

Background paper

Integrated health policy recommendations

Justifying health policy recommendations to mitigate indirect health effcts of the COVID-19 pandemic within international public health actions

Core messages

This paper aims at demonstrating how the different recommendations towardsmitigating the health effects of the COVID-19 pandemic can improve population health as well as sustainable societal and environmental development through integrated and whole-system- oriented action.

- As the far-reaching challenges of the COVID-19 pandemic threaten different life domains, they require integrated and coordinated cross-cutting political action guided by the United Nations' Sustainable Development Goals, the Health-in-all-Policies-strategy, and the overarching goal of reducing health inequalities.
- These principles should be observed at the European, national, regional and local level, and priorities of action should be informed by solid knowledge and research evidence.
- Political programs and aims agreed-upon before the spreading of this pandemic should not be compromised, in particular those related to the European Green Deal.

This document summarizes the recommendations from four short reports dealing with indirect health consequences of the COVID-19 pandemic, integrating them into current international public health developments. Its core message calls for strengthening a *Health-in- all- Policy* approach. Therefore, it is primarily directed towards political decision makers with responsibilites in all domains affected by the pandemic. Furthermore, it is directed towards a broader public, including professionals, organisations and federations with responsibility for sustainable future development.

Version 01, published on July 20, 2020, with date of literature search on July 06, 2020.



Given the rapid increase of new knowledge on the COVID-19 pandemic, we indicate the date of publication and of literature search. We aim at integrating relevant new knowledge into updated versions at a later time.

Background

Four short reports on indirect health effects due to mitigation measures against the spreading of COVID-19 pandemic were written, instructed by available scientific evidence (https://www.public-health-covid19.de/ergebnisse.html). Their topics are as follows: Social inequalities of health risks due to the COVID-19 pandemic and related mitigation measures, Health effects of COVID-10 pandemic on precarious workers, Protection against infections and environmental health, Health risks of economic crises. These documents were written with the intention to support the arguments of political decision makers by providing scientific knowledge, thus strengthening program development and priority setting. Therefore, each short report offers some specific recommendations that, according their authors' view, point to urgent challenges in the current German context. With the current document, these recommendations are integrated into an overarching frame of political governance.

Aim

Three core challenges of the 21st century are aggravated by the COVID-19 pandemic: 1. Increasing socioeconomic disparities between and within countries; 2. the ecological imbalance threatening future life chances by environmental damage and climate change, and 3. unresolved health threats prevailing in poor as well as in rich countries. In view of the intrinsic links between these challenges political governance should aim at applying new strategies and methods in order to solve these problems.

Methods

The synthesis given in this document is based on the findings represented in the four short reports mentioned, where methods of knowledge acquisition are described These methods include mainly (systematic) reviews of current epidemiological research.



Approach

Health in all policies represents a strategy that aims at integrating the different domains of health-related political governance into a coherent, coordinated activity [1]. Rather than splitting action into vertically organized political departments and administrative institutions dealing exclusively with e.g. education, traffic, nutrition, environment, labour, or health, this strategy proceeds in a horizontal, cross-cutting way of tackling problems jointly between responsible authorities and stakeholders. This approach can be applied at international, national, regional and local levels, but it requires that agreed-upon procedural rules have been set up and that a common governance has been established. Advantages of this strategy include the problem-focused approach, the enriched expertise and multiperspective view evolving from interdisciplinary teams, and an improved efficiency of problem-solving attempts. However, there are also some potential disadvantages, such as a high amount of time devoted to these tasks, and the need of re-negotiating responsibility and accountability among involved partners. This latter fact may also evoke conflicts.

More recently, the *Health-in all-Policies* approach has been further enhanced by a scientific development labelled *Planetary Health*. This scientific discipline analyses ecological, economic and social determinants of population health under the umbrella of long-term sustainability and survival [2]. Both approaches, *Planetary Health* and *Health-in-all* policies support the United Nations' *Sustainable Developmental Goals* (SDGs)) [3].

