HEALTH PROMOTION AND DISEASE PREVENTION A Handbook for Teachers, Researchers, Health Professionals and Decision Makers	
Title	**Healthy Public Policy**
Module: 1.2	**ECTS: 0.5**
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Key words	Policy, health policy, healthy public policy
Learning objectives	After the completed module students and professionals in public health will: • broaden their knowledge on healthy public policy; • be able to differentiate healthy public policy from health policy; • recognizing the role of all participants and stakeholders in healthy public policy; • be able to understand the importance of reorientation from health policy to healthy public policy in respect of health of the population.

Abstract	A supportive environment, which enables people to lead healthy lives is of utmost importance for populations being healthy. Healthy public policy is one of the most important approaches to achieve this goal.
	Healthy public policy is a policy "characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact.
	Main building blocs of healthy public policy are: • societal goals focused in health of the population, • enhancement of public opinion for health., • gaining support of economy in implementation of healthy public policy, • funding for health, • creating health-supportive informational systems, and • civil society enrolment.
Teaching methods	Introductory lectures, focus group discussion, case studies
Specific recommendations for teachers	• work under teacher supervision/individual students' work proportion: 30%/70%; • facilities: a computer room; • equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases; • training materials: recommended readings are mainly available in the internet; • target audience: master degree students according to Bologna scheme.
Assessment of Students	The final mark should be derived from assessment of the theoretical knowledge (oral exam), contribution to the group work and final discussion, and quality of the seminar paper.

HEALTHY PUBLIC POLICY
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Healthy public policy or Health policy, what makes the difference?

A supportive environment, which enables people to lead healthy lives, is of utmost importance for populations being healthy. Healthy public policy is one of the most important approaches to achieve this goal. Unfortunately, the concept of "healthy public policy" is rather difficult to understand and it is frequently misunderstood (unfortunately sometimes also deliberately confounded).

To answer the main question of this module, we need to properly understand basic definitions of terms, used.

Basic definitions

Four basic terms to bi distinguished after completion of this module are policy, politics, health policy, and healthy public policy. Of essential importance is not to confound the concept of "healthy public policy" with the concept of "health policy" what is the case in many situations.

1. Policy.

   According to Oxford Advanced Learners Dictionary (1), policy is *"a plan of action agreed or chosen by a political party, a business, etc.".* Other definitions fit for use in this module are:

   * policy is a plan of action to guide decisions and actions. The term may apply to government, private sector organizations and groups, and individuals. The policy process includes the identification of different alternatives, such as programmes or spending priorities, and choosing among them on the basis of the impact they will have. Policies in short can be understood as political, management, financial, and administrative mechanisms arranged to reach explicit goals (2);
   * policy is a plan or a course of action designed to define issues, influence decision making and promote broad community actions beyond those made by individuals.

   In different words, building a policy is a societal process of harmonizing different societies to achieve the common goal.

2. Politics.

   The term "policy" should not be confounded by the term "politics". The later is, according to Oxford Advanced Learners Dictionary (1), defined as "*the activities involved in getting and using power in public life, and being able to influence decisions that affect a country or a society*".

3. Health policy.

   According to the Health Promotion Glossary (3), health policy is *"a formal statement or procedure within institutions which defines priorities and the parameters for action in response to health needs, available resources and other political pressures".*

   Health policy is often enacted through legislation or other forms of rule-making which define regulations and incentives which enable the provision of health services and programmes, and access to those services and programmes.

Health policy should be distinguished from healthy public policy by its primary concern with health services and programmes.

4. Healthy public policy.

According to the Health Promotion Glossary (3), healthy public policy is a policy "*characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact*". Healthy public policies promote the health of individuals and communities by (3):

- giving opportunity to people to adopt healthy lifestyle;
- preventing people to adopt unhealthy lifestyle; and
- creating healthy physical and social environments.

In practice, healthy public policy has been given a number of slightly different connotations (4). World Health Organization (WHO) has tended to use it interchangeably with health promotion policy, while Health Canada has used it to refer to public policies for health, using health in a broad ecological sense (policies that are ecological in perspective, multisectoral in scope, and participatory in strategy).

Answer to the question

As explained, the differences between "health policy" and "healthy public policy" are obvious. In Table 1, these differences are summarized.

Table 1. Summary of main differences between health policy and healthy public policy.

