Health in all policies—from what to how

Pekka Puska
Director General, National Institute for Health and Welfare (THL), Helsinki, Finland

Correspondence: Pekka Puska, National Institute for Health and Welfare (THL), PO Box 30, 00271 Helsinki, Finland, Tel: +358 29 524 6001, e-mail: pekka.puska@thl.fi

Already the Ottawa conference for health promotion in 1986 pointed out the importance of environment for our health.1 ‘Make the healthy choice the easy one’ was the famous slogan. But actually much earlier, in the 1800s, Rudolf Virchow emphasized the role of social conditions for public health. Hygienic improvements in environments and social conditions were seen as important measures for controlling the infectious diseases epidemics of those times.

With the emergence of chronic, non-communicable diseases as major public health problems, early response was clinical treatments. With the identification of their behavioural risk factors, public health work started to pay attention to prevention and to health education of people. But the Ottawa Charter argued that health education alone is insufficient. The role of the social and physical environments was again emphasized for disease prevention and health promotion. The North Karelia Project in Finland and several other projects pioneered the community-based preventive strategy, i.e. influencing the whole community for changing the lifestyles of the population.2

During Finland’s EU Presidency in 2006, Finland launched the concept ‘Health in All Policies’ to describe the need and concept of intersectoral decision making for improved public health. It was noted how the conditions in which people are born, grow, play, work, spend their leisure time and age influence powerfully their health. Thus the health sector alone has a limited possibility to influence public health.

This concept was supported by the attention on social determinants of health, as described by the respective World Health Organization (WHO) Commission report.3 Influencing the root causes of ill health is crucial for promotion of public health and reduction of the unacceptable inequities in health. Thus the concepts of ‘Health in All Policies’, ‘Whole of Government’ or ‘intersectoral work’ became increasingly acknowledged as concepts for public health work. In this situation, WHO and the Government of Finland agreed to have ‘Health in All Policies’ as the topic of the Eighth Global Conference on Health Promotion that took place in Helsinki in June 2013.

The idea was, through this large conference of experts and high-level decision makers, to examine this concept further. It is easy to agree that the health impacts of decisions in different policies should be taken into account. But what does that mean in practice? Emphasis should move from ‘what’ to ‘how’. What kind of theoretical perspectives and what kind of practical experiences are there in different parts of the world?

The aim of the Eighth Global Conference on Health Promotion in Helsinki was to advise the Member States of WHO and WHO itself on how to employ this concept. The Helsinki statement and the subsequent ‘Framework for Country Action’ were the response and the main outcome. Further material is available in a book published by the Ministry of Social Affairs and Health and partners.4

The Helsinki Statement defines Health in All Policies as ‘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’. The statement recognizes that governments have a range of priorities in which health does not automatically gain precedence over other policy aims. But health considerations should be transparently taken into account in policy-making. This would open up opportunities for co-benefits across sectors and society at large.

The Helsinki statement gives seven defined recommendations to national governments for guidance in implementation of Health in All Policies. They are as follows:

- Commit to health and health equity as a political priority.
- Ensure effective structures, processes and resources.
- Strengthen the capacity of Ministries of Health to engage other sectors of government.
- Build institutional capacity and skills.
- Adopt transparent audit and accountability mechanisms.
- Establish conflict of interest measures.
- Include communities, social movements and civil society.

The statement further calls on WHO to support Member States in this and strengthen its own capacity in this work. The statement also notes how this concept is crucial for WHO’s work with United Nations organizations and other international partners to achieve synergy and coherence in the work with Member states and also for the post 2015 Agenda.

Although there is nothing radically new in the Helsinki Statement, it is hoped that countries would move forward and take practical actions to implement these clear recommendations. The success in prevention of current non-communicable diseases and major improvements in public health will be much dependent on such developments.

Conflicts of interest: None declared.

References