



Better Health for All in Latvia

The health strategy for the European Region (Health 2020) and the Latvian Public Health Strategy 2011–2017

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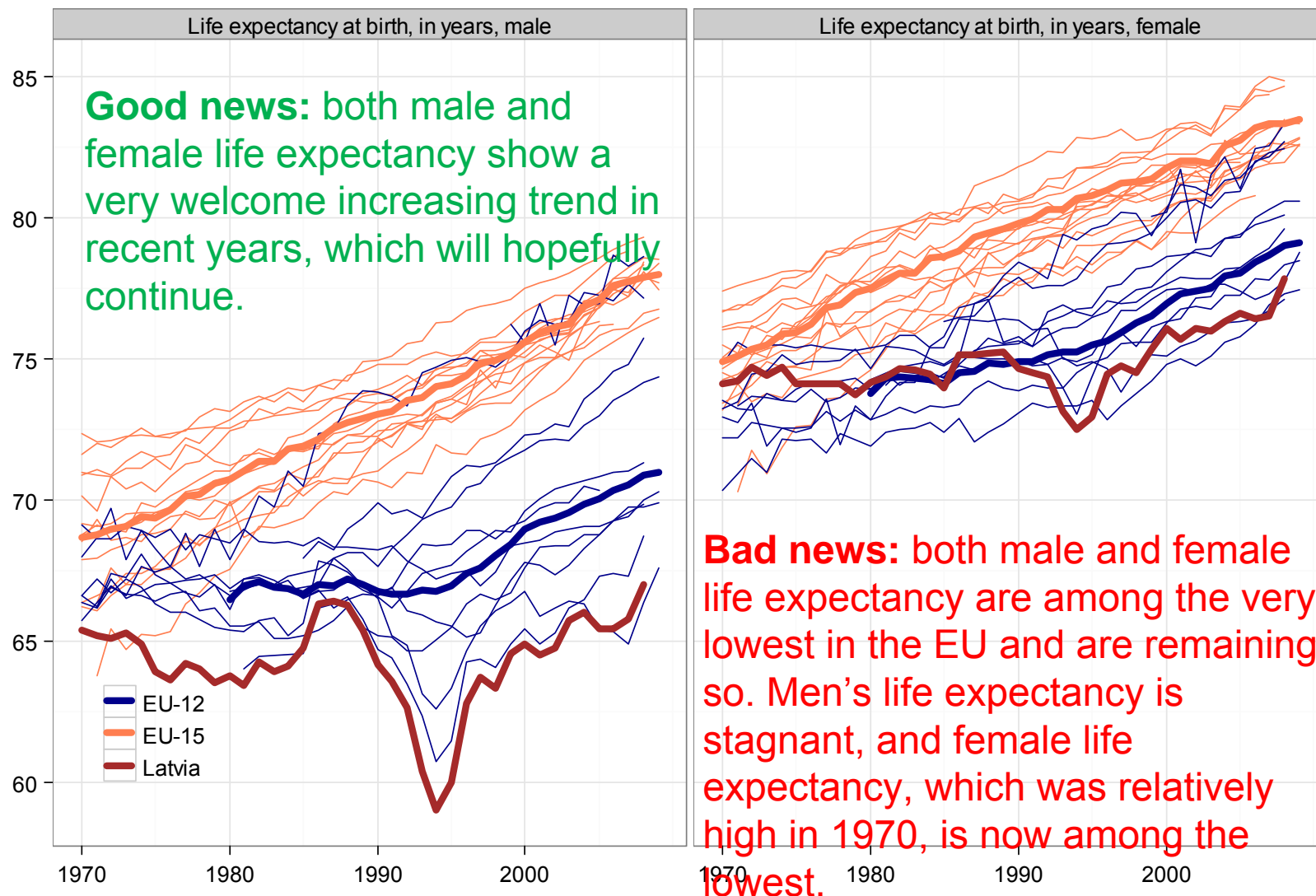
Agenda

- Why a public health strategy for Latvia and the European Region: **the evidence.**
- **The response:** key features of Health 2020 and links to Latvia's strategy.

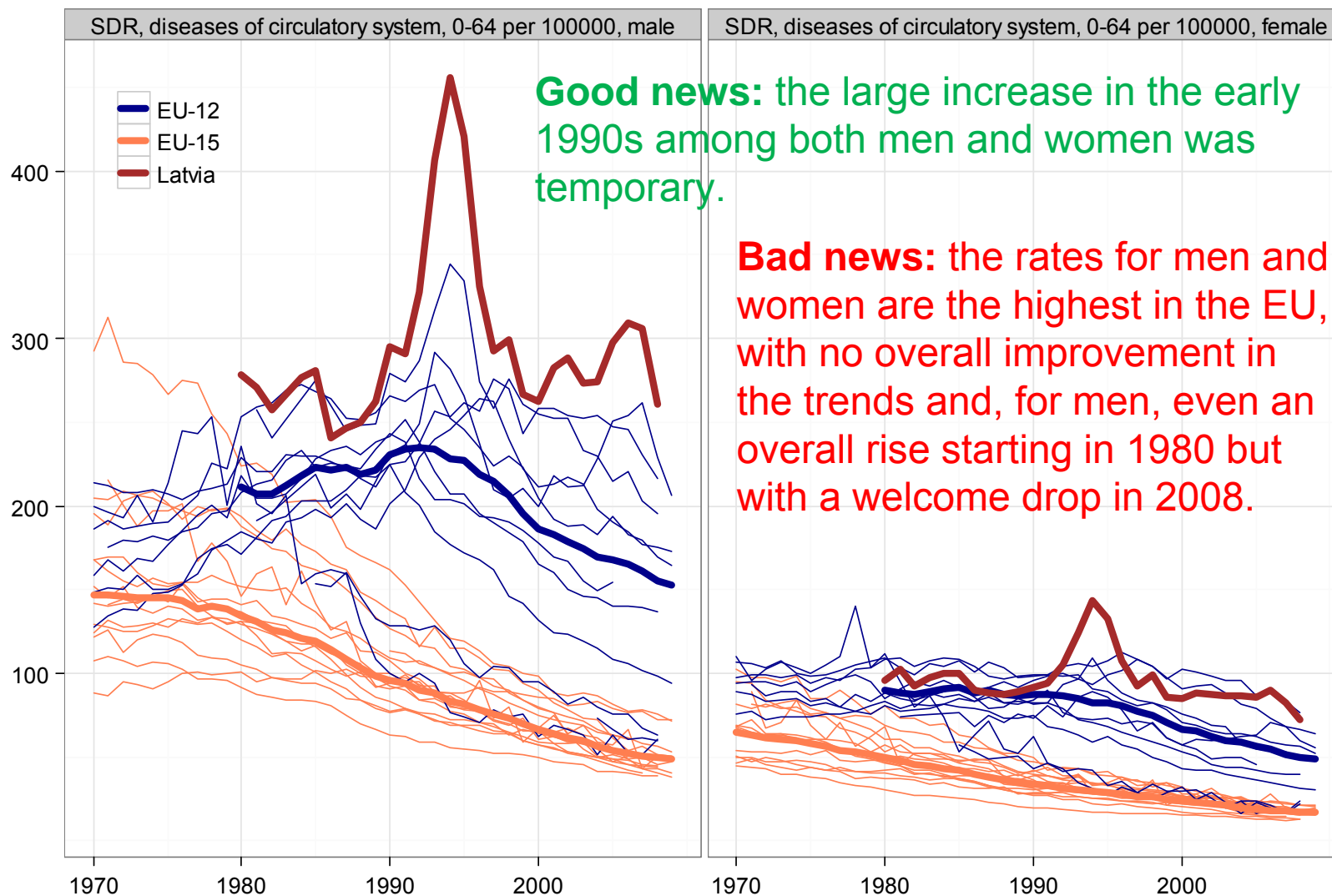


Health situation and trends in Latvia, 1970–2008

Life expectancy at birth in Latvia and European Union (EU) countries, 1970–2008

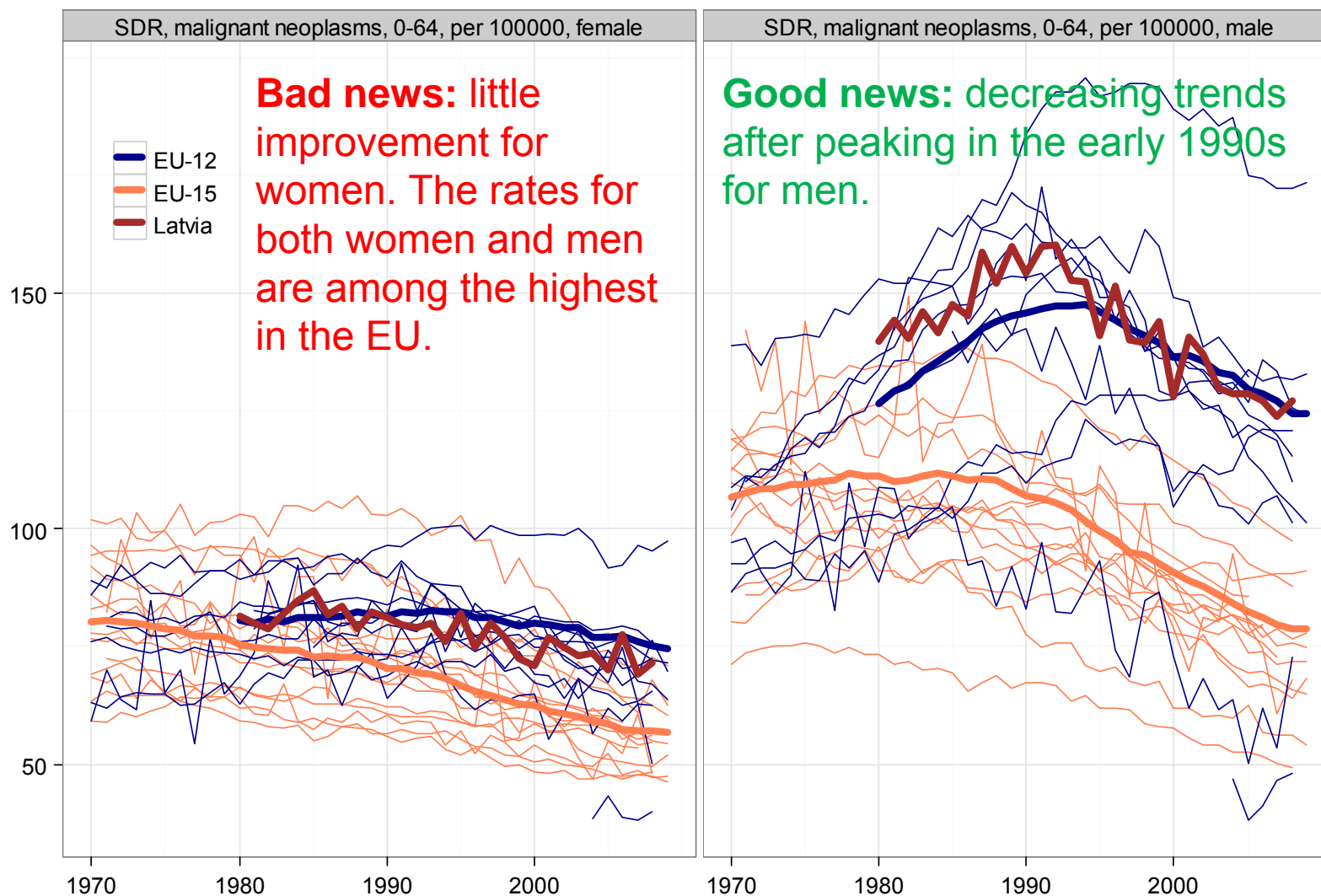


Premature mortality from diseases of the circulatory system in Latvia and EU countries, 1970–2008

