



**Health in times of global economic crisis:
implications for the WHO European Region**

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Contents

	Page
Executive summary	1
Introduction	3
Objectives and scope of the meeting.....	3
The impact of the economic crisis on health systems and health outcomes in Member States in the WHO European Region	4
Main effects on society and health systems.....	4
The economic crisis and the social determinants of health	7
Strengthening health and health systems in the context of the crisis	8
The Millennium Development Goals	8
Financial and human resource aspects of the crisis; effects on the migration of health personnel.....	9
Protecting public health through strengthened health systems in the WHO European Region.....	10
Strategies to overcome the health consequences of the crisis	12
Recommendations	14
Annex 1. Programme.....	16
Annex 2. List of participants	19

Executive summary

The World Health Organization (WHO) Regional Office for Europe, in cooperation with the Norwegian Ministry of Health and Care Services and the Norwegian Directorate for Health, held a meeting in Oslo on 1 and 2 April 2009 to consider the question of health in times of economic crisis, and more particularly to examine the implications of the current crisis for countries in the WHO European Region. This follows a high-level consultation on the financial crisis and global health, held at Geneva on 19 January 2009, in connection with the 124th session of WHO's Executive Board. Further discussions will be held at the Sixty-second World Health Assembly in May 2009 and the fifty-ninth session of the WHO Regional Committee for Europe in September 2009.

The meeting was attended by a total of 168 participants, with representatives of 39 of the 53 Member States in the WHO European Region including ministers, deputy or assistant ministers and chief medical officers.

The first day of the meeting was devoted to discussing the impact of the economic downturn on health systems, health outcomes and the social determinants of health in the Member States in the WHO European Region. On the second day, participants considered progress towards the Millennium Development Goals in the context of the current crisis, its financial and human resource aspects and effects on migration of health personnel, and ways of protecting public health through strengthened health systems.

The meeting concluded with participants outlining strategies to overcome the health consequences of the crisis. A number of key recommendations were formulated.

1. Distribute wealth based on solidarity and equity

Health authorities across Europe are concerned that the present economic system does not distribute wealth on the basis of the values of solidarity and equity, thus hindering improvement in health outcomes. Health leaders call for changes in the economic system that support health improvement.

2. Increase official development assistance (ODA) in order to protect the most vulnerable

The poorer countries are the most vulnerable when it comes to health loss in times of crisis. The current crisis is no time for decreasing ODA, but rather for increasing it.

3. Invest in health to improve wealth; protect health budgets

Investing in health is investing in human development, social well-being and wealth. Better health improves welfare. Health investments create wealth. Protect health budgets, health insurance coverage and employment throughout the economic downturn. Include health- and environment-related investments in economic recovery plans.

4. "Every minister is a health minister"

Promote "Health in All Policies". Consider the health and distributional effects of all political reforms.

5. Protect cost-effective public health and primary health care services

If spending on health is reduced:

- protect spending on public health programmes;
- protect spending on primary health care;
- reduce spending on the least cost-effective services. These will normally be found among the most high-technology, high-cost services in hospitals. Delay investment plans for high-cost facilities and promote the use of generic drugs.

6. Ensure “more money for health and more health for the money”

Make more money available for health and ensure more health for the money. Improve quality through transparent monitoring and performance assessment. Strengthen evidence-based medicine and make health services safer.

7. Strengthen universal access to social protection programmes

Use the opportunity of the crisis to strengthen universal access to social protection programmes in a more coordinated way.

8. Ensure universal access to health services

Use the opportunity of the crisis to ensure universal access to health services. Ensure social safety nets for the most vulnerable social groups.

9. Promote universal, compulsory and redistributive forms of revenue collection

Strive for equity in the financing of health services through universal, compulsory and redistributive forms of revenue collection.

10. Consider introducing or raising taxes on tobacco, alcohol, sugar and salt

Consider improving population health through public health reforms using structural measures. Examples are to raise taxes on tobacco, alcohol, and products containing high levels of sugar or salt. This could help to finance social protection systems and at the same time have a positive impact on public health.

11. Step up the education of health professionals and ensure ethical recruitment

Even during this crisis we must recognize the current shortages in the health workforce and the increasing need for health workforce in the future. Step up the education of health professionals and local health workers as appropriate. Use the crisis as an opportunity to attract new health workers. Continue supporting the development of a code for ethical recruitment across sectors and borders.

12. Encourage active public participation in the development of measures to mitigate the effects of the economic crisis on health

Health authorities call for more active public consultation and participation in defining, implementing and monitoring the execution of decisions regarding the crisis. Public participation may be direct (public debates, consultations) or indirect, through representative organizations, associations and unions.

A webcast of the meeting in English and Russian, and further information and background document, is available at http://www.euro.who.int/healthsystems/econcrisis/20090316_1.

Introduction

The World Health Organization (WHO) Regional Office for Europe, in cooperation with the Norwegian Ministry of Health and Care Services and the Norwegian Directorate for Health, held a meeting in Oslo on 1 and 2 April 2009 to consider the question of health in times of economic crisis, and more particularly to examine the implications of the current crisis for countries in the WHO European Region.

