

**Presentation: “Social determinants and the new European health policy, Health 2020, at the Social Determinants of Health: European and Global Actions Conference”**  
**21 November 2010, London, United Kingdom**



**Key messages**

- Health and health equity are important to the development of a country. This is the rationale for having the promotion of population health and the reduction of health inequities as key goals in the new health policy for Europe, known as Health 2020, which the WHO Regional Office for Europe is developing in partnership with the 53 Member States in the WHO European Region.
- Addressing the social determinants of health and the reduction of related health inequities are centre stage in Health 2020.
- Health is a fundamental human right and an essential resource for sustainable economic, social and human development.
- Addressing the social determinants of health and tackling health inequities will require a systematic, whole-of-government approach, along with increased capacity for strong governance for health, both within countries and internationally. Governance for health is a key element in Health 2020.
- In order to sustain action that addresses the social determinants of health, there is a need for new know-how on policy implementation. There is also a need for stronger ministries of health. The health portfolio must be supported by effective and modern public health infrastructure, robust and equity-oriented health systems and a radical repositioning of public health discourse.

## 1. The importance of this gathering (slides 1–2)

**Developing a European health policy**

- Create better conditions for health
- Ensure the reduction of health inequities becomes a “whole-of-government” responsibility
- Position health as a crucial resource for inclusive and sustainable development of Europe



World Health Organization  
Regional Office for Europe

Dear colleagues, ladies and gentlemen, it gives me great pleasure to be here today at this important event organized by Health Action Partnership International (HAPI).

Allow me to start by bringing you greetings on behalf of all in the World Health Organization Regional Office for Europe and by thanking HAPI for organizing our gathering here today.

In this presentation I will firstly give you my insights about the importance of this gathering.

Next I will discuss the outcomes of the WHO conference that took place in Rio de Janeiro, Brazil last month and links to health policy development for the WHO European Region.

Thirdly, I want to focus on what I see as our primary area of enterprise: the development of know-how. In today’s Europe we must urgently focus on building our capacities to carry out the kind of governance that will take us towards health for all.

This meeting is framed as a follow-up to the one-month-old Rio Political Declaration on Social Determinants of Health. In this context, dear colleagues and friends, I am delighted that you have asked me to explore the issue of the social determinants of health and Health 2020 with you.

The exchange we are having today is vital for WHO and the way in which we are engaging our 53 Member States in developing a new health policy for Europe: Health 2020.

Today’s event provides the ideal opportunity to address key issues that are relevant for every country in the WHO European Region and beyond. Why? Because at today’s meeting we will inevitably be focusing on issues such as:

- how to create better conditions for population health;
- how to ensure that the promotion of health and the reduction of health inequities becomes a “whole-of-government” responsibility; and
- how to position health as a crucial resource for the inclusive and sustainable development of the WHO European Region and the lives of its 900 million people.

## 2. Rio Declaration and Health 2020 (slides 3–6)

World Conference  
on Social Determinants of Health  
RIO DE JANEIRO | BRAZIL | 19–21 OCTOBER 2011

“We understand that health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society, and of all members of the international community, in an ‘all for equity’ and ‘health for all’ global action.”

– Rio Political Declaration on Social Determinants of Health. Geneva, World Health Organization, 2011 (<http://www.who.int/sdhconference/declaration/en>).



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“We reaffirm that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security.”

– Rio Political Declaration on Social Determinants of Health. Geneva, World Health Organization, 2011 (<http://www.who.int/sdhconference/declaration/en>).



Allow me, then, to start with the Rio Declaration. As you know, the Declaration is a political statement made by the heads of government, ministers and government representatives who came together in Rio de Janeiro on 21 October, 2011. In its second paragraph, the Declaration states that:

We understand that health equity is a shared responsibility and requires the engagement of all sectors of government, of all segments of society, and of all members of the international community, in an ‘all for equity’ and ‘health for all’ global action.

The fourth paragraph contains the following statement:

We reaffirm that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable, and that the promotion of health equity is essential to sustainable development and to a better quality of life and well-being for all, which in turn can contribute to peace and security.

Dear colleagues, I believe most of you have heard me talk about the rationale, values and principles underlying Health 2020.

You know, therefore, that addressing the social determinants of health and tackling health inequities in the European Region are central to my agenda! Promoting health and reducing health inequities are key components of my vision and the goal of the new health policy for Europe – Health 2020 – that we are developing in partnership with our Member States.