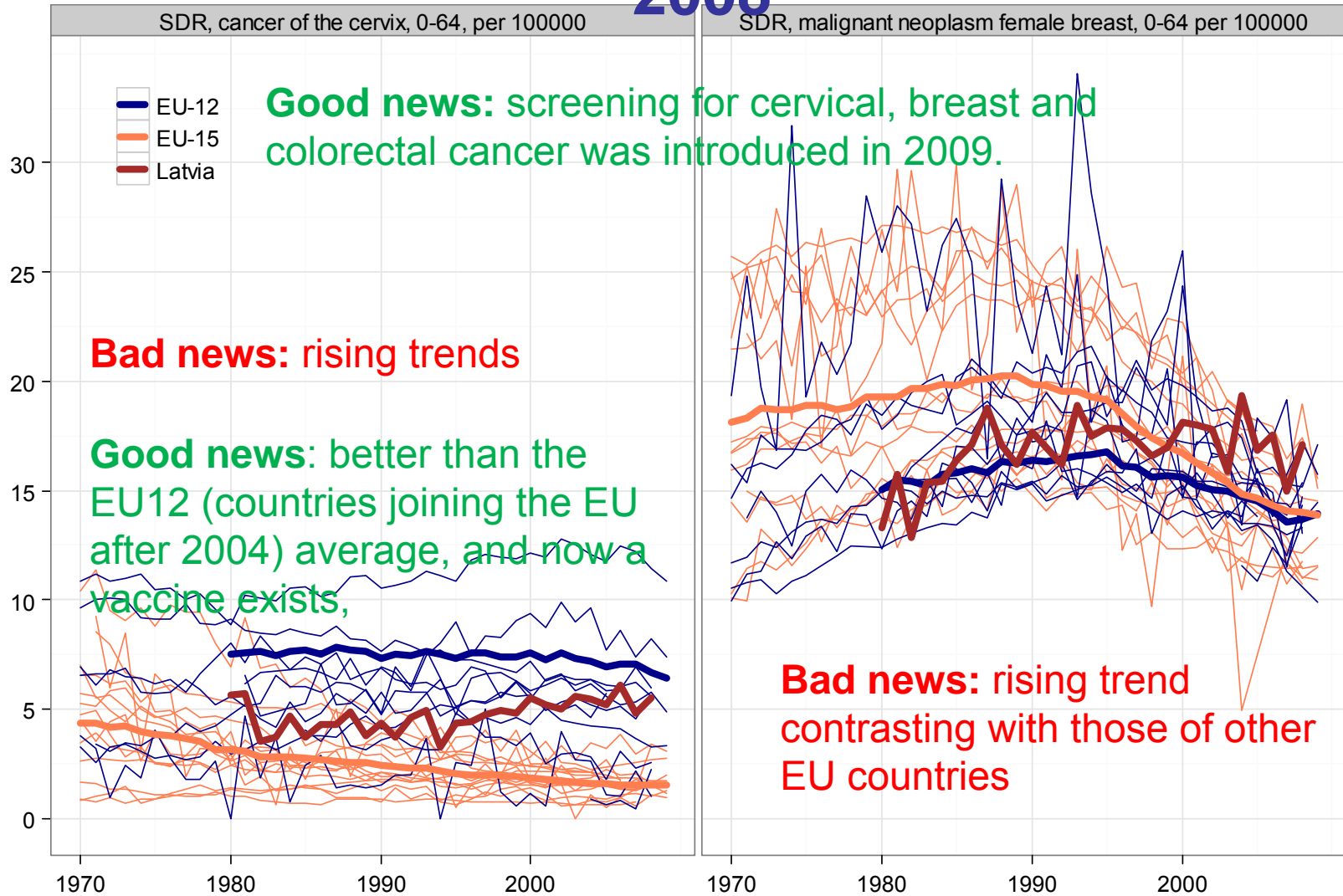


Source: WHO/Europe. European Health for All database, 2011.

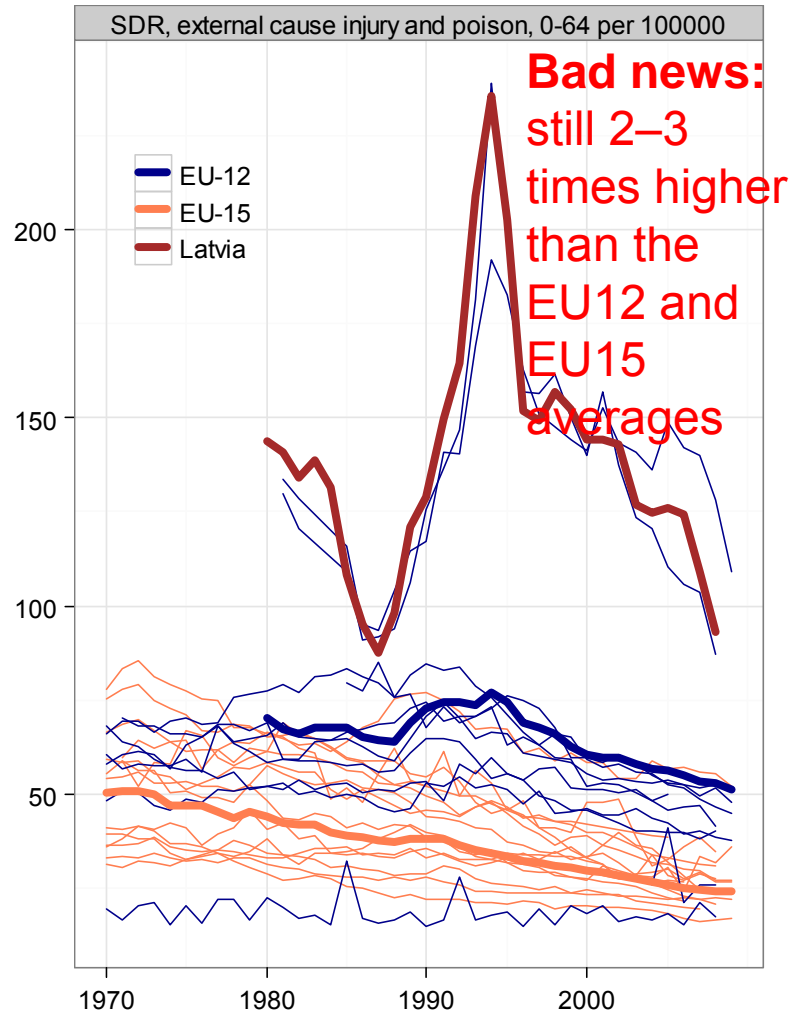
Trends in premature mortality from all types of cancer in Latvia and EU countries, 1970–2008



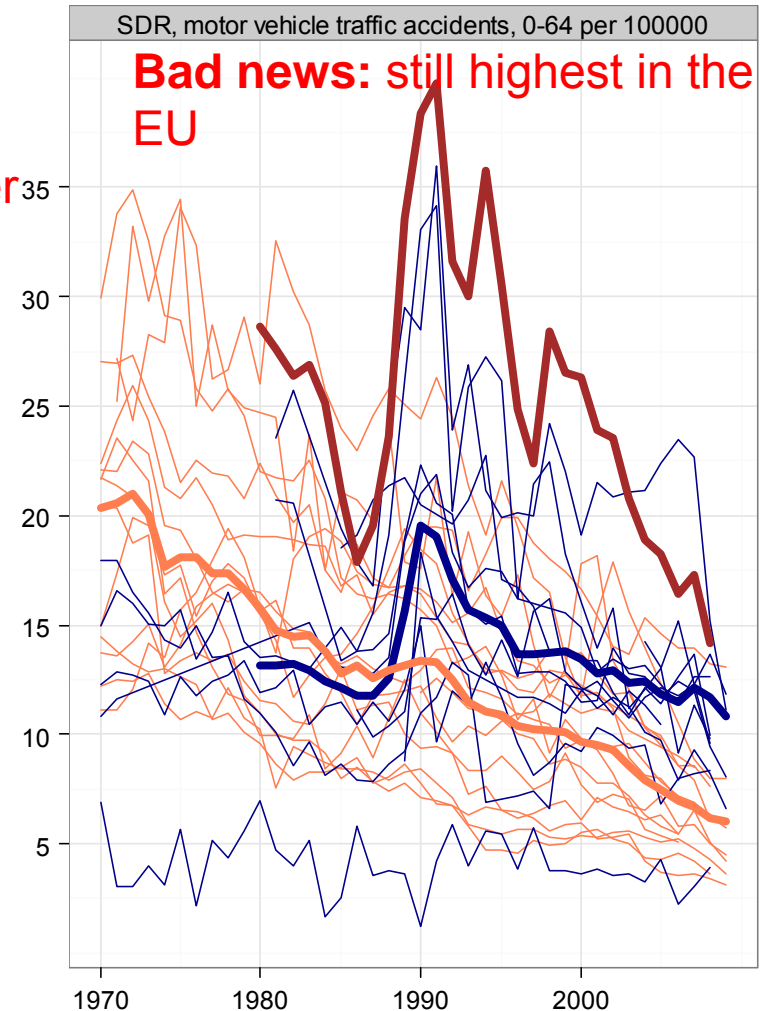
Leading causes of death from cancer among women in Latvia and EU countries, 1980–2008



