



EUROPE

Cross Sectoral Policies in the Field of Nutrition and Physical Activity Investment

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INVESTMENT FOR HEALTH & DEVELOPMENT

Chris Brown

World Health Organization
European Office for Investment for Health
and Development

IFH ASKS THE QUESTIONS

- Which investments contribute to producing and maintaining the *health capitol* in a community region or country?

HEALTH AS A RESOURCE FOR DEVELOPMENT

- Which systems and mechnaisms ensure health & development priorities and processes are better integrated

HEALTH AS A PRODUCT OF DEVELOPMENT



'Policy sectors are not sitting around waiting to be reformed or even advised by health experts (21). Motivation for strengthening the health impact of a policy area must exist, be fostered, be sufficient to encourage sharing of data and exploration of options that fit a sector's "culture", and carry no negative consequence ' (such as additional costs, loss of jobs, jurisdictional conflicts).

These lessons were reinforced in a demonstration project carried out by WHO/EURO in southern Spain in cooperation with the Valencian Institute for Public Health (65).



FRAMING THE ISSUE

INTEGRATED APPROACHES TO HEALTH & DEVELOPMENT



GROWING RECOGNITION

HEALTH
OUTCOMES



DEVELOPMENT
OUTCOMES



Health economic and social capitol can be “inherited” and/ or accumulate during the life cycle

Meet Michael, Chiara, Vladamir



Baby

Born to family with good access to maternity care + availability of pre and primary schools, safe housing and play spaces, family support & financial resources

Aged 10

Enjoying a good life, lots of opportunity to explore interests & grows in confidence and sense of future optimism

Aged 20

university with good marks. Plays sport and is more receptive and feels able to eats healthy /exercise. Starts a pension scheme and buys house

Aged 45

Fit and healthy with a good job, Accumulating financial and professional capitol enabling easier job transition. Has regular health checks/manages stress by exercising

Aged 60

Retired early with savings & spend time with grand-children and travels



Meet Sarah, Tatjana, Sven



Baby

One of many teenage conceptions, sporadic follow up with primary care services and, left with carers while parent works

Aged 10

Growing up in place with fewer play and out of school facilities, parents working long hours and feel more vulnerability + lower self esteem

Aged 20

Left school few qualifications, casual labourer, no savings, drinks, smokes to manage stress and boredom, feels life is slipping by but lack of opportunity and confidence to retrain

Aged 45

high cholesterol, early stage type 2 diabetic, worries about money, safety & drinks heavily. Frequent periods of unemployment and sickness absence

