Community Relations – Together, Building a United Community, Urban Regeneration and Community Development Policy Framework, Strengthened Communities and Vibrant Urban areas, planned Community Asset Transfer framework, Social Economy strategy, Build Pathways to Employment, Success through Skills – Transforming futures, Air, Water and Waste Management strategies, Planning Policy, Accessible Transport Strategy, Active Travel Strategy, Road Safety strategy, Housing and Homelessness strategies, New Strategic Direction on Alcohol and Drugs, Tobacco Control strategy, Transforming Your Care, Join In - Get Involved, Sport Matters, Extended Schools, Workplace Health, (Draft) Active Ageing Strategy, A Fitter Future for All. **Key long term outcomes:** **17.** A strategic approach to public health **18.** Strengthened collaboration for health and wellbeing 17. <u>A strategic approach to public health</u> <u>Actions and Commitments 2013 - 2015</u> *A)* Establish governance, implementation, engagement and monitoring arrangements at strategic, regional and local levels which interconnect to create a whole system approach *B)* Create the conditions and processes for all departments and other relevant bodies to develop public policies which support improved health and wellbeing and a reduction in health inequalities, including a review of health impact assessment processes *C)* Strengthen collaboration North / South, East / West and internationally, particularly across Europe, on areas of mutual interest *D)* Maximise the spend on prevention and early intervention through: ▪ increasing the share of the health budget spend on prevention and early intervention and developing mechanisms to monitor this across the HSC ▪ securing the reallocation of resources from hospitals into the community envisaged in TYC and the PFG commitment ▪ monitoring funding contributions of other partners to improving health and tackling health inequalities *E)* Promote a planned and co-ordinated approach to research and development (R&D) activity to support improved public health *F)* Consider and implement legislative change to support public health Including in relation to: ▪ tobacco control ▪ misuse of alcohol and drugs ▪ promotion and support of breastfeeding ▪ road safety *G)* Review the Public Health Act (Northern Ireland) 1967, consult on proposed changes and update as appropriate *H)* Assess the actions and recommendations arising from the public health workforce strategy associated with Healthy Lives, Healthy People and consider how good practice and innovation can be utilised to develop public health capacity and competency in the wider public health workforce in Northern Ireland. **Key partners:** A) DHSSPS and PHA lead / all other relevant partners B) DHSSPS lead / all other relevant partners

	C) DHSSPS / DOHs in England, Scotland, Wales, ROI / PHA / PHE / IPH / WHO / Healthy Cities organisations D) DHSSPS / HSCB / PHA / Trusts E) DHSSPS / DETI / DSD / PHA / others (including universities) F) DHSSPS / DOE G) DHSSPS H) DHSSPS / PHA / others **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015 18.Strengthened collaboration for health and wellbeing Actions and Commitments 2013 - 2015 *A)* Maximise opportunities to strengthen local collaboration through the joint working arrangements between PHA and local government, and the outworking of local government reform and the new statutory duty of Community Planning process *B)* Work collaboratively across government agencies to map assets (physical and people) which could be used to tackle inequalities in health *C)* Improve availability and use of data across all levels and sectors for the purposes of identifying priorities, planning action, monitoring trends and evaluating which actions are the most effective *D)* In partnership with relevant departments, agencies, other sectors, local government and communities, develop and implement regional programmes to address health and wellbeing priorities in line with this framework *E) Maximise opportunities for local partnership action working with local communities to:* ▪ establish a network of community led gardens and allotments which promote health and wellbeing ▪ develop child friendly spaces through a neighbourhood approach to community safety ▪ promote health and wellbeing of older people in their own homes through a home visitation scheme **Key partners:** A) DHSSPS / DOE / PHA / Local government B) DHSSPS / DSD / other departments and agencies C) Departments / agencies / Local government / other sectors D) DHSSPS / PHA lead–partners at regional and local levels E) PHA to lead with local government, police and community safety partnerships, community and voluntary sector and other partners **Target group and strategic target group:** All population **Funding considerations:** Not specified **Start and duration of measure:** 2013-2015

Supporting economic analysis	N/A.
Any additional information	N/A.
Strategy development	
Stakeholder(s) and or consultation method(s)	▪ A proposed new ten year public health framework, Fit and Well – Changing Lives 2012-223, was published for consultation from mid-July 2012 to mid-November 2012. ▪ In addition to publication on the Department's website, the Department engaged with a number of network organisations and partnerships to seek the views of key stakeholder sectors and population groups. Including reports by the network organisations, a total of 141 responses were received, with many of these directing the department to additional evidence, views and recommendations. ▪ At the same time as the consultation, the NI Assembly Health Committee conducted an inquiry into health inequalities which took evidence from a range of expert witnesses nationally and internationally. ▪ Following on from the consultation process, in 2013 two cross-sectoral workshops were held to consider the feedback received on "Fit and Well – Changing Lives" and to explore how this should influence the final framework. ▪ The final framework - "Making Life Better" built on "Fit and Well – Changing Lives" and was re-shaped to take into account the feedback received through the consultation, the Health Committee report and subsequent cross-sectoral discussions. ▪ Importantly, the framework also draws on the updated evidence base and direction provided by a number of key reports and policies, including o World Health Organisation Commission on the Social Determinants of Health 2008 o Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England post 2010 (the Marmot Review) o Health 2020 – European policy framework and strategy, WHO 2012 o Strengthening public health services and capacity: an action plan for Europe o Review of social determinants and the health divide in the WHO European Region, WHO, 2013.

Key: ADOG: All Departments Officials Group; AMR: Antimicrobial Resistance; BMI: Body Mass Index; BSO: Business Services Organisation; CYPSP: Children and Young People's Strategic Partnership; DARD: Department of Agriculture and Rural Development; DCAL: Department of Culture, Arts and Leisure; DE: Department of Education; DEL: Department for Employment and Learning; DETI: Department of Enterprise, Trade and Investment; DFP: Department of Finance and Personnel; DHSSPS: The Department of Health Social Services and Public Safety; DHSSPS-IAD: The Department of Health Social Services and Public Safety – Information and Analysis Directorate; DOE: Department of the Environment; DOJ: Department of Justice; DRD: Department for Regional Development; DSD: Department for Social Development; E. coli: Escherichia coli; FE: Further Education; FECs: Further Education Colleges; FSA: Food Standards Agency; FSPB: Food Safety Promotion Board; GCSE: General Certificate of Secondary Education; HE: Higher Education; HIV: Human Immunodeficiency Virus; HSC: Health and Social Care; HSCB: Health and Social Care Board; HSCTs: Health and Social Care Trust; HSE: Health and Safety Executive; HSENI: Health and Safety Executive Northern Ireland; ICT: Information and computer technology; NEETS: Young People not in education, employment or training; ng/m^3: nanograms per cubic meter; NI: Northern Ireland; NIFRS: Northern Ireland Fire and Rescue Service; NIHE: Northern Ireland Housing Executive; OFMdFM: Office of the First Minister and deputy First Minister; PHA: Public Health Agency; PFG: Programme for Government; PSNI: Police Service of Northern Ireland; QOF: Quality and Outcomes Framework, ROI: Republic of Ireland; SSA: Social Security Agency; STIs: Sexually Transmitted Infections; TYC: Transforming Your Care; µg/m^3: micrograms per cubic meter; WHO: World Health Organisation

Table B10. Extracted data for Portugal.

Portugal	Strategy information
Author(s) **Title**	The Portuguese Government, National Health Service Portugal (SNS) and the Directorate-General of Health Portugal National Health Plan 2021-2030. Sustainable Health: from everyone to everyone (PNS 2021-2030)[23]
Timeline	2021-2030.
Overall aim(s) (measurement method(s) and target(s) where available)	PNS 2021 – 2030 aims to improve the health and well-being of the population throughout the life cycle, through a social commitment to health without leaving anyone behind, preserving the planet and without compromising the health of future generations. Values and principles: ▪ Participation: ensuring engagement and everyone's commitment to creating value and health outcomes. ▪ Sustainability: create and preserve health, economically and socially fair and environmentally sound communities. ▪ Transparency: promote access to quality information for the enhancement of health and for the exercise of citizenship. ▪ Equity: intervene on avoidable, unfair and changeable health inequalities in diverse socioeconomic, geographic and demographic contexts. ▪ Centrality in people: valuing people's diversity, need and expectations. The strategy focuses on sustainable health in line with the United Nations 2030 Agenda for Sustainable Development. This includes the five pillars of sustainability of the 2030 agenda: people, prosperity, planet, peace and partnerships.
Governance	The Basic Health Law (Law No. 95/2019 of September 4): defines the National Health Plan as one of the main foundations of health policy. The Directorate-General for Health (DGS): responsible for coordinating strategic planning in health and ensuring the elaboration and execution of PNS 2021-2030, in accordance with relevant legislation (Decree-Law 124/2011, of 29 of December; Order 728/2014, of 16 January). Institutio National Health Doctor Ricardo Jorge: institute responsible for the evaluation of the implementation of the PNS 2021-2030 and the results. The plan favours a "whole of government" approach (not only from the Ministry of Health) and from "all of society" (not just from the health sector). Multi-sector and multi-level collaboration is essential to achieve better sustainable health. Implementation and evaluation occur under the technical coordination of the Ministry of Health. The Ministry of Health will also manage the alignment of strategic options for health organisations and services with the population-based health plans, namely with regard to identified health needs, recommend support mechanisms and select health strategies at a national and subnational level. Quality of Health Planning: from strategic, population-based planning to tactical and operational planning (including contingency planning), covering Infrastructure and Human Resources (HR) in health and other sectors and ensuring the quality of health planning and governance, from national to local levels; quality assurance of healthcare; adequate and sustainable health infrastructure; prospective study of health HR (focus on investment in primary healthcare, universal coverage, integration of care and public health); job satisfaction and burnout prevention; creation of an HR reserve for emergency situations in public health.

Scope and collaboration	The aim of the strategy is to provide a participatory, co-creative process based on the joint identification of health needs of the population residing in Portugal. Selecting the appropriate health strategies for change with the aim of reducing health inequities for the sustainable health of everyone. It aims to improve the health and well-being of the population throughout the life cycle, through society in general, and where transformation will only be achievable through sharing, a social commitment to health without leaving anyone behind, preserving the planet and without compromising the health of future generations.
Themes and or priorities	Two types of health problems are classified within the strategy: 1. Problems of high or growing magnitude (of which a number are outlined in the strategy) 2. Problems currently of low or zero magnitude in Portugal and of high risk potential. There are two subtypes within this risk group: ▪ problems that had a high magnitude in the past (such as infant mortality) that was possible to control due to effective interventions. However, the problem may re-emerge to a higher magnitude due to reduction in investment and is considered vulnerable (such as diseases preventable by vaccination, waterborne diseases) ▪ problems currently of low or zero magnitude that are in accelerated risk of emerging, re-emerging or evolving due to the increase in intensity of prevalence of determinants of high relevance, such as global warming, resulting from changes in climate and the likelihood of emerging vector-borne infections (such as yellow fever, Zika virus infection and dengue). **Five major goals and 15 strategic objectives:** 1. Reduce inequalities ▪ Promote health equity ▪ Promoting peace, justice and prosperity ▪ Promote partnerships between all sectors of society. 2. Promote the development of healthy behaviours, cultures and communities ▪ Promote health literacy ▪ Streamline health-promoting environments ▪ Promote longevity and active and health ageing. 3. Minimise the consequences of climate change and other environmental determinants on health ▪ Protect the planet for present and future generations ▪ Streamline environmental risk surveillance systems and associated problems ▪ Ensure preparedness and response in public health emergencies. 4. Reduce the burden of communicable and non-communicable diseases in an integrated way ▪ Strengthen sustainable healthcare ▪ Strengthen access to quality healthcare ▪ Streamline the integration of person-centred care. 5. Keeping health problems currently under control under control ▪ Ensure quality surveillance and care of sexual/reproductive, maternal and child health ▪ Maintain a high level of immunisation coverage ▪ Keeping water-borne health problems under control.
Implementation action(s), lead(s) and key performance indicator(s)	Strategies and recommendations for implementation form the “bridge” between the strategic planning, of which the PNS 2021-2030 is the main product, and the tactical and operational planning, the responsibility of the interested institutions and entities. **Recommendations for implementation:**

	1. Implementation through participation and actions “from everyone to everyone”. 2. Implementation as an instrument of alignment and governance in health. 3. Coordination, in an integrated manner, with health planning at the subnational level. 4. The adoption of a new typology of health problems and intervention approach in health. 5. Valuing information, communication, science, knowledge and innovation. 6. An integrated approach to the main determinants of non-communicable diseases. 7. Trans- and multi-sectoral action on demographic, social and economic determinants, fundamental to achieving sustainable health. 8. Strengthening investment in related determinants with the health system and the provision of healthcare. 9. Better preparedness for Public Health emergencies, across the population and its various sectors. 10. The construction of a “Social Pact for the Decade”, centred on sustainable health and on reducing health inequities. **Mechanisms to support the implementation of intervention strategies:** ▪ Internal and external partnerships: maintain, reinforce or establish. ▪ Information and knowledge about: health problems and determinants and health inequalities; effectiveness of intervention strategies; health impact analysis; precision public health; integrated and multidimensional health information system; digital transition; reduction of the gap between scientific knowledge and *praxis* (decision-making and intervention); strategic communication plan; research agendas; active participation in academia. ▪ Proportional universalism: adequacy of the implementation process of intervention strategies, financing of the respective activities and allocation of resources based on the information and knowledge available on inequalities and on vulnerable populations. ▪ Quality of Health Planning: from strategic, population-based planning to tactical and operational planning (including contingency planning), covering Infrastructure and Human Resources (HR) in health and other sectors and ensuring the quality of health planning and governance, from national to local levels; quality assurance of healthcare; adequate and sustainable health infrastructure; prospective study of health HR (focus on investment in primary healthcare, universal coverage, integration of care and public health); job satisfaction and burnout prevention; creation of an HR reserve for emergency situations in public health. ▪ 2030 Agenda for Sustainable Development and other European documents, guidelines or reference strategies. **Intervention strategies for sustainable health (taking into account the main groups of health needs identified):** **i. Investing: promoting and protecting health** Multi-sectoral and transdisciplinary identification of health needs and intervention on health determinants, as performed by the Monitoring Commission. It implies reinforcing and/or implementing promotion strategies that health services evaluated as being more cost-effective. It also implies establishing the analysis from systematic review of policies and intervention strategies of the different sectors, regarding the impact on health. A fundamental role of municipalities has been noted, centred on promoting and coordinating initiatives which focuses on the needs and priorities at a local and subnational level. This includes: ▪ promotion of human rights ▪ promotion of health literacy ▪ boosting health-promoting environments ▪ prevention and control of environmental risks ▪ health promotion in schools with particular attention to the “early years” ▪ health promotion in the workplace ▪ prevention and control of occupational risks and occupational diseases

	▪ health promotion in art, entertainment and leisure spaces and in places of worship ▪ promotion of the population's health at different levels of healthcare provisions ▪ promotion of sexual and reproductive health, breastfeeding, child and youth health, physical activity, active and healthy ageing and increasing longevity and mental health ▪ prevention and mitigation of risky consumption (tobacco, alcohol and illicit psychoactive substances) ▪ promotion of a culture of quality and patient safety ▪ promotion of the health of vulnerable populations ▪ reinforcement of social support network and social capital throughout the life cycle ▪ promoting securing and preventing violence and crime ▪ development of strategies to address violence throughout the life cycle in its various forms. **ii. Include: Universal Health Coverage** Maintain and reinforce strategies: It is necessary to continue to ensure the reinforcement and implementation of strategies that have been shown to be effective in reducing health needs. This includes needs which arise from high magnitude health problems, improving their efficiency, whether that is resulting from health problems of low magnitude and high risk potential, which to date are controlled in Portugal. This includes: ▪ universal health coverage (SNS and health for all, leaving no one behind), Health Promotion, Health Protection, Disease Prevention and Caregiving) ▪ access to digital health: SNS24, telehealth and telemedicine ▪ integrated approach to patients' journeys, ensuring the transition of care modifiable risk factors (for example the treatment of hypertension and dyslipidaemia, prescription of physical activity and healthy eating, brief interventions and Support Program Intensive) ▪ prevention of emotional and behavioural disorders in the field of child and youth health ▪ early detection/population-based screenings or opportunistic screenings (cancer screenings – breast, cervix, colorectal; visual and auditory screenings; early diagnosis of: Alzheimer's disease, chronic obstructive pulmonary disease in primary healthcare, oral cancer in the at-risk population in primary healthcare, and cirrhosis in patients with viral hepatitis, considering its oncological potential, among others; early detection of HIV infection and other sexually transmitted diseases) ▪ integration of mental healthcare at different levels of care ▪ vaccinations (including those carried out in the workplace) ▪ recovery and/or improvement of access to health surveillance care through the life cycle – sexual, reproductive, in pregnancy, childbirth and puerperium, children and youth ▪ recovery and/or improvement of access to health services in situations of acute illness and emergencies, access to oral healthcare including preventative care, access to care programmes for stroke and acute myocardial infarction (known as Vias Verdes) ▪ recovery and/or improvement to early treatment and cancer screening, covering the entire target population(s), access to integrated continuing care including long-term care, access to palliative care, access to obesity prevention and treatment, access to prevention and treatment of alcoholism and smoking, access to healthcare in prisons in conjunction with the groups of health centres and hospital/SNS hospital centres/prison services, access to healthcare by the most vulnerable populations groups including preventative care ▪ prevention of complications or exacerbation of a chronic disease (for example, allocation of continuous blood glucose monitoring devices, prevention and treatment of the diabetic foot; prevention of respiratory infections in chronic respiratory patients; post-myocardial infarction and post-stroke rehabilitation programs; reduction of the impact of mental disease) ▪ education for the (self)management of chronic illness (including chronic pain), and for self-care

	▪ guarantee of equitable access to innovation, namely medicines and medical devices ▪ legislative initiatives and or fiscal measures (for example to modify consumption of salt, sugar and saturated fats, as well as tobacco and alcohol; regulate the labelling and supply of the respective products) ▪ health information system for decision support ▪ epidemiological surveillance of communicable diseases (for example, tuberculosis, HIV/AIDS) ▪ epidemiological surveillance of environmental risks ▪ epidemiological surveillance of occupational risks and occupational diseases. **iii. Innovate** Innovation is achieved by synergistic enhancement through establishing, maintaining or reinforcement of internal and external partnerships. It is essential to promote knowledge of health determinants and on the effectiveness of intervention strategies through health research focused on sustainable health and health inequalities. The use of data enhances better quality information and a higher level of disaggregation. This includes big data, machine learning and predictive model analysis models which allows for more precise and cost-effective interventions, contributing to the development of precision public health. Incorporating scientific knowledge and good practice is encouraged in the strategy. The strategy aims to develop projects and a culture of digital transition, centred on citizens and including the Recovery and Resilience Plan. This includes: ▪ establishment, maintenance or reinforcement of internal and external partnerships ▪ promotion of knowledge and partnerships with academia ▪ supporting a research agenda aligned with sustainable health ▪ development of precision public health ▪ implementation of “the right intervention strategy, at the right time, in the right population” ▪ transfer of scientific knowledge and good practices to praxis, aiming to obtain results in health ▪ development of a digital transition culture, centred on the citizen and included in the Recovery and Resilience Plan. **iv. Prepare and anticipate the future** Regarding the health needs arising from health problems currently of low or null magnitude but with an accelerated risk of emerging or re-emerging, it is important to clearly define and prioritise the strategies that ensure surveillance functions and emergency preparedness and response planning in public health. This should be integrated into a One Health approach. However, it is important to continually develop and adjust plans on a prospective basis in order to quickly adapt strategies for the promotion and protection of health related to ‘new’ needs. The new needs may be related to different expectations of the population, new technological developments which could include medicine or non-pharmacological approaches such as environmental protection. This includes: ▪ continuous development/adjustment of plans, on a prospective basis, in order to quickly adapt intervention strategies to “new” health needs, but also to “instrumental areas” such as human resources, infrastructure and information and communication technologies ▪ adaptation of health promotion and protection strategies according to the needs and expectations of the population ▪ investment in patient safety (including the prevention of “new” resistance to antimicrobials, the avoidance of polypharmacy, especially in the elderly, and the excessive use of medication in the field of mental health, among others) ▪ definition and prioritisation of strategies that ensure the functions of surveillance and planning of the preparation and response to public health emergencies, and the response itself, in an integrated way, involving all sectors of society, strengthening their resilience (including that of the health system itself) and in accordance with a One Health approach

	▪ reinforcement of vaccination strategies, not only the technical and scientific components, but also in health literacy and prevention of vaccine hesitancy ▪ epidemiological surveillance of communicable diseases, including those of low or zero magnitude (for example vector-borne diseases such as Zika virus infections, dengue fever, yellow fever and malaria) ▪ epidemiological surveillance of environmental risks ▪ timely intervention in the prevention and control of environmental risks of increasing intensity. **Health goals set for 2030 in Portugal** *Health objectives related to health needs arising from high magnitude problems set for 2030, in Portugal:* 1. Reduce the standardised premature mortality rate (less than 75 years old) from all causes of death in both sexes to 315.0 per 100,000 population. 2. Reduce the standardised premature mortality rate (less than 75 years old) from all causes of death in males to 458.0 per 100,000 population. 3. Reduce the standardised premature mortality rate (less than 75 years old) from all causes of death in females to 196.4 per 100,000 population. 4. Reduce the standardised mortality rate for diseases of the circulatory system in all ages and both sexes to 246.5 per 100,000 inhabitants. 5. Reduce the standardised death rate from cerebrovascular disease in all ages and both sexes to 58.9 per 100,000 inhabitants. 6. Reduce the standardised premature mortality rate (less than 75 years old) from cerebrovascular diseases in both sexes to 13.4 per 100,000 population. 7. Reduce the standardised mortality rate from ischaemic heart disease in all ages and both sexes to 41.8 per 100,000 inhabitants. 8. Reduce the standardised premature mortality rate (less than 75 years old) from ischaemic heart disease in both sexes to 20.5 per 100,000 population. 9. Ensure a standardised mortality rate for malignant tumours in all ages and both sexes lower than or equal to 242.4 per 100,000 inhabitants. 10. Ensure a standardised mortality rate for malignant tumours at all ages and among males of less than or equal to 347.2 per 100,000 inhabitants. 11. Reduce the standardised mortality rate for malignant tumours in all ages and in females to 161.2 per 100,000 inhabitants. 12. Reduce the standardised premature mortality rate (less than 75 years old) from malignant tumours in both sexes to 132.4 per 100,000 population. 13. Reduce the premature standardised mortality rate (less than 75 years old) due to malignant tumours in males for 185.1 per 100,000 inhabitants. 14. Reduce the premature standardised mortality rate (less than 75 years old) due to malignant tumours in females to 89.0 per 100,000 population. 15. Ensure a standardised mortality rate for malignant tumours of the larynx, trachea, bronchi and lungs in males of all ages of less than or equal to 73.9 per 100,000 inhabitants. 16. Ensure a standardised mortality rate for malignant tumours of the larynx, trachea, bronchi and lungs in females of all ages of less than or equal to 23.2 per 100,000 inhabitants. 17. Ensure a standardised premature mortality rate (less than 75 years old) for malignant tumours of the larynx, trachea, bronchi and lungs in males of less than or equal to 49.9 per 100,000 inhabitants.

	18. Ensure a standardised premature mortality rate (less than 75 years old) for malignant tumours of the larynx, trachea, bronchi and lungs in females of less than or equal to 16.2 per 100,000 inhabitants. 19. Reduce standardised breast cancer mortality rate in females of all ages to 25.1 per 100,000 population. 20. Reduce the premature standardised mortality rate due to malignant breast tumour in females (less than 75 years old) to 15.5 per 100,000 inhabitants. 21. Ensure a standardised mortality rate for diseases of the respiratory system in all ages and both sexes equal to or less than 98.6 per 100,000 inhabitants. 22. Reduce the standardised premature mortality rate (less than 75 years old) from diseases of the respiratory system in all ages and both sexes to 16.4 per 100,000 inhabitants. 23. Reduce the standardised mortality rate for diabetes mellitus in all ages and both sexes to 25.6 per 100,000 population. 24. Reduce the standardised premature mortality rate (less than 75 years old) from diabetes mellitus in all ages and both sexes to 4.7 per 100,000 inhabitants. 25. Reduce the incidence rate of tuberculosis in all ages and both sexes to 12.1 per 100,000 inhabitants. 26. Reduce the incidence rate of HIV infection in all ages and both sexes to 5.7 per 100,000 inhabitants. *Health objectives related to health problems of low magnitude and high risk potential* set for 2030, in Portugal* 27. Ensure a maternal mortality rate equal to or less than 7.1 per 100,000 live births, in the three-year period 2028-2030 (average value of the three-year period with the best performance in Portugal in the last six years with available values). 28. Reduce the neonatal mortality rate to 1.1 per 1,000 live births, in the three-year period 2028-2030 (long-term objective calculated based on the average of the best performing countries in the world). 29. Ensure an infant mortality rate of less than or equal to 2.5 per 1,000 live births, in the three year period 2028-2030 (long-term goal calculated based on the average of the best performing countries). 30. Reduce the under-5 mortality rate to 2.6 per 1,000 live births (long-term goal calculated based on the average of the best performing countries in the world). 31. Increase the proportion of births attended by qualified health personnel to 99.5% in all NUTS II type regions. 32. Ensure that the number of cases of congenital syphilis tends to be zero. 33. Maintain zero endemic measles transmission in accordance with the measles elimination statute. 34. Ensure that the number of cases of neonatal tetanus tends to be zero. 35. Ensure that the number of cases of congenital rubella tends to be zero. 36. Ensure a minimum value of 99.0% of the safe water indicator in all NUTS II type regions. 37. Ensure a proportion of dwellings served by wastewater drainage greater than or equal to 98.0% in all NUTS II type regions. **Monitoring indicators (no target)** ▪ Perinatal mortality rate (per 1,000 live births and stillbirths over 28 weeks) ▪ Age-standardised premature preventable death rate (per 100,000 population) ▪ Age-standardised premature treatable mortality rate (per 100,000 population) ▪ 5-year survival of malignant tumour of the larynx, trachea, bronchi and lung (%) ▪ 5-year survival of malignant breast tumour (%) ▪ Years of healthy life at birth (years) ▪ Healthy life years at age 65 (years)

	▪ Prevalence of obesity and overweight in adults, aged between 25 and 74 years (%) ▪ Estimated prevalence of arterial hypertension, age between 25 and 74 years (%) ▪ Estimated prevalence of hypercholesterolemia, age between 25 and 74 years (%) ▪ Proportion of dwellings served by water supply (%) ▪ Average annual concentration of PM2.5 particles (µg/m^3) ▪ Average annual concentration of PM10 particles (µg/m^3) ▪ Greenhouse gas emissions (kilotonne CO_2-equivalent) ▪ Generation of hazardous waste per inhabitant (kg/inhabitant) ▪ Prevalence of daily fruit consumption, age between 25 and 74 years (%) (%) ▪ Prevalence of daily consumption of vegetables or salad (including soup), age between 25 and 74 years (%) ▪ Prevalence of practicing some regular physical activity at least once a week, age between 25 and 74 years (%) ▪ Prevalence of alcohol consumption, age equal to or greater than 15 years (%) ▪ Prevalence of tobacco consumption, age equal to or greater than 15 years (%) ▪ Unemployment rate, age between 15 and 74 years (%) ▪ Poverty or social exclusion rate (%) ▪ Material deprivation rate (%) ▪ Median delay between the onset of symptoms and the diagnosis of tuberculosis (days) ▪ Therapeutic success of tuberculosis (%) ▪ Proportion of users with diabetes with registered results of HbA1c in the last 6 months (%) ▪ Universal health coverage index, by areas of care (%) ▪ Proportion of unmet medical care needs, aged 16 years and over (%) ▪ Proportion of registered users without a family doctor assigned (%) ▪ Median waiting time until the first hospital consultation within the scope of the Time and Hours Consultation ▪ Proportion of non-reimbursed expenditures in total health expenditures (proportion of direct payments) (%). **Monitoring and Evaluation plan** This includes three components: 1. Obtaining data and information 2. Data analysis 3. Communication and use of results. Data sources such as health information systems are highlighted. Examples of these are the National Survey of Health and Physical Examination, The National Serological Survey and National Food and Physical Activity Survey. A planned evaluation is expected in three stages: two interim evaluations in 2025 and 2028 and the final assessment in 2031. Monitoring will be carried out throughout the entire period of 2021-2030. This plan will occur alongside the communication strategy. An evaluation of results and impact will be carried out, depending on the degree of achievement of health goals. **Communication plan – Strategic guideline** Communication guidelines focus on participatory and collaborative communication practices, guides by the principles pf co-creation and involvement of multiple stakeholders.

	The communication objectives are to inform, motivate, involve, participate and evaluate. The internal target audience for the communication strategy is the Minister of Health and respective cabinet, the Director General of Health, Executive Director of the National Health Plan, Technical Coordinator of Strategy in the National Health Plan and the support team. The external target audience for the communication strategy is stakeholders within and outside of the healthcare sector, local communities, general population and external entities. Communication steps and outcomes are divided into three fundamental stages: construction, launch and implementation. After completing each of these stages, it is essential to have time to evaluate the results and the adopted communication strategy. This step can be implemented by gathering feedback from different target audiences and follow-up of results in a phased and systematic way throughout the process. Key messages of the Communication Plan: ▪ The National Health Plan is a collaborative process under construction, even during the implementation. ▪ It is an instrument that guides and influences public policies. ▪ Participating in the plan means being able to influence the state of health in Portugal over the next 10 years. ▪ We are all health actors and we have the possibility and the responsibility to participate in its construction. ▪ The participation of all is essential to achieve 'Sustainable Health'.
Supporting economic analysis	N/A.
Any additional information	Challenges that may arise over the decade include: ▪ Social, economic and health recovery that is 'better and fairer'. An example being the response and the ongoing consequences of the COVID-19 pandemic. ▪ The demographic crisis resulting from progression towards doubling of the ageing population and the projection of a reduction in population size. ▪ The climate crisis relating to global warming and the implications for human and animal ecosystems, and factors associated with socio-economic issues such as poverty and over-population. ▪ The energy crisis which may jeopardise logistical supply chains, normal functioning of the economy and industry, in addition to access to essential goods. ▪ Worsening social inequalities which may become more visible due to the COVID-19 pandemic, the impact of armed conflicts or other crises, which demands differentiated measures and interventions in populations of socially and economically vulnerable groups. ▪ 'Syndemics' which are mutually aggravating interactions between health, social and economic problems within populations. ▪ Social networks and new forms of communication which require the intensification of the intervention of behavioural sciences. ▪ Political systems and the values and confidence surrounding them as they face various challenges. Opportunities that may arise over the decade include: ▪ Strengthening formal and informal social support networks from a global level. ▪ Climate transition demonstrating the importance of interdependence between countries and the implementation of integrated approaches such as One Health and its approach on antimicrobial resistance. ▪ Digital transition. ▪ Multi-sectoral collaboration with society and citizens

	▪ Innovation, co-creation and community collaboration work, for example how the COVID-19 vaccine was developed in a very short period of time. ▪ Awareness that global health must be integrated into public policies. **Projections and Prognosis** Within the scope of the 2021-2030 PNS, the prognosis of high magnitude problems was analysed from the projections of mortality for 2030 and the projections of incidence of tuberculosis and immunodeficiency virus infection for 2030. The interpretation of the prognostic value of mortality and morbidity projections took into account situations with a potential impact on estimates, with emphasis on the following: ▪ the ageing population ▪ positive synergistic and preventative measures on health (for example, health policies in the context of smoking, alcohol and food health) ▪ COVID-19 pandemic ▪ life expectancy at birth ▪ social, economic and related determinants of health. Mortality and incidence projections are highlighted the Projections and Prognosis document affiliated with the PNS 2021-2030. The major projected causes of mortality and their incidences for Portugal are highlighted, as follows: ▪ diseases of the circulatory system ▪ malignant tumours ▪ diseases of the respiratory system ▪ diseases of the digestive system ▪ diabetes mellitus ▪ external causes ▪ tuberculosis ▪ HIV
Strategy development	
Stakeholder(s) and or consultation method(s)	The World Health Organisation – Europe accompanied the process of preparing the National Health Plan 2021-2030. The National Health Plan 2021-2030 engages a co-creation process with more than one hundred stakeholders, inside and outside the health sector, including members of the Monitoring Commission which represent different sectors and society, and by the advisors of the Advisory Board. It also benefited from the contributions received through the Public Consultation that took place from April 12 to May 7, 2022 and involved the participation of 114 entities and citizens from different sectors of society. **Ranking of 12 Health Needs** Health needs felt or perceived by the stakeholders of the PNS 2021-2030 Monitoring Commission in order of relevance: <u>Arising from health problems:</u> ▪ acute myocardial infarction

	▪ malignant tumour of the colon and rectum ▪ stroke ▪ malignant female breast tumour ▪ malignant lung tumour ▪ public health emergencies ▪ depression ▪ malignant brain tumour ▪ malignant stomach tumour ▪ malignant tumour of the prostate ▪ malignant tumour of the pancreas ▪ other dementias <u>Arising from health determinants:</u> ▪ availability and accessibility of medicines ▪ health financing ▪ universal coverage ▪ access to care in illness ▪ access to palliative care ▪ access to mental healthcare ▪ access to continuing care ▪ quality of care ▪ governance ▪ public expenditure on essential services ▪ poverty in children ▪ overweight and obesity **Selection of Intervention Strategies** The selection process of intervention strategies is adopted in view of the identified health needs. The aim is to identify processes or techniques that are most suitable to deal with health needs of the population. Health needs require various interventions, which will be carried out through the implementation of specific strategies which will be developed by different sectors of society and their stakeholders. This will occur at a national and local level, in a co-creative process and multi-sectoral approach. Strategy selection was initiated by an analysis of a collection of documentary sources and strategies foreseen in the National Health Programs. This occurred under the Director General of Health and was carried out by technical staff in the National Health Programs in collaboration with directors within the National Health Programs and respective teams of experts. This process resulted in a matrix of analysis and selection of intervention strategies and was validated by programme directors and their teams. From this, a unique matrix was created which allowed integration of all the intervention strategies which included more than 20 National Health Programs. Six major levels of intervention were identified: five being prevention strategies (primordial, primary, secondary, tertiary and quaternary) and one being promotion of health. The fundamental first steps of this intervention considered the work of these strategies which was planned by the National Health Programs, and carried out jointly with the directors of the National Health Programs and their teams. Stakeholder perspectives were also included in the selection process. Broad strategic guidelines were also defined in accordance with the different types of health needs.

Recommendations for implementation
The recommendations for implementation form a bridge between the selected intervention strategies and their implementation by the different stakeholders. The formation of these recommendations was carried out based on the selection pf intervention strategies and from the recommendations made by the teams of the National Health Programs and national authorities. Recommendations were also influenced by international and national reference bodies.

The Monitoring and Evaluation Plan
This plan is part of the PNS 2021-2030. An evaluation of the PNS 2021-2030 will occur over three periods: two mid-term evaluations, in 2025 and 2028 relating to the three years of implementation of the Plan 2022-2024 and 2025-2027, respectively; and the final evaluation in 2031. Monitoring will occur throughout the entire period of implementation (2022 to 2030). Monitoring will focus on the relevant health determinants of identified health problems and health problems for which targets have been set. The objectives set out in the strategy will also be monitored. Updated information from the monitoring and evaluation of the strategy will be communicated throughout various periods to all stakeholders involved in the 2021-2030 PNS, those both outside and inside the health sector.

The Communication Plan strategy supports the implementation of the PNS 2021-2030 and was also included of the preparation process of the strategy.

Representatives of the following were included on the Monitoring Commission:
- Group of Health Centres of Greater Porto I–Santo Tirso/Trofa
- Central Administration of the Health System
- Alentejo Regional Health Administration, IP— Department of Public Health and Planning
- Algarve Regional Health Administration, IP—Public Health and Planning Department
- Centro Regional Health Administration, IP- Contracting Department
- Department of Public Health
- Lisbon and Tagus Valley Regional Health Administration, IP: Planning and Contracting Department
- Department of Public Health
- Northern Regional Health Administration, IP: Studies and Planning Department
- Department of Public Health
- High Commission for Migration-
- National Association of Parishes
- National Association of Public Health Physicians
- National Association of Portuguese Municipalities
- Portuguese Association of Private Hospitalization
- Portuguese Association of Mutualities
- Association of Community Care Units
- Association of Family Health Units
- National Emergency and Civil Protection Authority
- Alentejo Regional Development Coordination Commission
- Commission for the Coordination of Regional Development of the Algarve-Valentina Calixto;

	▪ Centre Regional Development Coordination Committee ▪ Lisbon and Tagus Valley Regional Development Coordination Commission ▪ Northern Regional Development Coordination Commission ▪ Commission for Religious Equality: Working Group Religions/Health ▪ Installation Committee of the Order of Social Workers ▪ Installation Committee of the Order of Physiotherapists ▪ National Commission for Palliative Care ▪ National Commission for Maternal, Child and Adolescent Health ▪ National Commission for the Coordination of the Integrated Continuing Care Network ▪ National Commission for the Coordination of the Continuing Integrated Care Network ▪ National Commission for the Protection of Children and Young People's Rights ▪ Commission for Citizenship and Gender Equality ▪ Economic and Social Council: Business Organizations ▪ Union Organisations ▪ National Youth Council ▪ National Council of Education ▪ National Health Council ▪ National Council of Mental Health ▪ National Coordination for the Reform of Hospital Health Care ▪ National Coordination for the Reform of Primary Health Care ▪ Coordinator of the Regional Monitoring ▪ Team of the Algarve Regional Health Administration ▪ Coordinator of the Public Health Unit of the Almada-Seixal ▪ Directorate-General for Health: Health Action for Children and Young People at Risk ▪ National System of Early Childhood Intervention ▪ National Child and Youth Health Program ▪ Department of Health Quality ▪ Directorate of Information and Analysis Services ▪ Directorate of Disease Prevention and Health Promotion Services ▪ Department of Services and International Relations ▪ Communication Division ▪ Cooperation Division ▪ Active Aging ▪ Nucleus Gender and Equity in Health ▪ National Program for the Promotion of Physical Activity ▪ National Sexual and Reproductive Health Program ▪ National Vaccination Program ▪ National HIV/AIDS Program-Margarida Tavares ▪ National Viral Hepatitis Program ▪ National Literacy, Health and Wellness Program

	▪ National Program for the Prevention of Accidents ▪ National Program for the Prevention and Control of Diabetes ▪ National Program for the Prevention and Control of Smoking ▪ National Program for Mental Health ▪ National Program for Cerebrocardiovascular Diseases ▪ National Program for Oncological Diseases ▪ National Program for Respiratory Diseases ▪ National Tuberculosis Program ▪ National Program for the Prevention of Violence in the Life Cycle ▪ National Program for the Prevention and Control of Pain ▪ Coordinator of the National Program for the Prevention and Control of Pain ▪ National Program for the Prevention of Accidents ▪ National Program for the Promotion of Healthy Eating ▪ National Vision Health Program ▪ National School Health Program ▪ National Occupational Health Program ▪ National Oral Health Program ▪ Program for Prevention and Control of Infections and Resistance to Antimicrobials ▪ Azores Regional Health Directorate ▪ Clinical Director of Hospital dos SAMS ▪ National Strategy for Homeless People ▪ Republican National Guard ▪ National Institute of Medical Emergency ▪ National Institute of Health Doctor ▪ National Institute of Health Doctor ▪ Department of Food and Nutrition ▪ Department of Infectious Diseases ▪ Department of Epidemiology ▪ Department of Human Genetics ▪ Department of Health Promotion ▪ Department of Environmental Health ▪ Health Museum ▪ Portuguese Institute of Sports and Youth ▪ Portuguese Institute of Blood (Instituto Português do Sangue) ▪ Public Health Internal Physician ▪ Ministry of Internal Administration ▪ Ministry of Agriculture ▪ Ministry of Science, Technology and Higher Education ▪ Ministry of Territorial Cohesion ▪ Ministry of Culture

	▪ Ministry of National Defence – Director-General of National Defence Resources ▪ Ministry of National Defence – Armed Forces General Staff /Armed Forces Hospital ▪ Ministry of Economy and Digital Transition ▪ Ministry of State and Presidency ▪ Ministry of Infrastructure and Housing ▪ Ministry of Justice ▪ Ministry of Modernisation of the State and Public Administration ▪ Ministry of Planning ▪ Ministry of Labour, Solidarity and Social Security ▪ Ministry of Environment and Climate Action ▪ Ministry of Foreign Affairs ▪ Portuguese Movement for Artistic Intervention and Education through Art Health Platform in Dialogue ▪ Public Safety Police ▪ President of the Clinical and Health Council of the Pinhal Interior Norte sub-region ▪ Mendes Group of Health Centres ▪ Chairman of the Board of Directors of the Local Health Unit of Matosinhos ▪ Chairman of the Board of Directors of the Hospital Centre of Vila Nova de Gaia/Espinho-Rui ▪ Chairman of the Board of Directors of Hospital Espírito Santo-Évora ▪ Professor at the National School of Public Health ▪ Professor at the Institute of Hygiene and Social Medicine of the University of Coimbra ▪ Professor at the Institute of Environmental Health at the University of Lisbon ▪ Professor at the Tropical Medicine Hygiene Institute ▪ Professor at the Public Health Institute of the University of Porto ▪ More Participation Better Health Project ▪ Portuguese Network of Healthy Municipalities ▪ Madeira Regional Health Directorate ▪ Shared Services of the Ministry of Health ▪ Union of Portuguese Mercies ▪ INFARMED. <u>Method of drafting the PNS 2021 – 2030</u> 1. The multi-sectoral seminar on the theme “Health and Sustainable Development: Challenges for a Decade”, which took place in October 2019, marked the beginning of the development of the work to prepare the PNS 2021-2030. 2. Health Situation Diagnosis: Application of the logical model of strategic planning in basic health population, with the main components: diagnosis of health situation, health objectives, strategies of intervention, recommendations for implementation, a monitoring and evaluation plan and a communication plan. Projections for high magnitude health problems up to 2030 were calculated where possible. 3. Consultation of dozens of sources of data documents. Through a multi-sectoral approach, predominantly qualitative in nature, involving all stakeholders on the Monitoring Commission, the identification and ordering of perceived health needs was carried out. This was carried out by an online survey in which Commissioners were asked to, based on their perceptions, answer two questions: what is the

	degree of priority assigned to each of the health needs, and to what extent the health needs were being or could become aggravated by the COVID-19 pandemic. 4. Health Goals setting: A mixed methods approach was undertaken using the results of the projections and prognosis made and the consolation of experts from the National Health Programs. 5. Selection of Intervention Strategies: implementation of specific strategies to be developed by the different sectors of society and their stakeholders, at the national and subnational (mainly local) levels, according to a multi-sectoral and multi-level co-creation process and approach: ▪ The strategy selection stage was initiated by search of an exhaustive collection of available documentary sources. These were the intervention strategies in the National Health Programs, under implementation or to be implemented in the future, under the responsibility of the Directorate-General for Health (DGS). This was carried out by the team technical staff of the PNS, in collaboration with the Directors of the National Health Programs and the respective teams of experts. ▪ From its results, a matrix of analysis and selection of intervention strategies related to each of the National Health Programs was subsequently (re)validated by the program directors and their teams. ▪ Finally, based on that matrix, a unique matrix was built that allowed integrating all the intervention strategies of the more than 20 National Health Programs, organising them according to six major intervention areas: the five levels prevention (primordial, primary, secondary, tertiary and quaternary) and the promotion of health. This matrix of intervention strategies constituted the base from which it was constructed the instrument for collecting contributions from stakeholders of the Commission of Follow-up of the 2021-2030 PNS for the strategy selection process. It is considered that the work of analysis and integration of the strategies of intervention planned by the National Health Programs, carried out jointly with the Directors of the National Health Programs and their teams, and their connection with problem groups and health needs resulting from the results of the Health Situation Diagnosis of the population in Portugal, constituted a fundamental first step in this direction. The inclusion of the perspectives of Monitoring Commission stakeholders in the selection process of intervention strategies was another step, also fundamental, by adding new layers or dimensions to health intervention, through the induction of partnerships around intervention strategies already foreseen by the National Health Programs, or the proposal of other and/or new partnerships, stimulating innovation and co-creation. 6. Major strategic guidelines were defined. 7. Support mechanisms were considered. 8. The formulation of technical recommendations for the implementation of the PNS was carried out with based on the selected intervention strategies and from the recommendations made by the teams of the National Health Programs, as national reference entities, also taking into account the recommendations of documents and or international and national reference bodies. 9. The actions or interventions to be developed within the scope of the implementation of the 2021-2030 PNS will be defined later, based on: ▪ the activities and or performance plans or the agendas of the different institutions or stakeholders in its implementation, from national and subnational levels, in the health and non-health sectors ▪ the actions that each person present in Portugal decides to develop, in the context of their life path, individually and/or collectively.

Key: AIDS: acquired immunodeficiency syndrome; DGS: Directorate-General of Health; HIV: human immunodeficiency virus; HR: Human Resources; NUTS: nomenclature of territorial units for statistics; PNS: National Health Plan Portugal (Plano Nacional de Saúde); SNS: National Health Service Portugal; SNS24: digital health services offered by the SNS.

Table B11. Extracted data for Scotland (Public health priorities).

