

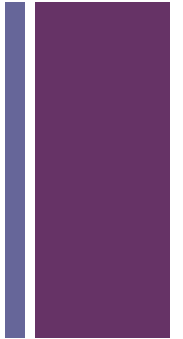


# Public Health Policy in Sweden

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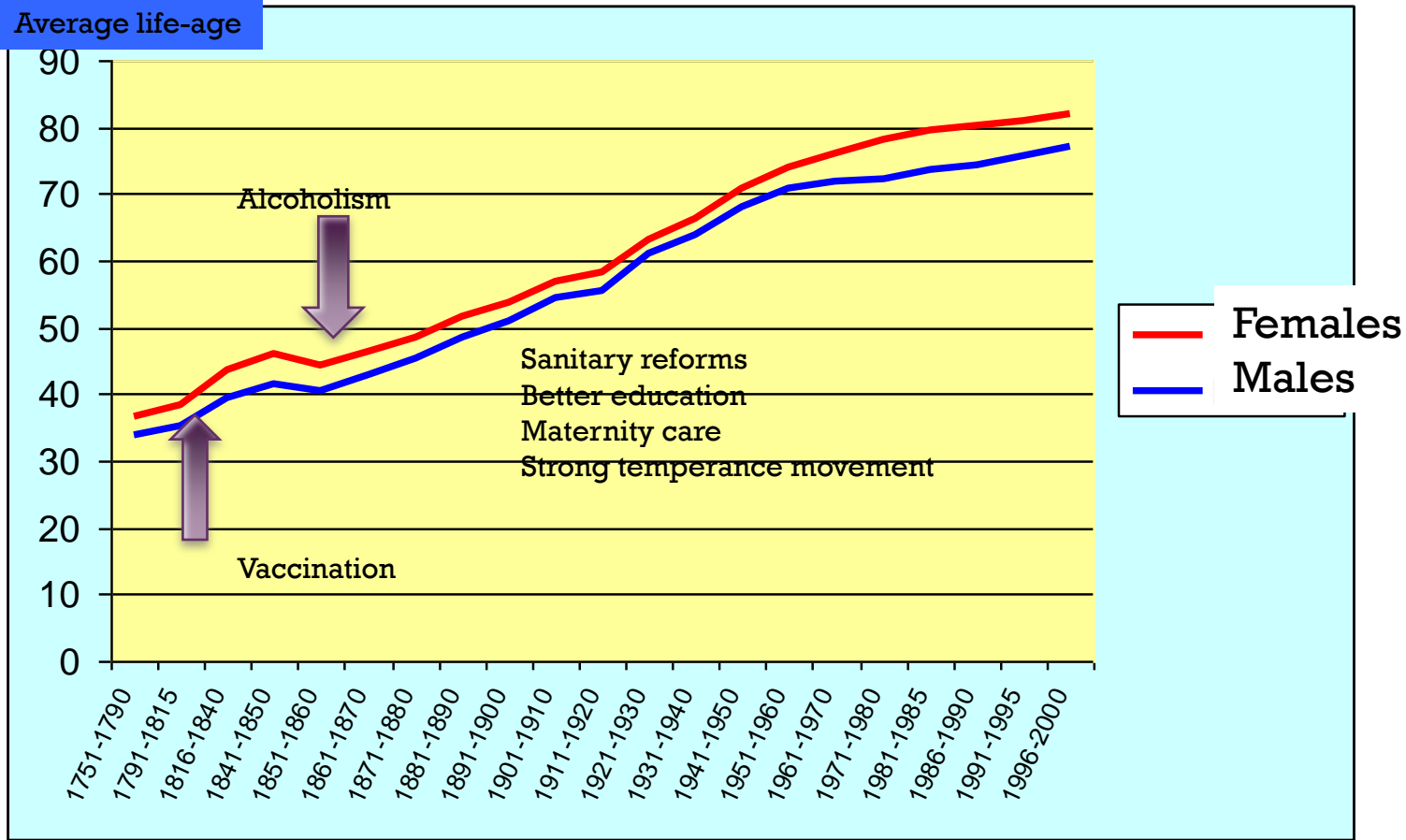


