



Past Patterns and Future Challenges in Nordic Health Systems:

A WHO Regional Office for Europe Perspective

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and Social Affairs, Aalborg, Denmark, 21 June 2010

Outline

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1. A new WHO Regional Office for Europe vision for a new decade

My vision for “**BETTER HEALTH FOR EUROPE**” starts with ...

The WHO Constitution

- Health is defined as: “**complete physical, mental and social wellbeing and not merely the absence of disease and infirmity**”.
- Objective of WHO is: “**the attainment by all peoples of the highest possible level of health**”.



My vision for the WHO Regional Office for Europe

- **A centre of public health excellence and a leader in health policy and public health development and advice**
- **Strong, evidence-based organization, relevant to the whole Region, with good programmes and high-calibre staff known for professional excellence**
- **An organization that invests in and reinforces priority areas, and innovates, inspires, leads the way**
- **An organization that works in close partnership with others, including the European Union (EU) and ... Nordic institutions**

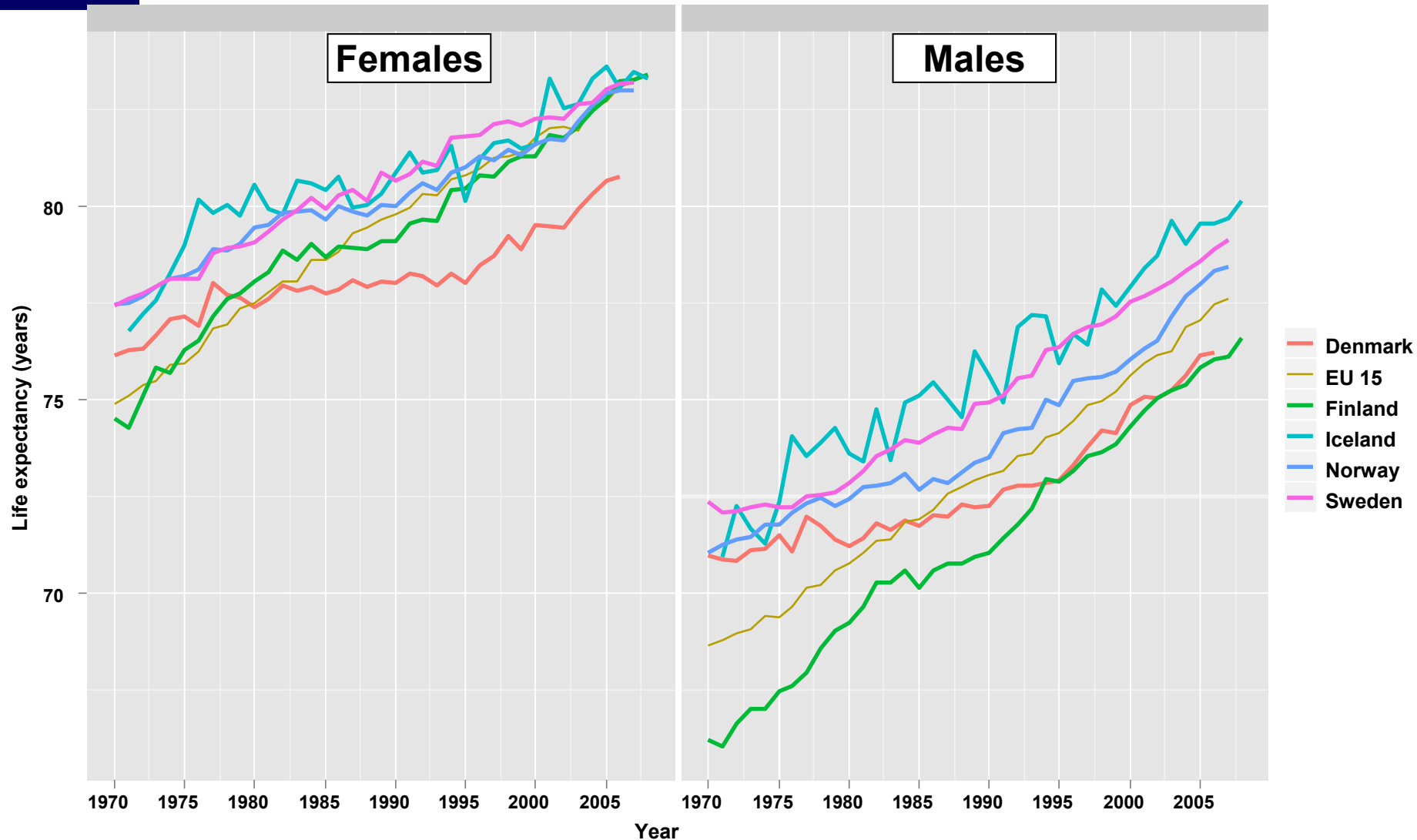
Other elements of my vision ...

- **PARTNERSHIPS** (e.g. strategic partnership with EU for all 53 Member States)
- **GOVERNANCE** (e.g. strengthening dialogue in WHO European governing bodies)
- **A NETWORKED ORGANIZATION** (strong hub with 35 offices)
- **DIVERSITY OF THE EUROPEAN REGION** (unite, bridge and twin)

- **MAIN PRIORITY AREAS OF WORK**
 - ✓ Health policy, social determinants, life-cycle, gender, vulnerable populations
 - ✓ Health systems and Tallinn Charter implementation
 - ✓ Noncommunicable diseases (NCDs), disease prevention and health promotion
 - ✓ Communicable diseases (emerging and re-emerging)
 - ✓ Environment and health and climate change
 - ✓ Information, evidence, science, research, innovation

