

Public health legislation and intersectoral action at local level - experiences from Finland

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Background

- Finland has 320 municipalities
- Lots of small municipalities; number of inhabitants range from 1400 to 604000
- 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.

Development towards Health and wellbeing in All Policies in Finland

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



Legislation on promotion of health and wellbeing

- Constitution 19 §, 1999
 - “The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and promote the health of the population.”
- Local government Act 1 §, 1995
 - “Municipalities shall strive to promote wellbeing of their residents and promote sustainable development in their areas.”
- Public Health Act (1972) 2006
- Health Care Act 2010

Development towards HiAP in Finland (1)

- 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)
- Recently: broad objectives, Governmental intersectoral programmes
 - Policy Programme for Health Promotion
 - National Action Plan to reduce health inequalities 2008-2011
- 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”

Lessons from Finland

- what is needed

- Long term commitment and vision
- Public health capacity and expertise for advocacy - all levels
- Data on health and wellbeing and their determinants, analyses of the links between outcomes, determinants and policies
- 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
 - Parliamentary and/or intersectoral committees and working groups, hearings, impact assessments, public health reports etc.
- Legislation

HiAP on local level

- Legislation 2006 and 2010

- Objectives and measures
 - In municipal strategies objectives for promotion of health and wellbeing of the inhabitants
 - Measures needed
- Responsibilities and co-operation
 - Responsibilities defined
 - Co-operation between administrative sectors, with other local actors, private enterprise and NGO's (already from 2006)
- Impact assessment
 - Consideration of the impacts of decisions on the health and wellbeing of the inhabitants
- Monitoring and reporting

TEAviisari - comparative health promotion data online

- Free and open access online service:
www.thl.fi/teaviisari
- Health promotion capacity building of municipalities and regions in four sectors:
 - Municipal management
 - Primary health care
 - Comprehensive school and upper secondary education
 - Physical activity
 - Coming: services for the elderly

Health promotion as a municipal activity in TEA-viisari

- Commitment
- Management
 - how organised and implemented
- Population health monitoring and needs analysis
- Resources and skills
- Joint practices
- Participation
- Other core functions

Health Care Act

Objectives and measures (12§)

- In municipal strategies objectives for promotion of health and wellbeing, based on the local needs and circumstances
- and necessary measures
- = Commitment

Implementation plan accepted by the politicians

- Intoxicants and mental health 71 %
- Physical activity 70 %
- Violence and safety 67 %
- Non-smoking 64 %
- Environment and climate 59 %
- Accidents 55 %
- Nutrition 54 %
- Sexual health 33 %

Implementation plan accepted by the politicians

- Children and adolescents 81 %
- Elderly 77 %
- Disabled 67 %
- Working aged population 62 %
- Unemployed 61 %
- Migrants 58 %

Responsibilities and co-operation (12§)

- Responsibilities defined
 - much variation between municipalities, most often management group of the municipality
- Co-operation between administrative sectors, with other local actors, private enterprise and NGO's (already from 2006)
 - intersectoral working groups, NGOs and other local actors not so well included
 - regional working groups

Prospective impact assessment (11§)

- Consideration of the impacts of decisions on the health and wellbeing of the inhabitants
- Human impact assessment as a tool

