

**Presentation: “Health 2020 – a new policy for better health in Europe”**

**8 June 2011, Sarajevo, Bosnia and Herzegovina**

***Conference: “experiences and challenges in new public health: health in all policies”***

Ladies and gentlemen,

**Slide 1**



It gives me the greatest pleasure to be with you here in Sarajevo for this important conference. I have a very special feeling for this country and this place. It is wonderful to be back.

Since I took office as WHO Regional Director for Europe last year, I have been committed to taking forward two projects, which are in my view vital for the achievement of better health in Europe. It is these two topics I will talk to you about today.

The first is the creation of a new European health policy, which we are calling Health 2020, and the second is the strengthening of public health capacities across Europe. These two projects are of course very much linked.

We have made much progress on both, progress which will be further discussed this year in September by the Regional Committee in Baku, Azerbaijan. For us to succeed, ultimately we must work on these projects together, both the Member States and WHO/Europe. There are many ways in which we can do this, but I want to emphasize today the importance of groups of countries working together in subregional groups.

### Slides 2–3

**Achievements: public health services (PHS) project**

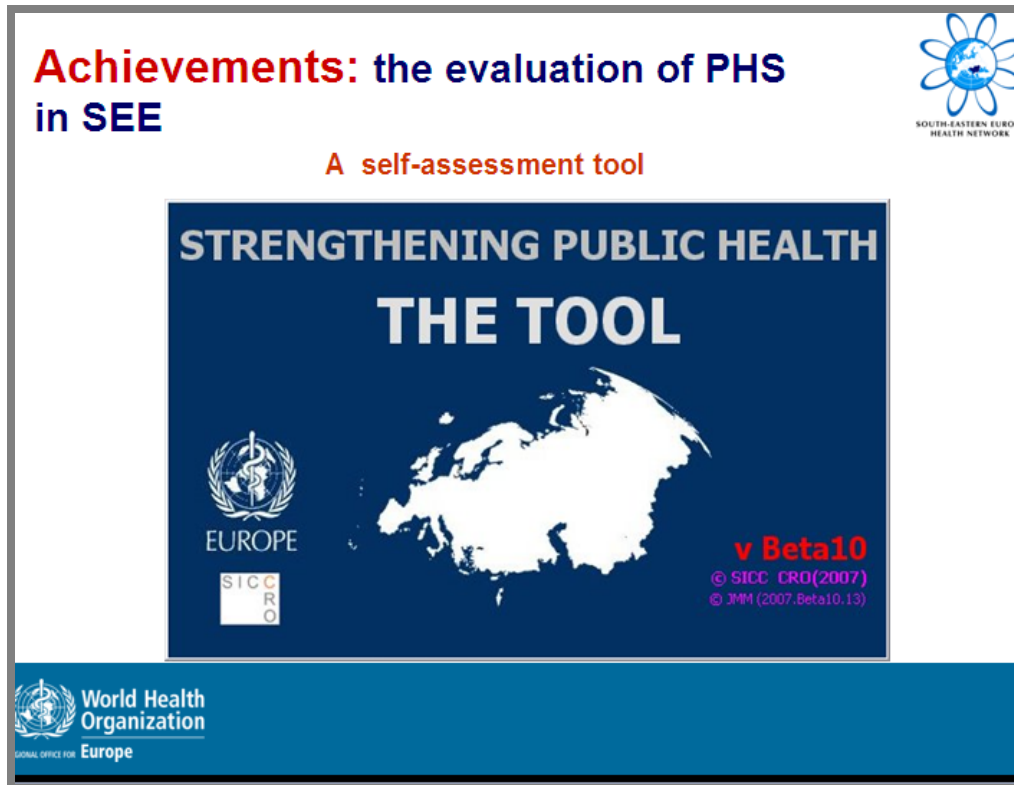


PH experts of the 9 south-eastern Europe (SEE) countries are proud not only to help their countries but also to contribute to broader European processes, by pilot-testing the PHS evaluation process and developing mechanisms and indicators for PHS monitoring and evaluation (photos: © WHO)

