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Presentation - Implementing Health 2020, Healthy Cities – a strategic vehicle for action

20 September 2013, Izmir, Turkey

Slide 1. Implementing Health 2020: Healthy Cities – a strategic vehicle for action

The slide features a teal background. On the left, there is a graphic of a globe composed of a grid of white squares, with a collage of diverse people's faces integrated into the grid. Below this graphic is a dark blue vertical bar containing the WHO logo and its name in four languages: English (World Health Organization, REGIONAL OFFICE FOR Europe), French (Organisation mondiale de la Santé, BUREAU REGIONAL DE L'Europe), German (Weltgesundheitsorganisation, REGIONALBÜRO FÜR Europa), and Russian (Всемирная организация здравоохранения, Европейское региональное бюро). To the right of the globe graphic, the title 'Implementing Health 2020: Healthy Cities – a strategic vehicle for action' is written in white, and the date 'Izmir, Turkey, 20 September 2013' is written in red. Below the title, the name 'Zsuzsanna Jakab' and her title 'Regional Director for Europe' are written in white.

Dear mayors, city politicians, public health leaders, advocates and friends,

It gives me great pleasure to be here with you in Izmir as we launch Phase VI of the WHO European Healthy Cities Network. Today I wish to bring you up to date on developments with our Health 2020 policy framework, and to focus specifically on the long-term, reciprocal, symbiotic learning relationship and journey that WHO has shared with Healthy Cities.

I am here to call for your continued support, leadership and inspiration as we start the process of turning this policy framework into action across our great and diverse WHO European Region.

I am here because I believe you hold a key to Health 2020's ultimate success.

Why do I say this? I say this because, at the end of the day, I know and you know that it is on the local level that the wheel meets the road. The ultimate barometer of health policy success relates to its impact on people's health and well-being in their own homes, neighbourhoods and communities. You are public health's frontline and that is why our continued partnership is so vital. You are the ones who translate rhetoric into action.

Slide 2. Translating rhetoric into action – at the core of the Healthy Cities movement

Translating rhetoric into action – at the core of the Healthy Cities movement

- The movement was initiated by WHO “to put health on the agenda of decision-makers in the cities of Europe”
- It sought to translate the rhetoric of Health for All and the Ottawa Charter into tangible action during its first five-year implementation phase .
- It aimed to realize the vision of the healthy city through a combination of political leadership, visibility for health, institutional change and innovative action for health – supported through partnerships, networking, evaluation and dissemination.

Healthy Cities has played (and articulated) this role of “translator of rhetoric into action” since the earliest days of this movement.

Healthy Cities, as you know, was initiated by WHO in 1988 as a small-scale European project that aimed “to put health on the agenda of decision-makers in the cities of Europe”. Its first five-year implementation phase sought to translate the rhetoric of Health for All and the Ottawa Charter into tangible action. Informed by modern management theory and practice, the project was explicit in stating that a healthy city is defined by a process and not

an outcome, and recognized from the start that success requires experimentation, learning, adaptation and change.

Slide 3. Health Cities – Assets and learning – a public health treasure house

Health Cities' assets and learning: a public health treasure **trove**

Health:

- **central** to local (**global**) **development, economy and security**
- **a major investment** sector for **the** economic and social **development of cities**
- **a major economic sector** in its own right
- **a human right** and matter of social justice

For 25 years, the Healthy Cities networks have served as living laboratories for the development of innovative approaches to health and well-being. Over the years Healthy Cities has learned and has helped demonstrate to all how good health can benefit the whole of society and is essential for economic and social development. You have shown how the very factors that make cities and societies prosper and flourish can also makes people healthy – that policies that provide access to education, decent work, housing and income support can all lead to better and more equitable health, more productivity and more efficient workforces, and provide environments more conducive to healthier ageing.

Importantly, Health Cities has consistently and courageously been a champion of health as a right of all.

Slide 4. Barton–Grant reformulation of Dahlgren & Whitehead model

Barton–Grant reformulation of Dahlgren–Whitehead model



Over the years, the Healthy Cities Network has also articulated models to help us all better understand and address the complexity of social determinants. Here we see the famous rainbow diagram conceived by Dahlgren and Whitehead over 20 years ago, reformulated in a human settlement map by your colleagues Hugh Barton and Marcus Grant. I hope it will become equally famous as a guide to future action.

All of this learning has informed the developmental process of Health 2020.

