

**M U N I**

# **Determinants of health**

What keeps population healthy?

# Health

## WHO:

- state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

## bio-medical model of health (Holcik)

- is body that operates efficiently just like a machine. Any breakdown in the body system means that the latter is not healthy
- Disease: set of signs and symptoms and medically diagnosed pathological abnormalities.
- Illness: how individuals experience disease.

## Socioecological model of health (Holcik)

- a wide range of factors that are individual, interpersonal, organizational, social, environmental, political, and economic



# determinant

/di'tɜːmɪnənt/

See definitions in:

All

Biology

Mathematics

*noun*

noun: **determinant**; plural noun: **determinants**

1. a factor which decisively affects the nature or outcome of something.  
"pure force of will was the main determinant of his success"
  - **BIOLOGY**  
a gene or other factor which determines the character and development of a cell or cells in an organism, a set of which forms an individual's idiosyncrasy.
2. **MATHEMATICS**  
a quantity obtained by the addition of products of the elements of a square matrix according to a given rule.

*adjective*

adjective: **determinant**

serving to determine or decide something.

Origin



early 17th century: from Latin *determinant*- 'determining', from the verb *determinare* (see [determine](#)).

# Major groups of health determinants

Biology and genetics

Physical determinants

Social determinants

Health services

Public policies

Individual behaviour

# Taxonomy of health determinants

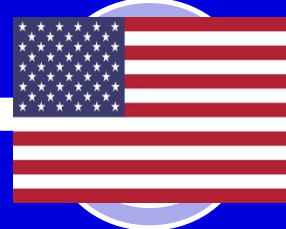
Not universal

Each country/region agency has its own terminology

The concept of determinants is not contested and questioned

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Exposure to mass media
- Socioeconomic conditions, poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation

## Social Factors



## Physical determinants

- Natural environment, such as plants, weather, or climate change
- Built environment, such as buildings or transportation
- Worksites, schools, and recreational settings
- Housing, homes, and neighborhoods
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements, such as good lighting, trees, or benches

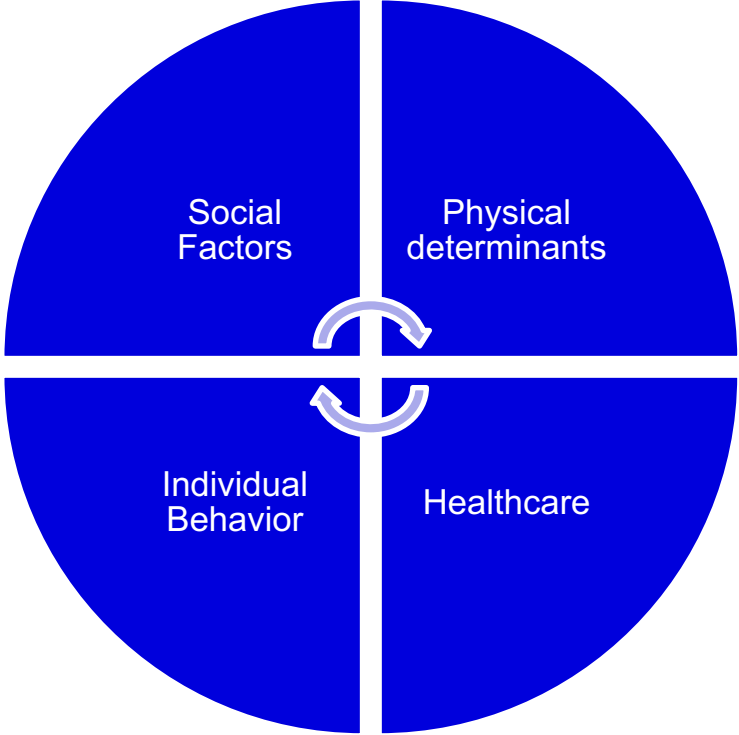
- Diet
- Physical activity
- Alcohol, cigarette, and other drug use
- Hand washing

## Individual Behavior

## Healthcare

- Lack of availability
- High cost
- Lack of insurance coverage
- Limited language access

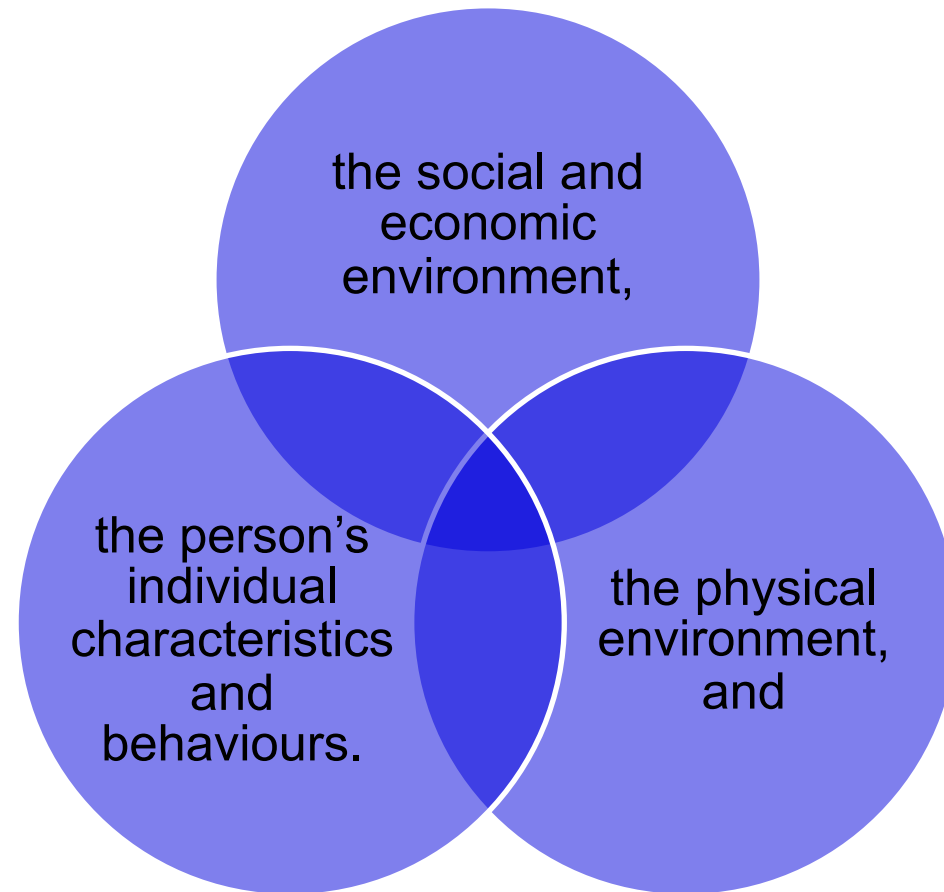
# USA (healthypeople.gov)



# CANADA (canada.ca/en/public-health)

- Income and social status
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical environments
- Social supports and coping skills
- Healthy behaviours
- Access to health services
- Biology and genetic endowment
- Gender
- Culture
- Race / Racism

