



# Health 2020 and strengthening health systems in Europe



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**Всемирная организация  
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**Европейское** региональное бюро

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WHO Regional Director for Europe

28 November 2013, Minsk ,Belarus

# Health systems and the right policies go hand in hand



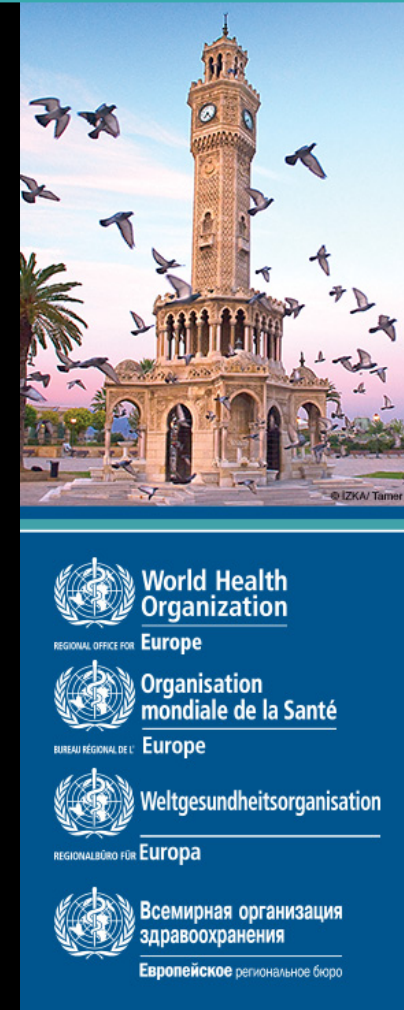
2010



2011



2012



2013

# Life expectancy has improved but inequalities are scarring Europe

Life expectancy at birth trends by European regions, 1980-2010

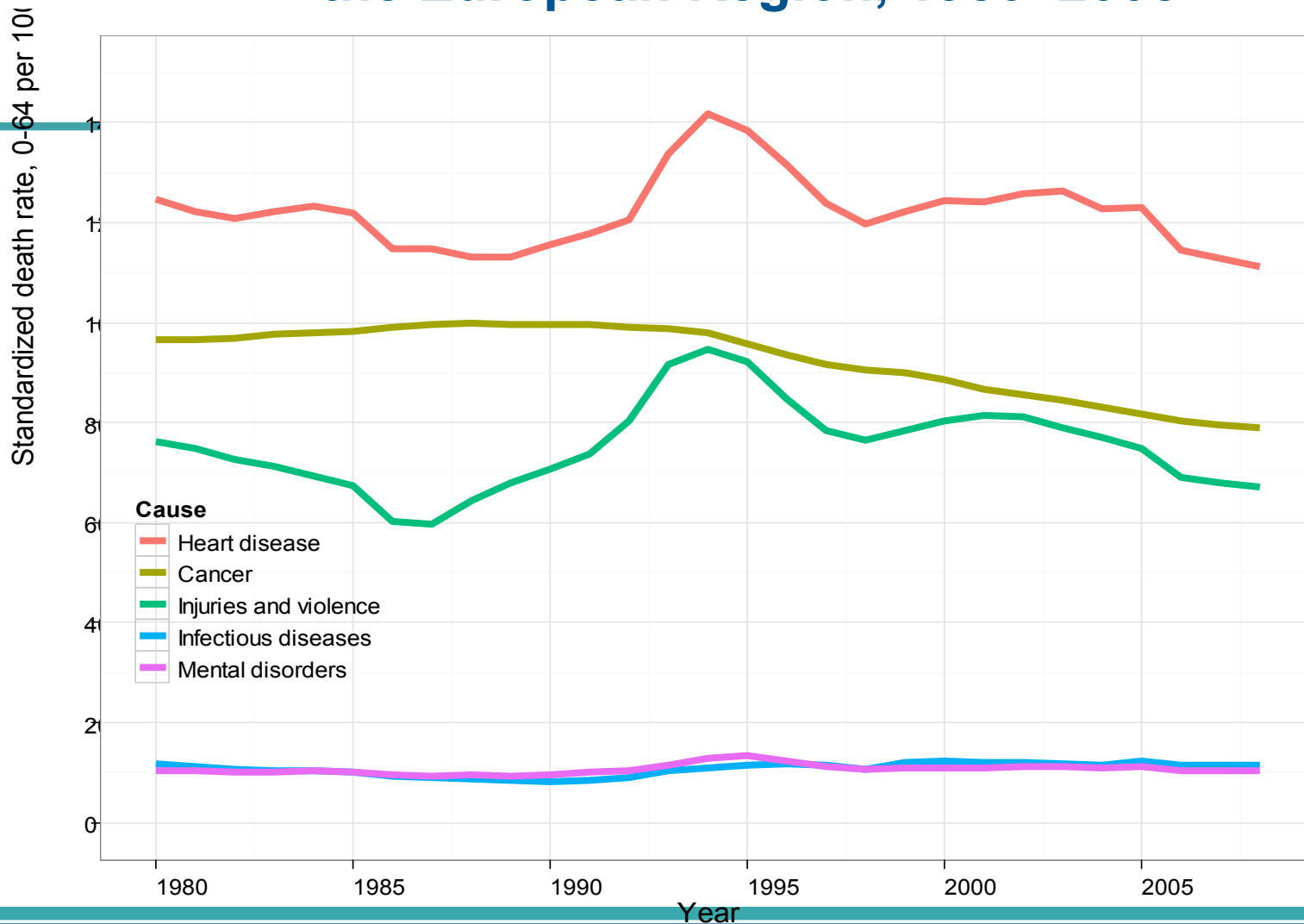
Regions

- CIS
- EU 12
- EU15
- European Region

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

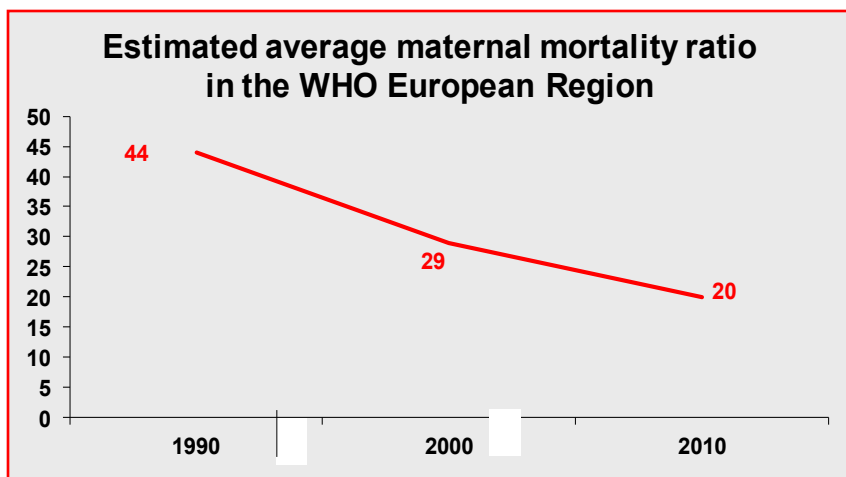
*Source:* European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