# Sweden has a long tradition of public health work



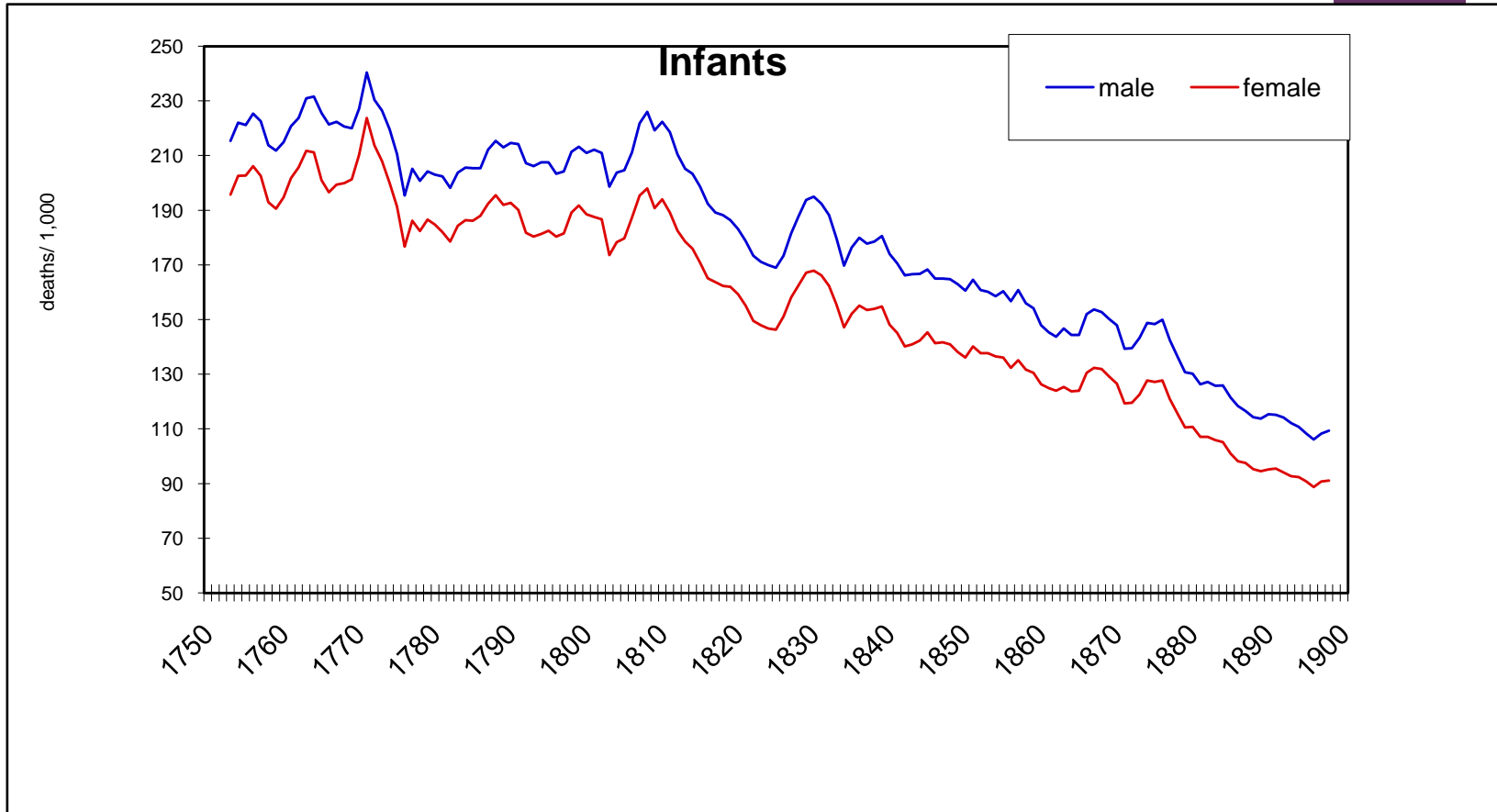
- 18th Century - information on the advantages of breastfeeding
- Beginning of 19th Century – comprehensive smallpox vaccination
- Participation of midwives helped to decrease infant mortality
- Popular struggle against alcoholism in the 19th and 20th Century
- Comprehensive maternal and childrens healthcare was introduced early