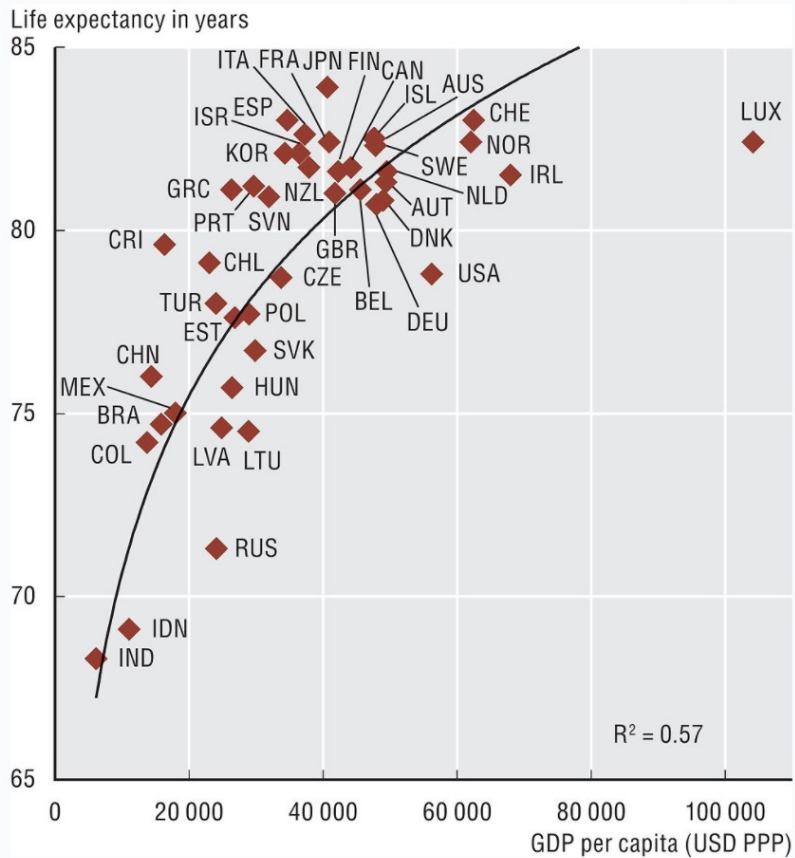
# WHO taxonomy



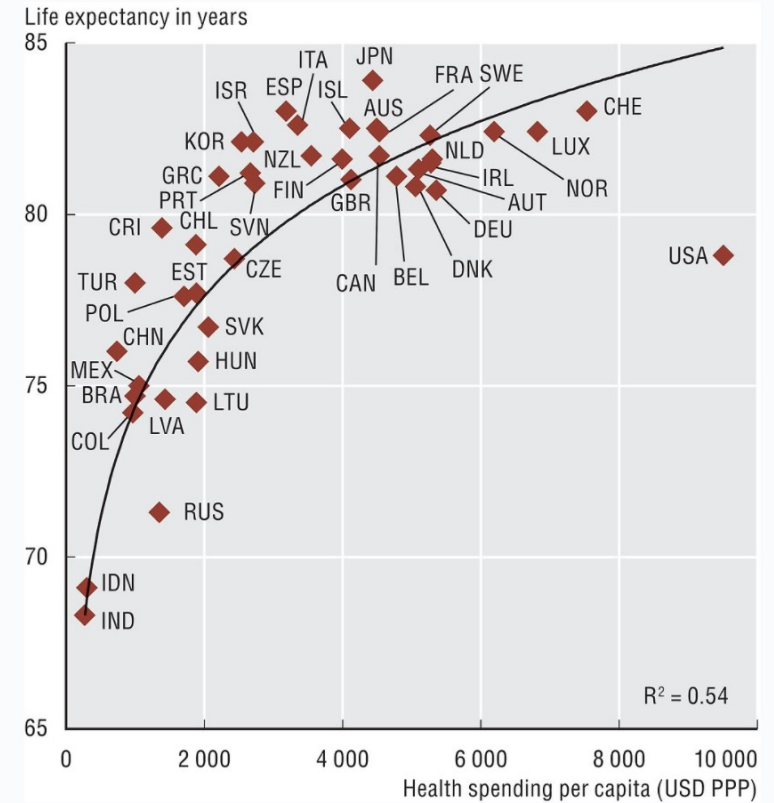


# OECD Data

3.2. Life expectancy at birth and GDP per capita, 2015 (or nearest year)



3.3. Life expectancy at birth and health spending per capita, 2015 (or nearest year)



Source: OECD Health Statistics 2017.

Statlink <http://dx.doi.org/10.1787/888933602272>

# Social determinants of health in accordance to WHO

Income and social protection

Education

Unemployment and job security

Working life conditions

Food insecurity

Housing, basic amenities and the environment

Early childhood development

Social support and inclusion

Structural conflict

Access to affordable health services of decent quality.

# Social determinants of health (Holcik)

## Social gradient in health

- refers to the fact that inequalities in the population health status are related to inequalities in the social status.

## Stress

- Continuing anxiety, insecurity, low self-esteem, social isolation, and lack of control over work

## Early life

- Slow growth, emotional support, pregnancy, maternal stress,
- Lifestyle habits development

## Social exclusion

- unemployed, ethnic minority, guest workers, disabled people, refugees, and homeless people
- living on less than 60% of the national median income

## Work

- Income, social relationships
- Stress, working conditions

## Unemployment

- and the risk is higher in those regions where unemployment is wide

## Social support

- emotional and practical resources they need

## Food

- Diet and food supply. Food safety

## Transport

- Cycling, walking, and the use of public transport promote health.
- They provide exercise, reduce fatal accidents, increase social contact, and reduce air pollution

# Where to find literature

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Search the information resources for **Masaryk University**

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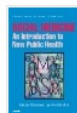
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## 1. SOCIAL MEDICINE



eBook

By: Čeledová, Libuše; Holčík, J. [S.I.] : Charles University in Prague, Karolinum Press. 2019. eBook., Database: eBook Collection (EBSCOhost)

**Subjects:** MEDICAL / Health Policy; MEDICAL / Health Care Delivery; **SOCIAL SCIENCE / Disease & Health Issues**; Health--**Social** aspects; Public health--**Social** aspects; **Social medicine**[Full Text Finder](#) [PDF Full Text](#) [citace PRO](#) [+Uložít do Citace PRO \(Import to Citace PRO\)](#) [Full Download](#)[Table of Contents](#) [Most Relevant Pages From This eBook](#)2. A new roadmap for **social medicine** curriculum design based on mixed methods student and faculty evaluations of the preclinical curriculum.

Academic Journal

(English) ; Abstract available. By: Finnie SM; Brach RJ; Dawson CA; Epstein SB; Goyal RK; Lounsbury KM; Eldakar-Hein ST; Lahey T, BMC medical education [BMC Med Educ], ISSN: 1472-6920, 2021 Aug 20; Vol. 21 (1), pp. 442; Publisher: BioMed Central; PMID: 34416885, Database: MEDLINE Complete PubMed

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## SOCIAL MEDICINE



Author: Čeledová, Libuše,  
Holčík, J.

Date: 2019

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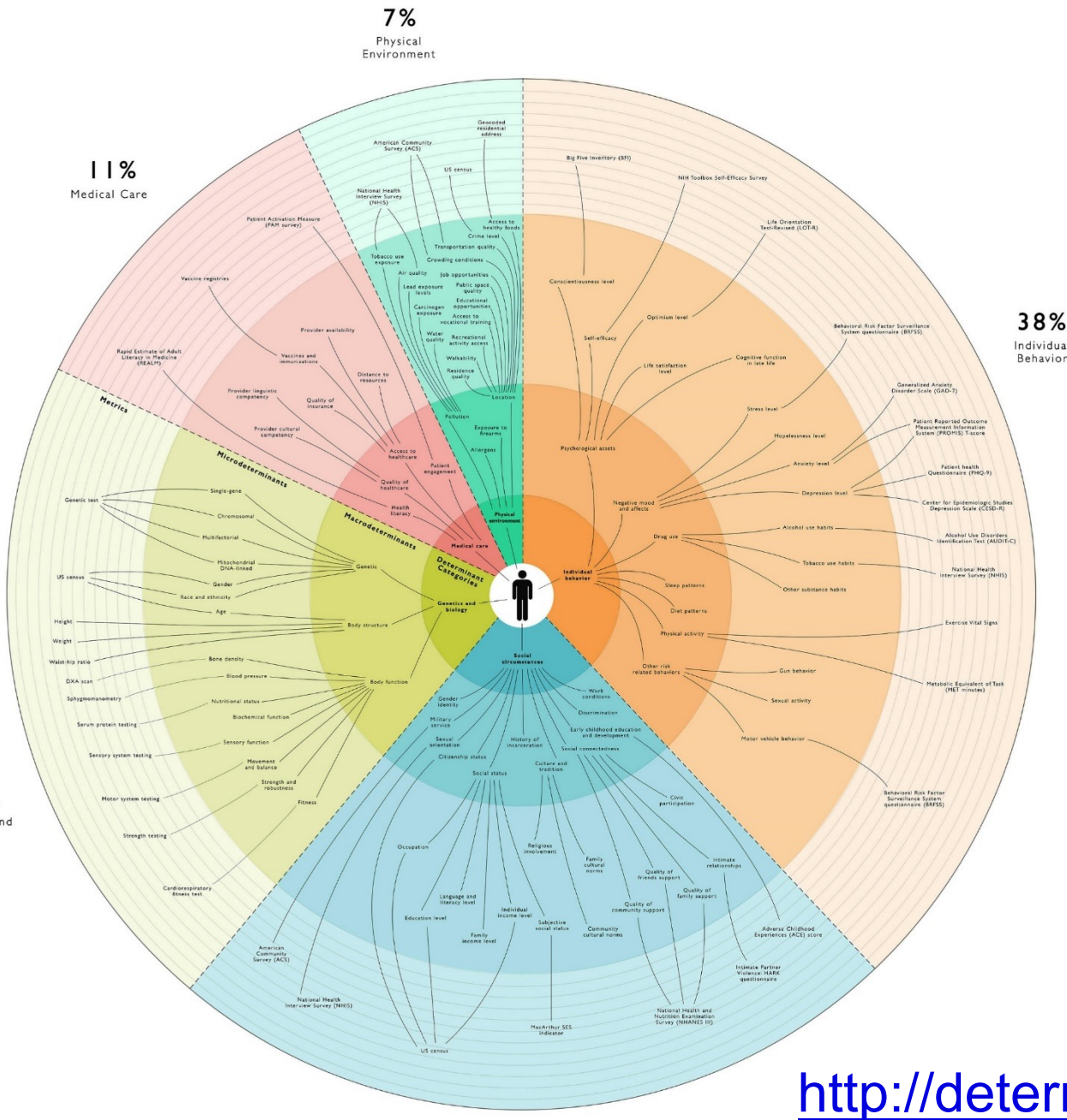
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**M U N I**

