

The Helsinki Statement on Health in All Policies

The 8th International Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013

Building on our heritage, looking to our future

The 8th International Conference on Health Promotion was held in Helsinki, Finland from 10th-14th June 2013. The meeting builds upon a rich heritage of ideas, actions and evidence originally inspired by the Alma Ata Declaration on Primary health care, 1978 and the Ottawa Charter for Health Promotion, 1986. These identified intersectoral action and healthy public policy as central elements for the promotion of health, the achievement of health equity, and the realization of health as a human right. Subsequent WHO global health promotion conferences¹ cemented key principles for health promotion action. These principles have been reinforced in the 2011 Rio Political Declaration on Social Determinants of Health, the 2011 Political Declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and the 2012 Rio+20 Outcome Document (the Future We Want). They are also reflected in many other WHO frameworks, strategies and resolutions, and contribute to the development of the post 2015 goals.

Health for All is a major societal goal of governments, and the cornerstone of sustainable development

We, the participants of this conference

Affirm our commitment to equity in health and recognize that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. We recognize that governments have a responsibility for the health of their people and that equity in health is an expression of social justice. We know that good health enhances the quality of life, increases capacity for learning, strengthens families and communities and improves workforce productivity. Action on equity significantly contributes to health, poverty reduction, social inclusion and security.

Health inequities between and within countries are politically, socially and economically unacceptable, as well as unfair and avoidable. Policies made in all sectors can have a profound effect on population health and health equity. In our interconnected world, health is shaped by many powerful forces, especially demographic change, rapid urbanization, climate change and globalization. While some diseases are disappearing as living conditions improve, many diseases of poverty still persist in developing countries. In many countries lifestyles and living and working environments are influenced by unrestrained marketing and subject to unsustainable production and consumption. The health of the people is not only a health sector responsibility; it

is a wider political issue. It is a trade issue. It is a foreign policy issue. Tackling this requires political will to engage the whole of government in health.

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being.

We recognize that governments have a range of priorities in which health and equity do not automatically gain precedence over other policy aims. We call on them to ensure that health considerations are transparently taken into account in policy-making, and to open up opportunities for co-benefits across sectors and society at large.

Policies designed to enable people to lead healthy lives face opposition from many sides. Often they are challenged by the interests of powerful economic forces that resist regulation. Business interest and market power can affect the ability of governments and health systems to promote and protect health and respond to health needs. Health in All Policies is a practical response to these challenges. It can provide a framework for regulation and practical tools that combine health, social and equity goals with economic development, and manage conflicts of interest transparently. These can support relationships with all sectors, including the private sector, to contribute positively to public health outcomes.

We see Health in All Policies as a constituent part of countries' contribution to achieving the United Nations Millennium Development Goals and it must remain a key consideration in the drafting of the Post 2015 Development Agenda.

We, the participants of this conference

- Prioritise health and equity as a core responsibility of governments to its peoples.
- Affirm the compelling and urgent need for effective policy coherence for health and well-being.
- Recognize that this will require political will, courage and strategic foresight.

We call on governments to fulfil their obligations to their peoples' health and well-being by taking the following actions:

- Commit to health and health equity as a political priority by adopting the principles of Health in All Policies and taking action on the social determinants of health
- Ensure effective structures, processes and resources that enable implementation of the Health in All Policies approach across governments at all levels and between governments.
- Strengthen the capacity of Ministries of Health to engage other sectors of government through leadership, partnership, advocacy and mediation to achieve improved health outcomes.

- Build institutional capacity and skills that enable the implementation of Health in All Policies and provide evidence on the determinants of health and inequity and on effective responses.
- Adopt transparent audit and accountability mechanisms for health and equity impacts that build trust across government and between governments and their people
- Establish conflict of interest measures that include effective safeguards to protect policies from distortion by commercial and vested interests and influence
- Include communities, social movements and civil society in the development, implementation and monitoring of Health in All Policies, building health literacy in the population.

We call on WHO to

- Support Member States to put Health in All Policies into practice
- Strengthen its own capacity in Health in All Policies
- Use the Health in All Policies approach in working with the UN and other partners on the unfinished MDG agenda and the Post-2015 Development Agenda
- Urge the UN family, other international organisations, development banks and development agencies to achieve coherence and synergy in their work with Member States to enable implementation of Health in All Policies

We, the participants of this conference

- Commit ourselves to communicate the key messages of this Helsinki Statement to our governments, our institutions and our communities.

1. Subsequent conferences were held in Adelaide, 1988; Sundsvall, 1991; Jakarta, 1997; Mexico City, 2000; Bangkok 2005; Nairobi, 2009.

http://www.healthpromotion2013.org/images/HiAP_Statement_Final_Draft.pdf