

National High Level Conference Health Sector Reform towards Universal Health Coverage

Tashkent, Uzbekistan, 20 November 2018

HEALTH AND SUSTAINABLE DEVELOPMENT

Dr Zsuzsanna Jakab

WHO Regional Director for Europe



Environment has changed



**HEALTH
2020**



13th
General
Programme
of Work

At the
centre of
development

**Global
and
regional
contexts**

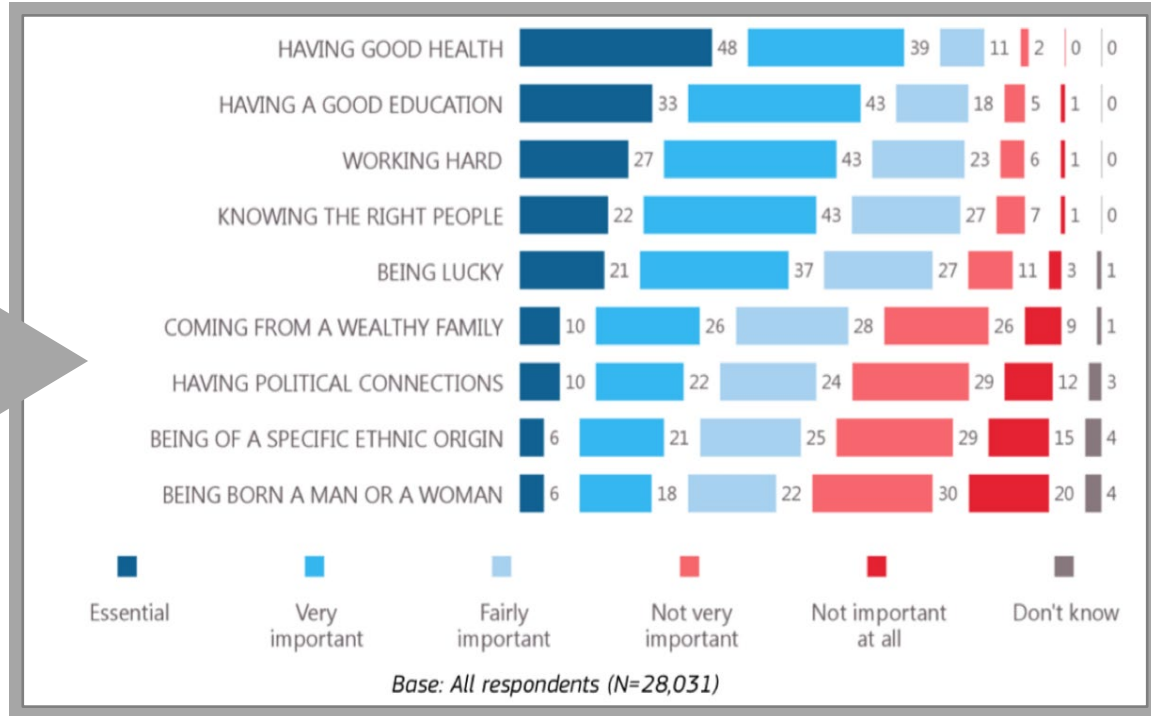




**We have to pursue our
agreed values**

Health is a political choice and a priority for the public

Having good health is a top priority identified by the public as essential to getting ahead in life



