



Health is wealth: 10th Panhellenic Conference on Public Health and Health Services

Athens, Greece, 31 March 2014



**World Health
Organization**

REGIONAL OFFICE FOR
Europe



**Organisation
mondiale de la Santé**

BUREAU RÉGIONAL DE L'
Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR
Europa



**Всемирная организация
здравоохранения**

Европейское региональное бюро

Zsuzsanna Jakab
**WHO Regional Director
for Europe**

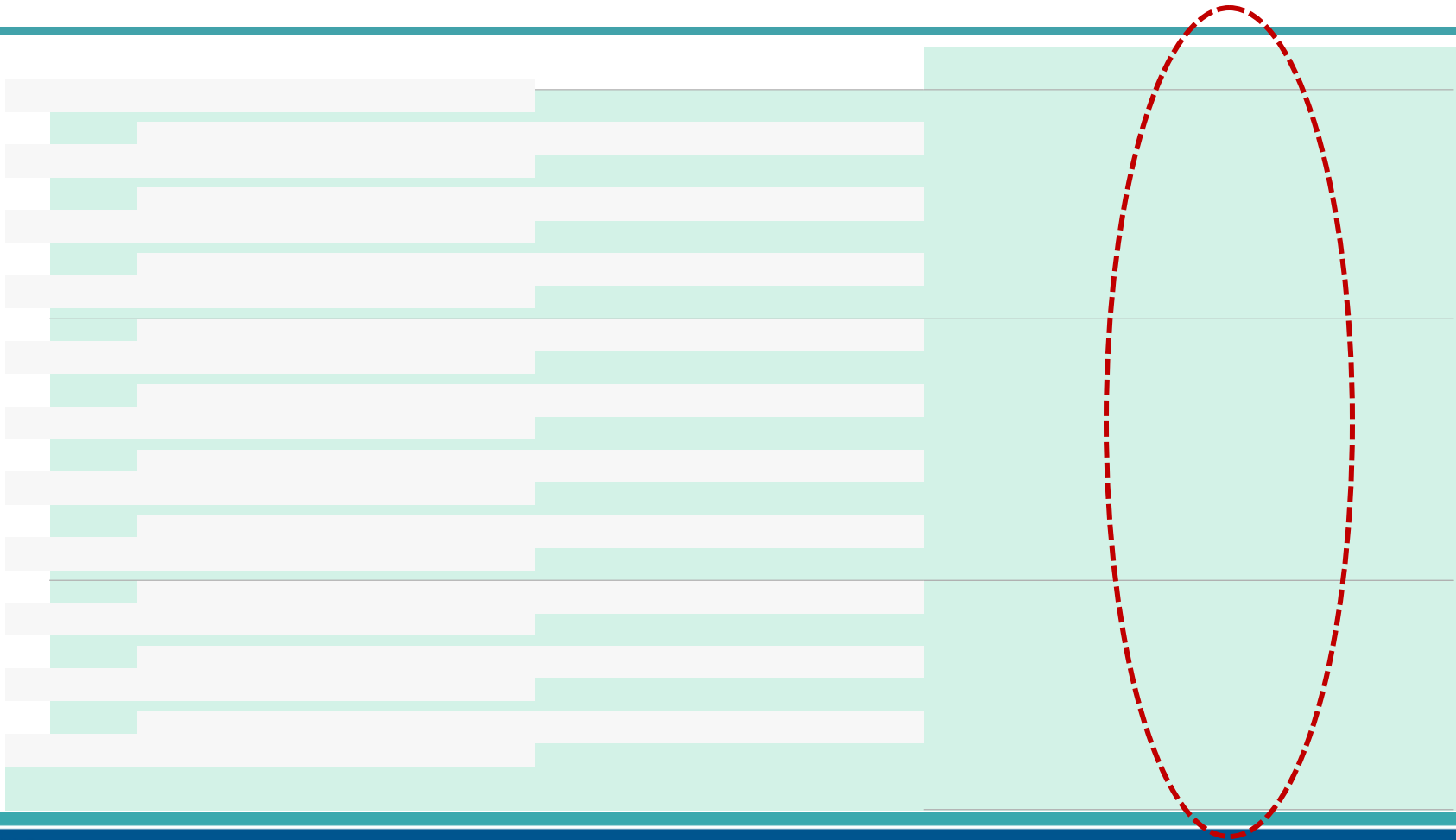
Greece has good health status

Life expectancy at birth in countries in the European Region, last reported data, 2006–2010



Source: European Health for All database (6).

