

Health Policy performance — exploring the critical factors for success

Prof. Martin McKee, President, European Public Health Association (EUPHA)

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Europe provides us with an opportunity to assess the effects of health policy, Professor McKee claimed in his beginning remarks, saying that Europe is an underutilized natural laboratory for health policy evaluation, and urged researchers to do more collaborative work in this area. Over the past forty years or so, enormous variations have been observed in population health trends. For example, the life expectancy trends in Europe have generally gone up, but the variation either widened or narrowed due to both social and political conditions within countries.

But what seems to work in policy to improve health? Professor McKee drew some examples from his research, showing potential explanatory variables of health variations. Democracy and political composition of governments may explain part of the variations. Ethnic fractionalization is another very important factor having a negative effect on health, professor McKee pointed out. But, national income and government effectiveness does too. Richer countries may, on average, have implemented more health policies than poorer countries. The diverging health trends in Europe are a testimony to both the successes and failures of health policy in Europe in the past decades. ■

Importance of public health associations as advocates for healthy public policy

Mr. James Chauvin, President, World Federation of Public Health Associations

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Mr. Chauvin began by praising the conference's focus on HiAP, which he said was timely. The importance of WFPHA's contribution to this discussion is high, he continued, saying the WPHA's mission is to advocate for healthy public policy, i.e. to improve, promote and protect the health of the public, globally.

The organization, he claimed, is the independent, non-governmental and authoritative voice for public health. The WFPHA has served the field of public health since 1967, and is the only professional society broadly

representing public health globally.

The society has expanded and grown over the years and is now represented by more than 100 public health associations around the world, the Taiwan Public Health Association being one of them.

"In the midst of crisis, it is important that health perspective is held up high, thus, I urge all of us to remember the people of the Philippines when we continue our discussion on the importance of HiAP," Mr. Chauvin said. "Further, to acknowledge the front line workers of public health, who deal with the social, environmental and ecological determinants of health on daily bases and must, on many occasions, reach across sectors to provide the conditions people require to lead a prosperous life." ■

Role and capacity of public health in Health in All Policies approach: the US perspective

Mr. Joyce R. Gaufin, President, American Public Health Association (APHA), U.S.A.

Edited by: Mr. Krisjan Magnusson, **Young Gasteiner**, Chia-Jen Liu (劉嘉仁); Tzu-Yong Lin (林子鏞); Patricia Hsin-Lun Hsieh (謝欣倫); **Young Taiwaners**

Ms. Gaufin pointed out the serious challenges within the U.S. health system: the elimination of health inequity. The U.S. is a rich country, but poor in the way it handles its health care expenditure. As the president of the APHA, she expressed the importance of the inter-sectorial collaboration, for it brings together partners from the many sectors that play a major role in shaping the economic, physical and social environments in which people live.

In this regard she gave examples of some cutting edge early adopters and leaders in the U.S., like the HiAP taskforce, the California Department

of Health and work done by the National Prevention Council. Some state and local HiAP efforts were also mentioned, such as those of the King County Health Equity Ordinance and the El Paso, Texas Obesity Prevention Resolution.

Ms. Gaufin also raised concern over the lack of productive conversation with the public on issues of health. "We too often simply order people what to do. It is more like a parent-child discussion, which too often leads to people doing the opposite of what they are told." She said the U.S. must now develop the right type of leaders for the future health of next generations. These leaders need resilience, courage, and creativity to help the APHA reach its objective, which is to be the "Healthiest Nation in One Generation." Finally, her closing remarks, "put the public back in public health!" resonated well with the audience. ■

National public health accreditation in the US

Dr. Bud Nicola, Member of Board of Directors, the King County Board of Health and the Public Health Accreditation Board (PHAB), U.S.A

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The Public Health Accreditation Board (PHAB) is a non-profit, voluntary public health accreditation organization founded in 2007 whose goal is to advance public health performance by providing a national framework of standards for tribal, state, local, and territorial health departments.

The goal of the public health accredi-

tation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The PHAB uses an online-application system, and gives training to employees. PHAB accreditation standards and measure themes include: quality improvement, planning, partnerships, community engagement, leaderships and governance, customer focus and workforce development. The accreditation can provide a priority setting framework and increase public engagement and support, which is a good way to advance the quality and performance of public health. ■

Opportunities, challenges of HiAP in development context

Dr. Ilcheong Yi, Research Coordinator, Social Policy and Development Program, United Nations Research Institute for Social Development

Edited by: Ms. Nina Krtelj, **Young Gasteiner**, Chiu-Wen Su (蘇秋文), Yun-Fei Lin (林允飛); **Young Taiwaners**

Dr. Ilcheong Yi, research coordinator at the United Nations Research Institute for Social Development presented opportunities and challenges of HiAP (health in all policies).

There are four major biases in implementing HiAP: (1) individualism, (2) resource-scarcity reductionism such as

famine and deprivation, i.e. famine in India not being related to the lack of food, but the lack of a distribution system, (3) econocentrism, which means as long as the market goes well people do not care about politics. Moreover, health and economic development is non-linear connected, and (4) OECD bias: the operationalization of HiAP is largely driven by more developed economies.

Different levels of development may call for a different approach to implementing HiAP. Key messages of the presentation were that health determinants are best addressed through broad development strategy, with an appropriate set of policies and social policies designed to support the structural transformation necessary for development. It is also vital to take into account rights based approach, as without it even efficient policies can turn into disaster. ■

Role and capacity of public health in Health in All Policies approach: the African perspective

Dr. Mengistu Asnake, VP/President-Elect, World Federation of Public Health Associations (WFPHA)

Edited by: Mr. Krisjan Magnusson, **Young Gasteiner**, Chia-Jen Liu (劉嘉仁); Tzu-Yong Lin (林子鏞); Patricia Hsin-Lun Hsieh (謝欣倫); **Young Taiwaners**

About a quarter of the world's population is within the African continent. In the last 60 years there has been an increase in life expectancy, but it is still the lowest compared to other parts of the world. Africa also has the highest burden of disease, as it both deals with communicable and non-communicable disease (where injuries take a huge toll).

Dr. Asnake raised concern about the brain drain occurring from rural to urban areas in Africa — exacerbated by the fact that Africa has only 3 percent of the world's health-care workers, while the Americas have 42 percent. This is a situation that must be changed, especially given the fact that 90 percent of all deaths under the age of five occur in Sub-Saharan African and South Asia. Dr. Asnake further discussed the HiAPs effort in Africa and said the ongoing initiatives are only small scale initiatives in different countries. Major initiatives are not taken yet in Africa, partly due to the lack of human resources, but he also thinks African leaders must examine why they have failed to follow through with the 1978 declaration of Alma Ata in this regard.

"We have had the District Health Team approach since the '70s and we have the Village Health Committees. In 2008 a report also showed that overall Africa now has better primary health care than ever before. We need to analyze this before we continue with larger scale implementations of HiAP." ■

