

# The Effectiveness of Comparative Standards in Health Promotion in OECD Countries

Eva Medina<sup>1</sup>, Toni Pacanowski<sup>2</sup>, Pablo Medina<sup>3</sup>

<sup>1</sup>Health and Gender Communication, Department of Communication, Canadian University of Dubai, Dubai, United Arab Emirates

<sup>2</sup>Institutional and Health Communication, Department of Communication and Social Psychology, University of Alicante, Alicante, Spain

<sup>3</sup>Public Relations and Communication, Department of Communication, Canadian University of Dubai, Dubai, United Arab Emirates

## Email address:

eva.medina25818@gmail.com (E. Medina)

## To cite this article:

Eva Medina, Toni Pacanowski, Pablo Medina. The Effectiveness of Comparative Standards in Health Promotion in OECD Countries. *Social Sciences*. Vol. 11, No. 3, 2022, pp. 153-161. doi: 10.11648/j.ss.20221103.14

**Received:** December 29, 2021; **Accepted:** February 21, 2022; **Published:** June 8, 2022

---

**Abstract:** The application of the standard is its degree of achievement in Health Promotion, which makes it possible to retain the effectiveness of the application of the law. Effectiveness then refers to what prevails in practice and whose indisputable existence justifies its recognition in law. The receptivity of a rule of law through action and awareness-raising measures undertaken by entities in charge of health promotion in OECD countries is a realistic approach to the law. Public awareness, in terms of Health Promotion, is therefore the tool for regulating effectiveness or non-effectiveness, its power to guide the behaviour of subjects goes as far as the creation of the law.

**Keywords:** Health Promotion, Effectiveness of the Standard, Comparative Legislation, Health Determinants, Food Promotion, Movement Promotion, Mental Health, Occupational Health

---

## 1. Introduction

*«We need to address the determinants of health, the roots of which extend, for the most part, well beyond the health sector. To address these determinants, we must work in all sectors and environments. We must take collaboration and cooperation to new heights »*

Dr Shin YOUNG-SOO, Regional Director for the Western Pacific, UN, Oct. 2017 [1].

Health Promotion is a new concept, which officially emerged at the first WHO Health Promotion Conference in Ottawa and resulted in the Ottawa Charter [2]. The Charter defines Health Promotion as having: *«To give individuals more control over their own health and more ways to improve it»*[2].

The definition of Health Promotion is even broader than that of Health Law or Public Health, because it aims, on the one hand, at the health and well-being of everyone, but also at social, economic and environmental development. In 2005, WHO established the Commission on Social Determinants of Health, which is dependent on all sectors of socio-economic life that promote or affect the health of individuals [3]. The Charter's priorities for action are the involvement of public

authorities in health policies: the creation of healthy environments, the strengthening of community action, the involvement of individuals and the reorientation of health services. There have been eight conferences on health promotion since the Ottawa Declaration in 1986 [4, 5]. Target populations were highlighted such as women for their gender-based vulnerability and their role in Family Health Promotion. The concept of sustainable development has been defined and the necessary consideration of health in all policy decisions has been reiterated.

The issue of the effectiveness of standards is not unrelated to health promotion [6]. Article 13 of the European Convention on Human Rights refers to *“effective remedy”*; for example, the 1961 European Charter, revised in 1996, refers to the need to ensure the *“effective exercise”* of a right [7]. Health Promotion faces competition from issues of effectiveness and efficiency that take greater account of the economic dimension of its implementation. The question of the effectiveness, no longer of the law itself but of the measures (regulations, public policies) designed to make it effective, is emerging. The challenge is then to ensure that the individual does not suffer from this search for global efficiency [6]. There is a tension between the effectiveness of

the individual right to health protection and the efficiency of the health system. Given the importance of the sums committed to health but also because of the population's high sensitivity to health issues, effectiveness is sought [1].

If the question on effectiveness seems at first to carry the idea of a “quantitative” measure [9] of compliance with the models that rules constitute, it is also important not to forget to question the quality of the rule or set of rules. We are in a necessarily less quantitative approach here, which avoids, for example, strictly statistical measures or relies as much as possible on them to examine the causes of ineffectiveness and the conditions - including those specific to the rule or set of rules - for greater effectiveness.

Problematic

How effective is the Health Promotion standard in OECD countries?

## 2. Material and Methods

In order to determine the degree of authority for the application of Health Promotion standards in OECD countries, 4 health determinants and 11 OECD countries were analysed through a systematic literature review from May 2018 to April 2019. These determinants are Food Promotion, Movement Promotion, Mental Health and Occupational Health. The 11 countries are Switzerland, France, Germany, Sweden, Finland, England, Canada, USA, Japan, Mexico and Australia. In total, the values of 42 correlations were analyzed. To do this, we consulted the PubMed database, as well as the individual websites of the main international reference journals in this field (Journal of Public Health, Public Health, Journal of Public Health in Healthcare and The American Journal of Public Health). The first three publications are the top-ranked journals in Public Health and Health Promotion in the JCR Thompson Reuters 2016 ranking; the fourth is one of the top-ranked journals in the Public, Environmental and Occupational Health (JCR Thompson Reuters 2016) ranking, especially in the field of Health Promotion. In order to find specific information about our research, we analyzed the titles and abstracts of all articles published between 2014 and 2018. To do this, we used different keywords - in English - combined in different ways: movement, nutrition, workplace health, mental health, effectivity, public health, health promotion, Switzerland, France, Germany, Sweden, Finland, England, Canada, USA, Japan, Mexico, Australia. We made all possible combinations to find the best information; for example, for the word “movement”, we conducted seven different searches: movement and Switzerland, movement and health promotion, movement and effectiveness, movement and public health, and movement and nutrition. We did the same thing with all the words. Once these four journals were evaluated, and in order to complete this study, we used the same keywords - in French and English - and the same combinations to analyze the articles published between 2014 and 2018 by the two leading Swiss scientific journals in the field of public health (Swiss Medical Weekly, Revue Médicale Suisse) and the

Medline database. To do this, we used the PubMed database. The analysis of 6 scientific journals and the Medline database was conducted from May 30, 2018 to April 30, 2019.

