



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

# Health in All Policies and Health impact assessment

Health in All Policies – the Finnish Initiative to Global Action

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# Outline of the presentation

- Why do we need Health in All Policies?
- What is Health in All Policies?
- Milestones of Health in All Policies
  - Finnish
  - Global
- Implementing Health in All Policies
- Health in All Policies – challenges and risks
- Health in All Policies – lessons from Finland



# Why HiAP?

- 1) The health sector, acting alone, cannot manage threats to health that have their root causes in multiple other sectors.
- 2) When we don't consider the health impacts up front, we end up dealing with the costs – to people's lives and in economic terms – for years to come.
- 3) Putting health in all policies not only brings health benefits, but also helps achieve policy objectives in other sectors.
  - For example, improving sidewalks and bike lanes and promoting public transit increases physical activity and road traffic safety while reducing carbon emissions.



# HiAP – definition

HiAP is an approach to **public policies** across sectors that **systematically** takes into account the health implications of decisions, seeks **synergies**, and avoids **harmful health impacts** in order to improve population health and health **equity**.

- It improves accountability of policymakers for health impacts at all levels of policy-making.
- It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being.

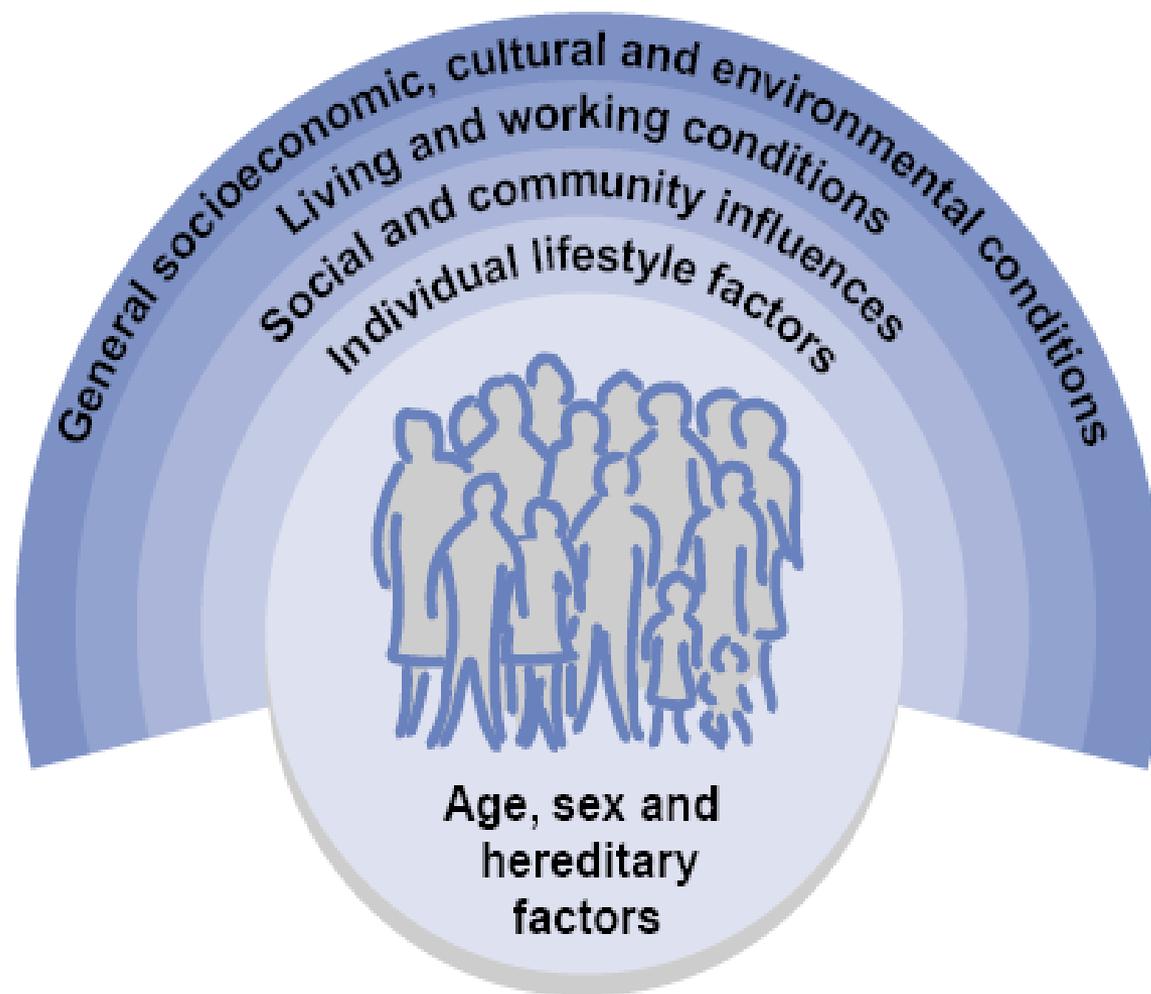
The Helsinki Statement on Health in All Policies (2013)



