

A statement on a new cross-sectoral public health institute in Sweden

Government bill
2000/01:99

The National Institute of Public Health in Sweden – role and tasks

The Government submits this bill to the Swedish Parliament

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Main contents of the Government bill

The Government bill recommends that the National Institute of Public Health shall have a new role within the public health arena and that the Institute's name be changed to the National Institute of Public Health [the English translation did not change], as of July 1, 2001. The Institute shall be responsible for comprehensive cross-sectoral follow-up and evaluation of efforts within the public health field, be a national center of excellence for methods and strategies in the field of public health, and exercise overall supervision in the areas of alcohol, drugs and tobacco.

The Government bill also recommends that the Alcohol Supervisory Authority be disbanded as of July 1, 2001, and that its tasks according to the alcohol law (1994:1738) be transferred to the National Institute of Public Health. As of July 1, 2001, the Institute shall also take over the National Board of Health and Welfare's tasks according to the tobacco law (1993:581). Finally, the Government bill recommends that the Institute shall be able to carry out nationally coordinated efforts in the public health field on commission from the Government.

Commission and its committee

The Government decided on June 23, 1999, to summon an organization committee with the commission of recommending a reorganization of the National Institute of Public Health to a public authority with clearer responsibilities to support the Government in the field of public health. The committee adopted the name Organization Committee for the National Institute of Public Health.

In May 2000 the committee delivered the report “National Institute of Public Health in Sweden – role and tasks” (SOU 2000:57). A summary of the proposals in the report can be found in *Appendix 1*. The report has been referred to various agencies and other organizations for their consideration and comments. A summary of the comments is available in a report from the Ministry of Health and Social Affairs (dnr S2000/3852/FH). This Government bill addresses the proposals that were put forward by the Organization Committee for the National Institute of Public Health.

Background

The National Institute of Public Health was established on January 1, 1992, with the task of conducting health promotion and disease prevention efforts of a comprehensive cross-sectoral nature, at the national level.

The background to the establishment of the National Institute of Public Health was that despite the fact that health developments among Sweden’s population were generally positive, there were large differences in rates of illness and death among different age groups, between the sexes, among different social groups, between native Swedes and immigrants, and among different parts of the country. The main concentration for the new Institute was therefore to reach particularly vulnerable groups in society and to reduce the unequal distribution of health. By establishing a special public health institute, the Government hoped to substantially improve the basic prerequisites for teamwork among public agencies, organizations, and private individuals. It was proposed that the Institute would have a coordinating role, which would create a clearer distribution of responsibilities between different participants and government levels and improve the effectiveness of the use of social resources. The Institute would further stimulate cross-sectoral collaboration among central public authorities, different levels of society, and with volunteer organizations. It was further proposed that the Institute should have special responsibility for contributing to high scientific standards for the foundation upon which public health efforts would build. The Institute should have a central role as an intermediary of knowledge from research to the practical public health efforts at the local level. The Institute should follow current research and development in the area, initiate certain research and development projects, and conduct some of its own research and development work.

The Government bill called attention to the particular importance of work organized into programs. Within the framework for each program, the knowledge of modern methods for public health work should be produced, compiled, and disseminated to concerned

authorities. Experimental research should also be initiated. Programs should be pursued within the areas of alcohol and drugs, tobacco, and injuries, as well as for the target groups of children, youth, and vulnerable women. Other programs should be time-limited and depend on current public health problems and target groups.

In January 1998 the Government commissioned the Swedish Agency for Administrative Development to map out the responsibilities and duties of certain central and regional public authorities and other organizations concerning alcohol and drugs. This was necessary because there were a number of central public authorities with overlapping and similar tasks which could at times lead to uncertainty, delimitation problems, and coordination difficulties. The Swedish Agency for Administrative Development was instructed to submit proposals for a new public authority structure and division of responsibilities with the purpose of improving coordination and increasing the efficiency of societal efforts regarding alcohol and narcotics. The Swedish Agency for Administrative Development submitted its proposal to the Government in September 1998 in the report "Coordination against drugs" (1998:22). The Swedish Agency for Administrative Development pointed out a series of inefficiencies and recommended the establishment of a new central public authority for coordinated management, development, and evaluation of the country's alcohol and narcotics policy activities.

