

Presentation: “Health 2020: a new policy for a new era” at the 14th European Health Forum Gastein

6 October 2011, Bad Hofgastein, Austria

This presentation makes the case for a big shift in our struggle for health and well-being: promoting a whole-of-government approach.

Introduction and thanks

(Slide 1)



**Health 2020: a new policy
for a new era**

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6 October 2011, Bad Hofgastein, Austria*

 **World Health
Organization**
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Ladies and gentlemen

It gives me the greatest pleasure to be with you here at this important conference, and to talk to you about our thinking and policy work at the WHO Regional Office for Europe,

and most particularly about the new European health policy: Health 2020.

All of us are here today because of our commitment to improving health. We must approach this goal at a time of very rapid change, including: demographic changes as our societies age; our increasingly privatized economies; environmental pollution and climate change; wider inequities in the distribution of income and wealth, and in access to health and social care; increased migration and urbanization; recently growing unemployment; shortages in health care workers; and changes in citizens' expectations.

Yes, expectations have changed. Health is increasingly seen as a human right, a public good and an asset for development. And, while health has improved, it has not improved enough, given what we know and the technologies available to us. Unfortunately the European Region still has pockets of extreme ill health and poverty that need to be urgently addressed.

Since I took office as the WHO Regional Director for Europe in 2010, and with the support of the WHO Regional Committee for Europe, I have focused on a programme of work to create a real momentum for better health for Europe: in short, better health for all of the populations of our 53 Member States. Such health improvement can have both population and individual dimensions, and I shall say a little about both today.

I shall address the following issues:

1. the current health situation across the European Region;
2. the importance of new strategic thinking about health improvement, thinking that takes account of all that we now know about the determinants of health;
3. the vital importance of strengthening public health capacities and services across the whole of the Region;
4. the need to strengthen our health systems overall, with particular emphasis on

primary health care, health promotion and disease prevention;

5. the role of health economics and health care costs: how our systems can contribute to health improvement as economic and social development, while providing quality health care and support to those that need diagnosis, treatment and rehabilitation.

State of health across the European Region

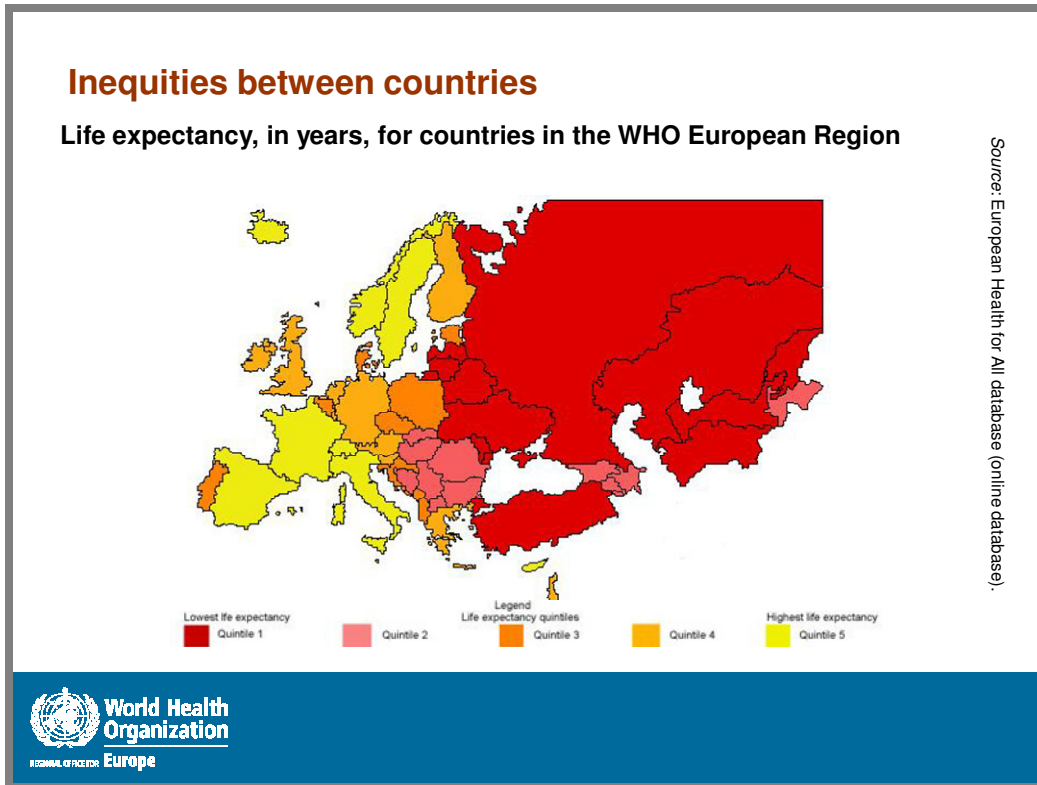
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1948 WHO definition of health