Objectives and scope of the meeting

The current economic crisis will have manifold implications and long-term consequences: growth seems unlikely to recover soon and the debt problem may constrain public finances for a long time. With the economy slowing down and unemployment rising rapidly, the living conditions of millions of individuals and families in the WHO European Region are seriously threatened or already affected, as is the revenue base of health and social protection schemes. Overcoming the crisis will require timely, well-targeted, fully coordinated efforts. As indicated during the WHO European Ministerial Conference on Health Systems: “Health Systems, Health and Wealth” (Tallinn, Estonia, June 2008), investing in health should be part of the response to the crisis.

Against that background, the objectives of the meeting were to:

- review the situation in the WHO European Region, identifying the main risks for health and health systems and the main opportunities for action;
- discuss policy options for responding to the negative impacts of the economic crisis on health systems and health outcomes in low-, middle- and high-income Member States in the Region;
- identify health- and health systems-related measures that could be used in the short and medium terms to counter the economic downturn and, in the longer term, to help address some structural issues confronting European societies.

Participants were welcomed by Mr Bjarne Håkon Hanssen, Minister of Health and Care Services of Norway, who noted that in a period already marked by demographic transition and changes in the burden of disease, all countries are also being affected to varying degrees by the current economic crisis. Investing in health is investing in wealth, and the crisis offers a window of opportunity to rethink health priorities and reorganize health systems. Primary health care, a key component of any health system, needs to be revitalized with the aim of ensuring universal access to affordable health services. He hoped that the meeting would identify ways and means of maximizing health for all.

In his introductory remarks Dr Marc Danzon, WHO Regional Director for Europe, pointed out that some countries are probably already seeing the repercussions of the economic crisis on people’s health in the form of increases in mental health problems (stress, anxiety and depression) and physical symptoms (cardiac disease, disorders of the digestive system) even if official statistics find it hard to detect them. He proposed that the meeting should focus on drawing up practical recommendations in five areas:

- the immediate response to the emergency, in order to keep health systems operating efficiently;

- longer-term measures, taking account of physical and societal trends (the environment and population aging), and looking at areas such as the training and role of health professionals;
- a clearer understanding of the strengths and weaknesses of health system management as a way to ensure a positive contribution from health systems in times of crisis and beyond;
- the essential elements of primary health care, universal access to health systems and progress towards attainment of the Millennium Development Goals; and
- international solidarity.

Dr Margaret Chan, WHO Director-General, addressing the meeting by video link, acknowledged the radically increased interdependence of countries and agreed that European Member States are not being spared by the economic crisis. The financial rescue packages being drawn up are “weapons of mass desperation”, yet the health system already has extensive experience of emergency response and risk reduction strategies. The European Region of WHO has a long tradition of solidarity and of paying attention to social cohesion. That “pro-poor” approach, together with the powerful instruments afforded by the Tallinn Charter and the report of the Commission on the Social Determinants of Health, laid a strong foundation for what she was sure would be a productive meeting.

The impact of the economic crisis on health systems and health outcomes in Member States in the WHO European Region

Main effects on society and health systems

Mr Jonas Gahr Støre, Minister of Foreign Affairs of Norway, introducing the session, emphasized that one of the greatest challenges for the health sector is to “think out of the health box”, as a former Director-General of WHO, Dr Gro Harlem Brundtland, had done when she made the fight against poverty her main priority. Together with Dr Philippe Douste-Blazy, a former Foreign Minister of France, and others, he had in 2006 launched a global health and foreign policy initiative aimed at examining key elements of foreign policy and development strategy through the defining lens of health. In addition to such multisectoral approaches, the economic crisis calls for innovation in financing mechanisms, such as the levy on airline seats to pay for pharmaceuticals that would be presented later in the meeting by Dr Douste-Blazy in his capacity as Executive Director of UNITAID, the international drug purchase facility. Similarly, Norway was actively involved in the High-Level Taskforce on Innovative International Financing for Health Systems, chaired by United Kingdom Prime Minister Gordon Brown and World Bank President Robert Zoellick.

Professor Alan Maynard, University of York, United Kingdom, one of the three keynote speakers for the first part of the session, pointed out that the economic crisis reinforces the importance of two central issues in decision-making: the concept of opportunity cost (treating one patient or investing in one programme deprives other patients or potential investments) and the need to focus on value and identify the benefits of the treatment or investment chosen. It is known that a part of medicine as it is practised is of unproven clinical benefit and cost-effectiveness. Large variations in clinical practice have been demonstrated for decades yet ignored by policy-makers. Some health care is unsafe, with error rates of 10% in hospital care, and there is not enough measurement of outcomes in

terms of delaying death or improving physical and psychological functioning. Policy-making, too, is poorly evaluated. Inequalities in income and wealth are unlikely to decline during the coming recession. Economic problems will make rationing more explicit, further underlining the need to prioritize investments.

Professor Guillem López-Casasnovas, Universitat Pompeu Fabra, Catalonia, Spain, detailed some of the economic and social repercussions of the crisis. The economy of the area using the Euro (€) as its currency, taken as a whole, is forecast to contract by 2.5% in 2009, while the unemployment rate will rise to 9.1% (and much more in some countries). In response to the financial crisis, governments have committed 2.5% of Euro-area gross domestic product (GDP) to capital injections and other debt-increasing support, and 1.5% of area-wide GDP to fiscal stimulus. As a result, the general government deficit is expected to rise from 1.7% of GDP in 2008 to 4.0% in 2009 and 4.4% in 2010. However, the economy's response to various fiscal stimuli is likely to depend on a range of institutional factors (market rigidities, existence of welfare safety nets) and its size and openness.

