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**Outcome statement of the high-level regional meeting,
Health Systems Respond to NCDs:
Experience in the European Region, 16–18 April 2018,
Sitges, Spain**

This document contains the text of the outcome statement by participants in the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region, held in Sitges, Spain, on 16–18 April 2018.

OUTCOME STATEMENT
HEALTH SYSTEMS RESPOND TO NONCOMMUNICABLE DISEASES
High level regional meeting
Sitges, Spain April 16-18, 2018

1. We, Ministers and Representatives of State and Government participating in this conference, have come together to restate our commitment to taking bold action to strengthen health systems to accelerate progress in reducing premature mortality from noncommunicable diseases (NCDs) in line with the vision and commitments in the Tallinn Charter, Health 2020, the time-bound commitments of the United Nations review of NCDs and the United Nations 2030 Agenda for Sustainable Development. We understand that the health system response is one of several important areas for addressing the NCD burden and avoiding disability and improving quality of life, and we reaffirm our support for previous comprehensive declarations and outcome statements, including the Montevideo Roadmap.
2. We note that current projections indicate that the WHO European Region is on course to achieve the United Nations Sustainable Development Goal (SDG) target of a one-third reduction in premature mortality (30–69 years) from four major NCDs by 2030. We celebrate this success. We also commit to fully implementing affordable and cost-effective NCD interventions ('best buys') and aspire to accelerate the decline in premature mortality, aiming not only to reach, but to exceed the global targets.
3. We recognize that a comprehensive and aligned health system response is critical to achieve universal health coverage and better NCD outcomes and to accelerate the rate of progress. We commit to prioritizing and adequately resourcing interrelated cornerstones of the health system response to NCDs, including:
 - (a) aligning governance arrangements and accountability frameworks for NCDs to carry out sustained intersectoral action, including working across national, regional and local levels;
 - (b) strengthening governance mechanisms to effectively leverage the roles and contributions of a diverse range of stakeholders towards public health goals, UN agencies, non-State actors, including civil society and the private sector (while paying due diligence in order to avoid any potential or perceived conflicts of interest) and balancing, as appropriate, effective regulatory mechanisms, voluntary mechanisms and fiscal instruments in the areas of tobacco, nutrition and alcohol;

(c) ensuring adequate financing for health and health equity and comprehensive NCD prevention and control, by expanding the fiscal space through an increase in tax revenues, improved efficiency and equity, and better prioritization of health in public sector budgets, and by ensuring better aligned incentives in resource allocation and purchasing arrangements;

(d) strengthening essential public health operations by “walking the talk” on prioritizing health promotion and disease prevention and achieving equity throughout the life course, with appropriate resources and staff; closer integration of public health and primary care services is a critical policy lever to achieve improved NCD outcomes;

(e) investing in multiprofile primary care, proactively managed and accountable for population health and integrated with other levels of services and with informal, voluntary and social care;

(f) ensuring access to affordable quality medicines and technologies for people with NCDs as an instrument to improve outcomes and reduce the main cause of weak financial protection in the Region;

(g) balancing appropriate modes of centralization and decentralization of specialist care to improve the quality of care and NCD outcomes, including rapid response to acute events and more efficient resource use;

(h) addressing overuse of services that lack evidence of cost-effectiveness through a range of mechanisms, as this can harm patients physically and psychologically, and can harm health systems by wasting resources;

(i) promoting people-centredness at every level of the health system to embrace a central and expanded role for active, engaged and health-literate patients, families, citizens and communities;

(j) investing in the health workforce to ensure its mix and competencies are fit for NCDs requiring new services, interprofessional collaboration and shared care with patients at the population and individual levels;

(k) investing in innovative information solutions and technologies that provide support for health systems by generating NCD information profiles and supporting health practitioners in clinical practice and patients in self-management.

4. We will ensure a strong equity focus and embrace the policy goals of achieving universal health coverage in the health system response to NCDs, strengthening access, based on need without undue financial hardship, to ensure no one is left behind. We will prioritize win-win policy areas: including equity-enhancing

policies in national development and health plans; strengthening accountability frameworks for NCDs, their distribution and social determinants; enabling public health agencies to place a key focus on health equity in all essential public health operations; developing gender-responsive approaches in population and individual services; improving the health workforce mix and distribution, with a focus on underserved areas; addressing the access implications of regionalization of specialist services; ensuring adequate public financing for health with a focus on coverage for the poor and vulnerable expanding coverage policies for medicines with explicit protection for poor, vulnerable and minority populations.

5. We will integrate an equity-based approach across the health system response to NCDs to address the impact of gender norms and roles and the social determinants of health on the differential exposure to risk factors between men and women, on their health-seeking behaviours and on the responses from health-care providers. We will aim to implement gender-specific interventions and other specific approaches to address the disproportionate morbidity among women and disproportionately high mortality among men, building on the growing knowledge provided by gender-based medicine and research. We will seek to eliminate gender stereotypes in health promotion, disease prevention and management interventions that may perpetuate harmful aspects of masculinities and femininities, particularly among adolescent boys and girls. We will work towards demonstrating leadership in health systems to promote gender equity in the health sector workforce, and tackling the gender imbalance in unpaid care.
6. The WHO European Region has a success story to share: its many achievements, experience and lessons learned can be an inspiration to others globally. We are committed to continuing to contribute to internationally agreed goals and leading the way to curb NCDs, including through health systems strengthening, and will proactively seek opportunities for further accelerated reduction of the NCD burden.

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