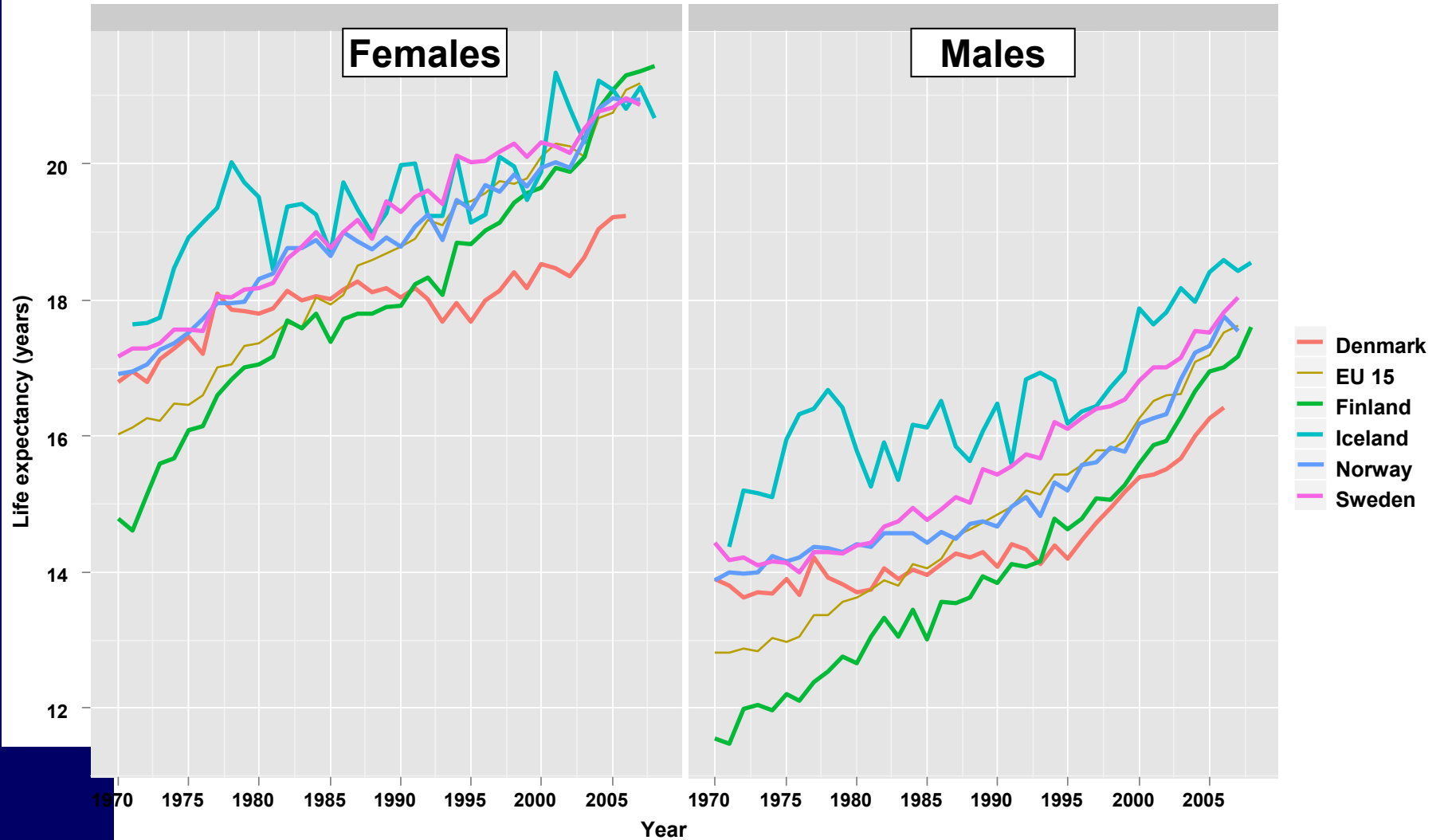
2. Health for All database highlighting Nordic trends

Trends in life expectancy at birth in Nordic and EU-15 countries, 1970–2007



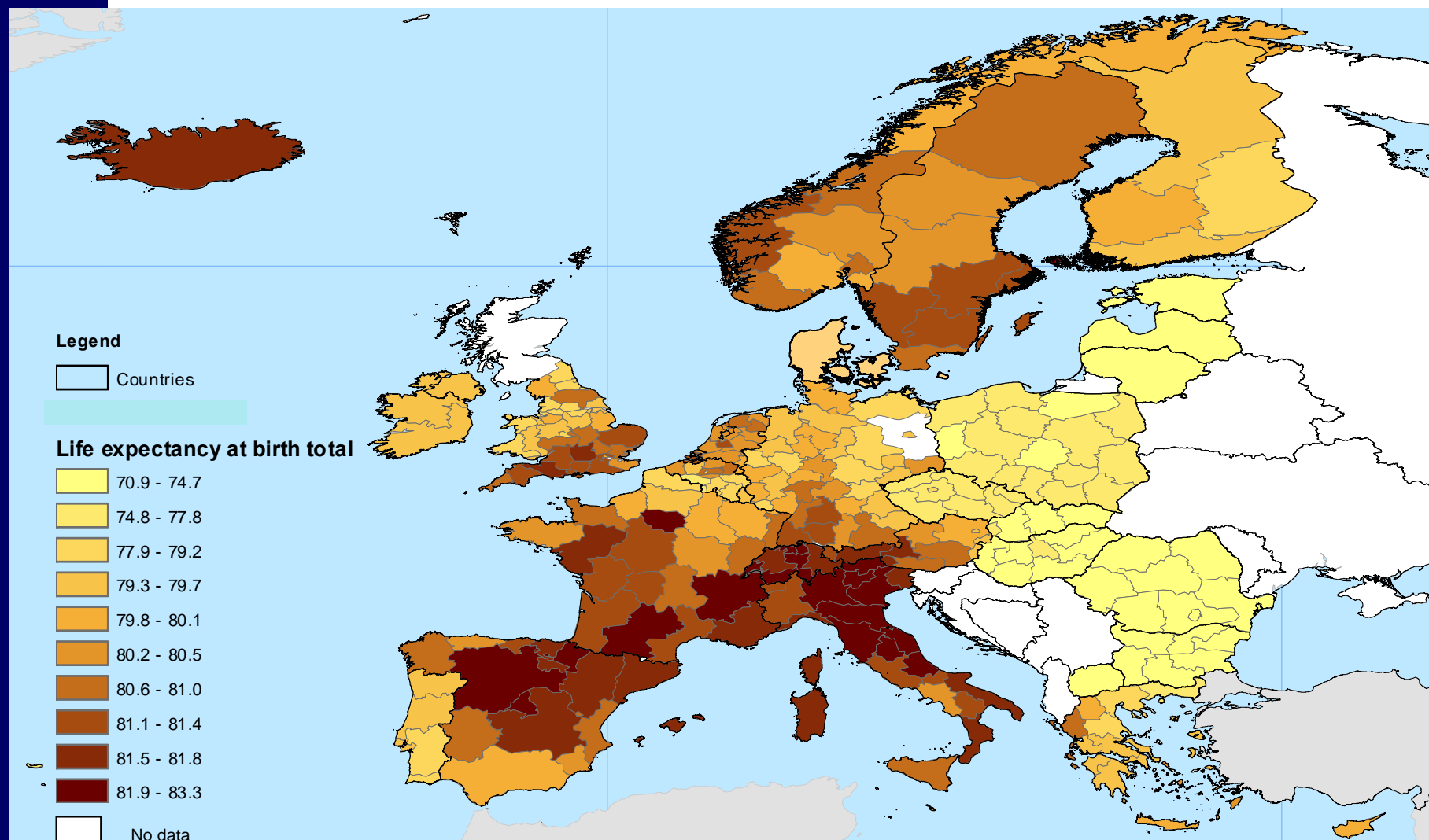
Source: WHO European Health for All database, 2010.