Scotland[24]	Strategy information
Author(s) **Title**	Scottish Government and Convention of Scottish Local Authorities (COSLA) Public Health Priorities for Scotland[24]
Timeline	Developed in 2018.
Overall aim(s) (measurement method(s) and target(s) where available)	To improve the health of the population and to reduce the unacceptable variation in life expectancy that exists across Scotland.
Governance	N/A.
Scope and collaboration	The priorities connect strongly to, and accelerate, the Scottish Government and COSLA's wider work and include local strategic planning and partnership activity; the refreshed National Performance Framework and related National Outcomes; our Digital Health and Care Strategy, and further public health policies, and efforts towards sustainable economic growth. The priorities are a foundation for the whole system, for public services, third sector, community organisations and others, to work better together to improve Scotland's health, and to empower people and communities. They are a starting point for new preventative approaches, and a new awareness around wellbeing, that will develop and strengthen in the coming years. The Public Health priorities for Scotland were developed through collaboration between the Scottish Government and COSLA. Implementing the priorities will require working closely with: ▪ national and local government ▪ the NHS ▪ the integration authorities ▪ community planning partnerships ▪ the third and independent sectors ▪ community voices ▪ private organisations.
Themes and or priorities	Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities Priority 2: A Scotland where we flourish in our early years Priority 3: A Scotland where we have good mental wellbeing Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all Priority 6: A Scotland where we eat well, have a healthy weight and are physically active
Implementation action(s), lead(s) and key performance indicator(s)	Implementation actions aren't specifically outlined but "how we will make a difference" is outlined for each priority. Leads for actions are identified sporadically throughout with no key performance indicators outlined. **Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities:**

	▪ joined-up and better use of data - Partnership activity is underway through the Health and Justice Collaboration Improvement Board and specifically between, integration authorities and emergency services to better understand demand, to identify and support vulnerable people and to drive the prevention agenda. The Scottish Government and COSLA will seek to build further partnerships around data of this sort ▪ Local Outcome Improvement Plans (LOIPs) and locality plans prioritise place and community with a strong focus on affordable housing; connected, stronger and safer places; and on maximising community participation in decision making ▪ the Community Empowerment Act aims to make it easier for communities to have more influence over the decisions that affect their area and the Planning (Scotland) Bill aims to strengthen these powers further and to develop a greater link between community planning and development planning – working towards communities themselves being able to devise plans for their places. The Bill also includes a commitment to work with local authorities to better support people to live an active lifestyle ▪ tackling loneliness and isolation: the Scottish Government is developing a vision for a more Connected Scotland, where physical spaces make it easier for communities to gather together for mutual support and self-help. Assets-based approaches, focusing on the strengths of a place to build locally directed improvements, are a positive way to engage with people and support the prevention agenda ▪ councils across Scotland are actively working with local communities and the voluntary sector to achieve improvements in the quality of the local environment, through the use of regulatory powers, planning responsibilities, and regeneration of urban environments. Examples include strategic approaches to play provision, green spaces, sustainable transport networks and dementia friendly communities. **Priority 2: A Scotland where we flourish in our early years:** ▪ Public services are working with partners in the third and private sectors to focus on the early years and Getting It Right for Every Child (GIRFEC) continues to be the approach to improving outcomes and supporting the wellbeing of children and young people ▪ the Scottish Government, the NHS and local government focus resources on the early years, through provision of funding for early learning and childcare, health visiting, early years services, and education and support for families ▪ pregnancy - join up the whole system to ensure women and families get the right support, in the right place, at the right time. ▪ Adverse Childhood Experiences (ACEs) - The Scottish Government is working closely with NHS Scotland and other partners to raise awareness of ACEs and their impacts across various sectors, and councils are working with community planning partners at the local level to prevent ACEs from occurring and to mitigate the impact where they do. This includes working with organisations across Scotland who are already developing trauma-informed approaches to support children and young people who experience adverse and/or traumatic events. Work to strengthen national and local efforts with a system-wide ACE informed approach within the wider GIRFEC approach ▪ attainment gap - Closing the poverty-related attainment gap in schools between those children from low income and high-income households is a key priority at both national and local level. This is supported by £1bn of investment in the expansion of early learning and childcare which the Scottish Government and local government are jointly delivering (since 2020). In addition, £750m has been committed to the Attainment Scotland Fund (ASF) over the lifetime of this parliament. This includes £120m Pupil Equity Funding, which provides resources direct to schools intended to help tackle the attainment gap through targeted improvement activity in literacy, numeracy and health and wellbeing. Local Level Councils across Scotland are working with community planning partners to plan and deliver joined-up local children's services which take a holistic approach to meeting the social, emotional and developmental needs of children. Working closely with families, communities and the third sector, local partnerships are acting to protect and improve the wellbeing of children and young people. Examples include providing opportunities for safe play, identifying and supporting young carers, providing additional support for learning and tackling violence against women and girls. **Priority 3: A Scotland where we have good mental wellbeing:**

	▪ implementation of the Scottish Government's 2017-27 Mental Health Strategy, which recognises the broad range of factors required to collectively improve wellbeing. Poverty, education, justice, social security and employment are all identified as areas beyond the reach of the NHS acting alone, where improved partnership approaches to public health can make a real difference ▪ the Scottish Government, NHS Health Scotland and COSLA have jointly endorsed 'Good Mental Health for All' as a framework which community planning partnerships, integration authorities, local authorities, NHS boards, the third sector and other partners can use to plan collaborative action to tackle the determinants of mental health and the causes of inequalities in mental health. Integration authorities are also committed to shifting investment into communities and supporting individuals in self-management. These partnerships present opportunities for local work to be informed by public health evidence and approaches ▪ innovative partnership projects, such as the Distress Brief Intervention pilots, show how the whole system working together can offer an alternative approach to Police Scotland responding to incidents with a mental health aspect alone ▪ Councils are working with partners at the local level to develop integrated approaches that balance protecting and improving our communities' mental wellbeing with mental healthcare and treatment. Local initiatives include action to reduce stigma, to improve support in the workplace, to build more resilient communities and to tackle the inequalities in mental health which still exist ▪ increasingly, integration authorities in collaboration with community planning partners, are developing preventative service responses that focus on early intervention – such as wellbeing services and peer support networks, providing access to the creative arts, environmental projects, employment and training opportunities – all of which support people to build their personal resilience and social networks. **Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs:** ▪ Local Government, alcohol and drug partnerships, integration authorities, Police Scotland, the Scottish Prison Service and community planning partnerships are all developing locally tailored approaches to issues faced on the ground ▪ the Scottish Government introduced legislative measures to reduce the harms associated with drinking and smoking with a target of a tobacco-free Scotland by 2034 ▪ the current national alcohol and drug strategies were unified in 2018 to form a single strategy on treatment and recovery, focusing on more than just dependency ▪ recovery peer support networks and recovery colleges are increasing and providing access to peer support, personal and social development, and learning opportunities to help reduce dependency on harmful substances. Local partners are working with communities to develop education programmes in schools and beyond, and to design health-promoting environments which support healthier choices and reduce harm ▪ all local authorities have the power and duty to protect and improve public health through the licensing of alcohol sales. Many areas are developing over-provision policies which complement action by local trading standards on underage tobacco sales as part of an approach to creating healthier communities. **Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all:** ▪ Scotland's Economic Strategy (SES) places Inclusive Growth as a core priority ▪ the Fairer Scotland Duty places a legal requirement on the NHS, Local Government and other statutory bodies to set out how they believe they can reduce inequalities caused by socio-economic disadvantage ▪ the Child Poverty Act, which includes changes to rates of income tax and efforts to mitigate the effects of benefit changes should all further contribute to reduce inequality ▪ the Fairer Scotland Duty and the Fairer Scotland Action Plan sets out another 49 actions to tackle poverty and the impact of poverty ▪ Social Security Scotland has a pivotal role in this through distribution of £3.3bn of devolved benefits

	▪ across community planning partnerships, addressing child poverty, closing the attainment gap and children's mental health are key priorities as partners work together to implement practical steps in communities to improve outcomes for children. Local partnerships, including the third sector and communities themselves, are best-placed to understand and tackle the inequalities that still exist in Scotland, and which often become most visible when working at the neighbourhood level. By targeting anti-poverty measures to those in most need, councils are working with partners to improve food security by providing out-of-term time meals for children, take action on fuel poverty and ensure people have access to affordable housing. **Priority 6: A Scotland where we eat well, have a healthy weight and are physically active:** ▪ the 2017-18 Programme for Government committed the Scottish Government to progress measures to limit the marketing of products high in fat, sugar and salt which disproportionately contribute to ill health and obesity and to deliver new services to support people with, or at risk of, type-2 diabetes, to lose weight. It set out the aspiration to increase physical activity levels and tackle diet and obesity in Scotland. It included commitments to boost investment in walking and cycling and put active travel at the heart of transport planning and to publishing a new Active Scotland Delivery Plan ▪ The Scottish Government will "A healthier future: Scotland's diet and healthy weight delivery plan" to support people to eat well, have a healthy weight and to be more physically active ▪ councils and their partners are working to create community environments that support healthier eating and make it easier to stay active through strategies and programmes such as the "Daily Mile" initiative, community gardens and numerous projects focused on food as well as the work of local government in developing cycling and walking networks and green spaces.
Supporting economic analysis	N/A.
Any additional information	The Scottish Government and COSLA also outline their reform principles: ▪ reducing inequalities ▪ prevention and early intervention ▪ fairness, equity and equality ▪ collaboration and engagement ▪ empowering people and communicates ▪ intelligence evidence and innovation.
Strategy development	
Stakeholder(s) and or consultation method(s)	Engagement with a wide range of partners and stakeholders. A number of collaborative activities and engagements were undertaken including: ▪ a series of regional engagement events which involved several hundred people from across the public and third sectors ▪ work with public health and other experts to develop criteria and to assess and weigh the evidence ▪ testing emerging conclusions with experts and other stakeholders. Additionally, the Scottish Government and COSLA have reviewed: ▪ Local Outcome Improvement Plans (LOIPs) to ensure new public health priorities are consistent with local community planning priorities ▪ key information sources and strategies relevant to public health to help inform the development of the priorities.

Key: ACEs; Adverse Childhood Experiences; ASF: Attainment Scotland Fund; COSLA: Convention of Scottish Local Authorities; LOIPs: Local Outcome Improvement Plans; GIRFEC: Getting It Right for Every Child; SES: Scotland's Economic Strategy.

Table B12. Extracted data for Scotland (Public Health Scotland).

Scotland[25]	Strategy information
Author(s) **Title**	Public Health Scotland (PHS) A Scotland where everybody thrives.[25]
Timeline	2022 - 2025
Overall aim(s) (measurement method(s) and target(s) where available)	(1) To improve life expectancy in Scotland. Life expectancy will be tracked every year by the National Records of Scotland (NRS), with an improvement in life expectancy deemed as a successful outcome. (2) To reduce the 10-year difference in life expectancy between the poorest and wealthiest neighbourhoods. The outcome will be deemed successful if the difference in life expectancy between those with the worst and best health decreases.
Governance	N/A.
Scope and collaboration	The strategy outlines: ▪ the role of PHS to meet health challenges ▪ the difference PHS wants to see in Scotland by 2025 ▪ what PHS will do to create change in Scotland ▪ how PHS will work with others to achieve change. Strategy implementation will require collaboration across public, third and private sectors including: ▪ the Scottish Government ▪ the Convention of Scottish Local Authorities (COSLA) ▪ local authorities ▪ national public bodies like the Improvement Service, Police Scotland, the Scottish Fire and Rescue Service, the NHS ▪ local public health teams However this strategy outlines PHS contribution to achieving Scotland-wide health outcomes.
Themes and or priorities	**Prevent disease** ▪ infectious disease: strengthen IT and data infrastructure that underpins the systems and processes of outbreak and disease control ▪ vaccine preventable disease ▪ Scotland ready for future pandemics. **Prolong healthy life**

	▪ drugs, alcohol and tobacco ▪ cancer ▪ quality of service. **Promote health and wellbeing** ▪ child poverty ▪ neighbourhoods ▪ mental wellbeing ▪ income inequalities.
Implementation action(s), lead(s) and key performance indicator(s)	All led by PHS unless otherwise stated **Prevent disease** *Infectious disease* Action: develop and implement a Scottish infectious disease intelligence strategy Milestones: 2022/2023: establish a project team and define the solution and user needs; develop and approve a business case; agree and appoint a developer 2023/2024: implement the solution, going live by March 2024 2024/2025: move to normal operation; implement routine training and maintenance. Desired outcomes: ▪ the availability of surveillance data on emerging pathogens which can be provided to stakeholders in close to real time ▪ reduced effort in data collection by reducing the number of data collection systems ▪ better user experience than the current systems. *Vaccine-preventable disease* Action: lead the Scottish Vaccine and Immunisation Programme (SVIP) from April 2023. Milestones: 2022/2023: work closely with the Scottish Government and partners to agree the scope of the SVIP; implement staffing arrangements as part of the transition plan for the SVIP; complete planning for the delivery of the autumn/winter vaccination programmes; lead the roll out of changes to existing immunisation programmes (for example shingles) and the start of a new respiratory syncytial virus programme 2023/2024: assume the leadership of the SVIP; improve the IT and data collection systems supporting the programme; lead the transition to new schedules and vaccine products for measles, mumps and rubella, hepatitis B, and varicella 2024/2025: manage the linkage of data on immunisations across PHS to offer new insights. Desired outcomes: ▪ improved vaccine uptake for each vaccination programme. This will be measured overall and segmented by ethnicity and deprivation ▪ reduced rates of morbidity and mortality in the Scottish population from vaccine-preventable diseases.

	Scotland ready for future pandemics Action: prepare for future pandemics by establishing a pandemic preparedness team and developing a pandemic preparedness plan, develop NHS Scotland whole genome sequencing (WGS) capabilities and laboratory services and complete a pandemic preparedness risk assessment. Milestones: 2022/2023: establish a pandemic preparedness team; work with the Scottish Government and partners to capitalise on the success of WGS; develop a PHS pandemic response plan; undertake a risk and capability assessment; develop a training and exercising programme; develop and implement a communications strategy for the programme 2023/2024: review and enhance surveillance opportunities and situational awareness; embed surveillance and situational awareness internally and with partners; develop staff and or maintain skills training and exercises annually; review capability and implement improvements; implement recommendations from lessons learned programmes 2024/2025: review and update the pandemic plan and risk assessments; refresh and renew a training and exercising programme. Desired outcomes: ▪ completion of the actions outlined above. **Prolong healthy life** *Drugs, alcohol and tobacco* Action: work with drug and alcohol partnerships to reduce harm and deaths linked to alcohol and drug use, use data to deliver an intelligence-led, proactive approach to reducing these harms and refresh the approach to tobacco with the goal of avoiding smoking related harm. Milestones: 2022/2023: continue to support the embedding of medical assisted treatment standards for people who use drugs; put in place an evaluation framework for residential rehabilitation for drug users; publish a drug and alcohol treatment report; deliver a dashboard and guidance for responding to drug harm clusters; report performance across Scotland against the drugs treatment target; re-establish a substance use team covering alcohol, drugs and tobacco; support the refresh of the tobacco action plan; continue gathering and sharing data on tobacco-related death 2023/2024: publish a final report for Minimum Unit Pricing (MUP) to inform the Scottish Government's and Scottish Parliament's decisions on the future of MUP and the correct level it should be set at; put in place quality assurance standards for MAT standards 2024/2025: complete the modernisation of processes in place for drug-related death reporting and drug prevalence estimation; establish a public health surveillance system for alcohol and drugs. Desired outcomes: ▪ decrease in people who die from drug-related or alcohol-specific deaths. This will be monitored through changes in drugs-related and alcohol-specific deaths in Scotland using the NRS statistics on drugs-related deaths and alcohol-specific deaths ▪ decrease in people who die from causes linked to smoking ▪ decrease in life years lost and disability adjusted life years lost because of alcohol and drugs ▪ monitor users of the drug harms dashboard and their feedback on the engagement and use of the dashboard ▪ monitor readers of the drug and alcohol treatment report

	▪ MAT standards rolled out across Scotland. *Cancer* Action: focus of efforts on supporting Scotland's cancer services recovery from the impact of the COVID-19 pandemic. Milestones: 2022/2023: deliver the overarching Information Governance memorandum of understanding for the key datasets within the cancer intelligence platform; make the eCase development available for initial rapid reporting of cancer quality performance indicators; deliver radiotherapy data flowing into PHS; deliver the overarching memorandum of understanding and most of the relevant appendices for the screening intelligence platform for the adult screening datasets; make available a systematic anti-cancer therapy (SACT) national reporting dashboard; make all adult screening data available within the cancer intelligence and screening intelligence platforms 2023/2024: add additional datasets from primary care and palliative/end-of-life care datasets to cancer data platforms; establish an informal Scotland cancer and adult screening programme, established with collaboration with local, regional and national analysts working together using the Cancer Information Portal (CIP) and Scottish Cancer Intelligence Portal (ScIP) 2024/2025: none identified. Desired outcomes: ▪ reduction in people dying each year from cancer and the population mortality rate for cancer. Target of reducing the risk of dying from cancer reduce by 1% each year and 5% lower in 2025 from the 2020 baseline. Statistics on the number of cancer deaths in Scotland each year produced by PHS will be used ▪ monitor users of the CIP and ScIP. *Quality of services* Action: work with the national care service and work on whole system modelling Milestones: 2022/2023: draw together research on the evidence (including international evidence) for how the NCS can prevent ill-health or intervene early, support healthy aging, improve wellbeing and individual care and enhance learning on creating new models of social care; map the current social care data and digital landscape; bring together local authority, third sector and NHS representatives via COSLA and others to inform public health advice on the NCS; work closely with the Scottish Government to create a new dataset to aid planning, design, delivery and evaluation of the NCS; create an impact assessment toolkit for social care delivery modelling scale up our resources to deliver the programme – workforce in PHS, NHS National Services Scotland and third-party support (to be procured); engage with health and social care partnerships (HSCPs) on social care modelling; develop assumptions and modelling for social care (with HSCPs); complete a review of other modelling services in PHS and incorporate them within WSM approach; develop and deliver an online dashboard for recovery plan modelling 2023/2024: facilitate the linking of data across multiple sources and ensure compliance with data protection requirements by creating a set of 'data protocols'; continue the refinement of models, building in new data streams, including primary care and social care 2024/2025: have established a fully sustainable service within PHS with an appropriately skilled workforce.

Desired outcomes:

- improve public satisfaction with public services. The National Performance Framework measures the quality of public services through the Scottish Household Survey. Respondents are asked to rate the quality of all public services. These data are reported once a year
- increase the proportion of adults over 55 years who describe their health as 'good' or 'very good'
- decrease the number of people whose discharge from hospital to social care was delayed by lack of timely access to onward care and support
- monitor the number of users of WSM tools and receive feedback from them
- receive feedback on the contribution to the creation of the NCS.

Promote health and wellbeing

Child poverty

Action: work closely with the Scottish Government in delivering the ambitions of the Best Start, Bright Futures delivery plan.

Milestones:

2022/2023: enhance the PHS child poverty programme, setting out clear actions and monitoring plans, taking account of the Child Poverty Action Plan 2022–2026; work with partners to produce a dashboard/composite reporting on children's issues to inform actions to improve children's lives and ensure that this is used to inform changes, through existing national groups and our new Local Public Health Improvement Team (LPHiT) programme; use existing and emerging data and intelligence available on the impact of COVID-19 on children and young people, for example, the COVID-19 Early Years Resilience and Impact Study (CEYRIS) to identify and prioritise areas of public health concern for action

2023/2024: continue to track, monitor and report on progress, working closely with local, regional and national partners based on the model established in 2022/23; establish an embedded approach which effectively applies public health evidence and data across local areas to help to inform and drive improvements, like the support our Local Intelligence Support Team (LIST) currently provides to GP practices and HSCPs

2024/2025: review the approach and progress, and make any changes as necessary; continue to deliver an enhanced support offer to all partnerships to reduce child poverty.

Desired outcomes:

- shared measures and targets set out in the Child Poverty (Scotland) Act 2017. Each are reported by the Scottish Government every year in the annual update report. They are the proportion of children living in: relative poverty (target: less than 10% by 2030); in absolute poverty (target: less than 5% by 2030); with combined low income and material deprivation (target: less than 5% by 2030) in persistent poverty (target: less than 5% by 2030).

Neighbourhoods

Action: Through the LPHiT, co-ordinate and manage a public health support hub tailored to community planning partners and local authorities.

Milestones:

2022/2023: have established programme resources, governance and oversight; put in place the main staff team; have scoped out our core offer and started implementing; work with a small number of pilot sites to develop and refine the core offer; learn lessons from the pilot sites and finalise a core offer to roll out to all Community Planning Partnerships (CPPs) and local authorities

	2023/2024: deliver at least one core service to every CPP and local authority; start to pilot our wider public health offer 2024/2025: deliver our full range of public health support and expertise to all CPPs and local authorities. Desired outcomes: ▪ increase the proportion of people who say their neighbourhood is a 'very good' place to live (target: 60% of people or more describing their neighbourhoods as a 'very good' place to live). This National Performance Framework indicator is measured and reported through the Scottish Household Survey ▪ increase the number of CPPs and local authorities our LPHiT is working with on its core and wider public health offer ▪ monitor perceptions of the stakeholders working with our LPHiT on the usefulness, timeliness and impact of their work. *Mental wellbeing* Action: take a public health approach to promote good mental wellbeing, prevent mental ill-health and reduce inequalities. Help to develop and deliver on the new Scottish policy agenda for improving mental health and wellbeing. Milestones: 2022/2023: embed public mental health across relevant areas of work in PHS, including poverty; employment; education and early years; gambling; and food and diet; work closely with COSLA and the Scottish Government in developing new national strategies to reshape the approach to mental health across Scotland, with a greater focus on prevention and a public health approach; produce an outcomes framework to underpin the new suicide prevention strategy; launch the Better Tomorrow campaign, with the Scottish Association for Mental Health (SAMH), to reduce stigma and raise awareness of suicide prevention for young people; launch a digital platform for employers to support employee mental health; publish a primary prevention of self-harm in children evidence and gap map briefing; produce a prototype dashboard displaying mental health indicators; update the mental wellbeing evidence and gap map tool and briefing; publish an evaluation report on perinatal mental health services in Scotland including recommendations and follow-up plans 2023/2024: pilot work with local areas on public mental health through the development of our LPHiT; produce a monitoring and evaluation framework to underpin implementation of the new Scottish Government mental health strategy; finalise an approach that embeds public mental health across relevant areas of work in PHS 2024/2025: deliver public health support and expertise on public mental health to CPPs and local authorities through our LPHiT Desired outcomes: ▪ reduced prevalence of common mental health conditions, reported through the Scottish Health Survey ▪ reduced number of deaths by probable suicide, reported each year by NRS. *Income inequalities* Action: enable partners to develop policy that will create a fair and inclusive economy of a scale and scope that will deliver population change. Identify what intelligence, insights and monitoring are needed to allow partners to develop policy that will deliver an inclusive and fair economy. Provide support and advice to regional economic partnerships and local systems on how they can help improve population health and reduce health inequalities. Milestones: 2022/2023: develop briefings that are made available to our local partners on labour market policy, plural ownership (a pillar of community wealth building) and on the relationship between economic activity and population health; report on learning

	from year one of the Public Health Scotland/Glasgow City Region Collaboration; develop and share position statements on what works to deliver a wellbeing economy; identify and initiate discrete pieces of work with up to two additional regional economic partnerships; co-develop metrics for community wealth building for local partners; support and deliver discrete pieces of work with the previously identified additional regional economic partnerships and report on learning 2023/2024: have a better understanding of how the scale and scope of the wellbeing economy policy response relates to the population need; have reviewed learning from work with regional economic partnerships and developed a capacity-building programme to roll out the approach 2024/2025: have developed outcome measures used to inform economic policy and measure impact which will include health and wellbeing metrics; be able to model the impact of different approaches to key policies (for example housing retrofit and social care delivery) on key population outcomes (for example inequalities, inclusive economy and carbon emissions); have an established model for supporting regional economic partnerships and a capacity-building programme to support this work. Desired outcomes: ▪ reduction in income difference measured using the Palma ratio – the income inequality indicator in Scotland's National Performance Framework. This divides the richest 10% of the population's share of net household income by that of the poorest 40%. Poverty and income inequality statistics are published by the Scottish Government yearly.
Supporting economic analysis	N/A.
Any additional information	PHS also outlines 5 objectives, along with associated actions, milestones and impact measures, that they as an organisation will contribute toward to deliver change for Scotland: (1) Be the go-to source of public health data and intelligence (2) Put reducing health inequalities at the heart of all we do (3) Increase our collaboration with local partners to improve the health of communities (4) Support Scotland's recovery from COVID-19 so no one is left behind (5) Equip our people with the systems and structures to deliver for Scotland. PHS also outlined ways of realigning and freeing up resources to meet the ambitions of the strategy: ▪ modernising was of working and Official Statistics review (for example improving the efficiency of how data and statistics are produced) ▪ a review of data assets (for example reducing the scale and cost of data collection of data assets which are low impact and low value) ▪ re-profiling the analyst workforce (for example recruiting more new graduates and developing the newly introduced student internship programme) ▪ estates (for example increasing the capacity to work remotely) ▪ health information resources (for example reviewing their health information publications) ▪ programme, project management and administration (for example better use of key professions with resources focused on high impact work) ▪ review of modelling services ▪ travel (for example avoiding unnecessary travel costs) ▪ realigning services (for example reviewing and realigning the whole of the Communities and Local Partners Service).

Strategy development	
Stakeholder(s) and or consultation method(s)	Strategy informed throughout by engagement with stakeholders, partners and the public, no specific examples provided. General examples of PHS engagement include: ▪ direct with the public: COVID-19 daily data ▪ working through others: advice to the public on vaccines ▪ through organisations with direct links to communities such as local authorities.

Key: CEYRIS: COVID-19 Early Years Resilience and Impact Study; CIP: Cancer Information Portal; CPPs: Community Planning Partnerships; HSCPs: Health and social care partnerships; LIST: Local Intelligence Support Team; LPHiT: Local Health Improvement Team; MAT: Medication-assisted treatment; MUP: Minimum Unit Pricing; NCS: National care service; NRS: National Records of Scotland; PHS: Public Health Scotland; SACT: Systematic anti-cancer therapy; ScIP: Scottish Cancer Intelligence Portal; SVIP: Scottish Vaccine and Immunisation Programme; WGS: Whole genome sequencing; WSM: Whole-system modelling.

Table B13. Extracted data for Scotland (National Performance Framework).

Scotland	Strategy information
Author(s) **Title**	Scottish Government National Performance Framework[26]
Timeline	Started in 2007.
Overall aim(s) (measurement method(s) and target(s) where available)	The framework aims to: ▪ create a more successful country ▪ give opportunities to all people living in Scotland ▪ increase the wellbeing of people living in Scotland ▪ create sustainable and inclusive growth ▪ reduce inequalities and give equal importance to economic, environmental and social progress
Governance	What different organisations will do: **Scottish Government** The Scottish Government will focus activities and spending to help meet National Outcomes. They will work with the wider public sector and others to help them work in a way that meets these outcomes. **Local government** Local government will work with the Scottish Government and other organisations in their community. The Convention of Scottish Local Authorities (COSLA) is the national association of councils in Scotland. It is helping to work towards the National Outcomes. COSLA will look to reform local public services. To do this it will work with: ▪ local communities ▪ the Scottish and UK governments ▪ staff and trade unions ▪ the Scottish and UK parliaments **Community Planning Partnerships** Community Planning Partnerships will bring together organisations in Scotland. They will then look to work on local improvement plans.
Scope and collaboration	To achieve the national outcomes, the National Performance Framework aims to get everyone in Scotland to work together. This includes: ▪ national and local government ▪ businesses ▪ voluntary organisations ▪ people living in Scotland (See Governance)

	Scotland's approach to the Sustainable Development Goals (SDGs) The National Performance Framework (NPF) and the Goals share the same aims. The National Performance Framework is Scotland's way to localise the SDGs. The NPF has a focus on tackling inequalities so that no one in Scotland is left behind as we work together to achieve the Goals. **Working in partnership** The SDG Network Scotland is an open coalition bringing together the voices of over 500 people and organisations across Scotland to assist with the development of a Scotland-wide response to the challenge set by the SDGs. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) work closely with the SDG Network Scotland. **Voluntary National Review** The Voluntary National Review is a core part of the SDG process, which asks United Nations Member States to review and report on their progress towards the Goals. The Scottish Government, COSLA and the SDG Network Scotland have worked together to contribute to the UK Government's Voluntary National Review.
Themes and or priorities	The national outcomes are: ▪ Children and young people: we grow up loved, safe and respected so that we realise our full potential ▪ Communities: we live in communities that are inclusive, empowered, resilient and safe ▪ Culture: we are creative and our vibrant and diverse cultures are expressed and enjoyed widely ▪ Economy: we have a globally competitive, entrepreneurial, inclusive and sustainable economy ▪ Education: we are well educated, skilled and able to contribute to society ▪ Environment: we value, enjoy, protect and enhance our environment ▪ Fair work and business: we have thriving and innovative businesses, with quality jobs and fair work for everyone ▪ Health: we are healthy and active ▪ Human rights: we respect, protect and fulfil human rights and live free from discrimination ▪ International: we are open, connected and make a positive contribution internationally ▪ Poverty: we tackle poverty by sharing opportunities, wealth and power more equally.
Implementation action(s), lead(s) and key performance indicator(s)	**Tracking progress** The framework tracks Scotland's progress in meeting its national outcomes. It uses data to understand how well Scotland is doing and help focus policies and resources to meet challenges. Each of the 11 National Outcomes has a set of indicators that underpin them, and can help us understand if we are making progress. Performance is assessed as improving, maintaining or worsening based on the change between the last two data points of an indicator. The assessment of performance is made objectively and impartially by senior analysts in the Scottish Government. Decisions on performance are made independently of Scottish Government Ministers. **Outcome** Indicator: Indicator description **Children and young people**

	▪ Child social and physical development: This indicator measures the percentage of children with a concern at their 27-30 month review (as a % of children reviewed). ▪ Child wellbeing and happiness: This indicator measures the percentage of 4 to 12 year old children who have a “borderline” or “abnormal” score on the Strengths and Difficulties Questionnaire (SDQ) section of the Scottish Health Survey (SHeS). ▪ Children's voices: Percentage of young people who feel adults take their views into account in decisions that affect their lives. ▪ Healthy start: This indicator measures the perinatal Mortality Rate per 1,000 births (stillbirths plus deaths in the first week of life). ▪ Quality of children's services: Percentage of settings providing funded Early Learning and Childcare (ELC) achieving good or better across all four quality themes. ▪ Children have positive relationships: Percentage of S2 and S4 pupils who report to have "three or more" close friends. ▪ Child Material Deprivation: Percentage of children in combined material deprivation and low income after housing costs (below 70% of UK median income). **Communities** ▪ Perceptions of local area: Percentage of adults who rate their neighbourhood as a very good place to live. ▪ Loneliness: Percentage of adults who report feeling lonely “some, most, almost all or all of the time” in the last week. ▪ Perceptions of local crime rate: Percentage of respondents who think crime in their area has stayed the same or reduced in the past two years. ▪ Community ownership: The number of assets in community ownership. ▪ Crime victimisation: Proportion of adults who have been the victim of one or more crimes in the past year. ▪ Places to interact: Percentage of adults who agree that, in their neighbourhood, there are places where people can meet up and socialise. ▪ Access to green and blue space: Proportion of adults who live within a 5 minute walk of their local green or blue space. ▪ Social capital: Social capital is the resource of social networks, community cohesion, social participation, trust and empowerment. The social capital index monitors aggregate changes in levels of social capital since 2013. The index is set to 100 in 2013. **Culture** ▪ Attendance at cultural events or places of culture: Percentage of adults who have attended or visited a cultural event or place in the last 12 months. ▪ Participation in a cultural activity: Percentage of adults who have participated in a cultural activity in the last 12 months. ▪ Growth in the Arts, Culture and Creative Economy: The amount of income generated by businesses, measured by Approximate Gross Value Added (aGVA), of the Creative Industries Growth Sector (GBP Millions). ▪ People Working in Arts, Culture and Creative Industries: The number of jobs in the Creative Industries Growth Sector (culture and arts). **Economy** ▪ Productivity: Scotland's Rank for productivity against key trading partners in the Organisation for Economic Co-operation and Development (OECD). ▪ International exporting: The value, in GBP millions, of Scottish exports (excluding oil and gas). ▪ Economic Growth: The difference (percentage point) between GDP growth rate and the previous three year average. ▪ Carbon Footprint: Scotland's carbon footprint expressed in million tonnes of carbon dioxide equivalent.

	▪ Natural Capital: The Natural Capital Asset Index (NCAI) monitors the quality and quantity of terrestrial habitats in Scotland, according to their potential to deliver ecosystem services now and into the future. It is a composite index, based (such as equal to 100) in the year 2000. ▪ Greenhouse Gas Emissions: Greenhouse gas emissions as a percentage change achieved from the baseline figure in 1990. ▪ Access to superfast broadband: Percentage of residential and non-residential addresses where superfast broadband is available. ▪ Spend on research and development: This indicator measures Gross Expenditure on Research and Development (GERD) as a percentage of GDP. ▪ Income Inequality: In 2019-22, the total household income of the top ten percent of the population as measured by the Palma ratio was 18% higher compared to that of the bottom forty percent. This compares to 20%, 21% and 24% higher incomes in the three previous periods. This indicator cannot be meaningfully broken down by equality characteristics. However, the related indicator "relative poverty" shows which groups in the population are more likely to have lower incomes than others. ▪ Entrepreneurial Activity: Total Early-stage Entrepreneurial Activity (TEA) rate: proportion of the adult working age population that is actively trying to start a business, or that own/manage a business which is less than 3.5 years old. **Education** ▪ Educational Attainment: This indicator is composed of 7 sub-measures. These measures are: o sub-measure 1: percent of primary 1, 4 and 7 pupils attaining expected literacy level o sub-measure 2: percent of secondary 3 pupils attaining expected literacy level o sub-measure 3: percent of primary 1, 4 and 7 pupils attaining expected numeracy level o sub-measure 4: percent of secondary 3 pupils attaining expected numeracy level o sub-measure 5: percent of school leavers with 1 award or more at SCQF Level 4 or above o sub-measure 6: percent of school leavers with 1 award or more at SCQF Level 5 or above o sub-measure 7: percent of school leavers with 1 award or more at SCQF Level 6 or above ▪ Confidence of children and young people: Indicator in development ▪ Resilience of children and young people: Indicator in development ▪ Engagement in extra-curricular activities: Indicator in development ▪ Work place learning: This indicator measures the percentage of employees who received on the job training in the last 3 months ▪ Young people's participation: Percentage of young adults (16-19 year olds) participating in education, training or employment. ▪ Skill profile of the population: Proportion of adults aged 16-64 with low or no qualifications at SCQF level 4 or below. ▪ Skill shortage vacancies: Proportion of establishments reporting at least one skills shortage vacancy. ▪ Skills underutilisation: Proportion of establishments with at least one employee with skills and qualifications more advanced than required for their current job role. **Environment** ▪ Visits to the outdoors: Proportion of adults making one or more visits to the outdoors per week. ▪ State of historic sites: The percentage of pre-1919 dwellings (sites) classified as having disrepair to critical elements. ▪ Condition of Protected Nature Sites: This indicator reports the percentage of natural features on protected nature sites found to be in favourable condition. ▪ Energy from renewable sources: This indicator measures the percentage of energy consumption which comes from renewable energy sources.

	▪ Waste generated: This indicator measures the amount of household waste generated in million tonnes. ▪ Sustainability of Fish Stocks: This indicator measures the percentage of fish stocks fished sustainably. ▪ Biodiversity: This indicator is a combination of trends for three measures of Scottish species, index of abundance of marine species (based on seabirds), index of abundance of terrestrial species and index of occupancy of terrestrial species. ▪ Clean seas: This indicator measures the percentage of biogeographic regions with acceptably low levels of contaminants. **Fair work and business** ▪ The number of businesses: The total number of private sector businesses (registered for Value Added Tax and/or Pay As You Earn) in Scotland per 10,000 adults. ▪ High growth businesses: The percentage of businesses which are high growth businesses as a share of all registered businesses. ▪ Innovative businesses: This indicator measures the proportion of businesses that were innovation active during the survey period. ▪ Economic participation: This indicator measures the gap between Scotland's employment rate and the rate of the top performing country in the UK. ▪ Employees on the living wage: This indicator measures the percentage of workers earning less than the living wage. ▪ Pay gap: This indicator measure the difference between male and female full-time hourly earnings, expressed as a percentage of male full-time hourly earnings. ▪ Contractually secure work: This indicator measures the proportion of employees (aged 16 and above) who have a permanent contract. ▪ Employee voice: The percentage of employees who agree that they are affected by collective agreement, defined as whether agreement between trade union and employer affect pay and conditions. ▪ Gender balance in organisations: Gap between male and female employment rate (positive gap represents higher male than female employment rate). **Health** ▪ Healthy Life Expectancy: No description. ▪ Mental Wellbeing: The mean Warwick-Edinburgh Mental Well-being Scale (WEMWBS) score ▪ Healthy Weight: No description. ▪ Health Risk Behaviours: No description. ▪ Physical Activity: No description. ▪ Journeys by active travel: The proportion of short journeys less than 2 miles that are made by walking and the proportion of journeys under 5 miles made by cycling. ▪ Quality of care experience: This indicator measures the percentage of people who describe the overall care provided by their GP practice as Excellent or Good. ▪ Work related ill health: This indicator measures the prevalence of self-reported illness caused or made worse by work for people working in the previous 12 months. ▪ Premature Mortality: European Age Standardised mortality rates per 100,000 for people under 75. **Human rights** ▪ Public services treat people with dignity and respect: Indicator in development ▪ Quality of public services: Percentage of respondents who are fairly or very satisfied with the quality of local services (local health services, local schools and public transport).

	▪ Influence over local decisions: Percentage of people who agree with the statement "I can influence decisions affecting my local area". ▪ Access to justice: The proportion of adults who are confident that the Scottish Criminal Justice System, as a whole, makes sure everyone has access to the justice system if they need it. **International** ▪ A positive experience for people coming to live in Scotland: This indicator is intended to measure one important dimension of migrants' experiences in Scotland – a strong sense of belonging. ▪ Scotland's Reputation: Scotland's overall score on the Anholt-Ipsos Nation Brands IndexSM (NBISM) ▪ Scotland's Population: No description. ▪ Trust in public organisations: Indicator in development ▪ International networks: Indicator in development ▪ Contribution of development support to other nations: This indicator measures Scotland's contribution of development support to other nations. **Poverty** ▪ Relative Poverty after Housing Costs: The proportion of individuals living in private households with an equivalised income of less than 60% of the UK median after housing costs. ▪ Wealth inequality: The Gini coefficient is a measure of inequality where 0% expresses perfect equality (every household has the same wealth) and 100% expresses maximal inequality (one household has all the wealth and all others have none). ▪ Cost of living: Cost of living refers to the percentage of net income spent on housing, fuel and food by households in Scotland and is measured as a three-year rolling average. ▪ Unmanageable debt: The Unmanageable Debt indicator measures the percentage of households where the household is falling behind with bills or credit commitments and either making excessive debt repayments or is in arrears on monthly commitments (liquidity problems); or where the household is burdened by high debt levels relative to annual income (solvency problems). ▪ Persistent Poverty: The proportion of people in Scotland living in relative poverty after housing costs for three out of the last four years. ▪ Satisfaction with housing: The percentage of households who report being either "very satisfied" or "fairly satisfied" with their house or flat. ▪ Food insecurity: The proportion of adults reporting that, at some point in the previous 12 months, they were worried they would run out of food because of a lack of money or other resources.
Supporting economic analysis	N/A.
Any additional information	While the National Performance Framework is not only health focused it is does contain outcomes and indicators which are health focused.
Strategy development	
Stakeholder(s) and or consultation method(s)	N/A.

Key: aGVA: Approximate Gross Value Added; COSLA: Convention of Scottish Local Authorities; ELC: Early Learning and Childcare; GDP: Gross domestic product; GERD: Gross Expenditure on Research and Development; NBISM: Nation Brands IndexSM; NCAI: Natural Capital Asset Index; NPF: National performance framework; OECD: Organisation for

Economic Co-operation and Development; SCQF: Scottish credit and qualifications framework; SDGs: Sustainable development goals; SDQ: Strengths and Difficulties Questionnaire; SHeS: Scottish Health Survey; TEA: Total Early-stage Entrepreneurial Activity; WEMWBS: Warwick-Edinburgh Mental Well-being Scale.

Table B14. Extracted data for Spain.

Spain	Strategy information
Author(s) **Title**	Ministry of Health Spain Public Health Strategy 2022: Improving the Health and Well-Being of the Population[27] (ESP 22)
Timeline	2022 - 2026
Overall aim(s) (measurement method(s) and target(s) where available)	ESP 2022 lays the foundations for strengthening Spain's public health system and providing it with a roadmap that aims to guarantee the full exercise of the population's right to health.
Governance	The State Centre for Public Health will be the body responsible for technical and scientific advice on public health, the evaluation of interventions, strategy monitoring and evaluation, as well as the coordination of the actions developed by the national public health centres as per the Law 33/2011, October 4th, General Public Health. The approach and the strategic lines of ESP 22 will be developed under the auspices of the Ministry of Health and within the framework of the CISNS (Inter-territorial Board of the National Health System), a body for co-governance and comparison of proposals from all public agents with competence in the health sector.
Scope and collaboration	The strategy is a cross-cutting and integrative approach and is based on work on health determinants, health in all policies, the "One Health" approach and governance for health. It is also aligned with the 2030 Sustainable Development Goals, as a commitment to the necessary improvement of global health. It requires the involvement of society as a whole, the necessary participation and collaboration of: ▪ all levels of Public Administration (national, regional and local) ▪ scientific and social entities ▪ patients' associations and non-governmental groups ▪ community participation through individual or group actions.
Themes and or priorities	**4 strategic lines of action, and associated goals were identified based on the approach and principles of the ESP 22 and the situation analysis of Spain:** **Strategic Line 1:** Strengthening public health to improve the health of the population **Goals:** ▪ strengthen the public health governance system ▪ ensure public health capacities and competencies ▪ boost public health research and innovation ▪ enhance public health communication and advocacy. **Strategic Line 2:** Update public health surveillance and ensure response capacity to health risks and emergencies **Goals:** ▪ strengthen and complete the public health surveillance system

	▪ ensure a rapid, timely and coordinated response to public health threats at local, regional, national and international levels. **Strategic Line 3:** Improving health and well-being through the promotion of health, safe and sustainable lifestyles and environments **Goals:** ▪ improve the living conditions, well-being and health of the population ▪ contribute to creating healthy, salutogenic, safe, sustainable environments free of discrimination and violence ▪ promote healthy, safe and sustainable lifestyles and encourage action to make the healthiest options the easiest for people to choose ▪ promote disease prevention activities. **Strategic Line 4:** Promote health and health equity throughout the life course. **Goals:** ▪ encourage people to live a healthy life at all stages in life ▪ promote equity in the health and well-being of the population ▪ promote participation in the development of public health and community ▪ health programmes.
Implementation action(s), lead(s) and key performance indicator(s)	**Strategic Line (SL) Actions (A)** Strategic Line 1: Strengthening public health to improve the health of the population **Lead:** the leadership of the Ministry of Health is essential to ensure coordination, cooperation and the establishment of alliances between the different Public Administrations with competencies in this area. **SL1 – A1: Establish effective mechanisms for public health governance and cross-cutting health coordination in all policies.** ▪ SL1-A1.1: set up an inter-ministerial commission within the General State Administration to promote health in all policies, which may have working groups in specific areas ▪ SL1-A1.2: promote intersectoral participation in the Public Health Commission of the CISNS when deemed appropriate ▪ SL1-A1.3: promote the creation of intersectoral bodies or alliances at regional and local level for the implementation of health in all policies. Indicators associated with SL1 – A1 ▪ *Indicator (SL1 – A1- I1):* Inter-ministerial commission to promote health in all policies ▪ *Description:* An inter-ministerial commission has been set up within the General State Administration to promote health in all policies, which may have working groups in specific areas ▪ *Source (Calculation formula):* Ministry of Health (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL1 – A1- I2):* Intersectoral participation in the Public Health Commission to promote health in all policies ▪ *Description:* The Public Health Commission has had intersectoral involvement where appropriate to promote health in all policies ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Quantitative: No. of meetings in which there has been intersectoral participation in the Commission on Public Health)

	▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL1 – A1- I3):* Intersectoral bodies or alliances at regional and local level to promote health in all policies ▪ *Description:* Promoting the creation of intersectoral bodies at regional and local level to promote health in all policies ▪ *Source (Calculation formula):* CC.AA.; Local Authorities. (Quantitative: (No. of intersectoral bodies created /Total no. of CC.AA.) * 100 (No. of intersectoral bodies created / No. of Local Bodies) * 100) ▪ *Measurement (Frequency):* Annual **SL1-A2: enhance the Spanish presence and participation in international decision making forums related to public health and strengthen international collaboration with low- and middle-income countries** <u>Indicators associated with SL1 – A2</u> ▪ *Indicator (SL1 – A2- I1):* Spanish participation in international public health-related institutions ▪ *Description:* Number of international organisations and forums related to public health in which Spain is represented ▪ *Source (Calculation formula):* Ministry of Health (Numerical: Number of international organisations related to public health in which Spain has been represented. Number of international forum related to public health where Spain has been represented) ▪ *Measurement (Frequency):* Annual **SL1-A3: establish a State Centre for Public Health** <u>Indicators associated with SL1 – A3</u> ▪ *Indicator (SL1 – A3- I1):* State Centre for Public Health ▪ *Description:* The State Centre for Public Health was established by law ▪ *Source (Calculation formula):* Publication in the Official State Gazette (BOE) of the legislative text of its Creation (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved **SL1-A4: promote the evaluation of health impact of policies** ▪ SL1-A4.1: Develop the methodology for the evaluation of health impact of policies as reflected in Law 33/2011, October 4th, General Public Health, and promote an advisory network coordinated with the CC.AA. to facilitate the evaluation of health impact of non-health interventions and the health approach in all policies. <u>Indicators associated with SL1 – A4</u> ▪ *Indicator (SL1 – A4- I1):* Methodology for the evaluation of health impact of policies ▪ *Description:* methodology has been developed for the evaluation of health impact of policies as reflected in the Law 33/2011, October 4th, General Public Health ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress Includes the drafting of a text/manual with this methodology) ▪ *Measurement (Frequency):* Annual until achieved

- *Indicator (SL1 – A4- I2):* Health impact of policies advisory network
- *Description:* There is an advisory network coordinated with the CC.AA. to facilitate the evaluation of the health impact of non-health interventions and the health approach in all policies
- *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress Includes a descriptive report on the number and type of organisations in the network and the professionals involved (information disaggregated by gender))
- *Measurement (Frequency):* Annual until achieved

SL1-A5: strengthen public health services across Spain

- SL1-A5.1: update the Portfolio of common public health services in Annex I of Royal Decree 1030/2006, September 15th, establishing the portfolio of common services of the National Health System and the procedure for its updating
- SL1-A5.2: promote and standardise the functions of control, inspection and official public health authority across Spain (food and environmental at least at the border and within Spain).

Indicators associated with SL1 – A5

- *Indicator (SL1 – A5- I1):* Portfolio of common public health services
- *Description:* The Portfolio of common public health services has been updated by amending Royal Decree 1030/2006, September 15th, establishing the portfolio of common services of the National Health System and the procedure for updating it
- *Source (Calculation formula):* Publication in BOE (Qualitative: Yes/No/In progress)
- *Measurement (Frequency):* Annual until achieved

- *Indicator (SL1 – A5- I2):* Control, inspection and official public health authority
- *Description:* Work has been carried out intersectorally and at all levels of Public Administration to promote and standardise the functions of control, inspection and official public health authority (food and environmental at least, and at borders and in national territory) throughout Spain
- *Source (Calculation formula):* Ministry of Health; CC.AA. (Quantitative: No. of actions carried out for the promotion of control, inspection and official public health authority No. of actions carried out for the homogenisation of control, inspection and official public health authority)
- *Measurement (Frequency):* Annual

- *Indicator (SL1 – A5- I3):* Organisational structure of public health services
- *Description:* A report has been published on the definition of the basic organisational structure of the Public Health Services for all of Spain (including preventive medicine and public health services in hospitals, primary care centres, local public health services, etc.)
- *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress)
- *Measurement (Frequency):* Annual until achieved

SL1-A6: standardise the choice of public health actions on a systematic basis based on the best scientific evidence, best practices and a portfolio of common public health services

Indicators associated with SL1 – A6

- *Indicator (SL1 – A6- I1):* Systematisation of choice of public health actions

- *Description:* A method of systematisation has been established for the choice of public health actions that takes into account: a) the best scientific evidence and best practices in public health, b) the portfolio of common public health services
- *Source (Calculation formula):* Ministry of Health (Qualitative: Yes/No/In progress)
- *Measurement (Frequency):* Annual until achieved

- *Indicator (SL1 – A6- I2):* Equity in public health actions
- *Description:* An equity analysis is carried out with the tool "Checklist for Equity Analysis in Health Strategies, Programmes and Activities (EPAs)" of the Ministry of Health or another tool when public health strategies, programmes and activities are developed, regardless of the Public Administration that develops them
- *Source (Calculation formula):* Ministry of Health; CC.AA. (Percentage: (No. of public health strategies, programmes and activities that have conducted equity analysis / No. of public health strategies, programmes and activities developed) * 100 (Disaggregated by national, regional and local level))
- *Measurement (Frequency):* Annual

SL1-A7: implement a human resources policy in public health that guarantees the generation and retention of talent, generational change, the appropriate size of human resources and the territorial deployment necessary to face present and future challenges with effectiveness and quality

- SL1-A7.1: analyse the human resources needs in public health to guarantee the generation and retention of talent, generational replacement, and the appropriate size of the workforce for the functions performed
- SL1-A7.2: promote, in cooperation with the CC.AA. and universities, the planning of the offer of university studies related to public health in accordance with the need for professionals, while expediting the procedure for the homologation of university degrees in the field of public health.