## 3. Results

The search for the effectiveness of the standard in terms of Health Promotion.

§1. the imperative or supplementary conception of the enforcement authority in OECD countries.

The degree of achievement of the standard. The notion of effectiveness is used to define the character of a situation that actually exists; as Professor Paul Amsselek writes: “*the study of effectiveness ruled by legal norms questions the very content of a legal norm, while the analysis of the effectiveness of legal rules concerns the question of their application*” [10]. It is a method of creating law: either it is the truthfulness of a rule of law on its standard, or it is the action of effectiveness on the law. In other words, the study of the law and the conditions for the effectiveness of the law are considered as the revealing elements of his will. Health Promotion's awareness of the rule of law consists in demanding the standard in order to obtain its legalization. The observation of the daily use of the “tool” implemented by a significant number of the population is the awareness understood by its power of visual, sensory and human persuasion to modify the gaze and thus social practice in terms of Health Promotion. This awareness can also be reversed, as has already been the case throughout the history of health in Europe, as a state formerly defending the right to euthanasia, VTP (voluntary termination of pregnancy) care, homosexual marriage, or social assistance for single women with children; may become its detractor. As new institutional and economic opportunities arise, the fragility of the weak law affects the determinants of health. Less and less progressive laws with respect to gay rights will have an impact on Health Promotion in terms of mental health, or workplace health. Or, increasingly less social laws for vulnerable women without employment with children will have an impact on the development of Food Promotion or movement. Subsequent awareness of the rule of law will consist in demonstrating the ineffectiveness of the law, so the inapplicability of the norm weakens the rule until it disappears. The degree of achievement of the standard then depends on its persuasiveness, and the awareness issues implemented to ensure that a rule of law is maintained.

The imperative conception of the enforcement authority. The fundamental interest of a positivist analysis between the rule of law and the norm is the service of a legal act which places the enforcement authority at the heart of the normative system. Effectiveness is, as Professor Antoine Jeammaud writes: “*An object of indispensable concern for lawyers who are anxious to convince themselves that they are not locked into the abstract universe of rules and are attentive to their integration into social practices*” [11]. It seems necessary to focus on assessing the concrete effects of the efficiency of legal instruments for changing or improving the socio-

economic data of health promotion law rules [12]. On the other hand, limit the norms of application to abstract case studies and systematize the rules of law without taking into account their “*effective application*” described by Professor Jean Carbonnier [13], risks diluting the imperative conception of the rule of law and de facto, failing to manifest the will of the subjects of law.

However, does a rule of law necessarily have to be imperative to be respected?

The additional conception of the enforcement authority. Legal reasoning does not stop at the imperative or suppletive nature of a rule because to affirm that a rule is effective only when it is respected makes no sense for suppletive norms since, precisely, the application of the latter can, in all legality, be rejected by legal subjects. As Professor Jean Carbonnier has pointed out, most laws are only proposals that offer an infinite number of possibilities to individuals without ever forcing them to do so. If they target the behaviour of individuals, they do not impose any obligation on them: «*The effectiveness of the law which enshrines a freedom of action is not in action, but in freedom itself, i.e. in the power to choose inaction as well as action*» [13]. This type of norm then requires a movement on the part of the subjects of law, i.e. a minimal consent of the populations targeted by the norms sought in Health Promotion. Subjects' consent is represented as the expression of will according to their interests, health needs and increased knowledge. The persuasive power of health promotion awareness actions, in terms of information and access to health for target groups, will replace the strictly regulatory framework of the law and become part of a complementary conception of the enforcement authority.

However, does the supplementary conception emancipate any risk of ineffectiveness of the law?

§2. The impact of the effectiveness of the standard in promoting nutrition and movement.

Institutional communication is at the heart of new

effectiveness policies in Health Promotion in Canada [14]. The nutritional information environment is overcrowded and complex. The way Canadians access information has also evolved, with social media, mobile applications and opinion leaders' blogs being consulted in conjunction with more traditional media. Health Canada has taken these changes into consideration to address innovative concepts to communicate and make direction more accessible. This accessibility makes health standards for *healthy eating* more effective. There is also a renewed interest from some stakeholders in simplified messages and the concept of “*dietary guidelines*” [15].

On the other hand, a barrier to increasing the degree of achievement of the standard is food insecurity, which is caused more frequently in low-income families [14]. Healthy eating requires more financial resources and time (Lamprecht *et al.*, 2006, p. 50). The relationship between social position and healthy body weight is explained by differences in diet and physical activity, but also by structural factors such as lower availability and higher costs of a healthy diet. This may therefore partly explain why obesity is more prevalent among low-income groups. A review of 45 studies on this subject showed that social status and obesity are inversely associated, with education levels apparently playing a greater role than income (Gesundheitsförderung Schweiz, 2010, p. 24). The Department of Health in Canada has therefore launched the Health Promotion Program: “*Living Green and Healthy for Teens*” (LiGHT) (Guideline, Mobile Application and Website). This program aims to inform the population through an innovative strategic health communication operation on healthy eating for adolescents. Recommendations issued appropriate for a young audience have previously been included among the mandatory actions [14] the Public Health Agency of Canada's new Corporate Plan. However, no control body has been implemented to monitor the effectiveness of these new standards in Health Promotion.

