



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**Twenty-first Standing Committee
of the Regional Committee for Europe**
Subgroup on Health 2020

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Report of the Subgroup on Health 2020

Developments since last subgroup meeting

1. The second meeting of the Standing Committee of the Regional Committee (SCRC) subgroup on Health 2020 took place on 18 March in Copenhagen, Denmark, and was opened by the chair, Professor Alex Leventhal. Dr Agis Tsouros provided a briefing on developments since the subgroup last met in January 2014. The key points discussed include the following.

Developing the concept of a fully-fledged approach to Health 2020 implementation

2. Building on the Health 2020 “2 + 4” framework, WHO has been developing a number of tools to elaborate the core components of the Health 2020 approach. Examples presented included a spidergram as a way of illustrating, in a systematic manner, the current status of countries in relation to 8 to 10 core aspects of the Health 2020 approach. Dr Tsouros also presented a pyramid of Health 2020 entry points, where a national Health 2020 policy is the ultimate vehicle in terms of pulling together all aspects of Health 2020 and articulating an integrated approach. There are many other entry points for progressing Health 2020 implementation at the country level – either at the strategic policy level (for example, strategies for public health or noncommunicable diseases (NCDs)) or at the level of capacity building/assessment stage of essential Health 2020 components (inequity, social determinants of health (SDH), intersectoral governance, health system strengthening, NCDs, etc.).

Next steps of implementation in countries

3. At the start of the biennium a teleconference was held with each head of country office to identify key opportunities for Health 2020 implementation during 2014–2015. Key entry points for Health 2020 in each country have been mapped into thematic areas (such as national health policy development, building capacity for a whole-of-government approach, developing a multisectoral NCD strategy). A number of countries have been identified with particular promise for taking the Health 2020 vision forward in 2014. WHO is now in the process of developing detailed roadmaps for the next steps in each country (including the matching of consultants). The Regional Director will communicate with all ministers of health in the Region, requesting an update on their plans for Health 2020 implementation and offering support from the Regional Office.

Follow up from Health 2020 consultants’ briefing

4. An initial training was conducted in January 2014 and the outcome report was tabled at the meeting. Consultants are now being matched to individual country needs. Additional consultants for future trainings have been proposed by colleagues and countries. The plan is to issue a further call for consultants and conduct a second round of training in spring 2014.

Taking an integrated approach

5. A key part of the discussion on next steps with countries has been identifying areas for across-the-house collaboration on Health 2020 entry points. A region-wide executive management retreat is planned for early April to consolidate an integrated whole-of-office approach in the Secretariat’s work with countries and to ensure that Health 2020 is incorporated in all aspects of the Regional Office’s work.

Comments from the Regional Director

6. In addition to the points raised above, the Regional Director added the following points:
- It is important to reach out, at the beginning of the biennium, to all ministers of health, to encourage them to support Health 2020 implementation, especially to take a whole-of-government approach. The intersectoral approach is an area where governments need special support. A package of intersectoral policy briefs will be developed to assist with this. The Regional Director plans to actively engage with the education and social policy sectors. WHO will also produce clearer guidance/briefs on the links between Health 2020 and other key entry points (such as NCDs and public health).
 - A meeting was held earlier this month in Tunis, Tunisia, for all heads of country offices in the WHO European Region, along with staff from the Regional Office and WHO headquarters, to discuss the process for developing country cooperation strategies and for 2016–2017 biennium planning; in the European Region both processes will be adapted to take into account Health 2020. The United Nations Development Assistance Framework (UNDAF) process is also under way in a number of Member States in the Region and work is under way to align the UNDAF process with Health 2020. The Regional Director will invite the Regional Director of the United Nations Development Programme to RC64 in September to affirm this joint commitment.

Comments from the subgroup

7. The chair and members of the subgroup expressed their strong appreciation for the Secretariat's work in taking forward Health 2020 implementation. They also made the following comments.
- Members of the subgroup reported that they would like to propose additional names for the consultants' roster.
 - South-eastern Europe Health Network (SEEHN) subregional activities provide an ideal setting to further communicate the Health 2020 approach in all work.
 - The subgroup asked for clarification on the WHO Global Learning Programme on National Health Policies, Strategies and Plans. This is an internal training programme for WHO country office staff on developing national health policies – in the European Region it has been reframed around Health 2020.
 - In relation to the methods for communicating country developments on Health 2020 implementation (such as for the Regional Committee and the Standing Committee of the Regional Committee (SCRC)), the subgroup on Health 2020 urged WHO to explore innovative ways to capture these developments and to avoid lengthy written papers as much as possible – these can be overwhelming and difficult to follow for those not working on the issues on a regular basis.
 - WHO is currently preparing a working paper for SCRC for its report on Health 2020 implementation for RC64. Views will be sought from the subgroup on Health 2020 on the best way to structure this discussion to ensure that it is interactive, informative and engaging. The Regional Director agreed that there is a need to take a multidimensional approach to communicating country development at the RC to ensure that Member States are not overwhelmed by too many documents (for example, using video clips, panel discussions, diagrams, social media, etc.).