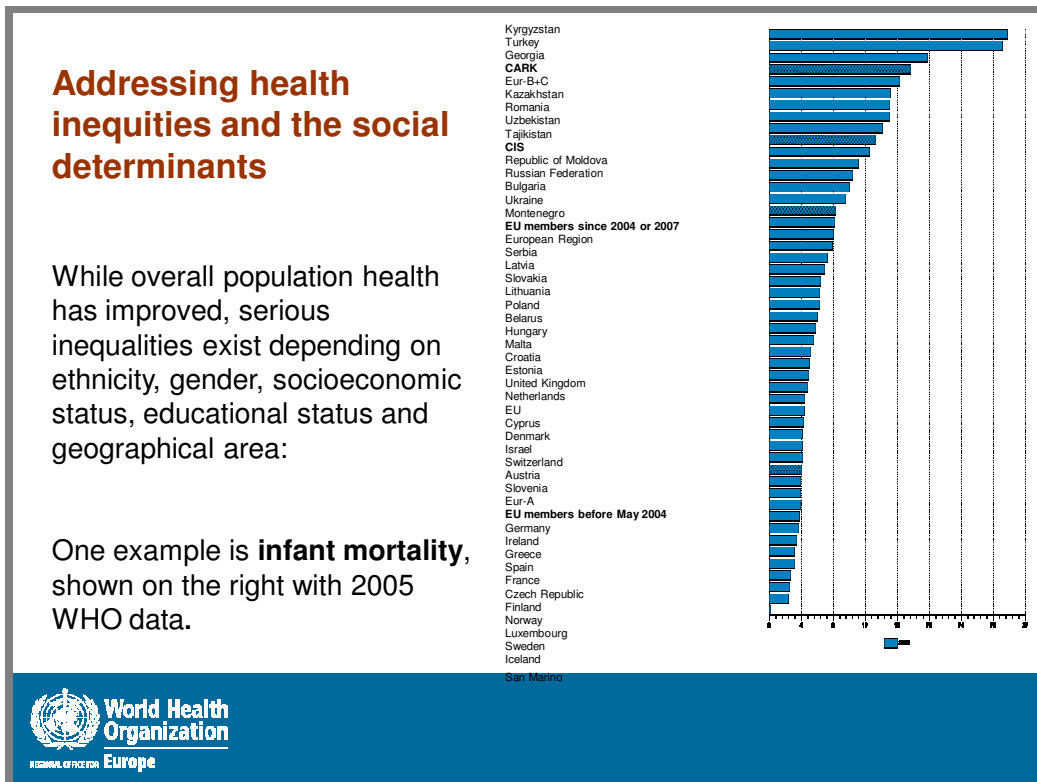
“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