3 GOOD HEALTH
AND WELL-BEING



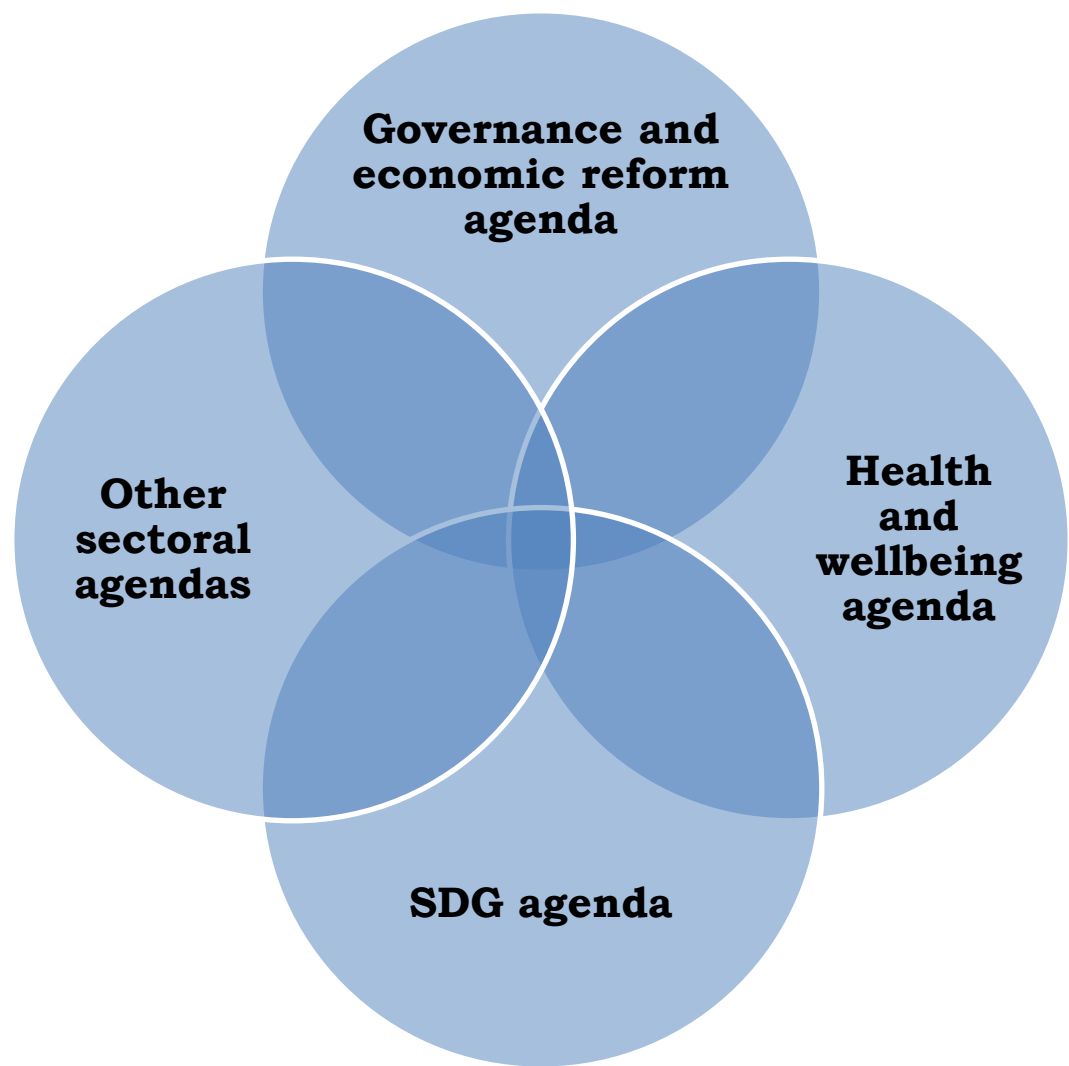
National context

9 INDUSTRY, INNOVATION
AND INFRASTRUCTURE



10 REDUCED
INEQUALITY

15 LIFE
ON LAND



Country demonstrates leadership for SDG attainment

Cabinet of Ministers' Resolution

on implementation of the national SDGs until 2030



Coordination council



21 Agency & SPO

6 expert groups, health included



Secretariat
Ministry of Economy

REGIONAL COMMITTEE FOR EUROPE 66th SESSION

Copenhagen, Denmark, 12-15 September 2016

Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region

 SUSTAINABLE
DEVELOPMENT GOALS



Working document

**National SDG
platform is set
up:
UZB Roadmap to
SDG attainment**

Instruments and tools for the Sustainable Development Goals

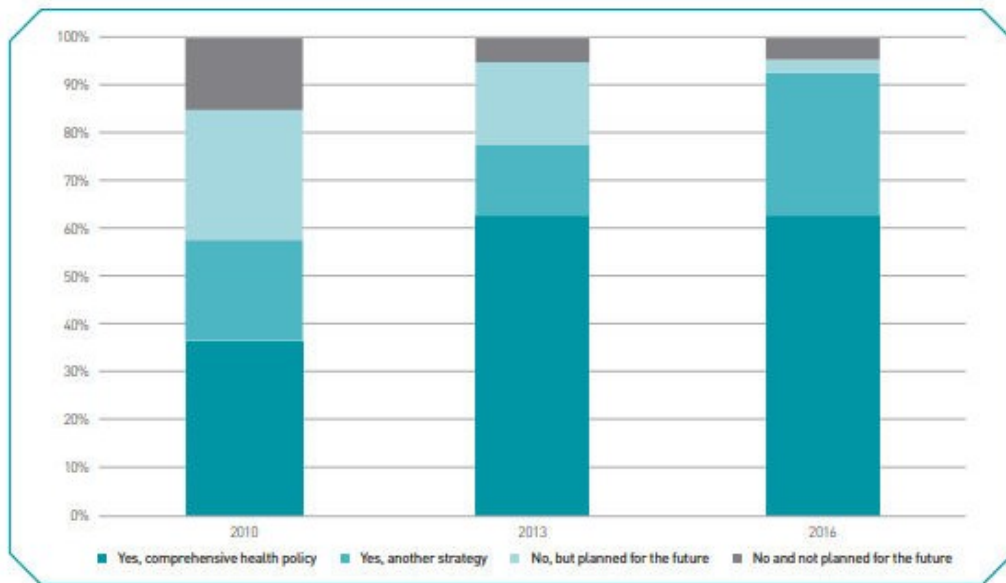


The screenshot shows the 'European Health Information Gateway' website. The header reads 'European Health Information Gateway' and 'A wealth of information at your fingertips'. The main content is organized into three columns:

- Environmental health themes**
 - Air quality
 - Chemical safety
 - Climate change adaptation, resilience and mitigation
 - Environmentally sustainable health systems
 - European environment and health process
 - Health impact assessment
 - Healthy and sustainable cities and regions
 - Waste and contaminated sites
 - Water, sanitation and hygiene
- Categories of related content**
 - Stakeholders & Projects (16 Publications, 12 Projects)
 - Evidence & evidence-informed practice (3 Profiles, 12 Analyses)
 - Policy & Analysis (12 Profiles, 8 Analyses)
 - Tools & Methods (1 Modelling, 2 Policy support)
 - Indicators & Visualisations (10 Publications, 10 Publications)
- Convenient filtering, searching and navigation**
 - Air quality
 - Search filters for 'Keywords', 'Language', 'Region', 'Year', 'Type', 'Status', 'Availability', 'Access', 'Language', 'Region', 'Year', 'Type', 'Status', 'Availability', 'Access'.
 - Search results for 'Air quality' showing a list of publications and a 'Download' button.

A majority of countries now have a national health policy aligned with Health 2020

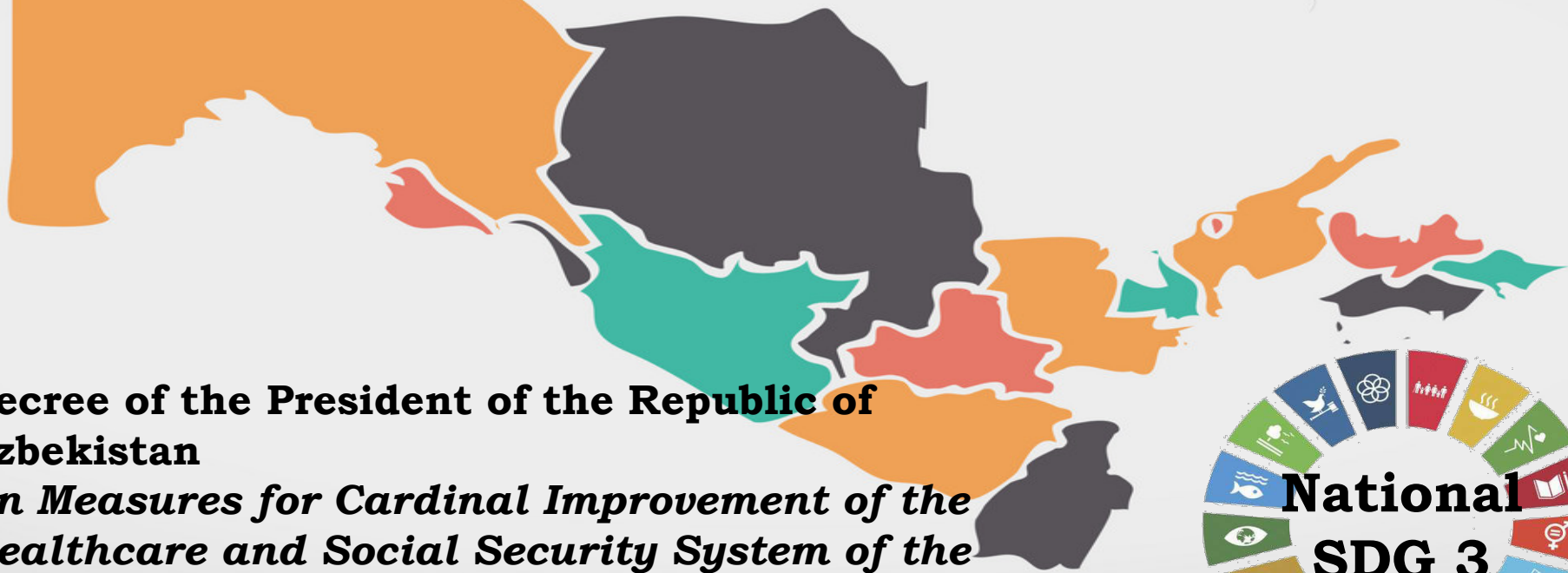
Figure 2.39. Proportion of countries with national policies and strategies aligned with Health 2020, in 2010, 2013, and 2016 (2010: n = 33; 2013: n = 40; 2016: n = 43)



Source: WHO Regional Office for Europe (27).

Note: A different number of countries responded in each year (2010: n = 33; 2013: n = 40; 2016: n = 43). Twenty-eight countries responded in all three years.