In the Government bill "Certain alcohol questions" (Government bill 1998/99:134), the Government concurred with all the main points in the Swedish Agency for Administrative Development's description of the problem regarding the structure of public authorities in the area of alcohol and narcotics. A problem that was highlighted in the report was the large number of actors in the area; this number more than doubled during the 1990s without any comprehensive view. The Government thought that against the background of the Swedish Agency for Administrative Development's delimitation there was reason to review the number of public authorities in the field. The Government emphasized at the same time that it was not advisable that alcohol, drug and tobacco issues be separated out and addressed separately from other public health questions. Alcohol and drug questions should even in the future be kept together with the other public health work.

An internal change process has already begun within the Institute. A plan for maintaining staff competencies and qualifications has been developed to support adjustment towards a somewhat different work approach. The new qualifications requirements shall be met partly through new recruiting, and partly through skills development. The Government has stated in the 2001 budget document that the Institute should report back on how the adjustment is going.

Transformation of the National Institute of Public Health New role for National Institute of Public Health

Government proposal: Starting July 1, 2001, the National Institute of Public Health shall have a new role in the public health field.

The Institute shall be responsible for comprehensive cross-sectoral follow-up and evaluation of national public health policy. The follow-up and evaluation shall use a target-group perspective, with a focus on differences between the sexes and socio-economic differences in health. The Institute shall be a national center of excellence for methods and strategies in the field of public health and be responsible for overall supervision in the areas of alcohol, drugs and tobacco. The Alcohol Supervisory Authority shall be disbanded as of July 1, 2001, and its responsibilities shall be transferred to the National Institute of Public Health. The Institute shall take over the National Board of Health and Welfare's tasks according to the tobacco law (1993:581).

Government judgment: The Institute should work to improve access to statistics of high quality within the areas of alcohol, narcotics and tobacco through initiating the development of methods and standards in coordination with user and producers, as well as publishing statistics. The Government should commission the Institute to propose forms and methods for improved coordination between relevant public authorities concerning statistics in the areas of alcohol, narcotics and tobacco.

Motivations for the Government proposal and judgment: Public health work as a central government concern has a long historical tradition. The foundation for public health work was laid in the 1700s and since then this work has been organized in different forms. Public health questions have received more scrutiny in recent years and it is therefore important that there is a central public authority with responsibility for questions within the public health field. Improved health and diminished differences in ill health are central goals for welfare policy. The basic ideas behind government responsibility for public health efforts as described in connection with the establishment of the National Institute of Public Health in 1992 also apply today. Public health policy shall be operated comprehensively and across different sectors of society and shall aim to promote health and prevent disease and injury, especially for the groups in society that are most vulnerable to health risks. Many of the tasks that the National Institute of Public Health was given when it was founded shall be performed by the new Institute in the future as well. The Government believes, however, that the Institute should support the Government to a greater extent than today with basic data for decision-making, based on monitoring, evaluations and other analyses. The Institute shall further be a resource in the form of a national center of excellence in relationship to municipalities, county councils and other public authorities in public health questions. The Institute will have an overall grasp of some of the most important decision factors for public health through its role of providing oversight in the areas of alcohol and tobacco.

Monitoring and evaluation

Public health work is carried on at all levels and within several sectors of society. Many sectoral public authorities have duties that affect health developments. The importance of comprehensive cross-sectoral work should be emphasized to achieve success, at the same time that public health work shall be carried on within each social sector. A main task of the Institute will be its responsibility for monitoring and evaluating public health and efforts in the public health field. The Institute shall coordinate the relevant public

authorities that work with efforts in the public health field and analyze whether the overall goals regarding public health are fulfilled. As a part of its analyses, the Institute shall identify deficiencies as well as propose corrective actions. The Institute shall regularly report to the Government on developments in the public health field, analyze efforts in the area, and make suggestions for additional efforts. In this way, the Government will have a better foundation to be able to propose and take appropriate actions within the field.