On a personal level, the crisis will impact many of the social determinants of health, such as income, employment, education, nutrition, corporate practices (marketing and pricing, for instance) and taxation. Its effects are dependent on the extent of family assets, the basic family and welfare support models, the role of immigration, etc. More than ever, there is a need to be selective with tailor-made policies for specific groups at risk, while striking the right balance between public expenditure, social spending and private financing, and at the same time respecting intergenerational fairness (the variance, not the mean, should be the relevant element in defining new public policies). Generally speaking, the regressivity in generating resources from more indirect taxation should be countered by more selective and progressive policies on public spending. Nonetheless, there is still not enough convincing evidence of relationships observed in the past: more analysis is needed of the epidemiology and macroeconomics of social factors, using a “difference-in-differences” approach.

On the other hand, there is strong evidence of the links between health and economic growth in less developed countries: poverty affects health, and health affects poverty. In that context, governments in those countries should move away from direct out-of-pocket payments by users towards selective, publicly financed health care programmes and organized health insurance schemes. Developed countries may need to rebalance the mix between social spending on health care (publicly regulated individual and community contributions), public budgets out of general taxation and purely private voluntary payments. In all cases, governments will need to fight anxiety and social isolation from job losses, poverty, the erosion of human capital through unemployment, and unhealthy changes in people's diet and behaviour.

Professor Tomica Milosavljević, Minister of Health of Serbia, the third keynote speaker in the session, explored the challenges for stewardship of the Serbian health system in the current financial and economic crisis. The country is becoming increasingly vulnerable and the significant progress made between 2003 and 2007 is now being reversed: GDP growth projections are being revised downwards, economic activity is declining and unemployment is increasing. This is leading to decreased contributions to social health insurance and reduced budgets for health care institutions.

The health system response is based on a number of principles:

- to maintain solidarity, with fair and equitable redistribution of the financial burden for health;
- to protect the most vulnerable population groups;
- to increase efficiencies, building on the achievements already made through health system reform; and
- to protect and continue investments in health.

Co-payments in particular have therefore been adjusted, and a law has been passed cancelling public and private companies' arrears in health insurance contributions. Preventive and public health programmes are being protected with the help of external resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the European Union, among others. Fiscal discipline in private health services will be strengthened and voluntary payments will be introduced for complementary health services in state clinics. As stewards of the health of their nations, ministers must ensure that the basic commitments which they pledged to abide by in the Tallinn Charter are also maintained in the challenging circumstances of the economic and financial crisis.

Members of the discussion panel (see Annex 1) commended the approach adopted in Serbia. Generally speaking, it is important to improve health care quality, ensure patient safety and act on lifestyle-related factors such as tobacco and alcohol. Cost benefits and greater efficiency can be obtained by focusing on primary health care and cutting back on hospital services if necessary. It is essential to work with health care professionals and improve their training, especially in management. Some countries' health insurance funds have built up reserves that will allow the health system to maintain existing levels of access, thus serving as a genuine safety net despite cuts in public expenditure. Other countries have adopted policies banning increases in patient co-payments during the crisis, obliging doctors to prescribe the cheapest available drugs or lengthening the initial period before sickness benefit is paid. Where reforms have already been initiated, the pace of change should be kept up and academic researchers (and WHO) should be involved in encouraging exchanges of experience and monitoring the effects of reforms on performance of the health system.

Countries in the eastern part of the WHO European Region have already been through an economic upheaval following the break-up of the Soviet Union in the early 1990s, yet their levels of per capita GDP are still far lower than those in the western part of the Region. Government spending on the health system is correspondingly less, with a higher proportion of health care costs met by individuals, a situation that is aggravated by the economic crisis and the accompanying adverse trends in currency rates, which make pharmaceuticals more expensive and difficult to access. Where the economic crisis has already hit hardest, governments have had to focus on meeting social needs and offering psychological support to those most affected, such as children and the unemployed, and on maintaining employment and services by cutting salaries proportionally and reverting to the use of generic drugs.

Some members of the panel expressed their perception of the economic crisis as "only and wholly negative": countries' only practicable reaction is to economize still further on what has already been cut. If change has not been achieved under favourable economic circumstances, it is unlikely to be effected in the current crisis situation. Others felt, however, that it is possible to turn the crisis into an opportunity and an impetus for change.

The “common denominator” for that is solidarity, both within countries (based on universal coverage and emphasis on at-risk groups) and between Member States in the different parts of the Region. This requires a longer-term vision and truly innovatory measures that add value, ensure patient safety and reduce variability in the quality of health care. To this end, it is essential to evaluate reforms in terms of specific, predetermined parameters, to carry out transparent assessment of the performance both of health care personnel and of the health system as a whole, and to look closely at the outcomes of action taken on individual and public health status. WHO has an essential role to play in monitoring developments and advising countries, so that they can take appropriate measures on the best available evidence.

