

Contemporary health policy context in Europe: some opportunities and challenges

Dr Zsuzsanna Jakab
WHO Regional Director for Europe

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What is Health 2020?

Health is a political choice

- Concerted government action is needed to improve health status and reduce inequalities.
- Action should be targeted through health determinants: political, economic and social environments; lifestyle; environment; trade; and culture.
- These are part of other "key" ministries with wide and different portfolios – addressing them requires a high level of commitment.

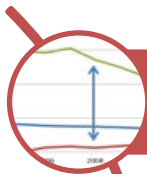
Health 2020 and the 2030 Agenda



Localization of the 2030 Agenda



The list of major challenges



Reducing existing differences in health status (leaving no one behind)



Addressing the social determinants of health intersectorally

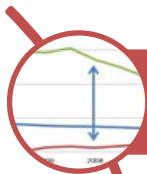


Ensuring an adequate level of public funding for universal health coverage



Strengthening the health system

The list of major challenges



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Strengthening the health system

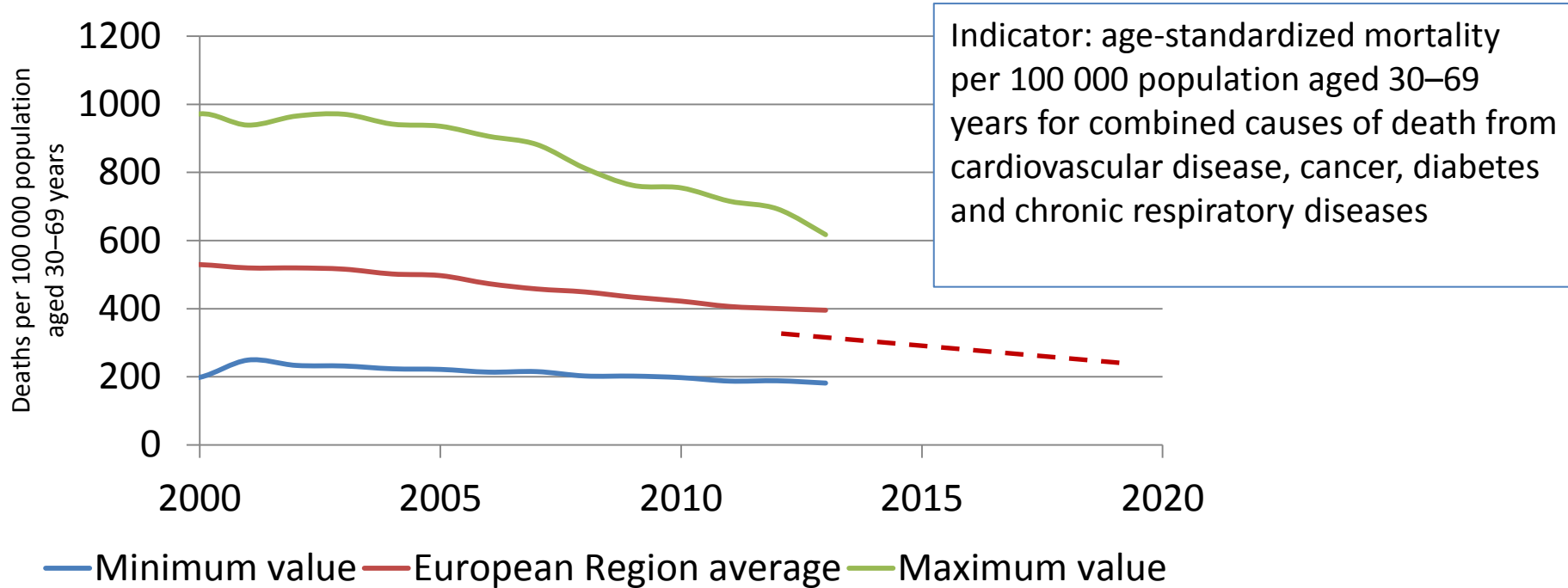
Premature mortality

Health 2020 target: A 1.5% relative annual reduction in overall (four causes combined) premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases until 2020

