

Zsuzsanna Jakab, WHO Regional Director for Europe

Presentation: Health 2020: a new European policy framework for health and well-being

20 June 2013, Yerevan, Armenia

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**Health 2020:
a new European policy framework for
health and well-being**

Zsuzsanna Jakab
WHO Regional Director for Europe

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World Health Organization
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Ladies and gentlemen, I am delighted to be here in Armenia to talk to you about the new European policy for health and well-being, Health 2020. I hope this will inform your own thinking about health and development in your country.

Why Health 2020?

Significant improvements in health and well-being but ... uneven and unequal

Europe's changing health landscape: new demands, challenges and opportunities

Economic opportunities and threats: the need to champion public health values and approaches



We embarked on this journey for several reasons.

1. The significant improvement in health status and well-being in the European Region over the last few decades was not experienced everywhere and equally by all.
2. We needed to make the case for health as a resource and asset for societies and communities, particularly at a time when many countries were experiencing significant financial and economic difficulties.
3. Health is complex: health outcomes are also the result of policies of other sectors (such as education, employment, social welfare) and therefore our success depends very much on our ability to advocate and mobilize collaboration and high-level political support. Yet improved health outcomes bring political, social, economic and financial benefits to all.
4. We believed that effectively addressing these health inequalities in the context of Europe's changing landscape required a broad re-think of priorities, new focus on some key determinants, strengthened leadership and renewed approach to current governance mechanisms across all sectors and society as a whole.
5. We saw huge opportunities for investing in public health, health promotion and disease prevention. Accordingly we have developed Health 2020 as a platform on which to stand up for public health values and approaches.

Health – a precious global good

- Higher on the **political and social agenda** of countries and internationally
- Important **global economic and security issue**
- Major **investment** sector for human, economic and social **development**
- Major **economic sector** in its own right
- A **human right** and matter of social justice

Today there is increasing realization that health is a precious global good. Good health benefits all sectors and the whole of society. Good health is essential for economic and social development and a vital concern to the life of every single person. What makes societies prosper and flourish also makes people healthy – policies that recognize this have more impact: access to education, decent work, housing and income, all support health. Health contributes to increased productivity, a more efficient workforce, healthier ageing and less expenditure on sickness and social benefits and fewer lost tax revenues.

The health sector is also one of the largest economic sectors in every medium- and high-income country. It is a major employer, landowner, builder and consumer. It is also a major driver of research and innovation, and a significant sector for international trade.

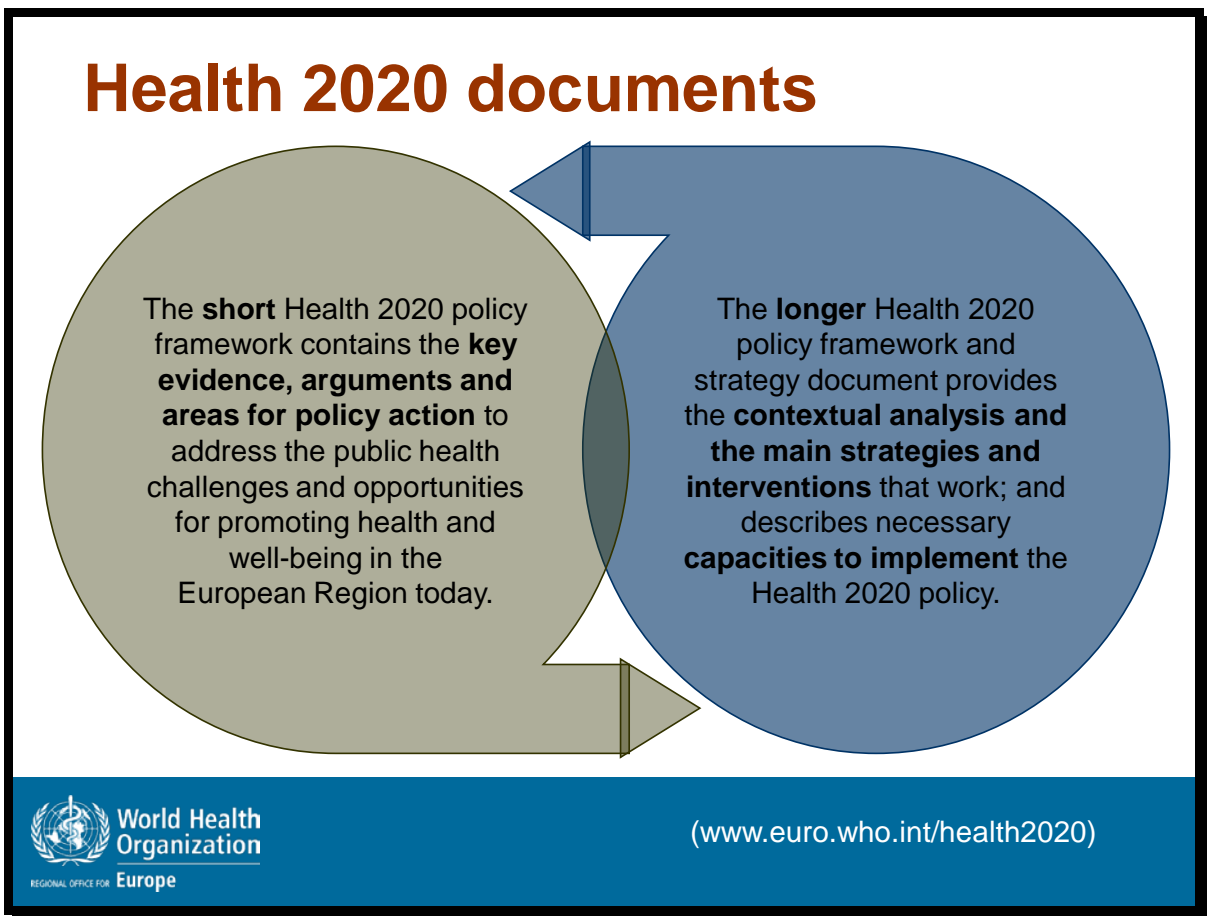
Health is also a matter of human rights and social justice. In many countries in the European Region, improving the health of the population and the system in place to achieve this is seen as a value by itself. There is a broad agreement that health policies, programmes and practices can have a direct bearing on the enjoyment of human rights, while a lack of respect for human rights can have serious health consequences. Protecting human rights is recognized as key to protecting public health.

What is Health 2020?



What is Health 2020? It is a value-based, action-oriented policy framework, adaptable to different realities in the countries in the WHO European Region. It is a collaborative initiative between WHO, Member States and their health-related institutions, and diverse stakeholders whose actions directly and indirectly influence health potential for 2020 and beyond. We seek collaboration from scientific partners and relevant professional groups, civil society and policy communities.

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There are two main documents. The Health 2020 policy document contains the key evidence, arguments and areas for policy action to address the public health challenges and opportunities for promoting health and well-being in the European Region today. It is designed for politicians and top policy-makers. The longer Health 2020 policy framework and strategy document provides the contextual analysis and the main strategies and interventions that work; and describes necessary capacities to implement the Health 2020 policy. It is intended for the broader public health community.

Both documents are available of WHO Europe's website (www.euro.who.int/health2020).

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WHO Regional Committee for Europe adopted Health 2020 in September 2012

Aim – To significantly improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems.



Health 2020 was adopted as an ambitious long-term European policy for health and well-being, by health ministers and senior officials from the 53 countries in the WHO European Region, gathered in Malta in September 2012.

The Health 2020 policy is an innovative roadmap, setting out a new vision for the strategic health priorities for our European Region in the years ahead. It provides a unique Region-wide platform for sharing expertise and experience, so that, at a time of economic downturn, we leverage our individual strengths and multiply our health gains.

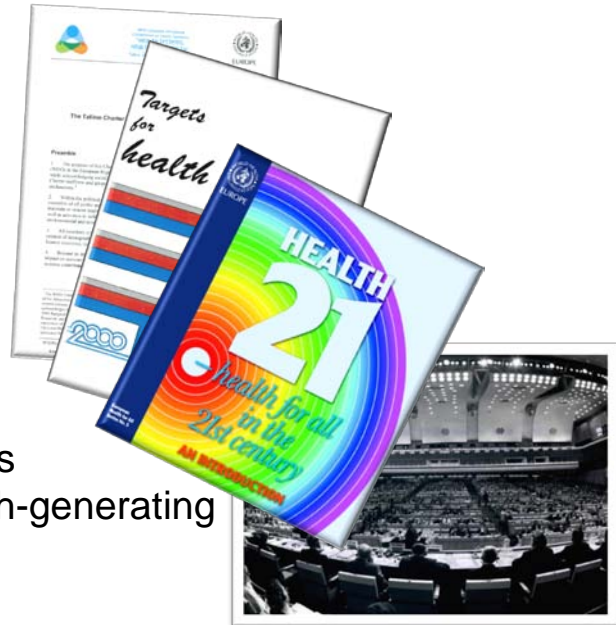
The aim of Health 2020 is to turn the tide by addressing key factors in a more integrated and coherent way, including tackling the epidemic of noncommunicable diseases (NCDs), universal access to health care of appropriate quality and the root causes of ill health, the social determinants.

