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Ministry of Health and Social
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Sweden

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*“Public health policy of Sweden – building a strategy
based on wider determinants of health”*

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**6th GLOBAL CONFERENCE ON HEALTH PROMOTION, “POLICY AND
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Mr/Mrs. Chairperson,

Thank you very much for the invitation to this conference and for giving me the opportunity to present the Swedish public health policy. My name is Ewa Persson-Göransson and I am State Secretary at the Swedish Ministry of Health and Social Affairs. I am speaking on behalf of the Minister of Public Health, Mr Morgan Johansson, who sends his regrets that he was not able to attend this very important conference since he is currently fully engaged in paternity leave taking care of his newborn child.

Let me share with you some of the lessons learned during the development of public health policy in Sweden. It was adopted in 2003 by our Parliament, the Swedish Riksdag. Our starting point was a very good health status of the population in general, with very low child mortality: less than 4 per 10 000. Swedish women live until the age of 82 on average and men almost until the age of 80. However like in all countries health inequalities are too big. In terms of life expectancy the difference between males living in two municipalities may differ more than 7 years and 5 years for women. This is due to a combination of factors such as income, education and profession, working conditions, marital status, which in turn determines life styles like smoking, alcohol consumption, eating habits and physical inactivity. These differences are of course not acceptable in a welfare society, so there is a lot to do for us before we can truly say that all citizens have equal opportunities to live healthy lives.

1. Building a public health policy is a process – not a one shot game

- **A process takes time**
- **A process involves many stakeholders and partners**
- **A process needs fuel**

The normal procedure when developing a policy is that it should be delivered within a limited time. However, creating a modern public health policy means involving and engaging other parts of society. It requires reflections, re-thinking and numerous discussions to understand the concept and to start establishing a common ground. The government was aware of this and in its instructions to the National Public Health Committee - a committee appointed by the Government with a mission to present a basis including proposals on national objectives for the development of public health - it was clearly stated that it should adopt a process oriented working method involving the public and voluntary sectors at large.

The Committee was given three years to accomplish its mandate, which was done in 2000. In most cases governmental committees are given much shorter time than three years. My point is that if you want to have a process it takes time and there is no shortcut. The advantage is of course that the society has time to prepare. To keep the momentum up during such a long process requires fuel. The fuel in this case was a number of expert reports, pamphlets with controversial opinions around alcohol, modern diseases due to lack of thrust in the society, tobacco etc, and numerous meetings and consultations around the country.

To my knowledge the chair of the Committee, a former MP, did not turn down any offer when she had the possibility to attend a meeting. I also want to mention that the composition of the Committee was based on four pillars; representatives of the political parties in the Parliament, leading public health scientists, a selection of experts representing the most relevant national state agencies, regional and local authorities, and a number of NGO's including public health professionals. When the Committee had delivered its report, it took the Government almost another two years to process the proposal within the Government Offices, before it was put forward to the Parliament for the final decision, which as I stated earlier was taken in 2003.

2. Why determinants?

- Politicians cannot directly prevent deaths and ill-health, but they can influence the underlying causes – the ‘upstream approach’

- Why inequalities?

- A profound political issue based on values and human rights

How come we decided to have a determinant approach when developing the strategy? Given the limited time for this presentation I will give you the short version. Most public health strategies that we knew of at the time were outcome oriented. Objectives and targets were formulated in terms of reducing morbidity and mortality. And, of course, that is what we all want to achieve in the end, but how do we get there?

In a way one can say that we turned direction and started to look up-stream, which means that we started to focus on the underlying causes of ill health instead of only focusing on ill health once it occurs. By tackling the underlying causes, or determinants, ill health is being reduced. While (personal) health rather used to be understood as an individual judgement, public health was now seen as the responsibility of the society at large, where collective actions are required. By approaching determinants, public health also becomes more political.

Especially the politicians in the Committee felt uncomfortable with the fact that they could not directly prevent that people die from cancer or fall ill as a result of heart diseases for example. But we found out that the role of the politicians should be to create societal conditions to promote good health, conditions beyond the immediate control of a single individual. In other words, the role of politicians is to create a society in which people live in a healthier way and make healthier life style choices. As a consequence, politicians can indeed indirectly prevent people from dying from cancer or fall ill as a result of heart diseases!

We were also inspired by what happened in the WHO Europe at the time. The first phase of the European ‘Health for all’-policy had come to an end and was to be renewed. A mutual and active exchange of opinions took place, and we were strengthened in our belief that we were on a promising track when HEALTH 21 for Europe was launched. By making health more political in this sense it also became more interesting and a part of the public debate. For the Swedish government and the majority of the parties in the Parliament it was agreed to put equal opportunities to good health as the overarching aim of public health policy, also as a human right's issue.

3. Swedish policy in brief

Overall objective: “The creation of social conditions to ensure good health, on equal terms, for the entire population”.

11 target areas are prioritized and defined as follows:

1. Involvement in and influence on society.
2. Economic and social security
3. Secure and healthy conditions for growing up
4. Better health in working life
5. Healthy, safe environments and products.
6. Health and medical care that more actively promotes good health
7. Effective prevention of the spread of infections
8. Secure and safe sexuality and good reproductive health
9. Increased physical activity
10. Good eating habits and safe foodstuffs
11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping and a reduction in the harmful effects of excessive gambling.