– WHO Constitution

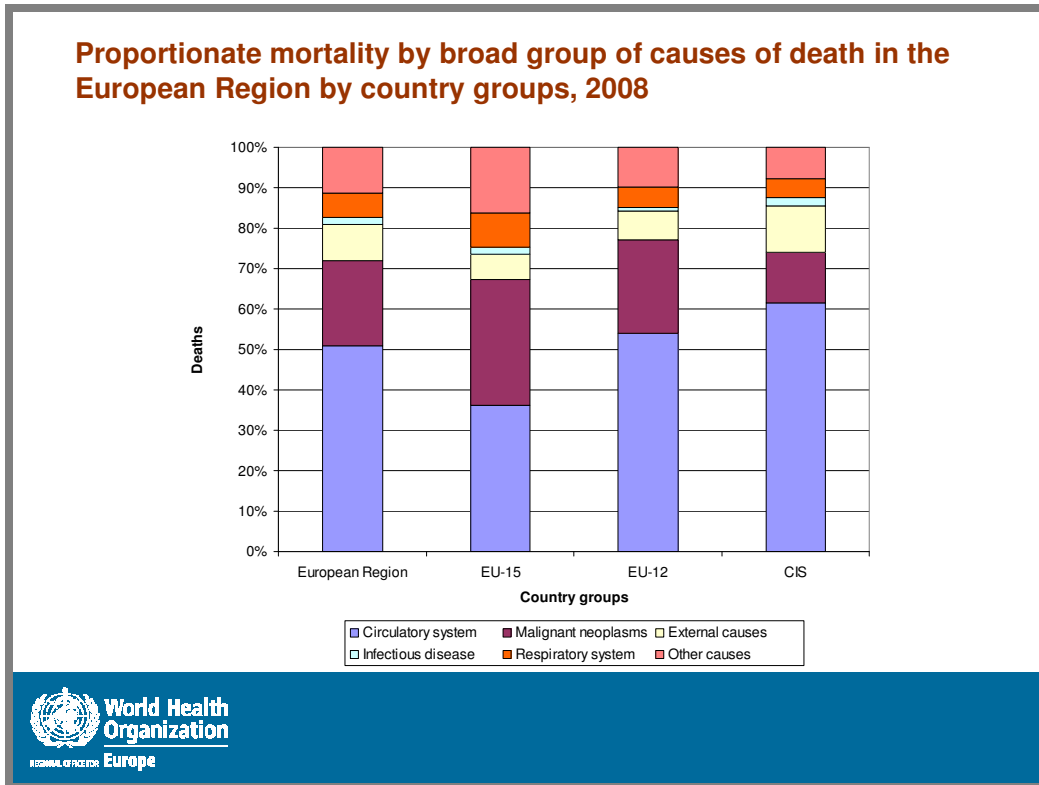
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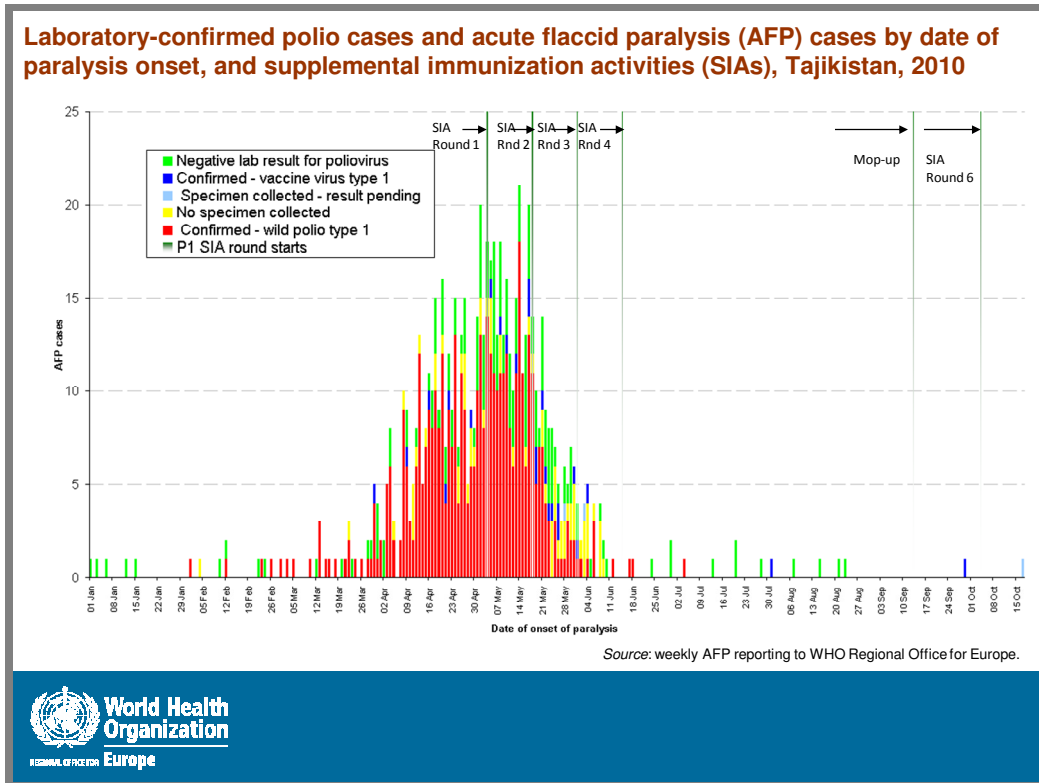
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I used a phrase just now: “better health in Europe”. That has to be our goal within WHO. The famous 1948 WHO definition states that health is: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.¹ We have to give some substance to this fine ideal. While we have made much progress, at the moment we are far from achieving this goal.

Tomorrow, during my talk in the final plenary, I shall say more about the concept of well-being. Today I shall focus on more usual health indicators, and the current burden of disease across the European Region. Let me start by looking at a few facts and figures. Overall, European life expectancy at birth has increased by 5 years since 1980, and reached 75 years in 2010. Projections suggest it will increase to nearly 81 years by 2050. Yet, as I have said, this improvement is far from uniform. Across the Region large health-related inequalities persist between and within countries, stratifying populations according to ethnicity, gender, socioeconomic status, educational status and geographical area.

Noncommunicable diseases represent over 80% of that burden across the European Region. We know so much more now than before about the nature, scope and underlying determinants of these health problems. Yet unfortunately, across the European Region today, there exists great variation in the commitment to health improvement; the recognition of the complexities of the determinants and causative factors; in the capacity of health systems, both public health and health care; and in the resources that are available. There have just been too little priority and commitment to health: for example, investments in prevention remain very low, accounting for just 1% of overall European health expenditure, well below the average for the Organisation for

¹ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948.

