



**European Union (EU) Open Health Forum
Together for Health – A Strategy for the EU 2020**

**Health in all policies from the
international perspective**

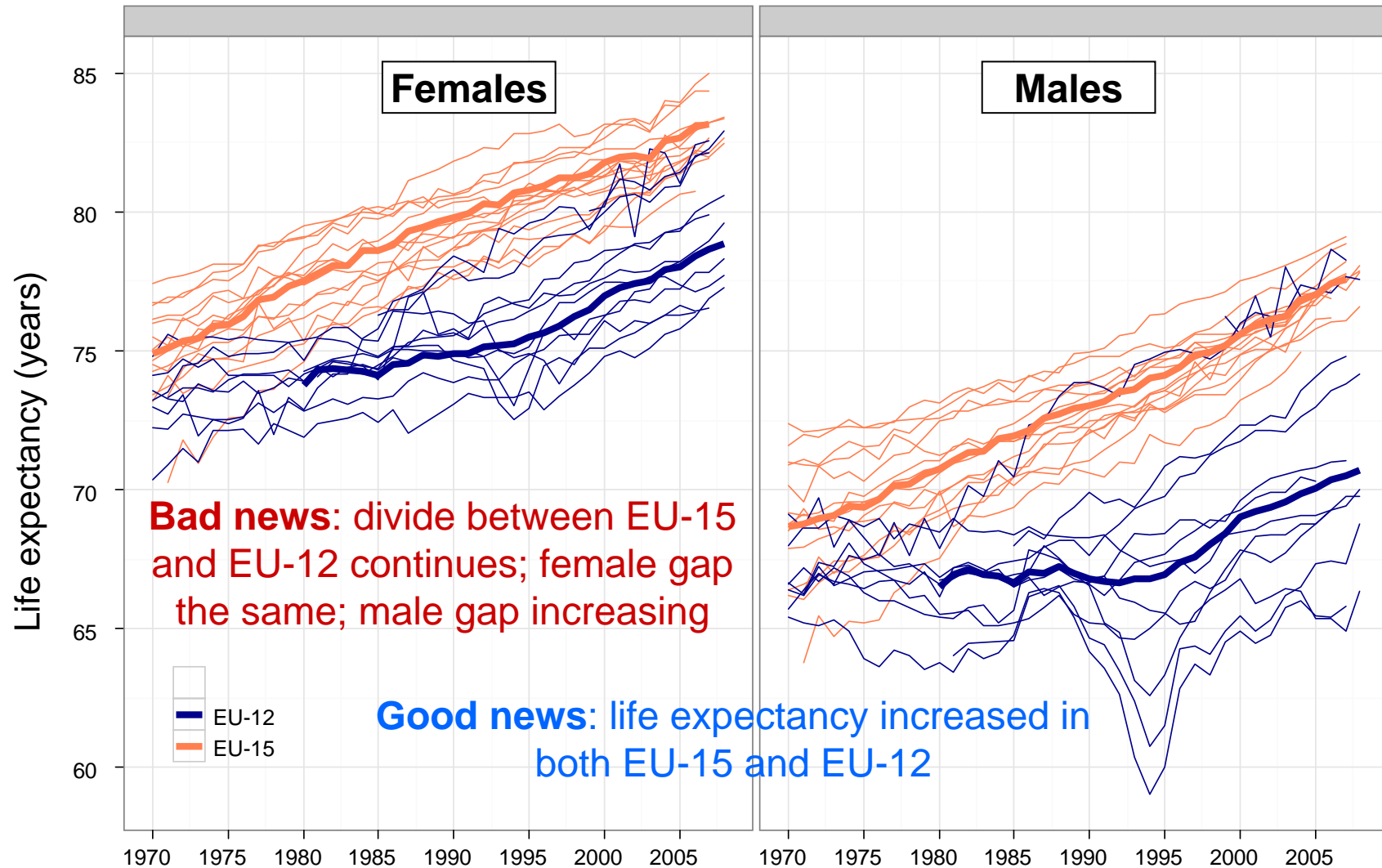
Zsuzsanna Jakab
WHO Regional Director
for Europe

Brussels, 29–30 June 2010

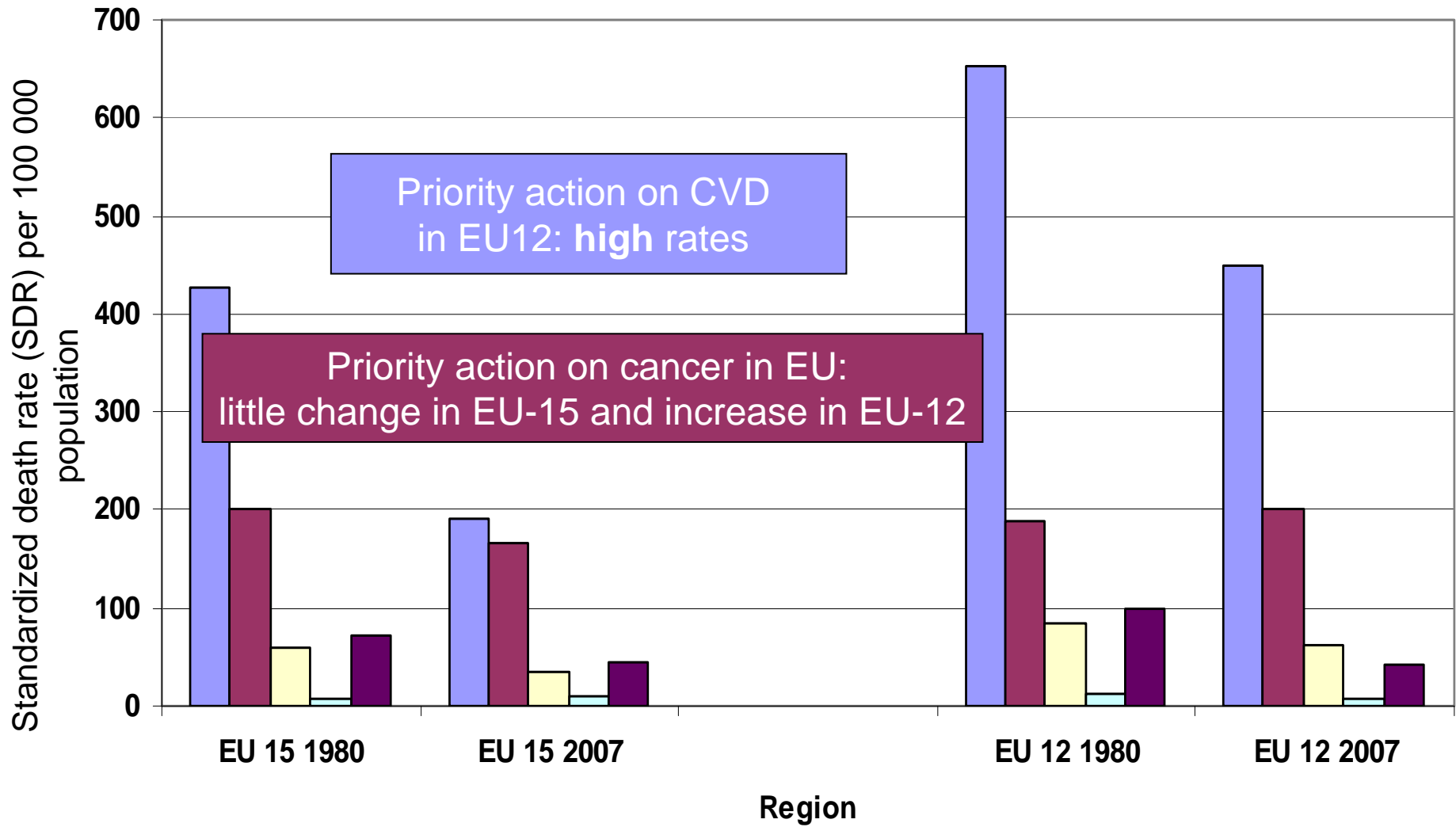
Agenda

- Why a “health in all policies” (HiAP) approach is crucial for the health of European citizens: the evidence
- Key features of an HiAP approach and some examples from different sectors

