

**Presentation “Health 2020 – a new European health policy for better health in Europe” at the 10th Nordic Public Health Conference – Health Promotion at the System Level**

**24–26 August 2011, Turku, Finland**

Ladies and gentlemen

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**Health 2020 – a new European health policy for better health in Europe**

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WHO Regional Office for Europe  
*Turku, 24 August 2011*



**World Health Organization**  
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It gives me the greatest pleasure to be with you here in Turku for this important conference, and to talk to you about our thinking and policy work on health promotion at the WHO Regional Office for Europe. The title of the conference focuses on a systems level approach to health promotion, and it

is about this aspect that I shall speak. We do need a much more systematic approach and one that gives health promotion and disease prevention much greater priority and attention.

Health promotion has a great history of innovation and development, framed these last years within the Health for All movement and such European health policy developments as HEALTH21 introduced at the millennium by one of my distinguished predecessors, the late Dr Jo Asvall. Finland has been one of the international leaders in much of this work, contributing much thinking and practice, and many distinguished experts to create the effective movement in health promotion that we have witnessed. I look forward to your participation in our new efforts to strengthen health promotion and European health policy still further.

Certainly intellectual development of the subject has not been lacking – far from it. But if we look across all of the WHO European Region it must be said that overall there have just been too little priority and commitment. For example, investments in prevention remain very low, accounting for just 1% of overall European health expenditure, well below the average for the countries of the Organisation for Economic Co-operation and Development.

Since I took office as the WHO Regional Director for Europe last year, I have been committed to creating real momentum for investment in health promotion and disease prevention. I have initiated two projects within the European Region which are, in my view, vital to give expression to that commitment, and to the achievement of better health in Europe.

The first project is the one I shall focus mostly on today, namely the creation of a new European health policy, which we are calling Health 2020. The second project is the strengthening of public health capacities across Europe. These two projects are, of course, very much linked.

### **The state of health across the European Region**

I used the phrase just now: “better health in Europe”. That has to be our goal within WHO, to work with Member States to achieve better health and well-being for all our European populations. The famous 1948 WHO definition states that: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>1</sup>

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<sup>1</sup> Preamble to the Constitution of the World Health Organization, which was adopted by the International Health Conference, New York, 19–22 June 1946, signed on 22 July 1946 by the representatives of 61 States (*Official Records of the World Health Organization*, Vol. 2, p. 100) and entered into force on 7 April 1948.

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# 1948 WHO definition of health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Constitution of the World Health Organization



We have to give some substance to this fine ideal. Let me be clear that while we have made much progress, at the moment we are far from achieving our goal for all of the populations of Europe.

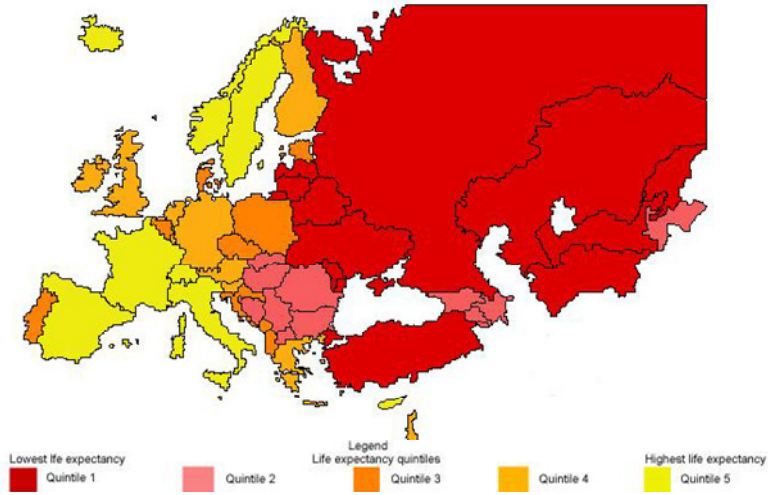
Health across the European Region is improving, but simply not by enough. We face a great burden of noncommunicable disease, representing over 80% of the current disease burden across the European Region. Yet we know so much more now than before and the nature, scope and underlying determinants of these health problems are now more fully understood.