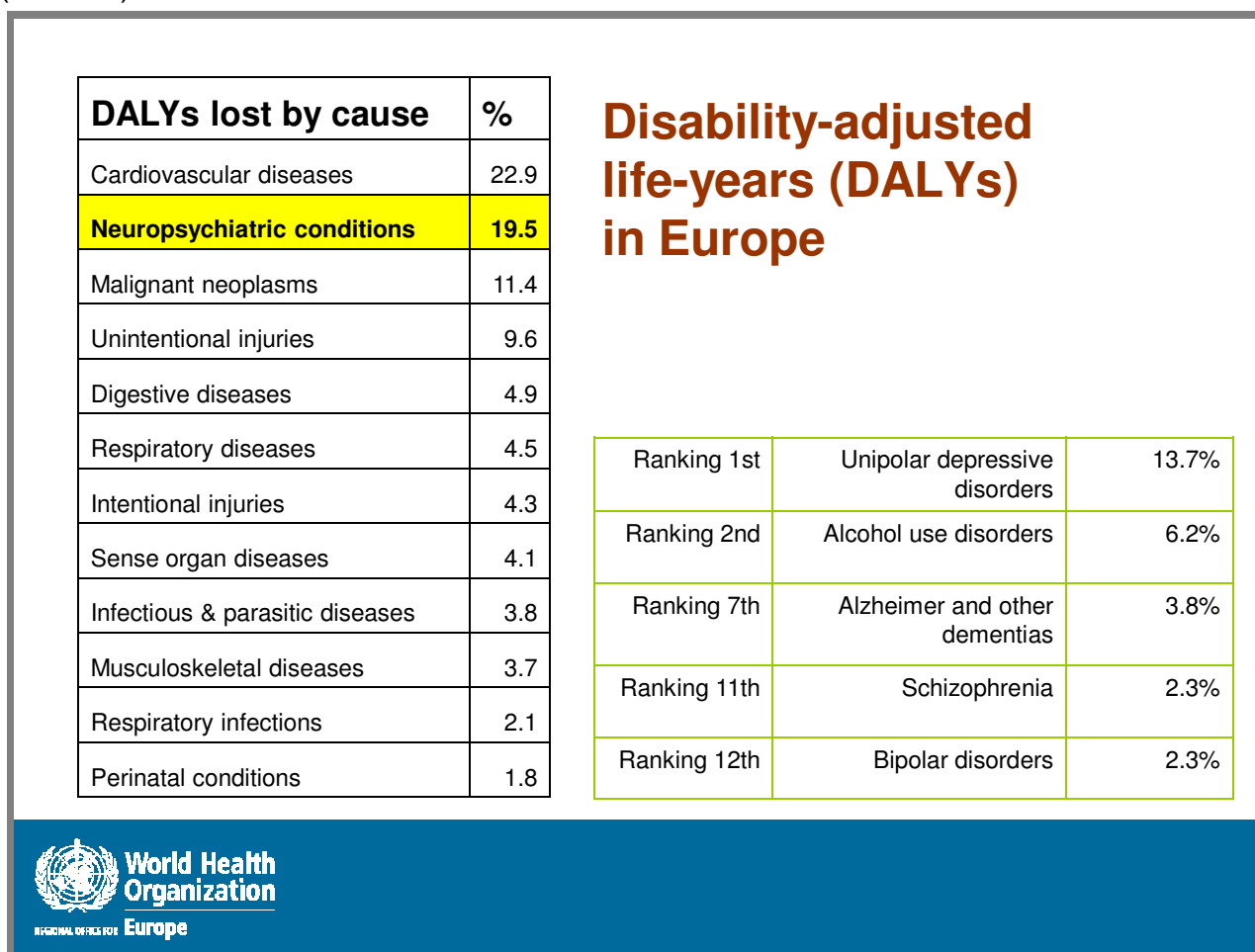
Economic Co-operation and Development (OECD) countries.

Then, emerging and re-emerging communicable diseases remain a priority concern in many countries in the Region. These diseases include HIV/AIDS, multidrug-resistant tuberculosis and the growing threat of antimicrobial resistance. Also of note are alarming outbreaks of potentially global significance, such as pandemic influenza in 2009 and, last year, the re-emergence of poliomyelitis in Tajikistan and neighbouring countries, which threatened the Region's polio-free status. This is now happily restored, after a tremendous effort for which I commend the countries concerned, as well as my WHO colleagues, most warmly. External causes of death are also important, particularly for the countries in the Commonwealth of Independent States (CIS), where they are the second most important cause of premature death.

Disability-adjusted life-years (DALYs) provide another focus for assessing health, since the burden of disease is related not only to death but also to morbidity and disability. For example, the latest revision of the estimated global burden of disease, published in 2008, indicated unipolar depressive disorders and ischaemic heart disease as the top disease entities. This perspective illuminates mental health as a priority public health concern in a way that mortality statistics alone would not. Right now, mental health accounts for only some 5.9% of overall European health expenditure, and I am delighted that the WHO Regional Office for Europe is starting work on a new European regional strategy for mental health.

Risk factors

(Slide 7)



The risk and behavioural factors relevant to the burden of noncommunicable diseases are well known to you in this audience. We know that action on just seven of these risk factors – high blood pressure, high cholesterol, high blood glucose, overweight, physical inactivity, tobacco smoking and alcohol abuse – would reduce DALYs lost by nearly 60% in the WHO European Region and 45% in high-income European countries.

Accordingly, much more needs to be done to tackle the current burden of noncommunicable diseases in a more integrated way, encompassing these behavioural determinants, in order to reduce their incidence in all populations and the subsequent costs for the health system. On the positive side, we have seen the development of

effective whole-society interventions against tobacco consumption at the legislative level, such as the successful WHO Framework Convention of Tobacco Control (FCTC) and the control of tobacco consumption in public places. Yet we need more such interventions that are evidence based if we are to bring this burden of noncommunicable diseases under effective control. The WHO Regional Office for Europe has accordingly now launched new regional European action plans for the prevention and control of noncommunicable diseases and to reduce the harmful use of alcohol.