Trends in life expectancy at birth in EU countries, 1970–2007

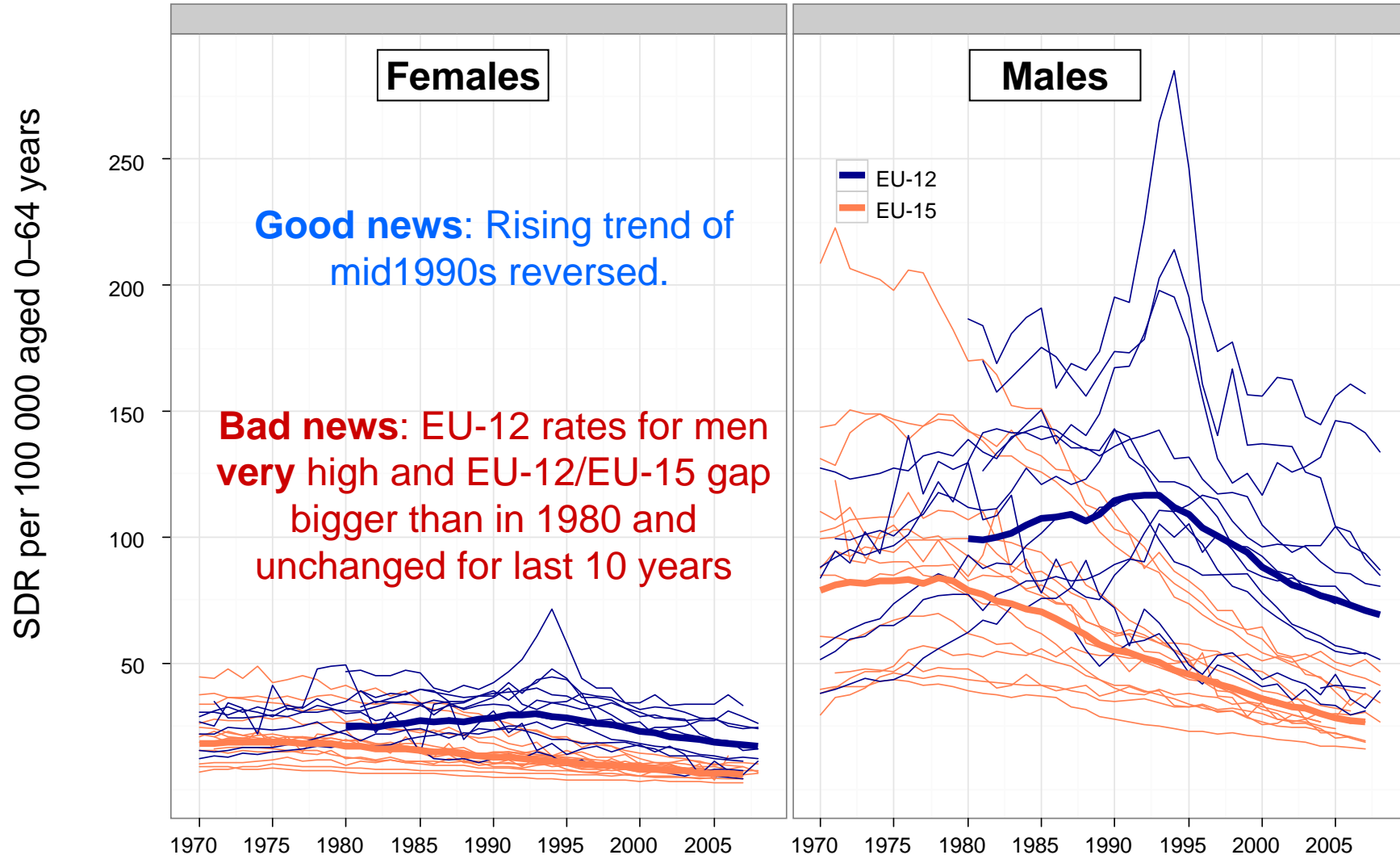


Main causes of death in the EU



■ Cardiovascular ■ Cancers ■ External causes ■ Infectious disease ■ Respiratory system

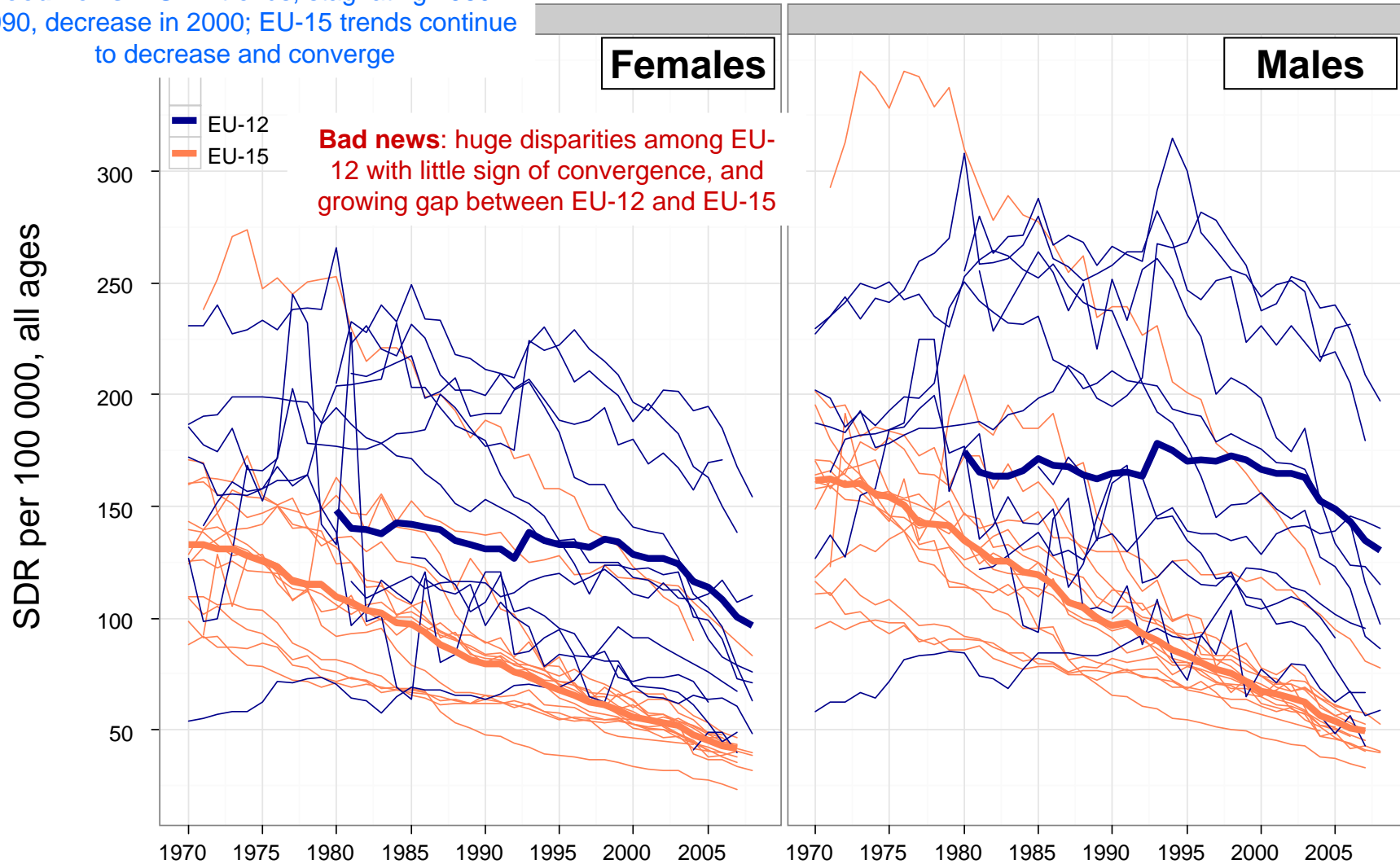
Trends in premature mortality from ischaemic heart disease in EU countries, 1970–2007



Source: European Health for All database, WHO/Europe, 2010.

