

Addressing key public health and health policy challenges in Europe



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Moving forwards in
the quest for better health in
the WHO European Region



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**Addressing key public health and health policy challenges in
Europe: moving forwards in the quest for better health in the
WHO European Region**

This paper is submitted to the Regional Committee for comments and suggestions, as the starting point for development of a new European health policy.

The paper outlines some of the major challenges facing health policy and systems in the WHO European Region, including consideration of both health care and public health systems and infrastructure. It then highlights the major avenues that the WHO Regional Office for Europe intends to take in order to tackle these challenges, and it concludes by proposing specific measures to move towards attainment of the objectives set.

There are two intertwined objectives: a) to highlight key priority issues for Member States in terms of the nature of the challenges and what can be done to address them, thereby making the case for a new European health policy for the Region based firmly on a renewed, unambiguous commitment to public health functions, services and capacity; and b) to advocate for stronger health systems, effective partnerships between WHO, Member States and other actors, and the appropriate development of national health policies and strategies, including intersectoral strategies (health in all policies).

The paper has been developed through a process of external and internal consultation initiated by the Regional Director. An annex contains a document drawn up by WHO's Global Policy Group (comprising of the Director-General and regional directors) that is being submitted to regional committees for consultation

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

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Executive summary

Tackling the complex health challenges and trends confronting the world as a whole and the WHO European Region in particular will require resolute leadership from health policy leaders. In order to contribute to this endeavour, the WHO Regional Office for Europe will develop a new European health policy as a coherent, inspirational policy framework for the Region, through a participatory process that reflects a renewed commitment to further improving health outcomes and equity in health by addressing all the underlying causes, including the root causes of ill health. This policy framework will also reflect a renewed commitment to public health – with considerable emphasis on prevention – while at the same time advocating for stronger health systems and the appropriate development of national health policies and strategies. As the first step in taking that commitment forward, this paper describes the background, objectives, and general contents of such a policy.

Understanding the multifaceted health context in Europe is pivotal to this exercise. Epidemiological characteristics and the prevalence of different health determinants (including not only socioeconomic determinants but also environmental and structural ones) vary widely across the Region, with marked inequalities both between and within Member States. These stratify different populations according to ethnicity, gender, socioeconomic status, educational level and geographical area. In broad terms, noncommunicable diseases represent the lion's share of the disease burden, although the threat of communicable diseases also weighs heavily on many countries, and mental disorders represent a neglected, but increasing, cause of population suffering.

All in all, there are seven main challenges that all WHO's European Member States face to varying degrees. These are:

- addressing health inequities by tackling the social determinants of health as well as other determinants (lifestyles, the environment, etc.);
- the current burden and patterns of disease;
- the impact of globalization, and global health challenges;
- the changing role of citizens;
- the financial sustainability and performance of health systems;
- governance and measurement of health system performance;
- implementing intersectoral actions and health in all policies.

While this list is not exhaustive, it covers the core disease, governance and contextual challenges, and it indicates the breadth and complexity of issues facing the health sector and health policy-makers in Europe today.

The nature of these challenges also reveals the practicality of tackling them in a concerted way throughout the Region. For the WHO Regional Office for Europe, the first step is to formulate, with the participation of national and international partners, a shared framework that facilitates both joint and individual action. Based on this participatory process, the new European health policy will then be developed and implemented in five key areas:

- strengthening regional, national and international partnerships;
- enhancing health system performance by developing effective national health policies and strategies, including bolstering finance and governance mechanisms;

- expanding the scope and reach of public health activities and giving them more prominence within health systems;
- reinforcing and further articulating structural linkages between all components of health systems – most notably between public health and primary care – and expanding them to all government policies in a bid to achieve Health in All Policies; and
- reviewing the range of available public health instruments in order to develop evidence-based policies and tools for future programmes.

Building on the valuable progress made with initiatives ranging from the concept of Primary Health Care and the Declaration of Alma-Ata, global and European Health for All and HEALTH21 to the Tallinn Charter, the Regional Office, with this new European health policy, renews its commitment to bringing the Region closer to the ideal of better health for Europe, for the next biennium and beyond.

Introduction and aims

1. Within the framework of WHO's global agenda, and in order to respond effectively to the challenges that the European Region faces, the WHO Regional Office for Europe, with the participation of its partners, will develop a new European health policy as a coherent, inspirational policy framework for the Region. The policy will reflect a renewed commitment to improve health outcomes and equity in health by addressing all of the underlying causes, including the root causes of ill-health. It will place strong emphasis on public health and disease prevention, while advocating for the appropriate development of national health policies and strategies as well as stronger health systems. As the first step in taking that commitment forward, this paper briefly describes the organizational framework, background, objectives and possible content of such a policy. The main objective of this report is to briefly outline future work to be developed in conjunction with Member States and partners.

The global context

2. Globally, health has improved over the past decades: life expectancy has increased and technological advances by modern medical science have revolutionized opportunities for the prevention and control of disease at both the population and individual levels. Yet WHO still faces huge challenges in meeting its objective of "the attainment by all peoples of the highest possible level of health". The strategy being employed to reach this goal at global level can be summarized in six points, constituting WHO's current global agenda:

- **promoting development and the attainment of the Millennium Development Goals**, giving priority to health outcomes in poor, disadvantaged or vulnerable groups;
- **fostering health security**, including increased coordination between countries to tackle globalized communicable disease epidemics;
- **strengthening health systems** to ensure that health services work at reducing inequalities rather than exacerbating them;
- **harnessing research, information and evidence** to improve health system performance with evidence-based strategies, clear targets and quantifiable measurements;
- **enhancing partnerships** by seeking synergetic relationships with a wide range of national and international stakeholders in order to implement programmes in the most efficient way, following the best technical guidelines and practices, and in line with priorities established at national level; and
- **improving WHO performance** by constantly seeking to increase efficiency and effectiveness through staff development and results-based management.