Characteristic	Health policy	Healthy public policy
Primary concern	Functioning of health care system	Creating health supporting environment; Enabling equity in health
Activity orientation	Organisation of health services and programmes	Empowerment of societies, communities and individuals to take responsibility for their health
Health explanatory model basis	Predominantly biomedical	Predominantly bio-psycho-social (socio-environmental)
Health/disease orientation	Disease (curing the disease)	Health (preserving, enhancing health)
Sector responsibility	Heath sector	Several sectors (intersectoral concern)
Duration/sustainability	Short-term	Long-term

Trying to comment these characteristics, we could expose three of them:

- health/disease orientation – healthy public policy is explicitly oriented in health, explicitly dedicated to the production of health and health gain. This orientation is tightly connected to the concept of »investment for health«, which will be discussed later on;
- sector responsibility - intersectoral collaboration in action for health, with primary goal to achieve healthier population, is essential in achieving greater equity in health.

A major goal in intersectoral action is to achieve greater awareness of the health consequences of policy decisions and organizational practice in different sectors, and through this, movement in the direction of healthy public policy and practice. Not all intersectoral action for health need involve the health sector (3).

- duration/sustainability – healthy public policy is characterised by sustainability, which refers to the use of resources, direction of investments, the orientation of technological development, and institutional development in ways which ensure that the current development and use of resources do not compromise the *health* and well-being of future generations.

Health promotion and healthy public policy

The basic WHO health promotion document, The Ottawa Charter (5), identified three basic strategies for health promotion, being advocacy for health to create the essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. These strategies are supported by five priority action areas one of them being building healthy public policy. Thus, in health promotion (and disease prevention), enacting healthy public policy is essential for being efficient end effective. In health promotion, sustainable development is particularly important in terms of building healthy public policy, and supportive environments for health in ways which improve living conditions, support healthy lifestyles, and achieve greater equity in health for present and future generation of populations.

Building blocks of healthy public policy

At least six main building blocs of healthy public policy could be identified: societal goals focused in health of the population, enhancement of public opinion for health., gaining support of economy in implementation of healthy public policy., funding for health, creating health-supportive informational systems, and civil society enrolment.

1. Societal goals focused in health of the population.
   An effective approach to health development requires all sectors of society to be accountable for the health impact of their policies and programs and recognition of the benefits to themselves of promoting and protecting health. The Member States of WHO's European Region have come together and embraced a common policy framework for health development, which represents guidance for countries to formulate national health policies. Important part of accountability therefore rests with government leaders who create policy, allocate resources and initiate legislation.
2. Enhancement of public opinion for health.
   The understanding of determinants of health sets the basic framework for the scope and nature of policies to address heath issues. In biomedical sciences, health and disease have predominantly been seen as the result of genetic and environmental influences. However, social determinants of health reflect some of the most powerful influences on health. Financial deprivation leads to prejudice and social exclusion, with increased rates of violence and crime. It is therefore imperative that healthy public policies address different determinants of health and empower people to make and support healthy choices.
3. Gaining support of economy in implementation of healthy public policy.
   The relationship between health and the economy is very complex. While it has long

been recognized that increased economical wealth is associated with improved health, it is only more recently that the contribution of better health to economic growth has been recognized. The aim of healthy public policies should be not just to reduce exposure to risks, but also to increase the participation of employers and employees in promoting a safer and healthier working environment and reducing stress. A company culture needs to be promoted that favours teamwork and open debate, on the understanding that better health for all staff and better social relationships at work will contribute to higher staff morale and productivity. Finally, companies should adopt a »healthy company or enterprise« concept with three basic elements: health promotion for their staff; making the company's products as health-supportive as possible; and being socially responsible by supporting local community or countrywide health initiatives.

4. Funding for health.

   In this place we need to emphasize the concept of »investment for health«. Investment for health refers to resources which are explicitly dedicated to the production of health and health gain.. They may be invested by public and private agencies as well as by people as individuals and groups.

   Investment for health is not restricted to resources which are devoted to the provision and use of health services and may include, for example, investments made by people (individually or collectively) in education, housing, empowerment of women or child development. Greater investment for health also implies reorientation of existing resource distribution within the *health sector* towards *health promotion* and *disease prevention*. A significant proportion of investments for health are undertaken by people in the context of their everyday life as part of personal and family health maintenance strategies.

