



**COUNCIL OF  
THE EUROPEAN UNION**



**2767th EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMER AFFAIRS  
Council meeting  
Brussels, 30 November and 1 December 2006**

## **Council Conclusions on Health in All Policies (HiAP)**

The Council adopted the following conclusions:

"The Council of the European Union

### 1. RECALLS

- Article 152 of the Treaty establishing the European Community states that a high level of human health protection shall be ensured by all Community Institutions in the definition and implementation of all Community policies and activities;
- the long-dated commitment of the Council to intersectoral health policies expressed in several Council Resolutions and Conclusions<sup>1</sup>;

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<sup>1</sup> Resolution of the Council and the Ministers for Health, meeting within the Council of 11 November 1991 concerning fundamental health-policy choices (OJ C 304 of 23.11.1991 p. 5); Council Resolution of 2 June 1994 on the framework for Community action in the field of public health (OJ C 165 of 17.06.1994, p. 1); Council Resolution of 20 December 1995 on the integration of health protection requirements in Community policies (OJ C 350 of 30.12.1995, p. 2); Council Resolution of 12 November 1996 on the integration of health protection requirements into Community policies, (OJ C 374 of 11.12.1996, p. 3); Council Conclusions of 30 April 1998 and 8 June 1999 on the integration of health protection requirements in Community policies (OJ C 169 of 04.06.1998 p. 1; OJ C 195 of 13.7.1999, p. 4); Council resolution of 18 November 1999 on ensuring health protection in all Community policies and activities (OJ C 086 24.03.2000 p.3).

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- the Council Resolution on action on health determinants<sup>2</sup> adopted on 29 June 2000 stating that some health determinants can be influenced by action by the individual and some by the organised efforts of society;
  - the Council Resolution of 14 December 2000 on health and nutrition<sup>3</sup>;
  - the Council Conclusions on Alcohol-related harm<sup>4</sup> (5 June 2001); Stress and Depression<sup>5</sup> (15 November 2001); Obesity<sup>6</sup> (2 December 2002); Healthy lifestyles: education, information and communication<sup>7</sup> (2 December 2003); Alcohol and young people (2 June 2004); Obesity, nutrition and physical activity (3 June 2005); Promotion of healthy lifestyles and prevention of Type 2 diabetes<sup>8</sup> (2 June 2006); and Women’s Health<sup>9</sup>, all drawing attention to the variety of factors in society that have an effect on health;
  - Council resolution of 18 November 1999 on the promotion of mental health<sup>10</sup> stressing that mental health is an indivisible part of health;
2. EMPHASISES that health and well-being of European citizens are important values *per se*;
  3. STRESSES that health is largely determined by health determinants outside health care services;
  4. REITERATES that many health determinants are linked to individual choices and lifestyles, while others lie beyond the control of individuals and health policy;
  5. RECOGNISES that policies can have positive or negative impacts on health determinants and that such impacts are reflected in health outcomes and the health status of the population; while there is a significant delay between political decisions and their impact on health outcomes, the effects on health determinants can be seen much sooner;
  6. UNDERLINES that the impacts of health determinants are unequally distributed among population groups resulting in health inequalities;

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<sup>2</sup> OJ C 218 of 31.07.2000, p. 8.  
<sup>3</sup> OJ C 20 of 23.01.2001, p. 1.  
<sup>4</sup> OJ C 175 of 20.06.2001, p. 1.  
<sup>5</sup> OJ C 6 of 09.01.2002, p. 1.  
<sup>6</sup> OJ C 11 of 17.01.2003, p. 3.  
<sup>7</sup> OJ C 22 of 27.01.2004, p. 1.  
<sup>8</sup> OJ C 147 of 23.06.2006, p. 4.  
<sup>9</sup> OJ C 146 of 22.06.2006, p. 1.  
<sup>10</sup> OJ C 086 24.03.2000, p.1.