# Trends in premature mortality by broad group of causes in the European Region, 1980–2008



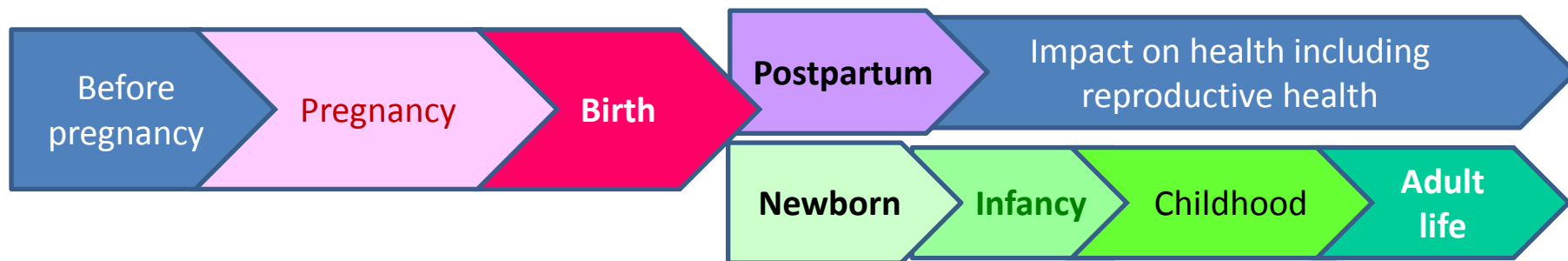
Source:  
European Health  
for All database.  
Copenhagen, W  
HO Regional  
Office for  
Europe, 2010.

# Maternal, newborn, sexual and reproductive health



Maternal mortality ratio has decreased by 54% since 1990

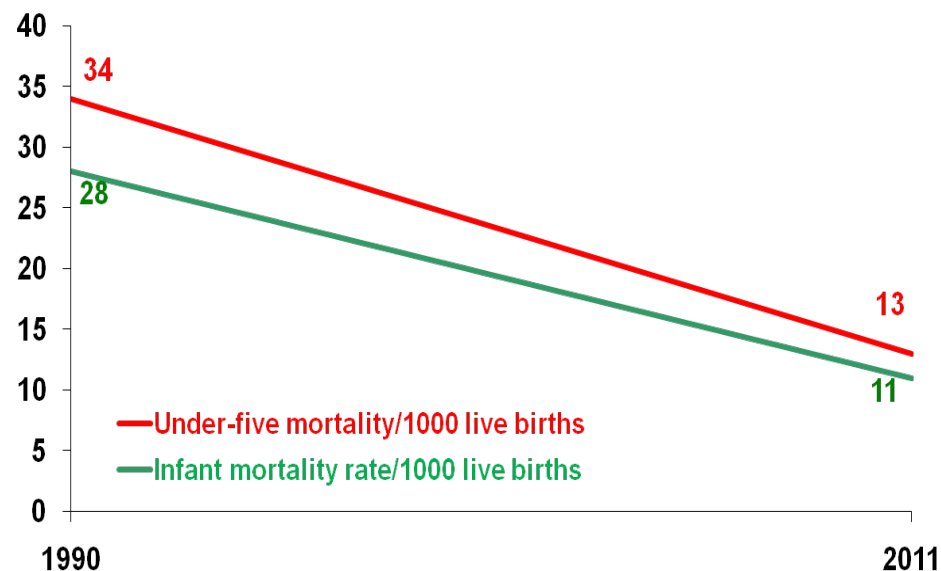
but there is a more than fortyfold difference in related risks



# Millennium Development Goal 4: reduce child mortality



- Regional average mortality rates for children under 5 years decreased from 34 per 1000 live births in 1990 to 13 per 1000 in 2011 (by almost two thirds: close to the 2015 target of 11 deaths per 1000 live births)
- Regional average infant mortality rates decreased from 28 per 100 live births in 1990 to 11 per 1000 in 2011
- Nevertheless, there are major discrepancies within and between countries



Source: WHO European Region estimates, WHO, 2013.