Indicators associated with SL1 – A7

- *Indicator (SL1 – A7- I1):* Working Group for Human Resources in Public Health Policy
- *Description:* A working group has been set up within the Human Resources Commission of the CISNS to draw up a proposal for a human resources policy
- *Source (Calculation formula):* CISNS Human Resources Commission (Qualitative: Yes/No/In progress (Explain how it has incorporated the gender perspective in its formulation and evaluation, as indicated in the European Strategy for Equality 2022-2025))
- *Measurement (Frequency):* Half-yearly until attainment

- *Indicator (SL1 – A7- I2):* Proposal for a Human Resources in Public Health Policy
- *Description:* The Human Resources Commission of the CISNS has drawn up a proposal for a human resources policy before the end of the first half of 2023
- *Source (Calculation formula):* CISNS Human Resources Commission (Qualitative: Yes/No/In progress)
- *Measurement (Frequency):* July 2023; if not met, six-monthly until achieved

- *Indicator (SL1 – A7- I3):* Recognition of university degrees in the field of public health
- *Description:* Promoting the speeding up of the procedure for the recognition of university degrees in the field of public health

	▪ *Source (Calculation formula*): Ministry of Universities; Ministry of Health; CC.AA. (Percentage: (No. of applications for accreditation of university studies related to public health that have been processed and resolved / No. of applications for accreditation of university studies related to public health) * 100) ▪ *Measurement (Frequency):* Annual **SL1-A8: implement a public health training policy** ▪ SL1-A8.1: consensus on the core competencies that public health personnel need to master in order to respond to the performance of public health functions ▪ SL1-A8.2: develop an itinerary of continuous training in public health for health professionals through the National School of Health of the ISCIII, and other public health training centres. It will specifically include the approaches of health determinants, health in all policies, the evaluation of health impact of policies, One Health, public health governance and others, as well as consideration of the contents of the National Plan for e-Skills for public health training ▪ SL1-A8.3: promote the dissemination of public health training programmes in international organisations among those working in public health ▪ SL1-A8.4: collaborate with universities and vocational training centres to promote knowledge related to public health in all health sciences and vocational training studies in the health and social services branch. <u>Indicators associated with SL1 – A8</u> ▪ *Indicator (SL1 – A8- I1):* Core and optimal competencies for public health work ▪ *Description:* An analysis has been made of basic and optimal competencies for working in public health, in its different areas and levels of Public Administration ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress) A report has been produced) ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL1 – A8- I2):* Itinerary of continuing training in public health ▪ *Description:* An itinerary of continuing education in public health has been developed for health professionals through the National School of Health, or other public health training centres once the analysis of basic and optimal *competencies* for working in public health has been carried out ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); CC.AA. (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL1 – A8- I3):* International public health training ▪ *Description:* The participation of public health professionals in international organisations to acquire public health training is encouraged ▪ *Source (Calculation formula):* Ministry of Health (Percentage: (No. of public health professionals from the General State Administration who have participated in international organisations to acquire training in public health / No. of public health professionals from the General State Administration) * 100) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL1 – A8- I4):* Cross-cutting public health knowledge

	▪ *Description:* Collaboration with Universities and Vocational Training Centres to promote knowledge related to public health in a cross-cutting manner in all health sciences and vocational training studies in the health and social services branch ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Universities; Ministry of Education and Vocational Training; CC.AA. (Percentage: (No. of university studies in Health Sciences include transversal training in public health / No. of university studies in Health Sciences) * 100 (No. of vocational training studies in health and social services include transversal training in public health / No. of vocational training studies in health and social services) * 100) ▪ *Measurement (Frequency):* Annual **SL1-A9: strengthen research and innovation in public health.** ▪ SL1-A9.1: promote health research, with a public health and territorial cohesion perspective, within the framework of the Spanish Strategy for Science, Technology and Innovation 2021-2027 (EECTI), specifically the ISCIII's Strategic Action in Health, as well as the State's future scientific research strategies ▪ SL1-A9.2: to promote interdisciplinary research of excellence between public health and other areas of knowledge, in cross-cutting projects with a clear focus on health outcomes, and to promote the transfer of these results to the National Health System and health administrations, for public health decision-making. <u>Indicators associated with SL1 – A9</u> ▪ *Indicator (SL1 – A9- I1):* National public health research map ▪ *Description:* A national map of accredited research structures that include public health in their research areas has been produced and is updated annually ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); Ministry of Universities (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL1 – A9- I2):* Systematic prioritisation of public health research ▪ *Description:* A system for prioritising research needs in public health areas has been created, in coordination with the Strategic Action in Health, within the Spanish Strategy for Science, Technology and Innovation 2021-2027 ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII) (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL1 – A9- I3):* Translating public health research into decision making ▪ *Description:* The results of public health research are fed into decision making in the National Health System and health administrations ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); CC.AA. (Percentage: (No. of public health research projects funded that have generated innovation in decision making (verified by documented evidence) / No. of public health research projects funded in the same period) * 100 (national and regional level)) ▪ *Measurement (Frequency):* Annual (for projects completed in the three years preceding the measurement year) ▪ *Indicator (SL1 – A9- I4):* Public health research training ▪ *Description:* Promoting research training for public health professionals

	▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); CC.AA. (Percentage: (No. of public health professionals participating in postdoctoral programmes linked to R3 certification / Total no. of persons participating in such programmes) *100) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL1 – A9- I5):* Equity in public health research ▪ *Description:* The gender, cultural and behavioural perspective, country of origin or nationality, socioeconomic and geographical/territorial axes are included in public health research lines with competitive public funding ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); CC.AA. (Percentage: (No. of research calls with competitive public funding that include the gender, cultural and behavioural perspective, country of origin or nationality, socio-economic and geographical/territorial axes in the field of public health / No. of research calls with competitive public funding in the field of public health) * 100 (national and regional level)) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL1 – A9- I6):* ICF research in public health ▪ *Description:* The International Classification of Functioning, Disability and Health (ICF) is used as a tool to investigate, describe and classify ▪ health and health-related dimensions ▪ *Source (Calculation formula):* Ministry of Science and Innovation; CC.AA. (Percentage: (No. of funded health research projects that include the International Classification of Functioning, Disability and Health (ICF) as a tool to classify health and its dimensions / No. of funded health research projects) * 100 (general and autonomous level)) ▪ *Measurement (Frequency):* Annual **SL1-A10: strengthen public health communication and advocacy** ▪ SL1-A10.1: develop, on a collaborative basis, a common public health communication strategy, including the design of a procedure for public dissemination of public health outcomes, the establishment of partnerships with formal (media) and informal stakeholders (social influencers, social media, etc.) and the availability of the necessary resources ▪ SL1-A10.2: collaborate intersectorally and at all levels of Public Administration to establish standardised systems for detecting, limiting and rectifying disinformation linked to campaigns promoting interests contrary to those of public health (advertising for a purported health purpose) or fake news. <u>Indicators associated with SL1 – A10</u> ▪ *Indicator (SL1 – A10- I1) :* Common public health communication strategy ▪ *Description:* A common public health communication strategy has been developed, including: a) the design of a procedure for public dissemination of public health results, b) the establishment of partnerships with formal (media) and informal actors (social influencers, social media, etc.) ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved

- *Indicator (SL1 – A10- I2):* Systematic detection of public health misinformation
- *Description:* A standardised system for detecting, limiting and rectifying disinformation linked to campaigns that promote interests contrary to public health (advertising with a purported health purpose) or fake news has been established
- *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP (Qualitative: Yes/No/In progress)
- *Measurement (Frequency):* Annual until achieved

Strategic Line 2: Update public health surveillance and ensure response capacity to health risks and emergencies
Lead: not specified

SL2-A1: develop and implement the Public Health Surveillance Strategy
- SL2-A1.1: public health surveillance is a system that timely integrates information from all sources and structures necessary to respond to public health information needs.

Indicators associated with SL2 – A1

- *Indicator (SL2 – A1- I1):* Compliance with the Public Health Surveillance Strategy
- *Description:* Compliance with the objectives proposed in the Strategic Lines of the Public Health Surveillance Strategy has been evaluated
- *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Administration and FEMP (Percentage: (No. of objectives of the Strategic Lines of the Public Health Surveillance Strategy met / No. of objectives of the Strategic Lines of the Public Health Surveillance Strategy) * 100)
- *Measurement (Frequency):* Biennial

SL2-A2: improve monitoring and management of vaccination programmes.
- SL2-A2.1: develop an integrated national vaccine register system interoperable at European level, in collaboration with the CC.AA
- SL2-A2.2: promote seroprevalence studies.

Indicators associated with SL2 – A2

- *Indicator (SL2 – A2- I1):* Vaccination and Immunisation Information System (SIVAIN)
- *Description:* A national information system on vaccinations and immunisation administered to and registered for persons resident in Spain has been developed
- *Source (Calculation formula):* Ministry of Health; CC.AA. and other Organisations (Qualitative: Yes/No/In progress)
- *Measurement (Frequency):* Annual until achieved

- *Indicator (SL2 – A2- I2):* Interoperability of the Vaccination and Immunisation Information System (SIVAIN)
- *Description:* The CC.AA. and the participating organisations have adapted their information systems to be able to provide data to SIVAIN

	▪ *Source (Calculation formula):* Ministry of Health; CC.AA. and other Organisations (Percentage: (No. of CC.AA. that have adapted their information system to SIVAIN / Total no. of CC.AA.) * 100 (No. of participating agencies that have adapted their information system to SIVAIN / Total no. of participating agencies) * 100) ▪ *Measurement (Frequency):* Biennial from when indicator I2.2.1 is met. ▪ *Indicator (SL2 – A2- I3):* Conducting seroprevalence surveys ▪ *Description:* A seroprevalence study will be carried out during the ESP 2022 to determine the immune status of the population against immunopreventable diseases and other diseases of public health importance ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); CC.AA. (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* By the end of 2026 **SL2-A3: improve the response to public health threats at local, regional, national and international levels.** ▪ SL2-A3.1: develop the Early Warning and Rapid Response System of the State Public Health Surveillance Network, integrated into the Public Health Surveillance System, ensuring coordination between all agencies and stakeholders to ensure adequate early detection and rapid response to public health alerts ▪ SL2-A3.2: strengthen and maintain the core capacities required by the International Health Regulations (IHR 2005) and Decision No 1082/2013/EU on serious cross-border threats to health, as well as any other international agreements to which Spain adheres (subject to approval by the Ministry of Finance and Public Administration) ▪ SL2-A3.3: develop and disseminate a National Health Emergency Preparedness and Response Plan, with a multisectoral, multi-level, interdisciplinary, equity-based and social behavioural science approach (including, among others, the creation of multisectoral, multi-level and interdisciplinary response teams, training for professionals and simulations, and the establishment of a strategic reserve to ensure the availability of strategic health material and the existence of personal protective equipment to minimise exposure risks). <u>Indicators associated with SL2 – A3</u> ▪ *Indicator (SL2 – A3- I1):* Development of the Early Warning and Rapid Response System of the State Public Health Surveillance Network ▪ *Description:* The Early Warning and Rapid Response System of the State Public Health Surveillance Network has been developed, integrated into the Public Health Surveillance System, guaranteeing the coordination of all bodies and actors to ensure adequate early detection and rapid response to public health alerts ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL2 – A3- I2):* Capacity and preparedness for health emergencies (SDG Indicator 3.d.1.) ▪ *Description:* Spain has the capacity foreseen in the International Health Regulations (IHR 2005) and preparedness for health emergencies (average of the scores of the 13 main capacities) ▪ *Source (Calculation formula):* Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.d.1. International Health Regulations (IHR) capacity and health emergency preparedness (ine.es) ▪ *Measurement (Frequency):* Annual

	▪ *Indicator (SL2 – A3- I3):* Compliance with Decision No. 1082/2013/EU on serious cross-border threats to health ▪ *Description:* Spain complies with Decision No 1082/2013/EU on serious crossborder threats to health ▪ *Source (Calculation formula):* Ministry of Health (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL2 – A3- I4):* National Health Emergency Preparedness and Response Plan ▪ *Description:* A National Health Emergency Preparedness and Response Plan (with a multi-sectoral/multi-level, interdisciplinary and equity focused scope) has been developed, including training, simulations and the establishment of a strategic stockpile of health equipment ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL2 – A3- I5):* Health emergency preparedness and response simulations ▪ *Description:* Simulations are conducted in accordance with the National Health Emergency Preparedness and Response Plan and the results are disseminated to public health professionals ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Quantitative: No. of simulations carried out (disaggregated by General State Administration and CC.AA.)) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL2 – A3- I6):* Health emergency preparedness and response teams ▪ *Description:* Intersectoral/interdisciplinary/multilevel public health emergency response teams have been established 24 hours/day, 365 days/year (including foreign health, environmental health, and as many others as deemed appropriate) ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Qualitative: Yes/No/In progress) ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL2 – A3- I7):* Strategic reserve for public health emergencies ▪ *Description:* A strategic reserve has been established to continuously ensure: a) the availability of strategic health equipment for the care of persons affected by any kind of health threat b) provision of personal protective equipment to minimise the risks of exposure of health, social and public health service professionals ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Defence; Ministry of the Interior (Qualitative: Yes/No/In progress (for a and b)) ▪ *Measurement (Frequency):* Annual <u>Strategic Line 3: Improve the health and well-being of the population through disease prevention and the promotion of healthy lifestyles and healthy, safe and sustainable environments</u> Lead: not specified **SL3-A1: promote and encourage healthy and sustainable food.** ▪ SL3-A1.1: collaborate intersectorally and at all levels of Public Administration to promote lifelong healthy eating in all settings (with special emphasis on education, health and work) and to encourage people to make healthy and sustainable food choices ▪ SL3-A1.2: protect the population, especially children and adolescents, from advertising of unhealthy foods and beverages.

	Indicators associated with SL3 – A1 ▪ *Indicator (SL3 – A1- I1):* Breastfeeding ▪ *Description:* Percentage of breastfeeding (natural and mixed) by social class based on the occupation of the reference person ▪ *Source (Calculation formula):* Ministry of Health; INE; CC.AA. Tipo de lactancia por clase social basada en la ocupación de la persona de referencia y duración.. 2017 (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A1- I2):* Exclusive breastfeeding for up to 3 months ▪ *Description:* Percentage of exclusive breastfeeding up to 3 months of age by social class based on occupation of the reference person ▪ *Source (Calculation formula):* Ministry of Health; INE; CC.AA. Tipo de lactancia por clase social basada en la ocupación de la persona de referencia y duración. 2017 (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A1- I3):* Exclusive breastfeeding for up to 6 months ▪ *Description:* Percentage of exclusive breastfeeding up to 6 months of age by social class based on occupation of the reference person ▪ *Source (Calculation formula):* Ministry of Health; INE; CC.AA. Tipo de lactancia por clase social basada en la ocupación de la persona de referencia y duración. 2017 (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A1- I4):* International Code of Marketing of Breast-milk Substitutes ▪ *Description:* The health centres of the CC.AA. include the International Code of Marketing of Breast-milk Substitutes in their programme contracts ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Percentage: (No. of health centres that include compliance with the International Code of Marketing of Breast-milk Substitutes in their programme contracts / No. of health centres) * 100 (disaggregated by CC.AA.)) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A1- I5):* National Food Security and Nutrition Strategy 2022-2032 ▪ *Description:* Collaborate in the implementation of the National Strategy for Food Security and Nutrition 2022-2032 (ENSAN 2022-2032) ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Consumer Affairs (AESAN); CC.AA. (Quantitative: No. of actions in which the Ministry of Health and the CC.AA. have collaborated with the AESAN for the fulfilment of the ENSAN 2022-2032 (disaggregated by General State Administration and CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A1- I6):* Consumption of fruit, vegetables, salads and greens ▪ *Description:* Percentage of population consuming fruit, vegetables, salads and greens daily, less than once a week and never ▪ *Source (Calculation formula):* Ministry of Health; INE Consumo de fruta, verduras, ensaladas y hortalizas según grupos de edad y period (ine.es)

	▪ *Measurement (Frequency):* Biennial ▪ *Indicator (SL3 – A1- I7):* School canteens ▪ *Description:* The opening of school canteens is encouraged regardless of the type of school day to ensure that children have access to one healthy meal a day ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Education and Vocational Training; CC.AA. (Percentage: (No. of schools with school canteens / No. of schools) * 100 (disaggregated by CC.AA.)) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A1- I8):* Child and adolescent protection from unhealthy food and beverage advertising ▪ *Description:* A legal regulation has been processed (AESAN) aimed at reinforcing the protection of children by limiting food and drink advertising, in line with Directive 2018/1808 of the European Parliament and of the Council (Audiovisual Media Services Directive) ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Consumer Affairs (AESAN); CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual **SL3-A2: encourage and promote physical activity and reduce sedentarism.** ▪ SL3-A2.1: collaborate in an intersectoral, interdisciplinary way and at all levels of Public Administration to inform and raise awareness among the population about health-enhancing physical activity ▪ SL3-A2.2: collaborate intersectorally and at all levels of Public Administration to promote physical activity, active mobility and reduce activities associated with sedentarism (promotion of active breaks) ▪ SL3-A2.3: encourage the healthy and safe use of information and communication technologies. <u>Indicators associated with SL3 – A2</u> ▪ *Indicator (SL3 – A2- I1):* Information and awareness-raising on health enhancing physical activity ▪ *Description:* Collaborate in an intersectoral, interdisciplinary way and at all levels of Public Administration to inform and raise public awareness of health-enhancing physical activity ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Education and Vocational Training; Ministry of Universities; Ministry of Culture and Sport; CC.AA.; Local Authorities and FEMP (Quantitative: No. of information and awareness campaigns/actions on health enhancing physical activity (Disaggregated by national, regional and local level)) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A2- I2):* Healthy, safe and active school pathways ▪ *Description:* The municipalities develop and implement a plan for healthy, safe and active school roads to promote physical activity among children and adolescents in coordination with the STARS Programme of the DGT ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (DGT); CC.AA.; Local Authorities and FEMP Percentage: (No. of municipalities that have developed a healthy, safe and active school roads plan / Total no. of municipalities) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A2- I3):* Use of bicycles for regular journeys

	▪ *Description:* Percentage of population using bicycles for regular journeys ▪ *Source (Calculation formula):* Ministry of Health; INE Utilización de la bicicleta para desplazarse según sexo y grupo de edad. Población de 1 y más años (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A2- I4):* Walking as a mode of travel ▪ *Description:* Percentage of the population who walk to get around ▪ *Source (Calculation formula):* Ministry of Health; INE Número de días a la semana en los que camina para desplazarse según sexo y comunidad autónoma (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A2- I5):* Level of physical activity in the population ▪ *Description: Level of activity (high, moderate, low) performed by the population* ▪ *Source (Calculation formula):* Ministry of Health; INE Nivel de actividad física según sexo y grupo de edad. Población de 15 a 69 años Coeficiente de variación (ine.es) ▪ *Measurement (Frequency):* Five-yearly (ENSE), and according to the frequency of the rest of the studies/surveys ▪ *Indicator (SL3 – A2- I6):* Healthy and safe use of information and communication technologies ▪ *Description:* The healthy and safe use of information and communication technologies among children and adolescents is promoted ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior; Ministry of Education and Vocational Training; CC.AA.; Local Authorities and FEMP Percentage: (No. of educational centres that have carried out training actions on the healthy and safe use of information and communication technologies / No. of educational centres) * 100 (disaggregated by CC.AA. and municipalities) ▪ *Measurement (Frequency):* Annual **SL3-A3: promote policies/initiatives aimed at reducing the use of tobacco, alcohol and other substance and non-substance related addictions.** ▪ SL3-A3.1: collaborate with the Government Delegation for the National Drugs Plan in the implementation of the National Strategy on Addictions 2017-2024 and its Action Plans, with regard to tobacco, alcohol and the use of, and addiction to, other psychoactive substances, as well as the addictive potential of other behaviours (gambling, screen time, etc.) ▪ SL3-A3.2: develop multilevel and regional strategies and action plans for the promotion of healthy habits and skills and the prevention of addictions ▪ SL3-A3.3: approve the Comprehensive Plan for Prevention and Control of Smoking ▪ SL3-A3.4: elaborate the Law for the prevention of the negative effects of alcohol consumption in minors. <u>Indicators associated with SL3 – A3</u> ▪ *Indicator (SL3 – A3- I1):* Action Plan on Addictions 2021-2024 ▪ *Description*: Degree to which the objectives of the Action Plan on Addictions 2021-2024 have been met ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 ▪ *Measurement (Frequency):* Annual

	▪ *Indicator (SL3 – A3- I2):* Comprehensive Plan for Prevention and Control of Smoking ▪ *Description:* The Comprehensive Plan for Prevention and Control of Smoking has been approved, which aims to achieve a comprehensive smoking prevention and control policy in line with current standards and recommendations ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until reached ▪ *Indicator (SL3 – A3- I3):* Comprehensive Plan for Prevention and Control of Smoking ▪ *Description:* The measures proposed in the Comprehensive Plan for the Prevention and Control of Smoking are implemented once approved ▪ *Source (Calculation formula):* Ministry of Health Percentage: (No. of measures completed / No. of measures) * 100 ▪ *Measurement (Frequency):* Annual from the publication of the Plan ▪ *Indicator (SL3 – A3- I4):* Smoking Cessation Programme ▪ *Description:* A smoking cessation programme for health centres has been developed to ensure that provision is consistent across Spain ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of health centres implementing the same smoking cessation programmes / No. of health centres) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual until reached ▪ *Indicator (SL3 – A3- I5):* Awareness and education campaigns to prevent adolescents and young people from starting to use tobacco ▪ *Description:* Awareness and education campaigns have been carried out to prevent adolescents and young people from starting to use tobacco ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Quantitative: No. of awareness and education campaigns carried out (disaggregated by national, regional and local level) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A3- I6):* Intersectoral work on prevention of alcohol consumption ▪ *Description:* Intersectoral working groups have been set up to address alcohol consumption as a public health priority ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A3- I7):* Training in preventing and tackling alcohol consumption ▪ *Description:* Training in prevention and management of alcohol consumption has been provided to professionals of health and social services ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Numeric: Number of courses held; No. of professionals trained in the social and healthcare environment (both disaggregated by national and regional level) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A3- I8):* Brief advice and intervention on risky alcohol consumption ▪ *Description:* A document on brief advice and intervention on risky alcohol consumption has been produced

	▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A3- I9):* Dissemination of alcohol consumption ▪ *Description:* Materials and resources have been developed (infographics, videos and other informative materials) aimed at preventing alcohol consumption among the population ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Numeric: No. of infographics; No. of videos; No. of other dissemination materials (disaggregated by national and regional level) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A3- I10):* Law on the prevention of the negative effects of alcohol consumption in minors ▪ *Description:* Law on the prevention of the negative effects of alcohol consumption in minors has been adopted ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A3- I11):* Preventing alcohol consumption during pregnancy ▪ *Description:* Measures to prevent alcohol consumption during pregnancy have been developed ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII) Percentage of pregnant women who do not consume alcohol during pregnancy (controls from the Spanish Collaborative Study of Congenital Malformations - ECEMC) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A3- I12):* Definition of alcohol consumption-related terms ▪ *Description:* A document containing agreed definitions of alcohol consumption-related terms in line with the WHO alcohol and drug glossary has been developed ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency*): Annual until achieved ▪ *Indicator (SL3 – A3- I13):* WHO's SAFER Initiative for the reduction of alcohol consumption ▪ *Description:* The implementation of the actions proposed in the WHO SAFER Initiative has been promoted ▪ *Source (Calculation formula):* Ministry of Health Percentage: (No. of actions implemented / No. of actions) *100 ▪ *Measurement (Frequency):* 2004 and 2006 ▪ *Indicator (SL3 – A3- I14):* Admissions to treatment for alcohol abuse or dependence (SDG Indicator 3.5) ▪ *Description:* Persons admitted to treatment for abuse of, or dependence on, a psychoactive substance (other ▪ than alcohol) in a treatment centre have been counted ▪ *Source (Calculation formula):* Ministry of Health Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Subindicator 3.5.1.2. Admissions to treatment for alcohol abuse or dependence (ine.es) ▪ *Measurement (Frequency):* Annual

	▪ *Indicator (SL3 – A3- I15):* Prevalence of current tobacco use (SDG Indicator 3.a.1.) ▪ *Description:* Prevalence of current tobacco use at age 15 and older (age adjusted) ▪ *Source (Calculation formula):* Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.a.1. Age-standardized prevalence of current tobacco use among persons aged 15 years and older (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A3- I16):* Daily tobacco use in the population aged 15 and over ▪ *Description:* Percentage of persons aged 15 and over who use tobacco on a daily basis ▪ *Source (Calculation formula):* Ministry of Health Encuesta Nacional de Salud de España 2017 ▪ *Measurement (Frequency*): Triennial ▪ *Indicator (SL3 – A3- I17):* Harmful alcohol consumption (SDG Indicator 3.5.2.) ▪ *Description:* Harmful alcohol consumption per capita (15 years of age and older) during a calendar year in litres of pure alcohol ▪ *Source (Calculation formula):* Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.5.2. Harmful alcohol consumption per capita (15 years of age and older) during a calendar year in litres of pure alcohol (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A3- I18):* Cannabis use ▪ *Description:* Population using cannabis on a daily basis ▪ *Source (Calculation formula):* Ministry of Health Percentage: (No. of 15-64 year olds who have used cannabis daily in the last 30 days / No. of 15-64 year olds) * 100 ▪ *Measurement (Frequency):* Annual **SL3-A4: promote sexual health from a positive, comprehensive and inclusive approach.** ▪ SL3-A4.1: carry out training, education and promotion actions on comprehensive sexual health aimed at the population (with special emphasis on the adolescent and youth population and those in situation of vulnerability) ▪ SL3-A4.2: implement the Sexual and Reproductive Health Strategy in the National Health System. <u>Indicators associated with SL3 – A4</u> ▪ *Indicator (SL3 – A4- I1):* Comprehensive sexual health training, education and promotion ▪ *Description:* Measures have been developed for the training, education and promotion of comprehensive sexual health aimed at both the general population and population in situation of vulnerability ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. (Quantitative: No. of measures drawn up by the Ministry of Health and the CC.AA. ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A4- I2):* Sexual and Reproductive Health Strategy in the National Health System

	▪ *Description:* Work is underway to implement the Sexual and Reproductive Health Strategy in the National Health System ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of targets achieved / No. of targets) * 100 (by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 **SL3-A5: promote disease prevention.** ▪ SL3-A5.1: develop a national vaccination strategy and improve vaccination coverage for immunopreventable diseases. ▪ SL3-A5.2: develop and promote population screening programmes for preventive purposes. <u>Indicators associated with SL3 – A5</u> ▪ *Indicator (SL3 – A5- I1):* National Vaccination Plan ▪ *Description:* A national vaccination plan approved by the Public Health Commission before the end of 2025, including international commitments and targets for vaccination, and the resources and advice needed for implementation, has been developed ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL3 – A5- I2):* National Vaccination Advisory Committee ▪ *Description:* A National Vaccination Advisory Committee has been established that meets the WHO and EU requirements for National Vaccination Advisory Committees ▪ *Source (Calculation formula):* Ministry of Health Qualitative: yes/no/in process Percentage (after the above): (No. of requirements included No. of requirements established by WHO) * 100 (No. of requirements included / No. of requirements set by the EU) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A5- I3):* Vaccination coverage (SDG Indicator 3.b.1.) ▪ *Description:* Proportion of the population having received the vaccines included in the common lifelong vaccination schedule ▪ *Source (Calculation formula):* INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.b.1. Proportion of population immunised with all vaccines included in each national programme (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A5- I4):* Vaccination coverage in the child population ▪ *Description:* Actions are promoted intersectorally, interdisciplinary and at all levels of Public Administration to maintain primary vaccination coverage and booster doses at >95% ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Population coverage for all vaccines included in the Common Lifetime Immunisation Schedule (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A5- I5):* Promoting influenza vaccination in the population

	▪ *Description:* Actions are promoted intersectorally, across different disciplines and at all levels of Public Administration to comply with the indications for influenza vaccination included in the common lifelong vaccination schedule ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Quantitative: No. of actions carried out to promote influenza vaccination in the population (disaggregated by national, regional and local level) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A5- I6):* Neonatal screening for hearing loss, endocrine-metabolic diseases, infectious diseases and chromosomal abnormalities in the National Health System ▪ *Description:* Work has been done to implement the National Health System's neonatal screening programmes for hearing loss, endocrine metabolic diseases, infectious diseases and chromosomal anomalies ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: % coverage of the neonatal hearing screening programme % coverage of the screening programme for endocrine-metabolic diseases % coverage of the infectious disease screening programme % coverage of the chromosomal abnormality screening programme (all disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A5- I7):* Cancer screening ▪ *Description:* Work has been done to implement the National Health System's breast, colorectal and cervical cancer screening programmes to achieve maximum coverage of the target population ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: % coverage of the National Health System's breast cancer screening programme % coverage of the National Health System's colorectal cancer screening programme % coverage of the National Health System's cervical cancer screening programme (disaggregated by CC.AA. for all) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A5- I8):* Cancer screening ▪ *Description:* A national information system has been developed for the cancer screening programmes of the National Health System ▪ Source (Calculation formula): Ministry of Health; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 **SL3-A6: promote safe environments for all.** ▪ SL3-A6.1: to inform and raise awareness among citizens, professionals and decision-makers about prevention of unintentional injuries and violence. ▪ SL3-A6.2: collaborate intersectorally and at all levels of Public Administration to prevent unintentional injuries and eliminate all forms of violence. <u>Indicators associated with SL3 – A6</u> ▪ *Indicator (SL3 – A6- I1):* Information and awareness-raising on prevention of unintentional injuries and violence ▪ *Description:* Measures have been developed to inform and raise awareness among citizens, professionals and decision-makers on prevention of unintentional injuries and violence

	▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Quantitative: No. of measures developed (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I2):* Road safety ▪ *Description:* Cross-sectoral collaboration to implement the Road Safety Strategy 2030 of the Directorate General of Traffic ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (DGT); CC.AA.; Local Authorities and FEMP Percentage: (No. of objectives in which collaboration has taken place / No. of objectives) *100 (disaggregated by Ministry of Health, CC.AA. and Local Authorities and FEMP) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I3):* Driver Recognition Centres ▪ *Description:* The Medical-Psychological Examination Protocol for Driver Testing Centres has been updated ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (DGT) Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A6- I4):* Prevention of driving after consuming alcohol and other drugs ▪ *Description:* A mapping of the agents, resources and protocols developed for the prevention of driving after consuming alcohol and other drugs has been carried out ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A6- I5):* Prevention of driving after consuming alcohol and other drugs ▪ *Description:* Work is being done intersectorally and at all levels to implement measures aimed at preventing driving after consuming alcohol and other drugs and recidivism ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (DGT); CC.AA.; Local Authorities and FEMP Quantitative: No. o measures implemented (disaggregated by national and regional level) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I6):* Violence in the population (SDG Indicator 16.1.3.) ▪ *Description:* Proportion of population having experienced a) physical violence, b) psychological violence and c) sexual violence in the last 12 months ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 16. Promote peaceful and inclusive societies for sustainable development, facilitate access to justice for all and build effective and accountable inclusive institutions at all levels - Indicator 16.1.3. Proportion of the population subjected to a) physical violence, b) psychological violence and c) sexual violence in the last 12 month (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I7):* Sexual violence in the population (SDG Indicator 16.2.3.) ▪ *Description:* Percentage of young women and men aged 18-29 who experienced sexual violence before age 18

	▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 16. Promote peaceful and inclusive societies for sustainable development, facilitate access to justice for all and build effective and accountable inclusive institutions at all levels - Indicator 16.2.3. Percentage of young women and men aged 18-29 who experienced sexual violence before the age of 18 years (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I8):* Gender-based violence (SDG Indicator 5.2.1.) ▪ *Description:* Proportion of women and girls aged 15 and over who have experienced physical, sexual or psychological violence at the hands of a current or former intimate partner in the last 12 months, disaggregated by form of violence and age ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 5. Achieve gender equality and empower all women and girls - Indicator 5.2.1. Proportion of women and girls aged 15 and over who have experienced physical, sexual or psychological violence at the hands of a current or former intimate partner in the last 12 months, by form of violence and age (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I9):* Gender-based violence (SDG Indicator 5.2.2.) ▪ *Description:* Proportion of women and girls aged 15 and over who experienced sexual violence at the hands of a non-partner in the last 12 months, disaggregated by age and place of occurrence ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 5. Achieve gender equality and empower all women and girls - Indicator 5.2.2. Proportion of women and girls aged 15 and over who experienced sexual violence at the hands of a non-partner in the last 12 months, by age and place of occurrence (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I10):* Notification of aquatic incidents ▪ *Description:* The Aquatic Incident Reporting System (AQUATICUS) has been updated ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A6- I11):* Accidental drowning, submersion and suffocation ▪ *Description:* Rate of deaths attributed to accidental drowning, submersion and suffocation in population ▪ *Source (Calculation formula):* INE Mortality rates due to external causes. 2019 (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I12):* Accidental falls ▪ *Description:* Rate of accidental falls in the population ▪ *Source (Calculation formula):* INE Mortality rates due to external causes. 2019 (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A6- I13):* Accidental poisoning by psychotropic medicines and drugs of abuse ▪ *Description:* Rate of deaths attributed to accidental poisoning by psychotropic drugs and drugs of abuse ▪ *Source (Calculation formula):* Ministry of Health Data from the Spanish Observatory on Drugs and Addictions (OEDA)

	▪ Measurement (Frequency): Annual ▪ *Indicator (SL3 – A6- I14):* Death rate due to road traffic injuries (SDG Indicator 3.6.1.) ▪ *Description:* Death rate due to road traffic injuries ▪ *Source (Calculation formula):* INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.6.1. Death rate due to road traffic injuries (ine.es) ▪ *Measurement (Frequency):* Annual **SL3-A7: promote a healthier environment.** ▪ SL3-A7.1: implement the Strategic Plan for Health and Environment (PESMA) and the action programmes arising therefrom, with a health in all policies and One Health approach ▪ SL3-A7.2: establish an intervention-oriented surveillance system for exposure to environmental factors and their effects on health. <u>Indicators associated with SL3 – A7</u> ▪ *Indicator (SL3 – A7- I1):* Strategic Plan for Health and Environment (PESMA) ▪ *Description:* Strategic Plan for Health and Environment is implemented ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress Publication of an annual report with the set of indicators contained in the PESMA ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A7- I2):* Implementation of a system for monitoring exposure to environmental factors and their effects on health ▪ *Description:* Design of a system for monitoring exposure to various environmental factors and their effects on health ▪ *Source (Calculation formula):* Ministry of Health; Ministry for the Ecological Transition and the Demographic Challenge Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A7- I3):* Drinking water supply (SDG Indicator 6.1.1.) ▪ *Description:* Proportion of population using safely managed drinking water services ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 6. Ensure availability and sustainable management of water and sanitation for all - Indicator 6.1.1. Proportion of population using safely managed drinking water services (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A7- I4):* Adequate wastewater treatment (SDG Indicator 6.3.1.) ▪ *Description:* Proportion of domestic and industrial wastewater flow safely treated ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 6. Ensure availability and sustainable management of water and sanitation for all - Indicator 6.3.1.Proportion of domestic and industrial wastewater flow safely treated (ine.es) ▪ *Measurement (Frequency):* Annual

	▪ *Indicator (SL3 – A7- I5):* Recycled municipal waste (SDG Indicator 11.6.1.4.) ▪ *Description:* Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, disaggregated by cities ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable - Indicator 11.6.1. Proportion of urban solid waste regularly collected and with adequate final discharge out of total urban solid waste generated, by cities (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A7- I6):* Compliance with environmental agreements on hazardous waste and other chemicals (SDG Indicator 12.4.1.) ▪ *Description:* Number of parties to international multilateral environmental agreements on hazardous waste, and other chemicals that meet their commitments and obligations in transmitting information as required by each relevant agreement ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 12. Ensure sustainable consumption and production patterns - Indicator 12.4.1. Number of parties to international multilateral environmental agreements on hazardous wastes and ▪ other chemicals complying with their commitments and obligations to transmit information as required by each of these agreements (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A7- I7):* Noise from neighbours or outside (Indicator SDG 11.1.1) ▪ *Description:* Proportion of people living in households with noise problems from neighbours or from the outside ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable - Indicator 11.1.1. Proportion of urban population living in slums, informal settlements or inadequate housing (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A7- I8):* Fine particulate matter levels in cities (SDG Indicator 11.6.2.) ▪ *Description:* Annual average levels of fine particulate matter (for example, PM2.5 and PM10) in cities (population weighted) ▪ *Source (Calculation formula):* INE Agenda 2030 Indicators for Sustainable Development - Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable - Indicator 11.6.2. Annual average levels of fine particulate matter (for example, PM2.5 and PM10) in cities (ine.es) ▪ *Measurement (Frequency):* Annual **SL3-A8: promote food security interventions and programmes.** ▪ SL3-A8.1: collaborate intersectorally and at all levels of the Public Administration in the monitoring of the National Plan for the Official Control of the Food Chain 2021-2025 (PNCOCA) with AESAN, the coordinator of this Plan, and provide the necessary information to evaluate results ▪ SL3-A8.2: collaborate across different sectors and at all levels of Public Administration in the implementation of the Farm to Fork Strategy.

	Indicators associated with SL3 – A8 ▪ *Indicator (SL3 – A8- I1):* National Plan for the Official Control of the Food Chain 2021-2025 ▪ *Description:* The Ministry of Health, with the participation of the Ministry of Territorial Policy, has developed the 4 programmes relating to its competencies in the area of foreign health for the implementation of the National Plan for the Official Control of the Food Chain 2021-2025 ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Territorial Policy Qualitative: Programme 1. Official control of goods for human use or consumption from third countries: yes/no/in process Programme 2. Official control of consignments from third countries with no commercial nature: yes/no/in process Programme 3. Control of catering waste from international means of transport: yes/no/in process Programme 4. Designation and supervision of border facilities for sanitary control or storage of goods: yes/no/in process ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A8- I2):* Farm to Fork Strategy ▪ *Description:* Collaboration with the Spanish Agency for Food Safety and Nutrition in the implementation of the Farm to Fork Strategy (Ministry of Health with the participation of the Ministry of Territorial Policy, CC.AA.) ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Consumer Affairs (AESAN); CC.AA. Percentage: (No. of actions in which collaboration has taken place / No. of actions) * 100 (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Annual **SL3-A9: promote healthy, safe and sustainable educational environments.** ▪ SL3-A9.1: promote in the educational environment (infant, primary and secondary) specific health promotion itineraries that incorporate basic and advanced knowledge on healthy, safe and sustainable lifestyles or behaviours ▪ SL3-A9.2: promote the creation, implementation and/or development of Networks of Health Promoting Schools (in line with the European counterpart Schools for Health in Europe Network) and collaborate with the Spanish Network of Health Promoting Universities (REUPS). Indicators associated with SL3 – A9 ▪ *Indicator (SL3 – A9- I1):* Network of Health Promoting Schools in Spain ▪ *Description:* The Network of Health Promoting Schools in Spain has been created in line with its European counterpart, the Schools for Health in Europe Network ▪ *Source (Calculation formula):* Ministry of Health, Ministry of Education and Vocational Training; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A9- I2):* Drafting of the Guide for Health Promoting Schools ▪ *Description:* The Guide for Health Promoting Schools has been developed ▪ *Source (Calculation formula):* Ministry of Health; other ministerial departments; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A9- I3):* Autonomous Network of Health Promoting Schools

	▪ *Description:* The CC.AA. have set up an Autonomous Network of Health Promoting Schools ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Education and Vocational Training; CC.AA. Percentage: (No. of CC.AA. with an ▪ Autonomous Network of Health Promoting Schools / No. of CC.AA.) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A9- I4):* Study of the health behaviours of adolescents in schools ▪ *Description:* A study of the health behaviours of school-aged adolescents and their context has been carried out (within the framework of the ▪ WHO collaborative study Health Behaviour in School-aged Children - HBSC) ▪ *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* By the end of 2026 **SL3-A10: encourage the local environment to promote health and well-being.** ▪ SL3-A10.1: promote health, health equity, community participation and assets for health through coordination between primary care, public health, municipalities and other supra-municipal local bodies, neighbourhoods and citizens ▪ SL3-A10.2: implement intersectoral strategies at all levels of Public Administration to promote healthy environments in the local level, both urban and rural. <u>Indicators associated with SL3 – A10</u> ▪ *Indicator (SL3 – A10- I1):* Health and community participation ▪ *Description:* Health and community participation is promoted through: (a) development of community action projects, (b) creation of community networks and citizen participation, (c) training of community health workers ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Quantitative: a) Number of Community action ▪ projects; b) Number of community and citizen participation networks; c) No. of training courses for community health workers (all disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A10- I2):* Local Implementation of the Strategy for Health Promotion and Prevention in the National Health System ▪ *Description:* Local authorities have adhered to the implementation of the Strategy for Health Promotion and Prevention in the National Health System ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Percentage: (No. of local authorities adhering to the Strategy for Health Promotion and Prevention in the National Health System / No. of local authorities) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A10- I3):* Spanish Network of Healthy Cities ▪ *Description:* Local authorities have joined the Spanish Network of Healthy Cities (aligned with the European Healthy Cities Network)

	▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Percentage: (No. of local authorities adhered to the Spanish Network of Healthy Cities / No. of local authorities) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A10- I4):* Urban health information ▪ *Description:* Local authorities have information on any urban health indicators ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Percentage: (No. of local authorities with urban health indicators / No. of local authorities) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A10- I5):* Recovery Plan: 130 Measures to tackle the Demographic Challenge ▪ *Description:* There was collaboration for the implementation of Action Lines 7 and 8 of the Recovery Plan: 130 Measures for the Demographic Challenge of the Ministry for Ecological Transition and the Demographic Challenge ▪ *Source (Calculation formula):* Ministry of Health; Ministry for Ecological Transition and the Demographic Challenge; CC.AA.; Local Authorities and FEMP Percentage: (No. of Axis 7 actions on which the Ministry of Health has collaborated / No. of Axis 7 actions) *100 (No. of Axis 8 actions on which the Ministry of Health has collaborated / No. of Axis 8 actions) *100 ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 **SL3-A11: to provide a working environment that ensures the safety and protection of people's health and well-being.** ▪ SL3-A11.1: implement the Spanish Strategy for Health and Safety at Work 2022- 2027 and as many actions that could be established within the framework of the National Commission for Health and Safety at Work; as well as the regional strategies in this area ▪ SL3-A11.2: develop the occupational health surveillance system (at national and regional level), which will be aligned with the provisions of the Spanish Strategy for Health and Safety at Work 2022-2027. <u>Indicators associated with SL3 – A11</u> ▪ *Indicator (SL3 – A11- I1):* Spanish Strategy for Health and Safety at Work 2022-2027 ▪ *Description*: The Spanish Strategy for Health and Safety at Work 2022-2027 has been implemented ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Labour and Social Economy (National Commission for Health and Safety at Work); CC.AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL3 – A11- I2):* Measures to protect and promote health at work ▪ *Description:* The National Commission for Health and Safety at Work draws up actions for the protection and promotion of health at work ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Labour and Social Economy (National Commission for Health and Safety at Work) Quantitative: No. of actions drawn up by the National Commission for Health and Safety at Work for the protection and promotion of health ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026

- *Indicator (SL3 – A11- I3):* Healthy and safe workplace
- *Description:* Work is being carried out intersectorally and at all levels of Public Administration to implement the actions developed by the National Commission for Health and Safety at Work to promote health and safety in the workplace
- *Source (Calculation formula):* Ministry of Health; Ministry of Labour and Social Economy (INSST); CC.AA.; Local Authorities and FEMP Percentage: (No. of actions implemented / No. of actions developed) * 100(disaggregated by CC.AA.)
- *Measurement (Frequency):* Before the end of 2024 and before the end of 2026

- *Indicator (SL3 – A11- I4):* Occupational Health Surveillance
- *Description:* An occupational health surveillance system has been designed for the national and regional levels (including the reporting of suspected occupational diseases)
- *Source (Calculation formula):* Ministry of Health; CC.AA. Qualitative: Yes/No/In progress
- *Measurement (Frequency):* Before the end of 2024 and before the end of 2026

- *Indicator (SL3 – A11- I5):* Comprehensive Health Surveillance Program for workers exposed to asbestos (PIVISTEA)
- *Description:* The Comprehensive Health Surveillance Program for workers exposed to asbestos (PIVISTEA) is implemented
- *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 (disaggregated by CC.AA.)
- *Measurement (Frequency):* Before the end of 2024 and before the end of 2026

- *Indicator (SL3 – A11- I6):* Post occupational health surveillance
- *Description:* A study on post-occupational health surveillance programmes that need to be implemented has been prepared
- *Source (Calculation formula):* Ministry of Health Qualitative: Yes/No/In progress
- *Measurement (Frequency):* Before the end of 2024 and before the end of 2026

SL3-A12: promote public health actions in the healthcare environment and social services.

- SL3-A12.1: develop community care policies and programmes for health promotion, prevention and early detection of diseases and health problems from primary care in collaboration with public health
- SL3-A12.2: develop and promote plans and strategies to foster a culture of patient safety and quality of care and to reduce the occurrence of care-related adverse events
- SL3-A12.3: collaborate in addressing antimicrobial resistance and the appropriateness of antimicrobial prescription.

Indicators associated with SL3 – A12

- *Indicator (SL3 – A12- I1):* Comprehensive Lifestyle Counselling Programmes
- *Description:* Comprehensive lifestyle counselling programmes have been developed for use in primary care
- *Source (Calculation formula):* Ministry of Health; CC.AA. Qualitative: Yes/No/In progress (disaggregated by CC.AA.)
- *Measurement (Frequency):* Annual until achieved

	▪ *Indicator (SL3 – A12- I2):* Comprehensive lifestyle advice ▪ *Description:* Comprehensive Lifestyle Counselling is used for people attending primary care consultation ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of people attending for consultation and receiving comprehensive lifestyle advice / No. of people attending for consultation) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I3):* Initiative for the Humanisation of Birth and Breastfeeding Care - IHAN ▪ *Description:* Work is underway to increase the number of health centres with accreditation from the Initiative for the Humanisation of Birth and Breastfeeding Care - IHAN ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Quantitative: (No. of hospitals with IHAN accreditation / No. of hospitals) * 100 (by Autonomous Community) (No. of primary care centres with IHAN accreditation / No. of primary care centres) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I4):* Primary and Community Care Strategic Framework ▪ *Description:* Public health institutions have collaborated with the primary healthcare level to fulfil Strategies C (improve the quality of care and coordination with other healthcare settings, services and institutions) and D (strengthen community orientation, health promotion and prevention in Primary Health Care), and their action plans ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of objectives achieved within Strategy C / No. of objectives of Strategy C) * 100 (No. of Strategy D objectives met / No. of Strategy D objectives) * 100 (for both disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I5):* Social prescription in primary care ▪ *Description:* Public health institutions have collaborated with the primary care level to promote social prescribing and help demedicalise the social and/or emotional problems of the population ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Percentage: (No. of CC.AA. that have implemented social prescription in primary care /No. of CC.AA.) * 100 ▪ Measurement (Frequency): Annual ▪ *Indicator (SL3 – A12- I6):* Hepatitis B screening guidelines ▪ *Description:* A Guide to Hepatitis B Screening in Spain has been developed ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL3 – A12- I7):* Incidence of hepatitis B (SDG Indicator 3.3.4.) ▪ *Description:* Hepatitis B incidence per 100,000 population ▪ *Source (Calculation formula):* INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.3.4. Hepatitis B incidence per 100,000 population (ine.es) ▪ *Measurement (Frequency):* Annual

	▪ *Indicator (SL3 – A12- I8):* Hepatitis C screening ▪ *Description:* Work has been done to implement hepatitis C screening as established in the Ministry of Health's HCV screening guidelines ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of CC.AA. that have implemented hepatitis C screening in their healthcare / No. of CC.AA.) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I9):* Prevention, early detection and management of tuberculosis in the population ▪ *Description:* Work is being carried out at all levels of Public Administration for the prevention, early detection and management of tuberculosis in the population ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of objectives met in the Plan for the prevention and control of tuberculosis in Spain / No. of objectives) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I10):* Incidence of tuberculosis (SDG Indicator 3.3.2.) ▪ *Description:* Incidence of tuberculosis per 100,000 inhabitants ▪ *Source (Calculation formula):* INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Guarantee a healthy life and promote well-being at all ages - Indicator 3.3.2. Incidence of tuberculosis per 100,000 inhabitants (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I11):* infection and STIs ▪ *Description:* Working at all levels of Public Administrations to promote comprehensive sexual health and non-discrimination ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Percentage: (No. of targets met in the HIV and STI Prevention and Control Plan 2021-2030 / No. of targets) * 100 ▪ *Measurement (Frequency):* By the end of 2026 ▪ *Indicator (SL3 – A12- I12):* HIV infection ▪ *Description:* Interventions have been designed to prevent HIV infection (such as pre-exposure prophylaxis or HIV post-exposure prophylaxis) ▪ *Source (Calculation formula):* Ministry of Health; CC.AA.; Local Authorities and FEMP Quantitative: No. of interventions carried out (disaggregated by Ministry of Health; CC.AA.; Local Authorities and FEMP) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I13):* HIV infections (SDG Indicator 3.3.1.) ▪ *Description:* Number of new HIV infections per 1,000 uninfected population, disaggregated by sex, age and key populations ▪ *Source (Calculation formula):* Ministry of Health; INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3 Guarantee a healthy life and promote well-being at all ages - Indicator 3.3.1. Number of new HIV infections per 1,000 uninfected population, disaggregated by sex, age and key populations (ine.es) ▪ *Measurement (Frequency): Annual*

	▪ *Indicator (SL3 – A12- I14):* Excess weight in the child population ▪ *Description:* Screening programmes for excess weight (overweight and obesity) in children in primary care settings have been updated ▪ *Source (Calculation formula):* Ministry of Health, CC.AA. Qualitative: Yes/No/In progress (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I15):* Children aged 2 to 4 who are obese, overweight or underweight (Indicator SDG 2.2.2) ▪ *Description:* Percentage of children aged 2 to 4 years who are obese, overweight or underweight ▪ *Source (Calculation formula):* Ministry of Health; INE Agenda 2030 Indicators for Sustainable Development - Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture - Sub-indicator 2.2.2.1. Proportion of children aged 2 to 4 years with obesity, overweight or underweight (ine.es) ▪ *Measurement (Frequency):* Triennial ▪ *Indicator (SL3 – A12- I16):* Training in early detection of gender-based violence ▪ *Description:* Health professionals are trained in the early detection of gender based violence ▪ *Source (Calculation formula):* Ministry of Health; CISNS; CC.AA. Quantitative: No. of training courses on gender based violence carried out (disaggregated by General State Administration and CC.AA.) No. of professionals who have received training on gender violence (by General State Administration and CC.AA.) ▪ *Measurement (Frequency): Annual* ▪ *Indicator (SL3 – A12- I17):* Protocol for the prevention, early detection and approach of violence against children and adolescents ▪ *Description:* A protocol has been drawn up for the prevention, early detection and approach of violence against children and adolescents in healthcare ▪ *Source (Calculation formula):* Ministry of Health; CISNS; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL3 – A12- I8):* Training in the prevention, early detection and approach of violence against children and adolescents ▪ *Description:* Healthcare professionals have been trained in the prevention, early detection and approach of violence against children and adolescents ▪ *Source (Calculation formula):* Ministry of Health; CISNS; CC.AA. Percentage: (No. of healthcare professionals who have received training on prevention, early detection and approach to violence against children and adolescents / No. of healthcare professionals) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I19):* Training on the specific health needs of LGBTIQ+ people ▪ *Description:* Intersectoral work has been carried out to promote the training of healthcare professionals in the specific healthcare needs of LGBTIQ+ people ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Equality; CC.AA. Numerical: No. of training actions aimed at healthcare professionals No. of health professionals trained (both disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual

	▪ *Indicator (SL3 – A12- I20):* Patient Safety Strategy of the National Health System ▪ *Description:* Work has been done to meet the objectives proposed in the Patient Safety Strategy of the National Health System ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of objectives achieved / No. of objectives) * 100 (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I21):* Patient safety study ▪ *Description:* National studies of adverse events in primary care and hospitalisation-related adverse events have been updated ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Science and Innovation (ISCIII); CC.AA. Qualitative: Yes/No/In progress (disaggregated by primary care and inpatient) ▪ *Measurement (Frequency):* End 2024 (start of the study); End 2026 (end of the study) ▪ *Indicator (SL3 – A12- I22):* National Antibiotic Resistance Plan (PRAN) ▪ *Description:* The National Antibiotic Resistance Plan (PRAN) and in particular the implementation of the Antibiotic Use Optimisation Programmes (PROA) in both hospital and primary care settings is being implemented intersectorally ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of PRAN objectives achieved / No. of objectives) * 100 (No. of primary care and hospital health centres that have implemented PROA / No. of primary care and hospital health centres) * 100 (both disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I23):* Network of Health Promoting Hospitals ▪ *Description:* Work is underway to promote the Network of Health Promoting Hospitals ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of hospitals that adhere to the Network of Health Promoting Hospitals / No. of hospitals) *100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A12- I24):* Health of persons deprived of liberty ▪ *Description:* The prevalence of communicable diseases, mental illnesses and substance use in persons deprived of liberty has been studied and a report has been produced with the data ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (Sub-directorate General of Prison Health); Ministry of Science and Innovation (ISCIII); CC.AA. Qualitative: Yes/No/In progress (pending completion of report) ▪ *Measurement (Frequency):* Annual **SL3-A13: controlling public health at borders.** ▪ SL3-A13.1: modernise foreign health by drawing up a Strategic Plan for foreign health that includes digitalisation and improvements in the quality of its services, among others, as well as its regulatory framework, all with the collaboration and agreement of the Ministry of Territorial Policy. ▪ SL3-A13.2: increase the involvement of public health authorities in the process of negotiating health agreements and export certification with third countries. ▪ SL3-A13.3: strengthen participation and collaboration with EU Healthy Gateways.