The average life-span has increased from 37 years in 1750 to over 80

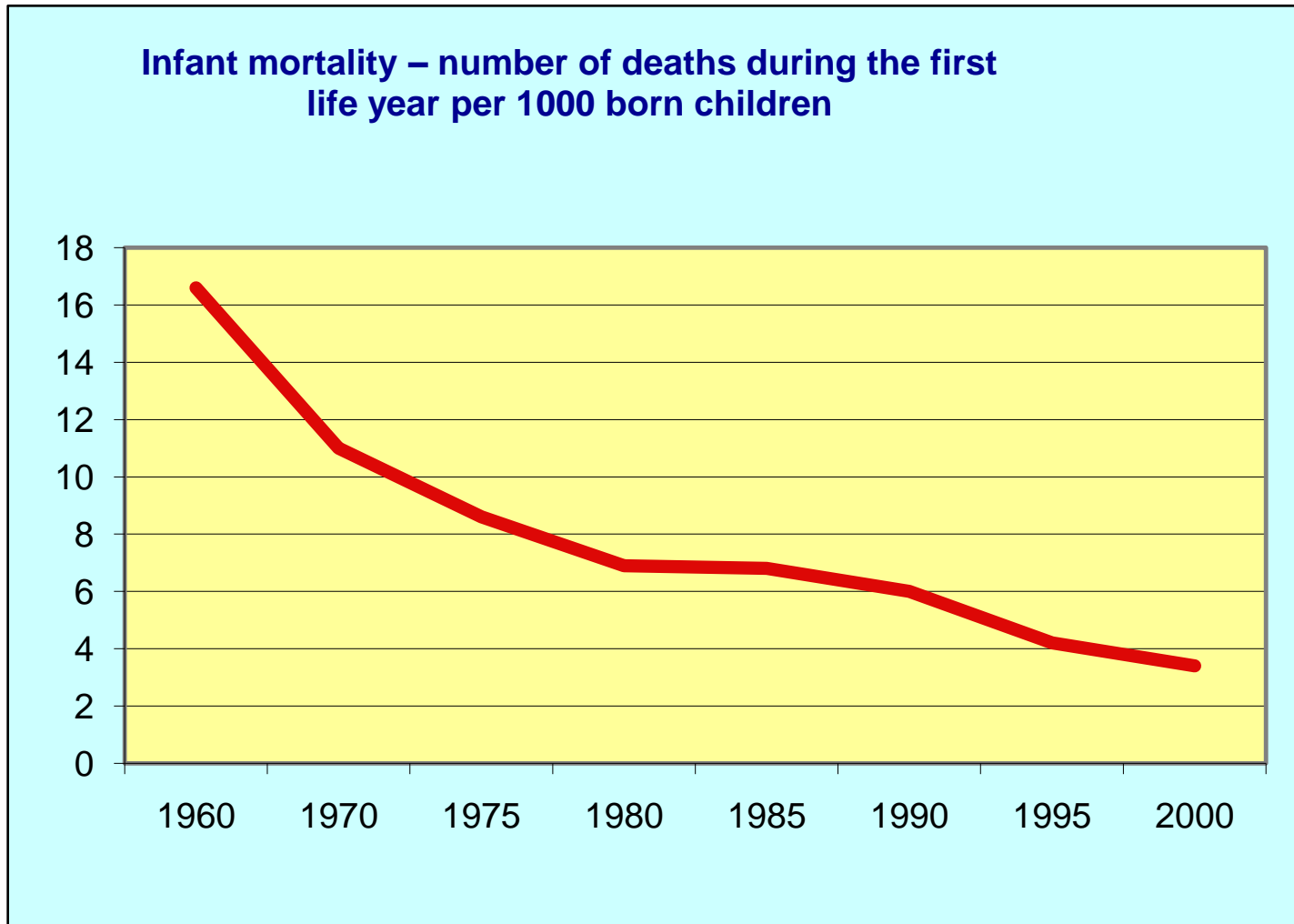




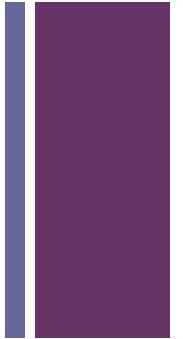
# Infant mortality in the 18th and 19th century



The decrease in mortality is still going on



# + Important lessons



- Modern medicine, doctors and hospitals, has contributed very little to the decrease in mortality
- Other actors e.g midwives, teachers, local politicians have influenced public health very significantly
- Popular movements have influenced major public health reforms