We really can and must do better with what we know and the growing technologies for health that we have available. Yet unfortunately across the European Region, there exists great variation in the commitment to health improvement; in the recognition of the complexities of the determinants and causative factors; in the capacity of health systems, both public health and health care; and in the resources that are available. These resource issues have particular resonance because of the recent period of acute financial crisis.

Let me start by looking at a few facts and figures. Overall European life expectancy at birth has increased by 5 years since 1980 and reached 75 years in 2010. Projections suggest it will increase to nearly 81 years by 2050. However this improvement is far from uniform. Across the Region, large health-related inequalities persist between and within countries, stratifying populations according to ethnicity, gender, socioeconomic status, educational status and geographical area.

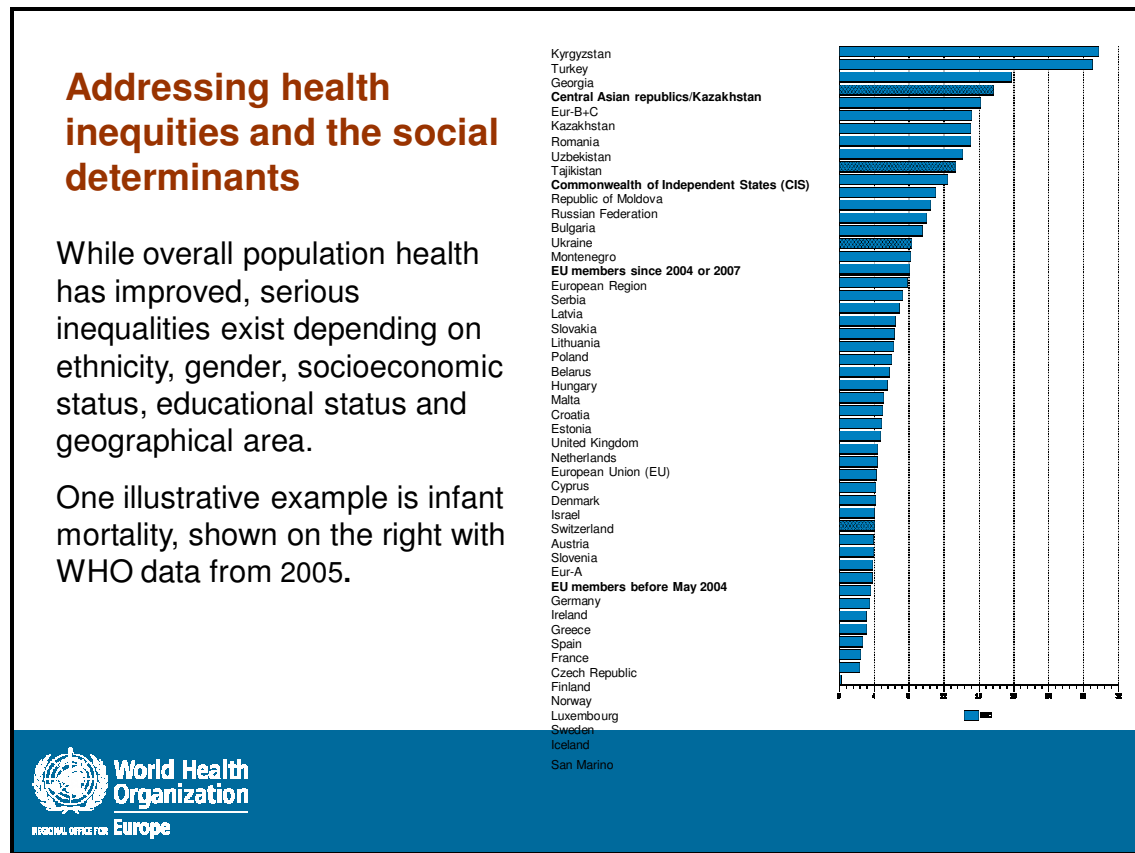
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#### Inequities between countries: life expectancy, in years, for countries in the WHO European Region



