



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Review of national public health strategies in selected countries

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About the Health Information and Quality Authority (HIQA)

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Foreword

National public health strategies play an essential role in defining a country's vision, policy direction and approaches for ensuring the health of its population. Complex in nature, national public health strategies often must align with national health policies and global health initiatives, while also considering national democratic structures in place and political will at any given time. A national public health strategy serves as a road map to align efforts, resources and policies to improve the health and well-being of the population, prevent diseases, reduce health inequalities, and respond effectively to public health emergencies and challenges.

National public health strategies engage multiple stakeholders, across all levels, not only during strategy implementation, but also during strategy development. Inclusive strategy development methods incorporating intersectoral partnerships and population consultation are often observed. An understanding of how countries develop national public health strategies, along with understanding the health issues of importance to them and how these may be improved upon, may inform the development of a national public health strategy in Ireland. This report therefore contains an international review of national public health strategies in selected countries, conducted at the request of the Public Health Policy Unit in the Department of Health.

Work on this review was undertaken by an Evaluation Team from the Health Technology Assessment Directorate in HIQA. An Expert Advisory Group was convened to advise the Evaluation Team during the course of the review. HIQA would like to thank its Evaluation Team, the members of the Expert Advisory Group and all who contributed to the preparation of this report.



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Membership of the Expert Advisory Group involves review of evidence synthesis documents. It does not necessarily imply agreement with all aspects of the evidence synthesis

The membership of the EAG was as follows:

Prof Máire Connolly	Established Professor of Global and Environmental Public Health, University of Galway.
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Prof. Yvonne Doyle	Director for Health Protection and Medical Director, Public Health England (Retired).
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Conflicts of interest

None declared.

List of abbreviations used in this report

ADOG	All Departments Official Group (Northern Ireland)
CC.AA	autonomous communities of Spain
CISNS	the inter-territorial Board of the National Health System (Spain)
COSLA	Convention of Scottish Local Authorities
COVID-19	coronavirus disease 2019
DGS	Directorate-General of Health (Portugal)
EAG	expert advisory group
ESP	Public Health Strategy (Spain)
HIQA	Health Information and Quality Authority
KPI	key performance indicators
N/A	not available
NHS	National Health Service
NI	Northern Ireland
NPF	National Performance Framework (Scotland)
PHAC	Public Health Agency of Canada
PHE	Public Health England
PHOF	Public Health Outcomes Framework (England)
PHS	Public Health Scotland
PHW	Public Health Wales

PI	performance indicator (Swedish strategy)
PNS	National Health Plan (Portugal)
SDG	Sustainable Development Goal
SEIFA	Socio-Economic Index for Areas
SI	structure indicator (Swedish strategy)
SL	strategic line (Spanish strategy)
SVIP	Scottish Vaccine and Immunisation Programme
UKHSA	UK Health Security Agency
UN	United Nations
WHO	World Health Organization

Key points

- This report provides a review of national public health strategies in selected countries. The findings of this report will support the work of the Public Health Policy Unit in the Department of Health in developing a national public health strategy in Ireland.
- National public health strategies were identified for 11 of the 15 countries selected: Australia, Austria, Canada, England, Finland, Northern Ireland, Portugal, Scotland, Spain, Sweden and Wales. Multiple documents and or resources were identified for nine countries. Current national public health strategies were not identified for Czechia, France, New Zealand or Singapore.
- A descriptive analysis of strategy contents, including aims, themes or priorities and implementation, and strategy development was undertaken.

Strategy contents:

- Improving health and well-being was identified as an overall aim in all of the included national public health strategies. Aims around health inequities and inequalities, monitoring emerging threats, and sustainable health were also frequently identified.
- The scope of all the included national public health strategies went beyond the health domain, with strategies frequently identified as directly aligning to, or broadly reflecting, the United Nations Sustainable Development Goals. This multi-sectoral approach is in line with World Health Organization (WHO) recommendations for tackling health inequalities.
- Strategy themes or priorities frequently identified included: promoting healthy living or behaviours; strengthening of public health; climate change or environment; and equity or equality. While 'wider determinants of health' was only identified as a theme or priority for Wales, it was identified as an underpinning consideration in all national public health strategies.
- Strategy implementation details included:
 - descriptions of actions planned or in progress
 - implementation agencies
 - key performance indicators for monitoring and evaluating strategy aims, priorities and or actions.

- Implementation actions were related to strategy themes or priorities. The level of detail with which actions were reported varied between countries, with detailed implementation actions described for seven countries and high-level strategic actions outlined for five countries.
- Leads, key partners, or authorities and or institutions responsible for implementing actions were specified for five countries. In addition, four countries' national public health strategies were developed and led by government-mandated public health agencies, with collaborating partners noted where appropriate.
- Key performance indicators (KPIs) related to strategy themes or priorities were outlined for nine countries, with England, Northern Ireland, Spain and Sweden also outlining a number of overarching KPIs, such as life expectancy and healthy life expectancy or years. A small number of countries identified specific targets associated with KPIs or desired outcomes to be achieved by the end of the strategy implementation period.
- Governing bodies accountable for national public health strategies included national governments, Ministers or Ministries for Health, and government-mandated bodies with public health responsibilities. Existing governance structures were often leveraged, although enhancements to existing structures, additional oversight mechanisms, and new partnerships and boards were also established.

Strategy development:

- Ten of the countries included in this review reported information on strategy development, with detailed descriptions reported for Austria, Portugal and Sweden. Timelines for strategy development ranged from approximately one to three years, where reported. The Portuguese national public health strategy took three years to complete due to the co-creation approach used and a delay due to the COVID-19 pandemic.
- Strategy development was informed by both evidence and engagement with stakeholders, including the public, experts, and representatives from governmental and non-governmental organisations at local, regional and national levels.
- Stakeholders were engaged in strategy development through a variety of methods, including public consultations and targeted consultations. Targeted consultations were used in the development of all national public health

strategies, in order to involve stakeholders with specific expertise and or experience relevant to strategy development and or implementation.

Overall:

- The priorities and structure of national public health strategies may vary significantly from country to country, dependent on factors such as the political context and underpinning policies. The health structures and the availability of resources in a country can also influence the emphasis placed on any given priority within a strategy.
- The current review provides a description of how countries develop national public health strategies, along with an understanding of the health issues of importance to them and how these may be improved upon. This will inform the development of a national public health strategy in Ireland.

1 Background

Public health, as defined by Donald Acheson (UK Chief Medical Officer) in 1988, is “the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society.”⁽¹⁾ Public health, as a discipline, is vital to protecting, promoting and restoring the public’s health and combines science, skills and beliefs, culminating in the maintenance and improvement of population health outcomes through collective or social actions.⁽²⁾

To provide a framework for improving national population health outcomes, countries may develop a national public health strategy. A national public health strategy serves as a road map for a government to align efforts, resources and policies to improve the health and well-being of the population, prevent disease, reduce health inequalities, and respond effectively to public health emergencies and challenges.⁽³⁾ These strategies are often underpinned by policy or a set of policies, and are implemented by a government or relevant authorities at a national level. National public health strategies play an essential role in defining a country’s vision, with the overall goal of ensuring and or improving population health.⁽³⁾

National public health strategies engage multiple stakeholders across all levels. The Oxford Textbook of Global Health⁽⁴⁾ outlines that public health strategies “may directly involve the health services which make contributions both to improving health, as well as to managing disease, but more often than not, strategies are multisectoral, address the broader determinants of health, and involve an ecological perspective which engages politicians, the corporate sector, civil society, local communities, and the public.”⁽⁴⁾ This multisectoral engagement has not only been recognised during strategy implementation, but also during strategy development, where inclusive methods incorporating intersectoral partnerships and population consultation are often observed.⁽⁵⁾

When developing a national public health strategy, clarity on key health challenges and structures for supporting strategy engagement are key to ensuring sustainable strategy implementation.⁽⁴⁾ To promote clarity, the following questions have been outlined as a guiding process for strategy development:⁽⁶⁾

- Where are we now?
- Where are we going?
- How are we going to get there?
- How are we doing?

This guiding process often results in the inclusion of a national health profile (where are we now?), an overall aim or vision (where are we going?), an implementation

plan for individual programmes or actions (how are we going to get there?) and health indicators or benchmarks which can be closely monitored throughout strategy implementation (how are we doing?).⁽⁶⁾ The priorities and structure of national public health strategies may vary significantly from country to country, dependent on factors such as underpinning policies and the availability of resources.

This report contains an international review of national public health strategies in selected countries. This review was conducted at the request of the Public Health Policy Unit in the Department of Health and will inform the development of a national public health strategy in Ireland, as recommended by the Public Health Reform Expert Advisory Group.

2 Methods

A detailed summary of the methods used for this review is provided in the *Protocol for review of national public health strategies in selected countries* ([link here](#)). In brief, this review presents a synthesis of national public health strategies in 15 countries. The countries included were selected based on a combination of geographical proximity to Ireland, population size, organisation of health services, European Union membership and or availability of documents in English. The countries comprise seven EU/EEA countries (Austria, Czechia, Finland, France, Portugal, Spain and Sweden), the UK (England, Northern Ireland, Scotland and Wales) and Australia, Canada, New Zealand and Singapore.

National public health strategies included, but were not limited to:

- broad overview strategies (which may include themes, priorities and actions for example)
- strategy implementation plans and or frameworks
- strategy evaluation plans and or frameworks
- laws, rules, regulations and mandates
- policies.

Within these documents, relevant information included, but was not limited to, the following elements:

- strategy
 - timelines (that a strategy applies to)
 - governance
 - scope (for example, health specific or applying to additional areas such as the environment)
 - aims

- themes and priorities (for example, themes around empowering healthy living and addressing social determinants of health and or priorities such as equitable child and maternity healthcare)
- implementation actions (for example, information around types of actions and with whom responsibility for implementation lies)
- outcomes (for example, information around desired strategy outcomes, measurable targets and outcome measurement methods)
- stakeholders and consultation involved in strategy development and or implementation
- economic analysis supporting strategic priorities and or themes.

When identifying relevant documents the following were considered out of scope:

- public health service strategies, in which national health services are responsible for dealing with disease, but may not necessarily influence the major forces which cause disease. These strategies may focus on the delivery, transformation and or sustainability of public health services, for example the *NHS Long Term Plan* (United Kingdom)⁽⁷⁾
- strategies published by public health agencies, faculties and or institutions, which outline organisational priorities for the delivery of public health domain functions, independent of the national governing body
- local, territorial or provincial and global-focused public health strategies
- specific public health strategies focused on certain conditions, diseases, age groups or predeterminants, such as mental health, anti-microbial resistance, children's health and women's health.

Information on national public health strategies were primarily sought from government resources (websites, reports and press releases), with representatives from key national-level organisations contacted for confirmation and additional resources as appropriate. Information identified up until 10 July 2023 was included within this review analysis. Following this, any additional national public health strategies published up until 18 October 2023, were noted in the discussion.

3 Findings

The results are presented in three main sections as follows:

- **Section 3.1 Identified information:** presents a descriptive summary of the relevant identified information.
- **Section 3.2 Strategy contents:** presents a summary of strategy contents including aims, themes and implementation.
- **Section 3.3 Strategy development:** presents a summary of strategy development methods.

3.1 Identified information

Relevant national public health strategies were identified for 11 of the 15 included countries: Australia,⁽⁸⁾ Austria,⁽⁹⁻¹¹⁾ Canada,⁽¹²⁻¹⁴⁾ England,^(15, 16) Finland,^(17, 18) Northern Ireland,^(19, 20) Portugal,⁽²¹⁻²³⁾ Scotland,⁽²⁴⁻²⁶⁾ Spain,⁽²⁷⁾ Sweden⁽²⁸⁻³¹⁾ and Wales (see Table 3.1).⁽³²⁻³⁵⁾ Current national public health strategies were not identified for Czechia, France, New Zealand and Singapore. Key representatives for France, New Zealand and Singapore confirmed the absence of national public health strategies. Contact could not be made with a representative for Czechia.

Multiple documents and or resources were identified for Austria,⁽⁹⁻¹¹⁾ Canada,⁽¹²⁻¹⁴⁾ England,^(15, 16) Finland,^(17, 18) Northern Ireland,^(19, 20) Portugal,⁽²¹⁻²³⁾ Scotland,⁽²⁴⁻²⁶⁾ Sweden⁽²⁸⁻³¹⁾ and Wales.⁽³²⁻³⁵⁾ These documents or resources included broad strategies; implementation plans or frameworks; evaluation plans or frameworks; policies and mandates and development or methodology information. No relevant laws, rules or regulations were identified.

This resulted in information for an individual country identified from either:

- a single resource published by a government or a government mandated body, such as the broad strategy identified for Australia (Australian Government Department of Health and Aged Care)⁽⁸⁾
- multiple resources published by a single government or a government mandated body, such as the broad strategies identified for Wales (Public Health Wales (PHW))⁽³²⁻³⁵⁾ or affiliated broad strategies and implementation plans identified for Finland (Ministry of Social Affairs and Health)^(17, 18)
- multiple resources published by a mixture of government and or government mandated bodies, such as for England (broad strategy by Public Health England (PHE))⁽¹⁵⁾ and the Public Health Outcome Framework (PHOF) by the Office for Health Improvement and Disparities).⁽¹⁶⁾

For clarity, where information was identified for a country in which multiple resources published by a mixture of government and or government mandated bodies were included, this was specified (for example, Austria (Health Targets)⁽⁹⁾ and Austria (Roadmap)).⁽¹¹⁾

Table 3.1 National public health strategy documents or resources identified for 11 of the 15 selected countries.

Country	Broad strategy*	Strategy implementation plan and or framework	Strategy evaluation plan and or framework	Policies	Strategy development or methodology
Australia	National Preventive Health Strategy: Valuing health before illness: Living well for longer ⁽⁸⁾	N/A	N/A	N/A	N/A
Austria	1. Austrian Health Targets – long healthy life years for all ⁽⁹⁾ 2. ROADMAP "Future Health Promotion": 10 packages of measures for a health-promoting future in Austria ^{(11)§}	Health promotion strategy within the framework of the Federal Target Management Agreement ^{(10) §}	N/A	N/A	N/A
Canada	1. Public Health Agency of Canada (PHAC) 2022-23 Departmental Plan ⁽¹⁴⁾ 2. Health Canada 2022-23 Departmental Plan ^{†(13)}	N/A	N/A	Creating a Healthier Canada: Making Prevention a Priority. A Declaration of Health and Health Promotion/Health Living ⁽¹²⁾	N/A
England	Public Health England (PHE) Strategy 2020-25 ⁽¹⁵⁾	N/A	Public Health Outcomes Framework (PHOF) 2019-2022 ⁽¹⁶⁾	N/A	N/A
Finland	Promoting wellbeing, health and safety in 2030: A government resolution ^{(17)§}	Promoting wellbeing, health and safety in 2030: Implementation plan ^{(18)§}	N/A	N/A	N/A
Northern Ireland	Making Life Better – Strategic Framework for Public Health ^{(19)§}	N/A	Making Life Better: Key indicators	N/A	N/A

Country	Broad strategy*	Strategy implementation plan and or framework	Strategy evaluation plan and or framework	Policies	Strategy development or methodology
			progress update 2022 ^{(20)§}		
Portugal	National Health Plan (PNS) 2021-2030 ^{(23)§}	N/A	National Health Plan (PNS) 2021-2030: Projections and Prognosis ^{(21)§}	N/A	National Health Plan (PNS) 2021-2030: Methodology ^{(22)§}
Scotland	1. National Performance Framework (NPF) ^{†(26)} 2. A Scotland where everybody thrives: Public Health Scotland's (PHS) strategic plan 2022 to 2025 ⁽²⁵⁾	N/A	N/A	Scotland's public health priorities ⁽²⁴⁾	N/A
Spain	Public Health Strategy (ESP) 2022 ⁽²⁷⁾	N/A	N/A	N/A	N/A
Sweden	Towards good and equal health: A framework for implementing and monitoring the national public health policy ^{(29)§}	Towards good and equal health: Support structure for state public health work ^{(31)§}	Core indicators for follow-up of the public health policy objective ^{(30)§}	Good and equal health – a developed public health policy ^{(28)§}	N/A
Wales	1. Public Health Wales (PHW). Long term strategy 2018-2030. Working to achieve a healthier future for Wales ⁽³²⁾ 2. Public Health Wales (PHW). Our strategic plan 2022-2025 ⁽³³⁾ 3. Public Health Wales (PHW). Working together for a healthier Wales. Our long-term strategy 2023-2035 ⁽³⁵⁾ 4. Public Health Wales (PHW). Our strategic plan 2023-2026 ⁽³⁴⁾	N/A	N/A	N/A	N/A

Note:

*All broad strategies contained elements of implementation and or evaluation plans or frameworks, or strategy development.

†Only 'Core Responsibility 2: Health protection and promotion, Departmental Result 5: Canadians make health choices' was deemed relevant and extracted.

‡While broader than public health all contents of the NPF have been included as it was identified by a key representative as a wellness framework designed to focus work in the public sector, and beyond, on shared outcomes for the population.

§Affiliated documents and or resources (within the selected country).

Key: ESP: Public Health Strategy Spain 2022; NPF: National Performance Framework; N/A: Not available; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF; Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PNS: National Health Plan Portugal (Plano Nacional de Saúde).

3.2 Strategy contents

Following review of the included national public health strategies, the information identified was segmented into the following sections for analysis:

- timeline and aims
- strategy alignment
- themes or priorities
- governance and implementation.

It was noted that the majority of included national public health strategies detailed a health profile for that specific country. This health profile primarily outlined the status of a number of health or health-related indicators or benchmarks (such as the percentage of adults who are daily smokers; number of deaths from vaccine preventable diseases and percentage of the population with adequate health literacy), along with a discussion outlining the wider determinants of health, within the country of interest, at the time of strategy development.

3.2.1 Timeline and aims

Timeline

All national public health strategies included were in place at the time of review publication. Of the 11 countries for which national public health strategies were identified:

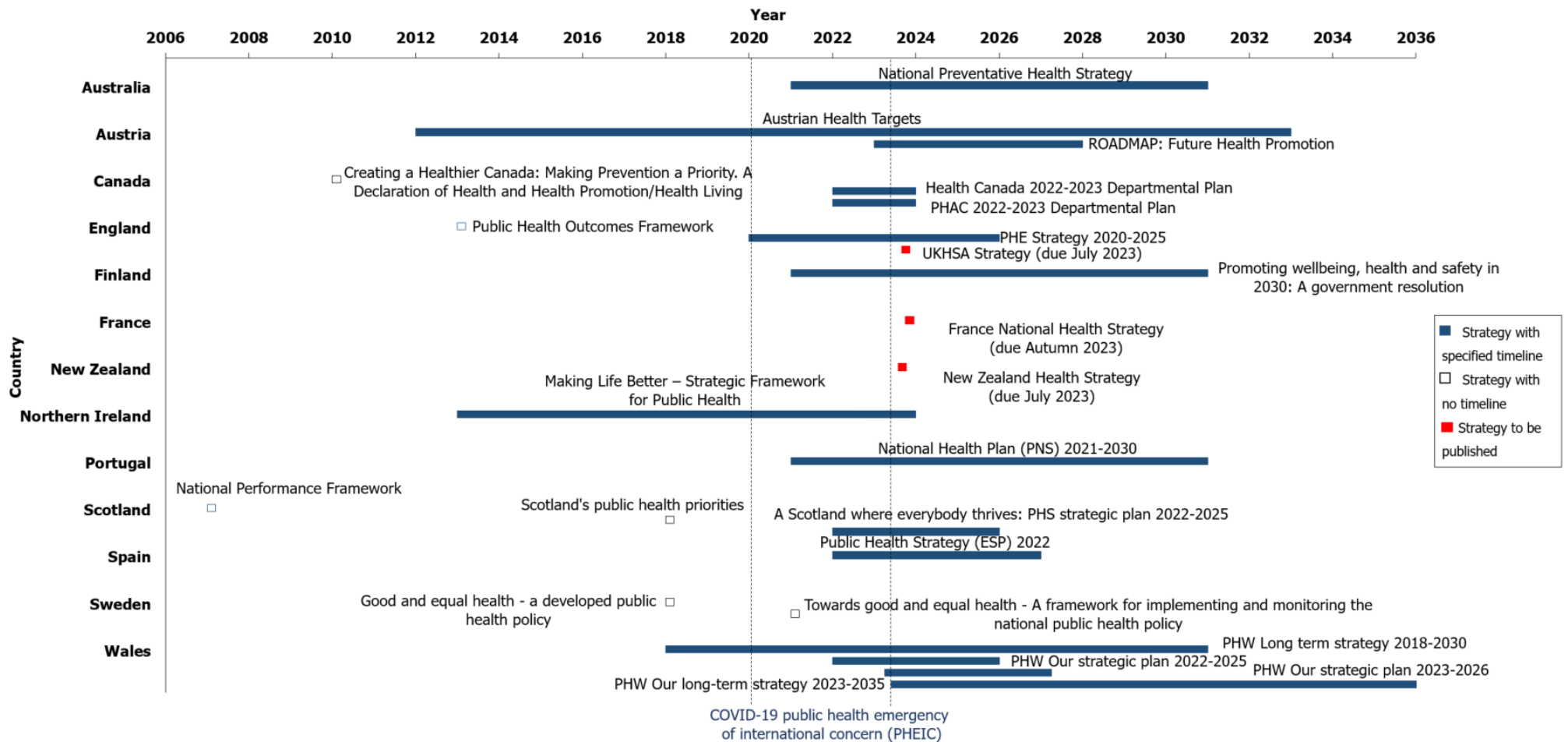
- all countries, except Sweden, published a national public health strategy or strategies with a defined timeline (beginning and end implementation date)
- national public health strategies with a defined timeline ranged from two years (Canada Health⁽¹³⁾ and PHAC⁽¹⁴⁾) to 21 years (Austria (Health Targets)⁽⁹⁾), with an average duration of eight years
- further national public health strategies with no end date were also identified for Canada (Ministers Declaration),⁽¹²⁾ England (PHOF)⁽¹⁶⁾ and Scotland (NPF and public health priorities).^(24, 26)

The earliest national public health strategy included was the National Performance Framework (Scotland) published in 2007 (and still currently in place),⁽²⁶⁾ with the most recent published by Public Health Wales in May 2023 (See Figure 3.1).⁽³⁵⁾ Seven countries published a national public health strategy or strategies prior to the COVID-19 pandemic: Austria (Health Targets);⁽⁹⁾ Canada (Ministers Declaration);⁽¹²⁾ England (PHOF);⁽¹⁶⁾ Northern Ireland;⁽¹⁹⁾ Scotland (NPF and public health priorities);^(24, 26) Sweden (good and equal health policy)⁽²⁸⁾ and Wales.⁽³²⁾ Nine countries published a national public health strategy or strategies during the COVID-

19 pandemic: Australia,⁽⁸⁾ Austria (Roadmap),⁽¹¹⁾ Canada (PHAC and Health Canada),^(13, 14) Finland,⁽¹⁷⁾ Portugal,⁽²³⁾ Scotland (PHS),⁽²⁵⁾ Spain,⁽²⁷⁾ Sweden (good and equal health framework)⁽²⁹⁾ and Wales.⁽³³⁻³⁵⁾ The PHW strategy published in May 2023 was the only strategy included which was published after the COVID-19 pandemic. Within this review the COVID-19 pandemic was considered to represent the time period for which the WHO declared the pandemic a public health emergency of international concern (PHEIC), 30 January 2020 to 5 May 2023.⁽³⁶⁾

As of 10 July 2023, upcoming planned national public health strategy publication was confirmed through personal communication with key representatives in England (July 2023),⁽³⁷⁾ France (Autumn 2023)⁽³⁸⁾ and New Zealand (July 2023).⁽³⁹⁾

Figure 3.1 Timeline of national public health strategies identified and or confirmed by key representatives.