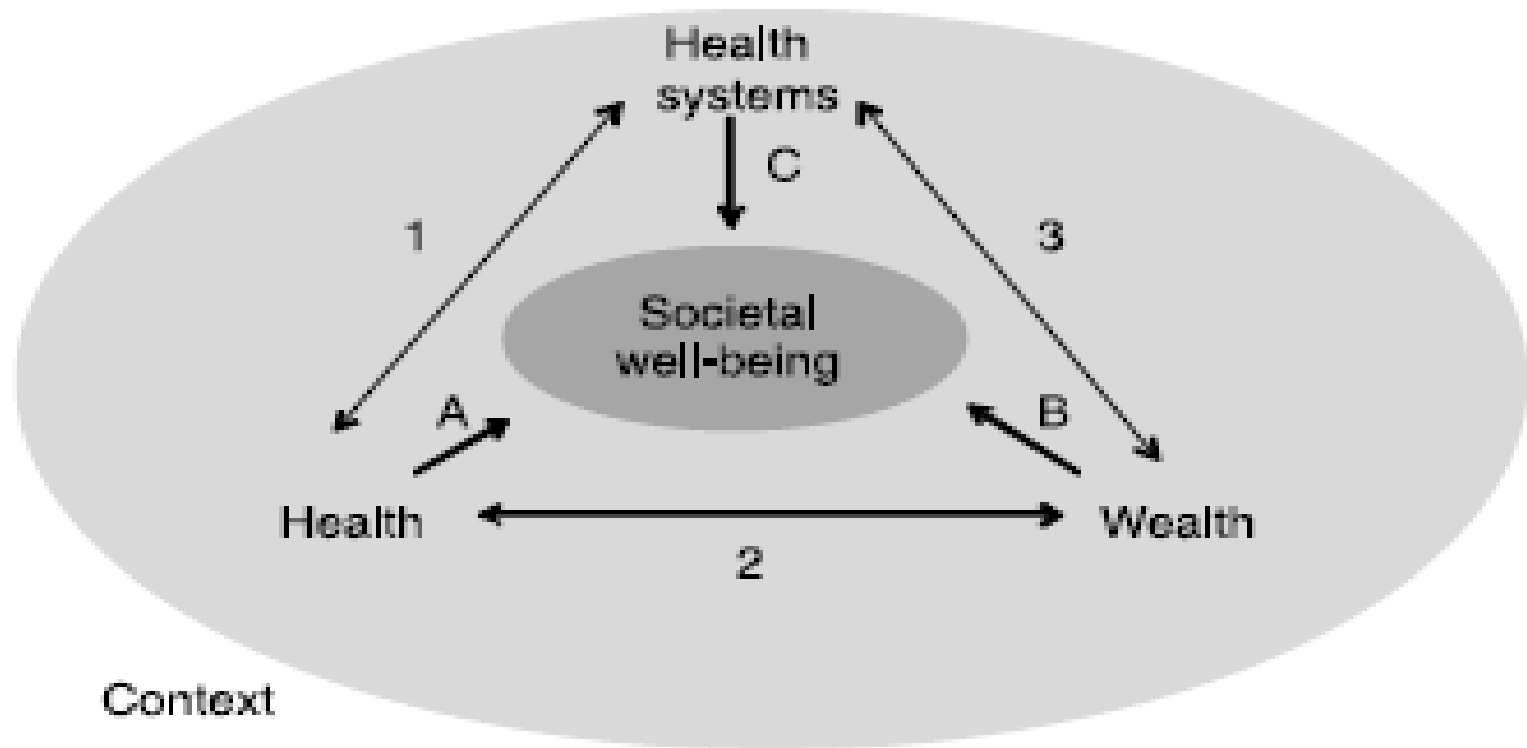
Health-related indicators, Greece



Health – a precious global good

- Higher on the political and social agenda of countries and internationally
- A human right and matter of social justice
- Important global economic, trade and security issue
- Major investment sector for human, economic and social development
- Major economic sector in its own right
- More knowledge and technology available than ever before

Health is wealth: a triangular relationship



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: noncommunicable diseases (NCDs) and communicable diseases