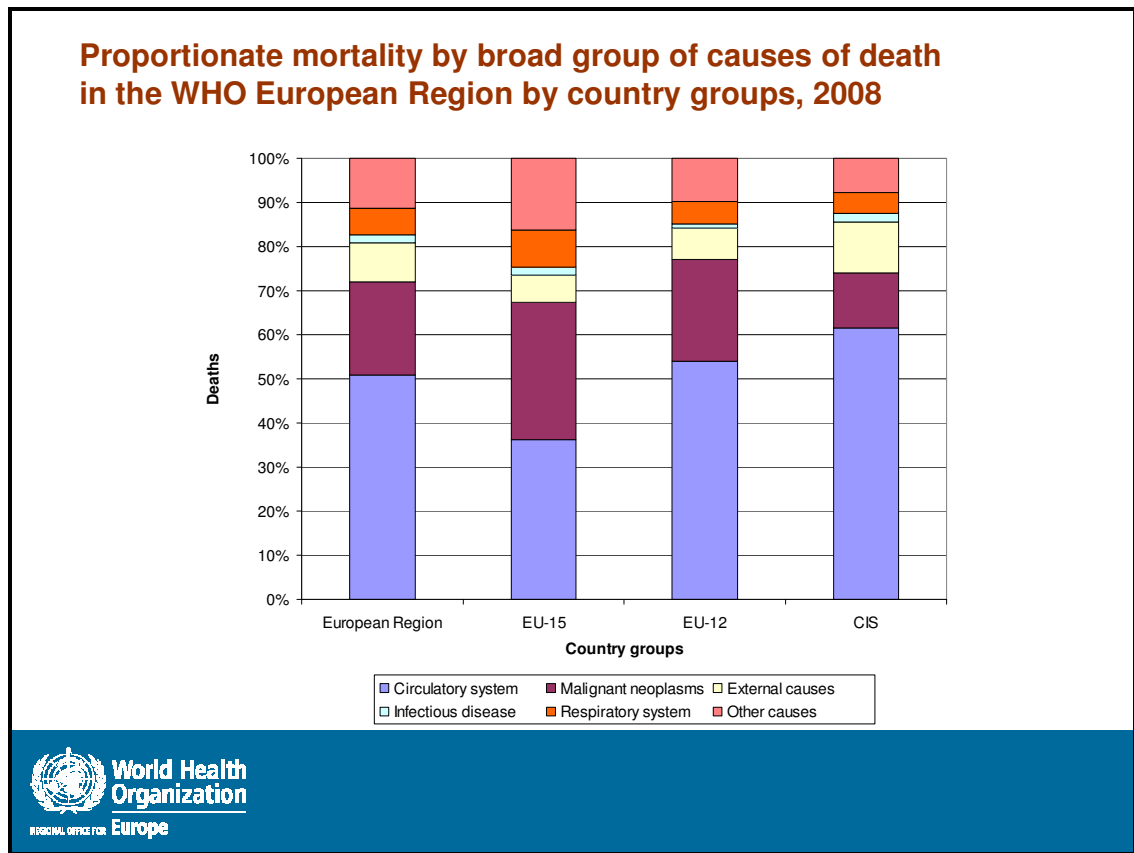
Source: European Health for All database [online database].  
Copenhagen, WHO Regional Office for Europe, 2011.

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Today as I have said, noncommunicable diseases produce the largest proportionate mortality.