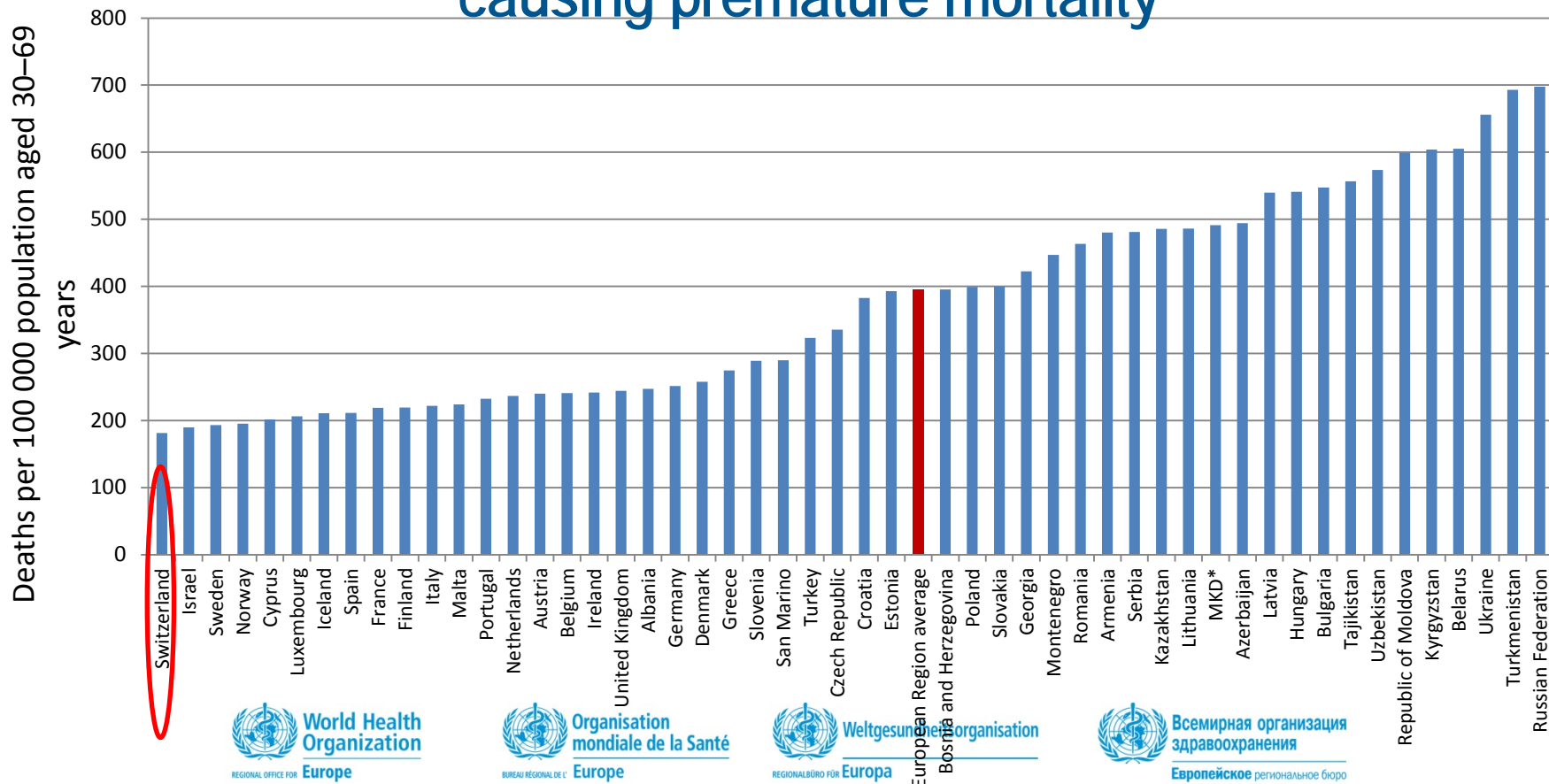


The European Region is well on track to achieve health objectives set in Health 2020 of reducing premature mortality. The most important opportunities are in addressing social determinants and risk factors and in strengthening health systems.

Regional trends



The latest data from four major noncommunicable diseases causing premature mortality

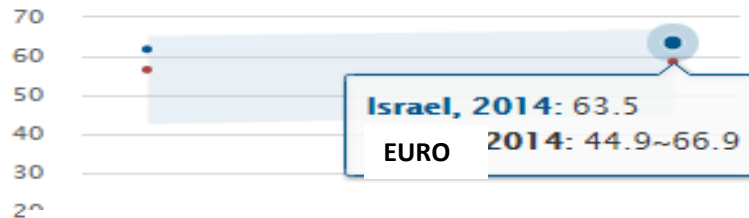


Target 1. Reduce premature mortality rate in Europe

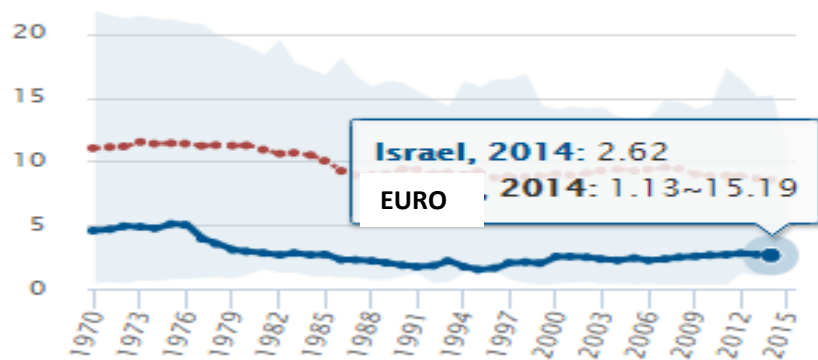
Age-standardized prevalence of current tobacco smoking among people aged ≥ 15 years, WHO estimates



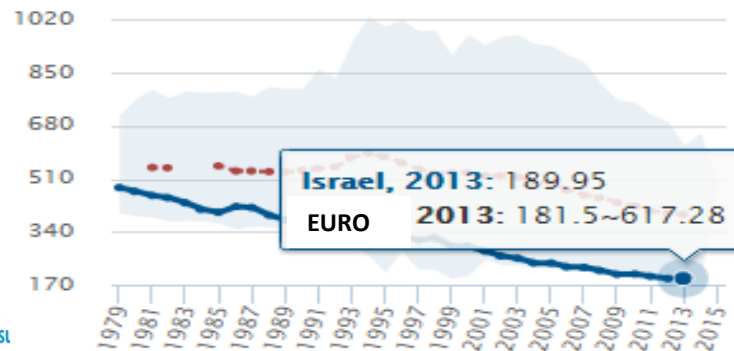
Age-standardized prevalence of overweight (defined as body mass index (BMI) ≥ 25 kg/m²) in people aged ≥ 18 years