The Swedish Parliament decided upon these objectives during spring 2003. They can be grouped into wider socio-economic determinants, environmental and settings determinants and the promotion of health literacy. The contribution from health promotion is apparent. You can easily trace the action areas of the Ottawa Charter, the idea of a health public policy out-spelled in the Adelaide recommendations, the focus on health supporting environments and the evidence based approach. For each of the 11 target areas there is an expert report behind, summarising their concurrent scientific rationale. The point here is that all the areas should be seen holistically, being interlinked with each other. Promotion of good eating habits are linked to socio-economic conditions and to secure and healthy conditions for growing up to mention one example.

4. Key issues

- Most health determinants mainly fall under the responsibility of other policy areas than health and medical care

- **How to convince other Ministries to implement a public health perspective into their respective policy areas**
- **How to set up an executive structure**

The implementation of the objectives involves most of the other Ministries. The determinant approach made it much more understandable for other ministries that they had a crucial stake in health policy. Some ministries became more interested, like Environment, Agriculture and Consumer Affairs, Finance due to alcohol taxation and mainstreaming issues like gender equality. In general we have experienced strong support from other ministries to contribute to improve public health. Often they feel that a benefit for public health from their policy areas will strengthen their argument for resources.

One example could be the minister of education, who understands the benefit of the public health policy for his or her own area of responsibility. How? Well, by taking public health into account in education policy, pupils and students learn faster and are getting better results, which in turn have a positive effect on their health, on their school results and thus on society at large. Another example is the Minister of Agriculture who is actively involved in changing the Common Agricultural Policy of the European Union into a more health friendly policy by for example making fruits and vegetables affordable. In that way, healthy food choices become a reality also for lower income families. The next step of the implementation phase was to establish an executive structure.

5. The Swedish solution

- **To identify objectives in existing policy areas and to put them in a public health context – sectoral responsibilities**
- **Appoint a special Minister of Public health and strengthen inter-ministerial mechanisms within the Government**
- **Establish a National Steering Group for public health issues in which the most relevant national agencies are represented by their Director-General**

The decision to have the determinant approach made it natural to investigate how this was spelled out in already existing policies. Surprisingly, we found that much was already in place, only it was not framed by public health. So instead of inventing new policies we started pointing out and underpinning the health dimension of those policies.

With this comprehensive public health policy the need for a special Minister for Public Health became apparent. In our case this means a senior Minister with a mandate to take initiatives covering all the determinants that are linked to the 11 target

areas. Although the Minister does of course not have the formal responsibility of the other policy areas, his or her role is to stimulate cooperation and coordination with the other ministers so that public health is taken into account in all other policy areas.

For the implementation of the policy a National Steering Group for public health was established under the Minister for Public Health. It is inter-sectoral by nature and includes director-generals from almost 20 state agencies who are commissioned by the government to implement those parts of the public health policy that fall under their specific sectoral responsibilities.

6. The Swedish National Institute of Public Health (SNIPH) = the coordinating agency

- co-ordinated reorganisation in pair with the development of the national public health policy

The Swedish Institute of Public Health has an important task in co-ordinating and forcing the pace of the implementation of the national public health policy. In order to have an infrastructure in place for implementation of the policy, a reorganisation of the Institute was co-ordinated with the work of the Public Health Commission. The Institute was given three major tasks:

1. To monitor and evaluate the public health policy and facilitate its implementation
2. To be a national centre of knowledge for effective and knowledge based interventions for health promotion and disease prevention
3. To supervise specific preventive legislation in the fields of alcohol and tobacco.

The role of the Institute has proven to be of key importance so far. It has been very instrumental in supporting the other state agencies in placing health on their agendas, by developing a systematic approach to tackle and monitor the determinants. It has also delivered proposals for necessary infrastructures that need to be developed and put in place to further implement actions and interventions along the main lines of the public health policy.

7. Implementation

- Governmental directives to all concerned state agencies to take action and report on objectives under their sectoral responsibility

- Core function of SNIPH to support and facilitate implementation for sectoral agencies and to publish a Public Health Policy Report

The Government has systematically given guidelines to all state agencies concerned to take actions and to report on objectives under their sectoral responsibility. It is a core function of the Public Health Institute to support and facilitate implementation for all concerned sectoral agencies, regional and local authorities. In general, the response has been more positive than expected, at least so far. Active participation in seminars, meetings and conferences are indications thereof, just like focused activities and interventions to promote health by improving physical exercise in the schools, NGO's taking action on healthy ageing, improving gender equality in work-places by adding health arguments and so forth.

It has been a main concern to put extra efforts into the monitoring and evaluation of the public health policy. The simple reason behind that is: what is monitored is more likely to be implemented.

A core function of the Institute is to publish a Public Health Policy Report focusing on indicators for health determinants and on suggested priorities and measures. This report shall be seen as complementary to the already existing Public Health Report in which trends in morbidity, mortality and risk exposure are presented. I will briefly outline the rationale behind the new Public Health Policy Report.

