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HEALTH FOR ALL POLICIES AT THE SUBNATIONAL LEVEL

Report on a WHO International Meeting

San Sebastian, Spain
14-16 November 1988

Note

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Introduction

Over the past decade, the health for all (HFA) policy has become a model for health policy development in most European Member States. Indeed, one third of the European Member States have now formulated national HFA policies in line with the European policy.

The preoccupation with establishing a broad direction for public health and with thinking in global terms is noticeable at other institutional levels in most European countries. Owing to this, subnational HFA policy developments have kept pace with national ones and are acquiring growing significance. These adaptations to more local problems are becoming very widespread. This is true for all subnational levels with health policy responsibilities, such as *Länder*, cantons, autonomous communities and provincial governments, as well as health districts and municipalities. Occasionally these subnational experiences are part of the development of a national health policy, while in other cases they are the initial stimulus that brings about action at the national level. Whatever the case, these trends show that policy development at the subnational level is an important prerequisite for the translation of major principles into concrete activities and programmes.

It therefore seemed timely to review the most relevant experiences of health policy-making at the subnational level, and analyse and discuss the complementary role of these national and subnational innovations. Consequently, the Department of Health and Consumer Affairs of the Basque Autonomous Community, in collaboration with the Ministry of Health and Consumer Affairs, Madrid, Spain, and the WHO Regional Office for Europe, organized an international meeting in San Sebastian on 14-16 November 1988. The discussion and results of this meeting should have the effect of

stimulating other subnational authorities to embark on the design and implementation of comprehensive health policies. In many countries these subnational initiatives will complement and reinforce national policies, and in others they may be the seed planted for consequent policy developments at the national level.

The Meeting convened 40 participants from 13 European countries, the United States and Canada, a representative of the WHO Regional Office for the Americas and staff members of the WHO Regional Office for Europe. Among the participants were a number of health ministers from the autonomous communities in Spain. Several local politicians also attended as observers. In this way, a balanced mix of technical and political expertise was assured.

Topics

The Meeting was divided into two main areas: partnership in health policy and subnational policy experiences.

Partnership in health policy

The national and subnational levels have complementary roles in the process of formulation and implementation of health policies, and in the fields of disease prevention and health promotion. Centralization and decentralization have advantages and disadvantages. In general terms, a balance must be found between both concepts according to the situation in each country. Equally, proportional resources are required at all levels adapted to the responsibilities assigned to each level.

The subnational level must be involved in national policy-making. The way the US Year 2000 National Health Objectives project is being formulated is an example of such involvement. This project seeks to mobilize a broad range of groups and individuals within the health care system, in voluntary organizations and in federal, state and local agencies. The US Year 2000 project differs from the original US Year 1990 project mainly in this broad mobilization, as well as in the adoption of a new wider range of priorities.

Another example is the Spanish national HFA policy, which has been a major undertaking of the present legislature. It has some existing mechanisms for coordination between the central government and the autonomous communities in health planning and management in Spain, and foresees the development of further coordination mechanisms.

Subnational policy experiences

In this area, case studies were presented and the subsequent debate gave the opportunity to examine the supportive elements and the obstacles pertaining specifically to subnational experiences. The mechanisms for possible solutions to these obstacles were also reviewed. The experiences used to illustrate these elements were from the Province of Ontario (Canada), Denmark, the Basque Autonomous Community (Spain), the Canton of Ticino (Switzerland), and the District of Bloomsbury (London, United Kingdom).

Discussions

The participants studied the problems and opportunities confronting the HFA strategy at the subnational levels. In the presentations and discussions, it became clear that the subnational levels

were significantly involved in the development of the HFA strategy throughout Europe, Canada and the United States.

Countries vary in the degree of decentralization of their administrative structures in general, and their health care structures in particular, as an expression of the peculiarities that characterize each one. Thus, the words national or subnational levels have a different meaning in different countries. There is no universally acceptable degree of or model for centralization/ decentralization. Therefore, one must not try to provide a blueprint but rather try to achieve the optimal balance between the levels in accordance with the situation in each country. Be that as it may, these levels do exist within each country, and many have expressed a fundamental commitment to the endorsement, development and implementation of the HFA strategy.

At all these levels, explicit political support for the HFA strategy provides a departure point and an essential prerequisite for its application. Since policy change requires a long-range perspective, explicit political support helps to accelerate and sustain its development.

Within a country there is no single level of government that can be considered capable of developing all the HFA areas on its own. Some levels can develop certain areas better than other levels and vice versa. The debate, however, did not focus on which level could do what better, but rather on how joint efforts can generate optimum outcomes in health. All levels are interdependent and need to complement each other. In order to go beyond this general observation, however, each level must analyse and clarify its policy role and policy potential in health matters.

