



Health policy and health system challenges in Europe and in Turkmenistan

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Organization**

REGIONAL OFFICE FOR
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**Organisation
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BUREAU RÉGIONAL DE L'
Europe



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REGIONALBÜRO FÜR
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**Всемирная организация
здравоохранения**

Европейское региональное бюро

What is Health 2020?

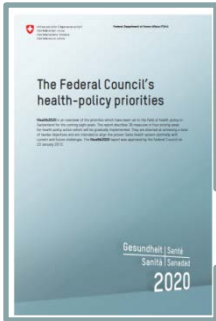
Health is a political choice

- A public health policy framework to improve health and reduce inequities;
- Focus on upstream actions and address root causes of ill health; address all determinants systematically and early, before disease occurs;
- Reach higher and more broadly.

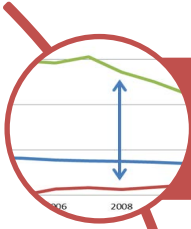
Countries, including Turkmenistan, are taking up the Health 2020 challenge



PUBLIC HEALTH STRATEGY FOR 2011-2017



Outline: Key challenges



Closing the gap in health status



Addressing social determinants of health



Securing public funding for health and improving financial risk protection



Strengthening the health system

European health report 2015



Main aims:

- To report on progress towards the Health 2020 targets (since the 2010 baseline)
- To highlight new frontiers in health information and evidence, including subjective measures of well-being

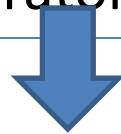
HEALTH 2020

European policy framework
and strategy for the
21st century



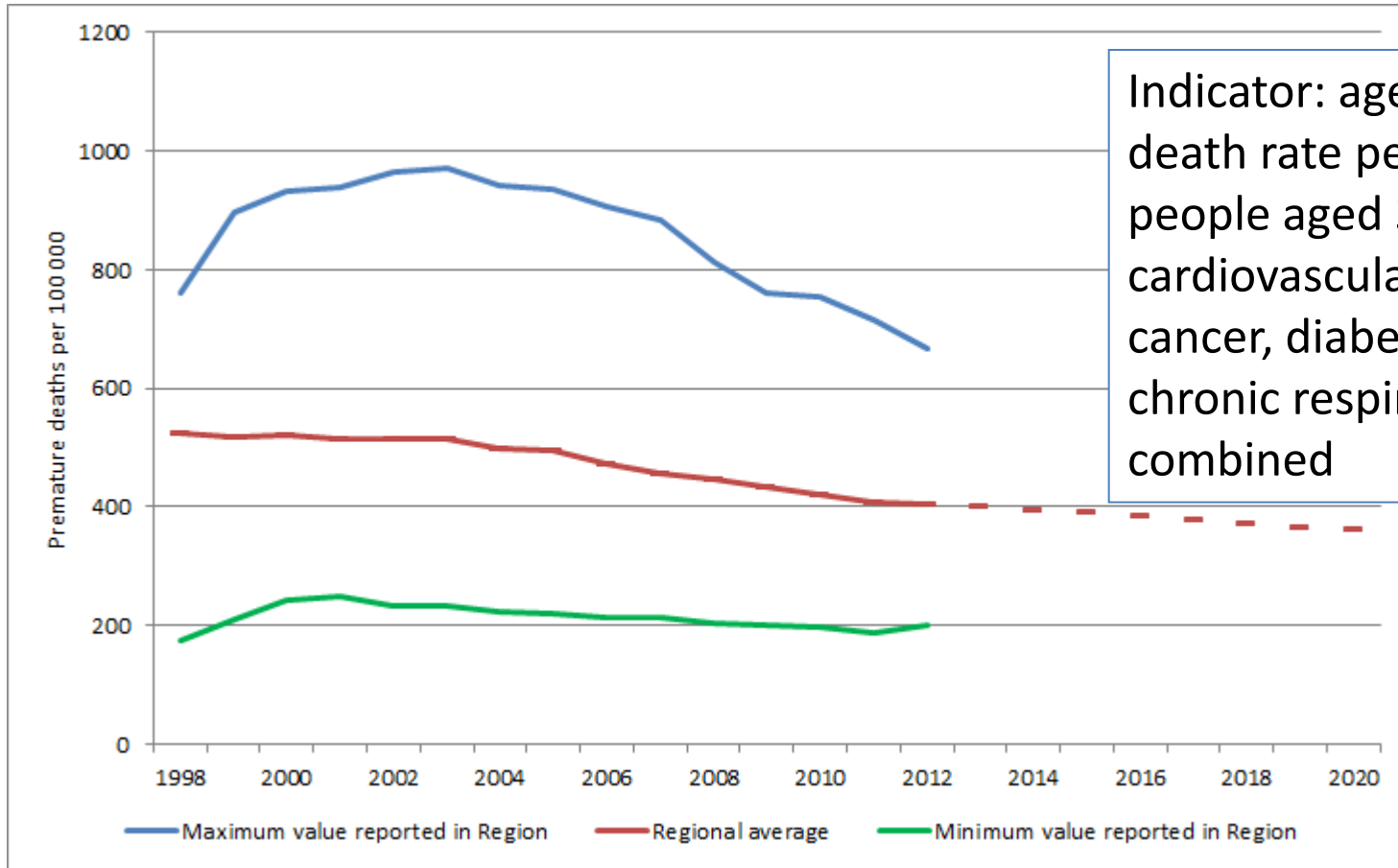
Premature mortality

Regional Health 2020 target: a 1.5% relative annual reduction in premature mortality from cardiovascular disease, cancer, diabetes and chronic respiratory diseases by 2020



Although the European Region is on track to achieve the Health 2020 target to reduce premature mortality, much more can be done to reduce major risk factors.

Regional trends



Indicator: age-standardized death rate per 100 000 among people aged 30–69 years for cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases combined