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

Creating resilient communities and supportive environments

Health 2020 – reaching higher and broader

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

Health as an economic engine

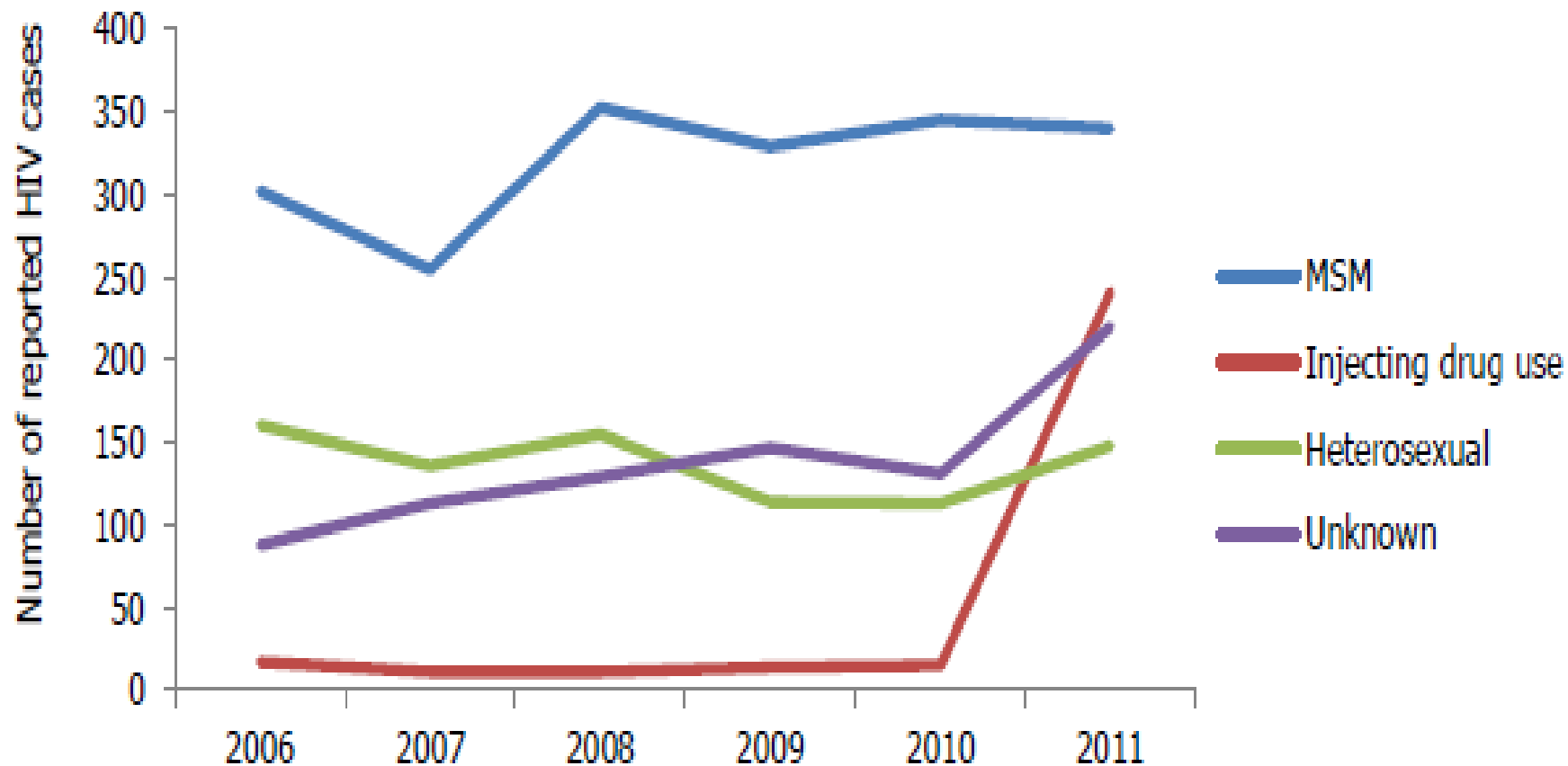
- Not a drain on the economy
- Contributes to economic growth
- Significant sector of the economy



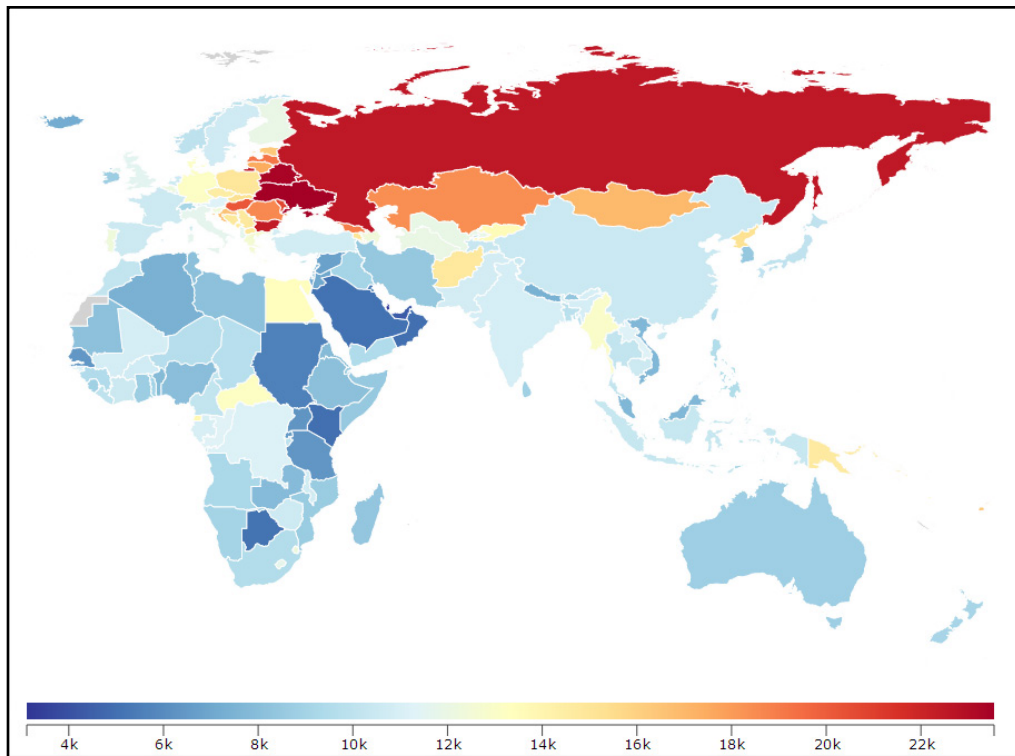
Impact of health on economic growth (some examples)

- **Labour-force participation**
 - Absenteeism due to illness: 4.2 days/ worker (EU, 2009)
 - Average cost of absenteeism: 2.5% of GDP
 - Reduced age of retirement (2.8 years) due to poor health
 - Less likelihood to work (66%, males; 42%, females) due to chronic diseases
- **Macroeconomic growth**
 - 1% increase in life expectancy = 6% growth in GDP (OECD)
 - 10% decrease in CVD = 1% per capita income growth (2009)

