



Ministry of Health, Welfare and Sport

Health behind the dykes

or

**Health in a lot of policies
in the Netherlands**

**Adelaide Conference 2010
Health in All Policies**

Adelaide, Australia, 14 April 2010

Lejo van der Heiden
Dept. of Public Health

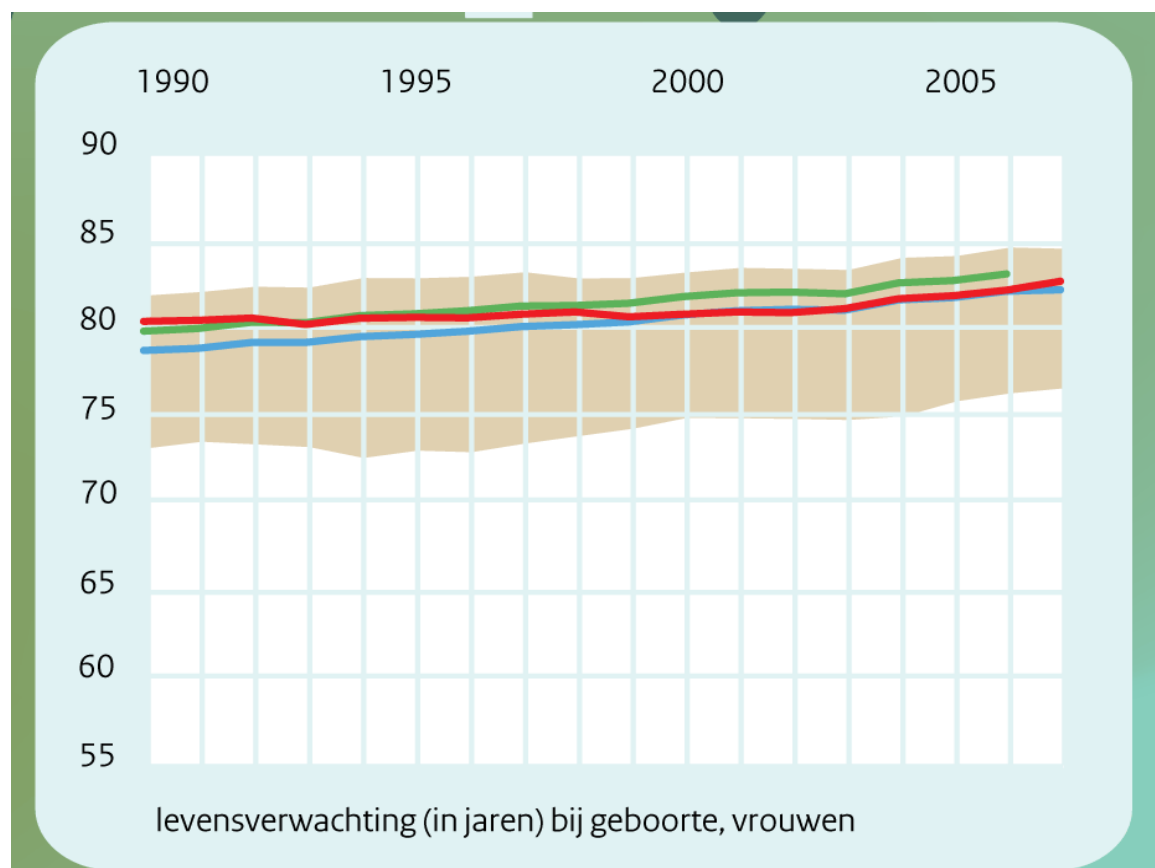




Why HIAP?

Why HIAP in the Netherlands?