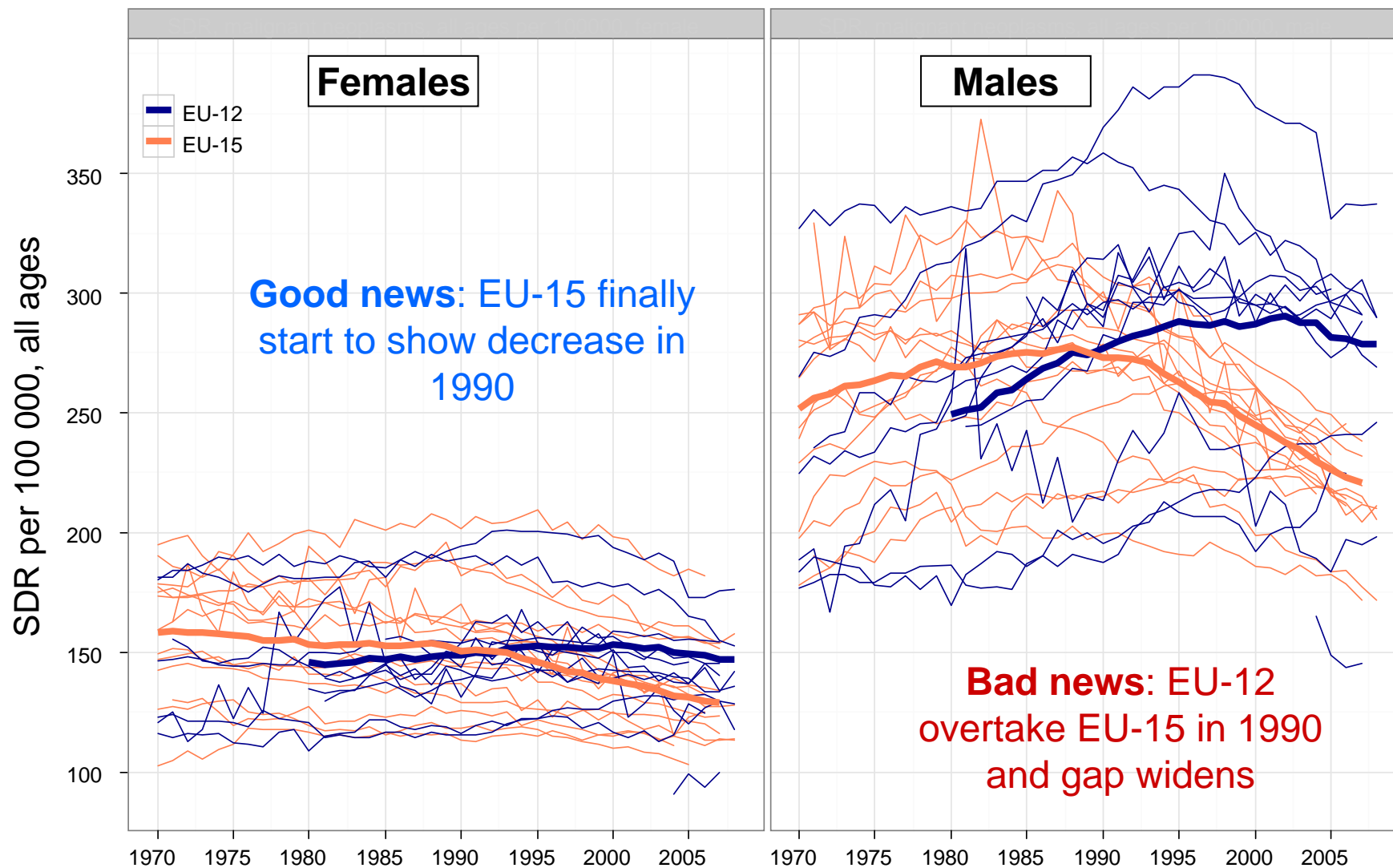
Trends in mortality from cerebrovascular disease in EU countries, 1970–2007

Good news: EU-12 trends, stagnating 1980–1990, decrease in 2000; EU-15 trends continue to decrease and converge



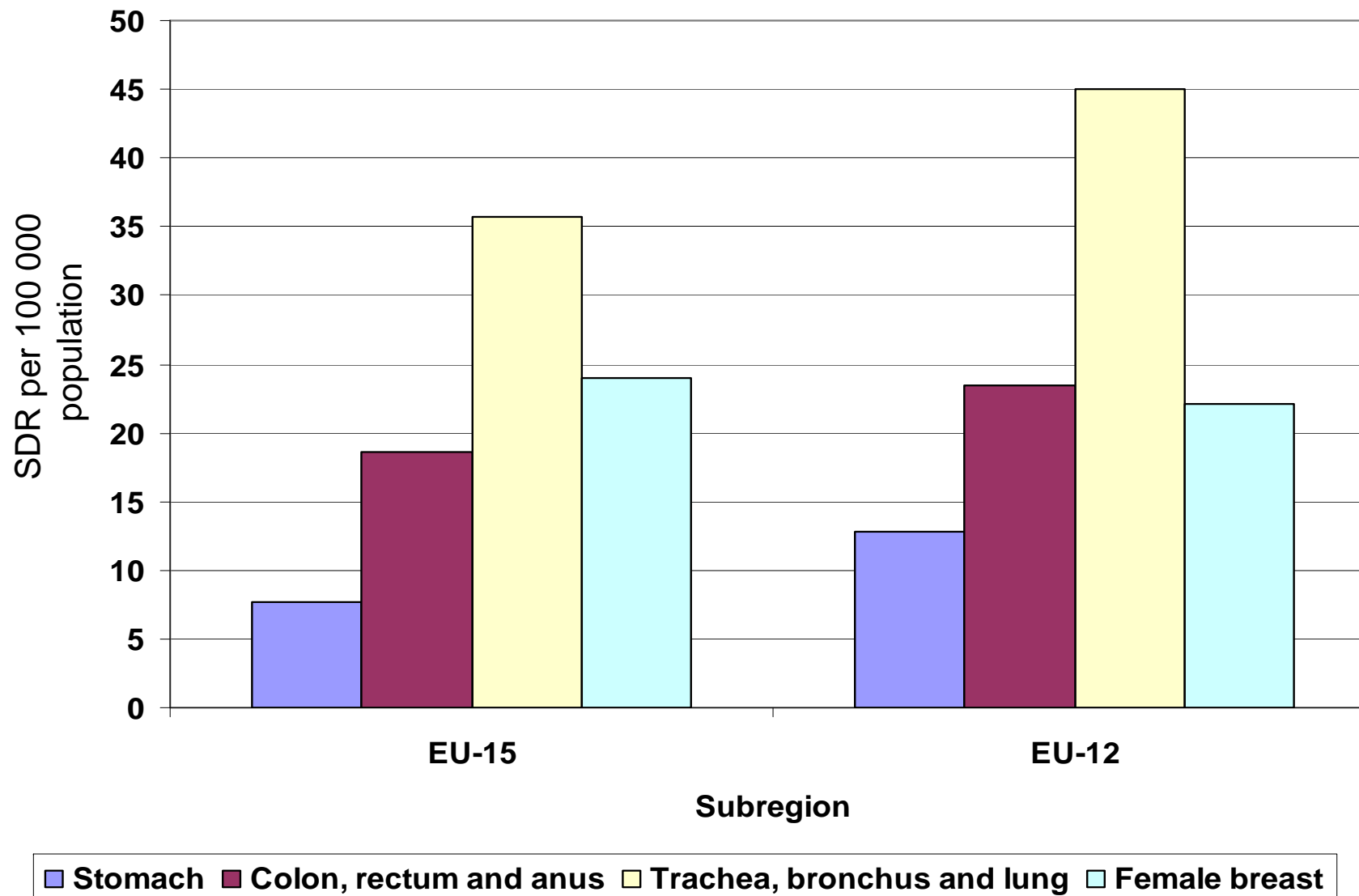
Source: European Health for All database, WHO/Europe, 2010.