# Health 2020: 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, sur-  
veillance and  
response

Creating resilient  
communities and  
supportive  
environments

# Health 2020 framework

**An adaptable and practical policy framework that recognizes:**

- that countries have different starting points, circumstances and capacities; and
- that every country is unique, will pursue common goals through different pathways and use different approaches, but be united in purpose.





# Health 2020 – reaching higher and wider

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

# New evidence informing Health 2020

- Governance for health in the 21<sup>st</sup> century
- Supporting Health 2020: governance for health in the 21<sup>st</sup> century
- Promoting health, preventing disease: the economic case
- Intersectoral governance for health in all policies: structures, actions and experiences
- Report on social determinants of health and the health divide in the WHO European Region
- Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010

# 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



# Improving governance for health

Supporting whole-of-government and whole-of-society approaches

Learning from a wealth of experience with intersectoral action and health-in-all-policies (HiAP) work in Europe and beyond

## The 21st century approach to governance for health



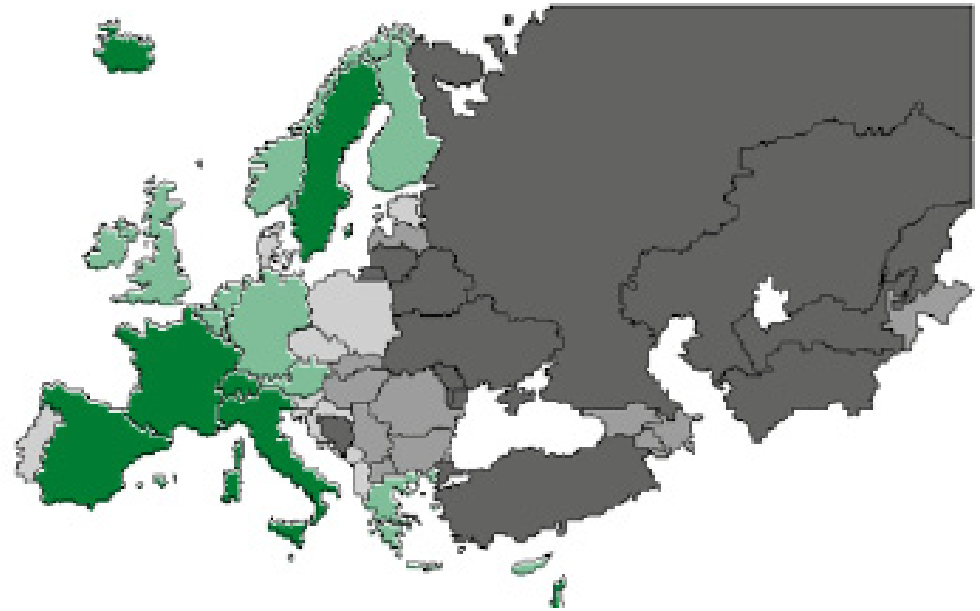
Two studies on governance for health led by Professor Ilona Kickbusch (2011, 2012)

Intersectoral governance for HiAP, by Professor David McQueen et al.

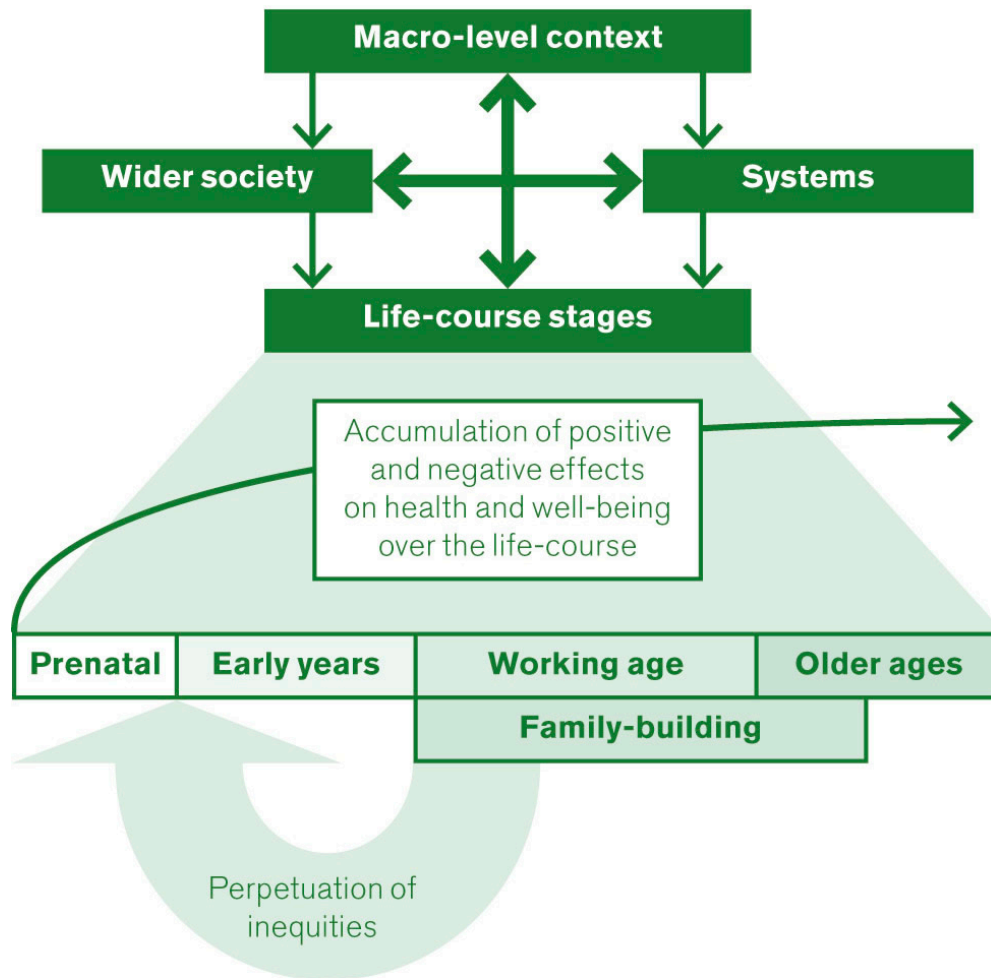
# Review of social determinants and the health divide



