

# Health 2020: a new European policy framework for health and well-being

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Zsuzsanna Jakab  
WHO Regional Director for Europe



# Shakespeare's "The Tempest" (quoted by Huxley in 1931):

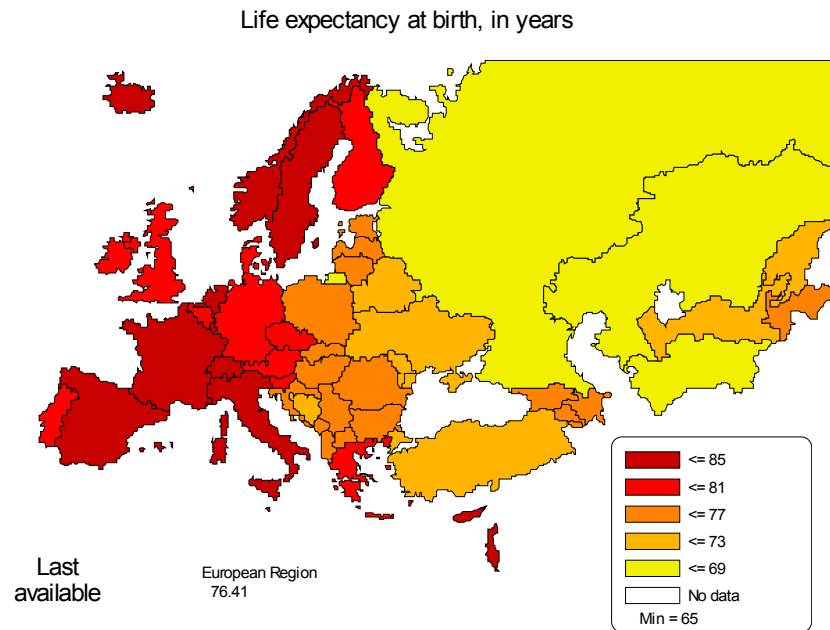
"How many goodly creatures are there here!  
How beauteous mankind is!  
O brave new world, that has such people in't!"

# Health – a precious global good

- Higher on the **political and social agenda** of countries and internationally
- Important **global economic and security issue**
- Major **investment** sector for human, economic and social **development**
- Major **economic sector** in its own right
- **Human right** and a matter of social justice

# Health 2020 was adopted by the WHO Regional Committee in September 2012

*Aim:* To significantly improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems.

