



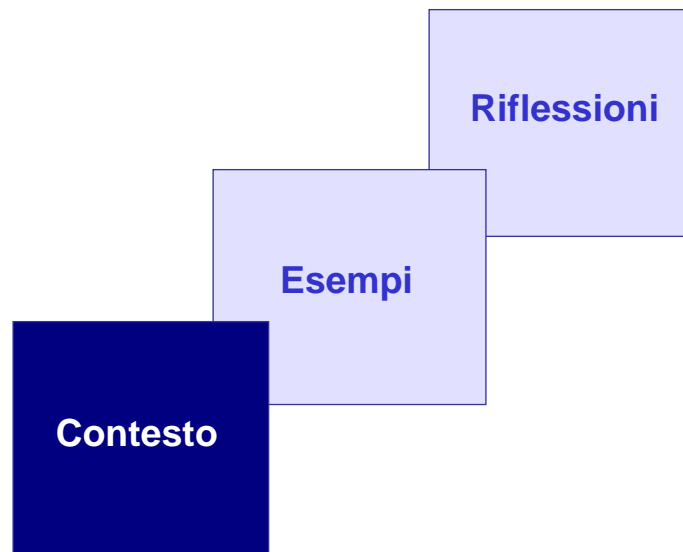
Lo scenario internazionale: esempi di successo in paesi che hanno attuato efficaci politiche intersettoriali per la prevenzione e la promozione della salute

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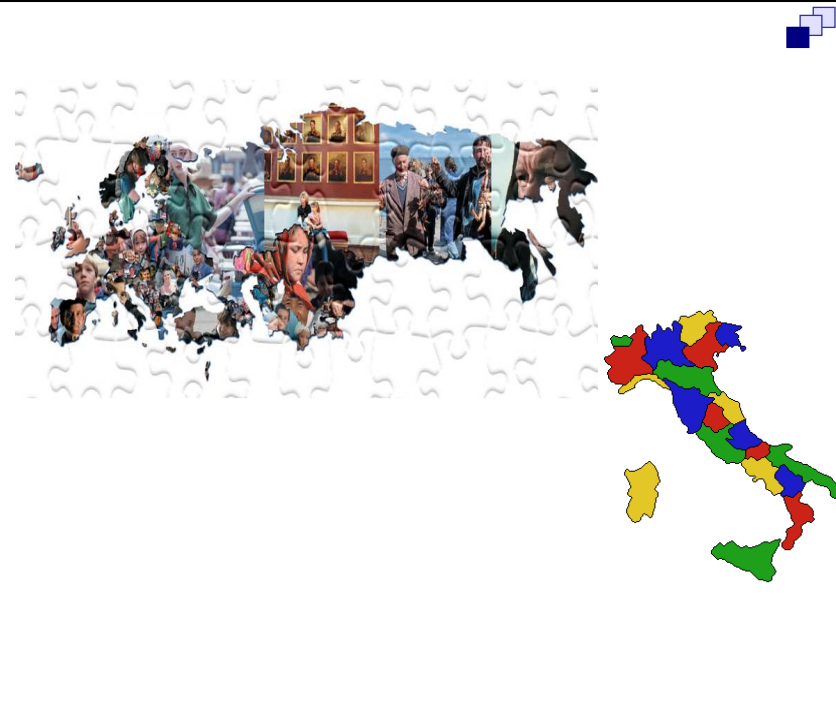
Struttura della presentazione



Salute e rapidi cambiamenti....



