



World Health Organization

REGIONAL OFFICE FOR Europe



Organisation mondiale de la Santé

BUREAU RÉGIONAL DE 1: Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR EUROPA



Better health for Europe

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WHO definition of health

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

— WHO Constitution

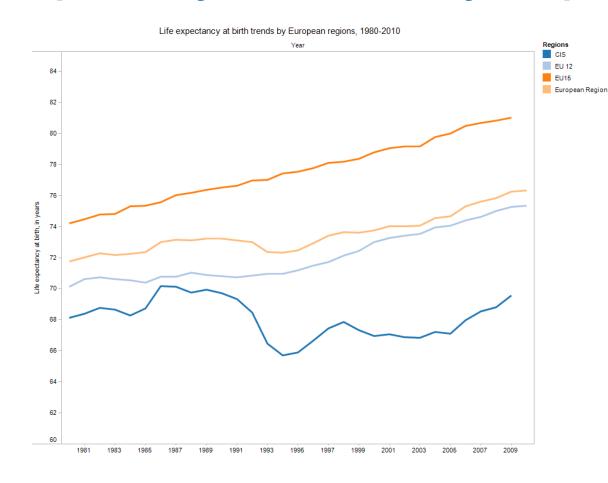


Health – a precious global good

- Higher on countries' and the international political and social agenda
- A human right and matter of social justice
- Important global economic, trade and security issue
- Major investment sector for human, economic and social development
- Major economic sector in its own right



WHO European Region: improved life expectancy but scarred by inequalities



CIS: Commonwealth of Independent States
EU12: countries
belonging to the
European Union (EU)
after May 2004
EU15: countries
belonging to the EU
before May 2004

Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

What is Health 2020?



World Health Rotter Health for Europe WEALTH 2020

Health 2020 is a value-based action-oriented policy framework, adaptable to different realities in the countries in the WHO European Region.

Health 2020 is addressed to ministries of health but also aims to engage ministers and policymakers across government and stakeholders throughout society who can contribute to health and well-being.



Health 2020 – reaching higher and wider

- Going upstream to address root causes such as social determinants
- Making the case for whole-of-government and whole-of-society approaches, and considering health in all policies (HiAP)
- Investing in public health, primary care, health protection and promotion, and disease prevention
- Offering a framework for integrated and coherent interventions



Health 2020: two strategic objectives

Working to improve health for all and reducing the health divide

Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

Investing in health through a life-course approach and empowering people

Tackling Europe's major health challenges: noncommunicable diseases (NCDs) and communicable diseases

Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

Creating resilient communities and supportive environments



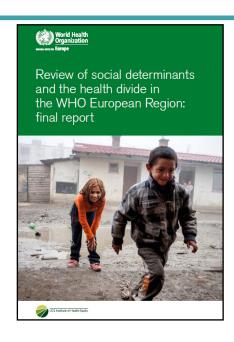
WHO European review of social determinants and the health divide:* key findings and recommendations to improve equity in health

Policy goals

- Improve overall health of the population
- Accelerate rate of improvement for those with worst health

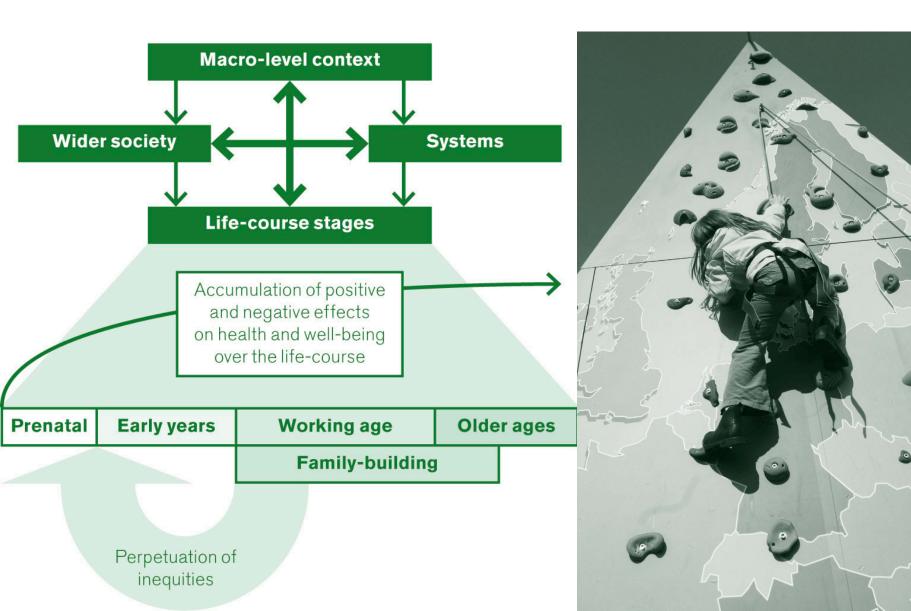
Policy approaches

- Take a life-course approach to health equity.
- Address the intergenerational processes that sustain inequities
- Address the structural and mediating factors of exclusion
- Build the resilience, capabilities and strength of individuals and communities