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Building on public health history

- WHO Constitution
- Declaration of Alma-Ata
- Health for All
- HEALTH21
- Tallinn Charter

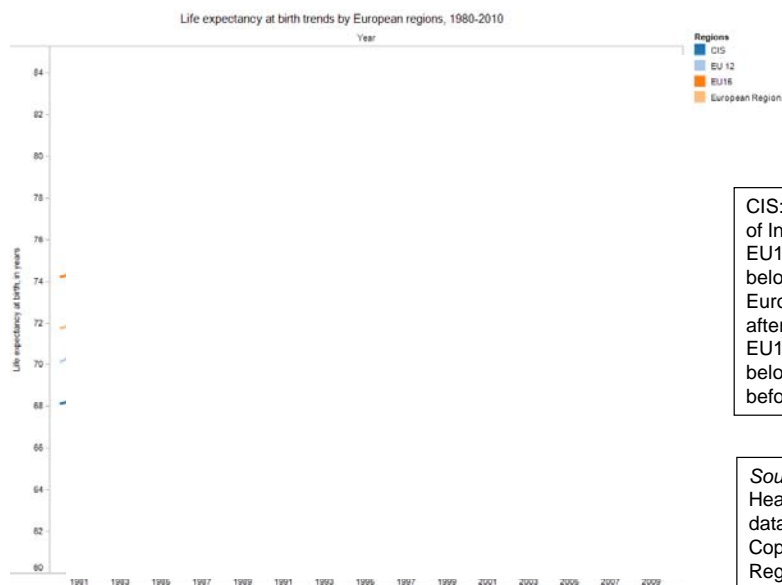
Integrated policy frameworks can and have inspired health-generating actions on all levels.



The Health 2020 policy builds on the very substantial public health history built up in the WHO European Region through the years, and the lessons learned from it.

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Overall health improvement (+ 5 years life expectancy) but with an important divide in the Region

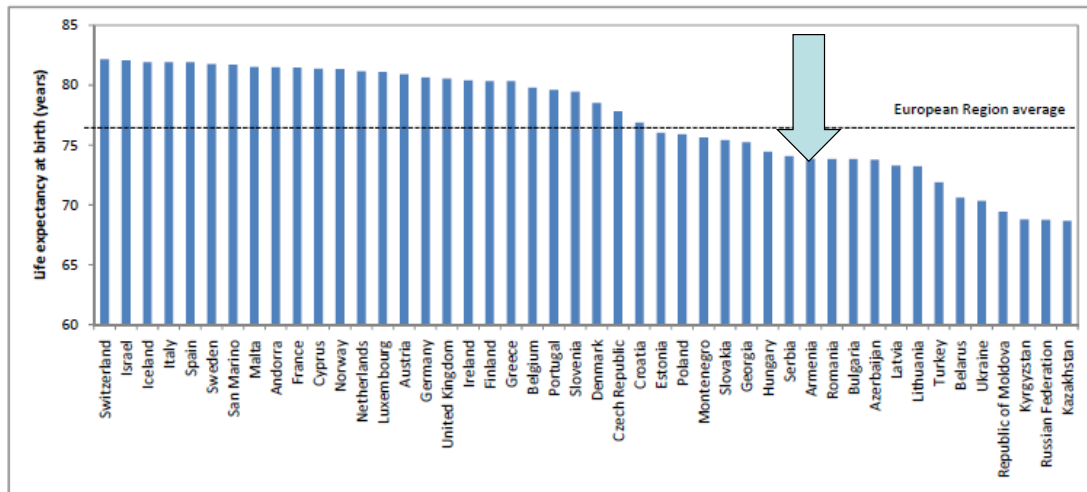


This graph presents some of today's health challenges across the European Region. A look at life expectancy clearly shows the health divide growing between countries in Europe. Paradoxically, in the 1970s the situation was far better from an equity perspective.

Our present knowledge of the social determinants means that we must look across the whole of society and the whole of government for responses, linking health to wider issues and not just focusing on health services. For example, Health 2020 considers educational performance, employment and working conditions, social protection and poverty reduction. And it adopts approaches that address community resilience and social inclusion, cohesion and assets for health and wellbeing.

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Life expectancy at birth in the European Region, last reported data, 2006–2010



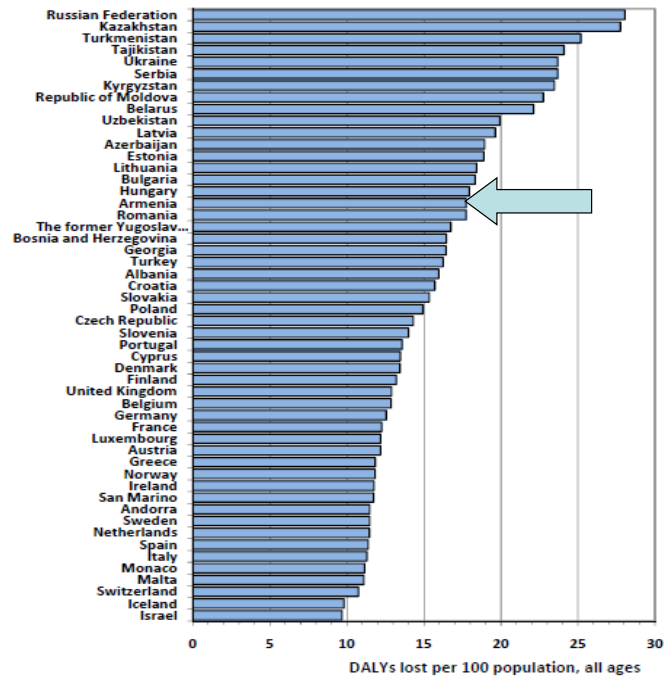
Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

Looking at Armenia for a moment, life expectancy at birth is below the European average.

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Total DALYs lost per 100 population in countries in the European Region, 2004

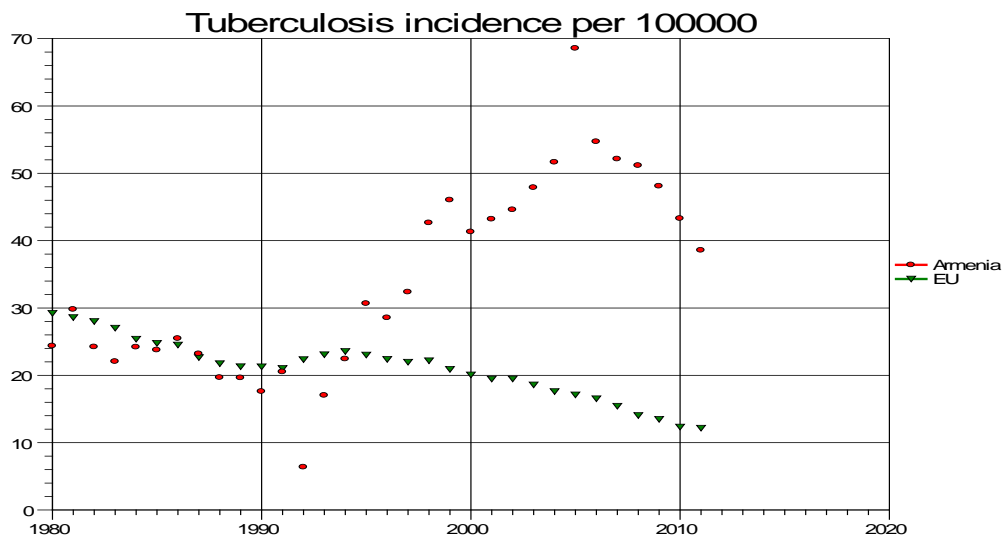
Source: adapted from
Global burden of disease: 2004 update. Geneva, World Health Organization, 2004.



And Armenia has a relatively large burden of disability-adjusted life-years (DALYS) lost per 1000 population.