Life expectancy women, Netherlands

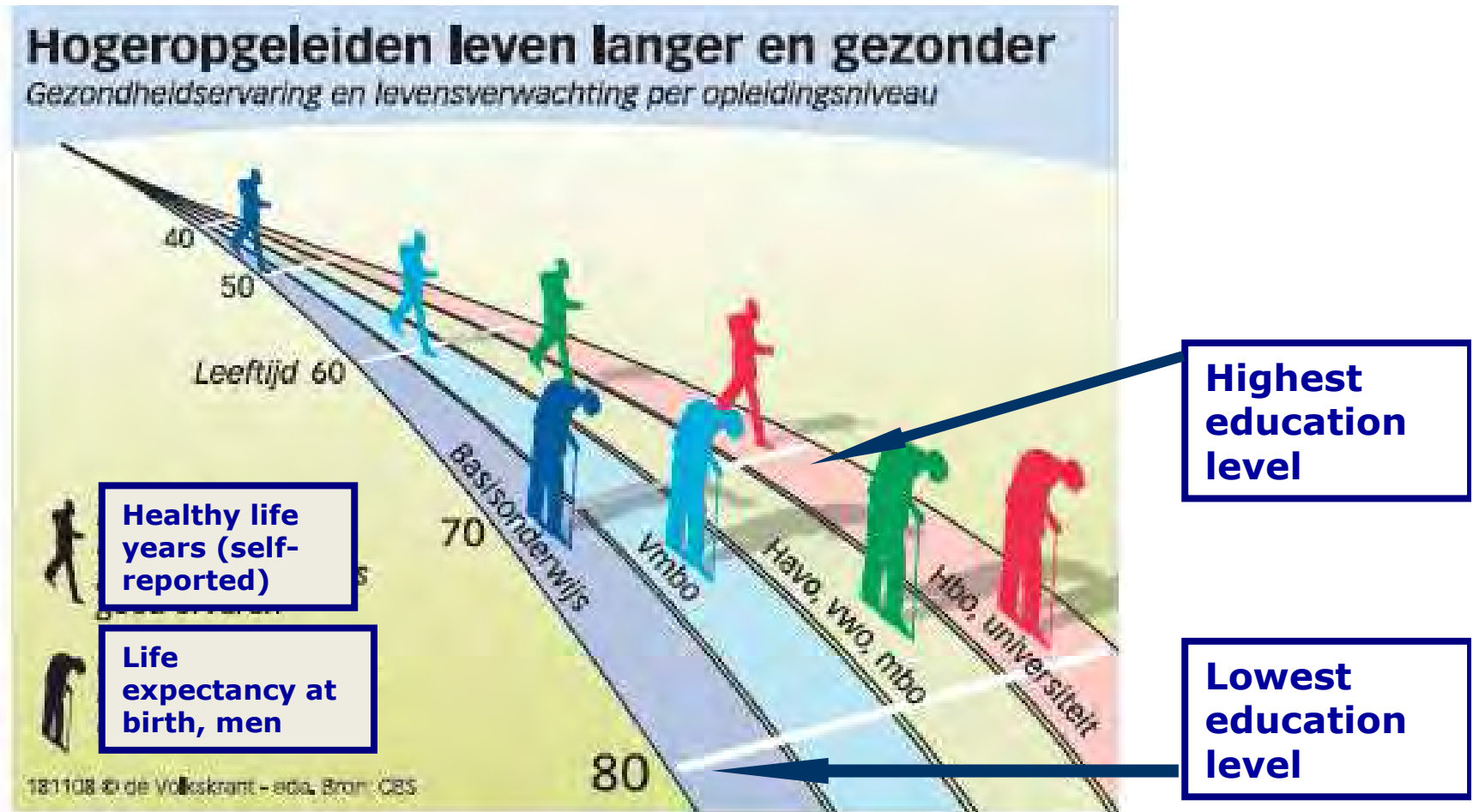


Source: RIVM





Health situation by socio-economic status



Difference LE, men = 7,3 years
HLE, men = 18,8 years!



Trends in public health in the Netherlands

- **Not doing badly**
 - Life expectancy on rise again, not yet back in top of Europe
 - Unhealthy Lifestyle trends stabilising, but at high levels
- **Health inequalities increasing**
- **Youth makes a poor start**
- **Strong Increase in chronic diseases, putting pressure on health system**

(\$ and)





Public Health Law (WPG)

PHF 2010

From healthy to better

PHF 2006
Care for health

Major role for municipalities!

Inspectorate for Health
More effect possible from public health care, 2010

Inspectorate for Health
How we keep people healthy,
2005

Prevention cycle
WPG

Govt white paper 2006
Opting for a healthy life

Govt white paper 2010
?