Note: The COVID-19 pandemic was considered as the time period for which the WHO declared the pandemic a public health emergency of international concern (PHEIC), 30 January 2020 to 5 May 2023.⁽³⁶⁾

Aims

Within the included national public health strategies the following related terms were identified: aim; vision; purpose; and goal (see Table 3.2). For clarity, the term 'aim' was used as a representative term within this review.

All of the included national public health strategies focused on improving health and wellbeing, with this an underpinning general aim (see Table 3.2).^{(8, 9, 11-17, 19, 23-27, 32-}

³⁵⁾ This would be achieved through a number of strategic aims identified including:

- the elimination of health inequities and inequalities; a strategic aim for Australia,⁽⁸⁾ Austria (Health Targets),⁽⁹⁾ Canada (PHAC and Ministers Declaration),^(12, 14) England,^(15, 16) Finland,⁽¹⁷⁾ Northern Ireland,⁽¹⁹⁾ Scotland (NPF and public health priorities),^(24, 26) Sweden⁽²⁹⁾ and Wales⁽³³⁻³⁵⁾
- keeping people safe and or monitoring emerging threats; a strategic aim for Canada (PHAC),⁽¹⁴⁾ England (PHE) and Wales^(15, 34)
- focusing on sustainable health; a strategic aim for Finland and Portugal.^(17, 23)

Only Australia and Scotland (PHS) outlined measurable outcomes related to overall national public health strategy aims (see Table 3.2).^(8, 25) Both Australia and Scotland (PHS) specified outcomes related to life expectancy, with Australia aiming to achieve an additional two years of life lived in full health for all Australians by 2030, and at least an additional three years of life lived in full health by 2030 for:

- Australians in the two lowest Socio-Economic Index For Areas (SEIFA) quintiles
- Australians in regional and remote areas
- Aboriginal and Torres Strait Islander people.

Scotland (PHS) outlined that an improvement in life expectancy, and a reduction in the 10-year difference in life expectancy between the poorest and wealthiest neighbourhoods, would be deemed successful outcomes of their national public health strategy.⁽²⁵⁾

Australia also outlined further measurable outcomes. These related to early life (such as the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031 and the proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030) and investment in health prevention (to reach 5% of total health expenditure across Commonwealth, state and territory governments by 2030).⁽⁸⁾

Table 3.2 Aims and timeline identified in the national public health strategies of selected countries.

Country Information Source Timeline	Aims
<p>Australia National Preventive Health Strategy: Valuing health before illness: Living well for longer⁽⁸⁾ 2021-2030</p>	<p>To improve the health and wellbeing of all Australians at all stages of life through prevention.</p> <p>4 further aims (with associated targets) are also outlined:</p> <p>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. Target(s):</p> <ul style="list-style-type: none"> ▪ the proportion of the first 25 years lived in full health will increase by at least 2% by 2030 ▪ the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight will increase to at least 91% by 2031 ▪ the proportion of the first 0-4 years of life lived in full health will increase by at least 3.5% by 2030. <p>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. Target(s):</p> <ul style="list-style-type: none"> ▪ Australians will have at least an additional 2 years of live lived in full health by 2030. <p>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(s):</p> <ul style="list-style-type: none"> ▪ Australians in the 2 lowest Socio-Economic Index For Areas (SEIFA) quintiles will have at least an additional 3 years of life lived in full health by 2030 ▪ Australians in regional and remote areas will have at least an additional 3 years of life lived in full health by 2030 ▪ Aboriginal and Torres Strait Islander people will have at least an additional 3 years of life lived in full health by 2030. <p>4. Investment in prevention is increased. Investment in prevention needs to be enhanced in order to achieve a better balance between treatment and prevention in Australia. Target(s):</p> <ul style="list-style-type: none"> ▪ Investment in preventive health will rise to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030.
<p>Austria</p>	

Country Information Source Timeline	Aims
<ul style="list-style-type: none"> ▪ Austrian Health Targets – long healthy life years for all⁽⁹⁾ 2012-2032 ▪ ROADMAP “Future Health Promotion”: 10 packages of measures for a health-promoting future in Austria⁽¹¹⁾ 2023-2027 	<ul style="list-style-type: none"> ▪ To prolong the healthy lives of all people living in Austria irrespective of their level of education, income or personal living conditions. ▪ To formulate and prioritise measures for better health and quality of life for all people living in Austria, in the next 5 years.
<p>Canada</p> <ul style="list-style-type: none"> ▪ 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⁽¹²⁾ 2010 onwards ▪ Public Health Agency of Canada (PHAC) Departmental Plan⁽¹⁴⁾ 2022-2023 ▪ Health Canada Departmental Plan⁽¹³⁾ 2022-2023 	<ul style="list-style-type: none"> ▪ 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. This will be achieved through the government working together and with private, non-profit, municipal, academic and community sectors, and with First Nations, Inuit and Métis peoples. ▪ No aims are outlined. However, PHAC supports the Government of Canada’s commitment to keep Canadians safe and healthy in 2022-23. PHAC continues to work to ensure that health inequities 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 marginalised populations in Canada. ▪ No aims outlined. However, Health Canada is the federal department responsible for helping Canadians maintain and improve their health.
<p>England</p> <ul style="list-style-type: none"> ▪ Public Health Outcomes Framework (PHOF)⁽¹⁶⁾ 2013 onwards ▪ Public Health England (PHE) Strategy⁽¹⁵⁾ 2020-2025 	<ul style="list-style-type: none"> ▪ The PHOF sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators. The vision is to improve and protect the nation’s health and wellbeing, and improve the health of the poorest, fastest. ▪ 4 aims are outlined: <ol style="list-style-type: none"> 1. Keep people safe. Threats from environmental hazards and infectious disease remain great at home and from overseas. PHE will work to prevent risks from materialising and reduce harm when they do. 2. Prevent poor health. The aim is for people to live longer in good health, to rely on the National Health Service (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. 3. 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. This work aims to reduce unjust and avoidable inequalities in health outcomes. 4. Support a strong economy. Good health is an asset to the economy, enabling people to live long and productive working lives.

Country Information Source Timeline	Aims
Finland Promoting well-being, health and safety in 2030: Decision in principle of the Government ⁽¹⁷⁾ 2021-2030	To secure the sustainable well-being of Finns in all populations and age groups. The decision outlines the long-term measures that will reduce the inequality in the well-being and health of Finns, by 2030.
Northern Ireland Making life better: A whole system strategic framework for public health ⁽¹⁹⁾ 2013-2023	To achieve better health and wellbeing for everyone and reduce inequalities in health. This corresponds with the vision that all people are enabled and supported in achieving their full health and wellbeing potential.
Portugal National Health Plan (PNS) Sustainable Health: from everyone to everyone ⁽²³⁾ 2021-2030	To improve the health and well-being of the population throughout the life cycle, through a social commitment to health without leaving anyone behind, while preserving the planet and without compromising the health of future generations.
Scotland <ul style="list-style-type: none"> ▪ National Performance Framework (NPF)⁽²⁶⁾ 2007 onwards ▪ Public Health Priorities for Scotland⁽²⁴⁾ 2018 onwards ▪ Public Health Scotland (PHS): A Scotland where everybody thrives⁽²⁵⁾ 2022-2025 	<ul style="list-style-type: none"> ▪ The framework aims to: <ul style="list-style-type: none"> ○ 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. ▪ To improve the health of the population and to reduce the unacceptable variation in life expectancy that exists across Scotland. ▪ The aims of the strategy are to: <ul style="list-style-type: none"> ○ improve life expectancy in Scotland. Life expectancy will be tracked every year by the National Records of Scotland, with an improvement in life expectancy deemed as a successful outcome ○ reduce the 10-year difference in life expectancy between the poorest and wealthiest neighbourhoods, with a decrease in the difference in life expectancy between those with the worse and best health deemed a successful outcome.
Spain Public Health Strategy (ESP) 2022: Improving the Health and Well-Being of the Population ⁽²⁷⁾ 2022-2026	To lay the foundation for strengthening Spain's public health system and provide it with a roadmap that aims to guarantee the full exercise of the population's right to health.
Sweden <ul style="list-style-type: none"> ▪ Good and equal health – a developed public health policy⁽²⁸⁾ 2018 	<ul style="list-style-type: none"> ▪ To eliminate avoidable health inequalities within one generation.

Country Information Source Timeline	Aims
<ul style="list-style-type: none"> ▪ Towards good and equal health: A framework for implementing and monitoring the national Public Health policy.⁽²⁹⁾ 2021 	<ul style="list-style-type: none"> ▪ To enable systematic and coordinated efforts that support the realisation of this national public health goal.
<p>Wales</p> <ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Long Term Strategy. Working to achieve a healthier future for Wales⁽³²⁾ 2018-2030 ▪ Public Health Wales (PHW) Our Strategic Plan⁽³³⁾ 2022-2025 ▪ Public Health Wales (PHW) Our Strategic Plan⁽³⁴⁾ 2023-2026 ▪ Public Health Wales (PHW) Our Long-Term Strategy⁽³⁵⁾ 2023-2035 	<ul style="list-style-type: none"> ▪ To achieve a healthier future for Wales. The values for this strategy include working together, with trust and respect to make a difference. ▪ To increase the healthy life expectancy and narrow the gap in healthy life expectancy, between the least and most deprived. The vision for this strategy is to achieve a healthier future for Wales. ▪ The aims of the strategy are to: <ul style="list-style-type: none"> ○ 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. ▪ To set out a strategy for a healthier future for Wales by 2035. PHW aims to increase healthy life expectancy, improve health and wellbeing, and reduce inequalities for everyone in Wales, now and for future generations.

Key: ESP: Public Health Strategy Spain 2022; NHS: National Health Service; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF: Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PNS: National Health Plan Portugal (Plano Nacional de Saúde); SEIFA: Socio-Economic Index For Areas.

3.2.2 Scope and alignment with international aims

All of the included national public health strategies demonstrated a multisectoral approach, with scope extending beyond the health domain (see Table 3.3 and Section 3.2.3 Themes or priorities). The United Nations (UN) Sustainable Development Goals (SDGs) and World Health Organization (WHO) Targets were frequently identified as reference points with which national public health strategies were aligned.

The 17 UN SDGs are:⁽⁴⁰⁾

1. No poverty
2. Zero hunger
3. Good health and well-being
4. Quality education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation and infrastructure
10. Reduced inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Climate action
14. Life below water
15. Life on land
16. Peace, justice and strong institutions
17. Partnerships for the goals

Three countries directly aligned multisectoral strategy aims and or themes or priorities with the UN SDGs:

- Australia⁽⁸⁾ aligned their overall strategy aims with SDG 3: "Good Health and Well-Being" and SDG 5: "Gender Equality"
- Canada (PHAC)⁽¹⁴⁾ outlined how three of their four core responsibilities contribute to the UN SDGs; health promotion (SDG 3: "Good Health and Well-Being"); infectious diseases prevention and promotion (SDG 3: "Good Health and Well-Being", SDG 10: "Reduced Inequalities", SDG 5: "Gender Equality", SDG 8: "Decent Work and Economic Growth and SDG 17: "Partnerships for the Goals") and health security (SDG 3: "Good Health and Well-Being" and SDG 6: "Clean Water and Sanitation")
- Spain⁽²⁷⁾ aligned the indicators associated with their strategic actions with SDG 2 "Zero Hunger"; SDG 3: "Good Health and Well-Being"; SDG 5: "Gender Equality"; SDG 6: "Clean Water and Sanitation"; SDG 11: "Sustainable Cities

and Communities”; SDG 12: “Responsible Consumption and Production” and SDG 16: “Peace, Justice and Strong Institutions”.

Finland,⁽¹⁷⁾ Scotland (NPF),⁽²⁶⁾ Sweden⁽²⁹⁾ and Wales⁽³²⁾ also stated that their strategies reflected and or broadly aligned with the UN SDGs, however direct alignment was not identified.

Australia⁽⁸⁾ also aligned their overall strategy aims with a number of WHO Targets including the WHO ‘Healthier Populations’ triple billion goal, WHO ‘Universal Health Coverage’ triple billion goal and WHO Global nutrition targets 2025.

Alignment with a whole-of-government approach was outlined by Australia⁽⁸⁾ and Portugal,⁽²³⁾ and a whole system approach outlined by Northern Ireland.⁽¹⁹⁾

Collaboration with multiple government departments, ministries, and or agencies was outlined by Australia,⁽⁸⁾ Canada (PHAC),⁽¹⁴⁾ Finland,⁽¹⁷⁾ Northern Ireland,⁽¹⁹⁾ Scotland,⁽²⁴⁻²⁶⁾ Spain⁽²⁷⁾ and Wales.⁽³⁵⁾ Collaboration with the private sector; private and public sector; or private, public and third sectors was outlined or emphasised by Australia,⁽⁸⁾ Sweden,⁽²⁹⁾ and Scotland (PHS and public health priorities)^(24, 25) respectively. Working with alternative sectors to enhance economic growth was also outlined within the scope of Canada (Ministers Declaration),^(12, 15) England (PHE),⁽¹⁵⁾ Finland,⁽¹⁷⁾ Scotland (NPF),⁽²⁶⁾ and Wales.^(33, 34)

Table 3.3 Scope and strategy alignment of the national public health strategies of selected countries.

Country Information Source	Scope and strategy alignment
<p>Australia National Preventive Health Strategy: Valuing health before illness: Living well for longer⁽⁸⁾</p>	<p>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. Achieving strategy goals will require close alignment with other key areas of health reform for the Australian Government (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.</p> <p>United Nations (UN) Sustainable Development Goals (SDGs) and or WHO Targets The strategy outlined 3 of 4 aims which aligned with UN SDGs and WHO targets.</p> <p>1. All Australians have the best start in life This aligns broadly with:</p> <ul style="list-style-type: none"> ▪ UN SGD Target 3.1 ▪ UN SGD Target 3.2 ▪ UN SDG Target 3.7 ▪ UN SDG Target 5.6 ▪ WHO 'Healthier Populations' triple billion goal ▪ WHO 'Universal Health Coverage' triple billion goal ▪ WHO Global nutrition Targets 2025 <p>2. All Australians live in good health and wellbeing for as long as possible This aligns broadly with:</p> <ul style="list-style-type: none"> ▪ UN SDG Target 3.8 ▪ WHO 'Healthier Populations' triple billion goal <p>3. Health equity is achieved for priority populations. This aligns broadly with:</p> <ul style="list-style-type: none"> ▪ UN SDG Target 3.8 ▪ WHO 'Healthier Populations' triple billion goal <p>The Framework for Action forms the foundation for this strategy and contains 3 interlinked elements. Targets within one of these elements, 'Boosting action focus areas- accelerating action in initial priority areas and evolving to address future needs' have been identified to align directly or broadly with UN SDGs or WHO targets (See Appendix B, Table B1).</p>
<p>Austria</p> <ul style="list-style-type: none"> ▪ Austrian Health Targets – long healthy life years for all⁽⁹⁾ 	<ul style="list-style-type: none"> ▪ The health goals focus on multisectoral factors that have a decisive influence on health, such as education, work situation, social security or environmental influences (see section 3.2.3 Themes or priorities, Table 3.5). <p>UN SDGs and or WHO Targets</p>

Country Information Source	Scope and strategy alignment
and Promotion from Canada's Ministers of Health and Health Promotion/Healthy Living ⁽¹²⁾	
England <ul style="list-style-type: none"> ▪ Public Health Outcomes Framework (PHOF)⁽¹⁶⁾ ▪ Public Health England (PHE) Strategy⁽¹⁵⁾ 	<ul style="list-style-type: none"> ▪ The PHOF indicators were located across 4 domains; improving the wider determinants of health; health improvement; health protection; and healthcare and premature mortality. ▪ The 10 priorities outlined are cross-sectoral (for example priorities may be located within the health domain or the environmental domain).
Finland Promoting well-being, health and safety in 2030: Decision in principle of the Government ⁽¹⁷⁾	<p>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.</p> <p>Collaboration between ministries and their subordinate agencies and institutions, other research and development institutions, advisory boards, municipalities, regional operators, organisations, educational organisations, companies and other service providers occurs during implementation. Implementation is carried out as part of the activities of various administrative branches and organisations. The ministries are responsible in their own administrative area for the implementation of the measures (see section 3.2.4 Implementation, Table 3.6).</p>
Northern Ireland Making life better: A whole system strategic framework for public health ⁽¹⁹⁾	<p>The strategy focuses 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.</p> <p>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.</p> <p>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 Public Health Agency and councils will be maintained and built upon, as well as ensuring strong linkages with others through the new community planning process.</p> <p>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.</p>
Portugal National Health Plan (PNS) Sustainable Health: from everyone to everyone ⁽²³⁾	<p>The plan favours a "whole of government" approach (and not only from the ministry of health) and from "all of society" (and not just from the health sector). Multisector collaboration is essential to achieve better sustainable health.</p> <p>Major strategic guidelines for the PNS 2021-2030 plan include:</p>

Country Information Source	Scope and strategy alignment
	<ul style="list-style-type: none"> ▪ Investing in the health promotion and prevention: This includes the health promotion in the many areas in society, such as schools and workplaces, and promoting healthy behaviours such as breastfeeding, healthy eating and physical activity. Prevention of health risks such as environmental risks and alcohol, tobacco and illicit psychoactive substances. ▪ Universal Health Coverage: This includes SNS and health for all, leaving no one behind and highlighting Health Promotion, Health Protection, Disease Prevention and Caregiving. ▪ Innovation: This includes the support of research aligned with sustainable health and the development of precision public health. ▪ Prepare and anticipate the future: This includes continuous development/adjustment of plans, on a prospective basis, in order to quickly adapt intervention strategies to “new” health needs. And to develop “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 mental health among others).
<p>Scotland</p> <ul style="list-style-type: none"> ▪ National Performance Framework (NPF)⁽²⁶⁾ ▪ Public Health Priorities for Scotland⁽²⁴⁾ ▪ Public Health Scotland (PHS): A Scotland where everybody thrives.⁽²⁵⁾ 	<ul style="list-style-type: none"> ▪ To achieve the national outcomes, the NPF aims to get everyone in Scotland to work together. This includes: <ul style="list-style-type: none"> ○ national and local government ○ businesses ○ voluntary organisations ○ people living in Scotland <p>UN SDGs and WHO Targets</p> <p>The NPF and the SDGs share the same aims. The NPF 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 goals are achieved. 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.</p> <ul style="list-style-type: none"> ▪ 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 NPF and related National Outcomes; the Digital Health and Care Strategy, and further public health policies, and efforts towards sustainable economic growth. <p>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.</p> <ul style="list-style-type: none"> ▪ The strategy outlines PHS contribution to achieving Scotland-wide health outcomes and covers: <ul style="list-style-type: none"> ○ 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.

