EUROPE

Regional Committee for Europe
Fifty-third session

Vienna, 8–11 September 2003

Provisional agenda item 6(c)

EUR/RC53/8
+ EUR/RC53/Conf.Doc./3
23 June 2003
30865
ORIGINAL: ENGLISH

Update of the regional Health for All (HFA) policy framework

This document presents a summary of the work carried out by the WHO Regional Office for Europe following the requirement of the Regional Committee (in resolution EUR/RC48/R5) that the next update of the regional Health for all Policy framework be submitted to it in 2005. The document includes an overview of the Health for All movement since its launch in 1977. It also presents an account of the approach, methodology and process currently adopted for updating the Health for All policy framework. The document outlines the milestones and timeframe for the update, with the aim of presenting it for adoption by the Regional Committee at its fifty-fifth session in September 2005. The Regional Committee is invited to comment on and approve the general orientation and process proposed for updating the policy framework. The document will then be revised on the basis of these comments and used for consultation with Member States.

A draft resolution is attached for consideration by the Regional Committee.

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Introduction

1. In 1998, when adopting HEALTH21[1], the Regional Committee agreed that the next update of the regional policy framework should be submitted to it in 2005 (resolution EUR/RC48/R5). The updating process started in early 2003, at the April and May sessions of the Standing Committee of the Regional Committee. The Standing Committee reached the following conclusions:

- An update of HEALTH21 is needed, but it is not advisable to introduce a completely new regional policy framework at present. Too short a time has elapsed since the adoption of HEALTH21 to make a full evaluation of its implementation, but many lessons can and should be learned from the experience in implementing it, as far as they will form the basis for the updated policy. However, the update should look more at the evidence and at the tools for further implementation. These changes are necessary and now possible because of the accelerated developments in Member States' health systems and because of the new knowledge in public health gained in recent years.
- The values underpinning Health for All (HFA) and HEALTH21 are wholeheartedly endorsed, while the core ones (equity, solidarity and people's involvement) need to be reaffirmed in the light of changing political and economic circumstances.
- The updated policy should focus on and have in its core the ethics of the health system, as requested by the Standing Committee subgroup on bioethics, exploring the rights and duties of the various parties involved, including the system itself.
- The process of updating the policy framework should be based on four pillars that will be developed in a parallel and complementary way. These four pillars are:
  - *Summarizing the lessons learned from* HEALTH21 – work to be carried out by the European Observatory on Health Care Systems in Brussels;
  - *Revisiting the values of Health for All* – work to be carried out with the assistance of a "think-tank" composed of external experts and decision-makers and of WHO staff;
  - *Devising tools for decision-makers* – so they can assess that their health systems are in line with the values of Health for All and to improve the conformity of health systems with the values described;
  - *Outlining good practice and giving guidelines for implementing the updated Health for All policy framework.*
- Since the updated policy has to be submitted to the Regional Committee in 2005, the Standing Committee supported the idea that an introductory presentation of the update should be made at the fifty-third session of the Regional Committee, in order to seek its approval of the general orientation and process for the update. A consultation with Member States will follow, and a progress report will be submitted to the Regional Committee at its fifty-fourth session. Through this mechanism, it is also hoped to stimulate Member States' interest in and use of the Health for All policy framework.

Health for all: a historical overview

The global Health for All movement

2. The **Constitution of the World Health Organization** proclaims that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States". It also recognizes "the enjoyment of the highest attainable standard of health" as a fundamental human right.

[1] *HEALTH21: the health for all policy framework for the WHO European Region.* Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All Series No. 6).

3. During the 1970s WHO recognized that, in spite of improving general health status, there were still unacceptable differences in health and in access to health care, both within and between countries. In response to this, WHO embarked on an intensive international dialogue on global solidarity. Taking a leading role, the Organization developed a conceptual framework to translate its vision into a strategy and policy. This process was started at the **Thirtieth World Health Assembly (1977)**, which launched the global Health for All movement with its resolution WHA30.43. The resolution clearly spelled out that the main social target of governments and WHO should be the attainment by all citizens of the world by the year 2000 of a level of health that would permit them to lead socially and economically productive lives.