Trends in life expectancy at age 65 years in Nordic and EU-15 countries, 1970–2007



Source: WHO European Health for All database, 2010.

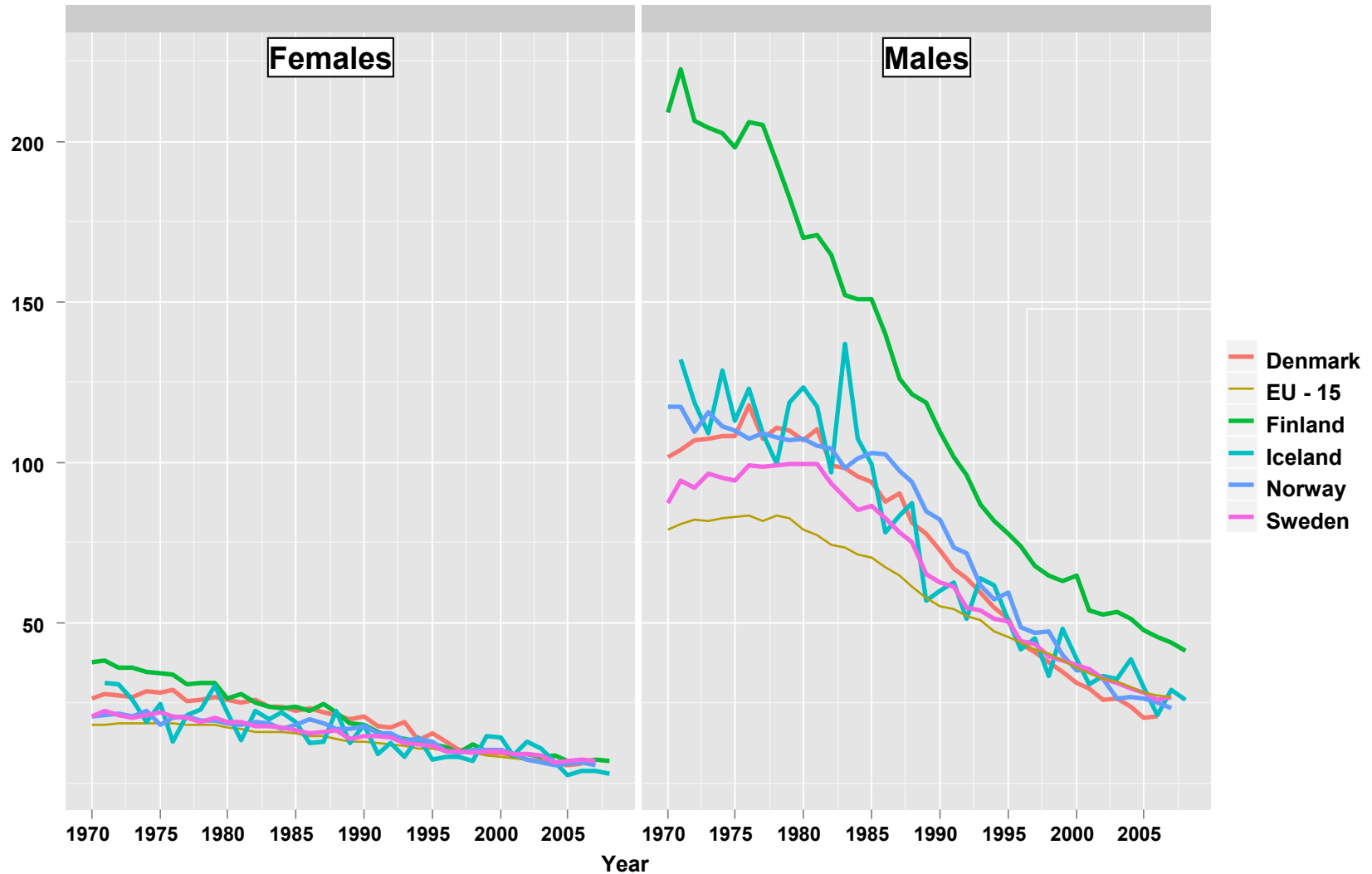
Inequalities in life expectancy at birth at regional (NUTS2) level in EU and neighbouring countries around 2005–2007