External causes of death and motor vehicle crashes, 1970–2008

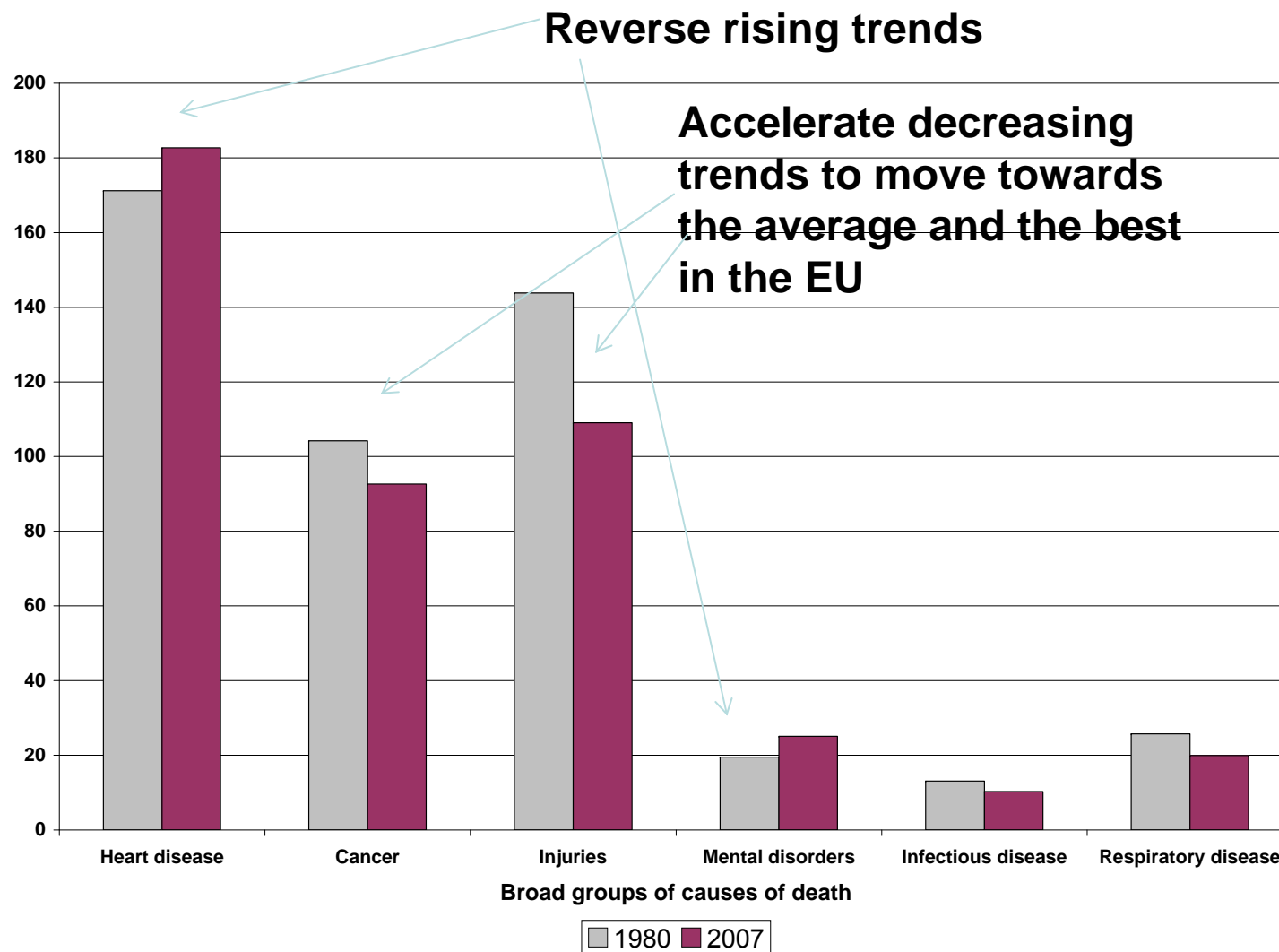


Good news: the rise in the mid-1990s for both causes was temporary and is now decreasing.



The state programme on road safety (2007–2013) continues to help reduce fatal road crashes.

Summary: mortality (0–64 years) profile by broad causes of death in Latvia, 1980–2007



Measuring health

- Health is more than just mortality
- Disability-adjusted life-years (DALYs) encapsulate mortality, morbidity and long-term disability
- However, DALYs are not uncontroversial, as they include value judgements on disability and age

Leading causes of DALYs in EU countries, 2004

- **Unipolar depressive disorders**
- **Ischaemic heart disease**
- Hearing loss, adult onset
- Alzheimer and other types of dementia
- Chronic obstructive pulmonary disease
- Cerebrovascular disease
- Osteoarthritis
- Diabetes mellitus
- Cataracts
- Road traffic accidents
- Trachea, bronchus and lung cancer
- Poisoning
- Alcohol use disorders
- Cirrhosis of the liver

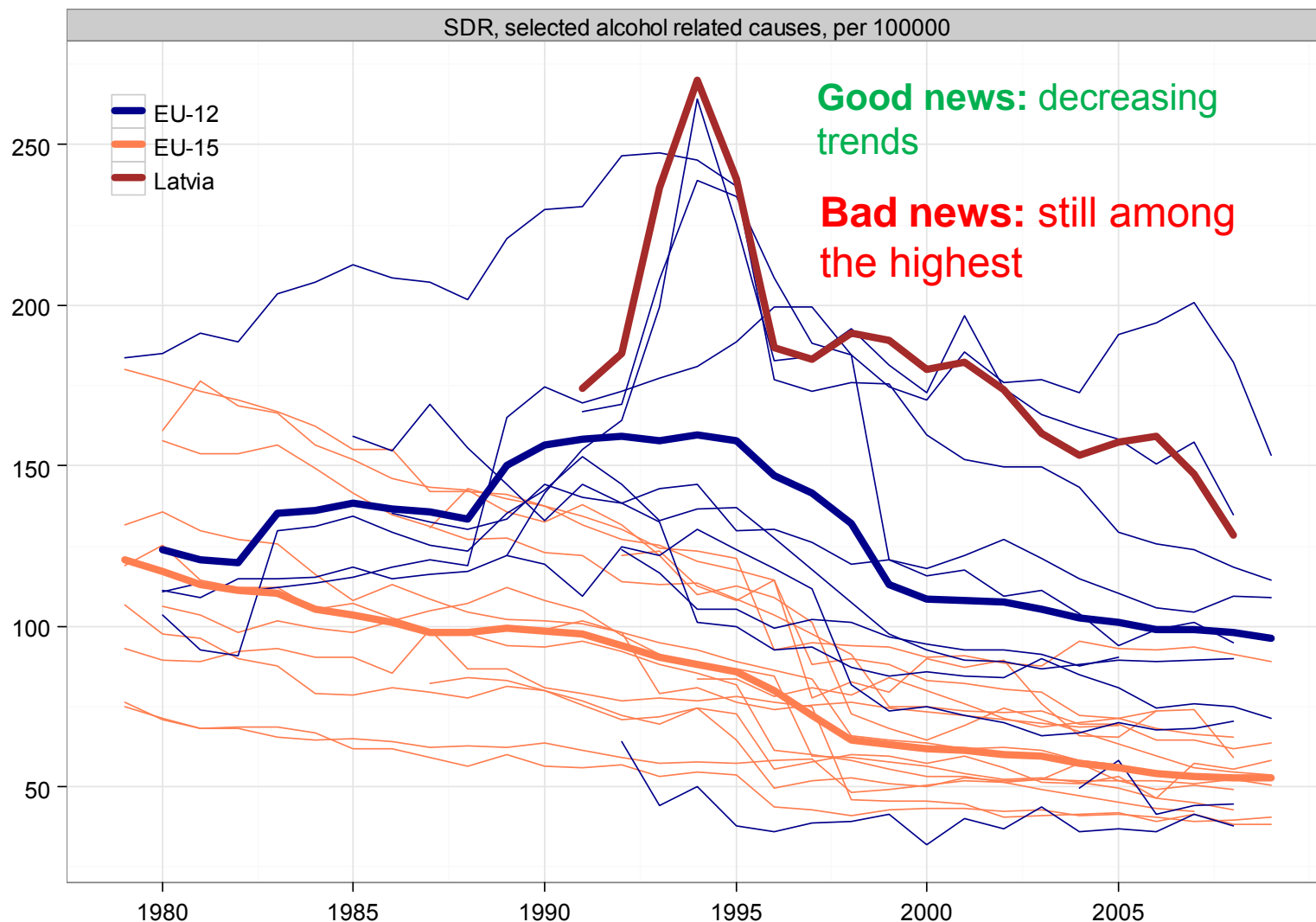
Attributable DALYs by risk factor and income group in WHO regions,^a estimates for 2004

Interventions to eliminate these risk factors could potentially lead to a reduction of 60% in DALYs lost in the European Region (53 Member States) and 45% in high-income countries

