Progress and challenges to achieve Better Health in Europe and in Hungary: more equitable and sustainable

Dr Zsuzsanna Jakab, WHO Regional Director for Europe



Budapest, Hungary, 18 October 2018









Better health for Europe

Equitable and sustainable









Health investment is the smartest investment – it pays off



We have to pursue our agreed values

We need to ensure multisectoral responses, able to address all health determinants



We must rise to the challenges of an ageing population and noncommunicable diseases







We must achieve universal health coverage with financial protection



We can influence political, environmental, and cultural contexts









Working together for better health

Health is a political choice







European Member States reported on SDG implementation at the High-level Political Forum



A majority of countries

now have a national health policy aligned with Health 2020



EUROPEAN 4 U HEALTH REPORT

More than numbers - evidence for all

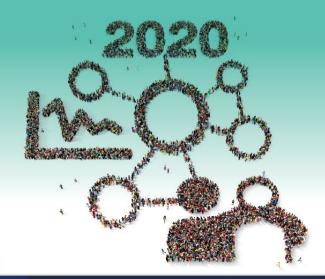
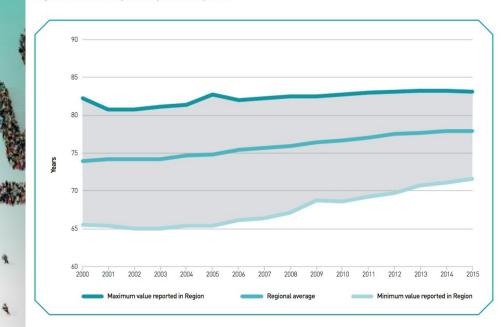






Figure 2.17. Life expectancy at birth (years)



Source: Health for All database on the WHO European Health Information Gateway (9).



Life expectancy at birth increased

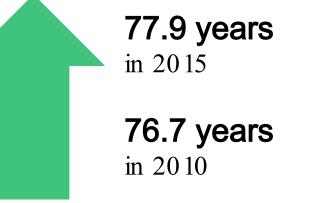
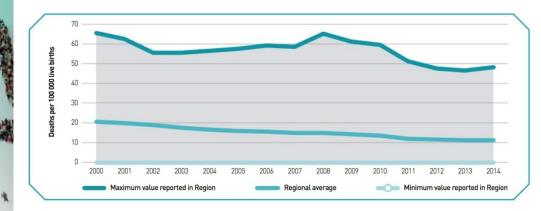




Figure 2.36. Maternal deaths per 100 000 live births, three-year moving average



Source: Health for All database on the WHO European Health Information Gateway (9).



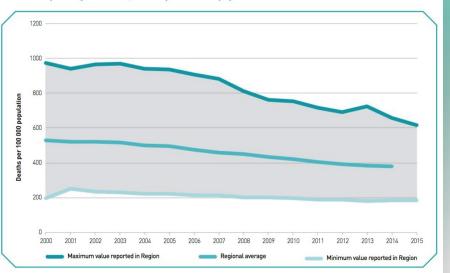
Maternal mortality rate decreased

13 deaths per 100 000 live births in 2010

11 deaths per 100 000 live births in 2015



Figure 2.1. Age-standardized overall premature mortality rate (from 30 to under 70 years old) for four major noncommunicable diseases (cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases), deaths per 100 000 population



Source: Health for All database on the WHO European Health Information Gateway (9).

Note: The European regional average is calculated for those years when more than 26 countries (50% of 53 Member States) reported in that year. See Annex 2 for detailed notes.

On track to reduce premature mortality

From cardiovascular diseases, cancer, diabetes and chronic respiratory diseases

By **1.5%** annually

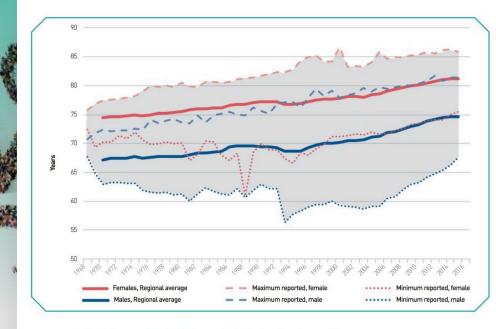
Inequities in life expectancy

More than **10 years** between countries

in the Region



Figure 2.18. Male and female life expectancy at birth (years)



Source: Health for All database on the WHO European Health Information Gateway (9).