Slide 5. Changing urban contexts and landscape

Changing urban contexts and landscape

- We are dealing with interdependence, complexity and uncertainty
- The concentration of populations in urban settings amplify health challenges

People live longer and have **fewer** children

People migrate within and between countries; cities grow **larger**

Noncommunicable diseases 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

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

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While these accomplishments have provided significant opportunities for more equitable health, development and prosperity for the people that you serve, we are all also aware that the concentration of populations in cities continues to present big health challenges and amplifies the effects of growing global and regional interdependence, inequities and reduced resources.

These challenges include: demographic changes, with falling fertility and ageing populations; the political, social and economic affects of globalization; powerful new technologies that are changing health and health care; as well as the demands and expectations of citizens for information and closer involvement in decisions about their health and the services they access.

These challenges jeopardize the lives and health of many of cities' inhabitants in many different ways. Sadly, they have contributed to greater inequalities in the lives and health of populations in nearly every European city.

Identifying ways to address these challenges through intersectoral action has been the consistent aim of the Healthy Cities movement and this experience has shaped the Health 2020 developmental process and the policy's vision and action programmes.

Slide 6. Liège statement

Liège commitment to Healthy Cities 2011

.. we **commit** ourselves to be **proactive partners** in the development and consultation process; to be a **testing ground** for new ideas; to be a **source of local knowledge** and case studies; and to **actively advocate** for our common health vision and goals.



I want to especially thank you for your early and visible support for this process – expressed in your Liège commitment in 2011.

Slide 7. Health 2020

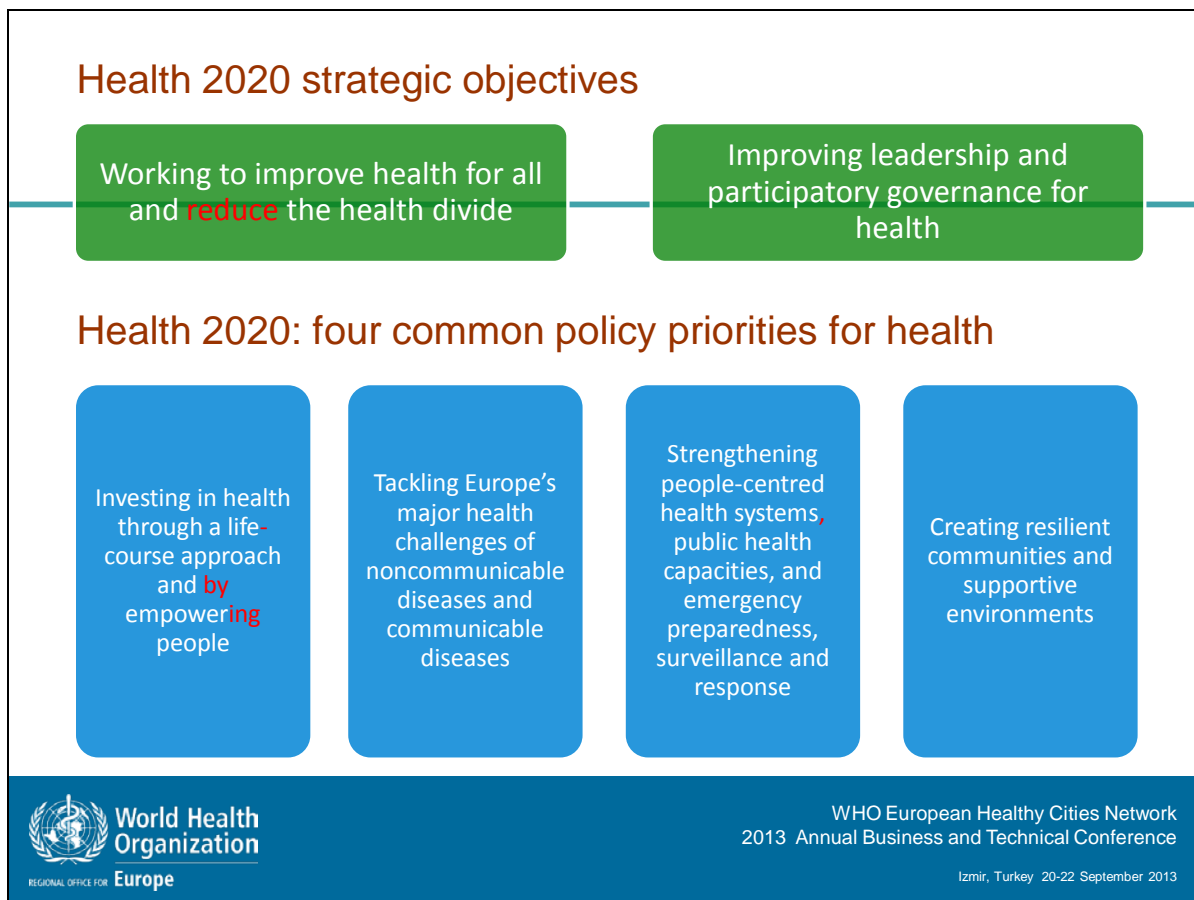
Health 2020 adopted by WHO Regional Committee, September 2012