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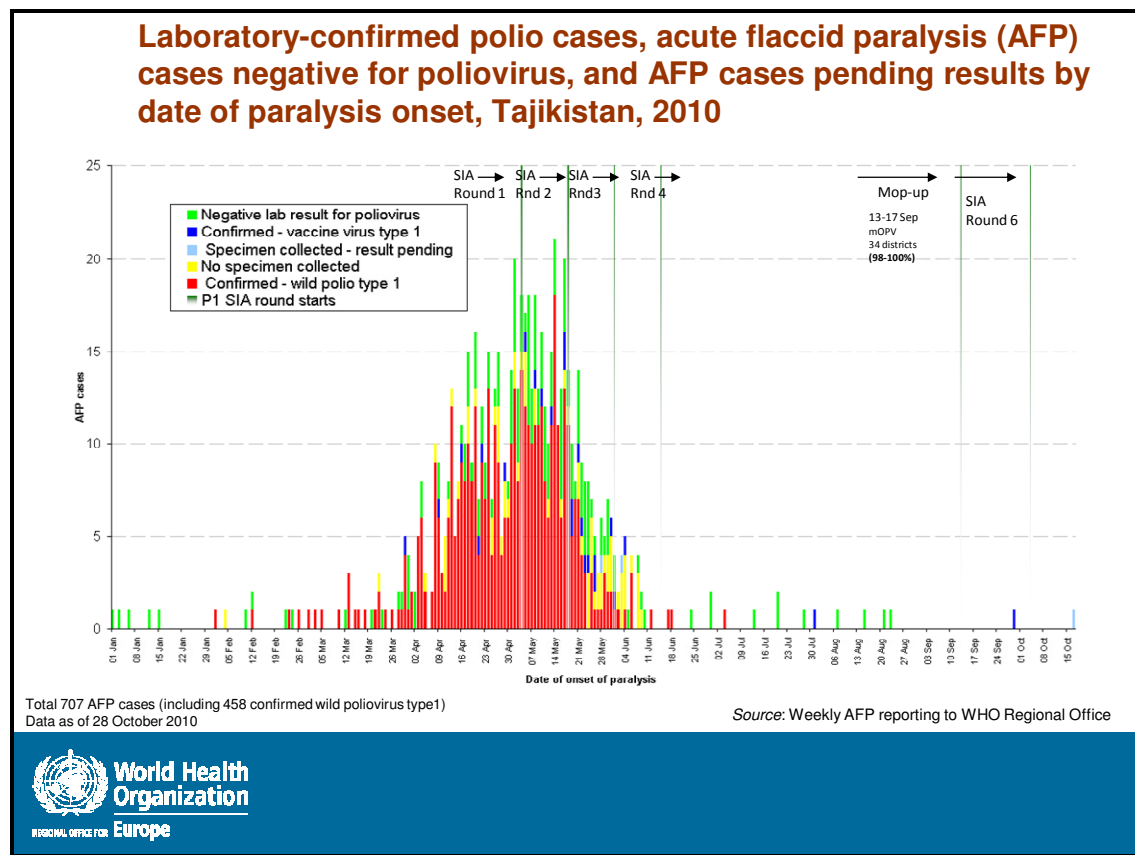


Among broad groups of causes, mortality from cardiovascular diseases accounts for nearly 50% of all deaths and from cancer for 20% of deaths.

Emerging and re-emerging communicable diseases remain a priority area of concern in many countries of the Region.



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These diseases include HIV/AIDS and multidrug-resistant tuberculosis. There is the growing threat from antimicrobial resistance. Also of note are alarming outbreaks of potentially global significance, such as pandemic H1N1 in 2009 and last year the re-emergence of poliomyelitis in Tajikistan that threatened the Region's polio-free status, which it has held since 2002.

External causes of death are also important, particularly for the Commonwealth of Independent States countries, where they are the second most important cause of premature death.

I must mention also the use of disability-adjusted life-years (DALYs) as a tool for assessing health status beyond mortality.


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<b>DALYs by causes</b>	<b>%</b>
Cardiovascular diseases	22.9
<b>Neuropsychiatric conditions</b>	<b>19.5</b>
Malignant neoplasms	11.4
Unintentional injuries	9.6
Digestive diseases	4.9
Respiratory diseases	4.5
Intentional injuries	4.3
Sense organ diseases	4.1
Infectious and parasitic diseases	3.8
Musculoskeletal diseases	3.7
Respiratory infections	2.1
Perinatal conditions	1.8

**Disability-adjusted life-years (DALYs) in Europe**

**Neuropsychiatric conditions: years lived with disability**

Ranking	Conditions	%
1st	Unipolar depressive disorders	13.7
2nd	Alcohol use disorders	6.2
7th	Alzheimer and other dementias	3.8
11th	Schizophrenia	2.3
12th	Bipolar disorders	2.3



