The Renewed Swedish Public Health Policy – an Equity Perspective

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How sustainable is a public health policy when there is a change in government?

- A social-democratic government supported by the left and the green parties ruled the public health policy decided by the Swedish Riksdag 2003

- A four party right-centre alliance took office in 2006 and the Riksdag adopted a renewed public health policy 2008
The renewed Swedish Public Health Policy

The overall national public health aim remains; “create social conditions that will ensure good health on equal terms for the entire population”.

Under the policy, equity in health has an overall priority (socio-economic, education, profession, age, gender, ethnicity or sexual orientation) and many sectors and players are thus responsible.

The overall aim shall be achieved by implementing initiatives in 31 public policy areas related to 11 domains of objectives.

Approved by the Parliament in June 2008.
11 public health objectives – 2008 (1a)

1. Participation and influence in society.

2. Economic and social prerequisites

3. Growing up conditions during childhood and adolescence

4. Health in working life

5. Environments and products

6. Health promoting health services
11 public health objectives – 2008 (2a)

7. Protection against communicable diseases

8. Sexuality and reproductive health

9. Physical activity

10. Eating habits and food

11. Tobacco, alcohol, illicit drugs, doping and gambling

How can change in wording be interpreted and understood?
11 public health objectives – 2003/2008 (1b)

1. Participation and influence in society.
2008: Same

2. Economic and social security.
2008: Economic and social prerequisites

3. Secure and favourable conditions during childhood and adolescence.
2008: Growing up conditions during childhood and adolescence

4. Healthier working life.
2008: Health in working life

5. Healthy and safe environments and products.
2008: Environments and products

6. A more health promoting health service.
2008: Health promoting health services
11 public health objectives – 203/2008 (2b)

7. Effective prevention against communicable diseases.  
2008: Protection against communicable diseases

8. Safe sexuality and good reproductive health.  
2008: Sexuality and reproductive health

9. Increased physical activity  
2008: Physical activity

10. Good eating habits and safe food.  
2008: Eating habits and food

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.  
2008: Tobacco, alcohol, illicit drugs, doping and gambling
One overarching aim: **To provide societal conditions for good health on equal terms for the entire population**

### Objective domains in brief

1-3: Participation and influence in society – Economic and social prerequisites – Growing up conditions

4-8: Working life – Environments & products – Health promoting health services – Protection from communicable diseases – Sexuality and reproductive health

9-11: Physical activity
- Eating habits and food
- Tobacco, alcohol, illicit drugs, doping, and gambling

**Societal structures and living conditions**

**Settings and environments**

**Lifestyles and health behaviours**
Model for national public health strategy – the principal foundation

National public health objective domains

Interventions

Health determinants

Health outcomes & distribution

Swedish National Institute of Public Health

Bosse Pettersson, 2003
Model for national public health strategy – the links

National public health objective domains

Interventions -> Impact & efficiency -> Health determinants -> Correlation -> Health outcomes & distribution

'Upstream approach'

Bosse Pettersson, 2003
FUNDING - The Swedish National Public Health Institute (SNIPH)

Staffing and financial resources

- **150 staff**
- **Annual budget 2008** – almost 100% tax funded (1 € = 10 SEK)
  - **General** 128,5 million SEK ~ **€ 12 mill**
  - **Earmarked funding and explicit priorities:**
    - Illicit drugs
    - Harmful alcohol consumption and risk behaviours
    - Tobacco prevention
    - Excessive gambling
    - Parental support
    - Local health promotion for child & adolescent mental and physical health
    - Food & physical activity
    - Suicide prevention
    - Health among indigenous people & ethnic minorities
Environments & settings

- The example of health care services
  - Survival after heart attacks improved by 8.4% 2007 (cf 2-3%/annum before) in Stockholm County Council – improved emergency care and specialist nurses in ambulances (SALSA)
  - Improved survival in cancers, although annual incidence of 1.7 (females) and 1.3 (males). Totally app. 50% return to health, many lives longer ...
    (Swedish Cancer Registry, Swedish Cancer Foundation, 2008)
  - Older people with low education have higher consumption of pharmaceuticals (Imran Haider, doctoral thesis, 2008)
Macro level changes