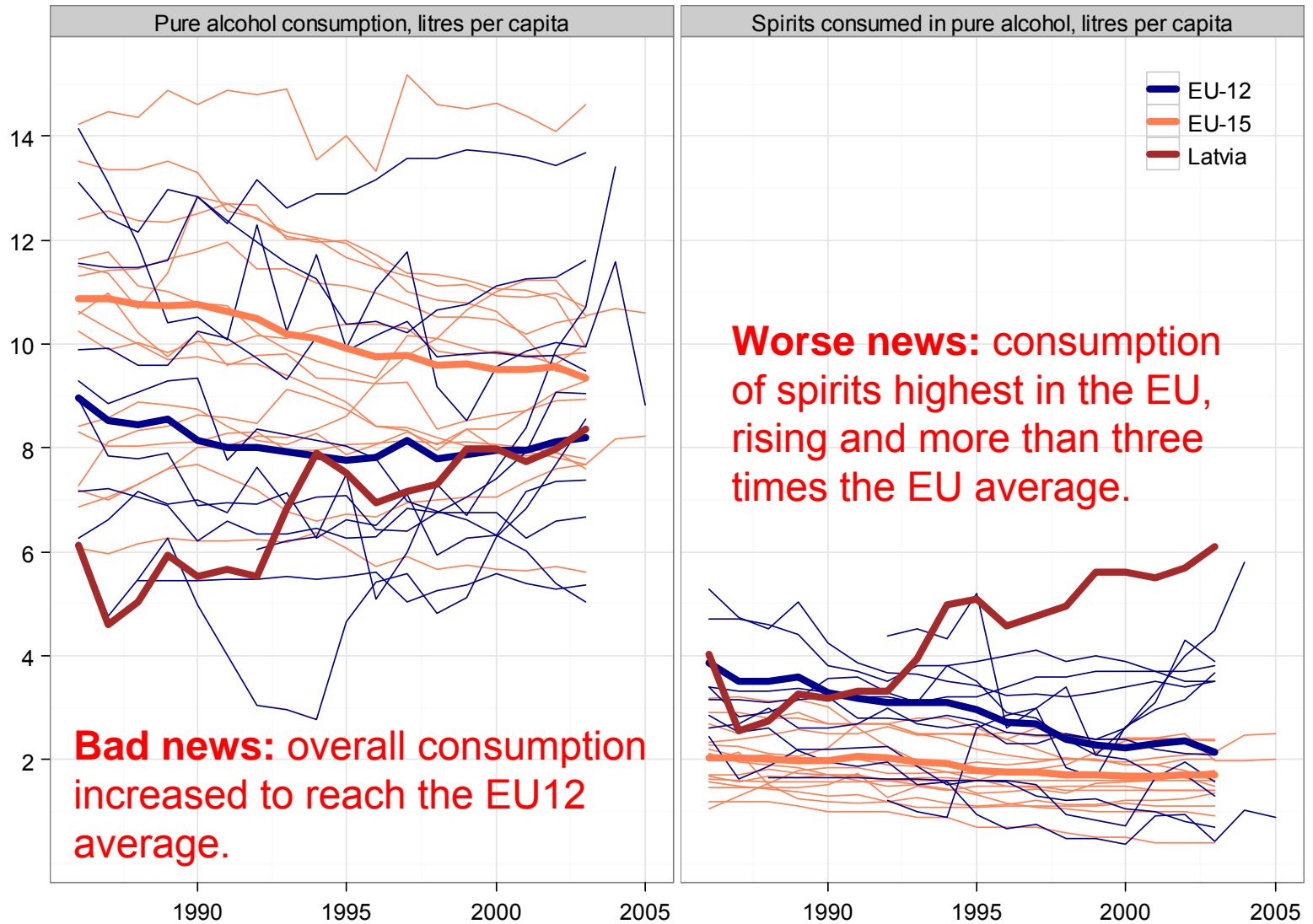
Risk factor ^b	Europe		
	Total	High income	Low and middle income
Population (millions)	883	407	476
	(000)	(000)	(000)
Total DALYs (all causes)	151 461	49 331	102 130
<i>Childhood and maternal undernutrition</i>			
Underweight	1 148	19	1 129
Iron deficiency	948	251	696
Vitamin A deficiency	318	1	317
Zinc deficiency	174	1	174
Suboptimal breastfeeding	1 263	98	1 164
<i>Other nutrition-related risk factors</i>			
High blood pressure	17 121	3 807	13 314
High cholesterol	8 975	1 859	7 116
High blood glucose	7 304	2 308	4 996
Overweight and obesity	11 758	3 132	8 625
Low fruit and vegetable intake	3 624	547	3 077
Physical inactivity	8 264	2 189	6 075
<i>Addictive substances</i>			
Tobacco use	17 725	5 526	12 199
Alcohol use	17 342	3 165	14 177
Illicit drug use	2 395	937	1 458
<i>Sexual and reproductive health</i>			
Unsafe sex	1 543	384	1 159
Unmet contraceptive need ^c	131	4	127
<i>Environmental risks</i>			
Unsafe water, sanitation, hygiene	1 182	69	1 113
Urban outdoor air pollution	1 456	369	1 087
Indoor smoke from solid fuels	485	4	482
Lead exposure	134	7	126
Global climate change	26	1	25

Linked to social determinants and inequality

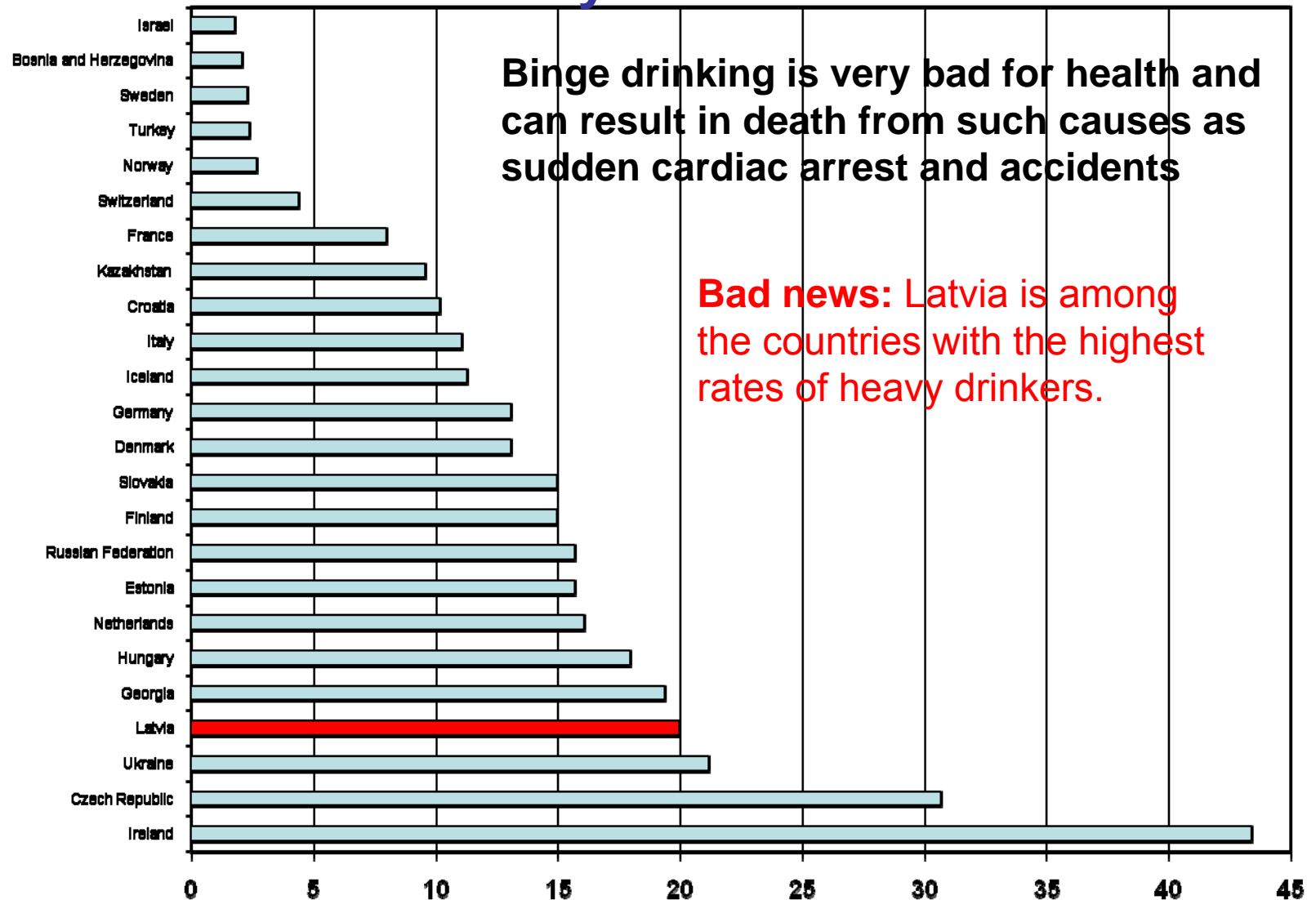
Alcohol-related mortality trends in Latvia and EU countries, 1980–2007



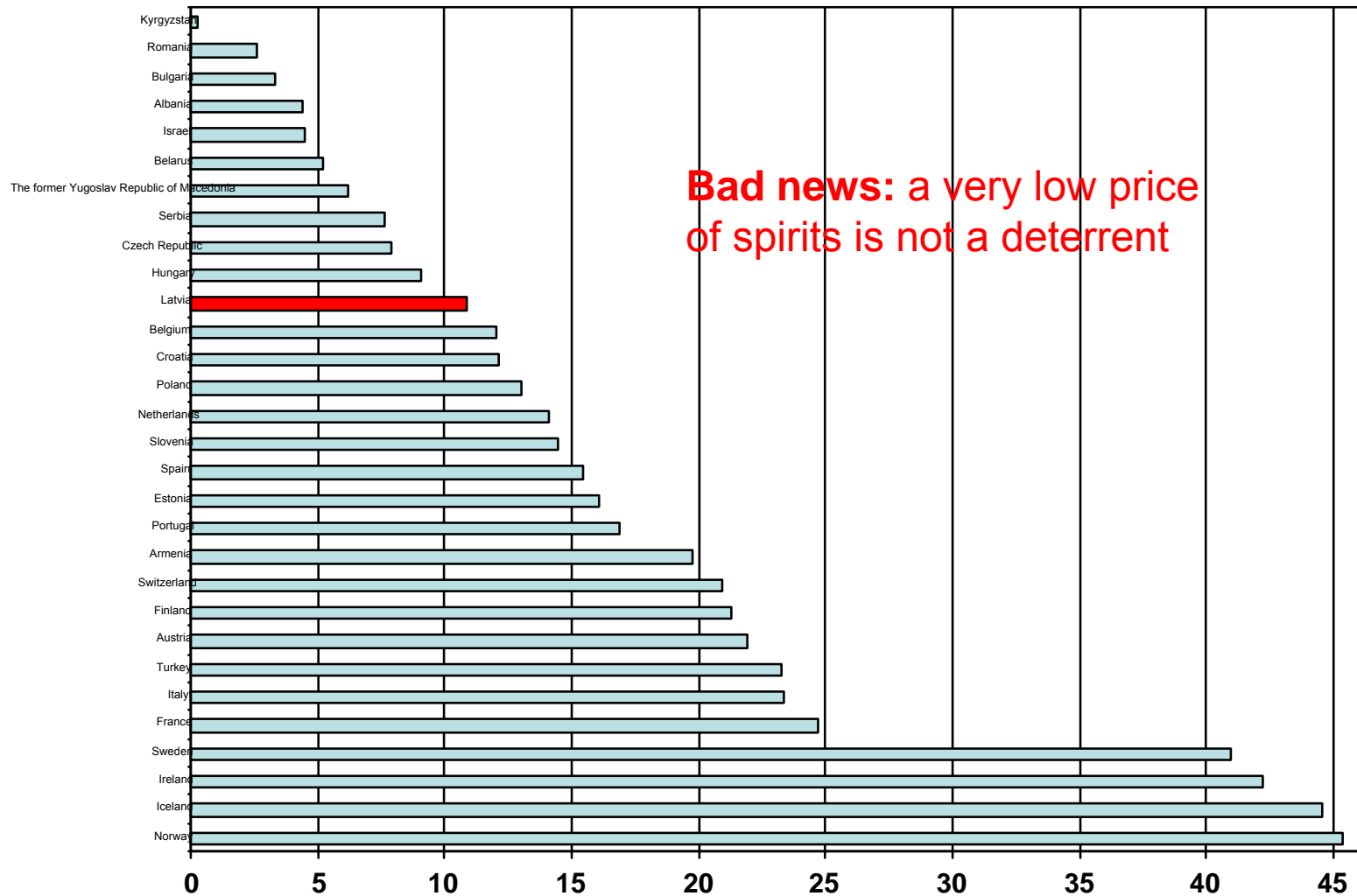
Alcohol consumption, overall and spirits, 1985–2004