8. The Public Health Policy Report: in general

- **The first to be published in October 2005 and thereafter every four years**
- **Based on 38 principal indicators for determinants under each target area**
- **Will guide the Government for further developing public health policy**
- **Will be subject to a debate in the Parliament**

The first Public Health Policy Report will be published this fall and handed over to the Minister for Public Health on October 5 this year. The report will be based on 38 principal indicators that have been decided upon by the National Institute of Public Health in agreement with concerned sectoral state agencies, regional and local authorities. The indicators are linked to the determinants in each of the target areas and to how public health could be improved by efficient actions and interventions at different societal levels.

The report will also contain proposals from the Institute and other stakeholders about how to update and improve the public health policy. Then it will be up to the Government in office to make its political decisions.

The Government will then make a comprehensive report on public health to the Parliament for a political debate and include the Government's plan for actions in the field of public health. The rationale is to maintain public health on the political agenda. It is envisaged that a new report will be produced every fourth year, following the electoral periods.

9. What will the Public Health Policy Report contain?

- **Analysis on whether the policy is implemented and has contributed to achieving the public health objective**
- **Analysis on both undertaken and planned actions and interventions**
- **Focus on socio-economic and gender inequalities**
- **Cover all societal levels as far as possible (national/regional/local)**

Technically the Public Health Policy Report will provide an analysis on to what degree the policy is implemented and to what extent the objectives are fulfilled. This will be based on how effective policies linked to the 11 target areas have been implemented and whether different actions and interventions have had a positive impact. The outcome will be presented according to socio-economic and gender inequalities, children and adolescents, older people, disabled, immigrants and homo- and bisexuals. As far as possible the data will be presented for the local level and will be aggregated for all societal levels.

10. Some reflections

- **It takes time from action to result**
- **Public health policy ought to have strong support from the Parliament**

When starting to prepare a public health policy it is necessary to have a long time perspective from action to result. A lot of effective measures will not bear fruit during the first years. So we will depend on a solid political base to be able to hold on to an action plan for a long period before the figures show that the plan leads to improvement in health.

In Sweden we have put confidence in research on health determinants. This gives us an opportunity to highlight improvements in a stepwise procedure toward a better public health. To give you a very recent example, we considered it a large step forward when we introduced a new anti-smoke law effective as of the 1st of June this year. The law makes it prohibited to smoke in restaurants, cafes and bars in Sweden. We do not have to wait and see the improvements in health from this decision because we already know that tobacco is an important health determinant and providing means for reducing tobacco consumption is an effective measure.

But we need to know more about evidence based public health measures. A lot of health determinants are not as obvious as tobacco. And it is not always easy to pick out the most cost effective measures to tackle a health determinant. Better knowledge will improve a more efficient use of resources. Although we must admit that there are already a lot of important knowledge that we have not taken full advantage of so far.

In our experience it is and should be rather difficult to negotiate with the Minister of Finance on resources. Not only for actions in the field of public health.

According to my view it should not be easy to get our taxpayers' money for any reason so I can accept that we need to struggle for money for public health. We are usually able to present solid arguments on the fact that measures to improve public health will pay back through improved economic growth, less expenditures for sick leave and pension schemes and other social costs, beside the more non-countable values of a good health for the people. But we do not expect the gain from the measures the same year or even the year after that we bear the cost. Actually we can seldom make projections on exact when the pay back time will come. This makes it very important that there is a solid political base for actions in the field of public health. And also regarding further research to find evidence for effective measures.

Let me conclude by making some general remarks. We are all facing a more inter-connected and globalized world. For many reasons this is beneficial to health, but not in all cases and far from for all, and it is not taken consciously. Therefore health must be recognized as the key driving force for economic and social development, and thus be considered duly in global trade, in the internationalized labour market, in human reproduction, in sustainable investments and so forth.

This is also one major reason why there is an urgent need for a Global Health Promotion Charter to strengthen the position of health in human development. As I mentioned earlier, in developing our own policy in Sweden, we were inspired by the outcomes from earlier international health promotion conferences. I sincerely hope that our example can provide some guidance and good practice in outlining the new Bangkok Charter that we will adopt on Thursday and that this Charter will serve as an up to date global health promotion document, capturing both the major changes in disease global disease burden, the demographic transition with ageing populations as well as innovative and efficient policies, strategies and methods to promote and protect health. It is my wish that tackling the whole range of health determinants and partnerships are put at the forefront of the Charter and that it will become a useful tool for countries wishing to adopt the determinant approach to enhance public health.

Finally I want to stress my conviction that the WHO has a very important role to play in promoting development and cooperation to improve the knowledge on health promotion. At the same time we - representatives of Member States - must improve our efforts and upgrade our commitments in this field, in order to actively strengthen our work in the governing bodies so that health promotion becomes a key strategy in tackling major public health challenges and is clearly visible in the budget as well as in the organizational structure. In this regard, health promotion should definitely get the attention that it deserves in the upcoming General Work Program of the WHO, covering the period 2006-2015.

Thank you.