

Health in All Policies approach in addressing the Social Determinants of Health and Health Equity - experiences from Finland

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Background

- Finland has 320 municipalities
- Lots of small municipalities; number of inhabitants range from 1400 to 604 000
- Local authorities have a broad responsibility for providing basic services for citizens
 - education, social and health services, housing, transport, urban planning and land use, waste management etc.

Health in All policies approach in Finland

- Complementary to public health measures and health care services
- Considers impacts of policies on health, health determinants and their distribution
- Relevant in the context of policy-making at all levels of governance (international, national, regional and local)
- Aim is to improve decision-making by clarifying the links between policies and interventions, health determinants and health outcomes

Health in All Policies

- definition

- 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
- HiAP
 - improves accountability of policymakers for health impacts at all levels of policy-making
 - emphasizes the consequences of public policies on health systems, determinants of health, and well-being

Why Health in All Policies?

- 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, we end up dealing with the costs – to people's lives and in economic terms – for years to come
- 3) Health in All Policies not only brings health benefits, but also helps achieve policy objectives in other sectors



Development towards Health in All Policies in Finland

- From tackling single health problems through large-scale programmes to systematic work across sectors based on legislation and permanent structures



Development towards HiAP in Finland (1)

- Systematic, long term work
- In the early 1970's
 - 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)
- In early 1990s
 - 1995 member of the European Union, new processes
 - Advisory Board on Public Health
 - HFA Strategy renewed: Government resolution on Health 2015

Development towards HiAP in Finland (2)

- HiAP theme of the Finnish EU Presidency in 2006
- Duties of the municipalities in legislation (2006 and 2010)
- Finland hosted the 8th WHO Global Conference on Health Promotion in June 2013, HiAP as the key theme
- Programme of the current Government:
 - “promotion of wellbeing and health and reduction of inequality taken into account in all decision-making, and incorporated into the activities of all administrative sectors and ministries”

HiAP at local level: duties of the municipalities

- Objectives and measures
 - In municipal strategies objectives for promotion of health and wellbeing
 - Measures needed 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 population
- Monitoring and reporting
 - Annual health and wellbeing report to the municipal council, a more extensive report once in four years

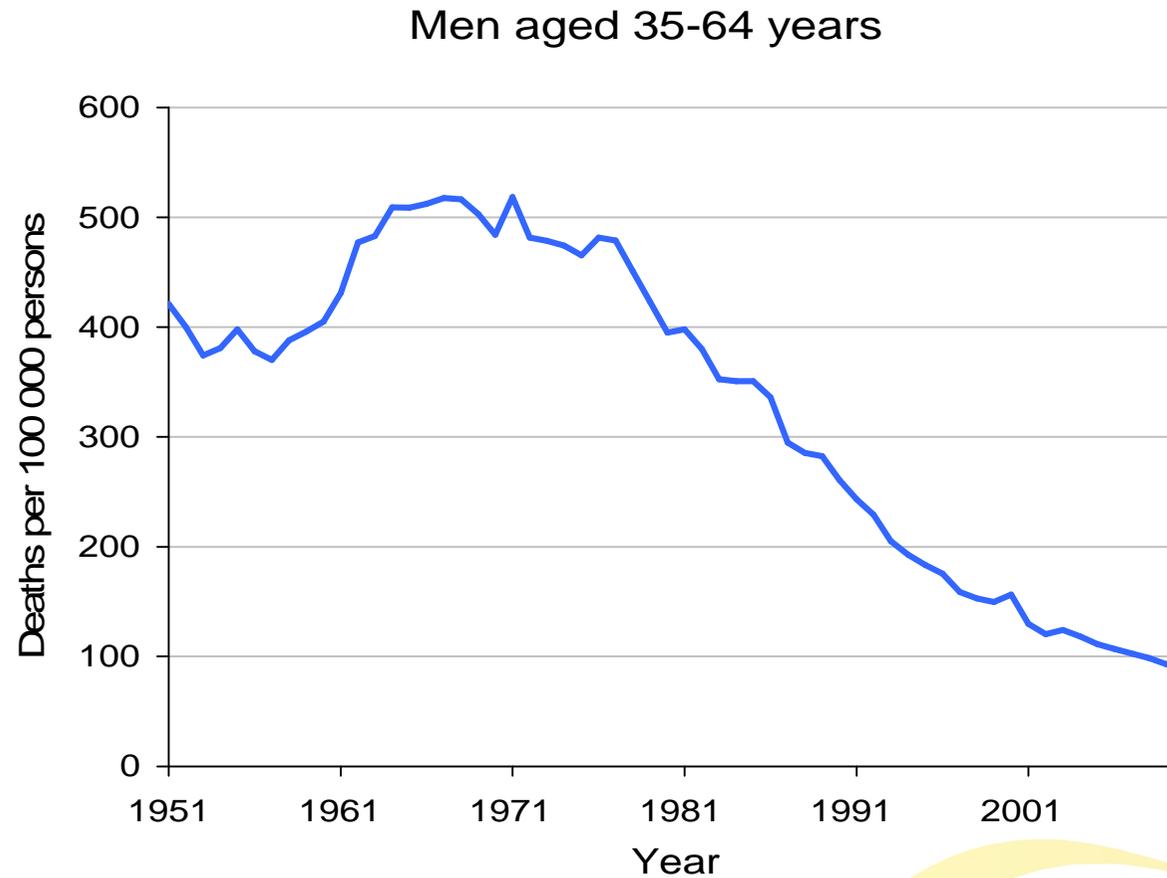
Lessons from Finland - what is needed (1)

