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Presentation: “Setting the scene: intersectoral elements of the Health 2020 Strategy, 8th Global Conference on Health Promotion”

13 June 2013, Helsinki, Finland

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Europe Day: setting the scene

Intersectoral elements of the Health 2020 Strategy

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*8th Global Conference on Health Promotion
Helsinki, Finland, 13 June 2013*

World Health Organization Europe
HEALTH 2020
Policy framework and strategy

Today in Helsinki we celebrate Europe Day at the 8th Global Conference on Health Promotion. I am here today with a sense of nostalgia combined with excitement. I was present at the very first international conference on health promotion in Ottawa, Canada in 1986.

Ottawa Charter for Health Promotion (1986)



Indeed, this was the very first internationally significant global meeting that I attended as a young professional. I am not sure that I would have expected to be speaking here today, all these years later, as the WHO Regional Director for Europe. Yet I do so with enormous pleasure, but also pride. Pride – as the health promotion movement started in the European Region during the time of my predecessor, Dr J.E. Asvall and received strong support and recognition from the then WHO Director-General, Dr Halfdan Mahler. Behind this great initiative there was one person, Professor Ilona Kickbusch, here with us today, who managed to turn this into a global movement, with her drive and leadership and make sure that it is kept alive and nurtured by all of us after so many decades. Others in this room today were also there in Ottawa; they have all carried the health promotion flag ever since. It is even more relevant today than 27 years

ago, which shows that our predecessors had real foresight. During this time, the concept has matured and become prominent; it is also clear that only with health promotion can we address the most pressing problems in public health.

It is also logical that this 8th Global Health Promotion Conference takes place in Helsinki, Finland, a country that championed behavioural changes as a strategy to reduce cardiovascular diseases. During its European Union (EU) Presidency in 2006, Finland introduced the concept of including health in all policies into the decision-making process of the EU, and stood up for the need to analyse the impact of other sectors' policies on health, which are profound and often adverse. As WHO Director-General Dr Margaret Chan said in her opening speech to the Conference, the day before yesterday: “ Public health has been on the receiving end of all these policies for a long time. With this meeting, it is time for us to move to the top table, and have a our say. A great deal is at stake.”

Let me therefore take this opportunity to thank Finland for its initiative to organize the Conference, including Europe Day. I am convinced that this will take us one step closer to our objective of improving health and reducing the health gap in our Region.

For a moment I will go back briefly to principles. Health promotion is the process of enabling people to increase control over their lives and health, and to improve the determinants of their health. Health is a positive concept, emphasizing social and personal resources, as well as physical capacities, and it encompasses well-being Most importantly, health, health promotion, disease prevention (addressing the root causes of ill health) cannot just be the responsibility of the health sector, as the root causes themselves reside in other

sectors. Collaboration among multiple sectors and multiple actors is therefore paramount.

In this presentation, I shall show how we firmly kept this rationale centre stage in our new health policy framework for Europe, known as Health 2020, whose aim is to respond to the current disease burden of our Region, improve healthy life expectancy and reduce inequalities in health. For all this – of course – we need strong political commitment and leadership, as we have to address difficult and complex issues of trade and business interest, which will only work with a strong leadership at the top level.

We have made great progress. In our European Region, health has significantly improved over the last 3 decades and we gained 5 years in life expectancy over 30 years, but at the same time the health gap has increased between and within countries. This is most worrisome for all of us.

The changing health landscape

- The global health architecture has become more extensive but very complex
- Globally and regionally health has improved, yet deep inequities remain
- Health challenges are multifaceted 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 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.

Health challenges are complex and multifaceted: for example ageing, migration, the predominance of noncommunicable diseases (NCDs) and mental health problems, the remaining challenges from communicable diseases, the performance and financial challenges affecting health systems, including the rising costs of new technologies, and the state of public health in our Region.

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
- Matter of human rights and social justice

In the European Region – due to our joint work over the past decades – health and managing interdependence have moved up on the policy and social agendas of countries and internationally. It is seen as a matter of human rights and social justice, a vital economic and security issue, and a major resource for equitable human, economic and social development that needs to be nurtured and equitably improved. Health is also a major economic sector in its own right, and it is clear that without health there is no development.

Today people also need and expect to have influence and control over their political, social, economic and physical environments, within a reformed governance for health that reflects today's health burden and its determinants. Health in all policies (or, in other words, “health equity in all policies”) is an

essential approach, given that the causes of many diseases and their risk factors and other underlying determinants lie beyond the reach and control of health ministries.

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Improving governance for health

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


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

The 21st century approach to governance for health

Source: Kickbusch, 2011

Two studies on governance for health studies led by Professor Ilona Kickbusch (2011, 2012)

Study on intersectoral governance for health in all policies by Professor David McQueen and others



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In the European health policy, Health 2020, this universal emphasis on health development is described as a responsibility and accountability for health of the whole of government and whole of society. This 21st-century governance for health is based on the social determinants of health, equity and sustainability, and it achieves global and societal goals through new, interconnected forms of governance, which is more coherent and more participative, and new strategic relationships, and with the strong voice and involvement of citizens. High-level leadership from presidents and prime ministers is key to progress, but the

leadership from health ministers and public health agencies is equally important and needs to be strengthened. The health sector also has a partnership role towards other sectors, as improving health contributes to achieving their goals (a “win–win” situation). Governments at all levels have established or are considering establishing formal structures and processes that support coherence and intersectoral problem solving. These can also address power imbalances between the sectors. By strengthening policy dialogue on health and its determinants and building accountability for health outcomes, health will continue to move up the policy agenda.