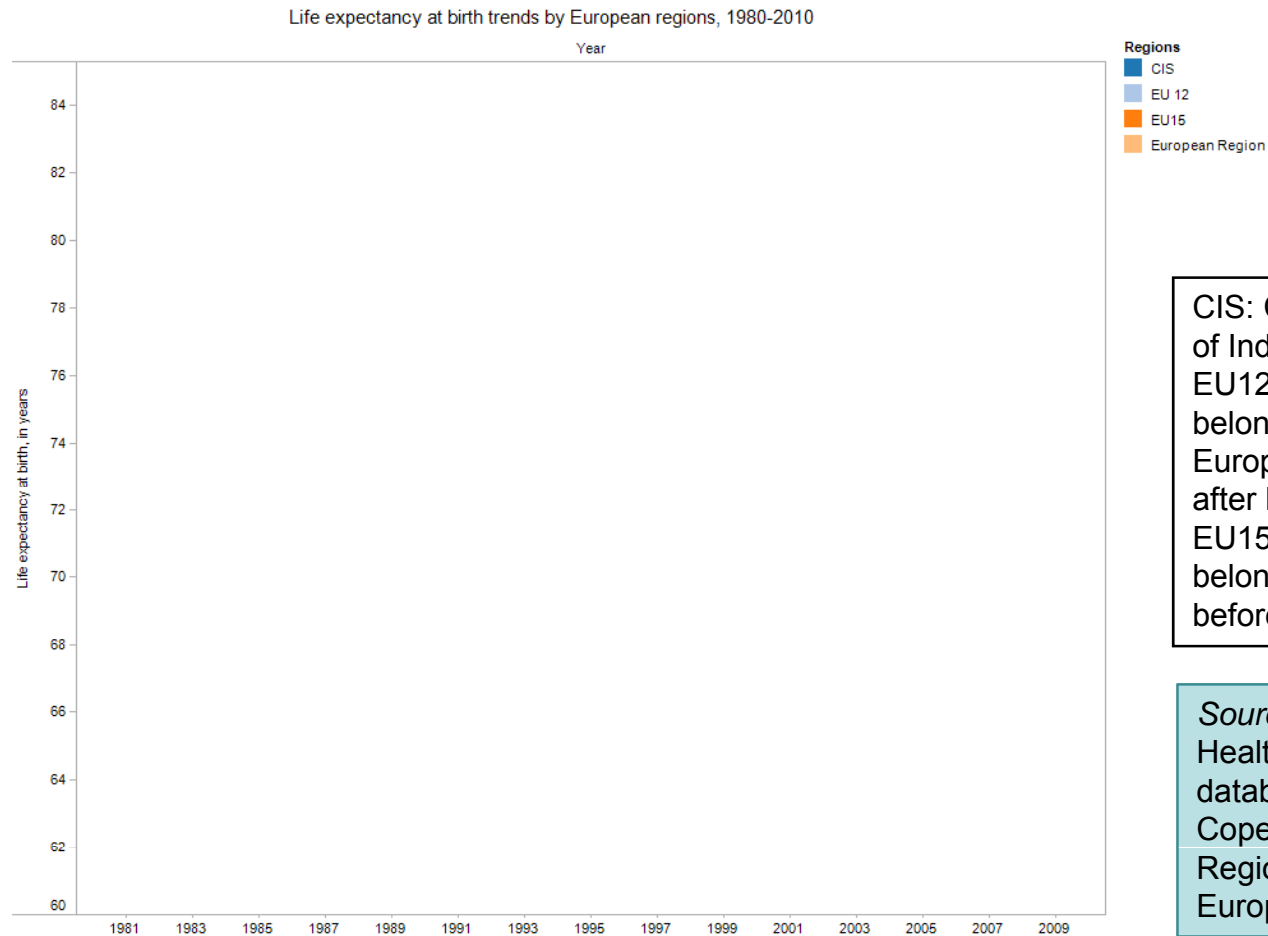


# Why Health 2020?



Significant improvements in health and well-being  
but ... uneven and unequal

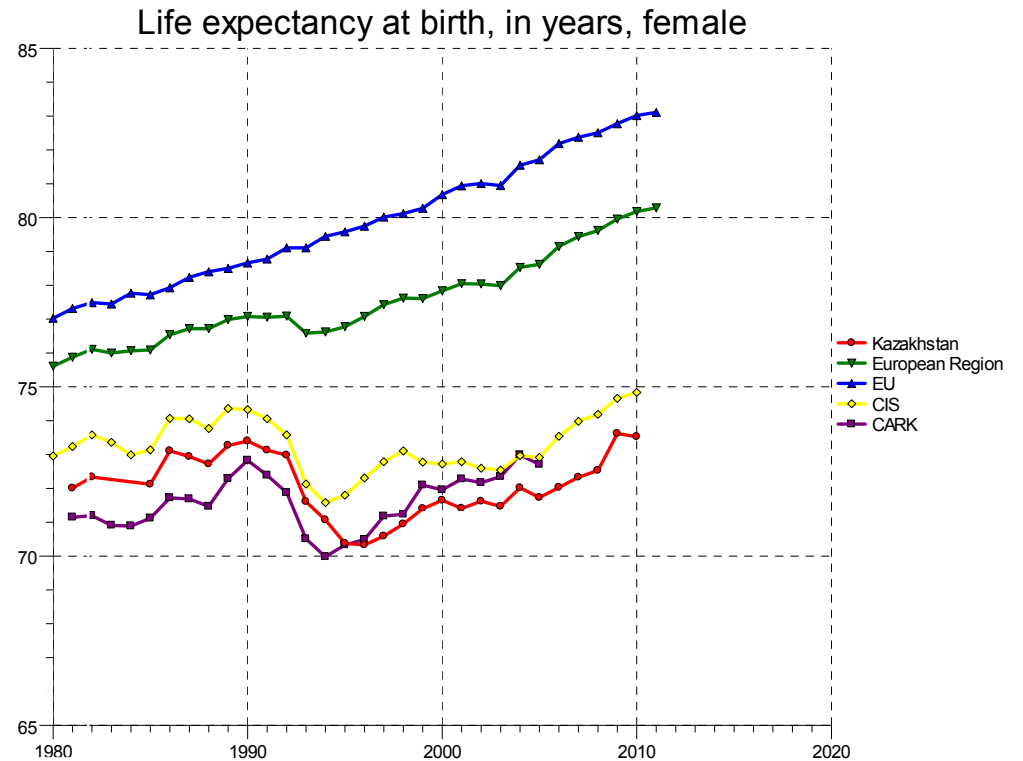
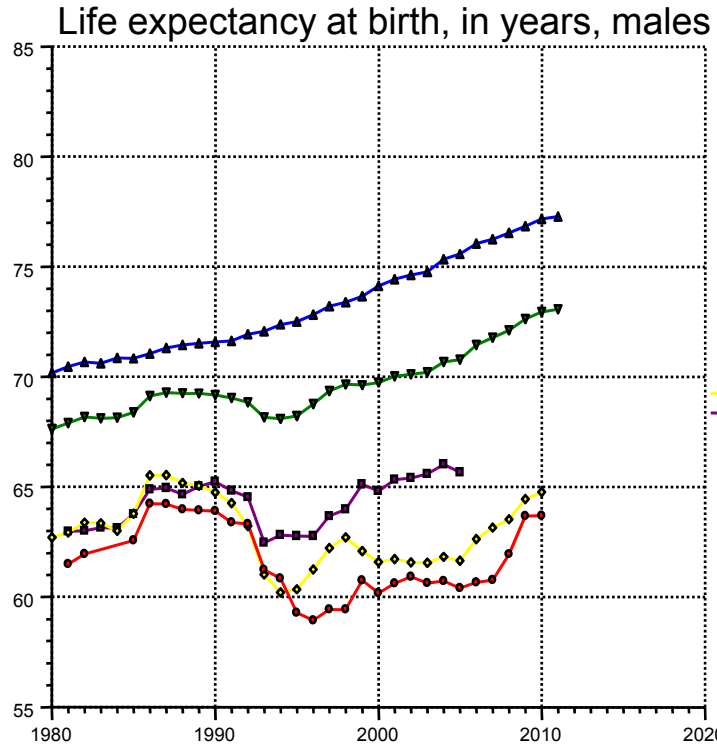
# Overall health improvement (+ 5 years life expectancy) but with an important divide in the Region



CIS: Commonwealth of Independent States  
EU12: countries belonging to the European Union (EU) after May 2004  
EU15: countries belonging to the EU before May 2004

Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

# Life expectancy trends in Kazakhstan and European Region, 1985–2010



Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

CARK: central Asian republics and Kazakhstan

# Increasing attention to inequity



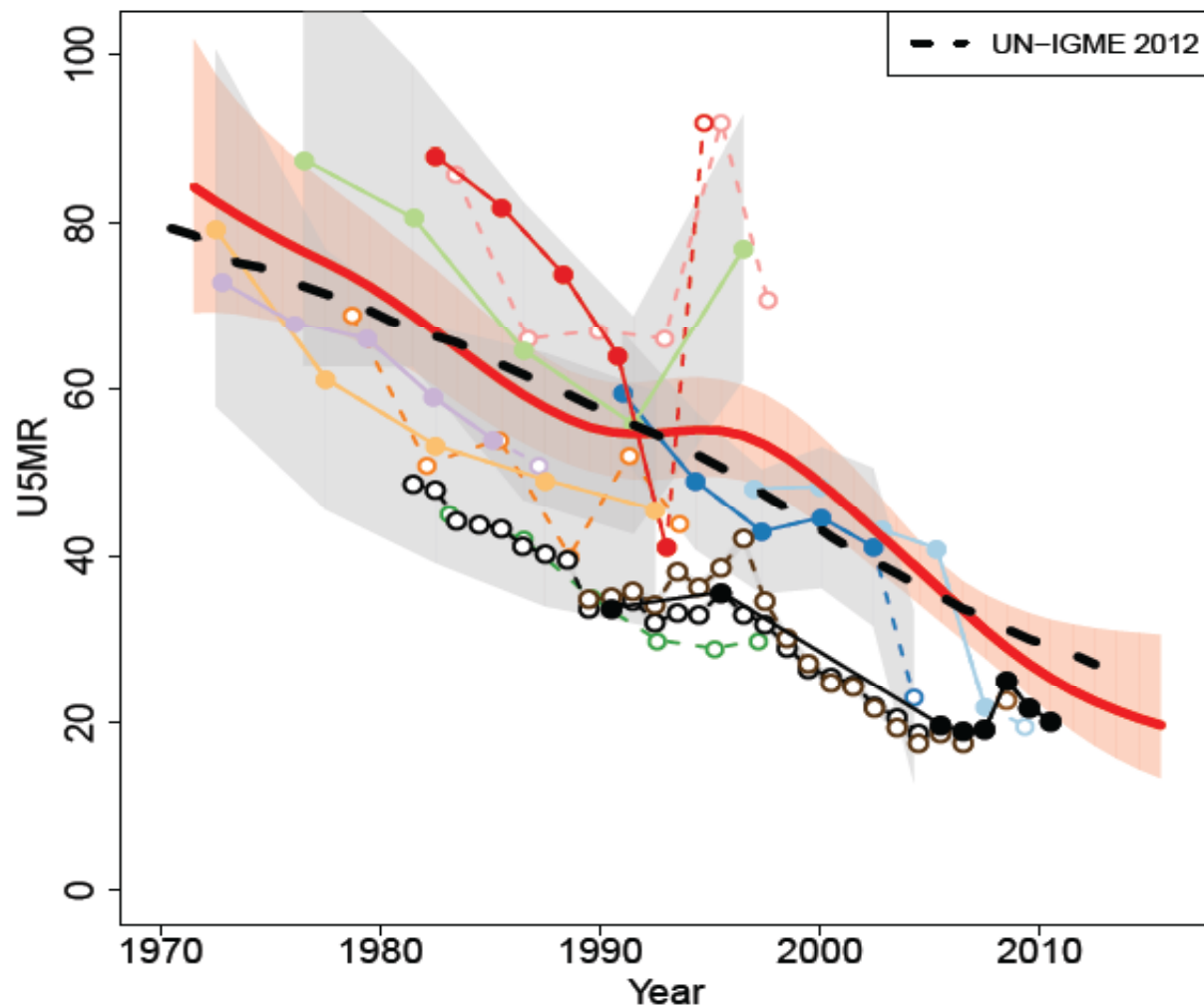
## For richer, for poorer

Growing inequality is one of the biggest social, economic and political challenges of our time. But it is not inevitable ...

– *The Economist*, special edition, 13 October 2012  
(<http://www.economist.com/node/21564414>)



# Millennium Development Goal (MDG) 4: within reach in Kazakhstan



Vital and health statistics:  
**closing the gap** between international and national estimates of mortality

Target: reduce by 2/3 child mortality from 1990  
baseline: 18 /1000 live births

Reduction of under-5 mortality from 54/1000 live births (in 1990) to 18.7 (19) per 1000 in 2012

— Official statistics of Kazakhstan

--- United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) estimate

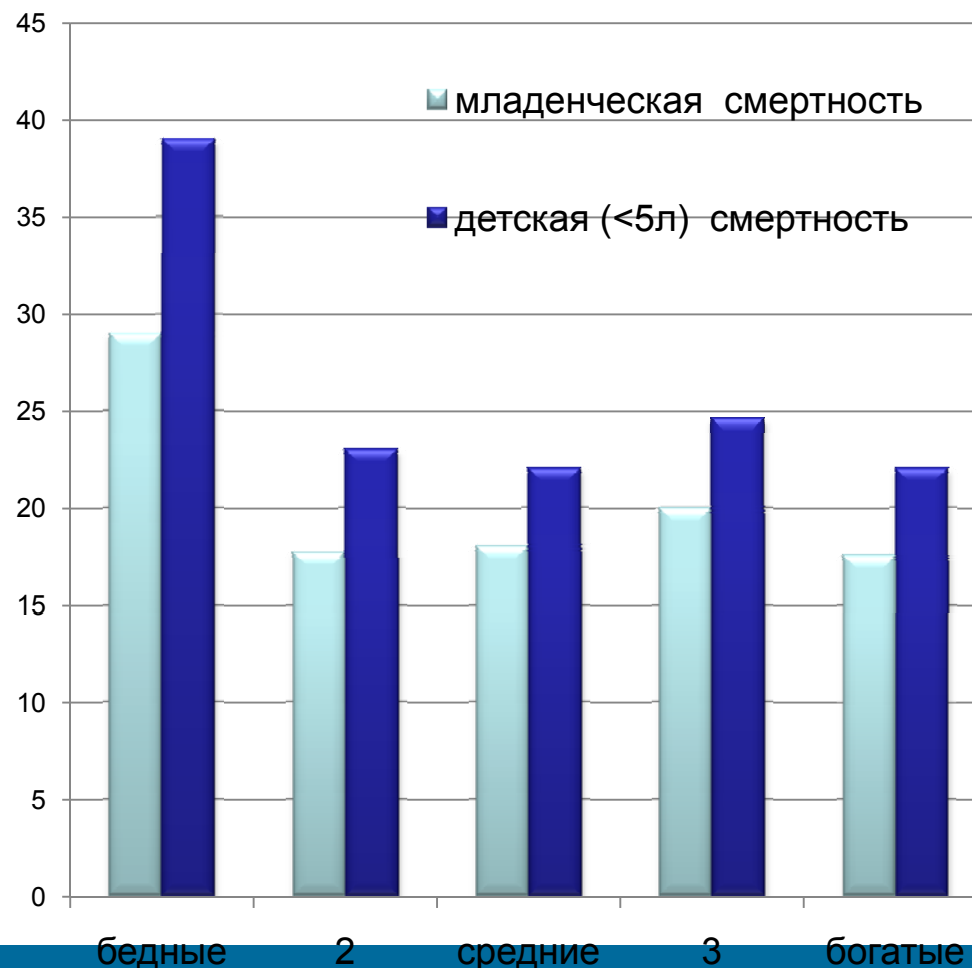
# Kazakhstan – infant and child mortality by economic quintile

Child and infant mortality (< 5) is almost twice as high in the poorest 20% of the population as in the richest 20%

MDG 4 target is reached on a national (average) level

Challenge: reduction of child mortality in all income groups to the national target

Source: data from United Nations Children's Fund (UNICEF) multiple indicator cluster surveys (MICS) 2006 and 2010.