As you know, Health 2020 is being developed through a participatory process involving Member States and other partners, including the European Union and its institutions, public health associations, networks and civil society. The objective is to ensure an evidence-based and coherent policy framework capable of addressing the present and forecasting future challenges to population health.

I have in mind a European policy framework that will provide a clear common vision and road map for pursuing health and health equity for the 900 million people in the WHO European Region. In this policy, the need to strengthen the promotion of population health and reduce health inequities by addressing the social determinants of health is central.

The clear vision and global commitment embodied in the Rio Political Declaration on the Social Determinants of Health gives me a great deal of hope and encouragement.

I believe we are already well on the way, here in Europe, to taking action coherent with the aspirations of the Rio Declaration.

It is not my intention to boast that Health 2020 has anticipated the Rio Declaration – on the contrary, I am fully aware of the challenges we are facing in Europe in making real progress towards creating equitable conditions for people to be healthy.



I am alert to the kind of political commitment, professional expertise and engagement of civil society that must be fostered and sustained to ensure that population health and the reduction of health inequities are pursued through whole-of-society and whole-of-government-approaches.

I fully recognize that these approaches require action at different levels of policy-making and with diverse partners, who do not necessarily have shared goals or a common platform for dialogue and joint action.

I appreciate that our efforts, to be sustainable, need a strong ministry of health, a robust and modern public health infrastructure and a high-performing and equity-oriented health system.

I know, and you know, that these requirements are neither readily available nor easy to realize in our countries. The drivers that can undermine our efforts are varied and often complex. For this reason, we need improve the way we anticipate and respond to emerging trends. Only by doing this can we build the sustainable conditions for health on equal terms in our societies and in our Europe.

This is one of the pillars of the new European health policy, Health 2020.



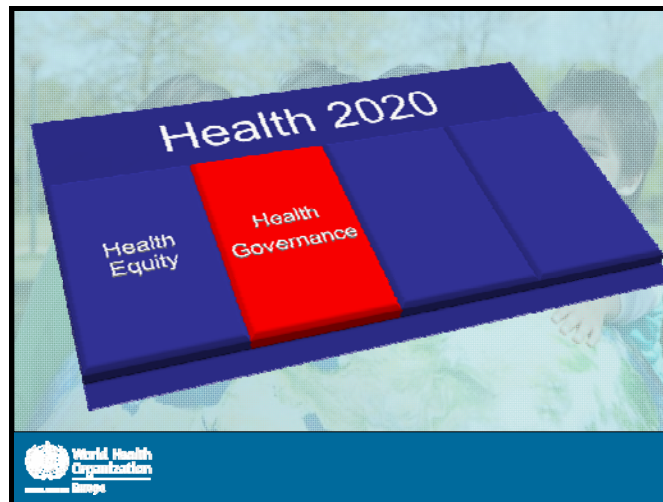
Nevertheless, I remain confident that, in Europe, with the policy framework provided by Health 2020, we can make real progress in following up the commitment of the Rio Political Declaration and the recommendations of both the 2009 World Health Assembly resolution on tackling health inequities and the Commission on Social Determinants of Health.

I am reassured by the positive support and engagement of our 53 Member States and their agreement that we need an integrative common European health policy, based on evidence and broad consultation. I am impressed by the willingness of our countries to work together to rekindle the Health for All approach and adapt it to today's realities.

This is what Health 2020 is all about!

### 3. From “problem description” know-how to “problem solving” know-how (slides 7–12)





Despite my optimism, I am aware that for change to occur, declarations are not enough, not even when backed by powerful evidence and political will.