Trends in mortality from malignant neoplasms in EU countries, 1970–2007



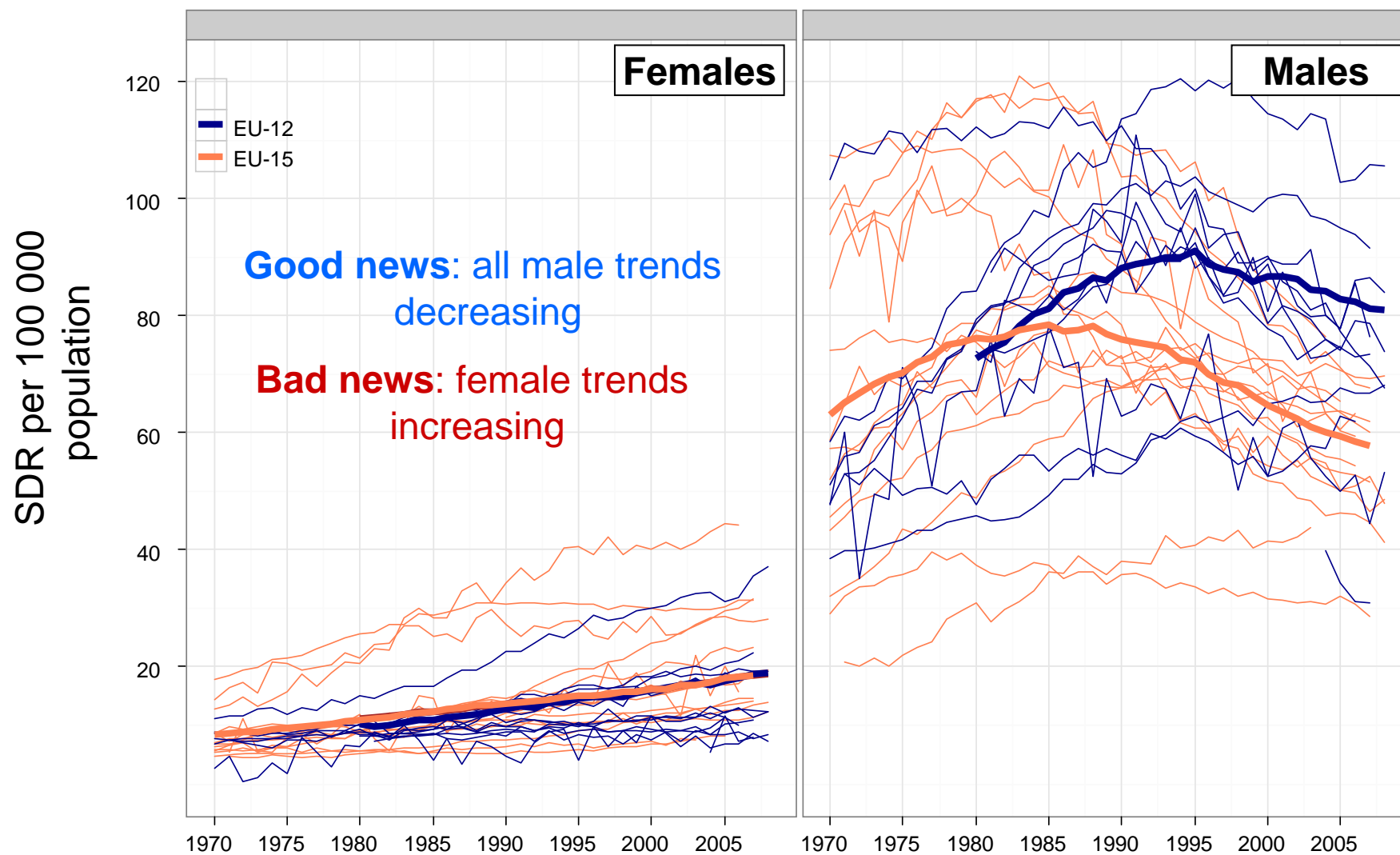
Source: European Health for All database, WHO/Europe, 2010.

Mortality from main causes of cancer by EU subregion, around 2007



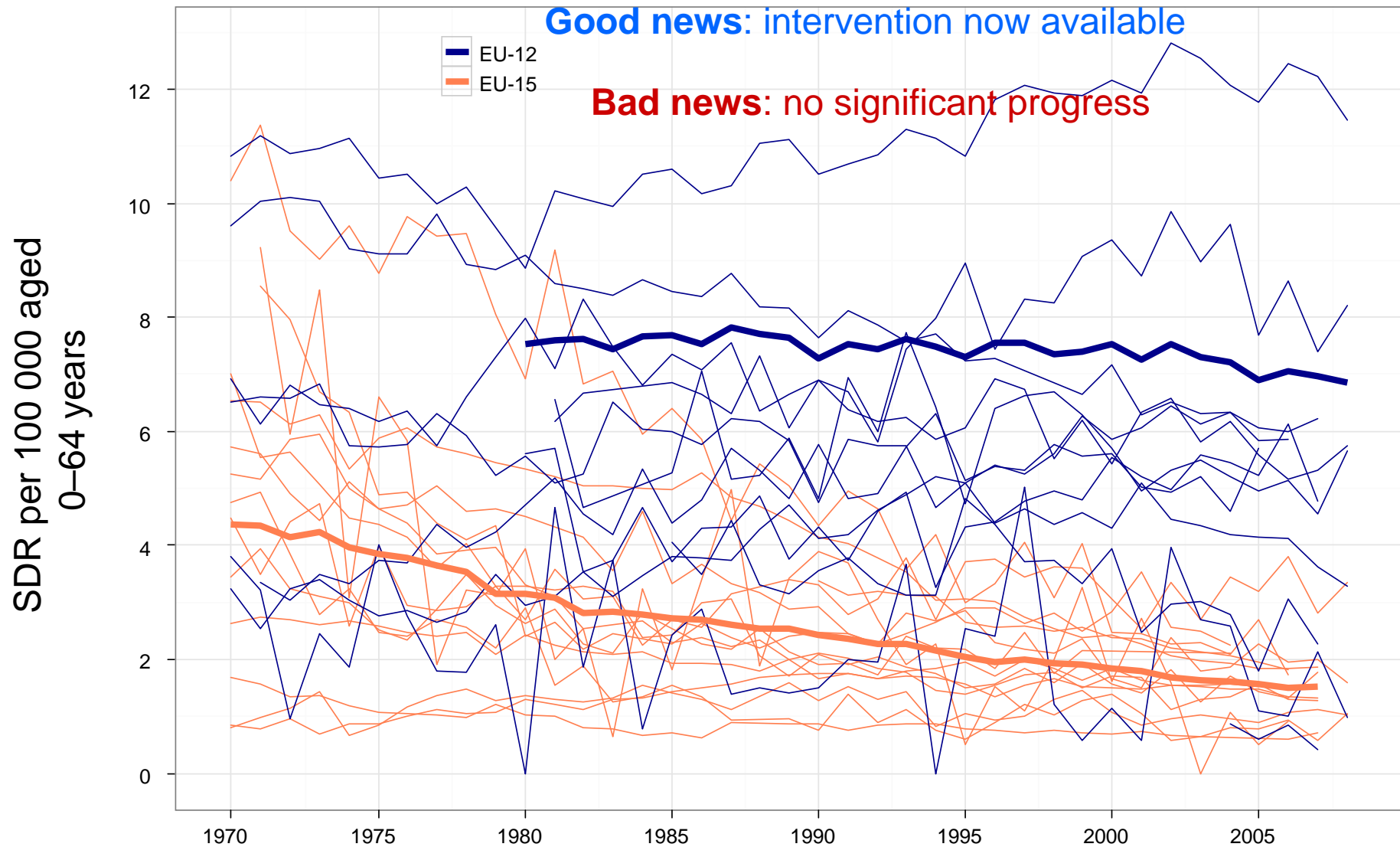
Source: European Health for All database, WHO/Europe, 2010.

Trends in mortality from trachea, bronchus and lung cancer in EU countries, 1970–2007



Source: European Health for All database, WHO/Europe, 2010.

Trends in premature mortality from cancer of the cervix uteri in EU countries, 1970–2007



Source: European Health for All database, WHO/Europe, 2010.

Measuring health status

- Health is more than mortality.
- Hence disability-adjusted life-years (DALYs), which try to encapsulate both mortality and disability!
- DALYs are distributed into three groups: communicable diseases and maternal and child health; noncommunicable diseases, and injuries and other external causes

Leading causes of DALY loss in EU countries, 2004

- **Unipolar depressive disorders**
- **Ischaemic heart disease**
- Hearing loss, adult onset
- Alzheimer and other dementias
- Chronic obstructive pulmonary disease
- Cerebrovascular disease
- Osteoarthritis
- Diabetes mellitus
- Cataracts
- Road traffic accidents
- Trachea, bronchus and lung cancers
- Poisonings
- Alcohol use disorders
- Cirrhosis of the liver
- Inflammatory heart disease
- Self-inflicted injuries

Attributable DALYs by risk factor and income group in WHO regions,^a estimates for 2004

Prevention, promotion and strong health systems are needed to eliminate the highlighted risk factors. **Many risks outside the health sector need the HIAP approach.**

Action on just these 7 risk factors would **reduce nearly 60% of DALYs** in the WHO European Region and **45% in high-income European countries.**

