

Evidenzvermittlung:

Erfahrungen aus dem European Observatory on Health Systems and Policies

Dimitra Panteli

Leitung Fachbereich Innovation & Team Berlin

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European
Observatory 
on Health Systems and Policies
a partnership hosted by WHO

The European Observatory is

- A WHO hosted partnership building **bridges between policy makers and research** and across countries
- A collection of **Member States, EU, decision makers, academics & health system actors** who are focused on generating and communicating evidence for policy



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The Observatory's four functions



**Country
monitoring**



**Policy
analysis**



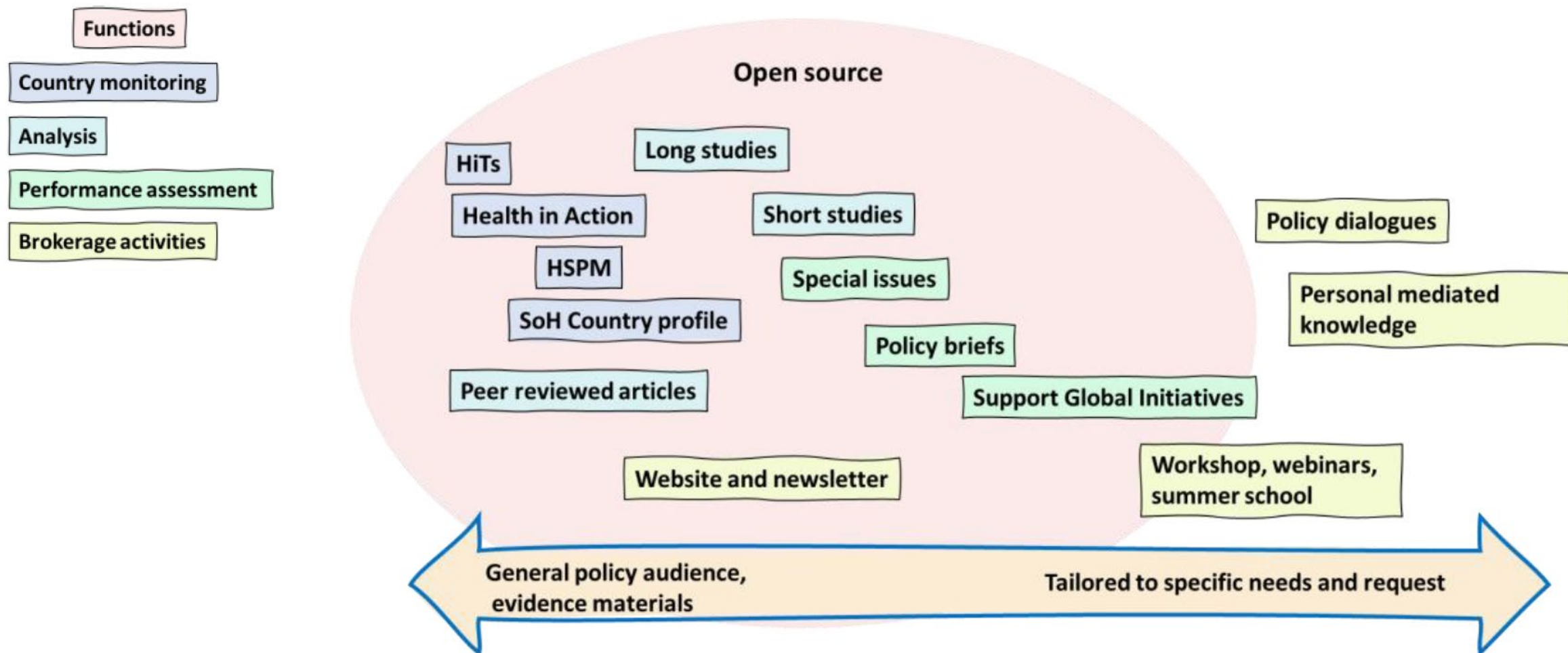
**Performance
assessment**



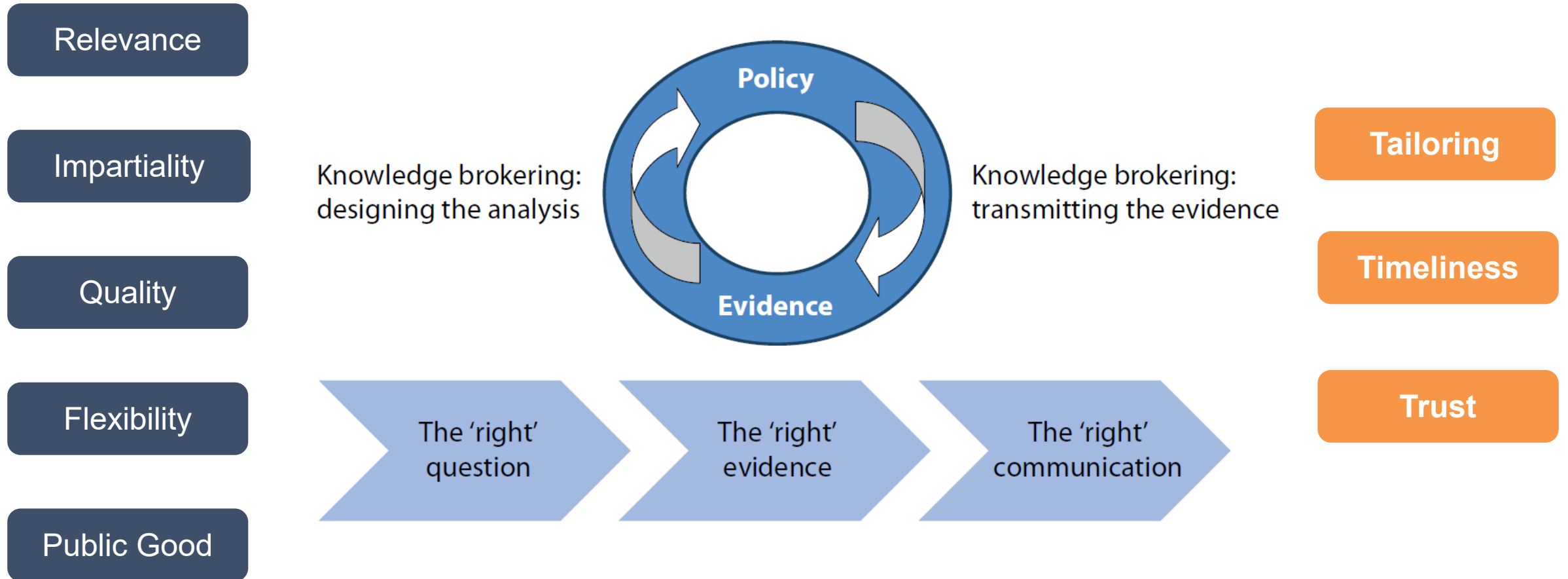
**Knowledge
transfer**



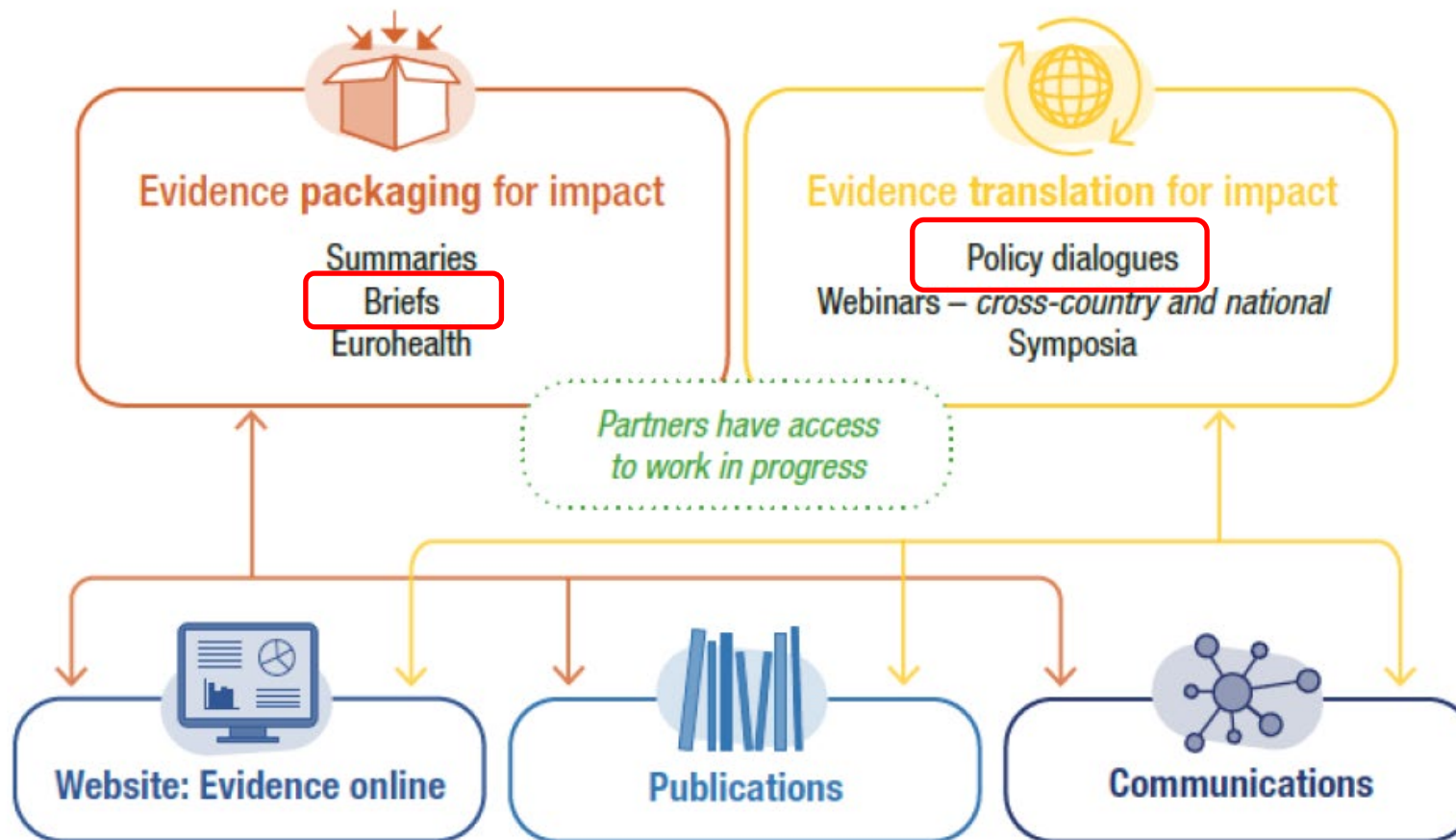
Observatory output formats and their audience



How knowledge brokering principles inform OBS' work



What knowledge-brokering produces and how it fits together



The policy brief spectrum: Tailoring approaches to different policy issues

How do Policy Briefs bring the evidence together?

There is no one single way of collecting evidence to inform policy-making. Different approaches are appropriate for different policy issues, so the Observatory briefs draw on a mix of methodologies (see Figure A) and explain transparently the different methods used and how these have been combined. This allows users to understand the nature and limits of the evidence.

