
Editorial

Health in all policies

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The main principle behind the slogan 'Health in All Policies' is really very simple: Health is greatly influenced by life-styles and environments, e.g. how people live, work, eat and drink, move, spend their leisure time etc. These are not only individual choices, but they often have strong social, cultural, economical, environmental etc. determinants.¹ Accordingly, decisions influencing people's health do not concern only health services or 'health policies', but decisions in many different policy areas have their influence on these health determinants.

The idea that health is not only medicine is not new. Rudolf Virchow already in the 1800s pointed out how diseases have a societal background. More recently, the process within WHO starting from Alma Ata (1978) and Ottawa (1986) conferences have paved the way to shift emphasis toward comprehensive primary health care and modern concepts of health promotion. The conferences after Ottawa until the recent one in Bangkok (2005) have greatly emphasised the determinants of diseases and health, leading to such concepts as 'upstream prevention' or 'healthy public policies'. Parallel to this, many public health scientists have strengthened the science base of this work.²

In Europe, Article 152 of the Amsterdam Treaty of the European Union states that 'A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities' (EU 1999). In spite of that, concerns have often risen about health impacts of many EU policies. Such concerns have concerned e.g. the aspects of Common Agricultural Policy.³ Not only in European Union, but also in the Member States a common situation is that decisions in policy fields other than health seldom take health impacts into consideration—not to speak of systematic health impact assessments.

In this situation Finland, during its EU-Presidency in autumn 2006 adopted as its main health theme 'Health in All Policies'. Finland's wish was to explore and promote practical measures in which health impact of decisions in other policy fields both in the European Community and in the Member States could be better taken into consideration.

In the Finnish opinion the core of 'Health in All Policies' is to examine health determinants that are mainly controlled by policies of sectors other than health. The wish is to address policies in the context of policy-making at all levels of governance in Europe: EU, national, regional and local.

The Finnish decision was motivated on one hand by experiences with many positive achievements in public health in the country during the last few decades, i.e. in successful reduction of cardiovascular disease rates and promotion of heart health.⁴ On the other hand the wish was to strengthen this work both nationally and on the EU level.

For the Finnish EU-Presidency a comprehensive report was prepared by European and Finnish experts.⁵ The report describes the background, principles, aspects in several policy areas, and future challenges. The report formed background for a fruitful high level expert meeting that took place in Kuopio in September 2006.

An important consideration in the 'Health in All Policies' process is that addressing societal determinants of health and disease can be a strong tool for reducing inequalities in health that is a major concern in most European countries and that was the topic of the earlier EU-Presidency of United Kingdom.⁶

The wish is that in the future the process of 'Health in All Policies' would deepen and that practical applications in national and EU governance could emerge. This would also relate to the implementation of the future recommendations of the WHO Commission on Social Determinants in Health. At the same time there are many needs to strengthen the science base of health determinants and health related policy making.

References

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