- Today WHO has a similar approach when they address the global health gaps by working with the structural determinants of health.



However there are still  
considerable public health  
problems in Sweden

In some cases they are even  
increasing

+ There are socio-economically determined health gaps

The mortality before 70 among unskilled workers are twice as high as that of professionals

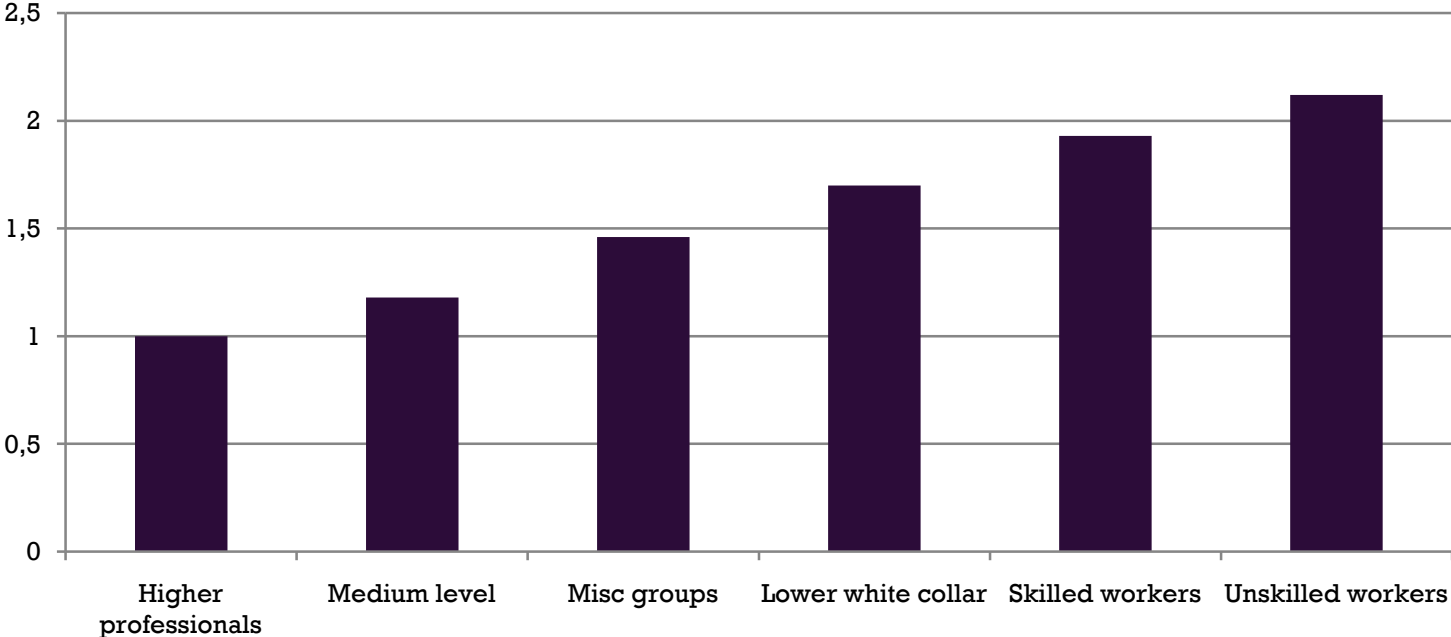
Inequality in health is high and not decreasing