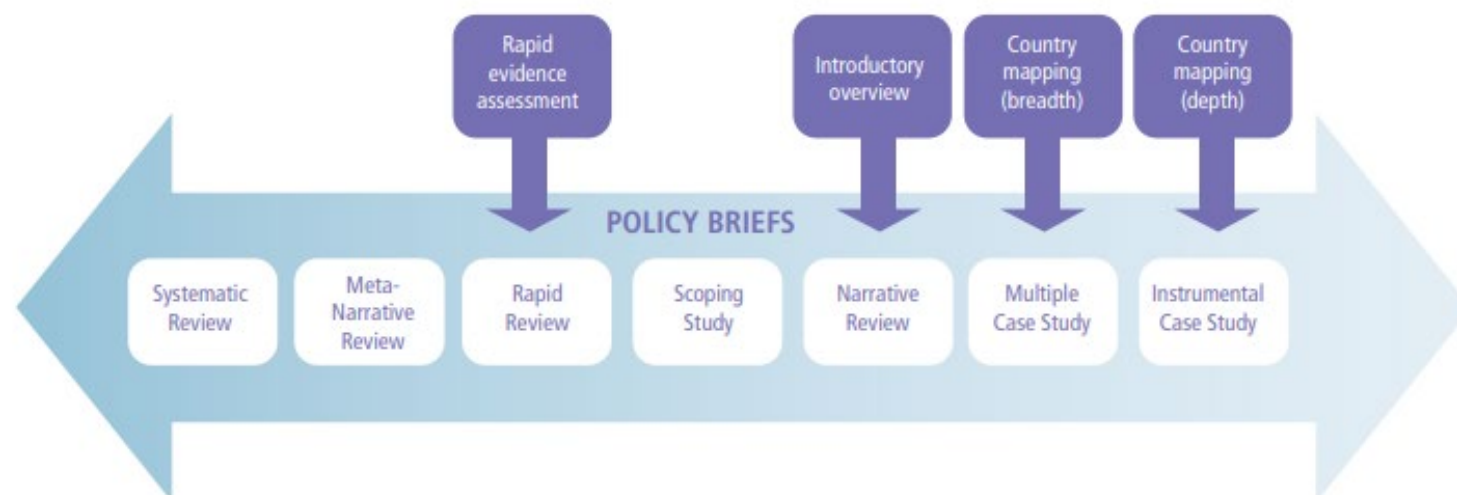
There are two main 'categories' of briefs that can be distinguished by method and further 'sub-sets' of briefs that can be mapped along a spectrum:

- A rapid evidence assessment: This is a targeted review of the available literature and requires authors to define key terms, set out explicit search strategies and be clear about what is excluded.

- Comparative country mapping: These use a case study approach and combine document reviews and consultation with appropriate technical and country experts. These fall into two groups depending on whether they prioritize depth or breadth.
- Introductory overview: These briefs have a different objective to the rapid evidence assessments but use a similar methodological approach. Literature is targeted and reviewed with the aim of explaining a subject to 'beginners'.

Most briefs, however, will draw upon a mix of methods and it is for this reason that a 'methods' box is included in the introduction to each brief, signalling transparently that methods are explicit, robust and replicable and showing how they are appropriate to the policy question.

Figure A: The policy brief spectrum



Policy briefs: the 1-2-20 rule

HEALTH SYSTEMS AND POLICY ANALYSIS

POLICY BRIEF 67

Improving reach and access to health promotion and preventive services for vulnerable children and adolescents

Experiences from five European countries

Astrid Eriksen
Freia De Bock
Adrienne Alayli
Karin Boode
Béatrice Durvy
Tania Gaspar
Silja Kosola
Sonia Saxena
Ewout van Ginneken



Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH



Key messages

- **Childhood and adolescence are crucial in shaping long-term health, development and well-being.**
- **Interventions in early childhood and health promotion tackle risk factors and their long-term negative impacts** but countries do not invest enough in prevention.
- **Children from disadvantaged backgrounds have higher unmet needs and worse health outcomes but also face the most difficulties accessing health and social care services.**
- **Multiple barriers stop vulnerable children and adolescents accessing support**, including costs, administrative complexity, the fragmented links between sectors, language and health literacy.
- **Targeted interventions are key in addressing disparities** and in reaching among others migrants, refugees and those from disrupted family environments.
- **Policy-makers can improve health promotion and preventive services for children and adolescents through three key pathways:**
 1. **Strategic collaboration across health, social and educational sectors** is vital in tackling the underlying determinants of health which cannot be addressed by one sector alone.
 - Encouraging bottom-up approaches fosters effective innovation.
 - Combining bottom-up approaches with top-down government support helps ensure the resources to implement, scale up and sustain successful programmes.
 2. **Developing robust data collection and the infrastructure to share data** facilitates work across sectors.
 - Building systems that collect and share high-quality information enables collaboration between healthcare, social services and education.
 - Systematically integrating data and programme evaluations helps highlight what works or doesn't work and the policy responses needed.
 3. **Supporting targeted interventions with tailored outreach initiatives** can overcome access barriers.
 - Communication campaigns, engaging a mix of stakeholders and expanding school health services can reach vulnerable children and adolescents.
 - Introducing navigators or coordinators to guide families through service options helps vulnerable children and adolescents get support.
 - Linking parent and child healthcare fosters holistic and better integrated care.