Heavy episodic drinkers, weekly, % of men, latest year available



Average price of 750 ml of locally produced spirits in US dollars, 2008



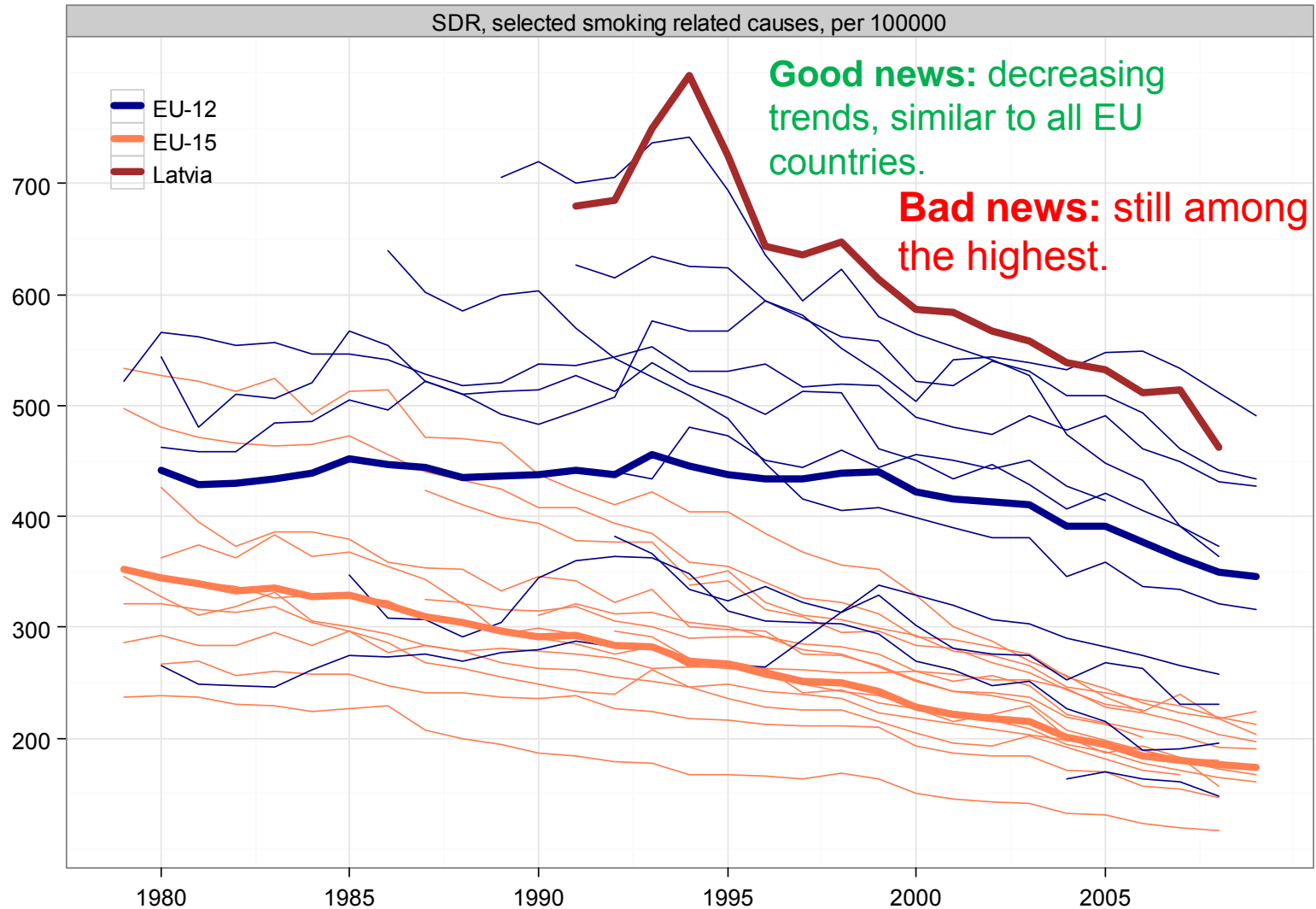
Source: WHO. Global Information System on Alcohol and Health (GISAH), 2010.

BETTER NEWS!

Problem has been recognized and some action taken

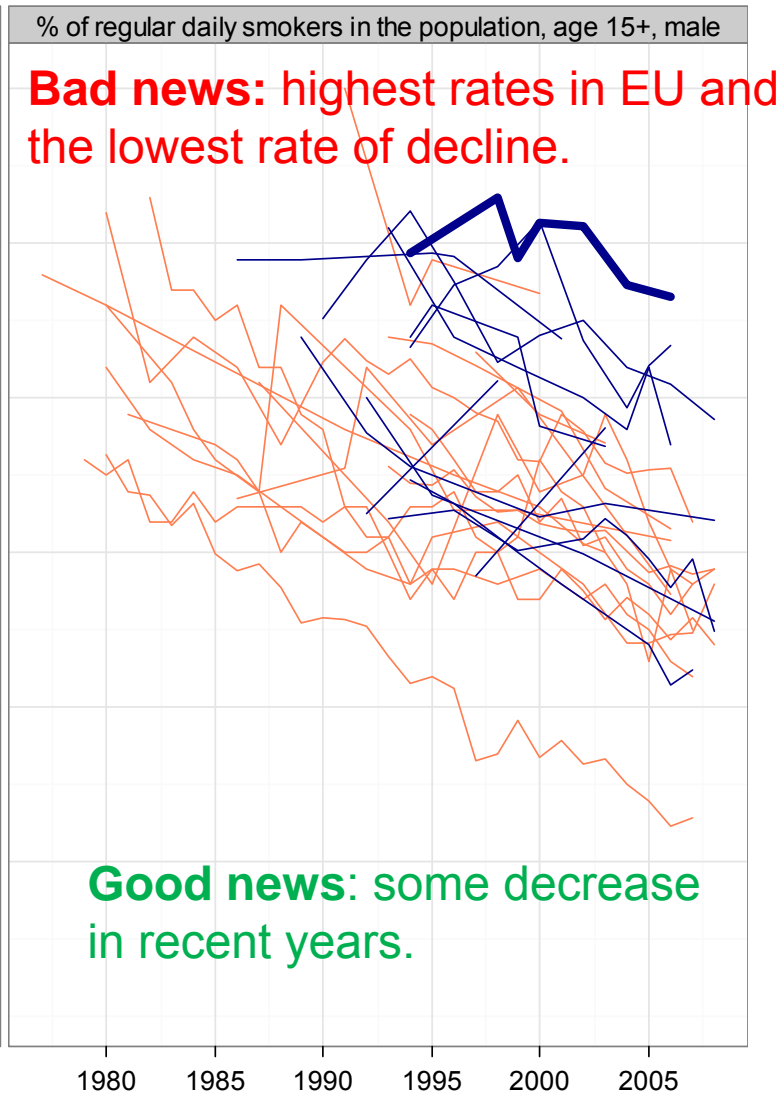
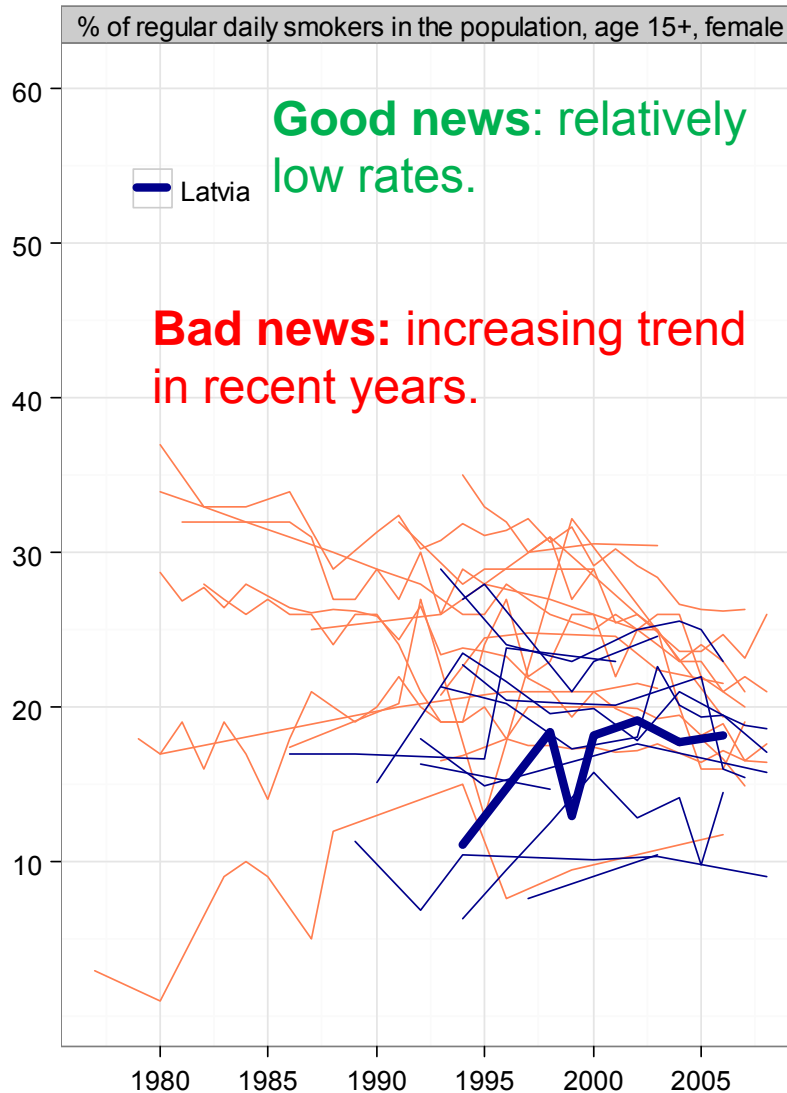
- In 2003, a National Alcohol Control Coordination Committee was established. Latvia has a Law on Alcohol Beverage Turnover (since 2004) that determines all aspects related to alcohol.
- From 2008–2010, several legislative amendments were introduced to restrict drunk driving, combat smuggling and improve health services.
- **For example, since 2007, government regulations have stipulated that doctors of all specialities must have special training in alcohol addiction as integral part of postgraduate medical education.**