Operationalizing the European action plan for strengthening public health capacities and services

8. Dr Hans Kluge provided an update on the latest developments in implementing the European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS).

Follow up on EAP-PHS

9. The draft roadmap for the implementation of EAP-PHS in 2014–2015 presented at the meeting of the expert advisory group in November 2013 (alongside the European Public Health Association Conference) was discussed. The final roadmap will be presented at the next meeting on 28 May in Zagreb, Croatia. A revised public health self-assessment tool will also be presented.

Country implementation proceeding at an intensive rate

10. Implementation is very active at the country level. Examples include Bosnia and Herzegovina (jointly with the Division of Policy and Governance for Health and Well-being); The former Yugoslav Republic of Macedonia (jointly with the WHO European Centre for Environment and Health (Bonn, Germany) and the Division of Health Systems and Public Health); Greece (original plan did not mention public health at all); Ukraine (NCDs and public health). At the subregional level, SEEHN is working to ensure sustainable funding for the Secretariat.

11. On the issue of the public health workforce, public health teams and human resources for health teams in the Division of Health Systems and Public Health are working to build synergy on two important initiatives for strengthening capacity:

- the transformation and scale up of education and training of the health workforce bringing together science, education and health sectors to ensure that the curriculum and the education system can meet the health challenges of the 21st century;
- EPHO 7 on public health workforce – with the Association of Schools of Public Health in the European Region (ASPHER) proactively taking the lead on this EPHO – the work includes joint assessments with WHO in a number of countries.

12. Dr Agis Tsouros and Dr Hans Kluge described progress on internal coordination to clarify the alignment between Health 2020 and public health. The Division of Health Systems and Public Health is the lead technical division on public health for the Regional Office while the Division of Policy and Governance for Health and Well-being embraces whole-of-government and whole-of-society approaches that focus on the broader social determinants of health.

13. There is a need to navigate – flexibly and creatively – the core concepts and strategies and to avoid potential confusion that could arise from either perceiving public health too narrowly or too broadly. Countries developing policies for health and well-being may not necessarily use the same conceptual frameworks. Public health has important dimensions within and outside the envelope of the health system. It is not possible to implement Health 2020 fully and address the public health challenges of present-day society effectively without a robust public health system in place.

14. The implementation in countries will involve a judicious and context-specific approach linking the 2 + 4 components of Health 2020 with the 10 EPHOs of the EAP-PHS. Implicit in the implementation of both Health 2020 and the EAP-PHS is the requirement for the development of a national (or subnational in regionalized countries) health policy with

supporting strategies and plans. These should be consistent with Health 2020, yet also include the strengthening of public health legislation, regulation, institutional and workforce capacity and practice, informed by EAP-PHS and its component EPHOs.

15. The in-house implications are that implementation across the whole Health 2020 and EAP-PHS agenda needs to be seen as a coordinated “whole-of-house” effort, with clear lines of leadership and accountability, both technically and in terms of country implementation.

16. In summary, the two processes are completely aligned and mutually reinforcing, but there is a need to have a clear approach in the Regional Office to avoid creating confusion at the country level. Practical solutions are needed and work must be done in an integrated way, with built-in flexibility depending on the points of entry and starting points of Members States.

Comments from the subgroup

17. It is very important that efforts using multisectoral approaches do not undermine the imperative of strong public health services within the health system. The Regional Director agreed that there is a need to capture the message that public health must be strengthened – both within and outside the health system.

18. The breadth/scope of the interpretation of the public health workforce varies among countries. It is very difficult to define this meaningfully at the regional level, when the country context varies so much. Dr Kluge explained that, in addition to regional work, a number of subregional and country-specific initiatives are under way for this reason (for example, the recent Careum policy dialogue on transforming the workforce of German-speaking countries (Austria, Germany, Switzerland) and “Educating health professionals for tomorrow’s global healthcare systems – the role of universities” for the Nordic countries (led by the Karolinska Institute and Lund University). The EPHO 7 expert group also discussed this issue extensively and identified three key groups making up the public health workforce:

- Traditional public health specialists (concrete list of competencies developed by ASPHER);
- Health professionals;
- Non-health professionals.

Comments from the Regional Director

19. The Regional Director asked whether it would be useful to bring together the ministers of health of the SEEHN countries during the World Health Assembly to discuss how to make the best use of the EU accession funds, in line with the SEE growth strategy. There was general agreement that this would be helpful.