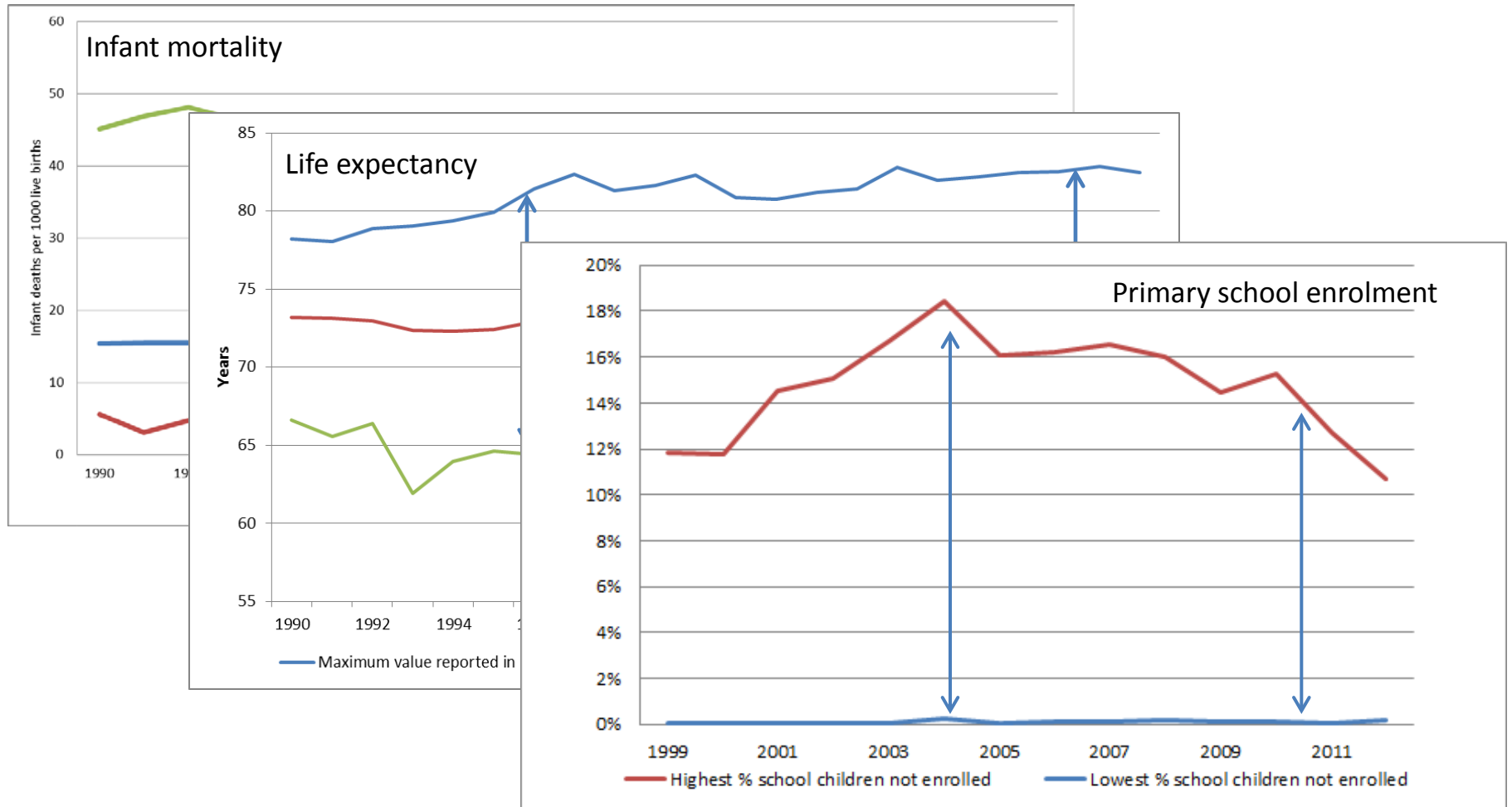
Health inequity

Regional Health 2020 target: Reduce the gaps in health status of the European population that are associated with social determinants.



The differences between the highest and lowest values reported in the Region for the Health 2020 indicators linked to social determinants of health—infant mortality, life expectancy, primary school enrolment and unemployment—have diminished over time, but the absolute differences between countries remain large.

The gaps have diminished.



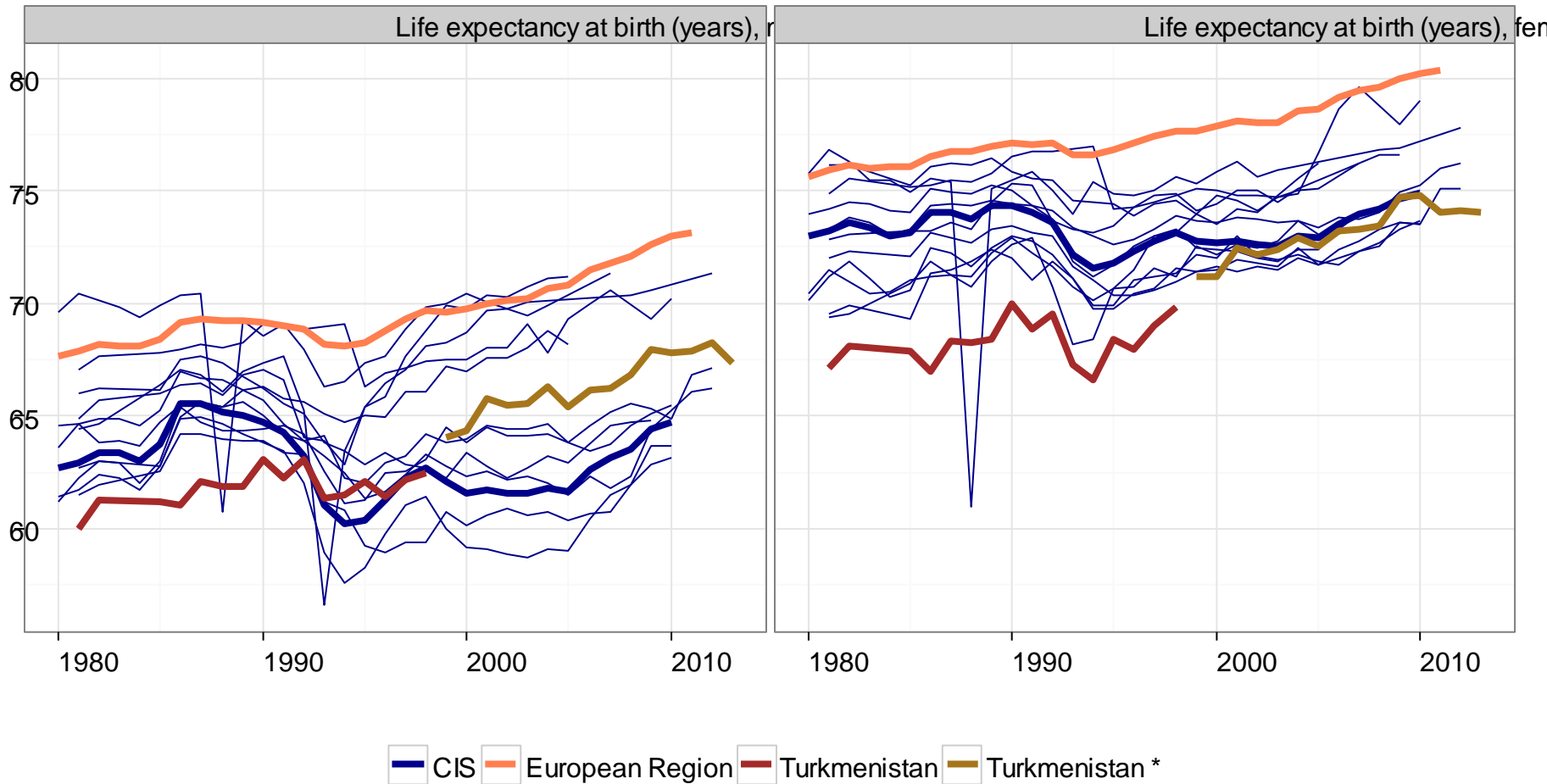
Absolute differences are still large.