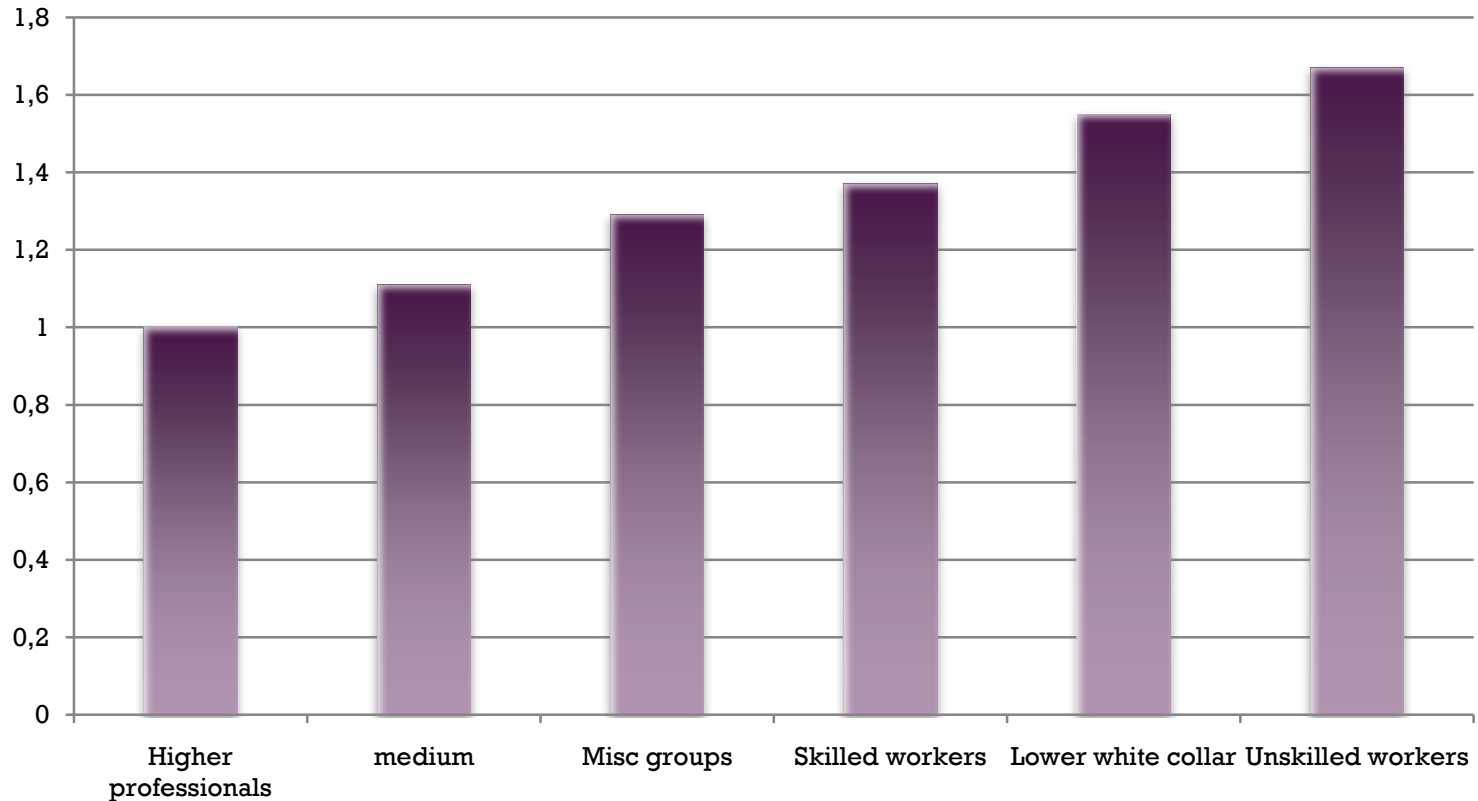
# Mortality in different socio-economic groups