The economic crisis and the social determinants of health

Professor Sir Michael Marmot, University College London, United Kingdom recalled the findings of the Commission on Social Determinants of Health, which he had chaired: dramatic inequalities dominate global health, and a social gradient in health exists in all countries and within regional sub-units, including cities. Rates of unemployment and non-standard employment are already increasing and are likely to rise further as a result of the economic crisis. The International Monetary Fund has found that “a pernicious feedback loop between the real and financial sectors is taking its toll” (*World Economic Outlook*, January 2009), and the International Labour Organization (ILO) has forecast that global unemployment will rise from 5.7% in 2007 to between 6.1% and 7.1% in 2009 (an increase of up to 50 million people), while an additional 200 million may be classified as “working poor” (earning less than US\$ 1.25 per day) (*Trends Econometric Models*, December 2008). Global “vulnerable” employment (defined as work without financial security, social protection, protection from physical and psychosocial hazards, etc.) is also forecast to rise, partly as a result of decisions taken in richer countries. Levels of educational attainment and social class are also clearly correlated with unemployment.

The prevalence of poor mental health and mortality in general have been found to reflect the precariousness of employment (permanent/temporary contracts), while children’s mental disorders are more frequent in families where neither parent is working and in single-parent families. Employment policy is therefore health policy, and countries are advised to implement the policy measures recommended by ILO in November 2008, such as ensuring wider coverage of unemployment benefits, re-skilling unemployed workers, and making public investments in community infrastructure, housing and “green jobs”.

More broadly, as part of the global development agenda, the Centre for Global Development has estimated that developing countries will need US\$ 1 trillion over the next couple of years to pay for bank rescues and fiscal stimuli and to maintain minimum social safety nets. Developed countries share the responsibility for finding these resources. By comparison, a total of less than US\$ 100 billion would be required for global slum upgrading, and finance could be raised on a shared basis from international agencies and donors, national and local governments, and households themselves. In order to “close the gap in a generation” (as called for in the title of the Commission’s report), action must be taken notably to ensure health equity in all policies and to put social justice at the heart of all public policy. Like with the publication of the Beveridge report on social insurance and allied services in the United Kingdom in 1942 and the conclusion of the Bretton Woods agreements on regulating the international monetary system in 1944, the present economic crisis is the right time to achieve a world where social justice is taken seriously.

In the ensuing discussion, panel members assessed the likely impact of the economic crisis on the social determinants of health in their countries. Most foresaw that wages and employment will fall, with corresponding reductions in people's purchasing power and ability to make co-payments for medical care. Social stresses will probably lead to increases in morbidity due to diseases of the cardiovascular and digestive systems and in drug abuse and psychiatric disorders. The economic crisis may stir xenophobic tendencies. Immigrants are a particularly vulnerable population group, not only with regard to their mental health but also in terms of cardiovascular and communicable diseases. For them, as for newly impoverished people, countervailing measures include maintenance of the basic package of services covered by health insurance and universal coverage for effective medical interventions.

At country level, many health systems are facing major challenges in paying for imported pharmaceuticals and equipment, so the crisis may give impetus to the development of national industries in these sectors and the increased use of generic drugs. Regardless of whether operating budgets or tendering procedures are administered in a centralized or decentralized manner, management training may need to be stepped up and stricter control exercised over budgetary expenditure, capital investments and the operation of health insurance funds. Every effort should be made to increase the cost-effectiveness and productivity of the health system. Disadvantaged people and countries are most severely affected by the economic crisis so targeted recovery packages are important in order to avoid widening the health and wealth gap between rich and poor. In a globalized economy, rich countries should have an interest in showing solidarity and supporting poorer ones, in a spirit of mutual assistance and increased coordination and cooperation.

Experience of previous economic crises suggests the vital importance of a high degree of solidarity and social security, keeping up public expenditure and maintaining basic health services, as well as scaling up disease prevention and health promotion activities. Intersectoral cooperation becomes increasingly valuable; efforts must be made to incorporate health in all policies. More immediately, mental health programmes should help tackle the increase in problems caused by unemployment, with services tailored to particularly vulnerable groups, and retraining may be required in order to secure a well-educated and motivated health workforce. Taxation on tobacco, alcohol and unhealthy foods may need to be increased, in order to secure public health benefits.

Strengthening health and health systems in the context of the crisis

The Millennium Development Goals

In a short video message Mr Jens Stoltenberg, Prime Minister of Norway, emphasized that in the global economic crisis countries must continue to give priority to spending on health, which is to be seen as an investment in future wealth and welfare, not an expense. In the same way that developed nations seek to protect spending on health in their own countries, they must do so in the developing world, too. The weakest must not be hit hardest by the economic crisis. His country remains committed to attainment of the Millennium Development Goals. Since their adoption, total global development assistance for health has more than doubled, but still one child dies every three seconds, and the economic crisis threatens much of the progress that has been made, so even greater efforts are required. The solution, whether in Africa or in Europe, is to provide good quality health and social

services to the most vulnerable, acting on the principles of solidarity, equity and participation. Governments must look beyond the crisis to secure better health for all.