Social determinants and the new governance for health

(Slide 8)

WHO European review on social determinants and the health divide

Provide evidence on the nature and magnitude of health inequities across the Region and their relationship to social determinants

Investigate gaps in capacity and knowledge to improve health through action on social determinants.

Synthesize evidence on the most promising policy options and interventions for addressing social determinants and reducing health inequities in diverse country contexts

One topic that has seen great improvements in knowledge is the social determinants of health. The large inequities in health across the Region that I have mentioned arise from inequalities in the lives people are able to lead, in the social policies and programmes that affect them, in economic arrangements and in the quality of governance. Although individuals play a part, many of the causes of lifestyle differences reside in the social environment. Social determinants also often affect whether people can access health care services and the quality of care they receive.

The most compelling point I will make today is that, if the determinants of health stretch across the whole of our societies, so must our interventions. Health has to be seen in strikingly new ways. I have emphasized that health is a human right. It must also be the responsibility of societies and governments, the product of intersectoral policies and action, and ultimately a universal responsibility. Today there are so many more actors who must be involved. Alongside national governments are a plethora of regional and local administrations, the private sector, nongovernmental organizations, institutions, communities and individuals, which all are and must be involved. Health cannot be produced by the health sector alone, although that sector can and must make a major contribution.

Today, societies expect a form of governance for health that is far more participatory for citizens. Citizens have high expectations, reflecting an increased awareness of their rights and choices. Citizens want to be involved in their own health, including when decisions are made on disease management and treatment, as well as their own care, particularly for chronic disease. It is here that patient involvement in care has shown positive effects in terms of outcomes.

Health 2020

(Slide 9)

(Slide 10)

Strengthening of the health systems ... including public health

Renew commitment to public health and rejuvenate the work of the Regional Office in this important area

(Slide 11)

Vision for Health 2020

“A WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond.”

(Slide 12)

Health 2020 values

- Universality of the right to health and health care
- Equity
- Solidarity
- Sustainability
- Right to participate in decision-making relating to personal health and the health of the society in which people live
- Dignity

(Slide 13)

Proposed main goals of Health 2020

1. **Work together.** Harness the joint strength of the Regional Office for Europe and Member States, to further promote health and wellbeing.
2. **Create better health.** Further increase the number of years in which people live in health (healthy life-years), reduce health inequities, and deal with the impact of demographic changes.
3. **Improve health governance.** Illustrate how the drivers of change may affect health, and how health itself is a driver of change, by ensuring that key actors and decision-makers in all sectors are aware of their responsibility for health and their potential role in health promotion and protection

(Slide 14)

Proposed main goals of Health 2020 (contd)

4. **Set common strategic goals.** Support the development of policies and strategies in countries, at the appropriate level, giving stakeholders and potential partners a clear map of the way forward.
5. **Accelerate knowledge sharing.** Increase the knowledge base for developing health policy by enhancing the capacity of health and other professionals to adapt to the new approach to public health and the demands of patient-oriented health care in an ageing and multicultural society.
6. **Increase participation.** Empower the people of the European Region to assess the health challenges facing them and to address them by increasing health literacy, as well as to ensure that health systems become patient centred.

In my view, we needed to think about all these challenges in a strategic and integrated way. That is why I started the process of creating a new European health policy: Health 2020. With the strong support of the Regional Committee, Health2020 is being designed and implemented as a collaborative initiative between the countries in the WHO European Region and health-related institutions and stakeholders. We need the partnership of many organizations, institutions and individuals if we are to take Health 2020 forward and make it work.

Health 2020 is focused within the growing understanding of the relationship between health and development, as discussed in the Tallinn Charter: Health Systems for Health and Wealth, which was adopted by all WHO European Member States in 2008. The Tallinn Charter helped us focus on some key principles. Health is an important investment and driver for development, as well as one of development's most important results. Investment in health is critical to the successful development of modern societies, and their political, social and economic progress.

Health 2020 will provide a unifying vision and a value-based policy framework for health development in this context. It will have clearly defined goals. The framework will include realistic but challenging targets, as well as tools for monitoring, planning and implementation. It will bring together and interconnect new evidence and strengthen the coherence of existing knowledge and evidence on health and its determinants. It will be inspiring, challenging and practical, and will interconnect new evidence on health and its determinants, and effective interventions for better health, equity and well-being.

Health 2020 will offer practical pathways for addressing current and emerging health challenges in the Region, appropriate governance solutions and effective interventions. It will identify how both health and well-being can be advanced, equitably sustained and measured through actions that create social cohesion, security, work–life balance, good

health and good education. It will renew the commitment to strengthen health systems, and will be underpinned by new studies of the social determinants and the health divide in Europe, and governance for health. It will be relevant for all the countries in the Region.