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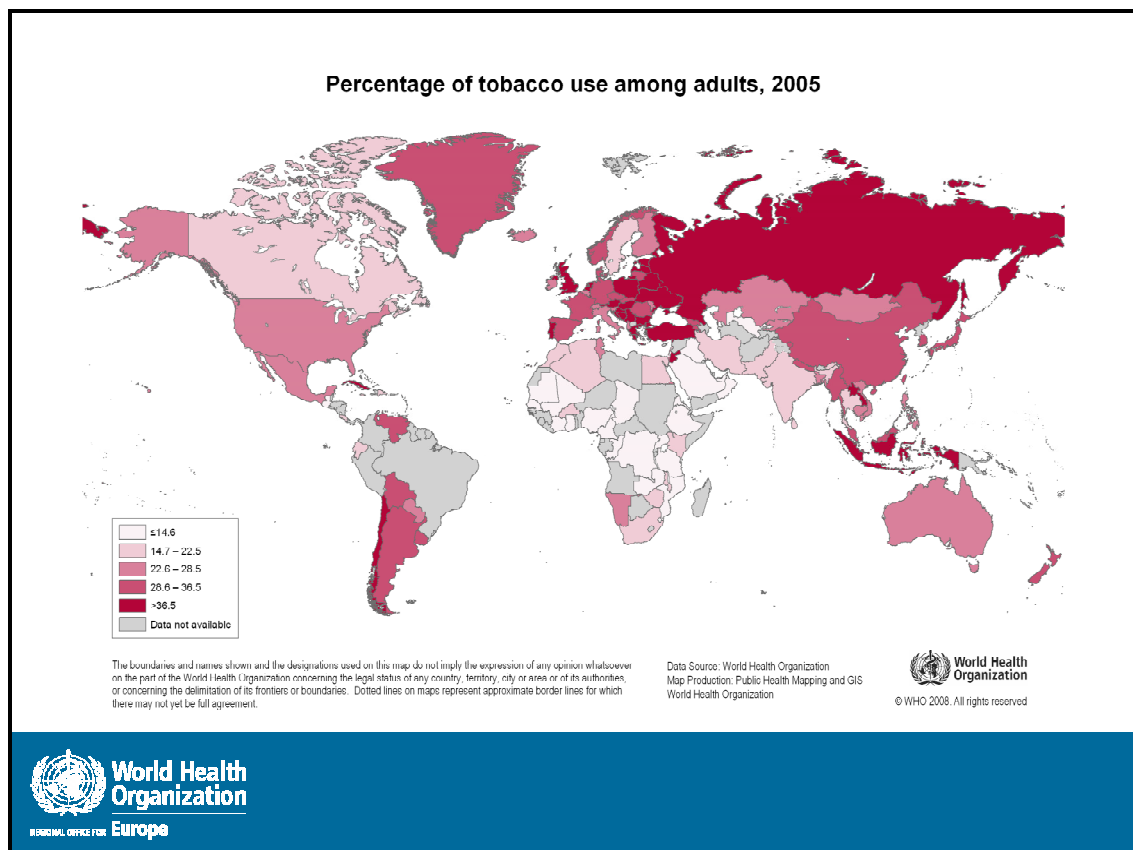
DALYs provide another focus for assessing health, since not all the burden of disease is related to death but also to morbidity and disability. For example, the latest revision of the Global Burden of Disease published in 2008 indicated unipolar depressive disorders and ischaemic heart disease as the top disease entities. DALYs then provide quite another focus, and illuminate mental health as a priority public health concern in a way that mortality statistics alone would not. Incidentally, mental health accounts for only some 5.9% of overall European health expenditure. We are starting

now the process of launching a new European regional strategy for mental health.

### Risk factors

The risk and behavioural factors relevant to this burden of noncommunicable diseases are well known to you in this audience but are worthy of emphasis. Total alcohol consumption rates show increasing trends in Europe, particularly among low- and middle-income countries with levels converging with the consumption of high-income countries. Overall smoking prevalence in the European Union (EU) is 27%, nearly 35% among men and around 30% lower among women.

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Smoking prevalence is decreasing in many countries among men, particularly in the EU-15 (the 15 countries that have been EU Member States since 1995), in contrast with the stable situation observed among women in most countries.

We have seen the development of effective whole-society interventions against tobacco consumption at the legislative level such as the WHO Framework Convention on Tobacco Control and the control of tobacco consumption in public places.

Yet in spite of such progress, much more needs to be done to tackle the current burden of noncommunicable disease in a more integrated way, encompassing other behavioural determinants such as alcohol, diet, exercise and substance abuse, in order to reduce the incidence of noncommunicable diseases for all populations and the subsequent costs to the health system.

### **Social determinants and trends**

The large inequities in health across the Region arise from inequalities in the lives people are able to lead, in the social policies and programmes that affect them, in economic arrangements and in the quality of governance. The causes of lifestyle differences reside in the social environment. Social determinants also often affect whether a person is able to access health care services and the quality of care they receive.