Strategizing for health in 21st century in Uzbekistan: New national health agenda launched



**National
SDG 3**

**Decree of the President of the Republic of
Uzbekistan**

***On Measures for Cardinal Improvement of the
Healthcare and Social Security System of the
Republic of Uzbekistan***

Concept On Development Of The Health System



**Developing a common set of indicators for
the joint monitoring framework for SDGs,
Health 2020 and the Global NCD Action Plan**

Meeting of the expert group
Vienna, Austria, 20–21 November 2017



2018
**EUROPEAN
HEALTH REPORT**

More than numbers – evidence for all





2018 EUROPEAN HEALTH REPORT

More than numbers — evidence for all



Evidence for health from the EURO Region

**National
Development
Agenda**

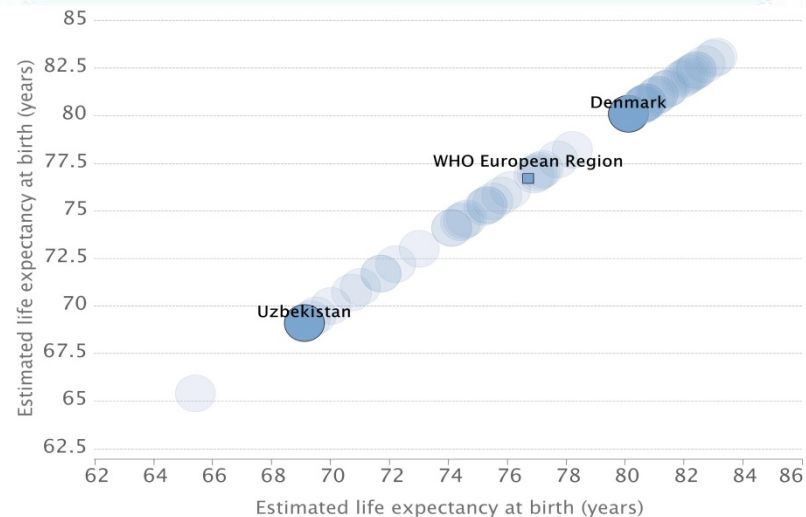
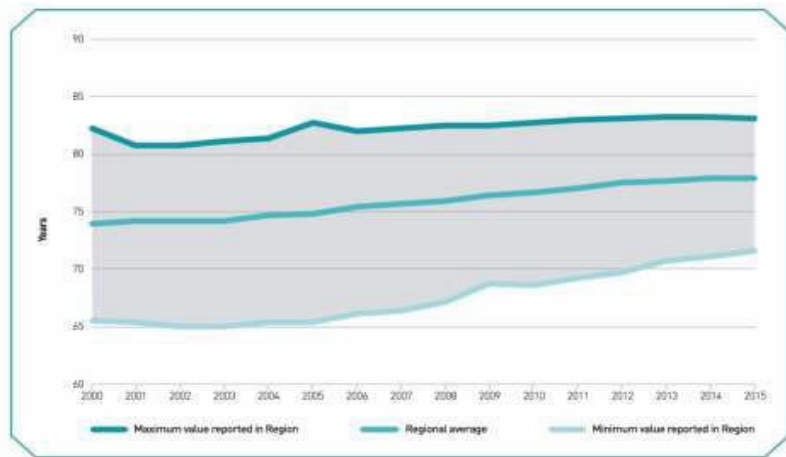
**National
SDG
platform**

**National
Health
Agenda**

**National
Health
Agenda**

Coherent goals and targets

Figure 2.17. Life expectancy at birth (years)



**Life
expectancy at
birth increased**

UZB 69,1
in 2015

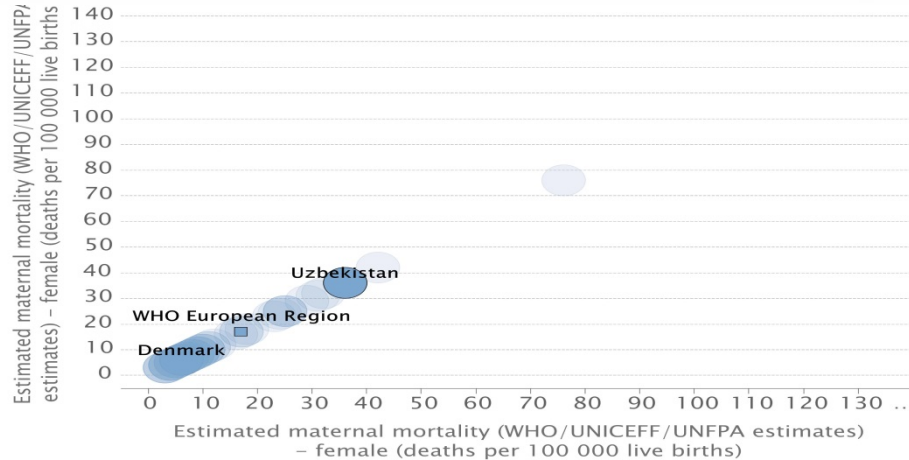
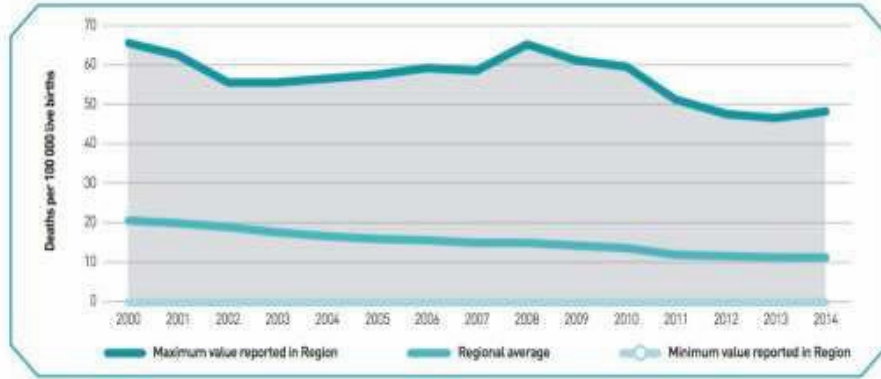
77.9 years
in 2015

UZB 69,4
in 2010

76.7 years
in 2010



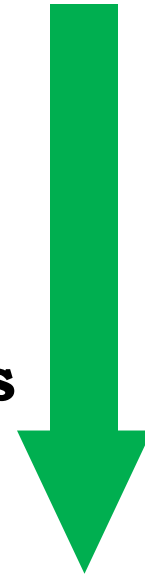
Figure 2.36. Maternal deaths per 100 000 live births, three-year moving average



No data available (3 countries): Andorra, Monaco, San Marino.

Maternal mortality rate decreased

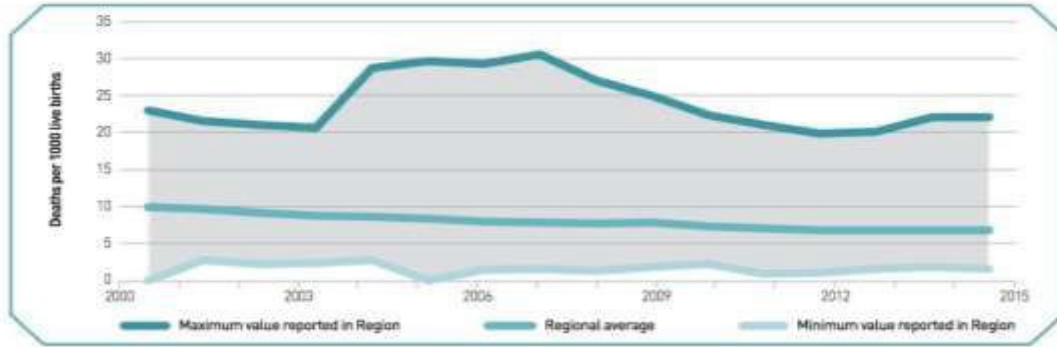
13 deaths
per 100 000
live births
in 2010