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7. CONSIDERS that everyday environments such as day-care centres, schools, workplaces, neighbourhoods and the commute between them have significant effects on health; and that health, in turn, has an effect on the economy by enabling active and productive participation in working life;
8. CONSIDERS that lifestyles are not only the result of individual decisions but also of the availability of and support given for healthy choices in everyday environments;
9. CALLS for broad societal action to tackle health determinants, in particular unhealthy diet, lack of physical activity, harmful use of alcohol, tobacco and psychosocial stress, since the individual capacity to control these determinants that account for major public health problems, is strongly associated with broader societal determinants of health, for example the level of education and available economic resources;
10. WELCOMES the efforts of the Commission on health in all policies including the reporting undertaken in the 1990s; the development of methodologies for health impact assessment and health systems impact assessment, the development of an integrated Impact Assessment method in 2005 including specific reference within the Guidelines to health and health systems, and the attention given to intersectoral issues as part of its strategic approach to fulfilling the Treaty requirement;
11. WELCOMES the increased emphasis given to health within the Sustainable Development Strategy, and the inclusion of a health indicator to the core set of European Structural Indicators, highlighting the importance of health for the Community economy;
12. WELCOMES the Conference on Health in All Policies held in Kuopio, Finland on 20-21 September 2006, which underlined the need to give greater consideration to health impacts in decision-making across policy sectors at different levels in order to protect, maintain and improve the health status of the population; and takes note of the results of the conference, in particular that
  - many Community policies have a potential positive or negative impact on health, which is mediated by a number of health determinants;
  - an improved knowledge-base on health determinants and analysis of effect relationships would significantly increase the possibility of informed policy making and policy coherence and the development of policies that enhance social cohesion and social capital and improve health and safety and so contribute to higher productivity and economic growth in the EU;
  - the main health determinants influenced by Community policies should be identified, and monitored and their trends regularly reported; the health impacts of the most critical policies with regard to health should also be systematically evaluated and the results broadly disseminated using available measures, including the Research Framework Programme;

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- health determinants related objectives should be included in Community policies across sectors, bearing the impact on the overall economy in mind; this concerns particularly economic, employment, cohesion and competitiveness policies and the health and safety at work;
- many policies with overlapping health objectives would benefit from intersectoral collaboration with common objectives; this particularly concerns employment, social and health policies in the improvement of health and safety of work; and environmental and transport policies in the development of healthy and sustainable solutions for supporting environment and urban planning;
- population's health status can be improved by reducing health inequalities, most effectively achieved by broad intersectoral action;
- improved health status of the population has positive repercussions for overall social development and the economy, and for health expenditure;
- broad action across policy sectors complements the more specific tasks carried out by the health sector; public health and health care institutions and health professionals should act as advocates and experts for intersectoral work;

13. URGES the Commission, the Member States and the European Parliament

- to ensure the visibility and value of health in the development of EU legislation and policies by, inter alia, health impact assessments;

14. INVITES the Commission

- to set out a plan for work in Health in All Policies with a specific emphasis on equity in health and consider including such activities in its new Health Strategy;
- to underline equity and the influences of other policies on public health in its future initiatives on health issues;
- to investigate and where necessary develop further coordination mechanisms to ensure that health considerations are taken into account in decision-making across sectors, including international treaties, in a systematic and structured manner;
- to further develop the knowledge base and methodology necessary for better understanding of health determinants and the ways in which they are affected by public policies at all levels, including evaluation of the relevance of current impact assessment practices for public health by for example ex-post evaluation, working closely with the WHO Commission for the Social Determinants of Health;

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- to provide information on trends in health determinants and links between public health and social and economic development in the European Union, at national and regional level;
- exploit synergies between policy sectors with interrelated objectives for example through programme cooperation, in particular concerning health at work;
- to encourage and support exchange of good practices and information on intersectoral policies between Community sectors, Member States and other stakeholders, with special emphasis on health inequalities; and to support capacity building in intersectoral health policy;
- to cooperate with international organisations on issues related to intersectoral policies;
- to ensure reporting on current Commission practices in health impact assessment and, initially by 2009 and thereafter at appropriate intervals, on the most essential actions to ensure a high level of health protection in all Community policies and actions;

15. INVITES the Member States

- to develop the knowledge base on health and its determinants, trends in them, and in health inequalities;
- to take into account in the formulation and implementation of their national policies the added value offered by cooperation between government sectors, social partners, the private sector and the non-governmental organisations for public health;
- to undertake, where appropriate, health impact assessment of major policy initiatives with a potential bearing on health;
- to pay special attention to the impact which major government policies have on equity in health, including mental health, and guarantee necessary efforts to tackle health inequalities;
- to focus on capacity building in policy analysis and development for improved intersectoral policies;

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16. INVITES the European Parliament

- to apply Parliamentary mechanisms to ensure effective cross-sectoral cooperation for high level of health protection in all policy sectors;
  - to take into account and carry out health impact assessments of legislative and non-legislative proposals;
  - to consider health impacts, with particular emphasis on equity in health, of decision-making across all policy sectors."
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