Absolute differences between the highest and lowest values reported in the Region for the Health 2020 core indicators linked to social determinants of health

Health 2020 indicator (source)	Year	Absolute difference between highest and lowest values reported in the Region (range)
Infant mortality (WHO HFA)	2010	20 infant deaths per 1000 live births (22.3–2.3)
Life expectancy at birth (WHO HFA)	2011	11.5 years (82.5–71.0)
Primary school-aged children not enrolled (UNESCO)	2012	10.5% (10.7%–0.2%)
Unemployment rate (WHO HFA)	2012	30.5% (31%–0.5%)

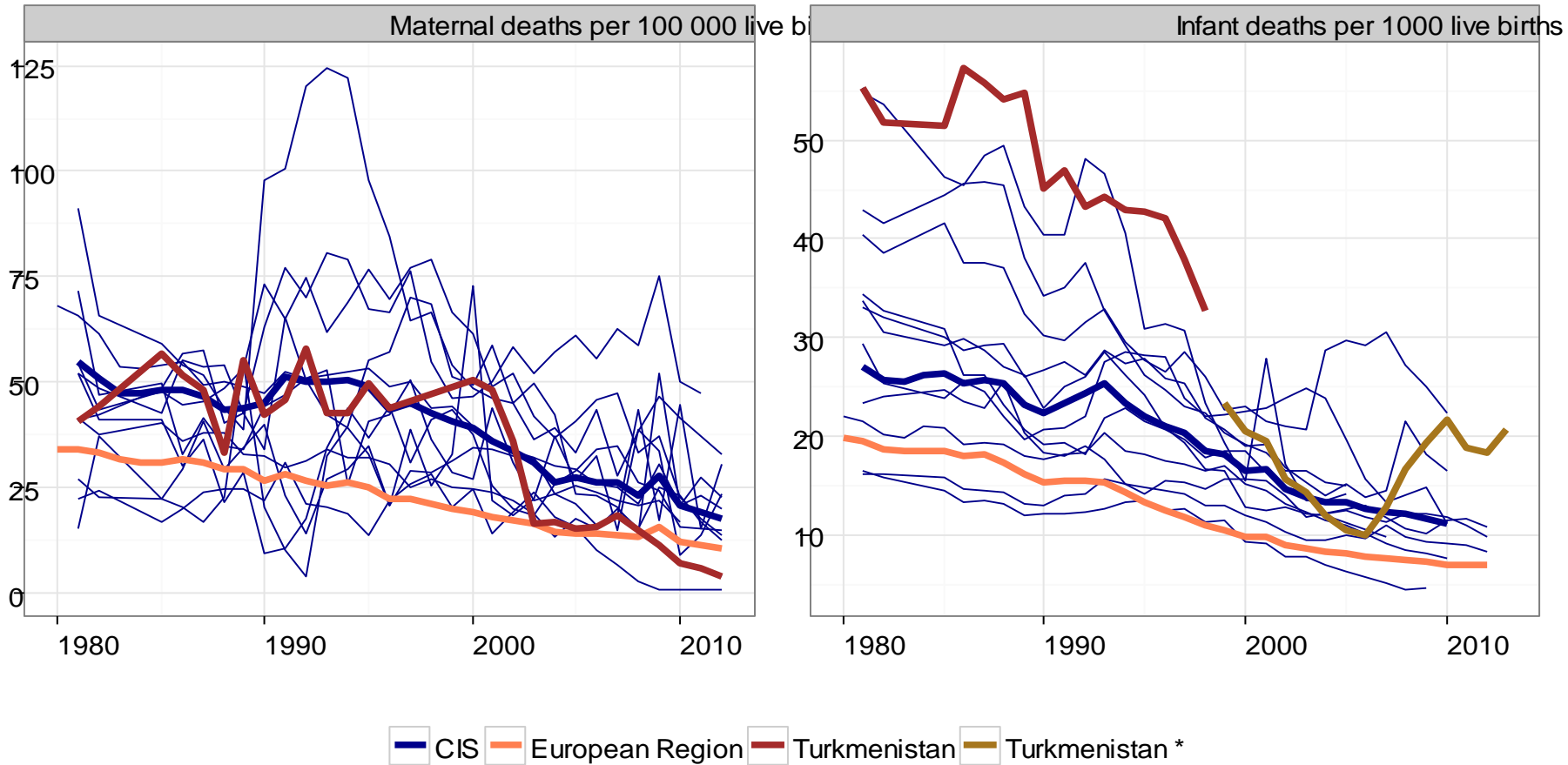
Health status in Turkmenistan

Life expectancy



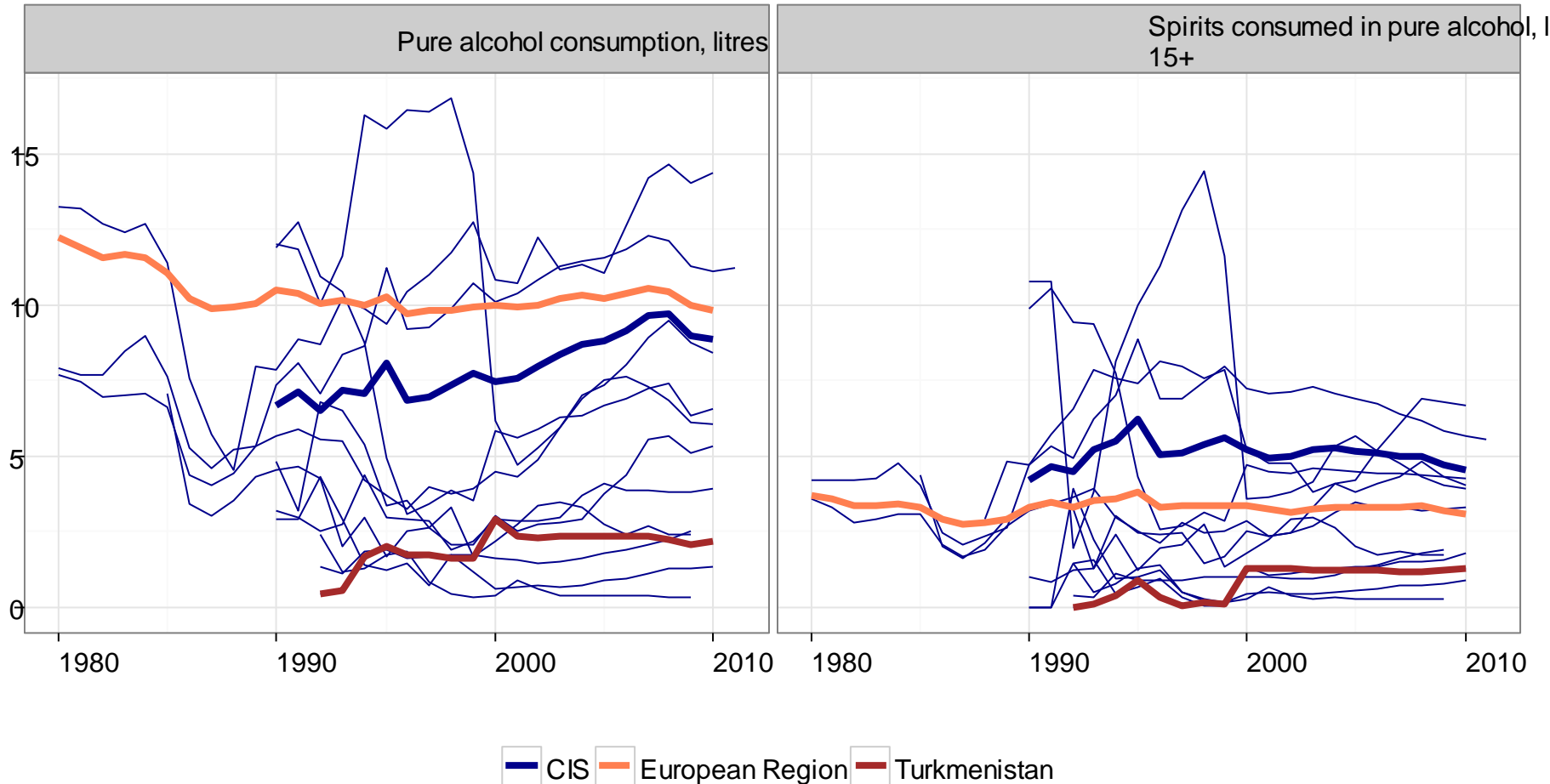
Source: WHO Europe: European Health for All database

