



Sweden's New Public-Health Policy

*The National Institute
of Public Health*

A new orientation for public health

The National Institute of Public Health (NIPH) in Sweden has now assumed a clearer role in this country's efforts to promote public health.

Our chief role is to monitor the implementation of Sweden's national public-health policy. But we should not only register changes, but also present proposals as to how public-health work may be developed. We can achieve this only if our efforts rest on a solid scientific foundation. For this reason, research and knowledge accumulation occupy a central place in our activities.

The Riksdag (Swedish Parliament) and Government have entrusted various pressing tasks to the National Institute of Public Health. These include, for example, developing our work to combat tobacco use, working to strengthen parental education and counteracting gambling addiction.

We have also been entrusted with supervisory functions. Supervision is a vital, integrated part of our follow-up work and helps to clarify the Institute's role in the areas of alcohol, drugs and tobacco.

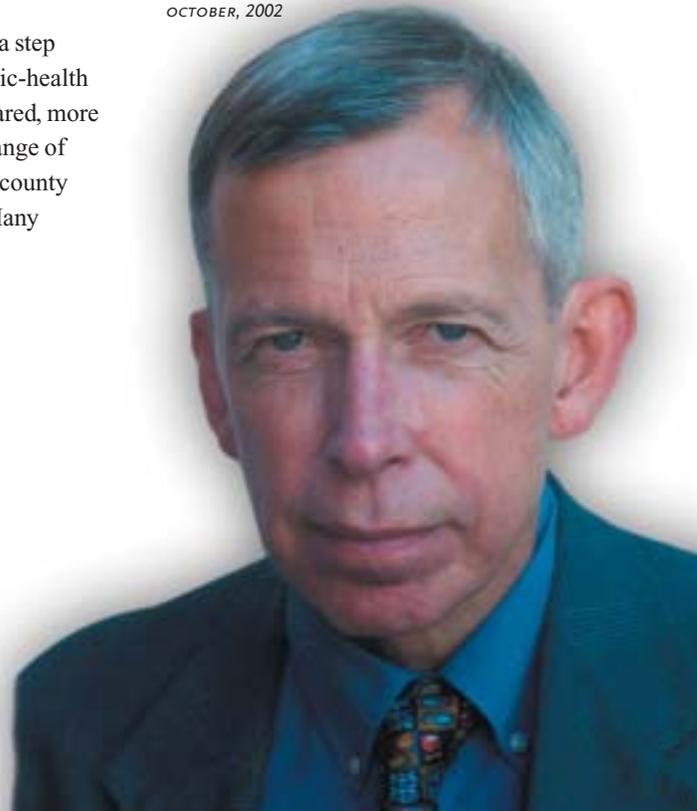
Future health improvements are attainable primarily through preventive inputs. Efforts to promote public health face major challenges when it comes to reducing the major social disparities in health. Other public-health problems that require inputs are the current deterioration in children's and young people's mental health, the sharp rise in occupational ill-health, people's lack of physical activity combined with a poor diet, and the increased use of alcohol and other drugs.

NIPH's changed functions are a step towards a reorientation of public-health efforts in which the work is shared, more clearly than before, among a range of agencies and also between the county councils and municipalities. Many

voluntary organisations provide key inputs. The Institute's role, above all, is to coordinate the task of monitoring the results of concerted inputs. All those who work in the area of public health should also be able to derive benefit from the knowledge that the Institute is accumulating and the methodological development that is a key element in our remit.

We have carried out large-scale restructuring of our activities and, with the help of our skilled and committed workforce, are engaged in new, challenging and stimulating tasks.

GUNNAR ÅGREN
DIRECTOR GENERAL
OCTOBER, 2002



The new Swedish public health policy

In 1997 a National Public Health Committee with a broad parliamentary base was formed. Its most important objective was to propose a national strategy and specific goals for public health that would guide government offices, regional and local public authorities and nongovernmental organizations.

At the end of 2000 a green paper was published with proposals for 18 national public-health goals. The goals were formulated in terms of health determinants and fundamental infrastructures for preventive work. A government bill is to be presented to Parliament in 2002. The main decision of the Committee was to express the goals in terms of determinants of health.