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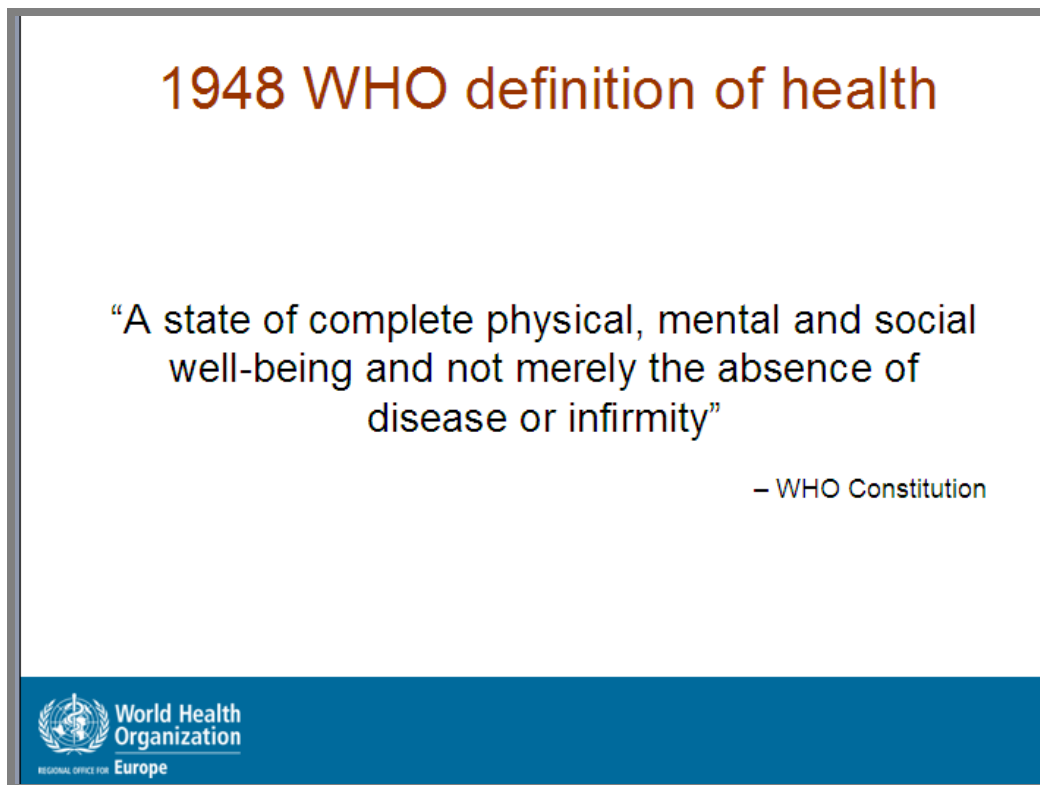
SOUTH-EASTERN EUROPE  
HEALTH NETWORK



You have made such a success of such a grouping here with the South-eastern Europe Health Network. I want to mention a little of the work of the Network, particularly the successful achievement of the public health services project and the development of the self-assessment tool for strengthening public health. I shall refer to this work again later.

Bosnia and Herzegovina has been a member of the Network since 2001, and you have taken a leading role in projects such as mental health. Now you have taken the responsibility for the south-eastern Europe regional health development centre for mental health. Yours will be the host country for the third south-eastern Europe health ministers' forum, this October in Banja Luka, where you will be discussing health in all policies. Also you are hosting this wonderful three-day series of meetings here in Sarajevo. I do congratulate you on all your success.


## State of health across the European Region Slide 4



1948 WHO definition of health

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

– WHO Constitution

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Our goal in WHO is to work with Member States to achieve better health and well-being for our European populations. The famous 1948 WHO definition states that health is: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.<sup>1</sup> This ideal needs to be given practical form. We are far from achieving it right now.