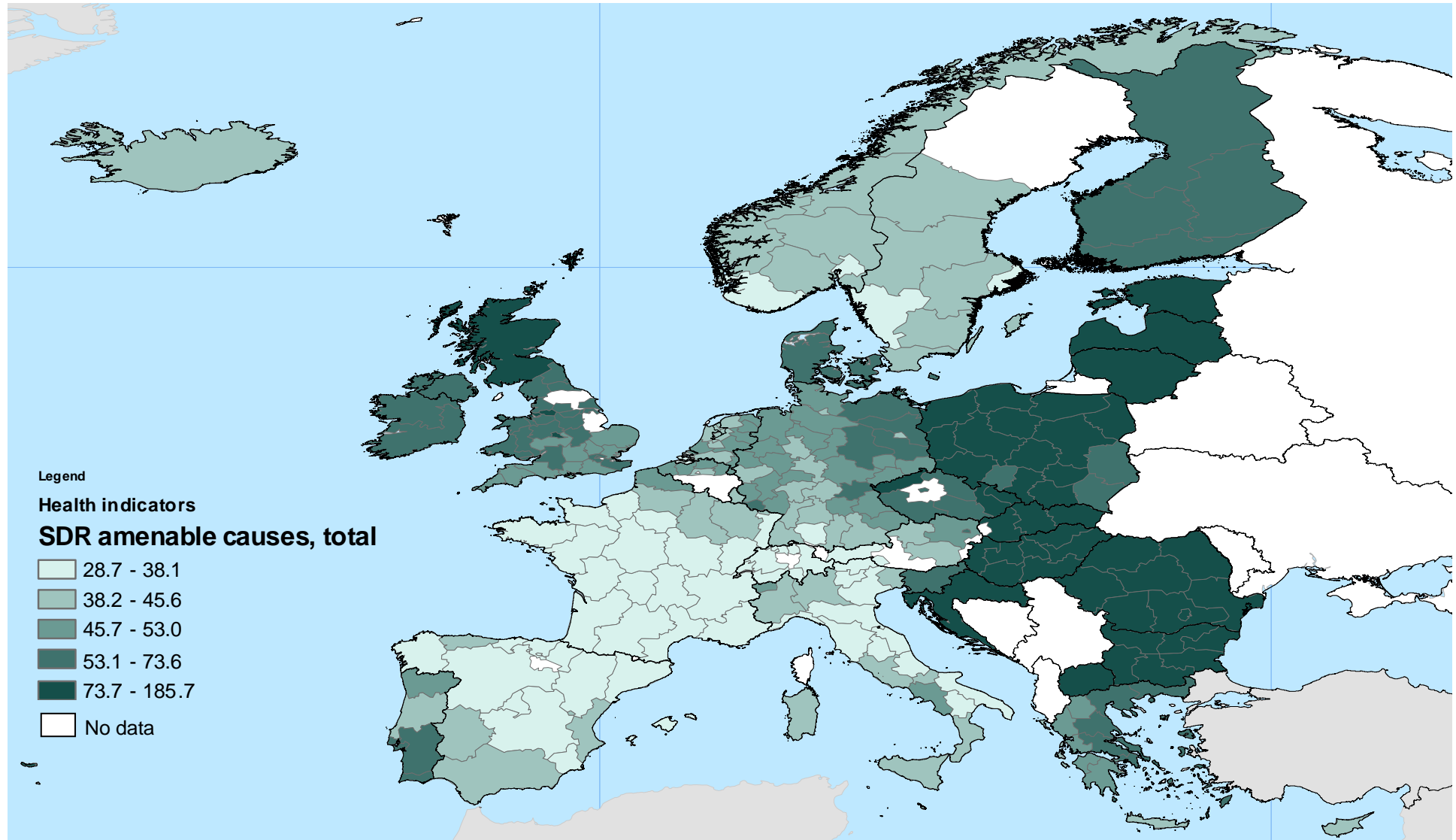
Risk factor ^b	Europe		
	Total	High income	Low and middle income
Population (millions)	883	407	476
	(000)	(000)	(000)
Total DALYs (all causes)	151 461	49 331	102 130
<i>Childhood and maternal undernutrition</i>			
Underweight	1 148	19	1 129
Iron deficiency	948	251	696
Vitamin A deficiency	318	1	317
Zinc deficiency	174	1	174
Suboptimal breastfeeding	1 263	98	1 164
<i>Other nutrition-related risk factors</i>			
High blood pressure	17 121	3 807	13 314
High cholesterol	8 975	1 859	7 116
High blood glucose	7 304	2 308	4 996
Overweight and obesity	11 758	3 132	8 625
Low fruit and vegetable intake	3 624	547	3 077
Physical inactivity	8 264	2 189	6 075
<i>Addictive substances</i>			
Tobacco use	17 725	5 526	12 199
Alcohol use	17 342	3 165	14 177
Illicit drug use	2 395	937	1 458
<i>Sexual and reproductive health</i>			
Unsafe sex	1 543	384	1 159
Unmet contraceptive need ^c	131	4	127
<i>Environmental risks</i>			
Unsafe water, sanitation, hygiene	1 182	69	1 113
Urban outdoor air pollution	1 456	369	1 087
Indoor smoke from solid fuels	485	4	482
Lead exposure	134	7	126
Global climate change	26	1	25

Social determinants of health

Stronger evidence is needed in areas where gaps remain, especially for **social determinants**, so that, with other sectors of society, the health sector can **address the root causes that affect health.**

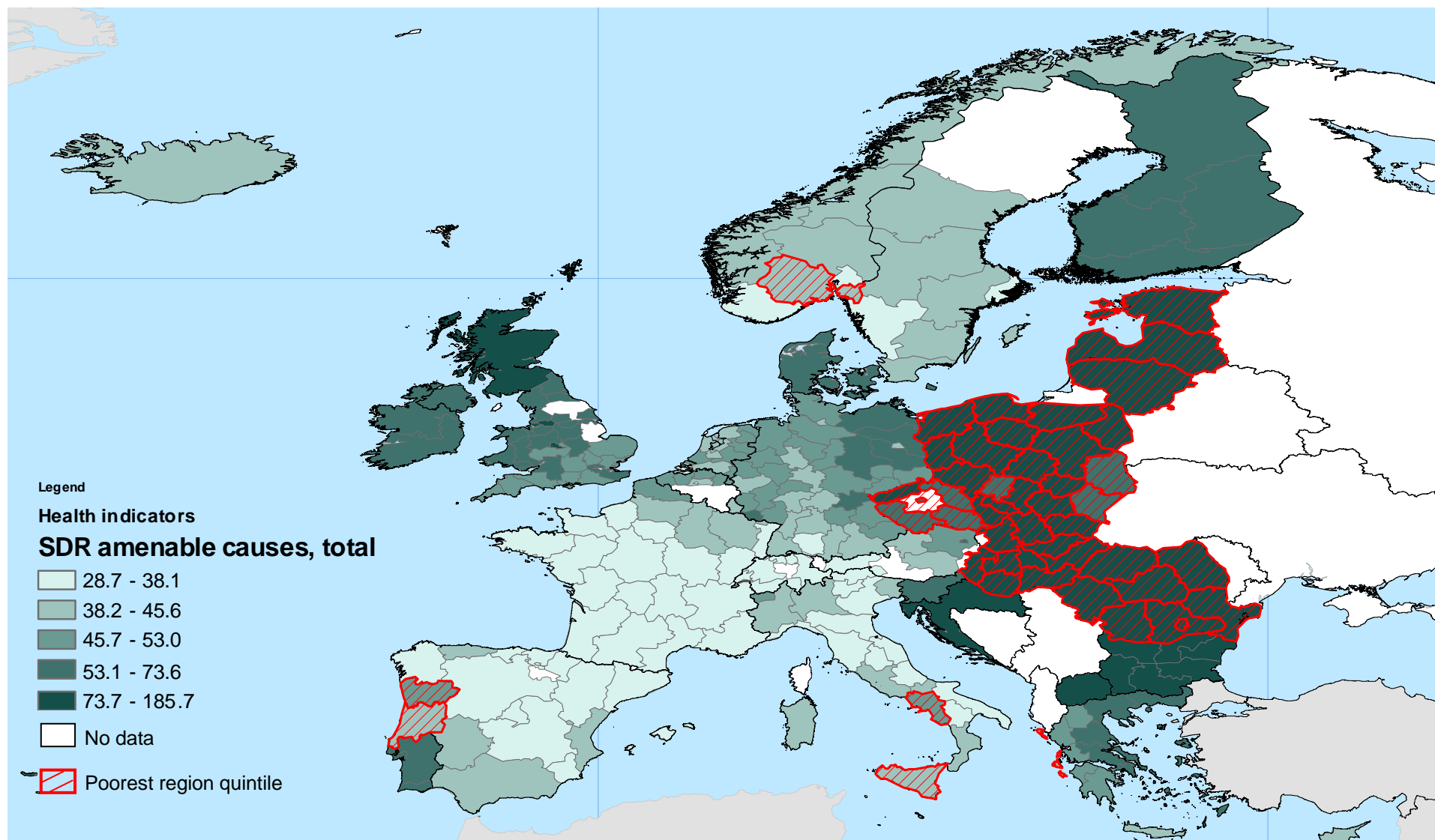
This also requires policy **tools for implementation.**

Avoidable mortality around 2005–2007



Source: Inequalities in Health System Performance and Their Social Determinants in Europe
– Tools for Assessment and Information Sharing Project. WHO/Europe, 2010.

