

Presentation: “Designing the road to better health and well-being in Europe” at the 14th European Health Forum Gastein

7 October 2011, Bad Hofgastein, Austria

(Slide 1)

Designing the road to better health and well-being in Europe

Zsuzsanna Jakab
WHO Regional Director for Europe
*14th European Health Forum Gastein,
7 October 2011, Bad Hofgastein, Austria*




World Health Organization
www.who.int Europe

(Slide 2)

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




World Health Organization
www.who.int Europe

(Slide 3)

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



World Health Organization
Regional Office for Europe

Mr President of the Forum, Commissioner Dalli, distinguished delegates,

Speakers in this session have been asked to consider whether, in the present economic uncertainty, we are building effective health strategies, investing in the right technologies and involving the right actors. As the programme introduction to this session makes clear: health is to be achieved by designing the right building blocks, with the right actors. Where are we today on the road to tomorrow’s well-being?

Let me begin by clarifying the issues a little. Yesterday at this meeting I spoke about the development of Health 2020 largely in terms of health and health improvement. We so often do this, using mortality and morbidity data as indicators of what we mean. Just as, when we speak of human development, we often speak the economic language of gross domestic product (GDP) per capita. These are clearly simplifications, yet

data sources are reasonably available and these simplifications encourage comparability and debate.

It is when we ask ourselves what we mean by health that greater difficulties emerge. We must admit that health is an easier concept than well-being. Yet I am constantly encouraged that the much quoted 1948 WHO definition of health – as “a state of complete physical, mental and social well-being, not merely the absence disease or infirmity” –has not only stood the test of time, but appears even more relevant today, particularly in this period of financial and environmental crisis, and social and political upheaval. It does seem to refer to an idea whose time has come.

In truth, physical, mental and social well-being must be the goal towards which we all work. Yesterday at this meeting, in my talk on the new European health policy, Health 2020, I emphasized that such a goal was the responsibility of society and what has come to be called the “whole of government”. Put simply, we must all work towards and share responsibility for the realization of health and well-being. Both are essential in fostering economic development, poverty reduction and overall social cohesion both nationally and locally.

Recognition of this goes back many years, through, for example, the measurement of the United Nations Human Development Index, which includes measures not only of income but also of health and education. More recently, in the European Union (EU), attempts have been made to go beyond simply assessing GDP as a measure of progress, recognizing that not only the quantity but also the quality of growth is important.

Well-being is now an explicit goal of the EU. Article 3 of the Lisbon Treaty, which sets out the main objectives for the EU makes specific reference to well-being, stating that “the Union’s aim is to promote peace, its values and the well-being of its peoples”. Article 9 of the Treaty specifically states that EU policies should take into account requirements linked to social protection, the fight against exclusion, promotion of education and training, and the protection of human health. The EU sustainable development strategy aims “at the continuous improvement of the quality of life and well-being on our planet for present and future generations”.