The Government intends for the Institute to be the public authority that is best suited to coordinate relevant public authorities in different sectors in the work to monitor and evaluate efforts within the area. This means that the Institute shall have organizational capability to work comprehensively cross-sectorally within the public health field. The Government is of the opinion that the cooperation will occur mainly with public authorities at the central level but also with public authorities at the local and regional levels, and with volunteer organizations.

The Institute should, at a comprehensive cross-sectoral level, assess whether the collected efforts within the area have contributed to fulfill the public health policy intentions. The Institute should be able to report to the Government which efforts were successful as well as within which areas additional efforts are needed. Then it is the Government's responsibility to formulate additional demands of the concerned national public authorities, if the Government determines that they are justified, with the purpose of improving goal fulfillment.

The Institute should have lead responsibility for presenting a special report to the Government every fourth year. The report should contain conclusions from the Institute's monitoring and evaluation of efforts within the public health field and proposals for actions to improve public health. The report should be presented in close connection with the public health report that is produced every third or fourth year by the National Board of Health and Welfare in cooperation with the Institute, among others. The Government intends to thereafter present the material to the Swedish Parliament.

The National Public Health Committee has had a Government commission to produce proposals for goals and strategies for improving health. In October 2000, the National Public Health Committee delivered the report "Health on equal terms: national goals for public health" (SOU 2000:91). The report is presently being prepared within the Government Offices. The Government's intention is that the Institute shall play a decisive role in monitoring and evaluations of the national public health goals. The Institute should follow the efforts towards meeting the national public health goals and guide the direction of follow-up and evaluation efforts towards these goals. In the budget document for 2001, the Institute was given the assignment to begin work on developing indicators and measurement methods for monitoring goals within this area.

An overarching goal for the National Institute of Public Health is to improve preventive measures to prevent disease and injury and to improve health outcomes, particularly for the groups that are least favored from a public health perspective. There continue to be

large differences in poor health between different groups in society. This is particularly true between the sexes and among different socioeconomic groups. There are also periods in life when people are particularly vulnerable to health risks, for example, childhood and old age. It is therefore of greatest importance that the Institute pay attention to these perspectives in its work of following health developments. The Institute will have the assignment of monitoring and evaluating efforts regarding the environments children grow up in. This work includes a responsibility to bring together concerned public authorities in the work of monitoring and evaluating efforts for children. With the help of various cooperative partners, the Institute shall analyze different risk and health factors, follow children's health from different aspects, etc.

Since 1993, the National Institute of Public Health has had a Government commission concerning the situation of homosexuals in society. One of the starting points for the Government assignment was that a concealed, sometimes unconscious, unacceptable treatment of homosexuals had been occurring. The commission includes being responsible for a comprehensive cross-sectoral coordination of efforts for homosexuals and following the evolution of the situation of homosexuals concerning the occurrence of discrimination. In April 1999 the law on prohibition of discrimination in working life on the basis of sexual orientation took effect (Government bill 1997/98:180). At the same time the position of parliamentary representative for discrimination on the basis of sexual orientation was established. This position has the assignment to see to it that the new law is followed, to work to ensure that discrimination on the basis of sexual orientation does not occur in other areas of society, and to follow international developments in this area. The parliamentary representative thus has some of the tasks that the National Institute of Public Health previously has had. The Government believes that the Institute's commission should be concentrated on following research on homosexuals from a health perspective, and paying attention to the situation of homosexuals with regard to special health risks. The commission also includes being responsible in the same way as for other target groups for bringing together concerned public authorities in the work of monitoring and evaluating efforts within the field.

National center of excellence

Another main assignment for the Institute is to be a national center of excellence for the development and dissemination of methods and strategies in the field of public health. The Institute should assemble experiences and research on methods and strategies that are important in public health work. The Institute shall develop and monitor methods for determining health consequences. The activities shall rely on a scientific foundation. The Institute shall provide municipalities, county councils and other public authorities as well as organizations with knowledge of successful methods for public health work.