Local council health papers 2007

Local council papers 2011

Being healthy,
Staying healthy,
2007





'Being healthy, staying healthy', Vision on health and prevention, Sept. 2007



1. Nurture and innovate
- 2. Coherent and integrated health policy (HIAP)**
3. Integration of preventive care into the mainstream health care system
4. Improvement in governance structure



History Health in All Policies in Netherlands

❖ **Early '80's:**

- ❖ lot of attention and follow up in NL for WHO Health for All

❖ **Early nineties:**

- ❖ Major Government Commission (Albeda) on health inequalities (Mackenbach involved)
- ❖ Development of and experimenting with Health Impact Assessment

❖ **Late nineties, early 00's: silent years**

- ❖ Difficulties enforcing
- ❖ Decreasing interest from others (too much preaching?)
- ❖ Focus on reform in health insurance system

❖ **Late 00's; back on track, but still beginning**

- ❖ 2007 Vision on prevention
- ❖ Changed political and societal context: increased interest in health and prevention
- ❖ Tallinn-charter 2008
- ❖ Socio-economic health differences, action plan dec 2008



Too much preaching!



Thou shall be healthy!

Listen, you foolish other sectors, act in the name of health!

Health as a self-selling argument



Government hesitant to interfere in personal choices





A more humble approach

1. Introducing concept of Parallelism of interests:

- > Health not only core social value,
- > but also one of a number of interrelated legitimate
» aspirations.

2. Creating synergy by actively seeking ways:

- » in which aspirations are complementary
- » or ways in which health can support other legitimate aspirations, developing a service attitude

