

**State of Health in the EU**  
**Voluntary exchange with Sweden**

**Seminar**

**A revitalized commitment to health promotion and  
prevention in Swedish health care**

**Stockholm, 5 June 2018 (09.30-16.00)**

**Venue: City Conference Centre**

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## **Scope and purpose**

### **Background**

Many countries in Europe are trying to improve the performance and sustainability of their health systems by expanding and better integrating their health promotion and disease prevention activities. These strategies include the development of new services, new health care professionals, new skills and new coordination mechanisms. They also include reaching out to other sectors and communities to tackle the social determinants of health.

*The State of Health in the EU is a two-year initiative undertaken by the European Commission that provides policy-makers, interest groups, and health practitioners with factual, comparative data and insights into health and health systems in EU countries. The Country Health Profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in cooperation with the European Commission and are designed to support the efforts of Member States in their evidence-based policy-making.*

*Propelled by the findings in the Country Profiles Voluntary Exchanges aim to help Member States identify policy responses to specific issues that are strategically important to their health systems and if appropriate to share experiences with other countries. The topic, format and participants are decided together with the Member States that express an interest.*

Health promotion and disease prevention can make a significant contribution towards a more effective and efficient health service and one which could better address the

needs of society. This is important as it leads to better health outcomes for patients. Integrating health promotion and disease prevention activities optimizes the effects of medical interventions, and leads to fewer complications, shorter lengths of stay in hospital, better restitution and to better somatic outcomes and better quality of life for patients. Furthermore, health care organizations have an important role in strengthening public health activities, as they have the knowledge, networks and authority. This concept, that health promotion and disease prevention should be integrated in all health services, was already formulated in the 1980s when WHO launched an international network of Health Promoting Hospitals. This has since developed into a network for Health Promoting Hospitals and Health Service.

The health of Swedes is good, but there are some developing and important health challenges. Life expectancy in Sweden is among the highest in the EU, both for men and women. Risk factors such as smoking and obesity in general are on the decline. This, however, is not the case for all population groups and for all risk factors. It is a persistent challenge that, in a welfare state like Sweden, health inequities not only remain, but are widening. For example depending on the level of education, or on income level, life expectancy can differ by up to almost 5 years. An increase in alcohol consumption and the rising percentage of binge-drinking in adults is also worrying. There is also a concern about growing obesity rates amongst adolescents and at the same time declining rates of physical activity and stubborn inequities persist in most risk factors. These examples are a clear indication that alongside the positive trends there are important challenges that need to be faced.

In this situation it is worthwhile reviewing policies and interventions that work. There is now a very strong (economic) case for promoting health and preventing disease. There is also an economic case for investing in health, raising the efficiency of public health and health systems. There is strong evidence for many policy areas and populations which is relevant to Sweden. This includes interventions tackling alcohol-related harm, promoting physical activity, improving the quality of nutrition, and acting during early childhood development and education to promote health. There is also an urging need to, more actively, address inequalities.

The 2030 Agenda on sustainable development is a good starting point for such a review as it is very comprehensive. It includes the Sustainable Development Goals (SDGs), 17 global goals set by the United Nations. The broad goals are interrelated, though each has its own targets to achieve. Many countries are attempting to tailor those goals to their own specific needs and circumstances, using them as a driving force to design different health services, discussing effective interventions and improving governance across sectors and between levels.

Sustainable development in general contributes to respecting human needs, and the building of a sustainable society is to meet these needs - health promotion processes are central to this.



An increased awareness of the importance of health promotion processes for a sustainable society makes it reasonable to expect increased interest in identifying, strengthening and developing these processes further. It creates a virtuous circle in the drive for a sustainable society. Health promotion processes as well as increased focus on prevention as the driving force for sustainable development creates an inclusive approach for future leadership to rally around common objectives. In such a context, health care is a core sustainability actor and factor. The SDGs can, through health promotion, develop into a real commitment.

In the context of the European Commission's *the State of Health in the EU* cycle, Sweden is hosting a voluntary exchange in form of a seminar on revitalizing the commitment to health promotion and prevention in the Swedish health system.