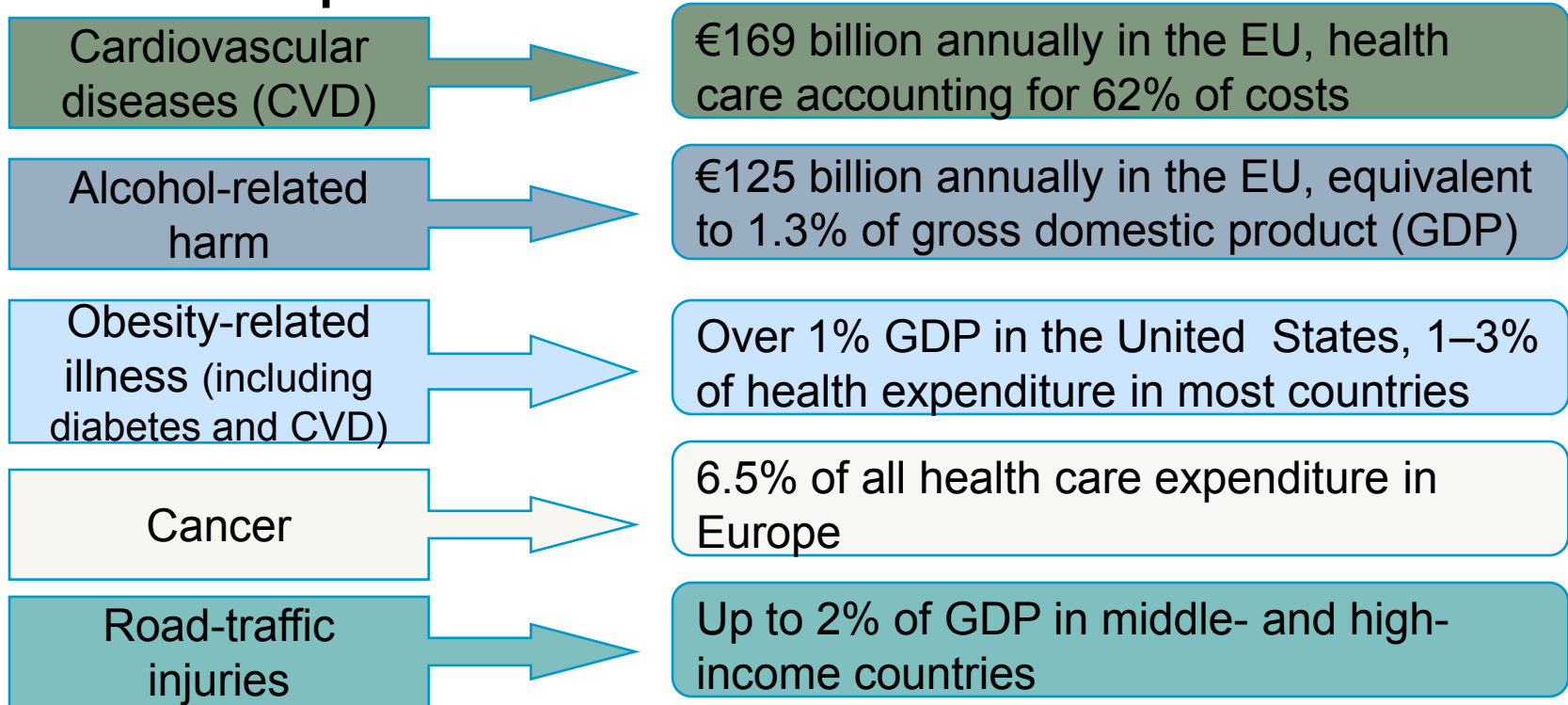
Review of social determinants and the health divide in the WHO European Region: final report



# Four areas for action to address health inequalities – emphasizing priorities



# 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](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.pdf&sa=Uandei=BNI4T-K7JoKL0QGxs6HFAgandved=0CBwQFjAFandusg=AFQjCNHS922oF8d0RLN5C14ddpMVeRn8BA>)).