3. Beyond Government towards other sectors and actors: employers, business, family, school teachers

4. An interest in health is a responsibility for health!



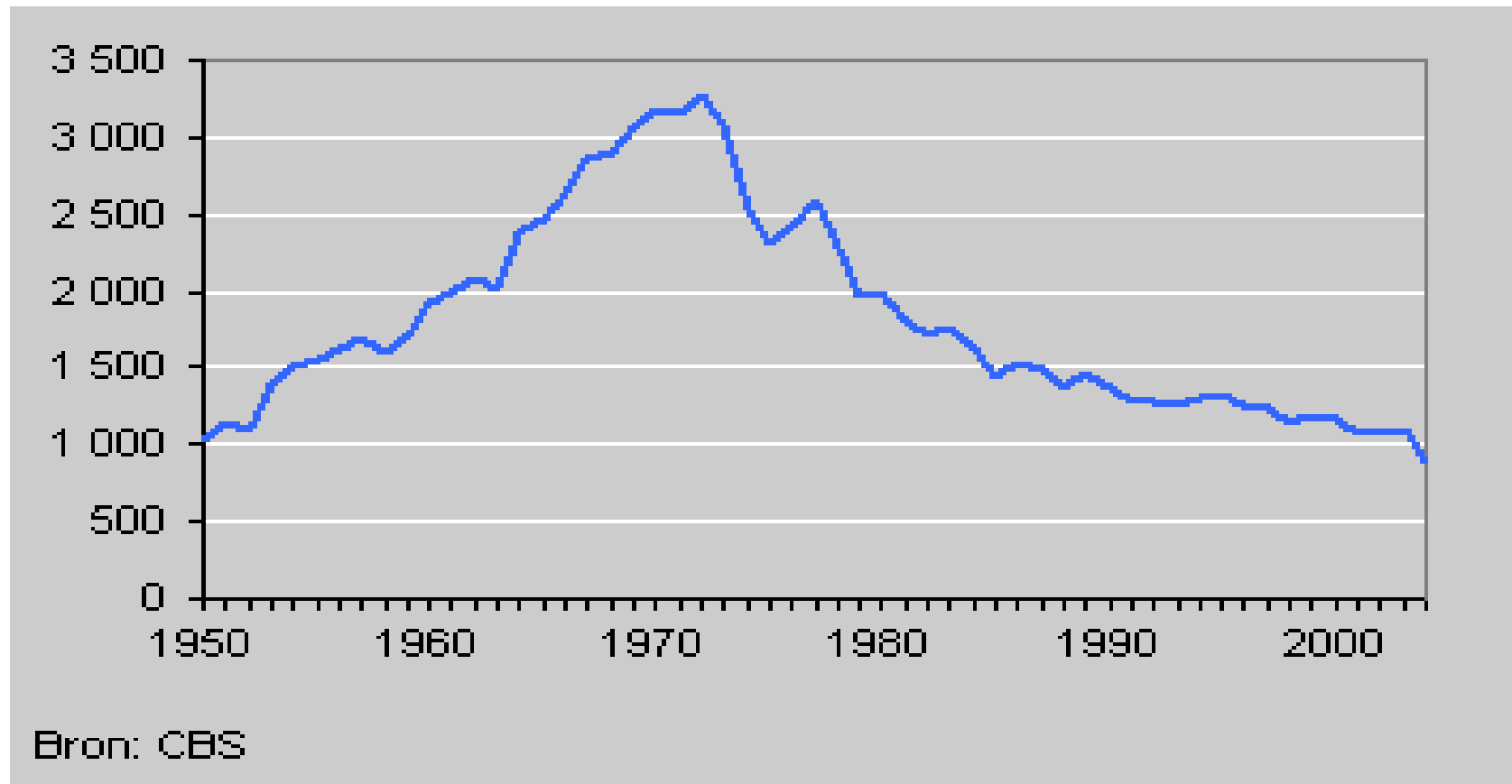
So far, so good

What is the issue, What is the problem?

We have some good examples!



Road Safety in the Netherlands

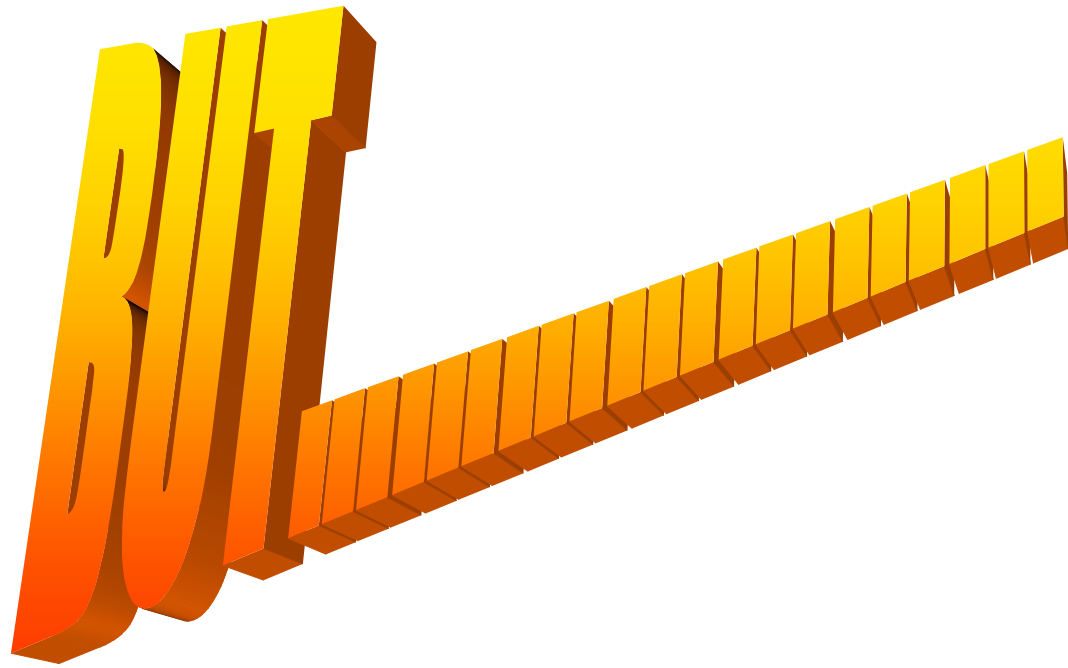




From problem district to power district



- **2007 New ministry: housing, districts and integration**
- **40 districts selected 2007-2017**
- **Priority in Cabinet**
- **Strong partnership between central government, municipalities, inhabitants and housing corporations**
- **Programmatic approach**
 - Focus on inhabitants and their problems,
 - Analysis of problems crucial
 - Ssharing of knowledge and experiences
- ***Originally health not included!***