Maternal and infant mortality



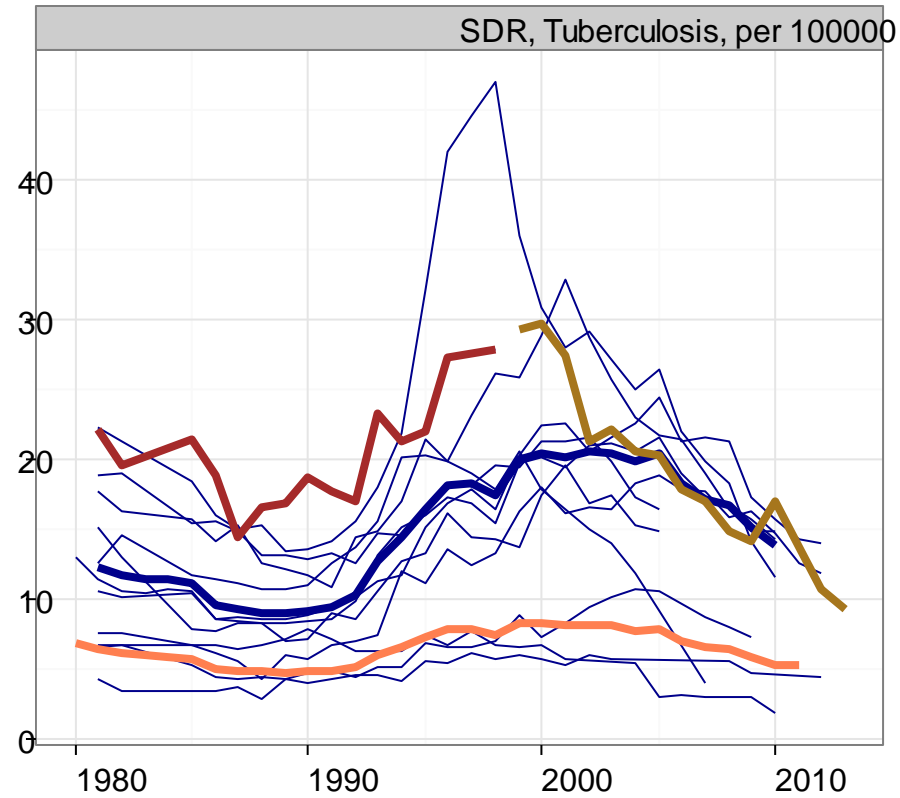
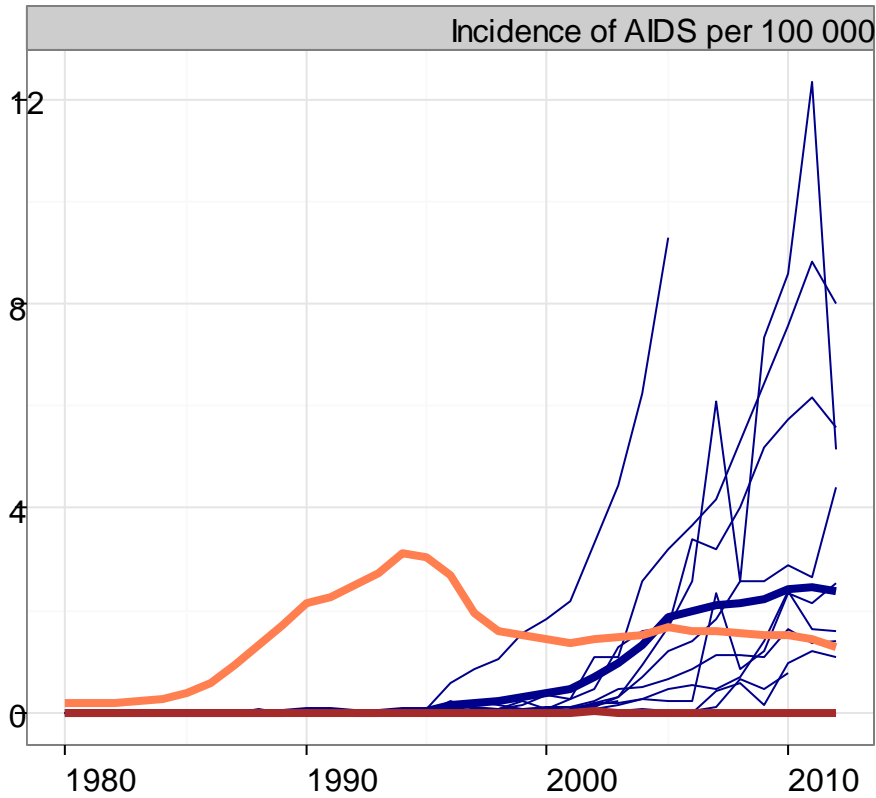
Source: WHO Europe: European Health for All database