5. Creating health-supportive informational systems.

   Although large amounts of population health data are collected, there is still lack of comprehensive information about health situation. Healthy public policies could aim to prevent not only premature mortality but also to improve conditions for the elderly and increase their quality of life, for example. However, these improvements which would result in health gains cannot be achieved without health-supportive informational systems. Health-supportive informational systems are oriented towards health by providing wide range of data about different determinants of health. In future, integration of data about educational level, socioeconomic position, residence community, working environment and lifestyle will be of grate importance in developing effective healthy public policies.

6. Civil society enrolment.

   Healthy public policy development is the collaboration not only of government, but also businesses, non-governmental organizations, the media and other communities, as well as civil society. Civil society can influence the conditions for public health through both local and central government. Key decisions in this respect include those that impact working and living conditions; that direct the provision of welfare services; that create jobs; and that relate to social security.

Healthy public policy development

The main steps involved in healthy policy development are (6):

- analyzing the problem - the development of any health-related policy begins with an analysis of the health issue or problem the policy is designed to address.
- identifying stakeholders - a key step in the development of any policy is the identification of individuals who will be affected by the policy, as well as those with an interest in the issues addressed by the policy. The identification of stakeholder groups as part of the policy development process helps to determine who should be consulted in the development of a policy, and assess the degree of support and opposition for the policy among different groups.
- evaluating policy – once a policy has been implemented, it's important to take some time for reflection – looking back and looking ahead. Effective healthy public policies are not static; they are flexible enough to incorporate insights gained from past experience while responding to future developments and trends.

Historical perspective

Historically, the concept of "healthy public policy" was developed in the context of activities, related to the global strategy of Health for All. In this context the broad definition of health combined with intersectoral action has been a starting point (4).

The official history of healthy public policy dates more than three decades in the past, though some ideas are even older. In continuation we will present the most prominent initiatives/document dealing with healthy public policy.

1. Lalonde's report.
   More than three decades ago, in 1974, the Lalonde's report "A New Perspective on the Health of Canadians" (7) highlighted the significance of other determinants than the healthcare system.
2. Early stages of WHO Health for All policy.
   In 1977, the WHO Assembly stated that the major social goal of governments and WHO should be by the year 2000 achieving a level of health that would permit people to lead a socially and economically productive life. The adoption of the Declaration of Alma-Ata was a major milestone in the Health for All movement.
   In 1981, the global strategy Health for All was unanimously adopted. Within Europe, the WHO Regional Office out of this global strategy developed its own strategy with 38 regional Health for All targets. From the perspective of healthy public policy, the Target 13 is important. This target stated that by 1990, national policies in all Member States should ensure that legislative, administrative and economic mechanisms provide broad intersectoral support and resources for the promotion of healthy lifestyles and ensure effective participation of the people at all levels of such policy-making. Additionally, it was stated also that the attainment of this target could be significantly supported by strategic health planning to cover broad intersectoral issues that affect lifestyle and health, the periodic assessment of existing policies in their relationship to health, and establishment of effective machinery for public involvement in policy planning and development (8).

3. Ottawa Charter.
    In 1986 at the First International Conference on Health Promotion in Ottawa, Canada, The Ottawa Charter was adopted (5, 9). The importance of healthy public policy in the context of this document was already described.
4. Adelaide recommendations on Healthy Public Policy.
    Building healthy public policy was explored in greater depth at the Second International Conference on Health Promotion in Adelaide, Australia in 1988 (5, 10). This conference continued in the direction set at Alma-Ata and Ottawa.
    On this conference, the document entitled the Adelaide Recommendations on Healthy Public Policy was adopted. It called for a political commitment to health by all sectors. Policy-makers in diverse agencies working at various levels (international, national, regional and local) were urged to increase investments in health and to consider the impact of their decisions on health. Two things related to public healthy policy were explicitly emphasized, being:
    *   the value of health – in this context on this conference was stated that healthy public policy in the short term will lead to long-term economic benefits as shown by the case studies presented a this conference, and that new efforts should be made to link economic, social, and health policies into integrated action;
    *   the problem of inequalities - in view of the large health gaps between countries, which the Adelaide conference has examined, the developed countries were obliged to ensure that their own policies have a positive health impact on developing nations. This conference also recommended that all countries develop healthy public policies that explicitly address the issue of inequalities.
5. Health 21.
    At the end of the old millennium, the targets set by WHO, Regional Office for Europe, set at the beginning of eighties, were reassessed and a new set was proposed. It was adopted in a document, entitled Health 21: the health for all policy framework for the WHO European Region (HEALTH21) in 1999. The set of targets was diminished from 38 to 21. These targets could be clustered in three main groups being basic health targets, essential changes, and of health care system. development support. In Table 2 the targets are presented in details.