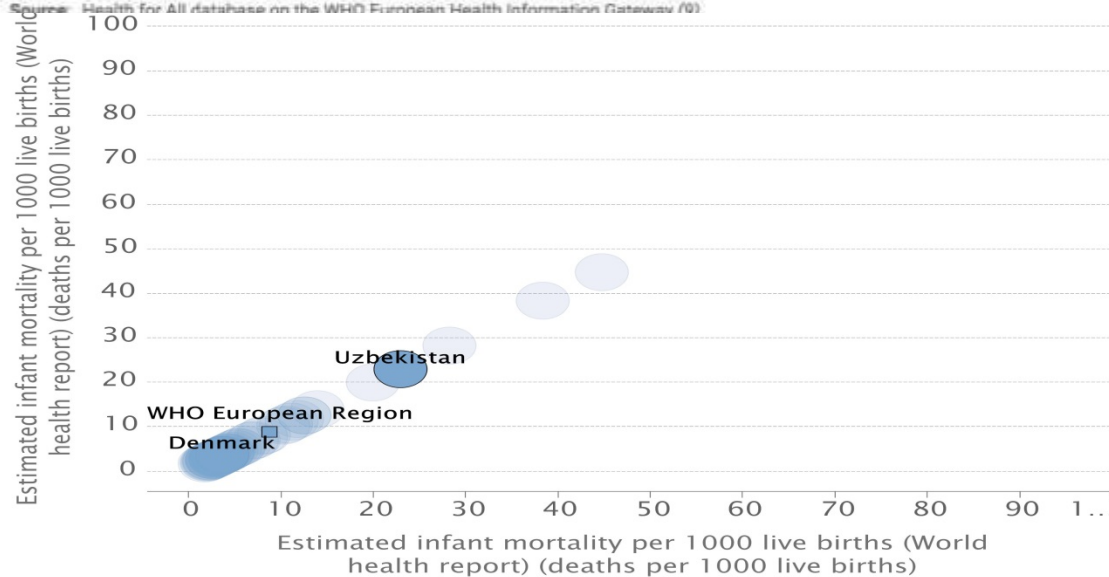
UzB 36 deaths
per 100 000
live births
in 2015

11 deaths
per 100 000
live births
in 2015

Figure 2.21. Infant deaths per 1000 live births



Source: Health for All database on the WHO European Health Information Gateway (9)



Infant mortality reduced

But with variation between **1.9** and **22.1** deaths per 1000 births

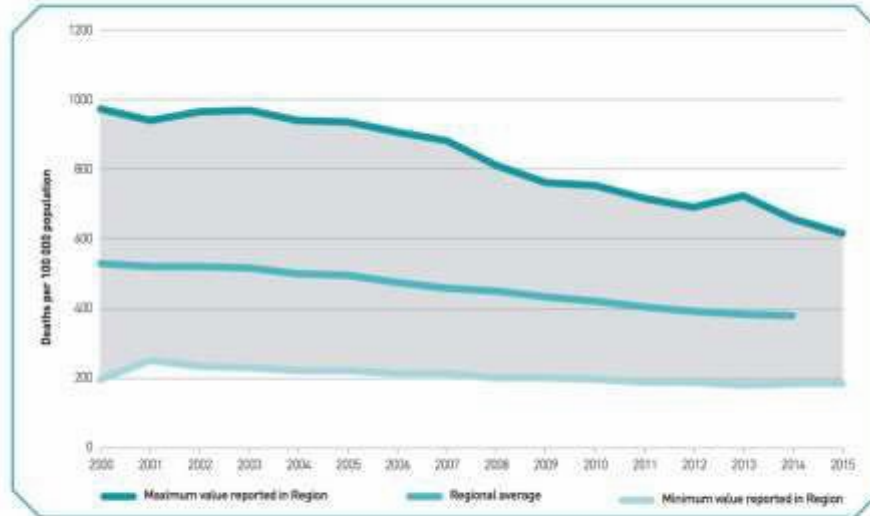
On track to reduce premature mortality in the Region

From cardiovascular diseases, cancer, diabetes and chronic respiratory diseases

By **1.5%** annually



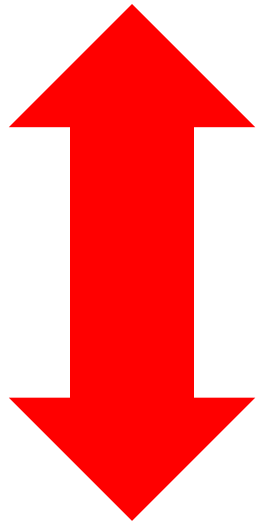
Figure 2.1. Age-standardized overall premature mortality rate (from 30 to under 70 years old) for four major noncommunicable diseases (cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases), deaths per 100 000 population



Source: Health for All database on the WHO European Health Information Gateway (9).

Note: The European regional average is calculated for those years when more than 26 countries (50% of 53 Member States) reported in that year. See Annex 2 for detailed notes.