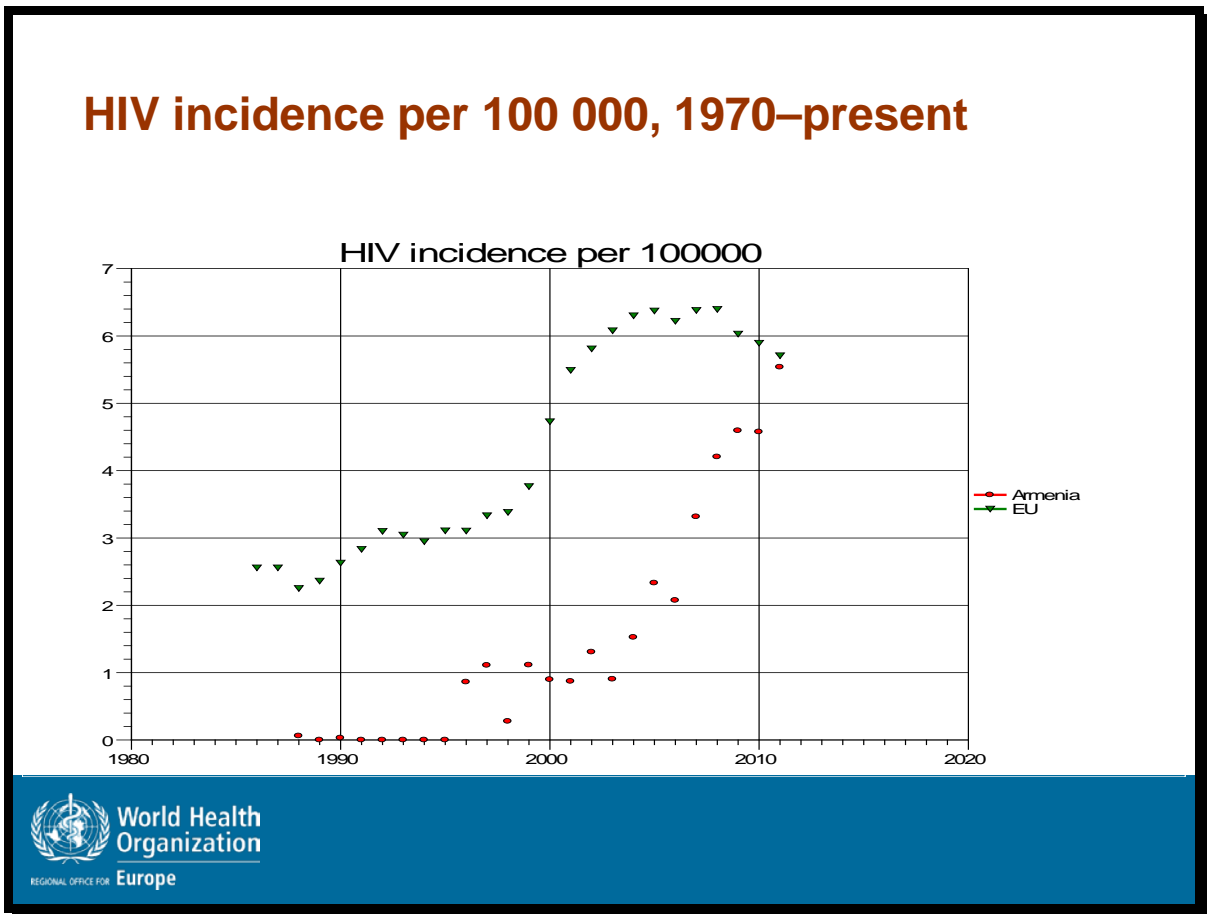
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Tuberculosis incidence per 100 000, 1970–present



Tuberculosis, including multidrug-resistant tuberculosis (MDR-TB), is a major health burden.

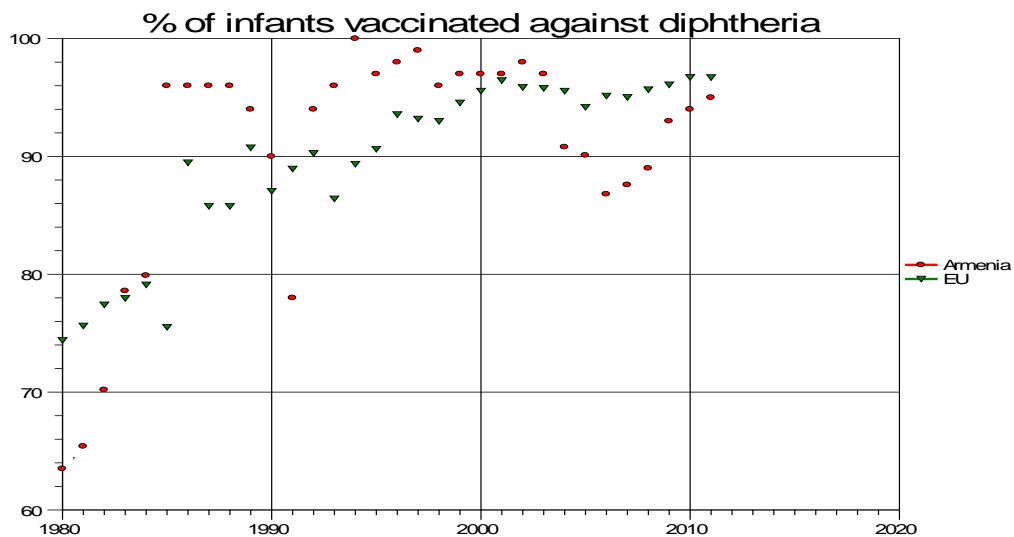
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As is HIV/AIDS.

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Infants vaccinated against diphtheria (%), 1970–present



There is good news, however: that vaccination rates have increased significantly, as seen here for diphtheria.

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Increasing attention to inequity

For richer, for poorer

Growing inequality is one of the biggest social, economic and political challenges of our time. But it is not inevitable ...

– *The Economist*, special edition, 13 October 2012
(<http://www.economist.com/node/21564414>)

The economic crisis in Europe has led to an increased focus on inequalities in Europe.

Explanations of how health inequities arise and persist over time are not only shaped by scientific evidence and models but also by political ideology and the interests of different stakeholders with access to decision-making arenas.

A further influence on explaining inequities comes from a more practical perspective, linked to what is deemed possible to change. In some countries, while there is acknowledgement of many factors and their interactions in producing equity/inequity, decisions are sometimes made on the basis of what is possible to achieve. This is more evident in countries where there is high level of silo work – that is, where instruments for cross-sectoral work are limited and/or where sector-specific performance is valued above delivering shared results.

Acting on a range of determinants concurrently – stretching from health systems and behaviour to material conditions and structural factors in the distribution of power and resources in society – is not an easy task. National and European reviews suggest that investment in each of these domains will have different “payback” times – with improvements in early detection and treatment of existing undiagnosed illness in primary care showing the fastest results in improving health outcomes and reducing health inequities. Without interventions addressing the wider social determinants (and their lifestyle/behavioural consequences), however, there will be diminishing returns on such

investment, as the factors causing the need for intervention (demand) continues to rise (or is sustained) unchecked.

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Changing health landscape

- The global health architecture has become more extensive but very complex
- Globally and regionally health has improved, yet deep inequities remain
- Health challenges are multifaceted and require active involvement of all levels of government (international, national, and local)

People live longer and have fewer children.

People migrate within and between countries; cities grow bigger.

Noncommunicable diseases (NCDs) dominate the disease burden.

Depression and heart disease are leading causes of healthy life-years lost.


Infectious diseases, such as HIV and TB remain a challenge to control.

Antibiotic-resistant organisms are emerging.

Health systems face rising costs.

Primary health care systems are weak and lack preventive services.

Public health capacities are outdated.



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The health landscape itself has changed. As health has become such a global priority over recent years, the global context has become much more complex. The number of players has increased and there is a growing diversity in the institutional landscape, characterized by more partnerships, foundations, financial instruments, bilateral and multilateral agencies and civil-society engagement.

Health both globally and regionally has improved. Yet no country can resolve current challenges to health and well-being on its own; neither can it harness the potential of innovation without extensive cooperation. Reasonable solutions to the most complex problems require well managed intergovernmental negotiations to reach a fair deal for all.