# Broad determinants of health

- Social, economic, structural, environmental, cultural
- Present everywhere in the society
- Often beyond the control of individuals
- Same determinants are linked with many major public health problems (nutrition, physical activity, tobacco, alcohol, psychosocial situation, stress)
- Mostly a responsibility of other government sectors
- Impossible to target effectively through sectorial health policies alone





Determinants of health, Whitehead & Dahlgren, 1991



# Focusing on policies

- The broad economic, social, environmental and cultural health determinants are the bridge between policies and health outcomes
- For example, alcohol policy (tax) influences the price of alcohol that has an effect on alcohol consumption that (alcohol abuse) in turn has an effect on harms, both health and social
- The core of HiAP is to examine determinants of health -> are mainly controlled by policies of sectors other than health

alcohol policy → tax on alcohol → alcohol consumption → health and social harms



# Milestones of Health in All Policies approach in Finland



# Roadmap towards HiAP in Finland 1/2

- Systematic, long term development – HiAP does not happen in a night!
- In the early 1970's:
  - Economic Council of Finland (1972)<sup>1</sup> emphasized the role all sectors for the health of the population
  - Public health a political priority, primary health care, prevention
  - Need to influence determinants of health through other sectors
  - Work began with nutrition, smoking, accident prevention
- In 1980's
  - Intersectoral health policy developed together with the WHO
  - National Health for All programme (1986)

<sup>1</sup>The Economic Council of Finland, chaired by the Prime Minister, is a body for facilitating cooperation between the government and major interest groups. It discusses economic and social issues that are of central importance to the success of the nation.



# Roadmap towards HiAP in Finland 2/2

- In early 1990s
  - 1995 member of the European Union, new processes
  - Advisory Board on Public Health
- In 2000s
  - HFA Strategy renewed: Government resolution on Health 2015
  - HiAP theme of the Finnish EU Presidency in 2006 (the concept was launched)
  - Duties of the municipalities in legislation (2006 and 2010)
  - Finland hosted the WHO 8<sup>th</sup> Global Conference on Health Promotion in June 2013, HiAP as the key theme



# Global milestones of HiAP

- Alma Ata Declaration on Primary Care (1978)
- Ottawa Charter for Health Promotion (1986)
- **EU Council Conclusions on Health in All Policies (2006)**
- Adelaide Statement on Health in All Policies (2010)
- Rio Political Declaration on Social Determinants of Health (2011)
- New York Political Declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011)
- **The Helsinki Statement on Health in All Policies (WHO 2013)**
- **WHA67.12 Contributing to social and economic development: Sustainable action across sectors to improve health and health equity (2014)**
- **Adoption of the “Framework for Country Action Across Sectors for Health and Health Equity” (WHA**



THE 8<sup>TH</sup> GLOBAL CONFERENCE ON HEALTH PROMOTION, HELSINKI, FINLAND,  
10-14 JUNE 2013

**THE HELSINKI STATEMENT ON HEALTH IN ALL POLICIES**

## Building on our heritage, looking to our future

The 8th Global Conference on Health Promotion was held in Helsinki, Finland from 10-14 June 2013. The meeting builds upon a rich heritage of ideas, actions and evidence originally inspired by the *Alma Ata Declaration on Primary Health Care* (1978) and the *Ottawa Charter for Health Promotion* (1986). These identified intersectoral action and healthy public policy as central elements for the promotion of health, the achievement of health equity, and the realization of health as a human right. Subsequent WHO global health promotion conferences cemented key principles for health promotion action. These principles have been reinforced in the 2011 *Rio Political Declaration on Social Determinants of Health*, the 2011 *Political Declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases*, and the 2012 Rio+20 Outcome Document (*the Future We Want*). They are also reflected in many other WHO frameworks, strategies and resolutions, and contribute to the formulation of the post-2015 development goals.

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# Key components of implementing health action across sectors were translated into a review tool



Source: Adapted from the Health in All Policy: Framework for Country Action, see: <http://www.who.int/healthpromotion/frameworkforcountryaction/en/>.