3. These agenda items, along with the seven priority areas being developed in conjunction with WHO's partners within the framework of the Organization's Eleventh General Programme of Work 2006–2015 (GPW), constitute the broader context in which WHO activities at a regional level will be carried out. Increasing equality, coordination among stakeholders, health system performance and evidence-based practice are all priorities for the Regional Office for Europe, although these broad goals are reformulated here in order to adapt them to a regional context.

The European context

4. In the 53 countries that make up the European Region of WHO, as in the rest of the world, there are wide variations in the patterns of health and disease. However, a number of more region-specific macro trends may also be discerned: a demographic shift, including decreased fertility rates and a rise in the old-age dependency ratio; globalization; the influx of migrants; the international migration of health professionals leading to health staff shortages (particularly in the areas of the Region where they are most needed); the changing nature of work, including advances in communication, longer working hours, stress in the workplace and growing unemployment at a time of global economic crisis; global environmental changes, including climate change; and the unequal distribution of health and wealth. These coincide with an important shift in the role of health professionals and citizens, as well as increasing pressure (heightened owing to the economic recession) to use health system resources efficiently and wisely.

5. The background information below concisely sketches the epidemiological context and health determinants most relevant to the European Region, but it does not delve into the extensive scientific evidence summarized in the European Health Report,¹ among other places.

The epidemiological context

6. The impressive health gains over the past 20 years in Europe are not universally shared among the nearly one billion citizens of the European Region. Member States continue to experience demographic and epidemiological challenges that affect large numbers of their populations, as well as having a major impact on their health systems. Health-related inequities persist between and within countries, stratifying populations according to ethnicity, gender, socioeconomic status, educational level and geographical area. In many countries these inequities are a matter of particular concern; for example, in 2007 the infant mortality rate in the poorest countries in the European Region was 25 times higher than in the richest ones.

7. Noncommunicable diseases, particularly cardiovascular disease and cancer, are the leading cause of mortality and morbidity in the European Region today, although much of this disease burden is avoidable. There is also an increase in the prevalence of mental disorders, which are among the most common contributors to chronic conditions in Europe. Investments in prevention and mental health remain low, however, accounting for just 1% and 5.9% of overall European health expenditure, respectively, well below the average for countries that are members of the Organisation for Economic Co-operation and Development (OECD). Emerging and re-emerging communicable diseases also remain a priority area in many countries of the Region, including not only HIV/AIDS and tuberculosis but also global outbreaks with potentially alarming consequences, such as pandemic (H1N1) 2009.

The determinants of health

8. The determinants of the current disease burden are varied. Social and economic circumstances are extremely influential, and the report issued by the Commission on Social Determinants of Health (CSDH) in 2008² signalled the ethical imperative of acting on inequalities in the distribution of power, influence, goods and services, as well as in living and working conditions and access to good quality health care, schools and education.

¹ *The European health report 2009. Health and health systems.* Copenhagen, WHO Regional Office for Europe, 2009.

² *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health.* Geneva, World Health Organization, 2008.

9. Environmental factors also play a role in influencing health. Water and air quality are deeply compromised by human activity, including urbanization, and public health officials will need to work with municipal and regional governments to limit exposures to hazardous substances and emissions. The effects of climate change, including rising temperatures, sea levels and frequency of natural disasters and extreme weather conditions, are also becoming increasingly evident.

10. Lifestyle determinants are responsible for health outcomes as well: smoking, alcohol, diet, exercise and substance abuse have powerful effects on health, particularly in relation to noncommunicable diseases. While success has been achieved in tackling smoking prevalence, an effective package of public health interventions that addresses all of these risks must be developed in order to reduce the incidence of noncommunicable diseases for all populations and the subsequent costs for health systems.

11. Finally, the capacity and efficiency of health systems must be considered within a new European health policy. The issue facing all Member States in the European Region is how to demonstrate value by improving performance and reducing costs while maintaining the European values agreed in the Health for All policy, HEALTH21 and the Tallinn Charter, namely solidarity, equity and participation.

12. Interplay between all of these aspects is inevitable. While it is generally argued that socioeconomic determinants surpass elements such as health system capacity in terms of their influence on health outcomes, public health and health policy experts all agree that a coherent approach will address the full spectrum of these factors. Many of these determinants are amenable to effective interventions, but increased investment in health promotion and disease prevention is essential, alongside more efficient therapy and rehabilitation for individuals affected by disease. In many countries, current investment in these population-based health promotion and disease prevention services is lamentably low.

Common priority areas for action across Europe

13. Seven priority areas have been identified as challenges faced throughout the Region, at various depths and with different implications between subregions or countries. Although they in no way constitute an exhaustive list, they cover the core disease, governance and contextual (wider social) challenges, and they indicate the breadth and complexity of issues facing the health sector and health policy-makers in Europe today. The challenges identified also reflect the priority action areas and the thirteen strategic objectives (SOs) set out in WHO's Medium-term Strategic Plan 2008–2013, which place emphasis on the importance of public health, coordination between countries to deal with cross-border health issues (including global health security), intersectoral action to effectively address a wide range of health determinants (thereby reducing the incidence of communicable and noncommunicable disease), and a strong drive to improve national health system operation and sustainability.

14. The Regional Office is committed to working with its Member States towards gaining a better understanding of how to make these initial challenges amenable to policy and programmatic interventions, including through the joint development of public health tools and instruments as well as guidelines for their use. This in turn will involve identifying synergies at national and international levels.

Addressing health inequities by tackling the social determinants of health

15. As noted in the CSDH report, tackling inequities requires strong political commitment, policy coherence across government policies, effective and high-performing health systems and

improvements in the conditions of daily life. With the Region's Member States already committed to taking such actions, the Regional Office aims to support this work pro-actively, and in line with SO 7, as a key plank in its new European health policy.

The current burden and patterns of disease

16. Knowledge and understanding of the current epidemiological pattern of disease and disability across the WHO European Region are a prerequisite for health policy development and action. A close study of the European Region's disease burden and major health determinants (as briefly outlined above) will serve as a basis for effective health policy across the territory (see SOs 1, 3, 4 and 6 and the relevant Millennium Development Goals – MDGs).

