

Paula Risikko, Minister of Health and Social Services

OECD Meeting of Health Ministers

Paris, 8.10.2010

Puhuttaessa muutokset mahdollisia

Madame Chair, Distinguished Colleagues,

I would like to thank the Colleagues from Mexico, France and Poland for their extremely interesting thoughts.

Let me start by sharing with you Finnish experience of promoting health during tough financial times.

(message 1) We went through a very severe economic recession in the early 1990's, with GDP dropping by 14% and unemployment peaking up to 16%. Cuts were made in health care, but they were smaller than in most other areas of public spending.

We learned some important lessons during the slow recovery period from 1995 onwards. The recovery resulted in an unwanted, uneven distribution of the increased health expenditure. The cuts that had been made in hospital budgets were compensated rather rapidly, but the picture in primary care was quite different. Frankly speaking, we are still struggling to



repair the damage to health promotion, prevention and early intervention.

This time around, we will not repeat the same mistakes. During present economic recovery, we are in the midst of major health care reform. The parliament is discussing the bill for a new Health Care Act, and another Act on the service structure is being prepared. Both laws aim at stronger primary care. In primary care, we emphasize health promotion, primary and secondary prevention, and early intervention.

(message 2). The other lesson I want to share with you is based on our systematic work on intersectoral action. An emphasis on information to individuals to change behaviour is not enough. Information needs to be combined with creating enabling environments. Healthy options are often managed by other sectors and health is not always their first priority. We in the health sector have a task to identify such options, communicate and bargain about win-win solutions.

As an example, we have promoted balanced diet and reduced tobacco use since the 1970s. Agricultural and taxation policies have been changed. The food industry has been successfully encouraged to market healthier processed foods. We have intro-



duced healthy meals in work place canteens and in the schools. Just recently, Finland decided to raise the VAT on sweets and soda. As a combined effect, the cardiovascular mortality rates have been reduced to a fraction of those seen in the 1970's.

(Message 3) The present Finnish Government is one of the first national governments to implement a whole-government health promotion programme. We aim at realizing the concept of “Health in all Policies”, which we introduced during the Finnish EU presidency in 2006. We are working together with education, labour and finance sectors, among others, to ensure health promoting decisions across the government.

(Message 4): In this work, we pay special attention to equity. Health produces wealth. The more equally health is distributed in the population, the greater the positive impact of health on the economy and society as a whole. We need an equity lens to guarantee that our actions are beneficial across the social groups, in particular among the least well off.

(Message 5). I conclude by telling you about a landmark event to come. Together with the WHO, we will organize the 8th global conference on health promotion in Helsinki in June 2013. In Helsinki, we will be defining tools and governance mechanisms



securing health promoting decisions in all society. I cordially invite you all, including the OECD, to join us in working for “Health in All Policies”.

Thank you.