WHA68/17

# HiAP - key elements

## Monitoring, evaluation and reporting

- Assess all phases of the policy cycle and impacts of the policies: 1) Policy development, 2) Policies implementation and sustainability, 3) impacts on intermediate health indicators, 4) impacts on health risk factors, health status.
- Establish or utilize existing public health reporting mechanism for reporting the measures taken in order to improve health and well-being across government sectors

## Frame planned action

- gain understanding of key governmental goals or goals of other sectors relevant to health
- determine scope of policies that have potentially important implications for health, health equity and health system functioning

## Supportive organizational structures and processes

- Create or make use of existing structures for multi-sectoral action
- strengthen political will and accountability mechanisms

## Establish the need and priorities for HiAP

- define and analyse area of concerns: co-benefits, & conflicts of interest
- identify priorities and opportunities for action

## Facilitate assessment and engagement

- engaging all sectors and the community
- use of impact assessments

## Capacity Building

- support institutional development and participate in community capacity building
- train the trainers to establish a skilled workforce
- public health capacity
- data and data analyses



# Key implementation elements of HiAP in Finland



# 1) Regulations to support HiAP in Finland

## Legal Base

- Constitution 19 §, 1999
  - “The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and promote the health of the population.”
- Local government Act 1 §, 1995
  - “Municipalities shall strive to promote wellbeing of their residents and promote sustainable development in their areas.”
- Public Health Act (1972) 2006
- Health Care Act 2010

 See next slide



# Regulations to support HiAP in Finland

## Health care act defines the HiAP elements on local level

- Objectives and measures
  - In municipal strategies objectives for the promotion of health and wellbeing of the inhabitants must be set
  - Measures needed to identified
- Responsibilities and co-operation
  - Responsibilities defined
  - Co-operation between administrative sectors, with other local actors, private enterprise and NGO's
- Impact assessment
  - Consideration of the impacts of decisions on the health and wellbeing of the inhabitants
- Monitoring and reporting
  - Yearly a short report, once in four year a comprehensive report of health and wellbeing



## 2) Structures to support HiAP in Finland

- MSAH Advisory board on public health and its sub-committees (most of the ministries, NGOs, trade unions)
- Horizontal committees, e.g.
  - National nutrition council run by the ministry of agriculture and forestry linking different ministries, governmental agencies, NGOs, experts, and industry
  - National committee on health-enhancing physical activity run by the ministry of education and culture
- EU co-ordination (cross ministerial working groups)
- Formal communication between sectors (e.g. meetings of the Permanent Secretaries)



### 3) Processes/mechanisms to support HiAP in Finland

- Formal consultations e.g. on legislation
- Intersectoral preparation for and the implementation of the forthcoming government programme
- Impact assessments (next slide)
- Cross-sectorial programmes
- Informal contacts at desk level



# (Health) impact assessment in Finland

## National

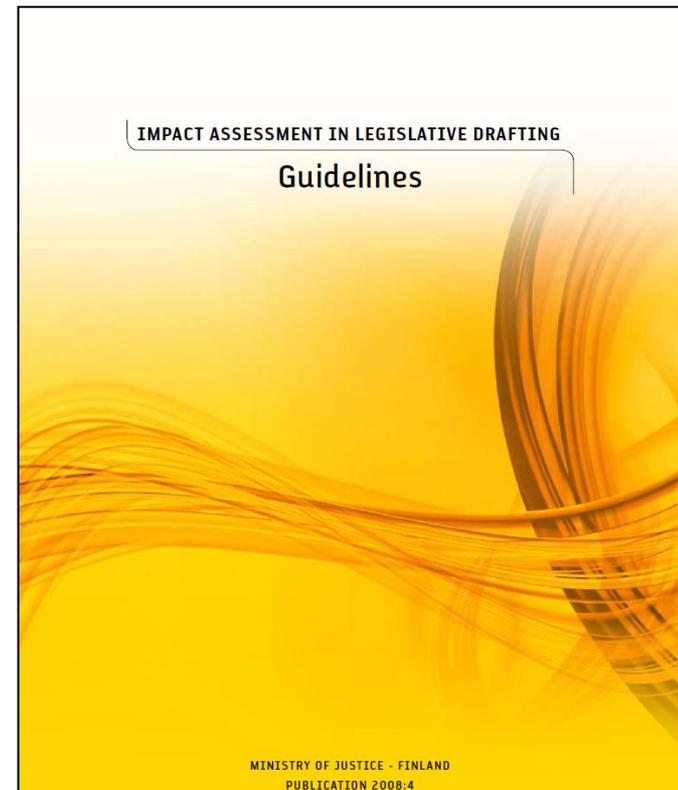
- Impact assessment (IA) of the law proposal by the government to the Parliament
  - Common guidelines (procedures and the impacts to be assessed) for all ministries
  - Health impact is assessed as part of the social impacts

## Local

- Obligation based on the law to consider the impacts of decisions on the health and wellbeing of the inhabitants (Health care act 2010)