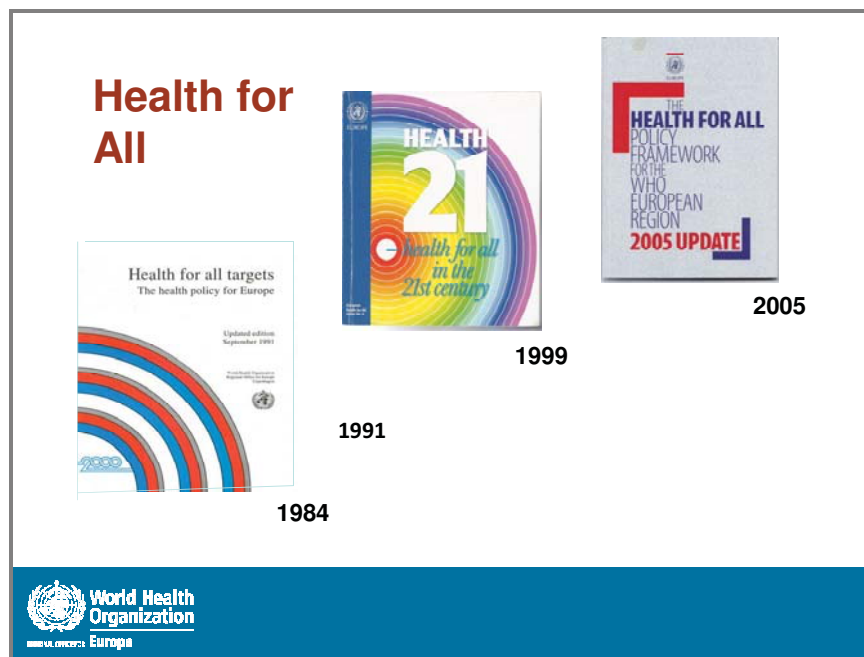
Recent studies indicate that, in societies where there is greater equality, there is also greater progress on a wide range of developmental issues. Unfortunately, however, these positive trends could now be endangered in the present financial and social crisis, as countries across the WHO European Region face cuts in the social and welfare nets. The right to decent working and living conditions, so relevant to health and won through many years of hard struggle, now appear to be at risk. The stress and uncertainty of these changes are already taking a heavy toll in terms of mental health, and increasing suicides in some countries.

In this situation, it is vital that we who are concerned with public health work together to act as guardians of the right to health and well-being, protecting the basic determinants of health and avoiding increasing inequalities and health gaps. We need a new approach to developing policies and strategies for health and well-being, and for creating the partnerships, infrastructures and resources to ensure their implementation. The need for such policies and strategies must be understood, throughout the whole of society and the whole of government, so that all those who

must act fully acknowledge their responsibility, and all available assets are mobilized.

Designing the way forward: Health 2020

(Slide 4)



So how do we in WHO intend to play our part? We fully support the design and implementation of policies and strategies for health and well-being. Our history over the last 30 years in promoting throughout Europe the WHO Health for All policy, and in initiating a new health policy for Europe, Health 2020, gives ample proof of where we stand. Yesterday I outlined for you the proposed vision and goals of Health 2020. Health 2020 will show us the way here, including the latest evidence and good practice within a value-based framework that puts health and well-being at the core of human and societal development. Social solidarity, universal access to health care and the shared values of equity, sustainability, participation and dignity are deeply rooted in the value system of the European Region. They were most recently expressed

collectively within the Tallinn Charter: Health Systems for Health and Wealth, to which my Office remains fully committed

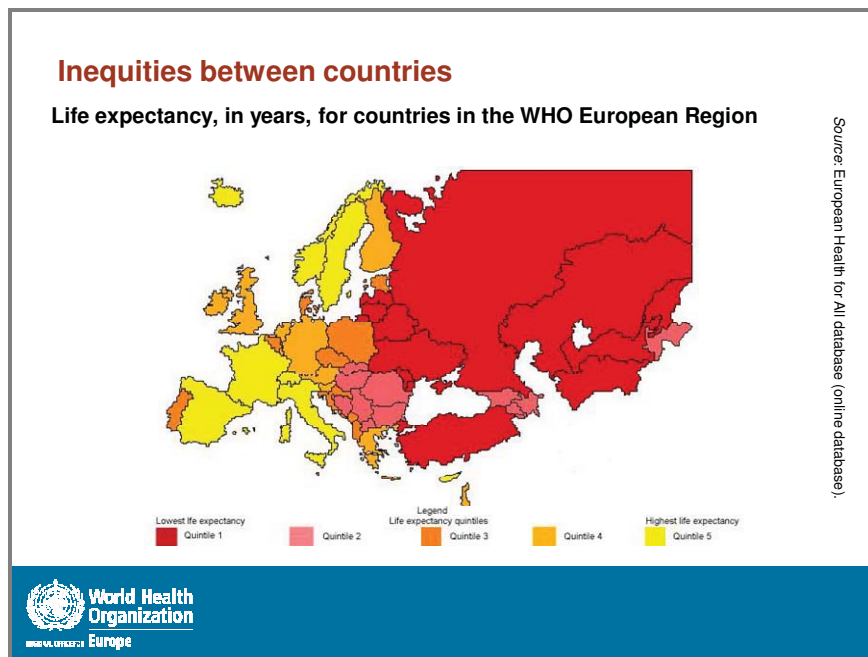
In this present climate of financial crisis and uncertainty, these values are being shaken by those intent only on cutting financial costs. We believe that the need for a strong value-based policy framework has become even more critical. This is the challenge that Health 2020 will meet. It will provide the overall framework through which all our work can be channelled, and the values against which we can judge the actions to be taken. We also believe that a new approach, engaging the whole of society and the whole of government is essential. Health 2020 will provide the overall blueprint, within which we can build for a future where the human right to health is inalienable, and where health and well-being are central components of development.