The impact of globalization and global health challenges

17. Transmission of disease is one of the most immediate impacts of the global integration of societies through communication and trade, and this area certainly requires enhanced coordination and collaboration among Member States (SOs 2 and 5). However, globalization is also linked to land degradation, energy insecurity and widening inequalities. Migratory phenomena affect both citizens and health professionals, and urbanization brings a manifold increase in health threats, not only in terms of the social determinants of health but also in exposure to waste and to environments and lifestyles conducive to obesity and poverty.

18. The European Region of WHO is comparatively better off than others with respect to the health impacts of globalization. However, there are also unique challenges brought about by integration within the European Union and the complexities this creates in terms of responsibilities and competences, as well as the setting of and adherence to norms and standards (SO 12).

The changing role of citizens

19. The changing role of citizens vis-à-vis their own health in large part reflects increased awareness of their rights and choices. Citizens are increasing their demands to be involved in their own health, including when making decisions on disease management and treatment. Patients have been quicker to take up many of the new communication technologies than the health professionals serving them, which in turn has contributed to the emergence of the “expert patient.” This is especially true in the area of chronic disease management, where patient involvement in care also has positive effects in terms of outcomes (SO 3).

20. Countries across the Region have made progress in increasing patient participation in policy forums, education programmes and other innovative measures, but the evolution of patient and physician roles will continue to pose challenges throughout the next decades.

The financial sustainability and performance of health systems

21. Controlling health care spending is also an enormously important issue which must be taken into account alongside other long-term societal needs such as education or economic development, as well as in the context of more immediate circumstances such as the current financial crisis. The challenge is not only to balance resource allocation across sectors in a way that corresponds to national priorities but also to reduce costs and improve performance so that investments in health systems demonstrate good value in terms of improved health, access, equity and responsiveness (SOs 10 and 11).

22. Growth in health care expenditure is driven in three main ways: a) increased spending and reduced revenues (due to population ageing or migration, as well as other external causes); b) the increased volume, mix, intensity and frequency of service use, often as a result of the availability of innovative (and more expensive) health technology and changes in consumption patterns; and c) increased unit prices, or sectoral inflation, over and above the increase in consumer prices in the economy. Addressing these challenges will require creativity and innovation in resource generation and financing operations.

Governance and the measurement of health system performance

23. The governance role of the ministry of health is central to well-performing health systems and public health services. Yet many national ministries remain weak in this role and in their ability to successfully advocate for health within their government's policy-making and budget negotiations. Political will to reinforce the legitimacy of the health ministry's governance role is crucial (SO 12).

24. Measuring and reporting relevant, accurate and timely information on public health experience and the effectiveness of health systems' activities can reinforce this governance mission. It is essential to develop specified, targeted and relevant indicators that are directly related to measures that improve performance and which can be effectively integrated with existing governance frameworks. Clarity about the roles of stakeholders, and about lines of accountability, also contributes to success.

Implementing intersectoral actions and health in all policies

25. Health policy-makers must constantly advocate for better health, both as an outcome and as a means of achieving progress in other areas. This is also part of the ministry of health's governance role and underlines the case for Health in All Policies (HiAP) approaches. Such approaches need to emphasize public health goals and objectives, and intersectoral governance, and to demonstrate how the health system in general, and health ministries in particular, can work pro-actively with other sectors to identify practical policy options that maximize the positive health impacts of other policies and minimize any negative impacts (SOs 6–9).

26. To be successful, HiAP will combine a range of overlapping strategies and mechanisms that bring leadership, evidence, structures, tools and partnerships into a dynamic and iterative interaction:

- strong political leadership at both government and ministerial level, and in some countries also at parliamentary level;
- intensive dialogue with other sectors to ensure mutual understanding;
- evidence that demonstrates the impact of HiAP on all sectors, not just in health; and
- innovative governance structures (such as horizontal public health committees).

Tackling the challenges: the case for a renewed European health policy

27. The challenges outlined above constitute the major areas for action where the Regional Office will contribute positively, at both national and regional levels, as it brings its new European health policy forward. Given the similar challenges faced by many countries and subregions, the Regional Office is committed to finding synergies among different actors,

facilitating collaboration and the dissemination of best practice. At the same time, overarching strategies must be adapted to the peculiarities of each country and context.

28. WHO's global mandate, which focuses on technical rather than structural or political leadership, will shape the Regional Office for Europe's assistance to countries in the Region. Whenever possible, the Regional Office will work to empower national and local partners by engaging in effective partnerships. In addition to supporting countries based on specific requests and articulated technical needs, it will work to shape the research agenda and foster the translation and dissemination of knowledge, to set regional standards for evidence-based practice and policies, to monitor macro trends in the burden of disease, and to act as an independent advocate for population health.

29. This philosophy of technical leadership is embodied in the proposed development of a common framework within which to formulate national health policies and strategies, as recommended by the WHO Global Policy Group (GPG), composed of the WHO Director-General and regional directors) in its document *Supporting policy dialogue around national health policies, strategies and plans* (Annex1).³ The Regional Office will work to harmonize Region-wide understanding of the fundamental aspects of health policy, including basic values and principles as well as the targets, goals and objectives to be achieved. It will do this by identifying policy options and strategies that lead to their attainment, by further clarifying the linkages between them and the definitions and terminology involved, and by making a full review of tools and best practices; in this way, cooperation between a range of partners will rest on a more solid foundation. This framework and these guidelines will inform national health policy, and WHO will work with countries to support a national process for bringing them forward and obtaining high-level political commitment to their implementation, while developing guidance and toolkits in support of their implementation in a variety of settings, contexts and circumstances.

30. Once this framework is in place, the seven challenges outlined in the previous section will be tackled in a concerted way through five main avenues. First, a European health policy, with its coherent policy framework, will strengthen national, regional and international partnerships, with the understanding that a coherent policy must be based at all times on the real needs and response capacities of countries and other stakeholders. Second, the Regional Office will work to strengthen health systems by supporting ministries of health and other national authorities to improve performance and increase transparency and accountability. Third, since public health systems and capacities need strengthening across the Region, the Office will advocate for a renewed commitment to public health at all levels of the health sector and government as a whole, with a strong emphasis on prevention. Fourth, it will work to bolster the structural aspects of health systems, emphasizing in particular the linkages between public health, primary care and specialized care, as well as intersectoral action. Finally, a thorough review will be made of the public health tools and instruments currently available, in fulfilment of the Regional Office's commitment to evidence-based practice and effective action for public health.

