BRIEFING PAPER

PUBLIC DEBATE ON THE FUTURE HEALTH PRIORITIES OF THE EUROPEAN UNION

Addressing the determinants of health through Health in and for All Policies

What is the topic about?

Many of the determinants of health lie outside the health care system, from sanitation and food systems to built environments and education. Many of history's greatest improvements in health status have indeed come from policies in these areas. The obvious conclusion, therefore, is that there could be even more health gains if we were to direct policies across governments towards health. Health in All Policies (HiAP) is the phrase commonly used for this agenda. It means a systematic approach that identifies the health consequences of any policy and efforts to ensure that policies promote health or at least do not damage health.

Health *for* All Policies (H4AP) builds on this agenda by highlighting the ways in which better health, and better health policies, contribute to other agendas. For example, reduced risk of catastrophic health care costs (through substantial co-payments), can reduce the risk of poverty. Or, better health can improve educational attainment and reduced greenhouse gas emissions from health care can contribute to zero-carbon goals.

Why is it important to EU Member States?

Health in and for all policies is both an effective and an efficient way to improve health. HiAP is effective because it can use multiple policy levers to directly address causes of ill health. It is efficient because addressing those causes can be cheaper, in every sense, than reliance on the health care system. The logic of H4AP also points out opportunities for synergies and win–win solutions, for example by greening health care infrastructure to reduce carbon emissions or school nutrition to improve health and, in turn, educational attainment.

Many policies associated with HiAP and H4AP lie with Member States and their local governments, but the EU has direct (e.g funding) and indirect (e.g. regulatory) effects that shape the feasibility of these policies.

European Observatory on Health Systems and Policies
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European Commission

What has the EU done to date?

In one sense, the EU has already been doing health in all policies without calling it HiAP. In addition to its health competences anchored in Article 168 of the Treaty on the Functioning of the European Union (TFEU), the EU has longstanding and important areas of activity, the treaty bases of which explicitly name health as an objective, including social policy, consumer protection and environmental protection. Each of these areas has a wide variety of effective policies, ranging from the regulation of chemicals to occupational safety. The biggest EU impact on health over its history might be through these policies but also through, for example, food safety, medicines authorization, health security, research and innovation.

That said, explicit health in all policies have had a complex history within the EU. Article 9 of TFEU supplies something of a treaty base by committing to a "high level of protection…of human health." In the early 21st century, there were efforts within the Commission to ensure a process that would build Health in All Policies into policy more broadly through enhanced inter-service coordination and collaboration and through Health Impact Assessments. In practice, the impact was varied, and health was never the main goal of the overall regulatory impact assessment processes.

The impact of the HiAP agenda on EU infrastructure financing, such as the Cohesion policy funds or the loans of the European Investment Bank, was limited prior to the COVID-19 pandemic. The introduction of the temporary Recovery and Resilience Facility (RRF) however, with a focus on health resilience may bring about change. Given the influence of EU infrastructure lending, integrating health goals and models of H4AP into lending and funding decisions could be important moving forward.

Fiscal governance processes initially disregarded health effects, although they have evolved so far that the European Semester's goals now encompass the entire set of Sustainable Development Goals.

Finally, the COVID-19 response did not just lead to a substantial increase in the profile and resourcing of EU public health policy. It also showed the variety of policy tools in the EU that affect health, from the advance purchasing of vaccines to facilitation of travel – and the importance of health to a functioning European economy.

Some policies are exclusive competences of the EU while others are shared between the EU and Member States. To advance positive impacts on population health and health systems and to mitigate negative ones across these policy areas, it is key to work together and keep health high on the political agenda of both the EU and its Member States. This will also support Member States in pursuing their health and health system priorities.

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Key takeaways

- The EU has long been pursuing health in other policies, notably in the areas of environment, social policy, and consumer protection, where health is an explicit treaty goal.
- Article 9 of TFEU provides a treaty base for HiAP and H4AP. More can be done to improve and harmonize the methods used to assess health impacts. This would facilitate a consistent and cross-cutting application of the "health in all policies" principle in policy design (and implementation). In addition, continued support to strengthened scientific consensus around the importance of health determinants will make robust evidence available when assessing health impacts and developing solid monitoring frameworks.
- Having adopted the Sustainable Development Goals as objectives across the board, including in its fiscal governance and budgets, the EU institutions have an opportunity to develop and generalize models of policy that identify and promote positive interactions between sectors.

Further reading

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