Concerning the methods and instruments of strategies based on *Health in all Policies*- principles, a systematic documentation of the agreed-upon procedures and expected outcomes is required, supported by available knowledge from scientific and administrative bodies. Internationally, this method is termed *Health Impact Assessment (HIA)* [4, 5]. For instance, a *Health Impact Assessment* may evaluate the health gain of a protective action (such as lockdown of schools due to the risk of SARS-COV-2 infection). This method is closely linked to a related method termed *Environmental Impact Assessment (EIA)* whose aim is to assess the effects of protective measures related to the environment (e.g. reduction of CO2 emissions) on population health [6]. In some countries (e.g. Germany) *Environmental Impact Assessment* has been legaly enforced. Together with *Health Impact Assessment* these approaches are used to assess potential ourtcomes of political decisions, regulations or laws. Additional methods of data collection and analysis relate to the so- called *Burden of Disease-* and *Environmental Burden of Disease-Studies* [7, 8]. These influential reports estimate the global burden of disease attributable to certain risk factors, using available morbidity and mortality data. There are already a few promising examples available that are applying the *Health in all policies*



strategy. At the national level, they include the English program of tackling health inequalities [9]. At the regional level, the WHO's *Adelaide Declaration* with its programs [10], or the master program on environment and health in Nordrhein-Westphalia, deserve to be mentioned [11].

Against this background, we point out how the recommendations derived from the four short documents mentioned can be integrated into a *Health in all Policies*-strategy with its focus on coping with the health challenges evolving from the COVID-19 pandemic. These recommendations address the impact of economy, environment, socioeconomic position, work and employment on health. They are differentiated according to the local (community), regional (county or ,Bundesland'), national (government), or international (European Union) level. Implementing such recommendations cannot occur by a top-down approach, but rather requires a strategy combining engagement from civic society with governmental activity. Active participation of citizens is a prerequisite of both, long-term efficiency and democratic legitimacy.

Implementation

In a health- and environment- related perspective, the primary goal of these recommendations should contribute to the promotion of sustainable, resource- protective economic growth, without compromising the aims endorsed by the *European Green Deal* before the onset of the current pandemic. These aims ask governments to reduce greenhouse gas emissions and to promote environment-protective technologies by the year 2050, and they should not be compromised by the measures of economic recovery following the substantial lock-down of social and economic life due to the pandemic.

Local level

Communities are responsible for measures of protecting their citizens from hazards and threats to their everyday life. These measures are defined by regulations and laws. Therefore, recommendations from all four areas addressed in the short reports concern the local level as well. Importantly, a sustainable economic recovery and growth requires, at the local level, a close observation of results from health and environmental impact assessments. It also requires a permanent consultation and dialogue between local authorities, business leaders, and economic associations. Specifically, recommendations addressing environmental, economic and social aspects at local level should consider the following subjects:

 A sustainable urban development requires the preservation and protection of a substantial amount of public green space



- Public transport and personal traffic (e.g. pathways for bicycles) should be promoted, and initiatives to stengthen the implementation of renewable energy should be encouraged
- Measures of extending short labour (,Kurzarbeit'), of returning to previous jobs (e.g. by flexible
 work time arrangements, home office), and of applying health assessments in enterprises and
 organizations (in order to detect and prevent risks and promote healthy work; see the
 document ,Health assessment and health promotion by employers in times of COVID-19 crisis'
 [12]) should be observed
- Precarious workers should be employed by formal contracts that provide access to basic social security measures, and their opportunities of training and skills acquisiton should be enlarged.
 People who lost their jobs should be supported by local initiatives and programs of improving their living conditions (see e.g. the activities of the cooperative union ,Health Equity Inititiave'; 'Gesundheitliche Chancengleichheit' [13]).

Recommendations of local activities addressing the reduction of social inequalities in health following exposure to the risks of COVID-19 propose (a) the provision of need-directed preventive programs, prioritizing socially deprived families with health-protective nutrition, physical activity, promotion of mental health and learning opportunities; (b) the targeted reduction of poverty risks, and (c) the provision of temporary financial aids to people who suffer from crisis-induced economic difficulty. Currently, it remains an open question whether these measures can already be coordinated and implemented in the frame of a local *Health in all*-policies-strategy. Communities that have already developed chains of prevention, or are even part of a *Healthy City*-initiative, can serve as models of good practice, demonstrating the ways of how integrative communication and coordination can work successfully at local level. Regular communal health reports that integrate relevant social and environmental information are instrumental in this process and should be promoted with priority. To effectively reduce health disparities, such communal strategies require a far-reaching shift of communal governance, with substantial commitments of local authorities and civic engagement. There are a few promising examples of this development, e.g. in Manchester and Coventry [14, 15].