³ This document is submitted for initial consultation with WHO regional committees in September 2010. Input from the regional committees will feed into the discussion at the Executive Board session in January 2011.

Partnerships with global, regional and national health actors to develop and implement the European health policy

Key actions:

- Together with Member States and institutional partners, explore the viability of a high-level policy forum to guide regional policies and programmes with the engaged participation of Member States
- Define mechanisms to enhance collaboration between Member States on common issues, including communicable disease control and cross-border issues as well as the exchange of best practices
- Strengthen ties between European Union institutions and the WHO Regional Office for Europe to ensure coherence and collaboration in all relevant areas (such as databases of research evidence and strategic goals)
- Deepen ties with nongovernmental partners, such as patient associations, and work to integrate modern communication strategies (social media) into public health actions

31. WHO leadership rests not only on its pursuit of technical excellence, evidence-based practice and results-based management but also on its commitment to helping its Member States fully realize these principles within their own health systems. In order to foster synergy between WHO and its partners, then, the Regional Office for Europe contemplates close collaboration with Member States and other key stakeholders, such as the European Union, from the policy-making level to programme implementation. This collaboration could potentially begin with the establishment of a high-level policy forum, where decision-making stakeholders would work with the Regional Office to set strategic goals and to assess individual and joint capacity for action.

32. This forum would ideally include participants from all Member States as well as representatives of other institutional partners. The European Region is a major setting for international and global health actors, not just WHO but also the Global Fund, the European Commission and a wide variety of other bodies, including many nongovernmental organizations of differing size and scope. A European health policy must be built upon a participatory approach encompassing mechanisms for effective partnerships in order to achieve health improvement.

33. The European Union's role in the field of health is extremely important. EU countries increasingly regard some activities (e.g. major public health threats and cross-border issues such as the response to pandemics or bio-terrorism) as better coordinated at a common EU level rather than on a national basis. The EU therefore stands out as an essential international partner for the Regional Office in its quest to improve the health of the Region's inhabitants in all the 53 countries.

34. Likewise, national ministries and Member States are key partners for all WHO programmes. Indeed, the overarching mission of WHO is to support national structures, policies and institutions, thereby improving not only health but also health system capacity. The new European health policy, while underpinned by the shared values of WHO's European Member States, will adjust to local and regional realities, aiming not to make national health systems uniform but rather to make them uniformly better.

35. Finally, effective partnerships with citizens and communities, as well as with public and private stakeholders, are essential on a number of levels, in terms of gaining insights into local

determinants, winning support for action at grassroots level and contributing to community development.

Improving health through a commitment to supporting the development of national health policies and strategies

Key actions:

- Develop national health policies and strategies with WHO guidelines and technical assistance to improve health outcomes and help to coordinate donor input
- Develop practical instruments and mechanisms to ensure transparency, accountability, evidence-based practice and efficient use of human and financial resources
- Create horizontal policy tools that cut across sectors, increasing the Ministry of Health's power and leverage over a wide range of government action.

36. Work to improve the health status of the European population has been high on the European agenda in recent decades, captured through the Health for All policy approaches regularly adopted by the WHO Regional Committee for Europe and the commitment by European Member States to implement jointly agreed policies. Although health outputs have been improving in Europe over the decades, this improvement needs to be consolidated and positively oriented. Action is being taken across the Region to improve health as well as health system operation; a shared commitment to doing so was most recently captured in the 2008 WHO Tallinn Charter on Health Systems for Health and Wealth, which confirmed and articulated the following principles:

- promote shared values of solidarity, equity and participation through health policies, resource allocation and other actions, ensuring due attention is paid to the needs of the poor and other vulnerable groups;
- invest in health systems and foster investment across sectors that influence health, using evidence on the links between socioeconomic development and health;
- make health systems more responsive to people's needs, preferences and expectations, while recognizing their rights and responsibilities with regard to their own health;
- engage stakeholders in policy development and implementation;
- foster cross-country learning and cooperation on the design and implementation of health system reforms at national and subnational levels; and
- ensure that health systems are prepared and able to respond to crises, and that countries collaborate with each other and enforce the International Health Regulations.

37. The consensus reached in Tallinn among all WHO's European Member States rests on a deepening understanding of the relationship between health and wealth, where health is increasingly acknowledged as having a significant impact on the economic dimensions of a society and its social cohesion. Evidence continues to mount that: a) ill health has a direct economic cost; b) health systems can produce health; and c) wealth is supported by better health. This understanding is key to making the case for improved public health and health care services and functions in Europe and constitutes a powerful case for well-targeted investments in both health and health care systems and in interventions beyond the health sector that act on social determinants.

38. Strengthening the governance role of the health ministries is a major element of strengthening health systems. Measures to accomplish this include: a) tools for national health

policy formulation which will ensure that the policy framework and overall goals are accepted across government – for example through horizontal policy boards; b) a coherent and integrated regulatory framework to ensure that policies are implemented and enforced (when applicable); c) performance assessment systems that are embedded within the governance role; d) a range of approaches to communication and collaboration that will be effective at national, regional and local levels and, crucially, across sectors; and e) initiatives to promote accountability and citizen involvement. The Regional Office will stand behind national ministries in the Member States to support and facilitate these processes, guiding the formulation of effective national health policies and strategies that will provide the framework for these actions.

39. Two available tools, health impact assessment and intersectoral targets, are of particular relevance. These will strengthen policy-making across all sectors, involving a range of actors both in decision-making and in accountability practices.