## Objectives

The overall aim of this seminar is to mobilize Swedish health care for action for a stronger emphasis on health promotion and prevention. One step towards this aim is to develop a common understanding among key stakeholders on the evidence and the governance relating to more clearly prioritizing health promotion and prevention. To this end we want to address the following questions:

- How can the health care sector take the lead in health promotion and prevention? What are the barriers for action?
- What health promotion and prevention strategies and intervention are effective when it comes to improving population health and tackling equity in health?
- What practical governance mechanisms can be used for coordination between different political levels and across sectors?

## Target audience

The seminar will bring together approximately 100-120 policy-makers and stakeholders from both the regional and national level, including patient representatives and professional groups.

## Format

In order to develop a common understanding of the role of the health care sector, effective health promotion and prevention interventions and the necessary governance instruments needed, we want to create an in-depth dialogue between some of the leading national and international experts, and to review experiences from Sweden as well as other countries. To this end we will have presentations, panel discussions and facilitated discussions.



## Programme (provisional)

### A revitalized commitment to health promotion and prevention in Swedish health care

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**9.30–10.00      Registration at venue + coffee**

**10.00–11.30      Session 1: The State of health and the current action /reform agenda in Sweden**

**Chair:** National Board of Health and Welfare; Lars -Torsten Larsson

- Welcome, objectives of the workshop, introduction of participants (15min), National Board of Health and Welfare
- Presenting the State of Health in the EU Cycle (10 min)  
*Martin Seychell, Directorate General for Health and Food Safety European Commission*
- Presentation of the Swedish country health profile, focus on the state of health (10min) Jens Wilkens OECD, tbc
- Investing in health: what health promotion and prevention strategies and interventions deliver? (15min)  
*David McDaid, LSE, United Kingdom*
- Short comments from panel with e.g. .NBHW, patient- and professional representatives. To what extent does national analysis and experiences confirm the conclusions from the Swedish country health profile? What other challenges are on the agenda? How do we address these challenges and plan for sustainability? (45min)

Facilitated discussion  
*Dr Matthias Wismar*

**11.30–11. 45 Short break-water and fruit**

**11.45–13.00 Session 2: How can the health care sector take the lead in health promotion and prevention? Which are the barriers for action?**

**Chair:** The Swedish network for Health Promoting Hospitals & Health Services (HPH). Margareta Kristenson.

**Facilitator:** Matthias Wismar

- Health promotion and prevention: working in health care settings and reaching out (10 min)  
*Jan de Maeseener, Belgium*
- Networking for change. Experiences from national, regional and local levels.  
*Sofia Dahlin, Malena Lau and Hans Brändström, The Swedish HPH Network (10 -15 min)*

This is followed by a panel which will comment on the presentation from the national perspective. The discussion should include the role of primary care and hospital care.

Panellists:

- Ronan Toomey, Department of Health Ireland (Ireland)
- Didier Jourdan, Blaise Pascal Université and Haut Conseil de la Santé Publique
- Jens Wilkinson, OECD
- Eva Arvidsson Linköping University och Region Jönköping.
- Stefan Lindgren, Svenska Läkarsällskapet.

The discussion will then be opened to the floor.

**13.00–13.45 Lunch**

**13.45–15.45 Session 3: Policies, interventions, implementation and governance. Current strategies development and reforms**

**Chair:** SALAR

**Facilitator:** Matthias Wismar

- Strategy for health (Rep from SALAR 10- min)
- Policies addressing health, poverty and social exclusion in France (10min)  
Didier Jourdan, Blaise Pascal University and Haut Conseil de la Santé Publique
- Implementation of health promotion and prevention in the Slantecare reforms in Ireland (10 min)  
*Ronan Toomey, Department of Health Ireland*
- Reforming primary care in Sweden Anna Nergårdh (10 min)

After the presentations we will start the group discussion at the round tables. The international experts will mingle with the participants. Each table gets a specific theme. 30 min discussion time.

All tables are reporting back to the plenary followed by a discussion-

**15.45–16.00 Wrapping up and closing the seminar –Agneta Karlsson secretary of state  
Ministry of health and Social affairs**