Country Information Source	Scope and strategy alignment
	<p>Strategy implementation will require collaboration across public, third and private sectors including:</p> <ul style="list-style-type: none"> ○ the Scottish Government ○ COSLA ○ local authorities ○ national public bodies like the Improvement Service, Police Scotland, the Scottish Fire and Rescue Service, the NHS ○ local public health teams
<p>Spain Public Health Strategy (ESP) 2022: Improving the Health and Well-Being of the Population⁽²⁷⁾</p>	<p>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 UN SDGs, as a commitment to the necessary improvement of global health.</p> <p>It requires the involvement of society as a whole, the necessary participation and collaboration of:</p> <ul style="list-style-type: none"> ▪ 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. <p>UN SDGs and WHO Targets Strategic lines and actions have been identified and also align with the UN SDGs (see Appendix B, Table B14).</p>
<p>Sweden Towards good and equal health: A framework for implementing and monitoring the national Public Health policy.⁽²⁹⁾</p>	<p>The framework was developed for the implementation and monitoring of the national public health policy which emphasised:</p> <ul style="list-style-type: none"> ▪ health inequity is a societal problem and hampers sustainable development ▪ public health is a shared responsibility for all sectors at all levels, requiring actions by public and private sectors, as well as civil society and individuals. ▪ all sectors should endeavour to promote good and equitable health ▪ health in all policies should guide work in all sectors at the local, regional, and national levels ▪ collaboration at the national level can facilitate public health work at regional and local levels.
<p>Wales</p> <ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Long Term Strategy 2017-2030. Working to achieve a healthier future for Wales⁽³²⁾ ▪ Public Health Wales (PHW) Our Strategic Plan 2022-2025⁽³³⁾ ▪ Public Health Wales (PHW) Our Strategic Plan 2023-2026⁽³⁴⁾ 	<ul style="list-style-type: none"> ▪ The strategy reflects the UN 2030 Agenda for Sustainable Development and the associated SDGs. However, no direct alignment with the SDGs was identified. ▪ The strategy extends over topics such as health inequalities, climate change, sustainability and the economy. ▪ The strategy focuses on working with partners, bringing evidence and expertise to inform, advocate for and mobilise action on the wider determinants (good education and skills; fair work; sufficient money and resources; quality, accessible, affordable housing; well-designed sustainable transport; a built and natural environment that support our health and well-being) in order to reduce health inequalities and

Country Information Source	Scope and strategy alignment
<ul style="list-style-type: none"> ▪ Our Long-Term Strategy⁽³⁵⁾ 2023-2035 	<p>improve health and well-being throughout the course of people's lives. It will inform action on determinants, using evidence from multiple sources. This may range from community experiences to surveillance of key determinants, to international research.</p> <ul style="list-style-type: none"> ▪ Opportunities to influence wider determinants lie with the actions and behaviours of policy and decision makers working within complex systems. The strategy will advocate to decision makers guided by behavioural science approaches and focusing on structural and system level impact. Action will be mobilised 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. 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. The strategy will enable collaboration across the public sector to effectively deliver the strategic priorities and look to integrated approaches, solutions and activities.

Key: COSLA: Convention of Scottish Local Authorities; ESP: Public Health Strategy Spain 2022; NHS: National Health Service; NPF: National Performance Framework; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF: Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PNS: National Health Plan Portugal (Plano Nacional de Saúde); SDG: Sustainable Development Goal; SEIFA: Socio-Economic Index For Area; UN: United Nations; WHO: World Health Organization.

3.2.3 Themes or priorities

Within the included national public health strategies the following related terms were identified:

- Themes
- priorities
- target areas
- goals
- focus areas
- strategic action lines
- core responsibilities (see Table 3.4).

For clarity, the term 'themes or priorities' was used as a representative term within this review.

Themes or priorities were identified in the majority of included national public health strategies. All of the countries included a theme or priority around promoting healthy living or behaviours, while the majority of countries included a theme or priority around the strengthening of public health; climate change or environment; equity or equality; and early life, children and youth (see Table 3.4). Following this, themes or priorities were also regularly identified around preparing for or adapting to threats; working together or collaborating; mental health; disease prevention; working life; and empowering citizens. Themes or priorities around maintaining the health status and the determinants of health were less regularly identified.

Table 3.4 Occurrence of themes or priorities identified in the national public health strategies of selected countries.

Theme or priority domain	Australia	Austria	Canada	England	Finland	Northern Ireland	Portugal	Scotland	Spain	Sweden	Wales	Number of countries
Promoting healthy living or behaviours*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11/11
Strengthening of public health	✓	✓	X	✓	✓	✓	✓	X	✓	X	✓	8/11
Climate change or environment	X	✓	X	✓	✓	✓	✓	✓	X	X	✓	7/11
Equity or equality†	✓	✓	X	X	X	X	✓	✓	✓	✓	✓	7/11
Early life, children and youth	X	✓	X	✓	X	✓	X	✓	X	✓	✓	6/11
Preparing for, or adapting to, threats	✓	X	X	✓	X	X	X	✓	✓	X	✓	5/11
Working together or collaborating	✓	✓	✓	X	✓	✓	X	X	X	X	X	5/11
Mental health	X	✓	X	✓	X	X	X	✓	X	X	✓	4/11
Disease prevention	X	X	✓	✓	X	X	X	✓	X	X	✓	4/11
Working life	X	✓	X	X	X	✓	X	✓	X	✓	X	4/11
Empowering citizens	✓	✓	X	X	X	✓	X	✓	X	X	X	4/11
Maintaining the health status	X	X	X	X	X	X	✓	X	X	X	X	1/11
Determinants of health	X	X	X	X	X	X	X	X	X	X	✓	1/11

Note: *Includes themes or priorities around smoking, drugs, nutrition and physical activity. †Includes themes or priorities around equity in income and housing.

Promoting healthy living or behaviours

Promoting healthy living or behaviours was identified as a theme or priority within the national public health strategies of all 11 countries (see Table 3.5). Focus areas included the promotion of healthy eating and or a sustainable food system, prioritised by Austria,^(9, 11) Canada (Health Canada),⁽¹³⁾ England (PHE) and Scotland (NPF and public health priorities);^(15, 24, 26) the promotion of healthy and safe exercise, prioritised by Austria (Health Targets) and Scotland (NPF and public health priorities);^(9, 24, 26) and the reduction of tobacco, alcohol and or drug use, prioritised by Canada (Health Canada),⁽¹³⁾ England (PHE) and Scotland.^(15, 24-26)

Strengthening of public health

The strengthening of public health, both in regards to publicly provided health services and the practice of public health, was identified as a theme or priority within the national public health strategies of eight countries (Australia,⁽⁸⁾ Austria,^(9, 11) England (PHE),⁽¹⁵⁾ Finland,⁽¹⁷⁾ Northern Ireland,⁽¹⁹⁾ Portugal,⁽²³⁾ Spain⁽²⁷⁾ and Wales) (see Table 3.5).⁽³²⁻³⁵⁾ Examples in relation to the strengthening of publicly provided health services include the delivery of high quality, safe and or affordable health and care services as a priority for Austria (Health Targets)⁽⁹⁾ and Wales⁽³³⁻³⁵⁾ and the enabling of the workforce in terms of skills and resources in Australia,⁽⁸⁾ Austria (Roadmap)⁽¹¹⁾ and Wales.⁽³²⁾ Examples of the strengthening of the practice of public health include increasing digital capabilities, such as data and surveillance capabilities, in Australia⁽⁸⁾ and England (PHE).⁽¹⁵⁾

Climate change or environment

Minimising the impact of climate change and or ensuring a healthy environment was identified as a theme or priority within the national public health strategies of seven countries (Austria,^(9, 11) England (PHE),⁽¹⁵⁾ Finland,⁽¹⁷⁾ Northern Ireland,⁽¹⁹⁾ Portugal,⁽²³⁾ Scotland (NPF and public health priorities)^(24, 26) and Wales) (see Table 3.5).^(34, 35) Specific components of the environment were prioritised in certain strategies, with Austria (Health Targets) focusing on air, water, soil and habitat preservation,⁽⁹⁾ and England (PHE) focusing on cleaner air.⁽¹⁵⁾

Equity or equality

Ensuring health equity and or reducing health inequalities was identified as a theme or priority within the national public health strategies of seven countries (Australia,⁽⁸⁾ Austria (Health Targets),⁽⁹⁾ Portugal,⁽²³⁾ Scotland,⁽²⁴⁻²⁶⁾ Spain,⁽²⁷⁾ Sweden⁽²⁹⁾ and Wales) (see Table 3.5).⁽³³⁾ More specifically, Scotland (NPF) prioritised equality in relation to opportunities, wealth, power and human rights,⁽²⁶⁾ while Sweden prioritised equity in relation to medical services and equality in relation to the distribution of income, financial resources and housing.⁽²⁹⁾

Early life, children and youth

Providing children with the best start in life was identified as a theme or priority within the national public health strategies of Austria,^(9, 11) England (PHE),⁽¹⁵⁾ Northern Ireland,⁽¹⁹⁾ Scotland (NPF and public health priorities),^(24, 26) Sweden⁽²⁹⁾ and Wales (see Table 3.5).⁽³²⁾ More specifically Austria (Roadmap) and Sweden also outlined the importance of a health-promoting learning environment and equal education system,^(11, 29) while Sweden also linked equal maternal and child healthcare within their strategy.⁽²⁹⁾

Preparing for, or adapting to, threats

Preparing for, or adapting to, threats was identified as a theme or priority within a national public health strategy of Australia,⁽⁸⁾ England (PHE),⁽¹⁵⁾ Scotland (PHS), Spain⁽²⁷⁾ and Wales (see Table 3.5).⁽³²⁾ While these threats were more broadly identified as incidents or pandemics, England (PHE) also specified the requirement to reduce the risk from antimicrobial resistance,⁽¹⁵⁾ while Wales specified the protection of the population from infection and environmental threats to health.⁽³²⁾

Working together or collaborating

Working together or collaborating was identified as a theme or priority within the national public health strategies of Australia,⁽⁸⁾ Austria,^(9, 11) Canada (Ministers Declaration),⁽¹²⁾ Finland,⁽¹⁷⁾ Northern Ireland⁽¹⁹⁾ and Scotland (NPF) (see Table 3.5).⁽²⁶⁾ Both Austria (Health Targets) and Canada (Ministers Declaration) outlined the importance of collaboration in regards to health promotion activities.^(9, 12) Working together with stakeholders was also identified, with collaboration at community (Australia and Austria),^(8, 9, 11) international (Scotland - NPF)⁽²⁶⁾ and all levels (Finland and Northern Ireland) identified as a priority.^(17, 19)

Mental health

The promotion of improved mental health, well-being and or psychosocial health was identified as a theme or priority within the national public health strategies of Austria,^(9, 11) England (PHE),⁽¹⁵⁾ Scotland (public health priorities)⁽²⁴⁾ and Wales (see Table 3.5).^(32, 34, 35) The elimination of mental health taboos has also been emphasised as important by Austria (Roadmap).⁽¹¹⁾

Disease prevention

Disease prevention was identified as a theme or priority within the national public health strategies of Canada (PHAC and Ministers Declaration),^(12, 14) England (PHE),⁽¹⁵⁾ Scotland (PHS)⁽²⁵⁾ and Wales (see Table 3.5).⁽³²⁻³⁵⁾ Both Canada (PHAC) and Scotland (PHS) specified the prevention of infectious disease as a priority,^(14, 25) with Scotland (PHS) also specifying vaccine preventable disease. England (PHE)

focused on the utilisation of technology for predictive healthcare,⁽¹⁵⁾ while Wales focused on the development of sustainable healthcare focused on prevention.⁽³²⁻³⁵⁾

Working life

Working life was identified as a theme or priority within the national public health strategies of Austria (Roadmap),⁽¹¹⁾ Northern Ireland,⁽¹⁹⁾ Scotland (NPF)⁽²⁶⁾ and Sweden (see Table 3.5).⁽²⁹⁾ Austria (Roadmap),⁽¹¹⁾ Scotland (NPF)⁽²⁶⁾ and Sweden⁽²⁹⁾ focused on working conditions and the promotion of health promoting, sustainable and innovative work practices, while Northern Ireland focused on the preparation of young people for their transition into adult working life.⁽¹⁹⁾

Empowering citizens

Empowering citizens was identified as a theme or priority within the national public health strategies of Australia,⁽⁸⁾ Austria,^(9, 11) Northern Ireland⁽¹⁹⁾ and Scotland (NPF) (see Table 3.5).^(8, 9, 19, 26) Australia,⁽⁸⁾ Northern Ireland⁽¹⁹⁾ and Scotland (NPF)⁽²⁶⁾ broadly identified empowering and supporting communities as a priority, while Austria focused on strengthening the health literacy of the population.^(9, 11) Scotland (NPF) also prioritised empowering citizens through providing education and ensuring cultures are expressed and enjoyed.⁽²⁶⁾

Maintaining the health status

Maintaining the health status was only specifically identified as a theme or priority within Portugal's national public health strategy (see Table 3.5).⁽²³⁾ Portugal outlined 'Keeping health problems under control' as a theme of the National Health Plan (PNS). This theme specifically related to health problems that were of concern in the past, and the associated strategic objectives were ensuring quality sexual and or reproductive, maternal and child health, surveillance and care; maintaining immunisation coverage; and keeping water-borne health problems under control (see Table 3.5).⁽²³⁾

Wider determinants of health

The importance of embedding public health approaches which consider the wider determinants of health was included in all national public health strategies. This can be identified throughout the included strategies, where the majority of aims, themes or priorities and implementation actions, in particular, lie across social, economic and environmental domains. However, influencing the wider determinants of health (social, economic and environmental determinants which impact on people's health) was only specifically identified as a theme or priority within Welsh national public health strategies (see Table 3.5).^(32, 34, 35)

Table 3.5 Themes or priorities identified in the national public health strategies of selected countries.

Country Information Source	Themes or priorities
<p>Australia National Preventive Health Strategy: Valuing health before illness: Living well for longer.⁽⁸⁾</p>	<p>7 principles were outlined to underpin the Framework for Action:</p> <ul style="list-style-type: none"> ▪ The equity lens ▪ Multi-sector collaboration ▪ Embracing the digital revolution ▪ Enabling workforce ▪ Community participation ▪ Empowering and supporting Australians ▪ Adapting to emerging threats and evidence.
<p>Austria</p> <ul style="list-style-type: none"> ▪ Austrian Health Targets – long healthy life years for all.⁽⁹⁾ ▪ ROADMAP "Future Health Promotion": 10 packages of measures for a health-promoting future in Austria⁽¹¹⁾ 	<ul style="list-style-type: none"> ▪ 10 Health Goals were developed in 2012 and form the framework for action for an overall health-promoting policy: <ul style="list-style-type: none"> Health Goal 1: Working together to create health-promotional living and working conditions. Health Goal 2: Ensure equal health opportunities for everyone in Austria. Health Goal 3: Strengthen the health literacy of the population. Health Goal 4: Secure air, water, soil and all habitats for future generations. Health Goal 5: Strengthen health through social cohesion. Health Goal 6: Ensure that children and young people grow up healthy in the best possible way. Health Goal 7: Make healthy and sustainable nutrition accessible to all. Health Goal 8: Promote healthy and safe exercise in everyday life. Health Goal 9: Promote psychosocial health. Health Goal 10: Ensure high quality and affordable healthcare for all. ▪ 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: <ul style="list-style-type: none"> ○ 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

Country Information Source	Themes or priorities
	<ul style="list-style-type: none"> ○ Participation of population: Strengthen the participation of the population as the key to better health ○ Health literacy and information: Prepare health information in a target group specific and easily accessible manner and make it (digitally) accessible.
<p>Canada</p> <ul style="list-style-type: none"> ▪ Public Health Agency of Canada (PHAC) 2022-23 Departmental Plan⁽¹⁴⁾ ▪ Health Canada 2022-23 Departmental Plan ▪ 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⁽¹²⁾ 	<ul style="list-style-type: none"> ▪ 4 core responsibilities were outlined: <ol style="list-style-type: none"> 1. Health Promotion and Chronic Disease Prevention. 2. Infectious Disease Prevention and Control. 3. Health Security. 4. Internal Services. ▪ A number of priorities were outlined: <ul style="list-style-type: none"> ○ 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. ▪ 5 principles were outlined in the Declaration: <ul style="list-style-type: none"> ○ Prevention is a priority. ○ Prevention is a hallmark of a quality health system. ○ Prevention is the first step in management. ○ Health promotion has many approaches that should be used. ○ Health promotion is everyone's business.
<p>England</p> <ul style="list-style-type: none"> ▪ Public Health England (PHE) Strategy 2020 to 2025⁽¹⁵⁾ 	<ul style="list-style-type: none"> ▪ 10 priorities over the 5-year year period were identified: <ol style="list-style-type: none"> 1. Smoke-free society. 2. Healthier diets, healthier weight. 3. Creating cleaner air. 4. Better mental health. 5. Best start in life. 6. Effective responses to major incidents. 7. Reduced risk from antimicrobial resistance. 8. Predictive prevention. 9. Enhanced data and surveillance capabilities.

Country Information Source	Themes or priorities
<ul style="list-style-type: none"> ▪ Public Health Outcomes Framework (PHOF)⁽¹⁶⁾ 	<p>10. New national science campus (enabling collaborative public health work, and including national public health microbiological laboratories and the PHE national emergency response centre).</p> <ul style="list-style-type: none"> ▪ None identified.
<p>Finland Promoting well-being, health and safety in 2030: Decision in principle of the Government⁽¹⁷⁾</p>	<p>4 focal points were outlined:</p> <ol style="list-style-type: none"> 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.
<p>Northern Ireland Making life better: A whole system strategic framework for public health.⁽¹⁹⁾</p>	<p>2 underpinning themes were identified:</p> <ul style="list-style-type: none"> ▪ sustainable communities ▪ building health public policy. <p>6 main themes were then identified:</p> <ol style="list-style-type: none"> 1. Giving every child the best start. 2. Equipped throughout life. 3. Empowering healthy living. 4. Creating the conditions. 5. Empowering communities. 6. Developing collaboration.
<p>Portugal National Health Plan (PNS) 2021-2030. Sustainable Health: from everyone to everyone (PNS 2021-2030)⁽²³⁾</p>	<p>5 major goals and 15 strategic objectives were identified:</p> <ol style="list-style-type: none"> 1. Reduce inequalities: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ promote health literacy ▪ streamline health-promoting environments ▪ promote longevity and active and healthy ageing 3. Minimise the consequences of climate change and other environmental determinants on health: <ul style="list-style-type: none"> ▪ 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:

Country Information Source	Themes or priorities
	<ul style="list-style-type: none"> ▪ Strengthen sustainable healthcare ▪ Strengthen access to quality healthcare ▪ Streamline the integration of person-centred care <p>5. Keeping health problems currently under control:</p> <ul style="list-style-type: none"> ▪ Ensure sexual/reproductive, maternal and child health surveillance and quality of care ▪ Maintain a high level of immunisation coverage ▪ Keeping water-borne health problems under control
<p>Scotland</p> <ul style="list-style-type: none"> ▪ National Performance Framework (NPF)⁽²⁶⁾ ▪ Public Health Priorities for Scotland⁽²⁴⁾ ▪ Public Health Scotland (PHS): A Scotland where everybody thrives.⁽²⁵⁾ 	<ul style="list-style-type: none"> ▪ The national outcomes are: <ul style="list-style-type: none"> ○ 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. ▪ 6 priorities were outlined: <ul style="list-style-type: none"> 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. ▪ 3 priorities, and focus areas within these priorities were identified: <ol style="list-style-type: none"> 1. <u>Prevent disease:</u> <ul style="list-style-type: none"> ○ infectious disease ○ vaccine preventable disease ○ Scotland ready for future pandemics 2. <u>Prolong healthy life:</u> <ul style="list-style-type: none"> ○ drugs, alcohol and tobacco ○ cancer

Country Information Source	Themes or priorities
	<ul style="list-style-type: none"> ○ quality of service. <p>3. <u>Promote health and wellbeing:</u></p> <ul style="list-style-type: none"> ○ child poverty ○ neighbourhoods ○ mental wellbeing ○ income inequalities.
<p>Spain Public Health Strategy (ESP) 2022: Improving the Health and Well-Being of the Population⁽²⁷⁾</p>	<p>4 strategic lines of action were outlined:</p> <p>Strategic Line 1: Strengthening public health to improve the health of the population. Strategic Line 2: Update public health surveillance and ensure response capacity to health risks and emergencies. Strategic Line 3: Improving health and well-being through the promotion of health, safe and sustainable lifestyles and environments. Strategic Line 4: Promote health and health equity throughout the life course.</p>
<p>Sweden Towards good and equal health: A framework for implementing and monitoring the national Public Health policy.⁽²⁹⁾</p>	<p>The national Public Health policy identified 8 target areas.</p> <p>Target and Focus Areas</p> <p>1. <u>Conditions in early life:</u></p> <ul style="list-style-type: none"> ▪ equal maternal and child healthcare ▪ an equivalent preschool of high quality ▪ method and means that put the children first in focus. <p>2. <u>Knowledge, skills and education/training:</u></p> <ul style="list-style-type: none"> ▪ a good learning environment at school ▪ an equal education system ▪ countering school failure through early identification and intervention. <p>3. <u>Work, working conditions and work environment:</u></p> <ul style="list-style-type: none"> ▪ to have a job ▪ good conditions for increased employability ▪ good work and employment conditions ▪ a physically and psychosocially sustainable work environment. <p>4. <u>Income and economic resources:</u></p> <ul style="list-style-type: none"> ▪ distribution of income in the population ▪ financial resources for those with tight margins and reduced long-term financial vulnerability. <p>5. <u>Housing and neighbourhood conditions:</u></p> <ul style="list-style-type: none"> ▪ access to a fully functional and affordable home

Country Information Source	Themes or priorities
	<ul style="list-style-type: none"> ▪ residential areas that are socially sustainable ▪ healthy living environments on equal terms. <p>6. <u>Health behaviours:</u></p> <ul style="list-style-type: none"> ▪ increased accessibility to health-promoting products, environments and activities ▪ to strengthen the health promotion and prevention work with lifestyles in welfare organisations. <p>7. <u>Control, influence and participation:</u></p> <ul style="list-style-type: none"> ▪ 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. <p>8. <u>Equitable and health-promoting health and medical services:</u></p> <ul style="list-style-type: none"> ▪ 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 organise their activities with the aim of providing conditions for equal care.
<p>Wales</p> <ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Long Term Strategy 2018-2030. Working to achieve a healthier future for Wales⁽³²⁾ ▪ Public Health Wales (PHW) Our Strategic Plan 2023 – 2026⁽³⁴⁾ and Public Health Wales (PHW) Our Long-Term Strategy 2023-2035⁽³⁵⁾ 	<ul style="list-style-type: none"> ▪ 7 strategic priorities were identified: <ol style="list-style-type: none"> 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. ▪ The following strategic priorities were identified: <ul style="list-style-type: none"> ○ 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. ▪ The following strategic themes were identified:

Country Information Source	Themes or priorities
<ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Our Strategic Plan 2022-2025⁽³³⁾ 	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.*

Note: The terminology used within each strategy was retained within Table 3.5.