Pictures: S.Turner, 2003; L. Donaldson, 2008 I. Brandemer, 2009



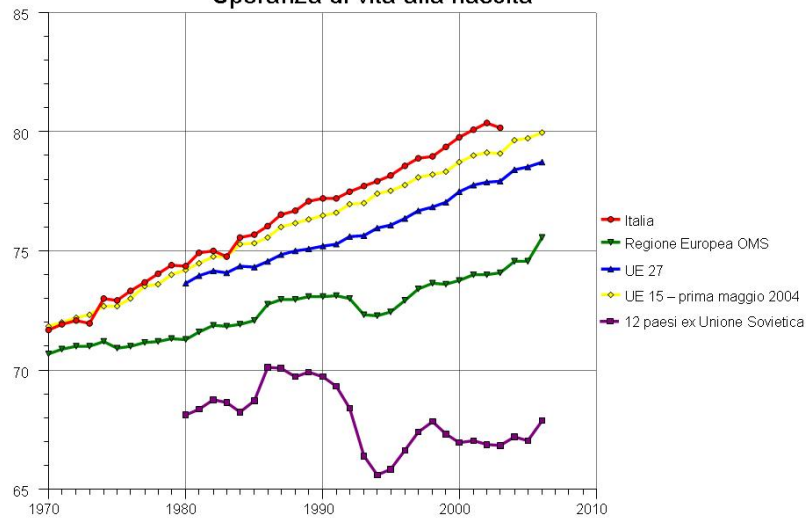
OMS: Conferenze Ministeriali

- 2010 Environment and Health, Parma
- 2008 Health Systems, Health and Wealth, Tallinn
- 2006 Counteracting Obesity, Istanbul
- 2005 Mental Health, Helsinki
- 2004 Environment and Health, Budapest
- 2002 Tobacco Free Europe, Warsaw



L'aspettativa di vita in Europa è diventata molto disomogenea

Speranza di vita alla nascita



Cruciale avere un piano strategico

- Dove si “produce” salute?
- Che strategie producono il miglior guadagno di salute nella popolazione?
- Quali strategie contribuiscono a ridurre le iniquità di stato di salute e danno valore aggiunto allo sviluppo locale, regionale, nazionale?
- Come rafforzare i sistemi socio-sanitari per affrontare tali domande?



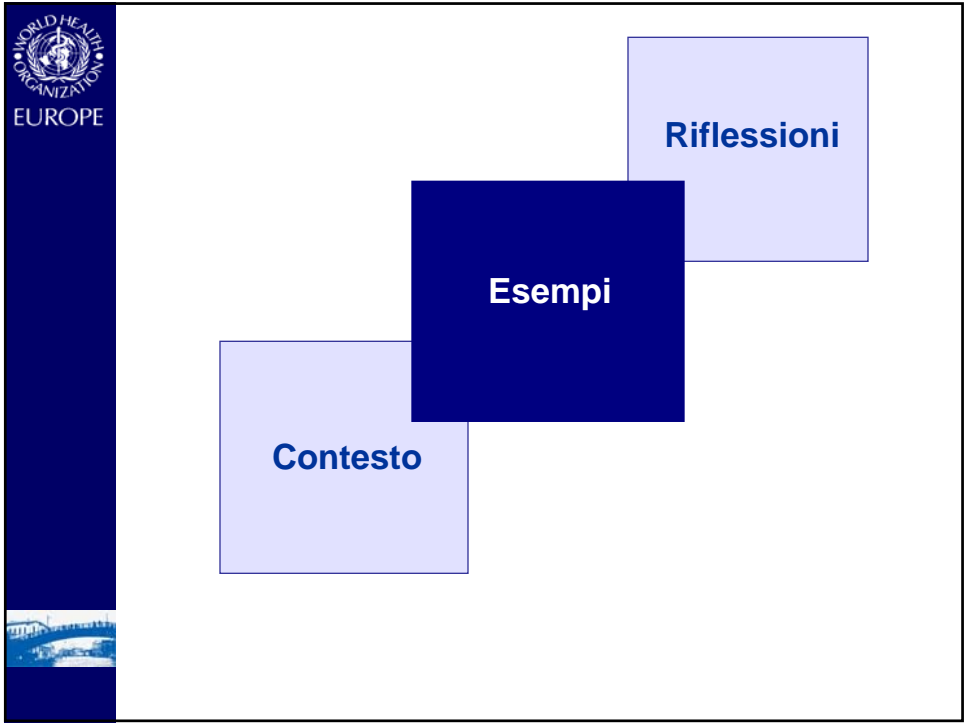
WHO Health 2020 – OMS Salute 2020

“A WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond”.