Avoidable mortality and lowest disposable income per capita around 2005–2007

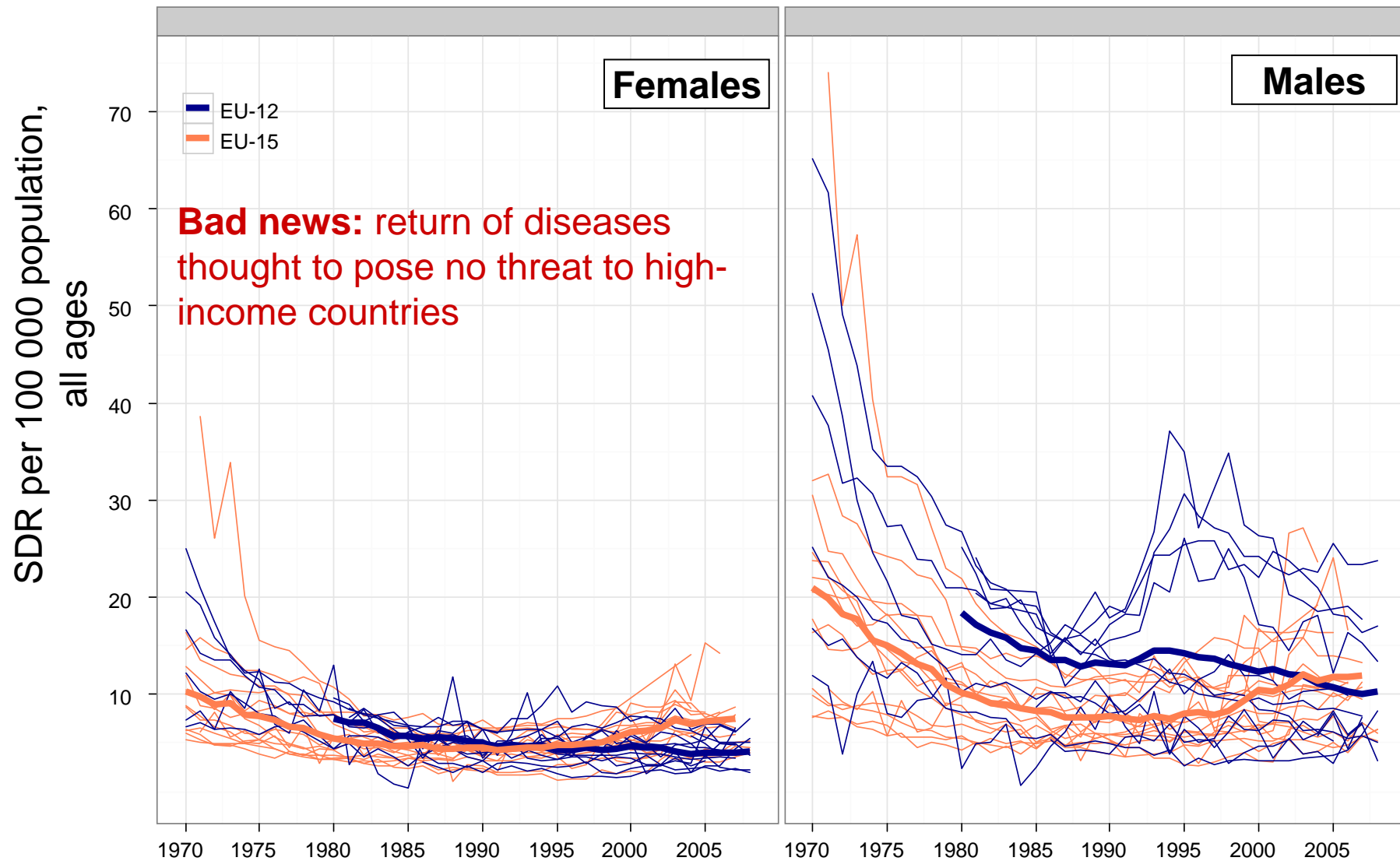


Source: Inequalities in Health System Performance and Their Social Determinants in Europe
– Tools for Assessment and Information Sharing Project. WHO/Europe, 2010.

SOME WORRYING TRENDS

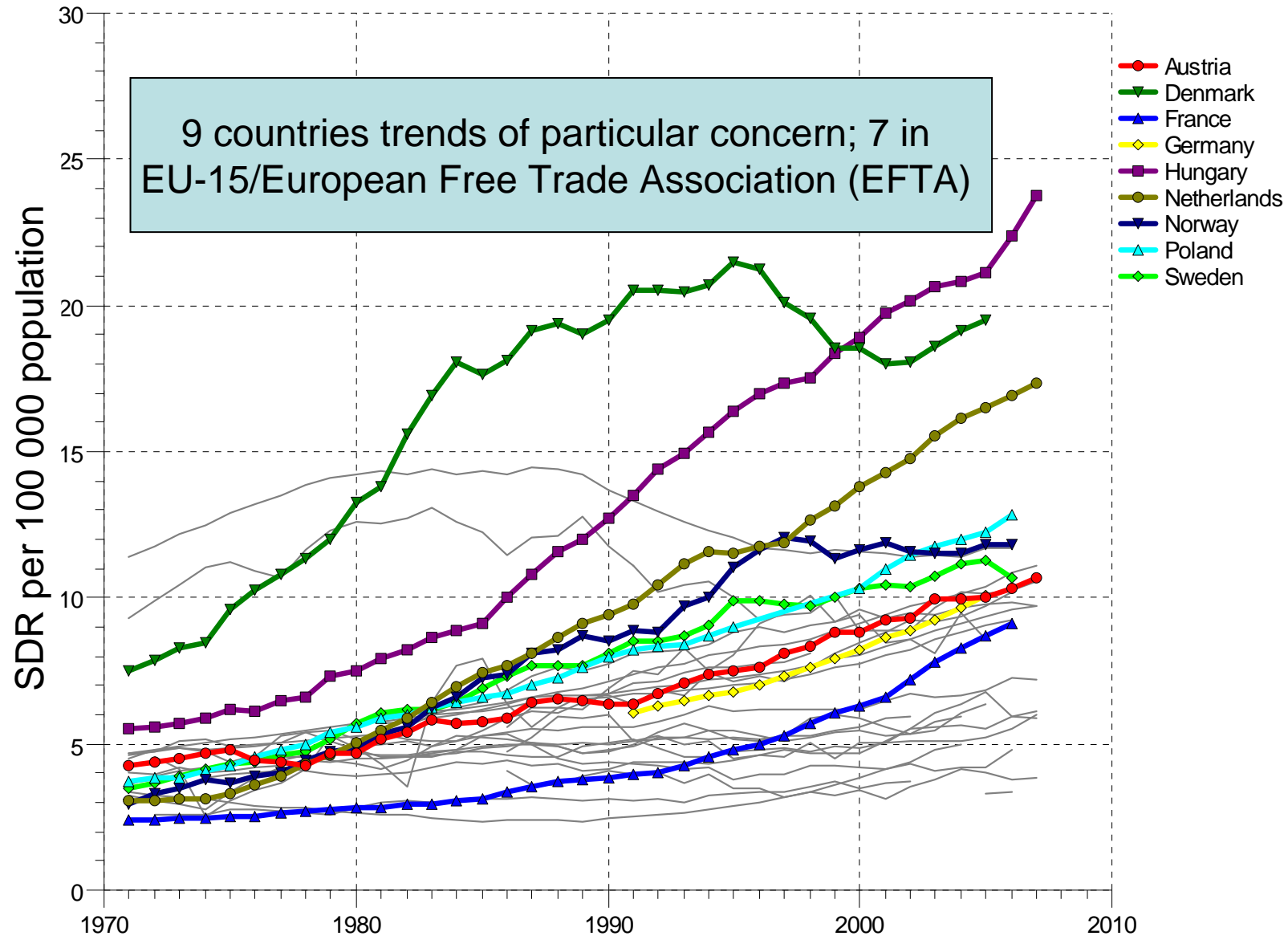
These emphasize why – during a financial crisis – investment in health and public health should not be stopped.