Societies also now expect a new form of governance for health that is far more participatory for citizens. Alongside national governments are a plethora of regional and local administrations, the private sector,

nongovernmental organizations, institutions, communities and individuals, all of which are and must be involved. Health is increasingly seen in human rights terms. Citizens have high expectations, reflecting an increased awareness of their rights and choices. Citizens want to be involved in their own health, including when decisions are made on disease management and treatment, as well as their own care, particularly of chronic disease. It is here where patient involvement in care has shown positive effects in terms of outcomes. Also citizens have often been quicker to take up many of the new communication technologies than the health professionals serving them, technologies that open up new means of citizen participation and accountability.

## Health 2020

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**HEALTHY OFFICE for Europe**

### The New European Policy for Health

## Улучшить здоровье жителей Европы Здоровье-2020

### Новая европейская политика здравоохранения

Helping people achieve their full health potential and well-being	Оказание поддержки в полной реализации всеми людьми их потенциала здоровья и благополучия
Tackling the health divide between and within countries	Сокращение неравенств в отношении здоровья между странами и внутри стран
Improving governance for health, ensuring that all sectors understand and act on their responsibility for health	Стратегическое руководство охраной здоровья, с тем чтобы каждый сектор осознавал свою ответственность и действовал в интересах здоровья людей
Investing in solutions that address the public health challenges of the Region	Инвестирование в эффективные меры, направленные на решение задач общественного здравоохранения в Регионе
Anticipating change and fostering innovation	Прогнозирование изменений и содействие инновациям

**The whole-government and whole-society approach**  
Общегосударственный и общенародный подход

We live then in a time of very rapid change, including demographic changes as our societies age; our increasingly privatized economies; environmental pollution; climate change; widening inequities in the distribution of income and wealth, and in access to health and social care; increasing migration and urbanization; recently growing unemployment; health-care-worker shortages; and changes in citizens' expectations.

Health is also seen increasingly as a human right, as a public good, and as an asset for development. Yet the European Region still has extreme pockets of ill health and poverty that need to be urgently addressed. All this requires a focus on all the main determinants of health, including particularly the social determinants

These are some of the many reasons why in my view the need for dynamic health promotion policies and action is greater than ever.

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### **Why do we need a new health policy for the European Region?**

- New era, with rapidly developing global and European trends
- Increasing complexity of drivers that shape health and the determinants of health inequities
- Ongoing and new challenges to health as a human right, a public good and an asset for development
- Uneven progress in achieving health goals to date

**These demand a new approach to health governance in the 21st century**



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**Europe**

In your title today you refer to the need for a system approach. I completely agree. In my view, we need to think these present challenges through in a strategic and integrated way and in the context of a new European health policy: Health 2020.

With the strong support of the WHO Regional Committee for Europe, Health 2020 is being designed and implemented as a collaborative initiative between the WHO Regional Office for Europe, the Member States and health-related institutions and stakeholders.

Health 2020 is grounded in the growing understanding of the relationship between health and development, as discussed in the Tallinn Charter: Health Systems for Health and Wealth, which was adopted by all WHO European Member States in 2008.



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### Strengthening of health systems ... including public health



The Tallinn Charter helped us focus on some key principles. Health is an important investment and driver for development, as well as one of development's most important results. Investment in health is critical to the successful development of modern societies, and their political, social and economic progress. There has been a remarkable growth in understanding of the importance to health of the conditions of life, including the distribution of power, influence and resources – the social determinants of health.

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### WHO European review on social determinants and the health divide

Provide evidence on the nature and magnitude of health inequities across the Region and their relationship to social determinants

Investigate gaps in capacity and knowledge to improve health through action on social determinants

Synthesize evidence on the most promising policy options and interventions for addressing social determinants and reducing health inequities in diverse country contexts



Health is now seen in a much more holistic and nuanced way, with the many determinants spread across the whole texture of society.

Health 2020 will provide a unifying vision and a value-based policy framework for health development in this context.

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### Vision for Health 2020

“A WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond.”

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### Health 2020 values

- Universality of the right to health and health care
- Equity
- Solidarity
- Sustainability
- Right to participate in decision-making about personal health and the health of the society in which people live
- Dignity

It will have clearly defined goals.