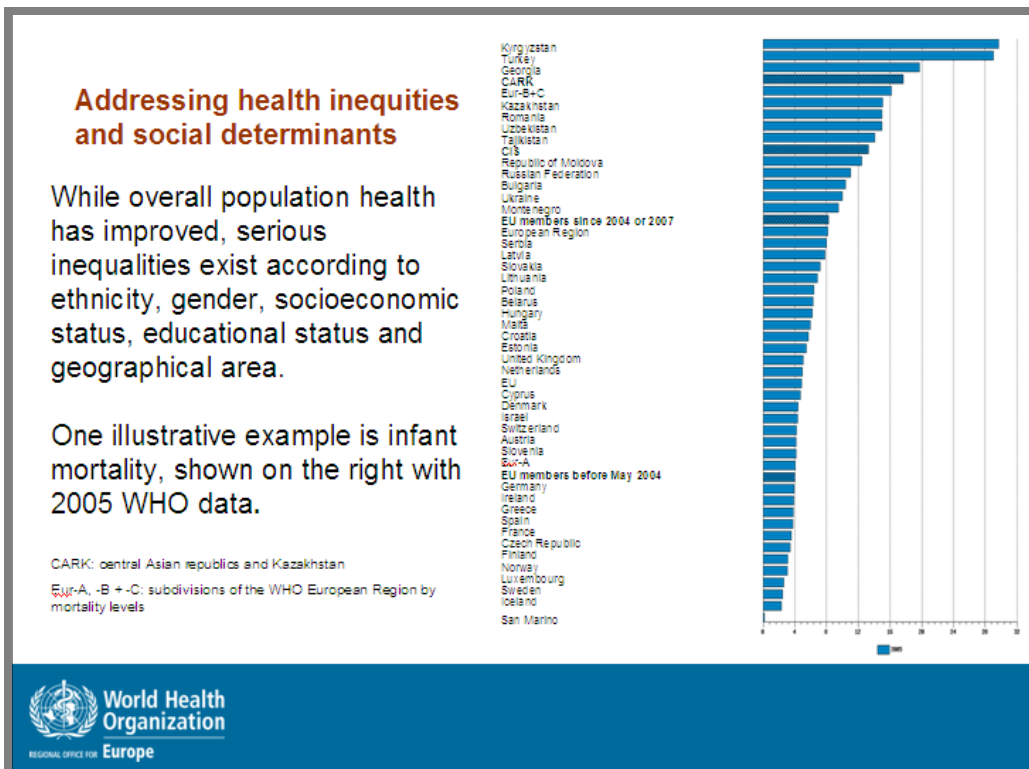
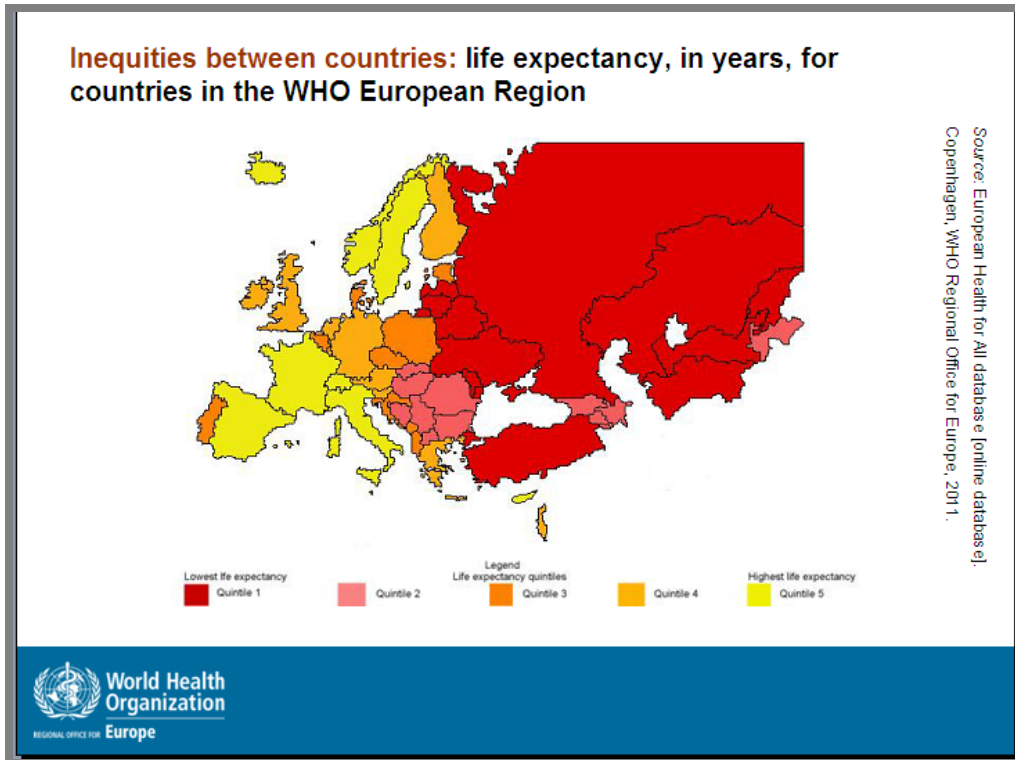
Health across the European Region is improving, but not by enough. We face a great burden of noncommunicable disease, yet the nature, scope and underlying determinants of such health problems are now more fully understood. We really can do better with what we know and the growing technologies for health that we have available.

In addition, across the European Region there exist great variations in the capacity of health systems, both public health and health care, as well as the resources that are available, particularly as we have passed through a period of acute financial crisis.

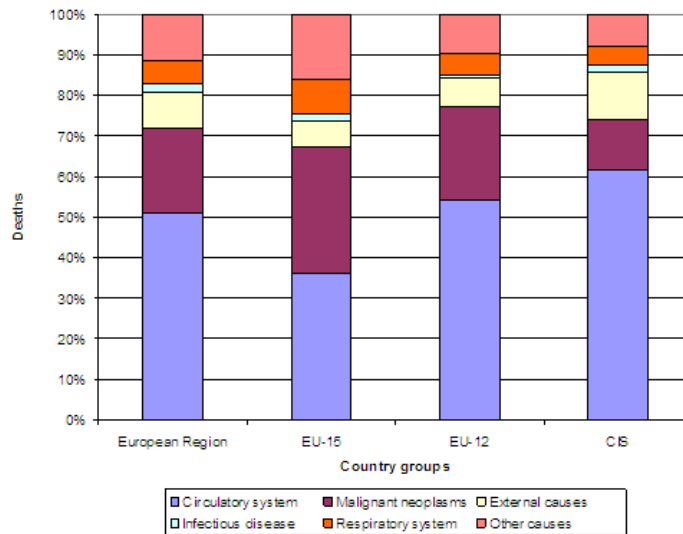
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<sup>1</sup> *Constitution of the World Health Organization*. Geneva, World health Organization, 1948.

