

Health in All Policies in the European Union and its member states

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Summary

This policy brief summarises recommendations, findings and evidence presented in the Finnish EU Presidency publicationⁱ on the Health in All Policy approach and its implementation within the European Union and its member states. Based on solid scientific knowledge of the health impacts of policies beyond the health sector and on ways to foster health, the brief recommends that health implications should be seriously considered in all policy-making at EU, national and local levels. The brief starts by reviewing emerging European challenges. It then describes what is meant by the Health in All Policies (HiAP) approach, what health determinants are, how policies affect health determinants, and how the nature of policy-making has changed, following by a description of the major strategies, mechanisms, and instruments for implementing HiAP, as well as the possible role of the health sector in enhancing HiAP. Finally, recommendations on actions are given.

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Health in All Policies (HiAP) is essential to meet future challenges in Europe

The countries of the European Union (EU) have achieved historically unprecedented levels of health and wealth. People now live longer and enjoy better health than 20 years ago. Simultaneously the wealth of the EU countries has grown steadily since 1980. However, it is of concern that wealth and health inequities – that is, differences in health status and health determinants that are considered unfair and avoidable – between and within countries have largely remained or even grown^{1,2}. Greater socioeconomic inequality in society is associated with poorer average health^{3,4,5}. Furthermore, it cannot be taken for granted that the average positive developments of the past will last into the future.

Many changes both in the global political and economic environment, as well as in the European Union itself can be foreseen. Globalization is challenging the current political, economic and social structures; the Union is enlarging, as well as at the same time looking for areas of deepened Community cooperation and action. The Union has addressed the economic challenges by the Council endorsed strategy aimed at strengthening employment, economic reform and social cohesion as a part of a knowledge-based economy, better known as the Lisbon Agenda. The essential role of health for the successful implementation of the Strategy does not, however, get the weight that one might expect.

The demographic structure of Europe's population is changing; the population is ageing because people live longer and because the total fertility rate is low. Ageing – a positive result of improved health – brings its own challenges both in terms of better use of the potential of the elderly as an important resource for society and the family, as well as how best for society to respond to the needs of the elderly population⁶. The increased

proportion of the population beyond retirement age lowers the employment rate. The remaining workforce is ageing, putting even more emphasis on appropriate strategies to maintain the elderly workers in the labour market. In regard to the fertility rate, policies facilitating a successful combination of work and family life remain essential also for the future.

Europe is also faced with many health challenges. For example, the looming obesity crisis⁷ is expected to lead to an rise in chronic diseases. Mental health problems, with special importance on depression, are a major cause of death, suffering, and economic loss^{8, 9, 10}. In some countries the increasing use of alcohol and other substances is endangering positive health developments, as well as causing severe social problems¹¹. Health care systems are also facing challenges in ensuring equal access and quality, as well as in managing under cost-constraints. Confronting the challenges can not be done by the health sector alone, as health is mainly determined by factors outside the health sector. Similarly the structure and functioning of health care systems is largely a result of decisions made at political levels and in various other sectors beyond that of health.

Improving health through health determinants

As a horizontal, policy-related strategy, HiAP has a high potential for contributing to improved population health. It is complementary to the more commonly known approaches of public health and health care services. The HiAP approach considers the impacts of other policies on health through health determinants when policies of all sectors are being planned, decisions between various policy options are being made, and when implementation strategies are being designed. It also examines the impacts of existing policies. The ultimate aim is to enhance evidence-informed policy-making by clarifying for decision-makers the links between policies and interventions, health

determinants and the consequent health outcomes.

Factors that have the most significant influence on health are called determinants of health. The determinants include those relating to individual genetic and biological factors, individual lifestyles, the environment, culture, and societal structures and policies. The same determinants typically influence a multitude of health issues and, for example, all major diseases. It is notable that even changing individual lifestyles is, at times, beyond the ability of the individuals themselves; a change often needs supporting policies that make healthy lifestyles a viable option.