Aged 60

Died from massive stroke

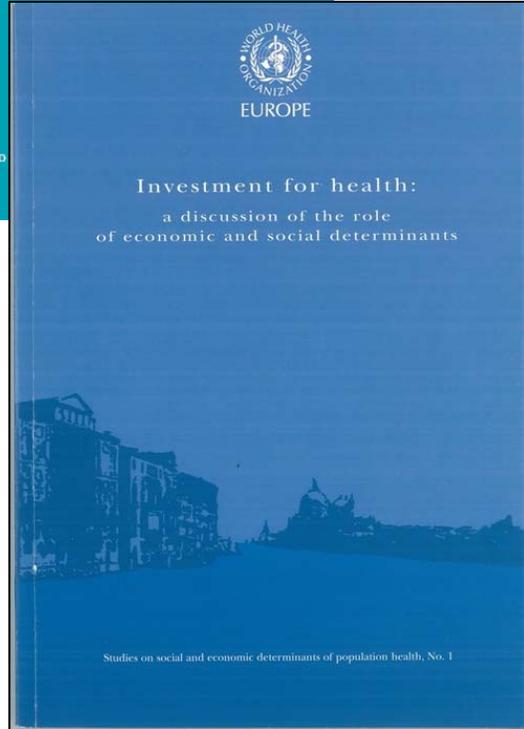
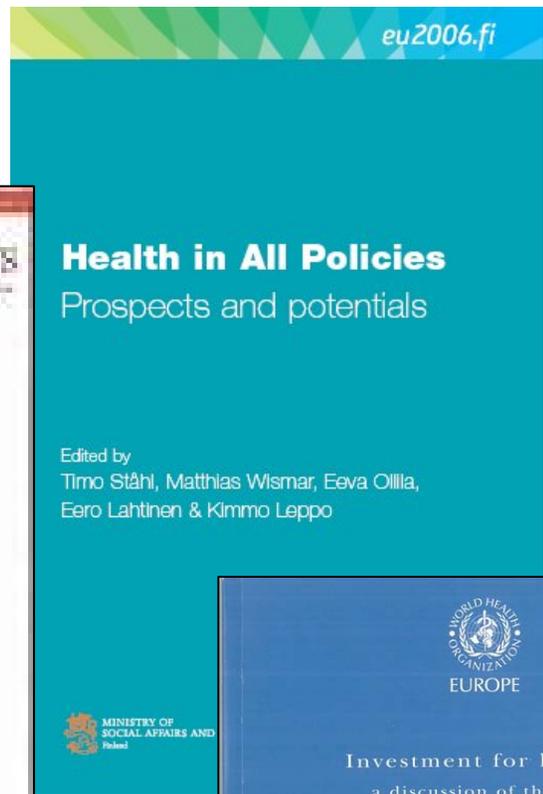
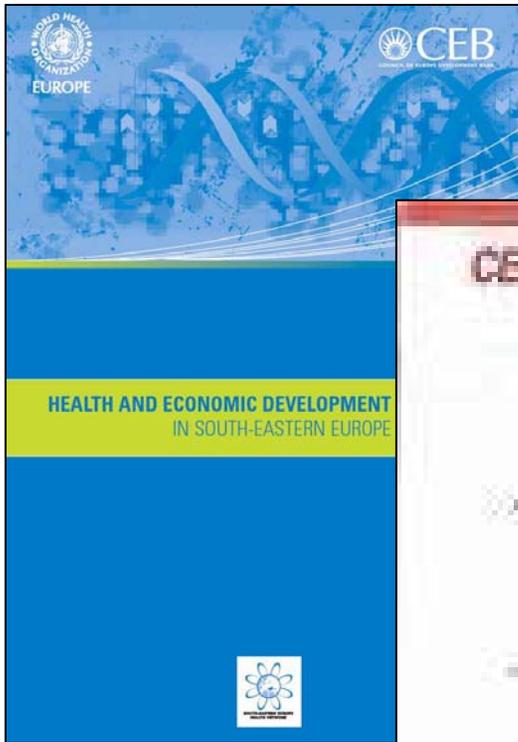


Adapted from: D. Harrison (2007)

KEY POLICY DOCUMENTS AND INITIATIVES

1996-2007

- **Territorial Reviews**
OECD, 2000-2004
- **Global Report on Macroeconomics and Health**
WHO, 2000
- **Claiming the Health Dividend**
KINGS FUND, 2003
- **The Contribution of Health to the Economy in EU**
EU 2005
- **Global Commission on Social Determinants of Health**
WHO, 2005-2008
- **Declaration on Health in All Policies**
EU & WHO December 2007.