*Strategic Themes 2, 3 and 4 were health service delivery orientated and therefore not deemed relevant.

Key: ESP: Public Health Strategy Spain 2022; NPF: National Performance Framework; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF: Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PNS: National Health Plan Portugal (Plano Nacional de Saúde).

3.2.4 Governance

An outline of key governance structures was included in the national public health strategies of eight countries: Australia,⁽⁸⁾ Austria (Health Targets),⁽⁹⁾ England (PHE),⁽¹⁵⁾ Finland,⁽¹⁷⁾ Northern Ireland,⁽¹⁹⁾ Portugal,⁽²³⁾ Spain⁽²⁷⁾ and Wales (PHW strategy 2023 – 2026)⁽³⁴⁾ (see Table 3.6). A high level description of a governance mechanism at federal level was provided by Australia,⁽⁸⁾ Canada (PHAC)⁽¹⁴⁾ and Scotland (NPF),⁽²⁶⁾ while in contrast Northern Ireland provided an in-depth description of key governance structures,⁽¹⁹⁾ from local level (community planning and local strategic partnerships) to regional (Regional Project Board) and national level (Ministerial Committee for Public Health).

Specifically, governance by their respective Minister or Ministry of Health was outlined by Austria (Health Targets),⁽⁹⁾ Northern Ireland,⁽¹⁹⁾ Portugal⁽²³⁾ and Spain⁽²⁷⁾ with strategy coordination, implementation and or support outlined as a ministerial function. Portugal also identified the Directorate-General for Health (DGS) as responsible for coordinating strategy planning and the execution of PNS 2021-2030.⁽²³⁾ Specific boards or institutes tasked with the monitoring of strategies were identified for Finland (Public Health Advisory Board),^(17, 18) Portugal (National Health Institute Dr. Ricardo Jorge)⁽²³⁾ and Spain (State Centre for Public Health),⁽²⁷⁾ while Northern Ireland outlined monitoring would occur from local to Ministerial level, with reports produced at each level.⁽¹⁹⁾

National public health strategies within government-mandated bodies in England (PHE) and Wales (PHW strategy covering 2023-2026),^(15, 34) outlined strategy governance would be maintained internally within the organisation. Wales further outlined that quality assurance would be provided to the Welsh Government through Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings and strategy monitoring would be reported to the Executive Team and Board on a monthly basis through a Performance and Assurance Dashboard.⁽³⁴⁾

Information around national public health strategy governance was not identified for Austria (Roadmap),⁽¹¹⁾ Canada (Ministers Declaration),⁽¹²⁾ England (PHOF),⁽¹⁶⁾ Scotland (public health priorities and PHS)^(24, 25) and the PHW strategies for Wales covering 2018 to 2030,⁽³²⁾ 2022 to 2025⁽³³⁾ and 2023 to 2035.⁽³⁵⁾ Sweden outlined that shared responsibility and joint inter-agency dialogue occurs, however this is not formalised.⁽²⁹⁾

Table 3.6 Governance identified in the national public health strategies of selected countries

Country Information Source	Governance
<p>Australia National Preventive Health Strategy: Valuing health before illness: Living well for longer.⁽⁸⁾</p>	<p>Enhanced governance structures are required to create a more resilient prevention system. This includes:</p> <ul style="list-style-type: none"> ▪ an independent, expert-led mechanism that will advise the Australian Government 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.
<p>Austria</p> <ul style="list-style-type: none"> ▪ Austrian Health Targets – long healthy life years for all.⁽⁹⁾ ▪ ROADMAP "Future Health Promotion": 10 packages of measures for a health-promoting future in Austria⁽¹¹⁾ 	<ul style="list-style-type: none"> ▪ Federal Ministry for Social Affairs, Health, Care and Consumer Protection: head of process coordination, technical and organisational support. Health Austria: technical and organisational support. ▪ None identified.
<p>Canada</p> <ul style="list-style-type: none"> ▪ 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⁽¹²⁾ ▪ Public Health Agency of Canada (PHAC) 2022-23 Departmental Plan⁽¹⁴⁾ ▪ Health Canada 2022-23⁽¹³⁾ Departmental Plan 	<ul style="list-style-type: none"> ▪ None identified. ▪ Government of Canada. ▪ None identified.
<p>England</p> <ul style="list-style-type: none"> ▪ Public Health England (PHE) Strategy 2020 to 2025⁽¹⁵⁾ ▪ Public Health Outcomes Framework (PHOF)⁽¹⁶⁾ 	<ul style="list-style-type: none"> ▪ PHE will be responsible for governance of the strategy and ensure they have processes and structures in place that facilitate cross-PHE collaboration and effective decision-making and oversight. PHE will embed the strategy into corporate planning and performance management, enabling teams and individuals across the organisation to connect their work to PHE's strategic objectives. ▪ None identified.
<p>Finland Promoting well-being, health and safety in 2030: Decision in principle of the Government⁽¹⁷⁾</p>	<p>The monitoring 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 ensuring the decision in principle will be implemented.</p>
<p>Northern Ireland Making life better: A whole system strategic framework for public health.⁽¹⁹⁾</p>	<p>Ministerial Committee for Public Health: chaired by the Minister for Health, Social Services and Public Safety and supported and informed by the All Departments Officials Group (ADOG). Key functions are:</p>

Country Information Source	Governance
	<ul style="list-style-type: none"> ▪ to provide strategic leadership, direction and coherence with other key strategic programmes and structures such as Programme for Government, NI Economic Strategy and Delivering Social Change, ▪ agree shared goals and priorities and oversee implementation on behalf of the Executive. <p>The ADOG: chaired by the Chief Medical Officer, will comprise senior officials from all departments. Key functions are to:</p> <ul style="list-style-type: none"> ▪ 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 ▪ monitor and report on progress. <p>The Regional Project Board: led by the Public Health Agency 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:</p> <ul style="list-style-type: none"> ▪ 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. <p>The Regional Project Board may be supported through 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 or organisation in terms of emerging issues and implementation. In conjunction with local level partnerships the Regional Project Board will develop an Implementation Plan.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ 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).

Country Information Source	Governance
	<p>Community Planning: legislation places a duty on councils to lead the community planning process and on other public bodies to participate. Departments will be required to promote and encourage community planning and have regard to the councils' community plans in planning the delivery of services.</p> <p>Data and Research Groups: established to support the framework, a set of key indicators has been agreed to facilitate high-level monitoring of progress.</p> <p>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.</p> <p><u>Monitoring</u> To support the proposed structures a monitoring framework will be developed to include:</p> <ul style="list-style-type: none"> ▪ reports from local partnerships to the Regional Project Board ▪ reports from the 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 to provide advice and recommendations ▪ an annual report on overall progress.
<p>Portugal National Health Plan (PNS) 2021-2030. Sustainable Health: from everyone to everyone⁽²³⁾</p>	<p>The Basic Health Law: defines as one of the main foundations of the health policy the National Health Plan.</p> <p>Ministry of Health: responsible for the technical coordination of implementation and evaluation. 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.</p> <p>The Directorate-General for Health (DGS): responsible for coordinating in the areas of planning strategy in health and ensuring the elaboration and execution of PNS 2021-2030.</p> <p>National Health Institute Dr. Ricardo Jorge: responsible for the evaluation of the implementation of the PNS 2021-2030 and the results.</p>
<p>Scotland</p> <ul style="list-style-type: none"> ▪ National Performance Framework (NPF)⁽²⁶⁾ ▪ Public Health Priorities for Scotland⁽²⁴⁾ ▪ Public Health Scotland (PHS): A Scotland where everybody thrives.⁽²⁵⁾ 	<ul style="list-style-type: none"> ▪ 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: work with the Scottish Government and other organisations in their community. ▪ Community Planning Partnerships: bring together organisations in Scotland. They will then look to work on local improvement plans. ▪ None identified. ▪ None identified.
<p>Spain Public Health Strategy (ESP) 2022: Improving the Health and Well-Being of the Population⁽²⁷⁾</p>	<p>The State Centre for Public Health: 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.</p>

Country Information Source	Governance
	<p>Ministry of Health: the approach and the strategic lines of ESP 2022 will be developed under the auspices of the Ministry of Health and within the framework of the 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.</p>
<p>Sweden Towards good and equal health: A framework for implementing and monitoring the national Public Health policy.⁽²⁹⁾</p>	<p>The strategy is built on current governance structures and the division of responsibilities between government agencies, as well as the legally-required cooperation between them. There are no clear contact points for overall public health issues among the government authorities. However, joint inter-agency dialogue on priorities for public health work is deemed adequate and provides the opportunity for shared responsibility instead of additional regulation. The Public Health Agency have outlined there is no need to formalise the coordination.</p>
<p>Wales</p> <ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Long Term Strategy 2018-2030. Working to achieve a healthier future for Wales⁽³²⁾ ▪ Public Health Wales (PHW) Our Strategic Plan 2023 – 2026⁽³⁴⁾ ▪ Public Health Wales (PHW) Our Long-Term Strategy 2023-2035⁽³⁵⁾ ▪ Public Health Wales (PHW) Our Strategic Plan 2022-2025⁽³³⁾ 	<ul style="list-style-type: none"> ▪ None identified. ▪ Progress against the plan will be reported to the Executive Team and Board on a monthly basis through a 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 the Integrated Quality, Planning and Delivery and Joint Executive Team accountability review meetings. ▪ None identified. ▪ None identified.

Key: ADOG: the All Departments Officials Group; DGS: Directorate-General of Health (Portugal); ESP: Public Health Strategy Spain 2022; NPF: National Performance Framework; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF: Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PNS: National Health Plan Portugal (Plano Nacional de Saúde)

3.2.5 Implementation

Details on implementation were outlined to varying extents in all of the included national public health strategies. Specifically, these details included descriptions of the actions planned for strategy implementation, the stakeholders responsible for leading implementation and or distinct aspects of implementation, and key performance indicators for monitoring and evaluating strategy implementation.

Actions

Within the included national public health strategies the following related terms were identified: actions; measures; activities; approaches; objectives; steps; procedures and commitments (see Appendix A, Table A1). For clarity, the term 'actions' was used as a representative term within this review.

For all countries with included national public health strategies, implementation actions, either planned or in progress, were outlined. The contents of the actions were related to the themes or priorities of the strategy, and the level of detail with which these actions was described varied between countries. Summaries and or samples of actions are outlined in Appendix A, Table A1. For further information on strategy implementation actions for each selected country, see Appendix B.

Implementation plans containing detailed actions were provided for Canada (PHAC and Health Canada),^(13, 14) England (PHE),⁽¹⁵⁾ Finland,⁽¹⁸⁾ Northern Ireland,⁽¹⁹⁾ Scotland (PHS and public health priorities),^(24, 25) Spain⁽²⁷⁾ and Wales.⁽³³⁻³⁵⁾ With the exceptions of Finland,⁽¹⁸⁾ Northern Ireland⁽¹⁹⁾ and Spain,⁽²⁷⁾ these strategies were departmental or organisational strategies of government or government-mandated bodies with responsibilities in relation to public health. For example, the Public Health England (PHE) Strategy 2020-25⁽¹⁵⁾ specified actions to be carried out by PHE as an organisation and stakeholders with which PHE planned to collaborate, where relevant. Similarly, for Wales,⁽³⁵⁾ actions were aligned to the priorities of PHW's long-term strategy. Enablers to deliver the strategy were also outlined, including strategic research and evaluation actions, as well as areas of focus for PHW related to behavioural science. Operational strategies, focused internally within an organisation to support implementation, were also outlined, such as PHW's People Strategy, Budget Strategy, and Digital and Data Strategy.⁽³⁵⁾ For Canada (Health Canada),⁽¹³⁾ key risks to the delivery of Health Canada's core responsibilities were identified and planned risk responses were outlined.

A distinct implementation plan document was published to accompany the Finnish national public health strategy.⁽¹⁸⁾ This implementation plan outlined sub-goals for each of the four focal points listed in Section 3.2.3, "Themes or priorities", along with their associated actions, timelines, coordinating bodies or leads, and cooperating partners. Similarly detailed actions aligned with strategic themes or priorities were

included within the national public health strategies of Northern Ireland and Spain.^(19, 27) For Northern Ireland,⁽¹⁹⁾ other key strategies and or strategic programmes linked to implementation were also identified for each theme. For example, supporting policies and initiatives for 'Theme 1: Giving every child the best start' included the School Improvement policy – 'Every School a Good School',⁽⁴¹⁾ the Families Matter strategy, and the Community Family Support Programme.^(42, 43)

In contrast to the detailed implementation plans identified, high-level strategic actions were observed for Australia,⁽⁸⁾ Austria (Health Targets),⁽⁹⁾ Portugal,⁽²³⁾ Sweden⁽²⁹⁾ and Wales.⁽³²⁾ For Australia,⁽⁸⁾ Portugal⁽²³⁾ and Sweden.⁽²⁹⁾ The principles to be adopted to support implementation were outlined, but details of how the priorities or strategic actions should be achieved were not described. However, while the Swedish national public health strategy itself did not contain detailed actions,⁽²⁹⁾ an affiliated document, in the form of a year one overview report of implementation, included summary information of actions in progress and planned by the Public Health Agency.⁽³¹⁾ For Australia, a 'Blueprint for Action', outlining implementation details for the national public health strategy, was reported to be in development (not published as 18 October 2023).⁽⁸⁾

Implementation agencies

Leads, key partners, authorities and or institutions responsible for the implementation of actions were specifically outlined in the national public health strategies of Austria (Health Targets),⁽⁹⁾ Finland,⁽¹⁸⁾ Northern Ireland,⁽¹⁹⁾ Spain⁽²⁷⁾ and Sweden (see Appendix A, Table A1):⁽²⁹⁾

- Austria (Health Targets) outlined the institutions responsible for implementing measures to achieve the desired outcomes.⁽⁹⁾ Examples included: the Federal Ministry for Social Affairs, Health, Care and Consumer Protection; Federal Ministry of Education, Science and Research and the Healthy Austria Fund.
- Finland and Spain outlined coordinating bodies or leads, and or cooperation partners associated with their strategic actions.^(18, 27) Examples for Finland included: the Ministry of Economic Affairs and Employment; the Department of Health and Welfare and the Institute of Occupational Health; and the Ministry of Health for Spain.
- Northern Ireland outlined key partners involved in the implementation of actions and commitments.⁽¹⁹⁾ Examples included: the Department of Health, Social Services and Public Safety, Children and Young People's Strategic Partnership and the Social Security Agency.
- Sweden outlined authorities responsible for important issues in each target area and also a number of authorities relevant to all target areas.⁽²⁹⁾

Examples included: the Ombudsman for Children, the Non-Discrimination Ombudsman and the Swedish Gender Equality Agency.

Scotland (public health priorities) did not explicitly state leads associated with each strategic action but sporadically mentioned collaborating partners, and or agencies that would be supported in action implementation.⁽²⁴⁾

National public health strategies from government mandated bodies, Canada (PHAC and Health),^(13, 14) England (PHE),⁽¹⁵⁾ Scotland (PHS)⁽²⁵⁾ and Wales (PHW)⁽³⁵⁾, outlined actions for which they would be responsible for and which they would implement. While collaborating partners were mentioned where appropriate, it is assumed that the relevant government-mandated body was the action lead.

Key performance indicators

Key performance indicators (KPI) associated with strategy themes and or implementation actions were outlined for nine countries (Canada (PHAC and Health Canada),^(13, 14) England (PHOF),⁽¹⁶⁾ Finland,⁽¹⁸⁾ Northern Ireland,⁽¹⁹⁾ Portugal,⁽²³⁾ Scotland (NPF and PHS),^(25, 26) Spain,⁽²⁷⁾ Sweden⁽²⁹⁾ and Wales⁽³⁵⁾) (see Appendix A, Table A1). For the majority of countries, KPIs were linked to strategy themes or priorities, and the number of indicators outlined varied considerably between countries. For example, Canada (PHAC and Health Canada) outlined a limited number of KPIs associated with each core responsibility,^(13, 14) while Finland's national public health strategy is linked with 3,500 KPIs on health, welfare and the functioning of the health service system.⁽⁴⁴⁾ Examples of Finland's KPI categories include alcohol, tobacco and addiction; indicators for care and services for older people; health care emergency services; and living conditions, lifestyle, health and well-being among young people.

England (PHOF),⁽¹⁶⁾ Northern Ireland,⁽¹⁹⁾ Spain⁽²⁷⁾ and Sweden⁽²⁹⁾ also outlined overarching KPIs. Life expectancy^(16, 19, 27, 29) and healthy life expectancy or years^(16, 19, 27) were frequently-identified overarching KPIs, with further examples including disability-free life expectancy,⁽¹⁹⁾ deaths by cause of death⁽²⁷⁾ and self-assessed general state of health.⁽²⁹⁾ Austria (Health promotion strategy),⁽¹⁰⁾ Canada (PHAC and Health Canada),^(13, 14) Portugal⁽²³⁾ and Scotland (PHS)⁽²⁵⁾ also outlined targets associated with KPIs. Examples include: a maximum of 5% of Canadians (aged 15+) who are current cigarette smokers (Health Canada);⁽¹³⁾ a maternal mortality rate equal to or less than 7.1 per 100,000 live births, in the three-year period of 2028-2030 (Portugal);⁽²³⁾ and reducing the risk of dying from cancer by 1% each year, and achieving a reduction of 5% below the 2020 baseline, in 2025 (Scotland PHS).⁽²⁵⁾ Australia and Austria (Health Targets) also outlined a number of desired policy achievements or outcomes; however, no associated KPIs were outlined.^(8, 9)

3.3 Strategy development

With the exception of Canada, information on how the strategies were developed was reported for all of the included national public health strategies. However, the extent of the strategy development information reported varied greatly between countries.

Detailed descriptions of strategy development processes were reported for Austria,^(9, 11) Portugal and Sweden.^(23, 29) For Portugal, a discrete methodology document was published in relation to their national public health strategy.^(22, 23) Details of distinct stages in the strategy development process were reported for the following countries:

- identification of priorities (Austria,^(9, 11) Portugal,⁽²²⁾ Spain⁽²⁷⁾ and Sweden⁽²⁹⁾)
- drafting of the strategy (Austria,^(9, 11) Portugal⁽²²⁾ and Sweden⁽²⁹⁾)
- development of recommendations for implementation (Austria (Roadmap)⁽¹¹⁾ and Portugal⁽²²⁾)
- identification and selection of indicators for monitoring and evaluation (Spain⁽²⁷⁾ and Sweden⁽²⁹⁾)
- development of a monitoring and evaluation plan (Portugal⁽²²⁾)
- development of a communication plan to support the strategy (Portugal⁽²²⁾).

Timelines for strategy development were reported for Austria,^(9, 11) Northern Ireland⁽¹⁹⁾ and Portugal,⁽²²⁾ with timelines ranging from approximately 12 months (Austria (Health Targets)⁽⁹⁾) to three years (Portugal).⁽²²⁾ For further strategy development information see Appendix B.

Overall, national public health strategies were observed to have been developed using evidence-based, collaborative approaches involving stakeholders across multiple sectors, led by a relevant government or government-mandated body with responsibility for public health. Common strategy development methods observed may be broadly categorised as:

- evidence review
- stakeholder engagement.

These methods were used to draw on information, expertise and experiences from across a range of relevant sectors, in keeping with the multisectoral nature of national public health strategies.