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These messages are at the core of Health 2020, which is a values- and evidence-based policy within which the health-in-all-policies approach may be

implemented. For example, here we see health in all policies as an essential pillar of our action plan on NCDs for 2012–2016.

SLIDE 7

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: NCDs and communicable diseases

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

Creating resilient communities and supportive environments

 **World Health Organization**
Europe

Health 2020 is addressed to health ministers, but also aims to engage ministers and policy-makers across government, and stakeholders throughout society who can contribute to health and well-being. It also addresses heads of state and prime ministers, whose leadership and support are key to further success to address “lifestyle and behavioural issues, where we have to face opposition from forces that are not so friendly,” – as Dr Chan said.

Health 2020 is built around two main strategic objectives:

1. working to improve health for all and reducing the health divide; and

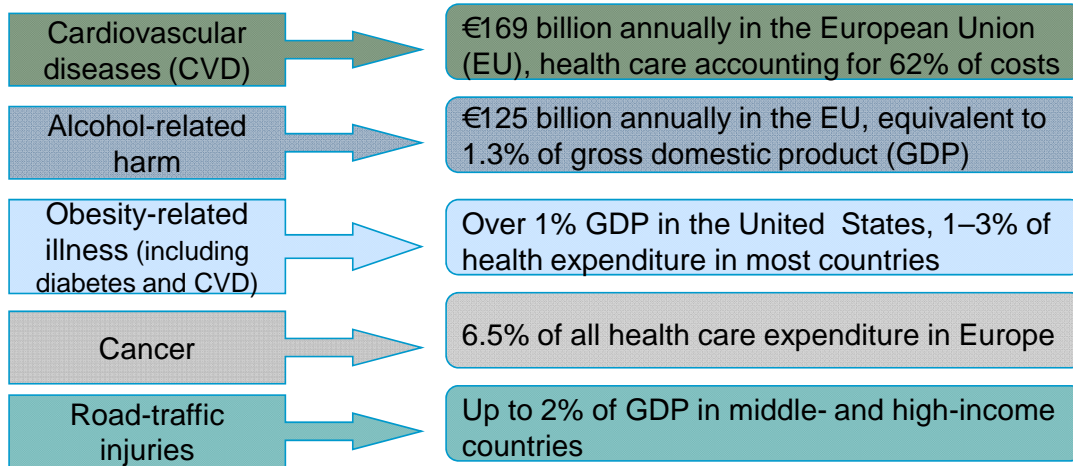
2. improving leadership and participatory governance for health;

and four common policy priorities:

1. investing in health through a life-course approach and empowering people;
2. tackling Europe's major health challenges;
3. strengthening people-centred health systems, public health capacities, and emergency preparedness, surveillance and response; and
4. creating resilient communities and supportive environments.

The policy framework aims to address “upstream” influences on health by focusing on public health, primary care, health promotion and disease prevention, and stronger health systems, including essential public health functions.

Economic burden of chronic disease



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&andsa=Uandei=BNI4T-K7JoKL0QGxs6HFAgandved=0CBwQFjAFandusg=AFQjCNHS922oF8d0RLN5C14ddpMVeRn8BA>)).

One message is particularly clear: considering chronic disease, the present economic burden is enormous across the European Region, and there is now very clear evidence of the cost-effectiveness of health-in-all-policies interventions: for example through the use of fiscal policy and social welfare spending.

Health 2020: rethinking policies for health and approaches to stakeholder engagement



Example: fiscal policy to control harmful use of alcohol



Alcohol-related harm

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

Mapping allies and interests

Ministry of justice, police

Employers and development sectors

Health

Transport

Local communities

One example is a health-in-all-policies approach to controlling the harmful use of alcohol, involving many allies and interests.

We are advocating Health 2020, and actively promoting its implementation:

- through a series of events such as this; the launch of the European studies on the health divide and the economics of health and the European health report; ministerial and high-level events this year, such as our upcoming nutrition and obesity conference in Vienna and the NCD conference in Ashgabat, and celebrations of the anniversaries of the Tallinn conference on health systems and the Declaration of Alma-Ata;
- through the development and promotion of a core package of tools, resources and services to help and assist countries; and

- through the use and development of platforms to advocate for and help implement Health 2020.

We are seeing success. A number of countries are strongly committed to implementing the Health 2020 policy framework, using a variety of frames of reference and formats. There clearly will not be one single model, and I welcome this diversity and richness of approach.