European Evidence on Health and Development Outcomes



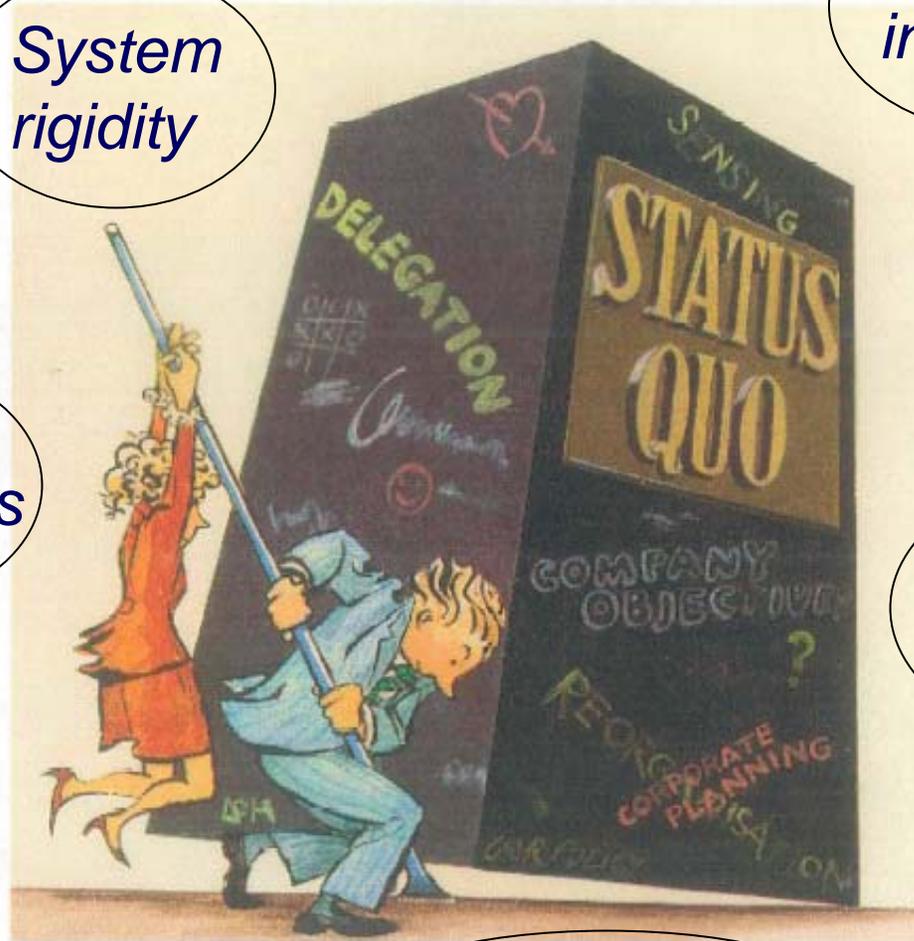
Investment for Health & Development can be complex



System rigidity

Lack of incentives

Power structures



Isolated programmes

“Territorialism”