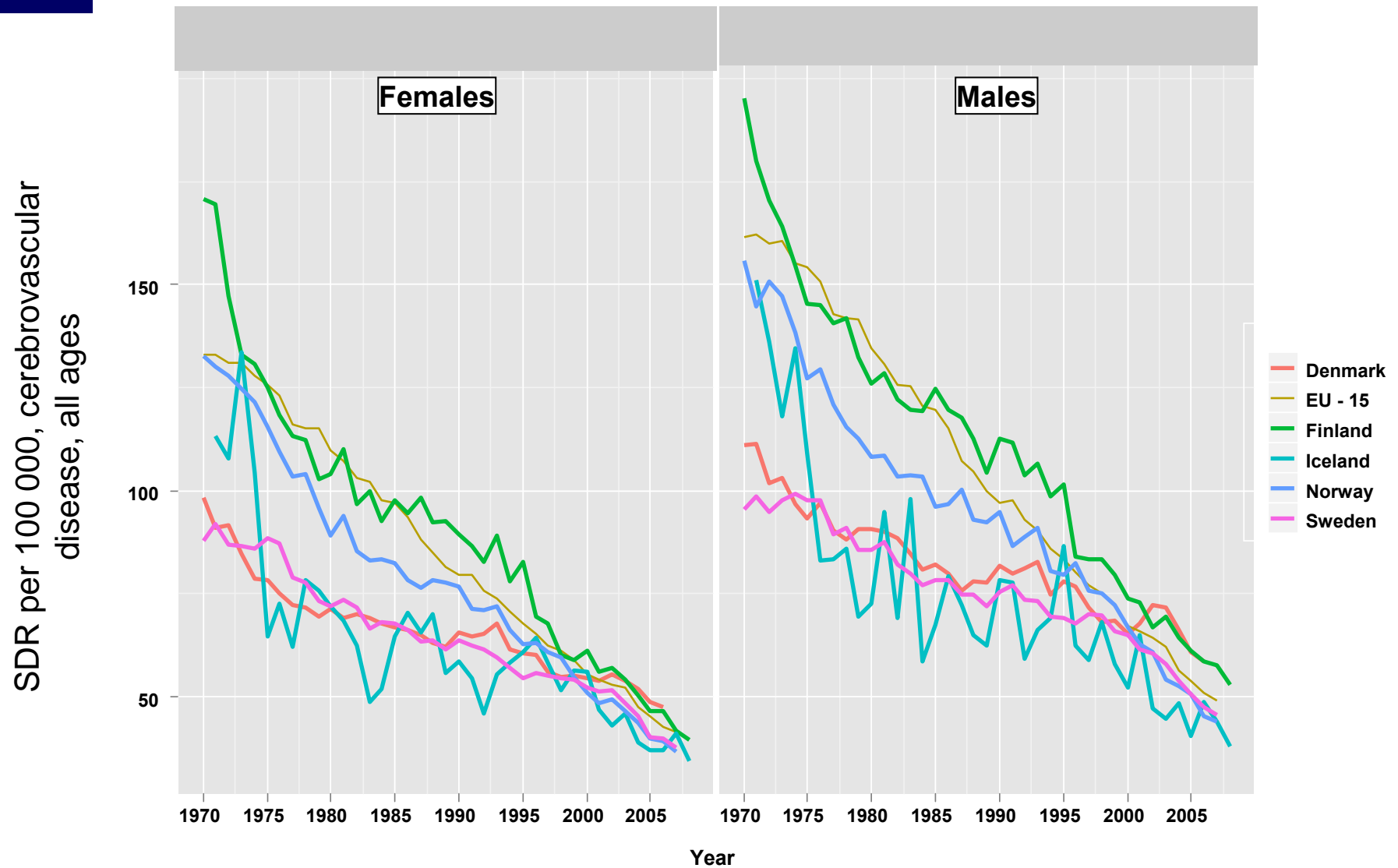
Source: Inequalities in Health System Performance and Their Social Determinants in Europe
– Tools for Assessment and Information Sharing Project, WHO Regional Office for Europe, 2010.

Trends in premature mortality from ischaemic heart disease in Nordic and EU-15 countries, 1970–2007

Standardized death rate (SDR) per 100 000, ischaemic heart disease, 0–64 years



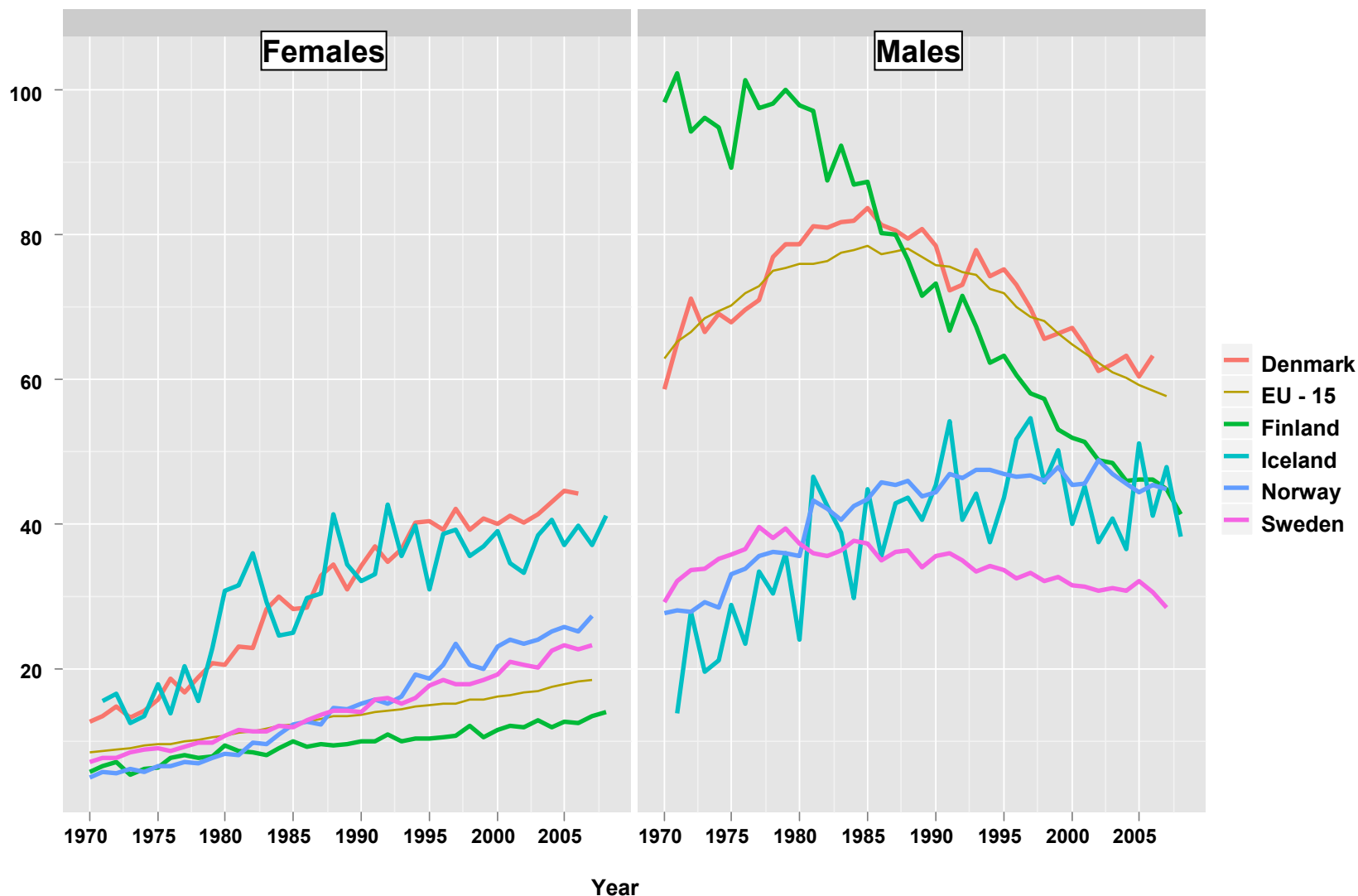
Trends in mortality from cerebrovascular disease in Nordic and EU-15 countries, 1970–2007



Source: WHO European Health for All database, 2010.