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Healthy Ireland

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Healthy
Ireland

A FRAMEWORK FOR IMPROVED HEALTH AND WELLBEING
2018 - 2025

 World Health Organization
ORGANISATION MONDIALE DE LA SANTE Europa

(<http://bit.ly/health2020who>)
(<http://bit.ly/healthyireland>)

The most recent initiatives launched were the Healthy Ireland strategy (during the Irish EU Presidency), the Swiss policy 2020 and the targets for health in Austria.

New publications being launched



Health literacy: the solid facts

- Health literacy is a key determinate of health
- Nearly half of Europeans have inadequate or problematic health literacy
- Action in a range of settings and sectors can enhance health literacy

Status report on alcohol and health in 35 European countries 2013



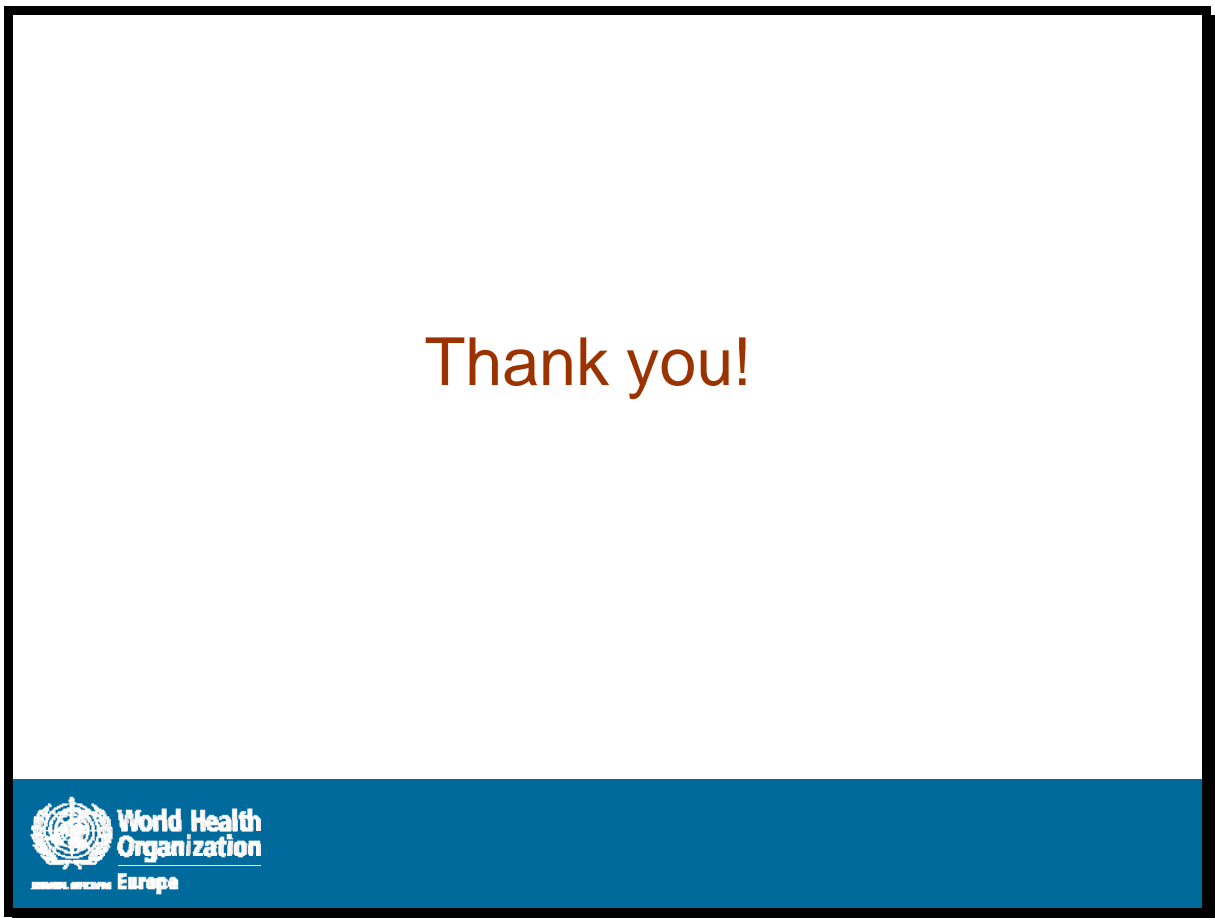
Status report on alcohol and health

- Co-sponsored by the European Commission and Finnish health ministry
- Covers EU Member States + Croatia, Norway, Switzerland (members of Committee on National Alcohol Policy and Action – CNAPA) and candidate countries (Iceland, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey)
- Three parts:
 - Trends in alcohol consumption and alcohol-attributable mortality in the EU in 2010
 - Alcohol policy update using information collected from Member States in 2012
 - Country timelines with main achievements on alcohol policy



One way we will do this is of course through publications, and we are launching two here today related to Health 2020 that I will take just a moment to mention:

1. *Health literacy. The solid facts*
2. *Status report on alcohol and health in 35 European countries 2013.*



As I look back over the last 27 years, I can see how far we have come, but also how much remains to be done. We now have the strategies for improving health equitably across Europe and beyond, and we must work together to achieve this goal for the benefit of all our peoples, both in Europe and globally. Health 2020 and health in all policies show us the way forward.

Thank you.