The need for a renewed focus on and commitment to strengthening public health capacity, functions and services

Key actions:

- Develop a public health strategy as part of a comprehensive European health policy by the end of 2011, with the aim of integrating essential public health functions into national health systems and strengthening human resources capacities
- Foster public health leadership by creating specific posts of responsibility and accountability for public health matters, including intersectoral action and on disease prevention and health promotion
- Strengthen public health training through research and dissemination of evidence and more attention focused on public health in medical training curricula

40. Comprehensive health improvement and optimal health system performance rely on a renewed commitment to a strong public health infrastructure. This refers to a health system's capacity to provide the core services included within the broad field of public health.⁴

41. Public health practitioners strive to perform a variety of services that encompass many areas of population health. These include communicable disease surveillance, epidemiology, microbiology, chemical safety, environmental health, occupational health, food safety, vaccination programmes, health promotion, screening programmes and other disease prevention programmes. They also include community health services, and mother and child health, as well as the monitoring and evaluation of programmes and services and public health research. Public health is therefore multidimensional, complex and broad.

⁴ A unifying principle of public health is its essentially "public" nature (considering the public as composed of all the individuals in a society) and the fact that it is mainly focused on the health of the whole population. This distinguishes public health from individual, curative health care services. The latest iteration of the definition of public health is found in the Wanless Report of 2004. According to this source, public health is considered to be "the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals," a definition we modify slightly here to explicitly include health protection and to most appropriately describe the nature, values, mission and function of public health activities and services today: the science and art of protecting health, preventing disease and promoting health (with the goal of prolonging and improving life) through the organized efforts and informed choices of society, public and private organizations communities and individuals.

42. Disease prevention and health promotion are especially important elements of public health, although they have often been neglected in health policy, representing just a sliver of overall health spending despite their potential to save lives and costs to health systems. Prevention includes population-based vaccination programmes, but it also refers to the early detection of disease, such as hypertension and some cancers amenable to early treatment (breast, cervical and colorectal cancer). Recent outbreaks of polio and measles in the WHO European Region have driven home the importance of not letting our guard down; these diseases can have devastating consequences on vulnerable populations, especially children, and yet they are entirely preventable. Full implementation of the Framework Convention on Tobacco Control (FCTC) as well as measures to reduce salt intake at a population level also have great potential to improve health outcomes and simultaneously reduce long-term costs to health systems. Likewise, lifestyle modifications motivated by the early detection of conditions such as hypertension and cardiovascular disease can significantly lengthen productive lives with very modest investments in public health services. This goes hand in hand with health promotion programmes, which aim to improve lifestyles through education, advocacy and support offered to the population at the health services level as well as in other sectors (education, labour, etc.)

43. These public health functions are a vital component of the wider health system within society, offering a mechanism for giving expression to health across the whole political and administrative spectrum of policy-making. Public health leaders must initiate and inform the health policy debate at political, professional and public levels, in order to advocate for action that improves health, taking a comprehensive “horizontal” view of the needs for health improvement across society as a whole; they must analyse broader strategies for health, create innovative networks for action among many different actors and be catalysts of change.

44. In many countries throughout the Region, this role has become institutionally and functionally weak, sometimes owing to past structural changes such as decentralization and privatization. In these countries, public health practitioners have less recognized authority than before and their role is often challenged. Human capacity in this field needs to be significantly strengthened.

45. In addition to population-based public health practitioners, human resources for public health exist throughout society, both within and outside the health sector, for example in education, housing, transport, trade and the media. These resources contribute in important ways to the overall public health system and are part of the “public health infrastructure” in the broadest sense. Encouraging responsibility and accountability for health throughout all elements of society is a vital part of a rejuvenated public health function.

Structural issues in health systems: linkages between public health, health care services and intersectoral action

Key actions:

- Increase coordination between health care structures (especially primary care) and public health, through multidisciplinary training, enhanced communication channels and structural linkages (build consensus on definitions and concepts, and further develop structural linkages and tools and instruments for implementation)
- Ensure that national health policies and strategies have a holistic approach to favour maximum cooperation and fluidity between different structures of the health system

46. A key element to bolstering public health is to integrate its principles and services more fully and systematically into all parts of society, including the citizenry, through increased participation, transparency and accountability. The structures of the health system – particularly

primary care – should work hand in hand with public health systems and functions to pursue public health objectives. Just as important is the idea of fully realizing the goals of Health in All Policies (HiAP), involving actors from a wide range of sectors in the effort to improve the health outcomes of the European population.

47. Intensive work must be done with European Member States to finalize the definitions, concepts, linkages, and tools and instruments for implementation, building on the heritage, specificities and diversity of the European Region and its Member States.

48. Primary health care (PHC), as the gateway into the formal health system and a nexus for all branches of the system, from public health to specialized care, stands out as one of the pre-eminent instruments for integrating public health into the wider system. It is a cost-effective way to increase health equity while extending access to health care to all citizens. Its emphasis on education, community, health promotion and disease prevention, coupled with the articulation it enjoys with other service structures, makes it the cornerstone of any effective health system. *The world health report 2008*⁵ called for a return to primary health care as the most efficient, fair and cost-effective way to organize a health system.

49. Despite the general agreement that exists about the importance of PHC, in many European countries its role needs further consideration and development to match the ideals laid down in the Alma-Ata Declaration, which has always been the basis of the concept of Health for All (HFA) at WHO. The emphasis on PHC is closely intertwined with a renewed focus on public health. Development of the new European health policy will provide a good opportunity to have a renewed discussion on these important topics and come to an agreement on definitions and consensus on the role of the various components of the health system and their interrelationship.

50. However, it is not enough to fully integrate public health and other health care structures. There are many other political, economic, social, environmental and institutional actors whose activities influence health, albeit not with primary intent. The health system is just one of the variables contributing to health, and in any context it is difficult to say what constitutes the actual contribution of the health system alongside these other societal determinants. It is here that a new emphasis on public health and the public health function will constitute a vital step in development of the new European health policy, which will complement the development of national infrastructures to improve the health of the population equitably and holistically across the Region. Such a policy starts from a statement of the underlying vision, values and goals, targets and objectives, yet it must also include practical strategies and pragmatic policies, such as those under development by the WHO Global Policy Group (GPG), responsible for formulating a common framework for national health policies and strategies. A participatory process with Member States and other partners is also envisaged, beginning with the potential high-level policy forum mentioned above.