Executive summary

Large disparities exist in social and economic risks for children and adolescents

In Europe, a significant number of children are exposed to social or economic vulnerabilities, with data indicating that one in four children under the age of 18 are at risk of poverty or social exclusion. This vulnerability was exacerbated by the COVID-19 pandemic, leading to a disproportionate likelihood of these children facing unmet medical needs compared to their wealthier counterparts. These disparities for children from disadvantaged backgrounds underscore the need for targeted interventions for groups such as migrants, refugees, orphans, and those from disadvantaged or disrupted family environments, aiming to ensure equitable access to health and social care services.

Early childhood interventions and health promotion are crucial for addressing risk factors that negatively impact long-term health, development and well-being

The foundational stages of childhood and adolescence are crucial for long-term health, development and well-being. Factors such as low birth weight, congenital diseases and environmental stressors like poverty, domestic violence and adverse childhood experiences can negatively affect early development and have lasting effects. There is a clear need for early interventions and health promotion strategies that address these risk factors and ensure that countries are reaching these groups to support their healthy development. However, the proportion of spending on prevention remains low in comparison to other areas like outpatient care, inpatient care or pharmaceuticals, limiting the potential effectiveness of the current strategies.

Many potential barriers hinder (vulnerable) children and adolescents from accessing health promotion and prevention services

Access barriers to health promotion and preventive services include financial constraints, administrative challenges, problems with care coordination and fragmentation across different sectors (for example, health, social and education), and accessibility barriers regarding time and transport. These barriers arise from challenges within the health system, such as insufficient human and physical resources. Other access barriers stem from familial and (intra)personal factors such as language, environment, health behaviours of peers and family and self-esteem, which can also affect children's and adolescents' health-seeking behaviours. These barriers are particularly pronounced for vulnerable populations, highlighting the need for efforts to ensure equitable access to necessary care and reach for all children and adolescents, regardless of their socioeconomic status or other vulnerabilities.

Integrated interventions are essential to mitigate risk factors for children and adolescents and avoid high societal costs

Targeted, integrated efforts are crucial for vulnerable children, combining mental health, education and community support for better long-term outcomes. Integrated interventions can support children's rights and promote equity and effectiveness in healthcare. Health promotion and primary prevention at various levels benefit children's health, reducing issues like drug abuse and unwanted pregnancies. School-based programmes improve academic performance, emotional skills and healthcare access, while lowering hospitalization needs. Effective strategies connect the health and vulnerabilities of children and parents, as demonstrated in European case studies.

Actionable steps to improve access and reach to health promotion and preventive services can be clustered around three integrated policy strategy pathways:

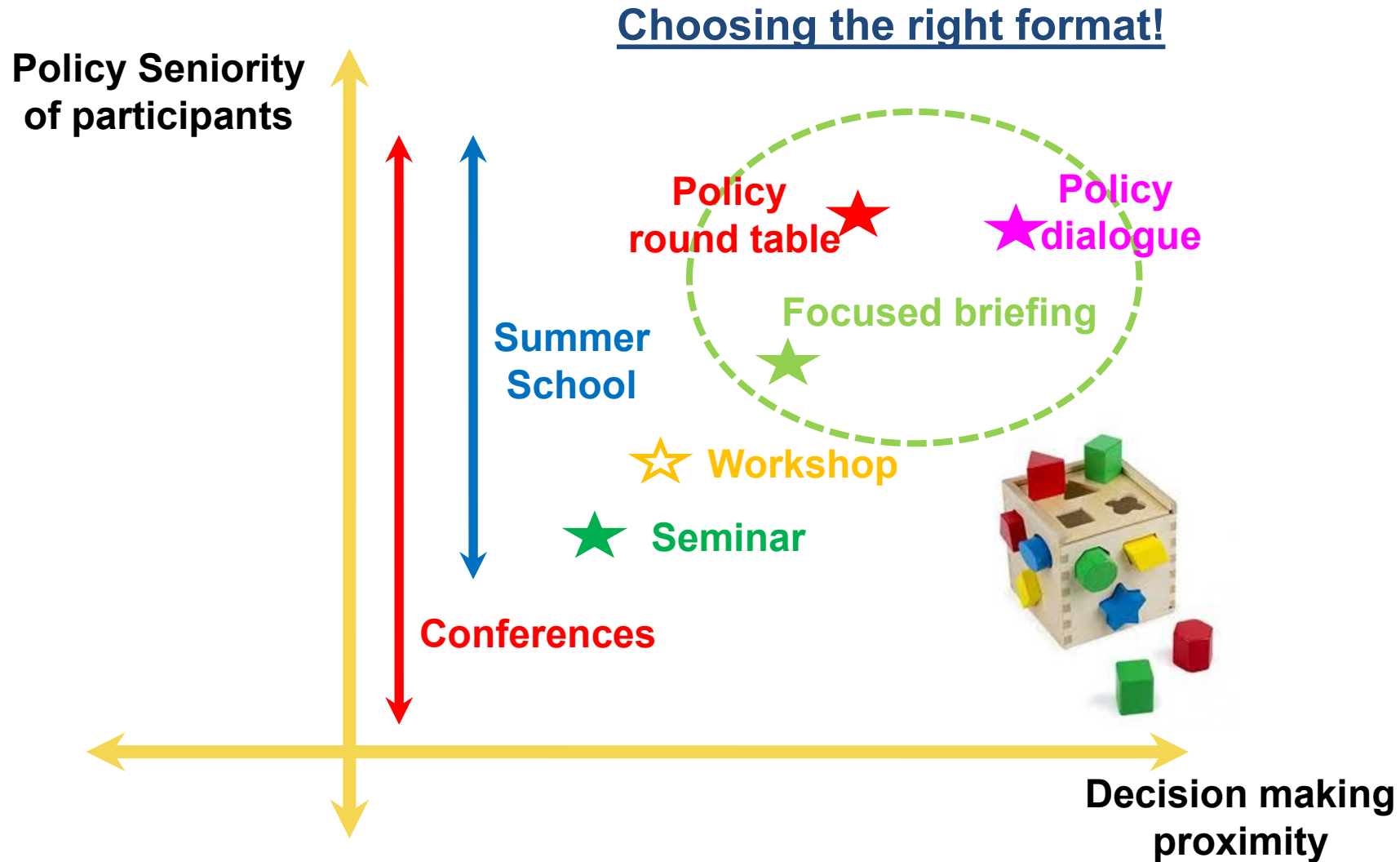
1. **Improve strategic collaborations across sectors and stakeholders:** Cross-sectoral collaboration is vital for effective health promotion and preventive services for vulnerable children and adolescents. The research and case studies highlight the importance of improving integration between the health, social and educational systems to address factors such as poverty, housing difficulties, stress and unemployment, which impact health, development and well-being and cannot be managed by the health sector alone. This collaborative approach integrates various services into a cohesive unit supporting children and families. Simplifying complex systems through navigational support like Germany's Lotsendienst can provide targeted aid, but long-term solutions must reduce system complexity to focus on holistic, person-centred care. Encouraging bottom-up approaches combined with top-down governmental support can expedite the scaling of innovative programmes, ensuring effective initiatives receive the resources and backing needed for broad implementation and sustainability.
2. **Install robust data collection and sharing infrastructure:** Strengthening data use and information sharing across sectors is essential for guiding policy development and improving children's health and well-being. Programmes like Finland's LAPE programme show the importance of developing monitoring tools for comprehensive assessments, supporting evidence-based decision-making. Building robust data infrastructure enables high-quality information collection on national and international scales and facilitates cross-sectoral collaboration among healthcare, social services and education. Systematically collecting data on vulnerabilities and improving the infrastructure for sharing across sectors helps design targeted interventions, and integrating health data with programme evaluations ensures effective decision-making and actionable solutions.