# Why Health 2020?



Europe's changing health landscape:  
new demands, challenges and opportunities

# European Region landscape

- The global health architecture has become more extensive but very complex
- Health challenges are multi-faceted and require active involvement of all levels of government (international, national, and local)

People live longer and have fewer children.

People migrate within and between countries; cities grow bigger.

Noncommunicable diseases (NCDs) dominate the disease burden.

Depression and heart disease are leading causes of healthy life-years lost.

Infectious diseases, such as HIV and tuberculosis (TB) remain a challenge to control.

Antibiotic-resistant organisms are emerging.

Health systems face rising costs.

Primary health care systems are weak and lack preventive services.

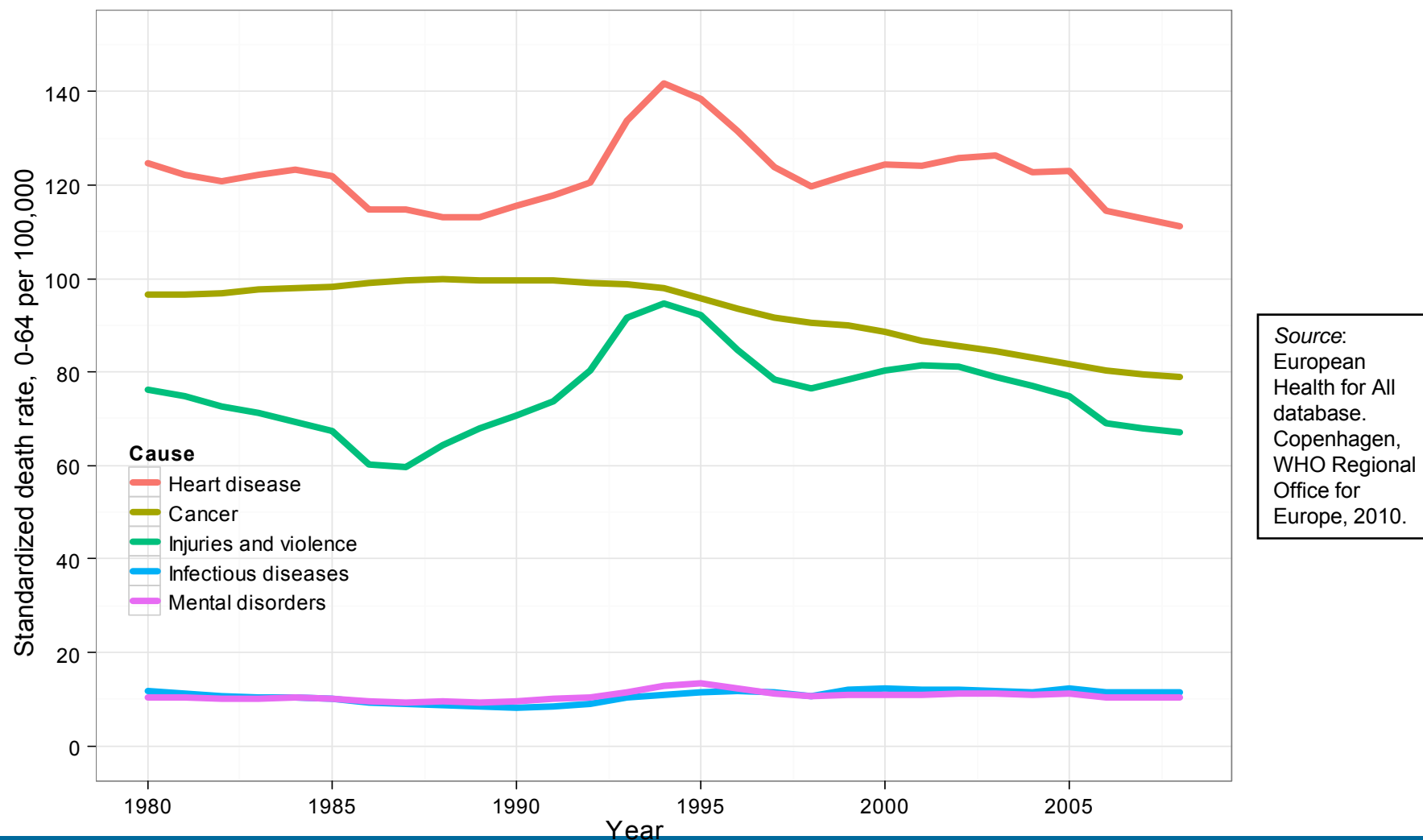
Public health capacities are outdated.