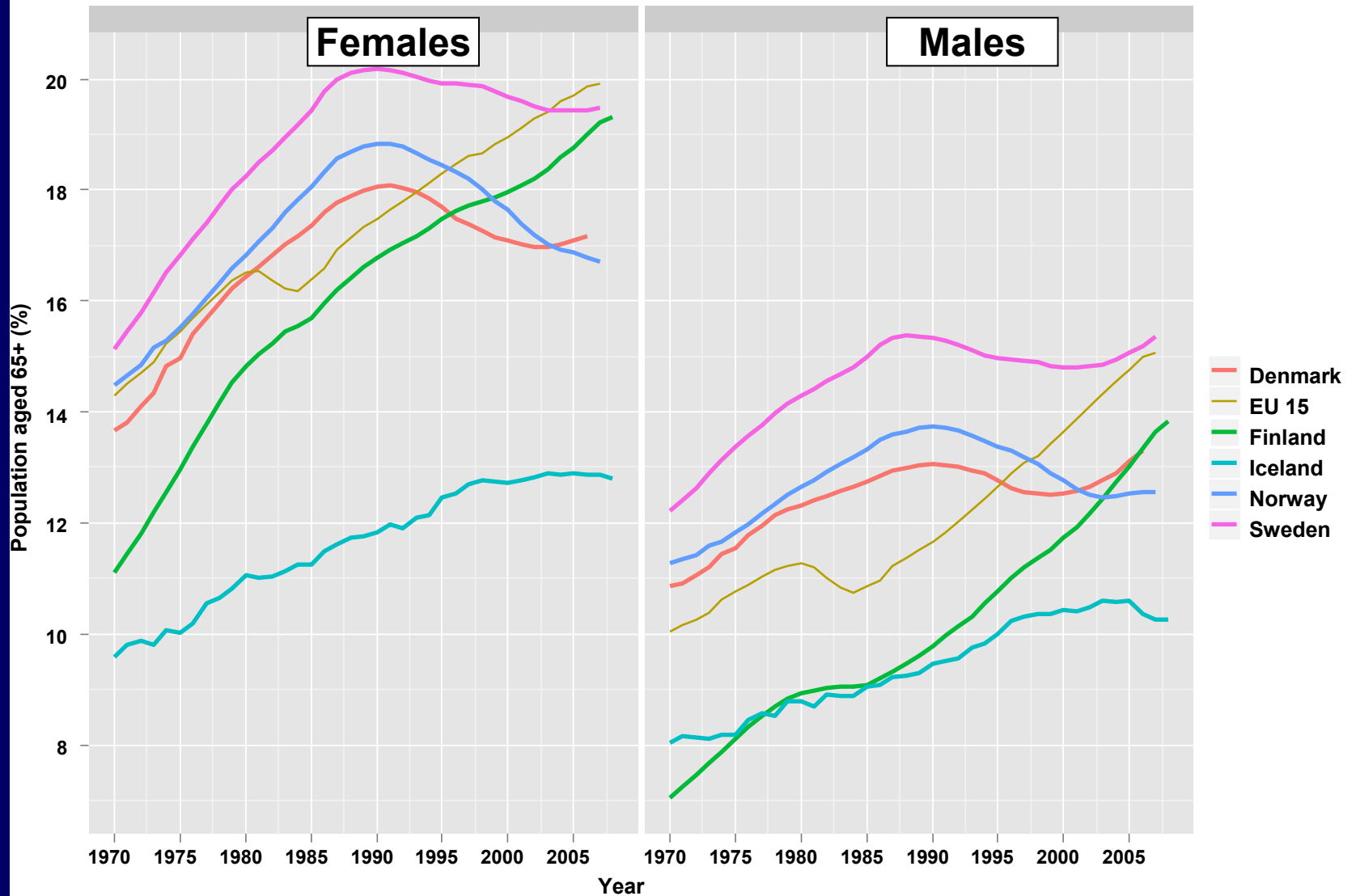
Trends in mortality from trachea, bronchus and lung cancer in Nordic and EU-15 countries, 1970–2010

SDR per 100 000, trachea, bronchus and lung cancer, all ages



Source: WHO European Health for All database, 2010.

Trends in proportion of population aged ≥ 65 years in Nordic and EU-15 countries, 1970–2007



Source: WHO European Health for All database, 2010.

3. Demographic and epidemiological challenges: 3.1. The population in Europe

- Changing demographic and social structures
- Increasingly elderly, mobile and urban

- About 70% of Europeans in general live in cities
- The population over 65 constitutes about 15% of the total
 - WHO European Health for All database

3.2. Health threats throughout the WHO European Region

- NCDs emerge as the major cause of all death and premature mortality (> 80% of the disease burden)
- Heart disease and cancer top the list
- Lifestyle determinants (**alcohol**, tobacco, diet and physical activity)
- Social determinants and social gradient
- Communicable diseases (AIDS and tuberculosis, but also threats such as H1N1 influenza, outbreaks of other infectious diseases ...)
- Environmental threats (including those from climate change, as well as air and water pollution)
- Other threats (injuries, poisoning, sexually transmitted infections ...)