**Are all health determinants equal?**

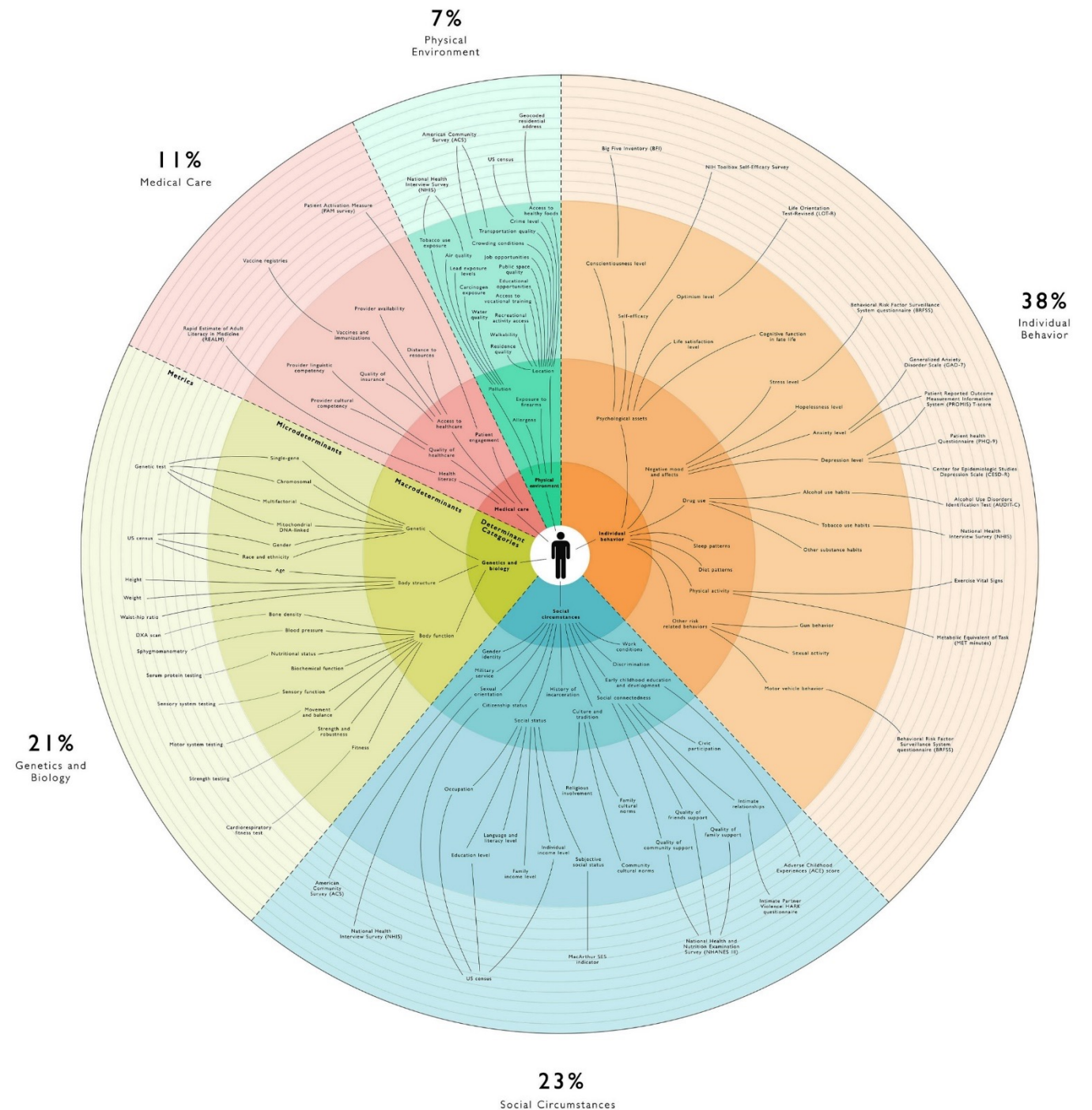
**NO!**

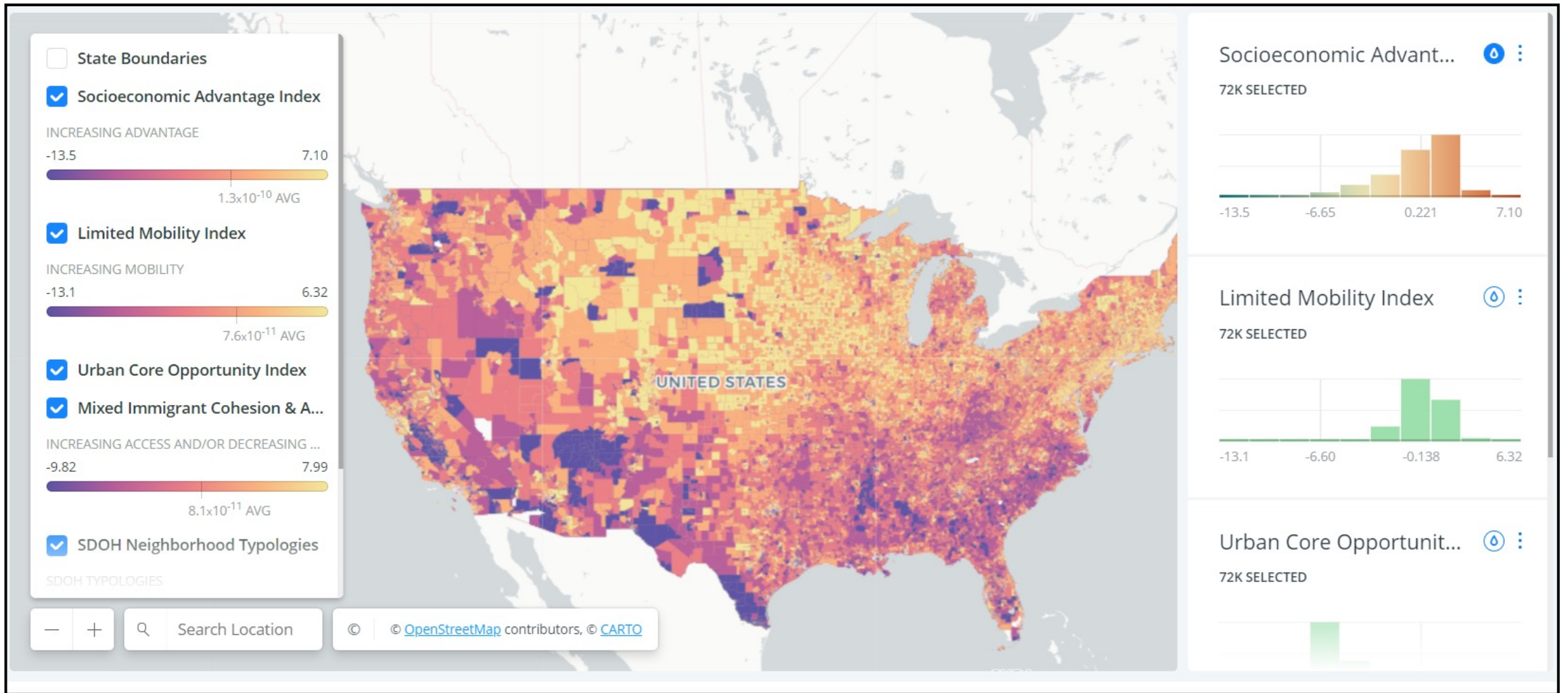




# Statistical relevance of determinants:

Ranking  
 Individual behaviour 38%  
 Social determinants 23%  
 Genetics and biology 21%  
 Medical care 11%  
 Physical environment 7%  
 Be careful with generalisation !  
 Interprets the data of population (North America)  
 Little relevance to individual cases





## Quantification of Neighborhood-Level Social Determinants of Health in the Continental United States

# Conclusions ...

The context of people's lives determine their health, and so

**blaming individuals for having poor health or crediting them for good health is inappropriate!**

Individuals are unlikely to be able to directly control many of the determinants of health.