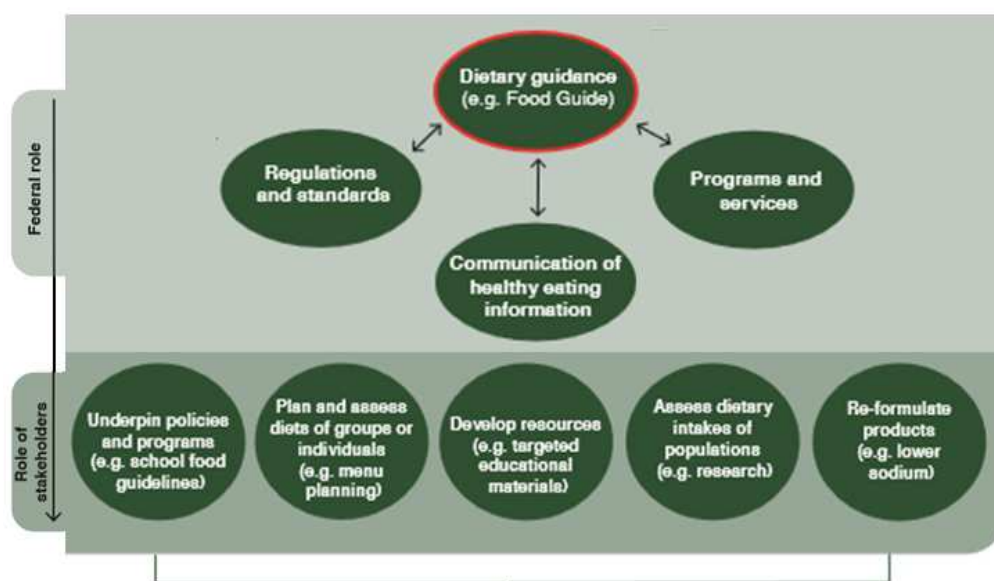


Figure 1. Positioning of health communication strategies in Food Promotion in Canada.

The impact analysis of the degree of achievement of the WHO standard to be created in Food Promotion estimates that approximately 13% of the world's adult population was obese in 2016, this percentage is constantly increasing. Obesity prevalence rates have almost doubled since 1980 to 2019. In 2016, 39% of adults aged 18 and over (39% of men and 40% of women) were overweight and 41 million children under 5 were overweight or obese (WHO, 2017). Also, about 40% of unhealthy food manufacturers manufactured an unhealthy product after the introduction of the tax (National Institute for Health Development, 2013). The WHO thus demonstrates a strong margin of awareness of the degree of achievement of the Health Promotion standard. The introduction of the tax is an opportunity recommended by the WHO to significantly increase the tolerance or "acceptability" rate to achieve real effectiveness among the population.

Several countries wanted to raise awareness among their populations about Food Promotion by introducing the additional tax on products that are too sweet (saturated fats, very sweet products modified and added in sodium, whose long-term harmful effects on the body have been proven). Tax laws on sweetened beverages have been introduced in Portugal, Mexico, South Africa, the United States, or Hungary. These measures aim to change the behaviour of consumers, who are used to drinks that are too sweet and addictive, and

whose favourite drinks are difficult to question. By a state measure sanctioning; on the one hand, overly sweetened drinks selected; and on the other hand, by directly reducing the consumer's basket, the acceptability rate of the new standard in Food Promotion increases. Per capita consumption of sweetened beverages continues to increase in all countries of the world, except in countries that have introduced a tax (Mexico, Finland, Hungary, France). These measures-sanctions in Health Promotion have proven their effectiveness in a study conducted in Mexico [16] (figure 0.1).

Coca-Cola reacted violently to the *tax soda* by applying the *Downsizing* technique. It is a question of reducing the quantity without changing the price (or a little). The official advertising communication of the new Coca-Cola format shows a desire to avoid losing the bubble content with larger formats and thus adapt more to consumers living alone. The real aim was to increase the price to correspond to the new tax laws by an average of five cents, from 1.71 euros per two litres to 1.76 euros per 1.75 litre bottle, without the consumer being made aware of the new standards in Food Promotion. (Crisostomo 2016, Reuters / Tsikas 2016). Although binding sanctions measures were implemented, Coca-Cola's aggressive and strategic financial response prevented public awareness of the content of their favourite drink, which would have increased the public's acceptability of the new Food Promotion standards.