Health determinants can be directly and at times quickly influenced through policies and interventions in the various arenas of policy-making, as well as in the various settings in which people live and work. Usually changes in determinants can be observed earlier than those in health outcomes.

Policies can change health and health determinants positively or negatively

Nowadays health aspects are an inherent part of policy-making in many sectors. Great advances in health have indeed been acquired through policies in sectors such as education, environment, water and sanitation, planning, labour, housing, traffic, and agriculture and nutrition. For example, in the area of environment and health, solid scientific knowledge, disseminated in a form that it serves to inform decision-makers, has been a very important driving force for the integration of health aspects into the environment and transport sectors¹². Heart health has been improved through changes in policies, legislation and regulation in other sectors that has resulted in improved quality food, decreased smoking and increased physical activity¹³.

In addition to advances and opportunities, there are emerging challenges and risks.

Sectors have their own priorities, and these are not always easily compatible with the aims of advancing health and health equity through understanding health determinants. For example, the Common Agricultural Policy (CAP) has been successful in acquiring improved food security in terms of chemical and microbiological food safety, and has recently decided to remove the subsidies on tobacco, but in the light of rising European health challenges – such as those linked to obesity, high cholesterol and increasing prevalence of diabetes, as well as increased use of alcohol in some countries – plenty of room still exists for strengthening the ways in which health implications are taken into account in relation to CAP^{11, 14}.

It is crucial to note that policies aimed at amending health determinants are not necessarily neutral in terms of their effectiveness in the various subgroups of the population¹⁵. In general, disadvantaged groups benefit later from improvement in health determinants. They are also the most vulnerable when unexpected societal changes occur. For example, changes in alcohol policy in Finland have had the most detrimental effect on the health of the lowest socioeconomic group¹¹. An explicit focus on the determinants of inequalities in health is necessary in order to ensure improved equity in health^{15, 16}.

Policies are increasingly intertwined

As societal challenges today are inseparably intertwined, sectoral policies at the various levels increasingly impact on each other, and the need for policy coherence is even more important. Many policy decisions, such as those concerning aspects of trade and industry, internal markets and agriculture, have been, to a large extent, lifted to European or even global level in the context of the World Trade Organization. Not only have policies shifted in terms of the level of policy-making from a national to international level, but the main domain in which policy is made can also change simultaneously with this shift. For example, in Finland and

Sweden alcohol policies have been strongly influenced by the social and health aspects of alcohol consumption. These countries have a strong temperance tradition, with historical restrictions on alcohol production and sale. In the EU, alcohol policies have traditionally been part of agricultural policies with the aim of strengthening the production and sale of alcoholic beverages. As a result there has been unavoidable friction between the aims and objectives of the former national alcohol policies in Finland and Sweden and those of the EU, having serious consequences in the raising of social problems, and alcohol-related morbidity and mortality¹¹.

At the same time as policy-decisions are being made at policy-levels beyond the national level, the implementation of many decisions, as well as the responsibilities for the outcomes, are being delegated to the local level. For example, health policy responsibilities generally still remain in practice at national and local levels. Similarly efforts to alleviate the consequences of increased alcohol consumption are more and more made at local level and the costs are increasingly being borne by local-level health and social budgets¹¹.

Strategies, Mechanisms and instruments for Health in All Policies

Two main pathways or strategies of HiAP can be identified. First, in cases where mutual gains between health policy aims and that of another policy area can be found, integrating policy aims and objectives of the various policies can be relatively easy, and “mutual gains” or a “win-win” situations can be created. Alternatively, when the health objectives do not compromise the primary objectives of the other policy, health objectives can be kept as the main objective of the cooperative exercise, and a "single health strategy" can be created¹⁵. In some instances, however, the values and objectives of the various policy intentions can be incompatible, and negotiation to find feasible compromises is needed.

Public and political support is essential for health implications to be taken into serious consideration in policy-making. Democracy, public participation, and transparency of policy-making are important prerequisites for the high value put on health by people to be channelled into health-friendly policy-making.