PUTTING IT INTO PRACTICE

A SYSTEMATIC APPROACH



The Regional Collaboration on Implementing Investment for Health: Regions

Slovenia



MURA Project
Pomurje

Czech Republic



Liberec



South Moravia



South Bohemia

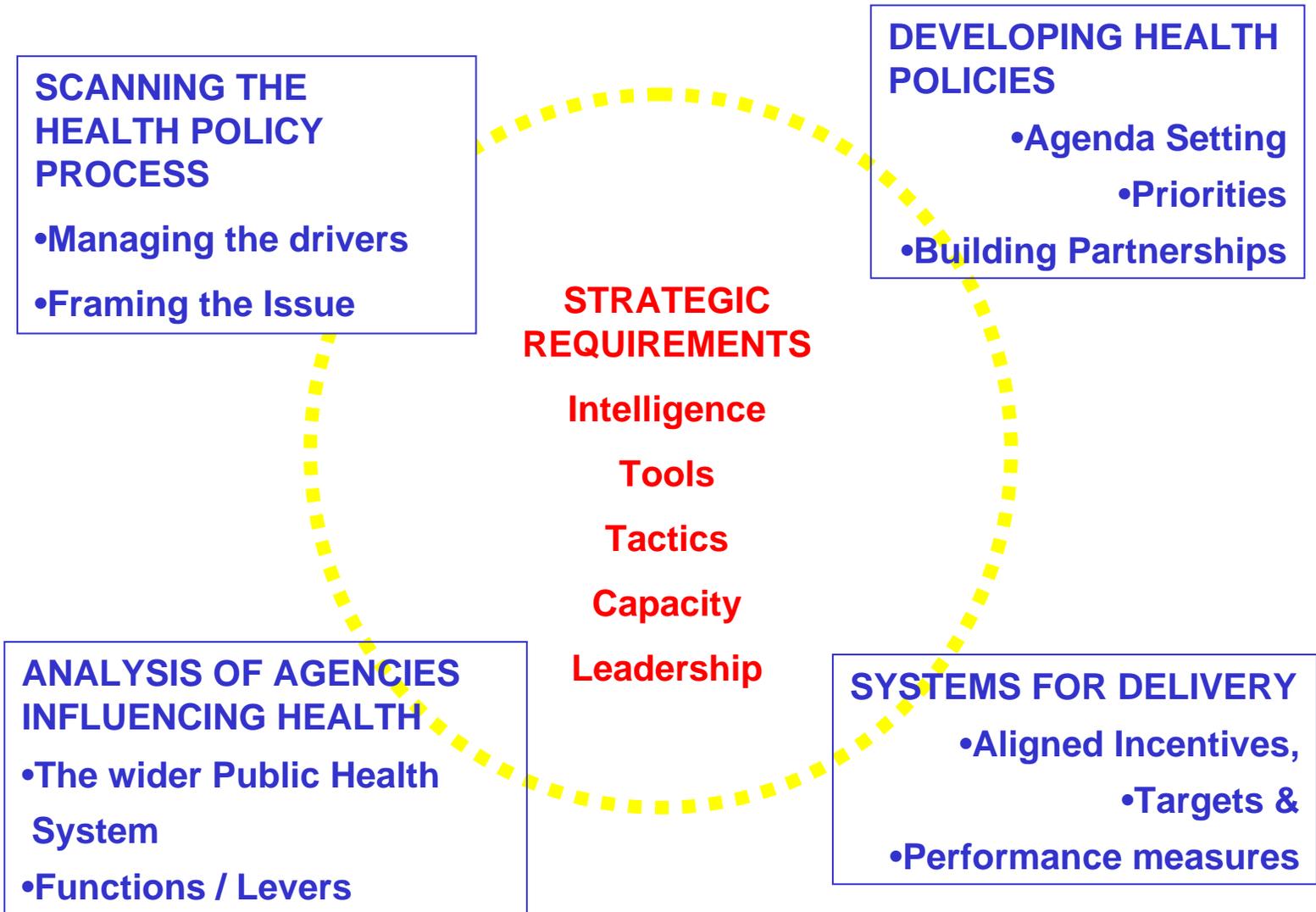
United Kingdom



North West
Region of
England

BUILDING CROSS SECTORAL APPROACH TO POLICY

- ACTION ZONES



IFH & DEVELOPMENT DECISION SUPPORT TOOLS

- **ECONOMIC ANALYSIS AND ARGUMENTS** e.g Health Sector Economic Footprint - health sector contribution to regional development targets
- **POLICY SCANNING AND MAPPING** – eg Health Gian Map ***BOUNDRY SPANNERS*** - common priorities and agenda for health & development
- **CAPACITY BUILDING** - **Masterclasses** to debate and cmmunicate ‘connections’ and options for joined-up action, ActionLearning Peer Reviews and External Expert Appraisals,
- **INTEGRATED IMPACT ASSESSMENTS**
- **IFH LABS & Problem Solving workshops** –know how and support to implementation for policymakers and planners



Scanning the health policy process - Managing Drivers – TALKING TO FINANCE AND ECONOMIC DEVELOPMENT ACTORS

HEALTH SECTOR ECONOMIC FOOTPRINT TOOL



- Health & Social care system in NW region £8.2 Billion (10% regional total GDP 88Bn) 60% on staff with £2 billion on goods and services
- 340,000 people employed directly (12% of regional employment)
- 0.5% of regional businesses primarily in the health sector 780 businesses
- 50% of health sector firms have turnovers £100k-499K
- Capital spending programmes for 5years to 007/8 is £4.5 billion