Trends in mortality from infectious and parasitic diseases in EU countries, 1970–2007

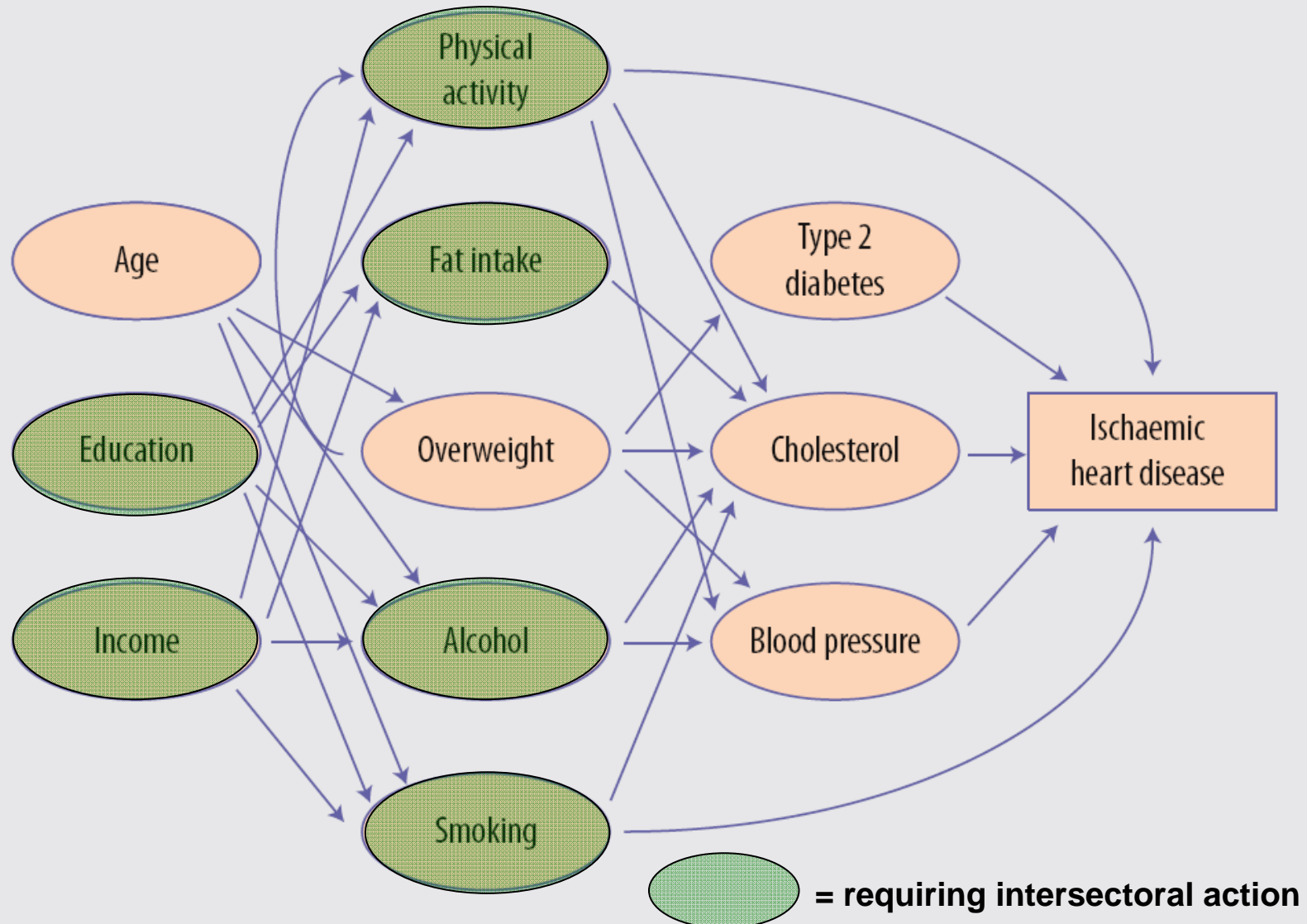


Source: European Health for All database. WHO/Europe, 2010.

Trends in premature mortality from cancer of the trachea, bronchus and lung, females, 1971–2007



The case for intersectoral action: the example of heart disease



Key features of HiAP approach

- A coordinated (**joined-up**) approach to **government policies, where health and health equity are considered core values** in government vision and strategies
- HiAP applies to the **international level, as well as to all levels of government** in countries
- Health most often is not an (explicit) value or goal in most of other sectors' policies, so **aiming for common, consistent (health enhancing) goals is essential**
- HiAP is increasingly becoming imperative in the light of **accumulating knowledge on the determinants of health (and the root causes of ill health) and a number of pressing global challenges: climate change, economic crisis, the ageing of the population, urbanization, chronic diseases, growing inequalities, migration trends**

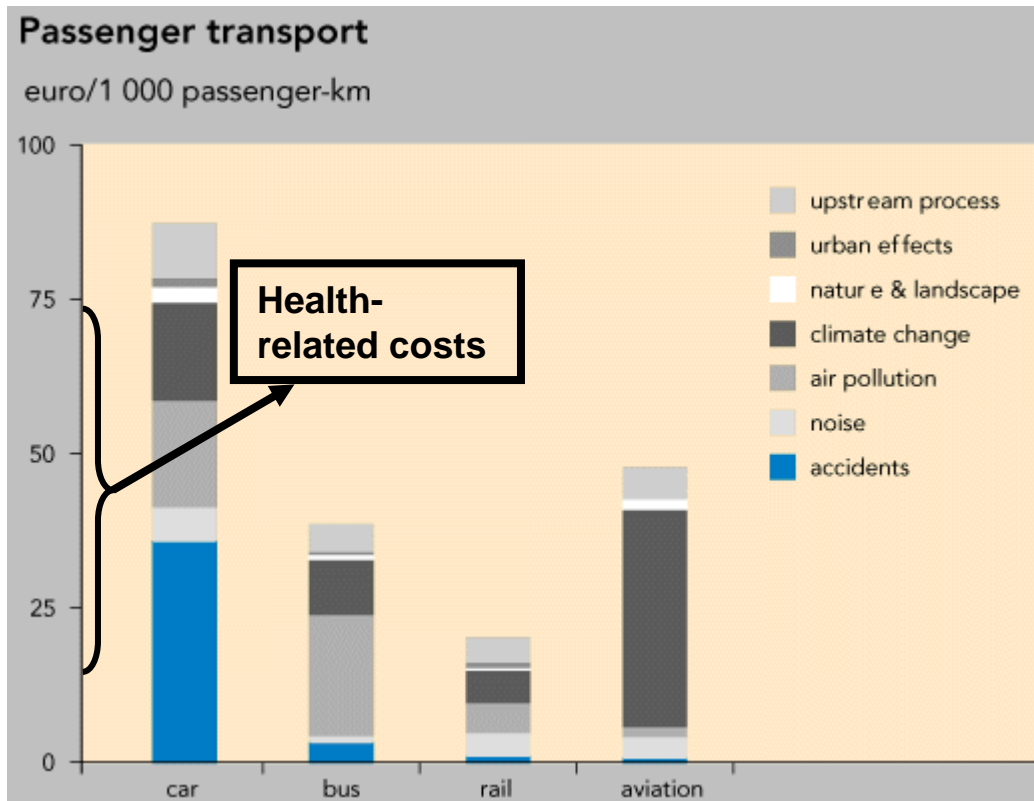
Adelaide Statement on Health in All Policies: examples of joined-up government action

<p>Economy and employment</p>	<p>Economic resilience and growth are stimulated by a healthy population. Healthier people can increase their household savings, are more productive at work, can adapt more easily to work changes, and can remain working for longer. Work and stable employment opportunities improve health for all people across different social groups.</p>
<p>Education and early life</p>	<p>Poor health of children or other family members impedes educational attainment, reducing educational potential and abilities to solve life challenges and pursue opportunities in life. Educational attainment for both women and men directly contributes to better health and the ability to participate fully in a productive society, and creates engaged citizens.</p>
<p>Housing and community services</p>	<p>Housing design and infrastructure planning that take account of health and well-being and involve the community can improve social cohesion. Well-designed, accessible housing and adequate community services address some of the most fundamental determinants of health for disadvantaged individuals and communities.</p>

Source: *Adelaide Statement on Health in All Policies*. WHO headquarters, 2010 (http://whqlibdoc.who.int/publications/2010/9789241599726_eng.pdf).