4. The concept of Health for All was introduced at the **International Conference on Primary Health Care**, jointly organized by WHO and UNICEF in **1978** in Alma-Ata (in the former USSR). The Conference adopted the **Declaration of Alma-Ata**, which states explicitly that attaining health for all, as part of the overall development, starts with primary health care "made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and the country can afford".

5. In **January 1979**, the **WHO Executive Board** endorsed the report and the Declaration of the Alma-Ata Conference (resolution EB63.R21). The **Thirty-second World Health Assembly** reaffirmed this call to Member States (resolution WHA32.30). Countries were invited to consider taking over the Health for All concept and documents individually (as a basis for formulating national policies and plans of action) and collectively (as a basis for developing regional and global strategies). The call for Health for All was, and fundamentally remains, a call for social justice and solidarity. Therefore, it is not one single finite goal but rather a process bringing countries to secure progressive improvements in the health of all their citizens.

6. At global level, WHO has been consistent in following up its own commitment to Health for All. The World Health Assembly:

- adopted the Global Strategy for Health for All by the year 2000 (resolution WHA34.36, 1981) and approved the global plan of action for implementing it (resolution WHA35.23, 1982);
- renewed the Health for All Strategy (resolution WHA48.16, 1995), by developing a new holistic health policy further emphasizing the individual's, the family's and the community's responsibility for health and placing health within the overall development framework;
- linked the renewed strategy to the Tenth General Programme of Work and to programme budgeting and evaluation (resolution WHA50.28, 1997);
- launched the Health for All policy for the twenty-first century (resolution WHA51.7, 1999), as a result of an extensive and inclusive process of consultation with and within countries.

Health for All in the European Region

7. Soon after the start of the Health for All movement, the Organization demonstrated its power and skill in adapting its global concept to a regional dimension. The **Regional Committee for Europe approved (at its thirtieth session, resolution EUR/RC30/R8, 1980) and adopted (at its thirty-first session, decision EUR/RC31(2), 1981) the European strategy for attaining health for all by the year 2000.** The Regional Committee established a regional advisory council on health development as an instrument to ensure continuity of this process. The Regional Committee also committed itself to continuously and closely monitoring the implementation of the regional strategy every two years (starting from 1983) and evaluating the effectiveness of the strategy every six years (starting from 1985).

8. Following the initial launch of Health for All at the European level in 1980, the Regional Committee requested that specific regional targets be formulated to support the implementation of the regional strategy.

9. The first Health for All **policy and targets in support of the regional strategy** for the European Region were adopted by the **Regional Committee at its thirty-fourth session in 1984**. Without losing the main thrust of the strategy document, the policy and its 38 targets gave a clearer setting of priorities. In addition, the Regional Committee looked at **a list of indicators by which progress could be measured** – with regard to attainment both of the global goal of Health for All and of the more specific regional targets. It also adopted **a Plan of action for implementation of the regional strategy** for attaining Health for All by 2000, as an operational continuation of the strategy. The plan clearly described the different roles and actions to be taken respectively by Member States, the Regional Committee and the Regional Office.

10. With the adoption of these three documents, the Regional Committee at its thirty-fourth session (1984) set out a framework for health policies in the Region. Agreement was reached on establishing a mechanism for continuous monitoring and evaluation of progress. In line with this commitment, an **update** of the regional Health for All policy, strategy and targets was made in 1991 (document EUR/RC41/5). **Progress towards the regional Health for All targets was assessed and reviewed** by the Regional Committee in 1985, 1988, 1991, 1994 and 1997.