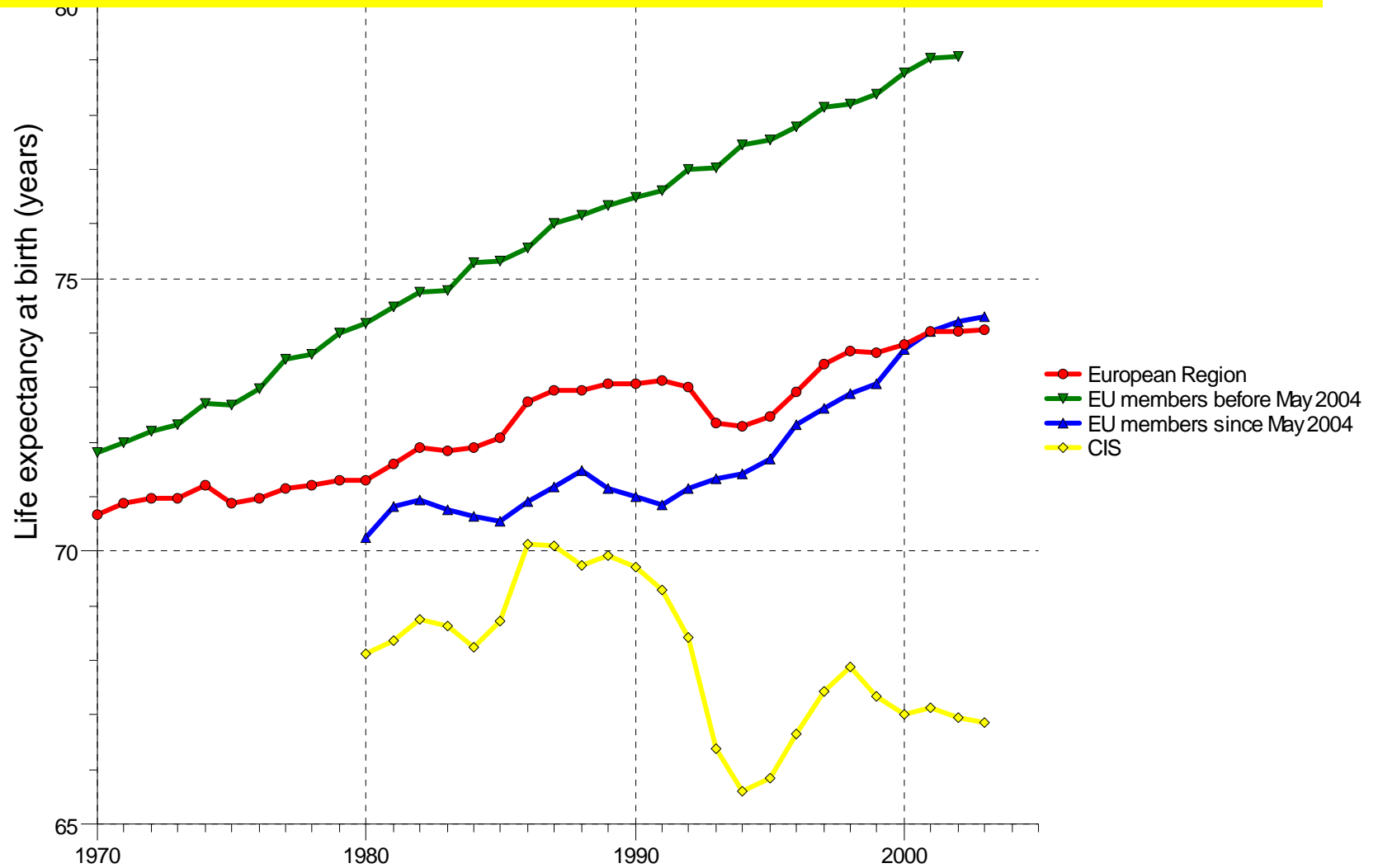
3.3 Strategies to tackle the top challenges: NCDs

- Disease prevention and health promotion to tackle NCDs and their determinants
 - Multiple strategies against tobacco and alcohol (pricing, access, setting limits ...)
 - Changes in food production processes to reduce trans fats and salt
 - Holistic interventions across a range of policy areas (urban planning, education ...)
 - New provider qualifications and settings
 - Disease management programmes (DPMs)
 - Integrated care schemes

Maintaining the focus on prevention

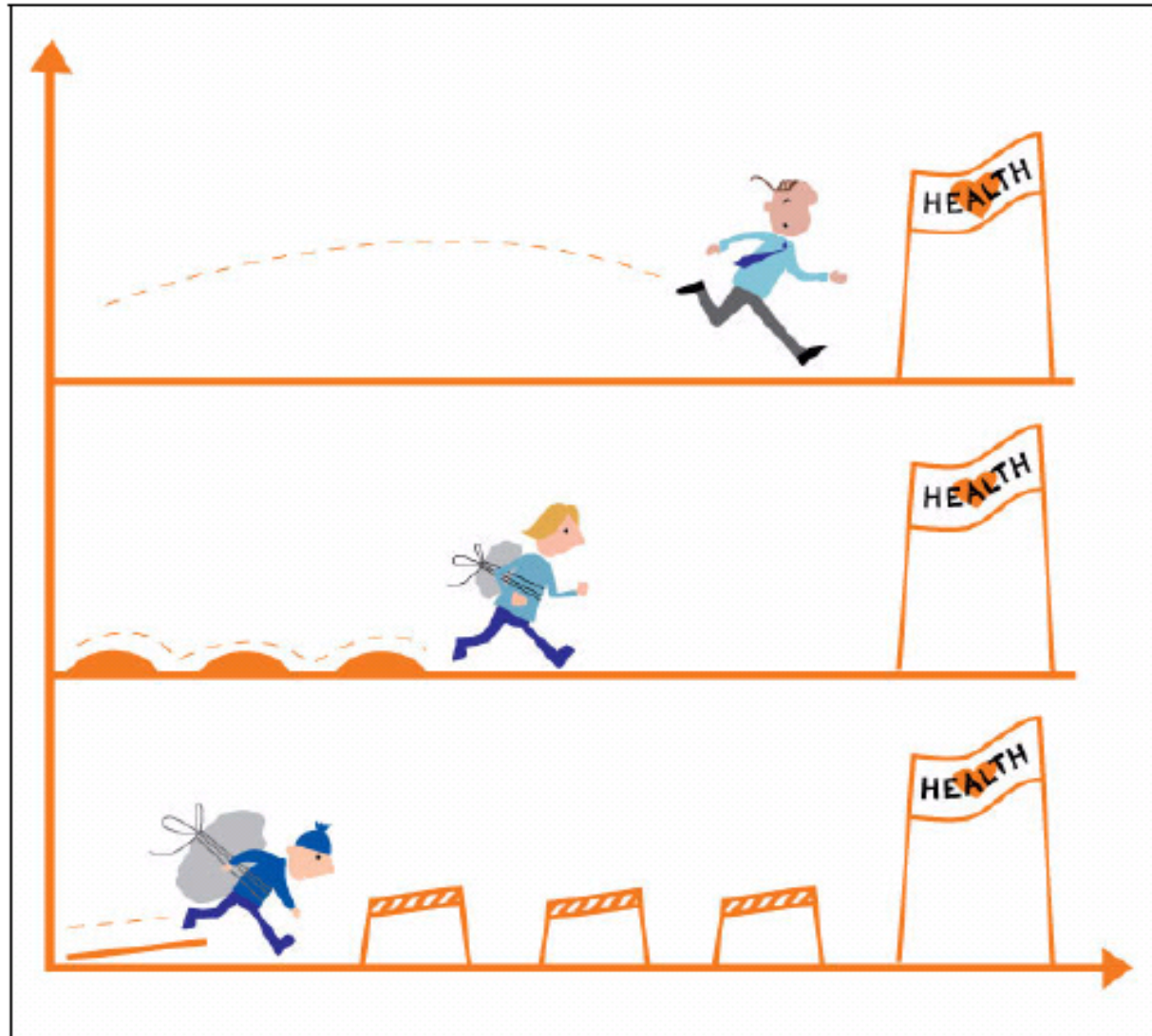
- Investment in public health and prevention is trending downwards in some Nordic countries after years of concerted upstream efforts.
- The Regional Office emphasizes its concern that the valuable progress achieved over the last decades is still fragile and can easily be undone if efforts are not maintained.