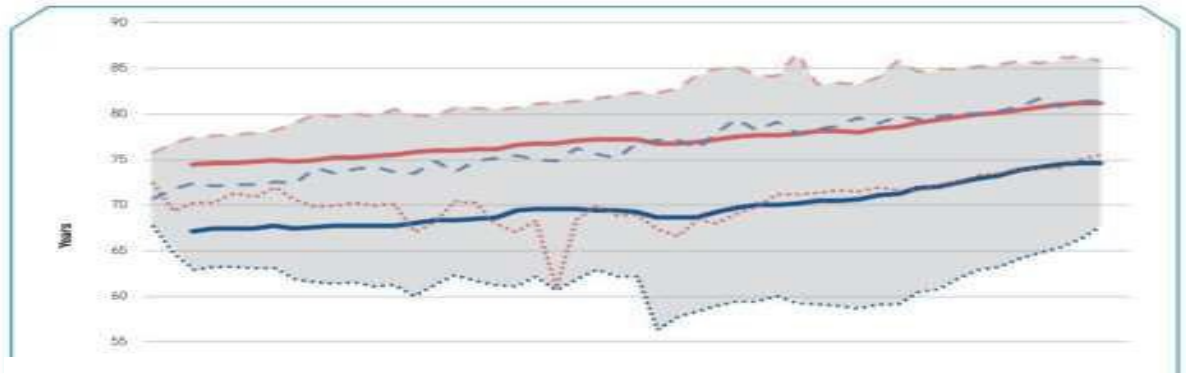
Inequities in life expectancy



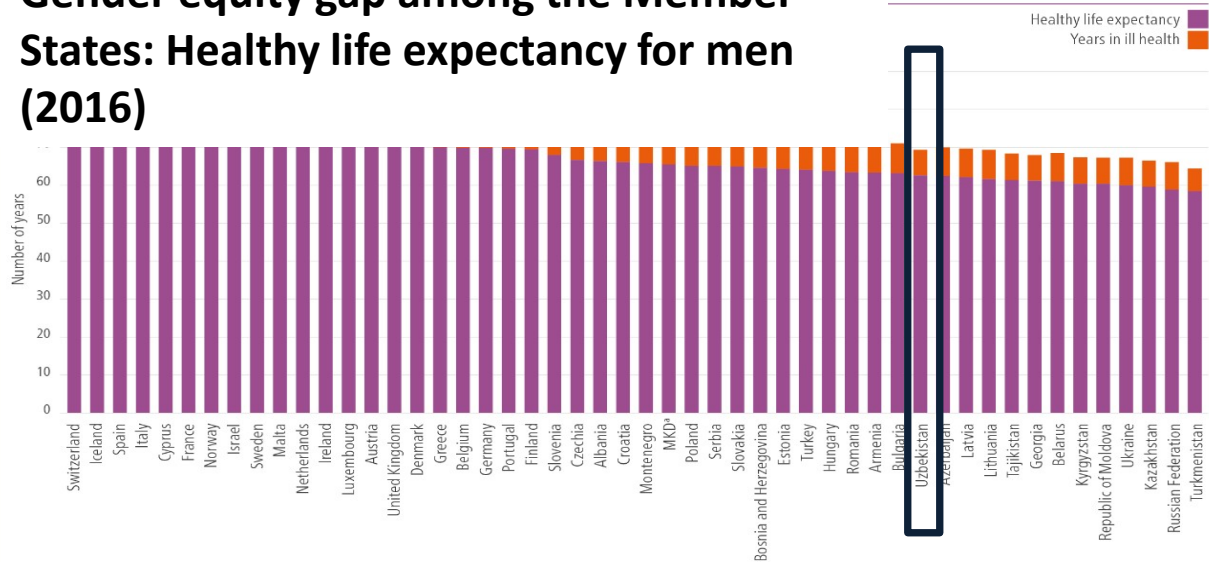
More than **10 years** between countries in the Region

UZB: 6,5 year

Figure 2.18. Male and female life expectancy at birth (years)



Gender equity gap among the Member States: Healthy life expectancy for men (2016)



* The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO). Source: WHO (2018a).



COSTS



Health inequalities cost **€980 billion** for one year in the European Union



Each 16–18-year-old **NEET**

cost **€123 000** over their lifetime in the UK

Smoking costs

€800 million per year for health care in the Russian Federation



OOP payments for health care can move **3% to 9%** of people into poverty in the CEE-CIS



SOLUTION

Early years intervention



can save over **€1.7 trillion**

spent on social problems in 20 years



Early child development interventions

can return 1.5–17 for 1 unit invested



in in co

10% reduction of heart disease



can save **€20 billion**

per year in lower and middle income countries



Public health policies

can return **14.3**



for every 1 unit invested in high income countries

Reducing inequities in health improves life chances, benefits wider society and supports fiscal sustainability !

Health & Multisectoral Policies needed to reduce inequities

(example: infant and child mortality)

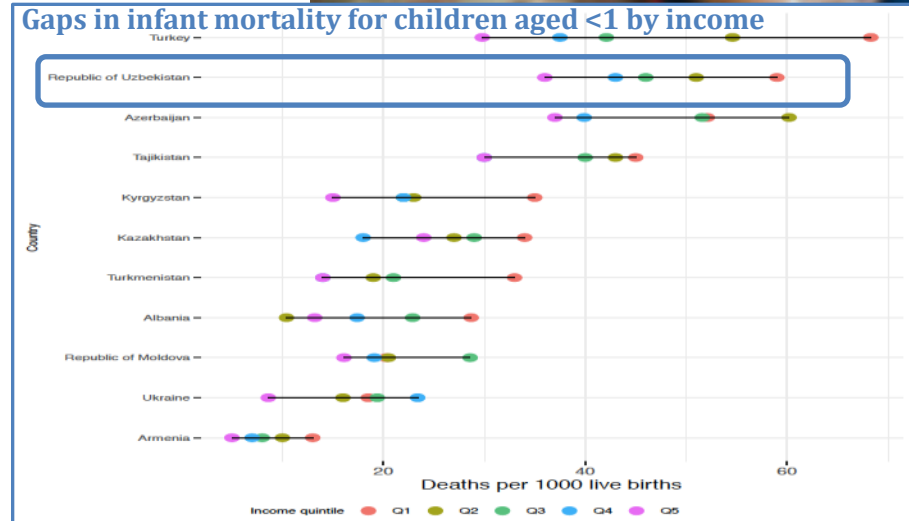
<p>Living conditions</p> <p>National Policies</p> <ul style="list-style-type: none">• Housing (quality and tenure)• Water supply/ Sanitation• Green and play spaces <p>Stakeholders</p> <ul style="list-style-type: none">• Government Departments: Health, Social Care, Housing, Sanitation, Recreation• Third sector: Children, Families• Private sector: Housing, Sanitation• EU Cohesion Fund• WHO Water Safety Plan• WHO Parma Declaration	<p>Personal and Community Capabilities</p> <p>National Policies</p> <ul style="list-style-type: none">• Universal health care• Education (Life-long learning)• Parenting and family programs• Child development <p>Stakeholders</p> <ul style="list-style-type: none">• Government Departments: Health, Social Care• National Bodies: Statistics• Local Public Health• Third sector: Children, Families
<p>Employment and working conditions</p> <p>National Policies</p> <ul style="list-style-type: none">• Equitable and inclusive employment policies (e.g. paternity and maternity leave, active labor market programs) <p>Stakeholders</p> <ul style="list-style-type: none">• Government Departments: Employment• Third sector: Children, Families	<p>Income and social protection</p> <p>National Policies</p> <ul style="list-style-type: none">• Equitable social protection (e.g. minimum living wage)• <p>Stakeholders</p> <ul style="list-style-type: none">• Government Departments: Finance, Health

Future progress for Health and Prosperity in Europe depends on **reducing health gaps** within Countries



1. Reducing gaps between men and women
2. Reducing gaps between social groups

In Uzbekistan babies born in the bottom income quintile are twice as likely to die before the age of 1 compared to those in the top quintile