Financial and human resource aspects of the crisis; effects on the migration of health personnel

As an example of one approach to tackling the financial resource aspect of the economic crisis, Dr Philippe Douste-Blazy, Special Adviser to the United Nations Secretary-General on Innovative Financing for Development, described the operation of UNITAID, an international drug purchase facility for the treatment of HIV/AIDS, malaria and tuberculosis in developing countries. Owing to a recent decrease in official development assistance and investment, together with lower raw material prices, the shortfall in funding required to reach the Millennium Development Goals is expected to amount to US\$ 30 billion a year by 2015. Half of this amount could be raised by innovative funding mechanisms, operating on the principles of additionality, predictability and sustainability.

The funding challenge is being met by taxes levied on worldwide activities (e.g. the UNITAID tax on airline tickets), voluntary solidarity contributions and other mechanisms guaranteed by public entities such as the International Finance Facility for Immunization (IFFIm) and the Global Alliance for Vaccines and Immunization (GAVI), as well as from ethical and responsible investment funds. Over US\$ 600 million has been collected in less than two years, mainly through the air travel tax, with funds directed towards paediatric antiretroviral (ARV) treatment, second-line ARV treatment and prevention of mother-to-child transmission of HIV. Three out of four children on HIV therapy in more than 80 countries are now receiving treatment paid for by UNITAID funds, and major price reductions in ARV drug prices have been achieved. A scheme to raise voluntary solidarity contributions through individual donations at the time of purchase of airline tickets (through the three main global distribution systems) is due to be launched in September 2009. In addition, the organizational and efficiency challenge related to access to pharmaceuticals is being met through a “patent pool initiative”, where medications developed with taxpayer funds in developed countries are made available off-patent in developing countries.

Mrs Mary Robinson, President, Realizing Rights: the Ethical Globalization Initiative and Co-Chair, Health Worker Migration Global Policy Advisory Council pointed out that the current situation runs counter to Article 28 of the Universal Declaration of Human Rights (“Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized”). Progress towards the Millennium Development Goals is being jeopardized by the economic crisis, so the stimulus package for rich countries that the G20 participants (the group of 20 systemically important industrialized and developing economies) were discussing that very day in London must be matched by a stimulus to developing countries to achieve the Millennium Development Goals, especially those related to health.

There are not yet any statistics showing the effect of the economic crisis on health workforce migration, but the crisis may trigger shifts in migration and mobility patterns. The Global Policy Advisory Council is reaching a critical stage in its work and will have to consider the implications of the current crisis at its next meeting against the background of United States President Barack Obama’s statement that “the notion that we would have to import nurses makes absolutely no sense ... we just aren't providing the resources to get

them trained, that's something we've got to fix.” His statement acknowledges the important principle that striving for self-sufficiency in the human resources required to deliver health care is particularly necessary in these difficult times and fosters a positive impact globally.

She welcomed the ethical approach to strengthening health systems evident in the Tallinn Charter and drew attention to the fact the economic crisis calls for strong social protection systems. Securing universal access to a functioning health system, and notably to primary health care, must be part of the package of stimulus measures promoted by participants in the G20 meeting. Global health efforts should be focused on primary health care, disease prevention and health promotion. As noted at the high-level consultation on the financial crisis and global health, organized by WHO in Geneva in January, “health leaders must be prepared to speak out – unequivocally and on the basis of sound evidence – to make the case for health at times of crisis.” The economic crisis calls for new strategies to reduce overlaps and duplication of efforts, promote synergy and, most importantly, rapidly scale up the local training of health personnel, and notably community health workers.

A video clip was shown describing WHO’s efforts to develop a code of practice on the international recruitment of health workers.

Members of the discussion panel for the session endorsed the call for solidarity in the face of the economic crisis and suggested that overseas development assistance for health should not be reduced during the crisis, and that countries should continue to give effect to the commitments expressed in the Paris Declaration on Aid Effectiveness. Efforts should be made to ensure greater consistency and coherence of approaches across government departments, possibly through the establishment of interministerial groups.

They also pointed out that in some of WHO’s European Member States, health workforce shortages are structural, while in others the economic crisis poses a number of risks in the form of insufficient financial incentives, preferential employment in urban rather than rural areas, and migration from the public to the private sector, to other sectors of the economy or to other countries. Shortages of human resources, especially nurses, may affect people’s access to health care. Possible measures to foster retention of the health workforce include drawing up medium-term strategies for human resources development and retraining, offering housing in rural areas, adopting formal incentive-linked pay schemes and introducing programmes for time-limited employment in other countries with mandatory return to the country of origin. Intermediate-level health workers, such as nurses, could with advantage be used to deliver many health care interventions. Panel members agreed that the international recruitment of health personnel is an ethical issue, reported on steps being taken to establish inter-country training facilities and welcomed the work being done by the Global Health Workforce Alliance and its Task Force on Migration.

Protecting public health through strengthened health systems in the WHO European Region

A short video film was shown describing primary health care services in Arkhangelsk, Russian Federation.

Professor Martin McKee, Research Director, European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, United Kingdom identified a number of consequences of the economic crisis for health systems. They include reduced

revenue for health care, currency depreciation, lower wage inflation and higher unemployment, lower interest rates and economic uncertainty. Other sectors in turn are affected by cuts in health care expenditure: reduced building programmes hit the construction industry; closure of facilities increases travel distances (with consequences for the environment and employment); and the cost of unemployment benefits may rise. The personal consequences of the economic crisis include loss of savings and homes and increases in marital breakdowns. Direct health effects include increases in rates of diabetes and hypertensive disease, short-term adult male mortality and population heart disease mortality. Recession has both positive and negative effects on health determinants: reduced energy intake, increased physical activity and sustained population-wide weight loss, on the one hand, and increases in consumption of “junk food”, on the other.