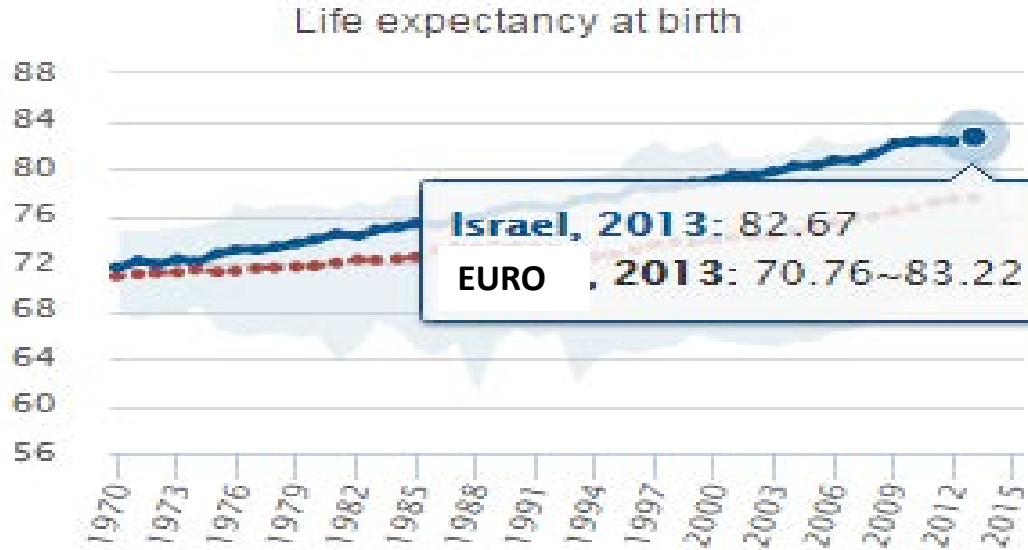
Per capita alcohol consumption among people aged ≥ 15 years within a calendar year



1 Age-standardized overall premature mortality rate in people aged 30–69 years for four major noncommunicable diseases



Target 2. Increase life expectancy in Europe



Target 3. Reduce inequities in Europe

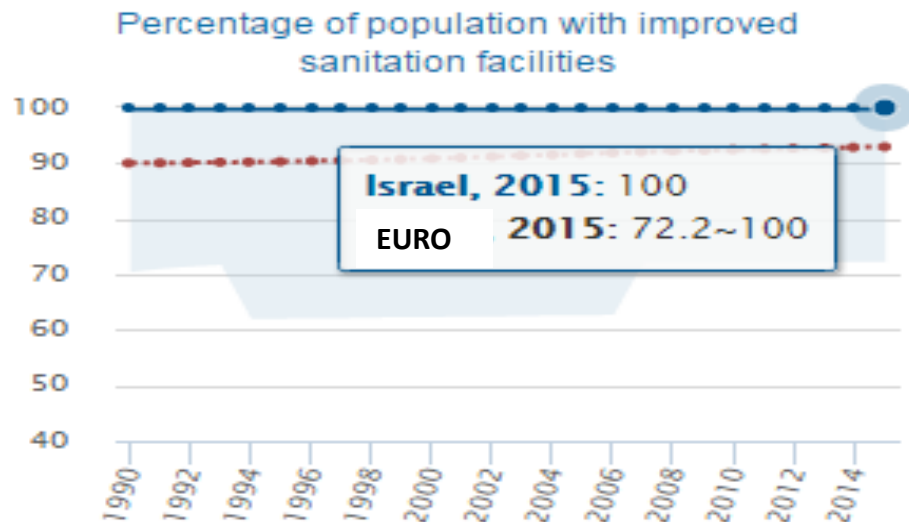
Infant mortality rate



Unemployment rate



Target 4. Enhance the well-being of the European population

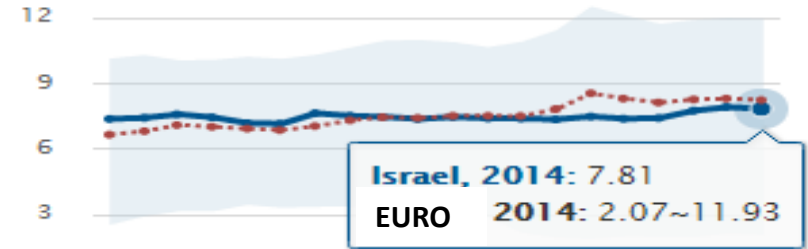


Target 5. Universal health coverage and the right to health

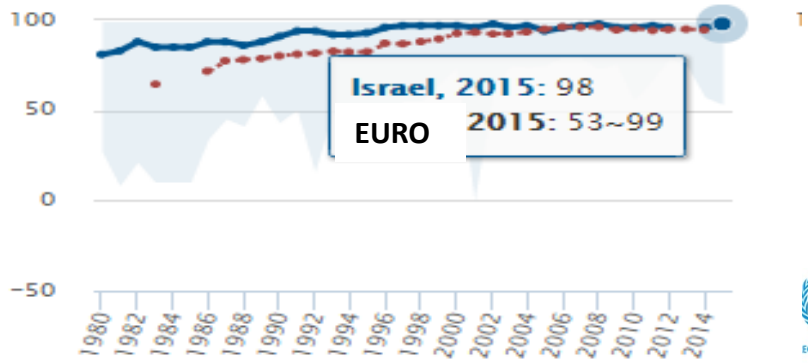
Private household out-of-pocket expenditure as a proportion of total health expenditure



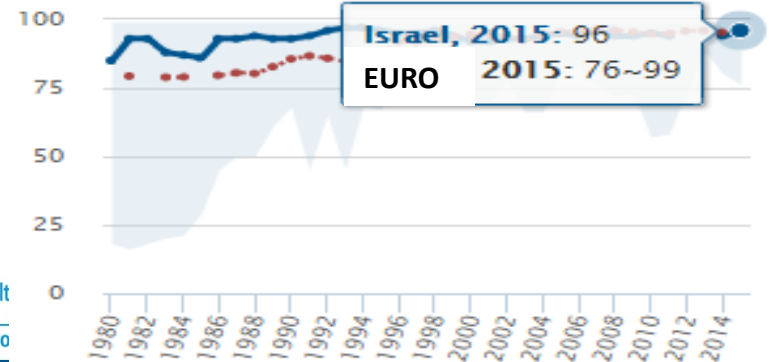
Total expenditure on health as a proportion of gross domestic product (GDP), WHO estimates



Percentage of children vaccinated against measles



Percentage of children vaccinated against poliomyelitis



Public health responses of Israel

- Israel has many good public health and intersectoral initiatives for health.
- These have been achieved through political commitment and continuing collaboration with the public health community: a coherent approach to health as a contributor to overall development and well-being.

