

DRAFT DECLARATION ON
“HEALTH IN ALL POLICIES”

Rome, 18 December 2007

We, the Health Ministerial Delegations of E.U. Member States, convened in Rome on 18 December 2007 for the E.U. Conference “Health in all policies: achievements and challenges”.

HAVING TAKEN NOTE OF

- The valuable contributions provided during the Conference on a number of relevant issues by the Representatives of:
 - the services of the European Commission;
 - the WHO Regional Office for Europe;
 - the European Observatory on Health Systems and Policies;
 - the Experts invited to contribute to the Conference on their personal capacities;
- The results of the Conference debate among the Ministerial Health Delegations of E.U. Member States on the way forward in Health in All Policies;
- The European Commission White Paper “Together for Health: A Strategic Approach for the EU 2008- 2013”¹, its four underlying principles including “Health in all Policies”
- The values embodied in the WHO “Health for All” approach together with the ongoing commitment of WHO Europe to these values as expressed in the 2005 review of Health for All and the WHO Europe strategy *Strengthened Health Systems Save Lives*;
- The results of the series of International Health Promotion Conferences
- The Report on the “Effectiveness of health impact assessment” a project ² carried out by 21 teams from 19 countries between 2004 and 2007;

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HAVING CONSIDERED THAT

- The European Community is required by Art. 152 of the Treaty to ensure a high level of human health protection in the definition and implementation of Community policies and activities;

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¹ COM 2007- 630 final

² Wismar, M., Blau, J., Ernst, K. and Figueras, J.: The effectiveness of health impact assessment. Scope and limitations supporting decision-making in Europe, on behalf of the European Observatory on Health Systems and Policies, 2007.

- The health status of the population is largely determined by factors outside the health sector – such as socio-economic, societal and environmental factors affecting life-styles and behaviours. Health policy should therefore consider improving the functioning of public health services and health systems, as well as interacting with policies and decision-making in sectors other than health for the improvement of health;
- In the implementation of Health in All Policies, emphasis on the distribution of health across the socio-economic groups and geographical regions is of particular importance, and the health considerations should cover both physical and mental health.
- Citizens' behaviours – for example in terms of nutrition and physical activity, tobacco smoking, alcohol-related harm and drug use, can be effectively influenced by building partnerships with policies and interventions outside the health sector, targeting the various settings and communities in which people live and work, as well as the overall economic, societal and environmental conditions that affect the availability, attractiveness and easiness of healthy choices ;
- Developing synergies and partnerships at International, European, National, Regional and Local levels, between health policies and other policies including economic, agricultural and food safety, social and educational, regional, environmental, trade, energy, transport, taxation and research policies, is essential to improve citizens' health and bridging growing health inequities between and within countries;
- Failing to protect and promote citizens' health will also have severe economic consequences in view of the fact that a healthy, well educated working population is an essential prerequisite for attaining the aims of economic growth and competitiveness of the Lisbon Agenda;
- It is essential to enable decision-makers in all sectors at global, European, National, Regional and Local levels to be fully aware of the health impact of policies and decisions in order to facilitate the integration of health considerations into their decision-making and policy implementation;
- Systems for integrating the public health aspects in non-health policy sectors in order to develop health-conducive policies need to be strengthened and made more systematic at all levels of government (i.e. European, National, Regional and Local). Such systems could include, inter alia, ensuring legal bases for health protection and for the implementation of Health in All Policies, appropriate surveillance systems for health outcomes and determinants, regular public health and public health policy reporting systems that make the links between health outcomes, health determinants and policies explicit, institutionalising health impact assessments in all policy-making, implementing mechanisms and processes for intersectoral co-operation, such as intersectoral committees and institutionalised processes for intersectoral policy-making.

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- HIA is an important tool for the implementation of Health in All Policies and available evidence⁴ suggests that HIA can be successfully used not only for assessing health and health equity impacts, but also for helping in the process of making them visible and for them to be taken into serious consideration in many policy-making processes; moreover, there is a need to better present the value of HIA in sectors other than health in order to strengthen its acceptance and development;
- Important factors that contribute to effectiveness when conducting and implementing HIA as a tool to predict the future consequences of implementing different options include: (i) political leadership; (ii) public support; (iii) inserting health and health equity considerations at an early stage of development; (iv) providing legal backup for the use of health determinants; (v) setting up technical support units to assist with concepts and evidence; (vi) clarifying who bears the costs and, when needed, by providing funding;
- Methodologies for Health System Impact Assessment (HSIA) have been recently worked out at an European level and need to be validated and further developed;
- To this end, many benefits can be gained through an effective collaboration of E.U. Member States among themselves and with the European Commission and WHO Regional Office for Europe as well as with a number of different stakeholders;

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HAVING REAFFIRMED

the value and importance of the objectives and recommendations highlighted in the Council Conclusions adopted on the 1st December 2006 during the Finnish Presidency;

HAVING RECOGNIZED THE IMPORTANCE OF

intersectoral cooperation in order to develop effective policy responses to today's public health challenges;

WELCOME

the fact that that strengthening the integration of health concerns into all policies at Community, Member State and regional level is one of the key underlying principles of the European Commission White Paper "Together for Health: A Strategic Approach for the EU 2008- 2013" and that a new structured cooperation mechanism will be created to implement the objectives and principles of this White Paper.