There is presently a large need for knowledge about effective methods in the field of public health. The Institute shall compile information regarding the effects of methods that are used within public health work nationally and internationally. In certain instances, the Institute can also initiate evaluation of public health methods and disseminate the results of these evaluations. Socioeconomic consequences of the proposals that the Institute gives to the Government also need to be produced.

During recent years, public health work within county councils and municipalities has been developed and in many places received increasingly strong political support. The Government believes that the National Institute of Public Health has been a decisive driving force in public health work at the local and regional levels. Municipalities and county councils have a distinct responsibility for the health of their residents and it is therefore in their own interest to further encourage public health work within their respective areas of responsibility. The important central government task regarding municipalities and county councils will be to aid with support regarding knowledge, methods, and strategic planning. In the future, the instigator role should be expressed most in monitoring and evaluating efforts within the public health field, and disseminating these results.

The Institute should be able to give limited contributions to projects that aim to provide knowledge of effective and appropriate methods and strategies for public health work. The projects must have a clear time horizon and have clearly described goals. They must have scientifically based follow-up and evaluation as part of the project. An additional requirement is that the project must be financed together with the entity that is responsible for the project. Requiring joint financing of the projects supports the requirement that the projects are well anchored in the municipality or county council that leads the project. This makes it more likely that successful methods will be applied even when the central government support ends and that municipalities and county councils will embrace positive experiences.

It is important that the Institute builds up communication channels with the local and regional levels since it is there that the main part of public health work occurs. The Institute's information dissemination shall be guided by the customers' needs for information. In collaboration with representatives for municipalities, county councils and county administrative boards, the Institute should establish a common policy for the public authorities, and a strategy for how information and collaboration shall occur at the regional and local level.

It is important to have strategic discussions to determine the municipalities and county councils' needs for support and how the Institute shall best be able to help with these needs. Municipalities and county councils shall also be able to turn to the Institute for knowledge about proven methods in public health work. To this end, the Institute can organize or take part in conferences and seminars as well as publish reports in paper and on the Internet.

In addition, the Institute needs to collaborate with local and regional levels regarding oversight tasks in the alcohol, narcotics and tobacco areas. Oversight tasks include collecting experiences on how the regulatory framework operates and how it can be improved. This requires close collaboration with individuals in county administrative boards and municipalities that have responsibility for oversight.

In its role as a national center of excellence for the development and dissemination of methods and strategies in the field of public health, the Institute should closely collaborate with different research institutions. Since it was established, the National Institute of Public Health has had cooperative agreements with certain research institutions. These cooperative agreements, however, can be used more strategically. The cooperation shall be long-term, with institutions that have access to qualified, practical intervention research within the field of public health with current population-based health-promoting and illness-preventing activities. In addition, the research institutions need to be experienced with comprehensive cross-sectoral health policy analysis so that they can contribute to method development in the field.

The Institute shall also follow international developments and participate in international public health efforts.

Oversight, etc.

The third main task for the Institute shall be overall supervision within the alcohol, narcotics and tobacco areas. Based on the mapping by the Swedish Agency for Public Management of public authorities in the alcohol and narcotics area, the Government intends for the National Institute of Public Health to have responsibility for overall supervision within the areas of alcohol, narcotics and tobacco. Being responsible for public authority supervisory duties will be a new assignment for the Institute. Having one institute with responsibility for overall supervision paves the way for having better monitoring and evaluation within the alcohol, narcotics and tobacco areas. The Government also considers it important that alcohol, narcotics, and tobacco questions are kept together with other public health work.

The Government intends for the Institute to be the central public authority with supervisory and monitoring responsibility regarding the provisions in the alcohol law (1994:1738). This assignment shall be taken over from the Swedish Alcohol Supervisory Authority as of July 1, 2001, when the Swedish Alcohol Supervisory Authority ceases as a public authority. Remaining funds from the Swedish Alcohol Supervisory Authority appropriation shall transfer to the Institute on the same date. The new assignments mean that instead of the Swedish Alcohol Supervisory Authority, the Institute shall now work to produce directives and public advice, monitor the application of the law, and monitor and evaluate the developments in the area, for example by monitoring and evaluating what consequences new rules have. The duties also include providing guidance, information, and training, such as producing information material to support individuals in county administrative boards and municipalities with supervisory responsibilities. A particular assignment is to monitor whether municipalities follow the law's intention when granting licenses for services.