Further actions: in continuum:



Reducing existing differences in health status (leaving no one behind)



Addressing the social determinants of health intersectorally



Ensuring an adequate level of public funding for universal health coverage



Strengthening the health system

Important role of social determinants of health

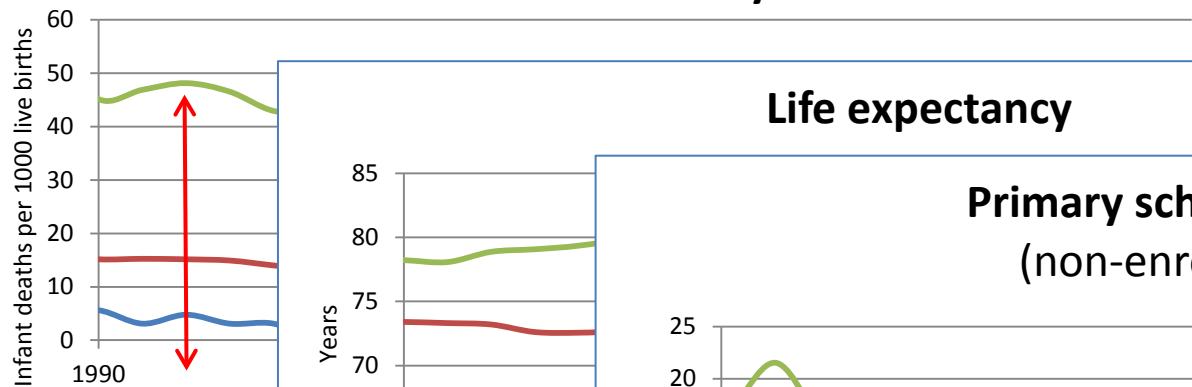
Health 2020 objective: to reduce the gaps in health status and social determinants-related differences in European populations



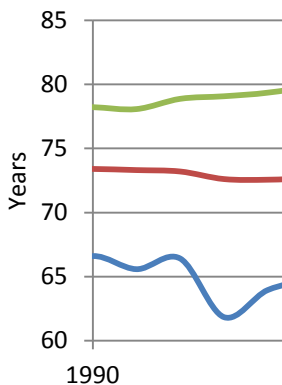
The 2020 health indicators related to social determinants of health are infant mortality, life expectancy, primary school enrolment and rate of unemployment. The distance between the highest and lowest regional values declined in recent years, but the absolute differences between countries are still significant.

The gap has been reduced

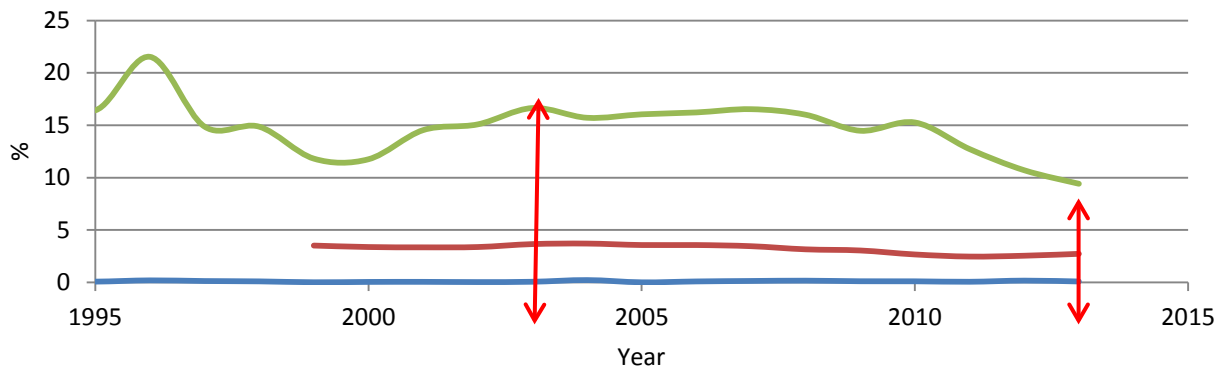
Infant mortality



Life expectancy



Primary school enrolment (non-enrolment rate)



Managing the social determinants of health can significantly improve the state of health

In the Netherlands the population morbidity and mortality of 25–50% could be reduced if levels of mortality and morbidity among poorly educated men were similar to those of graduates.

In Italy there is a difference in life expectancy of 10 years for men between different social groups.

In Estonia a man with a university degree aged over 25 years can live 13 years longer than less educated contemporaries.

In Slovakia the newborn and adult mortality rate in disadvantaged regions is almost twice as higher as in developed regions.

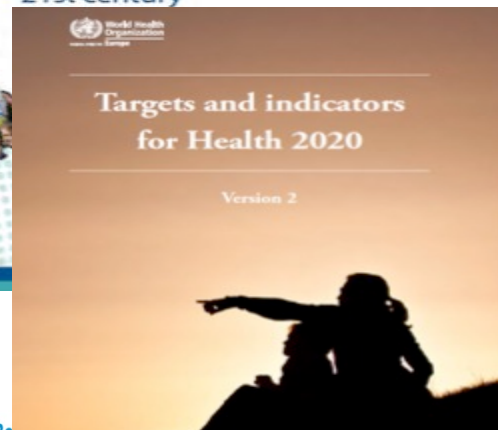
In Israel there is strong potential for leading on policy and governance for health and well-being towards managing the social determinants of health; this can significantly improve the state of health in the country.

Building on advantages in Israel

- Strong political commitment
 - Equity is enshrined in legislation
 - Health inequalities are high on the policy agenda
- Strong technical potential for:
 - leading on policy and governance for health and well-being
 - action on social determinants
- Policies and interventions have broad scope (e.g. reductions in cost-sharing, incentives for professionals, development of service delivery)

Israel is not alone

The European Region is on track to implement the Health 2020 targets, but there are still many untapped opportunities to improve health status and reduce health inequalities.