As part of the development of Health 2020 we are working on the development of European targets for health in six domains, one of which is well-being. We have conducted a literature review on well-being indicators and composite indices. I do not have time to go into the details of this work, but the results will be considered by a working group of the Standing Committee of the Regional Committee and incorporated into the fully developed Health 2020 policy, which will be considered by the WHO Regional Committee for Europe in Malta in September 2012. However, in summary, the literature offers recommendations on both the domains of measurement of well-being and indicators in the areas of economics, health, education, societal and community participation, and the environment. Measures of subjective well-being are emphasized, and the literature seems to indicate that self-reported health status and health perception correlate well with observed health status. I have high hopes

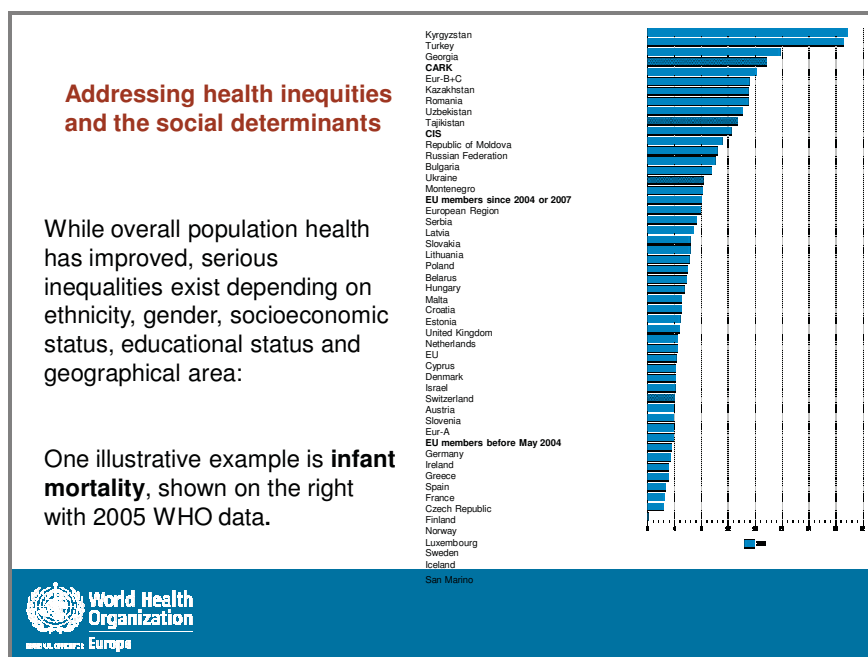
that this work will take us a long way forward in being able to characterize and describe well-being in a way that both gives the concept meaning and allows, as with mortality and morbidity, comparability and debate.