Health 2020 aims: to significantly improve **the** health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems



As most of you know know, health ministers and senior officials from the 53 countries in the WHO European Region, gathered in Malta in September 2012, adopted Health 2020.

Slide 8. Presentation structure



In adopting Health 2020, Member States committed themselves to work towards a common goal, strategic objectives and priority policy areas.

Crucially Health 2020 is built on values:

- health as a fundamental human right
- solidarity, fairness and sustainability.

Slide 9. Phase VI

Healthy Cities phase VI framework

Phase VI overarching goals

- improving health for all and reducing health inequities
- improving leadership and participatory governance for health

Core themes

1. Investing in health through a life-course **approach** and **by** empowering people
2. Tackling the European Region's major health challenges of infectious and noncommunicable diseases
3. Strengthening people-centred systems and public health capacity and emergency preparedness and surveillance
4. Creating resilient communities and supportive environments



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I note with pleasure that as you enter phase VI (2014–2018) you are aligning your planning to this framework of objectives and priority areas for action.

Slide 10. Increasing momentum in Europe

Engagement at **the** national and subnational levels

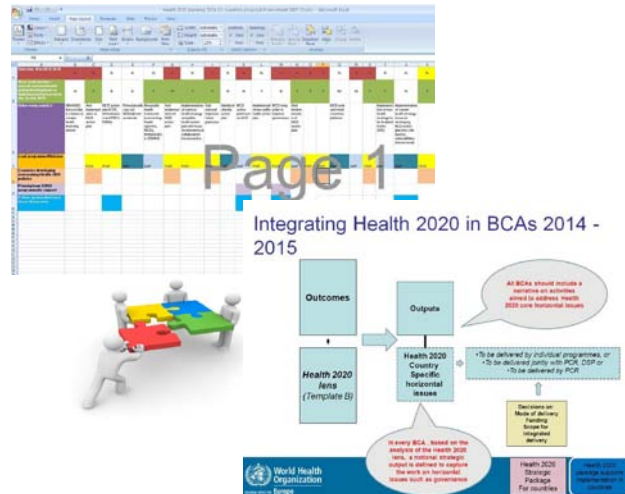


I can report to you a year of progress and developments since the Regional Committee session in Malta; mobilizing the WHO Regional Office for Europe; and supporting and advising Member States. We have spread the word about Health 2020 across Europe, highlighting it extensively in our ministerial conferences and other WHO events and also at other high-level European meetings of our partners. There has been tremendous interest!

This slide includes pictures from my meetings with high-level officials from the following countries: Armenia, Denmark, Kazakhstan, Latvia, Lithuania, Poland, Serbia and Tajikistan. The picture in the middle shows the Regions for Health Network discussing Health 2020.