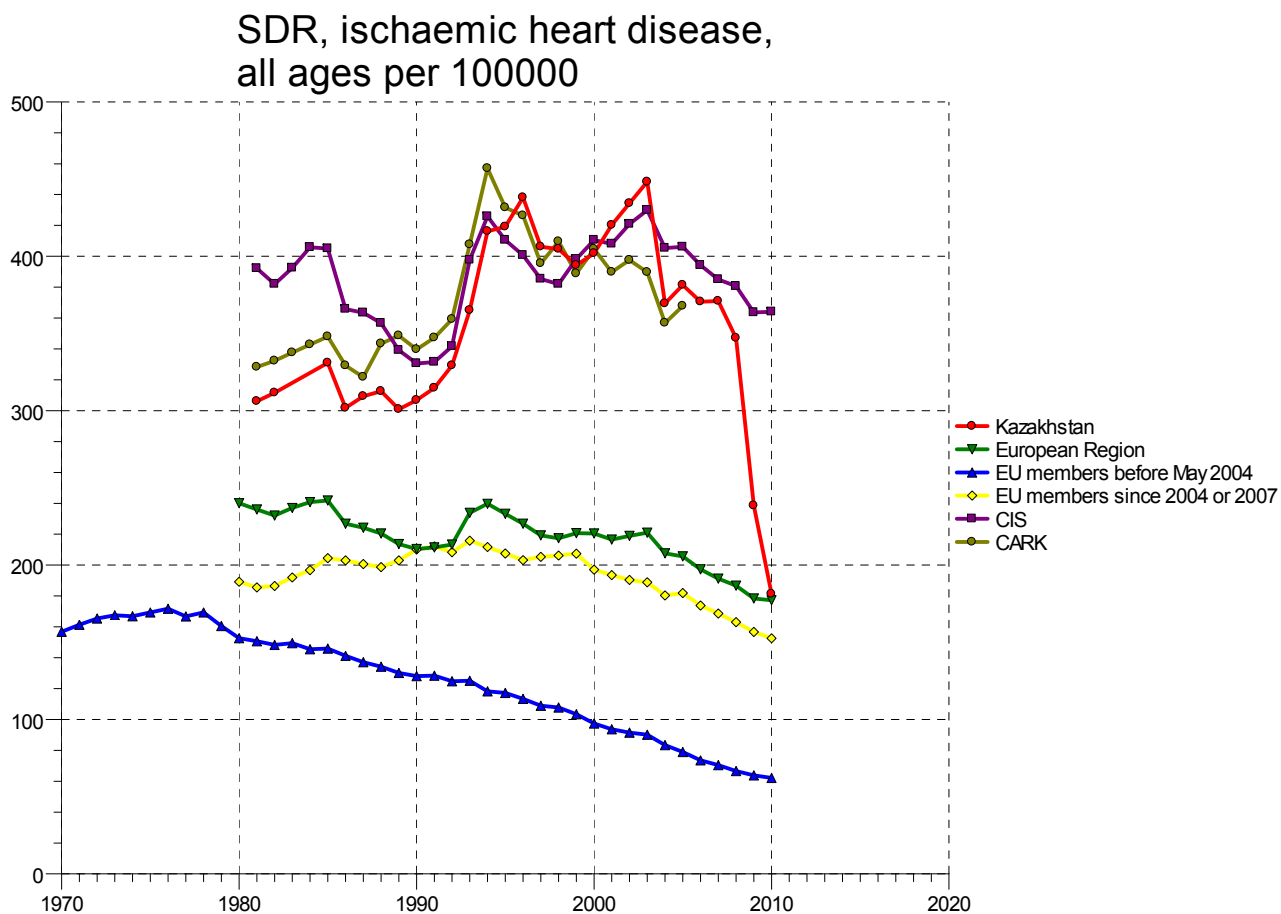
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# Trends in premature mortality by broad group of causes in the European Region, 1980–2008



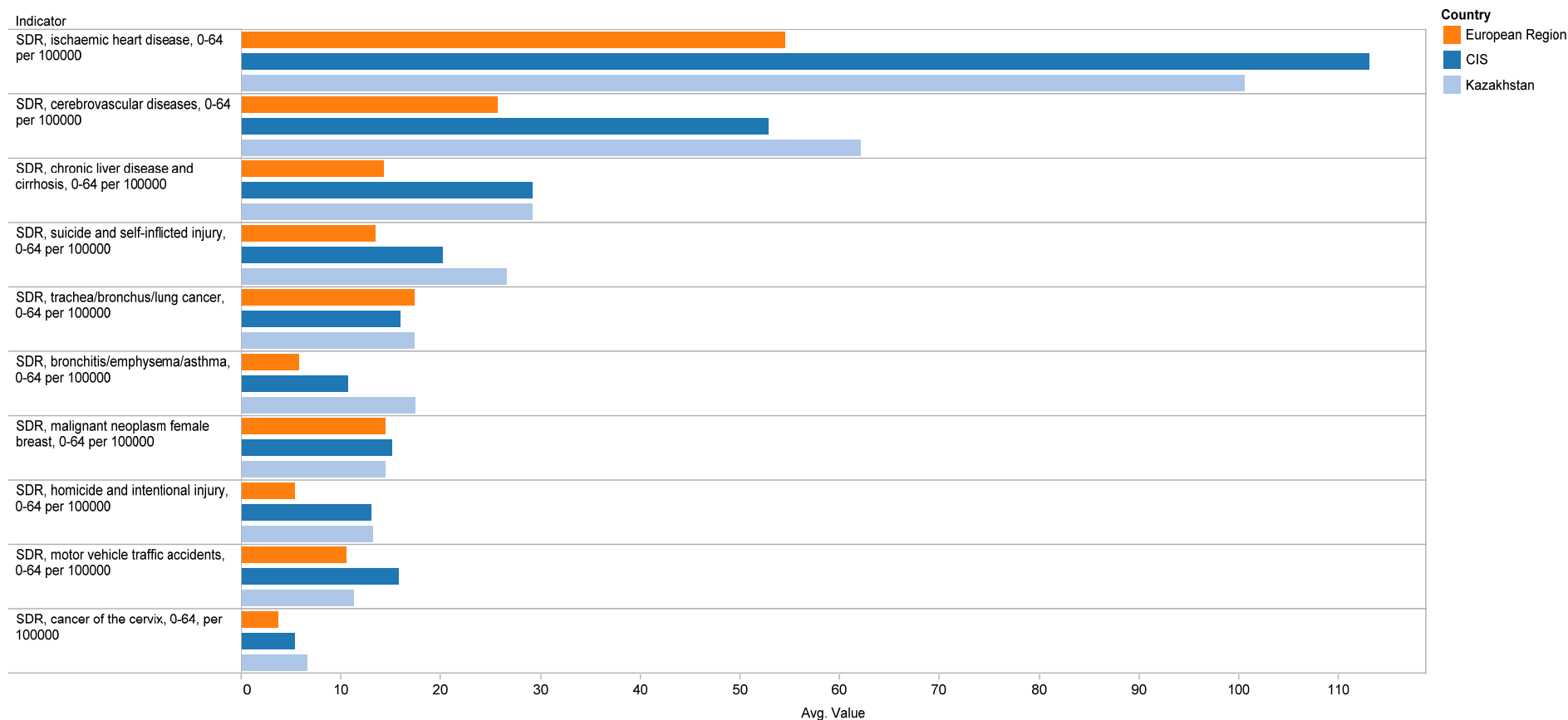
## Premature mortality from ischaemic heart disease in Kazakhstan and European regions, 2010