The changes in law that are necessitated by the Institute taking over the Swedish Alcohol Supervisory Authority assignments according to the alcohol law are presented in the Government bill "Certain changes in the alcohol law" (Government bill 2000/01:97). The proposals in this Government bill build on the proposals that were submitted by the

Alcohol Investigation in the report “Regulations on alcoholic beverages” (SOU 2000:59). In the report submitted at the same time “Regulations on synthetic alcohol, etc.” (SOU 2000:60), the Alcohol Investigation submitted proposals for new legislation for transactions involving synthetic alcohol products. With the aim of further improving the efficiency and coordinating oversight efforts in the alcohol area, the Government intends to propose that the Medical Products Agency’s duties regarding oversight, etc., of handling of synthetic alcohol and alcohol containing preparations shall be assigned to the Institute.

The Institute has the Government commission to be the national contact point for the European Monitoring Centre for Drugs and Drug Addiction. The Institute also is responsible for monitoring and analyzing the need for classifying goods that are not medicine as narcotics, as well as monitoring and analyzing the need for control of goods according to the law (1999:42) on prohibition on certain materials constituting health hazards. The Institute should further confer with and cooperate with the National Food Administration and the Medical Products Agency in questions concerning substance abuse. The Institute already has responsibility for certain supervisory duties within the narcotics area and the Government judges that these duties should remain part of the Institute.

Supervisory duties according to the tobacco law (1993:581) can basically be divided into supervision of smoke-free environments and premises, supervision of age limits for purchasing tobacco products, supervision of product inspections and warning labels, supervision regarding smoke-free workplaces, and supervision of advertising/marketing.

Currently, each municipality is responsible for the direct supervision of smoke-free environments and premises and age limits for purchasing tobacco products. The National Board of Health and Welfare has responsibility for the overall supervision in these areas. Regarding supervision of product inspections and warning labels, there is only a direct central oversight, which currently is performed by the National Board of Health and Welfare. The Swedish Work Environment Authority is responsible for supervision concerning smoke-free work environments and the Swedish Consumer Agency is responsible for supervision of regulations for marketing of tobacco products.

The Government has decided that the issues that currently lie with the Swedish Work Environment Authority (supervision concerning smoke-free work environments) and with the Swedish Consumer Agency (supervision of marketing) should remain with these public authorities. These public authorities are responsible in all sectors for questions concerning the work environment and marketing, respectively, and they should have this responsibility in the future as well. The Government believes, however, that the supervision according to the tobacco law that currently is conducted by the National Board of Health and Welfare should be transferred to the Institute as of July 1, 2001. This does not prevent the National Board of Health and Welfare from working on questions within the tobacco area about protecting health. In conjunction with the changes that must be made to the tobacco law as a result of the Institute taking over the National Board of Health and Welfare’s assignments, the Government considers it appropriate to clarify the

Swedish Consumer Agency's responsibility for supervision over regulations for marketing of tobacco products.

The Government considers it important that the same central public authority manage supervision of tobacco, alcohol and narcotics as much as possible. At the municipality level, these issues are managed together. Within the Government Offices the work on these issues is also coordinated. The fact that alcohol, narcotic and tobacco questions are addressed jointly at both the municipal level and the government office level suggests the benefits of coordination at the central public authority government level as well. Another motivation is that it often is appropriate to look at these questions together from a target group perspective. Following developments in close cooperation with municipalities and county administrative boards increases the Institute's ability to monitor and evaluate efforts in the areas. Supervision consequently becomes a natural part of monitoring and evaluating in the area.