**Mortality in different socio-economic groups  
males 30-60 years followed up to 2003**





## Mortality in different socio-economic groups females 30-60 years followed up to 2003





If all groups had the same mortality rate as higher professionals, 4000 deaths before the age of 70 would be avoided each year

+ There is also a considerable gender gap in health

Females live longer than males but are more exposed to health risks

The number of females on sick leave is much higher and more women report health problems





One reason for this is the working environment and longer working hours for women

Bad working environments among males were improved in the 70's and 80's but not among females  
Instead there was an increase in work load and strain especially in the health services and care sector

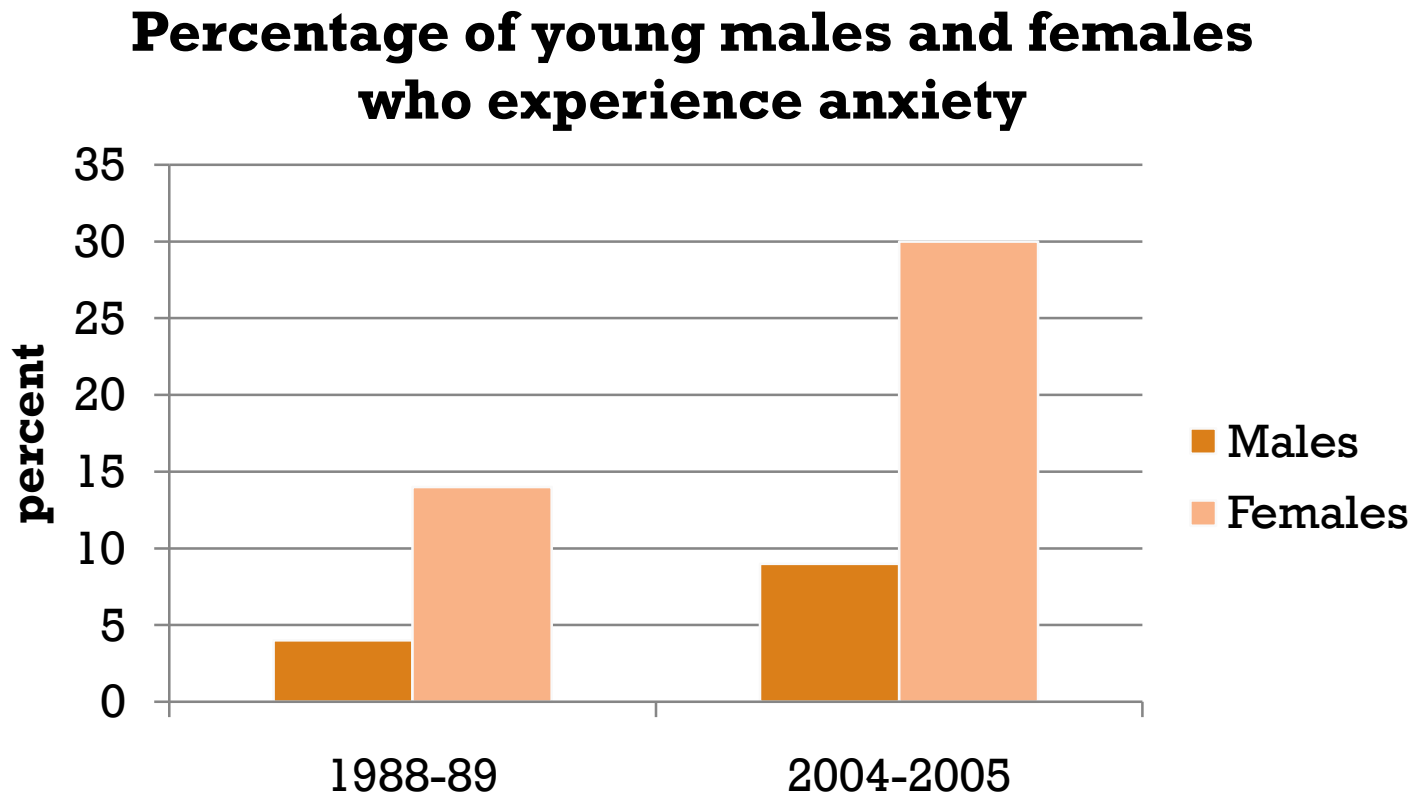


+ Elderly females had to take care of their males due to cut-downs in the care of elderly. When their own health deteriorated there was no good health care for them