Source:  
European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

# Premature mortality from leading causes of death in Kazakhstan and European regions, ages 0–64 years, 2003–2010

Premature mortality from specific leading causes of death





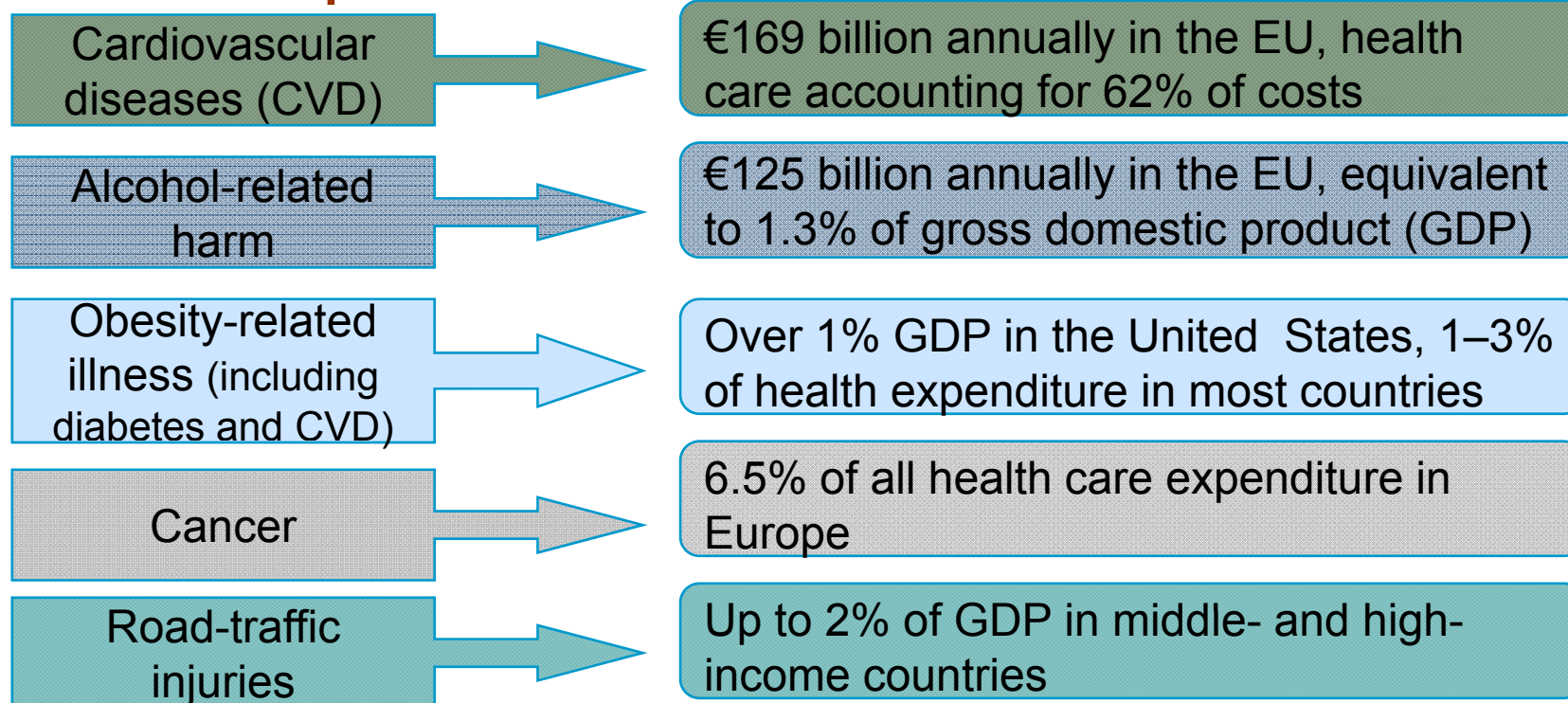
# Why Health 2020?



Economic opportunities and threats:  
the need to champion public health values and approaches



# Economic case for health promotion and disease prevention



Sources: data from Leal et al. (Eur Heart J, 2006, 27(13):1610–1619 (<http://www.herc.ox.ac.uk/pubs/bibliography/Leal2006>)), *Alcohol-related harm in Europe – Key data* (Brussels, European Commission Directorate-General for Health and Consumer Protection, 2006 ([http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_factsheet\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_factsheet_en.pdf))), Sassi (Obesity and the economics of prevention – Fit not fat. Paris: Organisation for Economic Co-operation and Development; 2010) and Stark (EJHP Practice, 2006, 12(2):53–6 (<http://www.google.co.uk/url?q=http://www.eahp.eu/content/download/25013/162991/file/SpecialReport53-56.pdf&sa=Uandei=BNI4T-K7JoKL0QGxs6HFAgandved=0CBwQFjAFandusg=AFQjCNHS922oF8d0RLN5C14ddpMVeRn8BA>)).

# Health impact of social welfare spending and GDP growth

## Social welfare spending

- Each additional US\$ 100 per capita spent on social welfare (including health) is associated with a **1.19%** reduction in mortality

## GDP

- Each additional US\$ 100 per capita increase in GDP is associated with **only 0.11%** reduction in mortality

# Health 2020 – reaching higher and broader

- Going upstream to address root causes e.g. social determinants
- Investing in public health, primary care, health protection, health promotion and disease prevention
- Making the case for whole-of-government and whole-of-society approaches
- Offering a framework for integrated and coherent interventions

## Health 2020: strategic objectives

Working to improve health for all and reducing the health divide

Improving leadership, and participatory governance for health

## Health 2020: four common policy priorities for health

Investing in health through a life-course approach and empowering people

Tackling Europe's major health challenges of NCDs and communicable diseases

Strengthening people-centred health systems and public health capacities, and emergency preparedness, surveillance and response

Creating resilient communities and supportive environments

# New evidence informing Health 2020

- Governance for health in the 21<sup>st</sup> century
- Supporting Health 2020: governance for health in the 21<sup>st</sup> century
- Promoting health, preventing disease: the economic case
- Intersectoral governance for health in all policies: structures, actions and experiences
- Report on social determinants of health and the health divide in the WHO European Region
- Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010

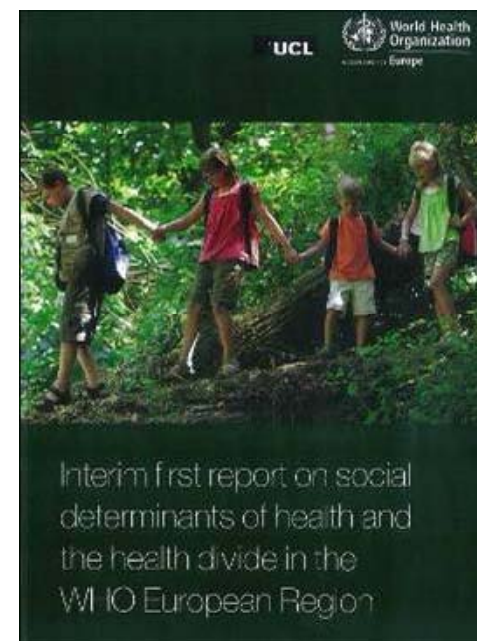
# WHO European review of social determinants and the health divide: key findings and recommendations to improve equity in health