Four areas for action to address health inequalities – emphasizing priorities



Improving governance for health

Supporting whole-ofgovernment and whole-ofsociety approaches

Learning from a wealth of experience with intersectoral action and HiAP work in Europe and beyond

The 21st century approach to governance for health



Two studies on governance for health led by Professor Ilona Kickbusch (2011, 2012) Intersectoral governance for HiAP, by Professor David McQueen et al.



Increasing momentum in Europe

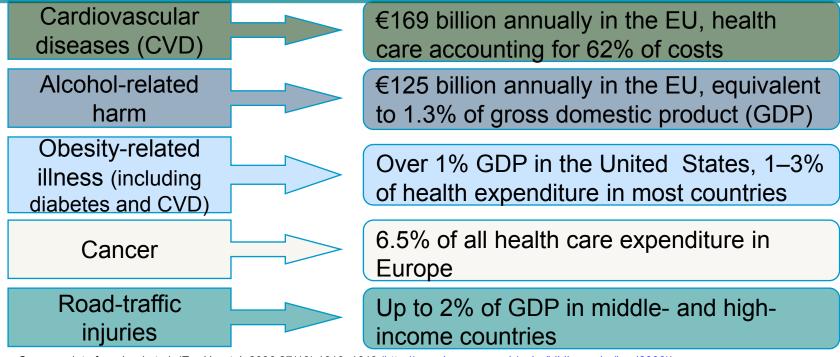




How much return would this new strategy bring?



Economic case for health promotion and disease prevention



Sources: data from Leal et al. (Eur Heart J. 2006;27(13):1610–1619 (http://www.herc.ox.ac.uk/pubs/bibliography/Leal2006)), Alcohol-related harm in Europe – Key data (Brussels: European Commission Directorate-General for Health and Consumer Protection; 2006 (http://ec.europa.eu/health/archive/ph determinants/life style/alcohol/documents/alcohol factsheet en.pdf)),

Sassi (Obesity and the economics of prevention – Fit not fat. Paris: Organisation for Economic Co-operation and Development; 2010) and Stark (EJHP Practice. 2006;12(2):53–56 (http://www.google.co.uk/url?q=http://www.eahp.eu/content/download/25013/162991/file/SpecialReport53-56.pdfandsa=Uandei=BNI4T-K7JoKL0QGXs6HFAgandved=0CBwQFjAFandusg=AFQjCNHS922oF8d0RLN5C14ddpMVeRn8BA).



Cost-effective policies using fiscal policy to improve health outcomes



Tobacco

A 10% price increase in taxes could result in up to 1.8 million fewer premature deaths at a cost of US\$ 3–78 per disability-adjusted life-year (DALY) in eastern European and central Asian countries



Alcohol

In England, benefits close to €600 million in reduced health and welfare costs and reduced labour and productivity losses, at an implementation cost of less than €0.10 per capita



Fiscal policies: incentives and disincentives

Fiscal policies can be used:

- to encourage positive behaviour (e.g. healthy eating)
- to discourage negative behaviour (e.g. smoking)
- or a combination of both

Hungary

2011 earmarked tax on sugary drinks, confectionery, and sugary/salty snacks: early results show product reformulation and reduced consumption

Denmark

Modelling shows reducing tax on vegetables and fruit by 25% and increasing tax on foods high in fats and sugars by 33% is most effective scenario for people on low incomes

Scotland

Minimum unit price for Alcohol (not a tax but a minimum price per unit of alcohol, to prevent discounting or abuse of cheaper types of alcohol)