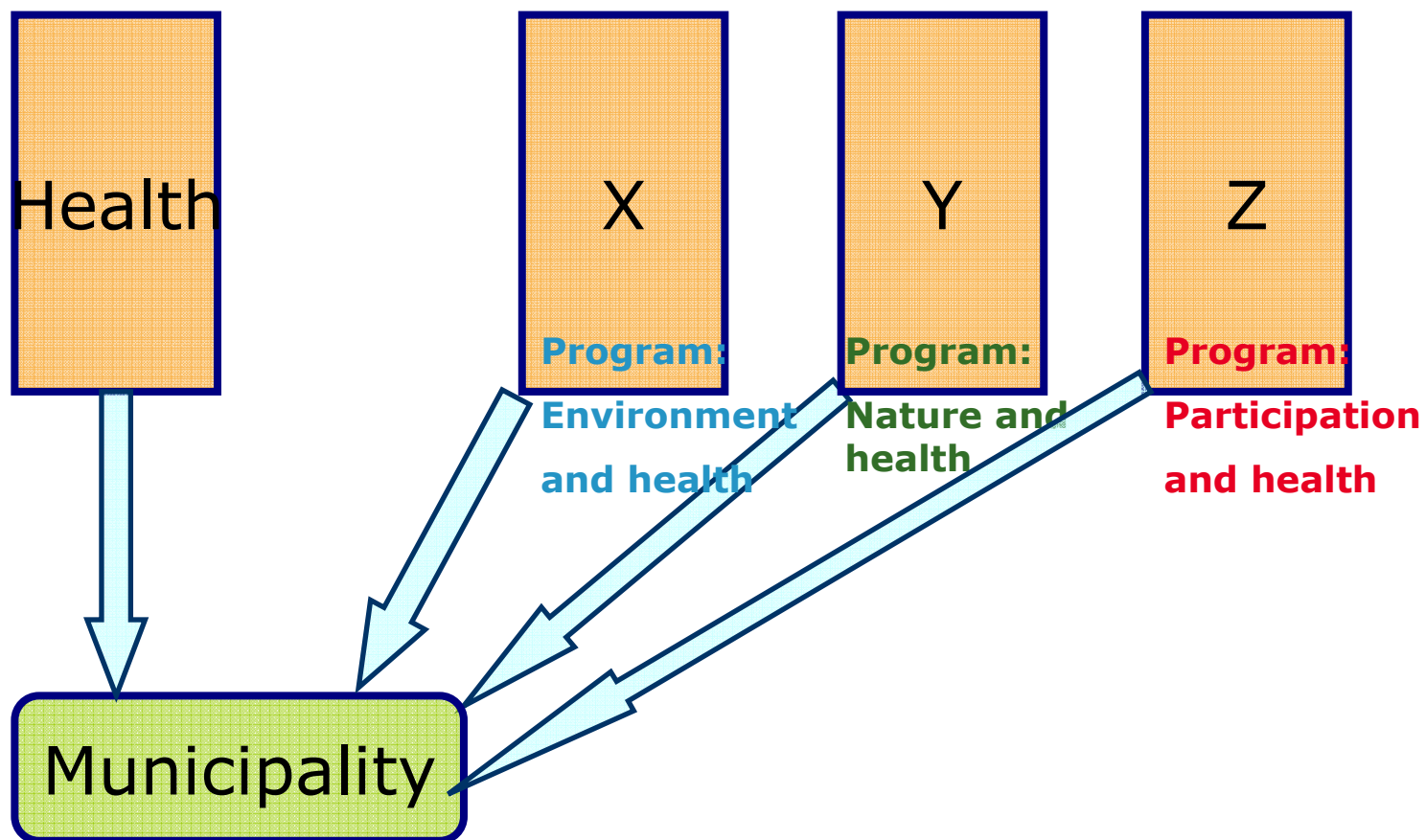
Balancing priorities and interests is a delicate thing.....

