PHIRI
Population Health Information Research Infrastructure

Towards Foresight informed policy making

PHIRI Policy Workshop I WP 9 I M 9.3

Monday 19 September 2022, 9:00 – 11:30 CET

Organised by the Austrian National Public Health Institute GÖG, Universidade Nova de Lisboa UNL and the Dutch National Institute for Public Health and the Environment RIVM in the scope of the PHIRI project (www,phiri.eu)

Moderation and facilitation:

Gesundheit Österreich GmbH (GÖG) - Austrian Public Health Institute:
Moderation – Claudia Habl, Support – Anja Stradner, Johannes Weiss,

Aim of the workshop:

- Better understanding of (national) policies that have been implemented in relation to Public Health Foresight to improve direct and or indirect health impacts – also relating to COVID-19
- Identifying good and bad foresight practices in Europe

A. Key Inputs

Input by the Strategic Foresight and Capabilities Unit of the European Parliament

Lieve Van Woensel and Virginia Mahieu, Strategic Foresight and Capabilities Unit, EPRS, Brussels

In their presentation, **Lieve Van Woensel** (Senior Foresight Adviser) and **Virginia Mahieu** (Policy Analyst) gave a broad overview of the foresight approach and foresight-based policymaking.

The guidelines for foresight-based policymaking can be found at the Website of the Panel for the Future of Science and Technology (STOA).

Please find the presentation uploaded here.

Overview of PHIRI Foresight activities

Henk Hilderink, Dutch National Institute for Public Health and Environment RIVM, Netherlands

As top expert on public health foresight **Henk Hilderink** (Senior Scientific Advisor) introduced the foresight activities within the PHIRI project.

Please find the presentation uploaded here.

Public Health Foresight in Portugal

Professor Luís Lapão, Universidade Nova de Lisboa UNL, Portugal

Luis Lapão presented the Portuguese National Health System (Serviço Nacional de Saúde, SNS) and the National Health Plan initiated to improve the population's health status within the framework of the SDGs 2030.

Please find the presentation uploaded here.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

B. Roundtable discussion

Discussants

Diego Rubio (Director)
National Office of Foresight & Strategy - Oficina Nacional de Prospectiva y Estrategia, Spain
https://futuros.gob.es

Surján Orsolya (Deputy chief medical officer)
Dánielisz Ágnes (Head of the Department)
National Public Health Center (NPHC) - Nemzeti Népegészségügyi Központ (NNK), Hungary
https://www.nnk.gov.hu/

Professor Neville Calleja (Head of the Department)
Directorate for Health Information and Statistics, Ministry for Health, Malta
https://deputyprimeminister.gov.mt/en/dhir/Pages/Introduction.aspx

Discussion points

Q1: For which questions are foresight and forecasting considered good instrument?

The foresight process was presented as data-driven, typically addressing long-term issues, and often based on a complex methodology. The discussion participants explained that decision-makers often prefer short-term scenarios because they offer greater certainty and more easily achievable solutions in the near future than scenarios that refer to the next 30 years. The longer the foresight process is directed into the future, the more time is needed for communication with stakeholders.

A good foresight process must ensure that policymakers understand it. Therefore, it is advisable to involve policymakers from the beginning and make the project as policy relevant as possible. The link to the current political agenda should always be considered. It is challenging to balance political engagement with the independence of the project. There is tension between the complexity of the issues and the simplicity needed to communicate the results to many people.

Experience has shown that relying on more straightforward empirical methods from social science and highlighting what can be achieved in the short term can help increase political interest and understanding. However, the panellists emphasised that the foresight process is not only about the outcome but also about the process of doing a foresight study itself. **Peter Nowak** from Gesundheit Österreich GmbH, Austria raised the point that a broader discussion is needed regarding two issues. On the one hand, it is essential that the public better understands the foresight process. On the other hand, people from different social backgrounds should be included to get many perspectives on healthy living. In addition, more data on healthy lifestyles (e.g. diet, exercise, housing, etc.) is needed.

Q2: How do other countries manage to engage with other groups?

Diego Rubio gave an example of a successful long-term project from Spain (https://futuros.gob.es/en/our-work/spain-2050), in which scholars, institutions, think tanks, NGOs and virtually everyone who wanted to participate were encouraged to do so. The lesson learned from this project is that almost everyone who got the opportunity wanted to participate.