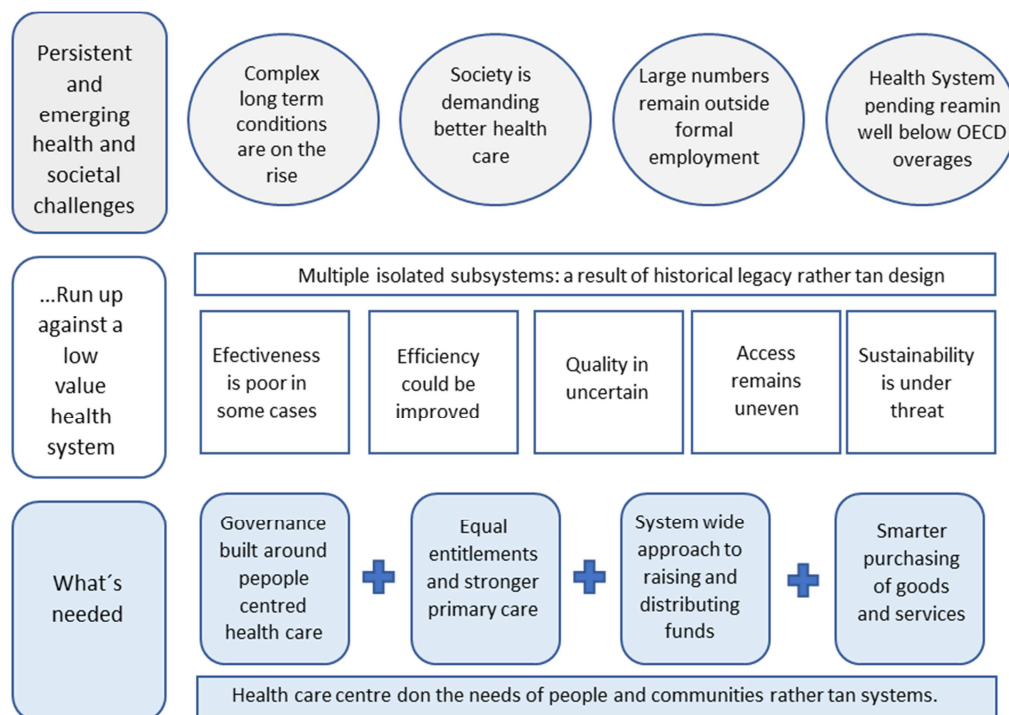


Figure 2. Expected effectiveness in Health Promotion in Mexico.

The integrity of sport is an essential component in reducing obesity, and a constant link between the Promotion of nutrition and population movement. Physical inactivity is one of the main behavioural risk factors contributing to non-communicable diseases, increased obesity and premature

mortality worldwide (Lee et al., 2012). Neighbourhood environments that facilitate engagement in active transportation and physical activity are at the heart of the new standards of awareness in Movement Promotion. The environment adapted by urban planning has been targeted as



an effective strategy for global public health (Kohl et al, 2012; Barnett et al, 2017).

Neighbourhoods represent universal centres of daily life that can be shaped by sound evidence-based urban and transportation planning policies and practices. Residents of neighbourhoods that are “accessible” to interconnected streets, better access to public transport and a variety of services tend to be more physically active than their counterparts (Bauman et al., 2012; Sallis et al., 2016). To facilitate active transportation, it is essential to have shops, services and public transport within walking or cycling distance (Sallis et al., 2016; Cerin et al., 2017). Easy access to parks and other recreational facilities has been associated with a greater number of recreational areas (Bauman et al.,

2012). The integrity of sport and the healthy environment conducive to sport contribute to the inclusion of vulnerable populations exposed to a weak desire for inclusion and good health through sport [17]. For children and adolescents, the determination of their individual behaviours is linked to factors such as restrictions on the use of green areas, playgrounds and sports fields. For example, prohibition of use after a certain time, and institutional or family regulations (school regulations, community funding policies or family regulations on television, media use and common meal times). Factors of particular importance for adults include local traffic rules (e. g. access restrictions, pedestrian zones, parking bans) that influence an individual's choice of mode of transport (Figure 2).