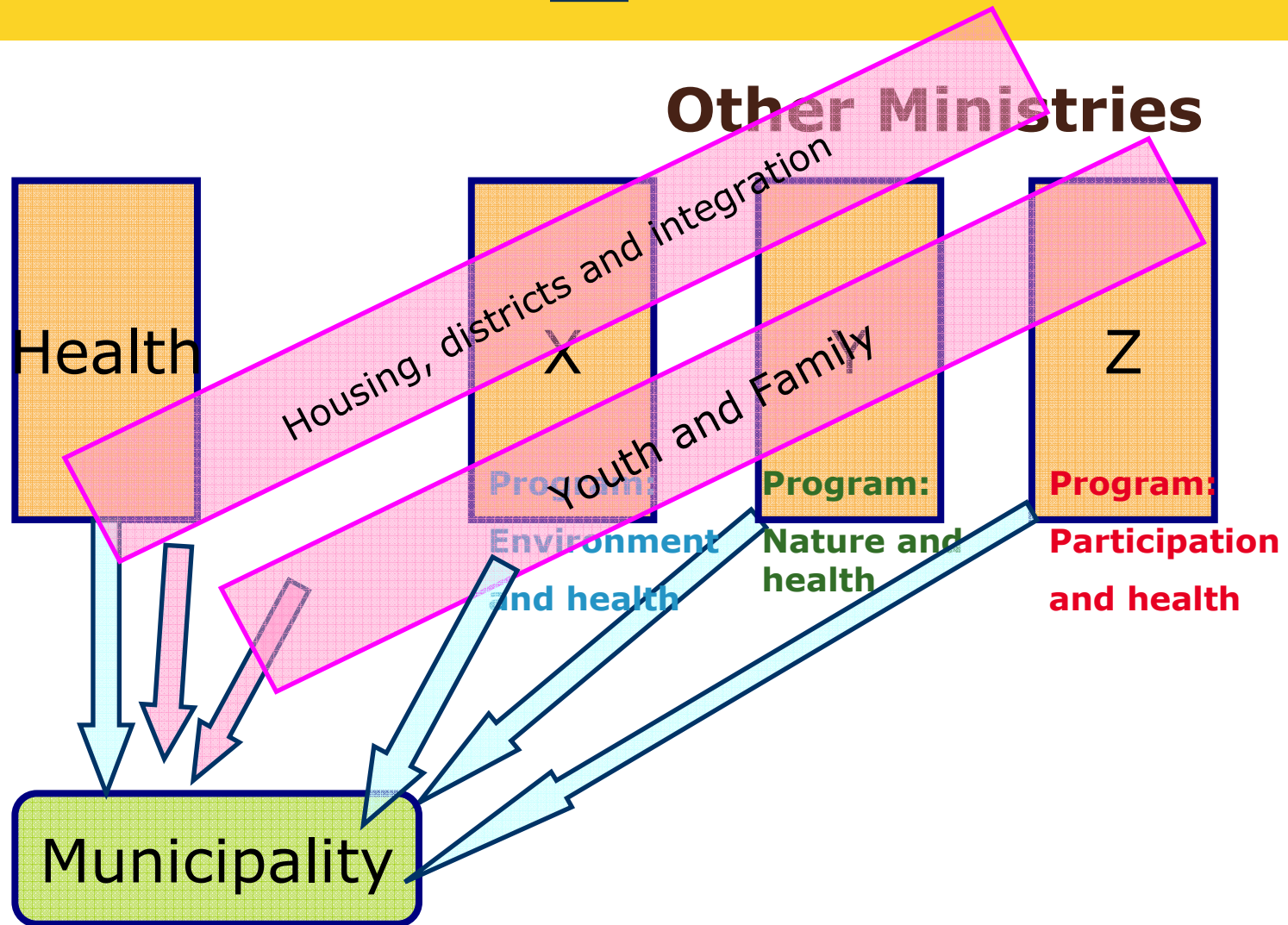


- Sometimes interests conflict
- Suspicious of 'natural' foes
- We sell extra years to life and extra life to years, but is there a market?
- Financial crisis, budget cuts
- ***Some ministries are more equal than others!***



Other Ministries, many (health) programs







Ergo

- o Many programmes, but lack of coordination
- o Pressure on municipal capacity
- o Ministry of Health often not or hardly involved, not always necessary



Advice on intersectoral policies

September 2009: four Advisory Boards jointly advised Government on health interests (Local Government, Health, Education and Socio-Economic Council).

Main conclusions:

- › no new legal or financial instruments necessary
- › Intersectoral health policy should be organised around concrete objectives
- › Intersectoral health policies should be part of the next coalition agreement
- › (much) better coordination at central government level needed, interministerial unit



What do we do now? (1)

- Become, as MoH, reliable and trustworthy partner (continuity of staff!) *How can we help you?*
- Developing business cases and putting more emphasis on societal benefits and economic analysis (*in the end it is always money that matters!*)
- Start at home: work on better cooperation between prevention, cure, care and welfare (participation)



What do we do now? (2)

- Use existing podia for discussions on intersectoral health policies (eg working group on healthy living environment)
- Do not focus solely on government; partnerships with other actors in sectors (eg on obesity)
- Communicate in a positive way (eg JOGG = Dutch EPODE)
- Health is not only Health, when it says Health on it.



Only together we can make it!



More Information:

I: www.minvws.nl

E: lj.vd.heiden@minvws.nl