20. It was indicated that public health capacity is weak in many countries and that, in some cases, focusing on building capacity for health care management weakens the development of core capacities for public health and Health 2020 implementation. The Regional Director pointed out that public health capacity is linked to the amount of funding distributed to public health and this needs to be increased. To help with this, there is growing evidence of the short-term return on investment in public health (even within the current government cycle). Although it was also noted that there is the need to avoid being caught in a vicious cycle: without public health capacity, there is no one to advocate for increased funding for public health from government decision-makers.

Health 2020 indicators

21. Dr Claudia Stein presented an update on the key developments in finalizing the indicators for Health 2020. She tabled a newly published summary document on all the work to date on Health 2020 targets and indicators. The plan is to present all final indicators to the Regional Committee; therefore a final set will be presented to the SCRC in May and will need to be approved by the Regional Committee in September.

22. The next steps will focus on two key outstanding issues: (1) out of the 20 core indicators, three are qualitative and need to be collated in an efficient manner; and (2) the indicator on objective well-being needs further development.

Qualitative indicators

23. WHO has been working to further develop guidance and methodology for the three qualitative indicators:

- national or subnational policies to address health inequities;
- national health policies aligned with Health 2020, implementation plan and accountability mechanisms;
- national health targets for Health 2020.

24. WHO has developed one short and one long questionnaire to gather information on these indicators from Member States and would like feedback from the subgroup on Health 2020 on the content of the questionnaire, as well as the type of consultation process that should be used to seek views of Member States on these tools.

Objective well-being indicators

25. Two expert groups will meet again to propose objective well-being indicators in London, 3–4 April, supplemented by experts on objective wellbeing. They will propose at least two core indicators for objective well-being and potentially additional well-being indicators from which countries can choose. Any proposals should be readily available from existing data sources and not impose an additional burden on Member States. The participation of one member from this SCRC subgroup would be encouraged and welcome.

26. Dr Stein also used the opportunity to brief the subgroup on Health 2020 on the outcome of the working group (17 Member States) on a support tool to develop national health information strategies. She acknowledged Ms Anna Korotkova, along with the entire working group, for their efforts. A guidance tool on developing national health information strategies that was directed at low- and middle-income countries has been adapted to the European context. This will be presented at the SCRC session later this week, including a proposal for a draft resolution on health information strategies and Health 2020, outlining roles and responsibilities for Member States and WHO.

Comments from the subgroup

27. Members will digest and discuss the material provided and provide feedback by the end of the week, either during the SCRC meeting or by email.

28. Professor Alex Leventhal agreed to attend the expert meeting on objective well-being indicators in London, on behalf of the subgroup.

29. Attention to these indicators is critical if Health 2020 implementation in countries is to be taken seriously.

30. There is a need to be very careful about requests for consultation – it is a highly technical issue and there will be increasing consultation fatigue and diminishing returns from repeated consultations. If a country consultation is required on qualitative indicators, this could be combined with consultation on the objective well-being indicators which will be elaborated in April.

31. The subgroup asked about efforts to improve the alignment with EU and OECD indicators. Many common health indicators are already in use as it is important to avoid any double burden of reporting or mismatched indicators. Dr Stein is following up with both the EC and Member States on this issue. In principle, there has been agreement with the EC to identify a much broader base of indicators which could form the basis of an information system in the future. To encourage collaboration between organizations, the subgroup proposed having a vision statement from the EC and perhaps OECD on this work at the RC (including e-health).

32. A question was raised about the relationship between a health information strategy and statistical strategies or tool-kits on e-health. Dr Stein emphasized that the health information strategy is not a new policy – it is about developing a strategy for health information across the whole of government, to support implementation of a health policy framework aligned with Health 2020. E-health is a component of health information, but is not a health information system on its own.

Points for follow up

33. The Secretariat (Dr Agis Tsouros) will issue a call to all Member States, within the next two weeks, to propose additional senior policy advisers to be trained as Health 2020 policy consultants.

34. The Secretariat (Dr Agis Tsouros) will endeavour to keep written reports on Health 2020 updates brief and to find innovative ways to present the details of country developments in Health 2020 implementation when reporting to the Regional Committee to avoid overwhelming Member States with written materials.

35. The Secretariat will continue to develop a process for ensuring integrated delivery of country support and to clarify internal responsibilities for public health in the context of Health 2020.

36. The Regional Director will communicate with all ministers of health in the Region, encouraging them to implement Health 2020 and offering support from the Regional Office.

37. Subgroup members will provide feedback to the Secretariat (Dr Claudia Stein) on the draft questionnaire for qualitative indicators by the end of the week.

38. The Secretariat (Dr Claudia Stein) will seek further review of the qualitative and objective well-being indicators, using a process informed by feedback from the subgroup.

39. Professor Alex Leventhal will attend the expert meeting on well-being indicators for Health 2020 in London on 3–4 April 2014, on behalf of the subgroup.