3. **Implement tailored and targeted outreach initiatives:** Tailored outreach initiatives are crucial to increase the uptake of health promotion and preventive services among vulnerable groups. Developing comprehensive national digital platforms and targeted online initiatives can provide children, adolescents and their families access to information and resources. Communication campaigns, collaboration with stakeholders, and expanding school health services can raise awareness about available services and address the specific needs of socially disadvantaged families and those with migrant backgrounds. Introducing navigators or coordinators to guide families through complex service landscapes ensures that vulnerable children receive the support they need. Additionally, linking parent and child healthcare is important to provide holistic care and foster a more integrated, child-centred system.

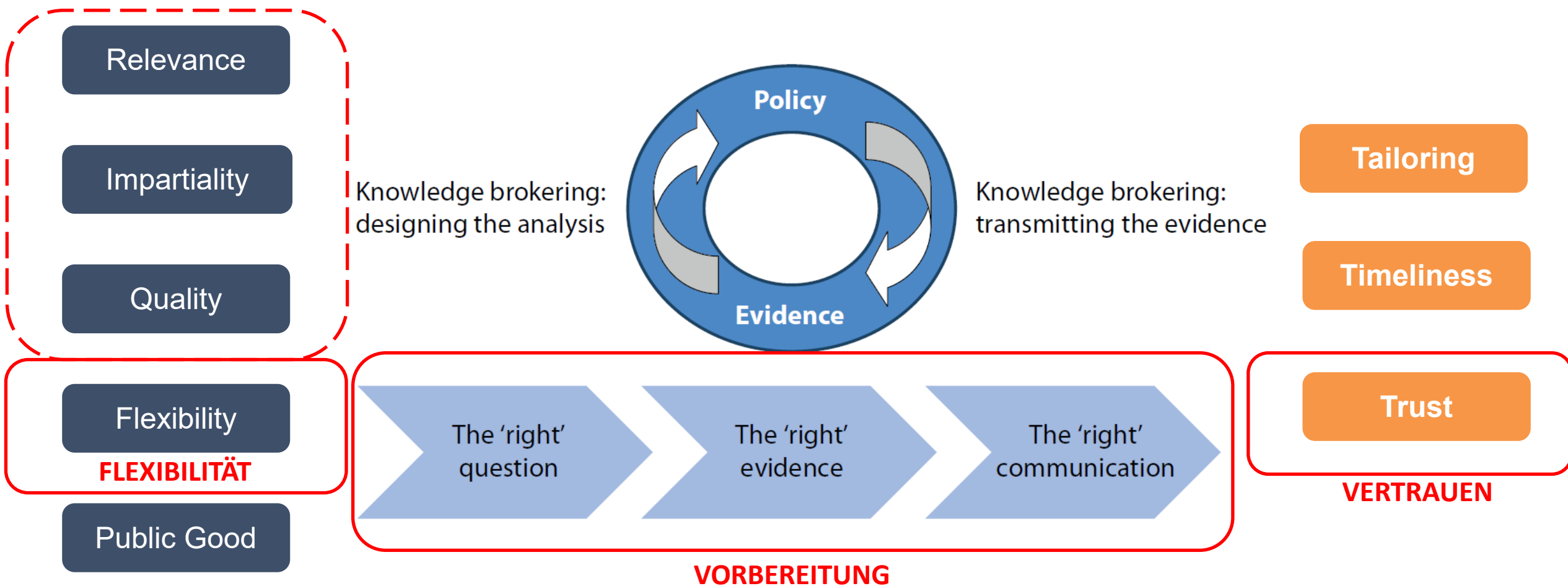
By prioritizing these interconnected strategies, policy-makers and stakeholders can work towards closing the gap in health disparities and ensuring that every child has the opportunity to achieve optimal health, development and well-being.



Tailored face-to-face activities: choosing the right format



How knowledge brokering principles inform OBS' work



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