Slide 11. Regional Office gearing up

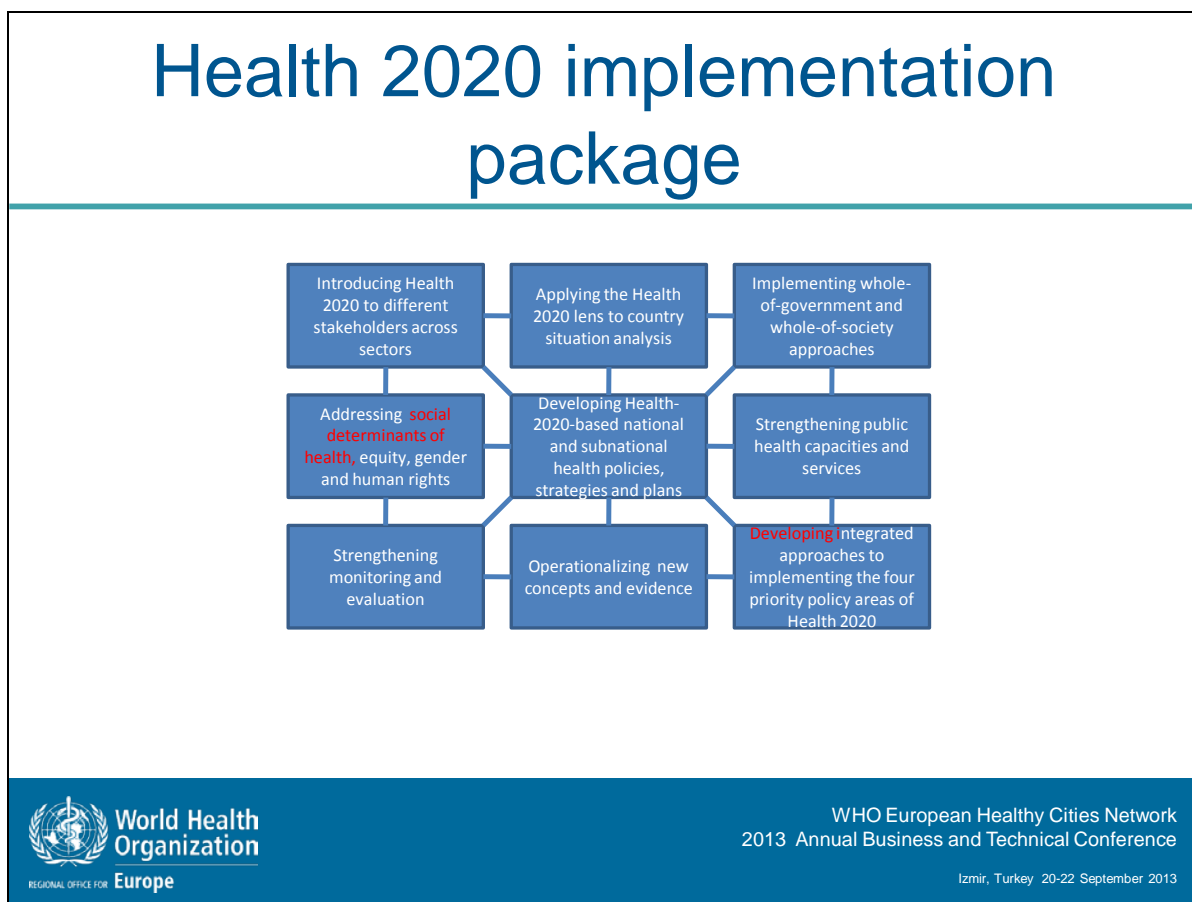
Regional Office gearing up for Health-2020 implementation



Internally we have made Health 2020 everybody's business! We aligned our work; we are reviewing our tools and instruments to identify the gaps; and we are developing a new package of tools and resources specifically to assist Member States at all levels with their implementation work, and web-based information tools as well as web-based compatibility. Within the WHO Regional Office for Europe we have introduced Health 2020 into everything we do, in particular making Health 2020 the main focus of our planning for 2014–2015 and when planning our country work. Applying the Health 2020 lens is the guiding star in our operational planning! A one-week internal retreat with our staff, including the country staff, and other meetings fostered internal understanding.

Many countries have already signed up to the Health 2020 process, using different entry points.

Slide 12. Implementation package



We are also developing an integrated implementation package for Health 2020, consisting of nine interconnected components. This package includes tools and services (such as policy dialogues, leadership seminars and strategic governance workshops) aimed at developing understanding and capacity for implementing the core elements of Health 2020, including whole-of-government and whole-of-society approaches, strengthening leadership for health, reaching out to different sectors and developing national health policies. A version of the package will be adapted to implementing Health 2020 at the local level and will be an important tool to support you in implementing Phase VI.

Slide 13. Countries taking up the challenge

Countries are taking up the Health 2020 challenge

PUBLIC HEALTH STRATEGY FOR 2011-2017

The Federal Council's health-policy priorities 2020

Latvian Republic health policy strategy

Lithuanian Health Policy Strategy

The Federal Council's health-policy priorities 2020

Kokios-Gesundheitsziele

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Already several countries across the Region have embarked on Health 2020 initiatives, and examples of this engagement are shown here on this slide. Let me mention a few of these: Ireland with its whole-of-government approach; Austria with its targets; Switzerland with its Health 2020 policy; Latvia and Lithuania with their national policies fully aligned with Health 2020 and their national consensus-building conferences with the involvement of the prime ministers, speakers and health committees of their parliaments; the South-eastern European Health Network (SEEHN) with a Health-2020-driven health chapter its growth strategy, and its individual Member States embarking on this road, for example, most recently Serbia. Ukraine also took up this initiative and linked it with the public health renewal. Last but not least, our host country, Turkey, has a new multisectoral programme for implementing the Health 2020 vision that involves a wide range of stakeholders across sectors, and regional and local authorities.