3.3.1 Evidence review

Evidence review is used in the current review to broadly describe any methods of finding and summarising published research and or other literature. Evidence review was used to inform the development of national public health strategies for nine

countries: Australia,⁽⁸⁾ Austria (Health Targets),⁽⁹⁾ England (PHE),⁽¹⁵⁾ Northern Ireland,⁽¹⁹⁾ Portugal,⁽²²⁾ Scotland (public health priorities),⁽²⁴⁾ Spain,⁽²⁷⁾ Sweden⁽²⁹⁾ and Wales⁽³²⁻³⁵⁾. Evidence review methods were not specified in detail for any country. Where the sources of evidence used to inform strategy development were stated, they included:

- relevant international, national and regional strategies, frameworks and action plans for eight countries: Australia,⁽⁸⁾ Austria (Health Targets),⁽⁹⁾ Northern Ireland,⁽¹⁹⁾ Portugal,⁽²²⁾ Scotland,⁽²⁴⁻²⁶⁾ Spain,⁽²⁷⁾ Sweden⁽²⁹⁾ and Wales⁽³²⁻³⁵⁾
- national and international scientific and grey literature for five countries: Australia,⁽⁸⁾ Northern Ireland,⁽¹⁹⁾ Scotland (public health priorities),⁽²⁴⁾ Spain⁽²⁷⁾ and Wales⁽³²⁾
- national legislation for three countries: Spain,⁽²⁷⁾ Sweden⁽²⁹⁾ and Wales.⁽³²⁻³⁵⁾

Data obtained from national and or international health information systems were also used to inform strategy development in Scotland (PHS),⁽²⁵⁾ Spain⁽²⁷⁾ and Sweden.⁽²⁹⁾ In Spain,⁽²⁷⁾ these data informed priorities for action in public health based on factors such as health-related impacts, and economic and societal costs. In Australia,⁽⁸⁾ lessons learned from past disease prevention activities were also used to inform strategy development.

The stated purposes of reviewing evidence included informing the development of the themes or priorities of the strategy in four countries: England (PHE),⁽¹⁵⁾ Scotland (public health priorities),⁽²⁴⁾ Spain⁽²⁷⁾ and Sweden;⁽²⁹⁾ identifying impactful public health interventions in two countries: Australia⁽⁸⁾ and Wales;⁽³²⁾ and ensuring that the strategy aligned with existing priorities and actions in two countries: Australia⁽⁸⁾ and Scotland (public health priorities).⁽²⁴⁾ In Sweden,⁽²⁹⁾ this included alignment with national budgetary priorities, specifically national expenditure targets for areas that may support the realisation of public health policy goals. In Portugal,⁽²²⁾ a review of evidence was used to compile an initial comprehensive matrix of intervention strategies, which was then used as the basis for intervention strategy selection through an extensive stakeholder engagement process.

The timing of the evidence review within the context of overall strategy development was only reported for Austria (Health Targets),⁽⁹⁾ where it took place throughout the main period of strategy development work, in tandem with targeted stakeholder engagement.

3.3.2 Stakeholder engagement

Engagement with stakeholders across multiple sectors was a common feature observed in the development of national public health strategies in the selected

countries. The methods used may be broadly considered as public consultation or targeted consultation methods (see Table 3.7).

Public consultation was used to inform the development of national public health strategies for Australia,⁽⁸⁾ Austria,^(9, 11) Northern Ireland,⁽¹⁹⁾ Portugal,⁽²²⁾ Scotland (PHS)⁽²⁵⁾ and Wales.⁽³²⁾ Methods used included surveys in three countries: Australia,⁽⁸⁾ Austria (Roadmap)⁽¹¹⁾ and Wales;⁽³²⁾ online public consultations in three countries: Australia,⁽⁸⁾ Austria (Health Targets)⁽⁹⁾ and Portugal;⁽²²⁾ citizen councils in Austria (Roadmap)⁽¹¹⁾ and regional engagement events in Scotland (public health priorities).⁽²⁴⁾

Targeted consultation methods were used to inform the development of national public health strategies in all 11 countries. In all cases, targeted consultation methods were used to engage with stakeholders with expertise and or experience relevant to the development and or implementation of the national public health strategy. These stakeholders included experts in public health and strategy, representatives from national, regional and local government, representatives from relevant government-mandated entities, trade union representatives, and stakeholders representing relevant voluntary organisations. Targeted consultation was also used as a supplement to public consultation in Austria (Roadmap).⁽¹¹⁾ In that case, focus groups were conducted in order to engage with specific groups of people who may have experienced barriers to participating in other public consultation methods, such as young people, older people, people at risk of poverty, people with migratory backgrounds (people who had either migrated to the country or at least one of their parents previously entered the country as a migrant), and people with disabilities and their carers.

Australia,⁽⁸⁾ Austria (Health Targets)⁽⁹⁾ and Portugal⁽²²⁾ established groups comprising experts and or representatives from relevant sectors and organisations to contribute throughout the strategy development process. In Australia,⁽⁸⁾ an expert steering committee guided the overall development of the strategy. In Austria (Health Targets),⁽⁹⁾ a group consisting of 40 stakeholders from various political and social sectors contributed through workshops in which they developed a proposal for Health Goals for the Federal Health Commission. These stakeholders also provided feedback on the Health Goals to their organisations in order to ensure broad acceptance of the goals across relevant sectors. In Portugal,⁽²²⁾ the national health strategy was developed using a co-creation approach. This involved collaborative working throughout the development process with an Advisory Board, comprising expert stakeholders, and a Monitoring Commission, made up of representatives from a range of relevant sectors. In addition to the involvement of the Advisory Board and Monitoring Commission, other distinct targeted consultation methods, such as multisectoral seminars and a mixed-methods health goals setting exercise with

separate stakeholder groups, were also conducted during the strategy development process.

Other stakeholder engagement methods included hosting workshops to provide opportunities for specific stakeholder groups to contribute to the strategy (Finland⁽¹⁷⁾ and Northern Ireland⁽¹⁹⁾), participating in strategic dialogues with representatives from government and other relevant authorities (Sweden),⁽²⁹⁾ and presenting and discussing the strategy at national health conferences (Austria).^(9, 11)

3.3.3 Supporting economic analysis

None of the selected countries included economic analysis to support their national public health strategy(ies).

Table 3.7 Stakeholder engagement methods used in the development of national public health strategies of selected countries.

Country Information Source	Stakeholder engagement
<p>Australia National Preventive Health Strategy: Valuing health before illness: Living well for longer.⁽⁸⁾</p>	<p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ online public survey ▪ online public consultations on the consultation paper and the draft strategy ▪ findings of other relevant health consultations conducted by the Australian Government in recent years. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ Expert Steering Committee guided strategy development. Committee was composed of experts in public health, research, health promotion, medical, allied health, nursing and consumer advocacy fields. ▪ Targeted consultations carried out to hear the views of experts in different fields of prevention, community representatives, consumer groups, advocacy organisations, and the public about what is important to keep themselves, their families and their communities healthy.
<p>Austria</p> <ul style="list-style-type: none"> ▪ Austrian Health Targets – long healthy life years for all.⁽⁹⁾ ▪ ROADMAP "Future Health Promotion": 10 packages of measures for a health-promoting future in Austria⁽¹¹⁾ 	<p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ Online public consultations conducted in May to August 2011 and April 2012 to provide the public with an opportunity to contribute ideas on the topic of "health maintenance". <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ Group involving 40 representatives from various political and social areas established from October 2011 to March 2012. The group developed a proposal for health goals for the Federal Health Commission in 5 workshops. Group representatives also fed back results to their organisations in order to ensure broad acceptance of the goals among these organisations. <p>Other engagement methods</p> <ul style="list-style-type: none"> ▪ Electronic newsletter circulated to interested parties from May to August 2011 to inform them of developments during the process ▪ Health goals presented at Federal Health Conference in May 2012. <p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ Public survey and supplemental focus groups conducted in July 2021 to coincide with 10 years of health goals in Austria. Topics addressed included everyday health, the COVID-19 pandemic and personal health resources ▪ Online citizen dialogue carried out from July to September 2022 to enable interested citizens to contribute their experiences of needs so that health promotion measures could be targeted to where they are needed most ▪ Three citizen councils took place between September and October 2022, in which randomly selected citizens from all over Austria attended a 1.5-day event to intensively discuss the future of health promotion and to develop 5 core messages with concrete proposals for measures. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ 'Foresight process' consisting of 3 events (launch, scenario and vision forum) took place in 2021. Involved 150 experts and stakeholders working together to develop visionary goals for the further development and sustainable anchoring of health promotion by 2050 in different areas of society. ▪ Online consultation with experts carried out from May to June 2022 to enable experts to recommend starting points and concrete measures for various areas of society, building on previous processes and existing strategies.

Country Information Source	Stakeholder engagement
	<ul style="list-style-type: none"> ▪ Four focus groups and one discussion round conducted between August and September 2022 to enable active participation in consultation by groups that were less able to participate via the other methods, such as people affected by poverty, young people, people with a migratory background, senior citizens, and people with health restrictions and their family carers. <p>Other engagement methods</p> <ul style="list-style-type: none"> ▪ Future Health Promotion Forum took place in October 2022, attended by 153 experts and other stakeholders. The results of all groups were presented and discussed in line with existing national and international strategies in order to develop needs-based and effective bundles of measures.
<p>Canada</p> <ul style="list-style-type: none"> ▪ 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⁽¹²⁾ ▪ Public Health Agency of Canada (PHAC) 2022-23 Departmental Plan⁽¹⁴⁾ ▪ Health Canada 2022-23 Departmental Plan 	<ul style="list-style-type: none"> ▪ None identified. ▪ None identified. ▪ None identified.
<p>England</p> <ul style="list-style-type: none"> ▪ Public Health Outcomes Framework (PHOF)⁽¹⁶⁾ ▪ Public Health England (PHE) Strategy 2020 to 2025⁽¹⁵⁾ 	<ul style="list-style-type: none"> ▪ None identified. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ The process to determine the 10 priorities involved extensive consultations with those working in PHE, as well as engagement with external stakeholders. Opinions provided were factored into priority development along with the latest evidence ▪ During the final stages of priority development, experts and leaders from across PHE were asked to identify areas where: <ul style="list-style-type: none"> ○ there are 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 ○ PHE can generate a good return on investment.
<p>Finland Promoting well-being, health and safety in 2030: Decision in principle of the Government⁽¹⁷⁾</p>	<p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ After the end of the Health 2015 programme, statements were requested from government ministries to enable them to contribute to and propose changes to the decision in principle. ▪ Five stakeholder workshops took place in autumn 2020, in which stakeholders contributed to the implementation plan. This included specifying measures, identifying partners for various measures, and expressing views on how to utilise the plan. Attendees included representatives of universities, universities of applied sciences and other research and development organisations, representatives of

Country Information Source	Stakeholder engagement
	<p>organisations, representatives of municipalities and municipal associations, representatives of trade unions and institutions under ministries.</p> <ul style="list-style-type: none"> ▪ In total, more than 200 experts participated in the development of the decision in principle and implementation plan.
<p>Northern Ireland Making life better: A whole system strategic framework for public health.⁽¹⁹⁾</p>	<p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ A proposed new 10-year public health framework, 'Fit and Well – Changing Lives 2012-2023', was published for consultation from mid-July 2012 to mid-November 2012. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ In 2012, 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. ▪ Following the consultation process, two cross-sectoral workshops were held in 2013 to consider the feedback received on 'Fit and Well – Changing Lives' and to explore how this should influence the final framework. <p>Other engagement methods</p> <ul style="list-style-type: none"> ▪ 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. Findings from the report of this inquiry were factored into framework development.
<p>Portugal National Health Plan (PNS) 2021-2030. Sustainable Health: from everyone to everyone (PNS 2021-2030)⁽²³⁾</p>	<p>A co-creation process was adopted as the overarching approach to strategy development.</p> <p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ Public consultation conducted from April 2022 to May 2022, with 114 entities and citizens from different sectors of society participating. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ The co-creation process involved over 100 stakeholders from inside and outside the health sector during the development of the strategy. Two groups were established and engaged with throughout the strategy development process: <ul style="list-style-type: none"> ○ Monitoring Commission, which included representatives from relevant sectors (see Appendix B, Table B10 for list of organisations represented); ○ Advisory Board, comprising of approximately 40 individuals with recognised relevant technical and or scientific knowledge and present or past experience. ▪ Distinct engagement methods used as part of the co-creation process included: <ul style="list-style-type: none"> ○ Multisectoral seminar in October 2019 to begin the development of the National Health Plan. ○ Online survey of Monitoring Commission representatives to identify and prioritise perceived health needs and to elicit opinions on the extent to which health needs were being or could be affected by the COVID-19 pandemic. ○ Mixed-methods health goals setting exercise undertaken with experts from the National Health Programs to set goals based on the results of the online survey. ○ The selection of intervention strategies was carried out based on contributions from the Monitoring Commission. An instrument for collecting their contributions was constructed from a matrix of all intervention strategies under implementation or planned in National Health Programs.
<p>Scotland</p> <ul style="list-style-type: none"> ▪ National Performance Framework (NPF)⁽²⁶⁾ 	<ul style="list-style-type: none"> ▪ None identified.

Country Information Source	Stakeholder engagement
<ul style="list-style-type: none"> ▪ Public Health Priorities for Scotland⁽²⁴⁾ ▪ Public Health Scotland (PHS): A Scotland where everybody thrives.⁽²⁵⁾ 	<p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ Regional engagement events which involved several hundred people from across the public and third sectors. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ Collaborative work with public health and other experts to develop criteria, and to assess and weigh the evidence. ▪ Testing of emerging conclusions with experts and other stakeholders. <p>Other engagement methods</p> <ul style="list-style-type: none"> ▪ Engagement with stakeholders, partners and the public carried out by PHS as part of its usual work throughout the strategy development process, including: <ul style="list-style-type: none"> ○ direct engagement with the public (for example, COVID-19 daily data) ○ working through others (for example, advice to the public on vaccines) ○ engagement through organisations with direct links to communities (such as local authorities).
<p>Spain Public Health Strategy (ESP) 2022: Improving the Health and Well-Being of the Population⁽²⁷⁾</p>	<p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ Contributions sought from CC.AA through the Public Health Commission and through discussion of the draft in the Public Health Commission and in CISNS ▪ The Spanish Society for Public Health and Health Administration produced the Conceptual and Methodological Support Report for the Public Health Strategy, with information within this strategy used in ESP 2022 ▪ Consultation with Units of the Ministry of Health and other departments ▪ Scientific societies, professionals and experts were involved in reviewing drafts and providing multiple contributions.
<p>Sweden Towards good and equal health: A framework for implementing and monitoring the national Public Health policy.⁽²⁹⁾</p>	<p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ Strategic dialogues led by the Director General of the Public Health Agency. Dialogues took place with authorities with substantive responsibility for areas related to the policy targets, authorities with relevant cross-sector responsibilities, and local and regional governments. The purposes of the dialogues were to discuss a possible support structure for public health work and to ensure the quality of the work. ▪ An external expert group contributed to the work. This group consisted of academics and experts in public health and strategy with scientific and methodological knowledge, knowledge about equal health and existing indicators to monitor public health, and knowledge of the situation from local, regional and national perspectives.
<p>Wales</p> <ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Long Term Strategy 2018-2030. Working to achieve a healthier future for Wales⁽³²⁾ ▪ Public Health Wales (PHW) Our Strategic Plan 2022-2025⁽³³⁾ 	<p>Public consultation methods</p> <ul style="list-style-type: none"> ▪ Results of the Stay Well in Wales survey, which sought the views of the public on their lives today and their aspirations for the future, were used to inform strategy development. <p>Targeted consultation methods</p> <ul style="list-style-type: none"> ▪ PHW staff and partners contributed to developing the new strategy with the aim of best meeting current and future challenges and opportunities to transform the health of the nation. <p>▪ None identified.</p>

Country Information Source	Stakeholder engagement
<ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Our Strategic Plan 2023 – 2026⁽³⁴⁾ ▪ Public Health Wales (PHW) Our Long-Term Strategy 2023-2035⁽³⁵⁾ 	<ul style="list-style-type: none"> ▪ None identified. ▪ None identified.

Key: CC.AA: the autonomous communities of Spain; CISNS: the inter-territorial Board of the National Health System (Spain); ESP: Public Health Strategy Spain 2022; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF: Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PNS: National Health Plan Portugal (Plano Nacional de Saúde).

4 Discussion

As outlined by the WHO, national public health strategies “play an essential role in defining a country's vision, policy directions and strategies for ensuring the health of its population”.⁽³⁾ Complex in nature, national public health strategies often must align with national health policies and global health initiatives, while also considering national democratic structures in place and political will at any given time.⁽⁵⁾ An understanding of how countries develop national public health strategies worldwide, along with understanding the health issues of importance to them and how these may be improved upon, may inform the development of a national public health strategy in Ireland. An international review of national public health strategies was therefore undertaken, with national public health strategies identified for 11 of 15 countries, selected based on a combination of factors including geographical proximity to Ireland and population size.

The over-arching aim of improving health and wellbeing was identified in all of the included national public health strategies. Several further aims were also identified including the elimination of health inequities and inequalities; keeping people safe and or monitoring emerging threats; and focusing on sustainable health. In 1980, the Black Report outlined 37 recommendations for the improvement of public health and emphasised the importance of reducing health inequalities.⁽⁴⁵⁾ Despite this, health inequalities have increased in recent decades, with this upward trend exacerbated by the COVID-19 pandemic.⁽⁴⁶⁾ The COVID-19 pandemic also highlighted the need for surveillance of emerging threats nationally and internationally. The development of global initiatives which help countries ensure they have the appropriate systems and capacities in place to manage, respond to and recover from emerging threats, such as the WHO Preparedness and Resilience for Emerging Threats (PRET) initiative (launched April 2023),⁽⁴⁷⁾ highlights the importance of this issue to public health.

Sustainable health was also frequently identified as a strategy aim due to the alignment of a number of the included national public health strategies with the 2030 Agenda for Sustainable Development. The 2030 Agenda outlines 17 SDGs which are broadly a call to action to end poverty, protect the planet and ensure all people enjoy peace and prosperity by 2030.⁽⁴⁰⁾ While a number of the included national public health strategies directly aligned themes or actions with the SDGs, with *SDG 3: good health and well-being* of particular relevance, all of the included national public health strategies demonstrated a multi-sector approach with scope reaching beyond the health domain. This is in line with the WHO suggesting that intersectoral action is not a key component of health planning, health inequalities are likely to persist.⁽⁵⁾

A theme or priority around promoting healthy living or behaviours was identified in a national public health strategy for all of the included countries. Health promotion is outlined as a core function of public health,⁽⁴⁸⁾ and strengthens the skills and capacities of individuals to combat social, economic and political or ecological conditions they may face, and which impact individual and public health.⁽⁴⁹⁾ During the COVID-19 pandemic, decreases in physical activity, nutrition insecurity, and an increase in substance abuse disorders was observed, with periods of isolation and sustained uncertainty impacting individuals' behaviours.⁽⁵⁰⁾ Health promotion and the role of the public was therefore identified as essential to mitigating negative health outcomes resulting from the COVID-19 pandemic, with health promotion initiatives urgently deployed during the COVID-19 pandemic period.⁽⁵¹⁾ The majority of national public health strategies included within this review were published either during or after the COVID-19 pandemic and therefore the experience of the pandemic period may have contributed to the prioritisation of promoting healthy living or behaviours. The strengthening of public health and importance of climate change or environmental issues were also regularly identified as themes or priorities. During priority setting, health stakeholders try and pre-empt foreseeable health problems and mitigate their impact on health outcomes.⁽⁵⁾ Given the critical role of public health during the COVID-19 pandemic, and the ever increasing impact of air, water, soil pollution and climate change on population health,⁽⁵⁾ these priorities may be key for consideration moving forward. Additionally, tackling climate change has been described as the 'greatest global health opportunity' of the 21st century, and many of the mitigation and adaptation measures for climate change may also benefit population health.⁽⁵²⁾

Only Wales identified the wider determinants of health as a specific priority or theme within their national public health strategy. The WHO have highlighted that social determinants of health account for 30% to 55% of health outcomes, and that the contribution of sectors outside of health exceeds the contribution of the health sector to population health outcomes.⁽⁵³⁾ Given their importance, it was therefore noted that, while not regularly identified as a theme or priority, the wider determinants of health were in fact included as an underpinning consideration throughout all of the national public health strategies included.

It should also be noted that while a number of common themes or priorities were identified across the included national public health strategies, political context and health structures vary by country and this can influence the emphasis which is placed on any given priority within a strategy.⁽⁵⁴⁾ For example, a recent review of health policy responses to the COVID-19 pandemic found that political leadership, health system organisation, and financing impacted a country's pandemic responses.⁽⁵⁵⁾

Political and health system structures may also influence the implementation of national public health strategies. For example, the actions outlined in the Health Canada⁽¹³⁾ and Public Health Agency Canada (PHAC)⁽¹⁴⁾ strategies were focused on the roles of these entities in providing national leadership and collaborating with partners across Canada to deliver the national vision for public health. However, there are significant challenges to achieving consistent, coordinated approaches to public health across a federation like Canada, due to factors such as decentralised decision-making and fragmented systems for the collection and sharing of data.⁽⁵⁶⁾ These data collection and sharing challenges may also have influenced the selection of KPIs to monitor and evaluate implementation of the Canadian strategies,^(13, 14) since a relatively low number of KPIs were identified for Canada in comparison to Finland,⁽¹⁷⁾ a country with advanced health information systems.