Alcohol consumption: total and spirits



Source: WHO Europe: European Health for All database

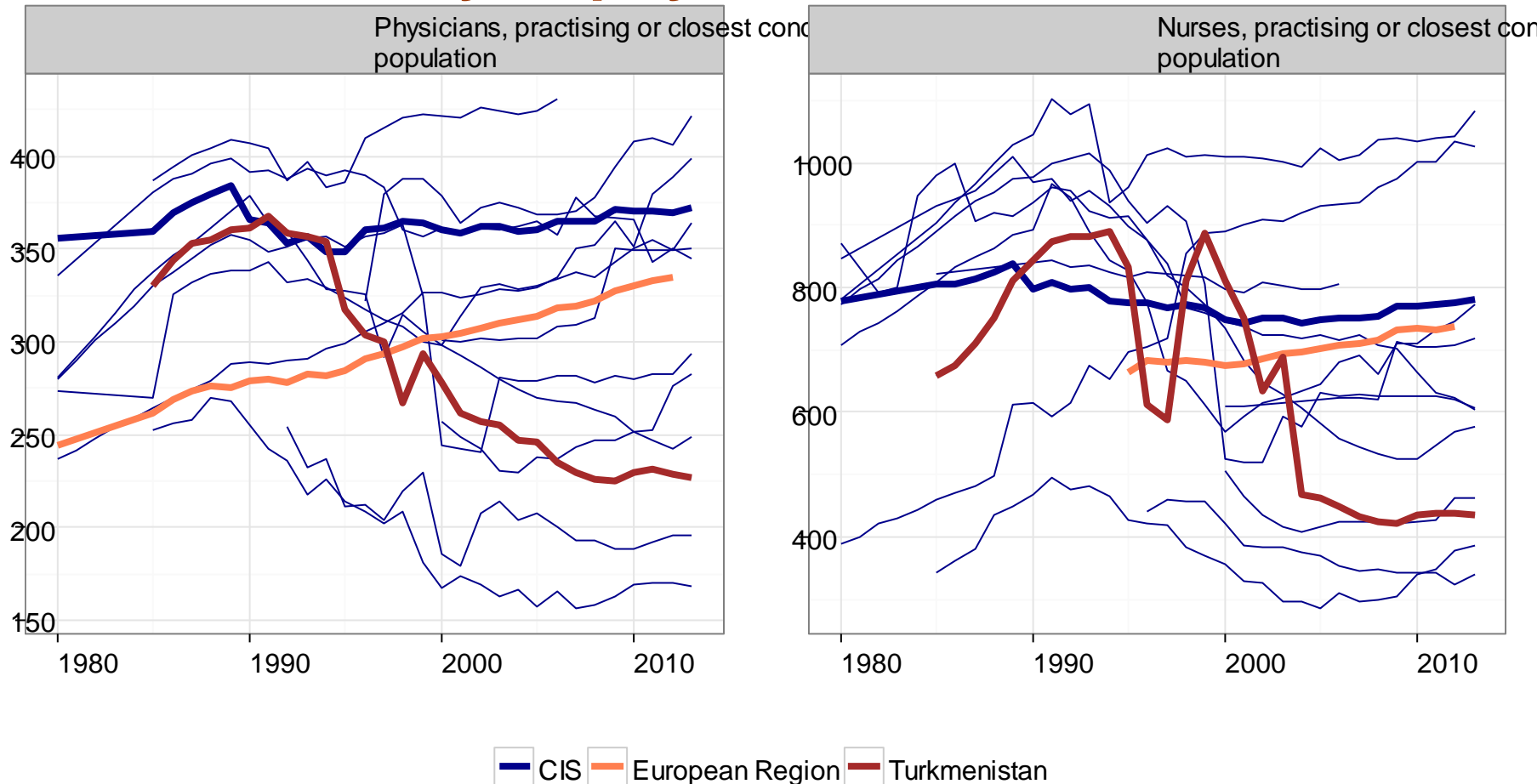
AIDS incidence and tuberculosis mortality



■ CIS
 ■ European Region
 ■ Turkmenistan
 ■ Turkmenistan *

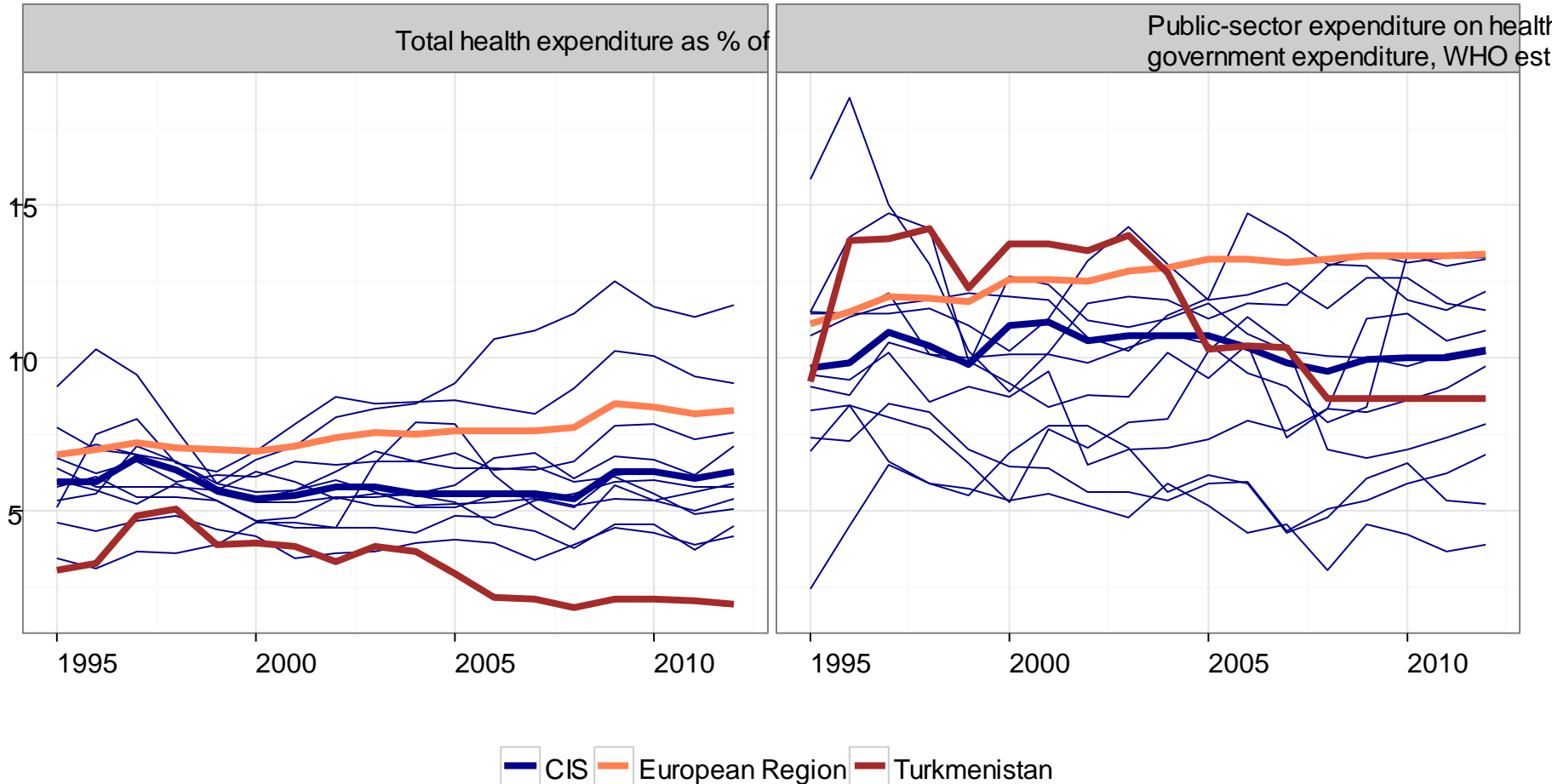
Source: WHO Europe: European Health for All database