Strategies for present and emerging challenges

(Slide 5)



(Slide 6)



(Slide 7)



Closing the gap in a generation
Health equity through action on the social determinants of health

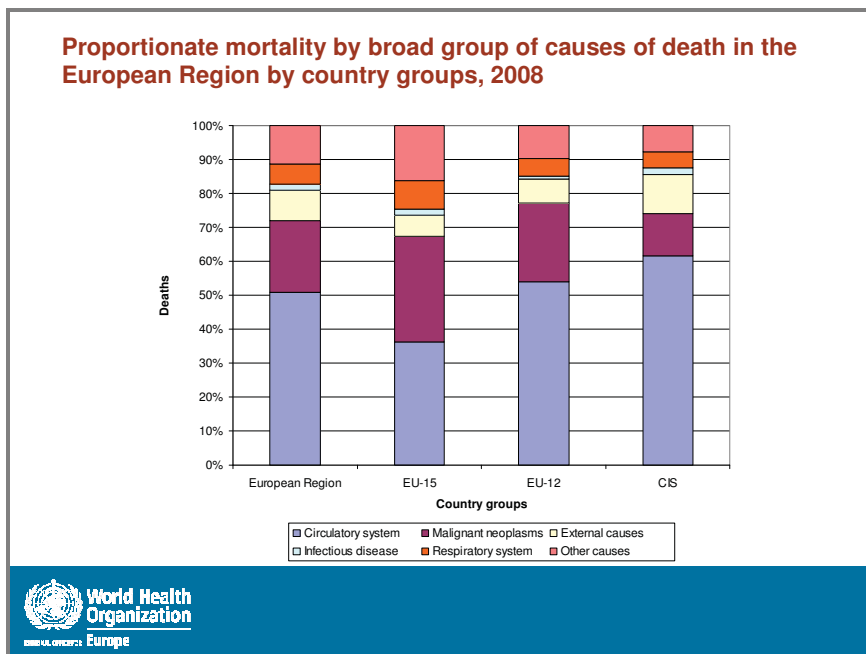
WHO European review of social determinants and the health divide

Commission on Social Determinants of Health

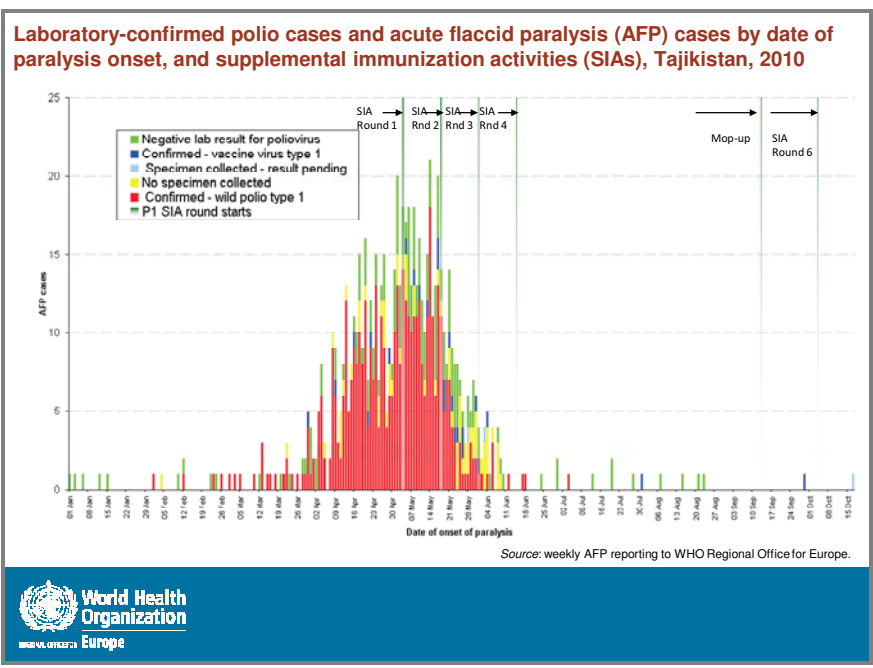
(www.who.int/social_determinants)

World Health Organization
Regional Office for Europe

(Slide 8)



(Slide 9)



(Slide 10)

Tallinn Charter: Health Systems for Health and Wealth

The Tallinn Charter: Health Systems for Health and Wealth

- We the Member States and partners, sharing our vision of health systems for health and wealth, hereby commit ourselves to the following:
- Health systems are made up of people, policies, products, processes, and performance. Health systems are made up of people, policies, products, processes, and performance.
- Health systems are made up of people, policies, products, processes, and performance.
- Health systems are made up of people, policies, products, processes, and performance.