Reviewing our knowledge of public health policy tools and instruments

Key actions:

- Hold a policy dialogue on monitoring the effectiveness of public health instruments, in order to formulate key mechanisms to monitor progress and assess the efficiency of the different tools currently in place and the advisability of expanding, maintaining or discontinuing them.

⁵ *The world health report 2008: primary health care now more than ever*. Geneva, World Health Organization, 2008.

51. One of the first steps in the process of developing effective national and regional strategies and policies is to review the tools and instruments that the WHO Regional Office for Europe and national health systems have at their disposal. These tools include (according to the WHO Constitution): a) conventions and agreements, such as the FCTC; b) regulations, such as the International Health Regulations; c) recommendations, such as the global strategy and plan of action on public health, innovation and intellectual property; d) nomenclatures, such as International Nonproprietary Names for pharmaceutical substances; and e) standards, such as those set forth by the Codex Alimentarius Commission on food safety.

52. Despite the number of instruments in place, evidence of their effectiveness is currently limited. This raises a question about what leadership role WHO can play in helping to improve evaluation tools, including health information, and in advocating longer-term monitoring as a rule. As the experience with updates of the Regional Office's HFA policy framework has illustrated, target-setting and monitoring according to strict goals have undergone their own "cycles". It now seems timely to review this experience, with a renewed focus on the long-term commitments needed to tackle the difficult and protracted public health challenges that the European Region faces, including the growing health divide, chronic disease burden and complex health and social care needed for ageing populations.

53. This review would aim to provide the Regional Office, Member States and other partners with direction in addressing, among others, the questions below.

- What are the relative advantages of different types of public health instruments and strategies that the Regional Office can pursue?
- How can the impact of such instruments at Member State level be improved?
- How can gaps in the "toolbox" of available instruments and strategies, including in evidence for health policy-making, be addressed?
- How can evaluation and monitoring of these instruments be made more effective, including through strengthening health system performance assessment as part of the post-Tallinn agenda for more accountability of public health and health systems?
- Should a more comprehensive review and evaluation be made of existing policy instruments, and what role could be played by a broader consultation process that would include Member States and stakeholders?

Conclusions

54. As highlighted, the WHO European Region faces a number of significant challenges in its quest for better health. National health systems are charged with dealing with these challenges, but their scope of action is often limited by a shortage of human, material and financial resources, weak institutions and limitations in powers and competences.

55. The Regional Office aims to support Member States in the years to come with the following commitments:

- develop a European health policy, as a coherent policy framework, through a participatory process between Member States and other partners. This policy framework will include a vision statement with values and principles as well as targets, goals and objectives and strategies;
- promote renewed political commitment to the development or renewal of comprehensive national policies, strategies and plans, as a GPG-driven project, to ensure that WHO works hand in hand with its Member States to support them in their strategic developments to improve health outcomes and strengthen the health systems;

- renew focus on and rejuvenate commitment to public health capacity, function and services: a real commitment to and investment in disease prevention and health promotion;
- maintain commitment to strengthening health systems (build consensus and further clarify, if necessary, the definitions, concepts and functions, as well as the linkages involved, and develop practical tools and instruments for implementation);
- review the public health tools and instruments for the 21st century; and
- in acting on all these commitments, work closely with Member States and other partners, and for this reason establish a potential high-level forum for policy development.

56. The WHO Regional Office for Europe is wholeheartedly committed to aiding Member States and regional partners in this noble and necessary struggle. Its advocacy for better health is predicated on difficult truths but also on a resolute commitment to human progress. The challenges to population health are many, they are complex, and they are difficult to face. Health threats pervade every level of an unequal and often unjust society, and in the meantime, we as humans are fragile, fallible and inevitably mortal. Yet, accepting these truths quietly is not an option; the challenges may surpass our capacity to overcome them, but they cannot be stronger than our will to fight them. Ultimately, progress in this quest is not measured in numbers or statistics, but by human lives. While health policy-makers work far from patient consultations, their decisions will resonate throughout all strata of society. WHO assumes this tremendous responsibility together with its partners and Member States, committed to progress and to achieving better health for all.

Annex

Supporting policy dialogue around national health policies, strategies and plans

19 May 2010

This paper reviews good practice, common limitations and the potential for enhancing support to policy dialogue in countries aimed at developing more robust, effective and credible national health policies, strategies and plans.

1. A renewed focus on policy dialogue around national health policies, strategies and plans: rationale

Most countries have national health policies, strategies and plans of sorts, and have had them for decades. WHO has a long track record of supporting countries in this: directly, through national level policy dialogue; indirectly, by backing this up with high level international policy documents and frameworks. Yet, the renewed interest in these processes and instruments for steering country health sectors differs substantially from the 1980s and 1990s.

- The mismatch between the actual performance of fragmented health systems and the rising expectations of society is becoming a cause of concern and internal pressure for health authorities as well as for politicians.
- It is now widely recognized that national health policies, strategies and plans are crucial for governments to demonstrate their commitment as well as the responsibilities they intend to assume for moving ahead with the policy directions that constitute the renewal of primary health care (PHC).
- This happens in a context of increasing domestic expenditure for health. In many low- and middle-income countries this contrasts with the 1990s, offering new opportunities but also new challenges.
- There is a consensus that national health policies, strategies and plans have to address the problems of the entire health sector: command-and-control plans limited to the public sector are no longer relevant to pluralist, mixed health systems.
- There is a growing awareness that national health policies, strategies and plans have to go beyond health care delivery and address the broad public health agenda; and that they have to go beyond the boundaries of health systems, and address the social determinants of health and the interaction between the health sector and other sectors in society.
- There is a new emphasis on national capacity-building, sustainability and accountability, as well as recognition that national health policies, strategies and plans must be informed by realistic assessment of health system capacities.
- Finally, in countries where external aid plays a significant role, national health policies, strategies and plans are increasingly seen as the key to improve aid effectiveness: strong national health policy and planning processes can play a key role in harmonizing external and internal financial and technical inputs to the health sector and decrease the unproductive fragmentation and duplication that is so common.