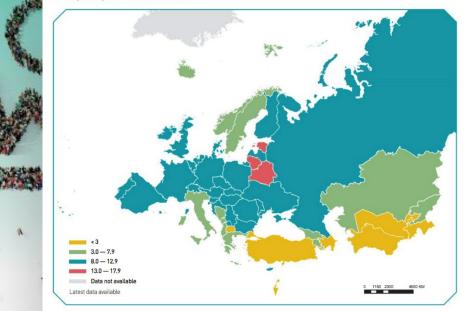
Alcohol consumptio n

Highest globally among the

WHO regions



Map 2.1. Recorded pure alcohol consumption among people aged 15 and over within a calendar year, litres per capita, latest available data



Source: Health for All database on the WHO European Health Information Gateway (9).



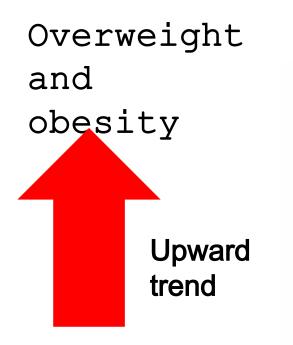
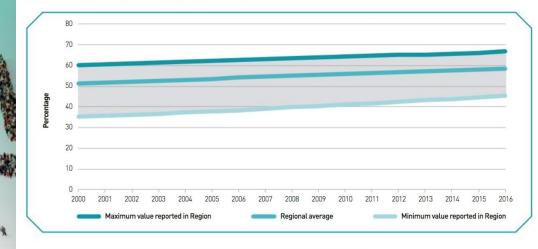




Figure 2.8. Age-standardized prevalence of overweight (defined as BMI ≥25 kg/m²) in people aged 18 years and over, WHO estimates (%)



Source: Health for All database on the WHO European Health Information Gateway (9).



X Persistent immunity gaps



X Persistent immunity gaps Not on track with HIV







Working in transformative ways for better health

Ensure policy coherence across sectors at all levels



REGIONAL COMMITTEE FOR EUROPE 66TH SESSION Copenhagen, Denmark, 12–15 September 2016

Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region

SUSTAINABLE GOALS





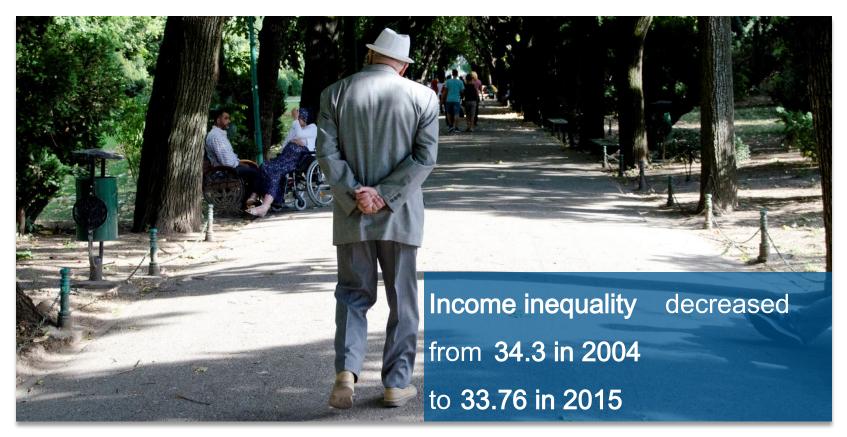


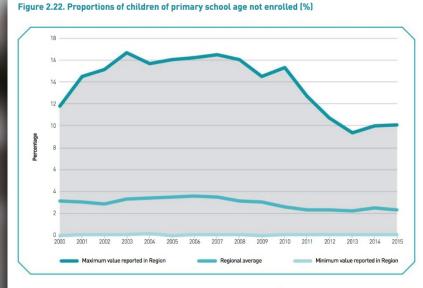
Instruments and tools for the Sustainable Development Goals



The social determinants of health

The social determinants of health



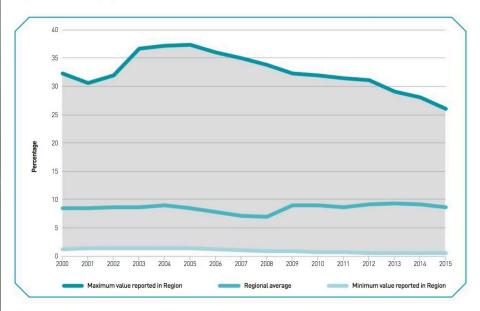


Source: Health for All database on the WHO European Health Information Gateway (9).