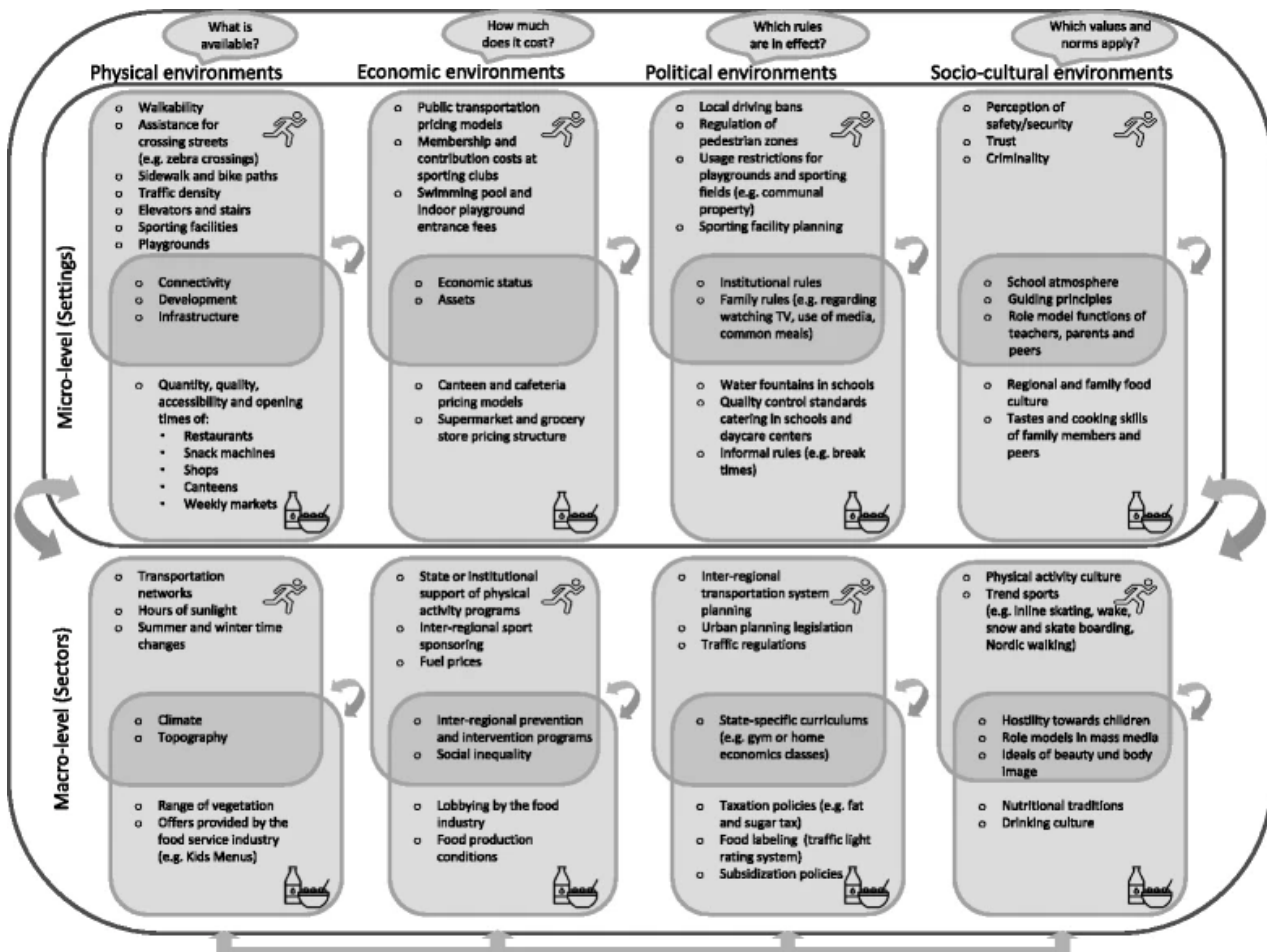


Figure 3. The impact of urban planning on food and movement promotion standards.

The correlation of numerous studies between the developed environment and the increase in the acceptability rate of populations to the new standards in Movement Promotion has led the European Commission to promote the integrity of sport as an intrinsic and constraining component of physical activity behavior [18]. Similarly, the correlation between health economics and Movement Promotion occurs in all physical activity behaviours, even the most minimal ones [19]. For example, the increase in school public transport has a positive influence on walking.

The European Commission obliges Member States to

ensure: «A high and coherent level of representation of the sports movement in the development and implementation of the EU work plan for sport» [19]. These very general terms may compromise the binding effect expected by the EU; on the one hand, because too general terms de facto limit the evaluation criteria likely to increase effectiveness; but on the other hand, because it becomes difficult, without evaluation criteria, to identify an improvement in the acceptability rate of populations of the new standards in Promotion of the movement.

## 4. Conclusion

Loss of enforcement authority in the event of inefficiency in Health Promotion.

§1. Consequence of the ineffectiveness of the standard in the field of Mental and Occupational Health Promotion.

The correlation between poverty and social support should make it possible to undertake initiatives aimed at reducing the feelings of unease, isolation and anxiety of older people affected by social inequalities. In 2002, the Second United Nations World Assembly on Ageing, held in Madrid, adopted non-binding strategic standards for raising awareness of Mental Health Promotion to guide action on ageing [20].

The probability of being poor is much higher among those aged 75 and over than among those aged 65 to 74 (22.1% versus 12.5%). There are several other reasons for this: single women<sup>1</sup>, people with a low level of education and those whose income in Switzerland consists mainly of 1st pillar pensions. People affected by poverty complain almost twice as often about poor health as people not affected (30.8% compared to 16.9%) [21]. Older foreign nationals tend to be more often affected by poverty than Swiss nationals (poverty rate of 22.7% compared to 15.6%) [21]. An initiative to promote greater social cohesion through new technologies accessible to older people would thus contribute to increasing their sense of well-being. In Switzerland, the ownership of a computer by older people is also strongly influenced by income level (from 38.1% to 89.5% for the most vulnerable at retirement age).

However, there is no monitoring body to verify either the regional implementation of Mental Health Promotion actions or their actual effectiveness among the target populations. On the other hand, in Belgium, services are taking proactive approaches to reach target populations; administrations are organizing regular meetings between professionals in the Mental Health Promotion sector and associations representing vulnerable older people, in order to better understand the gap between the rights enshrined in the law and the way they are applied in the field in order to reduce it [23]. Automation can indeed contribute to the effectiveness of certain rights. To facilitate access to rights, public institutions are working to make it possible to make a form of electronic request or follow-up with target populations possible [22]. The question arises as to whether socially vulnerable people will be able to follow this development, given the existence of a digital divide. The professional

environment can also be used for other essential public health interventions and mental health promotion [23].

WHO plans planned activities related to workers' health to assess effectiveness with a view to reducing health inequalities between workers in the same country. In Finland, the Ministry of Health wished to implement, through public foundations for health promotion, the recommendations issued by WHO concerning physical activity at work [24]. People who participate in physical activity at work two to three times a week have four and a half fewer days of sick leave each year than those who participate in physical activity each week. Lack of physical activity leads to indirect costs by increasing absenteeism due to illness and decreasing productivity at work [25]. Investing in physical activity at work is worth it: work will reduce costs by reducing sick leave and early retirement, as well as increasing intangible capital (*«the money invested can be recovered between 1.5 and 5.5 times»* [26]). Intangible capital includes how employees perceive their own health and ability to work, the work atmosphere and the improvement of the organization's image.