“Whole of government” responsibility for health

(Slide 15)

New challenges, old problems, new opportunities


New era, with rapidly developing global and European trends

Increasing complexity of drivers that shape health and the determinants of health inequities: “wicked issues”

Uneven progress in achieving health goals to date

Continuing and new challenges to health as a human right, a public good and as an asset for development

These demand a new approach to health governance in 21st century

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Let me say more about what has come to be called the “whole of government” responsibility for health. Health 2020 clearly identifies improvement in health and well-being as a societal goal. In that sense, it is a fundamental responsibility of society, and also therefore of society’s government. We must think of nothing less than a new form

of governance for health in which we can bring influence to bear on all determinants. A shift towards more horizontal and inclusive approaches to governance is needed, involving all of society and its sectors, in particular the people themselves, towards health and well-being. Such changes in governance for health will be at the core of Health 2020.

Addressing today's challenges and the full spectrum of health determinants across society requires all parts of government to work together, and share responsibility across policy fields and sectors. Today the political, social, economic, environmental, institutional and health-system determinants of health are centred powerfully in the communities and societies in which people are born, live, work and age. Health is an outcome of complex and dynamic relationships between this wide range of determinants, and the pathways to good and bad health can be nonlinear and hard to predict. Interplay between determinants is inevitable. We must deal with this complexity using a systematic rather than fragmented response.

Lastly, the "whole of government" responsibility for health makes explicit political responsibility and accountability for health. The opportunities, choices and conditions of life for people and communities, and the services available to them, are politically determined, and political commitment to health and health improvement across all sectors and determinants is therefore of absolutely fundamental importance. Inherent in the argument here is the responsibility for making health the focus of action between sectors and for taking health into account in all relevant policy-making: health in all policies. There is no other way to make sure that all of the determinants of health are properly addressed.

Commitment to public health and health systems

(Slide 16)

Definition of public health

“Public health is the science and art of preventing disease, prolonging life and promoting health through organized efforts of society”

– Sir Donald Acheson, 1988



(Slide 17)

Strengthening public health: guaranteeing delivery of 10 essential public health operations (EPHOs)

Vary according to institution, but constitute the backbone of the proposed public health operations for Europe (pilot-tested for the last 4 years)

1. Surveillance and assessment of the population's health and well-being
2. Identification of health problems and health hazards in the community
3. Health protection services (environment, occupational, food safety)
4. Preparedness and planning for public health emergencies
5. Disease prevention
6. Health promotion
7. Assurance of a competent public health and personal health care workforce
8. Leadership, governance, financing and evaluation of quality and effectiveness of public health services
9. Health-related research
10. Communication for public health



I turn now to the strengthening of public health capacities and services. In my view, within the framework and context of Health 2020, a renewed commitment to public health and health care systems in Europe is essential. Public health capacity and services need strengthening across the Region, with much greater emphasis on and funding made available for health promotion and disease prevention. Our policies – for Health for All and Health21 – and the Tallinn Charter have shown us the way here.

We need a renewed commitment to strong public health infrastructure and essential public health operations comprising health protection, health improvement and health service development. The WHO Regional Office for Europe is now proposing a set of 10 horizontal essential public health operations to become the unifying and guiding basis for European health authorities to establish, monitor and evaluate policies, strategies and actions for reforms and improvements in public health.

We also need new public health leaders, to initiate and inform a health policy debate at the political, professional and public levels, taking a “horizontal” view of the needs for health improvement across government and society as a whole. These leaders must create innovative networks for action among many different actors and be catalysts for change.

I also wish to mention primary care, which needs strengthening and support. As I have said, today in many countries investment in population-based health promotion and disease prevention services is lamentably low, and primary care is an excellent mechanism to bring these services to the public. Primary care physicians need to be better trained and motivated to provide preventive and community-based interventions.

Health system strengthening

(Slide 18)

Health system definition

“ ... the ensemble of all public and private organizations, institutions and resources mandated to improve or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

– Tallinn Charter: Health Systems for Health and Wealth, 2008



Health systems are often thought of as comprising both public health and individual health care services. As I have said, health systems have a critical role in addressing the determinants of health, and the scope and reach of the concerns of health systems need to stretch beyond public health and health care services, to engage all sectors of society. Incidentally, while health systems will become more capable, social determinants often affect whether people can access health care services and the quality of care they receive. Ministers and ministries of health have a vital role to play both in ensuring the contribution of the health system and in advocating health equity in the development plans, policies and actions of players in other sectors.

We must also remember that these systems are vital providers of individual care, providing succour and support to the sick. These are very exciting times for individual diagnosis, treatment and rehabilitation, as we witness transformational changes in our technological capacities to intervene. I cannot say much here in the time I have, but will mention only the possibilities in medical genetics, the possible capacity to understand individual genetic predisposition to disease and to muster preventive action accordingly, and the potential of nanotechnologies, to illustrate these changes.

Health systems therefore remain of pivotal importance and need to be strengthened in their work of promoting, securing, maintaining, and restoring population health. Societal pressure will intensify for a higher proportion of the gross domestic product (GDP) and the government budget to be devoted to health. The factors that have driven costs upwards in the health sector over the past 20 years will continue to intensify. These include demographic and ageing pressures, and the expansion of what is possible in terms of the diagnosis and treatment of disease.