Bisogno di un nuovo approccio alla Governance per la Salute nel 21esimo secolo





Dichiarazione di Adelaide

Adelaide Statement on Health in All Policies
moving towards a shared governance for health and well-being


Taking account of health
means more effective government



More effective government
means improved health

**Report from the International Meeting
on Health in All Policies, Adelaide 2010**

The *Adelaide Statement on Health in All Policies* is to engage leaders and policymakers at all levels of government—local, regional, national and international. It emphasizes that government objectives are best achieved when all sectors include health and well-being as a key component of policy development. This is because the causes of health and wellbeing lie outside the health sector and are socially and economically formed. Although many sectors already contribute to better health, significant gaps still exist.

The Adelaide Statement outlines the need for a new social contract between all sectors to advance human development, sustainability and equity, as well as to improve health outcomes. This requires a new form of governance where there is joined-up leadership within governments, across all sectors and between levels of government. The Statement highlights the contribution of the health sector in resolving complex problems across government.



Source: OMS, 2010

Normare per la salute in altri settori

Irlanda



Italia



Smoke-free Inside. Create and Enjoy 100% Smoke-Free Environments. World Health Organization, 2007

Operare modifiche in altre politiche

Finlandia



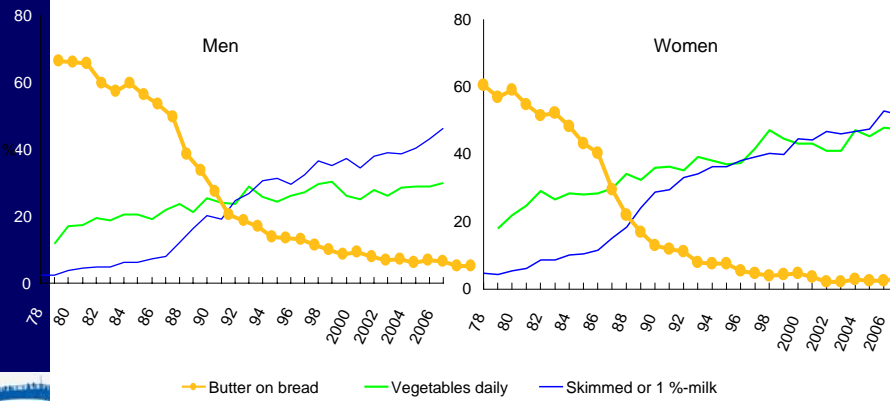
Slovenia



Puska P. et al. *The North Karelia Project: 20 year results and experience*. Helsinki, National Public Health Institute, 1995.

Buzeti T, Zakotnic J., *Investment for health and development in Slovenia: Programme Mura*. Centre for Health and Development Murska Sobota, 2008.

Abitudini alimentari in Finland - popolazione 15-64 (1978-2007)



Source: National Public Health Institute T (KL)/ Health Behaviour among the Finnish Adult Population (AVTK)

Coerenza intersettoriale: Scozia



- Greener = + Verde
- Wealthier = + Ricca
- Fairer = + Giusta
- Smarter = + Intelligente
- Healthier = + Sana

Department of Health: *Health Inequalities Report. Progress and Next Steps*, 2008.
 Scotland: The Scottish Government, *Forward The Government Economic Strategy: A Discussion Paper on Tackling Poverty, inequality and Deprivation In Scotland*, 2008.
 Health Inequalities Task Force. See: www.scotland.gov.uk



Public Health Act, 2011

“Lo scopo di questo Act è di contribuire allo sviluppo sociale che promuove la salute e riduce le iniquità di stato di salute. I programmi e le politiche di salute pubblica devono promuovere la salute della popolazione, il benessere, contribuire a creare condizioni sociali ed ambientali che promuovono e proteggono la salute, e la prevenzione delle malattie mentali, stress psico-sociale ed infortuni (...)”