Legal mandates for the assessment of health implications of policies, as well as legal responsibilities to follow up and report population health trends, trends in health determinants and policies affecting them, are important instruments in institutionalizing health in other policies. In the development of environmental health risk assessments, important opportunities were offered by making a Strategic Environmental Assessment mandatory, even if not all risks can be quantified¹².

The Maastricht and Amsterdam Treaties have paved the way for assessing health impacts in other policies, but health policy priorities are not yet part of the hard core of EU priorities¹⁷. Increasing emphases on internal markets, competition and economic policies more generally, pose a challenge to keeping health and health equity aims high on the agenda, as health may easily shrink into a means of acquiring economic growth rather than being an important aim or right on its own with consequent positive effects on the economy. The task for the near future is to establish processes by which health implications can be considered and taken into account in all policies.

The prerequisites for health considerations to be included in the policy-making processes of other policies include sufficient openness and transparency of the policy processes, with reasonable time frames for assessing and commenting on policy proposals, a good dialogue with other policy actors, a sound knowledge and argumentation base for health, as well as identification of alternative policy options.

Good quality public information on health outcomes and determinants, on their trends, as well as on ways in which health determinants can be affected is needed. It is important that essential population health data remain under public domain so that evidence-based policy-making remains a viable option.

Health impact assessment (HIA) has been used as an instrument for not only assessing health implications but also for helping in the process of making health implications visible and for them to be taken into serious consideration in the policy-making processes. The scope of HIA varies from a small desk assessment of the directions of likely health impacts of the policy options, to assessments aiming at good estimates of the size of impact. The investment in HIA should be proportional to the importance of the policy decision¹⁸. According to a survey on the use of HIA in a variety of European countries, the extent of the use of HIA varies by country but is strongest in the United Kingdom^{19, 20}.

Understanding health implications in national-level policy-making and political support for the proper consideration of those implications can be enhanced by, for example, parliamentary public health and public health policy reporting. Involvement of the various sectoral bodies in the preparation of such public health reports can further enhance understanding of the effects of other policies on health determinants and ultimately on health in relation to other sectoral bodies²¹. This type of reporting can be done on various levels of policy making, including the EU level and the local level²².

Partnership and alliance building is essential for integrating HiAP. Many countries have chosen to use permanent intersectoral committees to prepare, implement and follow up HiAP^{16,23}. More contemporary intersectoral bodies have also been formed on specific problems, issues or policy proposals. Other intersectoral mechanisms include formal consultation, for example, in the form of requests for formal statements over policy

proposals, as well as more informal mechanisms and contacts (see¹⁶).

Formulating responses to EU-level policy proposals at national level in intersectoral and political arenas is extremely important as the policy mandates and perspectives may differ between the various sectors at Community level on the one hand and at national level on the other. As regards HiAP at EU level, it is not least at national level that the health perspectives need to be integrated in terms of the national stands on the various policy proposals.

The Role of the Health Sector

The role of the health care sector in enhancing HiAP varies from country to country. Without clear responsibilities, health sector professionals may tend to consider their role to be mainly in the curative services, or at best in disease prevention and health promotion activities within the premises of the health services.

In order to have a significant role in identifying policies and policy proposals with potential impacts on health, the health sector needs to have sufficient capacity in terms of public health personnel at the various levels of administration and this personnel needs to have adequate public health training and sufficient mandates and responsibilities allotted to them. Even if health considerations have become an intrinsic part of policy-making in some sectors, such as that of environmental policies, in general other sectors need input from the health sector in order to be able to take health implications into account. This is the case especially in areas without a strong tradition of considering health implications and in the cases of new or emerging issues or potential problems.

The real challenge is to make other sectors aware of the health impacts of their decisions and to integrate health into their policies. The health sector's role is to advocate for health and be an active partner in intersectoral cooperation.