Economic factors

(Slide 19)

History has taught us that growing inequity is socially not sustainable



I turn now, finally, to economic factors, given additional prominence during the recent economic crisis. The issue facing countries in the European Region is how to improve performance and contain costs while maintaining the values and principles of Health for All and the Tallinn Charter.

Health 2020 will address the economic and financing aspects of health and health systems. Indeed, in some countries the increases in health care costs can no longer be managed and can put countries and industries at a competitive disadvantage. Health care funding has therefore moved to the fore of the health debate. Nevertheless, during the

recent economic recession, the continual growth of the health care industry was a stabilizing factor in many countries. Today health care is one of the world's largest and most rapidly growing industries, absorbing more than 10% of the GDP of most high-income countries and about 10% of their workforce.

Health economics is also a growing force to be reckoned with. There is a strong case for health action based on cost–benefit evidence related to reducing the burden of disease, through taking integrated approaches to promoting health and preventing disease, counteracting the consequences of unhealthy public policies and addressing the effects of needless medical technology or unnecessary treatment and medication. In addition, the recognition that inequity in health imposes costs on society is growing in significance.

Public policy imperatives, such as the drive for improved competitiveness, must be seen not simply as ends in themselves but as the means to improve health and well-being among people in the European Region. Health 2020 will identify how these goals can be advanced, sustained and measured through action that creates social cohesion, security, good health and good education. Social progress and stability have been most successful in countries that ensure the availability of care and social safety nets through strong public services and sustainable public finances. The approach some countries in the Region have chosen – of defining policies on well-being that transcend measuring societal progress through gross national income alone – are a case in point and open up new opportunities for the health and well-being agenda.

Ill health is expensive in terms of societal development that is lost, as well as the costs of diagnosis, care and rehabilitation. For example, while data are an issue, it is clear that noncommunicable diseases, including mental disorders, have an overall economic impact of many hundreds of billions of euros every year in the European Region. Many

of these costs may be avoidable through both promoting health and well-being and taking preventive measures within society, including the health care system. They can also be managed better within the health care system – especially by increasing the empowerment and involvement of people with chronic disease in their management and care.

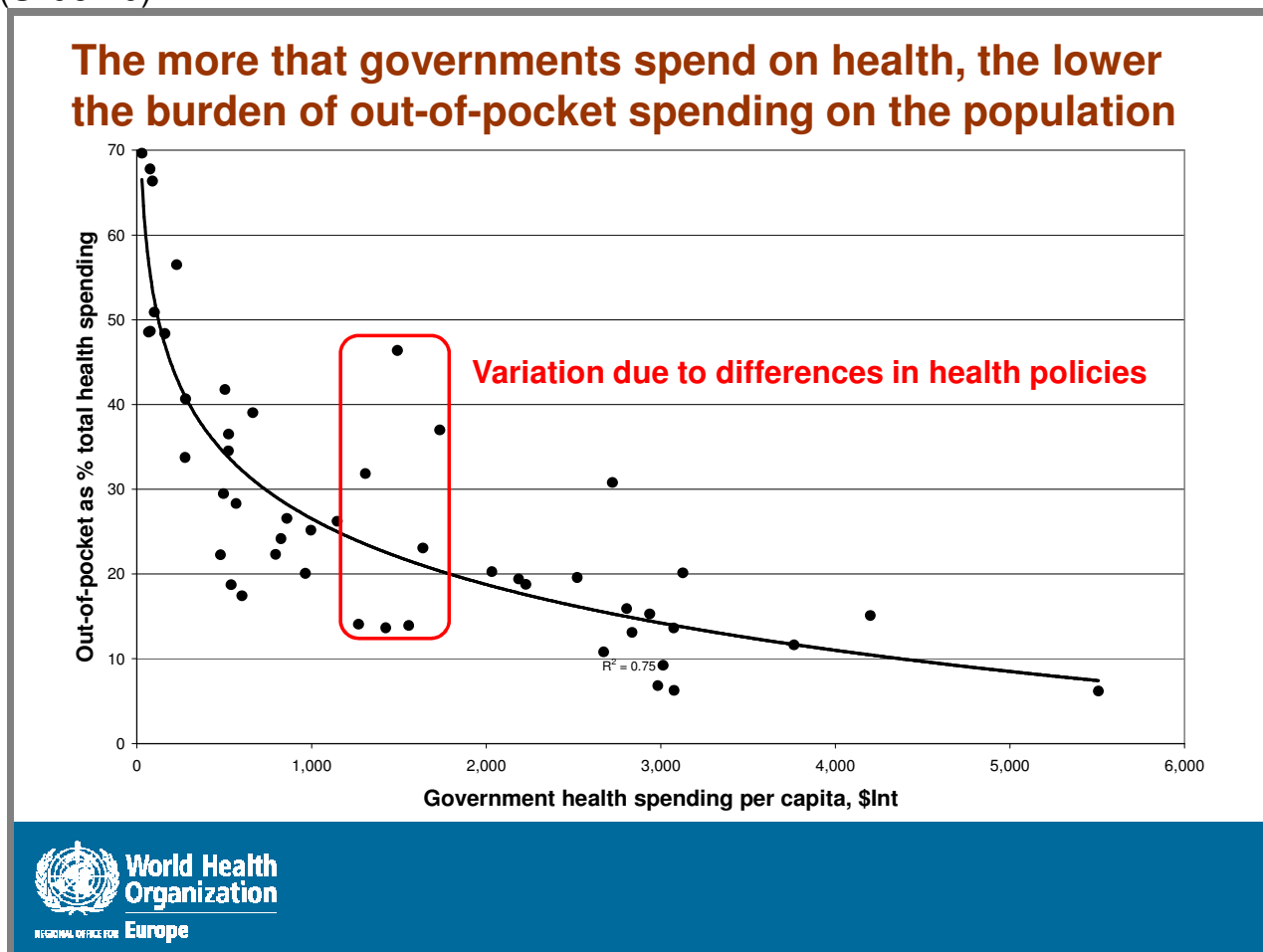
Many health economic studies have been concerned with classic areas in public health such as vaccination and screening interventions. More complex interventions have been evaluated less frequently, but packages of measures with multiple actions for preventing chronic diseases (such as physical activity programmes, and fiscal, regulatory and advertising measures for drugs, alcohol and diet) have been shown to have the potential to deliver substantial health gains, with a very favourable cost–effectiveness profile.