Table 2. The 21 targets for for 21st century of WHO European Region (11).

Group of targets	Subgroup	Target
Basic health targets		1. Solidarity for health in the European Region 2. Equity in health 3. Healthy start in life 4. Health of young people 5. Healthy aging 6. Improving mental health 7. Reducing communicable diseases 8. Reducing noncommunicable diseases 9. Reducing injury from violence and accidents
Essential changes	Healthy lifestyle	11. Healthier living 12. Reducing harm from alcohol, drugs and tobacco
	Healty environments	10. A healthy and safe physical environment 13. Settings for health
	Adequate and appropriate health care	14. Multisectoral responsibility for health 15. An integrated health sector 16. Managing for quality of care
Health care system development support		17. Funding health services and allocating resources 18. Developing human resources for health 19. Research and knowledge for health 20. Mobilizing partners for health 21. Policies and strategies for health for all

From the perspective of healthy public policy, the Target 21 is important. This target states that by the year 2010, all Member States should have and be implementing policies for health for all at country, regional and local levels, supported by appropriate institutional infrastructures, managerial processes and innovative leadership (11). In particular:

- policies for health for all at country level should provide motivation and an inspirational, forward looking framework for policies and action in regions, cities, and local communities and in settings such as schools, workplaces and homes;
- structures and processes should be in place for health policy development at country and other levels that bring together a broad range of key partners – public and private – with agreed mandates for policy formulation, implementation, monitoring and evaluation;
- short-, medium-, and longer-term policy objectives, targets, indicators and priorities should be formulated, as well as the strategies to achieve them, based on the values of health for all, and progress towards their achievement should be regularly monitored and evaluated.

The proposed strategies for achieving this target was that all Member States of the Europena Region should ensure their health policies to be broadly in line with the Health for All principles and strategies, so as to adapt their approaches to the health development needs and particular characteristics of today's democratic and pluralistic societies (adapting

the strategies for dealing with lifestyles, environment and health issues; as well as embrace the concept of partnerships for planning and implementation, focused on the major settings/levels where action should take place).

6. The Verona Challenge.

In 2000, The Verona Challenge, undertaken under the umbrella of the WHO, was adopted (12). It represents one of the results of three years work by over 51 nations, which in 1998 established so called Verona Initiative.

The creators of this document confirmed that every policy decision has an impact on the health of the population. According to this statement, one of the Verona Challenge principles is that all current and future policies should be assessed for their influence upon determinants of population health. They recognised that investing for health is both, an ethical responsibility, and an investment in sustainable social and economic development.

7. Millenium Development Goals.

At the Millennium Summit in September 2000 the largest gathering of world leaders in history United Nations (UN) adopted the UN Millennium Declaration, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015, that have become known as the Millennium Development Goals (MDGs) (13). The eight MDGs are build on agreements, and represent commitments:

- to reduce poverty and hunger;
- to achieve universal primary education;
- to tackle ill-health,
- to tackle gender inequality;
- to tackle lack of education;
- to tackle lack of access to clean water, and
- to tackle environmental degradation.

MDG are the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions-income poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education, and environmental sustainability. They are also basic human rights-the rights of each person on the planet to health, education, shelter, and security.

8. Bangkok Charter.

Another important health promotion conference was The 6th Global Conference on Health Promotion held in Bangkok in 2005 (5).

On this conference, the document entitled the Bangkok Charter was adopted (14). This charter urges:

- all sectors and settings to invest in sustainable policies, actions and infrastructure;
- to build capacity to promote health;
- to regulate, including through legislation, for a high level of protection against harm;
- to build alliances with public and other sectors.

Exercise
Task 1:

Carefully read the contents of the module. Supplement this knowledge with recommended readings:

Task 2:

Discuss with other students the characteristics of health and healthy public policies. Identify pros and contras for both kinds of policies.

Task 3:

Chose with two to three other students one country of the WHO Europen Region (preferably from SEE regin) and try to find out its orientation in respect of health policies. Present your findings to other students and discuss the differences.

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Recommended readings
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