- Unemployment reduced 2006-2008, new governments “working line” – now forecast to increase due to global financial crisis (worst scenario from 6-9% 2008-2010)
- Reduction/restrictions in social welfare benefits
- Lower taxes and slight increase in GINI coefficient

NOTE! EU Parliament statement to reduce private alcohol import with 50% (November, 2008)
Tax levels – reallocation of wealth

- Denmark 59%
- Sweden 55%
- Netherlands 52%
- Austria 50%
- Belgium 50%

Source: KPMG, 2008
Gender - international ranking

1. Norway
2. Finland
3. Sweden
4. Iceland
7. Denmark
8. Ireland
9. Netherlands
10. Lithuania

(World Economic Forum, 2008)
What defines health inequalities - still no common understanding

• **Access** to health and medical care?

• Equal **opportunities** and life chances?

• Health **outcomes** – life expectancy, DALY’s, HALE’s, ... - **gradient**

• What can be **influenced by society and/or the individual**?

• Most **vulnerable** groups (eg. homeless, indigenous people)?
What do we mean ...?

... any systematic health differences between groups of people due to social circumstances are unfair, thus avoidable, and contributes to health inequities

(Dahlgren & Whithead, WHO, 2006)
Investing in prevention and improved control of noncommunicable diseases would improve the quality of life and well-being of people and societies. No less than 80% of deaths and 77% of the disease burden in the WHO European Region are caused by this broad group of disorders, which are linked by common risk factors, underlying determinants and opportunities for intervention. A more sustainable share of the benefits from effective interventions would make the greatest impact as well as bring significant health and economic gains to Member States.

This action-oriented strategy promotes a comprehensive and integrated approach to tackling noncommunicable diseases in the WHO European Region.

Gaining Health
The European Strategy for the Prevention and Control of Noncommunicable Diseases
## Leading conditions in Europe

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease burden (DALYs)</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Neuropsychiatric disorders</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Cancer</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Digestive diseases</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Respiratory diseases</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Musculoskeletal diseases</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Sense organ disorders</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Other NCDs</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>77%</strong></td>
<td><strong>86%</strong></td>
</tr>
</tbody>
</table>
What does it look like in Sweden?

More than 70% of the total disease burden (DALY, 2002) is due to

- Cardiovascular diseases
- Mental ill-health
- Tumours
- Injuries
Disease burden 2002, FEMALES

(Allebäck, Jakobson & Moradi in PHPR 2005)

- Mental illness
- Cardiovascular diseases
- Tumours
- Eyes-ears
- Musco-sceletal
- Respiratory
- Injuries
- Others
Disease burden 2002, MALES

(Allebäck, Jakobson & Moradi in PHPR 2005)

- Cardiovascular diseases
- Mental illness
- Tumours
- Injuries
- Eyes-ears
- Respiratory
- Musco-skeletal
- Others
Time for a reality check.....

Projected deaths by cause in WHO European Region, all ages, 2005

- Tuberculosis: 78,991
- HIV/AIDS: 74,753
- Malaria: 120
- Cardiovascular diseases: 5,066,785
- Cancer: 1,855,124
- Chronic respiratory diseases: 420,314
- Diabetes mellitus: 152,552

Source: Preventing chronic diseases. A vital investment, WHO 2005
CVD causes more >50% of all deaths in Europe

Cardiovascular mortality (up to 65 years) in the WHO European Region

Last available data

….and is a main contributor to the almost 20 year difference in life expectancy across Europe
Widening gaps between countries

Trends in premature mortality from cardiovascular disease in the WHO European Region (SDR, <65 years per 1000000)

Source: WHO HFA database 2006, latest available data
Age-adjusted death rates/100,000 for circulatory diseases* in those aged <75 years by area deprivation: England