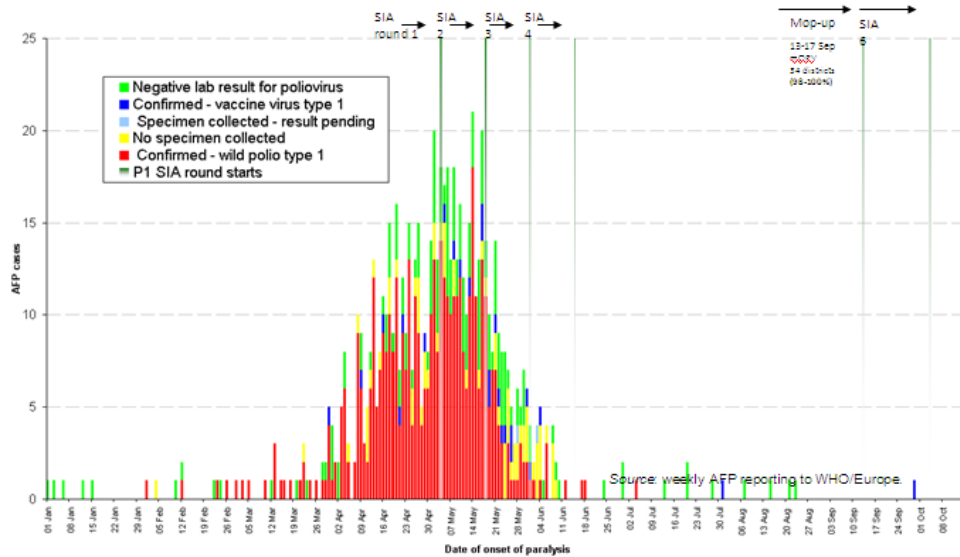
Slides 5–9

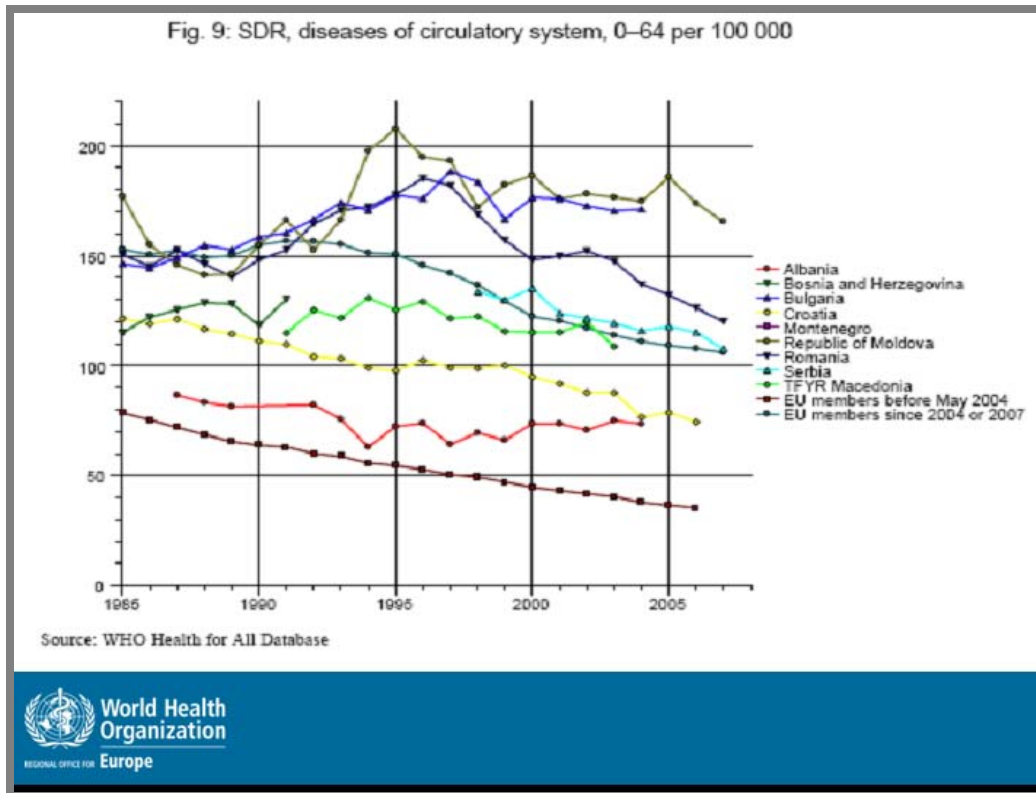


### Proportionate mortality by broad group of causes of death in the European Region by country groups, 2008



### Poliomyelitis: laboratory-confirmed polio cases, acute flaccid paralysis (AFP) cases negative for poliovirus, and AFP cases pending results by date of paralysis onset, Tajikistan, 2010 (SIA: supplementary immunization activity)





Let me look at a few facts and figures. Overall European life expectancy at birth has increased by 5 years since 1980 and reached 75 years in 2010. Projections suggest it will increase to nearly 81 years by 2050. However, this improvement is far from uniform. Across the Region large health-related inequalities persist between and within countries, stratifying populations according to ethnicity, gender, socioeconomic status, educational status and geographical area.