HIV infections reported in Greece by transmission group, 2006–2011

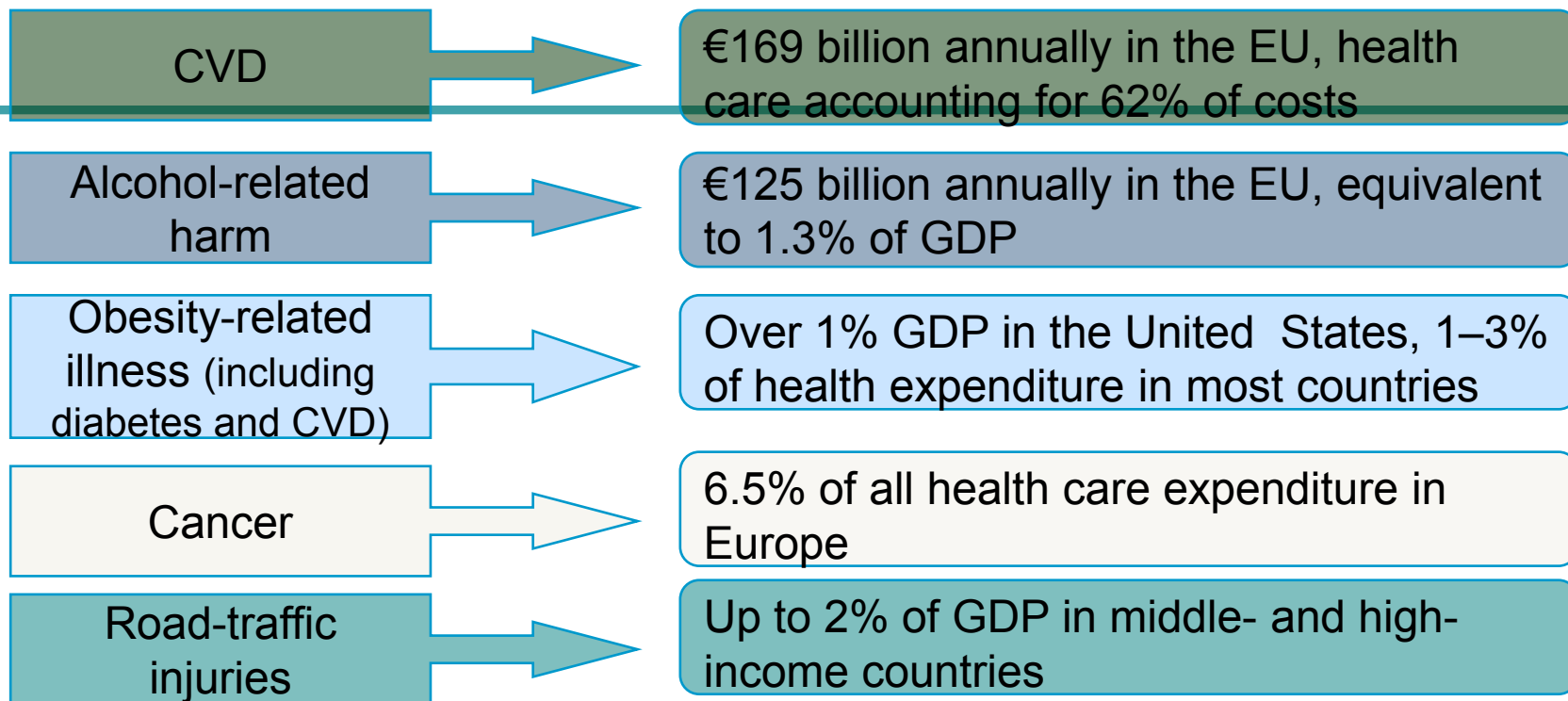


Years of life lost due to NCDs, all ages, both sexes, per 100 000, 2010



Source: Institute for Health Metrics and Evaluation, University of Washington; 2013.

Some examples



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)), 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):53–56 (<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>)).

Economic case for health promotion and disease prevention



The economic impact of NCDs amounts to many hundreds of billions of euros every year

Many costs are avoidable through investing in health promotion and disease prevention

Today governments spend an average 3% of their health budgets on prevention

Economic case for health promotion and disease prevention

Benefits in the short run



Tobacco taxes:
the most cost-effective policy
option.