# The Tallinn conference – the basis of WHO's work to strengthen health systems

- Supporting Member States in maintaining or moving towards universal health coverage (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 the workforce to become flexible and multiskilled with aligned task profiles
- Strategizing the use of modern technology and medicines for maximum benefit



# 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

# Tallinn follow-up meeting

## Tallinn, Estonia, 17–18 October 2013



1. A platform for understanding new frontiers to improving population health
2. An exchange of inspiring examples of health-system strengthening
3. Agreement on the future direction of the interwoven commitments to the Tallinn Charter and the Health 2020 policy framework

# Key messages from Tallinn 2

- Transformation towards people-centred health systems
- Holistic approach to health improvement
- Primary health care and community care in the centre and better coordination and integration between levels and between services
- Synergy across agencies for a unified front
- Leadership and management change

# Contribution of health systems

International conference to mark the 35th anniversary of the Declaration of Alma-Ata, 6–7 November, 2013, Almaty, Kazakhstan

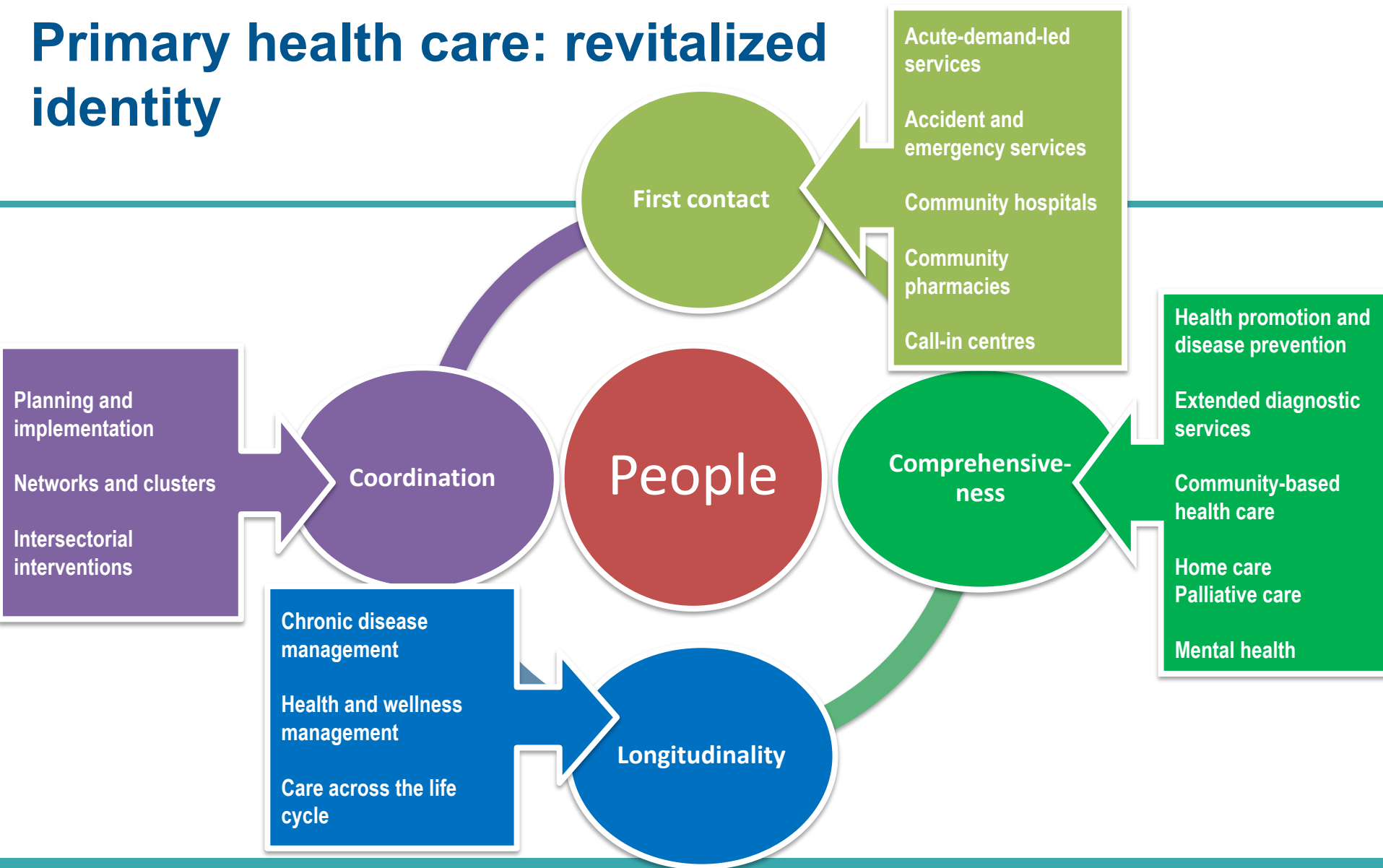


# Compelling challenges call for the transformation of primary health care

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

*Source:* Atun R, et al . Improving responsiveness of health systems to non-communicable diseases. Lancet 2013; 381: 690–7.