Alcohol consumption

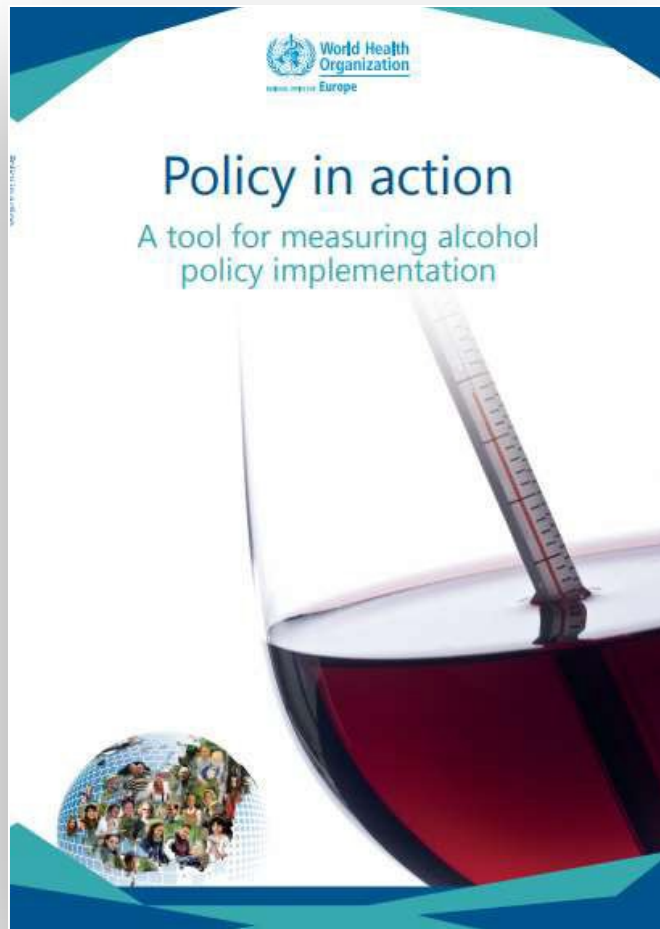
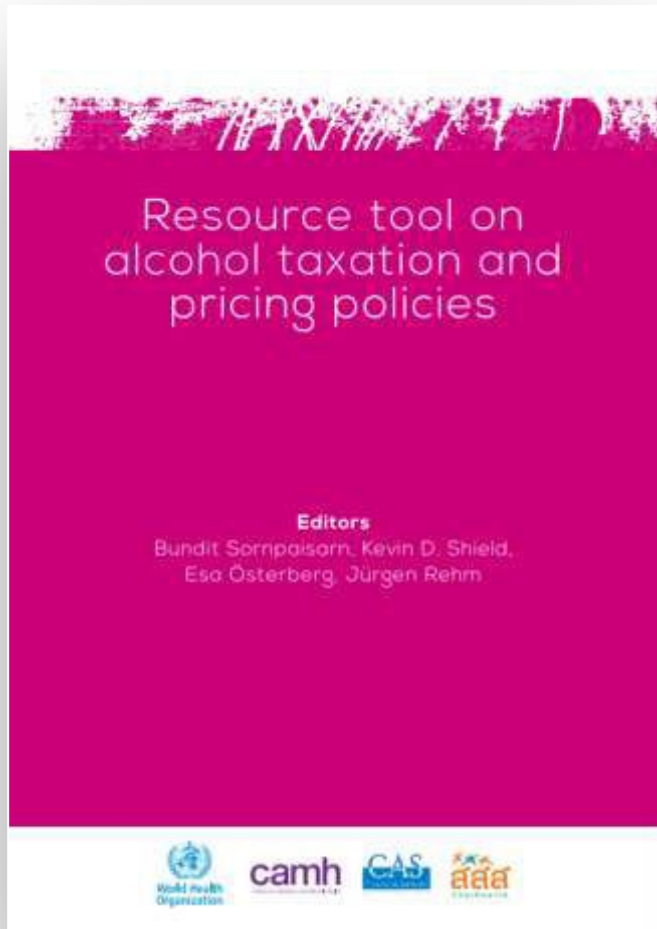


Highest globally among the WHO regions

Map 2.1. Recorded pure alcohol consumption among people aged 15 and over within a calendar year, litres per capita, latest available data



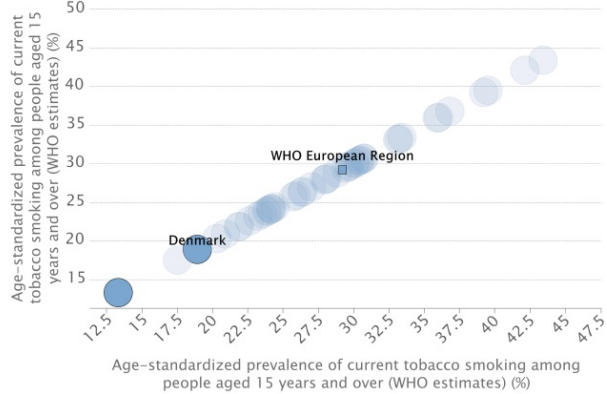
Source: Health for All database on the WHO European Health Information Gateway (9).



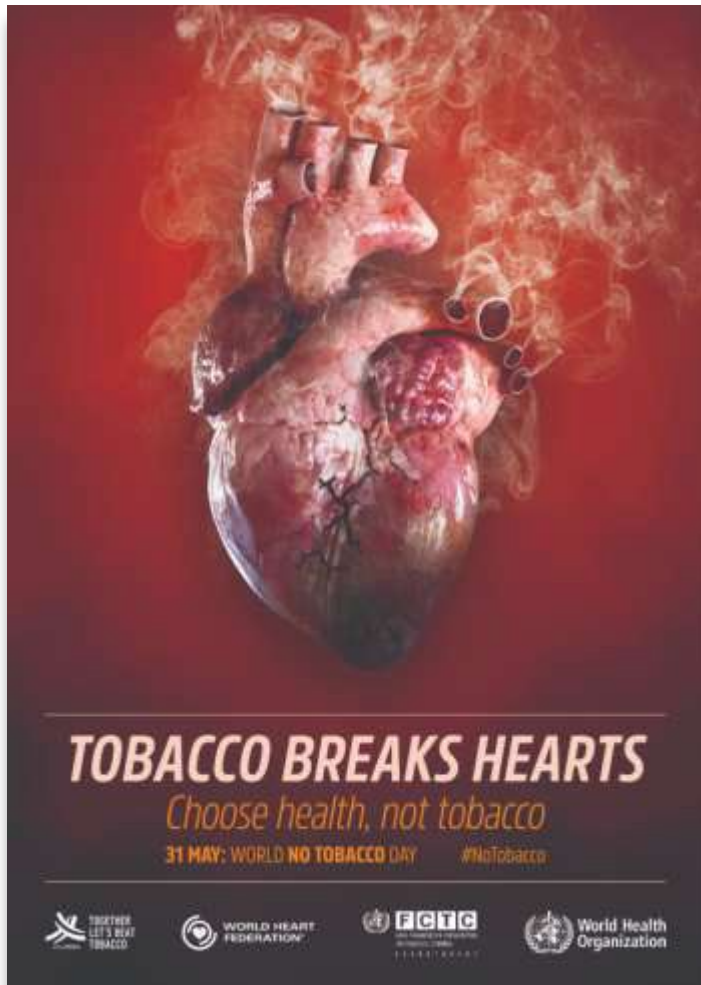


Tobacco is still affordable

Tobacco use in the Region is not reducing fast enough to meet the globally agreed targets.



No data available (8 countries): Austria, Cyprus, Monaco, Montenegro, San Marino, Tajikistan, The former Yugoslav Republic of Macedonia (MKD is an abbreviation by the International Organization for Standardization (ISO)), Turkmenistan.