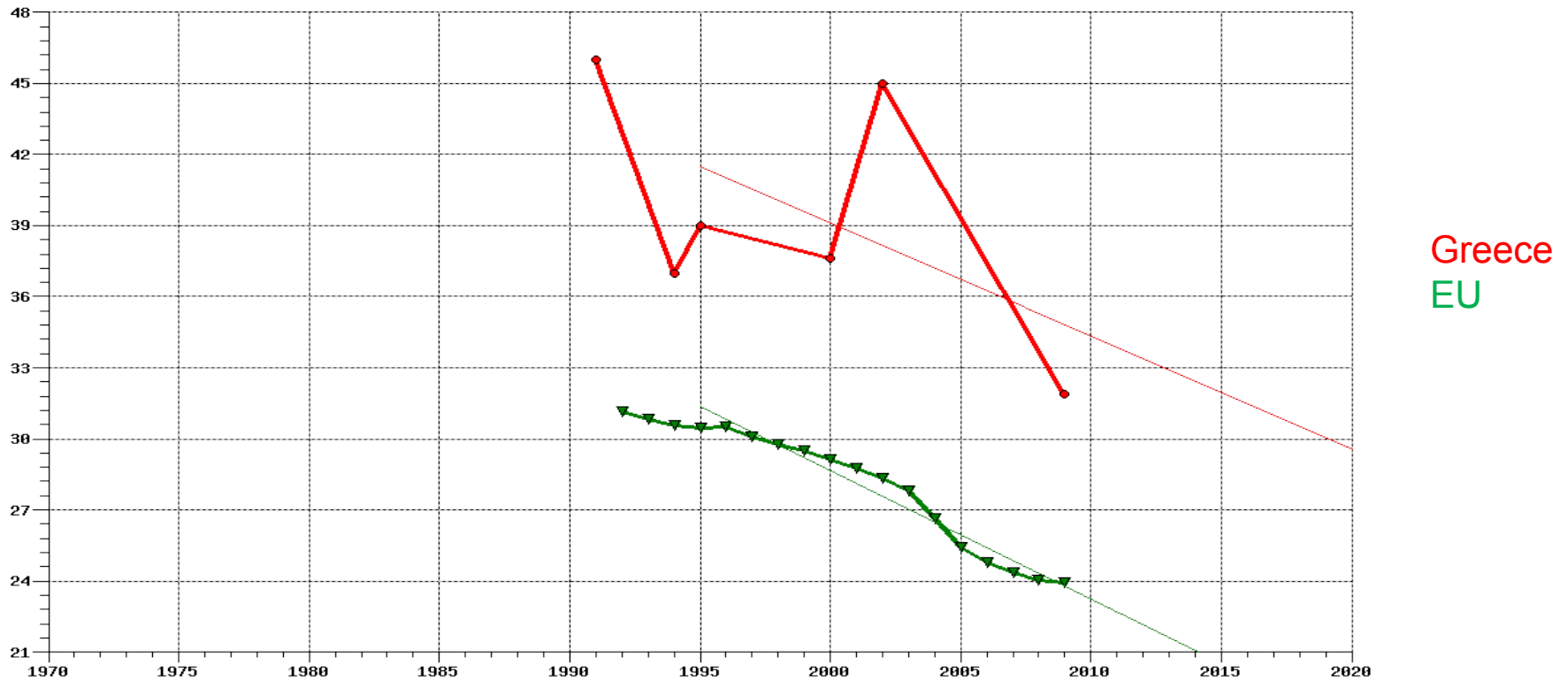
Implementation of alcohol tax
in the United Kingdom would
cost only €0.10 per capita.



Counteracting obesity in the
Russian Federaton: estimated to
cost \$4 per capita.

Source: Source: McDaid D, Sassi F, Merkur S, editors. The economic case for public health action. Maidenhead: Open University Press (in press).

Proportion (%) of regular daily smokers in population aged 15+ years in Greece and the EU, 1991–2009

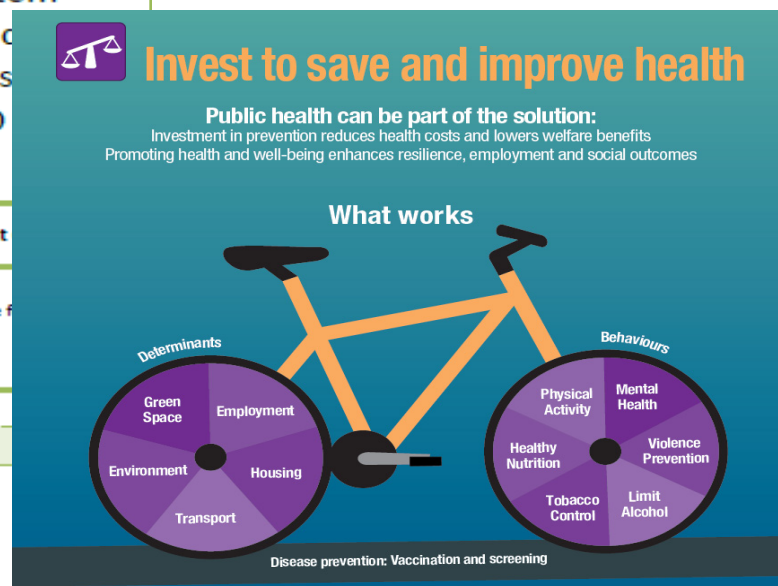
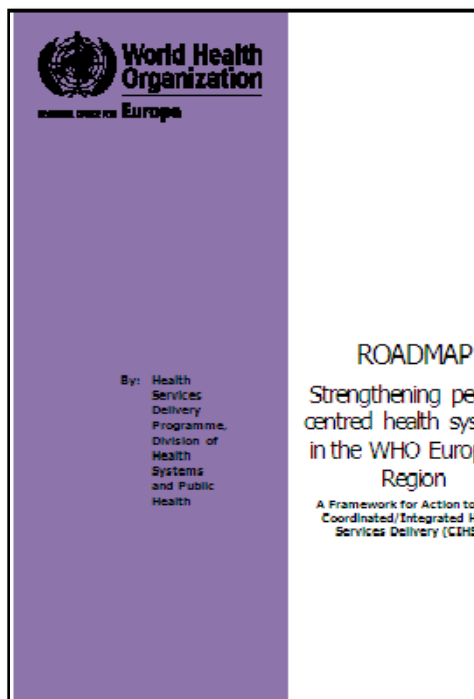


Source: European Health for All database. Copenhagen: WHO Regional Office for Europe; 2013.