This may be one reason for the fact that elderly women do not add any healthy years to their lives



# + Mental health and wellbeing among young Swedes is decreasing



+ Similar trends in several industrial countries, but the development is more rapid in Sweden

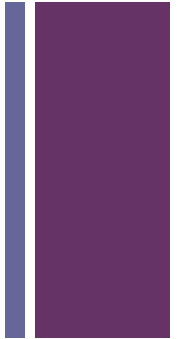
Other indicators as suicide attempts and hospitalisations show similar trends

Changes in the life situation of young people, increased unemployment, may be a contributing cause





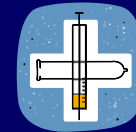
# The process of forming a new Swedish public health policy



- A parliamentary public health commission 1997
- All main political parties were represented, a number of experts and NGO's
- Main task: to propose public health goals and strategies
- The committee worked for three years, a number of interim reports was delivered
- A cabinet minister for public health appointed in 2002
- National public health objectives proposed by the government and decided by the Swedish parliament 2003

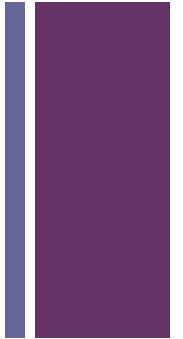
# 11 main objectives

1. Participation and influence in the society
2. Economic and social security
3. Secure and favorable conditions during childhood and adolescence
4. Healthier working life
5. Healthy and safe environments and products
6. Health and medical care that more actively promotes good health
7. Effective protection against communicable diseases
8. Safe sexuality and good reproductive health
9. Increased physical activity
10. Good eating habits and safe food
11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping and a reduction in the harmful effects of excessive gambling.





# A national public health policy was approved by the parliament 2003



- The overarching aim – to create the social conditions for a good health, on equal terms, for the entire population
- The aim is to be achieved through efforts of national agencies, regions and municipalities
- The focus in the policy is on the determinants of health
- NIPH is responsible the development of indicators and monitoring the policy together with other national agencies
- 22 national agencies and 8 state regional authorities involved in the process
- Quantitative indicators are used. 36 indicators covering main policy areas and a number of indicators for sub-targets
- A steering group headed by the minister of public health



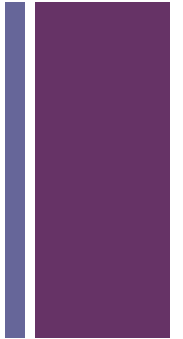
# A renewed public public health policy 2006



- The same objectives but more emphasis on individual responsibility for health
- Increased funding for parental education and interventions in order to decrease alcohol and drug abuse among young people
- Actions to increase physical activity and better eating habits



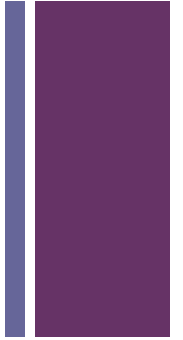
# Health promoting health services



- One important objective is to make the health services more health promoting
- Programmes for handling risk consumption of alcohol, systematic prescriptions of physical activity and smoking cessation
- A systematic manual based approach and motivational interviewing methods are promoted
- The nurses in primary care have a central role in the work
- A large investment in education of health care personell



# Health is a fundamental human right



- A healthy population is a fundamental goal for a decent society
- The right to health includes a good and accessible health care as well as preventive activities
- Therefore health promotion must include all health services as well as the whole society

**Thank you for your attention!**