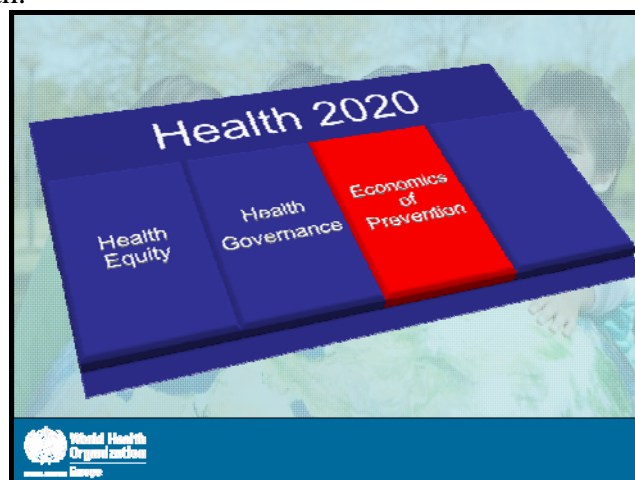
We have learnt – from our WHO European Health for All database and from the interim report of the European review on social determinants of health and the health divide – that a clear gradient in the health of the European population does exist in virtually every Member State, with significant gaps between men and women in different social groups. These inequalities accumulate over the life-course and often continue across generations. This leads to persistent shortfalls in health and development potential in families, in communities and in our societies. Professor Sir Michael Marmot is sure to expand on these findings.

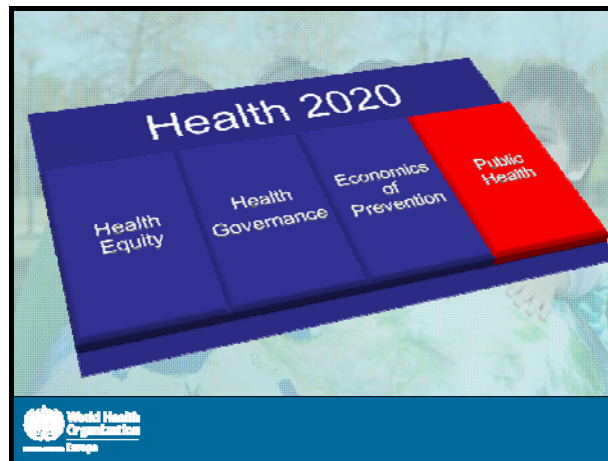
We have been reminded that these inequities and their social and economic costs pose a direct challenge to the attainment of values such as solidarity and social cohesion, which are core principles underpinning Health 2020.

The persistence of and, in many instances, increase in socially determined health inequities require integrated action and a strong systems approach.

In Health 2020 we are addressing this by advocating strong governance for health as one of the pillars for the implementation of Health 2020. We have commissioned a special study to inform Health 2020 on governance. Professor Ilona Kickbusch is leading a group of experts on this key topic. I know Ilona will address you later today.

The other pillars are related to the economics of prevention and the strengthening of core capacity in public health.





A review of the European experience, carried out by the Regional Office's Venice Office, reveals that in European countries there has been, in the past two decades, an increased recognition of the importance of promoting health and reducing health inequities in policy documents. However, there continues to be a lack of systematic and appropriate investment in infrastructure development, aimed at creating and supporting an intersectoral system capable of addressing the policy implications of the social determinants of health.

Through the work of the Venice Office, several system weaknesses that prevent effective and integrated action in this area have been identified. These include:

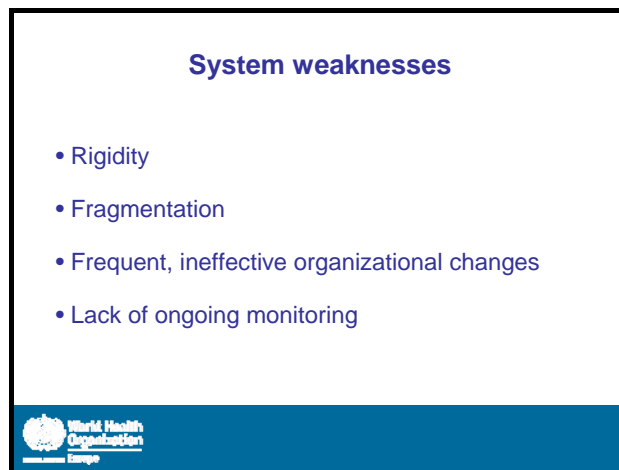
- system rigidity and lack of integrated policies capable of delivering coherent actions across sectors and stakeholders within and outside of government;
- fragmented and underdeveloped mechanisms to increase resource flows (policies, services and investments) to redress the magnitude of health inequities across the whole population;
- frequent and ineffective organizational changes that reduce the consistency, continuity and impact of policy to improve population health and reduce health inequities; and
- lack of ongoing monitoring and evaluation of policies that affect the social determinants and health equity.

This lack undermines our ability to learn about what is working most or least effectively and to adapt our policies and investments so they perform better over time.