Questo Act si applica a livello municipale, regionale ed nazionale.

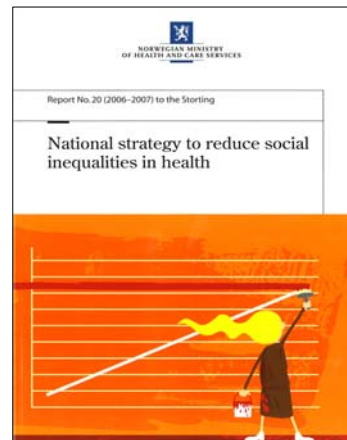
Source: *The Norwegian Public Health Act*, Ministry of Health and Care Services (MHCS), Norway, 2011, http://www.regjeringen.no/upload/HOD/Hoeringer%20FHA_FOS/123.pdf



Norvegia: Equità in Tutte le Politiche per la Salute

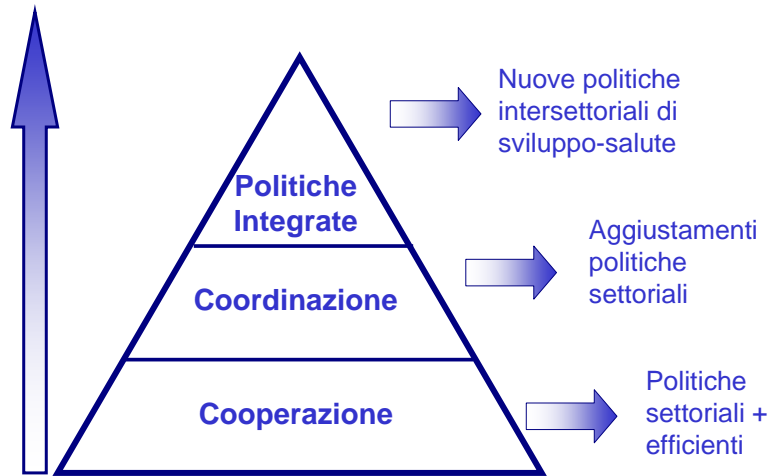
Obiettivo:

Ridurre le iniquità di stato di salute attraverso azioni intersettoriali

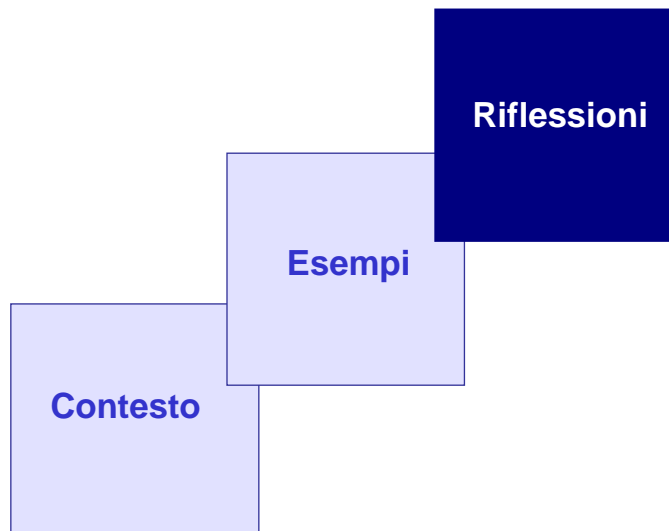


Source : http://www.regjeringen.no/pages/1975150/PDFS/STM200620070020000EN_PDFS.pdf.

Vari livelli di misure intersettoriali



Source: Adapted from Meijers E, Stead D. *Policy integration: what does it mean and how can it be achieved? A multi-disciplinary review.* Delft University of Technology OTB Research Institute for housing, Urban and Mobility Studies.