Human resources for health: availability of physicians and nurses



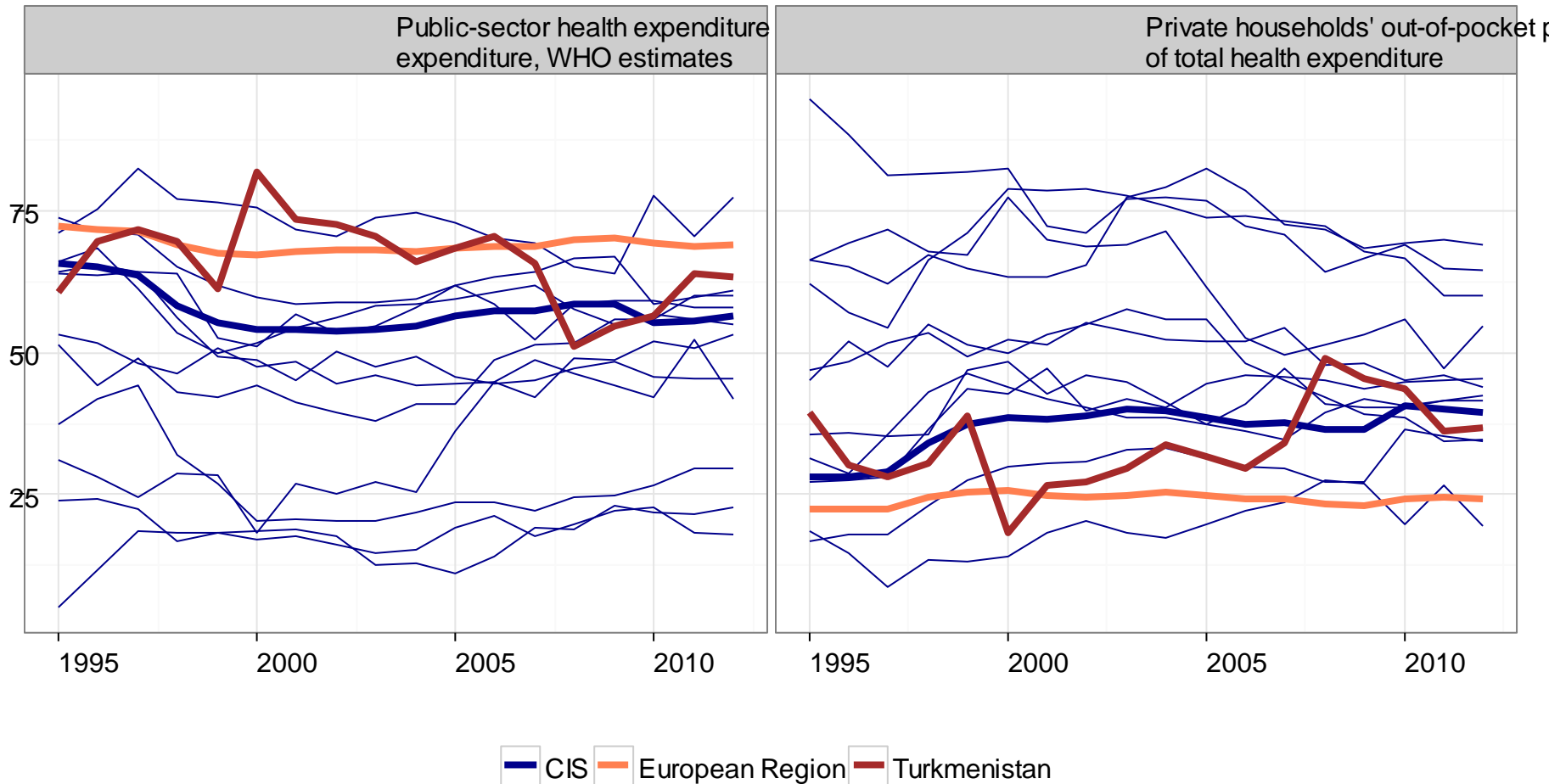
Source: WHO Europe: European database on human and technical resources for health

Health expenditure



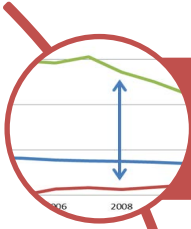
Source: WHO Europe: European Health for All database

Public sector and out-of-pocket expenditure



Source: WHO Europe: European Health for All database

Outline: Key challenges



Closing the gap in health status



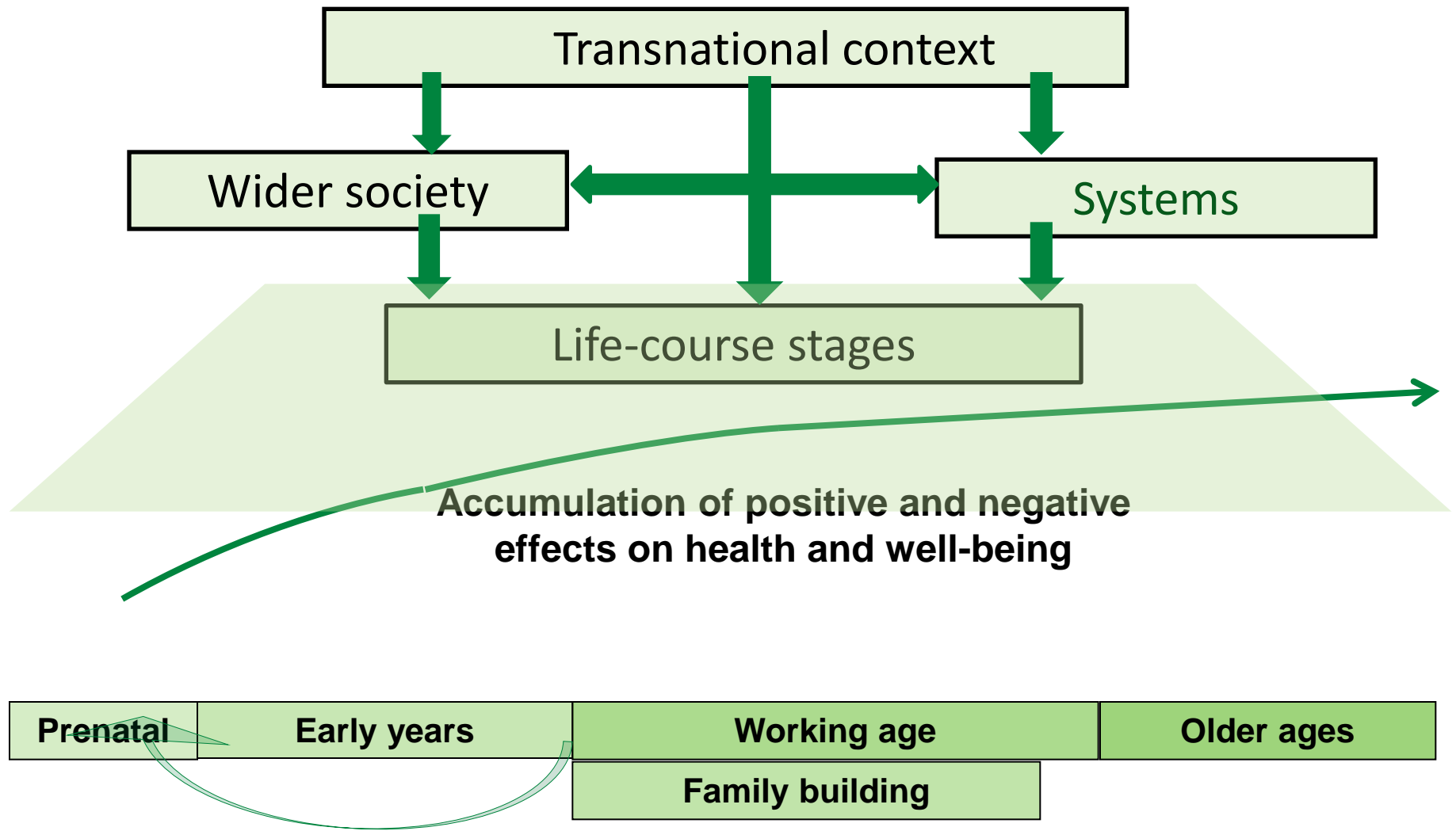
Addressing social determinants of health