The formulation and application of health policies find different support and obstacles at different levels. The national and subnational levels tend to be interdependent when it comes to overcoming obstacles and reinforcing support. For this reason, the different levels should not compete but should rather collaborate with each other. This is especially important in an issue of highly technical complexity such as HFA.

The experience of those countries that are at present making considerable efforts to develop an HFA policy at several levels simultaneously will be of considerable interest to other countries that are embarking on the process. Similarly within a country, health policy initiatives at the subnational level provide experimental models for other subnational authorities.

There are nevertheless wide-ranging differences among the levels in countries, both in relation to their specific structures and to the distribution of responsibilities, management capacity and resource requirements. Most of these factors greatly condition the capacity for policy formulation and implementation at the subnational level. Minimum requirements have to be met. Among other things, it is vital to strengthen the mechanisms for information exchange and coordination both vertically and horizontally. A formal two-way flow of communication among levels would mitigate many problems related to the distribution of responsibilities and to the lack of resources.

Both the presentations and the discussions concurred that the complementary factor between different policy-making levels contributes decisively to the development of the six underlying concepts of the European HFA strategy. These are reviewed below one by one. This breaking down of the HFA policy into its main concepts facilitated their analysis and their relevance to the subnational level.

Equity

Social and health care inequalities can be measured in at least two ways: between communities within the same country and within the communities themselves. With distributive justice in mind, it is the role of the national levels to reduce regional imbalances. The subnational levels may tend to show a relative lack of interest in what is happening in other neighbouring areas at the same level. At the same time, certain dimensions of inequality (such as individual inequality, local conditions and proximity to problems) and their urgency may not be fully appreciated at the national level owing to the aggregation of information. The subnational levels are in a more suitable position to perceive these other dimensions. Hence the various levels have different potential for action. While it is possible at the subnational levels to treat the symptoms of inequalities, the comprehensive solution to this type of problem requires the existence of compatible policies at the national level that complement the actions at subnational level.

Health promotion and disease prevention

The resources allocated to health promotion and disease prevention are usually scarce, and to make optimal use of them it is necessary to avoid duplicating of activities that are initiated at different levels. The shortage of expert resources at the subnational level and their high relative cost make it essential to use the experience and capacity of resources at all levels to their maximum. On the other hand, the sense of individual freedom and the cultural and linguistic differences between subgroups of the population mean that it is essential to have close contact with the community itself when promoting socially and culturally acceptable lifestyles; the same applies to the effective identification of target groups for disease prevention,

such as in screening programmes. The subnational level must therefore have an important role in these developments.

Community participation

There is still a long way to go in learning to recognize the authentic voice of the community, the one that truly reflects its needs and wishes. Nevertheless, the cases presented at the Meeting showed that the community participates more creatively and effectively in adapting the HFA policy to its local needs the closer the process is brought to the local level.

Although very indirect, the more formal aspects of community participation, which take place through its elected representatives, have the capacity to improve and endorse a particular health policy in higher institutions, such as in parliament. This support is necessary to provide stability for HFA policies in the long term and to facilitate multisectoral cooperation. The national level therefore also has an important role to play which is complementary to the subnational one.

Intersectoral cooperation

In the countries of the European Region, health care systems tend to be fairly decentralized, especially the health services themselves. On the other hand, other sectors related to health, such as agriculture and housing, where health is considered in broad terms, tend to have a greater concentration of responsibilities at the national level. This does not imply that intersectoral cooperation in health policy is in any way exclusively a process for the national level. Some of the advantages of subnational intersectorality are flexibility, speed of reaction, proximity, cultural adaptation to local needs, and especially implementation. As the case studies appropriately showed, the subnational

level should take the opportunity to develop wide intersectoral activities, which should ideally complement those at the national level. For each particular country, further research in intersectoral policy is required to identify in each case the most effective level and topic for intersectoral development. Quite independently of the level, the identification of priority topics for intersectoral action is most important since, although all sectors affect health in one way or another, the potential impact of some is greater than others.

Appropriate health care

The amount of room to manoeuvre in policy development for the health and social services at the subnational level varies from one country to another, depending on the decentralization/deconcentration balance. The more detailed and specific policies in health care should be adapted to local conditions and priorities. This flexibility is possible at the subnational level. Local health professional groups, especially doctors and nurses at this care level, have a role in the development of health policies. The importance of involving providers in policy development in order to gain their support was reinstated as the only realistic approach, quite independently of which level is introducing policy change. This approach was greatly highlighted and recommended in the 1988 WHO European Conference on Nursing in Vienna, and is particularly relevant at a time when many countries are introducing new policies for the management and financing of health care.