Today noncommunicable diseases produce the largest proportionate mortality: around 80% of deaths in 2008. Among broad groups of causes, mortality from cardiovascular diseases accounts for nearly 50% of all deaths and that from cancer for 20% of deaths.

Emerging and reemerging communicable diseases remain a priority concern in many countries in the Region. These diseases include HIV/AIDS, multidrug-resistant tuberculosis, and the growing threat from antimicrobial resistance. Also of note are alarming outbreaks of potentially global significance, such as pandemic A(H1N1) 2009 influenza and last year the re-emergence of poliomyelitis in Tajikistan, which threatened the Region's polio-free status, which it has held since 2002.

External causes of death are also important, particularly for the Commonwealth of Independent States (CIS) countries, where they are the second most important cause of premature death.

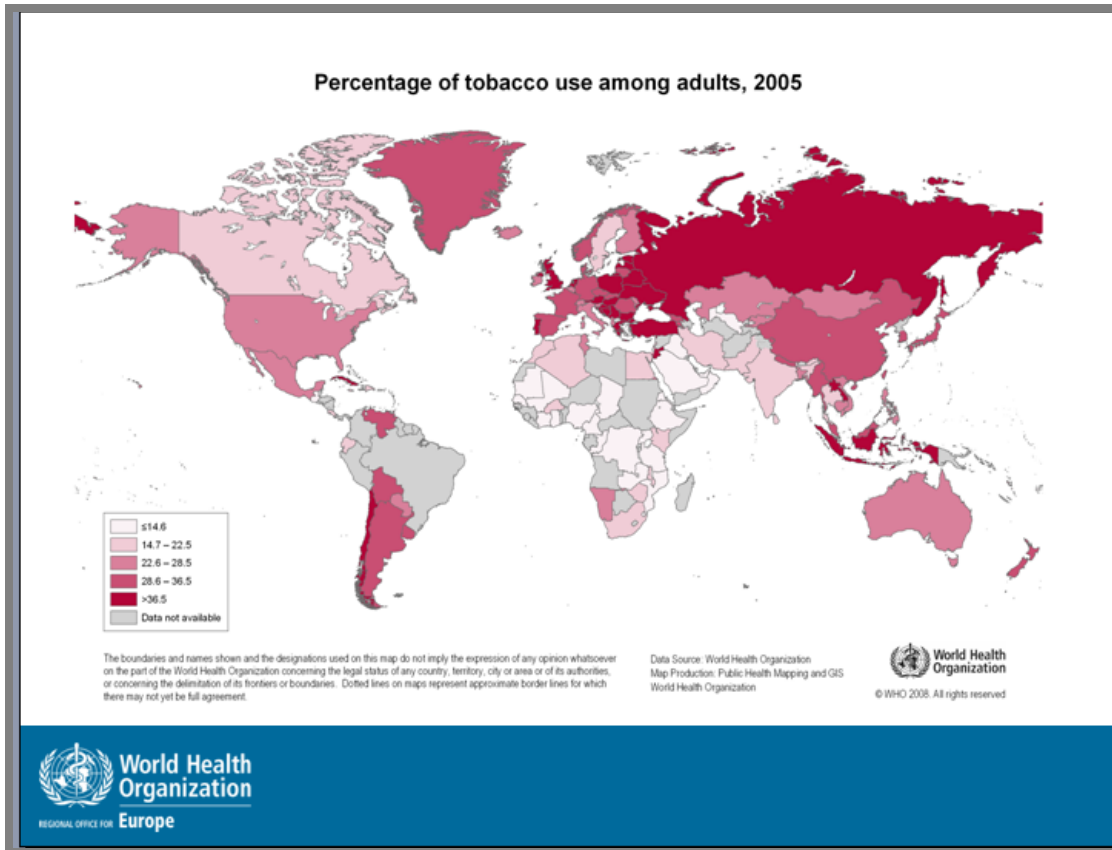
I must mention also the use of disability-adjusted life-years (DALYs) as a tool for assessing health status beyond mortality. DALYs provide another focus for assessing

health, since the burden of disease relates not only to death but also to morbidity and disability. For example the latest revision of the global burden of disease published in 2008 indicated unipolar depressive disorders and ischaemic heart disease as the top disease entities.