## Additionally, as part of the compulsory impact assessments

- 1994 part of EIA-law
- 2000 The Land use and Building act



# Human Impact Assessment in Finland

- HuIA = HIA+SIA+GenderIA+ChildIA+HeIA
- 1994 part of EIA-law (environmental impact assesment)
- 1999 Guidelines for HuIA (Ministry of Social Affairs and Health)
- 2000 The Land use and Building act
- 2001 Public Health Program "Health 2015"
- 2010 Health Care Act: (just like act on Social welfare and health care reform will be):
- "In preparing decisions and solutions, municipalities .... are required to perform an assessment of the impact of said decisions and solutions on the health and welfare of the population and to take the impact into account in said decisions and solutions..."
- <https://www.teaviisari.fi/teaviisari/en/tulokset?view=KESJohB&y=2017&y=2015&y=2013&y=2011&r=KOKOMAA&chartType=pointer&cmp=r>



# 4) Recent policies and programmes to support HiAP

## Policies and programmes

- Government resol. on Health 2015 Public Health Programme (2001) following Finnish Health For All 2000 strategy (1986)
- Governmental Policy Programme for Health Promotion 2008-2011
- National Action Plan to reduce health inequalities 2008-2011
- National Development Programme for Social and Health Care, KASTE –programme 2012-2015

## Programme of the current Finnish Government

Health and wellbeing is one of the strategic objectives:

- "Health promotion and early support have strengthened in decision making across sectors, services, and working life due to better legislation and better implementation. Inequity in health and wellbeing has narrowed."



# Main challenges for HiAP 1/3

To successfully implement the core elements of the Health in All Policies approach (from the Helsinki statement):

- **Build institutional capacity and skills** that enable the implementation of Health in All Policies and provide evidence on the determinants of health and inequity and on effective responses.
  - > resources will be directed more on programmatic research, not on institutes
- **Adopt transparent audit and accountability mechanisms** for health and equity impacts that build trust across government and between governments and their people.
  - > government will not come to public early enough with its' initiatives and draft decisions – underuse of experts, science and public debate



# Main challenges for HiAP 2/3

- **Establish conflict of interest measures** that include effective safeguards to protect policies from distortion by commercial and vested interests and influence.
  - > if not carefully taken into account, health of the population will be neglected
- **Include communities, social movements and civil society** in the development, implementation and monitoring of Health in All Policies, building health literacy in the population.
  - > public acceptance is not achieved for the policy and decision making



# Main challenges for HiAP 3/3

- **Commit to health and health equity as a political priority** by adopting the principles of Health in All Policies and taking action on the social determinants of health.
  - > equity will be seen only in rhetoric, not in measures implemented
- **Ensure effective structures, processes and resources** that enable implementation of the Health in All Policies approach across governments at all levels and between governments.
  - > when resources are scarce, there is no time for intersectoral work
- **Strengthen the capacity of Ministries of Health to engage other sectors of government** through leadership, partnership, advocacy and mediation to achieve improved health outcomes.
  - > when resources are scarce, the capacity available will be used within each own sector



# Health in All Policies - Lessons from Finland

- Long term commitment and vision
- Public health capacity and expertise for advocacy
- Data on health and health determinants and analyses of the links between health outcomes, health determinants and policies
- Health literacy among public, policy-makers, media and civil servants in all sectors
- Intersectoral structures, processes and tools
  - for identification of problems and solutions, decisions and implementation across sectors
  - Parliamentary and/or intersectoral committees and working groups, hearings, impact assessments, public health reports etc.
- Legislative backing



# Further reading and sources

- WHA68, [A68/17](#) Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion) – adoption of the Framework
- The Helsinki Statement on Health in All Policies - The 8th Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013
- Health in All Policies: Seizing Opportunities, Implementing Policies. Edited by Kimmo Leppo, Eeva Ollila, Sebastián Peña; Matthias Wismar, Sarah Cook. Ministry of Social Affairs and Health, Finland, 2013.
- Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E. & Leppo (eds.). Health in All Policies: Prospects and potential. Helsinki, Finland, Ministry of Health and Social Affairs, 2006.
- Melkas T (2013) Health in all policies as a priority in Finnish health policy: A case study on national health policy development. *Scandinavian Journal of Public Health*, 2013; 41 (Suppl 11): 3–28.
- Puska P & Ståhl T (2010) Health in All Policies—The Finnish Initiative: Background, Principles, and Current Issues. *Annual Review of Public Health* 2010. 31:27.1–27.14.



# Further reading and sources:

- Tang KC, Ståhl T, Bettcher D, and De Leeuw E. (2014) The Eighth Global Conference on Health Promotion: Health in All Policies: From Rhetoric to Action, Health Promot. Int. 29 (suppl 1): i1-i8 doi:10.1093/heapro/dau051
- Intersectoral Governance for Health in All Policies. Structures, actions and experiences. Edited by David V. McQueen, Matthias Wismar, Vivian Lin, Catherine M. Jones and Maggie Davies, Observatory Studies Series No.26, 2012.
- Adelaide Statement on Health in All Policies - moving towards a shared governance for health and well-being. Report from the International Meeting on Health in All Policies, Adelaide 2010.
- WHA68/17