The broader aspects of redistribution and resource allocation implicit in a health care policy, the broad changes in manpower planning and training, and the necessary statutory support belong at the national level. In some countries, however, these aspects are the

responsibility of the subnational level. Whichever approach is taken, the actions of the various levels must be harmonious and complementary.

International cooperation

The factors that affect the adoption and maintenance of certain lifestyle behaviour patterns do not respect national boundaries, nor do environmental issues with a bearing on health. Close cooperation is therefore necessary among nations. It is also essential to put health in a privileged place on the agenda of international organizations (such as the European Community). The supranational decisions of such organizations are often related to health and consequently they should ensure that their policies are compatible with health-promoting policies at the national (e.g. agricultural, crop-substitution policies for tobacco) and subnational level.

Conclusions

Joint effort in health policy

The only valid means of ensuring homogeneity, stability and strength for national and subnational HFA policies is the widest possible consensus among all those with a role to play. This process should lead to national and subnational policies that are complementary to each other. Whenever structurally and politically possible, subnational health policies should develop and adapt national ones to suit their own conditions. At the same time, national policies should express a synthesis and consensus of subnational ones. Furthermore, subnational policy innovations can be perceived by the national level as natural experiments, for potential generalization if they prove successful. In this way policy development may also be a bottom-up process.

The consensus should be as wide as possible so that those who must develop and implement the policy can consider the strategy their own. Nongovernmental agencies and especially health professionals among others should take part in this process.

Recommendations

1. Member States and WHO should promote and facilitate the marketing of HFA to all levels, including politicians, health professionals, nongovernmental organizations and the public in general.
2. Member States should make greater efforts to integrate health policy with overall development policy.
3. Health policies should be formulated with the active participation of the subnational level, involving all health professionals and all relevant persons at any level, ensuring that the health targets are credible to them.
4. The health policy formulation process should avoid a sense of hierarchy and all levels should strive to collaborate and not to compete in policy-making since they all share the same goals.
5. Member States should define national targets that can be used as a frame of reference for the subnational level, and they should all endorse these targets at the highest level.
6. A clearer role definition is required between levels in health policy, according to the specific circumstances of every country, as a mechanism not only to avoid conflicts but also to optimize the use of resources.

7. All levels should be assured the necessary administrative, organizational, financial, managerial and information capacities to develop policy according to the specific role definition at each level in each country. More specifically:

- information for policy formulation and indicators for monitoring and evaluation should be usable at all geographic and administrative levels, from the international to the most local level; and
- Member States should develop instruments for the improvement of planning and management skills at all levels.

8. Mechanisms for a two-way flow of information should be established, both vertically between levels and horizontally across levels.

9. In addition to encouraging WHO to stimulate Member States to take the above-mentioned advice, this meeting recommends WHO to:

- analyse the consequences for health of the policies of international and supranational organizations;
- analyse the HFA policies of the governments who have endorsed the European HFA policy (and those of their various levels) and, in particular, to investigate how to pass from theory to practice, mainly in matters such as community participation and intersectoral collaboration;
- collect, select and disseminate information more directly to the subnational level, perhaps through the creation of a clearing-house for this purpose; and

- pay special attention to and encourage enthusiastically supported subnational and regional activities, because of their importance in a strategy that depends on a ripple effect.

Annex 1

WORKING PAPERS

- ICP/MPN 033/5 Partnership in health policy making, by
Dr James A. Harrell
- ICP/MPN 033/6 Health for all in Bloomsbury, by
Dr June Crown
- ICP/MPN 033/7 Presentation of Denmark, by
Dr Niels Nørrelund
- ICP/MPN 033/8 The Swiss experience in health
promotion and prevention at the
sub-national level, by
Dr G. Domenighetti and
Professor F. Paccaud
- ICP/MPN 033/9 Health for all in Canada: developments
at the sub-national level, by
Professor R.A. Spasoff
- ICP/MPN 033/10 Health policy for the Basque Autonomous
Community, by Dr J.M. Freire
- ICP/MPN 033/11 Policy formulation and implementation,
by Professor A.E. Philalithis
- ICP/MPN 033/12 Disease prevention and health
promotion: the Finnish case, by
Dr Marjatta Blanco-Sequeiros
- ICP/MPN 033/13 Spanish health for all policy, by
Dr J.J. Artells Herrero

ICP/MPN 033/14 Health for all in Eindhoven, a strategy
for implementation, by Dr F.A. de Leeuw

These working papers, together with a full report, will be available in English and Spanish in autumn 1989, and may be obtained from the WHO Regional Office for Europe or from the Department of Health and Consumer Affairs, Basque Autonomous Community, Vitoria, Spain.

Annex 2

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