Economic modelling studies are increasingly used to examine the potential long-term health and economic benefits of interventions. For example, models suggest that combining interventions to change dietary behaviour as a way of preventing obesity can be cost-effective even if individual actions such as school-based interventions may generate benefits over a very long time. Programmes that involve people with chronic disease in managing their disease also show significant effects in improving the quality of life, improving health, providing social benefits and reducing health care utilization.

Health impact assessment is another important economic process, by which the potential effects on health of any policies, programmes or projects, many of them outside the health sector, can be assessed. Health impact assessment also includes assessing the distribution of the potential effects across the population.

Health care costs

(Slide 20)



That costs will rise is a certainty. The weight of international evidence suggests that technological change, leading to changes in clinical practice, is a main driver of costs. Studies suggest that technological development accounts for between 50% and 75% of the growth in health care costs. While ageing has long been cited as a cost driver, the evidence suggests that it exerts far less pressure on costs than technological change, perhaps less than 10%.

As the costs of technology increase, we can be certain that there will be a greater search for savings and efficiencies. It is difficult to argue for more public spending on health

when there is waste and inefficiency in the system. We must ensure that no public money is wasted in the system due to poor governance and organization of service delivery.

While short-term solutions are important to keep the system running during the economic crisis, these balancing acts may not be sustainable on the long run. We should aim for sustainable efficiency gains: for example, improving energy efficiency, shifting more care to outpatient settings, allocating more to primary care and cost-effective public health programmes (such as health promotion and disease prevention), cutting the least cost-effective services and improving the rational use of medicines, to name a few.

Finally, I will speak a little more fully about the recent economic crisis. A crisis does present opportunities not to be missed. The effects on our health care system have been extensively reviewed recently by WHO. Economic and social distress tests commitment to solidarity. A crisis can lead to the erosion of solidarity, yet it also has the potential to bring about increased popular support for solidarity, as more people become exposed to the risk of unemployment, feel less secure about the future and experience health problems.

Policy tools can help sustain equity in finance and utilization. We know that the larger the share of public financing, the greater the scope for redistribution, and hence for solidarity. Redistribution of resources to the poor and vulnerable is not just a question of the taxation system, but can also be addressed through better targeting of benefits.

There is a strong correlation between government expenditure on health and the burden of out-of-pocket spending on the population. However, we also know that government policies can make a big difference. It is not just about the available resources and how wealthy a country is. It is also about good governance, the right decisions and the right

policies implemented. So we argue for more public spending and better public policies across the government. Today, it is unacceptable that people become poor as a result of ill health.

So, how can we protect the poor and vulnerable especially during the crisis? Some options include:

- exempting them from paying user charges/co-payments
- extending coverage to the long-term unemployed
- targeting health spending better
- targeting social assistance better.

Conclusion

(Slide 21)

Thank you!

Ladies and gentlemen, I have endeavoured to provide a broad overview of the current state of health in Europe, and some of the factors and uncertainties that will affect health in the future. I have emphasized the role of the new European health policy, Health 2020, to respond to these challenges and to reach out for our goal of “better health for Europe”.

Change will be relentless and will likely accelerate dramatically. Technology will mean that much more can be done. There will be increasingly strong political and social pressures: that what can be done should be done. When we can prevent effectively and at manageable cost, we certainly must do this. When we can diagnose and treat, we should, but the cost and efficiency pressures on health care delivery systems will only increase. Dealing with these countervailing forces will be a major political and social challenge in our societies, one in which our values and our commitment to social justice and equity must be at the fore.

Thank you.