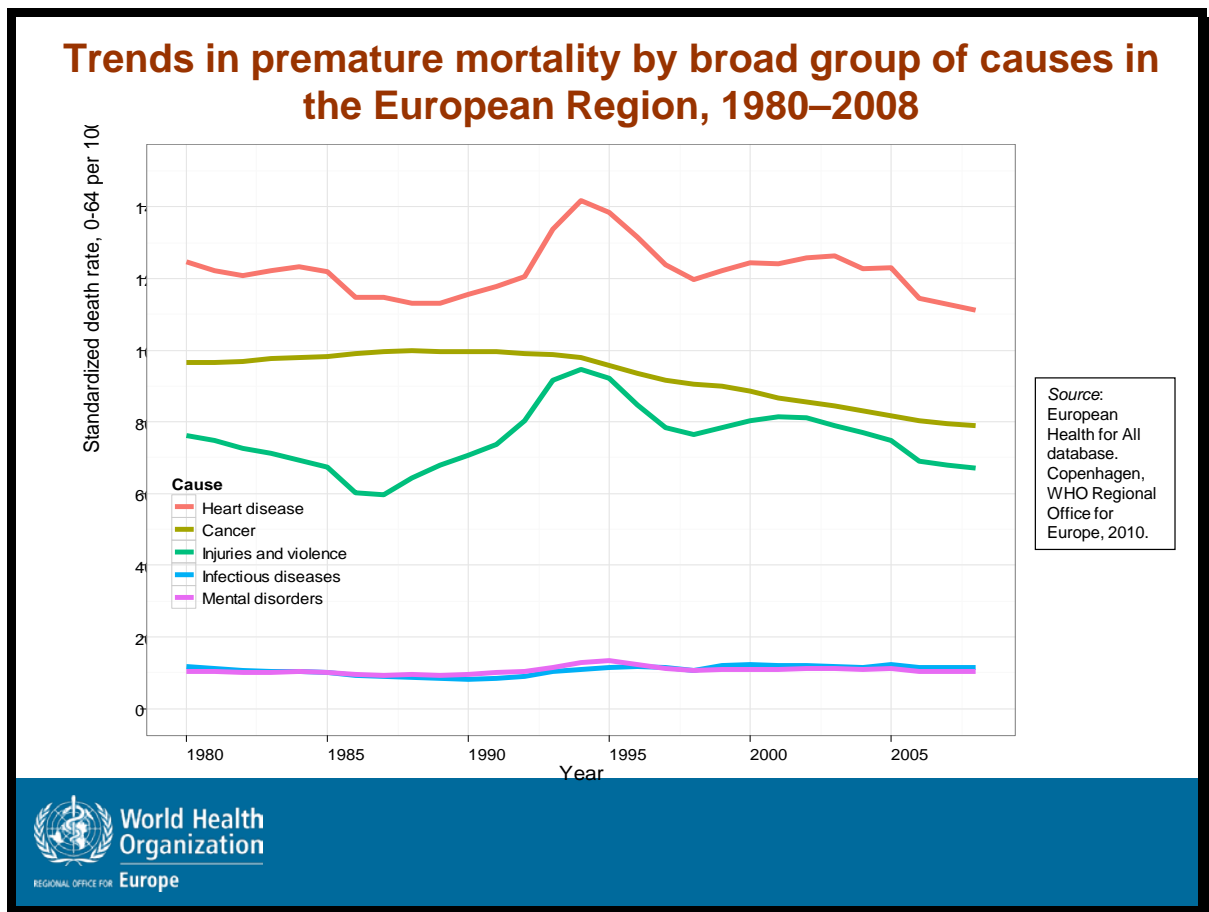
There are some common trends, for example:

- the overall increase in life expectancy worldwide yet also rising inequality;
- increased migration;
- demographic changes with falling fertility and ageing populations;
- the increasing global burden of NCDs, including mental health problems;
- the remaining infectious diseases and the threatening problem of antibiotic resistance;

- climate change, migration, and unplanned urbanization, triggering new threats to health;
- rising health care costs; and
- the generally poorly developed state of primary health care, preventive services and public health.

The background here comprises the political, social and economic currents of globalization; much greater knowledge about the range of determinants of disease, including the social determinants; the powerful new technologies that are changing health and health care and giving so many more opportunities to intervene; and people’s demands and expectations for information and closer involvement in decisions about their health and the services they access. In addition, our notion of good health is evolving: shifting towards a world in which we create and maintain good health and wellness, rather than merely treat disease and illness.

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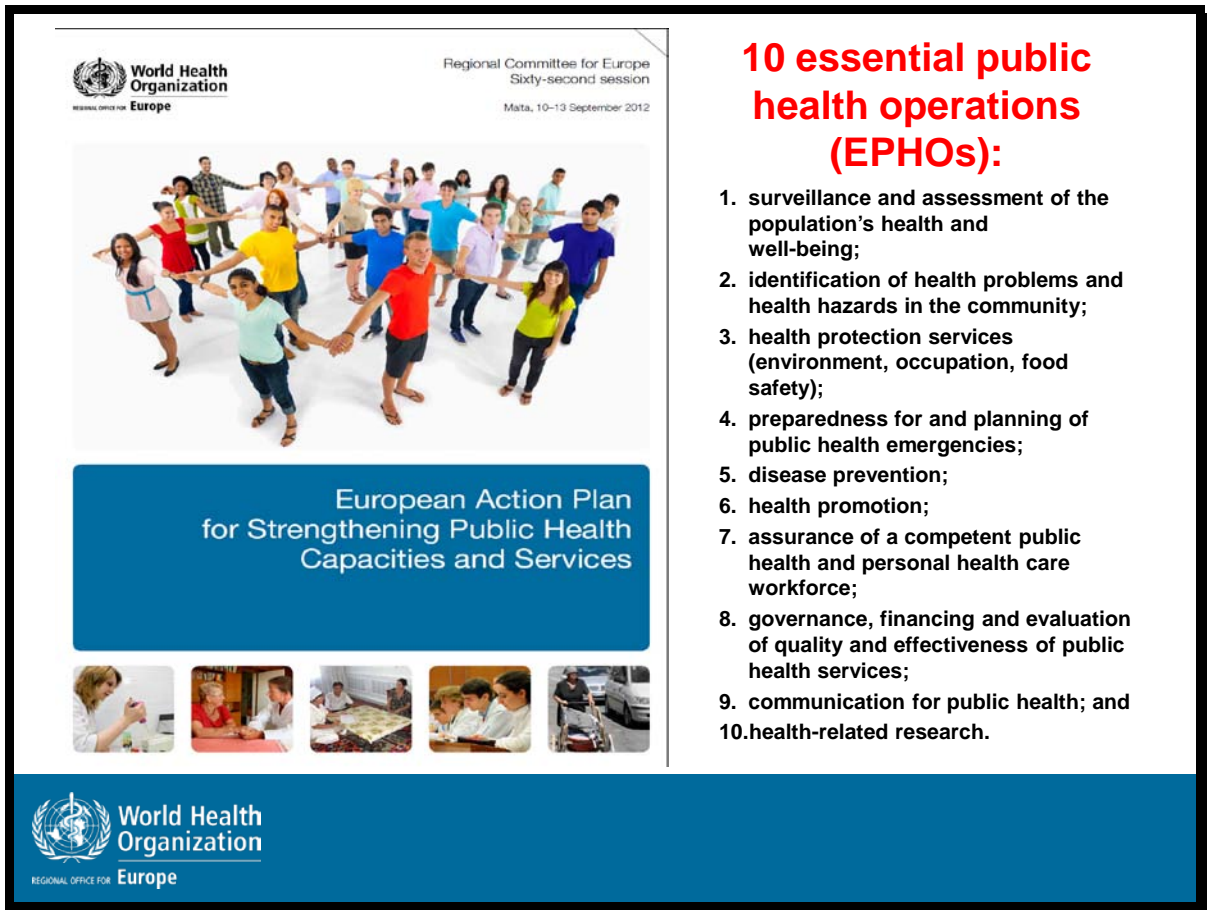


This slide shows the general trends in premature mortality in the European Region in the last 35 years. The three leading causes of premature mortality in Europe are heart disease, cancer and injuries and violence.

NCDs cause no less than 86% of deaths and 77% of the disease burden in the WHO European Region. Investing in prevention and better control of this broad group of disorders will reduce premature death and preventable morbidity and disability, improve the quality of

life and well-being of people and societies, and help reduce the growing health inequalities caused by NCDs.

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Regional Committee for Europe
Sixty-second session
Mata, 10–13 September 2012

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, occupation, food safety);
4. preparedness for and planning of public health emergencies;
5. disease prevention;
6. health promotion;
7. assurance of a competent public health and personal health care workforce;
8. governance, financing and evaluation of quality and effectiveness of public health services;
9. communication for public health; and
10. health-related research.

European Action Plan for Strengthening Public Health Capacities and Services

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At the same time as it adopted Health 2020, the Regional Committee for Europe adopted a European Action Plan for Strengthening Public Health Capacities and Services, containing 10 essential public health operations (EPHOs). The aim was to strengthen public health across Europe, through a renewed commitment to a strong public health infrastructure.

We all need to take action to strengthen public health systems, functions, infrastructures and capacities, but also increase the capacities and performance of health systems giving an increased focus to primary care, primary prevention and health promotion.