However, one must keep in mind that people have different ideas and priorities regarding public health. Good health means something different for everyone, and many different societal and social norms about health and health inequalities exist. It must also be accepted that there are different points of view on what quality of life means compared to good health. The focus on the quality of life and effort is weighted differently.

Good health is usually a very important value, also at the political level. No one wants to have a good economy at the cost of health. Nonetheless, health competes for investment with all other public sectors, including public transportation, safety, culture, etc. A positive example was cited for Hungary, where it was possible to manage proper solutions for Roma minorities during the pandemic.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

Q3: Covid-19 – did we have time for a participation process of citizens? How long does a proper foresight process take?

As **Lieve Van Woensel** from the European Parliament elaborated with examples, foresight exercises can last up to 18 months. However, in some cases, the process is shorter, e.g., when the outcome is a quick foresight-based analysis, like in this example on the development of cultured meat.

Citizen participation was a challenge during the initial phase of the pandemic, as rapid forecasts were needed to track infections, hospitalizations, ICU utilization, and testing of various measures. Accordingly, the timeframe of foresight processes varied widely during this period (ranging from 24 hours to a year). Even in countries with a federal system, such as Austria, it was not easy because the necessary information was not always available at the state level. **Dánielisz Ágnes** from the National Center for Public Health in Hungary adds that it is necessary to understand the situation, what results can be achieved, who the target group is, and what the goal of the process is.

Regarding how citizens can get involved in these circumstances, **Luís Lapão** of the Universidade Nova de Lisboa, Portugal, pointed to the general bias of different age groups. It is essential to understand current trends and to be open-minded. Younger people find it easier to think about climate change, for example, than older people, who are generally more rule-bound. Being open to new ideas and working with different concepts is important. The crucial aspect, however, is the participatory process that allows many different perspectives to be collected to come up with possible realistic and valuable scenarios.

The group agrees that trust needs to be established to open the participants' minds. At the beginning of the pandemic, for example, people did not know what would happen. Accordingly, it seemed important to consider not just one desirable future scenario but various scenarios, including the most unlikely "shocks." Designing a worst-case scenario and strategically playing it out during the pandemic was a successful approach to exploding what could happen.

Q4: What went well in the past, and what would you avoid in future? (Do's and Don'ts)

Henk Hilderink pointed out that we should be aware that we only measure what we thought was relevant in the past. Other aspects that we don't measure (yet) can become relevant in the future. For example, the pandemic showed that we need good information on mental health, which is challenging to collect. **Claudia Habl** and **Diego Rubio** added that predictions need not to be perfect but timely and accurate. A prediction that needs to be made should be 85% certain, not 100%. It does not have to be highly accurate. It is more important that people can understand the outcome. The group suggests keeping it simple because the input has to be sold. Data or footnotes can always be added later.

Eventually, there are do's and don'ts on several levels: In a participatory approach, possible biases must be identified through a wise choice of participants using stakeholder analysis. It needs to consider who will be affected by a decision and who has the power to change the decision outcome. When implementing a foresight process, the focus should be on people's hopes and fears. It is not about being perfect or who is right or wrong. It is much more about having a dialogue about why specific fears occur. Trust in the core group has to be built, particularly when different stakeholders are involved. When an issue is considered controversial, it is critical to understand the different and conflicting views and how they arose. **Lieve Van Woensel** illustrates this by the example of gene editing. There are various purely scientific reports on the topic. However, other reports concentrate on societal fears and hopes surrounding the topic to understand the respective societal expectations better. These reports tend to be short, are published every 1-2 months, and usually relate to the political agenda.

In the future, trust in the process should be strengthened through transparency, participation, and interdisciplinary teams.

Q5: Is there money to implement foresight processes?

The resources available for foresight processes differ in the discussion panellists' countries. In this context, **Neville Calleja** mentioned that common tools would be desirable for countries with less capacity but who would like to be more active in this regard.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

In Austria, foresight is not a standard method. However, there was a one-time funded project during the pandemic, and there are some smaller, local projects. In Portugal, on the contrary, there is a national health plan for which budgetary resources are allocated. Depending on the expectations, the foresight process will be taken further. For the Netherlands, **Henk Hilderink** reported that the legislator requires a report on future trends and accordingly allocates budgetary funds for foresight processes. There is also a great willingness to share experiences and information, which increases knowledge and interest in foresight processes.

The European Parliament provides budgetary resources mainly for technological foresight. However, in other areas, foresight processes are more limited and applying for funding anew each time is necessary.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317