The new policy will make an improved public health a central goal for the entire Swedish government policy. All public authorities at all levels of society will be guided by the goals, which cover a number of different areas – economic policy, social welfare, the labour market, agriculture, transport and the environment. The main purpose is to achieve a more equal level of public health with regard to social class and gender, by influencing all relevant areas of policy and action.

The policy has the following 10 major areas

- Improving social security and combating poverty, with the aim of increasing the social capital. It is considered vitally important to avoid large gaps in income.
- Political power, influence and participation. Democratic rights must exist for all groups in society, including the socially vulnerable and immigrants. All citizens must be able to participate in the political decision-making process.
- Creating secure and good conditions for children and young people. One way to achieve this is to improve the economic and social position of families with children. Special support must be given to single parents and socially vulnerable families.
- Healthy workplaces and an improved level of occupational health. Health-related absence from work has increased enormously over the last five years.
- A healthy environment and the provision of safe products. The indoor as well as the outdoor environment is important, together with clean air.
- A health-promoting health service. Improved population health must be an explicit goal for the health services.
- Increasing physical activity.
- Good eating habits and safe food.
- Reducing tobacco smoking, harmful alcohol consumption and the adverse effects of gambling. The struggle against narcotics should continue, with the aim of creating a drug-free society. The fight against doping in sport should be intensified.
- Reducing the spread of infectious disease and promoting safe sexual behaviour. This area of public health work focuses on HIV/AIDS and other sexually transmitted infections.



Universal concern

The new Swedish public-health policy is aimed at paving the way for good health on equal terms for the whole population. The National Institute of Public Health (NIPH) seeks to assist in the attainment of this objective. Particular emphasis should be laid on inputs for the groups exposed to the greatest health risks.

NIPH has three principal functions:

- It is intended to be a national centre of excellence about public-health issues for the Government and its agencies, and also for the regions, county councils and municipalities. Providing knowledge of which methods of promoting public health are effective and supported by scientific evidence is particularly urgent. The Institute's role as a centre of excellence also includes monitoring the development of theory and knowledge throughout the sphere of public health.
- One important function of NIPH is to monitor implementation of national public-health policy and coordinate this follow-up with other government agencies. This function is comprehensive in nature. To perform it the Institute must, for example, devise indicators that are both relevant to public-health objectives and possible to relate to the policy that is being pursued.

- NIPH's third main task is to exercise overall supervision in the areas of alcohol, tobacco and drugs. This means, for example, that it must issue regulations and general recommendations relating to alcohol; collect national data concerning drugs; and assume responsibility for product control and printed warnings on tobacco products.

'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'

Constitution of the World Health Organization (WHO)

Cooperation

Swedish efforts to improve public health are conducted at all levels of society and in several social sectors. Responsibility for following up objectives and devising indicators rests, in many cases, on agencies other than NIPH, or with the regional authorities and municipalities. The National Road Administration, for example, is chiefly responsible for preventing transport injuries. Health trends in schools are primarily a municipal responsibility.

Municipal basic facts

To facilitate the municipalities' planning and follow-up of public-health measures and identify factors that affect health trends ('health determinants'), we are working to develop what are known as municipal basic facts. These contain

statistics, classified according to various areas – 'determinant categories' – with a bearing on human health. Examples of these are secure and favourable conditions in childhood and reduced injuries due to alcohol or tobacco. The statistics are broken down by municipality in an easily intelligible way on our web site, www.fhi.se.

Enhanced equality in health

One overall objective of Swedish public-health policy is to promote health for the groups in society who, from the health point of view, are the most disadvantaged. There are still major disparities in ill-health between different socio-economic groups, ethnic groups and geographical areas, and between men and women. There are also periods in life when people are particularly vulnerable to health risks. These periods include childhood and youth, on the one hand, and old age on the other. Follow-up and evaluation from a target-group perspective are therefore under way, focusing on gender differences and socioeconomic disparities in terms of health.

The Institute also seeks, in its follow-up and evaluation work, to devote attention to the situation of homosexuals with respect to special health risks.



Research and supervision

Research plays a prominent part in the work of the National Institute of Public Health. NIPH collaborates with educational and research institutions in Sweden and abroad.

Its role as a centre of excellence includes monitoring the development of theories and knowledge throughout the field of public health. One important task is to compile knowledge overviews of Swedish and international research. This may involve summarising knowledge of methods for public-health efforts, carrying out area analyses of public health and its determinants, and surveying the public-health effects of economic globalisation. The Institute identifies research needs, initiates new research, and both assists in research projects and conducts its own.