	Indicators associated with SL3 – A13 ▪ *Indicator (SL3 – A13- I1):* Strategic Plan for the modernisation/improvement of foreign health ▪ *Description:* The Strategic Plan for the modernisation/improvement of foreign health has been drawn up with the participation and prior agreement of the Ministry of Territorial Policy ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Territorial Policy Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL3 – A13- I2): Plan for the Digitalisation of the management and information of foreign health information* ▪ *Description:* The Plan for the Digitalisation of the management and information of foreign health interoperable with the CC.AA., the Functional Areas of Health and Social Policy of the Government Delegations and Sub-delegations, and other national and international applications has been drawn up ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Territorial Policy Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL3 – A13- I3):* International Vaccination Centres ▪ *Description:* The Quality Plan for International Vaccination Centres has been drawn up with the collaboration and agreement of the Ministry of Territorial Policy ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Territorial Policy Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL3 – A13- I4):* Public health authority activity ▪ *Description:* The public health authority participates in the negotiation process of sanitary agreements and export certification with third countries ▪ *Source (Calculation formula):* Ministry of Health Percentage: (No. of sanitary agreements and export certification with third countries in which the public health authority has participated / No. of sanitary agreements and export certification with third countries) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A13- I5):* EU Healthy Gateways ▪ *Description:* Spain has participated in the drafting of guidelines, catalogues of good practices and action plans included in the EU Healthy Gateways ▪ *Source (Calculation formula):* Ministry of Health Percentage: (No. of guidelines, catalogues of good practices and action plans included in the EU Healthy Gateways in which Spain has participated / No. of guidelines, catalogues of good practices and action plans included in the EU Healthy Gateways) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL3 – A13- I6):* Regulatory developments in foreign health ▪ *Description:* The following aspects have been developed in regulations, which have been previously agreed with the Ministry of Territorial Policy: a) regulation of health checks on persons travelling in international transit and health and hygiene checks in

	international facilities and means of transport, b) law on fees, offences and penalties in the field of foreign health, c) regulation of official controls on goods for human use or consumption coming from third countries or third territories and establishes the conditions for the authorisation of Border Control and Sanitary Storage Facilities for Goods, d) regulation of sanitary measures for the export of products of non-animal origin, e) regulation of the international transfer of corpses and anatomical parts, and biological samples) ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Territorial Policy Qualitative for each section: a: Yes/No/In progress b: Yes/No/In progress c: Yes/No/In progress d: Yes/No/In progress e: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 <u>Strategic Line 4: Promoting population health and health equity throughout the life course</u> Lead: not specified **SL4-A1: encourage the protection and promotion of an active and healthy childhood and adolescence.** ▪ SL4-A1.1: collaborate intersectorally and at all levels of Public Administrations to tackle the childhood obesity pandemic ▪ SL4-A1.2: collaborate intersectorally and at all levels of Public Administrations to prevent and protect the child and adolescent population from any type of violence (Commission on violence against children and adolescents within the CISNS, among others) ▪ SL4-A1.3: promote emotional well-being in the child and adolescent population (Mental Health Action Plan 2022-2024 among others) ▪ SL4-A1.4: encourage the child and adolescent population to participate in the promotion of their state of health. <u>Indicators associated with SL4 – A1</u> ▪ *Indicator (SL4 – A1- I1):* Protection from violence in the child and adolescent population ▪ *Description:* Multisectoral actions have been implemented in the Public Administration (national, regional and local level) to protect children and adolescents from any form of violence ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Equality; CC.AA. Qualitative: Yes/No/In progress (Disaggregated by national, regional and local level) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A1- I2):* Map of agents, resources and protocols on violence against children and adolescents ▪ *Description:* A map reflecting agents, resources and protocols developed on violence against children and adolescents at national and regional level has been drawn up ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Equality; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A1- I3):* School abuse in the child and adolescent population ▪ *Description:* Percentage of children and adolescents who have been victims of mistreatment in the school environment ▪ *Source (Calculation formula):* Ministry of Health Percentage (data from the Health Behaviour in School-aged Children Study) ▪ *Measurement (Frequency):* By the end of 2026

	▪ *Indicator (SL4 – A1- I4):* Physical or sexual violence against women and girls aged 16 and over inflicted by a current or former intimate partner (SDG Indicator 5.2.1.1) ▪ *Description:* Percentage of women and girls aged 16 years and over who have experienced physical or sexual violence by a current or former intimate partner in the previous 12 months ▪ *Source (Calculation formula):* INE Goal 5. Achieve gender equality and empower all women and girls – Subindicator 5.2.1.1. Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A1- I5):* Sexual violence against women and girls aged 16 and over outside of intimate partner relationships (SDG Indicator 5.2.2.1) ▪ *Description:* Percentage of women and girls aged 16 and over who have experienced non-partner sexual violence in the previous 12 months ▪ *Source (Calculation formula):* INE Goal 5. Achieve gender equality and empower all women and girls – Subindicator 5.2.2.1. Proportion of ever partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age (ine.es) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A1- I6):* Positive parenting ▪ *Description:* Training and education on positive parenting has been provided to caregivers of the child population ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: No. of training and capacity building courses on positive parenting (disaggregated by Ministry of Health and CC.AA.) No. of persons who have received training and education on positive parenting (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A1- I7):* Mental Health Strategy of the National Health System ▪ *Description:* Work on the implementation of the Mental Health Strategy of the National Health System and its action plans (current Mental Health Care Plan 2022-2024) ▪ *Source (Calculation formula):* Ministry of Health Percentage: (No. of goals achieved / No. of goals)* 100 (No. of actions carried out / No. of actions) * 100 For the Strategy and for the action plans ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL4 – A1- I8):* Protocols for detecting mental health problems in young people ▪ *Description:* Protocols have been developed intersectorally for the early detection of mental health problems in young people ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Education and Vocational Training; Ministry of Social Rights and Agenda 2030; CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL4 – A1- I9):* Participation of the child, adolescent and youth population in the promotion of their health ▪ *Description:* Work has been carried out to involve children, adolescents and young people in the promotion of their health

	▪ *Source (Calculation formula):* Ministry of Health; Ministry of Education and Vocational Training; CC.AA.; Local Authorities and FEMP Quantitative: No. of health promotion programmes aimed at children, adolescents and young adults Number of children, adolescents and young people who have participated in health promotion programmes (both disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual **SL4-A2. Encourage the protection and promotion of active and healthy ageing.** ▪ SL4-A2.1: collaborate intersectorally and from all levels of Public Administrations to promote active and healthy ageing, and good treatment (WHO Decade of Healthy Ageing 2020-2030, among others) ▪ SL4-A2.2: promote the approach to chronicity and prevent frailty and ageism (Evaluation report and priority lines of action of the Strategy for Addressing Chronicity in the National Health System, Roadmap for the approach to frailty approved by the Public Health Commission, among others) ▪ SL4-A2.3: promote coordination between the health systems, social and public health services to improve comprehensive care for older people. <u>Indicators associated with SL4 – A2</u> ▪ *Indicator (SL4 – A2- I1):* Protection from violence in the elderly ▪ *Description:* A study has been carried out to find out the prevalence of violence and mistreatment directed at the elderly population ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030; Ministry of Science and Innovation (ISCIII) CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL4 – A2- I2):* Promoting active and healthy ageing ▪ *Description:* Programmes to promote active and healthy ageing are developed at all levels of Public Administration ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030 (Imserso); CC.AA.; Local Authorities and FEMP Quantitative: No. of active and healthy ageing promotion programmes have been implemented (disaggregated by levels of Public Administration) Percentage: (No. of people aged 65 and over who have participated in an active and healthy ageing programme / No. of people aged 65 and over) * 100 (disaggregated by CC.AA.) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A2- I3):* Strategy for Addressing Chronicity in the National Health System ▪ *Description:* Work is being carried out on what is indicated in the Evaluation Report and priority lines of action of the Strategy for Addressing Chronicity in the National Health System ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of lines of action fulfilled / No. of priority lines of action) * 100 (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL4 – A2- I4):* Integrated care for older people

	▪ *Description*: A national document on the model of integrated care for the elderly has been drawn up in line with the Frailty Prevention Approach (FPA) and the Strategy for Addressing Chronicity in the National Health System ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030 (Imserso); CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL4 – A2- I5):* Partnerships to improve integrated care for older people ▪ *Description:* Cross-sectoral work is carried out at all levels of Public Administration to address and improve comprehensive care for older people ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030; CC.AA. Quantitative: Number of intersectoral (at least the healthcare sector, the social sector and public health) and multilevel (national, regional and local level) meetings held to address and improve comprehensive care for the elderly ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A2- I6):* Training on frailty ▪ *Description:* Training and awareness-raising courses on frailty for health and social services professionals are carried out ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Quantitative: Number of courses on frailty have been carried out by the Public Administration (disaggregated by national, regional and local level) No. of health and social care professionals who have taken a course on frailty (disaggregated by Autonomous Community) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A2- I7):* Early detection of frailty ▪ *Description:* Early frailty screening of people aged 70 years and older is carried out at the primary care level as set out in the Consensus Document Update on Frailty Prevention in the Elderly (2022) ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of CC.AA. that have incorporated the Updating of the Consensus Document on the Prevention of Frailty in the Elderly (2022) / No. of CC.AA.) * 100 ▪ *Measurement (Frequency):* Annual **SL4-A3. Ensure that health policies promote equitable addressing of the needs of all.** ▪ SL4-A3.1: collaborate intersectorally and at all levels of Public Administrations to promote equity in the health and well-being of the population (National Health Equity Strategy, among others) ▪ SL4-A3.2: prevent violence against women, promoting good treatment and egalitarian relations with coordinated actions with the educational, health, social services and community administrations ▪ SL4-A3.3: collaborate with the competent bodies to promote universal accessibility and the elimination of any kind of barriers, as well as to promote personal autonomy, and the care and protection of persons in situation of dependency ▪ SL4-A3.4: implement intersectorally and at all levels of Public Administration actions to promote equality, inclusion and participation of population in situation of vulnerability in decisions that affect their health. <u>Indicators associated with SL4 – A3</u>

	▪ *Indicator (SL4 – A3- I1):* National Health Equity Strategy ▪ *Description:* The National Health Equity Strategy has been updated ▪ *Source (Calculation formula*): Ministry of Health Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL4 – A3- I2):* Regional health equity plans and actions ▪ *Description:* The CC.AA. have plans to promote health equity in the population ▪ *Source (Calculation formula):* Ministry of Health; CC.AA. Percentage: (No. of CC.AA. with health equity plans / No. of CC.AA.) / * 100 (No. of CC.AA. that implement actions/actions to promote equity in health / No. of CC.AA.) / * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A3- I3):* Accessibility in the movement of the population ▪ *Description:* Work is being done to promote universal accessibility in the movement of the population through the development of a new protocol for assessing drivers with mobility problems for access to group 2 driving licences ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (DGT); CC.AA. Qualitative: Yes/No/In progress ▪ *Measurement (Frequency):* Annual until achieved ▪ *Indicator (SL4 – A3- I4):* European Strategy for Gender Equality 2020- 2025 ▪ *Description:* Work is carried out intersectorally and at Public Administration levels to meet the objectives proposed in the European Strategy for Gender Equality 2020-2025 ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030; Ministry of Equality; CC.AA. Percentage: (No. of objectives met / No. of objectives) * 100 (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL4 – A3- I5):* Health and health equity for Roma people ▪ *Description:* Work is being carried out on the health actions of the Strategy for Roma Equality, Inclusion and Participation 2021-2030 and its respective operational plans ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030; CC.AA.; Local Authorities and FEMP Percentage: (No. of health actions completed / No. of health actions) * 100 (disaggregated by national, regional and local administrations) ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 ▪ *Indicator (SL4 – A3- I6):* Health and health equity for LGBTIQ+ persons ▪ *Description:* Working intersectorally to promote health equity for LGBTIQ+ people ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Equality; CC.AA. Quantitative: No. of LGBTIQ+ people who have felt discriminated against in the last 12 months when using health services (disaggregated by Autonomous Community) ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A3- I7):* Health and health equity for people in situations of dependence

	▪ *Description:* Work is being carried out intersectorally and at all levels of Public Administration to improve the System for Autonomy and Care for Dependency (SAAD) provided for in the Dependency Law ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030; CC.AA.; Local Authorities and FEMP Percentage: (No. of people who are granted aid through the System for Autonomy and Care for Dependency (SAAD) / No. of people who apply for aid) * 100 ▪ *Measurement (Frequency):* Annual ▪ *Indicator (SL4 – A3- I8):* Addressing disability ▪ *Description:* Work is being carried out intersectorally and at all levels of Public Administration to implement the Spanish Disability Strategy 2022-2030 ▪ *Source (Calculation formula):* Ministry of Health; Ministry of Social Rights and Agenda 2030 (Imserso); CC.AA.; Local Authorities and FEMP Percentage: (No. of actions on which the Ministry of Health has collaborated / No. of actions on which the Ministry of Health is a collaborator) * 100 (No. of recommendations worked on by the CC.AA. / No. of recommendations for the CC.AA.) * 100 (No. of recommendations worked on by Local Autorities / No. of recommendations for Local Autorities) * 100 ▪ *Measurement (Frequency): Annual* ▪ *Indicator (SL4 – A3- I9):* Health and health equity for persons deprived of liberty ▪ *Description:* Working intersectorally to promote health and health equity for persons deprived of liberty ▪ *Source (Calculation formula):* Ministry of Health; Ministry of the Interior (Sub-directorate General for Prison Health); CC.AA. Quantitative: No. of plans/actions carried out to promote health and health equity in persons deprived of liberty (disaggregated by Ministry of Health and CC.AA.) ▪ *Measurement (Frequency):* Before the end of 2024 and before the end of 2026 A number of **Main Indicators** were outlined. Data will be disaggregated by age and sex group when the sample size allows it. **Indicator:** Life expectancy at birth **Description:** Life expectancy at birth **Source:** INE Life Expectancy at Birth according to sex (1414) (ine.es) **Measurement frequency:** Annual **Indicator:** Healthy life years **Description:** Healthy life years at birth **Source:** Ministry of Health https://www.sanidad.gob.es/estadEstudios/estadisticas/sisInfSanSNS/vidaSaludable.htm **Measurement frequency:** Annual **Indicator:** Health status of the population **Description:** Percentage of people aged 15 and over describing their health status as good or very good **Source:** Ministry of Health; INE Valoración del estado de salud percibido en los últimos 12 meses según sexo y grupo de edad. Población de 15 y más años (ine.es) **Measurement frequency:** Triennial

	Indicator: Deaths by cause of death **Description:** Deaths according to the most frequent cause of death **Source:** INE INEbase / Society /Health /Death statistics by cause of death / Latest data **Measurement frequency:** Annual **Indicator:** Mortality attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases (SDG Indicator 3.4.1.) **Description:** Mortality rate attributed to cardiovascular diseases, cancer, diabetes or chronic respiratory diseases **Source:** INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.4.1. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease (ine.es) **Measurement frequency:** Annual **Indicator:** Suicide mortality rate (SDG Indicator 3.4.2.) **Description:** Suicide mortality rate **Source:** INE Goals and targets (from the 2030 Agenda for Sustainable Development) - Goal 3. Ensure healthy lives and promote well-being for all at all ages - Indicator 3.4.2. Suicide mortality rate (ine.es) **Measurement frequency:** Annual **Indicator:** Limitations on activities of daily living **Description:** Percentage of persons indicating limitations on activities of daily living in the last 6 months according to sex and age group. Population aged 15 and over **Source:** Ministry of Health; INE Limitation on activities of daily living in the last 6 months by sex and age group. Population aged 15 and over (ine.es) **Measurement frequency:** Triennial **Indicator:** Limited mobility **Description:** Percentage of people indicating difficulty in mobility according to sex and age group. Population aged 15 and over **Source:** Ministry of Health; INE Mobility difficulties according to sex and age group. Population aged 15 and over (ine.es) **Measurement frequency:** Triennial **Indicator:** Emotional well-being **Description:** Percentage of people indicating moderate or severe depressive symptomatology according to sex and age group. Population aged 15 and over **Source:** Ministry of Health; INE Severity of the depressive symptomatology by sex and age group. Population aged 15 years old and over (ine.es) **Measurement frequency:** Triennial
Supporting economic analysis	No economic analysis however statistics for multiple outcomes in Spain are presented.

Any additional information	There is also a Health and the Environment plan which feeds into this larger public health strategy.
Strategy development	
Stakeholder(s) and or consultation method(s)	The General Directorate of Public Health, under the Secretary of State for Health of the Ministry of Health, promoted and coordinated the process of drafting the ESP 2022. For the drafting of the ESP 2022, existing regulations were taken into account, especially Law 33/2011, October 4th, General Public Health, and an extensive non-systematic review was carried out to incorporate the information contained in: a) national and international information systems and scientific literature in relation to population health status and health determinants b) the essential public health guidelines and recommendations of the European Union (EU) and the WHO c) the health plans of neighbouring countries d) the national reference programmes, plans and strategies approved by the Public Health Commission of the CISNS (Inter-territorial Board of the National Health System), or by other centres of the Ministry of Health. A number of stakeholders were also included in the development of ESP 2022: ▪ the Autonomous Communities and Cities (CC.AA.) developed various health plans and strategies within the framework of their competencies. Documents from the CC.AA. were reviewed and the information contained therein, the accumulated experience and the diversity of ideas and proposals were used as inspiration for drafting the ESP 2022. The participation of the CC.AA. was by contributions through the Public Health Commission and through discussion of the draft in the Public Health Commission and in the CISNS. ▪ the Spanish Society for Public Health and Health Administration (SESPAS) produced the Conceptual and Methodological Support Report for the Public Health Strategy, with information within this strategy used in ESP 2022 ▪ different units of the Ministry of Health and other departments ▪ scientific societies, professionals and experts, with experts reviewing drafts and providing multiple contributions. Based on the analysis of the documentation and all the contributions received, an analysis and diagnosis was made of the health situation of the population and its determinants, and of the organisational and functional aspects of public health in Spain and in the international environment (EU and WHO). Public health actions were then established and grouped into strategic lines with their own objectives and goals. **Factors for the prioritisation of public health actions** **When identifying the priorities for action in public health a number of factors were considered including:** ▪ the urgency of the action ▪ the aspect where the focus of attention is placed, for example, the morbidity or mortality resulting from a pathology or lifestyle, the degree of disability it causes, the disruption to ordinary life, the economic and social costs of the disease, or the need for rapid action in the case of epidemic processes. ▪ structural and functional characteristics of public health of policies not directly related to health but which have an impact on it ▪ the interactions, synergies and common health objectives that can be established between all of them.

Key: A: Actions; AESAN: Ministry of Consumer Affairs; AQUATICUS: Aquatic Incident Reporting System; BOE: Official State Gazette; CC.AA: autonomous communities; CISNS: Inter-territorial Board of the National Health System; DGT: Ministry of the Interior; ECEMC: Spanish Collaborative Study of Congenital Malformations; EECTI: The Spanish Strategy for Science, Technology and Innovation 2021-2027; ENSAN: Food Security and Nutrition; ENSE: National health survey of Spain; ESP: Ministry of Health Spain, Public

Health Strategy 2022: Improving the Health and Well-Being of the Population; FEMP: *Spanish* Federation of Municipalities and Provinces; HBSC: WHO collaborative study Health Behaviour in School-aged Children; ICF: The International Classification of Functioning, Disability and Health; IHAN: Initiative for the Humanisation of Birth and Breastfeeding Care; INE: National Statistics institute of Spain; IHR: International Health Regulations; INSST: Ministry of Labour and Social Economy; ISCIII: Ministry of Science and Innovation; OEDA: Spanish Observatory on Drugs and Addictions; PESMA: Strategic Plan for Health and Environment; PIVISTEA: Health Surveillance Program for workers exposed to asbestos; PNCOCA: National Plan for the Official Control of the Food Chain 2021-2025; PRAN: National Antibiotic Resistance Plan; REUPS: Spanish Network of Health Promoting Universities; SDG: Sustainable development goals; SESPAS: Spanish Society for Public Health and Health Administration; SIVAIN: Vaccination and Immunisation Information System; SL: Strategic Line.

Table B15. Extracted data for Sweden.

Sweden	Strategy information
Author(s) **Title**	Public Health Agency of Sweden Towards a good and equitable health: A framework for implementing and monitoring the national Public Health policy.[29] Framework for the Swedish Government Good and equitable health – an advanced Public Health policy (prop.2017/18:249)[28]
Timeline	The Government policy was presented in 2018 and the framework was published in 2021. Timeline for which it covers not specified.
Overall aim(s) (measurement method(s) and target(s) where available)	The overall aim of the national public health policy was to eliminate avoidable health inequalities within one generation. The overall aim of the framework was to enable systematic and coordinated efforts that supported the realization of this national public health goal.
Governance	The Public Health Authority believes that a joint inter-agency dialogue on priorities for public health work could fill the gap in the current structure, which lacks clear contact points for overall public health issues among the government authorities. Inter-agency dialogues provide the opportunity for shared responsibility instead of additional regulation. Since several of the state authorities are open to voluntary cooperation on public health issues, we see no need to formalize the coordination. There is, for example, no need to clarify the responsibilities of different authorities for public health work in their regulatory letter or to direct cooperation through a regulation. Nor does the coordination change the current division of responsibilities between the authorities or between the authorities and the government. The state coordination should also include an exchange of knowledge with regional and local actors. By adding content to the public health policy framework, the state clarifies what is important in public health policy work. It will then be easier to translate the policy into action also at regional and local level. The goals and actors that we mapped in this mission apply to the national level, but regional and local actors should still be able to use the mapping to find relevant contacts with the authorities and other actors. The Instrument of Government, one of Sweden's four constitutions, states that:[74] The individual's personal, economic and cultural well-being must be fundamental objectives of public activities. In particular, the public authorities must secure the right to work, housing and education, and work for social care and security and for good conditions for health. This is reflected in several laws and regulations that are important for public health work. For example, the activities of municipalities and regions, which are a prerequisite for successful public health work, are regulated in the Local Government Act (SFS 2017:725). Below we briefly review some of the most central laws for the eight target areas of public health policy. **1. Conditions in early life:** The Social Services Act (SFS 2001:453) states in the first chapter that social services shall promote people's: ▪ economic and social security ▪ equality in living conditions ▪ active participation in the life of society.

Social services should also focus on freeing up and developing both individuals' and groups' own resources. This, of course, has a bearing throughout life, not least when it comes to activities for the elderly.

2. Knowledge, skills and education/training:

The Education Act (SFS 2010:800) regulates the rights and obligations of children, pupils and guardians. The first chapter expresses a desire for:

- to compensate for differences in the children's and pupils' ability to benefit from the education
- equal access to education for all children
- that education within the school system should be equivalent within each type of school, regardless of where it is organized**.**

3. Work, working conditions and work environment:

The Work Environment Act (SFS 1977:1160) contains rules on obligations for employers and other safety officers to prevent ill health and accidents at work. There are also rules on cooperation between employers and employees, such as rules on the activities of safety representatives.

4. Income and economic resources:

The Social Insurance Code (SFS 2010:110) collects legislation in the field of social insurance in one code. It contains provisions on social security through social security and other compensation and benefit schemes, such as the laws on:

- general insurance (sickness insurance and parental insurance)
- Child benefit
- Housing allowance
- Occupational injury insurance
- Disability benefits
- various old-age and survivors' pensions.

5. Housing and neighbourhood conditions:

The Planning and Building Act (SFS 2010:900) contains provisions in the first chapter on land and water planning and on construction. The provisions aim to promote:

- social development with equal and good social living conditions
- A good and long-term sustainable living environment for people in today's society and for future generations.

The Environmental Code (SFS 2020:1174) aims to promote sustainable development with a healthy and good environment for current and future generations.

The Environmental Code shall be applied so that:

- protection of human health and the environment against damage and nuisance;
- valuable natural and cultural environments are protected and cared for;
- preserving biodiversity;
- land, water and the physical environment in general are used in such a way as to ensure long-term good management, and
- Reuse and recycling are promoted in order to achieve a circular economy.

	6. Health behaviours: The Food Act (SFS 2006:804) aims to ensure a high level of protection for human health and for consumers' interests when it comes to food. The Alcohol Act (SFS 2010:1622) aims to limit the harmful effects of alcohol. This means, among other things, that people's health takes precedence over economic interests and alcoholic beverages must be served with restraint. The Tobacco and Similar Products Act (SFS 2018:2088) aims to limit the health risks and inconveniences associated with the use of tobacco and similar products and with exposure to tobacco and similar products. There are also laws concerning dangerous goods, doping, drugs and gambling. **7. Control, influence and participation:** The Discrimination Act (SFS 2008:567) aims to counteract discrimination and in other ways promote equal rights and opportunities regardless of gender, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age. **8. Equitable and health-promoting health and medical services:** According to the Health and Medical Services Act (SFS 2017:30), regions and municipalities are obliged to provide health and medical care. The goal of health and medical care is good health and care on equal terms for the entire population, and that healthcare should work to prevent ill health. **Other** **Regional development responsibility** The Act on Regional Development Responsibility (SFS 2010:630) refers to efforts to create sustainable regional growth and development. Within the regional growth work, the region will develop and establish a strategy (RUS) and coordinate efforts for implementation. According to the regulation on regional growth work, economic, social and environmental sustainability must be an integral part of analyses, strategies, programmes and initiatives in regional growth efforts. It is well in line with the fundamental principles on which the global sustainability goals, Agenda 2030, are based.
Scope and collaboration	In May 2019, the Public Health Agency was commissioned by the government to develop a support structure for the state's public health work, which enables systematic and coordinated efforts for good and equal health. This resulted in framework and support structure outlined below. The framework builds on the work undertaken by the Swedish Commission for Equity in Health (2015-2017). It outlines the: ▪ eight target areas of the public health policy ▪ indicators for monitoring of both the targets areas and public health status. It also highlights other national policy goals and government agencies relevant to public health work at the national level. Within the framework of this mission, the Public Health Authority has developed a support structure for the government's public health work:

	1. Monitoring (track development in indicators vital for achieving the public health policy goal). The Public Health Agency of Sweden will publish results from the monitoring through the following channels: ▪ Annual reporting of key public health developments ▪ An online database with all indicators ▪ Fact sheets for each core indicator ▪ Automated fact sheets specific to each county and municipality ▪ User-friendly support material 2. Coordination (cross-sectoral collaboration is a key feature and public health work must be coordinated so that all the stakeholders can exchange knowledge and share responsibility). Coordination will result in: ▪ Strategic dialogue with authorities. This will be led by the Director General of the Public Health Agency. ▪ Exchange of knowledge with regional and local actors 3. In-depth analysis (aims to better understand factors that influence public health, current challenges within public health and how these impact health equalities. Indicator based monitoring and dialogue with various stakeholders will assist in identifying areas for analysis. These analyses will be carried out jointly between government agencies in order contribute to an increased understanding of different subject areas and to find solutions to improve the prerequisites for good and equitable health. This will result in collaborative reports across national agencies containing relevant information for practitioners.) In depth analysis will result in: ▪ Joint authority reports and own reports (to identify places where the relevant authorities need to assist with expertise and some investigative cap in order to then carry out an in-depth analysis in the area. Joint analyses by authorities can, for example, be initiated in the form of a pilot project to develop the working methods) 4. Dissemination of knowledge (With joint work among government agencies, knowledge can be disseminated in other non-traditional channels in a more coherent and relevant manner for end-users. The Public Health Agency of Sweden will utilize digital channels (social media, website, etc.), conferences, and networks to spread this knowledge.) Knowledge dissemination will result in dissemination through: ▪ Conferences and networks (for example the Mötesplats social sustainability, which the Public Health Authority and SKR organize in collaboration, the Nordic Public Health Conference) ▪ Social media and newsletters ▪ The Public Health Agency's website
Themes and or priorities	The national Public Health policy identified 8 target areas. Each Target Area is connected to: ▪ relevant global targets and sub-targets in Agenda 2030 ▪ national goals ▪ expenditure areas. <u>Target and Focus Areas</u> **1. Conditions in early life:** ▪ equal maternal and child healthcare ▪ an equivalent preschool of high quality ▪ method and means that put the children first in focus. **2. Knowledge, skills and education/training:** ▪ a good learning environment at school

	▪ an equal education system ▪ countering school failure through early identification and intervention. **3. Work, working conditions and work environment:** ▪ to have a job ▪ good conditions for increased employability ▪ good work and employment conditions ▪ a physically and psychosocially sustainable work environment. **4. Income and economic resources:** ▪ distribution of income in the population ▪ financial resources for those with tight margins and reduced long-term financial vulnerability. **5. Housing and neighbourhood conditions:** ▪ access to a fully functional and affordable home ▪ residential areas that are socially sustainable ▪ healthy living environments on equal terms. **6. Health behaviours:** ▪ increased accessibility to health-promoting products, environments and activities ▪ to strengthen the health promotion and prevention work with lifestyles in welfare organizations. **7. Control, influence and participation:** ▪ equal participation in democracy ▪ equal participation in civil society ▪ the work for human rights ▪ Sexual and reproductive health and rights ▪ increased control, influence and participation for certain individuals and groups. **8. Equitable and health-promoting health and medical services:** ▪ accessibility to meet different needs ▪ care meetings that promote health and create conditions for equal efforts and results ▪ the health promotion and preventive work of the health and medical services ▪ good, accessible and equal dental care ▪ that regions lead, control and organize their activities with the aim of providing conditions for equal care.
Implementation action(s), lead(s) and key performance indicator(s)	An original set of indicators was proposed to monitor health inequalities, and a wider set of indicators will be used to monitor social determinants of health, as well as the health status of the population using a life-course perspective.[71] This included 130 target area indicators and 50 health indicators.[72] TA: Target Area

	DA: Development Area (data source for the indicator is missing) DI: Development Indicator (data source available but indicator not currently defined) **<u>Conditions in early life (number and name)</u>** **Focus Area – Equitable maternal and child healthcare:** ▪ TA1.1DI – Early enrolment in maternal health services ▪ TA1.2 – Tobacco use during early pregnancy ▪ TA1.3 – Hazardous consumption of alcohol during early pregnancy ▪ TA1.4 – Tobacco smoke exposure during infancy ▪ TA1.5DA – Postpartum depression in mothers ▪ TA1.6DA – Screening of children's language development. **Focus area – High–quality and equitable preschool:** ▪ TA1.7 – Children enrolled in preschool ▪ TA1.8DA – Preschool of high quality. **Focus area – Methods and resources with a focus on the child's well–being:** ▪ TA1.9 – Parental support and preparation for childbirth ▪ TA1.10DA – House calls by child health services. **<u>Knowledge, skills, and education/training (number and name)</u>** **Focus area – A good learning environment in school:** ▪ TA2.1 – Teacher with a pedagogical university degree for compulsory school (qualified teacher) ▪ TA2.2 – Teacher with a pedagogical university degree for upper secondary school (qualified teacher) ▪ TA2.3 – Social relations between teachers and pupils ▪ TA2.4 – Pupils who feel safe at school ▪ TA2.5 – Pupils bullied in school ▪ TA2.6 – Pupils who feel stressed by schoolwork ▪ TA2.7 – Pupils who feel stressed in upper secondary school ▪ TA2.8 – Pupils who state that schoolwork is stimulating ▪ TA2.9DA – School's physical environment ▪ TA2.10DA – Access to student health services ▪ TA2.11 – Pupils in year 9 with upper secondary school eligibility ▪ TA2.12 – Pupils with a upper secondary school degree within four years of starting upper secondary school. **Focus area – An equitable education system:** ▪ TA2.13DA – Possibility to enrol in adult education ▪ TA2.14DA – Admissions to college/university (social mobility) ▪ TA2.15DA – Segregation in schools (student body composition) ▪ TA2.16 – Adolescents with disabilities that affect their presence and participation in school

	▪ TA2.17DA – University students who state that their disability affects their ability to study ▪ TA2.18DA – Education in areas that can affect health. **Focus area – Prevention of school failures through early identification and interventions:** ▪ TA2.19DA – Early identification of children with learning difficulties ▪ TA2.20DA – Support and adaptation according to the child's needs ▪ TA2.21DA – Pupils in compulsory school with high absenteeism ▪ TA2.22 – Pupils who have completed the municipal adult education in Swedish for immigrants (SFI). **Work, working conditions and work environment (number and name)** **Focus area – Employment:** ▪ TA3.1 – Employment ▪ TA3.2 – Unemployment ▪ TA3.3 – Long–term unemployment ▪ TA3.4 – Unemployment of people with disabilities ▪ TA3.5 – Newly arrived immigrants in work or studies ▪ TA3.6 – Youth not in employment, education or training. **Focus area – Good conditions for increased employability:** ▪ TA3.7DA – Education/training to facilitate entry into the labour market ▪ TA3.8DA – Foreign–born individuals with a university degree and unskilled work ▪ TA3.9DA – Habitation/rehabilitation. **Focus area – Good working and employment conditions:** ▪ TA3.10 – Fixed–term contract ▪ TA3.11DA – Precarious employment ▪ TA3.12DA – Unpaid care and domestic work ▪ TA3.13 – Under–employed part–time employees. **Focus area – A physically and psychosocially sustainable work environment:** ▪ TA3.14 – Access to occupational healthcare services ▪ TA3.15 – Job demand and control ▪ TA3.16DA – Employees' influence on working conditions ▪ TA3.17 – Physically demanding work ▪ TA3.18 – Noisy work environment ▪ TA3.19DA – Self–assessed work ability. **Income and economic resources (number and name)** **Focus area – Income distribution:** ▪ TA4.1 – Economic standard

	▪ TA4.2 – Gini coefficient ▪ TA4.3 – Growth rate of household income per capita among the bottom 40 percent of the population ▪ TA4.4 – Women's median income as a percentage of men's median income. **Focus area – Reducing long–term financial vulnerability and providing support to those who are financially vulnerable:** ▪ TA4.5 – At risk of poverty (relative) ▪ TA4.6 – Low income standard (absolute) ▪ TA4.7 – Persistent risk of poverty ▪ TA4.8 – Persistent low income standard (absolute) ▪ TA4.9 – Lack of cash margin ▪ TA4.10 – Persistent social assistance among adult beneficiaries ▪ TA4.11 – Over–indebtedness. **Housing and neighbourhood conditions (number and name)** **Focus area – Access to adequate and affordable housing:** ▪ TA5.1 – Housing shortage for exposed/vulnerable groups on municipal level ▪ TA5.2DA – Homelessness ▪ TA5.3 – Children affected by evictions ▪ TA5.4 – Uncertain housing situation ▪ TA5.5 – Residential overcrowding. **Focus area – Socially sustainable residential areas:** ▪ TA5.6DA – Housing segregation ▪ TA5.7 – Refrained from going out alone ▪ TA5.8 – Adolescents restricted due to fear of crime ▪ TA5.9DA – Access to public services ▪ TA5.10DA – Public places with physical accessibility for all. **Focus area – Equitable and healthy living environments:** ▪ TA5.11 – Poor indoor air quality ▪ TA5.12 – Poor air quality near the home ▪ TA5.13DA – Annual mean levels of ambient particulate matter in cities ▪ TA5.14 – Annoyance from traffic noise ▪ TA5.15 – Lack of green space within walking distance. **Health Behaviours (number and name)** **Focus area – Limited availability of harmful products:** ▪ TA6.1 – Daily tobacco smoking ▪ TA6.2 – Cigarette smoking in adolescence ▪ TA6.3 – Acquisition of cigarettes in adolescence

	▪ TA6.4 – Hazardous consumption of alcohol ▪ TA6.5 – Age at drinking onset ▪ TA6.6DA – Acquisition sources of alcohol in adolescence ▪ TA6.7 – Drug use in the general population ▪ TA6.8 – Drug use in adolescence ▪ TA6.9 – Offered to try or purchase drugs in adolescence ▪ TA6.10 – At–risk gambling ▪ TA6.11 – At–risk gambling in adolescence ▪ TA6.12 – Intercourse without a condom with a temporary partner ▪ TA6.13 – Consumption of sweetened beverage 2 times per week or more ▪ TA6.14 – Daily consumption of soft drinks in adolescence. **Focus area – Increased accessibility to health–promoting products, environments, and activities:** ▪ TA6.15 – Active transport ▪ TA6.16DA – Access to neighbourhood sports areas ▪ TA6.17DA – Distribution of support to associations based on needs ▪ TA6.18 – Physical activity ▪ TA6.19 – Physical activity in adolescence ▪ TA6.20 – Sedentary behaviour ▪ TA6.21DA – Sedentary behaviour in adolescence ▪ TA6.22 – Daily vegetable intake ▪ TA6.23 – Daily vegetable intake in adolescence. **Focus area – Strengthening health promotion and preventive work targeting health behaviours within welfare organizations:** ▪ TA6.24DA – Structured health dialogues in school, focus on lifestyle factors ▪ TA6.25DA – Meal policy in preschool, school, workplaces, and elderly care. **Control, influence, and participation (number and name)** **Focus area – Equal participation in democratic processes:** ▪ TA7.1 – Voting in general elections ▪ TA7.2DA – Participatory municipal governance. **Focus area – Equal Participation in civil society:** ▪ TA7.3 – Confidence in institutions ▪ TA7.4 – Participation in social activities ▪ TA7.5 – Interpersonal trust. **Focus area – Human rights:** ▪ TA7.6 – Unequal, unfair or abusive treatment

	▪ TA7.7 – Subjected to harassment ▪ TA7.8 – Subjected to physical violence ▪ TA7.9 – Threats of violence ▪ TA7.10DA – Domestic violence ▪ TA7.11DA – Subjected to sexual violence, children. **Focus area – Sexual and reproductive health and rights:** ▪ TA7.12DA – Autonomy and self–determination in sexuality and sexual relationships. **Focus area – Increased control, influence and participation for certain individuals and groups:** ▪ TA7.13DA – User assessment. **<u>Equitable and health–promoting health and medical services (number and name)</u>** **Focus area – Ability to meet different needs:** ▪ TA8.1 – Delay or avoidance of medical care. **Focus area – Health–promoting healthcare providing conditions for equitable efforts and results:** ▪ TA8.2 – Experience of healthcare – involvement and participation ▪ TA8.3 – Experience of healthcare – information and knowledge ▪ TA8.4DA – Experience of healthcare – children ▪ TA8.5 – Perception of if care is provided on equal terms. **Focus area – Health promotion and disease prevention within healthcare:** ▪ TA8.6 – MMR vaccination ▪ TA8.7 – HPV vaccination ▪ TA8.8 – Screening for cervical cancer ▪ TA8.9 – Dialogue about lifestyle factors with healthcare workers within primary care ▪ TA8.10DA – Counselling for smoking cessation in adults at particular risk ▪ TA8.11DA – Prevention and treatment of unhealthy lifestyle factors in specialized outpatient and primary care ▪ TA8.12DA – Targeted health surveys ▪ TA8.13DA – Access to advice/counselling centre for young people. **Focus area – Good, accessible, and equitable dental care:** ▪ TA8.14 – Required dental care but refrained due to economic reasons ▪ TA8.15 – Regular dental examinations, adults ▪ TA8.16DA – Regular dental examinations, children. **Focus area – Planning, organization, and management to provide conditions for equitable healthcare:** ▪ TA8.17DA – Equitable care provided by individual care providers ("are we working equitably").

	Indicators for health outcomes **Comprehensive health indicators (number and name):** ▪ HO1.1 – Self–rated health ▪ HO1.2 – Self–rated health in adolescence ▪ HO1.3 – Remaining average life expectancy at birth ▪ HO1.4 – Remaining average life expectancy at 30 years of age ▪ HO1.5DA – Illness, injury, or other health problems under a longer period of time ▪ HO1.6 – Premature mortality. **Mental health (number and name):** ▪ HO2.1 – Mental well–being ▪ HO2.2 – Life satisfaction in adolescence ▪ HO2.3 – Psychological distress ▪ HO2.4 – Common mental illnesses ▪ HO2.5 – Stress ▪ HO2.6 – Multiple health complaints in adolescence ▪ HO2.7 – Suicide. **Diseases of the circulatory system (number and name):** ▪ HO3.1 – Diseases of the circulatory system, mortality ▪ HO3.2 – Myocardial infarction, morbidity ▪ HO3.3 – Stroke, morbidity. **Neoplasms (number and name):** ▪ HO4.1 – Lung cancer ▪ HO4.2 – Breast cancer ▪ HO4.3 – Prostate cancer ▪ HO4.4 – Colon and rectal cancer ▪ HO4.5 – Malignant melanoma. **External causes (number and name):** ▪ HO5.1 – External causes (injuries and poisoning), mortality ▪ HO5.2 – Fall accidents among the elderly ▪ HO5.3 – Accidents among children ▪ HO5.4 – Violence–related injuries. **Chronic diseases:** ▪ HO6.1DI – Type 1 diabetes ▪ HO6.2DI – Type 2 diabetes ▪ HO6.3DI – Asthma

	▪ HO6.4DI – Chronic obstructive pulmonary disease (COPD) ▪ HO6.5DI – Dementia ▪ HO6.6 – Severe pain in the musculoskeletal system. **Alcohol–related illnesses and drug poisoning (number and name):** ▪ HO7.1 – Alcohol index ▪ HO7.2 – Drug–related deaths. **Dental health (number and name):** ▪ HO8.1 – Caries–free 6–year–olds ▪ HO8.2 – Caries–free 19–year–olds ▪ HO8.3 – Remaining teeth, adults. **Intermediate risk factors for ill–health (number and name):** ▪ HO9.1 – Overweight and obesity ▪ HO9.2 – Overweight and obesity in adolescence ▪ HO9.3DI – Hypertension. **Communicable diseases (number and name):** ▪ HO10.1DI – Covid–19 ▪ HO10.2 – Seasonal influenza ▪ HO10.3 – Salmonella ▪ HO10.4 – TBE ▪ HO10.5 – HIV ▪ HO10.6 – Chlamydia ▪ HO10.7 – Gonorrhoea ▪ HO10.8 – Hepatitis B ▪ HO10.9 – Hepatitis C ▪ HO10.10DI – Antimicrobial–resistant infections ▪ HO10.11DI – Antibiotic sales. **Other (number and name):** ▪ HO11.1 – Infant mortality. This was then narrowed to a set of core indicators for monitoring target areas. These were either performance indicators (PI) or structure indicators (SI), and were to indicate if health differed between different groups in the population and did differences increase or decrease overtime. The indicators are according to a number of reporting groups such as gender, age, level of education, income and country of birth in order to be able to follow whether inequality is increasing or decreasing: **1. Conditions in early life:**

	▪ equal maternal and child healthcare: *PI: risky use of alcohol when enrolling in maternal healthcare* ▪ an equivalent preschool of high quality *PI: children enrolled in preschool* *SI: pre-school teacher with pedagogical university degree* ▪ method and means that put the children first in focus *no indicator selected* **2. Knowledge, skills and education / training:** ▪ a good learning environment at school *SI: teachers with a teaching university degree in elementary school* ▪ an equal education system *PI: students in year 9 with a high school qualification* *PI: high school diploma within four years of starting education* *PI: opportunity for adult education (high school competence)* ▪ countering school failure through early identification and intervention *no indicator selected* **3. Work, working conditions and work environment:** ▪ to have a job *PI: unemployment* *PI: young people who neither work nor study* ▪ good conditions for increased employability *PI/SI: education/further training to facilitated entry into the labour market* ▪ good work and employment conditions *PI: precarious employment* ▪ a physically and psychosocially sustainable work environment *PI: requirements – control at work* *PI: physical load of the work* **4. Income and economic resources:** ▪ distribution of income in the population *SI/PI: economic standard, percentiles, median* ▪ financial resources for those with tight margins and reduced long-term financial vulnerability *PI: persistently low financial standard, relative* *PI: persistently low income standard, absolute* *PI: over-indebted* **5. Housing and neighbourhood conditions:** ▪ access to a fully functional and affordable home

	SI: municipalities deficit on housing for certain groups in vulnerable situations *PI: overcrowding* ▪ residential areas that are socially sustainable *PI: abstained from going out alone, 16 – 84 years* ▪ healthy living environments on equal terms *SI: access to community services* *PI: disturbed by traffic noise, sleep-disturbed, 16 – 84 years* **6. Health behaviours:** ▪ Limit the availability of products harmful to health *PI: daily tobacco smoking, 16-84 years* *PI: risk consumption of alcohol, 16-84 years* ▪ increased accessibility to health-promoting products, environments and activities *PI: physical activity, 16-84 years* *PI: eat vegetables daily, 16-84 years* ▪ to strengthen the health promotion and prevention work with lifestyles in welfare organizations *no indicator selected* **7. Control, influence and participation:** ▪ equal participation in democracy *SI: voting in general elections* *PI: trust in society's institutions* ▪ equal participation in civil society *PI: trust in others, 18–64 years* ▪ the work for human rights *PI: exposed to abusive treatment, 16-84 years* *PI: exposed to violence or threat of violence, 16 – 84 years* ▪ Sexual and reproductive health and rights *PI: autonomy and self-determination in sexuality and sexual relations* ▪ increased control, influence and participation for certain individuals and groups *PI: user assessment* **8. Equitable and health-promoting health and medical services:** ▪ accessibility to meet different needs *PI: refusal of medical care despite perceived need* ▪ care meetings that promote health and create conditions for equal efforts and results *no indicator selected* ▪ the health promotion and preventive work of the health and medical services *PI: MMR vaccination, children* ▪ good, accessible and equal dental care

PI: denied dental care due to financial reasons despite need

- that regions lead, control and organize their activities with the aim of providing conditions for equal care

SI: care on equal terms as needed

Authorities that are responsible for issues that are of importance in each Target Area[75]

1. Conditions in early life:

- the Swedish Social Insurance Agency
- the Swedish Agency for Family Law and Parental Support
- the Sami School Board, the National Board of Education
- the National Board of Health and Welfare and the Special Education School Authority
- some cross-sector authorities' work can have significance for the target area.

2. Knowledge, skills and education/training:

- the Swedish Board of Student Finance
- the Swedish Agency for Higher Vocational Education
- the Sámi School Board, the National Agency for Education
- the National Board of Health and Welfare
- the National Agency for Special Needs Education
- the Swedish Arts Council
- the Swedish Higher Education Authority
- the Swedish Council for Higher Education.

3. Work, working conditions and work environment:

- the Swedish Public Employment Service
- the Swedish Work Environment Authority
- the Swedish Board of Student Finance
- the Swedish Council for Popular Education
- the Swedish Agency for Higher Vocational Education
- the Swedish National Agency for Education
- the Swedish Agency for Special Needs Education
- the Swedish ESF Council.