# Primary health care: revitalized identity

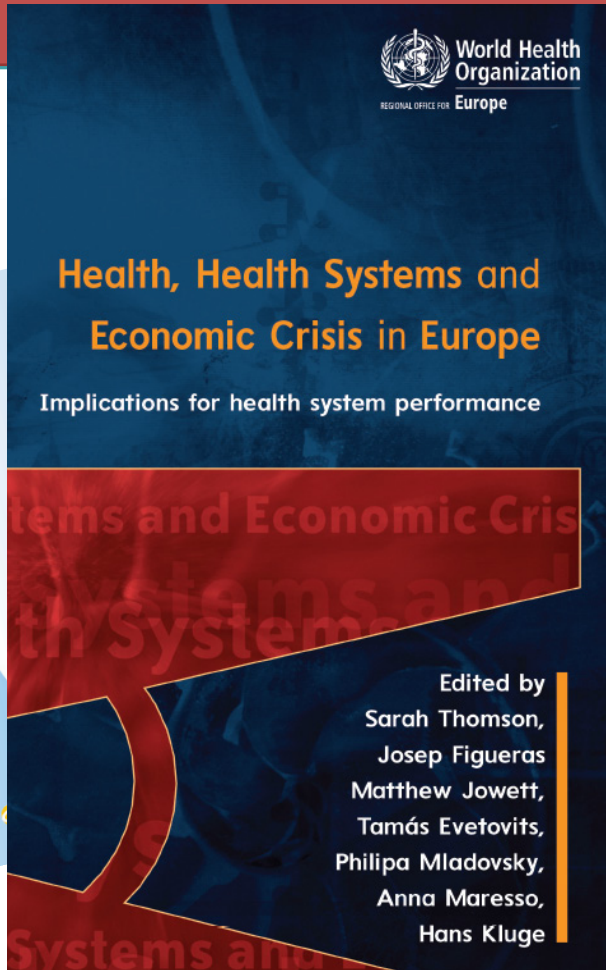


# Universal health coverage: crucial for maintaining and improving health

- **Equal access to health services** – those who need them should get them
- **Quality of health services** – should be good enough to improve health
- **Financial risk protection** – the cost of care should not create financial hardship



# Health systems' responses to economic crisis in Europe





# Oslo 2 conference on impact of 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 effects

4. Target efficiency gains over patient charges

5. Protect funding for cost-effective public health services

# Oslo 2 Conference on impact of crisis

## Ten policy lessons and messages (contd)

6. Avoid prolonged and excessive health

7. High-performing health systems may be more r

8. Structural reforms require time to savi

9. Target efficiency gains over pa charg

10. Protect funding for cost-effective public health services

# Crisis has been challenging

Severe, sustained pressure on public spending on health

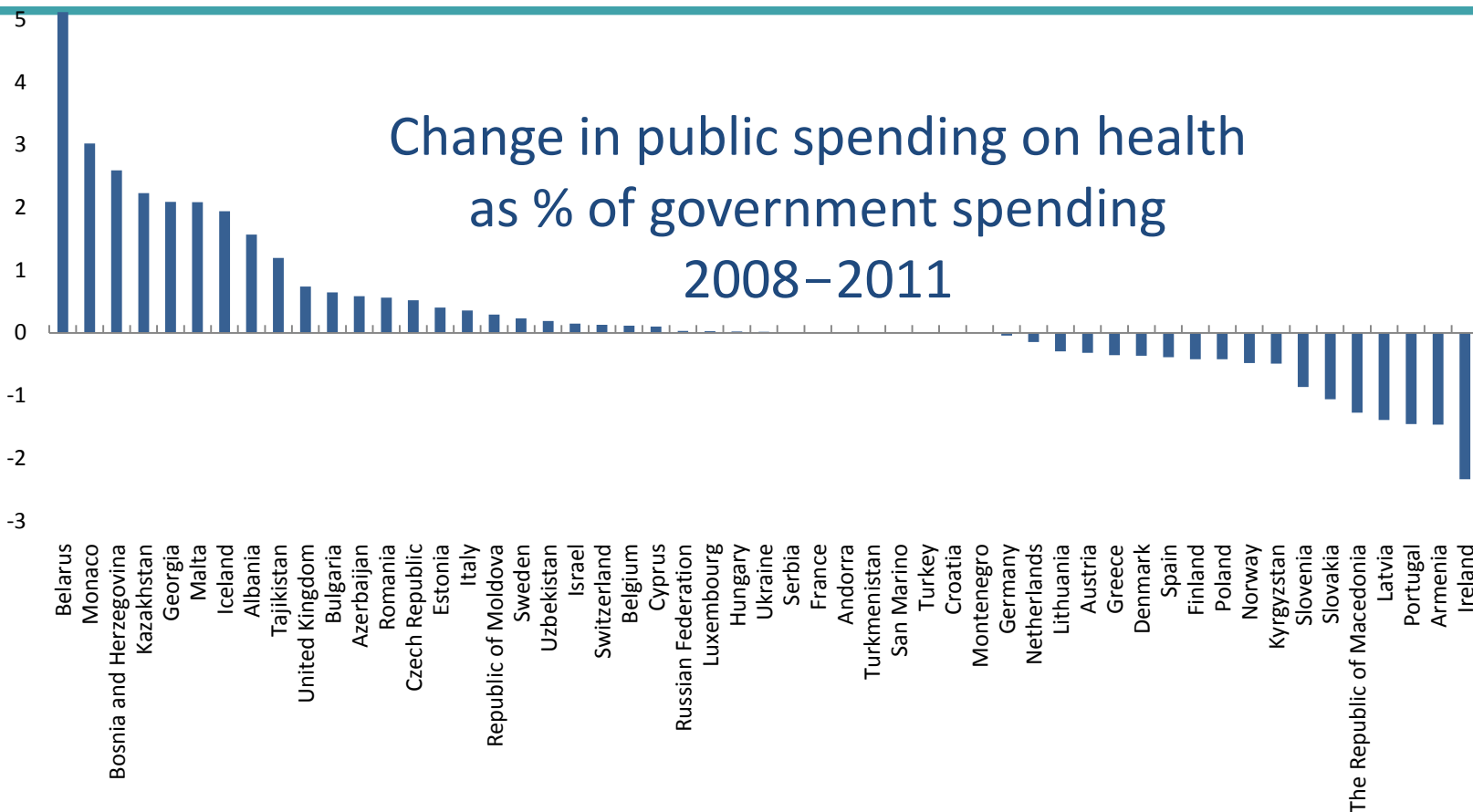
| 2008         | 2009       | 2010                | 2011           |
|--------------|------------|---------------------|----------------|
| Andorra      | Andorra    | Albania             | Andorra        |
| Azerbaijan   | Bulgaria   | Armenia             | Armenia        |
| Belarus      | Croatia    | Azerbaijan          | Azerbaijan     |
| Kyrgyzstan   | Iceland    | Croatia             | Belarus        |
| Turkmenistan | Ireland    | Czech Republic      | Georgia        |
|              | Latvia     | Estonia             | Germany        |
|              | Lithuania  | Finland             | Greece         |
|              | Romania    | Greece              | Kazakhstan     |
|              | San Marino | Iceland             | Portugal       |
|              | Serbia     | Ireland             | Ukraine        |
|              | Ukraine    | Italy               | United Kingdom |
|              |            | Kyrgyzstan          |                |
|              |            | Montenegro          |                |
|              |            | Republic of Moldova |                |
|              |            | Russian Federation  |                |
|              |            | San Marino          |                |
|              |            | Slovakia            |                |
|              |            | Slovenia            |                |
|              |            | Spain               |                |