Slide 14. Cities taking up the challenge

Cities taking up the Health 2020 challenge

Phase VI action



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Already in Phase V many cities developed programmes that addressed both the strategic objective and policy priorities of Health 2020. The overarching theme of Phase V, health and health equity in all local policies, reflects the long-standing commitment and experience of the Healthy Cities movement, with shared approaches to governance for health. As we hammer out plans for Phase VI, I look forward to our continued partnership.

Slide 15. Targets

Developing Health 2020 targets and indicators

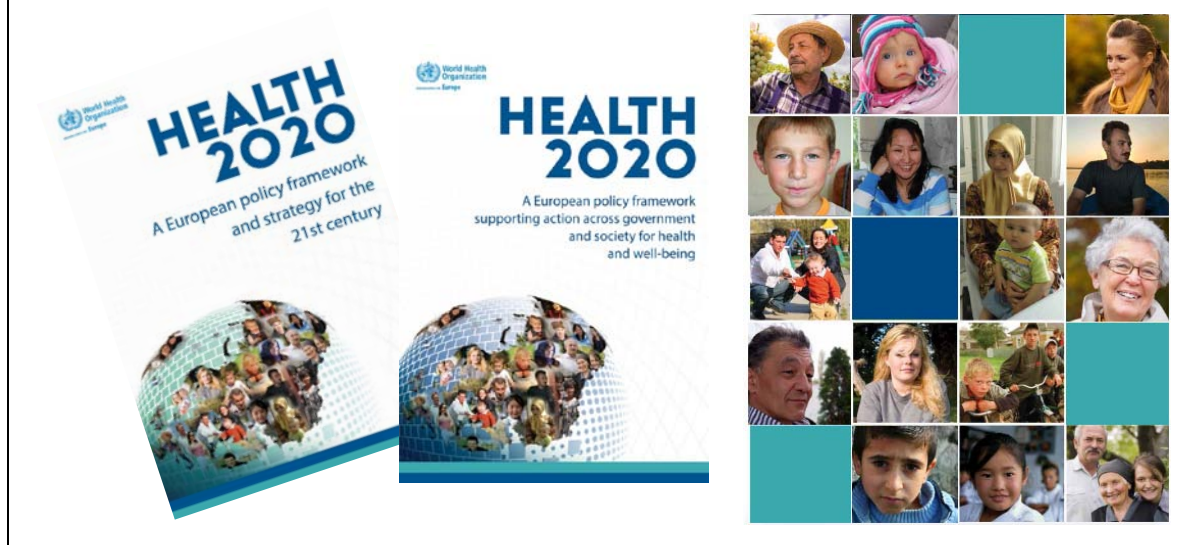
1. Reduce premature mortality in the European Region by 2020
2. Increase life expectancy in the European Region
3. Reduce inequalities in health in the European Region
4. Enhance the well-being of the population of the European Region
5. Ensure universal coverage and the right to the highest attainable level of health
6. Set national goals and targets related to health in Member States




We have also worked hard with Member States on developing inspirational, challenging, yet practical targets that are integrated into the policy, and indicators to provide us with a vision for action, to assist us with measuring progress and to strengthen accountability and communication. I believe these targets and indicators will be vital as we move forward, providing a map for partners and a reference point for action. I am glad to tell you that the 2013 Regional Committee adopted these proposed targets and indicators this week. I hope we can also develop indicators and measures based on these targets that are relevant to the local level.

Slide 16. Publications

Health 2020 books published



The image displays two book covers for 'HEALTH 2020' and a grid of diverse people. The left cover is titled 'HEALTH 2020: A European policy framework and strategy for the 21st century' and features a globe made of people. The right cover is titled 'HEALTH 2020: A European policy framework supporting action across government and society for health and well-being' and also features a globe made of people. To the right of the covers is a 4x4 grid of 16 small photographs showing a variety of people from different backgrounds, ages, and ethnicities, representing the diversity of the region.