World Health Organization
Regional Office for Europe

Even the best health policy document, however, is not sufficient. To ensure that it does not become just a book on a shelf, we shall be working intensively to develop:

- strategies for action to tackle inequities in health and to deal with present and emerging health challenges;
- partnerships for participation and policy implementation;
- innovative tools and approaches;
- information for monitoring and evaluation.

It is not possible within the time available to outline the many directions we must take in order to further develop Health 2020 and ensure its implementation. I can, however, give you a taste of the components of our design for health, and the priority issues we will address in the immediate future, within this overall framework:

- closing the health gaps;
- prevention and control of noncommunicable diseases;
- prevention and control of communicable diseases and health security;
- strengthening of health and public health systems;
- action on environment and health;
- support to health services in countries affected by emergencies and public health crises.

I will touch briefly on some of these, starting by looking at a few facts and figures. As I said yesterday, although overall European life expectancy at birth has increased, 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.

Following on the work of the WHO global Commission on Social Determinants of Health, I asked Professor Sir Michael Marmot and his team from University College London to carry out a similar study for Europe. This study is well under way and will provide much needed information to underpin Health 2020.

I will now mention and emphasize a few main elements of the current disease burden in the Region.

Noncommunicable diseases (NCDs) are the main killer diseases in Europe. Action on just seven of the risk factors behind them – high blood pressure, high cholesterol, high blood glucose, overweight, physical inactivity, tobacco smoking, and alcohol abuse – would reduce of disability-adjusted life-years (DALYs) lost by nearly 60% in the WHO European Region and 45% in high-income European countries.

As one of our building blocks for health and well-being, we have therefore worked to both to shape a European response to NCDs and to contribute to global initiatives. An integrated strategy on NCDs was adopted by the Regional Committee for Europe in 2006, followed by the Committee's commitment this year to an action plan for its implementation.

In addition, the Committee this year supported a new European action plan to reduce the harmful effects of alcohol over the next five years.

The action plan provides information on the harmful use of alcohol and proposes evidence-based options for action.

Overweight is one of the biggest public health challenges of the 21st century. All countries are affected to some extent, and this poses serious problems, frequently for those in lower income groups. Adding another building block to our overall framework, the WHO European Action Plan for Food and Nutrition Policy 2007–2012 sets goals and targets related to food safety and nutrition in the Region. So far, more than 90% of European Member States have developed a national nutrition policy.

The prevention and control of communicable diseases and health security are also among our priorities. It is clear that the outbreaks of poliomyelitis in 2010 in Kazakhstan, the Russian Federation, Tajikistan and Turkmenistan caused severe harm to health, resulting in 29 deaths, and threatening the European Region's polio free status – now, we are thankful, restored. Multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB) and HIV/AIDS remain of compelling concern within the European Region.

I emphasized yesterday and repeat today that, to deal effectively with this disease burden, public health capacities and services need strengthening across the whole of the European Region.

I referred also yesterday to the importance of strengthening health systems, as commended in the Tallinn Charter: Health Systems for Health and Wealth. It was not long after the Tallinn conference that the global financial and economic crisis commenced, and it was soon clear that in

many countries the commitments made in Tallinn were to be “put to the test” by the need to make some hard choices in a new context.