One component of the health sector’s response should be to strengthen social safety nets by ensuring protection against catastrophic expenditure, tackling regressive informal payments and ensuring the affordability of pharmaceuticals. Monitoring and analysis should also be strengthened by including health questions in workforce and family budget surveys, establishing cohorts to track changes in health and the economic situation over time, with emphasis on vulnerable populations, and developing analytical capacity. The effectiveness of health sector spending can be improved through the use of evidence-based guidelines, appropriate skill mixes and generic substitution of pharmaceuticals. Health care quality assurance mechanisms will heighten the health impact of public spending in general, but even more can be achieved by tackling the causes of ill health. The economic crisis offers an opportunity for the health sector to play a leadership role in changing society.

Panel members confirmed that the immediate effects of the economic crisis seem to be rises in the suicide rate, alcohol abuse and mental health disorders. Countries that have both public and private health systems have seen a marked increase in uptake of the former, leading to longer waiting times and difficulties with hospital capacity and bed management.

In response, some Member States are increasing publicly funded health system expenditure as planned earlier, despite the fact that this will incur budget deficits. The opportunity is being taken to raise taxes on alcohol and tobacco and to introduce new forms of taxation on selected food products and beverages (in order to promote healthier behaviour), on advertising and turnover of pharmaceuticals (although not on drugs themselves) and on excessive bonuses and pension payments. At the same time, structural reforms and cost control measures are being implemented, with the aim of making primary health care delivery more efficient, sometimes in response to pressure exerted by patients. The crisis may also be used as an opportunity to take unpopular steps, such as rationalizing and downsizing the hospital sector, and to introduce new services like health promotion, cancer screening and home care. In addition, the current circumstances are giving impetus to a move towards greater patient choice (informed by comparison of performance indicators) and the abolition of monopoly positions for pharmacies, accompanied by stricter regulatory supervision of both health and social sectors, with the aims of ensuring effective use of resources and maintaining patient safety.

In the central and eastern parts of the Region, health systems are experiencing difficulties owing to the fact that contributions from external partners have been reduced or halted, and because pharmaceutical prices have risen sharply in recent months. However, reforms carried out in the past few years, such as the introduction of a sound, efficient insurance system (both public and private, with state subsidies for those under the poverty threshold) have alleviated the impact of the economic crisis.

In all Member States, there is a need to heighten governments' awareness of the macroeconomic importance of the health system, given that it is frequently the largest single employer in the economy. It was suggested that WHO should initiate a consultation on this subject at country level with the International Monetary Fund, the business community and ministries of finance. In addition, and in a spirit of solidarity and defence of human rights, the Regional Office might consider drawing up a pan-European health programme for the Roma and other marginalized populations.

Strategies to overcome the health consequences of the crisis

Ms Rigmor Aasrud, Deputy Minister of Health and Care Services of Norway, reiterated that although health systems throughout the WHO European Region differ in many ways, governments in all Member States face the double challenge of limited financial resources and increasing demand for health care services, owing to aging populations and changes in the burden of disease. Norway is currently preparing a reform of its health system, designed to spend more resources at an early stage on prevention and primary health care, in ways that maximize health outcomes. It will also take a closer look at how health services are organized, to ensure that the necessary treatment is offered at the right level and that there is good coordination between primary, secondary and tertiary care.

Good health is perhaps the most important precondition for well-being and productive societies, so continued and sustainable investments in health are crucially important. Efforts will be made to combat budget cuts in health, education and social protection, to continue to allocate sufficient resources to the health sector, and to spend health budgets more wisely. As emphasized in the Tallinn Charter, "health is wealth", but wealth also creates health and societies must therefore be organized in ways that maximize people's health.

Representatives of partner organizations participating in the ensuing panel discussion emphasized the importance of economic aspects, which is why the Czech Republic as the country currently holding the presidency of the European Union (EU) has chosen the financial sustainability of health systems as the subject of a ministerial conference in May 2009. The fight against poverty is one of the most important components of the EU's development agenda, and it remains strongly committed to attainment of the Millennium Development Goals. In order to widen access to health services, it is supporting financing arrangements and measures to address the shortages of health workers.

For the Organisation for Economic Co-operation and Development (OECD), the crisis does not pose a major threat to public health itself, although it is indeed having health effects; on the other hand, it is a danger to the financing of health systems, so countries will have to adjust public spending and control long-term expenditure. Reactive strategies, such as cutting salaries, adjusting pharmaceutical pricing and adopting measures to protect the poor, seem to be more economically effective than proactive ones, which tend to improve the quality of health care rather than reduce expenditure.