DECLARE THEIR COMMITMENT TO

⁴ (Wismar et al., 2007)

- Strengthening multi-sectoral approaches and processes at European, national, regional and local levels by which public health impacts can be effectively taken into account in all policies;
- The intensification of collaborative efforts among themselves and, as appropriate, with the European Commission and the World Health Organization in order to speed up the elaboration and implementation of health-conducive policies in other sectors;
- The strengthening of the use of HIA, where appropriate, and promoting the use of available methodologies at European, national, regional and local level, and integrating them into other already existing assessment frameworks;

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EXPRESS THEIR WILLINGNESS to contribute to incorporating health concerns in other policies at all levels and TO WORK TOGETHER TO

→ Contribute to regular reporting about developments on Health in All Policies and consequences for improving the health status in all EU Member States and addressing health determinants.

→ Work together at European level, in cooperation with the European Commission and with the participation of WHO/EURO and all the Member States to:

- monitor developments on activities related to health in all policies;
- encourage the conduction of health impact assessments of major policy initiatives
- consider the establishment of an IT network to share optimal and most effective approaches to address health determinants and to reduce their impacts on health.

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→ Consider the use of the on-line Health System Impact Assessment (HSIA) Tool, which offers a methodology and background information on key policy areas in relation to their interactions with and impact on health systems, in order to make it widely accessible in Member States, and to do so with an interactive approach that would make possible the validation of this methodology ;

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→ Undertake a major effort within Member States and at EU level to effectively address health determinants, reaffirming their commitments to EU strategies and policies on tobacco prevention, nutrition and physical activity, alcohol-related harm, drug dependence, mental health, preventing accidents and injuries, and addressing issues related to sexual health.

→ Agree to improve further at national and EU level the research and information base for these activities, building upon work undertaken in these areas in the public health and research fields;

→ Agree to assess the possible need for the strengthening of Health in All policy implementation, by considering the need for, inter alia, legal requirements for public health and public health policy reporting, strengthening of public health expertise and national surveillance mechanisms, common understanding across sectors through

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intersectoral networks, processes and mechanisms, such as intersectoral committees, intersectoral hearings and requests of statements.

- Commit to preparing reports on key health determinants, covering both the role of each determinant in affecting the health of different population groups (defined, *inter alia*, on the basis of age, sex, socio-economic conditions, and vulnerability, as well as good practice in intersectoral policies and approaches to address these determinants and to prevent or reduce the impact on health of selected population group.

This series of reports on health determinants would support and help develop policy responses at EU and national levels, and would also provide an invaluable database of good practice on policy options to address specific determinants.

- Finally, a systematic and sustainable framework comprising skills and know-how development should be established with the aim to increase the capacity of ministries of health to advocate, negotiate, implement and evaluate HiAP approaches given specific country contexts. Close collaboration with the WHO Regional Office for Europe and other International Organizations relevant to this domain should be pursued to ensure efficiency and overall consistency of efforts

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The present Declaration has been approved by acclamation during the last session of the Conference “Health In All Polocies: Achievements and Challenges” with the participation of Health Ministerial Delegations of the 27 E.U. Member States, convened in Rome on the 18 December 2007, by the Italian Ministry of Health, European Commission and WHO Regional Office for Europe.

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Deleted: ANNEX 1- MAIN HEALTH DETERMINANTS¶

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1 Upstream determinants of health¶

- 1.1 . Physical environment¶
 - 1.1.1 Air Pollution¶
 - 1.1.2 Food contamination and safety¶
 - 1.1.3 Drinking water contamination¶
 - 1.1.4 Recreational water ¶
 - 1.1.5 waste water, solid waste and soil contamination¶
 - 1.1.6 Physical stressors ¶
 - 1.1.7 Selected chemical contaminants ¶
 - <#>Climate change including extreme weather events¶
 - 1.2 Social and economic determinants of health¹¶
 - 1.2.1 Income distribution¶
 - 1.2.2 Employment¶
 - 1.2.3 Education¶
 - 1.2.4 Urbanization and human settlements¶
 - 1.2.5 Transportation including road safety¶
 - 1.2.6 Gender-related issues¶
 - 1.2.7 Deprived groups including migrants¶
 - 1.2.8 Health System – access, affordability, availability etc¶

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2. Midstream determinants of health¹¶

- 2.1. Health behaviours including smoking & tobacco snuff use, alcohol consumption, diet / nutrition, physical activity, self harm / addictive behaviours and preventive health care use¶
- 2.2 . Psychosocial factors such self-esteem, networks and social support ¶

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3. Downstream determinants of health¶

- 3.1. Health outcomes – mortality, morbidity, life expectancy, quality of life ¶
- 3.2. Biological reactions and risk factors eg. Body Mass Index (BMI), glucose intolerance, personal hygiene¶

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