Other weaknesses include:

- unrealistic expectations for approaches targeted only at individual behavioural change, which are not very effective in delivering and sustaining improvements in population health if applied in isolation from actions to address socially-determined health risks (e.g. poverty, social exclusion, worklessness);
- underdeveloped mechanisms for health analyses that are disaggregated by social and economic criteria, which hampers our efforts to direct policies more effectively to reduce inequities and to demonstrate progress to our partners and the public;
- unskilled and/or inefficient use of human resources; and
- low public engagement and community participation.

Sustainable action to promote population health cannot be achieved only through individual action, or disjointed health-topic programmes. The biggest challenge to achieving population health gains and securing health as a resource for overall development now rests with addressing the governance/system weaknesses outlined in the slide.



Each of these weaknesses is an opportunity for improvement. These system weaknesses need to be recognized and addressed with the aim of finding solutions for these “chronic” problems.

Ladies and gentlemen, we need new know-how and instruments to strengthen our systems in governing better for health equity.

We have good analytical epidemiological methods to measure the problem of health inequities caused by social factors. We have good tools to describe the problem of health inequities and their social causation. We urgently need appropriate know-how to develop and implement solutions.

I refer specifically to the know-how we need:

- in order to effectively and efficiently integrate health equity goals into broader country development objectives;
- to reinforce such integration through structural mechanisms, such as financing and investment frameworks, accountability measures and legal and regulatory instruments.
- for whole-of-government and whole-of-society approaches – nationally and locally – to ensure that we have coherence and accountability across policies, programmes and delivery systems in how we set and pursue common equity objectives.



The ideas behind these principles of good governance for social determinants of health are not new. We instinctively know them to be right, but few countries in Europe apply these principles to decision-making in a systematic way. If they are to be taken seriously and lead us to action,



existing structures, habits and thinking must change. New skills, partnerships and instruments will be needed, in both countries and WHO, in Europe and globally.

Change is difficult and the forces of inertia are strong. Nevertheless, the potential benefits are enormous and should bring dividends not only for the health sector but for the whole of society.

The 2008 report of the Commission on Social Determinants of Health, and more recently the Rio Political Declaration on Social Determinants of Health, call for closing the health gap in a generation. This is an aspiration, not a prediction. Health 2020 embodies a new approach to development, in which the above principles are of key importance. Health and health equity may not be the only aims of country development, but they will be fundamental results.

### **Conclusion (slide 13)**

Ladies and gentlemen, health is wealth for today's and tomorrow's Europe. It is a resource that must be nurtured. It is a resource that is much needed and that will help Europe to be more united and stronger in dealing with our present economic difficulties.

Poor health cannot be explained simply by germs and genes. It is much more complex. It involves the circumstances in which people live: their access to health care, schools and education, their conditions of work and leisure, their homes, communities, towns or cities. It also involves individual and cultural characteristics, such as social status; gender, age and ethnicity; values and discrimination. In short, individual and population health is heavily influenced by social determinants.

Chances for good health are not equally distributed in our societies and this causes health inequities. Addressing these requires dealing with their root causes: the unequal distribution of power, income, goods and services in our societies.

The Rio Political Declaration and our new European health policy – Health 2020 – call for action that goes beyond health ministries, reaching out across borders and sectors, to all the actors who can contribute to a fairer and healthier world.

I hope that my speech has successfully made the case for a new health policy for Europe.

Beyond the principles and values that will characterize the new health policy for Europe lie a real opportunity and challenge: to put them in practice in our complex societies.

European societies will invariably have priorities framed in terms of economic and fiscal soundness, social cohesion and human development. We must strongly position our health agenda to show that such priorities can be achieved through ensuring the promotion and protection of population health and equity.

Dear colleagues, in Europe we can perform better in promoting health.

We can perform better in reducing health inequities, by “levelling up” the health status of the weakest segments of our population and across social gradients.

We can promote population health and at the same time provide added value to the social, economic and human development of our countries, regions and cities.

In my mind, there are no doubts that we are on the right track – albeit one fraught with struggle. I believe firmly that if we have the courage to walk our talk – think of the voice that was captured in Rio – we will be doing our part in fostering well-being for present and future generations. We recognize that many who are committed to the vision are lacking the “how to”. The WHO Regional Office for Europe is committed to developing the necessary know-how in partnership with those who are ready to take up the challenge.



Many thanks for your attention.