Further actions: in continuum:



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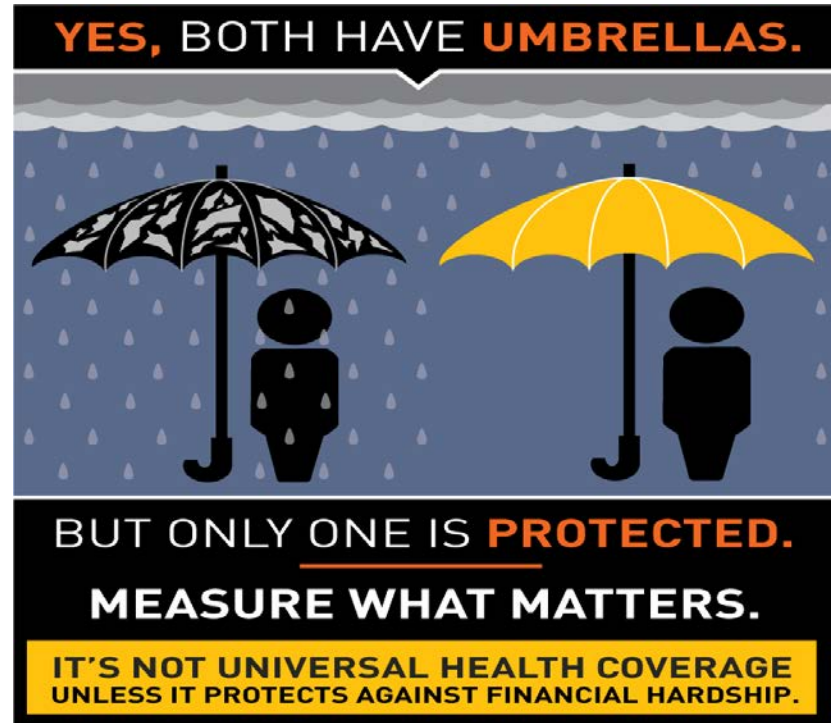
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Strengthening the health system

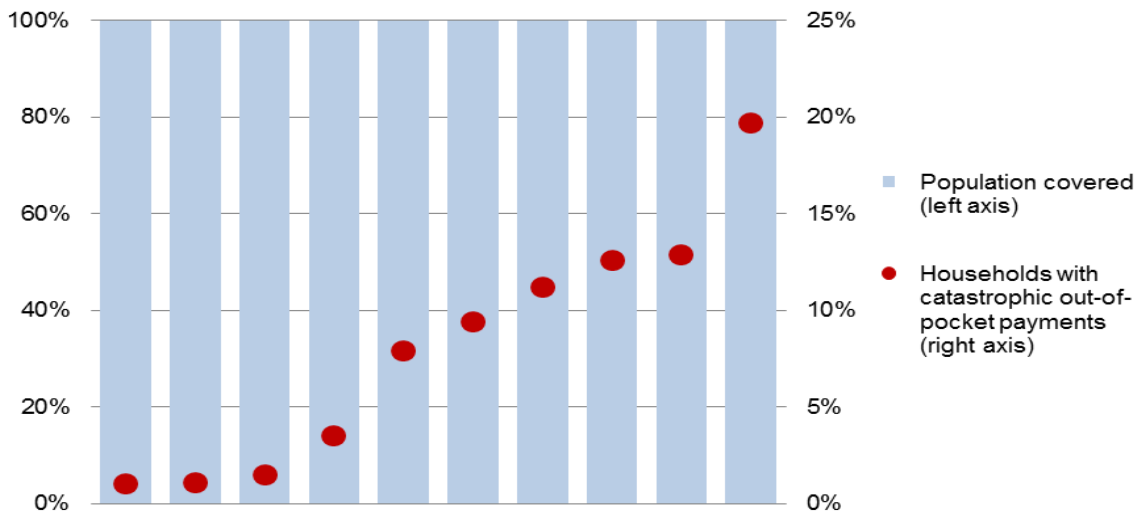
Universal health coverage (UHC)

All people should get access to needed health services of sufficient quality to be effective (including prevention, promotion, treatment, medicine, rehabilitation and palliative care) without the risk of being exposed to **financial hardship**



Population coverage by insurance does not mean households are protected financially

Households with catastrophic out-of-pocket payments in selected European countries where population coverage is 100%



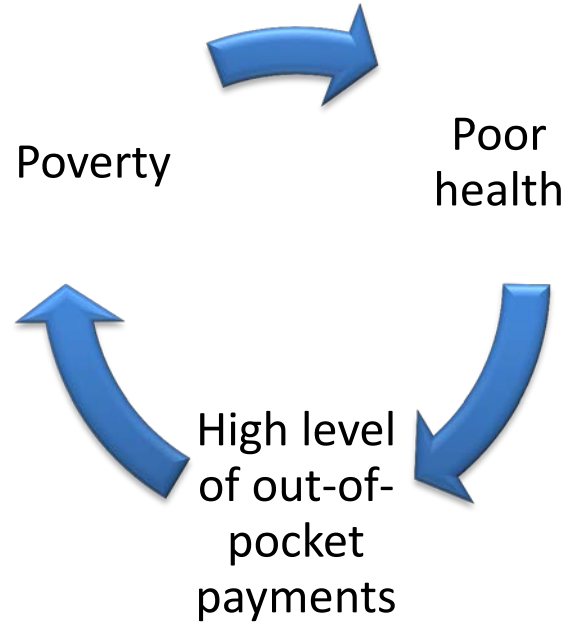
Sources: Population coverage for selected countries in 2013 using Organisation for Economic Co-operation and Development (OECD) data; data on catastrophic out-of-pocket payments for 2013 or closest year available using estimates prepared by the WHO Barcelona Office for Health Systems Strengthening

Our goal is a European Region free of an impoverishing level of out-of-pocket payments