Smoking-related mortality trends in Latvia and EU countries, 1980–2008



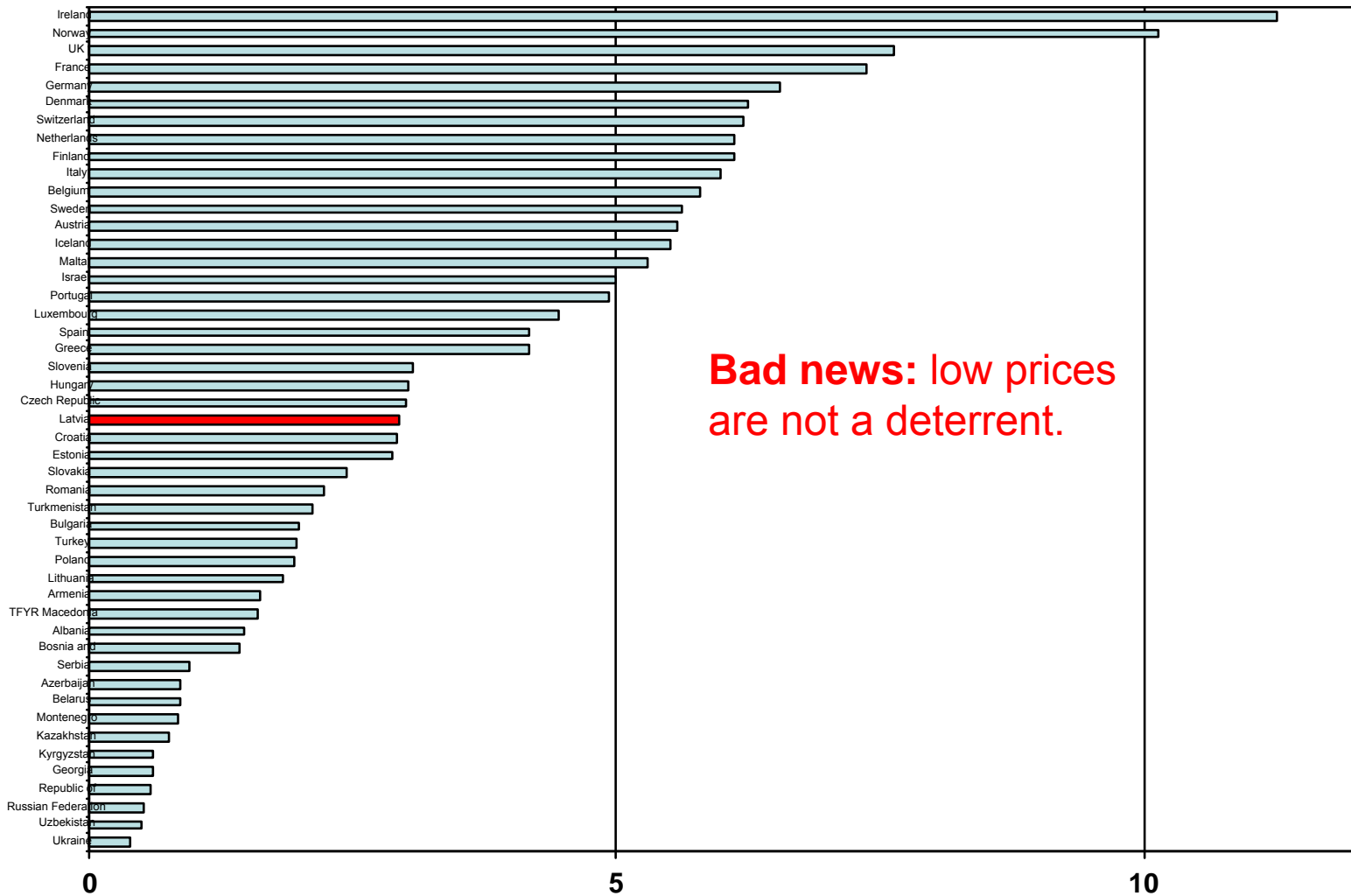
Source: WHO/Europe. European Health for All database, 2011.

Smoking prevalence, 1980–2007



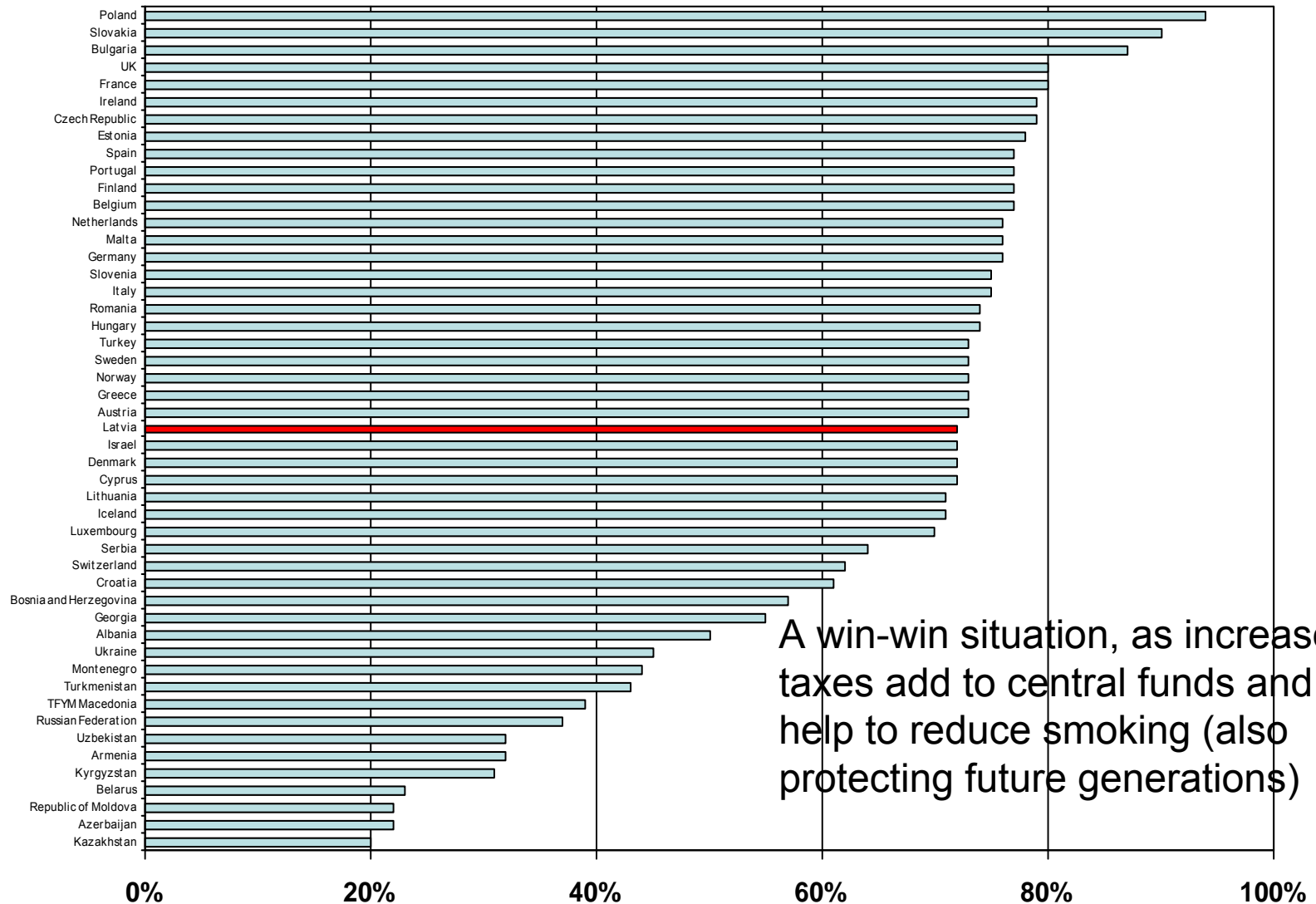
Source: WHO/Europe. European Health for All database, 2011.

Price of a 20-cigarette pack in US dollars at official exchange rates, 2008



Source: WHO report on the global tobacco epidemic, 2009.
TFYR Macedonia: The former Yugoslav Republic of Macedonia.

Share of total taxes in the retail price of the most widely sold brand of cigarettes, 2008



A win-win situation, as increased taxes add to central funds and help to reduce smoking (also protecting future generations)

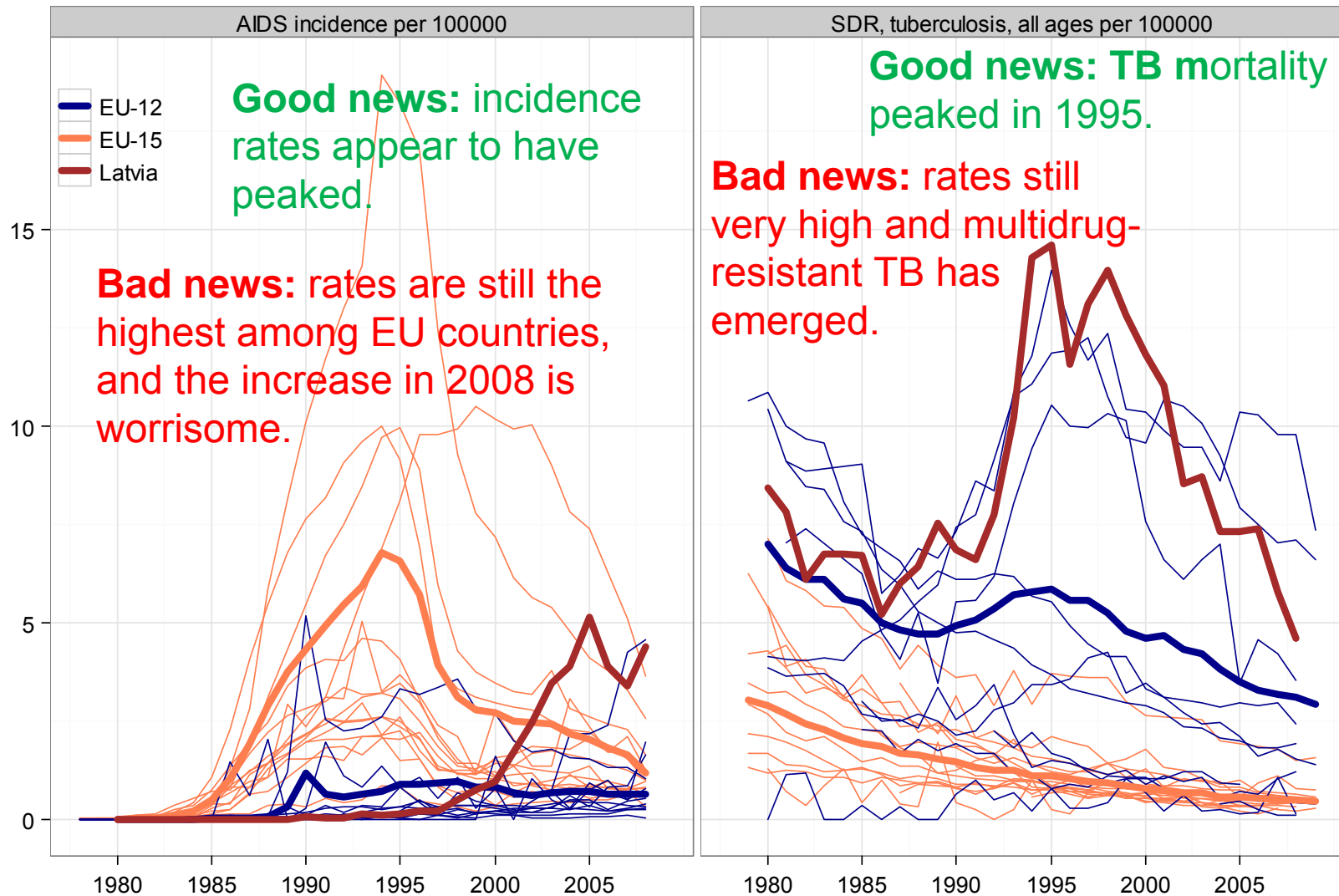
Source: WHO report on the global tobacco epidemic, 2009.
TFYR Macedonia: The former Yugoslav Republic of Macedonia.