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The infographic is contained within a black-bordered box. At the top, the title 'Health 2020: strategic objectives' is written in a bold, brown font. Below this, two green rounded rectangular boxes are arranged horizontally. The left box contains the text 'Working to improve health for all and reducing the health divide' in white. The right box contains 'Improving leadership, and participatory governance for health' in white. Below these, the title 'Health 2020: four common policy priorities for health' is written in a bold, brown font. Underneath, four blue rounded rectangular boxes are arranged horizontally, each containing white text. From left to right, they read: 'Investing in health through a life-course approach and empowering people', 'Tackling Europe's major health challenges: NCDs and communicable diseases', 'Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response', and 'Creating resilient communities and supportive environments'. At the bottom of the box is a dark blue footer containing the World Health Organization logo on the left and the text 'World Health Organization' and 'REGIONAL OFFICE FOR Europe' on the right.

Health 2020: strategic objectives

- Working to improve health for all and reducing the health divide
- Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

- Investing in health through a life-course approach and empowering people
- Tackling Europe's major health challenges: NCDs and communicable diseases
- Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response
- Creating resilient communities and supportive environments

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The goal of Health 2020 is: “To improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems with further strengthened public health capacities”.

Its two main strategic objectives are:

- working to improve health for all and reducing the health divide; and
- improving leadership, and participatory governance for health.

Its four policy priority areas for health are:

- investing in health through a life-course approach
- tackling Europe's major health challenges of NCDs and communicable diseases
- strengthening people-centred health systems and public health capacities, emergency preparedness and response
- creating resilient communities and supporting environments

Crucially, Health 2020 is built on values:

1. health as a fundamental human right
2. solidarity, fairness and sustainability

New evidence informing Health 2020

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

Throughout the process of developing Health 2020, the growing body of evidence and learning on the improvement of the health and well-being of individuals and communities was considered and critically reviewed in relation to the current and emerging drivers of health in Europe. In addition, the WHO Regional Office for Europe either directly commissioned or adopted a number of studies on areas where further in-depth investigation would be crucial for the Health 2020 policy framework.

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WHO European review of social determinants and the health divide:* key findings and recommendations to improve equity in health

Policy goals

- Improve overall health of the population
- Accelerate rate of improvement for those with worst health

Policy approaches

- Take a life-course approach to health equity.
- Address the intergenerational processes that sustain inequities
- Address the structural and mediating factors of exclusion
- Build the resilience, capabilities and strength of individuals and communities



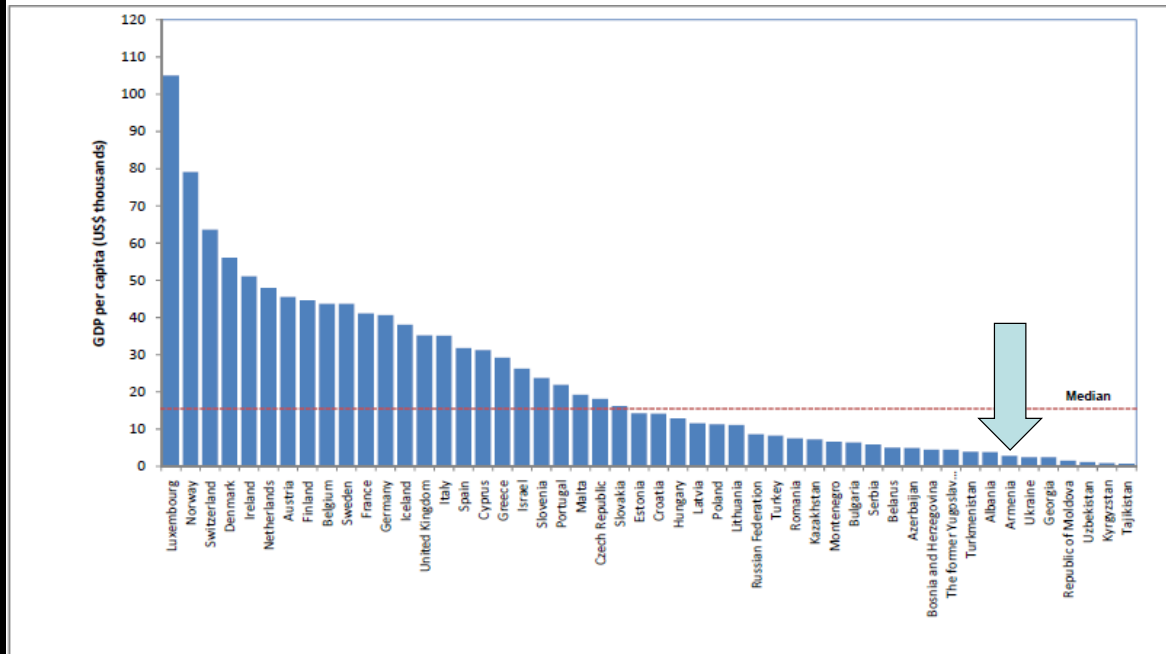
* The study was carried out by a consortium of over 80 policy researchers and institutions across Europe (2012), and led by Sir Michael Marmot.

One such study was a European review of social determinants and the health divide, led by Professor Sir Michael Marmot. We know that health inequities remain substantial across the WHO European Region and are worsening in many instances. These inequities are substantially socially determined and are unnecessary and unjust, arising from differences in life circumstances and inequities in opportunities to lead a full and meaningful life. Such inequities, and their social and economic costs, directly challenge solidarity and social cohesion. Responding requires broadly rethinking current mechanisms, processes, relationships and institutional arrangements across all sectors and society as a whole. National and local health policy-makers often lack the authority and instruments to lead a coherent, integrated approach to these key challenges, and current structures and processes are not adequate in this new environment and need revisiting.

The review shows that effective interventions require a policy environment that overcomes sectoral boundaries and enables integrated programmes. For example, evidence clearly indicates that integrated approaches to child well-being and early childhood development produce better and fairer outcomes in both health and education. Urban development that considers the determinants of health is crucial, and mayors and local authorities play an ever more important role in promoting health and well-being. Participation, accountability and sustainable funding mechanisms reinforce the effects of such local programmes.

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GDP per capita in countries in the European Region



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

GDP: gross domestic product.

Considering inequality across the Region, Armenia's gross domestic product (GDP) per capita is amongst the lowest, and well below the median.

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Improving governance for health

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

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

The 21st century approach to governance for health



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

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

Another study was of governance for health in the 21st century. If Health 2020 is to achieve its goals, new forms of governance for health will be required, more coherent, interconnected and participative. As mentioned, this is reflected in Health 2020's second strategic objective. Because the determinants of health stretch across the whole of society and all its sectors, so must the response. We speak today of a whole-of-society and a whole-of-government responsibility and accountability for health. Health 2020 explores what this means in practical terms, and shows how this improved governance for health can actually be achieved.

Leadership from health ministers and public health agencies will remain vitally important to address the disease burden across the European Region. It needs to be strengthened.

Health ministries and public health agencies are increasingly engaged in initiating intersectoral approaches for health and acting as health brokers and advocates. This includes highlighting both the economic, social and political benefits of good health and the adverse effects of ill health and inequalities on every sector, the whole of government and the whole of society. Exercising such a leadership role requires using diplomacy, evidence, argument and persuasion. The health sector also has a partnership role towards other sectors when strengthening health can contribute to achieving their goals.

Governments at all levels are considering establishing formal structures and processes that support coherence and intersectoral problem-solving. This can strengthen coordination and address power imbalances between sectors. This approach advocates moving health up the policy agenda, strengthening policy dialogue on health and its determinants, and building accountability for health outcomes.

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Health 2020 framework

An adaptable and practical policy framework that recognizes:

- that countries engage from a different starting point and have different contexts and capacities; and
- that every country is unique and they will pursue common goals through different pathways and use different entry points and approaches but be united in purpose.



Health 2020 is an adaptable and practical policy framework. It provides a unique platform for joint learning and sharing of expertise and experience between countries.

Health 2020 recognizes the diversity of countries across the European Region and that every country is unique.

In taking Health 2020 forward, countries will not only face different contexts and starting-points but also need to have the capacity to adapt to both anticipated and unanticipated conditions under which policies must be implemented.

Member States will choose different approaches and align their actions and choices on their particular political, social, epidemiological and economic realities, their capacities for developing and implementing policy, and their histories and cultures.

Member States are encouraged to analyse and critically appraise where they stand in relation to the Health 2020 policy framework and whether their policy instruments, legislative,

organizational, and human-resource and fiscal situations and measures support or impede its implementation.

Health 2020 sets out the present, emerging and future issues that need to be addressed, but also highlights the fact that policy-makers are challenged to accommodate unforeseen issues, as well as changes in context, that will have affect policy goals. Continuous analysis and policy adjustments will be necessary, as will the readiness to terminate policies that are no longer relevant or effective.