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### Proposed main goals

1. **Work together:** Health 2020 aims to harness the joint strength of the WHO Regional Office for Europe and the Member States, to further promote health and well-being
2. **Create better health:** further increase the number of years in which people live in health (healthy life-years), reduce the health inequities, and deal with the impact of demographic changes
3. **Improve health governance:** illustrate how the drivers of change may affect health, and how health itself is a driver of change, by ensuring that key actors and decision-makers in all sectors are aware of their responsibility for health and their potential role in health promotion and protection

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### Proposed main goals (continued)

4. **Set common strategic goals:** to support the development of policies and strategies in countries, at the appropriate level, giving stakeholders and potential partners a clear map of the way forward
5. **Accelerate knowledge sharing:** increase the knowledge base for developing health policy by enhancing the capacity of health and other professionals to adapt to the new approach to public health and the demands of patient-oriented health care in an ageing and multicultural society
6. **Increase participation:** empower the people of the European Region to assess the health challenges facing them and to address them by increasing health literacy, as well as to ensure that health systems become patient-centred



The framework will include realistic but challenging targets as well as tools for monitoring, planning and implementation. It will bring together and interconnect new evidence and strengthen the coherence of existing knowledge and evidence on health and its determinants. It will be inspiring, challenging and practical, and will interconnect new evidence on health and its determinants, and effective interventions for better health, equity and well-being.

Health 2020 will offer practical pathways for addressing current and emerging health challenges in the Region, appropriate governance solutions and effective interventions. It will identify how both health and well-being

can be advanced, equitably sustained and measured through actions that create social cohesion, security, work–life balance, good health and good education. It will renew the commitment to strengthen health systems, and will be underpinned by new studies of the social determinants and the health divide, and governance for health. It will be relevant for all of the countries of the Region.

The WHO Regional Office for Europe seeks collaboration in this work from scientific partners and relevant professional groups, civil society and policy communities. Diverse stakeholders<sup>2</sup> will be engaged in order to strengthen existing evidence, know how and support for action on achieving better health for Europe.

A paper on the development of the thinking and content underpinning Health 2020, together with a first draft policy itself, will be discussed at the Regional Committee in Baku in September of this year.

### **Commitment to public health and health systems**

In my view within the framework and context of Health 2020, a renewed commitment to public health and health care systems in Europe is essential.

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<sup>2</sup> Scientific experts, policy-makers, professional and other networks, nongovernmental organizations and development institutions from across sectors and covering pan-European, national, regional and local levels of administration.

## Definition of public health

“Public health is the science and art of preventing disease, prolonging life and promoting health through organized efforts of society.”

Sir Donald Acheson, 1988

Our policies for Health for All, HEALTH21, and the Tallinn Charter for Health and Wealth have shown us the way here. This then is the second priority project I have initiated and which I mentioned at the start of my talk, namely that for strengthening public health capacity across Europe. Public health capacity and services need strengthening across the Region, with much greater emphasis and funding made available for health promotion and disease prevention.

We need a renewed commitment to strong public health infrastructure and essential public health operations comprising health protection, health improvement, and health service development. Indeed we are proposing a



set of 10 horizontal essential public health operations to become the unifying and guiding basis for European health authorities to monitor, evaluate and establish policies, strategies and actions for reforms and improvements in public health.

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### **Strengthening public health: guaranteeing delivery of 10 essential public health operations (EPHOs)**

1. Surveillance and assessment of the population's health and well-being
2. Identification of health problems and health hazards in the community
3. Health protection services (environment, occupational health, food safety)
4. Preparedness and planning for public health emergencies
5. Disease prevention
6. Health promotion
7. Assurance of a competent public health and personal health care workforce
8. Leadership, governance, financing and evaluation of quality and effectiveness of public health services
9. Health-related research
10. Communication for public health.

EPHOs vary according to institution, but constitute the backbone of the proposed public health operations for Europe (pilot-tested over the last four years)

I also wish to mention primary health care, which must also be strengthened. As I have said, today in many countries investment in population-based health promotion and disease prevention services is lamentably low, and primary care is an excellent mechanism to bring these services to the public. Primary care physicians need to be better trained and motivated to provide preventive and community-based interventions.

We need new public health leaders, to initiate and inform a health policy debate at political, professional and public levels, taking a “horizontal” view of the needs for health improvement across government and society as a whole. These leaders must create innovative networks for action among many different actors and be catalysts for change.