We supply our knowledge to actors in the field of public health, at national, regional and local level. There is, for example, a demand among national decision-makers for health-impact analyses of decisions in various policy areas, such as European agricultural policy, alcohol policy and labour-market policy.

Actors at local level need knowledge of which methods are effective in promoting public health, and also support in carrying out local surveys and health-impact assessments.

NIPH is responsible for overall supervision in the areas of alcohol, drugs and tobacco. By linking its supervisory work with the rest of its work in the field of public health, the Institute can adopt a comprehensive approach to some of the key public-health issues.

Alcohol

NIPH examines applications for manufacturing and purchasing licences for alcoholic beverages, and exercises supervision over businesses that have received such licences. We issue regulations and general recommendations, and support those responsible for supervision at regional and local level, by providing advice, information and training.

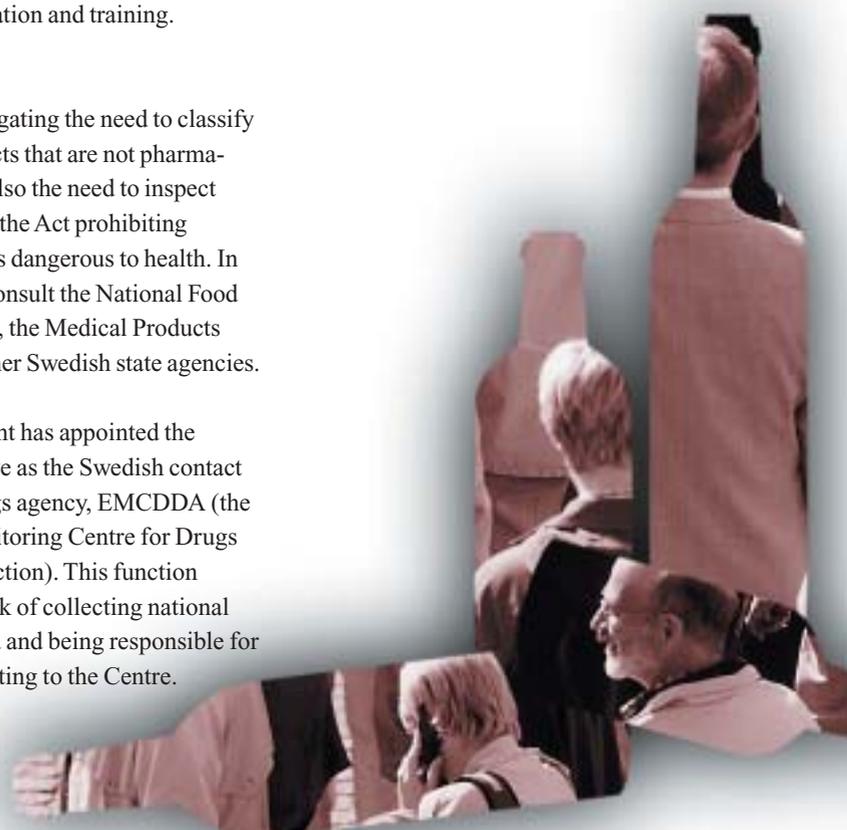
Drugs

NIPH is investigating the need to classify as drugs products that are not pharmaceuticals, and also the need to inspect products under the Act prohibiting certain products dangerous to health. In this work, we consult the National Food Administration, the Medical Products Agency and other Swedish state agencies.

The Government has appointed the Institute to serve as the Swedish contact for the EU drugs agency, EMCDDA (the European Monitoring Centre for Drugs and Drug Addiction). This function includes the task of collecting national data in the field and being responsible for Sweden's reporting to the Centre.

Tobacco

Responsibility for direct supervision of smoke-free environments and the 18-year minimum age limit for the purchase of tobacco rests on the municipalities, while NIPH is responsible for overall supervision of compliance with the provisions of the Tobacco Act. The Institute also performs supervisory functions with respect to product control and printed warnings, and issues regulations on labelling and declarations of contents on tobacco products.





Projects in the National Institute of Public Health

Much of the Institute's work takes place in the form of joint projects involving people from various fields and units. Some NIPH projects may be created because a government commission calls for specialist inputs. Other projects concern strategically important areas of development. Some examples of projects are given below.