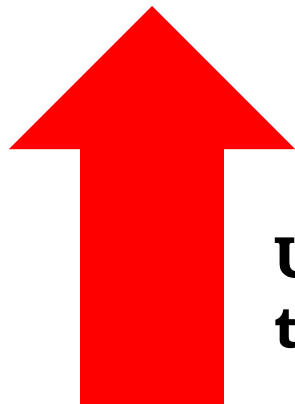


Protocol to Eliminate Illicit Trade in Tobacco Products

**Entered into force on
25 September 2018**

**We encourage all Parties to the
WHO FCTC to ratify the Protocol
without further delay**

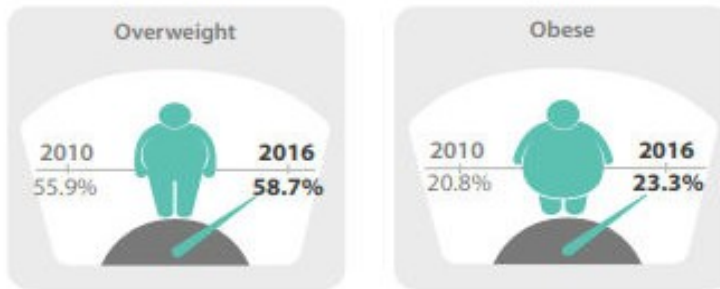
Overweight and obesity



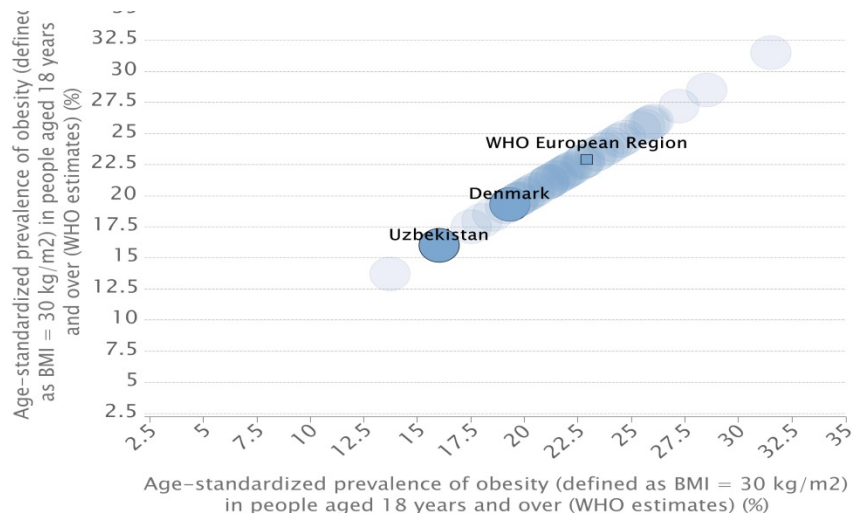
Upward trend



The percentage of the population that is overweight or obese is rising in the WHO European Region.



Variations exist between countries and across gender.



No data available (2 countries): Monaco, San Marino.



Nutrition and physical activity

**Obesity prevalence
has tripled in the
WHO European
Region since the
1980s**

The social determinants of health



Income inequality decreased
from **34.3 in 2004**
to **33.76 in 2015**



Environmental determinants



**Environmental risks still
cause one fifth of the
burden of disease in the
European Region**

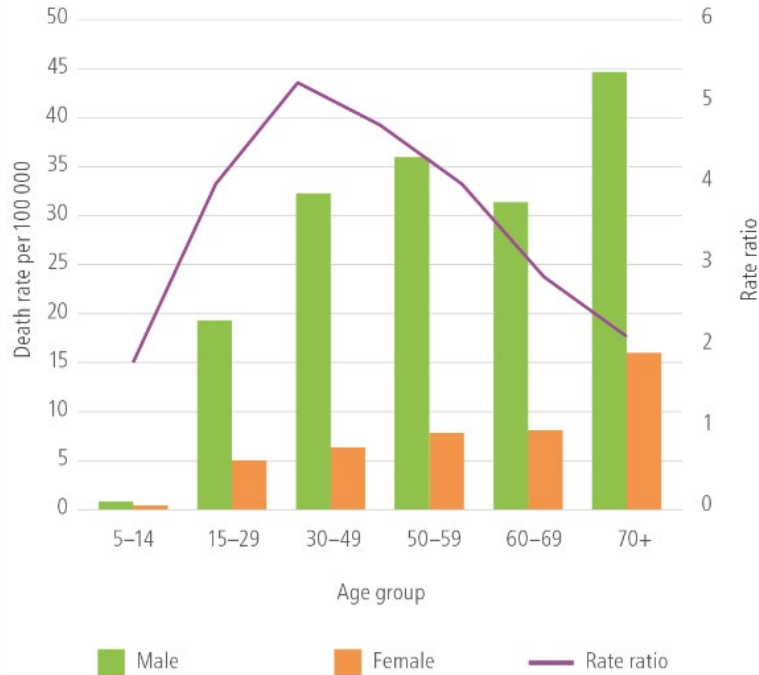


**Global Strategy for Environment and
Health**



Fig. 2.4.

Estimated death rates from suicide by age and sex, WHO European Region, 2016



Source: WHO (2018b).

Cultural determinants

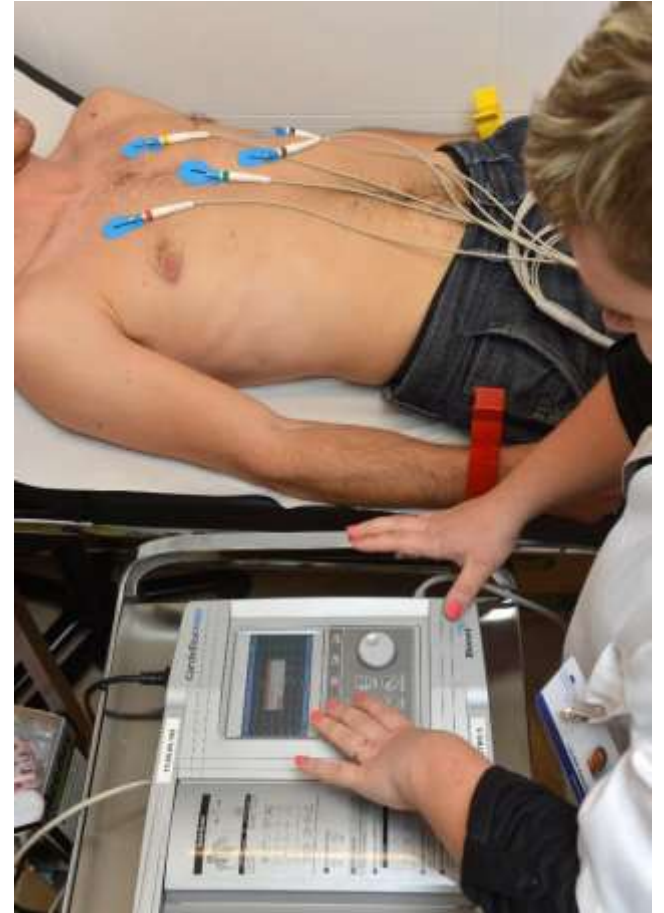
Health and well-being are influenced by cultural factors such as values, traditions and beliefs

Commercial determinants





Improve NCD outcomes
by strengthening health system
policies – **“leave no-one behind”**



All determinants aligned in a coherent policy framework for better health outcomes

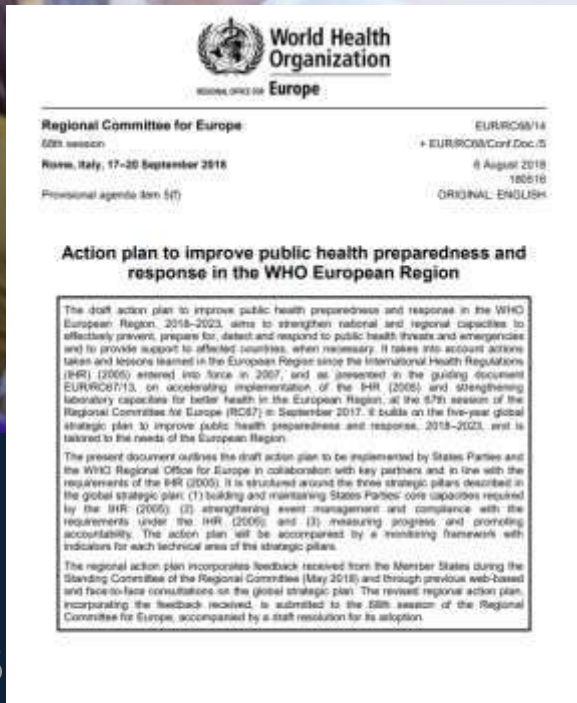


Health systems respond to noncommunicable diseases: time for ambition

Edited by
Melitta Jakup, Jill Farrington
Lesbeth Bøgermann, Frederik Marling



**Policy coherence to
improve health
requires a
comprehensive and
aligned health
system response**



There is a need for ambitious transformation in how we deliver public health services