Within the European Commission, the Directorate-General for Employment, Social Affairs and Equal Employment focuses on the social determinants of health and has been instrumental in drawing up an EU economic recovery package. An employment summit meeting is to be held in May 2009, and work is being done on the social impact of long-term challenges such as aging, climate change and globalization. The Directorate-General

for Health and Consumers, for its part, is working to counter inequalities in health outcomes by protecting vulnerable groups and adopted a European pact on mental health and well-being in June 2008. In tackling the social and behavioural determinants of health, it is engaging in research and development, building up an evidence base and promoting enhanced cooperation, so that action by one member country does not have adverse effects in another.

Brokering and applying research and evidence is also the core business of the European Observatory on Health Systems and Policies. It will continue to monitor (and try to predict) the impact of the crisis on vulnerable groups. Much of the preparatory work done for the Tallinn Conference is directly applicable in the current context: evidence has been gathered on the links between health and wealth and on the most cost-effective areas into which to direct or reallocate resources. Paradoxically, from the point of view of health impact, this may entail steering resources away from a health ministry and into other sectors, and giving priority to disease prevention. The Observatory will also continue its engagement with countries in a policy dialogue to share experience of how best to apply evidence in times of economic crisis.

The World Bank also endorses a social sector response focused on disease prevention, promotion of healthy lifestyles (tobacco, nutrition, alcohol and road traffic safety), protecting vulnerable groups, targeting public expenditure and linking social safety nets to health indicators. Ongoing reforms should be continued, with the aim of making public expenditure more efficient.

The Health Management Association places emphasis on political leadership and investment in management capacity. The European Public Health Association endorses the importance attached to nursing and primary health care. It sees the crisis as an opportunity to further introduce a gender perspective on health problems and to adopt an approach that involves all stakeholders, including nongovernmental organizations.

In conclusion, it was agreed that clear provision for health-related actions must be included in economic recovery packages. The health system is not merely an important part of the social protection network; it is also an intelligent “player” in the wider economy, as underlined in the Tallinn Charter. WHO has to play a strong leadership role in this context, aligning the agendas of different stakeholder in a joint framework of collaboration.

A short video film was shown illustrating a “signal and referral” system to prevent homelessness in Amsterdam, Netherlands.

Recommendations

Dr Bjørn-Inge Larsen, Director-General for Health and Chief Medical Officer of Norway, presented the key recommendations of the meeting:

1. Distribute wealth based on solidarity and equity

Health authorities across Europe are concerned that the present economic system does not distribute wealth on the basis of the values of solidarity and equity, thus hindering improvement in health outcomes. Health leaders call for changes in the economic system that support health improvement.

2. Increase official development assistance (ODA) in order to protect the most vulnerable

The poorer countries are the most vulnerable when it comes to health loss in times of crisis. The current crisis is no time for decreasing ODA, but rather for increasing it.

3. Invest in health to improve wealth; protect health budgets

Investing in health is investing in human development, social well-being and wealth. Better health improves welfare. Health investments create wealth. Protect health budgets, health insurance coverage and employment throughout the economic downturn. Include health- and environment-related investments in economic recovery plans.

4. “Every minister is a health minister”

Promote “Health in All Policies”. Consider the health and distributional effects of all political reforms.

5. Protect cost-effective public health and primary health care services

If spending on health is reduced:

- protect spending on public health programmes;
- protect spending on primary health care;
- reduce spending on the least cost-effective services. These will normally be found among the most high-technology, high-cost services in hospitals. Delay investment plans for high-cost facilities and promote the use of generic drugs.

6. Ensure “more money for health and more health for the money”

Make more money available for health and ensure more health for the money. Improve quality through transparent monitoring and performance assessment. Strengthen evidence-based medicine and make health services safer.

7. Strengthen universal access to social protection programmes

Use the opportunity of the crisis to strengthen universal access to social protection programmes in a more coordinated way.

8. Ensure universal access to health services

Use the opportunity of the crisis to ensure universal access to health services. Ensure social safety nets for the most vulnerable social groups.

9. Promote universal, compulsory and redistributive forms of revenue collection

Strive for equity in the financing of health services through universal, compulsory and redistributive forms of revenue collection.

10. Consider introducing or raising taxes on tobacco, alcohol, sugar and salt

Consider improving population health through public health reforms using structural measures. Examples are to raise taxes on tobacco, alcohol, and products containing high levels of sugar or salt. This could help to finance social protection systems and at the same time have a positive impact on public health.

11. Step up the education of health professionals and ensure ethical recruitment

Even during this crisis we must recognize the current shortages in the health workforce and the increasing need for health workforce in the future. Step up the education of health professionals and local health workers as appropriate. Use the crisis as an opportunity to attract new health workers. Continue supporting the development of a code for ethical recruitment across sectors and borders.

12. Encourage active public participation in the development of measures to mitigate the effects of the economic crisis on health

Health authorities call for more active public consultation and participation in defining, implementing and monitoring the execution of decisions regarding the crisis. Public participation may be direct (public debates, consultations) or indirect, through representative organizations, associations and unions.