- .... World health organisation <https://www.who.int/news-room/q-a-detail/determinants-of-health>

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# **What can we do to change health determinants?**

... we have to change society .....

# Health in all policies (example)



The developed countries go beyond physical infrastructure

Social programs

- Cash transfers

- Reduction of poverty

Educational programs

- Improving social status of individuals

- Promoting healthy lifestyle

Behavioural incentives

- Tobacco, Alcohol regulations

# Rio Political Declaration on Social Determinants of Health

---

Work across different sectors and levels of government

---

Develop policies that are inclusive and take account of the needs of the entire population

---

Specific attention to vulnerable groups and high-risk areas

---

Support comprehensive programmes of research

---

Promote awareness of policy-makers

---

Support all sectors to address social determinant

---

Foster collaboration with the private sector, safeguarding against conflict of interests,

---

Strengthen occupational health safety

---

Promote and strengthen universal access to social services and social protection floors

---

Give special attention to gender-related aspects

---

Access to affordable, safe, efficacious and quality medicines

---

Strengthen international cooperation

**M U N I**

**Balancing public health objectives against  
other societal/cultural values**

# High COVID-19 Attack Rate Among Attendees at Events at a Church — Arkansas, March 2020

Weekly / May 22, 2020 / 69(20);632–635

On May 19, 2020, this report was posted online as an MMWR Early Release.

Allison James, DVM, PhD<sup>1,2</sup>; Lesli Eagle<sup>1</sup>; Cassandra Phillips<sup>1</sup>; D. Stephen Hedges, MPH<sup>1</sup>; Cathie Bodenhamer<sup>1</sup>; Robin Brown, MPAS, MPH<sup>1</sup>; J. Gary Wheeler, MD<sup>1</sup>; Hannah Kirking, MD<sup>3</sup> ([View author affiliations](#))

[View suggested citation](#)

## Summary

### What is already known about this topic?

Large gatherings pose a risk for SARS-CoV-2 transmission.

### What is added by this report?

Among 92 attendees at a rural Arkansas church during March 6–11, 35 (38%) developed laboratory-confirmed COVID-19, and three persons died. Highest attack rates were in persons aged 19–64 years (59%) and ≥65 years (50%). An additional 26 cases linked to the church occurred in the community, including one death.

### What are the implications for public health practice?

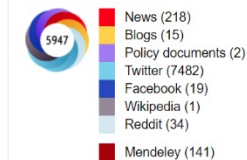
Faith-based organizations should work with local health officials to determine how to implement the U.S. Government guidelines for modifying activities during the COVID-19 pandemic to prevent transmission of the virus to their members and their communities.



On March 16, 2020, the day that national social distancing guidelines were released (1), the Arkansas Department of Health

## Article Metrics

### Altmetric:



Citations: 5

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Views equals page views plus PDF downloads

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Policie na Staroměstském náměstí použila obrněný transportér, slzný plyn i vodní děla. Dav rozhání koňmi. Na místě jsou zranění. (18. října 2020)

Autor: Tomáš Krist, MAFRA

ABOUT

The Nanny State Index (NSI) is a league table of the worst places in the European Union to eat, drink, smoke and vape. The initiative was launched in March 2016 and was a media hit right across Europe. It is masterminded and led by IEA's Christopher Snowdon with partners from all over Europe.

Enquiries: [info@epicenternetwork.eu](mailto:info@epicenternetwork.eu)

[Download the pdf here.](#)

DOWNLOAD PUBLICATION



PREVIOUS VERSION: 2019

CATEGORIES



ABOUT THE EDITOR

Christopher Snowdon is the head of Lifestyle Economics at the Institute

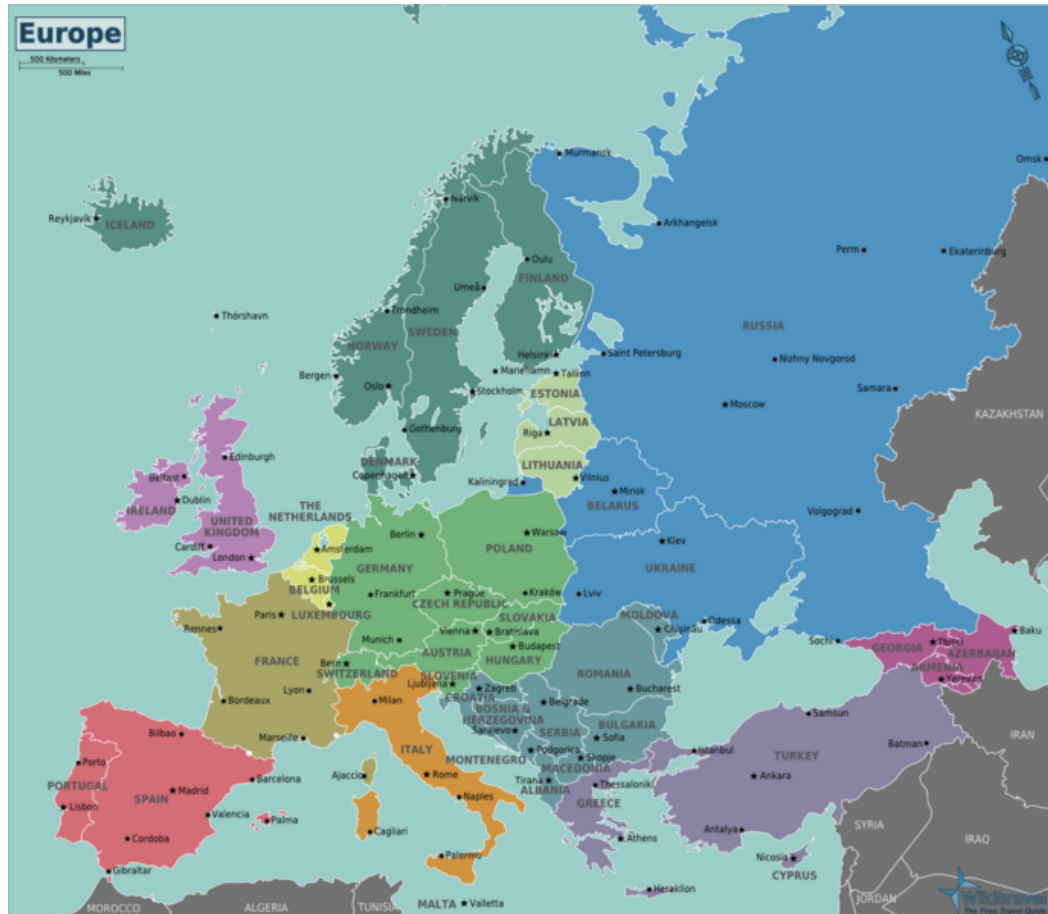
THE INDEX 2021

		LEAST FREE	LESS FREE	FREER	FREEST		
	COUNTRIES	ALCOHOL	E-CIGARETTES	FOOD/SOFT DRINKS	TOBACCO	TOTAL	2019 RANKING
1	NORWAY	22.4	13.9	5.3	9.9	51.5	–
2	LITHUANIA	24.1	9.9	3	9.2	46.2	2
3	FINLAND	20.4	10	1.7	9	41.1	1
5=	HUNGARY	6.9	10.4	10	11.9	39.2	5
5=	LATVIA	14.9	8.9	5	10.4	39.2	7
6	ESTONIA	16.5	10.6	3	9	39.1	3
7	ICELAND	21.6	5	1.3	8.1	36	–
8	IRELAND	16.9	3	4.7	11.3	35.9	6
9	POLAND	12.2	9.2	5.7	8.6	35.7	12
10	SWEDEN	18.2	7.7	1	5.9	32.8	8
11	GREECE	9.6	10.1	1.3	10.7	31.7	11
12	UK	11	3	5	12.4	31.4	4
13	CROATIA	10	7	3	9.4	29.4	15
14	SLOVENIA	9.5	7.2	1.3	10	28	9
15	FRANCE	9.6	4.5	3	10.5	27.6	10
16	ROMANIA	7.8	7.5	0	12	27.3	17
17	PORTUGAL	6.6	9.3	3.7	6.8	26.4	14
18	NETHERLANDS	6.3	7.9	0.7	9.6	24.5	21
19	CYPRUS	5.7	9.4	0	8.1	23.2	13
21=	AUSTRIA	5.8	7.9	0.7	6.8	21.2	26
21=	BELGIUM	3.3	7.6	2	8.3	21.2	16
22	BULGARIA	4.5	3.5	2	10.8	20.8	18
24=	MALTA	7.3	3.3	0	8.6	19.2	19
24=	SLOVAKIA	5.9	5.3	0	8	19.2	26
25	DENMARK	3.6	3.7	3.3	6.9	17.5	20
26	ITALY	5	4.5	0.7	7	17.2	23
27	SPAIN	4.3	4.7	0.3	7.6	16.9	23
28	LUXEMBOURG	4	6.9	0	5.3	16.2	24
29	CZECHIA	4.2	3.3	0	7.7	15.2	27
30	GERMANY	3	3	0	4.7	10.7	28