Regional level

Recommendations addressing the regional level are given in keywords only because their implementation varies substantially between the countries (,Bundesländer'), given their legal authority.



- Monitoring and reporting of health, environmental and social conditions should be provided and further developed under the leadership of responsible administrative offices, in conjunction with the ,Task groups of coordinating health equity initiatives' (KGC)
- The governmental plans concerning the development of traffic and energy should strictly observe the requirements of sustainable environmental protection, specifically given the risks of rapid economic recovery following the pandemic
- Branches and unions in industry, commerce and service should negotiate decent work and employment conditions in response to the threats provoked by the pandemic. In particular, urgent financial aid should be provided to those hit most severely (some self-employed groups, freelancers, artists, personnel employed in restaurants, hotels, transport, tourism, among others)
- Available policy programs of strengthening economic recovery and of providing financial aid should be adapted to changing need according to regions, branches, and different population groups.

National level

National government:

The German government has already reacted to the pandemic crisis with a substantial amount of programs and legal developments that aim at mitigating its adverse consequences. While beneficial, these developments nevertheless should incorporate the principles of the *Health-in All-Policies* and the *SDG-principles* mentioned. They also should apply comprehensive *Health Impact Assessments*. Transparency of potential conflicts of interest should be availabe to the public. These programs are supposed to prioritize the reduction of health inequalities, the enforcement of the German sustainability strategy, including de-carbonization, justification and control of economic growth that produces environmental damage, and the development of an environment-protective traffic policy.

Enforcing and further developing international conventions and agreements at the national level is a crucial prerequisite of fighting climate change. In adition, the following priorities deserve attention:

- Strengthening preventive programs (re-introduction of §20 SGB V)
- Extending measures of social security among precarious workers and distinct groups of selfemployed people
- Establishing a monitoring and consultation centre dealing with the overarching aim of reducing health inequalities. This centre should be placed at a high level of governmental responsibility.



- Improving the resourcen of inititives and organizations concerned with ,health equity' and ,environmental justice'
- Promoting a national public health strategy with justified and realistic health goals and with structural links across stakeholders at all levels.

International level

European Union (EU):

The European Union (EU) has already implemented several far-reaching programs to mitigate the adversities of the COVID-19-pandemic, and additional measures are under preparation. Here, we recommend that all activities are strongly aligned to the *SDG goals* and the principles of a *Health-in all-policies-strategy*. Consultation of expertise should not be restricted to EU internal institutions and organizations, but include external centres of excellence and competent organizations (e.g., EuroHealthNet' in case of prevention policy., Academia Europaea' in case of research policy).

More specifically, the *European Green Deal* should be promoted, with attempts to integrate aspects of health, equity, and sustainability. Measures of CO2-reduction need further improvement, and the available recovery package for ecological transformation deserves broad application. The financial means for implementing the *Green Deal* require additional support from the EU budget.

- Social investments into health, as planned within existing EU programs, such as "Recover Europe' and "Horizon Europe', should be extended, including the support of scientific research. Moreover, the needs of vulnerable population groups across Europe, whose conditions were aggravated by the pandemic, should be given priority in all mitigation measures.
- The European statistical monitoring activities (Eurostat) and the EU-initiated surveys (e.g. European Working Conditions Survey) should be enhanced, given far-reaching challenges of the pandemic, and given the need of prioritizing policy measures according to available empirical evidence.

WHO-Europe:

Based on inputs from its Regional Offices in Europe (Copenhague, Venice, Bonn), WHO has already launched important documents and initiatives to cope with challenges of the pandemic. In this context, we recommend:



- to implement the measures and strategies described in the *Health Equity Status Report* within all WHO- Euopean member states, and to coordinatee action at transnational level;
- to closely monitor potential changes of environmental protection policies following the pandemic crisis (e.g. suspension of legal requirements of measuring air quality; e.g. rapid de-forestation).