It is also important to understand the critical role of the health system in addressing the determinants of health. Health systems, including ministries of health, remain of pivotal importance and need to be strengthened in their work of promoting, securing, maintaining and restoring population health.

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## Health system definition

“ ... the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.”

Tallinn Charter: Health Systems for Health and Wealth, 2008

Vitality the scope and reach of the concerns of health systems stretch beyond public health and health care services, to engage all sectors of society.

Health systems will become more capable, with a greater impact on health experience at both individual and population levels than hitherto. Social determinants often affect whether a person is able to access health care services and the quality of care they receive. Health ministries have a vital role to play both in ensuring the contribution of the health system and in advocating for health equity in the development plans, policies and actions of players in other sectors. The health system alone cannot reduce health inequalities.

Societal pressure will intensify for a higher proportion of gross domestic product and government budgets to be devoted to health. The factors that have driven costs upwards in the health sector over the past 20 years will continue to intensify. These include demographic and ageing pressures, as well as the expansion of what is possible in terms of the diagnosis and treatment of disease.

There will continue to be strong pressures to organize all health system resources efficiently and wisely. The issue facing countries in the European Region is how to demonstrate value by improving performance and reducing costs, maintaining and improving health system performance, while maintaining the values of solidarity, equity and participation that European Member States have several times agreed on.

## Health in all policies and the whole-of-government responsibility for health

Health in the 21<sup>st</sup> century poses new challenges for orchestrating a societal response and here I want to emphasize what has come to be called the “whole-of-government” responsibility for health. Health 2020 will clearly see improvement in health and well-being as a societal goal. In that sense it is a fundamental responsibility of society, and also therefore of society’s government, for which they will be held accountable.

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### New challenges, old problems, new opportunities



New era, with rapidly developing global and European trends

Increasing complexity of drivers that shape health and the determinants of health inequities: “wicked issues”

Uneven progress in achieving health goals to date

Ongoing and new challenges to health as a human right, a public good and an asset for development

**These demand a new approach to health governance in the 21st century**

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Hence we must apply new ways of governing for health: ways in which we can bring influence to bear on all determinants. What is needed is a shift

towards more horizontal and inclusive approaches to governance, involving all of society and its sectors, in particular the people themselves, towards health and well-being. Such changes in governance for health will be at the core of Health 2020.

Addressing today's challenges and the full spectrum of health determinants across society requires all parts of government to work together and share responsibility across policy fields and sectors. Today the political, social, economic, environmental, institutional and health system determinants of health are centred powerfully in the communities and societies in which people are born, live, work and age. In rapidly changing environments, pathways to good and bad health can be nonlinear and hard to predict. Health is increasingly understood as an outcome of complex and dynamic relationships among this wide range of determinants. Interplay between these determinants is inevitable. We can see examples of this inherent complexity in issues such as the food system, or the waves of social consequences stemming from the financial crises. As the title of your conference suggests, we must deal with this complexity using a systematic rather than fragmented response.

Lastly the whole-of-government responsibility for health makes explicit political responsibility and accountability for health. Some determinants are overtly political, in the sense that war and societal breakdown are politically influenced catastrophes. Yet also and more usually the opportunities, choices and conditions of life for people and communities, and the services available to them, are politically determined and political commitment to health and health improvement is therefore of absolutely fundamental importance.

## **Partnerships and networking for Health 2020 and public health strengthening**

A last point of fundamental importance is that the WHO Regional Office needs the support and involvement of Member States in taking all this work forward. We shall be making particular proposals to the Regional Committee in relation to Health 2020 and in this audience I ask for the full hearted involvement and participation of you all in taking Health 2020 forward.

### **Conclusion**

Ladies and gentlemen, I have endeavoured to provide a broad overview of the current state of health in Europe, and some of the factors and uncertainties that will affect health in the future. Change will be relentless and is likely to accelerate dramatically.

Health 2020 aims to be a coherent, integrated and full response to the changes and challenges we are facing. The strengthening of public health and health systems overall will be a vital component of this work. The role of ministries of health will be fundamental. Yet this commitment to better health must rest with all of us as contributing members of society, with all our sectors, with our institutions, and with the whole of our governments. We are all participants.

Thank you.

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Thank you!