World Health Organization
REGIONAL OFFICE FOR Europe

Copenhagen and Banja Luka
13 October 2011

Backgrounder on health in all policies in south-eastern Europe

The WHO European Region and killer diseases

Noncommunicable diseases (NCDs) include cancer, heart disease, respiratory disease, stroke and diabetes. The contributory factors that lead to them are well known. Compared to all the other Regions of WHO, the European Region has the highest overall smoking rate, the highest proportion of dietary energy arising from fat, the highest rate of raised cholesterol, and the second highest rate of overweight and obesity. It also has the highest per capita consumption of alcohol. Two South-eastern European countries rank among the European Region's three highest rates of death from liver disease and cirrhosis. With the exception of Slovenia, Israel and the Republic of Moldova, adults in the SEEHN have an above average prevalence of smoking.

Why these diseases should be tackled through close collaboration by the health ministries with other sectors

The wider determinants of the NCD epidemic lie largely outside the control of the health sector and measures to promote and protect health and well-being cannot be confined to the health sector alone. They are heavily influenced by the economy, the environment, trade and fiscal policies, access to education and health care, transport, and urban planning. Raising the price of cigarettes and alcohol can save lives, as can reducing fat and salt in food. Making it safe to cycle, exercise, or play, the provision of healthy workplaces, clean air and water, are fundamental to reducing disease and improving health. These preventive measures, particularly when patients and the communities in which they live are involved, are not as expensive in financial or human terms as waiting for patients to contract diseases and then using precious resources to treat them in the health care system.

Examples of good practice of health in all policies in south eastern Europe

The forthcoming WHO/Europe publication, *Opportunities for scaling up and strengthening health in all policies in south-eastern Europe,* to which all the countries in the SEEHN contributed, reviews in detail the current situation and gaps, reveals how different countries are approaching health equity and social determinants, and making organizational changes to tackle health in all policies, and makes recommendations for each country. Here are some examples of progress in some countries.

In **Albania**, the National Public Health Council will begin operating in Albania by the end of 2011. This council will coordinate the functioning of the public health system and provide a basis for policy development. It is an advisory body, under the Minister of health, advising the Minister of Health on the development and implementation of coordinated policy in the field of public health in order to preserve and protect the health of the population. Its scope of work will include making policy proposals by integrating other sectoral policies.

In **Bosnia and Herzegovina**, the political will to implement the "Health in all policies" approach is supported through the tradition and firm foundations of the way public health is organized, giving opportunities to ensure the active involvement of the community in decision- making in health care. The Federation of Bosnia and Herzegovina's law on Restricted Use of Tobacco Products stipulates requirements on the producers, and bans advertisement and sale of tobacco products. This law's enforcement is overseen by the sanitary inspectorate, the labour inspectorate and the market inspectorate, as well as the Federation Ministry of Finance and the Customs Authority.

Sarajevo Healthy City project is a successful local experience showing the importance of municipalities in the process of implementing Health in all policies. In 2004, Sarajevo City Council approved the Health Plan for Citizens of the City of Sarajevo. The Plan and underlying studies represent a significant contribution to a holistic understanding of health and multisectoral responsibility for health.

Another example in the field of tobacco is the Law on Prohibition of Sale and Use of Tobacco Products to Persons Under the Age of 18, the Law on Prohibition of Smoking Tobacco Products in Public Places, and the Law on Prohibition of Advertising Tobacco Products of the Republic of Srpska. These Laws stipulate requirements on the producers, a ban on advertisement, and sale of tobacco products with the purpose of protecting and promoting health of the population from harmful effects of tobacco products. These laws are good examples of intersectoral collaboration as oversight of enforcement of these laws are performed by the sanitary inspectorate, the labour inspectorate and the market inspectorate. Part of the oversight is also performed by the the Ministry of Finance; the Ministry of Education; Ministry of Internal Affairs; and Ministry of the Family, Youth and Sport in the Government of the Republic of Srpska.

