Healthy public policies: looking ahead

RUDIGER KRECH*
Department of Ethics, Equity, Trade and Human Rights, World Health Organization, Avenue Appia 20, Geneva, Switzerland
*Corresponding author. E-mail: krechr@who.int

SUMMARY
Health has moved up on the political agendas of most governments around the globe. The interdependence of economic, environmental and social conditions and health is increasingly understood. In turn, the experiences in health promotion with building healthy public policies become more important. Future “health in all policies” efforts, however, need to consider changing political contexts. There is some scope to review the focus on GDP when measuring economic development, and how health promotion considers both the opportunities and responsibilities of industry as part of healthy public policies.

Key words: public policy; Ottawa Charter

The January 2011 statistics from the USA indicate that detected cases of diabetes cost the country $174 billion a year, of which $116 billion goes to direct medical costs.

That is a huge pile of money for a largely preventable disease. Prevention is by far the better option, yet most risk factors for these diseases lie beyond the direct control of the health sector.

This is just one example for the increasing importance of putting health on the agenda of policy-makers in all sectors and at all levels. As the drafters of the Ottawa Charter poignantly put it, this would direct policy-makers ‘to be aware of the health consequences of their decisions and to accept their responsibilities for health’.

The following quote from the Ottawa Charter (WHO, 1986) still holds true today:

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

The costs of health not being involved in broader policy-making, influencing the cost-effective policies and measures that can promote and protect health, have been high. Governments have underestimated the whole-of-society costs of diseases. The economic impacts can be astounding. In 2003, SARS gained worldwide media attention—not just as a new infectious disease but also because of the costs to the airline and tourism industries.

At an estimated cost of US$30 billion, SARS was not the first disease to have enormous societal costs. Just 3 years earlier, in 2003, plague cost India US$1.7 billion; cholera cost Peru US$770 million in 1990; and over an 8-year period (1990–98) bovine spongiform...
encephalopathy cost the UK an estimated US$39 billion. Astonishingly, these are all costs after accounting for the direct economic impact of human sickness and death, and most have roots in policies outside the health sector (Krech, 2010).

In the past, much of the work on ‘healthy public policy’ was dealing with the bilateral relationship between individual sectors and health. Future health promotion needs to consider the broader impact of policy-making in the global environment in which health plays an important part.

Global leaders have acted in this regard: health is now a key issue addressed at the G8/G20 meetings, and at the United Nations General Assembly. The global community has become increasingly aware of how rapidly problems spread across the world, with new or exacerbated crises in finance, food, public health and the environment, among others. Moreover, these crises have clearly demonstrated how the interconnectedness of the modern world means that countries cannot confront these challenges on their own, or through action in single sectors. Policy-makers and key decision-makers increasingly understand the nature of health as a global public good and increasingly recognize health security, including humanitarian assistance in fragile states as a prime concern for development.

The need for systemic approaches in public health has become more evident where both the problem and the solutions are systemic (such as in obesity). Action on ‘healthy public policies’ or ‘health in all policies’ through coordinated interventions in multiple sectors has proven to be essential not only to improve health and reduce inequities, but also to overcome other national and global obstacles to development. This requires coherence between policies of different sectors, types of actors and of different levels (e.g. between global, national and local levels). Future health promotion needs to strive for aligned policies which will synergistically contribute to development.

Beyond being an essential driver for security and economic development, health is a social value and a human right, and reducing inequities is key to achieve the Millennium Goals. The WHO Commission on Social Determinants of Health (WHO, 2008) defined health inequities as differences in health outcomes between different population groups, which are avoidable, unfair and remediable. As we argue in the discussion paper for the 2011 World Conference on Social Determinants of Health, action to reduce health inequities therefore rests on notions of fairness in health outcomes and social justice as political goals. Societies that place fairness as a core value will find it easier to implement actions on health inequities, regardless of technical expertise (WHO, in press). Underpinning the social determinants approach is also a claim for the broader value of health to society. The contributions of health to other important societal priorities such as education, social cohesion and economic development are now well understood. The rationale for the whole of society to adopt a social determinants approach and engage in efforts to reduce health inequities is linked to these benefits.

However, it goes further. The social determinants approach places the distribution of health, as measured by the degree of equity in health, as a key indicator not just of fairness and social justice in a society, but also of its overall functioning. Health and health equity are therefore of interest beyond the health sector not just because of the benefits of improved health, but because all sectors have an interest and responsibility in creating fairer and more inclusive societies by implementing coherent policies that increase opportunities and promote wellbeing.

Policy-makers who seek coherent responses to reduce health inequities need to grapple with how societies come to value reduced health inequities as a measure of this societal fairness. Better understanding of how acting on social determinants contribute to other development goals, such as environmental protection and economic growth, can contribute to increased prioritization of health outcomes as a measure of societal progress (WHO, in press). Increased knowledge is also needed to show how systems that reduce health inequities, by delivering better performance and improving outcomes more rapidly for disadvantaged groups, may perform more effectively for all.

MOVING AHEAD

Like health, other sectors have advocated for policy coherence, intersectoral action and joined-up government for many years. Along with other initiatives, the conceptual thinking
behind the Ottawa Charter and the health promotion action that had followed may well be instrumental now in shaping the global efforts to ensure human security in the future. Despite the bulky term ‘healthy public policy’, this action area of the Ottawa Charter will be (and has been) a principal resource for the global movement on the social determinants of health. It can also be applied to shape global trade, migration policies, the prevention of global crime and terrorism.

Whether or not health promotion will be able to contribute to this broader human security agenda will depend on some fundamental insights that can be drawn from the experiences of health promotion action.