National Tobacco Control Programme, 2006–2010

- Multisectoral action based on the WHO Framework Convention on Tobacco Control, with a yearly increase of excise tax from 2008.
- The latest amendments (2008) require smoking bans:
 - near children’s playgrounds;
 - in educational institutions, cinemas and premises of common use; and
 - in cafés, restaurants and in all public places (starting from 1 April 2010)
- Smoking only in places with special signs in parks, outdoor swimming places and cafes.
- Since 2008, several other initiatives have been introduced, such as on labelling, marketing, selling, sponsoring and better access to health services.

Contribution of and trends in infectious diseases to incidence and mortality in Latvia and EU countries, 1980–2008



Source: WHO/Europe. European Health for All database, 2011.

Multidrug-resistant tuberculosis (MDR-TB)

The top 15 of the world's high-burden countries are in the European Region

MDR-TB prevalence

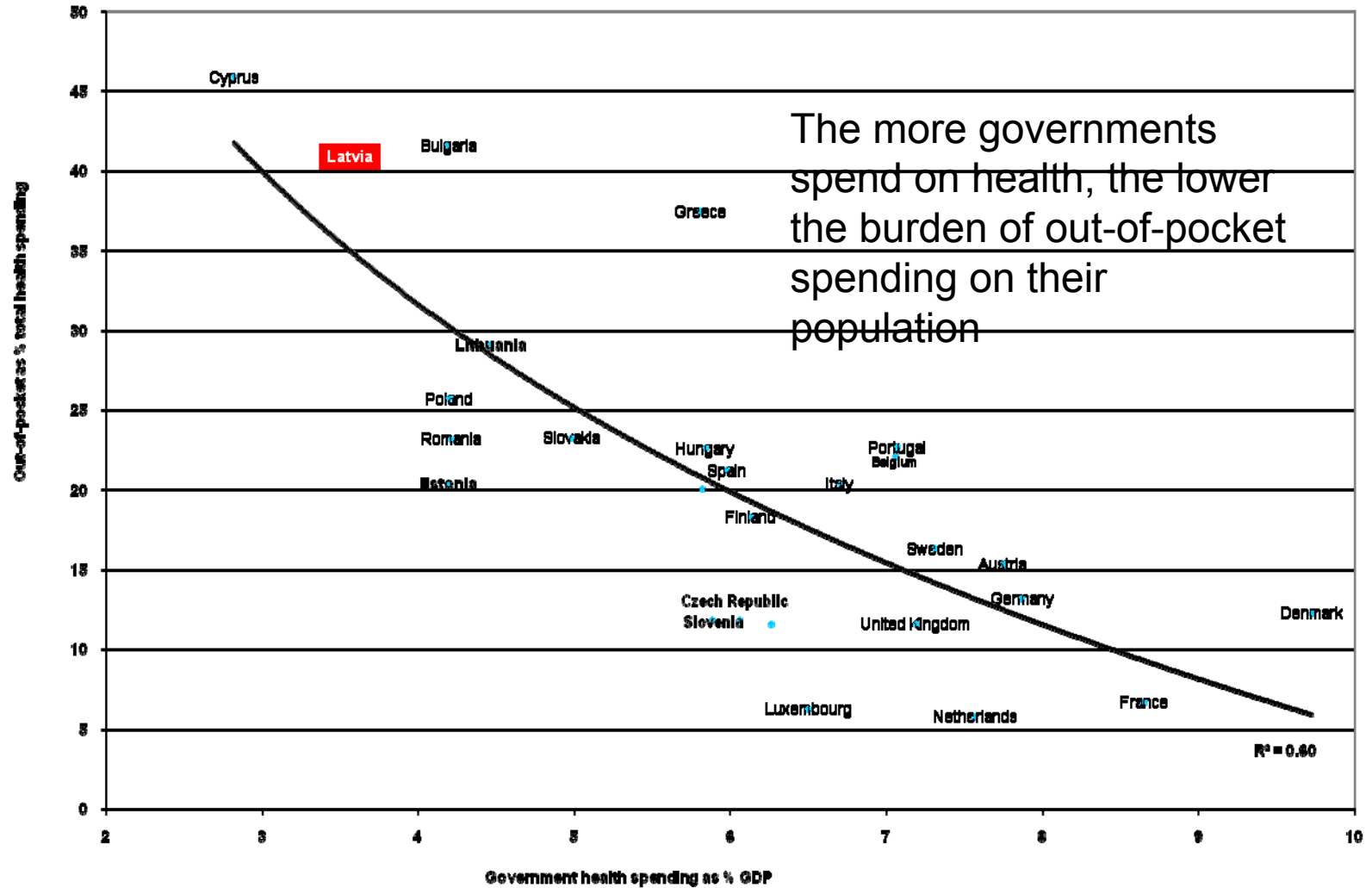
	New (%)	Re-treated (%)
Azerbaijan	22.3	55.8
Moldova	19.4	50.8
Tajikistan	16.5	61.6
Ukraine	16.0	44.3
Russian Fed.	15.8	42.4
Estonia	15.4	42.7
Kazakhstan	14.2	56.4
Uzbekistan	14.2	49.8
Kyrgyzstan	12.5	42.1
Belarus	12.5	42.1
Bulgaria	12.5	42.1
Latvia	12.1	31.9
Armenia	9.4	43.2
Lithuania	9.0	47.5
Georgia	6.8	27.4



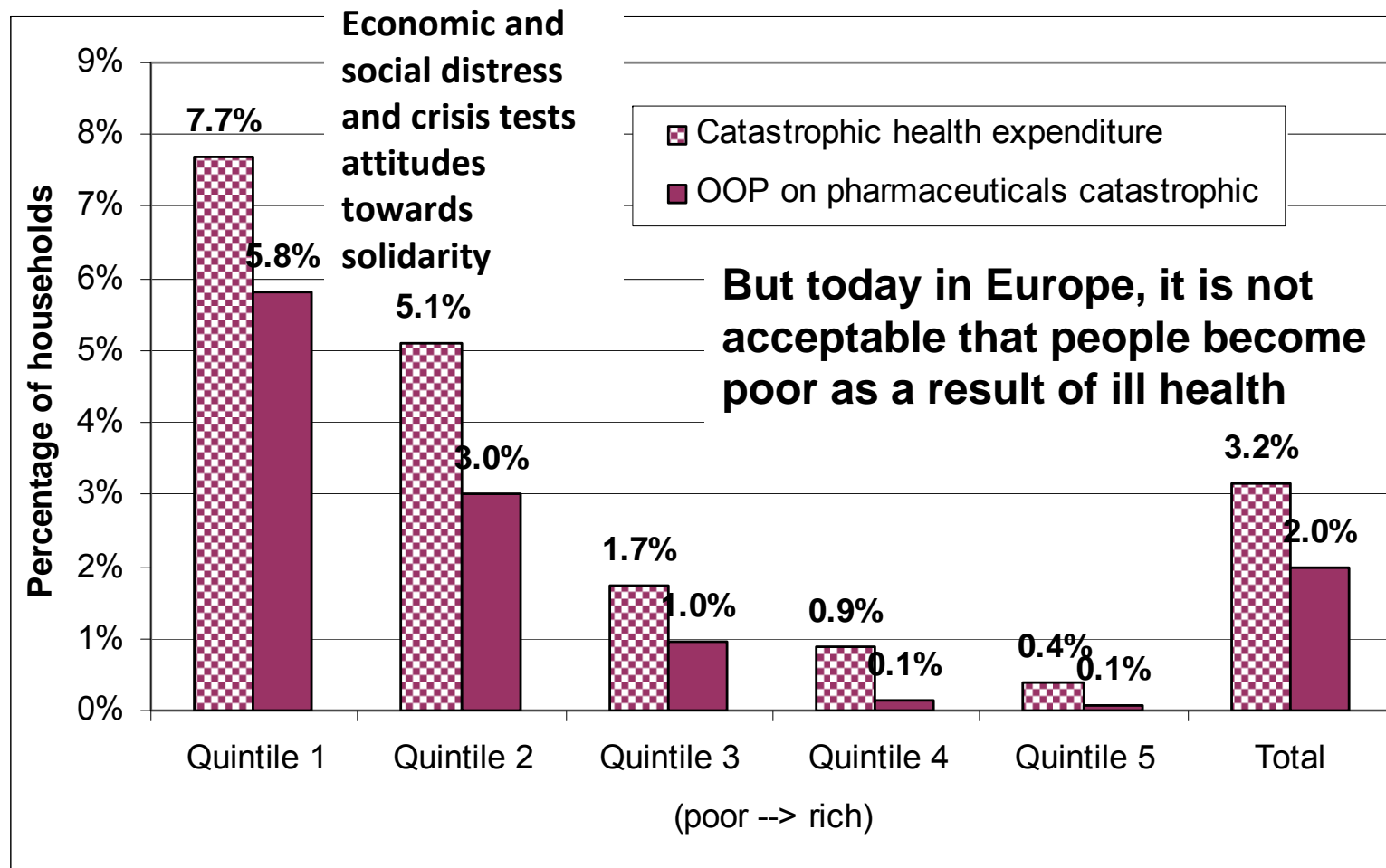
Giving priority to health even in an economic crisis?

WHO does not simply argue for more
money for health but makes a strong
case for **more and better public funding**
for health in Latvia

Government and out-of-pocket health spending (2007)



Catastrophic spending is highest among poorer people (2006)



Source: Ke X et al. Access to health care and the financial burden of out-of-pocket health payments in Latvia. Geneva, WHO, 2009.

OOP: out-of-pocket spending.