0%

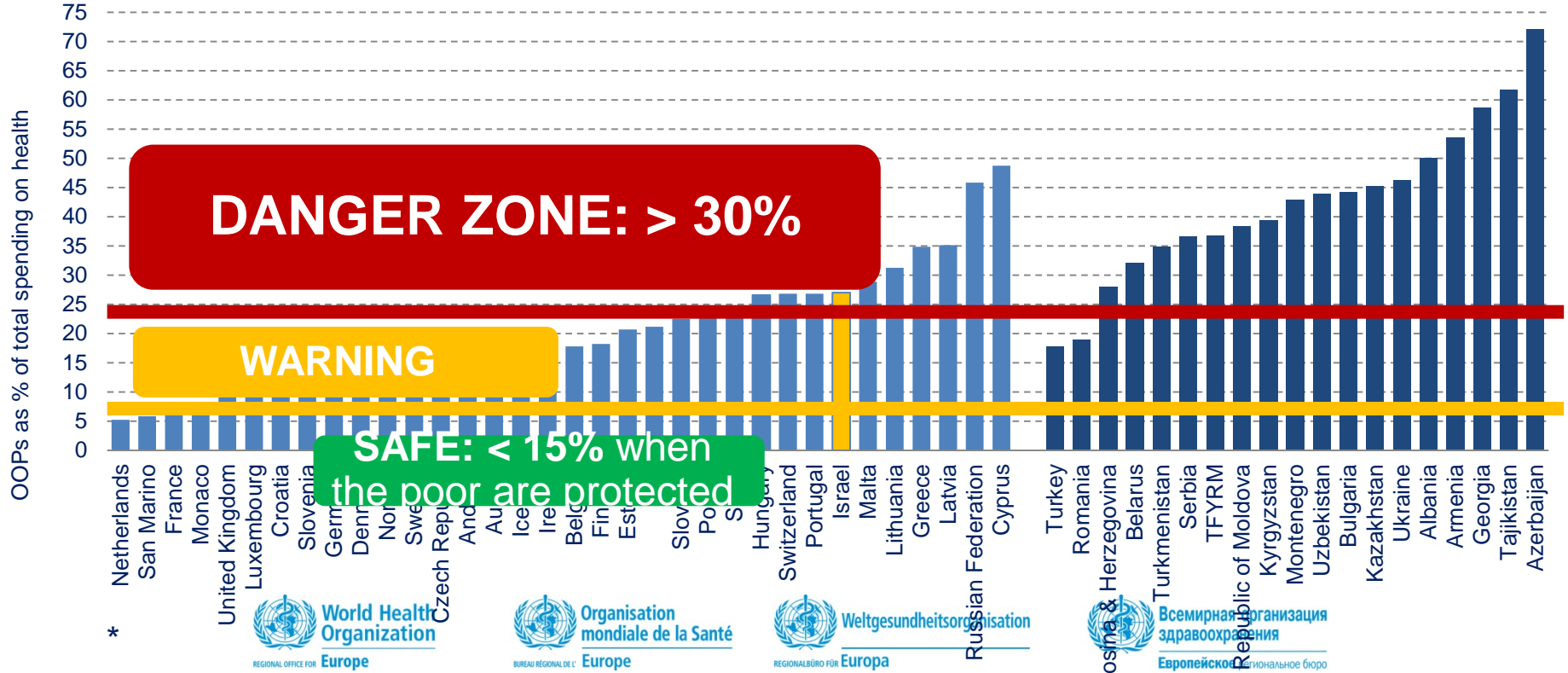


Breaking the vicious cycle through better health financing policies



Out-of-pocket payments (OOPs) as a percentage of total spending on health are still very high in Israel

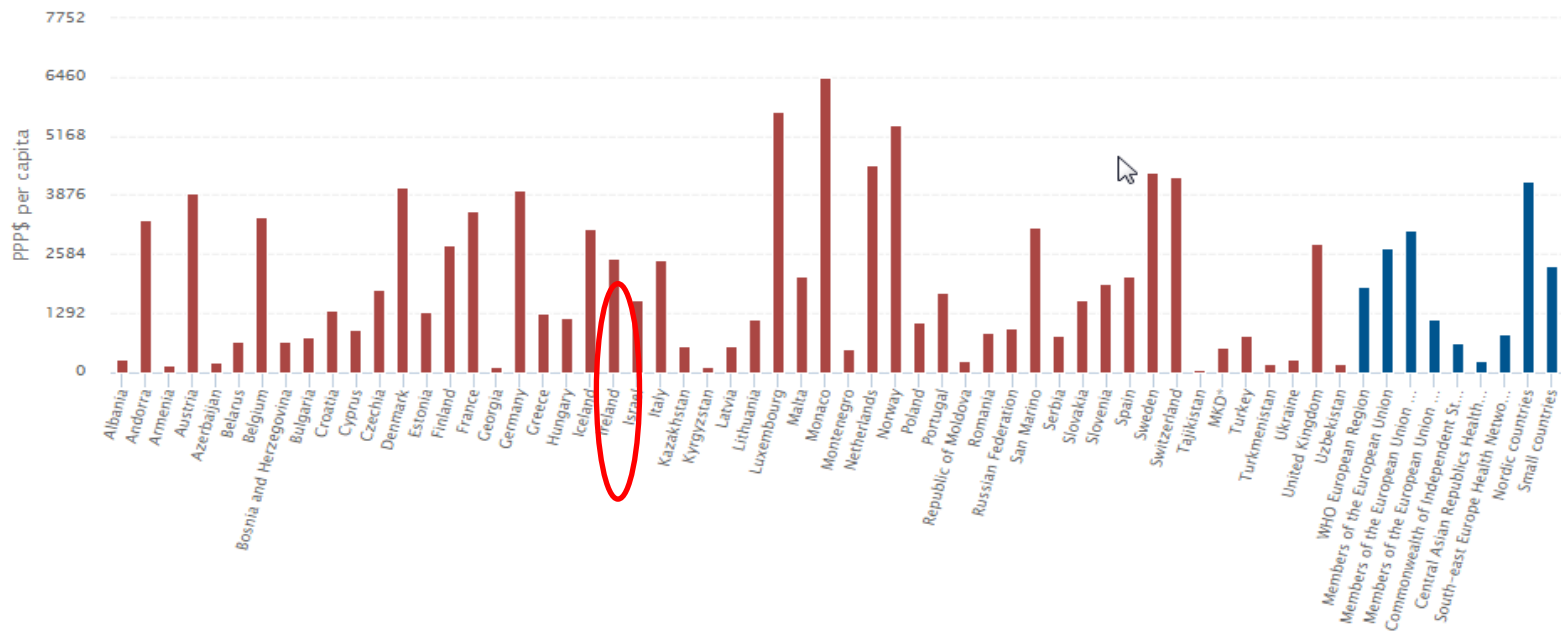
(high- and middle-income countries in the European Region)