**M U N I**

**European perspective**

# EUROPE



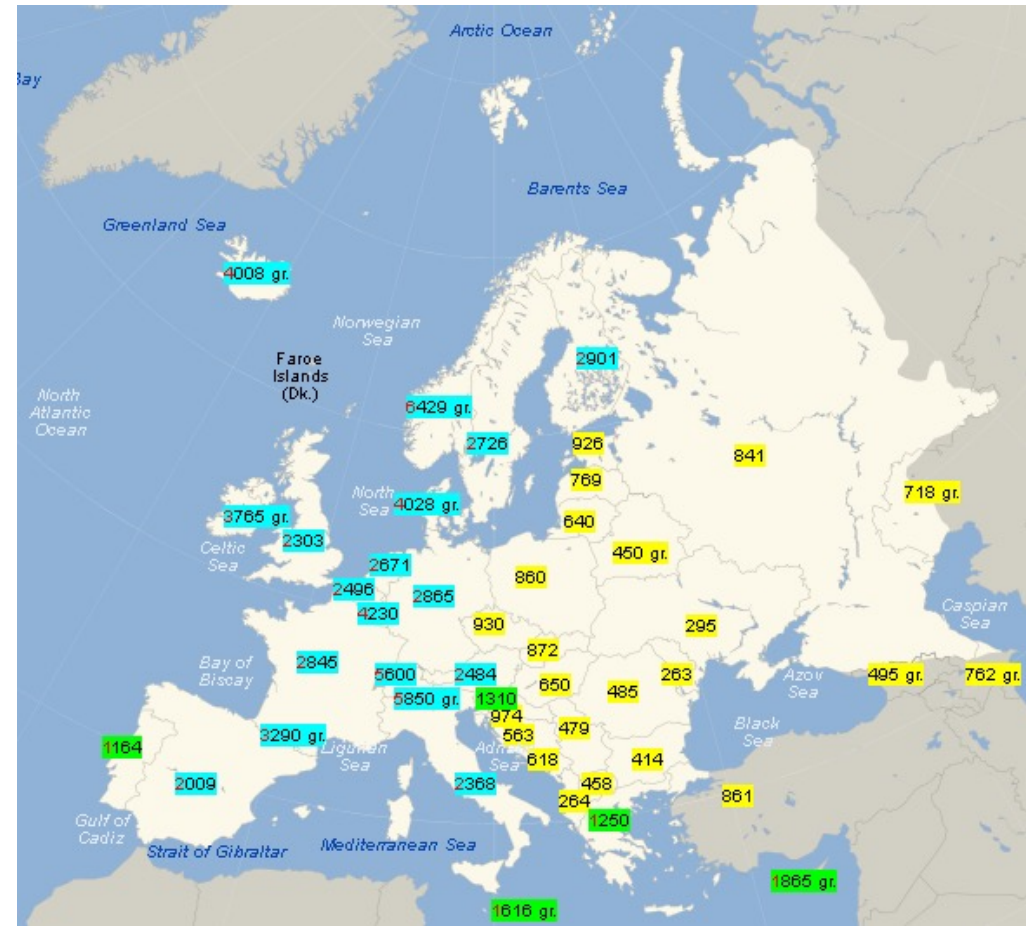
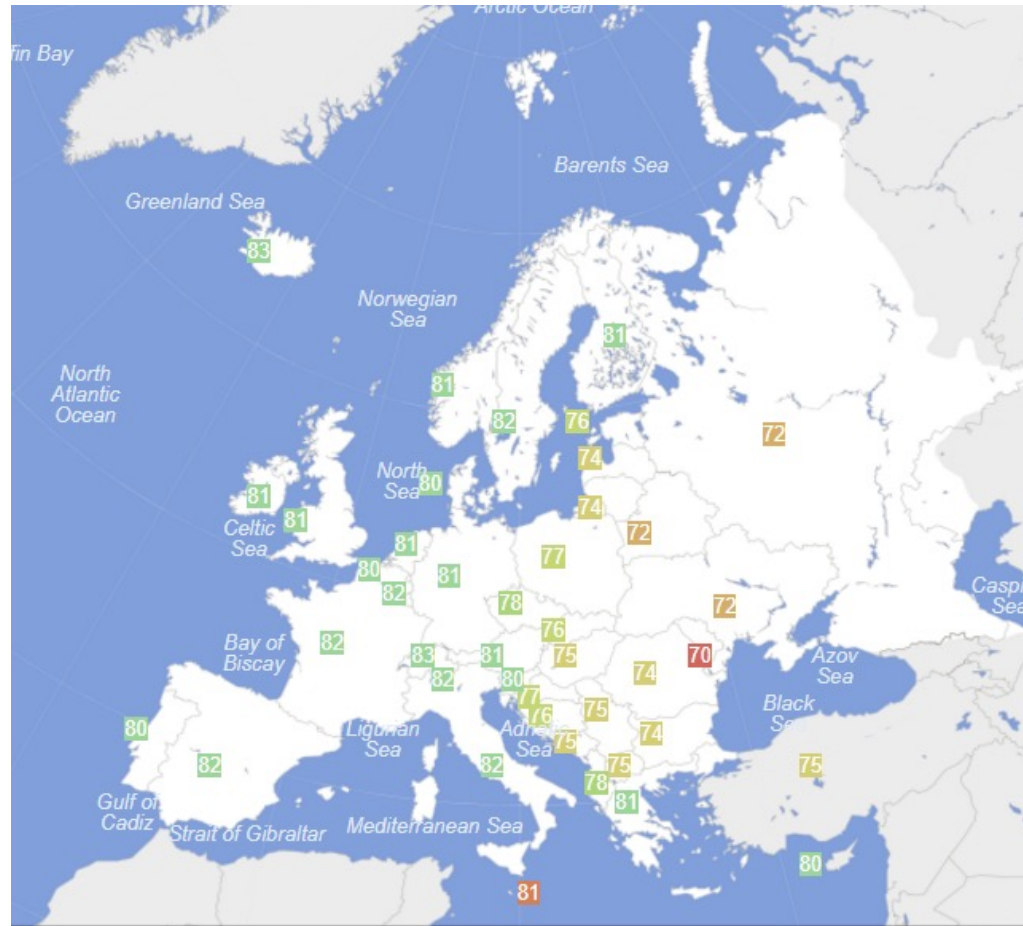
## Basic facts

- 750 million people
- 6 time zones
- 50 sovereign states
  - Each responsible for its own health policy
  - No common public health policy

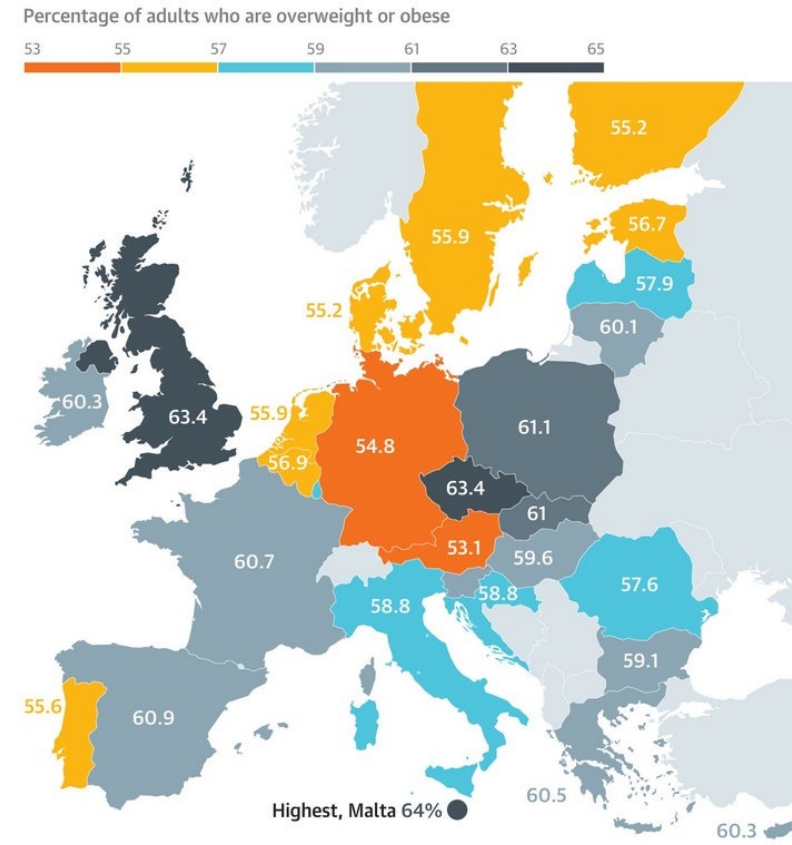
## Vast differences among individual regions