4. Unfair health inequalities between and within countries



Source: WHO European Health for All database, 2010.

Inequities in health and the social gradient



Source: Norwegian Ministry of health Care Services, 2007.

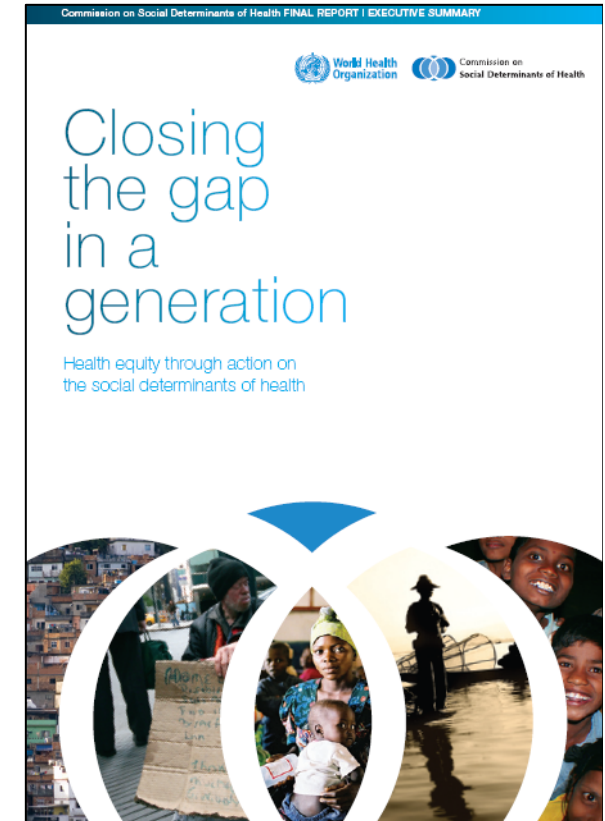
Health in All Policies

Prospects and potentials

Edited by
Timo Ståhl, Matthias Wismar, Eeva Ollila,
Eero Lahtinen & Kimmo Leppo

Closing the gap in a generation

A world where
social justice
is taken
seriously!



Source: Social determinants of health, WHO headquarters (www.who.int/social_determinants)



Photo: Steve Turner

“What good does it do to treat people’s illnesses, and then send them back to the conditions that made them sick?”

— Professor Sir Michael Marmot

Photo: Health systems confront poverty. Copenhagen, WHO Regional Office for Europe, 2003 (<http://www.euro.who.int/en/what-we-publish/abstracts/health-systems-confront-poverty>).



Renewed commitment to public health and public health functions

- Basic and essential public health operations (worker protection, air and water quality, safe housing, pandemic preparedness) have still not been achieved in all countries of the WHO European Region.
- The Regional Office will look to Nordic countries for partnerships, twinning and collaboration here and in the rest of the Region.

4. Nordic systems in perspective

Nordic health systems have had a long, proud history of balancing stability with organizational change, and building population health status.

Nordic countries have some of the most successful health systems in Europe, not only clinically but also in pushing policy “upstream” towards strategies for disease prevention and health promotion.

Nordic systems in perspective (2)

Indeed, the central principle of the 1978 Declaration of Alma-Ata – to expand primary health care – was in part derived from ongoing developments in primary care in Finland and Sweden in the 1970s.

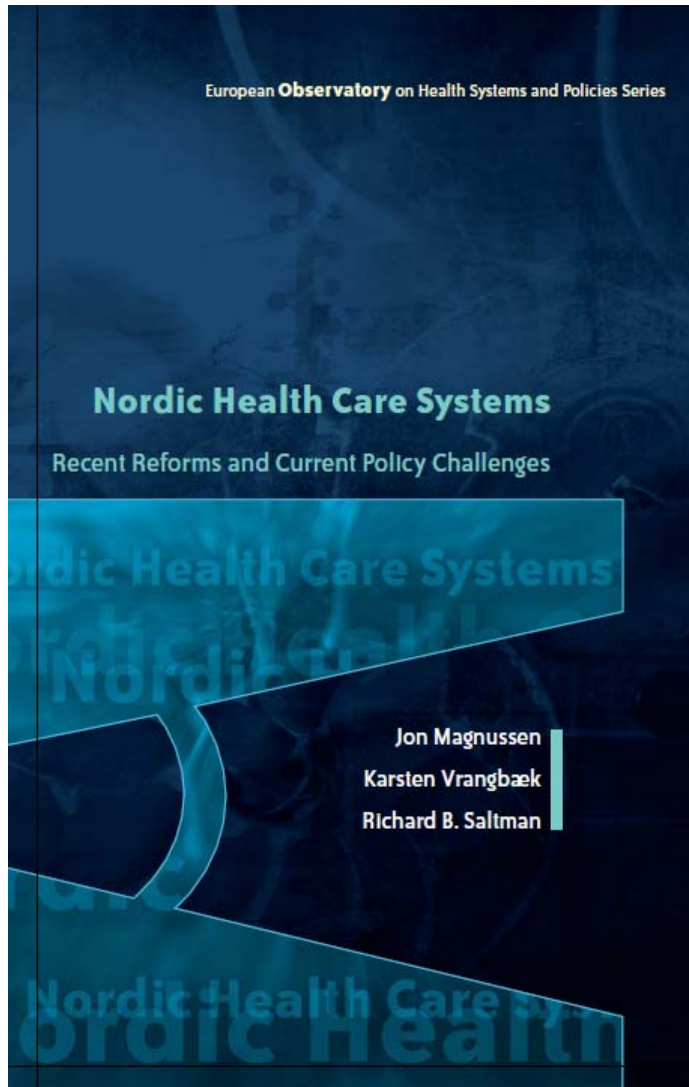
This long trajectory of success leads us in the WHO Regional Office for Europe to pay special attention to the changes that are under way in how health care is delivered in the Nordic countries.