4. Income and economic resources:

- the Employment Service
- the Social Insurance Agency
- the Authority for Family Law and Parental Support
- the Swedish Pensions Agency
- the National Board of Health and Welfare**.**

5. Housing and neighbourhood conditions:

	▪ the National Board of Housing, Building and Planning ▪ the Swedish National Council for Crime Prevention ▪ the Delegation against Segregation ▪ the Public Health Agency of Sweden ▪ the Swedish Agency for Marine and Water Management ▪ the Swedish Prison and Probation Service ▪ the Swedish Environmental Protection Agency ▪ the Swedish Police Authority ▪ the Swedish Transport Administration ▪ the Swedish Transport Agency. **6. Health behaviours:** ▪ the Swedish National Council for Crime Prevention ▪ the Public Health Agency of Sweden ▪ the Swedish Consumer Agency ▪ the Swedish Food Agency ▪ the Swedish Police Authority ▪ the Swedish Sports Confederation ▪ the Sámi School Board ▪ the National Agency for Education ▪ the National Board of Health and Welfare ▪ the National Agency for Special Needs Education and Schools ▪ the Gaming Inspectorate ▪ Transport Analysis ▪ the Swedish Transport Administration ▪ the Swedish Transport Agency ▪ the Swedish Customs. **7. Control, influence and participation:** ▪ the Swedish National Council for Crime Prevention ▪ the Swedish Crime Victim Compensation Agency ▪ the Discrimination Man ▪ the Swedish National Council for Popular Education ▪ the Public Health Agency of Sweden ▪ the Swedish Agency for Cultural Analysis ▪ the Swedish Agency for Youth and Civil Society ▪ the Swedish Police Authority ▪ the National Board of Health and Welfare ▪ the Swedish Arts Council ▪ the Swedish Customs

	▪ the Election Authority. **8. Equitable and health-promoting health and medical services:** ▪ the Public Health Agency of Sweden ▪ the National Agency for Education ▪ the National Board of Health and Welfare. **Authorities relevant to all target areas** Cross-sectoral authorities relevant to all target areas: ▪ the Ombudsman for Children ▪ the Non-Discrimination Ombudsman ▪ the Swedish Gender Equality Agency ▪ the Agency for Participation ▪ the Swedish Agency for Youth and Civil Society. The 21 county administrative boards are state authorities that must work to ensure that national goals have an impact in the county, taking regional conditions and conditions into account. They do not have substantive responsibility like the authorities above, but must work across sectors and coordinate various societal interests based on a state-wide perspective and the efforts of state authorities within their area of responsibility. The county boards are thus a link between the municipal and the state level. The county boards also have a special responsibility for issues related to public health and the work with the national public health goal, by considering public health in their work with, among other things, regional growth, community planning, crisis management and alcohol and tobacco. The 21 regions and 290 municipalities are the principals of many activities with significance for public health work, such as health and medical care, dental care for children and young people and regional development. The regions' voluntary tasks include culture, education and tourism. Certain activities are conducted with joint responsibility between the region and the municipalities. For example, regions and municipalities have joint responsibility for regional and local public transport. A number of health outcomes/indicators were also specified. The indicators are reported according to a number of reporting groups such as gender, age, level of education, income and country of birth in order to be able to follow whether inequality is increasing or decreasing: ▪ remaining average life expectancy ▪ premature mortality ▪ self-assessed general state of health ▪ overall measure of mental health ▪ overall measure of morbidity or good health. A more detailed assessment of the following conditions was also proposed: ▪ mental health ▪ diseases of the circulatory system ▪ cancer

	▪ external causes ▪ chronic diseases ▪ alcohol-related illness and drug and drug poisoning ▪ dental health ▪ intermediate risk factors for ill health ▪ infectious diseases ▪ other conditions. Annual follow-up of core indicators for target areas and health outcomes will be conducted, and an annual report completed. The following material will also be produced in relation to all indicators: ▪ fact sheet ▪ database ▪ automated fact sheets for municipalities and regions ▪ user friendly support material
Supporting economic analysis	N/A.
Any additional information	This framework supports Framework for the Swedish Government Good and equitable health – an advanced Public Health policy (prop.2017/18:249)[28]
Strategy development	
Stakeholder(s) and or consultation method(s)	Support structure development was approached in the following manner: 1. Prepare various documents and map national goals and indicators for follow-up. 2. Carry out dialogues with external actors on both strategic issues and on the basis, in order to ensure the quality of the work. 3. Analyze the collected material and produce the final proposal for a support structure for the government's public health work. The following steps all contributed to structure development: ▪ all the reports of the Commission for Equal Health and the bill Good and equal health – a developed public health policy formed a basis for structure development ▪ in September 2020 dialogue was conducted with several authorities, county boards, regions, municipalities and other actors, led by the Director General of the Public Health Agency with the aim of discussing a possible support structure for public health work: Strategic dialogues: o Authorities: Work Environment Agency, Children's Ombudsman, Housing Agency, The insurance Fund, Swedish Food Agency, Norwegian School Board, Authority for Youth and Civil Society Affairs, National Board of Health and Welfare and Swedish Transport Administration o Organizations: Children's rights in society, National Union of Students, Healthy cities, The National Association of Pensioners, the Swedish Sports Confederation and SPF seniors o The national coordinator for Agenda 2030 o Sweden's municipalities and regions (SKR)

	Dialogues about background: o Authorities with substantive responsibility: Work Environment Agency, Housing Agency, The Swedish Social Insurance Agency, the Swedish Food Agency, the Swedish Environmental Protection Agency, the Swedish Agency for Family Law and Parental Support (MFoF), the Swedish National Board of Education, the National Board of Health and Welfare and The Swedish Transport Administration o Authorities with cross-sector tasks: The Children's Ombudsman, the Delegation against segregation, the Discrimination Ombudsman, the Equality Authority, The Authority for Participation and the Authority for Youth and Civil Society Affairs o County administrative boards: The county administrative board in Blekinge, Dalarna, Norrbotten, Skåne Stockholm, Västerbotten and Västra Götaland o Regions: Blekinge, Halland, Uppsala, Värmland, Västmanland, Örebro, Östergötland and representative from SKR o Municipalities: Gävle, Skellefteå, Håbo, Storuman, Malmö and representative from SKR ▪ an external expert group contributed to the work. Those who are part of the expert group represent scientific and methodological knowledge, knowledge about equal health and existing indicators to monitor public health, and have an understanding of the need for data and knowledge of the situation from a local, regional and national perspective. The expert group included: o Emilie Agardh, docent, coordinator Global Burden of Disease, Karolinska the institute o Maria Albin, professor, senior physician, Karolinska Institutet o Anna Balkfors, strategist, Malmö city o Bo Burström, professor, senior physician, Karolinska Institute o Stefan Fors, docent, Karolinska Institutet o Sara Frankl, Agenda 2030 expert, Statistics Sweden o Göran Henriksson, community medical advisor, Västra Götaland region o Gunnel Hensing, professor, University of Gothenburg o Asli Kulane, docent, Karolinska Institutet o Anton Lager, head of unit, Region Stockholm o Ann-Margrethe Iseklint, public health strategist, Umeå municipality o Elisabeth Skoog-Garås, manager public health, quality and follow-up, Sweden's Municipalities and County Councils o Maria Price, head of office, Council for the Promotion of Municipal Analysis ▪ the budget bill for 2020 was used to map and identify national goals that are important for good and equal health. The policy area goals ended in 2009, but partly remain in the form of national goals in various spending areas. The Public Health Authority therefore (1) identified the national goals outlined in the budget bill, (2) mapped the national targets for each expenditure area that is important for reaching the overall target public health policy goals and sorted them according to the target areas and (3) relevant authorities were identified through the government's website. ▪ to produce indicators for the follow-up, both international and national indicator-based follow-ups were reviewed, as well as important reference literature and various theoretical frameworks for public health reporting ▪ the government's public health work needs to be coordinated to enable systematic and coordinated efforts for good and equal health. Therefore, The Public Health Authority also reviewed the conditions for coordination. The review covers both the current state governance and existing coordination structures. **Methods for choosing Target Areas and associated indicators:**

The work of selecting focus areas and indicators has been carried out in two stages. In the first step, the Public Health Agency identified the focus areas for each target area that are important for achieving good and equal health and which the agency will therefore also follow up on. In the second step, the Public Health Agency identified the indicators that we intend to use to follow up on these focus areas. The process for this and the criteria for selecting indicators are:

- The Public Health Authority proposes that the follow-up should focus on the orientation of the work within each target area that the Commission for Equal Health states in its final report. What is called orientation in the commission, we choose to name focus areas. Focus areas highlight the conditions for good and equal health, and contain aspects on both an overall and more detailed level. In a couple of cases (target areas 3 and 4) we have proposed other focus areas than the orientations proposed by the commission so that it fits better into the follow-up system as a whole.
- In order not to miss any important focus area, we have also gone through a number of sources.
  We have gone through and consulted the following types of sources:
  - Reference literature in the area of good and equal health such as reports from the WHO, OECD, the global commission on social determinants of health, which was led by Michel Marmot on WHO's behalf, as well as the Danish national follow-up of this, among others.
  - Relevant follow-up systems: Agenda 2030 has been taken into account to highlight points of contact between all the public health policy target areas and sustainable development and to identify relevant national and global indicators (Sustainable Development Indicators, SDG indicators)
  - Comprehensive public health follow-up system (such as Kolada's Agenda 2030 follow-up, Open comparisons public health 2019 and SKR's Strategy for health)
  - Subject-specific follow-up systems (ANDT, WHO/EU HEPA, SRHR and follow-ups made by subject authorities such as the National Board of Health and Welfare, Care analysis, Housing Agency and others) Follow-up systems with cross-cutting perspectives such as The Children's Ombudsman's Max18 (child perspective) and the Delegation against segregation (segregation)
  - Expertise within the Public Health Agency and other authorities and organizations, including the expert group.

When choosing focus areas and indicators, the Public Health Agency has consistently considered the grounds for discrimination.

Selection of indicators for focus areas:
The work to identify indicators for the focus areas has been an iterative process, following the same steps as above. In addition, we have used a number of criteria to select indicators.

Criteria and selection principles for selecting indicators:
A number of criteria have been used to select suitable indicators. They are based on
relevance and quality:

- Relevance
  - The indicators show structures, processes or results of conditions that create inequalities between population groups, which in the long run can lead to inequalities in health.
  - The indicator should indicate direction, which means that high or low values are expression that something is good or bad.
  - The indicator must measure and highlight conditions within each focus area that are possible to influence and change the focus on.
- Quality
  - Best available data or statistics are used, such as registers, surveys or collected statistics.

- The indicator (refers to process and result indicators) can be broken down for relevant classification bases such as gender, age, geographical area, socioeconomic background and other significant background variables.
- The indicator can be followed over time. Time series exist or will exist.
- The indicator can be followed at national level and it is desirable that it can be followed also at regional and local level.
- The indicator reflects the situation of different age groups, which makes it possible to highlight the life course perspective.

If there are two equivalent data sources for a certain indicator, we have, where possible, prioritized the one used in official statistics and other national indicator-based follow-up systems and above all those used in the national follow-up of Agenda 2030. Also data from the national public health survey Health on equal terms has been prioritized.

Identification of focus areas to follow within target areas 3 and 4

For target areas 3 and 4, the directions highlighted by the Commission for Equal Health are rather proposed measures, that is, the Commission clarifies what needs to be done to achieve better and more equal health.

For target area 3, Work, working conditions and working environment, the measures concern, among other things, making it easier for vulnerable groups to enter the labour market and to create special jobs for those who cannot get regular employment. It is also about strengthening the supply of skills, improving the working environment and increasing flexibility in work adaptations and job changes. With regard to focus areas for target area 3, the Public Health Authority has instead chosen the conditions which, according to the commission, are significant for creating conditions for good and equal health: whether one has work, employability, employment conditions, and various aspects of the physical and social work environment.

In order to still reflect how policy changes affect the conditions within this target area, the focus is on highlighting the situation for different groups – those without a high school education, people with a disability that means reduced work ability, people who were born outside Europe and the elderly. The focus area and the follow-up are aimed at the groups that have difficulty entering the labor market, and at the groups that mainly suffer from poor working conditions or a poor working environment.

For target area 4, Income and livelihood opportunities, the commission provides concrete proposals on how the financial resources can be strengthened for the most vulnerable and how the principle of loss of income can be strengthened. The Public Health Agency chooses focus areas that highlight more general conditions and situations that are important within the target area: how income and financial resources are distributed and how they develop for groups with narrow margins and long-term financial vulnerability.

Method for selecting indicators for health outcomes:
The indicators for health outcomes have been chosen so that we can monitor whether Sweden is moving towards the overall goal and provide answers as to whether the development is going in the right direction. In it in the first step, we identified important aspects of health based on relevance to disease burden and unequal health, based on the overall structure of self-rated health (positive and negative), diagnosed morbidity and mortality. In the second step, we included indicators to measure these aspects of health. Below is described the process for identifying aspects of health based on relevance and burden of disease, and the criteria for selecting indicators.

Follow-up of public health

	Health is a broad concept and is defined by the WHO as "a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity". In order for the follow-up of public health in Sweden to cover all important aspects of health, the Public Health Authority has chosen to follow both ill-health and health as well as mortality (mortality), diagnosed morbidity and self-estimated morbidity and well-being, both overall and more specifically Health aspects here mean, for example, general broad measures of health (such as self-reported general state of health), mental health, chronic diseases and infectious diseases. In order not to miss any important aspect of health, we have also gone through a number of sources. We have gone through and consulted the following types of sources: ▪ Reference literature in the area of good and equal health such as reports from the WHO, OECD, the global commission on social determinants of health, which was led by Michel Marmot on WHO's behalf, as well as the Danish national follow-up of this, among others. ▪ Relevant follow-up systems: Expertise within the Public Health Agency and other authorities and organizations, including the expert group ▪ Review of the Global Burden of Disease (GBD) for Sweden. **Criteria for selecting indicators** The work to identify indicators for health has been an iterative process, which we also described regarding the selection of indicators for the various target areas. **Criteria and selection principles for choosing indicators** We have used a number of criteria to find suitable indicators. They are based on relevance and quality: ▪ Relevance o The indicator measures a health outcome that involves a considerable burden of disease o The indicator measures a health outcome that contributes to inequality in health. o The indicator should indicate direction, which means that high or low values are expression that something is good or bad o The indicator measures a health outcome that can be influenced by decisions and measures ▪ Quality o Best available data or statistics are used, such as registers, surveys or collected statistics. o The indicator can be broken down for relevant classification bases such as gender, age, geographical area, socio-economic background and other important background variables. o The indicator can be followed over time. Time series exist or will exist. o The indicator can be followed on a national level and preferably also on a regional and local level o The indicator should indicate direction, which means that high or low values are level. o The indicator reflects the situation for different ages, which makes it possible to highlight the life course perspective.

Key: ACEs: Adverse childhood experiences; ANDT: Alcohol narcotics, doping and tobacco strategy; COPD: Chronic obstructive pulmonary disease; GBD: Global burden of disease; MFOF: Swedish Agency for Family Law and Parental Support; OECD: Organisation for economic co-operation and development; PI: performance indicators; RUS: Swedish regional development strategy; SI: structure indicators; SKR: Sweden's municipalities and regions; SRHR: Sexual and reproductive health and rights; WHO/EU HEPA: European network for the promotion of health-enhancing physical activity.

Table B16. Extracted data for Wales (Public Health Wales 2018 -2030).

Wales	Strategy information
Author(s) **Title**	Public Health Wales Public Health Wales Long Term Strategy. Working to achieve a healthier future for Wales[32]
Timeline	2018 to 2030
Overall aim(s) (measurement method(s) and target(s) where available)	Our Purpose: Working to achieve a healthier future for Wales Our Values: Working together, with trust and respect, to make a difference
Governance	N/A.
Scope and collaboration	The strategy reflects the United Nations 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals.
Themes and or priorities	Seven strategic priorities were identified: 1. Influencing the wider determinants of health 2. Improving mental well-being and building resilience 3. Promoting healthy behaviours. 4. Securing a healthy future for the next generation through a focus on early years 5. Protecting the population from infection and environmental threats to health 6. Supporting the development of a sustainable health and care system focused on prevention and early intervention 7. Building and mobilising knowledge and skills to improve health and well-being across Wales
Implementation action(s), lead(s) and key performance indicator(s)	**1. Influencing the wider determinants of health** *By 2030, we want:* ▪ the people of Wales to have a more equal chance of living a fulfilling life, free from preventable ill health. *This means:* ▪ helping children learn and young people achieve their potential ▪ supporting policy development that minimises income inequality ▪ supporting employers to create environments that support well-being ▪ supporting the NHS to reduce the impact of poverty, low income and debt as barriers to good health ▪ reducing the number of people that fall out of work as a result of poor health ▪ working with others to prevent homelessness ▪ promoting good housing quality ▪ maximising the potential of the built and natural environment to improve health and well-being. *What difference will we have made by 2030? By 2030, we will:*

	▪ have a learning environment in schools and other educational settings that better improve health ▪ have established the sustainable development principle as a way of working and we are enabling high quality Health Impact Assessment across Wales ▪ have influenced the main employers in Wales to create good work, maintain employment and invest in staff health and well-being ▪ be a leading source of advice and evidence on the wider determinants of health to key decision makers ▪ have improved the quality and accessibility of housing in Wales through an innovative health and housing partnership ▪ have worked with partners to maximise the potential of the built and natural environment to improve health and well-being. **2. Improving mental well-being and building resilience** *By 2030, we want Wales to have:* ▪ a population that knows how to support their own and their families' mental well-being ▪ a society that supports everyone to be mentally healthy ▪ citizens with greater resilience ▪ a greater population level of mental well-being. *This means:* ▪ building self-esteem, self-confidence and the ability to understand and manage our emotions ▪ reducing the impact of emotional trauma and toxic stress (mitigating adverse childhood experiences (ACEs)) ▪ building skills to create and maintain healthy relationships across the life course ▪ connecting people in communities to increase a sense of belonging and support (including sport). *What difference will we have made by 2030? By 2030, we will:* ▪ be leading an ongoing national conversation on what is important to the public and what helps us to attain better mental well-being, responding to the ever changing social and economic environment and working with our partners to stimulate collective action to improve outcomes ▪ be actively monitoring the mental well-being of the population and are using this to influence policy, strategy and programmes ▪ have supported partners in promoting mental well-being and resilience including reducing the impact of ACEs and or trauma ▪ have facilitated a trauma and resilience informed Wales – aiming to break generational cycles of poor mental and physical health outcomes. **3. Promoting Healthy Behaviours** *By 2030, we want Wales to have:* ▪ an environment and society in Wales in which healthy choices are the easy choices. *This means:* ▪ rapidly reducing smoking prevalence ▪ increasing physical activity and promoting healthy weight. ▪ preventing harm from a range of behaviours including substance use. *What difference will we have made by 2030? By 2030, we will:*

	▪ work with Welsh Government and others to deliver year on year increases in the proportion of children and young people who are smoke free and help an increasing number of smokers to quit ▪ have significantly increased the proportion of children and young people in Wales who are a healthy weight when they start school and into adulthood. We will work to create co-ordinated action across the whole system to support healthy food choices and promote a more active Wales ▪ have changed social norms about the acceptability of a range of health harming behaviours. **4. Securing a healthy future for the next generation through a focus on Early Years** *By 2030, we want:* ▪ more children to have achieved their full potential ▪ to have supported parents in raising children and fewer children in Wales experiencing ACEs. *This means:* ▪ supporting families to give children the best start in life ▪ helping children feel safe and secure by preventing emotional trauma and toxic stress (preventing ACEs) ▪ facilitating supportive adult/ child relationships ▪ supporting early years services to promote children's well-being. *What difference will we have made by 2030? By 2030, we will:* ▪ seek to ensure that every child has the best start in life and will have promoted and supported an integrated population based support system for all parents and families ▪ have increased the proportion of settings that take action to promote health in early years ▪ have worked with partners to reduce abuse and neglect of children. **5. Securing a healthy future for the next generation through a focus on early years** *By 2030, we expect to have:* ▪ the highest immunisation uptake possible across all sections of the population ▪ prepared for and be able to deal with the expected effects of climate change ▪ significantly reduced deaths and illnesses from poor air quality ▪ strengthened international collaboration on bio-security thereby reducing further the threats from infectious diseases. *This means:* ▪ working with our partners to reduce the burden of infection through: – high levels of vaccinations and immunisations – rapid and effective management and control of infection in all settings – reducing inappropriate antibiotic prescribing ▪ working with our partners to reduce the burden of poor health arising from environmental hazards and the expected effects of climate change. *What difference will we have made by 2030? By 2030, we will:* ▪ have contributed significantly to reductions in morbidity and mortality linked to infections ▪ be collating and utilising health data sourced across the health and care system to direct prevention activities and identify earlier opportunities for intervention (timely diagnosis and appropriate treatment)

	▪ have established strengthened capacity in Wales for early warning, risk reduction and management of national and global health risks. ▪ be recognised as system leaders for healthcare associated infections and antimicrobial resistance ▪ have worked with partners to reduce mortality and morbidity attributed to factors such as the impact of climate change and air pollution. **6. Supporting the development of a sustainable health and care system focused on prevention and early intervention** *By 2030, we expect to have:* ▪ shifted the balance from hospital to community based care ▪ reduced the burden of disease from long term conditions, with reduced incidence, improved early detection and survival outcomes. ▪ shifted the focus from professional to shared care ▪ continued to develop and deliver evidence based screening programmes, maximising benefit from new technologies and risk based algorithms. *This means:* ▪ shifting towards prevention ▪ early intervention in the community ▪ delivering high quality national population based screening programmes ▪ ensuring equitable service delivery ▪ improving quality and patient safety. *What difference will we have made by 2030? By 2030, we will:* ▪ maximise opportunities to prevent disease through health service interactions with patients ▪ increase disease prevention and earlier intervention through approaches to maintain and improve focus on national population-based screening programmes. When disease is detected, pathways of care will be seamless ▪ reduce variation and inequality in care and harm in its delivery ▪ support care moving closer to the home and centre it round patients and carers. **7. Building and mobilising knowledge and skills to improve health and well-being across Wales** *By 2030, we want:* ▪ a population with a deeper understanding of the health challenges and opportunities in Wales, empowered to influence the outcomes for their communities ▪ public services influencing population health outcomes informed by world class knowledge, intelligence and analysis, giving maximum return on investment embedded in sustainable development approaches. ▪ public services with the skills, capacity and support to access and apply world class intelligence and research to inform policy, quality assured health impact assessment and a sustainable development approach ▪ international agencies learning from and contributing to excellence in application of sustainable population health benefits in Wales. *This means:* ▪ developing a new public health research and development agenda ▪ working with academia to develop public health research capacity and educational provision ▪ informing policy and taking action ▪ exploiting new technology

	▪ implementing a new health intelligence system ▪ developments in health economics and metrics ▪ international engagement ▪ development of skills. *What difference will we have made by 2030? By 2030, we will:* ▪ have a thriving research and development environment, drawing from and contributing to the best international evidence, attracting diverse investment and employing research talent from around the world ▪ be an international exemplar and trusted national resource in the use of evidence and intelligence to inform decision making for health ▪ be a recognised lead in the mobilisation of knowledge for population health, through system wide leadership ▪ have influenced key decision makers through a knowledge- informed, health impact, future-focused and sustainable approach.
Supporting economic analysis	N/A.
Any additional information	Supporting resources include: ▪ 2016 Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales. ▪ National Stay Well in Wales survey, run by Public Health Wales and Bangor University ▪ Our Health and its Determinants in Wales report.
Strategy development	
Stakeholder(s) and or consultation method(s)	▪ Staff, partners and the public were involved in developing a radically new Long Term Strategy, covering 2018-2030, that best met the current and future challenges and opportunities to transform the health of our nation. ▪ Evidence was also reviewed.

Key: ACEs: adverse childhood experiences; NHS: National Health Service.

Table B17. Extracted data for Wales (Public Health Wales 2023 -2035).

Wales	Strategy information
Author(s) **Title**	Public Health Wales Our Long-Term Strategy 2023-2035[35]
Timeline	2023-2035
Overall aim(s) (measurement method(s) and target(s) where available)	The overall aim is to set out a strategy for a healthier future for Wales by 2035. Public Health Wales aim to increase healthy life expectancy, improve health and wellbeing, and reduce inequalities for everyone in Wales, now and for future generations. Six strategic priorities have been identified to achieve better health in the population by 2035. These strategies will also be the organisational Wellbeing Objectives. Overarching health outcome: To increase the healthy life expectancy and narrow the gap in healthy life expectancy between the least and most deprived. Vision: We will have achieved a healthier future for Wales.
Governance	A number of key pieces of enabling public health legislation have come into effect in Wales in recent years, which have shaped our strategy and provide an opportunity to support its implementation. These include: ▪ The Well-being of Future Generations (Wales) Act 2015 ▪ The Health and Social Care (Quality and Engagement) (Wales) Act 2020 ▪ Socio-economic Duty 2021.
Scope and collaboration	6 strategic priorities will be implemented by 2035. The Well-being of Future Generations (Wales) Act (2015) provides the enabling legislative driver to enable Wales to take a long term preventative approach focused on involving the public, collaborating with partners to deliver integrated solutions. Focus will be placed on the Well-being of Future Generations (Wales) Act (2015), maintaining a long term preventative focus, while prioritising short term actions. The strategy will enable collaboration across the public sector to effectively deliver the strategic priorities and look to integrated approaches, solutions and activities.
Themes and or priorities	6 strategic priorities have been identified: 1. Influencing the wider determinants of health 2. Promoting mental and social well-being 3. Promoting health behaviours 4. Supporting the development of a sustainable health and care system focused on prevention and early intervention 5. Delivering excellent public health services to protect the public and maximise population health outcomes 6. Tackling the public health effects of climate change
Implementation action(s), lead(s) and key performance indicator(s)	**1. Influencing wider determinants of health** **Scope** Wider determinants drive health and health inequalities. The strategy can inform, advocate for, and mobilise action on these determinants working at national, local and international levels. Determinants of health include education, skills, safe accommodation, fair work, money and resources, access to affordable and sustainable transport and healthy physical environments. Using a collaborative approach, the strategy plans to drive a public health perspective to develop areas of national policy relating to housing, education, planning, transport, economic development, and devolved fiscal matters. There are legal requirements for Public Health Wales to work across wider determinants.

	Actions: ▪ work with partners, bringing evidence and expertise to inform, advocate for and mobilise action on wider determinants in order to reduce health inequalities and improve health and wellbeing throughout the course of people's lives. ▪ inform action on determinants, using evidence from multiple sources. This may range from community experiences to surveillance of key determinants, to international research. ▪ add to the evidence base through advising on and leading research and evaluation related to the wider determinants and interventions. Opportunities to influence wider determinants lie with the actions and behaviours of policy and decision makers working within complex systems. ▪ advocate to these decision makers guided by behavioural science approaches and focusing on structural and system level impact. ▪ mobilise action on determinants, using systems approaches and insights, developing a common understanding of the pathways and opportunities for impact across different, interdependent sectors and policy areas. Our efforts will be shaped by the evidence of the importance of these determinants for population health and equity, as well as by our unique ability to influence them. **Objectives:** *By 2035 we will have:* ▪ a Wales where people have a more equal chance of living a fulfilling life, free from preventable ill-health ▪ our future generation's health and well-being less impacted by poverty and inequality ▪ securing better and fairer opportunity for children to learn and fulfil their potential ▪ transport, housing and planned environment developments that support people, families and communities to live healthier lives ▪ major decisions on wider determinants which are informed by health impact assessments ▪ support public and private sector work to maximise inclusive participation in fair work supporting health and wellbeing ▪ shaped thinking and decision-making on wider determinants policy areas to reduce inequality and improve health through our work with the Senedd and Welsh Government ▪ supported positive system wide change on the wider determinants of health in collaboration with partners locally, nationally and internationally in pursuit of better health and well-being for all. **Outcomes:** ▪ socio-economic inequality in life expectancy (baseline: 7.6 years for male and 6.3 years for female, Public Health Outcomes Framework (PHOF) ▪ socio-economic inequality in healthy life expectancy (baseline: 13.3 years for male and 16.9 years for female, PHOF) ▪ socio-economic inequality in mental wellbeing (baseline: 48.92, National Indicator) ▪ children living in income poverty (baseline: 31%, National Indicator). **2.Promoting mental and social wellbeing** **Scope** This priority is about laying the foundations of good health and wellbeing, taking a life course approach. The focus will be on the different building blocks of mental and social wellbeing for individuals and within communities. Mental wellbeing impact assessments will continue to support decision making. Working with others, the aim will be to group the evidence base for effective action and ensure that change and action can be evaluated. **Actions:**

	▪ build on the work of our First 1000 Days programme to strengthen infant mental well-being and support parents and carers to create the conditions for optimal social and emotional development. This will include a continuation of our work on a public health approach to parenting support to highlight the wider social, economic, and environmental conditions that support parents to give their children the best start in life and to support policy makers in assessing the impact of policy on families. ▪ continue our work to support the development and implementation of a Whole School Approach to Mental and Emotional Well-being and develop work to support the implementation of the curriculum so that our schools can create opportunities and model inclusive approaches in which build self-esteem and self-confidence, develop emotional literacy, create a sense of belonging and connectedness, and strengthen healthy relationships. ▪ the prevention of peer-on-peer violence amongst children and young people will continue to be a focus of our work in violence prevention and contributes to our public health approach to preventing all forms of violence in Wales; realising what we currently can only imagine - a Wales without violence. ▪ develop programmes of work to support the creation and dissemination of the evidence for effective action to promote mental well-being and in creating the conditions within communities that support social well-being. ▪ advocate and support action at work which promotes mental well-being and fosters a sense of belonging and inclusive social networks. ▪ continue our work with Health Education and Improvement Wales to increase knowledge and skills to promote mental well-being as a core element of all healthcare interactions. ▪ continue our work to build capacity and capability within the system to embed trauma-informed approaches to minimise the long term harm arising from the experience of adversity and trauma at any point in our lives. ▪ we are committed to the co-delivery of a programme of work that will enable Wales to become a trauma-informed nation promoting a collective, non-judgemental, kind and compassionate all of society approach. ▪ our work will recognise the need for resilience in virtual environments as well. We will embed this thinking across our plans. ▪ continue our work to embed mental well-being impact assessment to support decision makers in maximising the conditions for mental well-being. Seek to grow the evidence base for effective action and ensure that we are able to monitor change and evaluate action. **Objectives:** *By 2035 we will have:* ▪ working with others to reduce inequalities in mental and social wellbeing ▪ synthesis, interpret and disseminate evidence for effective action to support policy development, legislation and system wide action to promote mental and social wellbeing and reduce inequalities ▪ co-create a trauma-informed Wales, to reduce the impact of advice childhood experiences and other forms of adversity and trauma ▪ mobilise and enable evidence-based action to promote and protect mental wellbeing across the system, including in key settings such as education, at work and in the communities ▪ support the system to review or evaluate policy or programmes for their impact on mental and social wellbeing and inequalities taking a life-course approach ▪ develop strong and purposeful partnerships to increase access to opportunities for people to promote their mental wellbeing through engagement with the things that keep them mentally well ▪ work with partners and parents to enable children to achieve optimum social and emotional development. **Outcomes:**

	▪ improve population mental wellbeing and reduce the gap in mental wellbeing between most affluent and most disadvantaged groups (baseline: 48.92%, National Indicator) ▪ increase the proportion of the population who say they have a sense of community (baseline: 69.3%, PHOF) ▪ increase the proportion of children who achieve their development milestones – social and emotional (baseline: indicator to be developed) ▪ reduce the proportion of the population who report experiencing violence or abuse (indicator to be developed). **3. Promoting healthy behaviours** **Scope** This encompasses activity to reduce the burden of disease, disability, and early death that results from behaviours such as use of tobacco, diet, activity levels, and alcohol and other substance use. The approach to tackle healthy behaviours explicitly acknowledge that the opportunities to make healthier choices are influenced by social and economic circumstances, where we live, and by the actions of the industries that produce a range of unhealthy commodities. Mental health can also be a factor in influencing behaviours which negatively impact health. This work will continue through the public health system, with the health board Directors of Public Health and local authorities, to address tobacco and obesity, taking a systems approach, and will work to develop a similar approach to prevent harm from the use of drugs and alcohol. The strategy will work to support the wider system in measuring change. These will include both overall reductions in health harming behaviours and the gap between those in the most and least affluent groups in society. In addition, it is recognised that the foundations for many of these behaviours begin in childhood, and so the strategy will work to support the adoption of healthy behaviours from birth. This includes the encouragement of breastfeeding and optimal introduction of solid foods, and the development of a whole school approach to food based on scientific guidelines. The strategy will take a commercial determinants of health approach, which focuses on the private sector activities that impact on population health along with new and emerging behaviours with commercial influences. This includes issues such as gambling, vaping and the use of cannabis or cannabis derived products. **Actions:** ▪ continue our work as a public health system, with the health board Directors of Public Health and local authorities, to address tobacco and obesity, taking a systems approach, and we will work to develop a similar approach to prevent harm from the use of drugs and alcohol. We have. ▪ seen measurable benefits to our joint approach to tobacco, particularly through Help Me Quit and we will seek to build on this to achieve our smoke free ambition. ▪ work to support the wider system in measuring change. These will include both overall reductions in health harming behaviours and the gap between those in the most and least affluent groups in society. ▪ recognise that the foundations for many of these behaviours begin in childhood and continue our work to support the adoption of healthy behaviours from birth. This includes working with partners to increase uptake of breastfeeding and optimal introduction of solid food. ▪ develop a whole school approach to food which will include work to ensure that nutritional standards are in line with the latest scientific guidelines and that we can evaluate the impact of policy to ensure that it has the desired impact on children and young people's eating habits. ▪ take a commercial determinants of health approach, which focuses on the private sector activities that impact on population health. ▪ support Welsh Government by providing evidence to inform action to ensure Wales remains among the leading countries globally in tackling issues. ▪ recognise that in tackling global industry forces we will need to work closely with public health agencies within the United Kingdom and globally to ensure we contribute to and benefit from collective action. ▪ work to ensure that we can identify new and emerging behaviours, which may be stimulated or influenced by corporate activity.

	▪ work to develop an approach to investigating and responding to new and emerging behaviours which may have a population health impact, to ensure that we can provide timely evidence and advice to Government, the wider system, and the public. ▪ continue our work to ensure that action to address behavioural factors using a behavioural science informed approach, and drawing on the best available data and evidence from a growing range of sources so that we have the best possible understanding of the drivers of unhealthy behaviour. ▪ support those working with individuals in the health and care system to provide evidence-based behaviour change approaches through programmes such as Making Every Contact Count. **Objectives:** *By 2035 we will have:* ▪ work with others to reduce the burden of disease in Wales from use of health harming products and increase health promoting behaviours ▪ synthesis, interpret and disseminate evidence for effective action to support policy, legislation, and system wide action on tobacco, diet, physical inactivity, alcohol and other substances ▪ enable system wide action by developing and testing new approaches and coordinating programmes of work ▪ establish and implement mechanisms for rapid assessment of new and emerging behaviours for their public health impact ▪ review or evaluate policy or programmes for their assessment. **Outcomes:** ▪ reducing prevalence of smoking to 5% by 2030 (basline:13.8%, PHOF) ▪ increasing the proportion of the population who are a healthy weight (baseline: 36.7%, PHOF) ▪ increasing the proportion of the population who are active (baseline: 55.5%, PHOF) ▪ increasing the proportion of the population whose use of alcohol is low risk (baseline: 82.1%, PHOF). **4.Supporting a sustainable health and care system** **Scope** This strategy aims to reflect an evidence based prevention activity and action approach. This priority is central to the role of Public Health Wales in shifting the balance of the health and care system in Wales to focus on prevention, early intervention, and health equity in order to improve outcomes for our population. **This strategy aims to:** ▪ maintain a leadership role in working with NHS Wales and care agencies with a focus on evidence based preventable measures ▪ demonstrate a role of healthcare public health at a national and local level through developing a Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders ▪ a leadership role to health and care in prevention, early intervention, and equity to be embedded throughout the whole health and care pathway, including contributing factors ▪ promote methodology and utilise impact assessments to better understand populations ▪ identifying health inequities and vulnerable populations and advising on their healthcare needs ▪ leading and supporting the healthcare system in Wales to influence health and wellbeing.

	Actions: ▪ support our partners by informing, assessing and planning health needs of defined populations and subsets of those populations ▪ enable and mobilise resources to support a data informed and data driven approach to planning, evidence-informed decision making, with the aim of ensuring equitable access to quality, person-centred, integrated healthcare services that meets the current and future need of the population across Wales ▪ ensure a consistent national approach to collating data and sharing intelligence, including behavioural insight of the population, patients, clinicians and the wider workforce ▪ support the development of a framework for reducing health inequalities, which can be applied consistently across Wales to address variation and equity in care pathways (for example, health equity audit). This will uphold quality in terms of patient experience, safety and outcomes and ensure efficient and value-based use of resources through prioritisation, option appraisal and impact focussed approach, having regard to economic evaluation and return on investment ▪ support primary care transformation ▪ provide leadership in support of continuous improvement in safeguarding across National Health Service (NHS) Wales, focusing on increased use of quality improvement methodologies and approaches, learning together with NHS Wales whilst retaining collaborative leadership of the NHS Wales Safeguarding Network. **Objectives:** *By 2035 we will have:* ▪ support the system to shift the balance of health and care towards prevention, early intervention and equity ▪ maximise opportunities to prevent disease morbidity through a focus on secondary prevention and health and care interactions, including ensuring resources are allocated fairly ▪ support care moving closer to home, ensuring it is person-centred ▪ provide data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities ▪ support partners to use the size, scale and reach of the healthcare system to positively influence the health and well-being of communities. **Outcomes:** ▪ increase the number of working age adults in good health (baseline: 79.6%, PHOF) ▪ increase the proportion of working age adults free from limiting long term illness (baseline: 60.1%, PHOF) ▪ increase the number of older people in good health (baseline: 66.6%, PHOF) ▪ increase the proportion of older people free from limiting long term illness (baseline: 33.3%, PHOF). **5.Delivering excellent public health services** **Scope** Excellence has been identified through the Institute of Medicines dimensions of quality, which are also used in the Health and Social Care (Quality and Engagement Wales Act 2020). These are: ▪ Safety – Services should be able to demonstrate by robust evidence that they are safe, and interventions offer higher benefit than risk. ▪ Effectiveness – Services should have a culture of evidence-based intervention.

	▪ Patient (and population) centeredness – Services should be able to demonstrate that they regularly and proactively engage with stakeholders and service recipients to assess their experiences as part of an ongoing process of service improvement. ▪ Timeliness – Services should be able to respond in a timely way. ▪ Efficiency – Services should be able to demonstrate that impacts on population health are being achieved in the most efficient way. ▪ Equity – Services should keep to a principle that decides what is fair when distributing healthcare. Additional measures of excellence include: ▪ Innovation/continuous improvement – excellent public health services would always look to innovate and improve in order to achieve excellence ▪ Education and training – excellent public health services are those that invest in staff, making sure they have the right skills to achieve excellence. ▪ Internal and external collaboration – excellent public health services would be those that collaborate across the organisation and the public health system to achieve desired outcomes. This strategic priority focuses on the delivery of all public and patient facing services delivered by Public Health Wales, with a particular focus on screening, health protection and microbiology. National population screening programmes, health protection and infection services, and innovation and future treats are focus of this priority. **Actions:** ▪ **National Population Screening Programmes** o provide population health screening programmes for the people of Wales to ensure evidence-based interventions to improve the health of the population in Wales. Our screening programmes will be informed by evidence-based recommendations o focus on recovering our two remaining delayed screening programmes through an ambitious programme that will embrace the use of new technology, along with implementing new approaches and innovation focused on improving practices. ▪ **Health Protection and Infection Services** o learn from the experiences of our health protection and infection services during the COVID-19 pandemic to ensure systems are prepared for the clinical, diagnostic and health protection challenges of future threats. We will provide these in an integrated way, to ensure greater resilience, sustainability, and capacity across our broader service offer o play an integral role in the system to protect the health of the people of Wales from environmental threats o Our microbiology services will continue to provide world class diagnostic and clinical advisory services and Specialist and Reference Microbiology Services to support diagnostics, surveillance, and outbreak identification and management. ▪ **Innovation and future threats** o look to innovate and improve in order to achieve excellence o continue to lead the development of Antimicrobial Stewardship guidance across the NHS, with the aim of reducing the burden of infection and thereby the demand for antimicrobials. **Objectives:** *By 2035 we will have:*

	▪ deliver excellent, people centred, population health screening programmes that are improving the health of the population of Wales in an equitable way ▪ develop and adapted population health screening programmes in line with current evidence and explored innovation to improve pathways ▪ fully optimised the bowel screening programme and delivered a sustainable and optimised diabetic eye screening programme ▪ enable the implementation of new UK National Screening Committee recommendations for population in Wales ▪ experience fewer health and social care associated infections and only use antimicrobials appropriately ▪ provide clinicians with the evidence they need to increase the speed of diagnosis so patients can be treated in a timely and accurate way. This will be done through the delivery of our microbiology services using world class, modern techniques developed through continuous innovation and improvement ▪ better described communities at increased risk of harm from communicable disease leading to evidence-based interventions to reduce the number of people who become ill or die from a communicable disease and environmental harms ▪ provide system leadership supporting the delivery of excellent immunisation and vaccination programmes, therefore seeing much fewer people with ill health due to vaccine preventable diseases ▪ provide timely information for action to interrupt the transmission and reduce the impact of communicable disease on individuals and healthcare services. **Outcomes:** ▪ increase vaccination rates for all vaccine preventable diseases ▪ 90% uptake of Human papillomavirus vaccine by age 15 (baseline: 69.3%, COVER Report 145) ▪ 95% uptake of measures, mumps and rubella vaccine by age 2 based on new schedule (baseline: 93%, COVER Report 145) ▪ lowering the burden of healthcare associated infections in Wales to align with the UK anti-microbial resistance (AMR) Strategy 20 year vision to halve the number of healthcare associated Gram negative blood stream infections ▪ optimising the use of antimicrobials and good stewardship across the healthcare sectors in Wales again to align with the UK AMR Strategy 20 year vision 25% reduction in antibiotic use in the community (from baseline 2013) ▪ eliminate hepatitis B and C as a public health threat by 2030 (Baseline: approx. 12,000 hepatitis C infected individuals in 2017, WHC/2017/048) ▪ increase in the proportion of bowel and breast cancers diagnosed at early stage (Indicator to be developed) ▪ reduction of the incidence of cervical cancers (Indicator to be developed) ▪ reduction of sight loss from diabetic retinopathy (Indicator to be developed). **6.Tackling public health effects of climate change** **Scope** Climate change has been recognised as the most significant public health threat of the century, endangering physical health mental health and wellbeing. The International Association of National Public Health Institutes (IANPHI) roadmap for action on health and climate change sets out how National Public Health Agencies have a critical role as key climate actors. The roadmap aligns with the views about the breadth and scale of work required to respond to the health impacts of climate change and has been used as a template for action. **Actions:** In order to protect the people of Wales from the health and well-being effects of climate change, the following needs to occur: ▪ protect people and communities from the health impacts of climate change, with a particular focus on equity and reducing health inequalities

	▪ educate colleagues from across the health and care system about climate and health risks, ensuring that they feel enabled to act and respond to changing demand ▪ promote healthy environments and lifestyles, harnessing behaviour change and health impact assessment methods to influence policy, decision making and infrastructure ▪ enable people and communities to adapt to, and mitigate, the health impacts of climate change ▪ ensure evidence-based policy advice and guidance across the public health system in Wales ▪ co-ordinate action and messaging with other UK nations and agencies, and across the public health system in Wales ▪ ensure effective extreme weather events response and preparedness, in collaboration with other partners, in a way that meets the needs of the most vulnerable communities ▪ Develop the climate surveillance capacity so that the health and well-being effects of climate change can be monitored and guide further multi-agency action, including incorporation of early warning systems ▪ undertake research into the public health impacts of climate change, and the effectiveness of interventions aimed at mitigating them ▪ evaluate the health impacts of climate mitigation policies in Wales ▪ evaluate the impact of our own ways of working. **Objectives** *by 2030 we will have:* ▪ the strategy will support the Welsh Government ambition of achieving a Net Zero NHS Wales. *by 2035 we will have:* ▪ achieved carbon negativity as an organisation ▪ worked with partners to respond and facilitate action on climate adaptation and mitigation ▪ a robust monitoring, research, evaluation and surveillance system that enables the prioritisation of evidence based action ▪ a workforce aligned to delivering climate sensitive public health across all domains of practice. **Outcomes:** Public Health Wales are developing a climate surveillance capacity so that the health and well-being effects of climate change can be monitored, including the incorporation of early warning systems. This will include surveillance of some of the national indicators set out under section 10(8) of the Well-being of Future Generations (Wales) Act 2015, including: ▪ Healthy life expectancy at birth including the gap between the least and most deprived (baseline: 13.3 years for male and 16.9 years for female, PHOF) ▪ Percentage of journeys by walking, cycling or public transport (baseline: 16%, National Indicator).
Supporting economic analysis	N/A. **The Budget Strategy** The Budget Strategy has been highlighted as an area which will enable delivery of this public health strategy. The focus will be on delivering the financial balanced budget for the next three years to support the delivery of the new strategy. In addition, the development and the implementation of a cross-organisational approach to value to drive value-based decision making and maximising population outcomes from the effective use of resources.

Any additional information	**Enabling delivery** The delivery of the strategy will be driven and enabled through embracing more agile digital and data driven approaches. A number of key strategic drivers will shape and inform the enabling activity, including the Health and Social Care Quality and Engagement (Wales) Act, particularly the Duty of Quality and Duty of Candour. The focus of enabling delivery of this public health strategy include the following: ▪ **Digital and Data Strategy** ▪ **Research and Evaluation** ▪ **International Health Strategy** ▪ **Approach to Engagement** ▪ **Behavioural Science** ▪ **The People Strategy** ▪ **Budget Strategy** ▪ **Quality as an Organisational Strategy** **The Digital and Data Strategy** Making better use of data help by Public Health Wales and beyond to maximise the impact on health and wellbeing outcomes. Three core areas that will enable progress for this strategy are: ▪ Discovery work focused on development of a digital route-map for screening services, work around a single disease registry and our web estate. ▪ Efficiency that will focus on the development of an automation agenda. ▪ Development of skills, industry standards and embedding good practice. **Research and evaluation** The focus for this strategy is to develop actionable research and evaluation that will help make a difference to public health practice. The impact of research and evidence will be monitored across the organisation. The next steps include: ▪ Implementing key research priorities focused around our six strategic priorities ▪ Engaging with Welsh Government research and policy leads to ensure alignment ▪ Sense checking with key academics evidence gaps in research questions identified. **International Health Strategy** The aim is for Public Health Wales to be globally connected and inspiring national public health organisation, working towards a healthier and more equitable Wales to address global challenges and shared goals. Following the publication of the refreshed International Health Strategy 2023, there will be a development of an implementation plan that will set out the continuation of the work. Progress evaluation and monitoring will be included here. **Approach to Engagement** Approach to Engagement has been highlighted as an area which will enable delivery of this public health strategy. This sets out an overarching approach to engagement for Public Health Wales. It will focus on two of the Well-being of Future Generations (Wales) Act ways of working: involvement and collaboration. Five key drivers for this strategy are: ▪ Committed Workforce

	▪ Skills and capabilities ▪ Relationship building ▪ Tools and resources ▪ Monitoring and evaluation. **Behavioural Science** Behavioural Science has been highlighted as an area which will enable delivery of this public health strategy. The Behavioural Science Unit will provide specialist expertise and enable the increasingly routine application of behavioural science, to improve and protect population health and well-being. The following core areas will enable progress around the mission of providing specialist expertise and building systematic application of behavioural science: ▪ Being action and equity focused, reducing inequity through segment-specific intervention design ▪ Providing advise support and guidance ▪ Bringing global learning and community collaboration into practice. **The People Strategy** The People Strategy has been highlighted as an area which will enable delivery of this public health strategy. This strategy, which was launched in 2020, will have aspects adjusted or reframed to ensure alignment with new priorities and other key enabling strategies. **The Quality as an Organisational** The Quality as an Organisational Strategy has been highlighted as an area which will enable delivery of this public health strategy. The implementation of this strategy will commence in 2022/23. As part of the initial work around embedding the methodology of this strategy, a group has been established to bring leaders from across the Public Health Wales that will act as the catalyst for change and drive forward delivery.
Strategy development	
Stakeholder(s) and or consultation method(s)	Priorities have been informed by the Minister for Health and Social Services priorities fir NHS Wales. National and international partners including networks such as the Internal Association of National Public Health Institutes (IANPHI), will work in collaboration to help deliver the strategy.

Key: AMR: anti-microbial resistance; IANPHI; International Association of National Public Health Institutes; NHS: National Health Service; PHOF: Public Health Outcomes Framework.