Enrolment in primary school

Between 0.1% and 10.1% of children not enrolled in schools





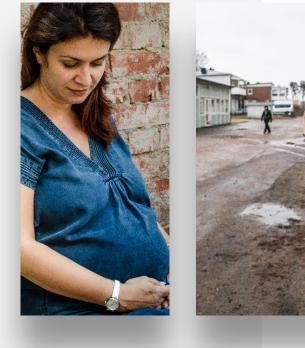
Source: Health for All database on the WHO European Health Information Gateway (9).

Unemployment rates

Range from **0.5% to 26.1%** (2015)

Health equity status report

Containing transformative thinking with new evidence and policy directions





BEHAVIOURAL

DETERMINANTS OF HEALTH

Moving towards becoming "tobacco -free"

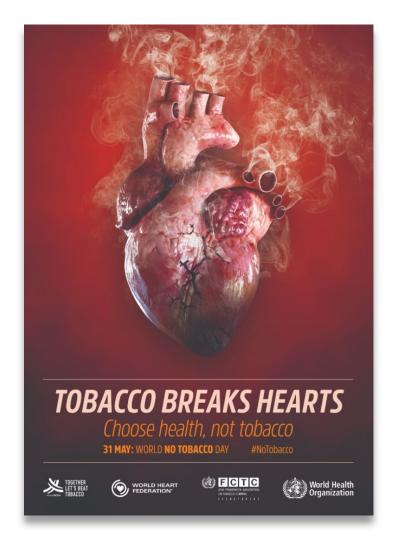
with a smoking prevalence of 5% or less

	-	-	-
Smoking	Smoking	Smoking	Smoking
seriously harms	seriously harms	seriously harms	seriously harms
you and others	you and others	you and others	you and others
around you	around you	around you	around you



Tobacco is still too affordable

Tobacco use in the Region is not reducing fast enough to meet the globally agreed targets.



Protocol to Eliminate Illicit Trade in Tobacco Products

Enters into force 25 September

We encourage all Parties to the WHO FCTC to ratify the Protocol without further delay

Alcohol consumption

has decreased since 2010, as have overall levels of alcohol related mortality and morbidity Europe still has the highest alcohol consumption of all WHO regions (9.8 litres of pure alcohol) A CHERKHARE A COM

Resource tool on alcohol taxation and pricing policies

Editors Bundit Sornpaisarn, Kevin D. Shield Esa Österberg, Jürgen Rehm

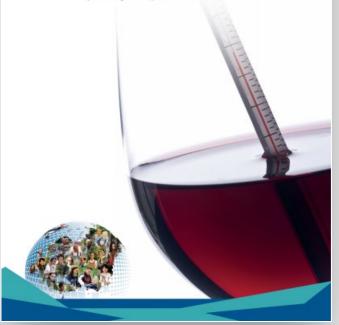


Policy in action

succession Europe

World Health Organization

A tool for measuring alcohol policy implementation



Nutrition and physical activity

your calorie need

55

Calories:

Less than Less than

Less the

Obesity prevalence has tripled in the WHO European Region since the 1980s

All determinants aligned in a coherent policy framework







Environmental determinants

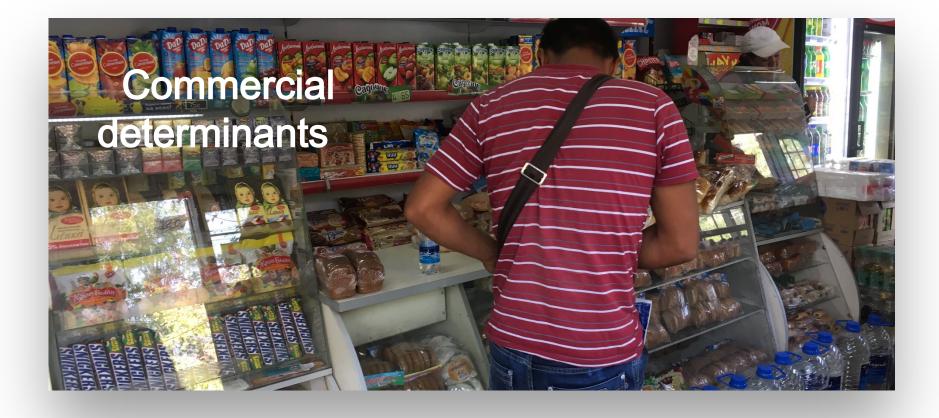
Environmental risks still cause one fifth of the burden of disease in the European Region

Sixth Ministerial Conference on Environment and Health

Ostrava, Czech Republic, June 2017







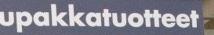
Prevent conflict of interest when engaging with industry



Prevent conflicts of interest when engaging with industry







SA ID 5 A #

Working with the private sector within the principles of FENSA

Affirming the primacy of public over private interests

ADVANCING

PUBLIC HEALTH

FOR SUSTAINABLE DEVELOPMENT

Public health is a shared social and political responsibility



Public health is an investment





TE GUSTARIA DEJARLOL OLS SORTIR .NE? Public health is an indicator of success for the government as a whole



High - level political commitment and leadership are required



REGIONAL OFFICE FOR Europe

egional Committee for Europe	
th session	
ome, Italy, 17-20 September 2018	
ovisional agenda item 5(f)	

EUR/RC68/14 + EUR/RC68/Conf.Doc./5 6 August 2018 180516 ORIGINAL: ENGLISH

Action plan to improve public health preparedness and response in the WHO European Region

The draft action plan to improve public health preparedness and response in the WHO European Region, 2018-2023, aims to strengthen national and regional capacities to effectively prevent, prepare for, detect and respond to public health threats and emergencies taken and lessons learned in the European Region since the International Health Regulations (HR) (2005) entered into force in 2007, and as presented in the guiding document EURRC67113, on accelerating implementation of the IHR (2005) and strengthening laboratory capacities for better health in the European Region, at the 67th session of the Regional Committee for Europe (RC67) in September 2017. It builds on the five-year global statelore lan to improve public health preparedness and response, 2018–2023, and is talored to the needs of the European Region.

The present document outlines the draft action plan to be implemented by States Parties and the WHO Regional Office for Europe in collaboration with key partners and in line with the requirements of the IHR (2005). It is structured around the three strategic pilars described in the global strategic plan: (1) building and maintaining States Parties' core capacities required by the IHR (2005): (2) strengthening event management and compliance with the requirements under the IHR (2005); and (3) measuring progress and promoting accountability. The action plan will be accompanied by a monitoring framework with indicators for each technical area of the strategic pilars.

The regional action plan incorporates feedback received from the Member States during the Standing Committee of the Regional Committee (May 2018) and through previous web-based and face-to-face consultations on the global strategic plan. The revised regional action plan, incorporating the feedback received, is submitted to the 68th session of the Regional Committee for Europe, accompanied by a draft resolution for its adoption.

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REPORT OF THE MEETING OF THE ADVISORY GROUP FOR THE DEVELOPMENT OF THE DOCUMENT

"ADVANCING PUBLIC HEALTH FOR SUSTAINABLE DEVELOPMENT IN THE WHO EUROPEAN REGION"