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Health 2020 – reaching higher and broader

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

It was clear to me that, in response to these challenges and opportunities, we collectively needed a coherence in our policies and programmes for improvement in health and well-being.

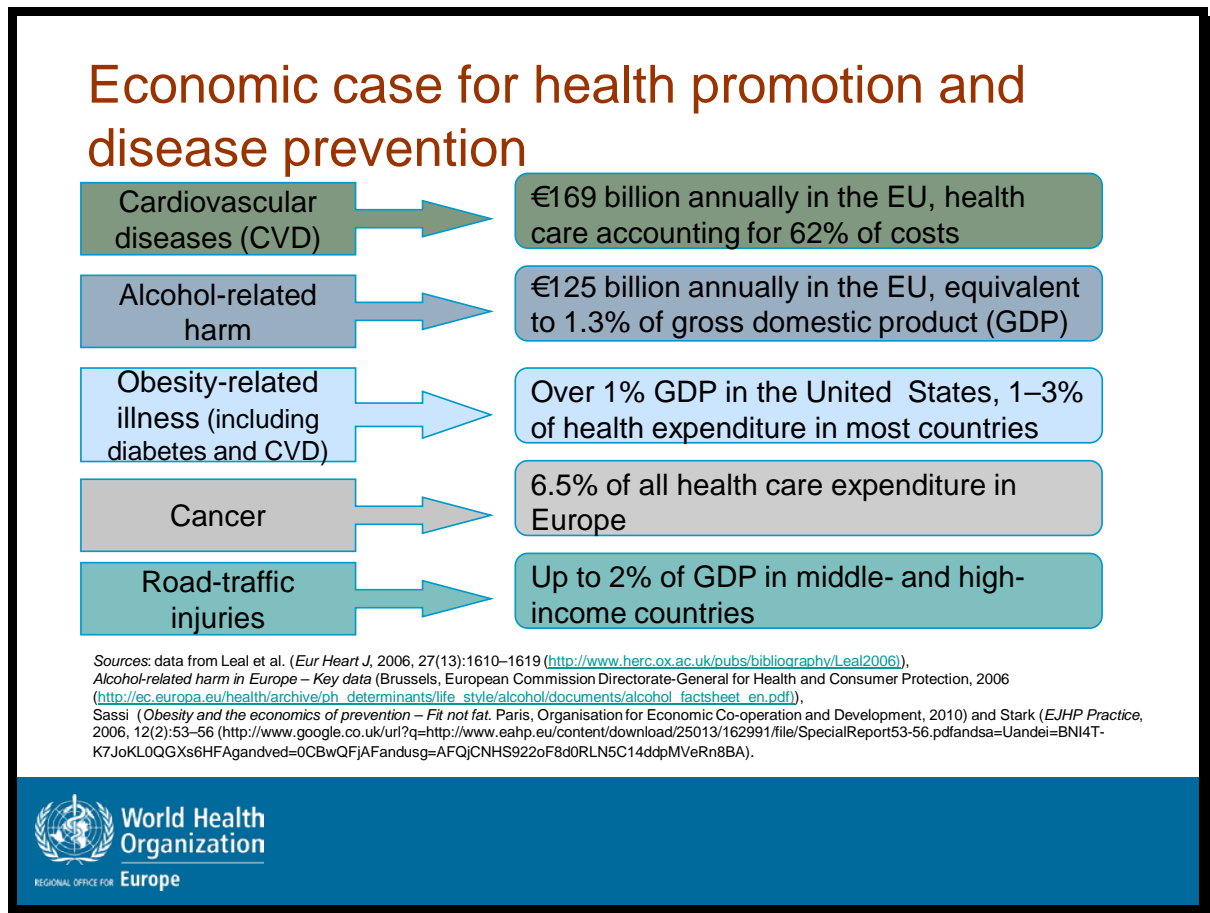
Health 2020 provides this coherence. It encourages a broad re-think of current mechanisms, processes, relationships and institutional arrangements across all sectors and society as a whole.

Health 2020 is about:

- going upstream to address root causes, such as social determinants;
- investing in public health, primary care, health protection, health promotion and disease prevention;

- making the case for whole-of-government and whole-of-society approaches; and
- offering a framework for integrated and coherent interventions.

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Health 2020 is also significantly based on new data on health economics. This slide presents some examples of the present economic burden from chronic diseases.

In many countries, the health share of government budgets is significant, and health care costs have grown faster than national income. Nevertheless, data in many countries show a lack of correlation between expenditure and health outcomes. Many systems fail to contain costs, while financial pressures on health and welfare systems make it ever harder to get the balance right for health.

But real health benefits can be attained at an affordable cost, and within resource constraints, if effective strategies are adopted. A growing body of evidence on the economics of disease prevention shows how health costs can be contained, but only if they also address inequalities across the social gradient and support the most vulnerable people.

At present, governments spend only a small fraction of health budgets on disease prevention – some 3% in the Organisation for Economic Co-operation and Development (OECD) countries – and do not systematically address inequalities. In many countries, budgets and policies in sectors other than health currently lack either a health or equity focus.

Using fiscal policy to improve health outcomes



Tobacco

A 10% price increase in taxes could result in up to 1.8 million fewer premature deaths at a cost of between US\$ 3 and US\$ 78 per DALY in eastern European and central Asian countries



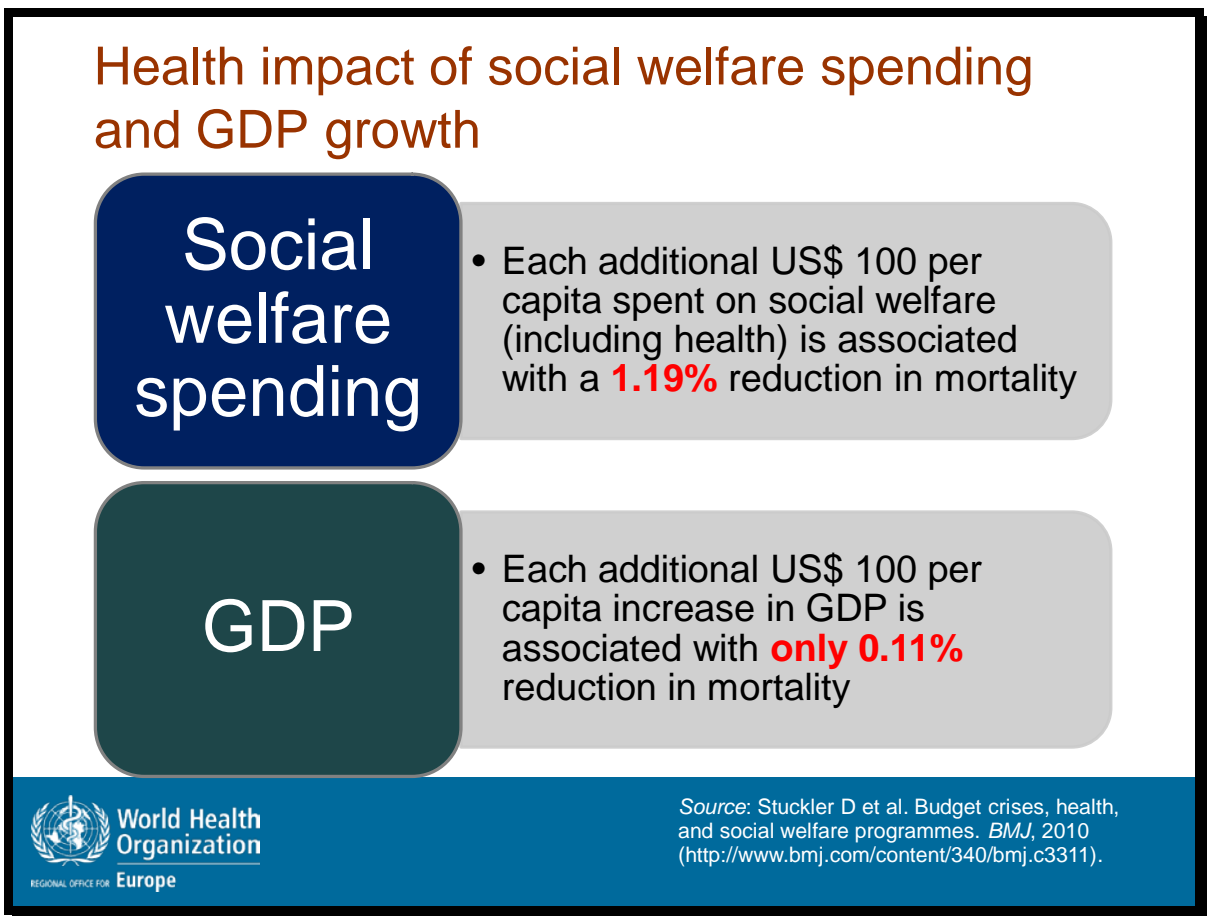
Alcohol

In England, benefits close to €600 million in reduced health and welfare costs and reduced labor and productivity losses, at an implementation cost of less than €0.10 per capita

Tobacco and alcohol provide illustrations here that health promotion and disease prevention really do offer cost-effective approaches to improving health outcomes.