Securing public funding for health and improving financial risk protection

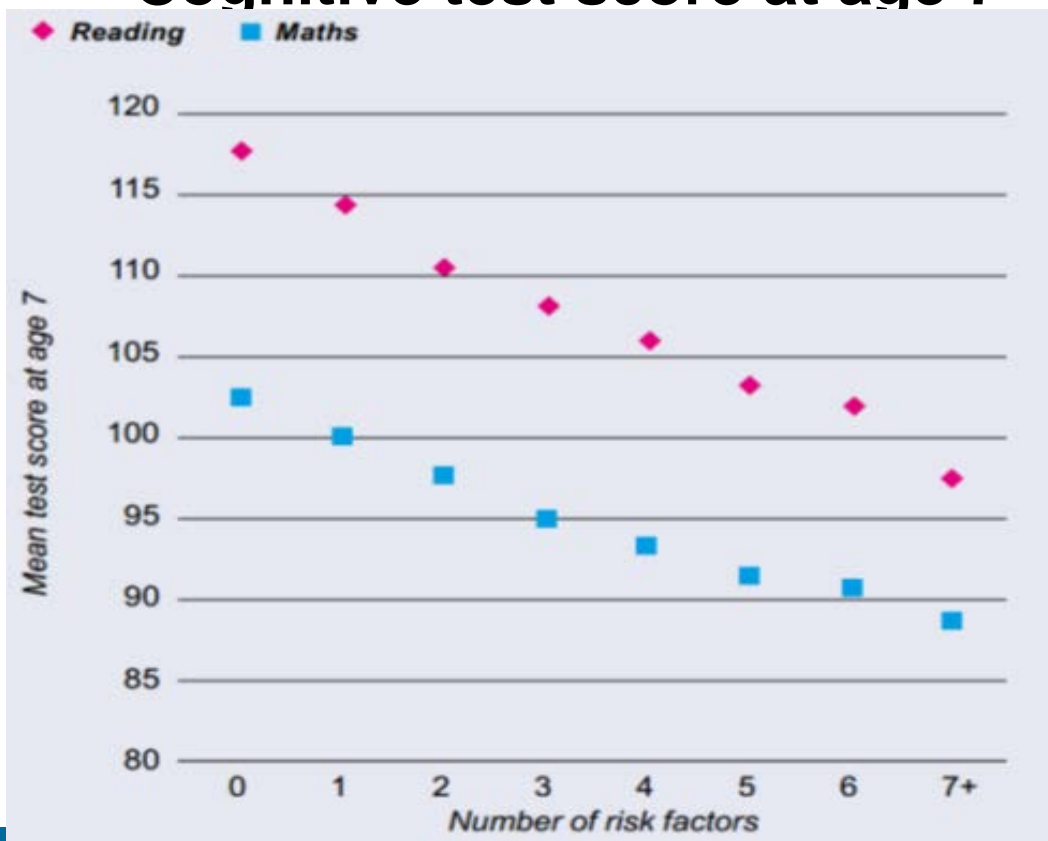


Strengthening the health system



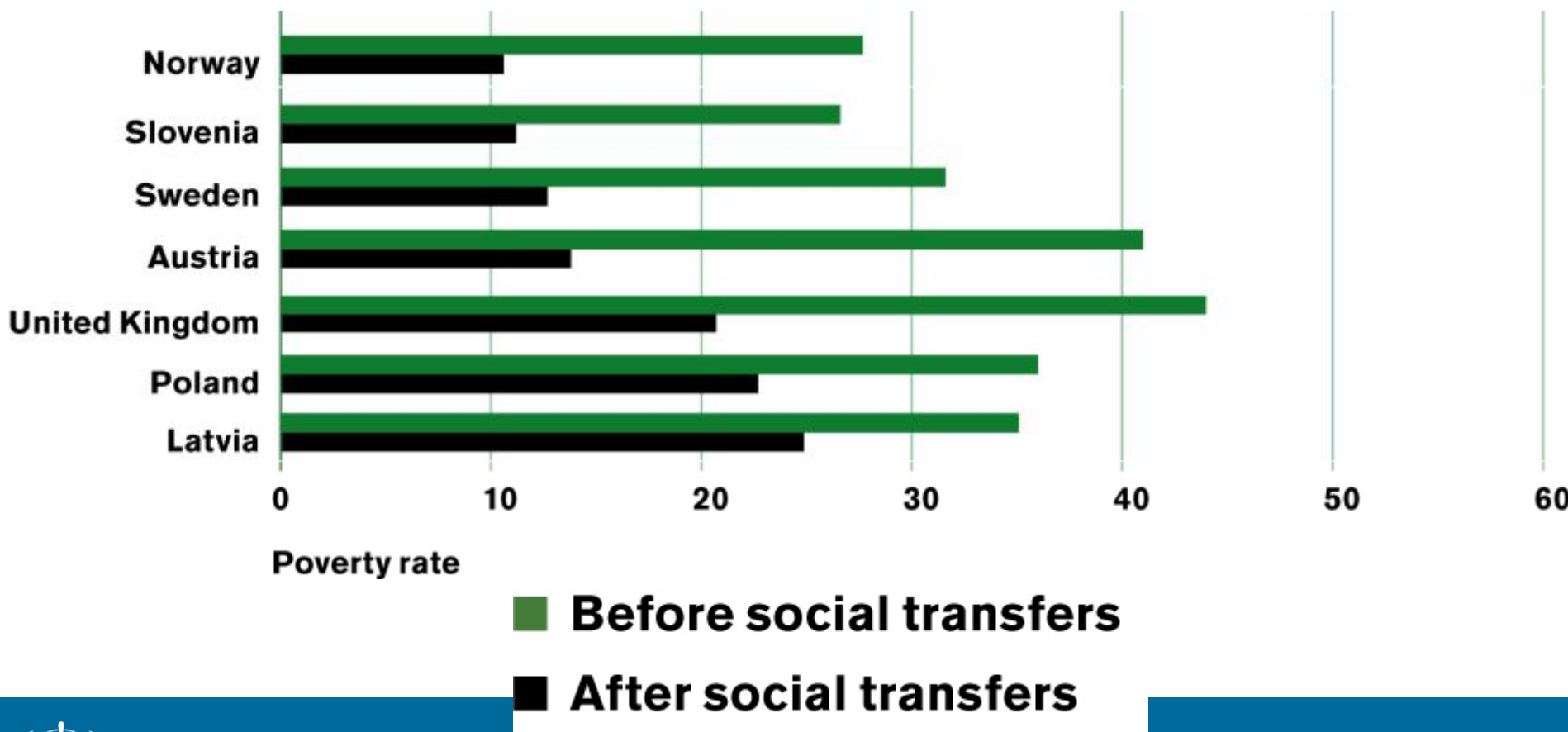
Inequality in cognitive development due to multiple factors, United Kingdom