A vision for advancing public health through a broad consultation

NONCOMMUNICABLE

240

DISEASES

The high -level regional meeting - Health Systems Respond to NCDs

Sitges, Spain, April 2018







We agreed on the building blocks and the need for leapfrogging





ntersectoral action

Population alth managemen

Pro-equity policies

Integration

Task shifting

iscal dialogue

Multin

Engagem

Health systems respond to noncommunicable diseases: time for ambition

Edited by Melitta Jakab, Jill Farrington Liesbeth Borgermans, Frederiek Mantingh

HEALTH SYSTEMS



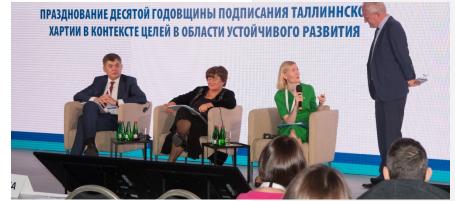




Health Systems for Prosperity and Solidarity: Leaving No One Behind

Celebrating the 10th anniversary of the Tallinn Charter in Estonia, June 2018

Include, invest and innovate









Financial protection

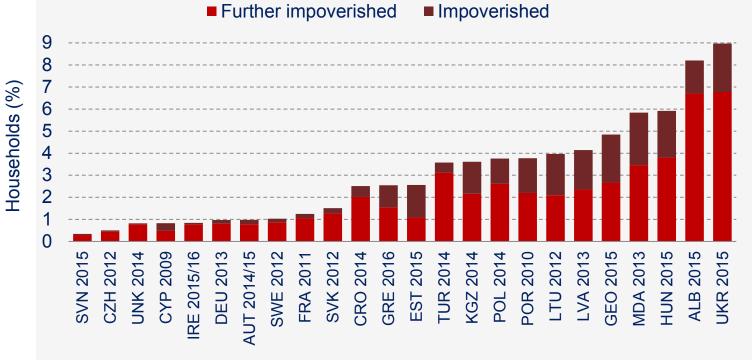




Actionable policy recommendations which are being implemented in several countries

Our target: a Europe free of impoverishing out -of-pocket payments for health

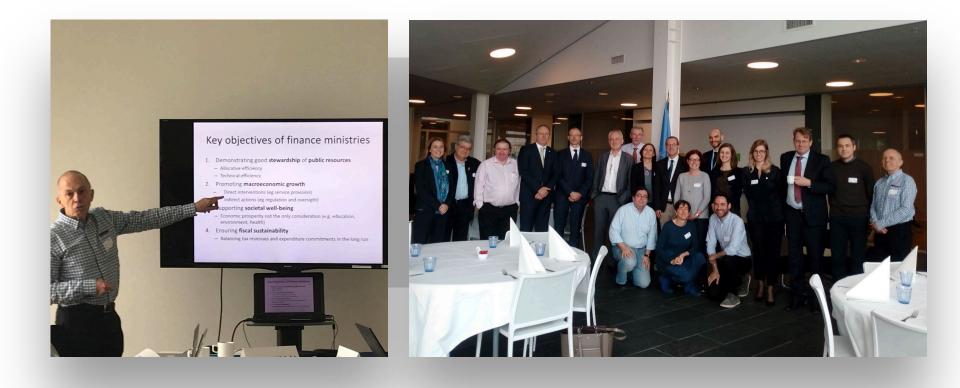
Share of households impoverished or further impoverished after out-ofpocket payments



It is possible to avoid poverty due to ill health through a combination of reducing out-of-pocket expenditure to 15% of the total spending on health and strengthening pro-poor coverage policies



Dialogue between health and fiscal decision -makers



COMMUNICABLE DISEASE PREVENTION AND CONTROL

The WHO European Region has retained its polio -free status,

as assessed by the European RCC at its 32nd annual meeting, May 2018 Malaria in the WHO European Region

ON THE ROAD TO ELIMINATION

Measles and rubella elimination

We call on all countries to immediately implement broad, context -appropriate measures to stop further spread of this disease Over 41 000 children and adults in the WHO European Region have been infected with measles in the first six months of 2018.

The measles cases and deaths in the Region are unacceptable in the presence of an affordable and effective vaccine.

Place the highest political commitment towards immunization





European Vaccine Action Plan 2015-2020

Midterm report



Accelerating actions on vaccine -preventable diseases

All Member States are urged to extend the benefits of vaccination equitably across the life course to all individuals in the Region



European Immunization Week and World Immunization Week 2018 Attending an exhibition for European Immunization Week



Tuberculosis decline

32 new cases per 100 000 (2016)



World Health Organization

tectional contents Europe



MDR-TB case detection has more than doubled

> From **33% to 73%** (2011-2016)



One out of five

people with MDR-TB is in the WHO European Region



HIV/tuberculosis coinfection has risen from 3% to 12% in the last 10 years

Substantial challenges with HIV

One fifth of all people living with HIV in the Region do not know their status

In 2017,82% of all new HIV infections were from eastern Europe and central Asia

Political commitment and bolder actions required







HIV key populations

- People who inject drugs and their partners
- ! Men who have sex with men



) Prisoners

(!