THE HEALTH SYSTEM

not a drain on regional public resources

but a

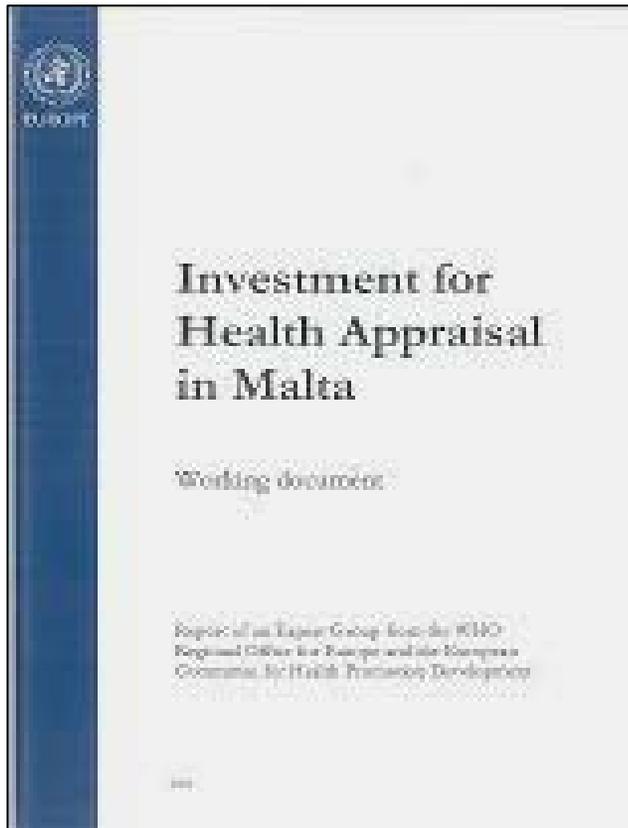
PRODUCER

SOCIAL AND ECONOMIC RESULTS



Analysis of Agencies Influencing Health - POLICY SCANNING TOOL 1.

INVESTMENT FOR HEALTH APPRAISALS



Health Gain Framework

INVESTMENT IN HEALTH

Health Issues	POLICY SECTORS				
	Health *****	Education *****	Transport *****	Environment *****	Others *****
Promoting Healthy Ageing <i>Aspects of the issue</i> • • • • • • • •		ΔΔ	- Policy Areas - Actions Δ	Δ Δ	
Promoting Healthy Youth <i>Aspects of the issue</i> • • • • • • • •					

Source: Securing Investment in Health. Demonstration Project in the Provinces of Bolzano and Trento, Final report, June 1995