Table B18. Extracted data for Wales (Public Health Wales 2022 -2025)

Wales	Strategy information
Author(s) **Title**	Public Health Wales Our Strategic Plan[33]
Timeline	2022 - 2025
Overall aim(s) (measurement method(s) and target(s) where available)	The evidence shows us that the pandemic has exacerbated existing health inequalities and disproportionately negatively impacted upon our most deprived communities. We also know that the impact on the wider health and social care system has been dramatic and will require an equally effective response to address this over the coming years. This Strategic Plan for 2022/23 is our response to these challenges and it aims to support Wales as we gradually move from pandemic to endemic, as set out in the recently published Welsh Government strategy, 'Together for a Safer Future'.
Governance	N/A.
Scope and collaboration	The strategy extends over topics such as health inequalities, climate change, sustainability and the economy.
Themes and or priorities	Strategic Theme 1 for 2022/23: Enabling better population health and reducing health inequalities through preventative and sustainable measures Strategic Theme 2 for 2022/23: Delivering excellent services for population screening programmes, health protection and infection Strategic Theme 3 for 2022/23: Support improvements in the quality and safety of health and care services Strategic Theme 4 for 2022/23: Maximise the use of digital, data and evidence to improve public health
Implementation action(s), lead(s) and key performance indicator(s)	**Strategic Theme 1 for 2022/23: Enabling better population health and reducing health inequalities through preventative and sustainable measures** **Scope:** **Focus Areas:** 1.1 influencing wider determinants such as housing, education, transport, employment and access to healthy and affordable food. 1.2 promoting and enabling a shift to healthier behaviours on a population scale, using the latest behavioural science and digital techniques. 1.3 equipping our health and care system to become population as well as patient-focussed. We will do this through evidence and actionable intelligence, effective influence, international learning and collaboration, public engagement and co-production, with health equity and social value at the heart. ***What will success look like:*** We will work with partners across the public health system, through the delivery of the objectives set out within this theme, to collectively restore and measurably improve population health (as measured by healthy life expectancy and health equity). We will achieve this through the following areas: ▪ influencing the wider determinants of health and enabling health equity solutions ▪ improving mental well-being and building resilience ▪ promoting healthy behaviours

	▪ securing a healthy future for the next generation through a life-course approach with a focus on early years ▪ transforming and embedding prevention in primary care to build a sustainable health and care system ▪ taking action to mitigate climate change to protect health and promote equity ▪ informing sustainable investment in population health and prevention towards an Economy of Well-being ▪ strengthening Wales' role as an influencer nation on population health, through international partnerships, shared learning and a global health role. **1.1 Influencing the wider determinants of health and enabling health equity solutions** **Outcomes and Indicators:** ▪ Material resources support the best start in life ▪ Inclusion in work that is good for health ▪ Percentage of children in households in income poverty relative to the UK median. Indicators: o Percentage of people in employment o Gap in employment rate for those with long term health conditions o Percentage of people in employment, who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) and who earn at least the real Living Wage. ▪ Narrowing the socio-economic hap in education and skills attainment. Indicators: o Year 11 pupils' results from a maximum of nine of the qualifications available in Wales, including subject specific requirements (based on average capped 9 points score of pupils, including the gap between those who are eligible or are not eligible for free school meals). ▪ Improvements in health equity in each of the World Health Organisation five essential conditions. Indicators: o Welsh and UK policies relevant to improving health equity informed and influenced o Health Impact Assessment (HIA) embedded into strategic decision making processes by public bodies in Wales. **Objective 1:** By 2025, we will have strengthened the capability of the wider and core public health system to influence the wider determinants of health. **Actions:** ▪ establish a community of interest for the core public health workforce to support effective working in and influence over wider determinants, as well as reaching the wider workforce through our Public Health Network Cymru. **Milestones:** 2022-23 Q1. Core public health teams views gathered on approach to community of interest to support system leadership to influence the wider determinants of health Q2:

	▪ Specification for core public health system community of interest to support system leadership to influence the wider determinants of health developed Quarter 3 ▪ Community4Change Wales pilot (as a development of Public Health Network Cymru) evaluated Q4. Community of interest established for core public health system to support system leadership to influence the wider determinants of health 2023-24. Public Health Network Cymru has engaged with the wider public health workforce to influence determinants of health 2024-25: ▪ Options developed (following review) for future of community of interest to support system leadership to influence the wider determinants of health ▪ The new Health Impact Assessment Network of Practice established by the Welsh Health Impact Assessment Support Unit. **Objective 2:** By 2025, we will have worked with employers and national, regional and local partners to positively influence how work and education can improve health and equity. **Actions:** ▪ promote the value of fair work, working with a range of partners to implement the findings of our expert panel ▪ address the large gap in employment between those with and without long term health conditions and disabilities ▪ remodel our Healthy Working Wales programme to reach more employers (including small and medium sized enterprises) in creating safe and healthy workplaces ▪ to address the educational attainment gap, undertake national and international evidence reviews and secure qualitative insights to inform educational policy and strategy. **Milestones:** 2022-23 Q1: ▪ Healthy Working Wales survey tools launched to enable employers to measure their readiness to implement health and well-being approaches and to identify the key areas for action within their workplace and workforce ▪ Products released for local and regional agencies to increase participation in fair work to improve health, well-being and equity Q3. Engagement plan implemented for increasing participation in fair work to improve health, well-being and equity Q4: ▪ Multi-agency programme of work agreed to prevent people from falling out of work due to ill health and improve sickness absence management in workplaces ▪ Internal lessons learned from of engagement related to fair work to improve health, well-being and equity undertaken ▪ Initial map of the system influencing the educational attainment gap in Wales produced 2023-24 ▪ Revamped Healthy Working Wales modular awards programme launched and engaging a wide range of employers including small and medium sized enterprises ▪ Best practice sickness absence management toolkit developed to roll out to employers ▪ System support needed for agencies and partners to influence fair work scoped (dependent on engagement findings) ▪ Evidence reviews and insights commissioned to inform action to reduce the educational attainment gap to improve health, well-being and equity (subject to funding)

	▪ Theory of change scoped and developed for influencing the educational attainment gap to improve health, well-being and equity informed by evidence and insights 2024-25 ▪ Joint work developed with partners to target efforts at sectors where health inequalities are greatest ▪ Working with general practitioner clusters and employers, develop best practice guidance and training on proactive use of the Fit Note to facilitate a supportive return to work following long-term sickness absences. ▪ Commence implementation of support needs for further influencing participation in fair work, if appropriate ▪ Develop resources to inform policy and decision makers to reduce the impact of the educational attainment gap on health, well-being and equity **Objective 3:** By 2025, Health equity solutions will be successfully embedded in key Welsh policies affecting the wider determinants of health. **Actions:** ▪ continue to inform the Covid-19 response and recovery, applying a health equity lens and advancing knowledge and understanding of the pandemic experience in Wales, including insights drawn from public engagement. ▪ have successfully established and utilised the Welsh Health Equity Solutions Platform, strengthening Wales' role as a global influencer and a live innovation site for health equity. ▪ inform and influence Welsh policy through producing high quality evidence, focusing on the essential conditions for healthy lives and taking an integrated approach to challenges such as the European Union transition, Covid-19 and climate change. We will utilise existing legislation and international learning to tackle inequity, through mainstreaming economic and health impact assessment, modelling, developing futures capacity, engaging across sectors and delivering best public health value from the Socio Economic Duty. **Milestones:** 2022-23 Q1: ▪ Analysis produced on models of response to support young people affected by homelessness ▪ Insight report produced on trade and health, highlighting opportunities for optimising population health & well-being ▪ Welsh Health Equity Status Report initiative (WHESRI) decomposition analysis discussion paper launched to inform and enable health equity solutions Q2: ▪ Health Equity Solutions Platform for Wales launched to drive multi-disciplinary cross-sector action and stakeholder engagement ▪ Report produced on lessons from Covid-19 for preventative approaches to reducing winter pressures on the National Health Service (NHS) ▪ Summary report produced based on data from the public engagement survey on health and well-being during Coronavirus measures in Wales Q3: ▪ Publication produced or event held to support understanding of the links between trade, health and well-being • Support package produced for partners to help deliver the best public health value from the Socio-economic Duty Q4: ▪ HIA Guidance for Wales produced (dependent on Welsh Government Regulations) ▪ Report produced on Welsh Government's definition of a satisfactory heating regime for health and well-being in Wales

- Report produced on the experience of communities in engagement with renewable energy developments (dependent on outcome of literature review in 2021-22)

2023-24

- WHESRi thematic report published to inform sustainable and inclusive public health decision-making
- Training Strategy updated and support provided to Public Bodies and Public Service Boards (PSB) to deliver a collaborative approach to implementing the HIA regulations to maximise health and well-being and reduce inequalities
- Translational resources developed to support using futures tools to address long-term health and equity challenges
- Impact of policy acting through the wider determinants of health on well-being, with a focus on lived experience explored
- Additional research undertaken into the status of social cohesion and capital in Wales if required
- Developed advocacy messaging that draws together policy considerations around climate change and health and equity, depending on outcomes of futures, HIA and warm homes work

2024-25

- HIA Network of Practice -Welsh and international development session held, for knowledge and capacity building
- Communications materials produced that make the case for a health in all policies approach through lived experience examples
- Report produced outlining the policy considerations relating to social cohesion and capital in Wales to improve health and equity in Wales
- Produced materials to aid understanding and action on the status of social cohesion and capital to improve health and equity
- Health Equity Solutions Platform for Wales expanded and updated

1.2 Improving mental well-being and building resilience

Outcomes and Indicators:

- Overall mental well-being.
  Indicators:
  - Mental well-being among adults (PHOF 3b).
- Gap in mental well-being between areas
- Strong community
- Loneliness and isolation
- Mental well-being in all policies.
  Indicators:
  - The gap in mental well-being between the most and least deprived among adults (PHOF 6b)
  - A sense of community (PHOF14)
  - People feeling lovely (PHOF16)
  - Mental well-being assessments being carried out in Wales.

Objective 1: By 2025, we will have worked with others to increase the visibility of evidence-based work to promote mental well-being.

Actions:

- continue our work to implement the Framework for a whole school approach to mental well-being and, subject to agreement, develop the What Works Toolkit to support educational settings in making informed choices about what best meets their needs
- continue our work to develop and implement the Hapus programme. This will focus partnership efforts on areas which are known to aid positive mental well-being such as the arts and culture; heritage; green space and the natural environment, physical activity and sport. It will work

through community organisations, workplaces, schools and the health service to encourage people to reflect on what makes them feel well and to prioritise time to focus on what matters to them, working with others to create positive opportunities to build mental well-being for themselves, with their families and in their community. Hapus will also support Welsh Government's strategy 'Connected Communities – Tackling Loneliness and Social Isolation'
- work with the Welsh Government to develop a strategic approach to promoting mental wellbeing and preventing mental illness.

Milestones:
2022-23
Q1. First learning report from the implementation of a whole school approach produced
Q2. Programme board to oversee the implementation of Hapus established
Q3. What Works Toolkit for education launched
Q4. Launch of Hapus aimed to aid positive mental well-being
2023-24. Hapus extended to a minimum of three additional sectors
2024-25:
- Initial evaluation completed and recommendations for future action made
- Identification of initial benefits achieved in Hapus; and evaluation complete and further benefits identified

Objective 2: By 2025, we will have enabled mental well-being in all policies.

Actions:
- continue to enable much more widespread use of mental well-being impact assessments to inform policy and programme design. Mental well-being impact assessment provides a structured and systematic process to identify impacts on mental wellbeing of policies, programmes, services and projects and focuses on population groups who may experience health inequalities.

Milestones:
2022-23
Q2. Virtual masterclass on Mental Well-being Impact Assessment held
2023-24:
- Mental Well-being Impact Assessment guidance or toolkit for practice for Wales produced
- Evaluation undertaken of the Trauma and ACE (TraCE) toolkit across organisations, sectors and communities

2024-25. Training resources developed to utilise Mental Well-being Impact Assessment to support a 'Mental Health in All Policies' agenda

1.3 Promoting healthy behaviours

Outcomes and Indicators:
- Children and adolescents are smoke free.
  Indicators:
  - Percentage of adolescents who smoke
  - Percentage of 15/16 year olds who are regular smokers (potential change to <5% of adolescents are regular smokers).
- Adults in Wales are smoke free.
  Indicator:
  - Percentage of adults who smoke (potential change to <%% of adults are regular smokers).

	▪ Children and adolescents are at a healthy weight. Indicators: o Children at age 5 of healthy weight or underweight (PHOF32) o Adolescents of health weight (PHOF33) o Adolescents drinking sugary drinks once a day or more (PHOF22) o Adolescents eating five fruit or vegetable portions a day (PHOF23). ▪ Adults are at a healthy weight. Indicators: o Working age adults of health weight (PHOF38a) o Older people of health weight (PHOF38b). ▪ Children are physically active. Indicator: o Physical activity in adolescents (PHOF19). ▪ Adults are physically active. Indicator: o Adults meeting physical activity guidelines (PHOF24) ▪ Reduced alcohol use. ▪ Indicators: o Adults using alcohol (PHOF21) o Percentage of adults reported drinking above CMO low risk drinking guidelines on a regular basis (PHOF26). ▪ Reduced drug use. Indicators: o Percentage of young people reporting regular use of drugs o Prevalence of problem drug use (based on European Monitoring Centre for Drugs and Drug definition) o Reduction in number of hospital admission related to drugs. ▪ Maximised opportunities to prevent disease through primary and community care interactions with patients System wide indicators: o Working age adults in good health (PHOF35a) o Working age adults free from limiting long term illness (PHOF36a) o Older people in good health (PHOF35a) o Older people free from limiting long term illness (PHOF36b) o Premature death from key non communicable disease (PHOF40) o Tooth decay amongst 5 year olds (PHOF34). PHW specific indicators: o Implementation of Making Every Community Count (MECC) in primary and community care. ▪ Use of behavioural science in public policy. Indicator: o Evidence of behavioural science informed policies and programmes across Wales. **Scope:** Our focus will be on the following areas:

- Reducing smoking prevalence
- Promoting healthy weight
- Increasing physical activity
- Preventing harm from substance misuse
- Maximising preventative approaches for addressing risk factors for the burden of disease within primary care
- Supporting the wider system to take action to promote healthy behaviours
- Enabling the application of behavioural science.

Objective 1: By 2025, we will have worked with others to reduce the proportion of the population who smoke.

Actions:
- continue to support the development and delivery of the Welsh Government's long term tobacco plan for Wales with the ambitious goal of achieving a smoke free Wales by 2030. This will mean reducing rates of smoking in the adult population from around 15% now to just 5% by 2030, as well as addressing significant inequalities in smoking-related health outcomes.

Milestones:
2022-23
Q1. Supported Welsh Government to establish the Tobacco Control Strategy for Wales Implementation Group and associated work streams to determine the required activities to achieve the goals within the Tobacco Control Delivery Plan 2022-2024
Q2. Provided evidence informed policy briefings on introduction of additional outdoor Smoke-Free Spaces
Q3. Provided system-leadership, including the development of national guidance and tools, to support the systematic implementation of secondary care smoking cessation services across Wales
Q4. Reviewed smoking-related data sources to increase understanding of smoking-behaviours in priority groups such as pregnant women, including need for additional data sources and monitoring metrics
2023-24. Reviewed remaining activities within the Tobacco Control Delivery Plan 2022-2024 and with the support of partners and the Tobacco Control Implementation Group identified actions to deliver outstanding work-stream priorities
2024-25. Supported development of Tobacco Control Delivery Plan 2025-2028

Objective 2: By 2025, we will have worked with others towards halting the rise in levels of overweight and obesity for children and adults in Wales through the implementation of the Healthy Weight: Healthy Wales Strategy.

Actions:
- continue to support implementation of the Healthy Weight Healthy Wales Strategy, including in relation to the All Wales Weight Management Pathway and the whole system approach to a Healthy Weight Phase 2 and the Children and Families Pilot.
- support implementation of the All Wales Diabetes Prevention Programme and the All Wales Weight Management Pathway through primary and community care.

Milestones:
2022 -23

	Q1. Minimum data set and implementation plan agreed. Q2: ▪ Initial learning report for Children and Families Pilot produced ▪ Work to deliver mandated procurement standards for the public sector food provision scoped. Q3: ▪ Phase 1 learning report for Whole System Working Programme produced ▪ Healthy Weight: Healthy Wales social marketing programme launched. Q4: ▪ Designed and commenced implementation and evaluation of the All Wales Diabetes Prevention Programme ▪ Supported implementation of the All Wales Weight Management Pathway in primary and community care. 2023-24. Deliver remaining actions for 2022-24 delivery plan. 2024-25. Deliver remaining actions for 2022-24 delivery plan. **Objective 3:** By 2025, we will have worked with others to increase the proportion of the population who are active. **Actions:** ▪ Through our Wales Physical Activity Partnership we will support key elements of the Healthy Weight; Healthy Wales strategy. In partnership with the Active Travel Board, we will continue our work to increase the number of children who walk or cycle to school. **Milestones:** 2022-23 Q1. Implementation plan for the Daily Active Programme agreed. Q2. Hands Up to School Survey national roll-out report produced. Q3. Walkability and cycleability to school data analysis report produced. Q4: ▪ Active School Route to Improvement Pilots report produced 2023-24 ▪ Agreed actions within the Healthy Weight: Healthy Wales delivery plan implemented ▪ Agreed actions within the Active School Travel route to improvement national plan implemented. 2024-25: ▪ Evaluation of Hands Up programme completed ▪ Agreed actions within the Healthy Weight: Healthy Wales delivery plan implemented ▪ Agreed actions within the Active School Travel route to improvement national plan implemented. **Objective 4:** By 2025, we will have developed and commenced delivery of new programmes to prevent harm arising from substance misuse. **Actions:** ▪ work collaboratively on a cross-organisational integrated programme of work, supported by a business case during 2022/23 ▪ continue our work with the National Alcohol Prevention Partnership in agreeing and implementing shared priorities for action, including contributing evaluation support and further recommendations in relation to minimum unit pricing.

	Milestones: 2022-23 Q3. Core programmes to prevent drug-related and alcohol-related harm developed. Q4. Implementation and evaluation plans developed. 2023-24. Programme implementation. 2024-25. Review of progress to date completed and recommendations for future action made. **Objective 5:** By 2025, we will have supported the wider system to take evidence-based action to promote healthy behaviours and to measure the impact of their actions. **Actions:** ▪ Prior to the pandemic we commenced a strategic review of three of these programmes - Welsh Network of Healthy School Schemes, Health and Sustainable Pre-School Scheme and the National Exercise Referral Programme – and these programmes will continue to be improved and reactivated through 2022-23 and beyond. **Milestones:** 2022-23 Q1. Recommence the delivery of the MECC programme with a priority to address healthy weight conversations. Q2. Agree a plan with strategic partners to deliver the recommendations of the strategic review of National Exercise Referral Scheme. Q3. Finalise the revision to the national quality award for Welsh Network of Health Schools Scheme. Q4. Review and recommendations for the Healthy and Sustainable pre-school programme completed. 2023-24: ▪ Building on the MECC logic model, develop a national evaluation framework for national and local agencies implementing Make Every Contact Count ▪ Implement recommendations arising from the strategic review of National Exercise Referral Scheme. 2024-25. Develop a joint approach with Health Education Improvement Wales and professional bodies to embedding MECC within curricula, training, registration and accreditation of health professionals. **Objective 6:** By 2025, we will have increased the application of behavioural science in policy and practice, to optimise impact on health and well-being. **Actions:** ▪ Recognising the increasing impact that the application of behavioural science can have, our new Behavioural Science Unit will build specialist expertise, wider capabilities, and enable activity in this field, to improve health and wellbeing. **Milestones:** 2022-23 Q1. Behavioural Science Unit for Health and Well-being established. Q2. A guide to using behavioural science produced, as part of a suite of methods and tools, developed to support policy and practice. Q3. Assessment of capability and operating contexts undertaken to inform behavioural science implementation across the system.

Q4. Behavioural Science Unit for Health and Well-being promoted to provide specialist expertise and facilitate capability building.
2023-24:
- Tools to support behaviourally-informed interventions developed and promoted
- Programme of capability building activity, to support behavioural science knowledge and skill development undertaken.

2024-25:
- Mechanisms for trialling behaviourally-informed interventions for health and well-being improvement/protection explored
- Priority areas for the proactive application of behavioural science for improving health and well-being identified.

1.4 Securing a healthy future for the next generation through a life-course approach with a focus on early years

Outcomes and Indicators:
- Optimal outcome from every pregnancy for mother and child.
  Indicators:
  - Low birth weight (PHOF 341)
  - Tooth decay among 5 year olds (PHOF 34).
- Children achieve their developmental milestones.
  Indicator:
  - Young children developing the right skills (PHOF 8).
- Fewer ACE's across Wales
- Services are trauma informed.
  Indicator:
  - All public services embedded trauma informed policy and practise into their procedures (will be further developed to align the Welsh Governments ACE's policy plan).
- Parents have the support to give their children the best start in life.

Objection 1: By 2025, we will have enabled system partners to understand and act on the case for placing the early years at the heart of the Covid-19 recovery and reducing inequalities.

Actions:
- work to understand the effects of the pandemic on children born in the last two years to date and mitigate these where necessary.

Milestones:
2022-23
Q1. Social public health model of support for parents based on insight and evidence described.
Q2. Review of First 1000 Days programme outputs to inform future approaches and priorities completed.
Q3. Recommendations made for future delivery and prioritisation of early years programmes.
Q4. Recommence work to replace Bump, Baby and Beyond to meet the needs of parents during pregnancy and the early years.
2023-24:
- Remodel and relaunch First 1000 Days programme, (dependent on outcome of Year 1 review)
- Develop successor to Bump, Baby and Beyond to meet the needs of parents during pregnancy and the early years

2024-25. Implement successor to Bump, Baby and Beyond to meet the needs of parents during pregnancy and the early years.

Objection 2: By 2025, we will have worked with partners to improve oral health of the children in Wales.

Actions:
- provide strategic public health leadership for the national child oral health improvement programme, Designed to Smile, as it fully recovers, including reviewing evidence to update materials, engage with primary schools to support oral health elements of their new teaching curriculum and refresh opportunities for partnership working for oral health improvement in the early years
- strengthen the monitoring of children's oral health in Wales through dental epidemiology surveys of 5 and 12 year olds in Wales, which will help us understand how the pandemic has impacted upon health inequalities.

Milestones:
2022-23
Q4:
- Provide strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile
- Engage with primary schools to support oral health elements of their new teaching curricula
- Strategically lead, advise, support and report the dental epidemiology survey of 5-year-olds in Wales to determine current oral health and describe existent inequalities
- Strengthen the Designed to Smile programme through reviewing the evidence base, expanding provision in schools and nurseries, and improving monitoring.

2023-24:
- Provide strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile
- Action planning based on 2022/23.

2024-25:
- Provide strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile
- Action planning based on 23/24.

Objection 3: By 2025, we will work with our national and international partners to strengthen knowledge on childhood adversities and support evidence-based practice.

Actions:
- have translated evidence on what works to address ACES and violence prevention into practical principles and actions for delivering prevention, building resilience and developing trauma informed systems for current and future generations.
- have supported NHS Wales to evidence identification and response to routinely asking about Domestic Abuse in Emergency Departments, Minor Injury Units and mental health services.

Milestones:
2022-23
Q1

	▪ Public consultation on the National Trauma Practice Framework for Trauma held Practical resource on prevention of ACEs and building trauma informed systems produced. Q2: ▪ Strategic Approach to Violence Prevention in Wales; publication produced and event held to launch the Wales Violence Prevention Strategy ▪ Publication produced and implementation of Trauma Practice Framework ▪ Reviewed and reported on how violence against women, domestic abuse and sexual violence (VAWDASV) is identified and recorded within in all NHS Wales emergency departments and minor injury units Q4. Report produced on evaluation of TrACE Toolkit in Higher Education. 2023-24: ▪ Publication produced exploring the surveillance and prevention of ACEs ▪ Training and workforce development plan to accompany the ACES and Trauma informed framework developed ▪ Repository of ACEs and Trauma informed training materials developed ▪ Reviewed and reported on how VAWDASV is identified and recorded within in all NHS Wales mental health services. ***1.5 Transforming and embedding prevention in primary care to build a sustainable health and care system*** **Outcomes and Indicators:** ▪ Empowered communities ▪ Support for well-being, prevention and self-care ▪ Seamless working. Whole-system outcome indicators: o In development, via Strategic Programme for Primary Care. Contributing to a wide range of outcome indicators, for example: o The gap in life expectancy at birth between the most and least deprived (PHOF 4) o Mental well-being among adults (PHOF 3b). ▪ Enhanced integrated planning between clusters, health boards and local authorities ▪ More effective leaders across the primary care system, collaborative and clusters ▪ Improved equity of cluster care service provision based upon local need ▪ Development and implementation of the social prescribing framework across primary care. Indicators: o A sense of community (PHOF14) o People feeling lonely (PHOF16) o Working aged adults free from limiting long term illness (PHOF36a) o Working age adults of health weight (PHOF38a) o Tooth decay among 5 year olds (PHOF34) o Evidence of primary care action on climate change in support of population health and health equity o NHS finance prioritisation (budget share) demonstrates a shift towards care closer to home/reduction in avoidable hospital episodes o PHWs system leadership role in influencing a sustainable health and care system is recognised by key partners, such as the Strategic Programme for Primary Care and Welsh Government o Vaccination rates at age 4 (PHOF30).

	▪ Dental services which are more preventative and risk based. Indicators: o Increased delivery of prevention through primary dental care (currently fluoride varnish as an indicator) o Percentage of patients receiving oral health risk and needs assessment using the ACORN toolkit developed for the programme o Percentage of patients reporting that dental team discussed risks to improve oral health (in development) o Reduction in recall/review of patients with health mouths compared to those with dental care needs. **Objection 1:** By 2025, we will have delivered the public health contribution to the national programme for transformation of primary care. **Actions:** ▪ work with our partners to implement the national evaluation framework to assess the impact of the Primary Care Model for Wales. Specific areas of focus will be (1) provision of specialist public health advice; (2) work to ensure population health improvement and inequalities reduction lenses inform and shape primary care transformation in Wales; (3) building the capacity and capability of the primary care workforce to adapt to new leadership roles and develop public health skills; (4) influencing the wider system to enable primary care to take action against climate change. **Milestones:** 2022-23 Q4: ▪ Specialist public health advice and support provided to the Strategic Programme for Primary Care (SPPC) and Accelerated Cluster Development (ACD) programme to advocate the primacy of prevention, the importance of primary care as an intermediate determinant of health and as a critical setting for public health programmes ▪ Facilitate monitoring and evaluation of Primary Care Model for Wales (PCMW) and Accelerated Cluster Development (ACD) implementation ▪ Describe, develop and test, with partners, a programme of learning and OD to increase the capacity and capability of the primary care workforce to adapt to new leadership roles and develop appropriate skills to facilitate improvements in population health outcomes ▪ Forum for information exchange/ sharing between central-local, local-local and central-central public health teams regarding joint primary care interests provided ▪ Strengthen the population health impact of primary care in Wales through support for policy, commissioning, planning and delivering primary care ▪ Have a particular focus on supporting the development and effectiveness of primary care clusters and the Accelerated Cluster Development Programme ▪ Advise on the delivery of prevention and promotion of well-being within primary care settings provided ▪ Worked with partners to influence the wider system to enable primary care to take action against climate change ▪ Developed a Greener Primary Care framework and award scheme for climate mitigations actions in primary care to improve environmental sustainability ▪ Completed participation in the Bevan Exemplar cohort 7 ▪ Input specialist public health advice to inform optometry contract reform ▪ Specialist public health advice and support a system approach to eye health improvement provided. 2023-24. Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care. 2024-25. Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care.

Objection 2: By 2025, we will have achieved a coordinated approach to prevention and early intervention in primary care settings.

Actions:
- ensure public health and primary care work together to achieve population health outcomes, including through coordinated advice, support and access to information, a range of specific resources for clusters and the development and implementation of a national framework for social prescribing.

Milestones:
2022-23
Q4:
- Via a system leadership role, influence strategic alignment/ planning direction for primary care cluster impacts on local health status
- Influence use of population health indicators to inform cluster-level needs assessment
- Planning intelligence provided for evidence-informed prioritisation of cluster health improvement actions
- Continue to develop and refine (based on feedback) a portal bringing together all the tools available across the system for producing and refreshing cluster annual plans
- Population health information by topic: With the help of topic curators drawn from across Public Health Wales, continue to develop and enhance signposting to prevention-focussed topic-specific strategic context, data analyses and improvement action options
- Work with internal and external partners to provide a comprehensive and accessible online resource for information on transformation and prevention in primary care, which articulates the Public Health Wales ask of (and support offer to) clusters
- Development and implementation of the social prescribing framework across primary care.

2023-24. Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care.
2024-25. Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care.

Objection 3: By 2025, we will have worked with the system partners to increase prevention and maximise value of dental healthcare through the Welsh Government funded General Dental Services Reform Programme.

Actions:
- continue to work with partners to further develop and implement a General Dental Services (GDS) Reform Programme.
- Through an Action Learning Approach, we will continuously improve the programme: testing, learning and working with partners to implement changes, focussing on skill-mix and patient recall.
- work closely with dental public health experts to ensure a monitoring system is in place to understand the impact of changes, and with Health Education and Improvement Wales (HEIW) and other partners to ensure training on prevention and quality improvement is included within the dental workforce training in Wales.

Milestones:
2022-23
Q4:
- Work with the system partners to restart the Welsh Government funded GDS Reform Programme and continue to provide dental public health leadership and expertise to the various work streams of the programme

- Dental public health expertise provided to ensure the monitoring system is in place to understand impact of changes in the general dental services in Wales
- Work with the HEIW and others to ensure training on prevention and Quality Improvement is included within the dental workforce training in Wales
- Ongoing Engagement with the key stakeholders to ensure reform programme is jointly owned by multiple partners in the system.

2023-24:

- Continue to provide dental public health leadership and expertise to the dental system reform agenda in Wales
- Utilise learning from the 2022/23 to make changes to the programme and ensure ongoing dental public health system leadership and expertise in the GDS System Reform Programme in Wales.

2024-25:

- Continue to provide dental public health leadership and expertise to the dental system reform agenda in Wales
- Work with the partners to understand the impact of the GDS Reform Programme in Wales to inform dental policy and strategic planning in Wales.

1.6 Taking action to mitigate climate change to protect health and promote equity

Outcomes and Indicators:

- PHW is demonstrating public health system leadership on climate change.
  Indicators:
  - o PHW Decarbonisation Action plan in place by April 2022
  - o Delivery of training on latest knowledge and research on decarbonisation
  - o Sustainability in wider NHS – Greener Primary Care Health Framework
  - o Highlighting opportunities for the public to reduce emissions
  - o Championing carbon literacy training.
- PHW is an environmentally sustainable organisation.
  Indicators:
  - o Reduced organisational carbon footprint
  - o PHW is a carbon neutral organisation.
- PHW is informing policy and action on climate change in support of population health and health equity.
  Indicator:
  - o Evidence of informing policy and action on climate change in support of population health and health equity.

Objective 1: By 2025, we will have provided public health system leadership so that actions to mitigate climate change have co-benefits for health and equity for communities in Wales.

Actions:

- work directly with partners to shape the strategic landscape to prevent health harms, protect health, improve health and adapt to and mitigate the impacts of climate change across Wales and beyond
- champion and support sustainability and climate change knowledge to be embedded into the health service, educational institutions and through public engagement.

Milestones:
2022-23
Q4:
- Training materials on climate change and the Well-being of Future Generations Act developed
- Work with partners to influence the wider system to enable primary care to take action against climate change undertaken
- Greener Primary Care framework and award scheme for climate mitigations actions in primary care to improve environmental sustainability developed.

2023-24:
- Circular economies and health workshop held
- Review and develop the Hub package of resources to raise awareness and address climate change.

2024-25. Case studies and evidence developed on investing in sustainable communities to tackle climate change.

Objective 2: By 2025, Public Heath Wales will be, and be recognised as, an environmentally sustainable organisation, working in partnership to support decarbonisation across NHS Wales.

Actions:
- have a leadership group within the organisation to actively deliver the actions within our Decarbonisation Action Plan
- Continue to work closely with partners across NHS Wales to ensure that we share good practice and drive innovation around decarbonisation.

Milestones:
2022-23
Q2. Engagement undertaken with the wider NHS system on decarbonisation to ensure sharing of best practice and embedding of sustainable ways of working within the NHS.
Q4:
- Decarbonisation Action Plan, working with the eight directorates and individual service areas, delivered
- Engagement undertaken with the wider NHS system on decarbonisation to ensure sharing of best practice and embedding of sustainable ways of working within the NHS
- Engagement undertaken with the wider system in Wales regarding a green and just recovery.

2023-24. Review of the Public Health Wales Decarbonisation Action Plan to scope and plan for implementation support and ensure trajectory towards Welsh Government ambition of achieving net zero by 2030
2024-25:
- Support provided to enable the delivery of the Public Health Wales Decarbonisation Action Plan, working with the eight directorates and individual service areas
- Review undertaken of how Public Health Wales have embedded the Well-being of Future Generations Act over the past two years, to identify opportunities for further action.

Objective 3: By 2025, we will have produced high quality evidence on the health and well-being implications of climate change, informing policy and action and contributing toward a healthier, more equal and globally responsible Wales.

Actions:

- continue to synthesise the international evidence around climate change and sustainability, utilising tools such as Health Impact Assessment and surveillance of exposures and health outcomes related to the environment.

Milestones:

2022-23

Q3. Report produced on public perceptions of health and well-being implications of climate change.

2023-24. Climate change, planning and health briefing paper produced.

1.7 Informing sustainable investment in population health and prevention towards an Economy of Well-being

Objectives and Indicators:

- Increased application of social value methods, economic evaluation and modelling within PHW and across the wider NHS.
  Indicators:
  - PHW programmes using Social Return on Investment (SROI) or other health economics evaluation
  - Use of social value assessment and economic modelling to inform budget prioritisation within PHW and other organisations.
- Increased investment in prevention and early intervention across the NHS.
  Indicator:
  - NHS finance prioritisation for population health increased.
- Population well-being and societal progress are central economic values.
  Indicators:
  - Population well-being and societal values are key parameters in the foundational economy
  - NHS role as a foundational economy and local anchor is recognised and strengthened.

Objective 1: By 2025, we will be informing sustainable investment in population health and prevention.

Actions:

- build on the Social Value and health economics work started before the pandemic, reflecting Covid-19 wider impacts and economic consequences, and strengthening our national and global role as a live innovation site for sustainable investment in wellbeing and health equity, exploring, developing, piloting and promoting new economics approaches and tools.

Milestones:

2022-23

Q1. NHS Footprint Analysis developed with WHO to inform Wales' foundational economy.

Q3:

- NHS Footprint Analysis and other innovative methods and tools used to inform NHS and wider economic recovery
- Economic Consequences of Covid-19 and Public Health Modelling explored and progressed to support Covid-19 recovery.

Q4. Cost of Health Inequality to the NHS in Wales second report developed to inform action towards closing the health gap.

2023-24. Cost of Health Inequality to the NHS in Wales third report developed.

2024-25:

- Cost of Health Inequality to the NHS in Wales summary report
- Modelling for public health programmes through an equity lens.

Objective 2: By 2025, we will have embedded a Social Value culture and practice in public health.

Milestones:
2022-23
Q1. Social Value Database and Simulator for public health developed to inform investment prioritisation for population health.
Q2. SROI pilot of public health programme scoped.
Q4. SROI pilot of public health programme initiated.
2023-24:
- Social Value Database and Simulator for public health progressed and expanded
- SROI pilot of public health programme progressed and developed.

2024-25. Capability and capacity building to apply Social Value and SROI assessment of PH programmes

Objective 3: By 2025, we will have informed and promoted an Economy of Well-being in Wales.

Milestones:
2022-23
Q2. Economy of Well-being framework for health, social, economic and planetary co-benefits developed with WHO.
Q4. Economy of Well-being international expert network established exploring synergies and bringing learning to Wales.
2023-24. Economy of Well-being approach and outputs progressed with the Welsh Government and the WHO.
2024-25. Wales role and contribution to implementing the Economy of Well-Being strengthened and promoted.

1.8 Strengthening Wales' role as an influencer nation on population health, through international partnerships, shared learning and a global health role.

Outcomes and Indicators:
- High quality public engagement on population health issues.
  Indicator:
  - Level of public health engagement, involvement and participation nationally and internationally (for example through surveys, stakeholder engagement activities and so on).
- Strengthened international health partnerships.
  Indicators:
  - Number and scope of international health activities across PHW/NHS
  - Number of NHS/PHW staff involved in international collaboration
  - International income generation and other opportunities across PHW/NHS promoted and utilised.
- Active and visible influence.
  Indicator:
  - PHWs global leadership role in public health recognised by key international organisation and networks, such as WHO and IANPHI.

Objective 1: Public Health Wales will be an organisation that regularly engages with the public and internationally to gain insights on key population health issues.

Milestones:
2022-23
Q1. International Horizon Scanning and Learning reports produced and shared to inform public health policy and practice in Wales and beyond.
Q2. International Horizon Scanning and Learning reports produced and shared to inform public health policy and practice in Wales and beyond.
Q3. International Horizon Scanning and Learning reports produced and shared to inform public health policy and practice in Wales and beyond.
Q4:
- International Horizon Scanning and Learning reports produced and shared to inform public health policy and practice in Wales and beyond
- Health equity stakeholder engagement continues to inform sustainable solutions.

2023-24:
- International Horizon Scanning and Learning reports informing public health policy and practice produced
- Health equity stakeholder engagement continues to inform sustainable solutions.

2024-25. International Horizon Scanning and Learning reports informing public health policy and practice produced.

Objective 2: By 2025, international health partnerships and capacity across the organisation and Wales will have been strengthened and a culture of Global Citizenship embedded.

Milestones:
2022-23
Q4:
- IHCC review carried out alongside Welsh Government international reviews, producing a Progress Report 2018-2021
- Public Health Wales International Health Strategy reviewed and updated to align with our Long Term Strategy and Wales' International Strategy.

2023-24:
- Global Citizenship training promoted across Wales, the UK and internationally
- International health collaborative event explored to facilitate sharing of good practice 2024-25
- Opportunities and resources to expand international health partnership working across Wales identified
- Public Health Wales international leadership role strengthened and recognised • Global Citizenship understanding and culture embedded across the NHS.

Strategic Theme 2 for 2022/23: Delivering excellent services for population screening programmes, health protection and infection
Outcomes, indicators and actions not extracted for Theme 2 as this was deemed service orientated. The remaining information is provided below for context.

2.1 Health protection and infection
Approach has three main themes:

- Diagnostics and Therapeutics
- Surveillance and Evidence
- Prevention and Control

What will success look like:
Our Long Term Strategy outlines what we want to achieve for this strategic priority. These are the key themes running through our future actions:
- An integrated, whole system approach to the five key components of an effective National Health Protection Service: surveillance, prevention of infection across the health community and wider population, early effective diagnosis of infection, early effective treatment of infection, and early effective intervention to control the spread of infection
- A relentless determination to drive down the risks from healthcare associated infections (HCAI) and AMR and strengthen our response to other risks including vaccine preventable disease
- An effective approach to the health risks from environmental hazards and support Wales to better prepare for and deal with the anticipated effects of climate change
- Reduce variation and inequality in care and reduce harm in its delivery.

Objective 1: By 2025, working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation.

Milestones:
2022-23
Q1:
- Support Welsh Government and key stakeholders with provision of timely specialist health protection and microbiology advice to inform Wales' long-term Covid-19 transition from pandemic to endemic and other pathogens (external dependencies on Welsh Government strategy)
- National Training Forum for Microbiology established
- Delivered response to the requirements of the supporting health protection legislation - Health Security (EU-Exit) Regulations 2021
- Support provided to the Four Nations Oversight Group and resulting UK-wide work streams including handover of chair
- Concluding the implementation of a funded plan for recruitment of urgent/critical staff/ skills to enhance the health protection and microbiology workforce
- Establish a joint programme with Cwm Taf Morgannwg UHB for the consolidation of Microbiology services
- Review and update risk communication approaches to mitigate harms of Covid-19 as the virus becomes endemic.

Q2:
- Review implementation of Covid-19-testing proposals in line with Welsh Government policy (external dependencies on Welsh Government strategy)
- Extend the hot lab function service offer to include non-Covid-19 testing including C diff, Norovirus, CPO and MRSA screening.
- Collaborate with Health Protection Services to develop a service offer for centralised sexual health infection diagnostics service
- Implement new enteric molecular testing service consistent with competitive tendering outcome
- Develop a new Health Protection Operating model including 24/7 specialist service provision.

Q3:
- Well-being resources developed to support the workforce as part of recovery and service development
- Collaboration with NWSSP to develop a service offer for Environmental Testing

	▪ Implementation of the Public Health Protection and Health Security Framework and development of the supporting the Memorandum of Understanding ▪ Supporting the UK Health Protection Committee and 4 Nation Health Protection Oversight Group including support to 3 work programme workstreams (health protection workforce, EPRR and Environmental Public Health) ▪ Undertaking a comprehensive validation of health protection workforce including impact of recent recruitment and options to inform the next phase of development ▪ Complete stakeholder engagement regarding consolidation of Cwm Taf Morgannwg UHB Microbiology services. Q4: ▪ Supported the NHS through the delivery of critical microbiology and health protection services (for example, infection prevention, diagnosis, Test Trace Protect and population surveillance) (external dependencies on Welsh Government strategy) ▪ Continued to support border controls and port health to prevent importation and spread of Covid-19 (external dependencies on Welsh Government and England strategies) ▪ Modified Service Level Agreement (SLA) introduced to include additional clinical service detail and baseline to facilitate ▪ Centralised CNS Molecular Tender undertaken and implementation commenced ▪ Transfer of PenGU services to new Coryton site, Cardiff Edge ▪ Developing (with Welsh Government) a new national commissioning model/ process for the strengthening of the Health Protection System in Wales ▪ Submit proposals for consolidation of Cwm Taf Morgannwg UHB Microbiology services for Board approval. 2023-24: ▪ Continue to support Welsh Government with timely advice on diagnosis, surveillance and prevention/control of SARS CoV2, other respiratory viruses and key pathogens to support policy ▪ Continue to prioritise health protection in line with Ministerial/HPAG priorities and population need ▪ Review and develop proposal to develop local CNS molecular testing tender ▪ Participate in review the Public Health Protection and Health Security Framework implementation ▪ Support the UK Health Protection Committee, Four Nations Oversight Group and resulting UK-wide work stream ▪ Implement proposals for consolidation of Cwm Taf Morgannwg Microbiology services ▪ Consolidate and review the implementation of the new health protection operating model ▪ Work with key partners to support the ongoing process to strengthen the national Health Protection system in Wales. 2024-25: ▪ Review Health Protection and microbiology services delivery in context of new delivery model ▪ Continue to support Welsh Government with timely advice on diagnosis, surveillance and prevention/control of SARS CoV2, other respiratory viruses and key pathogens to support policy ▪ Continue to prioritise health protection in line with Ministerial /HPAG priorities and population need ▪ Participate in review the Public Health Protection and Health Security Framework implementation ▪ Support the UK Health Protection Committee, Four Nations Oversight Group and resulting UK-wide work streams ▪ Work with key partners to support the ongoing process to strengthen the National Health Protection System in Wales. **Objective 2:** By 2025, we will be providing effective and trusted leadership on a range of designated risks including HCAI, AMR and vaccine preventable diseases.

	2022-23 Q1 ▪ Restart programme of SOPs/Guidance development to support high quality, evidence-based multi-agency response to communicable diseases ▪ Covid-19 response integrated with the development of communicable disease strategies ▪ Undertake health protection risk assessment and provide advice, guidance and support on health screening and management of infectious diseases for refugees and asylum seekers from Ukraine. Q2: ▪ Re-establish momentum towards eliminating Hepatitis C (target 2030) including development of Welsh Health Circular ▪ Re-engage work-stream for addressing the requirements of the sexual health case management system (subject to Welsh Government funding agreement) ▪ Review inequities in vaccination uptake with a focus on black, asian and minority ethnic communities and social-economic bands through the vaccine equity programme ▪ AMR surveillance data to be included on the portal. Q3: ▪ Delivery of Wales Measles and Rubella Elimination Action Plan ▪ Initiate review of patient information on vaccination programmes to maximise health literacy and ensure information is provided which is accessible and coproduced with the target audience ▪ Harm Reduction Database Wales national surveillance system in substance misuse, health, criminal justice and related services delivered ▪ Support and deliver European Antibiotic Awareness Day/ World AMR Awareness Day campaign to improve antimicrobial prescribing Q4 ▪ Progress non-Covid-19 related health and justice surveillance and agree an overall surveillance plan ▪ Establish surveillance outputs for trends for Sexually Transmitted Infections, contraception, and abortions from all sources in Wales ▪ Progress Tuberculosis Strategy for Wales implementation and agree a Tuberculosis Action Plan ▪ Deliver and support the maximisation of the influenza vaccination programme to reduce avoidable morbidity and mortality and explore integration with Covid-19 vaccinations ▪ Development of Carbapenemase Producing Enterobacterales Surveillance and Surgical site infection modules through ICNET completed ▪ Antimicrobial guidance for primary and secondary care developed ▪ Community Infection and prevention control network established and supported. 2023-24: ▪ Implement the findings of the patient information review and pilot co-produced patient information for a limited number of key programmes including HPV ▪ Progress a vaccine equity strategy with expansion to additional vaccination programmes ▪ Lead development an action plan for improving uptake in adult vaccination programmes (Shingles and Pneumococcal) ▪ Support delivery of changes to the routine vaccination schedule based on Joint Committee on Vaccination and Immunisation (JCVI) advice ▪ Continue support to the Welsh Government vaccine integration programme ▪ Support development and implementation of surveillance report ▪ Supporting work stream for the prevention and control of targeted blood stream infections (BSI) ▪ Review antimicrobial guidance for primary and secondary care. 2024-25: ▪ Continue support to the Welsh Government vaccine integration programme

	▪ Roll out co-produced patient information taking into account lessons learned from pilot resource evaluation ▪ Support delivery of changes to the routine vaccination schedule based on JCVI advice ▪ Implement the findings of the patient information review and pilot co-produced patient information for additional priority vaccine programmes ▪ Complete a vaccine equity strategy with expansion to additional vaccination programmes. ▪ Support delivery of changes to the routine vaccination schedule based on JCVI advice. ▪ Continue support to the Welsh Government vaccine integration programme ▪ Support development and implementation of surveillance report ▪ Supporting work stream for the prevention and control of targeted BSI ▪ Supporting UTI working groups for the reducing the burden of infection (link to UK AMR Strategy) ▪ Evaluate antimicrobial guidance for primary and secondary care. **Objective 3:** By 2025, we will have more robust and resilient support to the health and care system in its response to environmental hazards to health and support wider stakeholders to prepare for the impacts of climate change. **Milestones:** 2022-23 Q4: ▪ Environmental public health surveillance developed to describe both exposures and health outcomes, to monitor both health harms and benefits and support advocacy for action to maximise benefits, minimise harms and reduce inequalities ▪ Review, evaluate and revise incident response and management procedures ▪ Climate surveillance developed to describe exposures and health outcomes, both environmental and communicable disease, to support adaptation and mitigation by both the public and NHS ▪ Extreme weather guidance reviewed and revised and the processes of making it available to the public and partners ▪ Support the strengthening of international health regulations by completing delivery of communications and disseminations work package of the European commission of SHARP Joint Action for Health. 2023-24: ▪ Provision of specialist public health advice coordinated through partners to support implementation of Wales Clean Air Plan and develop a new Clean Air Act for Wales ▪ Work with Welsh Government to introduce a default 20 miles per hour speed limit ▪ Review and evaluate current actions in relation to climate change and determine further actions needed to minimise the long-term health impacts, and narrow inequalities, relating to climate change. 2024-25 ▪ Evaluate and build on work of previous two years. ***2.2 Population screening programmes*** The aims of the programmes are either to reduce incidence of disease (for example, cervical screening) or improve early diagnosis to reduce the impact of the disease (for example, breast screening). **Objective 1:** By 2025, we will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations.