The most cost-effective tobacco control policy is raising taxes. A 10% price increase could result in 0.6–1.8 million fewer premature deaths in the east of the European Region at a cost of only US\$3–78 per DALY. This is a quick gain which can be realized in the short-term.

The tangible benefits of an increase in alcohol tax in England have been estimated to bring benefits worth €183 million in reduced health and welfare costs and €105 million in reduced labour and productivity losses, at an implementation cost of less than €0.10 per capita (€3.7 million). The savings were estimated at €65 million to the health service in the first year from reduced hospital admissions and €18 million in crime reduction.

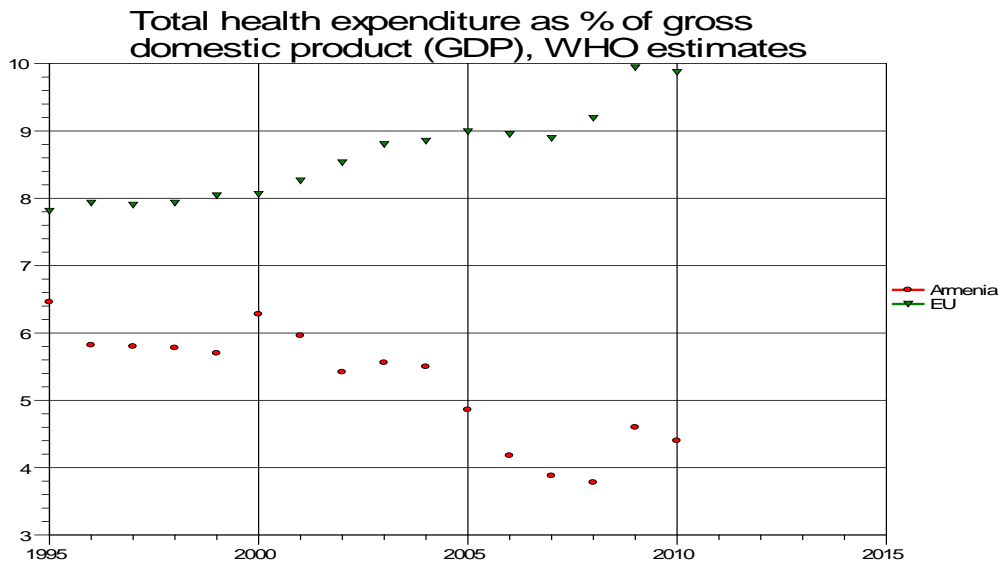


Here we see the significantly greater effect of social welfare spending on mortality compared with the effect of GDP increase.

There is a 1.19% decrease in mortality for every US\$ 100 per person specifically invested on health and social care, while a general increase in GDP of US\$ 100 per person reduces mortality by only 0.11%.

The reverse effect applies to cuts: each US\$ 100 cut in social welfare spending is associated with 1.19% increase in mortality.

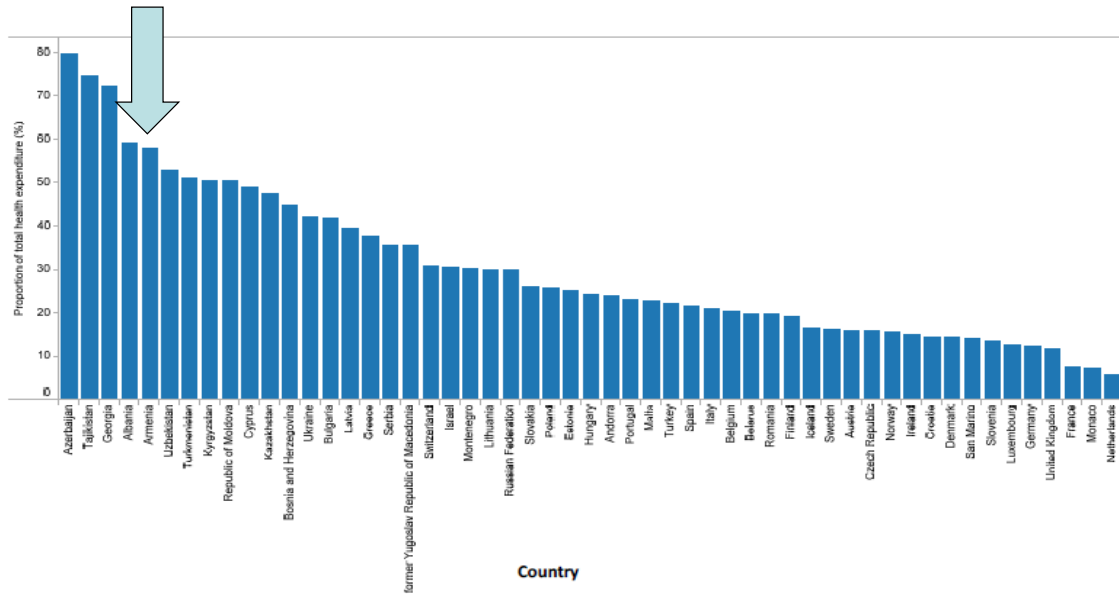
Total health expenditure as share of GDP (%), 1970–2010



The proportion of GDP spent on health is relatively low in Armenia, compared with the European Union (EU) average.

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Out-of-pocket expenditure as a proportion of total health expenditure in the European Region, 2009



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

And for Armenia out-of-pocket expenditures are very significant.

Universal health coverage

Ensure that people have equal access to quality health services and financial protection:

- coverage with health services (prevention, promotion, treatment and rehabilitation);
- coverage with financial risk protection.

Potential indicators, focusing on coverage and protection:

1. **increased coverage of essential services:** build on the present Millennium Development Goals plus NCDs and preventive services;
2. **increased equity and financial protection:** reduced gap between the first and fifth quintiles, reduced levels of out-of-pocket expenditure, etc.; and
3. **strengthening health systems:** indicators on workforce, management and leadership capacity, information systems, governance, infrastructure and quality.

These issues are relevant to the issue of universal health coverage, which is assuming great importance in our thinking, particularly in the context of the post-2015 review of the Millennium Development Goals (MDGs). The aim is to provide equal access to quality high-health services, including those for disease prevention, health promotion, treatment and rehabilitation, together with financial protection.

Here potential indicators are:

- increased coverage of essential services
- increased equity and financial protection
- the strengthening of health systems

Of course this work on the post-2015 development agenda is not completed, but I wanted today to give you a flavour of the current thinking.

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Preserving health in times of austerity

- The effects of the crisis vary greatly across countries.
- Across the Region we see lower growth and higher unemployment.
- The crisis exacerbated health-system challenges that already existed.
- It is important to avoid across-the-board budget cuts.
- Target expenditure by focusing on supply side efficiency gains, e.g.:
 - the wiser use of technologies and medicines
 - rationalizing service delivery structures.
- Think long-term and implement counter-cyclical spending (save in good times to spend in bad times).



Also, particularly in today's times of austerity, health needs to be preserved and improved. It is an investment in the future. Of course the effects of the crisis vary between countries, yet overall it is severe and across the Region there are lower economic growth and higher unemployment. Both have serious adverse health effects. It must be said that many of the challenges to the health system were there before the crisis: they are not solely its results.


WHO's analysis suggests some pointers for dealing with the crisis.

- It is important to avoid across-the-board budget cuts.
- Expenditure can be targeted by focusing on supply side efficiency gains, e.g.:
 - the wiser use of technologies and medicines
 - rationalizing service delivery structures.
- It is vital to think long-term and implement counter-cyclical spending (save in good times to spend in bad times).

Additional layer of complexity from austerity: lessons learned from past and present crises

Unemployment

- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease*
- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcers, mental disorders**
- Increase of suicide incidence: 17% in Greece and Latvia, 13% in Ireland***
- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects****

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Sources: * Kaplan, G. (2012). *Social Science and Medicine*, 74: 643–646
Kaplan, G. (2012). *Social Science and Medicine*, 74: 643–646.
** Suhrcke M, Stuckler D (2012). *Social Science and Medicine*, 74:647–653.
*** Stuckler D. et al. (2011). *Lancet*, 378:124–125.
**** Stuckler D. et al. (2009) . *Lancet*, 374:315–323.