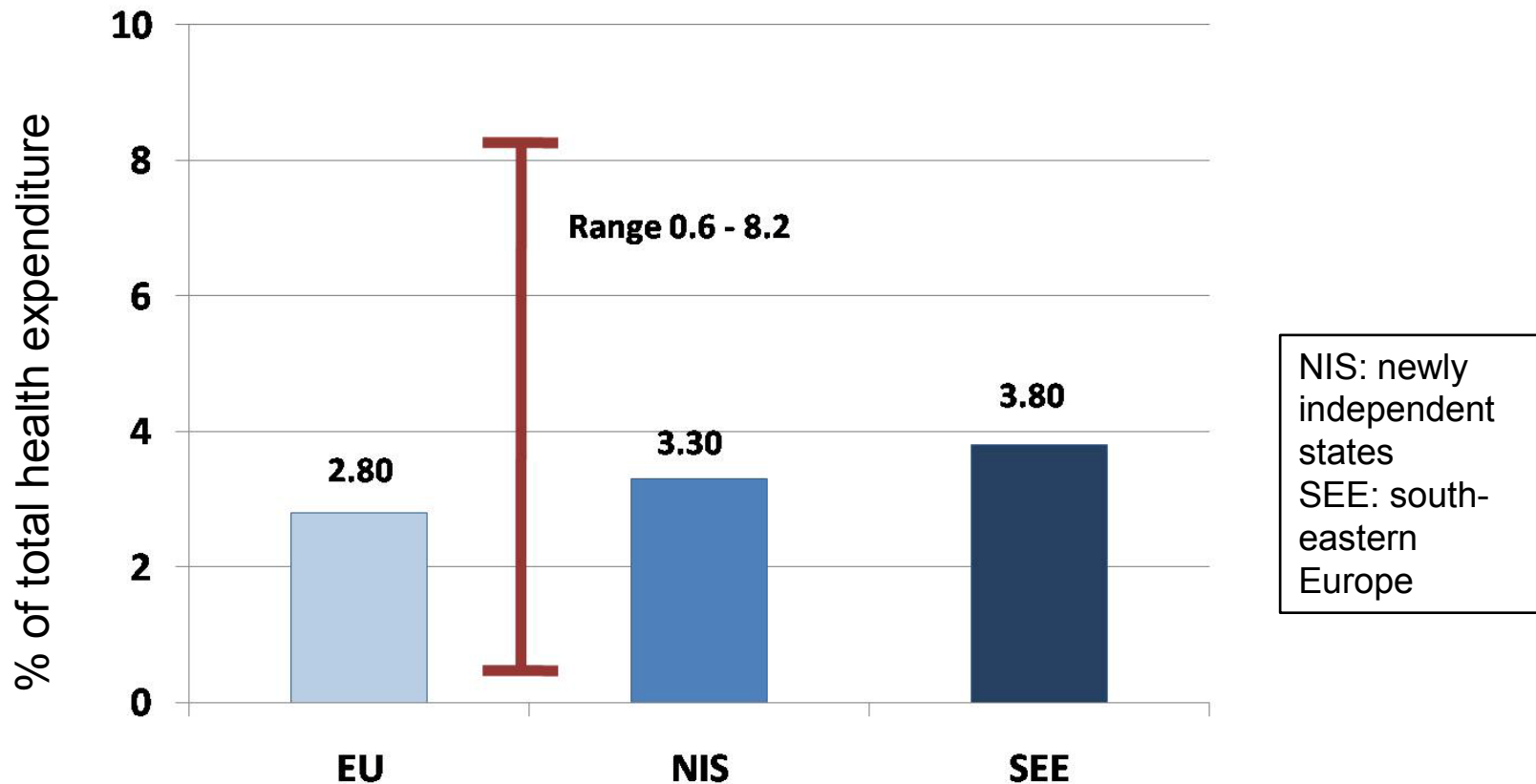
What does becoming tobacco free mean?