	Milestones: 2022-23 Q1: ▪ Screening activity levels to progress to return to pre-pandemic levels for Breast Test Wales, Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP) and Diabetic Eye Screening Wales ▪ Cervical Screening Information Management System implemented and embedded ▪ Laboratory Information Network Cymru (LINC) re-procurement process commenced with development of specification agreed ▪ Continued implementation and communication of extended screening intervals in line with UK NSC recommendations for women who have HPV negative cervical screening result. ▪ Agreement of process with UK countries to share screening history for women moving between countries to ensure safe cervical screening pathway ▪ Re-procurement of cervical screening equipment with enablement and continued service provision implemented ▪ Confirmed finance and agreement with England to use BSS select to enable cohort selection of breast screening when National Health Application and Infrastructure Services (NHAIS) withdrawn ▪ Faecal Immunochemical symptomatic testing service provided to Health Boards and Primary care that wish to take up offer and included in service level agreement ▪ Optometry support to diabetic eye screening programme evaluated ▪ Diabetic transformation programme scoped and initiated ▪ Newborn Bloodspot Screening Wales, Newborn Hearing Screening Wales - Continued to work flexibly with Health Boards in response to the pandemic, including both response and recovery ▪ Scope and procure ABBR equipment replacement ▪ Breast Test Wales replacement equipment programme progressing in line with timelines. Q2: ▪ Screening activity levels to progress to return to pre-pandemic levels for Breast Test Wales, WAAASP and Diabetic Eye Screening Wales ▪ Strategic Inequity Plan developed to improve participation in bowel screening, breast screening, cervical screening, abdominal aortic aneurysm screening, and diabetic eye screening by working with the public, the third sector, and health professionals, while reducing inequalities in uptake ▪ First new screening venue established as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery ▪ Cervical Screening Information Management System post live development work progressed ▪ FIT test procurement process completed and outcome actions ▪ Implement Digital First conversion to e-publications as primary source of participant information for Antenatal Screening Wales, Newborn Bloodspot Screening Wales and Newborn Hearing Screening Wales ▪ Evaluate sample-taker registration process evaluated for Newborn Bloodspot Screening Wales ▪ Breast Test Wales replacement equipment project progressing in line with timelines. Q3: ▪ Screening activity levels higher than pre-pandemic levels to recover the delay in screening offer for Breast Test Wales, WAAASP and Diabetic Eye Screening Wales

	▪ Second new screening venue established as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainable delivery ▪ Scope and initiate Antenatal Screening Wales project to improved pathway for rhesus negative women with Welsh Blood Service ▪ Preparatory work undertaken with England to use Breast Screening Select (BSS) select to enable cohort selection of breast screening when NHAIS withdrawn ▪ Sustain the improved quality of bloodspot cards with sample-takers in health boards ▪ Evaluate Day-4 bloodspot testing. Q4: ▪ Screening activity levels higher than pre-pandemic levels to recover the delay in screening offer for Breast Test Wales, WAAASP and Diabetic Eye Screening Wales ▪ Third new screening venue established as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery ▪ Continued roll out of optimisation of bowel screening with starting of offer bowel screening to people aged 55, 56 and 57 ▪ Outsourced Mail process results for Breast Test Wales and Diabetic Eye Screening Wales programmes ▪ Project to implement equitable provision of Magnetic Resonance Imaging (MRI) surveillance for women identified at very high risk of breast cancer progressed ▪ First year of equipment replacement project for Breast Test Wales completed to ensure continuity of service provision ▪ Agree use of BSS select for identification of breast screening cohort with England and identify funding for costs ▪ Delivery progressed against scoped transformation project focused on high quality and accessible service to the diabetic population ▪ Service model changes scoped to 'one ear clear' model for Newborn Hearing Screening Wales ▪ Long term capacity increased and newly appointed screeners trained and working independently for WAAASP. 2023-24: ▪ Improve participation in bowel screening, breast screening, cervical screening, abdominal aortic aneurysm screening, and diabetic eye screening by working with the public, the third sector, and health professionals, while reducing inequalities in uptake ▪ Evaluate three new screening venues as part of an ongoing estates programme ▪ Complete LINC re-procurement process ▪ Implementation of equitable provision of MRI surveillance for women identified at very high risk of breast cancer ▪ Evaluation of Digital First - conversion to e-publications as primary source of participant information ▪ Potential implications associated with the introduction of self-sampling for persistent non-attenders in Cervical Screening Wales to improve uptake to screening programme scoped ▪ Deliver against scoped transformation project focused on high quality and accessible service to the diabetic population ▪ Implement the evaluation of Day-4 bloodspot testing ▪ Implement the service model change to 'one ear clear' model ▪ Improving health and well-being for participants and surveillance men by Making Every Contact Count. 2024-25: ▪ Improve participation in bowel screening, breast screening, cervical screening, abdominal aortic aneurysm screening, and diabetic eye screening by working with the public, the third sector, and health professionals, while reducing inequalities in uptake ▪ Introducing new ways of working and digital opportunities ▪ Continue process of expanding hub and spoke model as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery

	▪ Implementation team and pathway established for rhesus negative women with Welsh Blood Service ▪ Deliver against scoped transformation project focused on high quality and accessible service to the diabetic population ▪ Evaluation of the service model change to 'one ear clear' model. **Strategic Theme 3 for 2022/23: Support improvements in the quality and safety of health and care services** Outcomes, indicators and actions not extracted for Theme 3 as this was deemed service orientated. The remaining information is provided below for context. **Objective 1:** By 2025, we will have transformed national safety outcomes through demonstrable and measurable system-level improvements **Milestones:** 2022-23 Q1: ▪ National safety priorities for the Safe Care Together Collaborative established ▪ Mechanisms and structure for Improvement Cymru to support regional working established. Q2: ▪ Framework for NHS Wales to commission Improvement Cymru support established ▪ First set of Safety modules released to NHS Wales ▪ Organisation diagnostics to establish safety readiness ahead of Safe Care Together Collaborative completed ▪ Delivery of Improvement Cymru Communications & Engagement Strategy ▪ Suite of behaviour change resources to engage staff in improvement delivered. Q3: ▪ Additional safety offer co-produced to sit within the wider Safe Care Together Programme to support NHS Wales organisations developed ▪ Proof of concept computer simulation flow models to support coaching developed ▪ Commence Safe Care Together Collaborative with Learning Session 1. Q4: ▪ Evaluation of behaviour change resources completed ▪ Submission of quarterly report to Welsh Government for Mental Health improvement SLA ▪ Submission of quarterly report to Welsh Government for the Learning Disability improvement SLA ▪ Submission of quarterly and annual report to Health Foundation for Q Lab Cymru partnership ▪ Proof of concept Safety Dashboard released for test audience ▪ Complete requirement specification for the Safety Dashboard 'Early Warning System for safety issues' ▪ Measurement Platform available to NHS Wales ▪ National Improvement Cymru conference to showcase and share learning delivered ▪ National safety offer to support Cancer services (pending additional funding from Cancer network) delivered. 2023-24: ▪ Delivery of a second suite of behaviour change resources building on evaluation learning ▪ Submission of quarterly report to Welsh Government for Mental Health improvement SLA ▪ Submission of quarterly report to Welsh Government for the Learning Disability improvement SLA ▪ Submission of quarterly and annual report to Health Foundation for Q Lab Cymru partnership

	▪ Strategy evolution based on intelligence gathering and horizon scanning ▪ Proof of concept Early Warning System for Safety analytics systems release for test audience ▪ Second set of Safety modules released to NHS Wales ▪ Deliver national Improvement Cymru conference to showcase and share learning ▪ Quarterly and annual reporting to Public Health Wales, Welsh Government and partner organisations. 2024-25: ▪ Submission of quarterly report to Welsh Government for Mental Health improvement SLA ▪ Submission of quarterly report to Welsh Government for the Learning Disability improvement SLA ▪ Submission of quarterly and annual report to Health Foundation for Q Lab Cymru partnership ▪ Evolve Improvement Cymru's strategic approach to reflect feedback from the system ▪ Third set of Safety modules released to NHS Wales ▪ Deliver national Improvement Cymru conference to showcase and share learning ▪ Quarterly and annual reporting to Public Health Wales, Welsh Government and partner organisations. **Objective 2:** By 2025, organisations will have achieved a mature and sustainable approach to building their improvement capability and applying it to their local quality and safety priorities. **Milestones:** 2022-23 Q1. Duty of quality guidance and tools to Welsh Government delivered. Q2: ▪ Training packages to support the duty of quality guidance for Welsh Government completed ▪ Coaching for Improvement programme available to NHS Wales. Q3. Suite of self-serve Advanced Measurement training materials to NHS Wales released. Q4: ▪ Phase 1 Development – Getting started on making quality an organisational strategy in the beta-site – delivered 2023-24 ▪ Recruit 3 organisations to support embedding quality through a Quality as an Organisational Strategy approach ▪ Continue to support beta-site for Quality as an Organisational Strategy ▪ Delivery of phase 2 – Using the System – Full integration of the quality process into Improvement Cymru as part of Quality as an Organisational Strategy ▪ Co-develop Advanced Level for Improvement with National Education for Scotland ▪ Commence Scottish Improvement Leader cohort 3. 2024-25: ▪ Delivery of Phase 3 – Understanding – Quality improvement is a basic component of Improvement Cymru's structure as part of Quality as an Organisational Strategy ▪ Advanced Level for Improvement programme available to NHS Wales. **Objective 3:** By 2025, Wales will be an integral part of the UK and international improvement community. **Milestones:**

	2022-23 Q2: ▪ Continue to work with UK and international partners to advance our learning and reputation ▪ Agreement of intended solution to support Improvement Cymru's intelligence gathering system based on scoping recommendations. Q4. Learning from across UK and internationally shared. 2023-24: ▪ Learning from across UK and internationally shared ▪ Strengthen Improvement Cymru's reputation as an improvement leader through the publication of white papers and thought pieces. 2024-25: ▪ Share and harvest learning across UK and internationally ▪ Strengthen Improvement Cymru's reputation as an improvement leader through the publication of white papers and thought pieces. **Objective 4:** By 2025, impactful improvements will be evidenced through internal and external evaluation. **Milestones:** 2022-23 Q1. Effective reporting mechanisms established and reports delivered to key stakeholders including Public Health Wales Executive Board, Welsh Government and partnership organisations. Q4. Report on year one findings from the external evaluation of implementing Safe Care Together. 2023-24: ▪ Report on year two findings from the external evaluation of implementing Safe Care Together ▪ Deliver reports to key stakeholders including Public Health Wales Executive Board, Welsh Government and partnership organisations. 2024-25: ▪ Extend the external evaluation to encompass Improvement Cymru's strategic approach more broadly ▪ Deliver reports to key stakeholders including Public Health Wales Executive Board, Welsh Government and partnership organisations. **Objective 5:** By 2025, Innovation and Improvement (I & I) will be integral to Public Health Wales' operating model and culture. **Milestones:** 2022-23 Q4. Submission of I&I Hub annual report to Public Health Wales Executive Team and Board. 2023-24. Submission of I&I Hub annual report to Public Health Wales Executive Team and Board. 2024-25. Implement Public Health Wales' agreed approach to integrating innovation and improvement in more than one strategic priority area as identified through the strategic planning cycle. **Objective 6:** By 2025, we will have Supported the NHS in Wales, alongside multi-agency partners, to embed a quality and improvement ethos in the safeguarding system. **Milestones:** 2022-23

	Q1: ▪ Co-creation of a revised SMM tool that support a continuous quality improvement culture, that reflect safeguarding maturity across NHS Wales with measurable impact ▪ National Safeguarding Team transformation vision and plan shared with stakeholders. Q2. Stakeholder mapping exercise, incorporating a survey and needs analysis, commenced to inform NST transformation to system leaders on QI in safeguarding. Q3: ▪ Stakeholder Mapping exercise complete and shared with relevant stakeholders ▪ Plan for NHS Safeguarding Network workshops. Q4. Facilitated workshops held to build improvement skills and capability across NHS Safeguarding Network. 2023-24 ▪ Consider a theory of change with multi-agency partners to embed QI as part of the quality management system for safeguarding ▪ Explore co-creating a safeguarding community QI programme. 2024-25. Work with NHS Wales and multi-agency partners to build capability, conditions and networks for improvements in safeguarding. **Strategic Theme 4 for 2022/23: Maximise the use of digital, data and evidence to improve public health** Outcomes, indicators and actions not extracted for Theme 4 as this was deemed service orientated. The remaining information is provided below for context. **Objective 1:** By 2025, evidence and analysis will be prioritised to focus on what works communicated with impact to improve health and well-being. **Milestones:** 2022-23 Q1: ▪ Process agreed for delivery and prioritisation of data science, analytics and evidence support role through working with Directors of Public Health and local public health teams and other relevant Public Health Wales colleagues ▪ Future actions based on user research findings developed and agreed ▪ Outcome evaluation 'All Wales Diabetes Prevention Programme' Implemented. Q2: ▪ Revised Public Health Outcomes Framework reporting tool to users delivered ▪ Coordinated development and approval of Research Strategy for Public Health Wales aligned with revised long term strategic priorities and with infrastructure requirements to deliver identified ▪ High impact evidence materials developed to enable the public health benefits of active travel to be delivered more easily ▪ Structured evaluation programme approached designed and resources secured to determine impact of policy programmes and determine 'what works' to impact health and well-being. Q3: ▪ Use of User Personas established within wider Public Health Wales; including development and implementation to maximise the impact of our publications and products

	▪ Future delivery plan published for programme of timely high-impact official statistics on the population health of cancer, congenital anomalies, child obesity, and other health conditions. Q4. Delivery commenced for agreed evaluation programme to determine impact of policy and programmes and determine 'what works' to impact health and well-being Future areas assessed to build on following on active travel development of high impact evidence materials to enable the public health benefits to be delivered more easily. 2023-24: ▪ Research infrastructure for Public Health Wales implemented enabling an active research environment with impact on health outcomes captured ▪ Plan future system for near real time and regular monitoring impact and undertaking user research on our services/products within the organisation ▪ Monitor knowledge mobilisation impact and evaluate implementation of user personas ▪ Scope further research and evaluation programme areas as emerging priorities develop ▪ Assess future areas to develop high impact materials to enable delivery of public health benefits. 2024-25: ▪ Reflection on research strategy development from 2022/23 ▪ Deliver further strategically aligned evaluations to determine 'what works' (services and policy action) to improve health and well-being. **Objective 2:** By 2025, inclusion will be embedded into digital, data and evaluation to ensure we reduce inequalities in public health. **Milestones:** 2022-23 Q1: ▪ Continue (whole-directorate) commitment as collaborating partner with Wales Covid-19 Evidence Centre ▪ Agreed programme of timely impactful research and analysis to inform impact of Covid-19 on recovery of cancer services, early diagnosis and prevention. Q2: ▪ Design approach and secure resource for structured evaluation programme with allocated resource to determine impact of policy and programmes and determine 'what works' to reduce health inequalities ▪ Plan agreed to improve collection and monitoring of equalities data, such as gender identity, sexuality and ethnicity within Public Health Wales services. Q4: ▪ Commenced delivery of agreed evaluation programme to determine impact of policy and programmes and determine 'what works' to impact 'what works' to reduce health inequalities ▪ Commenced delivery of programme of timely impactful research and analysis to inform impact of Covid-19 on recovery of cancer services, early diagnosis and prevention. 2023-24: ▪ Continued delivery of programme to evaluate what works in tackling health inequalities ▪ Explore additional opportunities to engage within the UK for collaboration around disease registration/data collection and research ▪ Continued delivery and publications for research programme strategic areas – Covid-19 and cancer outcome/service recovery subject to collaborators, skills-base, funding, and publication acceptance. 2024-25:

	▪ Deliver further strategically aligned evaluations to determine 'what works' (services and policy action) to reduce health inequalities ▪ Explore additional data acquisition within collection and secondary sources. **Objective 3**: By 2025, we will be utilising emerging technologies and data science to give public health professionals and the wider system right-time information to deliver services. 2022-23 Q1: ▪ Further iteration and delivery of product which visualises status and trends of Public Health Wales services and responsibilities as well as population health with initial focus on Winter ▪ Commenced delivery of 'real time' suicide surveillance with data and analysis ▪ Plan and agree resource establishment of Adult Rare Disease Registry. Q2: ▪ Programme of continuous development of a near-real time Rapid Cancer Diagnosis Dataset delivered ▪ Further engagement undertaken with patients, users and stakeholders to move to co-design and co-produce registry services (Child Death Review, Congenital Anomaly Register and Information Service, Adult Rare Disease Register, Welsh Cancer Intelligence and Surveillance Unit) ▪ State of the nation product delivered. Q3: ▪ Opportunities created for use of novel data and insight across Public Health Wales to address societal challenges ▪ Wider Public Health Wales automation opportunities supported ▪ Formalise Adult Rare Diseases Registry through long term governance and permissions. Q4. Exploration of user generated data, other sources of data to better understand drivers of ill health to inform action. 2023-24: ▪ Work with National Data Resource Programme to ensure utilisation with Public Health Wales Local Data Repository ▪ a programme to improve timeliness of a core high quality population-based cancer registration dataset ((dependent on collaboration with registry in England)) integrating data liaison and cancer data standards linkable within Public Health Wales repository ▪ Develop registries further to respond to post pandemic changes ▪ Exploration of Data Science and Artificial Intelligence application in research to better understand drivers of ill health to inform action ▪ Partnership working to scope and develop predictive modelling for disease – such as cancer ▪ Scope additional potential impacts for 'real time' suicide surveillance data. 2024-25: ▪ Through improved infrastructure and further developed technical and analytical skills realise opportunities for expansion of data reuse across public sector ▪ Deliver accessible, transparent and reproducible research and evaluation outputs to support decision-making. **Objective 4**: By 2025, we will be using digital and agile to deliver user-centric services to improve outcomes. 2022-23 Q1: ▪ Agree action plan for future change in partnership with Diabetic Eye Screening following discovery activity

	▪ Lead Public Health Wales engagement in digital readiness for e-prescribing/digital services for patients and public scoping work ▪ Capacity and skills built within Public Health Wales to undertake future discovery activities and user research. Q2: ▪ Across registries utilise engagement opportunities to work digitally wherever possible ▪ User research findings utilised to inform development of internet pages for programmes and teams within Data, Knowledge and Research. Q3. Work with colleagues across Public Health Wales to collaborate to align digital agile working approach with the organisational approach to meeting duty of Quality Act. Q4: ▪ Build on and apply, disseminate technical learning gained from development of Winter dashboard product ▪ Further develop and disseminate agile working approach within activities across Directorate and wider Public Health Wales. 2023-24. Spread learning and agile working skills within Public Health Wales. 2024-25 ▪ Establish a multi-professional digitally skilled workforce ▪ Develop partnerships with digital technology sector to strengthen our impact and opportunity to improve outcomes.
Any additional information	N/A.
Strategy development	
Stakeholder(s) and or consultation method(s)	Engagement with Stakeholder around the development of the strategy is not identified. However, the following is outlined as an objective: *By 2025, our key stakeholders will understand the role that Public Health Wales plays in achieving a healthier Wales and how our revised long-term strategy contributes to both preventing harm and promoting health and well-being.* 2022-23 Q1: ▪ Engage with external stakeholders on the refreshed Long Term Strategy ▪ Develop stakeholder engagement offer for internal clients. Q2: ▪ Present brand audit and strategy recommendation ▪ Develop a stakeholder management offer to help staff apply more consistent approaches to stakeholder management and public affairs ▪ Tranche two of public understanding and perceptions research and analysis complete. Q3. Update and refine corporate narrative to align to revised Long Term Strategy. Q4: ▪ Planned engagement with external stakeholders on the refreshed strategy ▪ Tranche three of public understanding and perceptions research analysis complete. 2023-24: ▪ Embed stakeholder management principles with internal partners ▪ Tranche four and five of public understanding and perceptions research and analysis complete ▪ Evaluate stakeholder management and public affairs activity and recommend improvements based on stakeholder engagement feedback 2024-25. Evaluate public perception research and recommend refinements to communications and engagement activity based on findings.

Key: BSI: blood stream infections; BSS: Breast Screening Select; GDS: General Dental Services; HCAI: Healthcare Associated infections; HEIW: Health Education and Improvement Wales; HIA: Health Impact Assessment; I & I: Innovation and Improvement; JCVI: Joint Committee on Vaccination and Immunisation; LINC: Laboratory Information Network Cymru; MECC: Making Every Community Count; MRI: Magnetic Resonance Imaging; NHAIS: National Health Application and Infrastructure Services; NHS: National Health Service; NSC: UK National Screening Committee; PHOF: Public Health Outcomes Framework; PSB: Public Service Boards; SLA: Service Level Agreement; SROI: Social Return on Investment; VAWDASV: violence against women, domestic abuse and sexual violence; TraCE: Trauma and ACE; WHESRI: Welsh Health Equity Status Report initiative; WAAASP: Wales Abdominal Aortic Aneurysm Screening Programme.

Table B19. Extracted data for Wales (Public Health Wales 2023 -2026)

Wales	Strategy information
Author(s) **Title**	Public Health Wales Our Strategic Plan 2023 - 2026[34]
Timeline	2023 to 2026 (first three years of the strategy "Working Together for a Healthier Wales 2023 – 2035".
Overall aim(s) (measurement method(s) and target(s) where available)	▪ Inform partners on the current and emerging threats to health in Wales, the factors which influence health, well-being and inequalities, and the evidence base for action ▪ Advocate for action to improve and protect health and reduce inequalities ▪ Mobilise partners across systems to translate evidence into policy and practice at scale to improve population health and well-being and reduce health inequalities ▪ Deliver evidence-informed services to the public.
Governance	▪ Progress against the plan will be reported to the Executive Team and Board on a monthly basis through our Performance and Assurance Dashboard. ▪ This will include the ratings for each milestones and exception reports for those where issues have been identified. ▪ A control process will be used for managing changes, particularly in relation to milestone delivery. ▪ Ongoing assurance will also be provided to Welsh Government through our Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings.
Scope and collaboration	The wider determinants of health are the social, economic and environmental factors that affect health, well-being and health inequalities. Key determinants include: ▪ Good education and skills ▪ Fair work ▪ Sufficient money and resources ▪ Quality, accessible, affordable housing ▪ Well-designed sustainable transport ▪ A built and natural environment that supports our health and well-being. ▪ Wider determinants relate not only to our living conditions, but also include structural drivers of these conditions, such as economic and commercial forces, political priorities and the unequal distribution of income wealth and power. These structural factors are also referred to as fundamental causes. We also recognise that the relationship between health and these determinants acts in both directions, with health and illness affecting our social, economic and environmental well-being. For example, when we are healthy we are in a better place to learn or participate in fair work. ▪ We will work with partners, bringing evidence and expertise to inform, advocate for and mobilise action on wider determinants in order to reduce health inequalities and improve health and well-being throughout the course of people's lives. We will inform action on determinants, using evidence from multiple sources. This may range from community experiences to surveillance of key determinants, to international research.

	▪ We will add to the evidence base through advising on and leading research and evaluation related to the wider determinants and interventions. Opportunities to influence wider determinants lie with the actions and behaviours of policy and decision makers working within complex systems. We will advocate to these decision makers guided by behavioural science approaches and focusing on structural and system level impact. We will mobilise action on determinants, using systems approaches and insights, developing a common understanding of the pathways and opportunities for impact across different, interdependent sectors and policy areas. Our efforts will be shaped by the evidence of the importance of these determinants for population health and equity, as well as by our unique ability to influence them.
Themes and or priorities	The following strategic priorities have been identified: ▪ Influencing the wider determinants of health ▪ Promoting mental and social well-being ▪ Promoting healthy behaviours ▪ Supporting the development of a sustainable health and care system focused on prevention and early intervention ▪ Delivering excellent public health services to protect the public and maximise population health outcomes ▪ Tackling the public health effects of climate change.
Implementation action(s), lead(s) and key performance indicator(s)	**Strategic Priority 1 - Influencing the wider determinants of health** **Scope** The wider determinants of health are the social, economic and environmental factors that affect health, well-being and health inequalities. Key determinants include: ▪ Good education and skills ▪ Fair work ▪ Sufficient money and resources ▪ Quality, accessible, affordable housing ▪ Well-designed sustainable transport ▪ A built and natural environment that supports our health and well-being. **What success will look like** By 2035, we will have: ▪ A Wales where people have a more equal chance of living a fulfilling life, free from preventable ill-health ▪ Our future generation's health and well-being less impacted by poverty and inequality ▪ Secured better and fairer opportunity for children to learn and fulfil their potential ▪ Transport, housing and planned environment developments that support people, families and communities to live healthier lives ▪ Major decisions on wider determinants which are informed by health impact assessment ▪ Public and private sector work to maximise inclusive participation in fair work supporting health and well-being ▪ Shaped thinking and decision-making on wider determinants policy areas to reduce inequality and improve health through our work with the Senedd and Welsh Government ▪ Supported positive system-wide change on the wider determinants of health in collaboration with partners locally, nationally and internationally in pursuit of better health and well-being for all. **Outcomes** We will work to support the following system wide outcomes: ▪ Socio-economic inequality in life expectancy (Baseline: 7.6 years for male and 6.3 years for female, PHOF) ▪ Socio-economic inequality in healthy life expectancy (Baseline: 13.3 years for male and 16.9 years for female, PHOF) ▪ Socio-economic inequality in mental well-being (Baseline: 48.92, National Indicator)

	▪ Children living in income poverty (Baseline: 31%, National Indicator). **What we will achieve in the next three years** We will take forward the delivery of this priority over the next three years through the delivery of the following strategic objectives: *SO1.1:* By 2026, we will have worked with national, regional and local partners to positively influence how work, education and housing can improve health and equity. ***Actions:*** ▪ build on our work to date describing the benefits and actions that can be taken on fair work and engaging with actors across the system to understand current action being taken, barriers and opportunities ▪ develop proposals for specialist public health support to increasing participation in fair work, as areas such as measurement gaps and further sector specific intelligence ▪ work to integrate our specialist support into national and regional efforts to improve participation in fair work in order to support health and equity ▪ analyse existing policies and consider leverage points for influencing the educational attainment gap ▪ examine evidence and insights in relation to these points of influence to inform action, in the context of government policy, including community focussed schools and our work on health promoting schools and the whole school approach to mental well-being ▪ continue our work to support employers to maximise the contribution of work to improving health and well-being and reducing inequalities through the Healthy Working Wales Programme and celebrate the Programme's 15th anniversary ▪ support NHS organisations in their important role as anchor institutions within the local community, including their critical role in supporting staff health and well-being as Wales's largest employer ▪ facilitate a forum for NHS Trusts to share best practice, with an initial focus on recruitment and retention of disabled employees and action to support staff with long term conditions ▪ continue to build on our health and housing work programme, working with partners nationally and locally, enabling action towards creating a future of healthy housing in Wales. This will involve looking first at how the cost of living crisis intersects with affordable housing in Wales. We will also share evidence and insights from household surveys and qualitative research on the links between home warmth, poverty and health to inform the Welsh response to cost of living crisis and fuel poverty. ***Milestones:*** 2023-24 Q1. Education system map used to prioritise work to influence the educational attainment gap related to socio-economic disadvantage. Q2: ▪ Completed proposals for our public health specialist support to increasing participation in fair work, informed by engagement and lessons learnt ▪ Reported on findings from second housing warmth survey and qualitative research on links between home warmth, poverty and health to inform Welsh response to cost of living crisis. Q3: ▪ Employer toolkit and training developed to improve sickness absence and long term conditions management at work ▪ Commissioned insights and evidence relating to leverage opportunities identified from education system mapping to inform public health action. Q4:

	▪ Created a forum for NHS Organisations in Wales to share learning and best practice on recruitment and retention of disabled people and support for staff with long term conditions ▪ Agreed priorities for our public health specialist support to increasing participation in fair work support with key stakeholders ▪ Produced analyses to provide further actionable insights on taking a public health approach to the cost of living crisis, with initial focus on affordable housing. 2024-25: ▪ Consolidated delivery of the Healthy Working Wales model with employment sectors with a high proportion low paid and/or precarious workers or high occupational risk, and tailored approaches developed ▪ Resources for our public health specialist support to increase participation in fair work scoped and developed as appropriate (dependant on resources) ▪ Theory of change developed for our action to influence the educational attainment gap in order to improve health and equity ▪ Developed initial suite of resources to support partners in improving health and equity through action on the educational attainment gap. 2025-26 ▪ Multi-agency strategy developed to engender more effective use of the fit note as a key tool by health professionals and employers to support employees ▪ Our public health specialist support is further developed and integrated into national and regional efforts to increase participation in fair work as appropriate and dependent on resources ▪ Further develop programme of work with partners to influence action on reducing the educational attainment gap relating to social disadvantage. *SO1.2:* By 2026, we will have developed and mobilised evidence, including on health equity solutions, to influence, inform and implement policy to tackle the cost of living crisis and other priority public health issues. ***Actions:*** ▪ inform and influence Welsh policy to respond to complex and dynamic interconnected challenges such as the cost of living crisis, the European Union transitions, COVID-19 recovery and climate change by developing and communicating high quality evidence and insight ▪ develop solutions-focused evidence and resources for health inequalities, prioritising our work to the cost of living crisis ▪ hold high-level policy dialogues, and host expert webinars to support the system to narrow the gap for health inequalities in Wales ▪ focus on the essential conditions for healthy lives, for example social capital and will promote health and health equity by delivering the best public health value from existing legislation such as the Socio-economic Duty ▪ share international learning, mainstreaming economic and health impact assessment and modelling, and by strengthening the ability of ourselves and others to think and act for the long term using futures approaches ▪ continue to build on the Welsh Health Equity Status Report initiative (WHESRi) and progressing a Welsh Health Equity Solutions Platform, strengthening Wales' role as a global influencer and a live innovation site for health equity ▪ co-design with stakeholders, a health equity tool to support the integration of health equity considerations into planning and decision-making across sectors, progressing policy solutions, innovation in population health, and sustainable investment ▪ build upon public and stakeholder engagement to create cross-sector national and international relationships and dialogues, informing our work on key population health issues with insights, expertise and perspectives from across the system including the roll-out of the 'Time to Talk Public Health' panel survey. ***Milestones:***

	2023-24 Q1. Trade and health event held to demonstrate to stakeholders and decision-makers the value of an HIA-informed approach to trade agreement scrutiny. Q2: ▪ First high level policy dialogue on Wales' well-being and health equity priorities delivered with Welsh Government and WHO ▪ Produced and disseminated findings from the Building a Healthier Wales Coordination Group's All-Wales Cost of Living Summit. Q3: ▪ Produced translational futures resources that support tackling long term health and equity challenges in Wales and beyond ▪ Supported the Building a Healthier Wales Coordination Group response to poverty and the cost of living. Q4: ▪ Undertaken a literature review exploring the link between social capital and health equity in the context of the cost of living crisis and pandemic recovery. ▪ Rolled out/promoted training and support to Public Bodies to implement the Socio-economic Duty ▪ Rolled out of the Time To Talk Public Health panel survey with series of reports, embedding public involvement and collaboration as ways of working and informing public health strategic priorities. 2024-25: ▪ Health equity solutions for Wales tool co-designed with multi-sector stakeholders, driving sustainable approaches to health equity to close the health gap in Wales and beyond ▪ Undertaken research to further explore the link between social capital and health equity in the context the cost of living crisis and pandemic recovery. ▪ Undertaken futures work that tackles long term health equity issues and builds capability and capacity for long term thinking in the public sector ▪ Provided further actionable insight on taking a public health approach to the cost of living crisis/economic stress through a focus on prioritised wider determinants of health ▪ Evaluated international trade as a key determinant of health, well-being and equity in Wales and the role Public Health Wales can play 2025-26 ▪ Produced materials to aid understanding and action on social capital to improve health equity ▪ Produced resources that use lived experience examples of policy acting through wider determinants of health to affect well-being ▪ Progressed and expanded the Welsh Health Equity Status Report initiative (WHESRi) and Solutions Platform for Wales, aligned with public health priorities and needs of partners, stakeholders and users ▪ Event / report produced reflecting on 'healthy trade' to understand the opportunities and challenges international trade poses for public health in Wales, 10 years on from the UK-EU referendum. *SO1.3:* By 2026, we will be enabling and supporting the mainstreaming of Health Impact Assessment (HIA) and Mental Well-being Impact Assessment (MWIA), to strengthen Health in All Policies and investment towards achieving sustainable development in Wales ***Actions:*** ▪ publish new HIA guidance and establish an integrated network of practice to increase knowledge and skills to support the needs of our partners to embed HIAs to consider health and equity as part of their duties to carry out HIAs and maximise Well-being Goals.

	▪ further develop our training strategy to increase public health and partners' understanding of the wider health implications of policies, plans and decisions, supporting them to deliver a collaborative approach to implementing HIA regulations. This will be complemented by engagement with partners in spatial planning and health to facilitate collaborations for integrating health in planning policy and practice. ▪ continue to enable more widespread use of MWIAs to inform policy and programme design by developing and promoting MWIA guidance for Wales, complementing the HIA statutory regulations. ***Milestones:*** 2023-24 Q4: ▪ Spatial Planning and Health event held to facilitate collaborations for integrating health in planning policy and practice ▪ Produced of new HIA Guidance in Wales to complement the Public Health (Wales) 2017 Act regulations (dependent on Welsh Government timeframes and resources) 2024-25 ▪ MWIA Guidance or Toolkit for Practice for Wales produced ▪ HIA Network of Practice – Welsh and international development session for knowledge and capacity building held ▪ Updated Training Strategy and assisted and supported public bodies and PSBs to deliver a collaborative approach to implementing the HIA regulations to maximise health and well-being and reduce inequalities 2025-26 ▪ Built on Training Strategy to support the evolution of HIA in Wales in response to the HIA regulations. *SO1.4:* By 2026, we will have strengthened the capability of the public health system to influence the wider determinants of health 2023-24 ***Actions:*** ▪ build our ability to influence wider determinants across systems, and align our efforts, to have the greatest impact. Collaborating with our public health colleagues in health boards and government, and wider partners, will maximise our impact within these systems to inform and mobilise action. ▪ build on our refreshed long term strategy to develop priorities for a cross organisational programme of work to bring our unique value to influencing the wider determinants. ▪ further develop our growing Public Health Network Cymru, to inform, facilitate and create connections in public, private and third sectors to improve population health well-being. We will increase uptake of our digital offer, using continuous improvement approaches. ▪ support our public health colleagues to develop as system leaders, working with others to influence these determinants. ▪ work with the Public Services Boards and Directors of Public Health to support the application of systems approaches to influence wider determinants of health at a local level, seeking a Shaping Healthier Places for Well-being award from the Health Foundation. ***Milestones:*** 2023-24 Q1: ▪ Wider Determinants of Health Community of Interest year one plan commenced ▪ Evidenced informed design phase for multi-year proposal to apply systems approaches at a local level to influence wider determinants co-produced with partners ▪ Public Health Network Cymru's advisory group re-established. Q2

	▪ Insights gathered to further develop Public Health Network Cymru's offer to inform, facilitate and create connections for those working in public, private and third sectors to improve population health well-being ▪ Multi-year proposal to apply systems approaches at a local level to influence wider determinants submitted to Health Foundation. Q3: ▪ Prioritisation to inform forward programme of work to deliver long term strategy ambitions to influence the wider determinants of health completed ▪ Forward plan for the Building a Healthier Wales Coordination Group developed, subject to resources and agreement on governance arrangements ▪ Health equity expert webinars series initiated, to support health equity solutions on national and local levels. Q4: ▪ Public Health Network Cymru offer to members is developed further through collaborated and informed by insights. 2024-25 ▪ Wider Determinants of Health Community of Interest end of year progress report produced ▪ Survey of Wider Determinants of Health Community of Interest membership undertaken to inform community's future direction ▪ Public Health Network Cymru applied continuous improvement methods to further develop its offer to support the improvement of population health well-being ▪ Developed Shaping Healthier Places Wales programme to apply systems approaches at a local level to influence wider determinants subject to successful Health Foundation award application ▪ Cross organisational prioritised programme of work on wider determinants to achieve the ambitions of our long term strategy commenced ▪ 2025-26 ▪ Continued to develop and deliver the cross organisational prioritised programme of work on wider determinants to achieve the ambitions of our long term strategy. Options for future development of wider determinants Community of Interest identified ▪ Commenced Shaping Healthier Places Wales programme subject to successful Health Foundation award application. **Strategic priority 2: Promoting mental and social well-being** **Scope** This priority is about laying the foundations of good health and well-being taking a life course approach. While the work in this priority will contribute to prevention of mental ill health, this priority theme is not only about mental health or illness. In simple terms mental well-being can be defined as 'feeling good and functioning well'. We will focus on the different building blocks of mental and social well-being for individuals and within communities. This will include: ▪ Psychological factors such as self-esteem, self-confidence, self-determination, and self-acceptance ▪ Emotional literacy, the ability to recognise and respond appropriately to our emotions ▪ Healthy relationships, developing the skills to form and maintain good quality healthy relationships with others ▪ Resilience, our ability to respond to the day-to-day challenges of life in a way that is not health harming in itself ▪ Reducing stigma and discrimination ▪ Trauma-informed practice in a whole of society approach, in which individual, organisations, communities, systems and the society in which they exist are aware of the impact of trauma and have the capability to respond. **What success will look like:** By 2035, we will have:

	▪ Worked with others to reduce inequalities in mental and social well-being ▪ Synthesised, interpreted and disseminated evidence for effective action to support policy development, legislation and system wide action to promote mental and social well-being and reduce inequalities ▪ Co-created a trauma-informed Wales, to reduce impact of adverse childhood experiences and other forms of adversity and trauma ▪ Mobilised and enabled evidence-based action to promote and protect mental well-being across the system, including in key settings such as education, at work and in communities ▪ Supported the system to review or evaluate policy or programmes for their impact on mental and social well-being and inequalities taking a life-course approach ▪ Developed strong and purposeful partnerships to increase access to opportunities for people to promote their mental well-being through engagement with the things that keep them mentally well ▪ Worked with partners and parents to enable children to achieve optimum social and emotional development. **Outcomes** We will work to support the following system wide outcomes: ▪ Improve population mental well-being and reduce the gap in mental well-being between the most affluent and most disadvantaged groups (Baseline: 48.92, National Indicator) ▪ Increase the proportion of the population who say they have a sense of community (Baseline: 69.3%, PHOF) ▪ Increase the proportion of children who achieve their developmental milestones, social and emotional ▪ Reduce the proportion of the population who report experiencing violence or abuse. **What we will achieve in the next three years** *SO2.1:* By 2026, We will work with our national and international partners to strengthen knowledge on childhood adversities, violence prevention and support evidence-based practice. ***Actions:*** ▪ established as global leaders in the fields of tackling adverse childhood experiences (ACEs) and providing multi-sectoral trauma informed services that help secure safe and nurturing childhoods and support to those who suffer from the consequences of childhood traumas throughout their life-course. In collaboration with the World Health Organization and an international advisory group, produce a policy and legal framework, grounded in a social determinants of health approach, to support country-level implementation of WHO's INSPIRE seven strategies for ending violence against children ▪ Underpinning continued work in our Violence Prevention Unit with police across Wales. Continue to evidence on what works to address ACEs and violence prevention into practical principles and actions for delivering prevention, building resilience and developing trauma informed systems for current and future generations working in collaboration with the National Safeguarding Team ▪ have supported NHS Wales to evidence identification and response to routinely asking about Domestic Abuse in Emergency Departments, Minor Injury Units and mental health services. ***Milestones:*** 2023-24 Q2: ▪ Implementation plan to accompany the National Trauma Practice Framework developed ▪ Published an accessible and children and young people's version of the framework

	▪ All Wales operating Model for Violence developed building on the South Wales Violence Prevention Unit model ▪ Implementation plan for the youth violence prevention strategy developed to support focus of local areas in their approach to violence prevention for the Serious Violence Duty ▪ Produced of a social determinants of health framework, supporting country-level implementation of the World Health Organization's seven strategies for ending violence against children (INSPIRE), informing and extending a growing body of evidence on what works to prevent and respond to violence ▪ Reported on the rising cost of living and health and well-being, informing public health policy and practice and the prevention of childhood adversity. Q3: ▪ Developed a repository of existing training materials ▪ Developed an implementation plan to accompany the National Trauma Practice Framework ▪ Implemented a full scale violence surveillance system (VIP Hub) for Wales. Q4: ▪ Resources to support Welsh public bodies to fulfil their Serious Violence Duty, including guidance on SNA, data analysis and violence monitoring developed ▪ Monitoring and evaluation for the trauma framework including indicators and measures developed ▪ TraCE toolkit evaluated across organisations, sectors and communities. 2024-25 ▪ Implementation of the National Trauma Framework evaluated. *SO2.2:* By 2026, we will have worked with others to increase the visibility of evidence-based work to promote mental well-being ***Actions:*** ▪ continue strategic work to increase the prominence and priority given to action to protect and promote mental well-being as a core foundation to good health and quality of life. ▪ finalise and launch our national conversation informed by insight and evidence and we will continue our work to develop partnerships with key sectors to support activities which support mental well-being. This will include specific work with Health Education and Improvement Wales to develop a training programme to embed an understanding of the importance of mental well-being across the health and care workforce. ▪ continue to support the implementation of the Whole School Approach to Mental and Emotional Well-being in maintained schools in Wales, with a continuous improvement approach in place. ▪ share learning from our process evaluation highlighting good practice and begin to identify development areas highlighted by schools for further improvement. Undertake work to bring together this work with the Welsh Network of Health Promoting Schools. ***Milestones:*** 2023-24 Q1. Published findings from insight and engagement work with communities on mental well-being. Q2: ▪ National conversation about mental well-being launched ▪ Good practice identified from evaluation of processes to embed a Whole School Approach to Emotional and Mental Well-being and disseminated. Q3. Training resource on mental well-being developed in support of the mental health workforce development plan. Q4. Established workstream to engage and develop organisational and community-based well-being champions.

2024-25:
- On-going mobilisation of communities in support of mental well-being through partnership working across key sectors achieved.
- Supported continuous improvement of whole school approaches to emotional and mental well-being and increasing alignment of activity by system partners working to improve young people's health and well-being.

2025-26. Further extending partnership working with key sectors and settings completed.

SO2.3: By 2026, We will have enabled system partners to understand and act on the case for placing the early years at the heart of approaches to improving population health and reducing inequalities.

Actions:
- have completed our review of future programme delivery for the First 1000 Days programme, taking account of wider strategic direction in Wales and Informed by our Long Term Strategy refresh, we will describe a future delivery model for the First 1000 Days Programme that will maximise our ability to enable the system to understand and act on the best available evidence in the early years.
- work to increase understanding and recognition across the early years system that adopting a public health approach to supporting parents has the potential to reduce inequalities in outcomes and break intergenerational cycles of disadvantage.
- continue our programme of work to develop the successor to Bump, Baby and Beyond to ensure parents have access to the key health information they need to help give their child the best start in life.

2023-24
Q2:
- Key messages from A Public Health Approach to Supporting Parents communicated to stakeholders.

Q3:
- The future model of delivery for the First 1000 Days Programme described, informed by the Long Term Strategy refresh.

Q4:
- Publication of the successor to Bump, Baby and Beyond to meet the health information needs of parents in the first 1000 days Phase 1 completed 2024-25
- First 1000 Days Programme delivery will be taking place in line plans developed in 23/24
- Successor to Bump, Baby and Beyond developed to meet the health information needs of parents during pregnancy and the early years will continue, providing information for parents with children aged over two.

2025-26. Successor to Bump, Baby and Beyond evaluated

Strategic Priority 3 - Promoting healthy behaviours
Scope
This priority will focus primarily on those behaviours which have the largest impact on preventable ill health, disability and early death. In doing this we are also acknowledging the contribution of these behaviours to the health of the planet as well as the health of individuals.

What success will look like:
By 2035, we will have:
- Worked with others to reduce the burden of disease in Wales from use of health harming products and increased health promoting behaviours

	▪ Synthesised, interpreted and disseminated evidence for effective action to support policy, legislation and system wide action on tobacco, diet, physical inactivity, alcohol and other substances ▪ Enabled system wide action by developing and testing new approaches and coordinating programmes of work ▪ Established and implemented mechanisms for rapid assessment of new and emerging behaviours for their public health impact ▪ Reviewed or evaluated policy or programmes for their impact. **Outcomes** We will work to support the following system wide outcomes: ▪ Reducing prevalence of smoking to 5% by 2030 (Baseline: 13.8%, PHOF) ▪ Increasing the proportion of the population who are a healthy weight (Baseline: 36.7%, PHOF) ▪ Increasing the proportion of the population who are active (Baseline: 55.5%, PHOF) ▪ Increasing the proportion of the population whose use of alcohol is low risk (Baseline: 82.1%, PHOF). *SO3.2:* By 2026, We will have enabled others to adopt a systems approach to halting the rise in levels of overweight and obesity for children and adults in Wales through the implementation of the Healthy Weight: Healthy Wales Strategy ***Actions:*** ▪ continue to support implementation of the Healthy Weight Healthy Wales Strategy and 2022-24 Delivery Plan through: o Supporting the ongoing development of the All Wales Weight Management Pathway through a new pathway for pregnancy and through the implementation of the National Minimum Dataset. o Launching two new modules in conjunction with the Making Every Contact Count programme on Healthy Weight Conversations. o Continuing to build and develop the level 1 Digital Offer. o Implementing the Primary Care Obesity Prevention Action Plan 2022-24 and through implementation, monitoring and evaluation of the All Wales Diabetes Prevention Programme (AWDPP) in primary care clusters across Wales. ▪ Having launched the Healthy Weight Healthy You social marketing programme in January we will follow up with two specific behaviour change initiatives during the year. ▪ continue to support the implementation of our whole system approach for Healthy Weight, in Wales at a local and national level supporting the local priority system work and enabling learning to be shared across Wales. Provide learning for these approaches for improving healthy weight though evaluation of the Children and Families early intervention pilot. ▪ return to our work on early years nutrition, making the case for 10 Steps to healthy weight for children, supporting the implementation of the National Breastfeeding Action Plan and demonstrating how can maximise the contribution school food makes to population health and well-being. ▪ continue to provide high quality evidence to inform Welsh policy and legislative approaches to enable healthy weight, including work for to promote healthier food environments. ***Milestones:*** 2023-24 Q1: ▪ Launched level 1 and 2 Healthy Weight Conversation modules for making Every Contact Count ▪ Continued to implement Primary Care Obesity Prevention Action Plan 2022-24

	▪ Supported ongoing implementation, further roll out and identification of at risk populations for referral to the All Wales Diabetes Prevention Programme (AWDPP). Q2: ▪ Reported on initial evaluation of the Healthy Weight Healthy You level 1 offer ▪ Report published on maximising the opportunity of the school meals system to promote population health and reducing inequalities ▪ Piloted an evidence-based assessment tool for the healthy weight pathway ▪ Developed national monitoring tools for the AWDPP. Q3: ▪ Published the case for action for the 10 steps to healthy weight for children ▪ Produced an evaluation and recommendations for the children and families pilot ▪ Published AWDPP process evaluation findings and disseminate to key stakeholders ▪ AWDPP One Year On: Stakeholder engagement completed to embed learning from process evaluation Quarter 4 ▪ Published an interim report on the School Meals Cashless Payment System Feasibility Study ▪ Published an All Wales Weight Management Pathway for Pregnancy ▪ Supported implementation of the All Wales Weight Management Pathway in primary and community care ▪ Shared recommendations for future plans for the AWDPP to support embedding evidence-based diabetes prevention across primary care. 2024-25 ▪ Evaluated Year 1 of Healthy Weight Healthy You Level 1 offer ▪ Evaluated Year 1 of Healthy Weight Healthy You Campaign ▪ Produced an interim evaluation report for the Whole Systems Approach to Healthy Weight ▪ Produced final report cashless payment systems feasibility study ▪ Assess implementation of Primary Care Obesity Prevention Action Plan 2022-24 ▪ Shared AWDPP outcome evaluation findings with key stakeholders. 2025-26 ▪ Implemented key elements of the Healthy Weight Healthy Wales delivery plan ▪ Reviewed primary and community care objectives to support ongoing delivery of the Healthy Weight Healthy Wales Strategy ▪ Assessed contribution of AWDPP to burden of type 2 diabetes in Wales. *SO3.3:* By 2026, We will have worked with others to increase the proportion of the population who are active ***Actions:*** ▪ continue our work to implement the Active School Travel Route to Improvement recommendations to increase the number of children who travel actively to school working with partners across the system by developing and piloting a place based approach to promoting active travel focused on secondary school areas ▪ further develop the Hands Up Active Travel to School Survey and alongside this we will launch our behaviourally informed social marketing initiative aimed at parents. ▪ continue our work with partners to develop the Daily Active Offer for schools, including finalising a thematic framework for a whole school approach to physical activity, aligned with the Curriculum for Wales and the Welsh Network for Health Promoting Schools. ***Milestones:***

	2023-24 Q1: ▪ Protocol produced for the local place based approach to active school travel (AST) improvement plans pilots. Q2: ▪ Developed and agreed a national thematic framework for a whole school approach to physical activity Quarter 3 ▪ Launched a behaviourally informed AST social marketing campaign targeted at parents/guardians. Q4: ▪ Progress report published on the AST improvement plans pilots. 2024-25 ▪ Agreed actions within the AST National Delivery Plan implemented. ▪ Agreed actions within the Healthy Weight: Healthy Wales Delivery Plan implemented. 2025-26 ▪ Agreed actions within the AST National Delivery Plan implemented. ▪ Agreed actions within the Healthy Weight: Healthy Wales Delivery Plan implemented. *SO3.4:* By 2026, We will have supported the wider system to take evidence-based action to promote healthy behaviours and to measure the impact of their actions. ***Actions:*** ▪ Having restarted the Making Every Contact Count (MECC) programme in 2021/22 we will continue to rebuild to full function during the year. This will focus on working with Health Education and Improvement Wales (HEIW) to embed MECC within health professional training in Wales. ▪ refresh and disseminate the logic model to guide action across the system. ▪ work with our partners to respond to the recommendations of the review of the National Exercise Referral Scheme to ensure that it provides a high quality, effective and consistently delivered programme of exercise to those at risk of or with chronic disease who have the greatest capacity to benefit and ensure the programme supports the waiting well initiative. ▪ complete the recovery and restart of the JUSTB programme with improved targeting at the schools with the greatest need to contribute to the goal of a smoke free Wales by 2030. ▪ continue with the evolution and transformation of the Welsh Network of Healthy School Schemes and the Healthy and Sustainable Pre-school Scheme to optimise the programmes within an evolved policy landscape and ensure it is a supportive mechanism for the roll-out of the new Curriculum for Wales/Health and Well-being Area of Learning and Experience. This will include working with the education and health sector to develop a replacement for the National Quality Award and we will also develop a national set of indicators that measure the impact of the programme. ▪ commence work to fully integrate the Whole School Approach to Mental and Emotional Well-being with the Welsh Network of Health Promoting Schools. Work with Welsh Government, teachers, regional consortia and other partners to develop an approach to the provision of resources to support the Health and Well-being area of Learning and Experience. Wales continues to have high levels of childhood dental disease which negatively impacts children's lives. Prior to the Covid-19 pandemic, 34% of children aged 5 years and 30% of children aged 12 years in Wales had tooth decay, with children living in more deprived areas are most likely to have poor dental health. The pandemic has had a detrimental effect on children's oral health habits, such as reduced tooth brushing due to disrupted routines, and an increase in sugary snack consumption – particularly for children eligible for free school meals.