- Living standards
- Lifestyle
- Diet
- Life expectancy

# European gap in life expectancy/income



# Other lifestyle differences



# What do European states have in common /healthcare and public health perspective/

## Christian tradition

- catholic and orthodox church used to be a major healthcare provider
- Hospitals were established in monasteries,
- Medical schools were run by churches

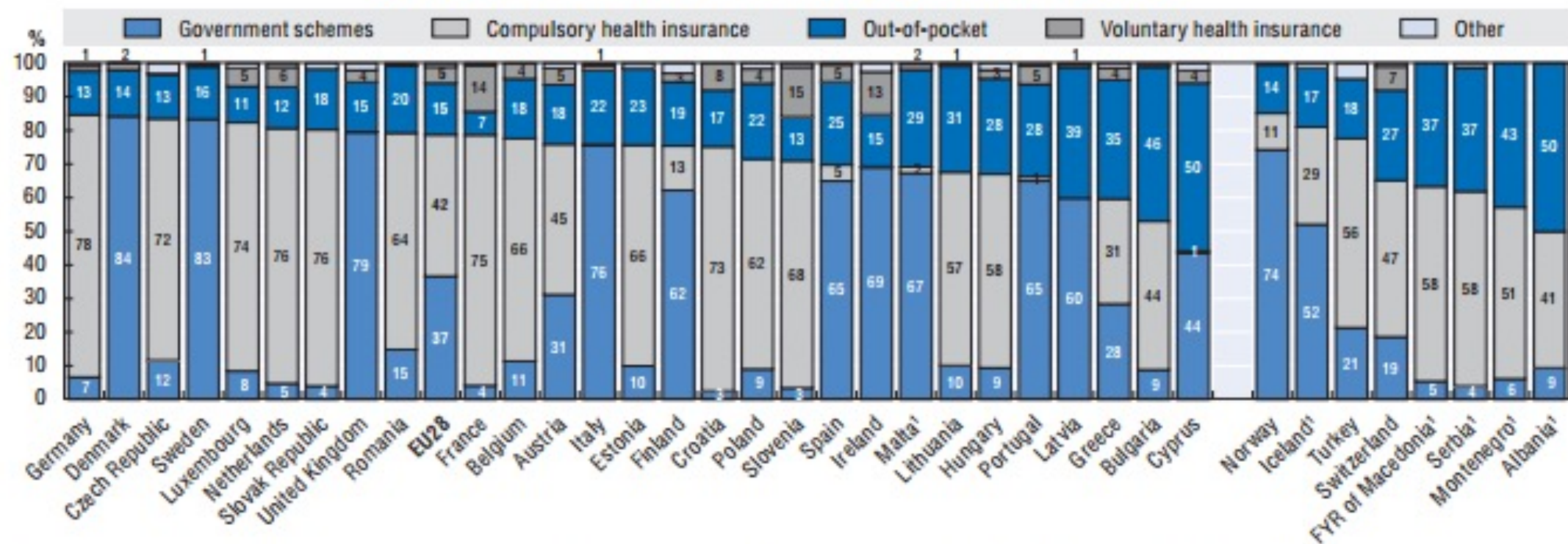
## Welfare state

- Concept from 19th century
- Solidarity, social policies, welfare spending
- Public (and obligatory) health insurance

## Result

- All European countries guarantee free (or heavily subsidized) access to Healthcare
- Health is (mistakenly) perceived to be a public service
- Much higher emphasis is on the provision of healthcare than public health

### 5.11. Current health expenditure by type of financing, 2014



Note: Countries are ranked by government schemes and compulsory health insurance as a share of current health expenditure.

<sup>1</sup> Includes investments.



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**European union perspective**



# European union



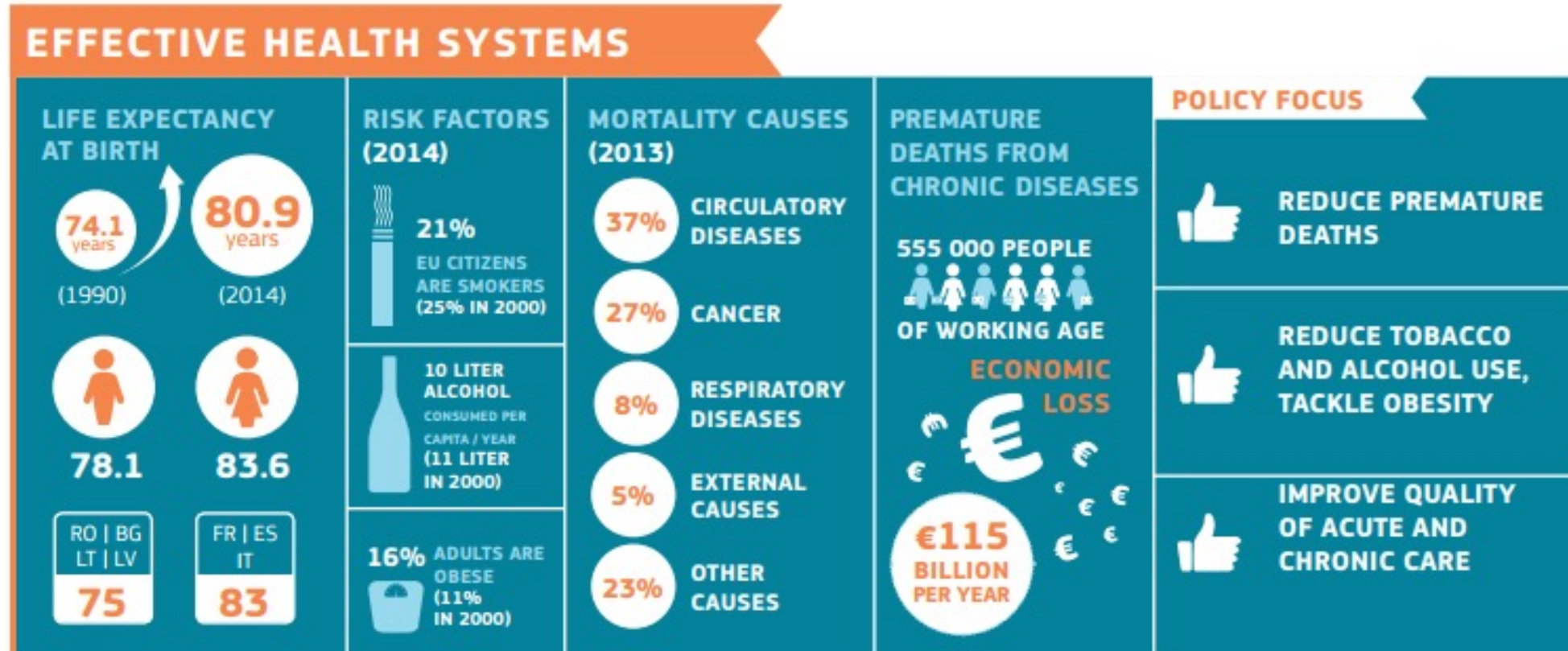
## Basic facts

- 27 countries
- 550 million citizens

## It is not a state but ...

- Union of sovereign states
- Common currency (in most countries)
- Free movement of citizens, goods, services
- Common policies in certain areas

# Public Health Objectives and challenges



## ACCESSIBLE HEALTH SYSTEMS

### UNMET NEED FOR MEDICAL CARE

DUE TO FINANCIAL CONSTRAINTS, DISTANCE OR TIME DELAYS



**27%** OF PATIENTS GO TO EMERGENCY DEPARTMENT BECAUSE PRIMARY CARE IS NOT AVAILABLE

**15%** OF HEALTH SPENDING IS PAID DIRECTLY OUT-OF-POCKET BY PATIENTS

### POLICY FOCUS



REDUCE FINANCIAL BARRIERS TO HEALTHCARE



STRENGTHEN ACCESS TO PRIMARY CARE



REDUCE EXCESSIVE WAITING TIMES

## RESILIENT HEALTH SYSTEMS

AVERAGE STAY  
IN HOSPITAL (2014)