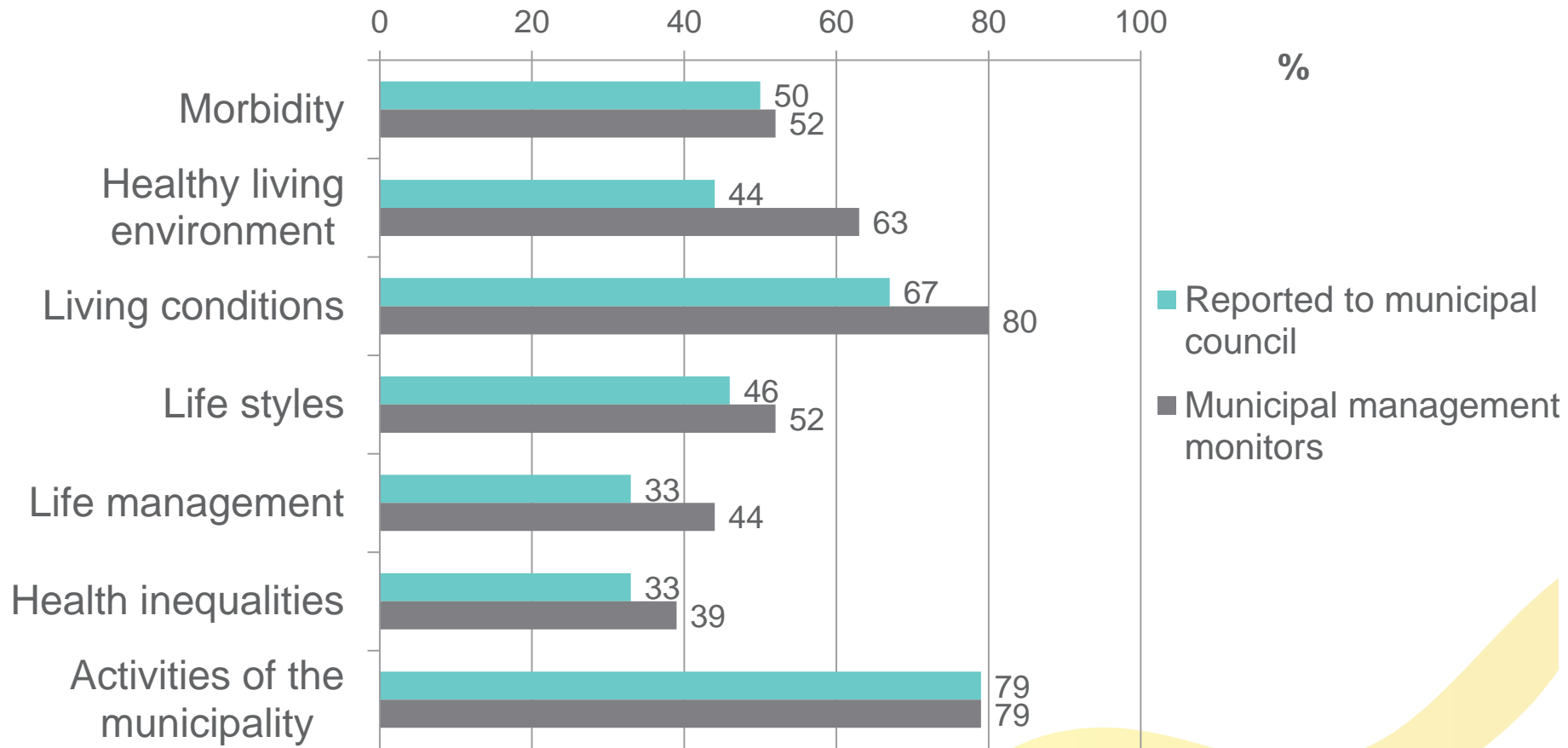
Prospected impact assessment of municipal board decisions, impacts on:

Children	39 %
Elderly	39 %
Persons of working age	36 %
Health conditions	30 %
Business	30 %
Gender	29 %
Environment	29 %
Area within the municipality	26 %
Socioeconomic status	23 %
Cultural background	22 %

Monitoring and reporting on health and wellbeing (12§)

- Health and wellbeing of the inhabitants and their determinants according to population groups
- Measures implemented
- Report on health and wellbeing annually to the municipal council
- A more extensive report on health and welfare once during each council's term of office
- In majority of the municipalities a welfare report in 2013
 - Ready in 70 municipalities (33 %), under preparation in 117 (55 %)
 - Electronic reporting system

Contents of monitoring and reporting (%)



Reform of the social and health care services in Finland

- Responsibility for arranging the services with five social and health care regions
- All social and health care services under the same administration and budget
- Provision of services by joint municipal authorities able to provide all services
 - social and health care, primary and specialised services
- Stronger steering by the Ministry and Government
- Bill to the Parliament in November, Act into force in early 2015, new regions to start operating on January 2017

8th WHO Global Conference on Health Promotion

- 10-14th June 2013 in Helsinki, Finland
- Jointly organized by the Ministry of Social Affairs and Health of Finland and the WHO
- Health in All Policies key theme of the conference
- Implementation of the HiAP approach throughout government
- Emphasizing the need for action beyond the health sector
- Showcasing successful approaches
- 800 participants from 120 countries, incl. 26 least developed countries