Taking Health in All Policies seriously: policy recommendationsⁱⁱ

Constitutional and legal bases

Through the Amsterdam Treaty, the Community assumes a responsibility to ensure that health is protected in all EU policies. This forms the legal base for strengthening Health in All Policies (HiAP) in European-level policy-making. To fully implement the Treaty obligations:

At a European Union Level

- the barriers to full implementation of the treaty obligation should be identified and necessary amendments to overcome these barriers should be made
- Possibilities to strengthen the legal obligations on reporting the health implications of Community policies should be investigated

In Member States

- the legal bases, proper structures, procedures as well as capacities and resources in place at the national and local levels should be explored—dependent on national conditions—to ensure that the prerequisites for implementing HiAP are in place,

Aims, values and policy coherence

The ultimate aim of HiAP is also to aid informed policy-making so that reliable information on health implications is available to policy-makers and those that implement policy. Health is currently a component of many major strategies and policies of the Community—including the Lisbon Strategy and the sustainable development policy—in regard to its contribution to the major aims and objectives of these policies. It would be beneficial for all major policies to further explore the true

value of health in those policies. Furthermore, health should also be recognized as an aim and value in its own right.

To increased policy coherence many sectoral and organizational barriers need to be overcome, both at the European level in the Commission, the Council and the Parliament, in the Member States, including their governments and sectoral administrations, and also at local level. Implementing HiAP at the European level requires that health considerations are also integrated into the national responses in respect of Community policies.

European Union and Member States

- Pure health policy objectives should be elevated onto the central agenda in their own right. Such objectives include, for example, those relating to distributional aspects of health and well-being, as well as to the role of alleviating suffering and providing health security and care for all.
- The value of health to the aims of other policies should be further explored and given its true weight

Ownership: public support, participation, democracy and political leadership

Health is highly valued by people and therefore putting health higher on political agendas has solid public support. For the HiAP approach to be fully incorporated into political agendas it needs clear understanding and political ownership at all levels, not least at the highest level. While curative and disease-based approaches are most visible in public discourse and media, health promotion and the implications of other policies on health are not as well established in lay knowledge and information.

European Union and Member States

- Policies should remain under democratic control without undue emphasis put on organizations and associations of mediation. As regards civil society consultation, special

ⁱⁱ The recommendations presented in this section should not be considered as prescriptions for action, but are presented for the consideration of Member States and the various EU bodies

attention should be paid to ensure that public health NGOs are involved, since their own funding base may not be as strong as that of some other lobbying groups.

- Public information and knowledge on the health implications of various policies should be improved so as to enhance proper public discussions and open decision-making.
- Sufficient time frames for analyses and reaction are needed for transparent and informed policy-making.
- Responsibilities and mandates in the implementation and monitoring of HiAP should be clarified between the general administration and the health sector, at all levels of governance.
- Clear understanding of the linkages of major health determinants with health on the one hand, and with other policies on the other, should be established to aid European policy-making.

Capacities and resources

Assessing health impacts of policies and policy initiatives, as well as formulating healthy policy options, requires resources in terms of a knowledge base, public health training, personnel, structures, and financing. Policy decision-makers and those implementing policies should be served on regular bases with appropriate knowledge on and analyses of the population's health status and its major determinants stratified by population groups, as well as trends in them. Decision-makers should be provided with analyses of health implications of major existing horizontal policies, as well as of policy proposals and alternatives with potentially remarkable influences on health and health determinants.

European Union and Member States

- The argumentation base for health, health determinants and health

systems should be strengthened, including how they relate to such core policies of the EU as those concerning internal markets, competition and trade.

- Appropriate resources for processing and analysing the population health and determinants data for the use of policy-makers should be ensured.

Member States

- Countries should ensure that there exists a sound information base for the trends in population health and the underlying health determinants

Structures, mechanisms and instruments for Health in All Policies

To implement HiAP, proper structures, mechanisms and instruments with adequate resources and capacities are needed. For substantiating the health implications of other policies a variety of instruments have been established.