11. At its forty-seventh session (1997), the Regional Committee looked at the draft of the renewed European regional Health for All policy. This coincided with the first update of the global Health for All policy. In **1998, at its forty-eighth session, the Regional Committee adopted the renewed Health for All policy: HEALTH21**. It reflected the extraordinary changes in the Region, with twenty-one new, pluralistic societies emerging in the Region with their own voices, and with many positive developments but also severe economic downturns in a number of countries, leading to major crisis in the health sector. HEALTH21 has:

- *two main aims:* promoting and protecting people's health throughout the course of their lives; and reducing the incidence of and suffering from the main diseases and injuries;
- *three basic values:* health as a fundamental human right; equity in health and solidarity in action between countries, between groups of people within countries and between genders; participation by and accountability of individuals, groups and communities and of institutions, organizations and sectors in health development;
- *four main strategies:* multisectoral strategies to tackle the determinants of health; health outcome-driven programmes and investments; integrated family- and community-oriented primary health care; and a participatory health development process that involves relevant partners;
- *21 targets* to provide the benchmarks against which to measure progress in improving and protecting health and in reducing health risks.

12. Following the approach that was established from the launch of the Health for All policy in the European Region – to carry on consistent, ongoing evaluation, monitoring, revising, rethinking and updating – **the Regional Committee agreed (by resolution EUR/RC48/R5) that the next update of the regional Health for All policy framework should be submitted to it in 2005.**

The process of updating the Health for All policy framework

13. The process of revising and updating the Health for All policy framework started well in advance, in a spirit of continuous consultation and collaboration with the Standing Committee of the Regional Committee. There is a joint appreciation of the fact that the Health for All policy has a wide and diverse range of visibility and acceptance throughout the Region. Even in the relatively short period of five years since the adoption of HEALTH21, there have been significant changes in the health systems of Member States. The update should therefore integrate the experience and knowledge recently accumulated by countries. This cannot be done by a single, "one-off" effort or action. The approach proposed by the Regional Office, and supported by the Standing Committee, makes provision for four processes that will

develop in closely interlinked synergy. The update will thus be built on four main pillars, respectively the lessons learned from Health for All, revisiting the values of Health for All, devising tools for decision-makers, and guidelines for implementing the Health for All update.

Pillar one: lessons learned from Health for All

14. In the past two decades, the Health for All policy has been a source of inspiration for countries individually and collectively. It has stimulated and influenced the health policy debate, even in countries that have not formally adopted Health for All targets. So far, Member States throughout the Region have been called upon to incorporate the Health for All policy into their national policies and translate the recommendations into country-based practice. This call has resulted in a wide range of positive developments in different parts of the Region. However, knowledge of these developments is dispersed, and the actual impact of the Health for All policy in Member States is not yet well understood. While some rigorous analytical work has been carried out, there has been no systematic, comprehensive and timely overview of the use of Health for All policy and targets in the European Region.

15. The Regional Office has launched two studies, led by the WHO European Centre for Health Policy and the European Observatory on Health Care Systems in Brussels, to address this knowledge gap as an essential prerequisite for updating the Health for All policy.

Review of existing evidence related to adoption and use of the Health for All policy in the European Region

16. The purpose of this study is to provide a systematic overview of adoption of the Health for All policy in Member States; to assess its use in national policies; to give a first picture of the level of its applicability and relevance, and to illustrate its impact on national policy development through a number of case studies. This nine-month project (due to end in the spring of 2004) will focus on a sample of nine countries, reflecting the wide diversity of the Region in terms of geographical location, population size, history, socioeconomic status, and institutional and other settings. The methodological approach will be based on a mix of a literature reviews and various interview techniques.

Study of the use of targets as a tool for policy-makers in Member States

17. This three-year project will assess experience of health target programmes in Member States, with the results of the study to be made available in October 2004. It will focus on experience of good practice and on the impact of different methodological and political strategies on various outcome dimensions such as equity or efficiency. Based on this analysis, the study aims to generate high-quality knowledge of the design and implementation of health targets in countries of the European Region. The methodological approach will be based on a literature review, analytical studies and six country case studies. It is hoped that the knowledge gained will be useful to various groups of policy-makers who wish to improve their long established health target programmes and to those who are in the process of formulating targets. It may also be helpful for those policy-makers who have not so far been involved in setting health targets at national level.

Pillar two: revisiting the values of Health for All

18. A think-tank of experts has been established to help reassess the guiding values for health development as part of the Health for All movement in Europe, and to link these values to health policy and public health. The group comprises people with a wide range of knowledge and experience in formulating, assessing and implementing Health for All policies at country and regional level, including decision-makers, administrators, teachers in public health and specialists in law and ethics, with a rich geographical representation reflecting the diversity of the European Region. The first meeting in May 2003 started reviewing and selecting which of the values promoted by the Health for All movement are to be reinforced in the forthcoming update.