**Countries with negative growth in public spending on health**

Source: WHO national health accounts, 2013.

# Health share of government budget disproportionately cut in some countries

6



Source: WHO national health accounts, 2013.

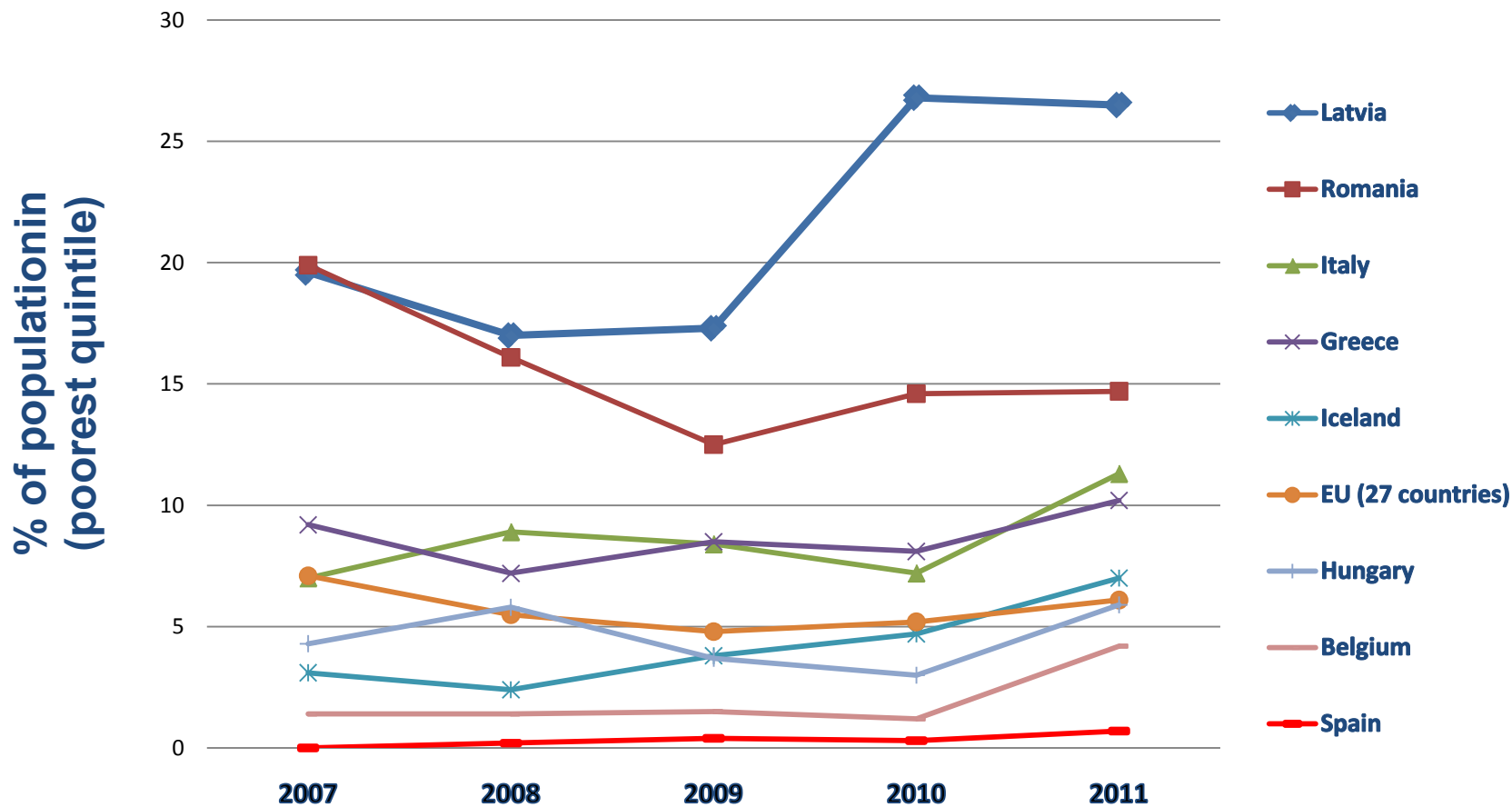
# Positive responses in challenging circumstances