We have considerable evidence from previous crises on the relationship between unemployment, social welfare and health. Here we see effects on risks of illness from alcohol poisoning, liver cirrhosis, ulcer and mental disorders, with reduced likelihood of recovery.

In addition we are already seeing increases in suicide rates in several countries in relation to this economic crisis, including in Greece, Ireland and Latvia.

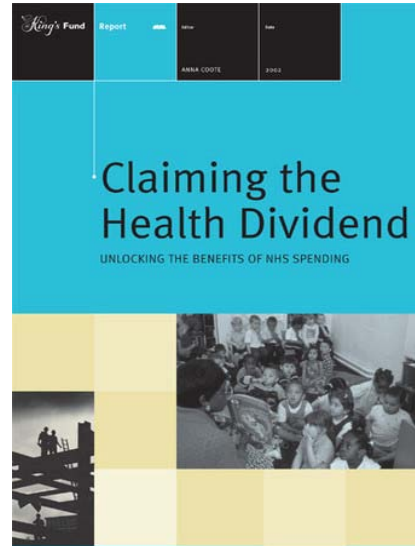
We have also learned that effective policies, including active labour market policies and well targeted social protection, can counter adverse health effects.

Slide 33

Challenging the view of health as a cost to society: example from the United Kingdom

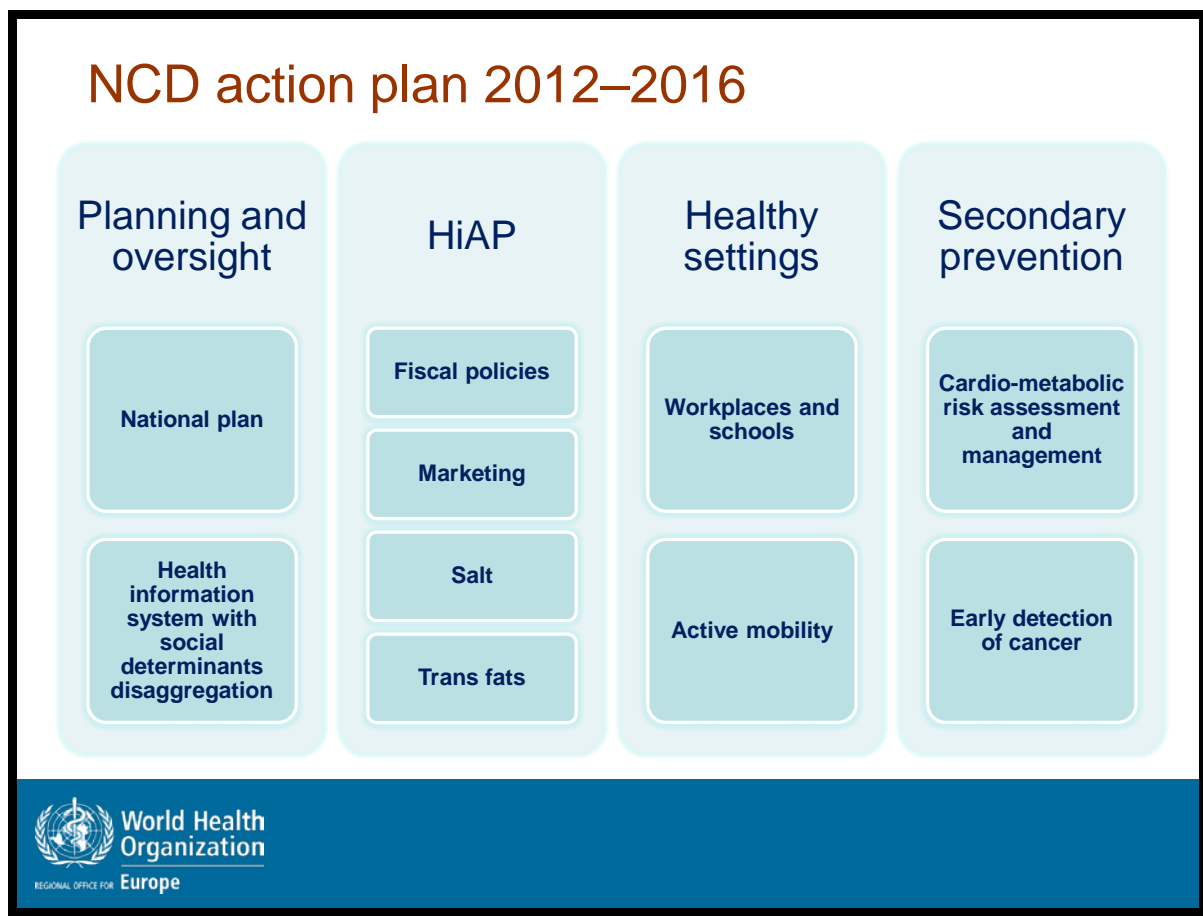
Health sector's contribution to the economy

- Health and social care system in north-west region £8.2 billion (10% of regional total GDP: £88 billion): 60% on staff with £2 billion on goods and services
- 340 000 people employed directly (12% of regional employment)
- 0.5% of regional businesses primarily in the health sector :780 businesses
- 50% of health sector firms have turnovers of £100 000–499 000
- Capital spending programmes for 5 years is £4.5 billion



Health 2020 supports the need to challenge the myth that the health sector is a drain on public resources. It is in fact a major economic sector, producing both social and economic results. The example on the slide is from the United Kingdom and shows the health sector's contribution to the economy in a specific region.

Slide 34



Health 2020 supports intensifying efforts to implement global and regional mandates in relation to NCDs.


I will hope to bring some of these themes together by looking at our NCD action plan for 2012–2016. With attention to NCDs reaching unprecedented levels worldwide, this action plan was adopted in September 2011. It identifies priority action areas and interventions for countries to focus on over the next four years: including planning and oversight, health-in-all-policies approaches that involve other sectors, the use of healthy settings, and secondary prevention.

NCDs illustrate the complexity and connectedness of the health landscape. I think this slide of the global food system speaks for itself. There are many elements here with profound implications for health improvement.

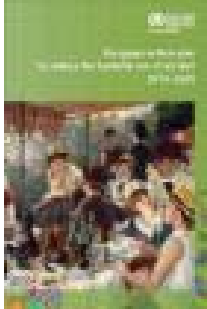
Simple linear solutions are never going to be adequate to the task. Any intervention will have unknown consequences. The only way forward is to see this for what it is, a complex system, and to intervene carefully, thoughtfully, and to learn and revise policy interventions along the way.

Slide 35

Health 2020: rethinking policies for health and approaches to stakeholder engagement



Example: fiscal policy to control harmful use of alcohol




Alcohol-related harm

€125 billion annually in the EU, equivalent to 1.3% of GDP

Mapping allies and interests

- Ministry of justice, police
- Employers and development sectors
- Health
- Transport
- Local communities

 **World Health Organization**
REGIONAL OFFICE FOR Europe

Source: McDaid D, Sassi F, Merkur S, eds. *The economic case for public health action*. Maidenhead, Open University Press (in press).

Another example is alcohol. Health 2020 helps to rethink policies for health and how to best engage with stakeholders. As mentioned, a combination of approaches is required to successfully address the high burden of NCDs in the European Region.

Health 2020 supports the implementation of integrated whole-of-government and whole-of-society approaches that have been agreed in other regional and global strategies, since it is increasingly recognized that action to influence individual behaviour has limited impact. NCDs are unequally distributed within and between countries and are closely linked to action on the social and environmental determinants of health.

Slide 36

Health 2020 lays the foundation for a healthier European Region

“So many factors affect health, and health has an impact on so many areas of our lives that progress on public health can only come from whole-of-society and whole-of-government efforts.

That is why there is a role for everyone to play in implementing Health 2020, from prime ministers, to civil society, to citizens.”

– Zsuzsanna Jakab, WHO Regional Director for Europe



There is clear evidence that Armenia is making progress in health and health systems, although challenged by the NCD burden and particularly TB and HIV/AIDS. I urge you to see Health 2020 as a framework to shape your policy responses and accelerate your progress, working with us to implement Health 2020 together.

The WHO Regional Office for Europe cannot achieve the aims of Health 2020 and implement the policy framework alone. Working with Member States will be key to success. WHO must also work reach out to engage other partners in a systematic fashion, requiring common purpose and broad collaborative efforts by people and organizations across society in every country: governments, nongovernmental organizations, civil society, the private sector, science and academe, health professionals, communities – and every individual.

Close cooperation between the WHO Regional Office for Europe, WHO headquarters and other WHO regions will be essential, supported by building wider engagement across regional networks and entities such as the Commonwealth of Independent States, the Eurasian Economic Community, the countries in south-eastern Europe and the EU.

Slide 38

THANK YOU!



Thank you for your attention.