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Health in all policies (HiAP) is defined 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. It improves the accountability of policy-makers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being (WHO 2013).

In other words the aim is that whatever policies are decided and put in place, the implications of those policies to health, health equity and health systems would be considered and an effort be made to optimize health, health equity and health systems consequences, including mitigating any potential adverse effects, of such a policy and its implementation.

The need for HiAP raises in most cases from a need to address:

1. Complex health, equity or health systems issue that need to be tackled intersectorally
 - Many problems in health, equity of health systems require intersectoral policy solutions, for example suicide prevention, addressing increasing obesity in the population or cancer prevention are not solved by the health sector alone.
2. High priority government goal that necessitates health sector contributions to be successful
 - for example preventing and preparing for the effects of climate change, the health sector contributions are needed both in terms preventing climate change (for example highlighting issues around nutrition and tobacco, decreasing problems from toxic waste deriving from the health sector) and in terms of mitigating the effects of climate changes (for example raising temperatures within health facilities).
3. Policy proposal emanating for another policy-making sector with implications for health, health equity or health systems functioning
 - For examples: International trade agreements can affect the framework of pharmaceuticals regulation and pricing, health sector provision or food quality and labelling, regulations concerning the audiovisual area can affect marketing of products important for health. At national or subnational regulations, plans or programmes affecting school curricula and its contents in terms of physical activity, home economics and health as a subject or the availability and quality of school food affect the health of school children. Some EU-level examples are presented in the appendix.

In this background note we will concentrate mostly on the first, i.e. cancer prevention as a complicated health problems that should be addressed intersectorally. With the cancer code as a starting point the emphasis is on aiming at an environment in which the cancer code recommendations are as easy and attractive for individuals or possible. It is noteworthy that cancer prevention should be addressed also as part of the two latter situations.

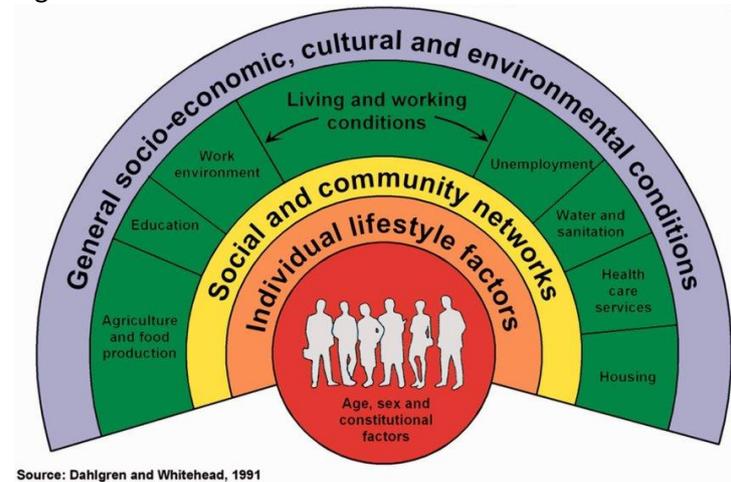
Cancer prevention as an aim of Health in All Policies

Health is constructed in the society where we live (Figure 1), even if individual choices also matter. A major task for cancer prevention is to facilitate changes in the living environment and conditions that make alignment with the cancer code possible, easy and attractive. The Ottawa Charter outlined the five major strategies for health promotion. HiAP is a strategy similar, but not identical, to the healthy public policies strategy of the Charter.

In addition to the public sector actors, NGOs and social and community networks, private sector actors are important for amending the risk-factors for cancer. Industries linked to production and selling of tobacco, alcohol and food stuffs are obvious examples. Proper means for identifying,

avoiding and managing conflicts of interests are important.

Figure 1



When promoting health it is in general more fruitful and practical to address health determinants or risk factors than to pursue disease based prevention programmes. Therefore it makes sense to pursue determinant based policies together with other public health actors on common determinants through structural means as part of an HiAP.

Box 1. Common aspect of addressing important “life style” determinants through structural means

- availability
 - for tobacco for example: restrictions on entering the market, restrictions in selling, restrictions in use, issues around taxation
 - for nutrition for example: availability of healthy foods in public catering
- price
 - higher taxation for harmful products (tobacco products, alcohol, sugar etc) and lower taxes/subsidies for healthy
- quality
 - regulations on ingredients, production and preservation
- information
 - for tobacco for example: restrictions on marketing and advertisement, packaging, mandatory health warnings, visibility of products in shops
 - for alcohol for example mandatory information on the carcinogenic nature of alcohol, on energy contents and nutritional qualities
 - for nutrition for example: mandatory lists of ingredients, regulations on health claims, marketing ban on fast food for children, information to facilitate evaluating the nutritional value

Identifying and implementing policies for cancer prevention using HiAP approach

For policies to be successfully implemented three major components have been identified and recognized by those that have the power to make a change, namely