Statistical coordination

The National Institute of Public Health, together with the Swedish Council for Information on Alcohol and Other Drugs, publishes a yearly report on the alcohol and narcotic situation in Sweden. In 1994, the Institute was also commissioned by the Government to build a forum with the task of reviewing the collected need for statistics in the alcohol area. The Institute is also responsible, as was previously stated, for Sweden's reporting to the EU on narcotics. Furthermore, the Government has given the Centre for Social Research on Alcohol and Drugs at Stockholm University the task of developing certain statistical methods. Within the narcotics field, information is also collected from customs and police confiscation statistics as well as from the correctional system, social services and medical services statistics on care and treatment. Furthermore, the Swedish Medical Products Agency provides statistics on medicines classified as narcotics as well as substances and preparations that are used in industry and that can be used in the manufacture of narcotics. Additional statistics in the narcotics field can be collected from the National Police Board and the different police public authorities, the Swedish Customs Service, the National Council for Crime Prevention, and other public authorities within the judicial system. No one public authority currently coordinates all statistics on narcotics. In its report entitled "Narcotics Statistics", the Narcotics Commission declares the need for a pronounced and clear responsibility for a collected analysis of the national narcotics statistics that does not trespass on the statistical responsibilities of individual public authorities. This need arises from the fact that at present, no public authority has overall responsibility for or knowledge about narcotic statistics. A similar situation exists for alcohol statistics. There is currently also no public authority with responsibility for developing methods. The Institute will need reliable statistics for its work with supervision and with follow-up and evaluation of efforts within the public health field.

The Government believes that the Institute is the public authority that is most suitable for coordinating alcohol and narcotics statistics. Since the Institute will have responsibility for overall supervision within the alcohol field and already has supervision responsibility

regarding narcotics, it is appropriate that the Institute also has a coordinating responsibility for statistics within these areas. The Institute is also going to have overall supervision responsibility for parts of the tobacco law, which is why the Institute should have a coordinating responsibility for tobacco statistics as well. Therefore, as an introductory effort, the Government intends to commission the Institute to produce a model to improve its ability to coordinate the statistics in the alcohol, narcotics and tobacco areas.

In sum, the Government intends for the Institute to conduct supervision according to the alcohol, narcotics and tobacco legislation, and also have responsibility for coordinating statistics within these areas. Responsibility for the overall supervisory duties shall be seen as a part of monitoring national efforts in the public health field. It is important that monitoring within the alcohol, narcotics and tobacco areas is included as a part of the other comprehensive cross-sectoral monitoring and evaluation and is presented in the Public Health Policy report to the Government.

Special government commissions

The Government has determined that initiating and conducting campaigns or other attitude influencing activities should not be part of the National Institute of Public Health's on-going activities. There can, however, be a need for national collaboration in an effort to influence the development in a certain public health question in the future. When the Government determines that national coordination in the public health field is justified, the Institute in many instances is the public authority that is the most suitable for leading such coordination. The Institute should therefore be able to carry out nationally coordinated efforts after resolution by the Government.

Program activities

So far, the National Institute of Public Health's activities have mainly been divided into programs. Much of the work that has been pursued within the programmatic framework has been positive. Many of the public health efforts in the country were started with help from the Institute's program activities. It can, however, be feared that the program format at the same time has brought with it certain deficiencies in coordination and usage of resources. The Institute's present management has begun a process of change and found that being organized by program is less suitable for the Institute's future roles and assignments. The Government shares this judgment and thus supports the change in the Institute's organization that has already started.

The expert function in the present programs continues to be an important assignment for the Institute and fits within its role as a center of excellence, albeit in a different organizational form. Programmatic activities should be changed in such a way that the activities that currently are conducted within the program for opinion education and attitude influencing, and mass communication efforts, should be removed from the Institute. The duties that remain will be the parts that fit within the Institute's three main assignments that are described above, for example, designing knowledge and fact sheets,

method development efforts, education efforts, government commissions, and collaboration with other relevant organizations at the national, regional and local levels. For the parts of the programs that the Institute should no longer be responsible for but which are still important from a public health viewpoint, the Institute should initiate discussions with its customers with the purpose of transferring the activities to other organizations. The Government is going to commission the Institute to propose how certain of the assignments that have been carried out within the framework of the present programs within the Institute should be managed in the future.