However, the multiplicity of non-binding reports on Mental and Occupational Health Promotion issued by WHO or OECD did not prevent its high level of ineffectiveness. The consequences of the ineffectiveness of the standard in Mental and Occupational Health Promotion occur when a decision is not effective because it is simply ineffective [27]. A standard that cannot predict its effectiveness is an ineffective decision. Officers communicate and adapt their action or interpretation to their observation and understanding of the situation. The standard is a message, which, depending on its writing and context, allows divergent and convergent interpretations between the actors [28]. These interpretations are the essence of health communication.

Are the consequences of ineffectiveness de facto linked to the norm that does not induce coercion, i.e. based on the theory of incitement of citizens considered as actors capable of calculating what is best for them? In other words, are these *«optional»* laws, which are widely reported by new supranational institutions, such as the UN, not doomed to a kind of effective wandering, due to their inherent inability to sanction?

By its eminently substantial nature, the non-binding, optional and incentive standard attempts to encourage individuals, the judge or the decision-maker to go beyond the boundaries of the rule [27]. This is the reasoning of *«methodological individualism»* [29] in sociology-legal. This involves analysing the social phenomena resulting from standards issued in Health Promotion as the product of aggregated individual actions. The meaning of the action is found in its adaptive value based on the individual's choice to interpret the new standard issued. However, since the writing of a text does not cover all situations, the redundant recommendations issued can lead to completely ineffective, or at least unpredictable, uses. The unpredictability of the standard is due to the interpretative nature of the non-binding standard, which is intended to bring more autonomy to the

<sup>1</sup> An original action in Health Promotion aims to "normalize" the status of women through the issue of men (economic losses at work in the event of stress and long-term depression). Men's health is generally absent from existing sponsored policies and programs. Yet, unattached men over 65 suffer from depression and vulnerability (Hawkes and Buse, 2013). There is a virtual absence of a Bureau of Human Health in most, if not all, countries of the world. Most notable is the imbalance within the US government where several federal women's health offices exist in parallel with the total absence of a Men's Health Network. A Call for Gender-Inclusive Global Health Strategies, 2017). However, men have needs and assigning them a specific place in the study of their vulnerabilities could strengthen the gender balance towards women, who are always perceived as more vulnerable or victims.

heart of the legislative system. The consequences of the ineffectiveness of health promotion standards are rooted in the perverse effect of non-binding individual wills, leading to a loss of enforcement authority, diffused through the arbitrary prism of the optional individual.

## §2. Sanction ineffectiveness.

Loss of enforcement authority due to ineffectiveness. When sanctions on excessively sweetened drinks are institutionalized but rendered ineffective by measures that de facto prevent their application on a recurrent and daily basis, the reality that has become the norm risks jeopardizing the survival of the rule of law. There may be multiple impediments, such as the excessive cost of the drink, compensated by the consumer by a reduction in his basket of another product rather than his favourite drink. It may also be the lack of health communication in prevention of the population, leading to a recalcitrant or indifferent reception of the reform. These may include strategic financial actions to circumvent legislation. Although sanctioned to be more effective, the measure remains ineffective. In most cases, the lack of knowledge of the target population, which is necessary to introduce a real change in mentality, is the main factor in slowing down health promotion awareness [30]. The symbolic effectiveness accorded to sanctions for excessively sweet drinks, by political and sociological mechanisms of dogmatic opposition, which authorise the rule, but restrict the norm, shows ambivalence as to the future of a rule of law when it suffers the loss of enforcement authority through ineffectiveness.

## Should we then sanction?

The lack of a control body. The primary function of the sanction is to ensure the effectiveness of a legal rule, its implementation in practice. The threat of its pronouncement is erected as a crucial element in the behaviour of the subjects and the surest way to restore the effectiveness of the law when it has been violated [12]. It is true that the importance of the sanction provided for in the sentence imposed has an influence on the behaviour of legal subjects; however, this influence must be put into perspective. A legal standard does not necessarily impose mandatory and specific behaviour, under penalty of a sanction in the event of non-compliance [12]. In particular in the field of Health Promotion, where the minimum consent of the population must come fully from the target group. The standards imposed by Europe on mental health in the workplace are immediately ineffective, even if the population would like to consent to them. On the one hand, by the ambivalence of the interpretation given to these non-binding measures, but also by their optional nature. On the other hand, institutional opportunities to reduce workers' rights, through the violent precariousness of contracts, de facto limit Mental Health Promotion in the workplace. These forms of ineffectiveness embarrass EU Health Promotion harmonisation policies [32]. The hypothesis of a causal relationship between the severity of the sanctions provided for following the violation of a norm and its compliance rate is contradicted by empirical work in criminal sociology, which attributes only a negligible role to the increase in the severity of penalties in

terms of the effectiveness, understood in terms of application, of legal norms. It can therefore be said that the effectiveness of a legal norm is not directly linked to the application of a sanction in the event of non-compliance; it is this problem of effectiveness that created the 2016 *"European identity crisis"*, the EU accused of never being able to ensure European standards through effective sanctions, England decided to leave the Union that it had itself contributed to founding 60 years ago [33].