Only two and a half years have elapsed since the Charter was adopted, so it would be premature to expect the Charter commitments to have already been fulfilled. In the event, however, Member States have managed to take a surprising number of steps in the right direction. These include promoting solidarity and equity, responding to the needs of vulnerable groups, increasing efforts to demonstrate good and effective health system performance, promoting transparency and accountability, promoting participation and the involvement of citizens and patients, and benefiting from cross-country learning and cooperation.

I will make one additional point if I may. I see information and communication technology as one of the most vital strategic assets that the WHO Regional Office for Europe must develop in order to work efficiently and to facilitate an integrated delivery of results. We must embrace new technologies, and explore how they can be adopted to further the public health agenda in the Region. We have already started actively working on this. We have been making increasing use of newer methods to reach our target groups, including social media. We have an active presence on Facebook and, within a very short time, attracted over 2000 followers on Twitter. Social media were used for consultation in developing the action plans on HIV/AIDS and M/XDR-TB.


Conclusion

(Slide 11)

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



World Health Organization
ORGANISATION MONDIALE DE LA SANTE

(Slide 12)

Communities, employers and industries are expecting and demanding strong, coordinated government action to tackle the determinants of health and well-being, and to avoid fragmented, ad hoc actions.



World Health Organization
ORGANISATION MONDIALE DE LA SANTE

(Slide 13)

Better Health for Europe HEALTH 2020
The New European Policy for Health
Улучшить здоровье жителей Европы Здоровье-2020
Новая европейская политика здравоохранения

Addressing global threats
Угрозы и глобальные проблемы

Tackling the chronic disease epidemic
Борьба с эпидемией хронических болезней

Helping people achieve their full health potential and well-being

Tackling the health divide between and within countries

Improving governance for health, ensuring that all sectors understand and act on their responsibility for health

Investing in solutions that address the public health challenges of the Region

Anticipating change and fostering innovation

Оказание поддержки в полной реализации всеми людьми их потенциала здоровья и благополучия

Сокращение неравенств в отношении здоровья между странами и внутри стран

Стратегическое руководство полемой здоровья, с тем чтобы каждый сектор осознавал свою ответственность и действовал в интересах здоровья людей

Инвестирование в эффективные меры, направленные на решение задач общественного здравоохранения в Регионе

Прогнозирование изменений и содействие инновациям

Addressing high-performing health systems
Обеспечение высокой эффективности систем здравоохранения

Investing in solutions that address the public health challenges of the Region

Прогнозирование изменений и содействие инновациям

Dealing with emergencies
Преодоление чрезвычайных ситуаций

The whole-government and whole-society approach
Общегосударственная и общесовременная политика

Creating health conducive conditions
Создание условий для улучшения здоровья

Strengthening governance
Укрепление управления

World Health Organization Europe

(Slide 14)

Thank you, and we look forward to your collaboration in continuing our efforts.

World Health Organization Europe

To raise awareness of the concept of well-being, alongside our more usual understanding of health, and to be able to characterize and measure well-being, are real challenges. But these challenges were foreseen in the 1948 WHO definition of health and, as I said earlier, it does feel that the time for well-being has arrived. We must be realistic, for these are very

tough times for many in Europe and the concept of well-being may seem far removed from their actual present-day lives.

Yet we must have a goal, a shining light towards which we work. For Health 2020, that is the concept of the human right to health expressed perhaps best in the notion that all people should be both as healthy as they can be but also all that they can be. Katherine Mansfield famously said: “I want to be all that I am capable of becoming”. It is here that the concept of well-being is both necessary and inspiring.

I hope also that these examples of some of the work we are doing under the umbrella of Health 2020 have shown that we are committed to building effective health strategies and engaging with the right actors. Increasingly, communities, employers and industries are expecting and demanding strong, coordinated government action to tackle the determinants of health and well-being, and to avoid fragmented, ad hoc actions. In today’s Europe we need more effective governance for the promotion and protection of health and well-being. This is the design behind our efforts to develop Health2020 as a new policy framework for the advancement of health and well-being for the 900 million citizens in our European Region.

Thank you.