2. Elements of good practice

Even a cursory glance at actual country processes and at the literature reveals an interchangeable use of the terms policy, plan, strategy and programme. There seems to be not only a lack of consistency but also a lack of consensus on the way core terms are used. Such differential use reflects a diversity of approaches and levels at which national health policy is undertaken, as well as different aims. While some countries work with a comprehensive national health plan that incorporates the notions of vision, policy, strategy and plan, others partition the formal products of the national policy dialogue process in different ways, including the following:

- policy (vision and national health policy) versus strategy (strategic plan for implementation and operational plan and budget);
- national strategic plan (merging vision, policy, strategy and plan) versus operational plans;
- national health policy (situation analysis, values, policy directions) versus national health strategic plan (implementation frame for the national health policy);
- strategic plan (stewardship for the long-term vision), operational plans (managerial, short-term implications), and medium-term plan (bridge between the two);

Regional and national specificities, political culture and history clearly determine the type of products and the terminology used, while current evidence is insufficient to support blanket recommendations as to the best formula.

Experience shows that the policy dialogue for building comprehensive national health policies, strategies and plans is as much a political process as a technical one. It requires attention to the inspirational side of defining vision and policy; it also requires attention to operational detail. The balance between vision, policy, strategic planning and attention to implementation varies considerably from country to country. Given the overarching importance of context, blueprint approaches are unlikely to be of much assistance. Nevertheless, there are ways of going about policy dialogue that are more likely to produce robust policies, strategies and plans.

a) Sound process

There is ample experience that national health policies, strategies and plans are more robust and more likely to get implemented effectively if their development and negotiation are inclusive of all relevant stakeholders (social, technical, political), in and beyond the health sector. Smart timing with the country's political and institutional cycles and broad stakeholder involvement are critical and require:

- i. building consensus on the situation analysis;
- ii. broad consultation processes, across government and inclusive of civil society, to formulate the goals, the values and the overall policy directions that will guide strategy-building, planning and decision-making;
- iii. active management of the process, leading to high-level endorsement of these policy directions;
- iv. broad consultation on priority setting and design of the policies, strategies and plans;
- v. setting up mechanisms for getting feedback on implementation and initiating corrective measures;
- vi. alignment with broader frameworks such as national development plans or poverty reduction strategies, as well as supranational policies, agreements and initiatives;

- vii. measures to ensure and protect country ownership and institutional capacity in countries where external agencies play an important role.

b) Realism

National health policies, strategies and plans are more likely to be implemented if:

- i. they are made by the people who will implement them;
- ii. they are compatible with the sector's capacities and resources and constraints, and chart out realistic ways of developing capacities and resources through mobilization of government and partners around sectoral priorities;
- iii. their policy directions are anchored through political and legal commitments that ensure long-term sustained efforts;
- iv. they link strategic and operational planning with enough flexibility for adapting to unexpected developments in the economic, political and health environment;
- v. they address the concerns of the implementing and middle levels of the health sector;
- vi. they enjoy political commitment of health sector management and government, as well as the buy-in of stakeholders with competing interests.

c) Content: comprehensiveness, balance and coherence

National health strategies and plans must articulate, in a manner appropriate to country context and constraints, the following content:

- i. A robust *situation analysis*, covering:
 - a. *assessment of needs*, including current and projected disease burdens and health challenges;
 - b. *assessment of expectations*, including current and projected demand for services as well as social expectations;
 - c. *assessment of health system resources* and of resource gaps in responding to needs and expectations;
 - d. *assessment of health system performance* and of performance gaps in responding to needs and expectations;
 - e. *assessment of the capacity of the health sector* to respond to current and to anticipate future challenges;
 - f. an analysis of *stakeholder positions*.
- ii. A comprehensive *strategy* to respond to these challenges:
 - a. the policy directions for (i) improving health equity; (ii) making services people-centred so as to respond to priority needs and expectations; (iii) protecting and promoting the health of communities and public health; and (iv) building capacity to deal with crises and future challenges
 - b. the implications of these policy directions for: (i) service delivery (service networks as well as programmes, actions aimed at individuals as well as public health actions aimed at populations); (ii) the health workforce; (iii) medical products and technologies; (iv) infrastructure; (v) information; (vi) health financing, and (vii) working with other sectors;
 - c. the resource implications of the strategy and the associated costs;

- d. an investment strategy and a strategy for mobilizing the funds required.
- iii. *The leadership and governance arrangements for implementing the strategy in terms of:*
 - a. the role of various institutions and stakeholders;
 - b. the capacity to monitor performance, measure outcomes, organize research and adapt the strategy to changing circumstances;
 - c. regulatory and legal frameworks to ensure sustainability;
 - d. working with other sectors to ensure that health is taken into consideration in all policies;
 - e. a strategy for dealing with the donor community in countries where donor funding is an important contributor to financing the health sector

While the national health policy is not a technical document per se, implicit to linking policies-strategies-plans with visions/goals are operational choices between different implementation options; these need to be buttressed by the use of appropriate normative tools and techniques, as does the monitoring and evaluation of national health policy.

d) Linking with subnational plans

To be effective, national strategic plans must be linked to subnational operational plans at the regional or district level. The degree of linkage depends on the level of detail in the national strategic plan, as well as on the level of autonomy that different levels have to define their own strategies.

Some countries tend to choose a more centralized approach, with an explicit and tight linkage between national strategic plans and subnational operational plans: this has the advantage of coherence between local operational plans and the national strategic plan, but it may be overly controlling and provide insufficient adaptation to context.

Other countries go for a more decentralized approach, with a looser link between national strategic plans that offer guidance but leave much more liberty of interpretation at more decentralized levels: this allows for flexibility and creativity at the operational level, but it may lead to contradictions with the national strategic plan. Some countries link the high-level vision of their national strategic plan with operational plans through rolling medium-term plans, typically with a three-year time frame.

e) Linkage with programmes

There is great variation in the extent to which national health policies, strategies and plans address the concerns and operational plans of the country's disease-specific programmes. In many countries, if not in most, there is a disconnect between disease-specific programme planning and the national health policies, strategies and plans. This often leads to imbalance or lack of coherence between the planning efforts and subsequent problems in implementation.