Overall, the approaches to implementation observed in the included strategies may be considered as prescriptive or interpretive. Prescriptive approaches included detailed implementation plans with specific actions and KPIs, such as those described for Finland and Spain.^(17, 27) The strategies of government or government mandated bodies included, such as Health Canada,⁽¹³⁾ PHAC,⁽¹⁴⁾ Public Health England (PHE)⁽¹⁵⁾ and Public Health Wales (PHW),⁽³²⁻³⁵⁾ also tended to adopt prescriptive approaches to implementation, since these were specifically departmental or organisational strategies for these bodies. More interpretive approaches to implementation were observed for Australia,⁽⁸⁾ Portugal⁽²³⁾ and Sweden.⁽²⁹⁾ In these countries' strategies, priorities or high-level strategic actions were outlined, along with principles to support their implementation, rather than specific actions detailing how these priorities were to be achieved. This overarching interpretive approach is necessary due to the decentralised decision-making arrangements across states and territories in Australia, and at local and regional levels in Sweden. In Portugal, sector-specific implementation strategies are planned to be developed at national and regional levels, for the health sector and other sectors.⁽²³⁾ Regardless of the approach used, it should be noted that the effective implementation of national public health strategies depends on population's willingness to participate and collaborate with local authorities.⁽⁵⁷⁾

Governance, founded on the *Principles of Good Governance* which includes responsiveness, competence, transparency and accountability,⁽⁵⁸⁾ is vital to ensure effective strategy implementation. A number of the included national public health strategies relied upon existing, well-established governance structures to oversee strategy implementation. For example, in Sweden, the strategy was built upon existing structures, divisions of responsibilities, and cooperative ways of working between government agencies that are set out in national legislation.⁽²⁹⁾ A number of countries specified that strategy governance came under the remit of the Minister or Ministry of Health, or equivalent.^(9, 19, 23, 27) Existing boards or institutes with

responsibilities relating to public health were tasked with strategy oversight in Finland,^(17, 18) Portugal⁽²³⁾ and Spain.⁽²⁷⁾ Similarly, governance for England (PHE)⁽¹⁵⁾ and Wales (PHW)⁽³⁴⁾ leveraged existing structures within the respective organisations, since these national public health strategies sat within these government-mandated bodies. For Wales, additional oversight was provided by the Welsh Government in the form of quality assurance processes.⁽³⁴⁾ In Australia, a need to enhance existing governance structures was identified as part of the national public health strategy, and this enhancement was proposed to be achieved through establishing an independent, expert-led mechanism along with a mechanism within government across relevant portfolios.⁽⁸⁾ Of the selected countries, the most detailed description of governance structures was provided for Northern Ireland,⁽¹⁹⁾ where new governance structures were established to oversee the national public health strategy at local, regional and national levels. Overall, in the majority of the included national public health strategies, it was apparent that governance structures, and where enhancements or new structures may be required, were considered as part of the strategy development process.

By their nature, national public health strategies involve multisectoral stakeholder engagement,⁽⁴⁾ and the strategy development processes observed in the selected countries tended to reflect this. In general, the included national public health strategies were developed using evidence-based, collaborative approaches involving stakeholders across multiple sectors, led by a relevant government or government mandated body with responsibility for public health. However, while evidence review of published research, literature and other national public health strategies was conducted by nine countries, there was little detail of what this entailed. Additionally, none of the included national public health strategies included economic analysis to support their implementation plans and or actions. Stakeholder engagement was more limited for strategies that were organisational strategies for government mandated public health agencies. In such cases, stakeholder engagement mainly focused on consultations with staff of the relevant agency, for example, PHW staff and partners were the main contributors to the development of the PHW Long Term Strategy 2018-2030.⁽³²⁾

However, as expected, wider stakeholder engagement, such as public consultations and the formation of intersectoral partnerships, was a feature of strategy development in the majority of the included national public health strategies.⁽⁵⁾ The use of a variety of methods to include the public in strategy development is in keeping with the increasing emphasis on public and patient involvement (PPI) across health research and policy development in general.^(59, 60) PPI aims to support the development of policies or strategies that are responsive, feasible and supported by all relevant stakeholders through including people's voices in decision-making, and achieving mutual understanding and increased trust.^(59, 60) Although there is little

evidence currently available on the extent to which PPI has influenced public health policymaking, research has identified a variety of PPI methods that may be appropriate for use when developing health policy,⁽⁵⁹⁾ factors that may influence the effectiveness of PPI in the health context,^(59, 60) and 'essential' and 'desirable' principles for optimising PPI.⁽⁶¹⁾

Stakeholders with expertise and experience in relevant fields, such as experts in public health and strategy, representatives from national, regional and local government, and trade union representatives, contributed to strategy development in all included countries. Methods used to engage with expert stakeholders varied in the level of participation involved, ranging from once-off workshops or opportunities to submit contributions, as seen in Finland,⁽¹⁷⁾ to more participatory approaches where expert groups were convened for the purposes of contributing throughout the strategy development process, as seen in Australia,⁽⁸⁾ Austria^(9, 11) and Portugal.⁽²³⁾ These participatory approaches draw on design theory and practice, with participatory design and co-design becoming increasingly influential in the design of public services, including health and social services, and public policy.⁽⁶²⁻⁶⁴⁾ The proposed benefits of co-design are similar to that of PPI – improved idea generation, shared understanding among stakeholders, development of more feasible and acceptable solutions. However, challenges also exist, such as the time-consuming nature of implementing these approaches.⁽⁶²⁾ Although somewhat delayed by the COVID-19 pandemic, the co-creation approach used to develop the Portuguese national public health strategy took three years to complete,⁽²³⁾ the longest duration of the strategy development processes observed in this review.

4.1 Limitations

While this review presents a comprehensive descriptive analysis of national public health strategies, with strategies identified for 11 countries, there are notable limitations. Firstly, this review is a purely descriptive analysis of the included national public health strategies, with no strategy evaluation included. This is primarily the case as national public health strategies prioritise and consider health issues at a national level, which may vary from country to country. This, along with considerable differences in health systems and health service delivery internationally, limits the ability to evaluate which strategy aspects may be successful in different countries. Following this, the countries selected for inclusion may not entirely represent the scope of national public health strategies published internationally. Strategies for improving public health are complex and often situation-dependent, meaning implementation strategies used in one country would not always be possible in another.⁽⁴⁾ While efforts were made to include countries with factors such as geographical proximity to Ireland, a similar population size, and a similar organisation of health services, countries of relevance may have been omitted. Additionally, national public health strategies were only identified for 11 of the 15

countries selected for inclusion, with strategies not identified for Czechia, France, New Zealand and Singapore. While key representatives for France, New Zealand and Singapore confirmed the absence of national public health strategies, contact could not be made with Czechia. This may have resulted in the omission of a national public health strategy. Similarly, while key representatives for all selected countries were contacted to confirm resources and or provide additional resources of relevance, contact could not be reached with Canada, Czechia, Finland and Spain. While national public health strategies were identified within the document search for Canada,⁽¹²⁻¹⁴⁾ Finland^(17, 18) and Spain,⁽²⁷⁾ these were not confirmed by key representatives.

Upcoming national public health strategy publication was also confirmed by key representatives from England, France and New Zealand. Of those confirmed for upcoming publication, the New Zealand Health Strategy 2023 was published on 12 July 2023 as part of a suite of strategies and the United Kingdom Health Security Agency (UKHSA) strategic plan was published on 25 July 2023.^(65, 66) While outlining aims similar to those identified within the current review (achieving health equity and improving health outcomes), the New Zealand Health Strategy 2023 outlines six strategic priorities which are mainly aligned to health service issues (such as valuing our workforce and flexible, appropriate care).⁽⁶⁵⁾ Thus this strategy is out of scope for the current review. The UKHSA strategic plan outlines the government-mandated agency's role in preparing for and responding to health threats, mainly in England. Strategy goals are related to preparing for and preventing future health threats; saving lives through priorities such as reducing the impact of infectious disease and antimicrobial resistance; and developing the UK's health security capacity. These are broadly in line with strategy aims identified within this review around protection from, and the monitoring of, emerging threats. However, this strategy focuses predominantly on health protection and therefore was deemed out of scope.⁽⁶⁶⁾ A public consultation on a draft of the French National Health Strategy 2023-2033 was launched on 8 September 2023.⁽⁶⁷⁾ Once finalised, this overarching strategy will provide the framework for national health policy in France over the next 10 years, with public health to the forefront across all such policies.⁽⁶⁸⁾ This draft strategy was not eligible for inclusion in the current review as strategy development was ongoing at the time of writing this report. However, the high-level features of the draft strategy appear to be broadly in line with the included national public health strategies. For example, draft priorities include prevention and health promotion, addressing inequalities, and strengthening of public health, particularly in relation to future health emergencies and climate change. Furthermore, little detail on implementation was included in the draft strategy, as French law specifies that the national health strategy must be implemented through national and regional plans and roadmaps.

Lastly, 2023-2024 departmental plans for Health Canada and the Public Health Agency of Canada were identified.^(69, 70) Health Canada's 2023-2024 Departmental Plan outlines a number of new initiatives including updating industry guidance on front package labelling; considering youth vaping within a broader multi-drug use landscape and its connection to mental health; and public engagement around the Cannabis Act objectives.⁽⁷⁰⁾ The Public Health Agency of Canada 2023-2024 Departmental Plan outlines a number of new initiatives including a new contact point for Canadians to contact regarding suicide prevention and mental health crisis support; the launch of a renewal process for the National Immunization Strategy and the embedding of Public Health Officers across Canada to provide on-site expertise and advice.⁽⁶⁹⁾

5 Conclusion

A national public health strategy helps define a country's vision for improving population health outcomes, and provides a framework for tackling complex health issues nationally.

The current review identified reoccurring strategy aims around health inequities and inequalities, monitoring emerging threats and sustainable health, with an overall aim of improving health and wellbeing. All of the included national public health strategies also displayed scope beyond the health domain, with alignment with the United Nations Sustainable Development Goals commonly identified. Themes or priorities regularly identified were:

- promoting healthy living or behaviours
- strengthening of public health
- climate change or environment
- equity or equality.

Governing bodies ultimately accountable for national public health strategies included national governments, Ministers or Ministries for Health, and government-mandated bodies with public health responsibilities. Existing governance structures at local, regional and national levels were leveraged in many cases, although enhancements to existing structures, additional oversight mechanisms, and new partnerships and boards were also established. Implementation details included descriptions of actions planned or in progress, implementation leads or partners, and key performance indicators for monitoring and evaluating the achievement of strategy aims, priorities and or actions.

The development of national public health strategies was informed by both evidence and engagement with stakeholders, including the public, experts, and representatives from governmental and non-governmental organisations at local, regional and national levels. The current review of national public health strategies

in selected countries provides insight into what countries identified as issues of importance, the actions undertaken and strategy development methods used internationally, which may aid in the development of a national public health strategy in Ireland.

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Appendix A

Table A1. Implementation actions, agencies and key performance indicators identified in the national public health strategies of selected countries.

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<p>Australia National Preventive Health Strategy: Valuing health before illness: Living well for longer.⁽⁸⁾</p>	<p>The Framework for Action forms the foundation of the Strategy, providing a strategic and structured approach to achieve better health and wellbeing for all Australians by 2030. The Framework is composed of 3 interlinked elements:</p> <ol style="list-style-type: none"> 1. Mobilising a prevention system 2. Boosting action in focus areas 3. Continuing strong foundations (not outlined below as is continuation of ongoing strategies and work). <p>Mobilising a prevention system Seven system enablers are identified in the strategy that are critical to creating a more effective and integrated prevention system for Australia over the next 10 years. One desired policy achievement has been outlined below for each system enabled (see Appendix B, Table B1 for further desired policy achievements).</p> <ol style="list-style-type: none"> 1. Leadership, governance & funding The priorities for preventive health action are informed by a national, independent governance mechanism that is based on evidence, effectiveness and relevance. 2. Prevention in the health system 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. 3. Partnerships & community engagement Innovative partnerships are established between and within sectors that influence health, to ensure shared decision-making and to drive evidence-based change. 4. Information & health literacy Consumers are informed by a national platform that provides or identifies credible, evidence-based health information. 5. Research & evaluation 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. 6. Monitoring & surveillance A preventive health governance mechanism supports the monitoring and surveillance of this Strategy. 7. Preparedness 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. <p>A number of enablers and desired achievements were then selected as <u>immediate priorities</u>:</p> <ol style="list-style-type: none"> 1. Governance mechanisms

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ol style="list-style-type: none"> 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. <p>Boosting action in focus areas – accelerating action in initial priority areas and evolving to address future needs</p> <ul style="list-style-type: none"> ▪ Reducing tobacco use and nicotine addiction ▪ Improving access to and the consumption of a healthy diet ▪ Increasing physical activity ▪ Increasing cancer screening and prevention ▪ Reducing alcohol and other drug harm ▪ Promoting and protecting mental health.
<p>Austria</p> <ul style="list-style-type: none"> ▪ Austrian Health Targets – long healthy life years for all.⁽⁹⁾ 	<ul style="list-style-type: none"> ▪ Measures along with desired outcomes and implementing institutions are outlined for each Health Goal. One measure is presented for each Health Goal below. See Appendix B, Table B2 for further measures and associated details (desired outcomes, implementing institutions, target groups, funding considerations, and start and duration of measure). <p>Health Goal 1: Creating health-promoting living and working conditions together. Creating population groups through the cooperation of all areas of politics and society.</p> <p><u>Healthy and active aging dialogue:</u></p> <p>Desired outcome: The dialogue connects organisations 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.</p> <p>Implementing institutions: The dialogue is a cooperation between the Federal Ministry for Social Affairs, Health, Care and Consumer Protection, the umbrella organisation of Austrian social insurance and the Healthy Austria Fund.</p> <p>Health Goal 2: Ensure equal health opportunities for everyone in Austria.</p> <p><u>Increased establishment of early intervention:</u> “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.</p> <p>Desired outcome: 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.</p> <p>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, Federal Ministry for Europe, Integration and Foreign Affairs, Health Austria Fund.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>Health Goal 3: Strengthen the health literacy of the population. <u>Establishment of the Austrian Platform for Health Literacy</u> Desired outcome: 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.</p> <p>Health Goal 4: Secure air, water, soil and all habitats for future generations. Desired outcomes: The impact objectives are to:</p> <ul style="list-style-type: none"> ○ 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. <p>Implementing institutions: N/A.</p> <p>Health Goal 5: Strengthen health through social cohesion. Desired outcomes: The impact objectives are to:</p> <ul style="list-style-type: none"> ○ 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. <p>Implementing institutions: N/A.</p> <p>Health Goal 6: Ensure that children and young people grow up healthy in the best possible way. <u>Promotion of vocational training and labour market integration of young people</u> 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.</p> <p>Health Goal 7: Make healthy and sustainable nutrition accessible to all. Desired outcomes: The impact objectives of the working group are to:</p> <ul style="list-style-type: none"> ○ 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. <p>Implementing institutions: N/A.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<ul style="list-style-type: none"> ▪ Health promotion strategy within the framework of the Federal Target Management Agreement⁽¹⁰⁾ ▪ ROADMAP "Future Health Promotion": 10 packages of measures for a health-promoting future in Austria⁽¹¹⁾ 	<p>Health Goal 8: Promote healthy and safe exercise in everyday life. <u>Exercise at school:</u> Many initiatives committed to promoting physical activity in schools. Examples include "Bewegte Klasse macht Schule" (Moving class makes school – automated translation) 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".</p> <p>Health Goal 9: Promote psychosocial health. <u>Mental health in the work of smartphones</u> 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 (telephone, 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.</p> <p>Health Goal 10: Ensure high quality and affordable healthcare for all. Broad overarching goal with no specific measures.</p> <ul style="list-style-type: none"> ▪ The health promotion strategy also serves as a support for the implementation of the Health Goals. It identifies 6 prioritised areas and allocates 66% of available funds to these areas. All prioritised areas are accompanied by impact targets and metrics (see Appendix B, Table B2): <ol style="list-style-type: none"> 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. ▪ The recommended measures were assigned to 3 areas of intervention for the development of capacities in health promotion: Policy and networking, resources and implementation, and knowledge and skills. 1 action for each area of intervention is outlined below (see Appendix B, Table B3 for further actions). Recommended actions: Social society and ecological management <ul style="list-style-type: none"> ▪ Policy and networking: <ol style="list-style-type: none"> ○ Communicate how alternative indicators for measuring the success of a company may be used, such as how a company contributes to the preservation of ecological resources (for example, reduction of emissions) and to the promotion of social participation of vulnerable (for example, fair wages for gainful employment and the inclusion of vulnerable groups in the labour market).

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Expand supporting structures for care work (care and childcare) and promote other contact points which have low-threshold access and pre-requisite entry points within the municipals. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Further develop indicators, measurement and control instruments for a "Well-Being Society". <p>Health and social care</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Adapt quality indicators in terms of health promotion. ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Guarantee structures for the participation of citizens and patients via contact points. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Collect data on healthcare workforce need. <p>Climate resilient and movement-enhancing living and social spaces</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Intersectoral, legal anchoring of measures to adapt to climate change (including heat protection) and to protect the climate. ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Invest in health-promoting, exercise-friendly, traffic-calming urban and spatial planning (for example, by reducing parking space). ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Communicate knowledge about the positive effects of regular exercise (for example, exercise recommendations) and encourage active mobility, exercise and sport. <p>Workplace</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Clarify the tasks of all relevant stakeholders in Workplace Health Management (WHM) and actors and establish interface management for WHM. ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Provide coordinated inputs on WHM topics as part of vocational training. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Enabling and promoting a common understanding through campaigns and information on WHM. <p>Psychosocial Wellbeing</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Develop a national mental health action plan. ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Ensure easy and quick access to preventive care, advice and therapy for mental stress and illnesses, especially for people with cognitive impairments. ▪ Knowledge and skills:

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ○ Strengthen health-promoting communication and personal development, among other things, at school (for all school partners). <p>Grow up</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Revise or “clear out” educational framework plans for kindergartens and school curricula. ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Continue to promote and implement health-promoting structures in schools. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Carry out health impact assessments, especially in the area of children and young people, before measures are implemented or rolled out. <p>Sustainable food system</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Adapt the legal framework to avoid food waste (especially in retail and mass catering). ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Ensure healthy nutrition, especially for children and young people, including free, organic and balanced meals in schools and kindergartens. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Transparency and information on production chains, plant and animal nutrition and the effects on the climate and health (for example, food labelling). <p>Resources for health promotion</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Develop a nationwide strategy for quality and funding guidelines in health promotion. ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Provide a budget for research in the field of health promotion. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Create a chair for health promotion and public health. <p>Participation of population</p> <ul style="list-style-type: none"> ▪ Policy and networking: <ul style="list-style-type: none"> ○ Promote political commitment to participation at federal and state level (establishment of appropriate structure). ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Set up a central overview of participation opportunities and experiences (online portals to map the needs and moods of the citizens). ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Promote participatory research and raising awareness among researchers to new, needs-based issues (accompanying and methodological research, (pilot) projects, research funding). <p>Health literacy and info</p> <ul style="list-style-type: none"> ▪ Policy and networking:

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ○ Dissemination of health information in places where people are (such as the post office, bank and inn). ▪ Resources and implementation: <ul style="list-style-type: none"> ○ Provide easily accessible information on counselling and placement services. ▪ Knowledge and skills: <ul style="list-style-type: none"> ○ Promote media literacy and in dealing with social media, information abundance and fake news.
<p>Canada</p> <ul style="list-style-type: none"> ▪ 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⁽¹²⁾ ▪ Public Health Agency of Canada (PHAC) 2022-23 Departmental Plan⁽¹⁴⁾ 	<ul style="list-style-type: none"> ▪ None identified. ▪ Desired outcomes and indicators have been outlined for each core responsibility. 1 outcome, indicators and targets are outlined for responsibilities 1, 2 and 3 (Responsibility 4. Internal Services is not relevant). See Appendix B, Table B4 for further outcomes. <p>1. Health Promotion and Chronic Disease Prevention:</p> <p>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. <i>Indicators:</i> percentage of low-income children in very good or excellent health (Target: at least 80%); percentage of populations who have high psychological wellbeing (Target: at least 75%).</p> <p>B) Canadians have improved health behaviours:</p> <ul style="list-style-type: none"> ○ Prevent substance-related harms ○ Helping create the positive conditions for the development and lifelong adoption of healthy behaviours ○ Conduct primary research and syntheses of existing evidence in order to identify best practices to support community improvements. <p><i>Indicators:</i> percentage increase in average minutes per day of physical activity among adults (Target: At least 20% (30 minutes per day)); percentage increase in average minutes per day of physical activity among children or youth (Target: At least 10% (64 minutes per day)).</p> <p>C) Chronic diseases are prevented: Supporting healthy living and chronic disease prevention in priority populations through the Healthy Canadians and Communities Fund. <i>Indicators:</i> percentage increase in years lived in good health by seniors (Target: At least 4% (health adjusted life expectancy at age 65 = 17 years)); Rate of new diabetes cases among Canadians (Target: At most 6.2 cases per 1,000 age 1 year and older); percentage of adults who are obese (Target: At most 28%); percentage of children and youth who are obese (Target: At most 13%).</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<ul style="list-style-type: none"> ▪ Health Canada 2022-23⁽¹³⁾ Departmental Plan 	<p>2. Infectious Disease Prevention and Control</p> <p>Desired outcomes:</p> <p>A) Infectious diseases are prevented and controlled: Support COVID-19 vaccination response priorities. <i>Indicators:</i> percentage of 2 year old children who have received all recommended vaccinations (Target: At least 95%); proportion of national vaccination coverage goals met for children by 2 years of age (Target: Exactly 7); rate per 100,000 of new diagnosed cases of Human Immunodeficiency Virus (Target: 0.6 Cases per 100,000 population); rate of a key antimicrobial resistant infection identified among people in hospitals (Target: At most 0.7 cases per 1,000 patient admissions).</p> <p>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. <i>Indicators:</i> percentage of foodborne illness outbreaks responded to within 24 hours of notification (Target: At least 90%); percentage of new pathogens of international concern that Canada has the capacity to accurately test for (Target: At least 90%).</p> <p>3. Health Security:</p> <p>Desired outcomes:</p> <p>A) Public health events and emergencies are prepared for and responded to effectively: 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. <i>Indicators:</i> Canada’s readiness to respond to public health events and emergencies as assessed independently by the WHO (Target: 4 (rating out of 5)); percentage of provincial and territorial requests for assistance responded to within negotiated timelines (Target: Exactly 100%).</p> <p>B) Public health risks associated with the use of pathogens and toxins are reduced: 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. <i>Indicators:</i> percentage of compliance issues in Canadian laboratories successfully responded to within established timelines (Target: At least 85%).</p> <p>C) Public health risks associated with travel are reduced: Maintaining its border presence. <i>Indicators:</i> Canada’s capacity for effective public health response at designated points of entry into Canada (Target: 4 (rating out of 5)); % of inspected passenger transportation operators that meet public health requirements (Target: 95%).</p> <ul style="list-style-type: none"> ▪ Actions and indicators have been outlined for each priority. 1 action is outlined below for each priority (see Appendix B, Table B4 for further actions). <p>Promoting healthy 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.</p> <p>Modernising the regulatory oversight of food: Action: establish a regulatory framework for supplemented foods and modernise the oversight of microbiological criteria and food additives.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>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.</p> <p>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.</p> <p>Reducing tobacco use and responding to the increase in youth vaping: Action: continue to implement Canada's Tobacco Strategy – with the goal of achieving the target of less than 5% tobacco use by 2035.</p> <p>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.</p> <p><i>Indicators:</i> Percentage of Canadians (aged 15+) who are current cigarette smokers (Baseline: 16% in 2017, Target: At most 5%); 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); percentage of Canadians who use dietary guidance provided by Health Canada (Baseline: 41% in 2012, Target: At least 50%).</p>
<p>England</p> <ul style="list-style-type: none"> ▪ Public Health England (PHE) Strategy 2020 to 2025⁽¹⁵⁾ 	<ul style="list-style-type: none"> ▪ Ambitions, aims and approaches have been outlined for each theme. 1 approach has been outlined below (see Appendix B, Table B6 for further ambitions, aims and approaches). <p><i>Promote a healthier nation</i></p> <ol style="list-style-type: none"> 1. Smoke-free society: Approach: 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. 2. Healthier diets, healthier weight: Approach: advise national government partners on policies to improve diets and lower obesity rates across the population and among disadvantaged groups. 3. Creating cleaner air: Approach: develop the evidence base on air quality, including on sources of pollution, levels of exposure and how this contributes to health outcomes. 4. Better mental health: Approach: 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. <p><i>Work towards a fairer society</i></p> <ol style="list-style-type: none"> 5. Best start in life: Approach: 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. 6. Effective responses to major incidents:

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<ul style="list-style-type: none"> ▪ Public Health Outcomes Framework (PHOF)⁽¹⁶⁾ 	<p>Approach: identify and use the latest evidence to update our understanding of the requirements and standards for an efficient, effective and safe health protection system.</p> <p>7. Work to help contain, control and mitigate the risk of antimicrobial resistance: Approach: 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.</p> <p><i>Strengthen the public health system</i></p> <p>8. Predictive prevention: use user-centric design approaches to create new digital products and services that support people to identify and reduce risks to their health.</p> <p>9. Enhanced data and surveillance capabilities: 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.</p> <p>10. New national science campus: 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.</p> <ul style="list-style-type: none"> ▪ Two overarching indicators were identified: <ul style="list-style-type: none"> ○ increased healthy life expectancy ○ reduced differences in life expectancy and healthy life expectancy between communities. <p>4 further domains and associated indicators were outlined. 3 indicators for each domain are outlined below (see Appendix B, Table B7 for further indicators).</p> <p>1. Improving the wider determinants of health Indicators: children in low income families, school readiness and pupil absence.</p> <p>2. Health Improvement Indicators: prescribing of long-acting reversible contraception, under 18 conceptions and maternity.</p> <p>3. Health Protection Indicators: fraction of mortality attributable to particulate air pollution, new sexually transmitted infection diagnoses and population vaccination coverage (children aged < 5 years old).</p> <p>4. Healthcare public health and preventing premature mortality Indicators: infant mortality, proportion of 5 year old children with dental decay and mortality rate from causes considered preventable.</p>
<p>Finland Promoting well-being, health and safety in 2030: Decision in principle of the Government⁽¹⁷⁾</p>	<p>The Public Health Advisory Board monitors the implementation plan's measures and agrees on the monitoring indicators used to evaluate the achievement of the goals. The consultation committee annually summarises 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.</p> <p>1 sub-goal for each focal point, along with their associated strategic actions (A), timeline (T), coordinating body or lead (L) and cooperation partners (P) is outlined below. For further sub-goals and action points see Appendix B, Table B8.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>1. Opportunity for everyone to participate: People feel that they are equal and included when:</p> <ul style="list-style-type: none"> ▪ they have the opportunity to make a sufficient living and they do not experience poverty: <ul style="list-style-type: none"> - <i>A1: Reform social security</i> T: 2020-2027 L: Social and Health Ministry (STM) P: Ministry of Economic Affairs and Employment, Treasury (VM), Ministry of Education and Culture (OKM), Social Insurance Institution of Finland <p>See Appendix B, Table B8 for A2 – A42.</p> <p>2. Good everyday environments: A good everyday environment for people is healthy, safe, barrier-free and aesthetically pleasing when it:</p> <ul style="list-style-type: none"> ▪ encourages action to promote one's own well-being and health and supports the ability to study, work and function: <ul style="list-style-type: none"> - <i>A43: municipalities encourage residents to be active for activities and hobbies through community and housing planning and experiencing a good and aesthetic environment</i> T: 2020–no end point specified L: Union of Municipalities P: Municipalities, resident associations, VM, OKM, organisations, entrepreneurs and entrepreneur organisations, Art Promotion Center <p>See Appendix B, Table B8 for A44 – A95.</p> <p>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:</p> <ul style="list-style-type: none"> ▪ promoting well-being, health and safety is part of municipalities and regional management, operation and cooperation: <ul style="list-style-type: none"> - <i>A96: form and describe structures supporting cooperation and coordination of the promotion of well-being, health and safety</i> T: 2020-2022 L: STM P: Municipalities, future welfare areas, regional state administrative agency, social competence centers, provinces <p>See Appendix B, Table B8 for A97 – A129.</p> <p>4. Effectiveness with decision making: Decision makers promote well-being, health and safety and reduce inequality throughout the country, regionally and locally:</p> <ul style="list-style-type: none"> - <i>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</i> T: to be specified L: Department of Health and Welfare P: Municipalities, provinces, ministries, Confederation of Municipalities <p>See Appendix B, Table B8 for A131 – A144.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>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⁾</p>
<p>Northern Ireland Making life better: A whole system strategic framework for public health.⁽¹⁹⁾</p>	<p>For each of the 6 themes long-term outcomes have been set with strategic supporting actions and commitments for the 2013 – 2015 period. 1 action along with its associated commitment is outlined below along with key indicators for each theme. Key partners are outlined in Appendix B, Table B9.</p> <p>Key overarching indicators (see Appendix B, Table B9 for baseline period, baseline, source and availability):</p> <ul style="list-style-type: none"> ▪ Life expectancy: Differential between Northern Ireland (NI) average and most disadvantaged areas for men and women. ▪ Healthy life expectancy: Healthy Life Expectancy between NI average and most disadvantaged areas for men and women. ▪ Disability Free Life Expectancy: Disability Free Life Expectancy between NI average and most disadvantaged areas for men and women. <p>Theme 1: Giving each child the best start Key indicators (see Appendix B, Table B9 for baseline period, baseline, source and availability):</p> <ul style="list-style-type: none"> ▪ Infant Mortality: Number of children dying before their first birthday per 1,000 live births ▪ Smoking During Pregnancy: Proportion of mothers smoking during pregnancy in NI and the most disadvantaged areas ▪ Breastfeeding: Proportion of mother's breastfeeding on discharge and differential between NI average and most deprived. ▪ Educational Attainment – Key Stage 2: Proportion of primary pupils achieving at the expected levels in Key Stage 2 assessment in Communication and Using Mathematics ▪ Educational Attainment – General Certificate of Secondary Education (GCSE): Proportion of school leavers achieving at least 5 GCSEs at A*-C or equivalent, including GCSE English and Maths. <p>1.Good quality parenting and family support <u>Actions and Commitments 2013 - 2015</u> <i>A) Promote and support positive parenting:</i></p> <ul style="list-style-type: none"> ▪ establishment of Family Support Hubs and systematic expansion of a range of initiatives and evidence based parenting support programmes (see Appendix B, Table B9 for B action point). <p>2.Healthy and confident children and young people <u>Actions and Commitments 2013 - 2015</u> <i>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:</i></p> <ul style="list-style-type: none"> ▪ the full range of health protection, health promotion, surveillance and screening and immunisation programmes (see Appendix B, Table B9 for B to F action points). <p>3.Children and young people skilled for life <u>Actions and Commitments 2013 - 2015</u> <i>A) Through implementation of "Every School a Good School" and the Literacy and Numeracy strategy:</i></p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ▪ increase the proportion of primary pupils achieving at the expected level in Key Stage 2 in both Communication and Using Maths (see Appendix B, Table B9 for further commitments associated with A, and B to E action points). <p>Theme 2: Equipped throughout life Key indicators (see Appendix B, Table B9 for baseline period, source and availability):</p> <ul style="list-style-type: none"> ▪ Unemployment – Long Term: proportion of unemployed that have been unemployed for one year or longer ▪ Unemployment – Portion of 16 – 24 year olds who are not in education, employment, or training <p>4. Ready for adult life <u>Actions and Commitments 2013 - 2015</u> A) <i>Provide young people with access to:</i></p> <ul style="list-style-type: none"> ▪ careers information advice and guidance as required, to enable them to make effective career/learning choices (see Appendix B, Table B9 for further commitments associated with A, and B to G action points). <p>5. Employment, life-long learning and participation <u>Actions and Commitments 2013 - 2015</u> A) Contribute to rising levels of employment by supporting the promotion of 25,000 jobs by 2015 as set out in the NI Economic Strategy (see Appendix B, Table B9 for B to G action points).</p> <p>6. Healthy active ageing 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+ (see Appendix B, Table B9 for B to E action points).</p> <p>Theme 3: Empowering health living Key indicators (see Appendix B, Table B9 for baseline period, baseline, source and availability):</p> <ul style="list-style-type: none"> ▪ Proportion of adults (aged 18 and over) who smoke and proportion in the most deprived areas ▪ Standardised rate for alcohol-related admissions in NI and the most disadvantaged areas ▪ Proportion of adults who drink above the sensible drinking guidelines suggested, and proportion in the most disadvantaged areas ▪ The teenage birth rate for mothers under the age of 17 – NI and most deprived areas ▪ Percentage of adults surveyed classified as obese, and proportion in the most disadvantaged areas ▪ Percentage of children surveyed classified as obese ▪ Mean Warwick Edinburgh Mental Wellbeing Scale by deprivation quintile ▪ Crude suicide Rate in NI and the most disadvantaged areas ▪ Number of patients with established hypertension and percentage of GP registered patients with established hypertension ▪ Number of people with one or more long term condition attending structured patient education/self-management programmes. <p>7. Improved health and reduction in harm <u>Actions and Commitments 2013 - 2015</u> A) <i>Develop and implement strategies, action plans and targeted programmes to:</i></p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ▪ reduce the number of people who: <ul style="list-style-type: none"> ○ smoke ○ are overweight or obese ○ drink above the recommended alcohol limits ○ misuse drugs (see Appendix B, Table B9 for B to F action points). <p>8. Improved mental health and wellbeing, and reduction in self-harm and suicide <u>Actions and Commitments 2013 - 2015</u> A) Develop new policy to promote positive mental health, reduce self-harm and suicide (see Appendix B, Table B9 for B to D action points).</p> <p>9. People are better informed about health matters <u>Actions and Commitments 2013 - 2015</u> A) <i>Empower people to make healthier choices and informed decisions about their health by improving health literacy. This will include:</i></p> <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ○ encourages more people to present with early symptoms of health problems to HSC services ○ promotes self-care, and sign-posts to appropriate support through, for example patient education/self-management programmes (see Appendix B, Table B9 for B to C action points). <p>10. Prevention embedded in services A) Increase the emphasis on prevention and early intervention in the commissioning and delivery of Primary, Community, and Secondary Care services including:</p> <ul style="list-style-type: none"> ▪ 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) (see Appendix B, Table B9 for B to C action points). <p>Theme 4: Creating the Conditions Key indicators (see Appendix B, Table B9 for baseline period, baseline, source and availability):</p> <ul style="list-style-type: none"> ▪ Amount invested in public health ▪ Percentage of individuals in low-income groups before housing costs ▪ Percentage of children in low income groups before housing costs ▪ Proportion of the working-age population that is not in the labour force ▪ Proportion of social housing dwellings classified as non decent homes. ▪ Annual mean concentration level of Nitrogen Dioxide at urban background sites and urban roadside sites; Annual mean concentration level of particulate matter; Annual mean concentration level of Benzo(a) pyrene at monitored sites; Annual number of ozone breaches (days) at monitored sites ▪ Annual percentage compliance of Water Utility Sector Waste Water Treatment Works; Annual percentage mean zonal compliance of drinking water quality.

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>11. A decent standards of living <u>Actions and Commitments 2013 - 2015</u> A) Increase employment and prosperity for all by delivering the commitments set out in the NI Economic Strategy (see Appendix B, Table B9 for B to D action points).</p> <p>12. Making the most of the physical environment <u>Actions and Commitments 2013 - 2015</u> A) <i>Protect and promote good health and wellbeing through:</i></p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B9 for B to E action points). <p>13. Safe and healthy homes <u>Actions and Commitments 2013 - 2015</u> A) Deliver 8,000 social and affordable homes as set out in the PFG (see Appendix B, Table B9 for B to E action points).</p> <p>Theme 5: Empowering Communities Key indicators:</p> <ul style="list-style-type: none"> ▪ Social Capital: Proportion of respondents having volunteered in the past year ▪ Road Collisions: Number Killed or Seriously Injured casualty numbers per capita <p>14. Thriving communities <u>Actions and Commitments 2013 - 2015</u> A) <i>Strengthen and promote thriving communities which are welcoming, accessible and safe, and which support social inclusion through:</i></p> <ul style="list-style-type: none"> ▪ 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) (see Appendix B, Table B9 for further commitments associated with A, and B to J actions points). <p>15. Safe communities <u>Actions and Commitments 2013 - 2015</u> 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 (see Appendix B, Table B9 for B to C actions points).</p> <p>16. Safe and healthy workplaces <u>Actions and Commitments 2013 - 2015</u> A) Support more businesses to provide workplace health and wellbeing programmes to secure:</p> <ul style="list-style-type: none"> ▪ improved physical and mental wellbeing (see Appendix B, Table B9 for further commitments associated with A, and B action point). <p>Theme 6: Developing Collaboration 17. A strategic approach to public health</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p><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 (see Appendix B, Table B9 for B to H action points).</p> <p>18.Strengthened collaboration for health and wellbeing <u>Actions and Commitments 2013 - 2015</u> 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 (see Appendix B, Table B9 for B to E actions points).</p>
<p>Portugal National Health Plan (PNS) 2021-2030. Sustainable Health: from everyone to everyone⁽²³⁾</p>	<p>Intervention strategies for sustainable health (taking into account the main groups of health needs identified):</p> <p>Investing: promoting and protecting health Reinforcing and/or implementing promotion strategies that health services evaluated as being more cost-effective. Establishing the analysis from systematic review of policies and intervention strategies of the different sectors, regarding the impact on health. Strategies and initiatives include: promotion of human rights; promotion of health literacy; boosting health-promoting environments and prevention and control of environmental risks.</p> <p>Include: Universal Health Coverage 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. Strategies and initiatives include: Universal health coverage (SNS and health for all, leaving no one behind); 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 dyslipidemia, prescription of physical activity and healthy eating, brief interventions and Support Program Intensive).</p> <p>Innovate 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. 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. Actions include: establishment, maintenance or reinforcement of internal and external partnerships; promotion of knowledge and partnerships with academia and supporting a research agenda aligned with sustainable health.</p> <p>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. Actions include: 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 and investment in patient safety (including the prevention of "new" resistance to</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>antimicrobials, the avoidance of polypharmacy, especially in the elderly, and the excessive use of medication of the mental health forum, among others).</p> <p><i>Health objectives related to health needs arising from high magnitude problems set for 2030, in Portugal:</i></p> <p>1. Reduce the standardised premature mortality rate (less than 75 years old) from all causes of death in both sexes to 315 per 100,000 population (See Appendix B, Table B10 for objectives 2 to 26).</p> <p><i>Health objectives related to health problems of low magnitude and high risk potential* set for 2030, in Portugal</i></p> <p>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 6 years with available values) (See Appendix B, Table B10 for objectives 28 to 37).</p> <p>Further monitoring indicators include:</p> <ul style="list-style-type: none"> ▪ 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 (%) (see Appendix B, Table B10 for full list of monitoring indicators).
<p>Scotland</p> <ul style="list-style-type: none"> ▪ National Performance Framework (NPF)⁽²⁶⁾ 	<p>The NPF tracks Scotland's progress in meeting its national outcomes. Each of the 11 National Outcomes has a set of indicators that underpin them. Performance is assessed as improving, maintaining or worsening based on the change between the last 2 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. 1 indicators for each outcome (along with their associated description is presented below, see Appendix B, Table B13 for full list of indicators).</p> <p>Outcome 1. Children and young people</p> <ul style="list-style-type: none"> ▪ Child social and physical development: measures the percentage of children with a concern at their 27-30 month review (as a % of children reviewed) <p>Outcome 2. Communities</p> <ul style="list-style-type: none"> ▪ Perceptions of local area: percentage of adults who rate their neighbourhood as a very good place to live. <p>Outcome 3. Culture</p> <ul style="list-style-type: none"> ▪ 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. <p>Outcome 4. Economy</p> <ul style="list-style-type: none"> ▪ Productivity: Scotland's Rank for productivity against key trading partners in the Organisation for Economic Co-operation and Development. <p>Outcome 5. Education</p> <ul style="list-style-type: none"> ▪ Work place learning: the percentage of employees who received on the job training in the last 3 months. <p>Outcome 6. Environment</p> <ul style="list-style-type: none"> ▪ Visits to the outdoors: proportion of adults making one or more visits to the outdoors per week. <p>Outcome 7. Fair work and business</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<ul style="list-style-type: none"> ▪ Public Health Priorities for Scotland⁽²⁴⁾ 	<ul style="list-style-type: none"> ▪ The number of businesses: total number of private sector businesses (registered for Value Added Tax and or Pay As You Earn) in Scotland per 10,000 adults. <p>Outcome 8. Health</p> <ul style="list-style-type: none"> ▪ Journeys by active travel: the proportion of short journeys less than 2 miles that are made by walking and the proportion of journeys <p>Outcome 9. Human rights</p> <ul style="list-style-type: none"> ▪ 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). <p>Outcome 10. International</p> <ul style="list-style-type: none"> ▪ A positive experience for people coming to live in Scotland: intended to measure one important dimension of migrants' experiences in Scotland – a strong sense of belonging. <p>Outcome 11. Poverty</p> <ul style="list-style-type: none"> ▪ Relative Poverty after Housing Costs: proportion of individuals living in private households with an equivalised income of less than 60% of the UK median after housing cost. <p>A number of actions are outlined for each Priority along with their associated leads and or partners. 1 action for each Priority are outlined below. See Appendix B, Table B11 for further actions.</p> <p>Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities: 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.</p> <p>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 continues to be the approach to improving outcomes and supporting the wellbeing of children and young people.</p> <p>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.</p> <p>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.</p> <p>Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all: Scotland's Economic Strategy places Inclusive Growth as a core priority.</p> <p>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.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<ul style="list-style-type: none"> Public Health Scotland (PHS): A Scotland where everybody thrives.⁽²⁵⁾ 	<p>Public Health Scotland outlines a number of actions, milestones and outcomes in their strategy, All lead by PHS unless otherwise stated. Only 2023/24 milestones are provided below along with one outcome. See Appendix B, Table B12 for 2022/23 and 2024/25 milestones and further outcomes.</p> <p>Prevent disease <i>Infectious disease</i> Action: develop and implement a Scottish infectious disease intelligence strategy. 2023/2024 Milestone: implement the solution, going live by March 2024. Desired outcome: the availability of surveillance data on emerging pathogens which can be provided to stakeholders in close to real time.</p> <p><i>Vaccine-preventable disease</i> Action: lead the Scottish Vaccine and Immunisation Programme (SVIP) from April 2023. 2023/2024 Milestone: 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. Desired outcome: improved vaccine uptake for each vaccination programme, measured overall and segmented by ethnicity and deprivation.</p> <p><i>Scotland ready for future pandemics</i> Action: prepare for future pandemics by establishing a pandemic preparedness team and developing a pandemic preparedness plan, develop NHS Scotland whole genome sequencing capabilities and laboratory services and complete a pandemic preparedness risk assessment. 2023/2024 Milestone: 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. Desired outcome: completion of the actions associated.</p> <p>Prolong healthy life <i>Drugs, alcohol and tobacco</i> 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. 2023/2024 Milestone: 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 medication assisted treatment standards. Desired outcome: decrease in people who die from drug-related or alcohol-specific deaths.</p> <p><i>Cancer</i> Action: focus efforts on supporting Scotland's cancer services recovery from the impact of the COVID-19 pandemic. 2023/2024 Milestone: 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 and Scottish Cancer Intelligence Portal.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>Desired outcome: 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.</p> <p>Quality of services Action: work with the national care service and work on whole system modelling. 2023/2024 Milestone: 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. Desired outcome: improve public satisfaction with public services. The NPF measures the quality of public services through the Scottish Household Survey. Respondents are asked to rate the quality of all public services.</p> <p>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. 2023/2024 Milestone: 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 currently provides to general practitioner practices and health and social care partnerships. Desired outcome: shared measures and targets set out in the Child Poverty (Scotland) Act 2017. 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).</p> <p>Neighbourhoods Action: Through the Local Public Health Improvement Team (LPHiT), co-ordinate and manage a public health support hub tailored to community planning partners and local authorities. 2023/2024 Milestone: deliver at least 1 core service to every Community Planning Partnership and local authority; start to pilot our wider public health offer. Desired outcome: 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).</p> <p>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. 2023/2024 Milestone: 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. Desired outcome: reduced prevalence of common mental health conditions, reported through the Scottish Health Survey.</p> <p>Income inequalities</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>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.</p> <p>2023/2024 Milestone: 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.</p> <p>Desired outcome: reduction in income difference measured using the Palma ratio – the income inequality indicator in Scotland's NPF. 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.</p>
<p>Spain Public Health Strategy (ESP) 2022: Improving the Health and Well-Being of the Population⁽²⁷⁾</p>	<p>Strategic line (SL), leads, actions (A) and associated indicators were outlined. One strategic line and action, and one indicator associated is provided below. For further actions, indicators and indicator detail (description, source and measurement frequency) see Appendix B, Table B14.</p> <p><u>Strategic Line 1: Strengthening public health to improve the health of the population</u></p> <p>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.</p> <p>SL1 – A1: Establish effective mechanisms for public health governance and cross-cutting health coordination in all policies.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL1-A1.2 and SL1-A1.3). <p>Indicators associated with SL1 – A1:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A1- I1):</i> Inter-ministerial commission to promote health in all policies (see Appendix B, Table B14 for Indicator (SL1 – A1- I2) and Indicator (SL1 – A1- I3)). <p>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</p> <p>Indicator associated with SL1 – A2:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A2- I1):</i> Spanish participation in international public health-related institutions. <p>SL1-A3: establish a State Centre for Public Health</p> <p>Indicators associated with SL1 – A3:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A3- I1):</i> State Centre for Public Health. <p>SL1-A4: promote the evaluation of health impact of policies</p> <ul style="list-style-type: none"> ▪ SL1-A4.1: Develop the methodology for the evaluation of health impact of policies as reflected in Law 33/2011, 4 October, General Public Health, and promote an advisory network coordinated with the autonomous communities of Spain (CC.AA) to facilitate the evaluation of health impact of non-health interventions and the health approach in all policies. <p>Indicator associated with SL1 – A4:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A4- I1):</i> Methodology for the evaluation of health impact of policies (see Appendix B, Table B14 for Indicator (SL1 – A4-I2)).