Summary of the report (SOU 2000:57)
Swedish National Institute of Public Health – role and duties

The Organization Committee proposes that the National Institute of Public Health shall have two main assignments in the future. The first duty is to be responsible for comprehensive cross-sectoral follow-up and evaluation of efforts in the public health field and to submit proposals for actions. The other assignment is to be a national center of excellence for methods and strategies in the field of public health. An additional proposal is that the National Institute of Public Health shall be responsible for overall supervision of regulations concerning preventive efforts regarding alcohol, tobacco and narcotics.

Furthermore, the Commission proposes that the National Institute of Public Health shall be able to coordinate national efforts in the field of public health, when commissioned by the Government. This would apply to campaigns and opinion education in public health, for example.

Monitoring, evaluation and proposals for actions

In parallel with the Organization Committee's work, the National Public Health Committee has worked to produce proposals for national public health goals. A final proposal is expected in September 2000. The Organization Committee proposes that the National Institute of Public Health should monitor and evaluate efforts in the field of public health with a starting point in the national public health goals that are expected to be the result of the work of the National Public Health Committee. Through these efforts, the National Institute of Public Health can contribute to improvements in public health.

The Organization Committee proposes that the National Institute of Public Health shall:

- Bring together public authorities in their work to meet national goals,
- analyze to what extent the goals are reached, using a target group perspective,
- identify deficiencies as well as propose corrective actions,
- when needed, propose priorities among the goals,
- when needed, propose new goals, reformulation of goals, and development of goals,
- develop indicators and measurement methods for monitoring whether goals are met,
- actively contribute to and follow the development in the field of public health and research within the field nationally and internationally.

The result of the National Institute of Public Health's monitoring and evaluation should be reported to the Government as well as to other interested parties in the field of public health. The report on Public Health that the National Board of Health and Welfare is presently in charge of should in the future be produced as a joint project between the National Board of Health and Welfare and the National Institute of Public Health. The National Institute of Public Health should, however, have lead responsibility for

presenting to the Government a Public Health Policy report with proposals for measures to improve public health, in parallel with the report on Public Health.

National center of excellence

The National Institute of Public Health should have the task of collecting experience and initiating research on methods and strategies that are important in public health work. Moreover, the Institute should disseminate knowledge and experience to the interested parties in the field of public health.

The Organization Committee proposes that the National Institute of Public Health shall:

- be a resource for municipalities and county councils as a national center of excellence for methods and strategy issues within the field of public health,
- follow-up, evaluate and initiate evaluations of methods and strategies for public health efforts,
- develop and monitor methods for describing health outcomes,
- follow international experience concerning methods and strategies for public health work,
- follow and assess research and development within the methods field nationally and internationally.

The National Institute of Public Health should be able to give support to projects that increase knowledge about methods and strategies in the field of public health. A prerequisite should be that the organization that is responsible for the project also contributes to the financing as well as that the project includes scientific trials and evaluation.

The National Board of Health and Welfare, which currently is responsible for administrating and distributing financial support to several organizations within the field of public health, should take over administration and disbursement of the remaining organizational support within the area.

Overall supervision of legal provisions on alcohol, tobacco and narcotics

The National Institute of Public Health should, according to the Organization Committee, take over duties concerning supervision of the alcohol law and the law on sale of synthetic alcohol from the Swedish Alcohol Supervisory Authority and the Medical Products Authority, respectively. The official report of the Alcohol Investigation is expected to propose changes in these laws, however, such that some of the current supervisory duties are expected to go away and a number of other supervisory duties will be handled by the Swedish National Tax Board in the future.

The National Institute of Public Health should have responsibility for the supervisory duties according to the tobacco law that currently lie with the National Board of Health and Welfare. The overall supervision that the National Institute of Public Health today has according to the law on materials constituting health hazards should remain with the

Institute. Coordination of these supervisory duties would result in efficiency gains and simplifications for municipalities.

The Organization Committee proposes that the National Institute of Public Health in its work with supervision shall:

- issue instructions and general advice,
- monitor the application of laws,
- monitor and evaluate developments within the area,
- be responsible for providing guidance and information.