Quellen

- [1] Kickbusch I, Buckett K, editors. Implementing Health in All Policies: Adelaide 2010. the Department of Health, Government of South Australia; 2010.
- [2] Whitmee S, Haines A, Beyrer C, et al. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation—Lancet Commission on planetary health. The Lancet 2015; 386(10007): 1973–2028 [https://doi.org/10.1016/S0140-6736(15)60901-1]
- [3] UN Generalversammlung. Resolution der Generalversammlung, verabschiedet am 25. September 2015: Transformation unserer Welt: die Agenda 2030 fürnachhaltige Entwicklung; Siebzigste Tagung Tagesordnungspunkte 15 und 16. A/RES/70/1; 2015.
- [4] Kang E, Park HJ, Kim JE. Health Impact Assessment as a Strategy for Intersectoral Collaboration. J Prev Med Public Health 2010; 44(5): 201–9 [https://doi.org/10.3961/jpmph.2011.44.5.201]
- [5] O'Mullane M. Integrating Health Impact Assessment with the Policy Process: Lessons and experiences from around the world. OUP Oxford 2013.
- [6] Fehr R. Gesundheitliche Wirkungsbilanzen (Health Impact Assessment, HIA) als Beitrag zur nachhaltigen Gesundheitsförderung. In: Göpel E, editor. Nachhaltige Gesundheitsförderung. 1. Aufl. Frankfurt am Main: Mabuse 2010.
- [7] Rommel A, Lippe E von der, Plaß D, et al. Erratum to: BURDEN 2020-Burden of disease in Germany at the national and regional level. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz 2018; 61(9): 1167 [https://doi.org/10.1007/s00103-018-2800-5]
- [8] Cohen AJ, Brauer M, Burnett R, et al. Estimates and 25-year trends of the global burden of disease attributable to ambient air pollution: an analysis of data from the Global Burden of Diseases Study 2015. The Lancet 2017; 389(10082): 1907–18
 [https://doi.org/10.1016/S0140-6736(17)30505-6]
- [9] Barr B, Higgerson J, Whitehead M. Investigating the impact of the English health inequalities strategy: time trend analysis. BMJ 2017; 358: j3310 [https://doi.org/10.1136/bmj.j3310]
- [10] World Health Organization (WHO), Government of South Australia. Adelaide Statement on Health in All Policies; 2010.
- [11] Ministerium für Umwelt, Landwirtschaft, Natur- und Verbraucherschutz des Landes Nordrhein-Westfalen (MULNV). Masterplan Umwelt und Gesundheit NRW; 2017 [cited 2020 June 30] Available from: URL: https://www.umwelt-und-gesundheit.nrw.de/masterplan/.
- [12] Dragano N, Diebig M, Faller G, et al. Arbeitsverdichtung, Angst vor Infektionen und Co.: Management psychischer Arbeitsbelastungen während der COVID-19 Pandemie: Kompetenznetz Public Health COVID-19; Bremen 2020 [cited 2020 June 30] Available from: URL: https://www.public-health-covid19.de/images/2020/Ergebnisse/Handreichung_Management_psychischer_Arbeitsbelastungen_COVID-19_V01_10_06_2020.pdf.



- [13] GKV-Bündnis für Gesundheit. Arbeits- und Gesundheitsförderung systematisch verzahnen; 2020 [cited 2020 June 30] Available from: URL: https://www.gkv-buendnis.de/buendnisaktivitaeten/bundesweite-aktivitaeten/arbeits-undgesundheitsfoerderung/.
- [14] Codling K, Jessica A. Greater Manchester Evaluation 2020; 2020 [cited 2020 June 30] Available from: URL: http://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020.
- [15] Munro A. Coventry Marmot City Evaluation 2020; 2020 [cited 2020 June 30] Available from: URL: http://www.instituteofhealthequity.org/resources-reports/coventry-marmot-city-evaluation-2020.

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Es bestehen keine Interessenskonflikte.

Bitte zitieren als: Siegrist J, Mekel O, Plaß D, Icks A, Wahrendorf M, Dragano und Hoffmann B. Integrierte gesundheitspolitische Empfehlungen - Eine Begründung integrierter gesundheitspolitischer Empfehlungen zur Eindämmung indirekter gesundheitlicher Folgen der COVID-19 Pandemie im Rahmen internationaler Public-Health-Entwicklungen. 2020, Bremen: Kompetenznetz Public Health COVID-19

Disclaimer: Dieses Papier wurde im Rahmen des Kompetenznetzes Public Health zu COVID-19 erstellt. Die alleinige Verantwortung für die Inhalte dieses Papiers liegt bei den Autor*innen.

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