## Policy goals

- Improve overall health of the population
- Accelerate rate of improvement for those with worst health

## Policy approaches

- Take a life-course approach to health equity
- Address the intergenerational processes that sustain inequities
- Address the structural and mediating factors of exclusion
- Build the resilience, capabilities and strength of individuals and communities





# Improving governance for health

Supporting whole-of-government and whole-of-society approaches

Learning from a wealth of experience with intersectoral action and health-in-all-policies work in Europe and beyond

The 21st century approach to governance for health



Two studies on governance for health led by Professor Ilona Kickbusch (2011, 2012)  
Intersectoral governance for health in all policies, by Professor David McQueen et al.

# Health 2020 framework

- Is an adaptable and practical policy framework
- Recognizes that countries engage from different starting points and have different contexts and capacities
- Recognizes that every country is unique and that countries will pursue common goals through different pathways and use different approaches but be united in purpose.





# Kazakhstan – highest political commitment to health



**Nursultan Nazarbayev**  
President of the Republic  
of Kazakhstan

*“Healthy lifestyle and the principle of shared responsibility for health – these are what should be important both in the policy on public health, and in everyday living.”*

Source: address to the nation,  
January 2012.

# Kazakhstan: Health 2020 priorities

## Health 2020

- Investing in health through a life course approach and empowering people
- Tackling Europe's major health challenges of NCDs and communicable diseases
- Strengthening people-centred health systems and public health capacities, and emergency preparedness, surveillance and response
- Creating resilient communities and supportive environments

## Salamatti Kazakhstan

- Child and adolescent health, ageing
- TB; HIV; especially dangerous pathogens and smoking and alcohol-related diseases; nutrition; CVD; cancer
- Transport medicine and emergency medicine; public health surveillance
- Environment and health and occupational health

# NCD action plan 2012–2016

## Planning and oversight

National plan

Health information system with social determinants disaggregation  
(household survey, Global Adult Tobacco Survey (GATS) )

## Health in all policies

**Alcohol control – alcohol taxation**  
Fiscal policies

**Tobacco control – tobacco taxation**  
Marketing

Salt

Trans-fat

## Healthy settings

Workplaces and schools

Active mobility  
(ministries of sports and education)

## Secondary prevention

Cardio-metabolic risk assessment and management

Early detection of cancer  
**Kazakhstan screening programmes**



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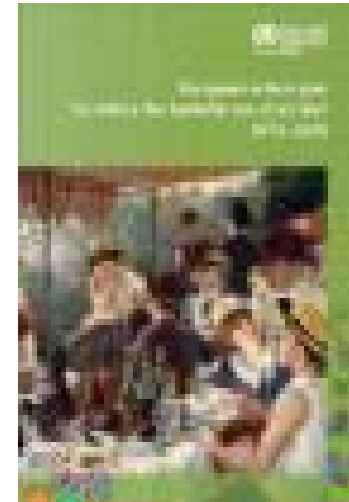
# Health 2020 helps to rethink policies for health and approaches to stakeholder engagement



## Alcohol-related harm

€125 billion annually in the EU, equivalent to 1.3% of GDP

## Example: fiscal policy to control harmful use of alcohol



### Mapping allies and interests

Ministries of justice and police

Employers and development sectors

Health

Transport

Local communities

# European Action Plan for Strengthening Public Health Capacities and Services



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Strengthening Public  
Health Services and Capacity:  
An Action Plan for Europe



*Promoting  
population health  
and well-being in  
a sustainable way*



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# Supporting Member States in navigating the crisis is central to WHO's work

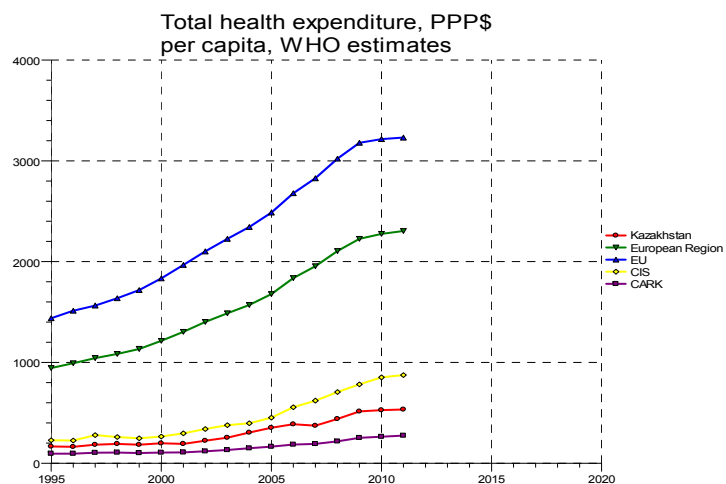
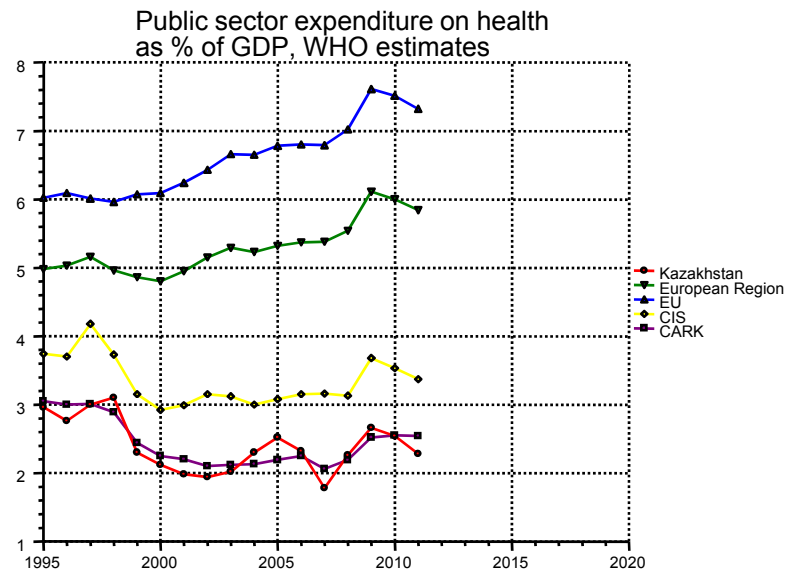
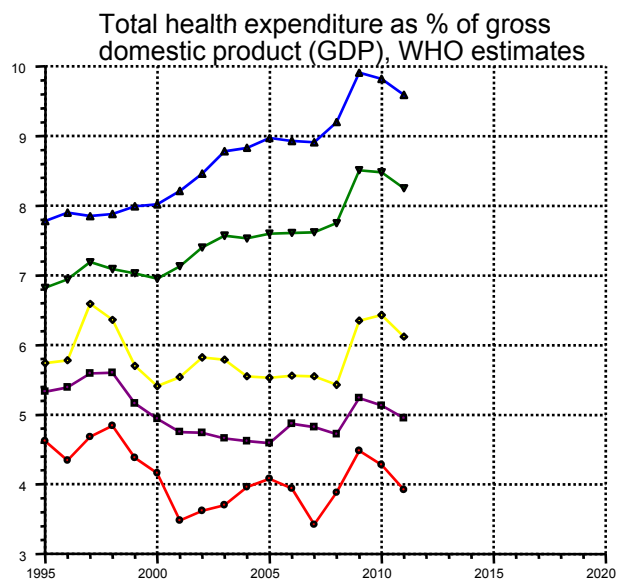
- Strong economic case for health promotion and disease prevention, as economic cost of NCDs extremely high (governments devote only 3% of health spending to prevention)
- Prevention: one of the most cost-effective approaches to improving health outcomes
- Use of fiscal policy, for example, to raise taxes on tobacco and alcohol: so-called “sin taxes” have short-term benefits