The National Institute of Public Health should also be responsible for statistics coordination within the alcohol, narcotic and tobacco area. The Institute should be responsible for integrated national analysis of developments within the alcohol, narcotic and tobacco areas. The Institute should increase the supply of high-quality statistics through initiating method development and development of standards in collaboration with users and producers, and also publish statistics. The Committee does not, however, intend for the National Institute of Public Health to take over databases from other statistical producers or itself build up new databases.

International work

The National Institute of Public Health should, according to the Organization Committee, to an even greater extent than so far, follow international developments within the field of public health. The Institute's work with following and actively participating in international developments and representing Sweden in the EU, WHO, and other international bodies, should increase.

The Organization Committee proposes that the National Institute of Public Health should:

- follow and actively participate in international developments within the field of public health,
- represent Sweden in international contexts on commission from the Government,
- support the Government in international collaboration,
- export services within the public health field.

Staff skills and abilities and research collaboration

In connection with the National Institute of Public Health's new role, according to the Organization Committee, the center of gravity of the Institute's competencies will need to shift. The Institute is going to need more analysis, methods, and evaluation skills.

The Organization Committee believes that the National Institute of Public Health can access these skills from its own personnel or through collaboration with others. The Committee believes that research collaboration will be important for giving the Institute access to needed skills and for enabling the Institute to carry out its assignments. The National Institute of Public Health should, according to the Organization Committee,

finance some commissioned research as well as develop its current collaborative agreements with research institutions.

The Organization Committee suggests that the National Institute of Public Health should develop collaboration with researchers through long-term cooperative agreements with research institutions that have:

- access to sophisticated, practical intervention research within the public health field,
- close collaboration with concerned municipalities and county councils,
- competencies and experience with comprehensive cross-sectoral health policy analysis so that they can support method development in the area,
- capacity and breadth to contribute to building skills and educating researchers among the National Institute of Public Health's workers.

The committee also suggests that the cooperative agreements between the National Institute of Public Health and research institutions include arrangements that enable rotations between research institutions and the National Institute of Public Health.

Collaboration with municipalities and county councils

The National Institute of Public Health should, according to the Organization Committee, collaborate with representatives for municipalities, county councils and county administrative boards to establish a common policy and strategy for how future collaboration should occur. The Committee sees a need for the National Institute of Public Health to develop strategic cooperative forms with regional and local representatives.

Collaboration with the Swedish Council for Information on Alcohol and Other Drugs

The Organization Committee has been commissioned to evaluate the collaboration with the Swedish Council for Information on Alcohol and Other Drugs. The National Institute of Public Health should continue to collaborate with the Swedish Council for Information on Alcohol and Other Drugs. For example, the Swedish Council for Information on Alcohol and Other Drugs should continue to produce the annual alcohol and drug addiction statistics.

However, the financing of the Swedish Council for Information on Alcohol and Other Drugs should be reviewed, according to the Organization Committee. The current fragmentation among several contributors makes it difficult for the National Institute of Public Health to enter into agreements with the Swedish Council for Information on Alcohol and Other Drugs and it is difficult to determine the costs of different products. The Organization Committee recommends that the government support to the Swedish Council for Information on Alcohol and Other Drugs should be combined and paid out through one public authority. The purposes of the government financial support should also be specified.

Information and attitude influencing

The National Institute of Public Health should, according to the Organization Committee, primarily supply facts and information to support decision makers. The information needed by the Institute's main customers – the Government, county councils and municipalities as well as sectoral public authorities – should be instrumental when the Institute designs its information strategy.

The Organization Committee states further that the Government can determine that nationally coordinated information and attitude-influencing efforts aimed at the general public or direct opinion education at the national level are needed. In these cases, the Committee believes that municipalities and county councils are important collaboration partners. The Government can give particular commissions to the National Institute of Public Health to coordinate and implement such efforts. The Government can also reach agreements with municipalities and county councils or other organizations regarding how the efforts should be implemented.

Other

The National Institute of Public Health's new role should be introduced when the national public health goals are introduced and implemented. This will facilitate the Institute's assignment to bring together concerned public authorities in the work of monitoring and evaluating efforts for fulfilling public health goals.