In response to the crisis, Latvia has made major steps in the **right direction!**

- Relative priority within the existing budget is now given to:
 - Primary care
 - Essential medicines
 - Outpatient specialist services
 - Integrated emergency medical services
 - Protecting the poor with a new Social Safety Net Strategy
- ... at the expense of the hospital sector, which has long needed major restructuring (and received greatly increased spending during the years of economic growth).



The response

Key features of the new **health policy for the European Region: Health 2020**
and links to
the Latvian Public Health Strategy



Vision of Health 2020

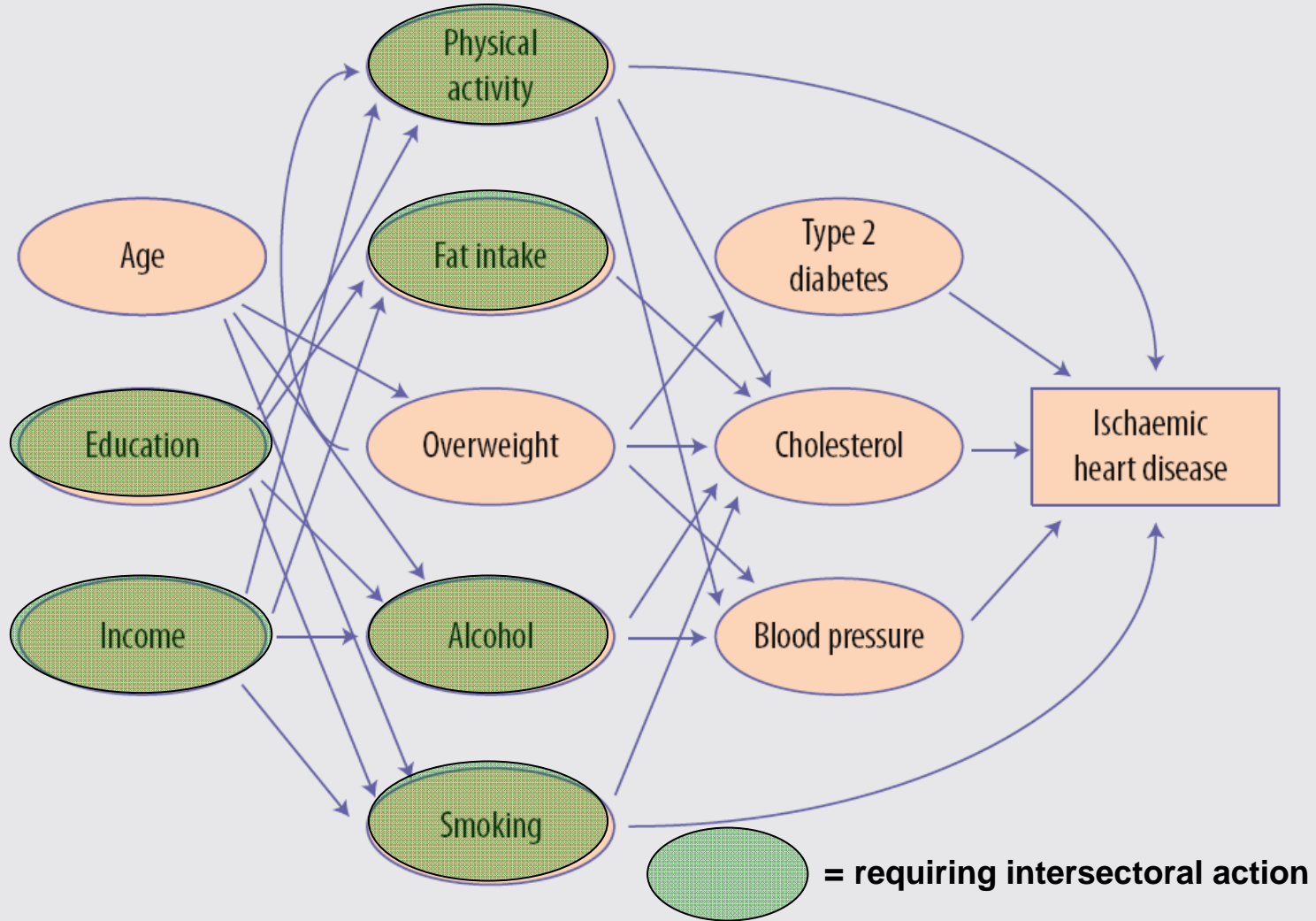
“A WHO European Region where all peoples are enabled and supported in **achieving their full health potential and well-being**, and in which countries, individually and jointly, work towards **reducing inequalities in health** within the Region and beyond”.



Attributes of the Health 2020 policy

- Inspiring, challenging and practical
- Interconnects **new evidence on health and its determinants** and effective interventions for better health, equity and well-being
- Provides a value-based framework for health development, **strategic goals, realistic targets for the European Region** and tools for planning, implementation, monitoring and evaluation
- Relevant to low-, medium- and high-income countries in the Region
- Places the **revival of public health at the centre**

The case for intersectoral action: the example of heart disease



Developing Health 2020

- **Participative process** – reaching and involving a wide range of stakeholders and civil society
- **Country partnerships are** a core element in the Health 2020 development process
- **A framework** to facilitate and support action that makes health and health equity a priority in European decision-making – *local, national and transnational*
- Ultimately, **a movement to promote health as a whole-of-government and societal responsibility**

Main products

- **Health 2020 policy document**
- A series of **policy and technical documents** focusing on different sectors and levels of government
- Report and policy instruments on the **European Social Determinants of Health and Health Divide Review**
- Report on the **governance for health in the 21st century** study and related instruments



Links

Common features that link the:
**Health Policy for the European Region:
Health 2020** and
the Latvian Public Health Strategy



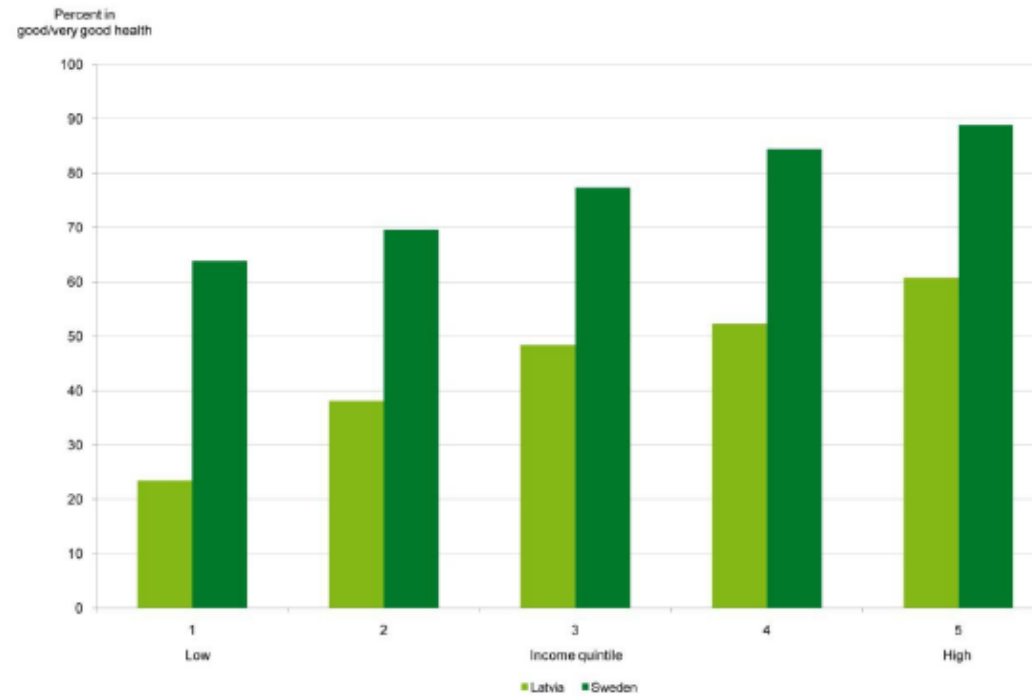
Shared challenges

Latvia and the European Region

- Need to revitalize public health and focus on disease prevention
- Noncommunicable diseases the leading cause of death
- High burden of cardiovascular diseases and cancer – need to address the risk factors alcohol and tobacco
- Addressing infant and maternal health
- Inequity in health, including links between poverty and health

Inequity in health

Fig. 2 Self reported health by level of education, Latvia and Sweden



Source: Bradshaw & Mayhew (personal communication), 2007 data from EU SILC 2008

Source: data from the interim report of the European Review of Social Determinants of Health and the Health Divide.

Shared values

Latvian Public Health Strategy and Health 2020

Latvian Public Health Strategy	Health 2020
<ul style="list-style-type: none"> • Human rights • Participation • Equal rights and opportunities for all – justice and solidarity • Human beings – in the centre of health care. Support for the strengthening of each individual's health • Effective policy and good governance health in the policies for all sectors 	<ul style="list-style-type: none"> • Universality of the right to health and health care • Equity • Solidarity • Sustainability • Right to participate in decision making relating to personal health and the health of the society in which people live • Dignity



Latvian Public Health Strategy and Health 2020: similar responses

- Tackling **similar** risk factors and behaviour
- Same strong focus on health promotion
- Investment in disease prevention and health promotion
- Ensuring accessible, acceptable, appropriate treatment **and** disease prevention services
- Focus on early years and a life-course approach
- Going beyond the absence of disease
- Recognizing well-being and adding health to life!

Thank You!!



Addressing global drivers
Учет глобальных факторов



Tackling the chronic disease epidemic

Борьба с эпидемией хронических болезней



Ensuring high-performing health systems

Обеспечение высокой эффективности систем здравоохранения



Dealing with emergencies

Преодоление чрезвычайных ситуаций



World Health Organization
REGIONAL OFFICE FOR Europe

Better Health for Europe HEALTH 2020

The New European Policy for Health

Улучшить здоровье жителей Европы Здоровье-2020

Новая европейская политика здравоохранения

Helping people achieve their full health potential and well-being

Оказание поддержки в полной реализации всеми людьми их потенциала здоровья и благополучия

Tackling the health divide between and within countries

Сокращение неравенств в отношении здоровья между странами и внутри стран

Improving governance for health, ensuring that all sectors understand and act on their responsibility for health

Стратегическое руководство охраной здоровья, с тем чтобы каждый сектор осознавал свою ответственность и действовал в интересах здоровья людей

Investing in solutions that address the public health challenges of the Region

Инвестирование в эффективные меры, направленные на решение задач общественного здравоохранения в Регионе

Anticipating change and fostering innovation

Прогнозирование изменений и содействие инновациям



The whole-government and whole-society approach

Общегосударственный и общенародный подход



Solidarity
Солидарность



The right to health
Право на здоровье



Creating health-conducive conditions

Создание условий для укрепления здоровья



Empowering care

Расширение прав и возможностей пациентов