# Supporting Member States in navigating the crisis is central to WHO's work

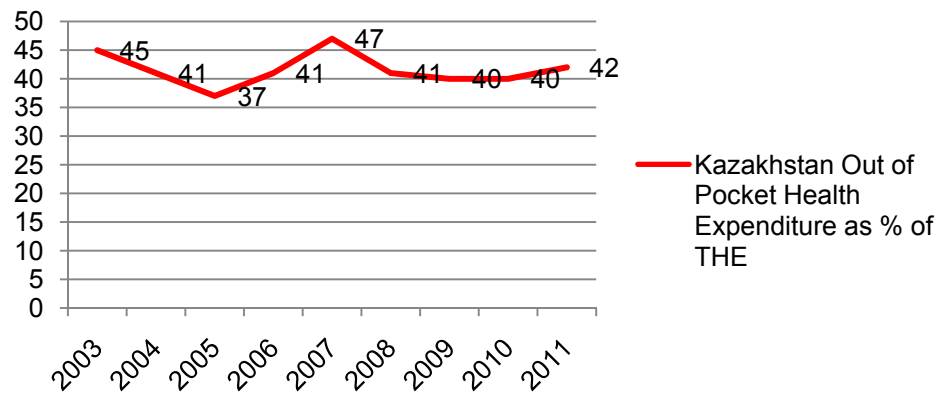
- Try to protect health budgets but, if cuts have to be made, avoid across-the-board budget cuts and target public expenditures more tightly on poor and vulnerable (avoid or reduce out-of-pocket payments which lead to impoverishment).
- Think long- term: save in good times and spend in bad times!



# Health expenditure trends in Kazakhstan and WHO European regions, by type, 1995–2010



Kazakhstan out-of-pocket health expenditure as % of total health expenditure (THE)

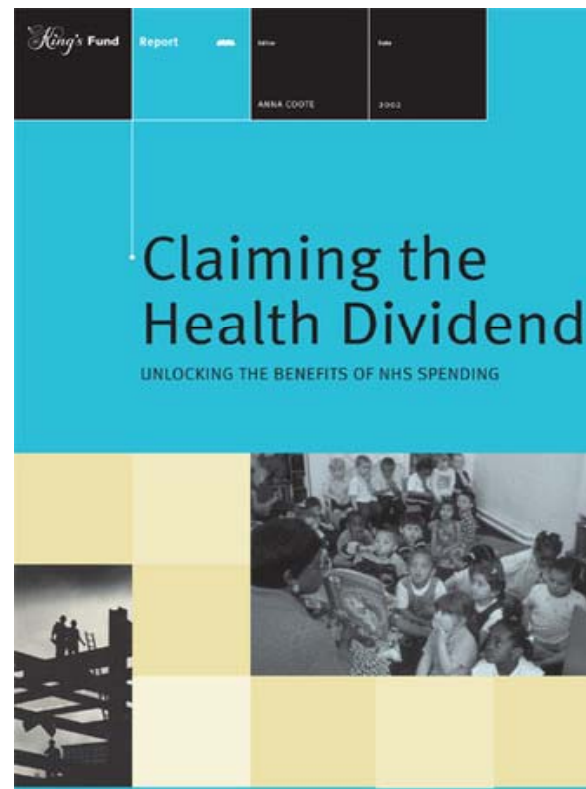




# Challenging the view of health as a cost to society: example from the United Kingdom

## Health sector's contribution to the economy

- Health and social care system in north-west region £8.2 billion (10% of regional total GDP: £88 billion): 60% on staff with £2 billion on goods and services
- 340 000 people employed directly (12% of regional employment)
- 0.5% of regional businesses primarily in the health sector :780 businesses
- 50% of health sector firms have turnovers of £100 000–499 000
- Capital spending programmes for 5 years is £4.5 billion



Source: Claiming the health dividend. London: The King's Fund; 2002  
(<http://www.kingsfund.org.uk/publications/claiming-health-dividend>).

# Health 2020 in Kazakhstan

- Strengthen public health functions
- Review all determinants of health, including social and environmental determinants (intersectoral mechanism in place)
- Review link between health, employment and welfare/social policy
- Improve health literacy and empower people through life-course approach.

# Health 2020 in Kazakhstan

- Analyse the policy and strategy document
- Analyse the evidence-based studies
- Identify areas relevant to the Kazakhstan context and build them into Salamatti Kazakhstan
- **“It is the right policy that produces health” that needs to be integrated with health-system strengthening for best results**

# Health 2020: towards a healthier Europe



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