The Helsinki Statement on HiAP

- Recommendations to national governments for guidance in implementation of HiAP
 - Commit to health and health equity as a political priority
 - Ensure effective structures, processes and resources
 - Strengthen the capacity of MoH 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
- Recommendations to WHO



New book: Health in All Policies: seizing opportunities, implementing policies



MINISTRY OF SOCIAL AFFAIRS AND HEALTH

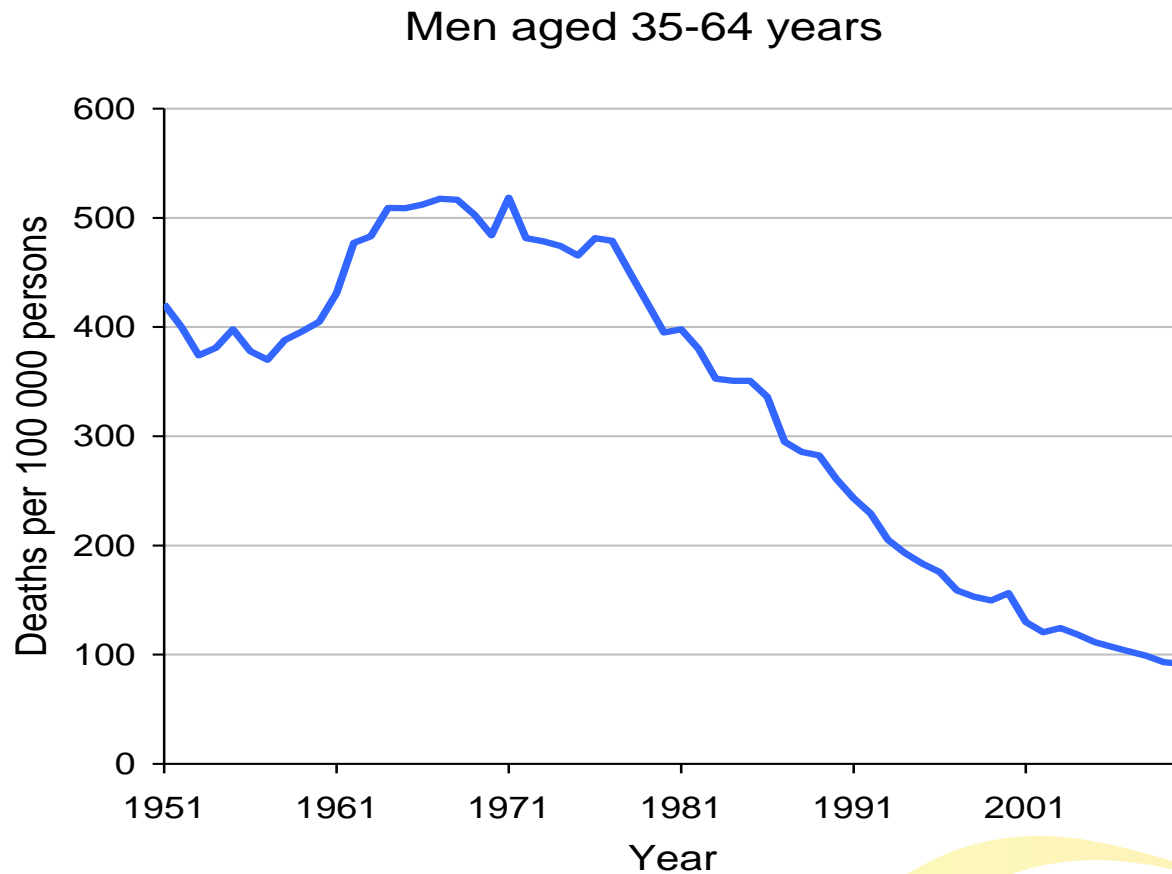


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Contributing to social and economic development: sustainable action across sectors to improve health and health equity