The causes are complex and include: (i) inadequate situation analysis and priority-setting, with suboptimal use of existing tools and instruments; (ii) the disconnect between the operational planning conducted by the various programmes delinked from the policy dialogue on national health policies, strategies and plans: they are often conducted by different constituencies with different planning cycles; (iii) donor practice of earmarking funds, leading to fragmentation, competition for available scarce resources, and imbalances in national priority setting.

In many countries there is a potential for improving balance and coherence between the operational plans of the various programmes and the national health policies, strategies and plans, by

- better managing the policy dialogue and systematically including the various constituencies; and
- making the impact of programme planning on shared health system capacities visible and explicit.

Coherence requires that each programme's concerns should be reflected in the comprehensive national health policy, strategy and plan, while programme plans are informed by realistic assessments of how they can draw on shared resources and capacities and of how they will impact on these shared resources and capacities.

3. Better support for better policies, strategies and plans

There is a general consensus that in many countries there is substantial room for improvement in developing national health strategies. Better support, by WHO and by the global health community, can be of critical assistance in the following areas of concern:

a) Building the strategy on a sound situation analysis and inclusive priority-setting

The situation analysis on which the strategy is based can be broadened to encompass the comprehensive range of current and future health problems, with consideration of the broader challenges to health and of the necessary balance between various health priorities. In many cases, the way in which this is complemented by an analysis of expectations, of demand and of the problems affecting the various building blocks of the health system can be much more systematic. A robust and comprehensive situation analysis vastly improves the chances of developing a coherent strategy. Situation analysis and priority-setting provide the ideal opportunity for enriching policy dialogue with the added value WHO can bring: the renewal of primary health care (PHC) through universal coverage, people-centred care, participation, and effective public policies

WHO can assist countries in building scenarios for the future, inclusive of the health and health systems impact assessment of the different options considered; by making systematic use of existing tools and expertise (e.g. in burden-of-disease or cost-effectiveness analysis); and by bringing together stakeholders around innovative approaches to build an evidence-based consensus on situation analysis (e.g. through the Country Health Intelligence Portals).

b) Resource planning and budgeting

With the currently available tools, expertise and experience, it is possible to provide:

- i. better translation of national priorities into detailed resource plans (quantification of requirements in people, equipment, institutions, infrastructure etc.), and
- ii. better translation of these resource plans into their budgetary implications. To do so is strategic in order to negotiate a consensus around financing arrangements, both domestic and from aid.

WHO can, in collaboration with other partners, assist countries with resource planning (e.g. using iHTP (Integrated Healthcare Technology Package) resource planning software) and

costing (e.g. using the common United Nations costing tool that is nearing completion), and providing the financing models and background information (e.g. through its work on national health accounts or catastrophic expenditure).

c) Process management

A number of countries have been working hard to develop systematic approaches to policy dialogue. On the whole, however, attention to process remains largely unsystematic. In some countries, this is in part because of a high turnover of planners, which constrains the skill base and the institutional memory. In other countries, it can be attributed in part to successive waves of externally driven priorities and reform agendas. It is possible to improve the management of the process through a combination of:

- i. investing in country-level institutional and individual capacities for conducting meaningful policy dialogue. In some regions the creation of policy or planning units within ministries of health is considered critical;
- ii. using the JANS (Joint Assessment of National Strategies) framework or similar approaches to guide the policy dialogue process;
- iii. broadening the policy dialogue beyond the public sector;
- iv. broadening the policy dialogue beyond the health sector, aligning national health strategies with national development plans and financial policy cycles;
- v. promoting behaviour change among donors in line with the Paris principles of country ownership, alignment and harmonization.

WHO's country presence gives it the potential to enhance continuity and a long-term perspective on the strategy development process, particularly in unstable contexts. With a strengthened country presence, WHO can contribute to building country institutional capacity through exchange of experience, regular reviews of the relevance and effectiveness of the national health strategies, and more systematic reliance on intercountry peer review. The convening power of country offices and their honest-broker capital can be used to facilitate a more inclusive and systematic policy dialogue process, particularly around the situation analysis and design of the strategy. Furthermore, it can be used to assist countries with using national health strategies as a credible basis for negotiation with stakeholders beyond the health sector (particularly ministry of finance) and with the donor community.

d) Ensuring coherence between the national health policy, strategy and plan, and the operational plans of disease-specific programmes

In many countries much can be done to clarify the links between the national health strategy and the operational plans of the disease-specific programmes, so as to reduce contradictions and duplications. A number of technical measures can be taken, such as synchronizing planning cycles and ensuring the objectives and service delivery investments of the national health strategy and the operational programmes are consistent with each other. This also requires attention to proper handling of the institutional relations between the various constituencies concerned.

WHO can be a major facilitator in this regard, because it has leverage with both programme and system communities in countries. WHO country offices have the potential to use their influence to make a quantum leap in synchronization and alignment. The work around JANS and around aligning programmes with national health plans provides a good basis for facilitating better complementarities between national health strategies and disease-specific

operational plans. At the global level, WHO can advocate for and facilitate more coherent approaches among global stakeholders as well as across the Organization's own structures.

e) Building the institutional base for performance monitoring, evaluation and feedback

Outcomes can be improved through increased and more focused investment in monitoring and evaluation of how national health policies, strategies and plans are implemented, while at the same time protecting the integrity of the core functions of health information systems. When properly designed, this also allows for learning, continuous improvement of the planning process and timely corrective measures.

WHO can assist countries by providing opportunities for intercountry exchanges of information and peer review, by documenting policy innovation and by supporting institutions that can drive and guide the building of national health policies, strategies and plans (e.g. the networks of observatories). WHO can use its brokering power to facilitate dialogue between the various constituencies that can contribute to feedback on the plans and their implementation. Finally, WHO is at the centre of global efforts to improve and guide country health information systems.