I cse... ob you? A mi me importa...
 at? Bu imparto-me... e voo? Ça me
 conceme... et toi? Io m'impugno.e tu?
 ...
**Internationella
 aidsdagen** ...
 ...
 1 december 2001
 ...
 ...

Collaboration against HIV/STI

Since 1992, NIPH has been specially commissioned to engage in preventive work to combat HIV/AIDS infection. Measures to prevent HIV and other sexually transmitted infections (STI) are implemented in the 'Concerted Action against HIV/STI' project.

We issue information, provide support for psychosocial work and develop methods for preventive work in the field. Certain measures are aimed direct at the public and groups that are particularly exposed to the risk of infection. We also provide financial support for county councils, municipalities and non-governmental organisations in their work.

The Institute heads development work based on the National Action Plan for HIV/STI Prevention. This work is carried out in close collaboration with such institutions as the Swedish Institute for Infectious Disease Control, the National Board of Health and Welfare, the Federation of Swedish County Councils and also other agencies and actors concerned.

Reduced smoking

The Government is allocating SEK 30 million annually during the period 2002–04 to strengthen efforts to combat tobacco use. Key objectives are to reduce exposure to tobacco smoke, stimulate anti-smoking measures, prevent young people from becoming smokers in the first place, and reduce access to tobacco products. Much of the allocation goes to the Institute to boost knowledge of methods and strategies for anti-tobacco campaigns.

The three-year programme involves scope for influencing key information providers' skills and attitudes alike while, at the same time, strengthening activities that function well. NIPH's remit also includes supporting the voluntary organisations' work.

Gambling addiction

Knowledge of the health effects of excessive gambling and gambling addiction is still highly inadequate. One of NIPH's tasks is to devise methods of monitoring trends concerning the problem and its connections with other public-health factors. The Institute sets out to survey the knowledge situation and scale of gambling addiction, and also report which measures have been taken to reduce this addiction. We have also been charged with drawing up an action plan to combat gambling addiction and presenting it to the Government on 1 January 2003.

International dimension of public-health efforts

Health is increasingly affected by globalisation, and it is ever more important to adopt an international approach to public-health issues. This applies particularly to the area of alcohol and drugs, and also to preventive work against HIV and AIDS. We are therefore committed to international efforts to promote public health.

Throughout the world, public-health work is steadily growing in importance. The functions of NIPH include making an active contribution to international work to improve public health in the EU, WHO and other UN bodies, taking part in joint efforts by the Nordic countries and engaging in direct collaboration with other countries. The Institute seeks to contribute documentation for Swedish stances in international contexts.

EU public-health programmes

NIPH is the Swedish point of contact for several of the EU's health programmes, currently eight in number. This function includes contributing to the development of the EU's work to promote health and working to fulfil Swedish priorities.

Collaboration in WHO

We join in influencing the work of the World Health Organization (WHO).

The Institute is included in the Swedish delegation to the highest decision-making bodies in the WHO Regional Committee for Europe and in the World Health Assembly. Sweden has been a driving force in the development of a concerted health policy for Europe.

Sweden also plays an active part in the work of drawing up an international framework convention on tobacco that

the World Health Assembly is expected to adopt in May 2003. Sweden mainly supports efforts to combat smoking among women, especially in the developing countries. The objective for current efforts is to keep the low proportion of smokers among women in the developing countries, where 2–10 per cent of women smoke at present, compared with around 30 per cent of women in the industrial countries.

Nordic collaboration

NIPH is in close touch with agencies and institutions in the other Nordic countries for the interchange of experience and collaboration. We assist actively in planning and implementation of the Nordic public-health conferences.



The National Institute of Public Health (NIPH) in Sweden

- is a national centre of excellence for the development and dissemination of methods and strategies in the field of public health
- is responsible for comprehensive cross-sectoral follow-up and evaluation of national public-health policy
- exercises overall supervision in the areas of alcohol, drugs and tobacco.

NIPH's remit is to promote health and prevent ill-health and injury – especially for the groups subject to the largest health risks – by providing the Government, state agencies, municipalities and county councils, in particular, with knowledge. The Institute's activities are conducted on the basis of scientific evidence.



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