1. What needs to be changed (problem)?
 - The problems are often identified by researchers, for example the components of cancer code have been identified by extensive review of epidemiological research. In addition to be identified by researcher, the problem needs to get recognized by policy-makers before it will be acted upon.
2. What are the solutions (policies)?
 - Effective evidence-based policies are also often identified by policy communities, including public health institutions and universities. Many times the solutions will be found from outside the health sector. To be successful the policy solutions have to be technically sound, economically feasible and ethically and culturally acceptable.
3. Who are the main actors that can make the change and what are their current agendas, aims and initiatives (politics)?
 - What is the politics environment: the structure, actors, agendas, dynamics and timing of the policymaking?
 - Intersectoral structures, processes and networks facilitate identifying and anticipating important opportunities and challenges.
 - Practical windows of opportunities are provided by elections, government change, new plans or reforms, or an ongoing process for a policy change to which the desired public health aspect can be included - or which without a public health based interventions threatened a public health aim.
 - It is helpful if the suggested policy also helps to achieve the aims of the "owner" of the politics process. This is, however, not always possible, policy-situations are not always win-win situations, at times they may even contradict.

Figures 2 and 3

In order to be successful in HiAP, the recognized problem and feasible solution and opportune political situation need to coexist (Figure 2). The problems and the policy need to get recognized by the policymaking actors in a timely manner, a situation often facilitated by proper communications strategies.

Windows of opportunity open and close as policy-making processes take place, as they have their own logics and timelines. If an opportunity is missed, the window will close and make a desired change more difficult. (Figure 3)

Understanding the processes and their timelines helps to anticipate the windows of opportunity, including for preparing in advance with evidence on the problems and the desired policies ready for the opportune moment in politics.

Figure 4.4: Alignment of problems, policies and politics in creating "windows of opportunity"

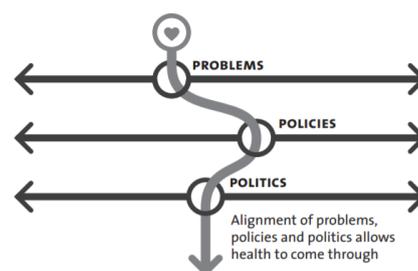


Figure 4.5: "Windows of opportunity" in policy formulation and implementation



Literature:

Leppo K, Ollila E, Peña S, Wismar M, Cook S. Health in All Policies. Seizing opportunities, implementing policies. Ministry of Social Affairs and Health, Finland, National Institute for Health and Welfare, Finland, European Observatory on Health Systems, 2013, available from <http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/health-in-all-policies-seizing-opportunities,-implementing-policies-2013>

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Appendix

Examples of concurrent opportunities to prevent cancer by using HiAP by inserting a public health intervention to an ongoing policy process:

1. Taxation of tobacco and other nicotine products, and alcohol

The prices of tobacco and alcohol products differ between the EU countries limiting the use of taxation as a public health measure for individual EU country due to travelers' importing these harmful products from other EU countries with lower prices. As a result, the taxes remain in the countries of purchase with lower prices, while the harms land in the country of import with the higher price. The increasing differences in the prices of these harmful products between neighboring member states currently limit the member states' ability to use taxation as a public health measure. As for tobacco taxes, EU is also party of the FCTC that addresses tax and price measures of tobacco products as an important corner stone for tobacco control.

The Directive 2011/64/EU defines the minimum level excise duties on tobacco and alcohol products. Electronic cigarettes, heated tobacco products or other novel products are not subject to harmonized tax under the current Directive. Some EU countries have nationally set taxes on new tobacco and nicotine products.

The remedies for the situations could include: At the EU-level negotiate for higher minimum level excise duties for tobacco and alcohol products and include an explicit mention on new tobacco and nicotine products. Furthermore negotiate as an exemption to free trade within the EU (Directive 2008/118/EC), for import restrictions on tobacco and nicotine and alcohol products based on public health need and on market failure reasons so as to remedy the unhealthy consequences of low priced tobacco, nicotine and alcohol products pouring in from other member states with low prices on these harmful products. Furthermore, negotiate nationally incrementally increasing taxes for tobacco and other nicotine products, alcohol and other substances harmful for health, such as sugar.

At EU level this would involve DG GROW, DG AGRI and DG EMPL. For preparing the national stands, depending on the member state the matter could fall under Ministries of Finance, Industry, Trade, Health, Social Affairs and perhaps Agriculture. Relevant directives are currently under discussion within the EC, and national stands for the EU positions are being prepared.

2. Marketing of harmful products

The new Audiovisual Media Services (AVMS) Directive bans advertising of cigarettes & tobacco, including e-cigarettes and refill containers, alcohol advertising aimed specifically to minors or encouraging immoderate consumption, as well as includes limitations on sponsorship and product replacements. It requires EU countries to ensure specific protection for children, including banning product placements in children's programming.

The negotiations on the Directive have required input from public health professionals. The implementation of the directive by transposing it at the national level is due by September 19, 2020. A timely HiAP action would be to ensure that the national legislation currently under preparations, presumably under the Ministry of Communication or a corresponding authority, is precisely enough and has proper implementation mechanisms to ensure that the directive is properly enacted and monitored at national level.