* The Netherlands underestimates OOPs because it does not include the compulsory deductible paid by all adults who use health services (a minimum of €375 per person per year) as OOP spending in national health accounts

Public spending on health lags behind relevant European comparator countries and averages

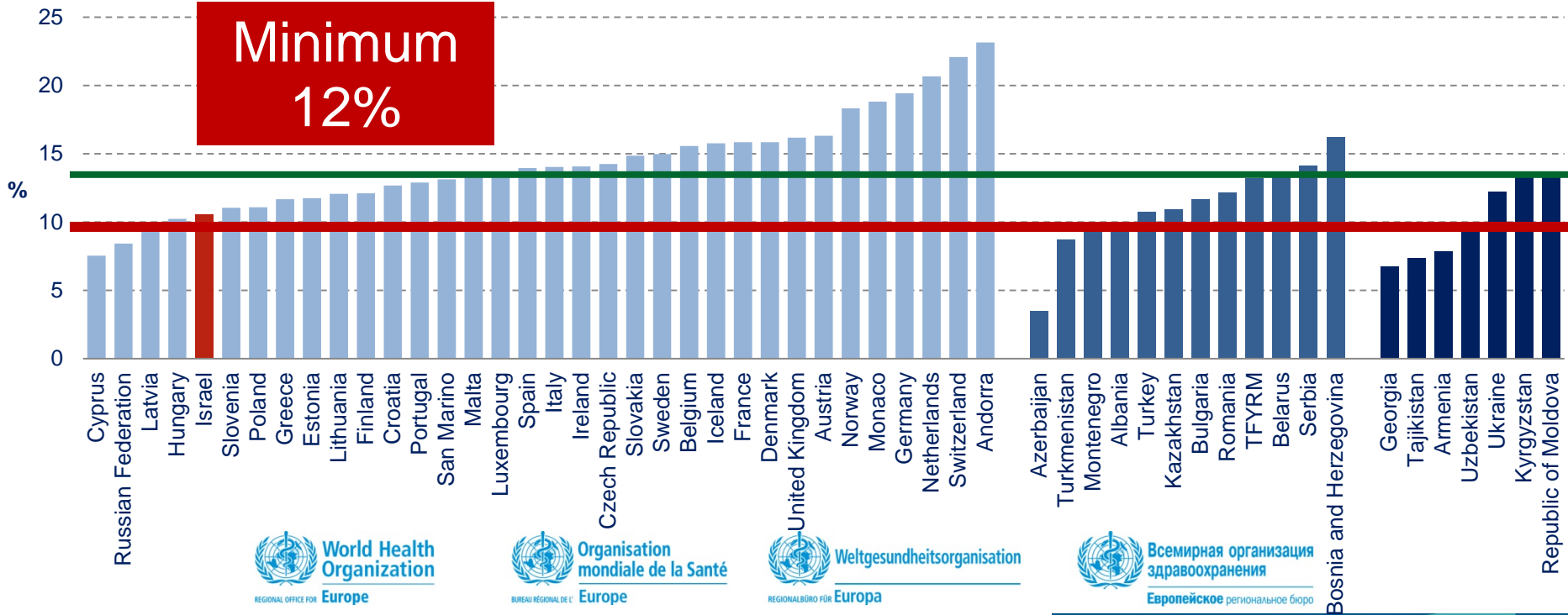
Public expenditure on health, purchasing power parity (USD) per capita, WHO estimates



* The former Yugoslav Republic of Macedonia (MKD is an abbreviation by the International Organization for Standardization (ISO))

Giving priority to health in public spending is a political choice

The share of health spending within government budgets in the European Region (high-, upper-middle- and lower-middle-income countries)



Source: WHO data for 2013

Further actions: in continuum



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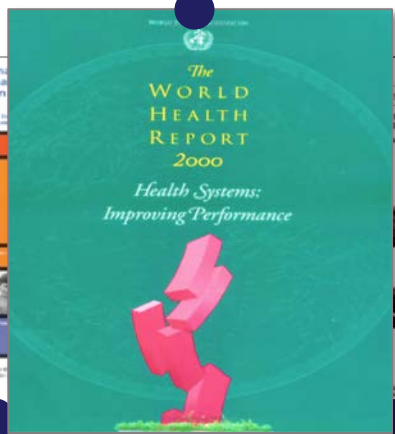


Strengthening the health system

WHO support to strengthening of health systems: from Alma-Ata to Health 2020

2000

Introduced core health system functions: governance; services delivery; financing; resource generation



1978–1996

Alma-Ata Declaration; Ljubljana Conference on Reforming Health Care

2007

Building blocks: service delivery; health workforce; information; medical products; financing; leadership

2008

Tallinn Charter: health systems for health and wealth



2009

People at the centre of systems

2013

Strengthening people-centred health systems; operational approach to health system strengthening