Transport sector

Health effects: the largest part of the external costs of transport



- The external costs of transport are estimated at about 8% of the gross domestic product (GDP) in the EU.*
- Savings from improved health could be re-invested in other societal priorities.

* Source: Indicator: External costs of transport [2002]. European Environment Agency, 2010 (http://themes.eea.europa.eu/Sectors_and_activities/transport/indicators/cost/TERM25,2002/index.html).

Helping each sector achieve its own goals



Goals	Interest
Reduce emissions of: <ul style="list-style-type: none"> – air pollutants; – greenhouse gases; – noise. 	Environment Health
Reduce congestion	Transport
Reduce road traffic injuries	Transport Health
Reduce investment in infrastructure to cater for more cars	Transport
Improve accessibility and quality of urban life	Transport Health
Complement technological improvements to vehicles and fuels	Transport
Increase physical activity	Health

Policy integration: easier to preach than to practise



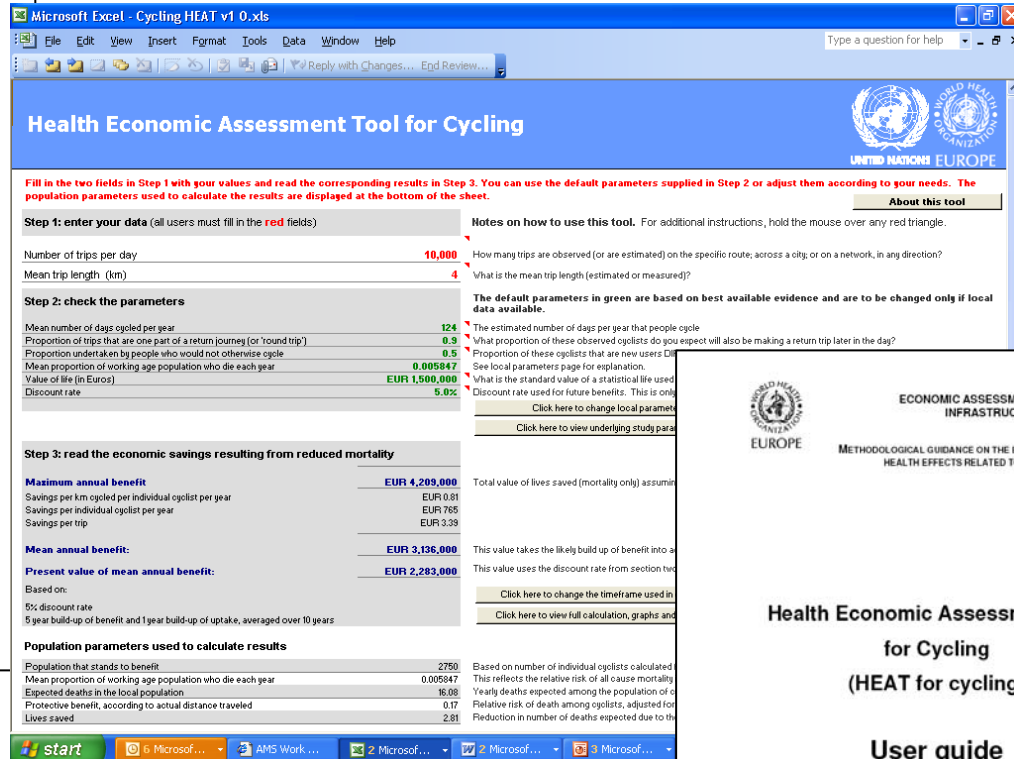
- Integration historically more developed between transport and environment, or health and transport; much less between transport and health or transport, health and environment
- Conflicts in responsibilities/leadership
- Lack of governance mechanisms to integrate
- Most positive experiences are developed:
 - locally:
 - responsibility for cycling/walking and urban planning;
 - easier contacts between involved parties;
 - on specific policy aspects:
 - cycling and walking
- **Most frequent types of collaboration** (based on 48 case studies from 11 countries):
 - engineering/infrastructure and publicity
 - behaviour change campaigns
 - publicity/awareness raising campaign
 - financial incentives
 - policies
 - surveys

Consider health effects in investment decisions

By: Nick Cavill
Sonja Kahlmeier
Harry Rutter
Francesca Racioppi
Pekka Oja

ECONOMIC ASSESSMENT OF TRANSPORT INFRASTRUCTURE AND POLICIES

Methodological guidance on the economic appraisal of health effects related to walking and cycling

Health Economic Assessment Tool for Cycling

Fill in the two fields in Step 1 with your values and read the corresponding results in Step 3. You can use the default parameters supplied in Step 2 or adjust them according to your needs. The population parameters used to calculate the results are displayed at the bottom of the sheet.

Step 1: enter your data (all users must fill in the red fields)

Number of trips per day: 10,000
Mean trip length (km): 4

Step 2: check the parameters

Mean number of days cycled per year: 124
Proportion of trips that are one part of a return journey (or 'round trip'): 0.9
Proportion undertaken by people who would not otherwise cycle: 0.5
Mean proportion of working age population who die each year: 0.005847
Value of life (in Euros): EUR 1,500,000
Discount rate: 5.0%

Step 3: read the economic savings resulting from reduced mortality

Maximum annual benefit: EUR 4,209,000
Savings per km cycled per individual cyclist per year: EUR 0.81
Savings per individual cyclist per year: EUR 785
Savings per trip: EUR 3.39

Mean annual benefit: EUR 3,136,000
Present value of mean annual benefit: EUR 2,283,000

Based on:
5% discount rate
5 year build-up of benefit and 1 year build-up of uptake, averaged over 10 years

Population parameters used to calculate results

Population that stands to benefit: 2750
Mean proportion of working age population who die each year: 0.005847
Expected deaths in the local population: 16.08
Protective benefit, according to actual distance traveled: 0.17
Lives saved: 2.81



ECONOMIC ASSESSMENT OF TRANSPORT INFRASTRUCTURE AND POLICIES

METHODOLOGICAL GUIDANCE ON THE ECONOMIC APPRAISAL OF HEALTH EFFECTS RELATED TO WALKING AND CYCLING

Health Economic Assessment Tool for Cycling (HEAT for cycling)

User guide



Develop tools that help transport and urban planners to include health in their economic analyses

Health and equity from the start: examples of policies addressing the social determinants of health and education

- Ensure policy coherence for **early child development**
- Give every child the **best start in life**
- **Increase** the proportion of overall **expenditure allocated to the early years**
- Provide **high-quality early child development programmes** and services for children, mothers and other care givers, **regardless of ability to pay**
- Provide **high-quality education** that pays attention to children's physical, social/emotional and language/cognitive development, **starting before primary school**
- Identify and address **barriers to children's enrolling and staying in school**
- **Reduce social gradient** in life skills and qualifications
- **Invest in health literacy** and increase access to and use of high-quality lifelong opportunities across the social gradient
- **Use lifelong learning** to provide the skills and qualifications for employment and progression in work; **it affects health behaviours and outcomes**

Put health in environment policies through ...

- Policy processes



- Environmental agreements

- Normative work



- Advocacy

Including health in environmental policies: examples of environmental agreements

- 1976 Barcelona Convention and its related protocols on the protection of the Mediterranean Sea
- 1979 Convention on Long-range Transboundary Air Pollution
- 1999 Protocol on Water and Health: first legally binding instrument on water and health
- 2003 Protocol on Strategic Impact Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context
- 2006 Strategic Approach to International Chemicals Management (SAICM)

HiAP in summary

HiAP is essential and requires:

- **cross-sectoral collaboration**
- **active and meaningful involvement of sectors, partners, stakeholders and citizens**
- **facilitation of exchange of knowledge and best practices**



Way forward

- Good progress has been made in health outcomes over the last 30 years, owing to comprehensive health policy approach (Health for All), addressing all risk factors and focusing on prevention and promotion as well as health system improvement (strong public health systems).
- Evidence base is available for most interventions; work is under way in some areas.
- These actions have to continue; even during the financial crisis cuts should be made with a long-term perspective in mind.
- Evidence should continue to be developed in areas where gaps remain (e.g. social determinants) so that the root causes of ill health can be addressed.
- Most of the solutions are outside the health sector, so the HiAP approach should continue, including further development of both its evidence base and practical tools for its implementation.
- The European health policy, to be developed by 2011, will provide the framework and basis for further action.



EUROPE

THANK YOU!