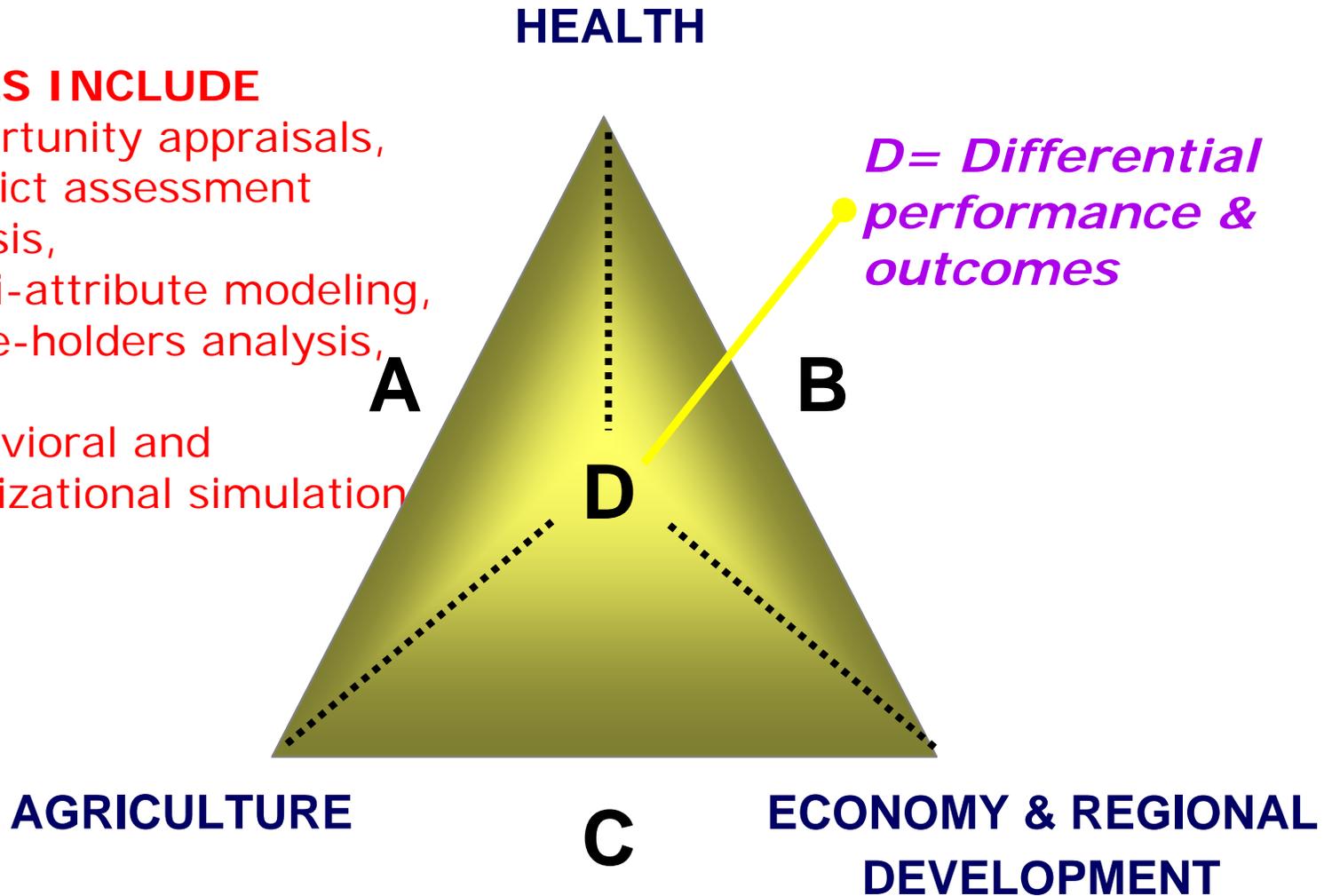




Developing Health Policies - Building Common Agendas - KNOWING OTHER SECTORS PRIORITIES/ CHALLENGES & SPANNING THE BOUNDRIES

TOOLS INCLUDE

- opportunity appraisals,
- conflict assessment analysis,
- multi-attribute modeling,
- stake-holders analysis, and
- behavioral and organizational simulation





MURA Investment for Health Program Slovenia

Investment for Health Demonstration Project Valencia, Spain



Source :
www.euro.who.int/eprise/main/WHO/Progs/SED/socmarketing/20051024_3



**INTEGRATED GOVERNANCE
OF HEALTH & DEVELOPMENT**

**HEALTH,
LABOUR &
WELFARE,
EDUCATION**

**HEALTH
PROMOTION IN :**

- local community
- marginal groups
- schools
- workplace

**AGRICULTURE,
REGIONAL DEV. &
HEALTH**

**AGRICULTURE
FOOD INDUSTRY**

- more fruit & vegetables
- ecological farming
- local supply chain

**TOURISM,
HEALTH, &
REGIONAL DEV.**

- healthy & traditional offer in gastronomy
- recreation programs
- prevention programs in health spas

HEALTH & ENVIRONMENT

Natural, living, socio- economic

wellness on
y side



Building Partnerships and Capacity

GENERATING & TESTING INTERSECTORAL POLICY OPTIONS AND DELIVERY MECHANISMS

*POLICY BARGAINING, TRADE OFF
& SIMULATIONS EXERCISES*

The Investment for Health Learning Laboratory

*A learning process for policy makers,
professionals
and investors*

WHO Regional Office for Europe
June 2000



*To explore mutual
gains or outcomes
for multiple
sectors*

'WIN – WIN'

OR

*To assess trade offs
from gains for one
or more sectors
without costs to
other sectors*

'WIN – NEUTRAL'

KEY INGREDIENTS FOR IMPLEMENTING & SUSTAINING CROSS SECTORAL POLICIES

- **Intelligence**
- **Tools & Tactics**
 - **Capacity**
human & system
- **Leadership**