19. The values and principles already stated in the existing Health for All policy framework and related WHO and United Nations documents remain valid for Europe's public health sector of today. There is, however, a need for a clearer understanding of such concepts as ethics and values. Basic values such as equity, solidarity and people's involvement require a better definition that would take into account the different contexts and different ways in which they may be applied in countries with different cultures and experiences. Both the traditional, existing values and some that are suggested to have new relevance need to be assessed in the context of changing environments. One key issue is the difficulty of linking commonly accepted values with the set of factors that shape the formulation and implementation of health policies and actions. Therefore, one major challenge for the think-tank is to explore the elaboration of a system of values that can ensure ethical governance in health.

20. The think-tank has started to develop a proposal for a new setting in which the existing and new values could be interpreted and assembled, in order to help policy-makers assess the ethical dimension of their health policies and actions. It is not enough to provide a list of values or principles that should be universally accepted. One must consider the meaning of each value when applied to different domains, at different levels or in different contexts. In real-life policy-making and care delivery, values often either overlap or compete. Therefore the think-tank considered that one of the most useful future outcomes of its work would be to come up with a set of values that are shared by all the key stakeholders in the public health sector but are regarded in a setting that allows flexibility and specific choices by countries' decision-makers. The proposed setting will be built on three interrelated dimensions, as set out below.

Respect of the right to health as a fundamental human right

21. The ultimate goal of any health policy is to achieve health gains in full respect of the right to health. In this regard, the think-tank stressed the importance of respecting all existing international treaties and declarations on human rights as they apply to health and health systems. This approach reflects the unity and synergy of the commitments that countries make in various international processes. One recent example is the Oslo Declaration on Health, Dignity and Human Rights (13 June 2003), in which European health ministers recognize that, in order to respect human rights and dignity, health care should be delivered through strong social cohesion, an ethical framework and equal rights of access to high-quality health care.

Equity, solidarity and people's involvement as fundamental principles

22. In order to achieve the ultimate goal (as described above), health policies should be guided by the three fundamental principles of equity, solidarity and people's involvement. These principles are already at the basis of the previous Health for All and HEALTH21 policies, and they are recognized as still being valid. However, the European Region needs a new way of understanding them. Further work needs to be done on updating the definition of each of these three principles. They require a certain reformulation, in order to make them more specific and more in line with the new realities of the post-modern era. In addition, new aspects of each of these principles need to be elaborated, e.g. the various meanings of equity (in the context of the capacity to fulfil one's health potential, in access to information and knowledge, or in access to services as between men and women, for disadvantaged and vulnerable people, etc.); different aspects of solidarity (among people in a society or among countries, solidarity in funding, among the generations); and different ways of involving people in health choices.

23. It is the role of WHO to advocate the use of these fundamental principles and to call for their respect in countries' health policies and programmes, while recognizing that each country could take a different approach according to the choice and agenda of specific governments.

Ethics in governing health systems

24. In order to link the abovementioned ultimate goal and fundamental principles to practical action, there is a need for an ethical approach to how a health system is managed and choices are made. Every government is interested in ensuring that health systems are developed and managed in an ethical way, respecting human rights, equity, solidarity and people's involvement. In addition, governments should be encouraged to build their policies and actions on the most urgent and essential public health problems and

needs, as identified by all available evidence. To that end, policy-makers will be provided with a set of tools to help them assess whether and to what extent the decisions made and actions taken in the health and health-related sectors in their countries are in accordance with the existing and renovated system of values for Health for All.