1. Rafforzare i sistemi per la salute

- **Sufficiente capacità in termini di personale con:**
 - *know-how* adeguato, e
 - responsabilità ben definite;
- **Salute come priorità intersettoriale esplicita**

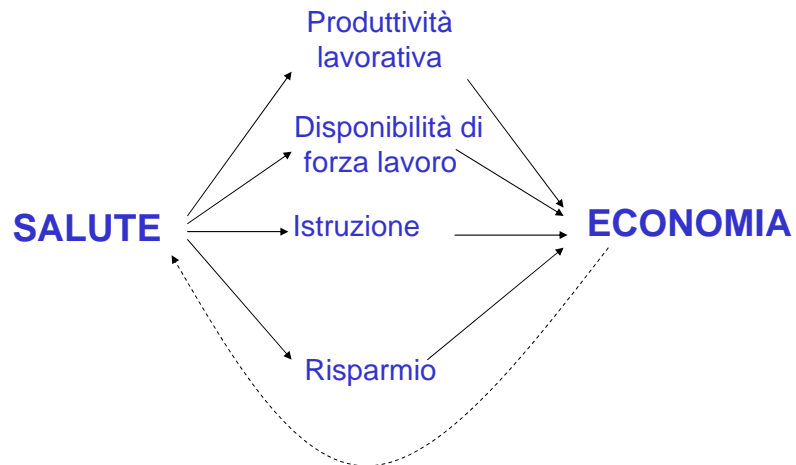


Adapted from Ståhl T, Wismar M, Ollila E, Lahtinen E, Leppo K, eds. (2006). *Health in All Policies. Prospects and Potentials*. Helsinki: Ministry of Social Affairs and Health, pag. 276.

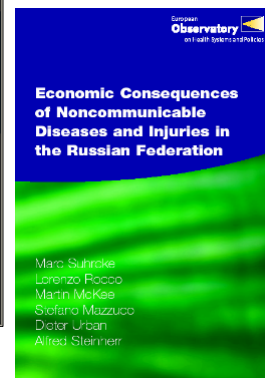
Governance per la Salute



2. Produrre Salute = Produrre Sviluppo



Evidenza scientifica sull'impatto economico



Disponibili: http://www.euro.who.int/socialdeterminants/develop/20050929_1

Promuovere Salute e ridurre le iniquità di salute dà rilevanti ritorni economici



Perdite annuali dovute alle iniquità di salute:

15% costi di sicurezza sociale

20% costi per il sistema sanitario

Stime perdite (salute come 'capital good') nella UE, stimate a €141 miliardi.



Source: *Economic implications of socio-economic inequalities in health in the EU* – Mackenbach, Meerding & Kunst work (2007)

3. Cambiare il comportamento settoriale



- **Fondi comuni**
- **Risorse umane co-finanziate**
- **Budget integrati**

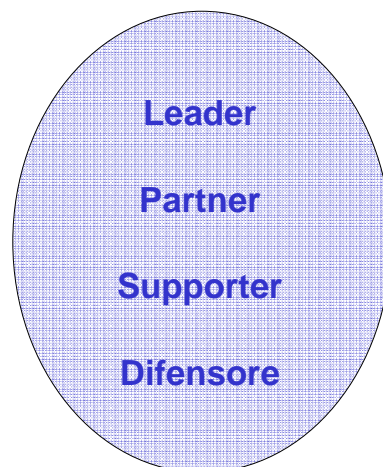


4. Barriere ed opportunità

- Strumenti informativi
- Relazioni istituzionali
- Meccanismi finanziari
- Legislazione e norme
- Redicontazione (Accountability frameworks)



5. Ruolo settore salute (Ministero, Assessorato, USSL)



Source: Adapted model from Diderichsen (2002) and from Morgan, Davis & Ziglio 2010





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