CONSIDERING THE POLITICAL DETERMINANTS OF HEALTH

Despite some drawbacks, 25 years of health promotion action has resulted in tangible outcomes. Researchers, advocates and activists basically know what works and what does not, and how policies and programmes need to be designed, measured and evaluated. They have understood that simplistic technocratic solutions are not sustainable but that they—inter alia—need to understand the political agendas and administrative imperatives of other sectors (WHO and Government of South Australia 2010). Structural barriers that hamper successful implementation have been identified as well as ‘cultural and language’ ones, and challenges with regard to process are as known as those regarding technical and capacity inadequacies. Success in health promotion depends on the highest technical performance. Even more so, it depends on the political environment. For future health promotion initiatives, we need thus to consider both structural and process-related political determinants for development.

It is clear that organizational partnerships necessary for health promotion to reduce health inequities start with individual negotiation skills. As always, it is imperative to ensure that the right people are engaged in the intersectoral process, including those who actually have the power to make decisions. But it is also important to include disadvantaged groups who have the greatest potential to benefit, linked to civil society groups and social movements who can press for action. Bridging differing understandings of a problem between sectors requires identifying which sectors have vested interests in activities on a particular issue. Thus, a sound understanding of the interests and objectives of the main stakeholders is an absolute requirement in the first place (WHO, 2010a). It is interesting to note that the major international health negotiations have been led by experienced diplomats—and not health experts. There is a need for health negotiators. Health promotion tools which ‘enable, mediate and advocate’ can be instrumental to advance the quality and success of health negotiations.

Coming back to the example of diabetes, city planning that enhances moderate physical activity, food industry that promotes healthy food, public transport systems that are easily accessible for all, together, would create healthier living conditions. Even more so, it is clear that coordination amongst various stakeholders is essential. Thus, political advocacy work is needed to join forces with the entire range of stakeholders, and not only with some.

Health promotion often concentrates on ‘win–win’ situations when engaging with other sectors. Understanding the political determinants means to manage situations that involve costs or trade-offs, while preserving an effective collaborative working relationship. This requires both technical and diplomatic negotiation skills of those who manage the process.

THE WAY WE LOOK AT ECONOMIC GROWTH

Often, policies are evaluated on whether they promote economic growth or not. Economic growth is often measured by using the gross domestic product (GDP) as an indicator of economic performance and social progress. Stiglitz, Sen and others have argued, however, for a long time that ‘GDP is an inadequate metric to gauge well-being over time, particularly in its economic, environmental, and social dimensions, some aspects of which are often referred to as sustainability’ (Stiglitz, 2009).

A range of global leaders in macroeconomics have therefore started to advocate fundamentally rethinking macroeconomics. For example, the aim of the ‘Commission on the Measurement of Economic Performance and Social Progress’ (CMEPSP) has been to identify the limits of GDP as an indicator of economic performance and social progress, including the
problems with its measurement; to consider what additional information might be required for the production of more relevant indicators of social progress; to assess the feasibility of alternative measurement tools and to discuss how to present the statistical information in an appropriate way.

Global crisis in the past decade, such as on finance and food, originated from policy decisions in other sectors and had vast health implications which then were themselves the reason for huge economic losses in third sectors. Thus, health is the link between different policy decisions. Current macroeconomic thinking does not reflect this reality. Health outcomes of a national policy may be global, and the economic consequences felt in other sectors in other domestic economic systems. The intersectoral economic impacts of different events, actions and policies, need to be more explicitly accounted for. Without doing these two things, it will also be hard to make policies for, or to anticipate the impacts of arising events or policies on, the social gradient in health.

‘Economic growth is important but, although it often seems to be forgotten, is only a means to an end. Rather, we must ask what economic growth allows us to do. Although often equated with greater human happiness, a growing body of literature has shown how the two measures have become disconnected’ (McKee, 2010).

Also, other researchers have argued to use the genuine progress indicator (GPI) for health (see, for instance, Anielski, M. and Soskolne, C., http://www.anielski.com/Documents/Anielski%20Soskolne%20Paper.pdf ). An intermediate step towards this would be to introduce responsibility mechanisms for due diligence as well as full risk bearing.

THE WAY WE LOOK AT HEALTH PROMOTION INTERVENTIONS

Part of the change that may influence the health promotion agenda in the next couple of years is to better understand development strategies of industries. They have a major stake in population health, both as contributors and as recipients. The role of global industry in global health has put health into trade and influenced innovative industry approaches. A ‘health in all policies approach’ should be seen as a resource in managing this interdependence. A complementary picture of public health practice is being created—a picture that includes risk behaviour and risk factors, risk conditions and life conditions. In the past, the health sector only talked about why people smoke and how to make the healthier option become the easier option. Now, we are also looking at the tobacco industry, their strategies, powers and markets; and how their ‘tobacco in all policies’ approach influences people’s lives, drives national and global economies and sets political agendas. As successful and groundbreaking as the Framework Convention on Tobacco Control has been, smoking and other forms of tobacco consumption are increasing in developing countries (WHO, 2010b) and tobacco is still a highly profitable industry. Why is this so? As health professionals, we dislike their products, but we have to learn from their business model to develop more effective countermeasures.

The health sector as a whole needs to better understand the institutions that have such an enormous effect on population health. By employing a health in all policies approach, we open doors to getting to the crux of the matter—to the analysis, systematization and identification of options that complement multiple sectors to the benefit of broader societal wellbeing. The World Health Organization is determined to move health in all policies forward. It is clear that health has moved up the political agenda. This is true for both global and domestic politics, and WHO is eager for health and wellbeing to prosper from this reality. Those who are looking at development through a health promotion lens will be able to contribute to development if they see and understand the coherence of advocating, enabling and mediating for health, and if they do so in the five action areas and at the different policy levels, by looking at the complementarities of health promotion action.

REFERENCES