This burden of noncommunicable disease is a global phenomenon, relevant to Europe and to south-eastern Europe. I show here mortality from diseases of the circulatory system for the countries of south-eastern Europe.

## Risk factors

### Slide 10



The risk and behavioural factors relevant to this burden of noncommunicable diseases are well known but are worthy of emphasis. Total alcohol consumption rates show increasing trends in Europe, particularly among low- and middle-income countries, which have levels converging with the consumption of high-income countries. Overall smoking prevalence in the European Union (EU) is 27%, nearly 35% among men and around 30% lower among women. Smoking prevalence is decreasing in many countries among men, particularly in the EU-15 (countries belonging to the EU before 2004), in contrast with the stable situation observed among women in most countries.

We have seen the development of effective whole-society interventions against tobacco consumption at the legislative level, such as the WHO Framework Convention on



Tobacco Control (FCTC) and bans on tobacco consumption in public places. I commend the positive tobacco-project work of the South-eastern Europe Health Network in view of the fact that tobacco is your main risk factor and noncommunicable disease determinant.

Yet in spite of such progress, much more needs to be done to tackle the current burden of noncommunicable disease in a more integrated way, encompassing other behavioural determinants, such as alcohol, diet, exercise and substance abuse, in order to reduce the incidence of noncommunicable diseases for all populations and the subsequent costs for the health system.

### **Social trends and determinants**

The large inequities in health across the Region arise from inequalities in the lives people are able to lead, in the social policies and programmes that affect them, in economic arrangements and in the quality of governance. The causes of lifestyle differences reside in the social environment. Social determinants also often affect whether people are able to access health care services and the quality of care they receive.

Societies now expect a new form of governance for health that is far more participatory for citizens. Alongside national governments are a plethora of regional and local administrations, the private sector, nongovernmental organizations, institutions, communities and individuals, which all are and must be involved. Health is increasingly seen in as a human right. Citizens have high expectations, reflecting an increased awareness of their rights and choices. Citizens want to be involved in their own health, including decision-making on disease management and treatment.

Citizens also need to be more involved in their own care, particularly of chronic disease, where patient involvement in care has shown positive effects in terms of outcomes. Patients have often been quicker to take up many of the new communication technologies than the health professionals serving them, technologies that open up new means for citizen participation and accountability.

## Health 2020 Slides 11-12

**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*

**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**  
Продолжение преодоления чрезвычайных ситуаций

**Helping people achieve their full health potential and well-being**

**Tackling the health divide between and within countries**

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

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

**Anticipating change and fostering innovation**

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

**Сокращение неравенств в отношении здоровья между странами и внутри стран**

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

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

**Прогнозирование изменений и содействие инновациям**

**Solidarity**  
Солidarность

**The right to health**  
Право на здоровье

**Creating health-conducive conditions**  
Создание условий для укрепления здоровья

**The whole-government and whole-society approach**  
Общегосударственный и общесociальный подход

**Improving care**  
Улучшение ухода и качества обслуживания

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This has been a very quick overview of the forces for change affecting health in Europe today. In my view we needed to think these present challenges through in an integrated and strategic way, and with the strong support of the Regional Committee a new European health policy (which we are calling Health 2020) is being designed and implemented as a collaborative initiative between WHO/Europe, Member States and health-related institutions and stakeholders.

## **Health 2020: Europe's changing landscape – a different world, new challenges and new opportunities**

- **Demographic changes**
- **Chronic illness**
- **Globalized trade and communications**
- **Global crises: pandemics, financial crisis, climate change**
- **Security and development agendas linked with health**
- **Growing health gaps and inequities**
- **New communication technologies**
- **New and stronger health partners**
- **More resources, unevenly distributed**
- **More receptivity to public health goals and values**
- **More activism in PH community: nongovernmental organizations (NGOs), professional associations, business**
- **Participating citizens**

### **Slides 13-14**

Health 2020 is focused within the growing understanding of the relationship between health and development, as discussed in the Tallinn Charter: “Health Systems for Health and Wealth”, which was adopted by all WHO European Member States in 2008. Health is an important investment and driver for development, as well as one of development’s most important results. Investment in health is critical to the successful development of modern societies, and their political, social and economic progress. There has been a remarkable growth of understanding of the importance to health of the conditions of life, including the distribution of power, influence and resources: the social determinants of health. Health is now seen in a much more holistic and nuanced way, with the many determinants spread across the whole texture of society.

## Strengthening of the health systems ... including PH



Renew commitment to PH and rejuvenate the work of WHO/Europe in this important area

### WHO European review on social determinants and the health divide

Provide evidence on the nature and magnitude of health inequities across the Region and their relationship to social determinants.