	▪ provide strategic public health leadership for the national child oral health improvement programme, Designed to Smile, as it fully recovers, including reviewing evidence to update materials, engage with primary schools to support oral health elements of their new teaching curriculum and refresh opportunities for partnership working for oral health improvement in the early years. ▪ strengthen the monitoring of children's oral health in Wales through dental epidemiology surveys of 5 and 12 year olds in Wales, which will help us understand how the pandemic has impacted upon health inequalities. ***Milestones:*** 2023-24 Q1: ▪ Recovery and restart of JUSTB programme completed ▪ Programme of work established to make recommendations for the replacement of the National Quality Award. Q2: ▪ Options appraisal for operational and strategic integration of Welsh Network of Health Promoting Schools and Whole School Approach to Mental and Emotional Well-being completed ▪ MECC logic model refreshed and disseminated. Q3: ▪ Joint approach with HEIW agreed to embed MECC within the training of health professionals ▪ Review of the Healthy and Sustainable Pre-school scheme National Awards Criteria completed ▪ Collated data and created annual monitoring report of the Designed to Smile Programme ▪ Collated data and created report of the 2022/23 national dental epidemiology survey of 5 year olds in Wales. Q4: ▪ Priority recommendations arising from the strategic review of the National Exercise Referral Scheme implemented ▪ Evaluation framework to evidence the impact of the national health promoting schools programme developed ▪ Completed revised logic-model and evaluation framework for JUSTB ▪ Provided strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile ▪ Strategically led, advised, and supported the dental epidemiology survey of 12-year-olds in Wales to determine current oral health and describe existent inequalities (planning and training and calibration in 2023/24). 2024-25: ▪ Three-year strategic work programme developed and priorities identified building on the refreshed MECC logic model ▪ Continued implementation of the NERS transformation programme ▪ Completed implementation of transformation for Welsh Network of Healthy School Schemes (WNHSS) and the Healthy and Sustainable Pre-School Scheme (HSPSS) Provide strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile ▪ Collate data and create report from the 23/24 national dental epidemiology survey of 12 year olds in Wales ▪ Action planning based on 2023/24. 2025-26: ▪ Year 1 of the strategic programme for MECC implemented ▪ NERS transformation programme completed ▪ Achieved full integration of WSAMWB and WNHSS ▪ Provided strategic advice, national leadership and co-ordination of oral health improvement programmes such as Designed to Smile

	▪ Action planning based on 2023/24 completed. *SO3.5:* By 2026, We will have worked with others to reduce the proportion of the population who smoke ***Actions:*** ▪ continue to support the delivery of the Welsh Government's long term Tobacco Control Strategy for Wales A smoke-free Wales and Towards a Smoke-Free Wales Delivery Plan 2022 to 2024 and support the development of the next Delivery plan for 2024-2026; supporting the vision and ambition to create a smoke-free Wales of 5% prevalence by 2030 ▪ continue to implement the Help Me Quit in Hospital Programme to maximise the potential of healthcare contact to promote a quit attempt and to reduce variation in support for pregnant smokers across Wales. ▪ develop proposals to address smoking update in young adults aged 18-24 year of age and finalise a long term social marketing programme based on insight. ***Milestones:*** 2023-24 Q1: ▪ Developed an implementation plan and governance arrangements for the maternal smoking cessation work stream of the Tobacco Control Delivery Plan 2022-2024. Q2: ▪ Developed a long term strategic social marketing approach for tobacco control and Help Me Quit (HMQ) ▪ Established a project to scope options for the transition from tobacco to nicotine dependency services feasibility study. Q3: ▪ Developed proposals to target uptake in 18 – 24 year olds ▪ Completed implementation of the new revised Help Me Quit (HMQ) system database. Q4: ▪ Delivered phase 2 actions for the HMQ in Hospital Programme 2024-25 ▪ Delivered agreed elements of the Tobacco Control Delivery Plan. 2025-26. Delivered agreed elements of the Tobacco Control Delivery Plan. *SO3.6:* By 2026, We will have worked with partners to prevent harm from substance use. ***Actions:*** ▪ Having re-established the National Alcohol Harm Prevention Partnership continue to build and act on shared priorities to reduce harm from alcohol taking a population health approach. This will include work to prevent early drinking among young people, particularly regular drinking as Wales has the highest reported levels in the UK. We will also continue to explore action to denormalise drunkenness including work to build on our insight work around alcohol and sport in Wales. ▪ develop a programme of work relating to cannabis use in Wales drawing on the evidence reviews and insight work undertaken to date. This will include specific work on the relationship between cannabis use and tobacco. ***Milestones:***

	2023-24 Q1. Epidemiology and Harms from cannabis report published Q2. System implementation proposals agreed for reducing harm from substances and alcohol in young people 2024-25. Programme of work on cannabis related harm developed 2025-26. Programme of work on denormalisation of drunkenness developed. **Strategic Priority 4 - Supporting the development of a sustainable health and care system focused on prevention and early intervention** **Scope:** This priority is central to the role of Public Health Wales in shifting the balance of our health and care system in Wales to focus on prevention, early intervention, and health equity in order to improve outcomes for our population. Our role and scope within this priority includes: ▪ A leadership role in working with NHS Wales and care agencies to support public health in Wales ▪ A clear and demonstrable role in healthcare public health at a national and local level through developing a Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders ▪ A leadership role to health and care in advocating, co-ordinating and supporting transformation for prevention, early intervention, and equity to be embedded throughout the whole health and care pathway, including contributing factors. ▪ Promoting methods to better understand our population and utilise impact assessment to identify 'at risk' cohorts to inform an understanding of how to deliver the highest value interventions ▪ Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their healthcare needs apply these principles to healthcare services we directly provide for example, population screening programmes ▪ Leading and supporting the healthcare system in Wales to use its role, as anchor institutions, to influence and impact on health and well-being. **What success will look like** By 2035, we will have: ▪ Supported the system to shift the balance of health and care towards prevention and early intervention ϖ Maximised opportunities to prevent disease through health and care interactions, ensuring resources are allocated fairly ▪ Supported care moving closer to home, ensuring it is person-centred ▪ Provided data, analysis, research and evaluation evidence to improve the health and well-being of Wales and tackle health inequalities ▪ Supported our partners to use the size, scale and reach of the NHS to positively influence the health and well-being of communities. **Outcomes** We will work to support the following system wide outcomes: ▪ Increase the number of working age adults in good health (Baseline: 79.6%, PHOF) ▪ Increase the proportion of working age adults free from limiting long term illness (Baseline: 60.1%, PHOF) Increase the number of older people in good health (Baseline: 66.6%, PHOF) ▪ Increase the proportion of older people free from limiting long term illness (Baseline: 33.3%, PHOF). *SO4.1:* By 2026, We will develop a framework for Public Health Wales's system leadership role in healthcare public health, with a focus on prevention and early intervention.

	Actions: ▪ Following an initial review of healthcare public health activity in Public Health Wales, develop a framework for Public Health Wales's role at a local and national level. ***Milestones:*** 2023-24 Q2. Developed the Public Health Wales Framework for Health Care Public Health in collaboration with key stakeholders, including health boards, the NHS Executive and Welsh Government Q3. Provided advice and support to Welsh Government on policy development to assist patients waiting for appointments and interventions. *SO4.2:* By 2026, We will have established a leading role in using Social Value methods and tools, health economics and modelling to inform decision-making and investment prioritisation towards improving population health, reducing inequalities and building a Well-being Economy in Wales. ***Actions:*** ▪ continue to build on the social value and health economics work started before the Covid-19 pandemic, reflecting ongoing and emerging challenges from Covid-19, cost of living increase, climate change, burden of disease, health inequalities and growing pressures on the health system. ▪ help strengthening our national and global role as a live innovation site for sustainable, value-based and equity oriented spending and investment in health and well-being, exploring, developing, piloting and promoting new economics and multidisciplinary approaches and tools. ▪ continue to support Wales' leading international role in building Well-being Economies with the health sector as its key driver, working with key partners and networks, such as the Welsh Government, health boards, WHO, IANPHI, EuroHealthNet and international economics expert groups. ***Milestones:*** 2023-24 Q2: ▪ Public Health Wales' first Social Return on Investment (SROI) completed to support sexual health prevention and enhance value-based approaches use across Wales ▪ Supported building a Well-being Economy with health and equity at its heart with Welsh Government and WHO, delivering to the Wales/WHO Memorandum of Understanding. Q3. 'Value in Public Health' masterclass delivered to help build organisational and NHS capability in assessing holistic value and well-being impact Q4: ▪ Supported building a Well-being Economy with health and equity at its heart with Welsh Government and WHO, delivering to the Wales/WHO Memorandum of Understanding 'Investing in Population Health and Well-being' Systems Toolkit developed to support NHS budget shift towards prevention 2024-25 ▪ Social Value Database and Simulator (SVDS) for public health progressed and expanded ▪ Established a 'community of practice' on social value and well-being impact across the NHS and wider Wales ▪ Cost of Health Inequality to the NHS in Wales final report published 2025-26

	▪ Capability and capacity built across the organisation and the NHS to apply Social Value to public health ▪ Social Value Database and Simulator outcomes and impact assessment completed ▪ Worked with Directors of Public Health and Directors of Finance to scope the future work plan in order to identify the investment challenges facing the NHS in Wales. *SO4.3:* By 2026, we will have transformed national safety outcomes through demonstrable and measurable system-level improvements in quality and safety ***Actions:*** ▪ offer evidence-based enablers and tools which focus on the culture of a service and which help create the conditions for improvement. We help the service with its work to reduce variation and increase reliability in processes of care and address the bottlenecks that impact on and are impacted by safety and the challenges of the pandemic. The approach is underpinned by the Framework for Safe, Effective and Reliable Care (IHI, 2017). ▪ work with organisations to apply these enablers to make improvements and innovations in the system-wide quality and safety areas that are important to them and support the embedding of evidence-based clinical and operational improvements. Work to apply this approach to strategic priorities for improvement and innovation within our own organisation. Using Improvement Cymru's Delivery Framework, organisations receive tailored and intensive coaching to support the spread and scale of improvements. ▪ working with health and care organisations to enable them to achieve system-wide improvements in the quadruple aim. All our work is underpinned by Improvement Cymru's measurement strategy which uses a family of measures aligned to the quadruple aim to demonstrate impact and value and inform our approach. ▪ externally evaluate the impact of the Delivery Framework and regional approach in enabling organisations to achieve improvements in quality and safety. We will also report regularly to our stakeholders to share progress and demonstrate impact. The impact of our support will be measured through: o Health Outcomes – Organisations working with us are achieving improved sustainable results in the six domains of quality o Experience of working with us – Increased number of organisations actively engaged in improvement with us and an increased positive experience of working with us o Experience of working for us – Increased positive experience of working for us. ***Milestones:*** 2023-24 Q1. Agreed proposed training schedule with Cancer network. Q2. Launched behaviour change toolkit and supported spread of safety improvements in the Safe Care Collaborative. Q3. Developed transition plans to support the formation and integration of the NHS Executive. Q4: ▪ Proof of concept early warning system for safety analytics launched ▪ Submitted the Annual Report against the Q Lab Cymru work plan in partnership with Health Foundation ▪ Submitted Annual Reports to Welsh Government for Mental Health and Learning Disability SLAs. 2024-25: ▪ Delivered Improvement Cymru's biennial national conference to showcase and share learning ▪ Diagnostic site visits completed, safety priorities identified and Safe Care Collaborative 2 launched

	▪ Sustainable model for Q Lab Cymru developed in partnership with The Health Foundation ▪ Supported scale of patient safety improvements identified in Safe Care Collaborative 1 and developed exit and sustainability plans ▪ Submitted the Annual Reports to Welsh Government for Mental Health and Learning Disability SLAs ▪ Alignment of Improvement Cymru and NHS Executive workplans and priorities completed ▪ Reported on year one findings from the external evaluation of implementing Safe Care Together ▪ Final report from the external evaluation of implementing Safe Care Together. 2025-26. Submitted the Annual Reports to Welsh Government for Mental Health and Learning Disability SLAs *SO4.4:* By 2026, Organisations will have achieved a mature and sustainable approach to building their improvement capability and applying it to their local quality and safety priorities ***Actions:*** ▪ Working with a number of UK strategic partners, we will champion a common UK wide approach to leading, support and sustaining improvement. ***Milestones:*** 2023-24 Q1: ▪ Developed a training plan to support organisations to develop their improvement capability ▪ Presented learning at UK and international forums ▪ Developed a plan on how Wales is represented and contributing to the UK improvement approach to safety via participation in networks, forums and partnerships. Q4. Delivered ongoing support to the strategic development of the Health Foundation Q network 2024-25. Gathered feedback from system and create a training plan to support and develop improvement capability to support safety priorities. *SO4.5:* By 2026, We will have supported NHS Wales to improve and transform the quality, safety and effectiveness of safeguarding services for the people in Wales. ***Actions:*** ▪ clearly describe the national vision for transforming the safeguarding system, and what quality in safeguarding looks like, to align with the Quality and Safety Framework 2021 by working with and understanding the needs of our stakeholders. ▪ identify how measurable improvements can be determined so that we have more reliable data to better understand if services are safe, effective and timely and improve experience and outcomes for people. The Safeguarding Maturity Matrix (SMM) tool has been revised to be fit for purpose in light of Health and Social Care (Quality and Engagement) (Wales) Act (2020) and the Quality and Safety Framework 2021. ▪ collaborate with stakeholders and multiagency partnerships to agree a national standardised dataset to evidence quality in safeguarding activity at organisation and national levels. ***Milestones:*** 2023-24 Q1. Safeguarding Maturity Matrix Tool updated in line with Duty of Quality guidance in preparation for Annual Quality Reporting by organisations.

	Q2. NHS Safeguarding Network Annual report published with learning shared from quality improvements and innovations across NHS Wales Q3. Framework co-created to support NHS Wales in their development of an organisational strategy for quality in safeguarding Q4. Quality in safeguarding statement co-created by NHS Safeguarding Network. 2024-25. National standardised data set agreed containing hard and soft indicators to evidence quality, safety and effectiveness in NHS safeguarding services 2025-26. National safeguarding dashboard of reliable real time data that supports the development of 'always on' reporting in line with the duty of Quality published. *SO4.6:* By 2026, We will have delivered the public health contribution to the national programme for transformation of primary care ***Actions:*** ▪ work with our partners to implement the national evaluation framework to assess the impact of the Primary Care Model for Wales. ***Milestones:*** 2023-24 Q2: ▪ System in place to support for the monitoring and evaluation of Primary Care Model for Wales (PCMW) ▪ Scoped and reviewed the suite of once for Wales solutions, resources and support for primary care and clusters. Q3. The primary care contribution to addressing and supporting population health improvement, healthcare public health and inequalities scoped and plan for delivery developed. Q4: ▪ Specialist public health advice, support and contribution made to the wider health and care system with a particular focus on the Strategic Programme for Primary Care (SPPC) and contract reform ▪ Carried out capacity, capability and skill building of the primary care workforce across public health priority topic areas through a range of mechanisms ▪ Influenced policy and provide system leadership and co-ordination across primary care and public health to develop and enhance joint and integrated working to deliver long term effective, high quality and sustainable healthcare ▪ Refreshed and relaunched/published a suite of once for Wales solutions, resources and support for primary care and clusters. ▪ Worked with partners to influence the wider system, provide system leadership and continue to develop the Greener Primary Care framework and award scheme to enable primary care to take action against climate change. 2024-25. Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care and wider partners. 2025-26. Deliverables dependent upon co-production priorities of Strategic Programme for Primary Care and wider partners. *SO4.7*: By 2026, We will have achieved a coordinated approach to prevention and early intervention in primary care settings. ***Actions:*** ▪ ensure public health and primary care work together to achieve population health outcomes, including through coordinated advice, support and access to information, a range of specific resources for clusters and the development and implementation of a national Framework for social prescribing.

	Milestones: 2023-24 Q1: ▪ Refined 'coordinated approach to prevention in health and care settings' with stakeholder input ▪ Developed 'Meeting health & well-being needs through social prescribing' outputs. Q2: ▪ Scoped an action plan to support development of the national framework for social prescribing ▪ Publish 'Meeting health & well-being needs through social prescribing' outputs. Q3: ▪ Commenced implementation of social prescribing action plan ▪ Published and disseminated 'coordinated approach to prevention in health and care settings'. Q4. Supported implementation of 'coordinated approach to prevention in health and care settings' 2024-25: ▪ Continued to embed 'coordinated approach to prevention in health and care settings' ▪ Reviewed activity needed to deliver social prescribing action plan. 2025-26. Assess uptake and implementation of 'coordinated approach to prevention in health and care settings' • Assess implementation of social prescribing action plan *SO4.8:* By 2026, We will have worked with Welsh Government and other system partners to increase prevention through primary dental care and supported implementation of reform of General Dental Services in Wales ***Actions:*** ▪ provide dental public health expertise to reform primary dental care in Wales, with focus on embedding delivery of appropriate prevention through the primary dental care and reducing Inverse Care Law. ▪ work closely with system partners to ensure quality and safety systems in place including quality improvement in dentistry are aligned with the dental reform in Wales. ▪ work with HEIW and other partners to ensure appropriate training on prevention and quality improvement are available to the dental workforce in Wales. ***Milestones:*** 2023-24 Q4: ▪ Worked with the system partners to continue support the Welsh Government funded GDS Reform Programme and continued to provide dental public health leadership, expertise and support to the various work streams of the programme ▪ Provided dental public health advice and support to health boards in planning for oral health and dental services recovery and improvement. 2024-25: ▪ Supported health boards and other partners in implementation of new GDS contract especially its preventive component (dependent on Welsh Government introducing new dental contract in 2024) ▪ Advised and supported to Welsh Government and other partners in ongoing learning and system reform beyond changes in the General Dental Services in Wales.

	2025-26. Worked with the partners to understand the impact of the primary care dental reform in Wales to influence/inform Welsh Government's dental and oral health policy and associated strategic plans in Wales **Strategic Priority 5 - Delivering excellent public health services to protect the public and maximise population health outcomes** **Scope:** We have defined excellence through the Institute of Medicines dimensions of quality, which are also used in the Health and Social Care (Quality and Engagement) (Wales) (Act) (2020). These are: ▪ Safety – Services should be able to demonstrate by robust evidence that they are safe, and interventions offer higher benefit than risk ϖ Effectiveness – Services should have a culture of evidence-based intervention ▪ Patient-centeredness - Services should be able to demonstrate that they regularly and proactively engage with stakeholders and service recipients to assess their experiences as part of an ongoing process of service improvement. ▪ Timeliness – Services should be able to respond in a timely way ▪ Efficiency – Services should be able to demonstrate that impacts on population health are being achieved in the most efficient way ▪ Equity – Services should conform to a principle that determines what is just and fair in the distribution of healthcare However, we recognise the importance of continually innovating and improving our services and have additional measures of excellence: ▪ Innovation/continuous improvement – excellent public health services would always look to innovate and improve in order to achieve excellence ▪ Education and training – in order to provide excellent public health services, we must invest in our staff, ensuring they have the right skill set to achieve excellence ▪ Internal and external collaboration – excellent public health services would be those that collaborate across the organisation and the public health system to achieve desired outcomes. **What success will look like** By 2035, we will have: ▪ Delivered excellent, people centred, population health screening programmes that are improving the health of the population of Wales in an equitable way ▪ Developed and adapted population health screening programmes in line with current evidence and explored innovation to improve pathways. ▪ Fully optimised the bowel screening programme and delivered a sustainable and optimised diabetic eye screening programme ▪ Enabled the implementation of new UK National Screening Committee recommendations for population in Wales ▪ Experienced fewer health and social care associated infections and only use antimicrobials appropriately ▪ Provided clinicians with the evidence they need to increase the speed of diagnosis so patients can be treated in a timely and accurate way. This will be done through the delivery of our microbiology services using world class, modern techniques developed through continuous innovation and improvement ▪ Better described communities at increased risk of harm from communicable disease leading to evidence-based interventions to reduce the number of people who become ill or die from a communicable disease and environmental harms ▪ Provided system leadership supporting the delivery of excellent immunisation and vaccination programmes, therefore seeing much fewer people with ill health due to vaccine preventable diseases ▪ Provided timely information for action to interrupt the transmission and reduce the impact of communicable disease on individuals and healthcare services.

	Outcomes: We will work to support the following system wide outcomes: ▪ Increase vaccination rates for all vaccine preventable diseases ▪ All routine immunisations aged four (Baseline: 87.4%, COVER Report 145) ▪ Influenza vaccination uptake amongst those aged 65+ (Baseline: 77.9%, Influenza Surveillance Report) ▪ Experience fewer healthcare associated infections and only use antibiotics appropriately ▪ Eliminate hepatitis B and C as a public health threat by 2030 (Baseline: approx. 12,000 hepatitis C infected individuals in 2017, WHC/2017/048) ▪ Increase in the proportion of bowel and breast cancers diagnosed at early stage ▪ Reduction of the incidence of cervical cancers ▪ Reduction of sight loss from diabetic retinopathy ▪ Reduction of the mortality from ruptured abdominal aortic aneurysms. *SO5.1:* By 2026, Working closely with our partners, we will have an agreed service model that includes new diagnostic and treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation. ***Actions:*** ▪ Focus will be redesigning our establishment and skill mix to enable 'top of license' working such as staff undertaking activities that only they can undertake. We will be clear on purpose and required outcomes so that resources are deployed to deliver the agreed requirements. ▪ In addition, the introduction and increasing use of genomics requires that we upskill staff across the service to interpret and make use of genomic data. As part of our workforce development, we will develop specific training to begin the process of upskilling staff in the areas of genomics and bioinformatics, as well as seeking to retain and develop staff with existing genomics and bioinformatics expertise. ▪ Services will also be exploring the role of technology to deliver efficient business and operating systems building on existing laboratory automation and electronic stock management systems. ▪ work with the market to identify innovation and be early adopters of new technology as evidenced by the expansion of molecular and genomic pathogen diagnostics. ▪ work collaboratively to provide testing closer to the patient such that results are in real time and provide the clinical team with an earlier, more definitive treatment plan. This will be through the extension to the capability of our Hot Lab functions as well as working with partners such as Point of Care Teams and Infection Prevention & Control staff. ▪ continue to invest in medical and scientific training to grow our pipeline of future staff. ▪ continue to support the care system in challenging and reducing the burden of antimicrobial resistance and healthcare associated infections through the expansion of our clinically facing workforce. Increasing our capacity of knowledgeable and skilled professionals will bolster IP&C activity. This will be realised by increasing our technical workforce within the laboratory setting, enabling a release of specialist scientific workforce into the clinical teams. ▪ optimally utilise our specialist resources. These opportunities will be explored and where viable, enabled. To date, examples have included the use of common laboratory space and hybrid roles supporting acute health protection. It is anticipated there is further opportunity within workforce redesign and rotation of staff to build common knowledge. ▪ Across Health Protection and Infection services, we will seek to continue to respond to COVID-19 and to recover key priority areas of activity. Notably, we will aim to focus on: o providing resilient and high-quality acute response to communicable disease and environmental hazard incidents

	o providing pathogen diagnostic and infection related clinical services to the care system. o supporting Wales's long term COVID-19 transition from pandemic to endemic o change programme to complete the redesign of our workforce and service model for Infection Services o creating a Public Health Genomics programme and integrating genomics activity across Health Protection and Infection services through the creation of virtual teams that cross divisional boundaries o collaborating as part of Genomics Partnership Wales to identify opportunities for service development and integration with other partners including the transfer of Pathogen Genomics Unit (PenGU) services to the new Coryton site, Cardiff Edge. ***Milestones:*** 2023-24 Q1: ▪ Reviewed and developed proposal to develop local CNS molecular testing tender as part of broader syndromic molecular testing offer ▪ Initiate syndromic testing commercial tender for rapid molecular testing including respiratory, Gastrointestinal (GI), Blood Borne Virus (BBV), T&O and Sexual Health related pathogens ▪ Participated in review the Public Health Protection and Health Security Framework implementation ▪ Reviewed UK-wide plans for pathogen genomics services, and identify, where possible, a shared roadmap for service development/adoption. Q2: ▪ Started implementation of new centralised sexual health infection testing service at IP5 including postal service ▪ Specialist Portfolio progress database to support training delivery developed ▪ Collaborated with Health Protection Services to develop a service offer for repatriating self-sampling sexual health infection diagnostics service. Q3: ▪ Implemented syndromic molecular procurement contract ▪ In collaboration with Cwm Taf Morgannwg (CTM) University Health Board, explored possible future operating models for CTM microbiology services ▪ Drafted Value Based Key Performance and Quality Indicators for microbiology clinical and laboratory services with stakeholder engagement ▪ Reviewed of network hierarchy including transfer of responsibility for Hot labs to regional hub laboratories ▪ Built research capacity within the Health Protection Division through protected time, training, and peer support. Q4: ▪ Completed a skill mix review for all infection laboratory services ▪ Transferred Grange Hospital Hot Lab to Aneurin Bevan University Health Board responsibility ▪ Transferred PenGU services to Cardiff Edge site as part of Genomic Partnership Wales Programme ▪ Consolidated and reviewed the implementation of the new health protection operating model ▪ Worked with key partners to support the ongoing process to strengthen the national health protection system in Wales to prioritise activity, including partners across the UK through the UK Health Protection Committee and Four Nations Oversight Group ▪ Supported Welsh Government in implementing the TB strategy for Wales. 2024-25: ▪ Transferred routine virology / serology from Welsh Specialist Virology Centre to general infection services ▪ Value Based quality indicators included within SLAs with health boards and NHS Wales ▪ Further developed workforce redesign across registered and non-registered laboratory staff

	▪ Reviewed health protection and microbiology services delivery in context of new delivery model ▪ Participated in review the Public Health Protection and Health Security Framework implementation ▪ Worked with key partners to support the ongoing process to strengthen the national Health Protection system in Wales to prioritise activity, including partners across the UK through the UK Health Protection Committee and Four Nations Oversight Group ▪ Worked with Welsh Government and partners to develop implementation strategies for the health protection system review ▪ Developed the research and innovation capacity to address wider population needs. 2025-26: ▪ Worked with key partners to support the ongoing process to strengthen the national Health Protection system in Wales to prioritise activity, including partners across the UK through the UK Health Protection Committee and Four Nations Oversight Group ▪ Continued to work with Welsh Government and partners to develop implementation strategies for the health protection system review ▪ Further expanded and collaborated with partners to develop research projects. *SO5.2:* By 2026, We will be providing effective and trusted leadership on a range of designated risks including HCAI, AMR and vaccine preventable diseases. ***Actions:*** ▪ Notably, we will aim to recommence work to: o support the Welsh Government in the delivery of the five-year national action plan for AMR and contribute to both the current national delivery plan and the implementation of the HCAI National Collaborative o work with the Welsh Government (applying learning from pandemic response) to review the immunisation offer in Wales and provide system leadership to the NHS through direct support and advice, training and education, and intelligence for action o continue to provide advice and leadership in the development of the Covid-19 immunisation plan and annual flu plan. We will continue to work to reduce vaccine preventable disease in part through optimising vaccine provision and implementing the recommendations of the Wales Measles and Rubella Elimination Action Plan 2019-21 and ensuring a specific focus on inequalities in uptake o work with partners to deliver the Sexual Health Priority Areas 2020-2024, which is part of the NHS Wales Outcome Framework o continue to focus on the World Health Organization long term goal to eliminate Hepatitis C as a threat to public health with the roll out and monitoring of a Hepatitis C re-engagement exercise. This will include supporting health boards and primary care, and exploring the possibility for further project expansion o further enhance our health protection intelligence/surveillance capability by supporting development and implementation of cross-organisational activities to deliver surveillance reports and improved health protection services that use Whole Genome Sequencing outputs, we will work with the Knowledge Directorate to develop improved systems and processes for analysis and reporting, including moving towards voluntary application of the Code of Practice for Statistics. ***Milestones:*** 2023-24 Q1: ▪ Implemented the findings of the patient information review and pilot co-produced patient information for HPV ▪ Led development of an action plan for improving uptake in adult vaccination programmes (Shingles and Pneumococcal) ▪ Supported transformation of vaccine services in line with the National Immunisation Framework, including provision of expert advice into new governance structures

	▪ Stood up our Public Health Genomics Programme. Q2: ▪ Responded to findings of Welsh Government AMR review ▪ AMR surveillance data included on the portal ▪ Developed of HCAI & AMRU surveillance including establishment of CPO surveillance ▪ Re-engaged work-stream for addressing the requirements of the sexual health case management system (subject to Welsh Government funding agreement) ▪ Progressed a vaccine equity strategy with expansion to additional vaccination programmes • Supported actions outlined in Measles and Rubella elimination strategy. Q3: ▪ Delivery of EAAD / WAAW campaign 2023 ▪ Established re-procurement arrangements for IPC Case Management system / HCAI surveillance ▪ Worked with partners to review the Sexual Health Priority Areas 2020-2024, which is part of the NHS Wales Outcome Framework ▪ Rolled out activities to highlight the 10th anniversary of Wedinos and the programme's achievements. Q4: ▪ Delivered HCAI and Antimicrobial Resistance & Usage (AMRU) surveillance as per Welsh Government Requirements, including generating dashboards and reports ▪ Supported implementation of current UK AMR National Action Plan (AMR-NAP) in Wales and contribute to the development of the next AMR-NAP from 2024 ▪ Reviewed and developed antimicrobial guidance for primary and secondary care ▪ Re-established clinical surveillance portfolio for SSI and Critical Care ▪ Expanded the National Infection Prevention and Control Manual for Wales through engagement with UK IPC leads and ARHAI Scotland ▪ Engaged with the new NHS Executive to support the implementation of UK and WG initiatives to drive down HCAI and AMR/U ▪ Developed HCAI & AMRU Surveillance by establishing links and data flows for Antimicrobial Usage (AMU) surveillance data ▪ Safe Care Collaborative and the new NHS Executive established in conjunction with Improvement Cymru • Created outcome-linked datasets across two disease areas ▪ Trialled outbreak and cluster detection ▪ CDIHP programme established ▪ Delivered Harm Reduction Database (HRD) (Wales national surveillance system in substance misuse, health, criminal justice, and related services) ▪ Supported delivery of changes to the routine vaccination schedule based on Joint Committee on Vaccination and Immunisation (JCVI) advice ▪ Produced a Pathogen Genomics Delivery plan for Wales ▪ Initiated an Inclusion Health Programme to ensure a joined-up approach towards promoting health and well-being of vulnerable groups in Wales. 2024-25: ▪ Continued support to the Welsh Government implementation of the UK AMR Strategy – implementing new National Action Plan from 2024/25 ▪ Integrated the new / re-procured IPC case management system into our surveillance / reporting systems. ▪ Continued to deliver HCAI and AMR surveillance ▪ Continued to provide IPC advice and guidance ▪ Continued to provide Antimicrobial Stewardship advice and antimicrobial prescribing guidance.

	▪ Continued support to the Welsh Government vaccine integration programme ▪ Rolled out co-produced patient information considering lessons learned from pilot resource evaluation ▪ Supported delivery of changes to the routine vaccination schedule based on JCVI advice ▪ Implemented the findings of the patient information review and pilot co-produced patient information for additional priority vaccine programmes ▪ Completed a vaccine equity strategy with expansion to additional vaccination programmes ▪ Supported delivery of changes to the routine vaccination schedule based on JCVI advice ▪ Continued support to the Welsh Government vaccine integration programme ▪ Supported development and implementation of surveillance report ▪ Supported work stream for the prevention and control of targeted blood stream infections (BSI) ▪ Supported UTI working groups for the reducing the burden of infection (link to UK AMR Strategy) ▪ Implemented changes to meet statistics code of practice ▪ Reviewed cluster detection and modelling approaches ▪ Subject to developments in pathogen genomics, extended genomic epidemiology reporting to TB and gastrointestinal infections ▪ Continued support to the Welsh Government vaccine integration programme ▪ Delivered new accredited genomics services focused on AMR/infection prevention and control. 2025-26: ▪ Continued to support Welsh Government in the delivery of the UK AMR Strategy / NAP in Wales ▪ Continued to deliver HCAI and AMR surveillance ▪ Continued to provide IPC advice and guidance ▪ Continued to provide Antimicrobial Stewardship advice and antimicrobial prescribing guidance. ▪ Monitored and review implemented changes to the statistics code of practice ▪ Determined developments due to cluster detection and modelling approaches. ▪ Explored further opportunities in pathogen genomics, extended genomic epidemiology reporting ▪ Supported further integration of Covid-19 and influenza vaccination programmes ▪ Supported delivery of changes to the paediatric vaccination schedule ▪ Developed a research and evaluation strategy for vaccine preventable diseases. *SO5.3:* By 2026, We will have continuously improved our service to the public and the wider public health system to reduce the health harms associated with environmental hazards and increased the health gains associated with environmental benefits. We will also support the public and the public health system to mitigate and adapt to the effects of climate change. ***Actions:*** ▪ Continue to develop surveillance of the health outcomes of environmental exposures and improves understanding of inequalities that exist by age, sex, and deprivation ▪ Contribute to policy initiatives such as the Welsh Government-led Clean Air Programme and Plan to help reduce air pollution, the move to a default 20mph speed limit and efforts to improve Coal Tip Safety. ***Milestones:*** 2023-24

	Q4: ▪ Provided of specialist public health advice coordinated through partners to support implementation of Wales Clean Air Plan and develop a new Clean Air Act for Wales ▪ Explored potential for use of field epidemiology in environmental/extreme weather incidents. 2024-25: ▪ Continued development of environmental public health surveillance to describe both exposures and health outcomes, to monitor both health harms and benefits and support advocacy for action to maximise benefits, minimise harms and reduce inequalities ▪ Developed a plan for the application of genomics for ONE Health in Wales. 2025-26. Evaluated and built on work of previous two years. *SO5.3:* By 2026, We will continue to deliver and develop evidence-based national population screening programmes in line with UK National Screening Committee (NSC) and Welsh Government recommendations. ***Actions:*** ▪ Continued work with partners to address inequality in screening uptake ▪ Continued progress to establish dedicated screening venues in the community to improve screening offer ▪ The Breast Screening Programme will continue the work to recover the programme from the impact of the pandemic which will require the activity of the programme to be above usual levels to restore the round length. ▪ The Diabetic Eye Screening Programme will continue the work to recover the programme from the impact of the pandemic. Due to the increasing diabetic population and the impact of the pandemic the programme will undergo transformation to enable a sustainable programme that can meet the demands. ▪ The Bowel Screening Programme will be further optimised to include those aged 50 to 54 years and increase the sensitivity of the test to improve increase the early detection on bowel cancer in Wales to improve outcomes. ▪ key re-procurement programmes for equipment will be progressed to ensure continued high-quality delivery and excellent services ▪ New technology will be explored to enable the continual delivery of high-quality screening programmes and reduce inequity. For example, the potential of self-sampling as a potential offer in cervical screening for non-responders ▪ New systems will be implemented to ensure continued delivery of excellent services such as cohort selection for breast screening as current system being decommissioned ▪ New developments and pathways will be scoped and evaluated to inform and enable improvements to the programme ▪ Workforce plans will be developed and actioned to ensure sustainable workforce to deliver excellent service especially in areas of concern ▪ Depending on funding to undertake initial planning and scoping work in relation to lung cancer screening ▪ Depending on funding to undertake initial planning and scoping work in relation to Newborn Infant Physical Examination ▪ As part of our work with Genomics Partnership Wales, and through the development of our Public Health Genomics Programme, opportunities for the use of genomics in screening will be investigated, working with other stakeholders to develop evidence, and, if appropriate, implement new services. ***Milestones:*** 2023-24 Q1. Implemented the Low-Risk Recall Pathway in Diabetic Eye Screening in line with UK NSC recommendations • Submitted proposals for the future service delivery model for Diabetic Eye Screening to Welsh Screening Committee

	Q2. Developed and implemented workforce planning for breast screening programme focused on addressing clinical gaps in North Wales Q3: ▪ Evaluated Digital First - conversion to e-publications as primary source of participant information for Antenatal Screening, Newborn Bloodspot Screening and Newborn Hearing Screening ▪ Developed proposed service model change from 'one ear clear' model for Newborn Hearing Screening for recommendation to Wales Screening Committee ▪ FIT test re-procurement process undertaken, completed and outcome actioned for bowel screening and FIT for symptomatic. ▪ Continued roll out of optimisation of bowel screening in line with plan to invite people aged 51 to 54 for bowel screening ▪ Maximised opportunities for Improving health and well-being for surveillance men in the Abdominal Aortic Aneurysm programme by Making Every Contact Count ▪ Implemented provision of MRI surveillance for women identified at very high risk of breast cancer across Wales. Q4: ▪ Worked to address inequity and enable all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. ▪ Progressed recovery plan in line with trajectories to continue to recover breast screening programme ▪ Scoped out potential for self-sampling for persistent non-attenders in Cervical Screening Wales to improve uptake and reduce inequity ▪ Progressed against scoped transformation project for Diabetic Eye Screening to work to deliver sustainable excellent service to the diabetic population ▪ Implemented outsourced mail for Breast Screening Programme invites and results ▪ Continued preparation work to develop, test and implement as part of all Wales LINC programme ▪ If funding approved from Welsh Government, recruited staff for project to develop national targeted lung cancer screening programme and initiate project ▪ If funding approved from Welsh Government, recruited staff for project to develop Newborn Infant Physical Examination Programme and initiate project ▪ Progressed recovery plan in line with trajectories to continue to recover Breast Screening Programme ▪ Progressed recovery plan in line with trajectories to continue to recover Diabetic Eye Screening Programme ▪ Implemented revised servicer user experience questions within the screening division ▪ Improved the E referral process and to develop location specific safety netting for the FIT symptomatic service ▪ Implemented BSS select for Breast Screening Programme to ensure cohort selection when NHAIS is decommissioned by England ▪ Produced a concept note for the potential uses of genomics in screening service delivery, working with AWMGS and other GPW partners. 2024-25 ▪ Continued process of exploring hub and spoke model as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery ▪ Implemented non-invasive prenatal testing for fetal RHD genotype (cffDNA) for rhesus negative women with Welsh Blood Service ▪ Continued to deliver against scoped transformation project for Diabetic Eye Screening to work to deliver sustainable excellent service to the diabetic population ▪ Implemented service model change to 'one ear clear' model (subject to Wales Screening Committee approval) ▪ Implemented new PACS system for Breast Screening and Abdominal Aortic Aneurysm Screening as part of the All-Wales RISP procurement and implementation programme ▪ Continued roll out of optimisation of bowel screening with starting of offer bowel screening to people aged 50 years old

	▪ If funding approved from Welsh Government, developed national targeted lung cancer screening project in line with project plan ▪ If funding approved from Welsh Government, developed Newborn Infant Physical Examination programme in line with project plan ▪ Completed work to implement LINC as part of the All-Wales programme ▪ Continued work to scope out potential for self-sampling for persistent non-attenders in Cervical Screening Wales to improve uptake and reduce inequity Implement workforce planning for breast screening programme focused on addressing clinical gaps in North Wales ▪ Progressed recovery plan in line with trajectories to continue to recover Breast Screening Programme ▪ Progressed recovery plan in line with trajectories to continue to recover Diabetic Eye Screening Programme ▪ Maximised opportunities for Improving health and well-being for surveillance men in the Abdominal Aortic Aneurysm programme by Making Every Contact Count ▪ Addressed inequity and enable all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. ▪ Reviewed the FIT symptomatic service to ensure the functions and governance meet current guidelines ▪ Developed collaborative proposals for research to evaluate/develop evidence for the use of genomics to improve elements of screening activities. 2025-26 ▪ If funding approved from Welsh Government, continued to develop national targeted lung cancer screening project in line with project plan ▪ If funding approved from Welsh Government, continued to develop Newborn Infant Physical Examination programme in line with plan ▪ Continue process of exploring hub and spoke model as part of an ongoing estates programme to improve accessibility and offer to participants and support recovery and sustainably delivery ▪ Continued to implement workforce planning for breast screening programme focused on addressing clinical gaps in North Wales ▪ Implemented transformation project for Diabetic Eye Screening to deliver sustainable excellent service to the diabetic population ▪ Reviewed and evaluated Newborn Bloodspot eLearning packages ▪ Worked to address inequity and enable all eligible participants to make informed choices about screening by focusing on action in five key areas - communication, collaboration, community and engagement, service delivery, data, and monitoring. **Strategic Priority 6 - Tackling the public health effects of climate change** **Scope** The International Association of National Public Health Institutes (IANPHI) roadmap for action on health and climate change sets out how National Public Health Agencies have a critical role as key climate actors. The roadmap aligns with our own views about the breadth and scale of work required to respond to the health impacts of climate change and has been used as a template for action. In order to protect the people of Wales from the health and well-being effects of climate change, we need to: Protect, promote, and educate: ▪ Protect people and communities from the health impacts of climate change, with a particular focus on equity and reducing health inequalities ▪ Educate colleagues from across the health and care system about climate and health risks, ensuring that they feel enabled to act and respond to changing demand ▪ Promote healthy environments and lifestyles, harnessing behaviour change and health impact assessment methods to influence policy, decision making and infrastructure ▪ Enable people and communities to adapt to, and mitigate, the health impacts of climate change.

	What success will look like: By 2030, we will have: ▪ Supported the Welsh Government ambition of achieving a Net Zero NHS Wales And by 2035, we will have: ▪ Achieved carbon negativity as an organisation ▪ Worked with our partners to respond and facilitate action on climate adaptation and mitigation ▪ A robust monitoring, research, evaluation and surveillance system that enables us and our partners to prioritise evidence based action ▪ A workforce aligned to delivering climate sensitive public health across all domains of our practice. **Outcomes** Monitoring the public health impacts of climate change is a novel surveillance area. Public Health Wales are developing our climate surveillance capacity so that we can monitor the health and well-being effects of climate change, including the incorporation of early warning systems. This will include surveillance of some of the national indicators set out under section 10(8) of the Well-being of Future Generations (Wales) Act 2015, including: ▪ Healthy life expectancy at birth including the gap between the least and most deprived (Baseline: 13.3 years for male and 16.9 years for female, PHOF) ▪ Percentage of journeys by walking, cycling or public transport (Baseline: 16%, National Indicator). *SO6.1:* By 2026, we will be recognised as an environmentally sustainable organisation, and our actions together with partner organisations, have cobenefits for health and equity for communities in Wales ***Actions:*** ▪ have a leadership group within the organisation to actively deliver the actions within our Decarbonisation Action Plan. ▪ continue to work closely with partners across NHS Wales to ensure that we share good practice and drive innovation around decarbonisation. ***Milestones:*** 2023-24 Q2. Promoted and embedded the Public Health Wales Decarbonisation Action Plan within the organisation, to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030. Q4: ▪ Promoted and embedded the Public Health Wales Decarbonisation Action Plan within the organisation, to ensure trajectory towards Welsh Government ambition of achieving net zero by 2030 ▪ Developed an organisational approach to climate change capacity building to educate, motivate and enable action on sustainability and climate change. 2024-25. Provided support to enable delivery of the Public Health Wales Decarbonisation Action plan, working with the eight directorates and individual service areas. 2025-26 . Reviewed existing arrangements within Public Health Wales regarding the NHS Decarbonisation strategy. *SO6.2:* By 2026, we will have provided public health system leadership on climate change so that our actions together with partner organisations, have co-benefits for health and equity for communities in Wales.

Actions:

- work directly with partners to shape the strategic landscape to prevent health harms, protect health, improve health and adapt to and mitigate the impacts of climate change across Wales and beyond.
- champion and support sustainability and climate change knowledge to be embedded into the health service, educational institutions and through dialogue with stakeholders and partners such as public bodies, public service boards and wider public engagement.
- continue to synthesise the international evidence around climate change and sustainability, utilising tools such as HIA and the development of resources to support public bodies and Public Services Boards to consider and implement co-benefits and enable the surveillance of exposures and health outcomes related to the environment.

Milestones:

2023-24

Q1:

- Updated Greener Primary Care Wales Framework and award scheme for climate mitigations actions in primary care to improve environmental sustainability available and accessible for all primary care contractors Quarter 4
- Worked with partners to influence the wider system and provide system leadership to enable primary care to take action against climate change.

2024-25:

- Reviewed how Public Health Wales have embedded the WFG Act over the past two years to identify opportunities for further action
- Created case studies and evidence on investing in sustainable communities to tackle climate change.

2025-26:

- Monitored and reviewed Climate Change HIA
- Reviewed implementation of the WBFG Act within Public Health Wales to identify areas for future action
- Climate change programme of work for the health and sustainability hub reviewed and future priority areas identified.

SO6.3: By 2026, We will have supported the public and the public health system to mitigate and adapt to the effects of climate change.

Actions:

- Climate change is the greatest public health threats of this century. We will continue to review our practice in relation to extreme weather actions and the assessment and surveillance of health harms of extreme weather. This, and more proactive work, is supported by our collaboration with our WHOCC, to contribute to their Health Impact Assessment work. Specifically, we will provide support to:
  - develop climate-based surveillance that covers extreme weather events and the associated health outcomes, along with vector borne disease and gastrointestinal disease surveillance
  - inform public knowledge and understanding to mitigate the effects of climate events as well as health service re-design and delivery
  - work with partners, internally (including WHOCC and policy team) and externally, to advocate for and inform policy actions around mitigation and adaptation to the climate emergency.

Milestones:

2023-24

Q4:

	▪ Worked with Welsh Government to introduce a default 20mph speed limit ▪ Reviewed and evaluated current actions in relation to climate change and determine further actions needed to minimise the long term health impacts, and narrow inequalities, relating to climate change ▪ Provided specialist public health advice to support introduction of 20mph speed limit and introduction of coal tip safety legislation ▪ Extreme weather messaging reviewed and revised. 2024-25: ▪ Continued development of weather-related health outcomes surveillance developed to describe exposures and health outcomes, both environmental and communicable disease, to support adaptation and mitigation by both the public and NHS ▪ Reviewed and evaluated current actions in relation to climate change and determine further actions needed to minimise the long term health impacts, and narrow inequalities, relating to climate change. 2025-26. Evaluated and built on work of previous two years.
Supporting economic analysis	N/A.
Any additional information	Section on how PHW will change as an organisation was not deemed relevant.
Strategy development	
Stakeholder(s) and or consultation method(s)	The development of our Strategic Plan has been informed by the Minister for Health and Social Services priorities for NHS Wales, particularly the support and public health expertise that we can provide to the wider system. This will help to ensure that quality, safety, prevention, and good health outcomes are at the heart of the NHS in Wales.

Key: ACES: Adverse Childhood Experiences; AMR: Antimicrobial Resistance; AMRU: Antimicrobial Resistance & Usage; AMU: Antimicrobial Usage; AST: Active School Travel; AWDPP: All Wales Diabetes Prevention Programme; AWMGS: All Wales Medical Genomics Service; BBV: Blood Borne Virus; BSI: blood stream infections; CffDNA: Cell-free fetal DNA; CPO: Carbapenemase-Producing Organisms; CTM: Cwm Taf Morgannwg; EAAD: European Antibiotic Awareness Day; FIT: Faecal Immunochemical Test; GI: Gastrointestinal; GPW: Genomics Partnership Wales; HCAI: Healthcare Associated infections; HIA: Health Impact Assessment; HPV: Human Papilloma Virus; HSPSS: Healthy and Sustainable Pre-School Scheme; IANPHI: International Association of National Public Health Institutes; IHI: Institute for Healthcare Improvement; IPC: Infection prevention and control; JCVI: Joint Committee on Vaccination and Immunisation; LINC: Laboratory Information Network Cymru; MWIA: Mental Well-being Impact Assessment; NHAIS: National Health Application and Infrastructure Services; NHS: National Health Service; NSC: UK National Screening Committee; PACS: Picture Archiving and Communication System; PCMW: Primary Care Model for Wales; PenGU: Pathogen Genomics Unit; PHOF: Public Health Outcomes Framework; PHW: Public Health Wales; PSBS: Public Service Boards; SMM: Safeguarding Maturity Matrix; SNA: Special Needs Assessment; SPPC: Strategic Programme for Primary Care; SROI: Social Return on Investment; SVDS: Social Value Database and Simulator; T&O: Trauma and Orthopaedics; TB: Tuberculosis; TraCE: Trauma and ACE; VIP HUB: Violence surveillance system; WAAW: World Antimicrobial Awareness Week; WBFG: Wellbeing of Future Generations; WHESRi: Welsh Health Equity Status Report initiative; WHO: World Health Organisation; WNHSS: Welsh Network of Healthy School Schemes.

Published by the Health Information and Quality Authority (HIQA).

For further information please contact:

Health Information and Quality Authority

George's Court

George's Lane

Smithfield

Dublin 7

D07 E98Y

+353 (0)1 8147400

info@hiqa.ie

www.hiqa.ie