25. The next steps in the work of the think-tank have been outlined. The knowledge base concerning values will be improved, with examples of the application of values and principles in Health for All policies and health systems development. A mechanism will be established for exchanging information with those dealing with the other pillars of the update process. Definitions of the values will be elaborated. The proposed framework will be developed to include further dimensions of the values system (such as global versus local, regional versus national, public versus private, freedoms and choices versus collective/societal priorities) and the notions of acceptability, sustainability and applicability of values in the national context. Other issues that are essential in modern society will be considered, such as interests, influence, power, money and leadership, as well as the legislative dimension of values and the use of legal instruments for applying values to action at country level. The work of the think-tank is expected to result in a more systematic grouping of values and principles in a setting of maximum potential for policy-makers. This work is to be completed in the early spring of 2004.

Pillar three: devising tools for decision-makers

26. This part of the update will put forward tools that decision-makers can use to make sure that their health policies and public health programmes are in line with the values of Health for All, both when assessing the present situation and for possible future developments. The WHO Barcelona Office will conduct two groups of studies to that effect.

Assessment of existing policies and programmes

27. The first group of studies will aim at providing policy-makers with specific methodologies that they can use when assessing the degree of conformity of their policies or programmes with the values of Health for All. A suggestion has already been made that one possible outcome would be a kind of checklist, including a series of questions that decision-makers could use when analysing the policies and programmes existing in their countries. This study will be developed as soon as the work of the think-tank is completed.

Advance assessment of new policies and programmes

28. The second group of studies will analyse and suggest tools that could be used by decision-makers when planning reforms of their public health policies and programmes or launching new ones. It is intended to review the quality and relevance of each of the tools suggested with regard to health system development and the values reconfirmed by the Health for All update. Examples of such tools are: methods for health impact assessment; new evidence-based knowledge of good public health practice; and mechanisms to promote excellence and quality, including accreditation (not only of health care, but of the entire health system). Various global and regional reports already available will also be used as proposed tools for decision-makers, on subjects such as health systems performance, violence, macroeconomics and health, poverty, mental health, and children, health and the environment. This work will start immediately after the Regional Committee session in 2003, as it is less dependent on the final results of work done under the second pillar.

Pillar four: implementing the Health for All update: guidelines and good practice

29. This work will provide specific, practical recommendations on how to implement the updated Health for All policy. However, at this stage it is too early to give details about this pillar, which can be tackled only after completion of the work on the first three pillars. One possibility could be to include some case studies of policies and programmes that have been developed with clear links between values and action.

30. A process allowing for the exchange of information and examples of good practice will be included in this part of the update, as a way for countries to learn from each other and contribute to a continuous process of updating, based on their own experience.

Milestones of the update

31. A timetable for the update is proposed below. Consultation with Member States will take place during the whole process, in particular before and during the fifty-fourth session of the Regional Committee and afterwards if needed.

April and May 2003	The Standing Committee of the Regional Committee discusses the process and general orientation of the update
May 2003	First meeting of the think-tank on revisiting the Health for All values
September 2003	Discussion by the Regional Committee of the approach to the Health for All update as proposed above, adoption of a resolution
January 2004	Report of the think-tank on revisiting the Health for All values
June 2004	Result of the study on adoption and use of the Health for All policy (Brussels Centre)
September 2004	Report on progress made to the fifty-fourth session of the Regional Committee
October 2004	Results of the study on the use of targets (Brussels Centre)
December 2004	Completion of work on tools for decision-makers, both for assessing and developing policies and programmes (Barcelona Office)
June 2005	Final draft of the updated Health for All policy
September 2005	Presentation of the final draft for adoption by the Regional Committee at its fifty-fifth session

Conclusion

32. Updating the regional Health for All policy framework is a compulsory process called for by the Regional Committee in resolution EUR/RC48/R5. This opens up the prospect of bringing the work of WHO in the European Region closer to the global actions of the Organization in contributing to attainment of the development goals as identified in the Millennium Declaration of the United Nations, to the extent that they are congruent with the realities and specific characteristics of the European Region. In addition, it is seen by the Regional Office as an excellent opportunity to include, in its work with Member States, the most recent operational evidence in public health and to link it to values of Health for All. Emphasis will be placed on tools for decision-makers and on the implementation of policies and programmes. It is hoped that the process suggested to the Regional Committee will have an immediate stimulating effect on the Health for All movement in the European Region and will result in a common European vision of health policy and public health, based on strong, clear and commonly shared values.