Prioritize prevention & health promotion

Change composition and skills of the PH workforce

Strengthen public health intelligence capacity

Integrate equity in public health action

Work with communities and primary care providers



Strong and
multi-profiled
primary health
care is a key
pillar

- ✓ Adopt a community care model
- ✓ Realize a population health approach
- ✓ Coordinate with social care
- ✓ Optimize services with data driven transformations
- ✓ Invest in the competencies of practitioners
- ✓ Align provider payments
- ✓ Establish quality improvement mechanisms at practice level
- ✓ Promote inclusive entitlements
- ✓ Ensure the responsible use of medicines
- ✓ Meaningfully engage the public and civil society

Policy accelerators to strengthen primary health care



Public Health Panorama
Special Issue on
Primary Health Care

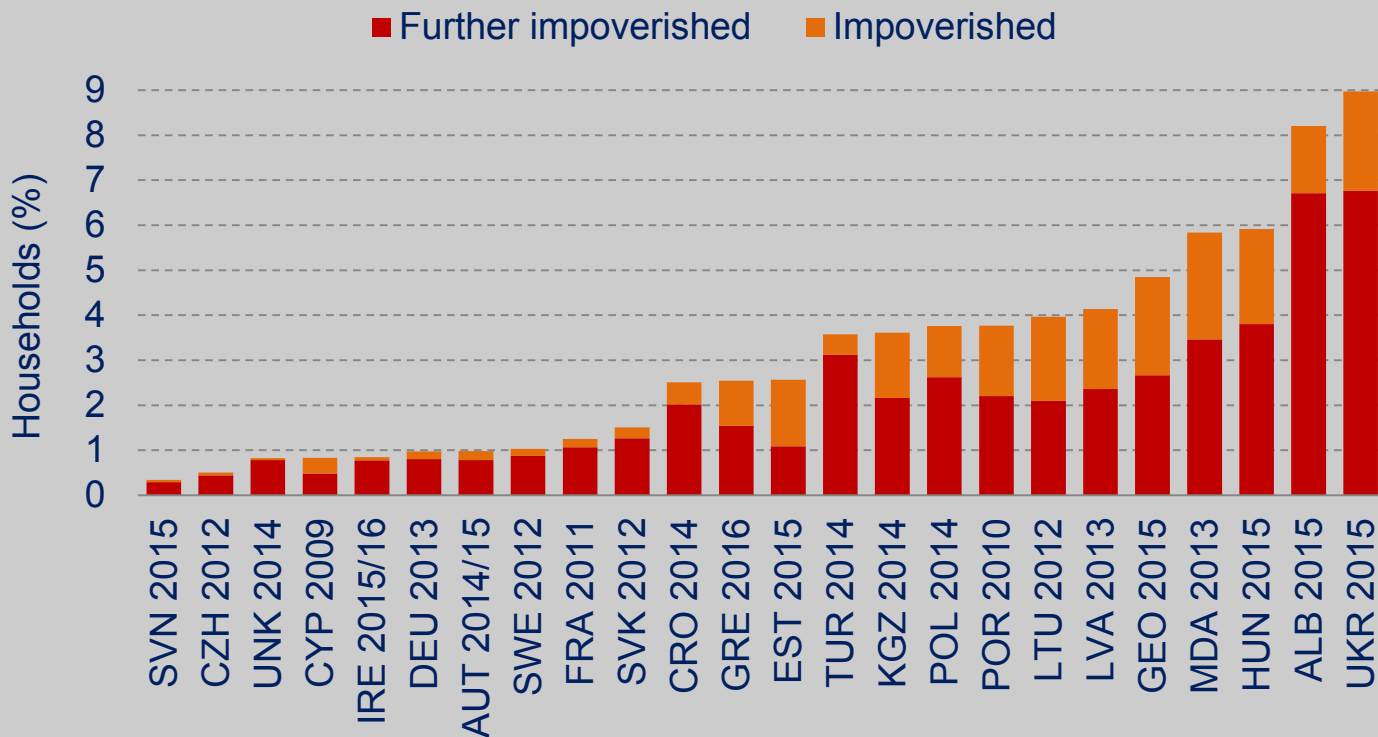
Available online
December 2018
[http://www.euro.who.int/
en/publications/public-
health-
panorama/journal-
issues](http://www.euro.who.int/en/publications/public-health-panorama/journal-issues)



Health financing policy is of key importance to ensure financial protection and access and catalyze service delivery transformation.

Our target: a Europe free of impoverishing out-of-pocket payments for health

Share of households impoverished or further impoverished after out-of-pocket payments



How to reduce OOPs and improve access?

1 Universal benefits without segmenting the population

2 Commitment translated into compulsory public funding

3 Pooling all public funds in a single purchasing agency

4 Use strategic purchasing to align funding with services

Uzbekistan is in a true position to leapfrog: adopt today's best practices



“Leapfrogging is not only possible; it is the only way.”
Recep Akdağ, Turkey

“Governance structures are needed which enhance dialogue and allow collaborative exchange of expertise including at the municipal level”
Katie Dain, NCD Alliance

“Larger scale multidisciplinary team-based services with a different mix of professionals will support a much needed shift from responsive to proactive models of delivery, to allow more focus on issues beyond the biomedical”.

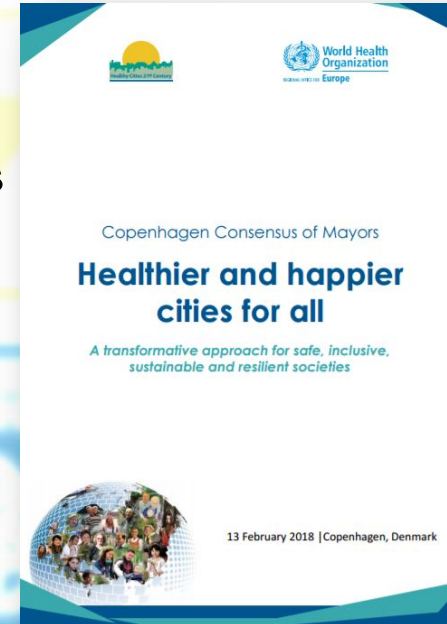
Nigel Edwards, UK

“Designing equity into public health action is a critical area of leapfrogging in health systems.”
Zsuzsanna Jakab, WHO

“Long-term systematic information management is vital; information has to be gathered and systematised, and it has to include unified health and financial data across all levels of care, and care providers”
Pavlo Kovtonyuk, Ukraine



- **Establishment of an Uzbek National Network of Healthy Cities:**
- To support local level SDG implementation
- To foster people-centred urban development
- To build cities and urban places that co-create health and well-being



WHO stands ready to support Member States to a healthier future in an integrated coherent approach

GPW 13: Promote health/Keep the world safe/
Serve the vulnerable