Fiscal policies: a tool to reduce inequities

Low-income groups

Greatest health need

Most responsive to price increases

Quickest and most likely to reduce consumption

Quickest and greatest health benefit from price increase

High-income groups

Less responsive to price increases

Slower and less likely to reduce consumption after price rises

Slower to see health benefit from policy

Greater financial burden of price
increase

NCD action plan 2012–2016

Planning and oversight

National plan

Health
information
system with
social
determinants
disaggregation

HIAP

Fiscal policies

Marketing

Salt

Trans fats

Healthy settings

Workplaces and schools

Active mobility

Secondary prevention

Cardio-metabolic risk assessment and management

Early detection of cancer



Intersectoral action: elements for success

High-level commitment and champions

• Mayors, prime ministers, celebrities

Dedicated resources

• Taxation, private sector

Coordination function needs resourcing

Institutional structures

 Health promotion agencies, advisory task forces, local government

 Do not discount informal relationships and power of community

Joint planning

 Quality of the planning can be more important than the plan

Legislative tools

Trans fats, setting up structures for health promotion

Accountability

• Identity of accountable party/parties needs to be clear (shared or not, health or non-health sector)

Monitoring and reporting

Targets focus action

Results are important for advocacy

Global best practice in tobacco control: **Turkey**

First country to fully implement WHO MPOWER strategy

- ✓ Taxation
- ✓ Smoke-free environments
- ✓ Warnings of dangers of tobacco
- ✓ Pictorial pack warnings
- ✓ Bans on advertising, promotion and sponsorship
- ✓ Free 24/7 quitline and subsidized

NRT

NRT: nicotine replacement therapy

FCTC: Framework Convention on Tobacco Control

Success factors

- High-level commitment from Prime Minister and health minister
- Legislation and coordination structure
- Public concern (mobilized)
- Taxation
- Sustained effort (10 years)
- Supported by WHO FCTC framework

Food and nutrition plan: Slovenia

Drivers

- EU accession → adoption of Common Agricultural Policy
- Health ministry devising new food and nutrition plan to align with WHO European plan
- Growing concern about health gap in rural regions



- Multisectoral HiAP approach (including community) to investigate health concerns in agriculture and food
- Look at broader determinants of health, including impact on rural unemployment, environmental impacts of farm intensification
- Unintended benefits: farmers advocating healthy agricultural policy in the media

Fiscal policy to address obesity: Hungary

- Tax on prepackaged products with high sugar and salt content
- Revenue raised and earmarked for public health activities
- 25–35% of the population consumed fewer products subject to the tax
- 40% of manufacturers changed the formulation of their products



Contribution of health systems



Tallinn meeting: basis of WHO's work to strengthen health systems

Supporting Member States in keeping or moving towards universal health coverage (UHC), guided by the mission and vision of Health 2020

- Transforming financing arrangements to overcome sustainability concerns
- Positioning primary health care as the hub for other levels of care
- Ensuring coordination across primary health care and public health services
- Revitalizing a flexible, multiskilled workforce with aligned task profiles
- Strategizing the use of modern technology and medicines for maximum benefits



The Tallinn Charter and the Declaration of Alma-Ata: two key anniversaries





Tallinn: 2008 and 2013 governance

Alma-Ata: 1978 and 2013 primary health care



Compelling challenges call for the transformation of primary health care

- The future shape of the NCD epidemic is characterized by multiple and interacting risk factors and multimorbidity
- Most health systems are not designed to cope with these
- There is a "response gap"

Source: Atun R, Jaffar S, Nishtar S, Knaul FM, Barreto ML, Nyirenda M et al . Improving responsiveness of health systems to NCDs. Lancet. 2013;381(9867):690-7 (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60063-X/fulltext).



How far does the present economic climate make things more difficult for Member States?



Additional layer of complexity from austerity: lessons learned from past and present crises



- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease*
- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcers, mental disorders**
- Increase of suicide incidence: 17% in Greece and Latvia, 13% in Ireland***
- More demand on health care for the vulnerable
- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects****



Health system responses to economic crisis in Europe





Oslo meeting on impact of economic crisis: 10 policy lessons and messages

1. Be consistent with long-term health system goals

2. Factor health impact into fiscal policy

3. Safety nets can mitigate many negative health effects

4. Target efficiency gains over patient charges

5. Protect funding for cost-effective public health services



Oslo meeting on impact of economic crisis: 10 policy lessons and messages

6. Avoid prolonged and excessive cuts in health budgets

7. Highperforming health systems may be more resilient 8. Structural reforms require time to deliver savings

9. Safeguarding access requires reliable information and monitoring system

10. Prepared, resilient health systems are primarily the result of good governance



Health 2020 lays the foundation for a healthier European Region

"So many factors affect health, and health has an impact on so many areas of our lives that progress on public health can only come from whole-of-society and whole-of-government efforts.

That is why there is a role for everyone to play in implementing Health 2020, from prime ministers, to civil society, to citizens."

- Zsuzsanna Jakab, WHO Regional Director for Europe





Thank you!