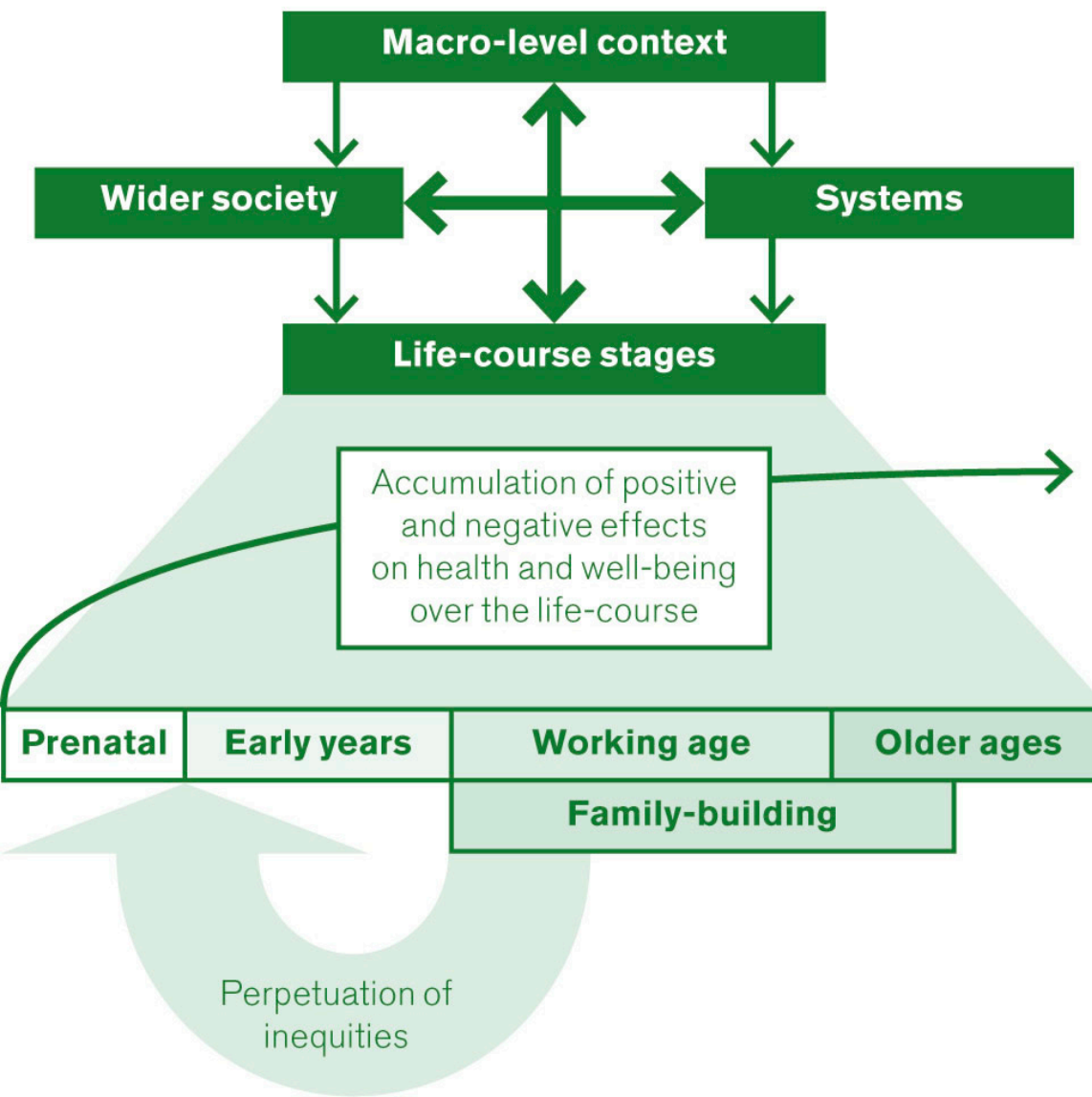
Transforming service delivery, addressing NCDs, investing in prevention



Case for investing in public health: estimated expenditure on prevention and public health