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>SL1-A5: strengthen public health services across Spain</p> <ul style="list-style-type: none"> ▪ SL1-A5.1: update the Portfolio of common public health services in Annex I of Royal Decree 1030/2006, 15 September, establishing the portfolio of common services of the National Health System and the procedure for its updating (see Appendix B, Table B14 for SL1-A5.2). <p>Indicators associated with SL1 – A5:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A5- 11)</i>: Portfolio of common public health services (see Appendix B, Table B14 for Indicators SL1 – A5- 12 to SL1 – A5- 13). <p>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</p> <p>Indicators associated with SL1 – A6:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A6- 11)</i>: Systematisation of choice of public health actions (see Appendix B, Table B14 for Indicator (SL1 – A6- 12)). <p>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</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL1-A7.2). <p>Indicators associated with SL1 – A7:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A7- 11)</i>: Working Group for Human Resources in Public Health Policy (see Appendix B, Table B14 for Indicators SL1 – A7- 12 to SL1 – A7- 13). <p>SL1-A8: implement a public health training policy</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL1-A8.2 to SL1-A8.4). <p>Indicators associated with SL1 – A8:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A8- 11)</i>: Core and optimal competencies for public health work (see Appendix B, Table B14 for Indicators SL1 – A8- 12 to SL1 – A8- 14). <p>SL1-A9: strengthen research and innovation in public health.</p> <ul style="list-style-type: none"> ▪ 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, specifically the ISCIII's Strategic Action in Health, as well as the State's future scientific research strategies (see Appendix B, Table B14 for SL1-A9.2). <p>Indicators associated with SL1 – A9:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A9- 11)</i>: National public health research map (see Appendix B, Table B14 for Indicators SL1 – A9- 12 to SL1 – A9- 16). <p>SL1-A10: strengthen public health communication and advocacy</p> <ul style="list-style-type: none"> ▪ 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 (such as social influencers and social media) and the availability of the necessary resources (see Appendix B, Table B14 for SL1-A10.2).

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>Indicators associated with SL1 – A10:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL1 – A10- 11)</i>: Common public health communication strategy (see Appendix B, Table B14 for Indicator (SL1 – A10- 12)). <p><u>Strategic Line 2: Update public health surveillance and ensure response capacity to health risks and emergencies</u> Lead: not specified.</p> <p>SL2-A1: develop and implement the Public Health Surveillance Strategy</p> <ul style="list-style-type: none"> ▪ 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. <p>Indicator associated with SL2 – A1:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL2 – A1- 11)</i>: Compliance with the Public Health Surveillance Strategy. <p>SL2-A2: improve monitoring and management of vaccination programmes.</p> <ul style="list-style-type: none"> ▪ SL2-A2.1: develop an integrated national vaccine register system interoperable at European level, in collaboration with the CC.AA (see Appendix B, Table B14 for SL2-A2.2). <p>Indicators associated with SL2 – A2:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL2 – A2- 11)</i>: Vaccination and Immunisation Information System (see Appendix B, Table B14 for Indicators SL2 – A2- 12 and SL2 – A2- 13). <p>SL2-A3: improve the response to public health threats at local, regional, national and international levels.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL2-A3.2 and SL2-A3.3). <p>Indicators associated with SL2 – A3:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL2 – A3- 11)</i>: Development of the Early Warning and Rapid Response System of the State Public Health Surveillance Network (see Appendix B, Table B14 for Indicators SL2 – A3- 12 to SL2 – A3- 17). <p><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.</p> <p>SL3-A1: promote and encourage healthy and sustainable food.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL3-A1.2). <p>Indicators associated with SL3 – A1:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A1- 11)</i>: Breastfeeding (see Appendix B, Table B14 for Indicators SL3 – A1- 12 to SL3 – A1- 18). <p>SL3-A2: encourage and promote physical activity and reduce sedentarism.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL3-A2.2 and SL3-A2.3). <p>Indicators associated with SL3 – A2:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A2- 11)</i>: Information and awareness-raising on health enhancing physical activity (see Appendix B, Table B14 for Indicators SL3 – A2- 12 to SL3 – A2- 16). <p>SL3-A3: promote policies/initiatives aimed at reducing the use of tobacco, alcohol and other substance and non-substance related addictions.</p> <ul style="list-style-type: none"> ▪ 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 (such as gambling and screen time) (see Appendix B, Table B14 for SL3-A3.2 to SL3-A3.4). <p>Indicators associated with SL3 – A3:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A3- 11)</i>: Action Plan on Addictions 2021-2024 (see Appendix B, Table B14 for Indicators SL3 – A3- 12 to SL3 – A3- 118). <p>SL3-A4: promote sexual health from a positive, comprehensive and inclusive approach.</p> <ul style="list-style-type: none"> ▪ 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) (see Appendix B, Table B14 for SL3-A4.2). <p>Indicators associated with SL3 – A4:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A4- 11)</i>: Comprehensive sexual health training, education and promotion (see Appendix B, Table B14 for Indicator SL3 – A4- 12). <p>SL3-A5: promote disease prevention.</p> <ul style="list-style-type: none"> ▪ SL3-A5.1: develop a national vaccination strategy and improve vaccination coverage for immunopreventable diseases (see Appendix B, Table B14 for SL3-A5.2). <p>Indicators associated with SL3 – A5:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A5- 11)</i>: National Vaccination Plan (see Appendix B, Table B14 for Indicators SL3 – A5- 12 to SL3 – A5- 18). <p>SL3-A6: promote safe environments for all.</p> <ul style="list-style-type: none"> ▪ SL3-A6.1: to inform and raise awareness among citizens, professionals and decision-makers about prevention of unintentional injuries and violence (see Appendix B, Table B14 for SL3-A6.2). <p>Indicators associated with SL3 – A6:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A6- 11)</i>: Information and awareness-raising on prevention of unintentional injuries and violence (see Appendix B, Table B14 for Indicators SL3 – A6- 12 to SL3 – A6- 114). <p>SL3-A7: promote a healthier environment.</p> <ul style="list-style-type: none"> ▪ SL3-A7.1: implement the Strategic Plan for Health and Environment (PESMA) and the action programmes arising there from, with a health in all policies and One Health approach (see Appendix B, Table B14 for SL3-A7.2). <p>Indicators associated with SL3 – A7:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A7- 11)</i>: PESMA (see Appendix B, Table B14 for Indicators SL3 – A7- 12 to SL3 – A7- 18).

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>SL3-A8: promote food security interventions and programmes.</p> <ul style="list-style-type: none"> ▪ 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 with the Spanish Agency for Food Safety and Nutrition, and provide the necessary information to evaluate results (see Appendix B, Table B14 for SL3-A8.2). <p>Indicators associated with SL3 – A8:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A8- 11):</i> National Plan for the Official Control of the Food Chain 2021-2025 (see Appendix B, Table B14 for Indicator SL3 – A8- 12). <p>SL3-A9: promote healthy, safe and sustainable educational environments.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL3-A9.2). <p>Indicators associated with SL3 – A9:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A9- 11):</i> Network of Health Promoting Schools in Spain (see Appendix B, Table B14 for Indicators SL3 – A9- 12 to SL3 – A9- 14). <p>SL3-A10: encourage the local environment to promote health and well-being.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL3-A10.2). <p>Indicators associated with SL3 – A10:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A10- 11):</i> Health and community participation (see Appendix B, Table B14 for Indicators SL3 – A10- 12 to SL3 – A10- 15). <p>SL3-A11: to provide a working environment that ensures the safety and protection of people's health and well-being.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL3-A11.2). <p>Indicators associated with SL3 – A11:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A11- 11):</i> Spanish Strategy for Health and Safety at Work 2022-2027 (see Appendix B, Table B14 for Indicators SL3 – A11- 12 to SL3 – A11- 16). <p>SL3-A12: promote public health actions in the healthcare environment and social services.</p> <ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 for SL3-A12.2 and SL3-A12.3). <p>Indicators associated with SL3 – A12:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A12- 11):</i> Comprehensive Lifestyle Counselling Programmes (see Appendix B, Table B14 for Indicators SL3 – A12- 12 to SL3 – A12- 124). <p>SL3-A13: controlling public health at borders.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<ul style="list-style-type: none"> ▪ 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 (see Appendix B, Table B14 SL3-A13.2 and SL3-A13.3). <p>Indicators associated with SL3 – A13:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL3 – A13- 11)</i>: Strategic Plan for the modernisation/improvement of foreign health (see Appendix B, Table B14 for Indicators SL3 – A13- 12 to SL3 – A13- 16). <p><u>Strategic Line 4: Promoting population health and health equity throughout the life course</u> Lead: not specified.</p> <p>SL4-A1: encourage the protection and promotion of an active and healthy childhood and adolescence.</p> <ul style="list-style-type: none"> ▪ SL4-A1.1: collaborate intersectorally and at all levels of Public Administrations to tackle the childhood obesity pandemic (see Appendix X for SL4-A1.2 to SL4-A1.4). <p>Indicators associated with SL4 – A1:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL4 – A1- 11)</i>: Protection from violence in the child and adolescent population (see Appendix B, Table B14X for Indicators SL4 – A1- 12 to SL4 – A1- 19). <p>SL4-A2. Encourage the protection and promotion of active and healthy ageing.</p> <ul style="list-style-type: none"> ▪ 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) (see Appendix B, Table B14 for SL4-A2.2 and SL4-A2.3). <p>Indicators associated with SL4 – A2:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL4 – A2- 11)</i>: Protection from violence in the elderly (see Appendix B, Table B14 for Indicators SL4 – A2- 12 to SL4 – A2- 17). <p>SL4-A3. Ensure that health policies promote equitable addressing of the needs of all.</p> <ul style="list-style-type: none"> ▪ 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) (see Appendix B, Table B14 for SL4-A3.2 to SL4-A3.4). <p>Indicators associated with SL4 – A3:</p> <ul style="list-style-type: none"> ▪ <i>Indicator (SL4 – A3- 11)</i>: National Health Equity Strategy (see Appendix B, Table B14 for Indicators SL4 – A3- 12 to SL4 – A3- 19). <p>A number of Main Indicators were also outlined:</p> <ul style="list-style-type: none"> ▪ Life expectancy at birth ▪ Healthy life years ▪ Health status of the population (Percentage of people aged 15 and over describing their health status as good or very good) ▪ Deaths by cause of death ▪ Mortality attributed to cardiovascular disease, cancer, diabetes or chronic respiratory diseases ▪ Suicide mortality rate ▪ Limitations on activities of daily living (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) ▪ Limited mobility (Percentage of people indicating difficulty in mobility according to sex and age group. Population aged 15 and over)

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
<p>Sweden Towards good and equal health: A framework for implementing and monitoring the national Public Health policy.⁽²⁹⁾</p>	<ul style="list-style-type: none"> ▪ Emotional well-being (Percentage of people indicating moderate or severe depressive symptomatology according to sex and age group. Population aged 15 and over). <p>No implementation actions were identified.</p> <p>An original set of indicators was proposed to monitor health inequalities, social determinants of health, and the health status of the population using a life-course perspective.⁽⁷¹⁾ This included 130 target area indicators and 50 health indicators (See Appendix B, Table B15).⁽⁷²⁾ 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 if differences increased or decreased overtime. The indicators are according to a number of reporting groups such as gender, age, level of education, income and country of birth, to follow whether inequality is increasing or decreasing. Authorities responsible for issues within each target area were also outlined. 1 focus area and indicator has been outlined below for each target area (see Appendix B, Table B15 for further focus areas and indicators).</p> <p>Target Area 1. Conditions in early life:</p> <ul style="list-style-type: none"> ▪ equal maternal and child health care: <i>PI: risky use of alcohol when enrolling in maternal healthcare</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Swedish Social Insurance Agency, the Swedish Agency for Family Law and Parental Support and the Sami School Board.</p> <p>Target Area 2. Knowledge, skills and education/training:</p> <ul style="list-style-type: none"> ▪ a good learning environment at school: <i>SI: teachers with a teaching university degree in elementary school</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Swedish Board of Student Finance, the Swedish Agency for Higher Vocational Education and the National Board of Health and Welfare.</p> <p>Target Area 3. Work, working conditions and work environment:</p> <ul style="list-style-type: none"> ▪ to have a job: <i>PI: unemployment; PI: young people who neither work nor study</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Swedish Public Employment Service, the Swedish Work Environment Authority and the Swedish Board of Student Finance.</p> <p>Target Area 4. Income and economic resources:</p> <ul style="list-style-type: none"> ▪ distribution of income in the population: <i>SI/PI: economic standard, percentiles, median</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Employment Service, the Social Insurance Agency and the Authority for Family Law and Parental Support.</p> <p>Target Area 5. Housing and neighbourhood conditions:</p> <ul style="list-style-type: none"> ▪ access to a fully functional and affordable home: <i>SI: municipalities deficit on housing for certain groups in vulnerable situations; PI: overcrowding</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Swedish Agency for Marine and Water Management, the Swedish Prison and Probation Service and the Swedish Environmental Protection Agency.</p> <p>Target Area 6. Health behaviours:</p> <ul style="list-style-type: none"> ▪ Limit the availability of products harmful to health: <i>PI: daily tobacco smoking, 16-84 years; PI: risk consumption of alcohol, 16-84 years</i>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Swedish National Council for Crime Prevention, the Public Health Agency of Sweden, the Swedish Consumer Agency.</p> <p>Target Area 7. Control, influence and participation:</p> <ul style="list-style-type: none"> ▪ equal participation in democracy: <i>SI: voting in general elections; PI: trust in society's institutions</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Swedish Crime Victim Compensation Agency, the Discrimination Man and the Swedish National Council for Popular Education.</p> <p>Target Area 8. Equitable and health-promoting health and medical services:</p> <ul style="list-style-type: none"> ▪ accessibility to meet different needs: <i>PI: refusal of medical care despite perceived need</i> <p>Example of authorities responsible for important issues in this target area (see Appendix B, Table B15 for full list): the Public Health Agency of Sweden, the National Agency for Education and the National Board of Health and Welfare.</p> <p>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 and the Swedish Agency for Youth and Civil Society.</p> <p>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.</p> <p>A number of health outcomes/indicators were also specified:</p> <ul style="list-style-type: none"> ▪ remaining average life expectancy ▪ premature mortality ▪ self-assessed general state of health ▪ overall measure of mental health ▪ overall measure of morbidity or good health. <p>A more detailed assessment of a number of conditions was also proposed such as mental health, diseases of the circulatory system and cancer (see Appendix B, Table B15 for full list of conditions).</p>
<p>Wales</p> <ul style="list-style-type: none"> ▪ Public Health Wales (PHW) Our Long-Term Strategy 2023-2035⁽³⁵⁾ 	<p>Implementation actions and indicators are identified for all included PHW strategies. Only the most recent strategy is included below. One action, objective and outcome is outlined (see Appendix B for all PHW strategies and further actions, objectives and outcomes).</p> <p>Theme 1. Influencing wider determinants of health</p> <p>Action: 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.</p> <p>Objective: By 2035 we will have: a Wales where people have a more equal chance of living a fulfilling life, free from preventable ill-health.</p> <p>Outcome: socio-economic inequality in life expectancy (baseline: 7.6 years for male and 6.3 years for female, PHOF).</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>Theme 2. Promoting mental and social wellbeing Action: build on the work of our First 1,000 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. Objectives: By 2035 we will have: working with others to reduce inequalities in mental and social wellbeing. Outcomes: improve population mental wellbeing and reduce the gap in mental wellbeing between most affluent and most disadvantaged groups (baseline: 48.92%, National Indicator).</p> <p>Theme 3. Promoting healthy behaviours 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. Objectives: By 2035 we will have: worked with others to reduce the burden of disease in Wales from use of health harming products and increase health promoting behaviours. Outcomes: reducing prevalence of smoking to 5% by 2030 (baseline: 13.8%, PHOF).</p> <p>Theme 4. Supporting a sustainable health and care system Actions: support our partners by informing, assessing and planning health needs of defined populations and subsets of those populations. Objectives: By 2035 we will have: supported the system to shift the balance of health and care towards prevention, early intervention and equity. Outcomes: increase the number of working age adults in good health (baseline: 79.6%, PHOF).</p> <p>Theme 4. Delivering excellent public health services Actions:</p> <ul style="list-style-type: none"> ▪ National Population Screening Programmes <ul style="list-style-type: none"> ○ provide population health screening programmes for the people of Wales to ensure evidence-based interventions to improve the health of the population in Wales. ▪ Health Protection and Infection Services <ul style="list-style-type: none"> ○ 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. ▪ Innovation and future threats <ul style="list-style-type: none"> ○ look to innovate and improve in order to achieve excellence. <p>Objectives: 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. Outcomes: increased vaccination rates for all vaccine preventable diseases.</p> <p>Theme 5. Tackling public health effects of climate change Actions: protect people and communities from the health impacts of climate change, with a particular focus on equity and reducing health inequalities.</p>

Country Information Source	Implementation action(s), agency(ies) and key performance indicator(s)
	<p>Objective: by 2035 we will have: achieved carbon negativity as an organisation.</p> <p>Outcome: 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).</p>

Key: A: strategic action; CC.AA: autonomous communities of Spain; COSLA: Convention of Scottish Local Authorities; ESP: Public Health Strategy Spain 2022; GCSE: General Certificate of Secondary Education; L: coordinating body or lead; LPHIT: Local Public Health Improvement Team; MUP: Minimum Unit Pricing; N/A: Not available; NHS: National Health Service; NI: Northern Ireland; NPF: National Performance Framework; OKM: Ministry of Education and Culture; P: cooperation partner; PESMA: Strategic Plan for Health and Environment; PHAC: Public Health Agency of Canada; PHE: Public Health England; PHOF: Public Health Outcomes Framework; PHS: Public Health Scotland; PHW: Public Health Wales; PI: performance indicator; PNS: National Health Plan Portugal (Plano Nacional de Saúde); SI: structure indicator; SL: strategic line; STM: Social and Health Ministry; SVIP: Scottish Vaccine and Immunisation Programme; T: timeline; VM: Treasury (Finland); WHO: World Health Organization.

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