Annex 1

Programme

Wednesday, 1 April 2009

Welcome and opening

Objectives and scope of the meeting

Mr Bjarne Håkon Hanssen, Minister of Health and Care Services
Dr Marc Danzon, WHO Regional Director for Europe
Message from Dr Margaret Chan, WHO Director-General

Session 1: Impact of the economic downturn on health systems and health outcomes in the Member States in the WHO European Region

The ongoing financial and economic crisis: main effects on society and on health systems

Chair: Dr Marc Danzon, WHO Regional Director for Europe

Opening speech: Mr Jonas Gahr Støre, Minister of Foreign Affairs, Norway

Keynote speakers:

Professor Alan Maynard, University of York, United Kingdom
Professor Guillem López-Casasnovas, Universitat Pompeu Fabra, Catalonia, Spain
Professor Tomica Milosavljevic, Minister of Health of Serbia

Discussion panel:

Professor Ara Babloyan, Chair, Standing Committee on Health, National Assembly, Armenia
Dr Johan De Cock, General Administrator, Health Insurance Institute, Belgium
Mr Jesper Fisker, Director-General Ministry of Health and Chief Medical Officer, Denmark
Dr Maris Jesse, Director, National Institute for Health Development, Estonia
Dr José Martínez Olmos, General Secretary for Health, Spain

The crisis and social determinants of health

Chair: Dr Bjørn-Inge Larsen, Director-General, Norwegian Directorate of Health

Keynote speaker:

Professor Sir Michael Marmot, Director, International Institute for Society and Health and MRC Research Professor, Department of Epidemiology and Public Health, University College London, United Kingdom

Discussion panel:

Dr Anila Godo, Minister of Health, Albania
Dr Amela Lolic, Assistant Minister, Health Care Sector, Ministry of Health and Social Welfare, Bosnia and Herzegovina
Ms Paula Risikko, Minister of Health and Social Services, Finland

Dr Giancarlo Ruscitti, Segretario Regionale Sanita e Sociale, Veneto Region, Italy
Dr Marc Sprenger, Director-General, National Institute for Public Health and the Environment (RIVM), Netherlands
Dr Vasilii Ivanovich Zharko, Minister of Health, Belarus

Thursday, 2 April 2009

Session 2: Strengthening health and health systems in the context of the crisis

The Millennium Development Goals in the light of the ongoing economic crisis

Message from Mr Jens Stoltenberg, Prime Minister of Norway

Financial and human resource aspects of the crisis; effects on the migration of health personnel

Chair: Professor Elias Mossialos, Director, LSE Health, London School of Economics and Political Science, United Kingdom

Keynote speakers:

Dr Philippe Douste-Blazy, Chair, Executive Board, UNITAID
Mrs Mary Robinson, President, Realizing Rights: the Ethical Globalization Initiative and Co-chair, Health Workers Global Policy Advisory Council

Discussion panel:

Dr Mircea Buga, Deputy Minister of Health, Republic of Moldova
Dr Zhaksylyk A. Doskaliyev, Minister of Health, Kazakhstan
Mr Vitaly Flek, Deputy Director, Department of Medical Insurance Development, Ministry of Health and Social Development, Russian Federation
Dr Adham Ikramov, First Deputy Minister of Health, Uzbekistan
Professor Maria do Céu Machado, High Commissioner for Health, Ministry of Health, Portugal
Mr Liviu Manaila, Secretary of State, Ministry of Health, Romania
Mr S.B. Rakhmonov, Deputy Minister of Health, Tajikistan

Protecting public health through strengthened health systems in the WHO European Region

Chair: Dr Bjørn-Inge Larsen, Director-General, Norwegian Directorate of Health

Keynote speaker:

Professor Martin McKee, Research Director, European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, United Kingdom

Discussion panel:

Mr Lars-Erik Holm, Director-General National Board of Health and Welfare, Sweden
Dr Mihaly Kokeny, President, Health Committee, Hungarian Parliament, Hungary
Dr Rinalds Mucins, Under Secretary of State for Policy Planning, Ministry of Health, Latvia
Mr Christos Patsalides, Minister of Health, Cyprus
Professor Nikoloz Pruidze, Deputy Minister of Labour, Health and Social Affairs, Georgia
Mr Jean-Philippe Vinquant, Deputy Director, Health Care Financing, Ministry of Health and Sports, France

Session 3: Strategies to overcome the health consequences of the crisis

Chair: Dr Nata Menabde, Deputy Regional Director, WHO Regional Office for Europe

Keynote speaker:

Ms Rigmor Aasrud, Deputy Minister of Health and Care Services, Norway

Discussion panel:

Ms Jeni Bremner, Director, European Health Management Association

Mr Wojciech Dziworski, Senior Economic and Policy Analyst, Directorate-General for Health and Consumers, European Commission

Dr Josep Figueras, Director, European Observatory on Health Systems and Policies

Mr Ivo Hartmann, General Director, Economic and International Affairs, Ministry of Health of the Czech Republic (Presidency of the EU)

Dr Rekha Menon, Senior Economist, World Bank resident mission in Chisinau, Republic of Moldova

Mr Fritz von Nordheim, Policy Officer, Social Protection and Social Services, Directorate-General for Employment, Social Affairs and Equal Opportunities, European Commission

Mr Mark Pearson, Head, Health Division, Organisation for Economic Co-operation and Development

Mr Paul De Raeve, Secretary-General, European Federation of Nurses Associations

Recommendations of the meeting. Final remarks and closure

Dr Bjørn-Inge Larsen, Director-General, Norwegian Directorate of Health

Dr Marc Danzon, WHO Regional Director for Europe

Annex 2

List of participants

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