Normalization effect of the standard. For the Belgian Professors François Ost and Michel Van de Kerchove [34], effectiveness takes place within the *"realistic pole of validity"*. The notion of effectiveness is therefore not only linked to the degree to which it is used by legal subjects, but also to the effects produced by legal norms. Awareness has a fundamental role to play in the circumstances that will lead to changes or amplifications in the behaviour of legal subjects. Their work allows us to deduce: *"That the rule used by its recipients as a model to guide their practice is effective"*. Set as a model through awareness-raising campaigns, the Promotion of the movement, through urban development in isolated areas, benefits from an increased tolerance rate because produced by the induced orientation towards individuals. It is therefore necessary to identify as precisely as possible the frameworks of action from which individuals act, by examining the relationships that legal norms make possible, by deciphering the choices they enshrine and the way in which they are considered by their recipients [12]. The new political awareness-raising mechanisms demonstrate a positivist social and state will to standardize health promotion standards. Could the social harmonization of individual wills inspired by the economist Adam be a way to resort to the deficiencies of ineffectiveness?

## Statement of Conflict of Interests

The authors declare no conflict of interest with another review.

## Appendix

*«Can it not happen that texts, while having effect, have an effect other than that which their author had intended? This is, distinct from the problem of effectiveness, the problem of impact».* Prof. Jean CARBONNIER [13].

Evaluating the performance of health facilities and the healthcare system in general offers health professionals and public authorities the opportunity to improve operational and organisational processes [35]. The reference note published in 2008 by WHO for the European Observatory on Health Systems and Policies outlines the different ways of assessing performance in this area. Numerous scientific studies have shown that in health systems, primary care is strong if it is associated with better performance (Kringos et al. 2013). Ensuring that people have easy access to the wide range of essential services provided by primary care - including prevention, early detection of disease and disease

management - improves quality and efficiency [36]. This is particularly important for people with chronic diseases. The evidence shows how better disease management and patient, the last evaluation of the action undertaken over the past 10 years aimed to demonstrate the effectiveness, efficiency and efficiency of vulnerable populations fed through UN FOOD's feeding programmes. The UN thus demonstrated that of the 2 billion people who still die of hunger in the world each year, they would be twice as many without UN FOOD's interventions. The United Nations has made it its flagship campaign, recreating the credibility of the international institution through this quantitative study. On the other hand, it is regrettable that no consideration has been given to the implementation of a systematic oversight body for all United Nations regions. The losses and failures of UN FOOD were not included in the evaluation criteria of this study. Although independent, this quantitative epidemiological study remains biased. The sanctions that would be applied in the event of failure are even less conceivable. Be vigilant about the political and organizational considerations in which performance data should be collected and disseminated, in order to avoid any distorted interpretation of the results. In the end, we can believe that despite the proliferation of initiatives to measure the performance of health systems, they are still at the experimental stage and much remains to be done to realize their full potential.

## References

- [1] Report of the Regional Director. WHO activity in the Western Pacific Region. WHO, 1 July 2016 - 30 June 2017, p. 2-79. <http://iris.wpro.who.int/bitstream/handle/10665.1/13732/WPR-RC68-02-RDrep-2017-fr.pdf>.
- [2] First International Conference for Health Promotion, held in Ottawa, adopted the "*Ottawa Charter*" on 21 November 1986.
- [3] Economic aspects of the social determinants of health and health inequalities. Commission on Social Determinants of Health WHO, 2014. [https://apps.who.int/iris/bitstream/handle/10665/128047/9789242505535\\_fre.pdf;jsessionid=342DD9ED2C2F2227D80585CBB8AF0BF4?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/128047/9789242505535_fre.pdf;jsessionid=342DD9ED2C2F2227D80585CBB8AF0BF4?sequence=1).
- [4] Adelaide Declaration on Integrating Health into All Policies Towards Shared Governance for Health and Wellbeing. WHO, 2010. [https://www.who.int/social\\_determinants/french\\_adelaide\\_statement\\_for\\_web.pdf?ua=1](https://www.who.int/social_determinants/french_adelaide_statement_for_web.pdf?ua=1).
- [5] Shanghai Declaration on Health Promotion in the Sustainable Development Agenda to 2030. WHO, 21-24 Nov. 2016. <https://www.who.int/healthpromotion/conferences/9gchp/Shanghai-declaration-final-draft-fr.pdf?ua=1>.
- [6] A. Fagot-Largeault. Reflections on the notion of quality of life. Archives de philosophie du droit, t. 35, 1991, p. 140.
- [7] P. Auvergne. A comparative approach to the question of the effectiveness of labour law. Centre de Droit Comparé du Travail et de la Sécurité Sociale, Proceedings of the International Seminar on Comparative Labour, Industrial Relations and Social Security Law, 2006, p. 7-31. halshs-00129146.
- [8] V. Champeil-Desplats, D. Lochak. In search of the effectiveness of human rights. Presses universitaires de Paris Nanterre, 2008. <http://books.openedition.org/pupo/1142>. ISBN: 978282182626700. DOI: 10.4000/books.pupo.1142.
- [9] G. Borenfreund. Labour law in need of transparency. Droit social 1996, p. 461.
- [10] P. Amselek. Critical perspectives of an epistemological reflection on the theory of law. Revue Droit et Société, LGDJ, 1964, p. 340. (online at [www.paul-amselek.com](http://www.paul-amselek.com)).
- [11] A. Jeammaud. Le concept d'effectivité du droit. Presses universitaires de Bordeaux, 2008. A. Jeammaud. L'effectivité du droit du travail: à quelles conditions ? Actes du séminaire international de droit Comparé du travail, Bordeaux, COMPTRASEC, 2006.
- [12] Y. Leroy. La notion d'effectivité du droit. Revue Droit et Société, LGDJ, n°79, 2011.
- [13] J. Carbonnier. Effectiveness and ineffectiveness of the rule of law. Revue Droit et Société, LGDJ, 9th ed., 1998.
- [14] Public Health Agency of Canada Departmental Plan, 2018-2019.
- [15] Evidence review for dietary guidance: Summary of results and implications for Canada's Food Guide, Minister of Health Canada 2015.
- [16] The sweetening of the global diet, particularly beverages: patterns, trends and policy responses for diabetes prevention. Lancet Diabet and Endocrinology, 2017. <http://apps.who.int/iris/bitstream/handle/10665/260403/9789242511246-fre.pdf;jsessionid=B8CE1FDF5F2F4A73A5A7303966784BC1?sequence=1>.
- [17] S. Schneider, K. Diehl, T. Görig. Contextual influences on physical activity and eating habits -options for action on the community level. Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the implementation and relevance of the European Union's work plan for sport for 2014-2017, 2017.
- [18] Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the implementation and relevance of the European Union's work plan for sport for 2014-2017.
- [19] B. Pang, K. Kubacki, S. Rundle-Thiele. Promoting active travel to school: a systematic review (2010-2016). Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the implementation and relevance of the European Union's work plan for sport for 2014-2017, 2017.
- [20] Madrid Political Declaration and International Plan of Action on Ageing, 2002, WHO. [https://apps.who.int/iris/bitstream/handle/10665/67215/WHO\\_NMH\\_NPH\\_02.8.pdf;jsessionid=9248428633AB7BF18A5C8CDF549C3565?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf;jsessionid=9248428633AB7BF18A5C8CDF549C3565?sequence=1).
- [21] M. Guggisberg, S. Häni. Poverty in Switzerland. Federal Statistical Office (FSO), Neuchâtel, 2014.