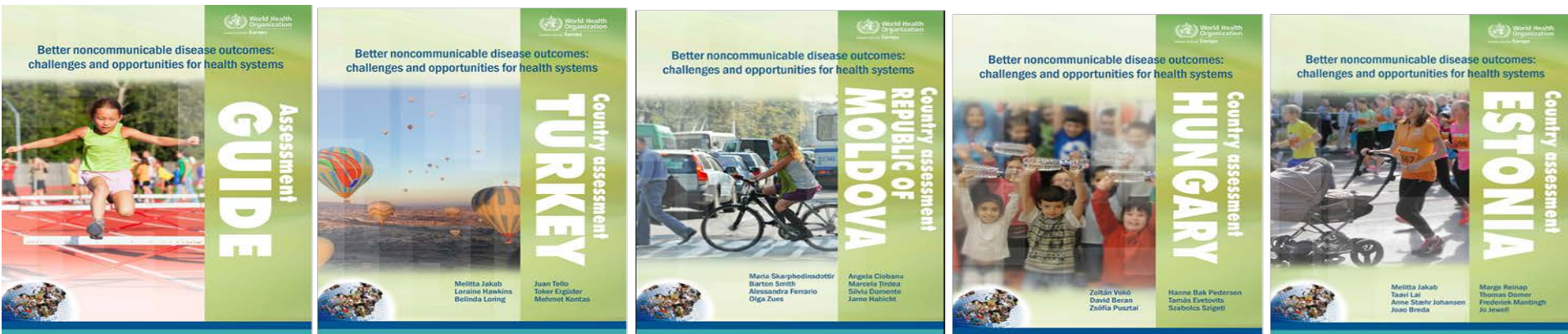


Priority area: strengthening people-centred health systems and public health capacity

2020

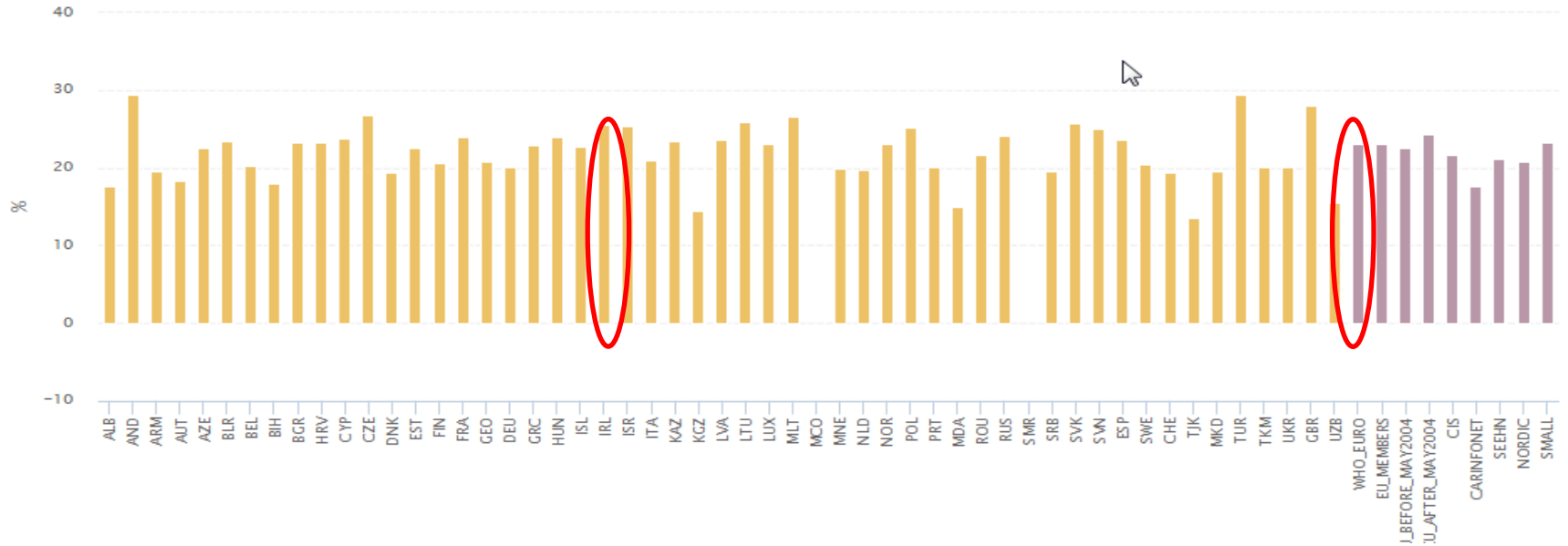


Strengthening health system responses to noncommunicable diseases (NCDs)



Israel: obesity as a challenge

Age-standardized prevalence of obesity (defined as BMI = 30 kg/m²) in people aged 18 years and over, WHO estimates (%)



Israel: obesity as an entry point...

- ...for moving ahead in the WHO European Region in intersectoral actions tackling major diseases:
 - December 2011: National Programme to Promote Active, Healthy Lifestyle, an interministerial, intersectoral effort to address obesity and its contribution to the country's burden of chronic disease
 - Based on evidence, initiated by professional community and supported by wide range of sectors: education, health, economy, local governments...

Huge potential of Israel for support of WHO work with Member States

National Health Policies

POLICY PRESCRIPTION

Leading on policy and governance for health and well-being



Promoting healthy diet and regulating food safety (food labelling for health food)



iDigital health – regulation of data, innovative approaches, personally tailored medicine (genetics)



Health 2020 – social determinants of health qualitative indicators



Universal health coverage and people-centred care



Antimicrobial resistance in hospital care – benchmarking



Emergency operations

Additional elements of collaboration – building further on Israel achievements

WHO norms, standards, guidelines and
standard operating procedures

Health financing

Social determinants of health and intersectoral
action

Strengthening the use of strong information
systems to tackle health inequalities

Summary



Implementation of the Health 2020 targets is on track, but there are many untapped opportunities to increase profits and reduce health inequalities. Health 2020 is a stepping stone towards the 2030 Agenda.



Without addressing social determinants it is not feasible to reduce health inequalities and to improve health and well-being.



Israel could reduce the financial burden on patients through increased public spending on health for universal health coverage.



Strengthening health systems ensures timely and adequate care. Further emphasis should be put on prevention, primary care and care coordination

Thank you!