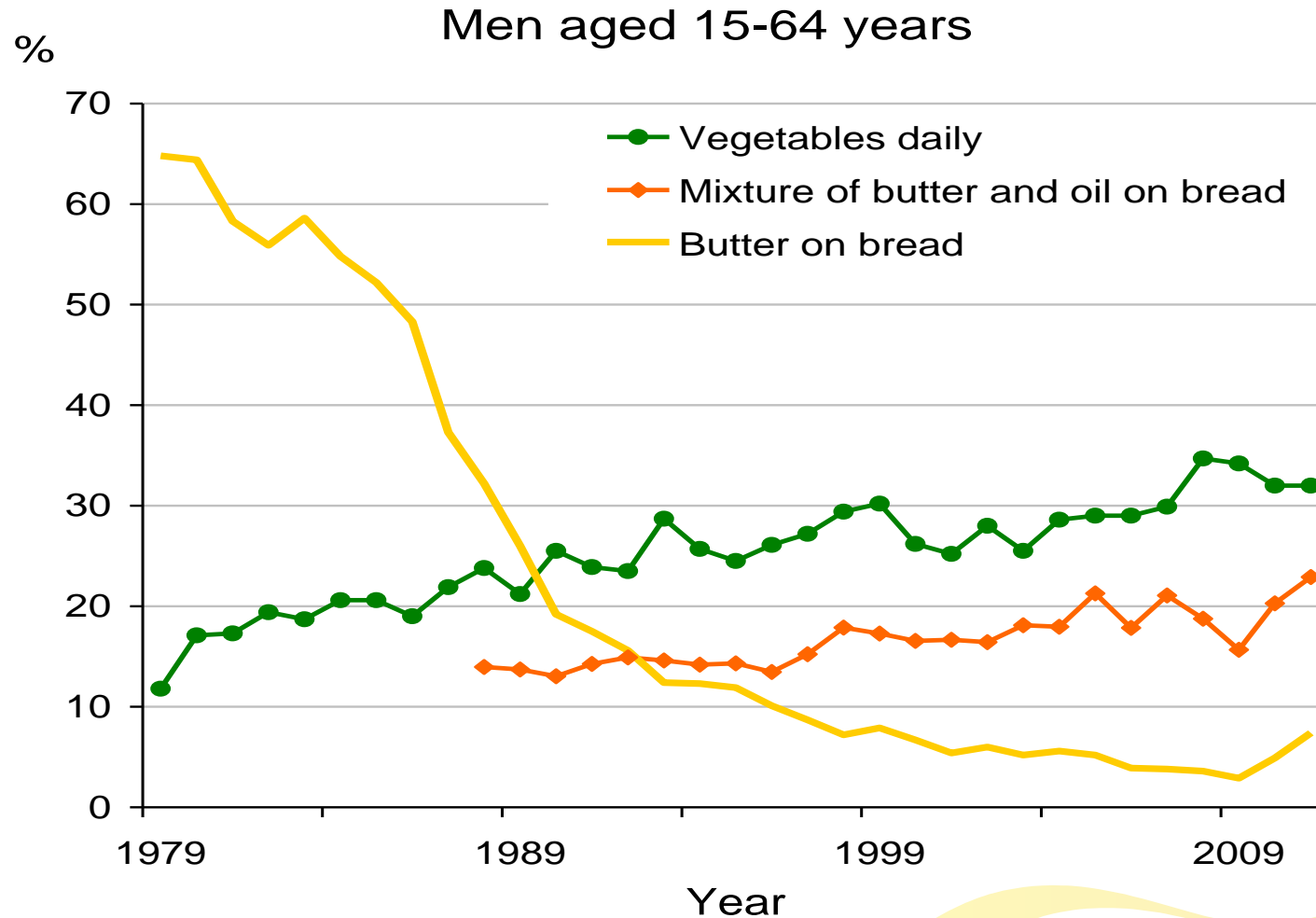
- Based on the Helsinki Statement on HiAP
- Urges Member States:
 - health equity as a priority
 - legislation, cross-sectoral structures, processes, methods and resources
 - sustainable institutional capacity, with knowledge and skills
 - include relevant stakeholders
 - contribute to post-2015 development agenda
- Requests the Director-General:
 - Framework for Country Action
 - guidance and technical assistance, strengthen WHO's role
 - work with UN system and other international organizations