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I am very excited that the 2013 Regional Committee saw the publication of the two Health 2020 volumes in all four official languages. They are also available here today, and I hope you will take the opportunity to look at them. I was particularly pleased with the strong and supportive foreword of Dr Margaret Chan, WHO Director-General. As she has said: “New approaches and perspectives are needed if universal health coverage is to be a reality for the countries of the Region. Shifting the mindset of policy-makers, health providers and members of the public, from one that sees health in terms of combating illness to one mainly focusing on promoting health and well-being, is the key to the future. Success requires political support, technical and administrative innovation and changes in how financial resources and other assets are deployed.”

Slide 17. Four areas to address

Four areas of action to address health inequalities: emphasizing priorities amu1

The diagram illustrates the life-course approach to health inequalities. It features a central funnel shape representing the accumulation of positive and negative effects on health and well-being over the life-course. The funnel is divided into four stages: Prenatal, Early years, Working age, and Older ages. A box labeled 'Family-building' is positioned below the Working age stage. Above the funnel, a box labeled 'Macro-level context' is connected to 'Wider society' and 'Systems' by bidirectional arrows. 'Wider society' and 'Systems' are also connected to 'Life-course stages' by bidirectional arrows. A large arrow points from the funnel to the right, indicating the direction of the life-course. Below the funnel, a circular arrow labeled 'Perpetuation of inequities' suggests a feedback loop. To the right of the diagram is a photograph of a rock climber ascending a wall that is shaped like a map of Europe.

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We also officially launched the full report of the European review of the social determinants of health and the health divide at the Regional Committee session. The review comes at an important moment in European history. It was commissioned to support the development of Health 2020, and has policy recommendations to ensure that progress can be made in reducing health inequities and the health divide across all countries, including low- and middle-income countries.

Slide 18. Social and political commitment

Political and social commitments

- Social policies can be judged by their likely impact on health equity
- The *Review on the social determinants and the health divide in the European Region* provides both the evidence and the recommendations for making this judgement possible
- What is now needed to translate this into reality is the political and social commitment of governments, civil society, transnational bodies and academic institutions.

Much more is now understood about the extent and social causes of these inequities, and this knowledge is documented in the review report. Health ministers, mayors and other city health politicians clearly have a role in ensuring universal access to high-quality health services, but also need to provide leadership in advancing the case that health should be regarded as an outcome of policies pursued in other arenas. The link between health equity and social policies is close. I am aware that the Healthy Cities movement has had a pioneering role in developing awareness and promoting commitment for action on the social determinants of health since 1998.

Slide 19. Strong evidence

Promoting the findings of the Review

The Review

- provides a wake-up call to action among political and professional leaders
- an opportunity to actively facilitate the generation and sharing of effective practices and policy innovations

We must act on the new evidence provided by the Review to obtain better health outcomes for present and future generations



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In addition to the moral and social-justice case, there is good new evidence making a strong economic case for action. The cost of health inequities to health services and in lost productivity and government revenues is such that no society can afford inaction. In addition, action on the social determinants of health leads to other benefits to society, which may in turn have more immediate economic benefits. The important conclusion here is that the current economic difficulties in countries are a reason for action, not inaction, on the social determinants of health.

Slide 20. Promoting review findings

Evidence that will make a big difference



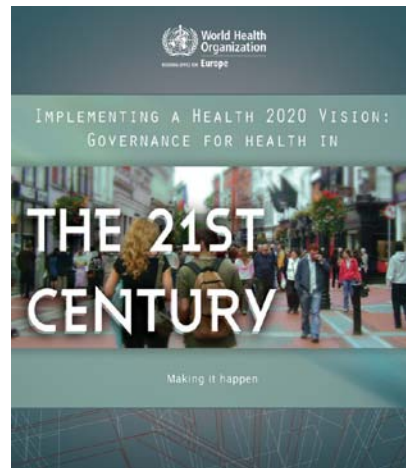
A strong **case for** human rights and social justice

A strong economic case

It is now important to disseminate the findings and recommendations of the review and promote debates in different national and local fora on their implications for action. The review provides specific guidance for countries in different economic circumstances.

Slide 21. Governance for health: a key to the implementation of Health 2020


New forms of governance



During the upcoming year, a large part of our work will be devoted to the practical implementation of the recommendations of not only the social determinants review but also the studies on governance for health. The newest study offers a wealth of insights and practical examples of applying shared governance approaches to address Health 2020's four priorities for policy action.

Slide 23

THANK YOU



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Thank you.