8  
DAYS



(10 DAYS IN 2000)  
FI: 11 | DK: 4



52%  
OF PHARMACEUTICALS  
SOLD ARE GENERIC  
PRODUCTS  
(IN VOLUME, 2014)  
UK: 84% | LU: 9%

### POLICY FOCUS



IMPROVE ORGANISATION OF  
HEALTHCARE SERVICES AND  
DEVELOP eHEALTH & mHEALTH



IMPROVE EFFICIENCY IN HOSPITAL  
SECTOR AND PHARMACEUTICAL USE



SUPPORT INNOVATION AND  
PROMOTE LONG-TERM INVESTMENT

HEALTH EXPENDITURE  
(PER CAPITA - 2015)

€ 6 023

LU

€ 2 781  
EU

RO

€ 816

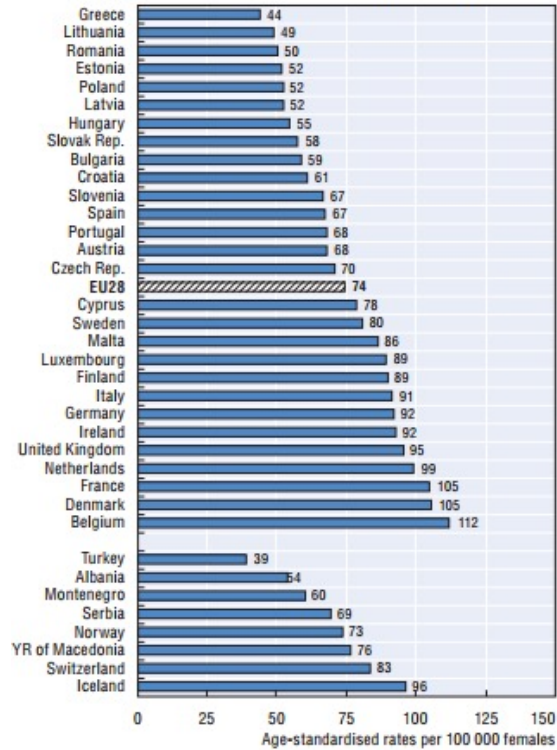
ANNUAL  
GROWTH RATE

2005-2009: +3.1%

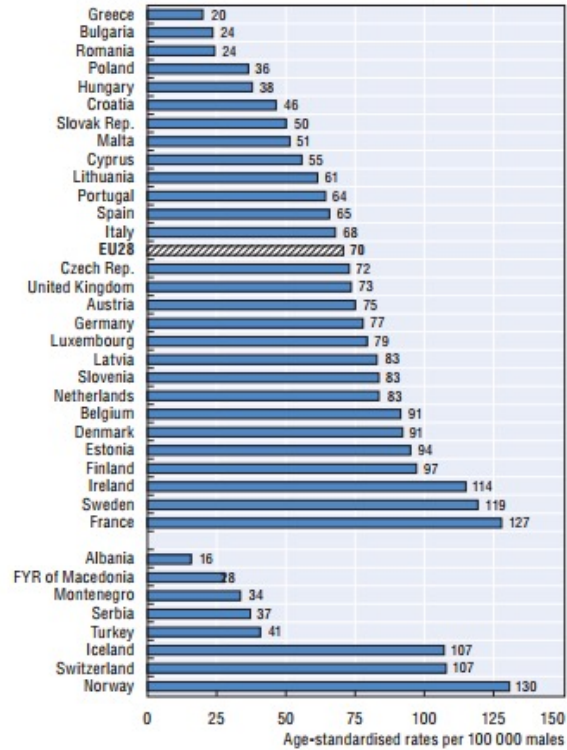
2009-2015: +0.7%

# The regional differences are again huge

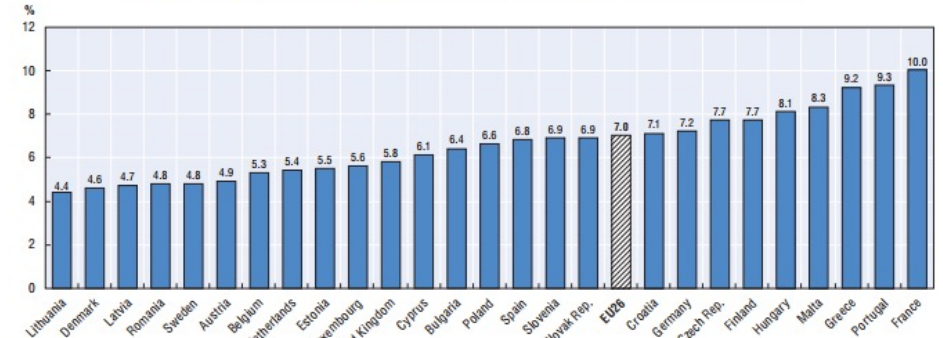
3.32. Breast cancer incidence rates, women, 2012



3.33. Prostate cancer incidence rates, men, 2012



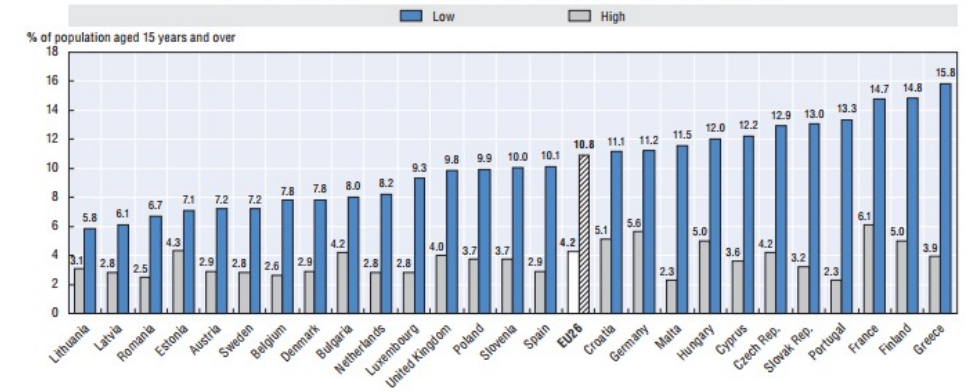
3.34. Self-reported diabetes, population aged 15 years and over, 2014 (or nearest year)



Source: Eurostat Database, based on Health Interview Surveys.

StatLink <http://dx.doi.org/10.1787/888933428845>

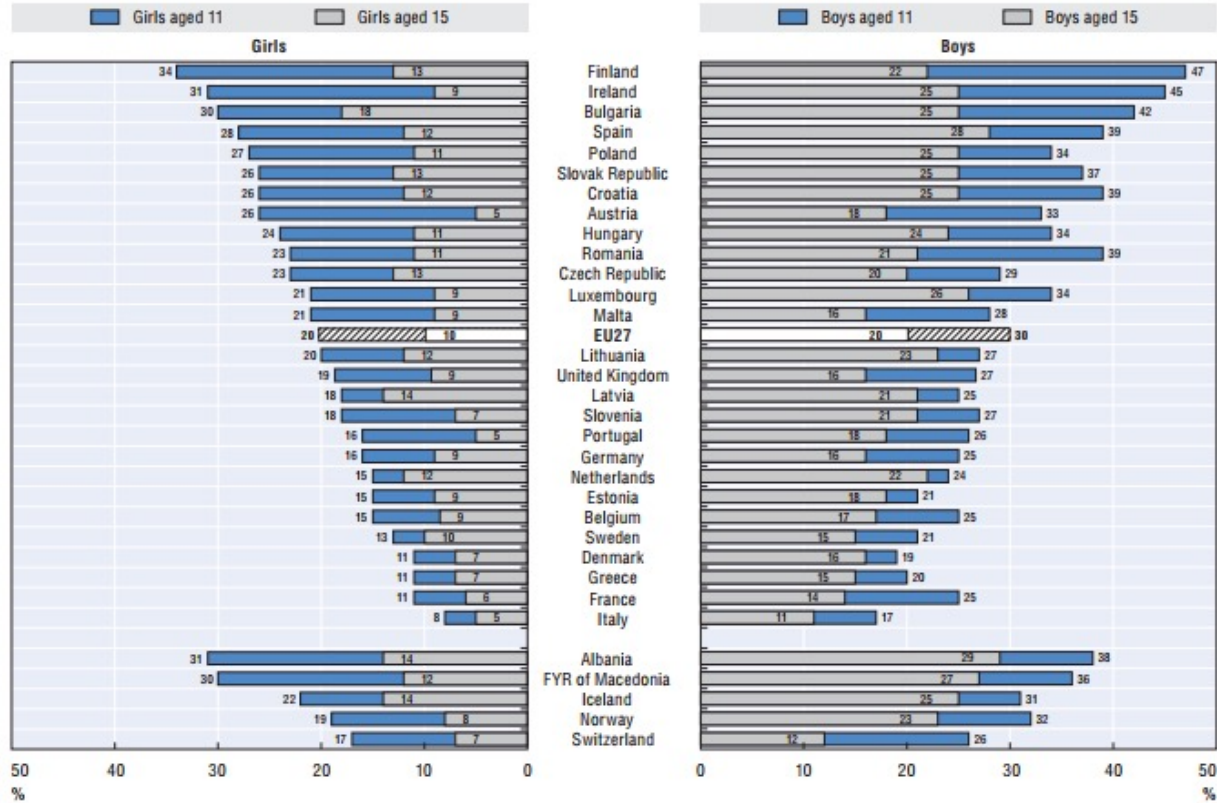
3.35. Self-reported diabetes by level of education, 2014 (or nearest year)



Source: Eurostat Database, based on Health Interview Surveys.