Mortality due to ischaemic heart diseases in 1950 - 2010



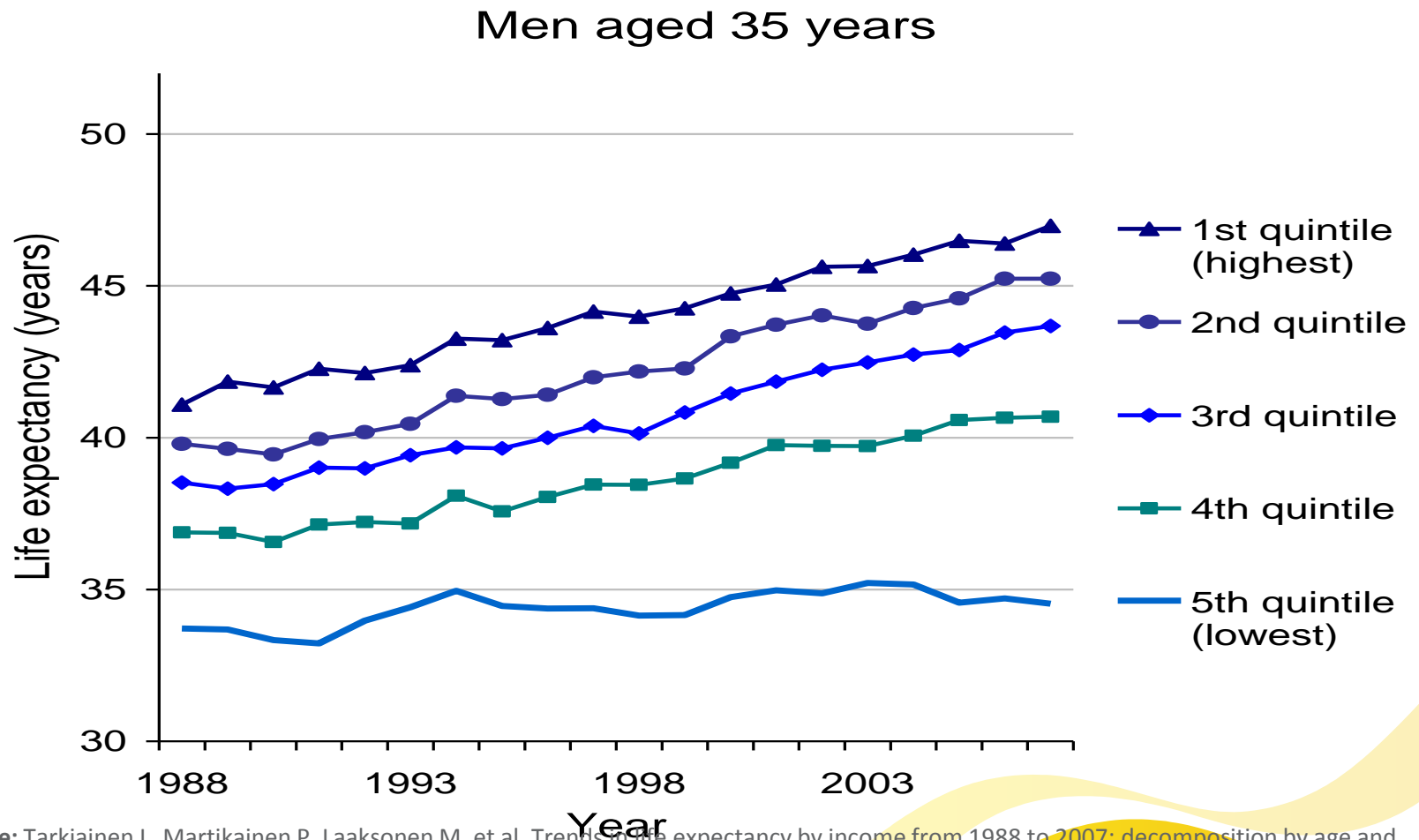
Reference: Koskinen S, Aromaa A, Huttunen J, Teperi J. Health in Finland. Helsinki 2006.
Official Statistics of Finland. Causes of death. Statistics Finland 2012

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

Life expectancy of men aged 35 years by income quintile in 1988-2007



Reference: Tarkiainen L, Martikainen P, Laaksonen M, et al. Trends in life expectancy by income from 1988 to 2007: decomposition by age and cause of death. Journal of Epidemiology and Community Health (2011). Vol. 66, Issue 7, pp. 573-578.

Creating opportunities for HiAP

(Eeva Ollila, Scan J Public Health, 2010)

ISSUES:
Creating understanding,
commitment and accountability
for the issue.



WINDOW



TOOLS:
Creating and selecting
policy solutions.



DEALS:
Creating and identifying
political circumstances.