- [22] Cooperation agreement between the Federal State, the Communities and the Regions on the continuity of poverty policy, *Moniteur belge* of 16 December 1998 and 10 July 1999.
- [23] International Labour Conference, Ninety-fifth Session, Geneva, 2006. Provisional report 20A. Approval of the Global Plan of Action for Workers' Health 2008-2017. [https://www.who.int/occupational\\_health/WHO\\_health\\_assembly\\_fr\\_web.pdf?ua=1](https://www.who.int/occupational_health/WHO_health_assembly_fr_web.pdf?ua=1).
- [24] Behaviours and health of the Finnish adult population in 2003-2008. Green Paper Improving the mental health of the population: Towards a strategy on mental health for the European Union, 2005. [https://ec.europa.eu/health/ph\\_determinants/life\\_style/mental/green\\_paper/mental\\_gp\\_fr.pdf](https://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_fr.pdf).
- [25] On the move. National strategy for physical activity promoting health and wellbeing 2020.
- [26] OECD Ministerial Meeting on Health. (J. Hunt, Secretary of State for Health of the United Kingdom. C. Castillo Taucher, Minister of Health of Chile. H. Gröhe, Federal Minister of Health of Germany. A. Berset, Federal Councillor, Head of the Federal Department of Home Affairs of Switzerland).
- [27] D. Bourcier. The unexpected effects of laws: Jean Carbonnier. The man and the work. Presses universitaires de Paris-Nanterre, 2012, p. 311-330. <http://books.openedition.org/pupo/2661>. ISBN: 9782821851139. DOI: 10.4000/books.pupo.2661.
- [28] J-P. Révillard, J. Oudot, A. Morgon. The perverse effects in human communication. University press of Lyon, 1984.
- [29] R. Boudon. Perverse effects and social order. Paris, PUF, 1977.
- [30] J. Morange. Public freedoms. *International Review of Comparative Law*, 1991.
- [31] D. Bourgault-Coudevylle. *Commentaires de la loi IVG-contraception*. *Revue juridique Personne et Famille*, n°9, 2001.
- [32] M-A. Frison-Roche, T. Revet. Fundamental Freedoms and Rights. *Legal review Dalloz*, 2002.
- [33] C. Gave. The state is dead, long live the state. éd. François Bourin, 2009. C. Gave. Why Britain will leave the EU. Press of the Institute of Liberty, 2014.
- [34] F. Ost, M. Van de Kerchove. From the pyramid to the network. For a dialectical theory of law. Publications of the Saint-Louis University Faculties, Brussels, 2002.
- [35] J. Sebai. Performance evaluation in the health care system. What do the theories say? *Public Health*, Vol. 27, 2015, p. 395-403. DOI: 10.3917/spub.153.0395. URL: <https://www.cairn.info/revue-sante-publique-2015-3-page-395.htm>.
- [36] S. Thomson, J. Figueras, T. Evetovits. Economic crisis, health systems and health in Europe: impact and implications for policy. WHO, The European Observatory on Health Systems and Policies, 2014, p. 24. ISSN 2077-1584. [http://www.euro.who.int/\\_data/assets/pdf\\_file/0008/257579/Economic-crisis-health-systems-Europe-impact-implications-policy.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0008/257579/Economic-crisis-health-systems-Europe-impact-implications-policy.pdf?ua=1).
- [37] P. Lombail, Orientations of the health bill. Go further to address the structural challenges of the health system. *Public Health*, vol. 26, 2014, p. 475-480. DOI 10.3917/spub.144.0475.
- [38] Food security and nutrition in the world, FAO, UN FOOD, ONU, 2018. <http://www.fao.org/3/I9553FR/i9553fr.pdf>.