Four areas for action to address health inequalities – emphasizing priorities

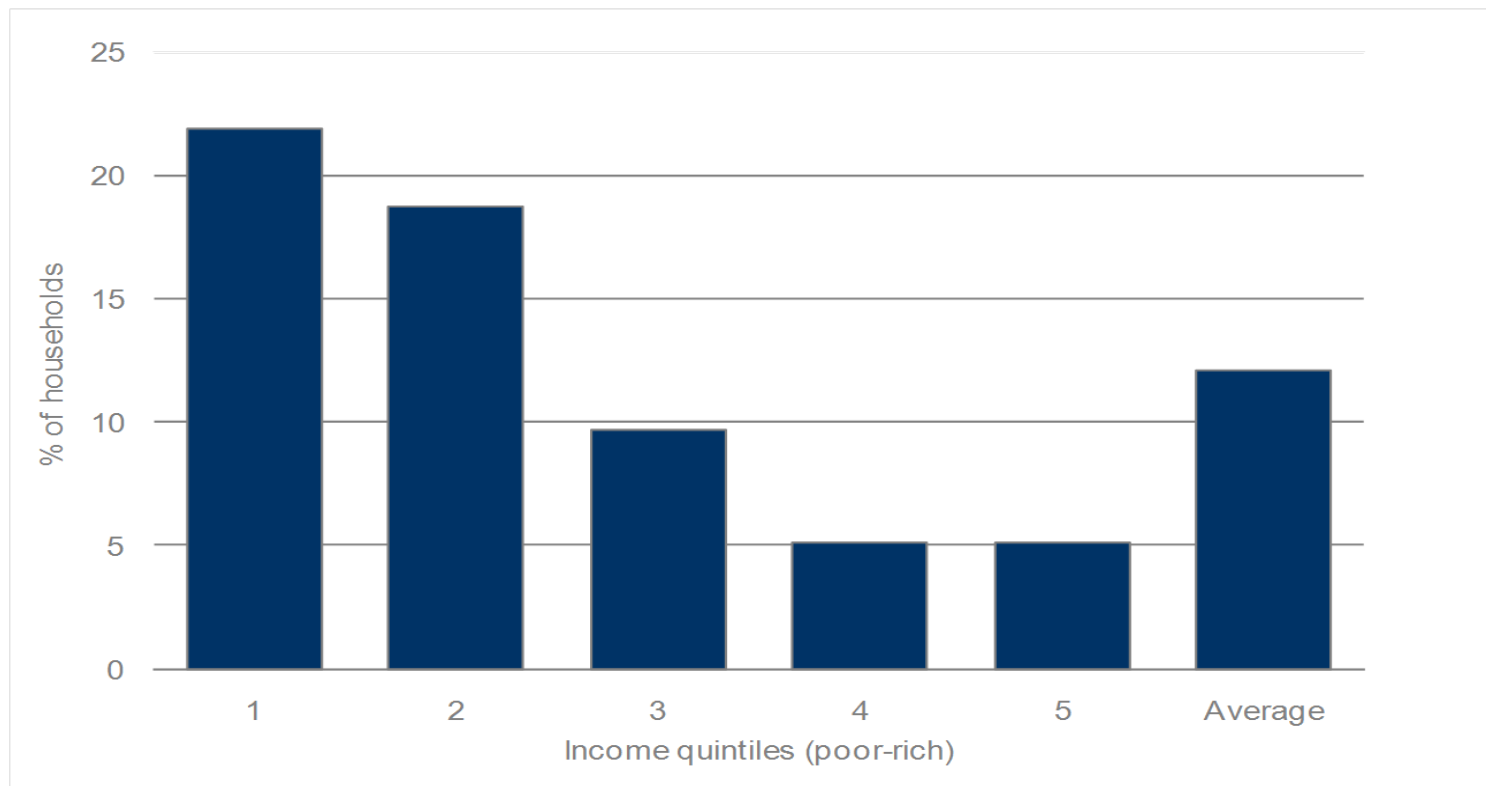


Lessons learned from past and present crises

Unemployment

- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease^{*}
- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcers, mental disorders^{**}
- Increase of suicide incidence: 17% in Greece and Latvia, 13% in Ireland^{***}
- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects^{****}

Catastrophic spending highest among poorer people



Oslo meeting on impact of economic crisis: 10 policy lessons and messages

1. Be consistent with long-term health system goals

2. Factor in impact of fiscal policies

3. Safety can mitigate many negative health effects

4. Health system response can influence effectiveness

5. Protect funding for cost-effective public health services

6. Avoid prolonged excessive health budget cuts

7. Health systems performing better with more resources

8. Structural reforms need time to deliver savings

9. Need for information monitoring systems

10. Good governance for prepared, resilient systems

New governance for health

- Strategic role of the health ministry
 - Health in Action initiative
 - Alignment of governance, regulatory capacity and legal instruments
 - Organizational and management changes
- Involvement of stakeholders
- Empowerment of people

Letter of intent



LETTER OF INTENT

The Ministry of Health has developed a Road Map for the reform process under the initiative "Health in Action" (hereafter "Health in Action") in co-operation with the EU Task Force for Greece and Germany as the Domain Leader in the health sector as described in the Memorandum of Understanding by and between the Ministry of Health of the Hellenic Republic and the Federal Ministry of Health of the Federal Republic of Germany and in co-operation with the Task Force for Greece-European Commission of 20 April 2012 (Annex 1 to this Letter).

Under Health in Action the Ministry of Health has set up a governance structure including a Health Reform Steering Committee and nine subcommittees in which the MoU parties participate.

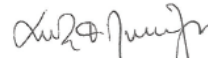
The Greek Authorities have decided to request technical assistance for the implementation of Road Map of reforms in the health sector directly through National Authorities, European Institutions, International Organisations, accredited agencies or via the private sector by using financial resources from the 2007-2013 Greek National Strategic Reference Framework financial envelope, as appropriately reserved for this purpose by the Greek authorities.

In this framework the Greek Authorities would like to involve the World Health Organisation (hereafter "the WHO") in addition to its usual normative and technical cooperation role, uniquely (taking into consideration the Greek financial conditions) to deliver support for the monitoring and implementation of reforms in the context of the Health Reform Steering Committee and Road Map, including technical support in the fields of Public Health, and Primary Health Care and the management of financial resources to ensure high quality in project management and effective implementation deriving from the credibility and extensive experience and expertise of WHO in the health sector.

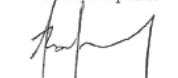
The undersigned are hereby stating their willingness and intention to further examining the possibility of co-operation in the provision of support to the Hellenic Republic for the implementation of reforms in the health sector in Greece as described hereby.

Athens, 10 April 2013

Minister of Health
Hellenic Republic


Andreas Th. Lykouratzos

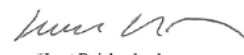
Secretary General for
Coordination
Office at the Prime Minister's
Hellenic Republic


Dimitrios Vartzopoulos

Minister of Health
Federal Ministry of Health
Federal Republic of Germany


Daniel Bahr

Head of Task Force for Greece
European Commission


Horst Reichenbach

Regional Director World
Regional Office for Europe
Health Organisation


Zsuzsanna Jakab



WHO Regional Office for Europe
**Division of
Health Systems
and Public Health**



Thank you!

<http://www.euro.who.int/en/what-we-do/health-topics/Health-systems>