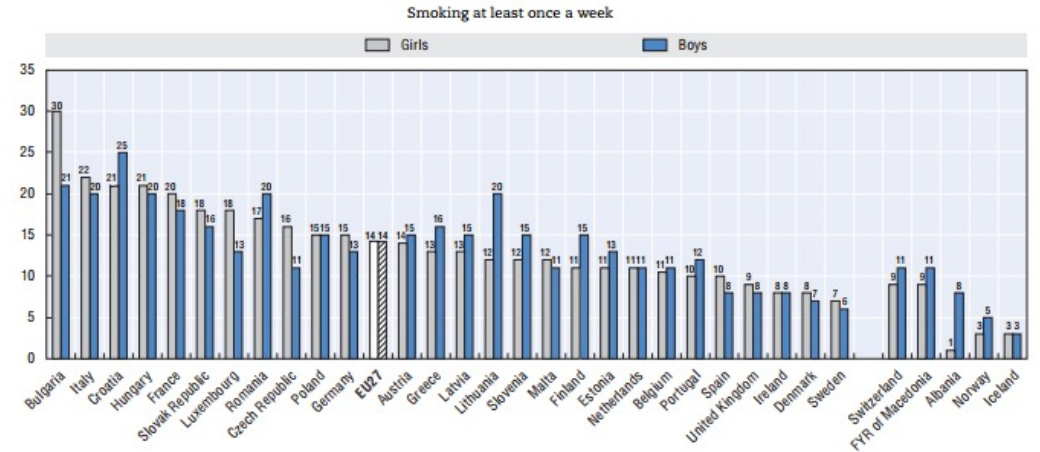
# Health determinants are completely

4.22. Daily moderate-to-vigorous physical activity, 11- and 15-year-olds, 2013-14



Source: Inchley et al. (2016)

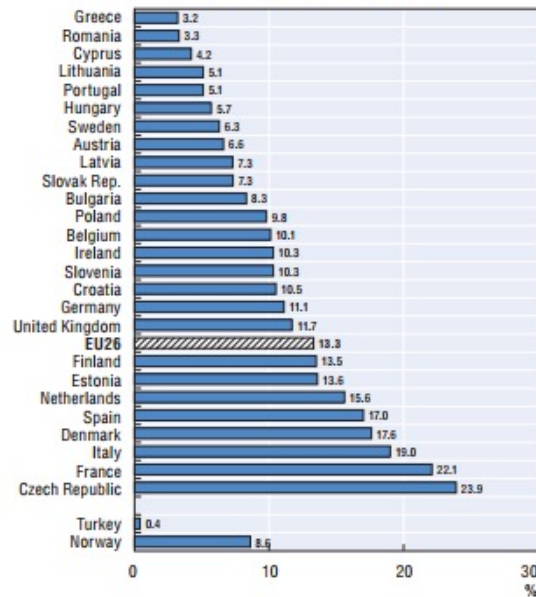
4.1. Smoking among 15-year-olds, 2013-14



Source: Inchley et al. (2016)

StatLink <http://dx.doi.org/10.1787/888933428929>

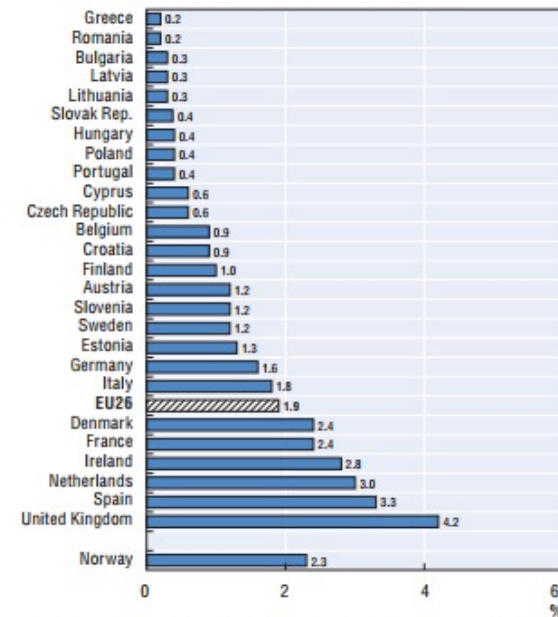
**4.26. Cannabis use over the last 12 months among people aged 15 to 34, 2014 (or nearest year)**



Source: EMCDDA (2016), *European Drug Report 2016: Trends and Developments*.

StatLink <http://dx.doi.org/10.1787/888933429174>

**4.27. Cocaine use over the last 12 months among people aged 15 to 34, 2014 (or nearest year)**



Source: EMCDDA (2016), *European Drug Report 2016: Trends and Developments*.

StatLink <http://dx.doi.org/10.1787/888933429180>



# What can EU do about it (and what should be left for national states).



# 1. Health in all policies

Since health is determined to a large extent by factors outside the health area, an **effective health policy must involve all relevant policy areas**, in particular:

social and regional policy  
taxation  
environment  
education  
research.

All EU policies are required by the EU treaty to follow this "*Health in all Policies*" (HIAP) approach. But to be fully effective, this approach needs to be extended to **national, regional and local** policies.

# Agencies on EU level

## Consumers, Health and Food Executive Agency (Chafea) –

- implements the EU Health Programme, Consumer Programme and Better Training for Safer Food initiative.

## European Centre for Disease Prevention and Control (ECDC) –

- works to strengthen Europe's defences against infectious diseases.

## European Environment Agency (EEA)

- provides reliable, independent information on the environment.

## European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

- supplies comprehensive information on drugs and drug addiction in Europe.

## European Medicines Agency (EMA) –

- protects and promotes public and animal health by evaluating medicines for human and veterinary use.

## European Chemicals Agency (ECHA) –

- ensures chemical substances are registered, evaluated, authorised and restricted consistently across the EU.

## European Food Safety Authority (EFSA) –

- provides independent scientific advice and clear communication on risks to food and feed safety.

## European Agency for Safety and Health at Work (EU-OSHA) –

- supplies information needed by EU employers and workers to address safety and health issues.

## Eurofound

- – provides expertise on living and working conditions, industrial relations and managing change for key EU social policy actors.

# EU4Health 2021-2027 – a vision for a healthier European Union

## EU4Health 2021-2027 – a vision for a healthier European Union

EU4Health is the EU's ambitious response to COVID-19. The pandemic has a major impact on patients, medical and healthcare staff, and health systems in Europe. The new EU4Health programme will go beyond crisis response to address healthcare systems' resilience.

EU4Health, established by [Regulation \(EU\) 2021/522](#), will provide funding to eligible entities, health organisations and NGOs from EU countries, or non-EU countries associated to the programme.

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### ❖ Areas of action

With EU4Health, the EU will invest €5.3 billion in current prices in actions with an EU added value, complementing EU countries' policies and pursuing one or several of EU4Health's objectives:



Improve & foster health in the Union



Protect people in the Union from serious cross-border threats to health



Improve medicinal products, medical devices & crisis-relevant products



Strengthen health systems



⊕ All topics

Overview

Health systems coordination

Interest Groups

## Overview

EU countries hold primary responsibility for organising and delivering health services and medical care. EU health policy therefore serves to complement national policies, and to ensure health protection in all EU policies.

EU policies and actions in public health aim to:

- Protect and improve the health of EU citizens
- Support the modernisation of health infrastructure
- Improve the efficiency of Europe's health systems.

Strategic health issues are discussed by representatives of national authorities and the European Commission in a senior-level working group on public health. EU institutions, countries, regional and local authorities, and other interest groups contribute to the implementation of the EU's health strategy.

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# Further actions

## Movement of workforce

- Health professional

## Movement of goods

- Safety standards
- Marketing rules

## Cross-border provision of healthcare

**Thank you for your attention**