Investigate gaps in capacity and knowledge to improve health through action on social determinants

Synthesize evidence on the most promising policy options and interventions for addressing social determinants and reducing health inequities in diverse country contexts

## Slides 15-18

### Vision for 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.”

### Health 2020 values

- 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

Health 2020 will provide a unifying vision and values-based policy framework for health development in this context. It will have clearly defined goals. The framework will include realistic but challenging targets and tools for monitoring, planning and implementation. It will bring together and interconnect new evidence, and strengthen the coherence of existing knowledge and evidence on health and its determinants.

Health 2020 will offer practical pathways for addressing current and emerging health challenges in the Region, appropriate governance solutions and effective interventions. It will identify how both health and well-being can be advanced, equitably sustained and measured through actions that create social cohesion, security, work–life balance, good health and good education. It will renew the commitment to strengthening health systems, and will be underpinned by new studies of the social determinants and the health divide, and governance for health. It will be relevant to all of the countries in the Region.

WHO/Europe seeks collaboration in this work from scientific partners and relevant professional groups, civil society and policy communities. Diverse stakeholders (scientific experts, policy-makers, professional and other networks, nongovernmental organizations (NGOs) and development institutions from across sectors and covering European, national, regional and local levels of administration) will be engaged in order to strengthen existing evidence, know-how and support for action on achieving better health for Europe.

A paper on the development of the thinking and content underpinning Health 2020, along with a draft policy, will be discussed by the Regional Committee in Baku in September of this year.

### Proposed main goals

1. **Work together.** Health 2020 aims to harness the joint strength of WHO/Europe and Member States, to further promote health and well-being.
2. **Create better health.** Further increase the number of years in which people live in health (healthy life-years), reduce health inequities and deal with the impact of demographic changes.
3. **Improve health governance.** Illustrate how the drivers of change may affect health, and how health is a driver of change, by ensuring that key actors and decision-makers in all sectors are aware of their responsibility for health and their potential role in health promotion and protection.

### Proposed main goals (continued)

4. **Set common strategic goals.** Support the development of policies and strategies in countries, at the appropriate level, giving stakeholders and potential partners a clear map of the way forward.
5. **Accelerate knowledge sharing.** Increase the knowledge base for developing health policy by enhancing the capacity of health and other professionals to adapt to the new approach to public health and the demands of patient-oriented health care in an ageing and multicultural society.
6. **Increase participation.** Empower the people of the European Region to assess and address the health challenges facing them by increasing health literacy, as well as ensuring that health systems become patient-centred.

## Commitment to public health and health systems Slides 19-20

### Definition of PH

“Public health is the science and art of preventing disease, prolonging life and promoting health through organized efforts of society”

– Sir Donald Acheson,  
United Kingdom, 1988

### Strengthening PH: guaranteeing delivery of 10 essential PH operations (EPHOs)

EPHOs vary according to institution, but constitute the backbone of the proposed public health operations for Europe (pilot-tested for the last four years)

1. Surveillance and assessment of the population's health and well-being
2. Identification of health problems and health hazards in the community
3. Health protection services (environment, occupational health, food safety)
4. Preparedness for and planning of public health emergencies
5. Disease prevention
6. Health promotion
7. Assurance of a competent public health and personal health care workforce
8. Leadership, governance, financing and evaluation of quality and effectiveness of PHS
9. Health-related research
10. Communication for PH



In my view, a renewed commitment to public health and health care systems in Europe is essential. Our Health for All and Health21 policies, and the Tallinn Charter have shown us the way here.

Public health capacities and services need strengthening across the Region, with greater emphasis and funding made available for health promotion and disease prevention. For public health we need renewed commitment to strong public health infrastructure and essential public health operations comprising health protection, health improvement and health-service development. We are proposing a set of 10 horizontal essential public health operations (EPHOs) to become the unifying and guiding basis for European health authorities to monitor, evaluate and establish policies, strategies and actions for reforms and improvements in public health.

Primary care must also be strengthened. In many countries, investment in population-based health promotion and disease prevention services is lamentably low, and primary care is an excellent mechanism to bring these services to the public. Primary care physicians need to be trained and motivated to provide preventive and community-based interventions.

We need new public health leaders, to initiate and inform a health policy debate at political, professional and public levels, taking a “horizontal” view of the needs for health improvement across government and society as a whole. These leaders must create innovative networks for action among many different actors, and be catalysts for change.

## Slide 21

**OUTCOMES: launching the 2010 joint Central European Bank-WHO/Europe publication "Evaluation of public health services in south-eastern Europe"**

**SOUTH-EASTERN EUROPE HEALTH NETWORK**

**Evaluation of public health services in south-eastern Europe**

**WHO REGIONAL OFFICE FOR EUROPE**

**CEB**

**Members:**  
Albania  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Republic of Moldova  
Montenegro  
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Serbia  
The Former Yugoslav Republic of Macedonia

**Donors and Neighbours:**  
Belgium  
France  
Germany  
Hungary  
Italy  
Netherlands  
Sweden  
Switzerland

**Organizations:**  
Council of Europe  
Council of Europe Development Bank  
WHO Regional Office for Europe

**World Health Organization**

**REGIONAL OFFICE FOR Europe**

Again, to be specific to the South-eastern Europe Health Network, I commend all your work on the evaluation of public health services in your countries and the production of national and regional reports on public health services. This work has involved the pilot-testing of the WHO self-assessment tool, the publication of an evaluation report and concrete follow-up concrete action in all the nine countries to reform and strengthen public health services.