Nordic systems in perspective (3)

We are particularly interested in how the Nordic countries are balancing new challenges for more efficient, more effective, more responsive and higher-quality health systems.

Nordic systems in perspective (4)



Recent study of 4 Nordic health systems by the European Observatory on Health Systems and Policies, Division of Country Health Systems, WHO Regional Office for Europe, 2009

(<http://www.euro.who.int/en/home/projects/observatory/publications/studies/nordic-health-care-systems.-recent-reforms-and-current-policy-challenges>)

6. Shifting pattern of innovative reforms and new policy challenges – Nordic countries

1980s Primary health care
(Sweden, Finland)

1990s Planned markets/Public firms
(Sweden)

2000s Recentralization
(Norway, Denmark)

Conditioning factors (or determinants) for the present and future . . .

- Diversity of providers
- Choice of provider
- Integrated care across institutional borders
- Sustainable funding
- Reconfiguring local government
- Impact of the EU

New challenges I

How can social policy be decentralized and continue moving further upstream (the social equity issues)

while further consolidating local government and recentralizing more functions in the hands of the national government?

New challenges II

How can regulatory strategies be developed to coordinate both private and public service delivery

and harness private actors to push public providers to be more innovative and cost-efficient

while keeping existing public employees and unions satisfied?

New challenges III

How can new ways be found to pay for health care services, to keep investing in prevention

and to promote public health services and deliver health care services

without decreasing social cohesion and social equity?

7. Tackling the challenges with the Regional Office

All the Region's Member States are facing or will soon face these dilemmas,

and we will be working with Nordic countries closely as you grapple with these issues, helping where we can.

Learning from your experience (1)

Centralization of hospitals

We look forward to learning more about your efforts to centralize high-tech hospital services, which is the topic for this meeting.

Can we build evidence and identify best practices? Here are some key questions.

- Efficiency gains while maintaining (geographical) access (in remote areas)?
- Structure for health care service delivery contingent on administrative and political structures?

Learning from your experience (2)

Long-term care (LTC) as part of a broader programme on coordination of care in health systems

- LTC is a cross-cutting policy issue between health and social care, a major challenge to sustainability and efficiency of health systems
- LTC is a cross-cutting issue within the Regional Office
 - Crucial for overall performance of health and LTC systems together
 - Health over the life-cycle, ageing populations
 - Gender: changing responsibilities in informal care, implications for female workforce and labour market participation
- Establishing links to chronic care programmes would be an asset

Learning from your experience (3)

Monitoring and evaluating quality and safety

- Benchmarking quality: peer learning through international comparisons on quality indicators (the Nordic Indicator Project)
- Developing a culture of safety – Reporting adverse events and ... analysing them!
Transparency and accountability

Moving forward ... WHO Regional Office for Europe First Expert Patient Meeting, Copenhagen, Denmark, 1 June 2010





Moving forward ...

WHO Regional Office for Europe

First Expert Patient Meeting, Copenhagen, Denmark, 1 June 2010

Next steps

- Development of core definitions, programmes and toolkits to be adapted to the heterogeneous environment in Europe
- Previous experience at WHO, in Europe and in the world; review of related Regional Office and WHO headquarters documents
- Current situation in the European Region and the world: selected case studies:
 - the Danish experience
 - the English experience
 - others
- Challenges and opportunities in the field

8. How can the Regional Office support you?

- Renewed European health policy
- Workshops and policy dialogues
- Consultations and expert advice
- Knowledge and capacity building on social determinants
- External evaluations and assessments of various public health topics and health policy questions
- Capacity building and support to public sector
- Normative guidelines and regional expert groups





Health policy for Europe 2020

- Ensure a common European vision for health
- Provide inspiration and guidance for Member States and partners to strengthen the field of public health, as well as health systems
- A people-centred policy
- Strong focus on driving action to address the health impact of social inequalities

Take-home messages

- The current challenges are complex, and require policy wisdom and dexterity. As the contradictory character of the three challenges suggest, there are few simple, straightforward strategies.
- Stronger public health/equity-based approaches are essential, but not sufficient.
- Policy-makers must accommodate both fiscal and structural pressures that have no easy answers, and that may not reinforce either traditional public health or equity strategies.
- What is needed is a more robust set of policy alternatives that can respond to these policy pressures in new ways, while reducing the consequences for public health and equity. But the old solutions alone no longer match the circumstances.
- The WHO Regional Office for Europe is strongly committed to working with the Nordic ministers as they seek new strategies, to help highlight new solutions elsewhere in Europe as they become visible.

Support from Nordic countries to the Region and WHO

- The Northern Dimension Partnership in Public Health and Social Well-being (where the Regional Office is a full member) could be a positive signal from the Regional Office.
 - Network is chaired by the Russian Federation (co-chaired by Finland), bringing together the EU, Baltic states and Russian Federation.
 - It can be an important implementing and facilitating network to enhance WHO programmes and policies in the Region.
- In 1999–2003, the Nordic countries gave financial help to establish the WHO Country Office, Russian Federation (in Moscow), which still plays an important role in WHO's presence in the country.



Thank you very much for
your kind attention!

Mange tak!

Takk fyrir!

Tusen takk!

Tack så mycket!

Paljon kiitoksia!

Tahka Tahka!