- Introduction of needed reforms in countries
- Immediate efficiency gains – lower drug prices
- Other efficiency gains – identification and prioritization of cost-effective services
- Efforts to protect people from financial hardship

# But negative implications for health-system performance too

- Countries that reduced population coverage often targeted vulnerable people (poorer people, migrants)
- Over 25 countries increased user charges for essential services
- Some cuts had unintended consequences

# Unmet need has increased in poorest quintile in many countries (data only up to 2011)



Source: Statistics on income and living conditions. Brussels: European Union; 2013.

# How has the crisis helped?

## Clarity on policy options:

- health systems can be more efficient
- reductions in coverage cause suffering
- reductions in inefficient rather than effective services

Target efficiency gains over user charges

Prioritize cost-effective health services



# How has the crisis helped?

## Clarity on limits to efficiency

- structural changes require investment and time
- sustained fiscal pressure may undermine efficiency
- efficiency gains cannot always bridge the funding gap

Structural reforms  
require time to  
deliver savings

Prolonged cuts to  
health budgets  
should be avoided

Factor health  
impact into fiscal  
policy

# How has the crisis helped?

## Clarity on governance

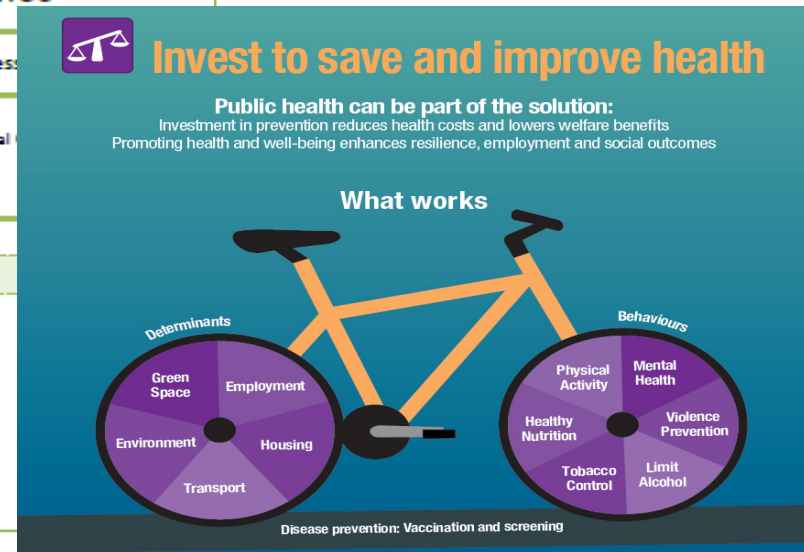
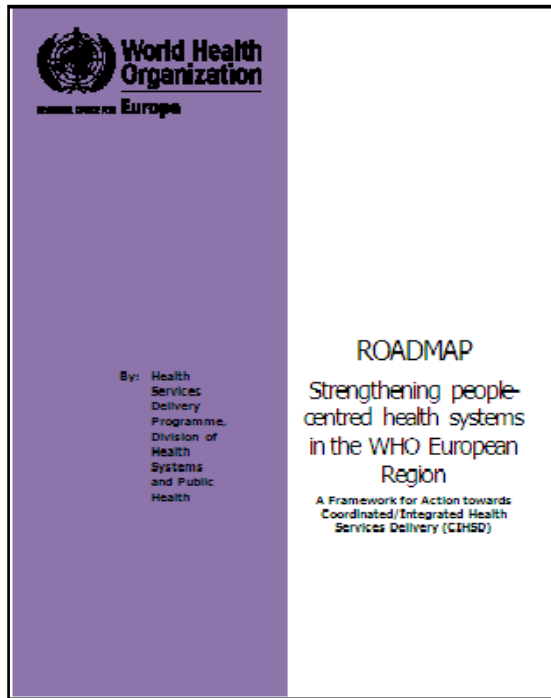
- strong health systems may be more resilient
- policies should be in line with goals
- better information and monitoring are required

Resilient health systems come from good governance

Be consistent with long-term health-system goals

Information and monitoring underpin good governance

# Transforming service delivery, addressing NCDs, investing in prevention



# Our public health vision for 2020

- Health – a priority, a core value and a public benefit
- Health – indispensable to development and an indicator of government performance
- Action and advocacy for health
- A strong public health workforce and intersectoral mechanism
- Determinants of health – including social determinants – to be our DNA





# Strengthening health systems in Europe: has the crisis helped or hindered?

1. Extreme caution in reducing coverage
2. Positive but limited scope for efficiency gains
3. Good governance important
4. Better monitoring needed



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