Let me say a little more about your work. You have identified important development needs in public health that are relevant for the whole Region. I will mention just a few: the vital need for political support for public health; the relative lack of support, knowledge and skills for health promotion and disease prevention; the strengthening of human resources for public health; the need for new entrants into public health to bring new and innovative ideas; and the importance of recognizing the economic arguments for public health. Thanks to you, we know more about these issues. Your work has been a beacon for Europe, and we will incorporate your thinking into our regional work on strengthening public health.

## Slide 22

### Health system: definition

“The ensemble of all public and private organizations, institutions and resources mandated to improve or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health”

– Tallinn Charter: “Health Systems for Health and Wealth”, 2008  
(emphasis added)



Health systems, including health ministries, remain of pivotal importance and need to be strengthened in their work of promoting, securing, maintaining, and restoring population health. The scope and reach of the concerns of health systems stretch beyond public health and health care services, to engage all sectors of society. Health systems will become more capable, with a greater impact on health experience at both individual and population levels, than hitherto.

Societal pressure will intensify for a higher proportion of gross domestic product and government budgets to be devoted to health. The factors that have driven costs upwards in the health sector over past 20 years will continue to intensify. These include demographic and ageing pressures, and the expansion of what is possible in terms of the diagnosis and treatment of disease.

There will continue to be strong pressures to organize all health system resources efficiently and wisely. The issue facing countries in the European Region is how to demonstrate value by improving performance and reducing costs, and maintaining and improving health system performance, while maintaining the values of solidarity, equity and participation that European Member States have several times agreed.

## Health in all policies and the “whole-of-government responsibility for health”

### Slide 23

**New challenges, old problems, new opportunities**

New era, with rapidly developing global and European trends

Increasing complexity of drivers that shape health and the determinants of health inequities: “wicked issues”

Uneven progress in achieving health goals to date

Ongoing and new challenges to health as a human right, a public good and an asset for development

**These demand a new approach to health governance in the 21st century**

 World Health Organization  
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Health 2020 will clearly see improvement in health and well-being as a societal goal. In that sense it is a fundamental responsibility of society, and therefore also for society’s government. This approach has come to be called the “whole-of-government approach”.

Health in the 21<sup>st</sup> century poses new challenges for orchestrating a societal response. We must apply new ways of governing for health: ways in which we can bring influence to bear on all determinants. A shift is needed towards more horizontal and inclusive approaches to governance, involving all of society and its sectors, in particular the people themselves, towards health and well-being.

Addressing today’s challenges and the full spectrum of health determinants across society requires all parts of governments to work together, and share responsibility across policy fields and sectors. Today the political, social, economic, environmental, institutional and health-system determinants of health are centred powerfully in the communities and societies in which people are born, live, work and age. In rapidly changing environments, pathways to good and bad health can be nonlinear and hard to predict. Health is increasingly understood as an outcome of complex and dynamic relationships between this wide range of determinants. We can see examples of this complexity in issues such

as the food system, or the waves of social consequences stemming from the financial crises.

Some determinants are overtly political, in the sense that war and societal breakdown are politically influenced catastrophes. Also politically determined are the opportunities, choices and conditions of life for people and communities, and the services available to them. Interplay between these determinants is inevitable. Political commitment to health and health improvement is therefore of fundamental importance.

## **Partnerships and networking for Health 2020 and public health strengthening**

WHO needs the support and involvement of Member States in taking all this work forward. We shall be making particular proposals in relation to Health 2020 to the Regional Committee.

Regional and subregional cooperation will be vital. The South-eastern Health Network is an excellent and successful model of such cooperation. The third health ministers' forum will take place later this year and I look forward to this, and to your further successes in the future. Certainly I am delighted to express now continued support for the Network and for your continued work.

## **Conclusion**

Ladies and gentlemen, I have endeavoured to provide a broad overview of the current state of health in Europe, and some of the factors and uncertainties that will affect health in the future. Change will be relentless and is likely to accelerate dramatically.

Health 2020 aims to be a coherent, integrated and full response to the changes and challenges we are facing. The strengthening of public health and health systems overall will be vital components of this work. The role of health ministries will be fundamental. Yet this commitment to better health must rest with all of us as contributing members of society, with all our sectors, with our institutions and with the whole of our governments. We are all participants.

**Slide 24**

Thank you!



Thank you.