Health in All Policies-The Finnish Initiative: Background, Principles, and Current Issues

Case Metadata
FIN--Finland_SPR_Puska_and_Stahl_2010-2010

Intersectoral Action Experience Approximate Start Date: Saturday, June 16, 2007
Intersectoral Action Experience Duration: 38 years (on-going)

Case Geography
Jurisdiction(s) of Implementation: North Karelia province
Country: Finland

Policy Issue
Policy Issue: “Many early World Health Organization programmes and strategies”, the Alma Ata meeting and declaration (1978) and the Ottawa Charter (1986) illuminated “how social and cultural environment affect people’s health and how and broad range of policy measures is needed for successful public health”. In 1972, the Finnish Economic Council advocated that comprehensive health policies had to extend beyond addressing health care. Several developments among the community of European countries from the 1950s through the 2000s further emphasized the need for an intersectoral approach to health, as well as provided tools or action, such as Health Impact Assessment. In 2001, the Finnish government introduced the Health 2015 public health programme; both this programme and the National Report on Social and Health Affairs advocated for “broad policy actions” to improve population health. In 2006, Finland held the presidency of the EU and chose Health in All Policies as the main public health theme for policymaking across the EU; a conference was held to “get the issue on the EU’s political agenda. In the build-up to the 2007 elections in Finland, the Finnish Heart Association and the Finnish Diabetes Association stimulated a debate about the need for an intersectoral approach to health promotion. In this case, the policy issue reflected a gradient in health in Finland.

Explicitness of Equity: Explicit
Type of Inequality: Overall socioeconomic gradient
Short Phrase: Health system reform/sustainability [1]

Policy Solution
Overview: Following the 2007 elections, the new government introduced the Policy programme for Health Promotion to use “coordinated action...in all policies” to broaden the inclusion of health in decision-making and service provision at all levels of government, as well as in civil society, the private sector and at the individual-level. A range of policy measures involving multisectoral action for public health were subsequently undertaken, including an action plan entitled, Government Policy Decisions on Healthy Diet and Physical Activity, and a target to reduce health inequalities via the Policy programme for Health Promotion. The National Public Health Institute and the National Research and Development Centre for Welfare and Health were also merged into the National Institute for Health and Welfare, which aimed to provide “research and expertise to serve public health and welfare and support health and social services with expert advice, development, and monitoring and to help protect and promote the welfare of Finnish people by active communication and interaction in Finnish society.” More communication across government sectors about nutrition, education, physical activity and urban planning has also occurred.
Policy Solution: Constituents [2]

Sector To Whom Implementation of Policy Solution is Accountable: "(N)ational coordination was the responsibility of the National Public Health Institute"

Instruments for Implementation and Institutional Context: National programme implemented by all levels of government.

Financing: N/A

Program Theory

Strategy: Policies influenced by the Policy programme for Health Promotion in Finland could have potentially used either a population, target group, or individual high risk strategy, depending on the specific approach with respect to health inequalities (Unclear). For example, several consumption taxes are mentioned as having resulted from the strategy (e.g., for tobacco, alcohol, soft drinks and sweets), which would reflect a population strategy since it applies to all individuals in Finland, regardless of socioeconomic status.

Category of Main Strategy: Population strategy/universalism [3]

Scope of Intervention: Whole population or universal

Unit Level of Intervention: Individuals, families and communities [4]

Social Determinants of Health Entry Point: The policies influenced by the Policy programme for Health Promotion could potentially reflect any entry point to address all types of social determinants of health. For example, several consumption taxes are mentioned as having resulted from the strategy (e.g., for tobacco, alcohol, soft drinks and sweets), which reflects an attempt to reduce differential exposure to unhealthy lifestyles by addressing health behaviours (i.e., an intermediate determinants of health).

Social Determinants of Health Category: Structural [5]

Summary: The Policy programme for Health Promotion was a Health in All Policies approach to coordinate health public policies that potentially addressed all types of social determinants of health using diverse targets and strategies.

Details on Intersectoral Engagement Process Leading To or Implementing Intersectoral Action: No

Sectors Involved in Leadership: "Initiation: MI Development: MI Implementation-Evaluation: The National Institute for Health and Welfare play a key role in monitoring and evaluation, provision of expertise, and knowledge dissemination to support public health and health promotion activities. The National Nutrition Council and the National Council for Health Enhancing Physical Activity Leadership were responsible for coordinating and implementing the Government Policy Decisions on Healthy Diet and Physical Activity, in particular."

Description of Industry/Private Sector Involvement: The Policy programme for Health Promotion aims to influence social decision-making and the service system, in part, in business and workplaces.

Description of Civil Society Involvement: The Policy programme for Health Promotion aims to influence social decision-making and the service system, in part, in organizations.

Description of Academic Involvement: N/A

Description of Use of Impact Assessment: No

Concept of Success of the Policy Solution: MI

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Links:
[1] https://extranet.who.int/isacs/policy-issue-tags/health-system-reformsustainability
[3] https://extranet.who.int/isacs/strategy-type/population-strategyuniversalism
[5] https://extranet.who.int/isacs/social-determinants-health-category/structural