European Union and Member States

- In the search for good strategies, structures, mechanisms and instruments for considering health implications of other policies, the Commission, as well as the Member States, should learn from the existing good practices. A process for such a learning experience should be set up.
- Intersectoral policies and processes, intersectoral committees and other bodies, as well as intersectorally prepared public health reports should be considered at the various levels of policy-making.
- Member States should ensure that health considerations are included when developing their national stands on EU level policies as regards policy proposals affecting health determinants or the framework and functioning of health systems.

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- ¹ Luxemburg income study, www.lisproject.org
- ² Valkonen T. Trends in differential mortality in European Countries. In: Vallin J et al (eds) Trends in mortality and differential mortality. Strasbourg, Council of Europe Publishing, 2001:185-326
- ³ Marmot M, Wilkinson R. Psychosocial and material pathways in the relation between income and health: a response to Lynch et al. *BMJ* 2001;322: 1233-36
- ⁴ Wilkinson R, Pickett K. Income inequality and population health: a review and explanation of evidence. *Social science & medicine* 2006; 62: 1768-84
- ⁵ Wilkinson R. Unhealthy societies: the affliction of inequality. Routledge, London 1996
- ⁶ Wismar M, Lahtinen E, Ståhl T, Ollila E, Leppo K. Introduction. In Ståhl T et al (eds), see *i* for full reference
- ⁷ Green Paper: *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases*. COM (2005) 637 final. European Commission, Brussels, 2005
(http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_gp_en.pdf, accessed 1 Sept 2006)
- ⁸ Green Paper. Improving mental health of the population: Towards a strategy on mental health for the European Union. COM(2005) 484 final, European Commission, Brussels, 2005.
(http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf, accessed 1 Sept 2006)
- ⁹ WHO Regional Office for Europe: The European Health Report 2005: public health action for healthier children and populations. <http://euro.who.int/document/e87325.pdf>
- ¹⁰ Wahlbeck K, Taipale V. Europe's mental health strategy. *BMJ* 2006; 333:210-1
- ¹¹ Tigerstedt C, Karlsson T, Mäkelä P, Österberg E, Tuominen I. Health in alcohol policies: the European Union and its Nordic member states. In Ståhl T et al (eds), see *i* for full reference
- ¹² Martuzzi M. Environment and Health: perspectives from the intersectoral experience in Europe. In Ståhl T et al (eds), see *i* for full reference
- ¹³ Jousilahti P. The promotion of heart health: a vital investment for Europe. In Ståhl T et al (eds), see *i* for full reference
- ¹⁴ Schäfer Elinder L, Lock K, Gabrijelčič Blenkuš M. Public health, food and agriculture policy in European Union. In Ståhl T et al (eds), see *i* for full reference
- ¹⁵ Sihto M, Ollila E, Koivusalo M. Principles and challenges of Health in All Policies. In Ståhl T et al (eds), see *i* for full reference
- ¹⁶ Ritsatakis A, Jarvisalo J. Opportunities and challenges for including health components in the policy-making process. In Ståhl T et al (eds), see *i* for full reference
- ¹⁷ Koivusalo M. Moving health higher up the European agenda. In Ståhl T et al (eds), see *i* for full reference
- ¹⁸ Kemm J. Health impact assessment and Health in All Policies. In Ståhl T et al (eds), see *i* for full reference
- ¹⁹ Blau J, Ernst K, Wismar M et al. The use of health impact assessment across Europe. In Ståhl T et al (eds), see *i* for full reference
- ²⁰ Wismar M, Blau J, Ernst K et al. Implementing and institutionalizing health impact assessment in Europe. In Ståhl T et al (eds), see *i* for full reference
- ²¹ Ståhl T, Lahtinen E. Towards closer intersectoral cooperation: the preparation of the Finnish national health report. In Ståhl T et al (eds), see *i* for full reference
- ²² Kauppinen T, Nelimarkka K, Perttilä K. A case study of the role of health impact assessment in implementing welfare strategy at local level. In Ståhl T et al (eds), see *i* for full reference
- ²³ Health on equal terms: national goals for public health. Final report Swedish National Committee for Public Health, Government Official Reports, Ministry of Health and Social Affairs, Stockholm 2000:91