In **Bulgaria**, a National Coordination Council ensures implementation of the Food and Nutrition Action Plan 2005–2010. This involves representatives of all ministries related to food, nutrition and physical activity such as the ministries of agriculture, education and science, economics, labour and social policy, the Agency for Youth and Sports, representatives of associations of food producers, and professional and nongovernmental organizations such as the National Association of Municipalities.

In **Croatia**, the Croatian National Chemical Safety Committee is a cross departmental committee, with members nominated by different ministries. This Committee was organized as a result of a review of environmental health in 2009 in Croatia. The aim is to avoid a lack of horizontal collaboration of different ministries, so that vertical laws and bylaws do not overlap and duplicate, as well as to facilitate appropriate capacities for law enforcement and implementation. As a candidate for European Union, Croatia sought to review its processes and capacity to monitor and address environmental health and developed the National Chemical Safety Strategy, based on the initiative of the European Commission, to clarify the functions and responsibilities of different sectors.

In **Israel**, the Israel Healthy Cities network has been operating successfully since 1990. It operates with intersectoral partnerships between the municipalities and other organizations. The healthy cities approach seeks to put health high on the political and social agenda of cities and to build strong movement for public health at the local level and address the social determinants of health. Political commitment at all levels has been very important for its effectiveness.

In **Montenegro**, the Strategy for the Prevention of Chronic Noncommunicable Diseases was developed with full consultation in 2009, including public debates with civil society and the media. It includes an action plan for a multisectoral approach to NCD prevention and promoting healthy lifestyles, which covers different sectors such as education. For the tobacco strategy, the Ministry of Health cooperates with the Ministry of Economy on pricing of cigarettes, taxes and excises, with the Ministry of Tourism on use of tobacco products in restaurants, and with the Ministry of Education about tobacco control in schools.

In **the Republic of Moldova**, the National Programme on Healthy Lifestyle promotion for 2007–2015 has brought together multiple stakeholders: the ministries of health, finance, education, environment, youth and sport, social protection, labour and family, regional development and construction, the Academy of Science, and the National Health Insurance Company, as well as local public authorities nominated as competent bodies.

Romania restricted specific food items in schools, to encourage healthy diet habits for schoolchildren in 2008. It also succeeded in reducing the blood lead levels of plant workers and of young children living in the vicinity of a copper smelter by an intersectoral approach involving the community, governmental and nongovernmental agencies, and the management of the local copper smelting plant

In **Slovenia**, under its Health Care and the Health Insurance Act, 1992, the State's responsibility for intersectoral cooperation for the promotion of health is described, along with financial resources for implementation pooled from the budgets of central and local authorities. A Council for Health at the government level monitors investment activities in all economic and non-economic areas and evaluates their effect on the health of the population.

In **Serbia**, the Council for Tobacco Control was founded in 2006 by the Ministry of Health, as a multisectoral body composed of representatives of ministries relevant for tobacco control, health professional organizations and international organizations in the status of observer (WHO and the United Nations Children's Fund (UNICEF)). The Council serves as a tool to ensure that all key multisectoral stakeholders are involved and ensure a coordinated implementation of the WHO Framework Convention for Tobacco Control ratified by the Government in 2005.

In **the former Yugoslav Republic of Macedonia**, the Law for Public Health is a cornerstone of public health law, and supports the strengthening of multisectoral approaches and processes at national, regional and local levels by establishing a national public health council and local public health councils.

See http://www.euro.who.int/SEEforum2011

For more information, please contact:

Dr Maria Ruseva
Programme Manager, Public Health Services
WHO/Europe

Tel.: +45 39 17 1 13, + 45 24 47 61 41 (mobile)
E-mail: mah@euro.who.int

Ms Viv Taylor Gee
Communications Adviser
WHO/Europe
Tel.: + 45 39 17 12 31, + 45 22 72 36 91(mobile)
E-mail: vge@euro.who.int