Ministerial policy dialogue on HIV in eastern Europe and central Asia

Amsterdam, Netherlands, July 2018





Retrocheck HIV

Take **urgent** actions to curb the HIV epidemic

Viral hepatitis

60%

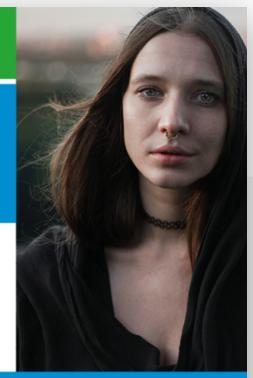
of liver cancer cases are due to viral hepatitis B and C



HEPATITIS.

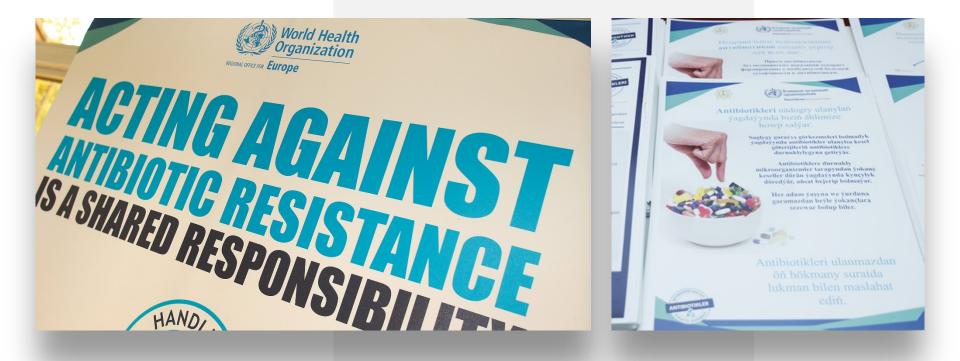
TIME TO TEST. TIME TO TREAT. TIME TO CURE.

MORE THAN 60% OF LIVER CANCER CASES ARE DUE TO LATE TESTING AND TREATMENT OF VIRAL HEPATITIS B AND C INFECTIONS.



#TestTreatHepatitis #WorldHepatitisDay

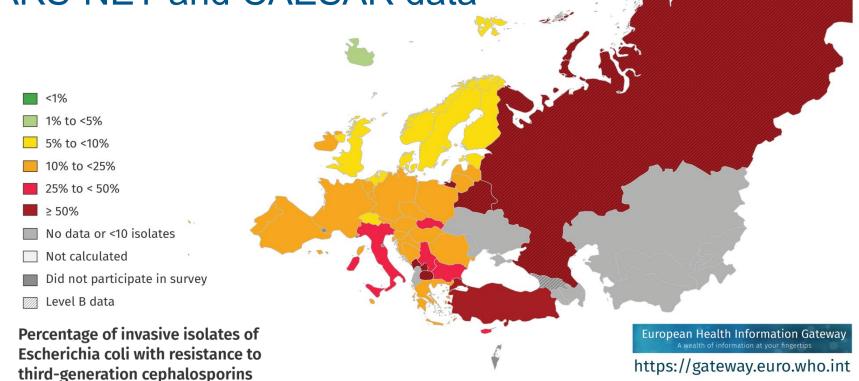






34 countries have developed multisectoral AMR action plans

EARS-NET and CAESAR data



*Kosovo (in accordance with Security Council resolution 1244 (1999)). Level B data: the data provide an indication of the resistance patterns present in clinical settings in the country, but the proportion of resistance should be interpreted with care. Improvements are needed to attain a more valid assessment of the magnitude and trends of antimicrobial resistance in the country. Levels of evidence are only provided for CAESAR countries and areas. Data sources: CAESAR (©WHO 2017) and EARS-Net (©ECDC 2017).



Her Royal Highness the Crown Princess of Denmark

WHO/ Europe acknowledges the valuable support in raising awareness of AMR





Committed and well equipped to deliver the "triple billion" goal









Better Health for All

REGIONAL OFFICE FOR Europe