- Long term commitment and vision
- Public health capacity and expertise for advocacy - all levels
 - A critical mass of capacities, people and expertise within the health sector that will have time, resources and sufficient knowledge of policies in other sectors to engage with a dialogue
 - Health sector awareness of their own health priorities and how these fit with the priorities of other sectors
 - Awareness of where potential co-benefits could be gained with other policies
- Data on health and health determinants, analyses of the links between health outcomes, health determinants and policies
 - Public health infrastructure and access to equity sensitive data and knowledge

Lessons from Finland - what is needed (2)

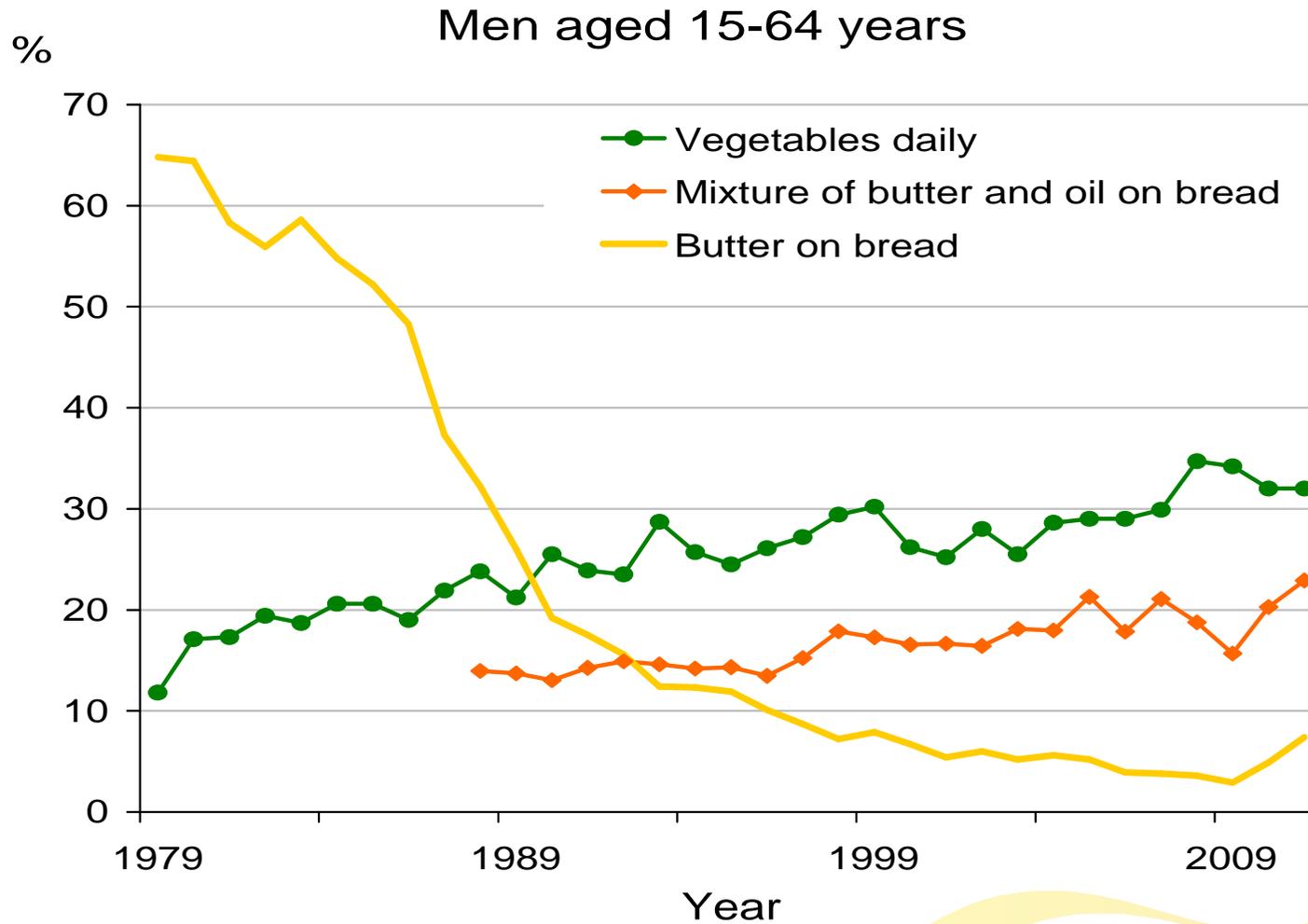
- Health literacy among public, policy-makers and civil servants in all sectors
- Intersectoral structures, processes and tools
 - for identification of problems and solutions, decisions and implementation across sectors
 - Intersectoral committees and working groups as part of national administration and a health-related committee within the Parliament
 - Hearings and formal consultations within executive and legislative proceedings
 - Prospective impact assessment with strong health component, public health reports etc. formal procedures for policy reviews and assessment from a health policy perspective
- Legislation

Mortality due to ischaemic heart diseases in 1950 - 2010



Reference: Koskinen S, Aromaa A, Huttunen J, Teperi J. Health in Finland. Helsinki 2006.
Official Statistics of Finland. Causes of death. Statistics Finland 2012

Food habits in 1978-2011



Reference: Helakorpi, Holstila, Virtanen et al. Health Behaviour and Health among the Finnish Adult Population. Spring 2011. National Institute for Health and Welfare (THL), Report 45/2012