Cognitive test score at age 7



- Low birth weight
- Not having been breastfed
- Maternal depression
- Having only one parent
- Median family income < 60%
- Parental unemployment
- Maternal qualifications
- Damp housing
- Social housing
- Area deprivation (index of multiple deprivation)

Child poverty rates before and after transfers, ranked by after-transfer rate, EU-SILC 2009



Employment and working conditions have powerful effects on health and health equity.

When they are good they can provide:

- financial security
 - paid holidays
 - social protection benefits, such as sick pay, maternity leave, pensions
 - social status
 - personal development
 - social relations
 - self-esteem
 - protection from physical and psychosocial hazards
- ... all of which have protective and positive effects on health

Source: Commission on Social Determinants of Health, Final Report, WHO, 2008

What does becoming “tobacco-free” mean?



Fiscal policy to control the harmful use of alcohol



Alcohol-related harm

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



Mapping allies and interests

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

Inter-sectoral action: elements for success

High-level commitment and champions

- Mayors, prime ministers, celebrities

Dedicated resources

- Taxation, private sector
- Coordination function requires resourcing
- Health promotion agencies, advisory task forces, local government

Institutional structures

- Do not discredit informal relations and power of the community

Joint planning

- The quality of planning can be more important than the plan.

Legislative tools

- Trans-fat, setting up structures for health promotion

Accountability

- Doesn't matter who but must be clear (shared or not, health or non-health)

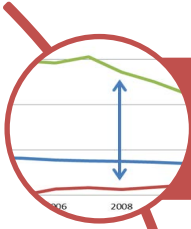
Monitoring and reporting

- Targets focus action
- Results are important for advocacy

What is to be done in Turkmenistan?

- Act on the recommendations of the study on inequalities in health, and build them into the policies of sectors.
- Continue progress on tobacco, alcohol, nutrition and physical activity.
- Tackle the vicious circle between inequity in health and in development.
- Continue to include these issues in national health policy development.

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Securing public funding for health and improving financial risk protection



Strengthening the health system

Universal health coverage

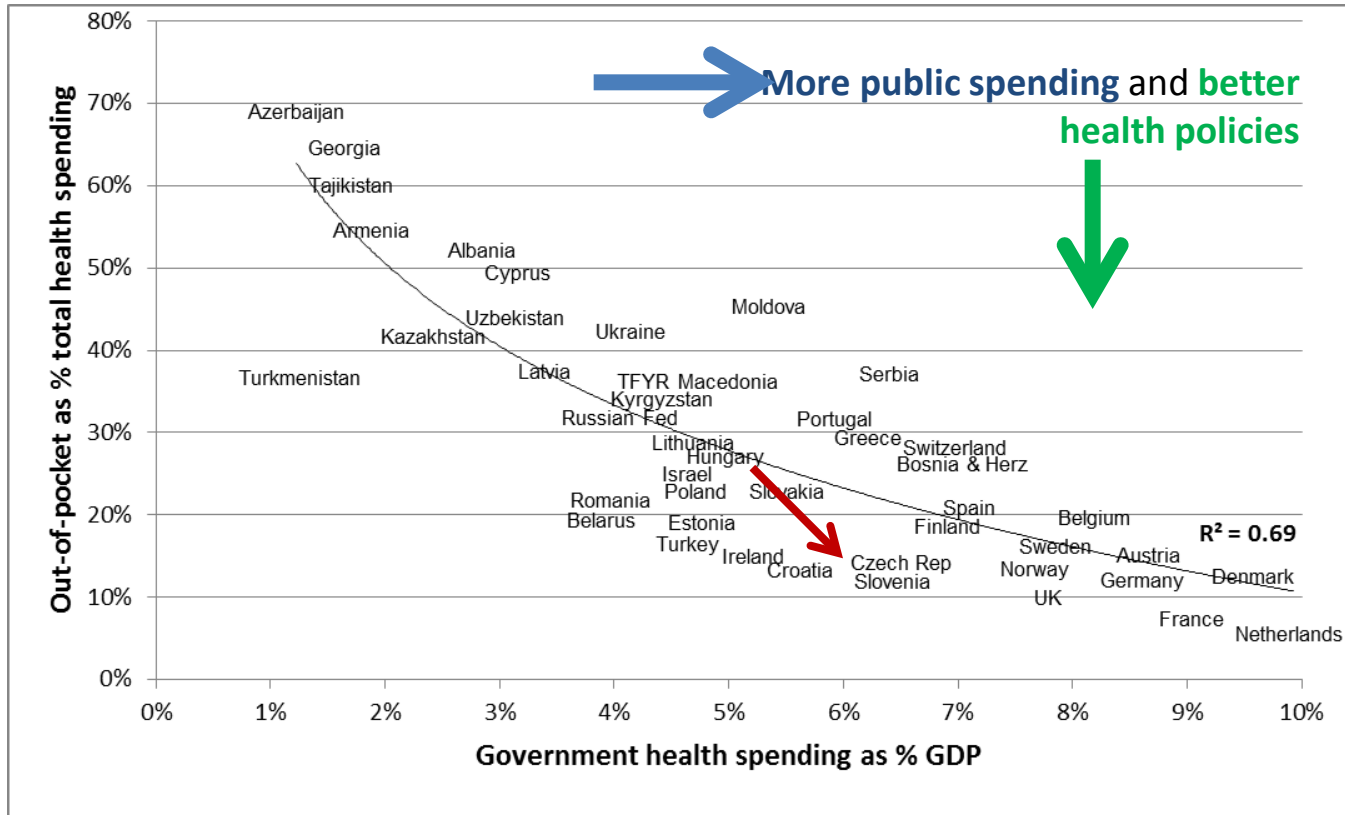
Equal access to high-quality health services and financial protection:

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

Potential indicators of coverage and protection:

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

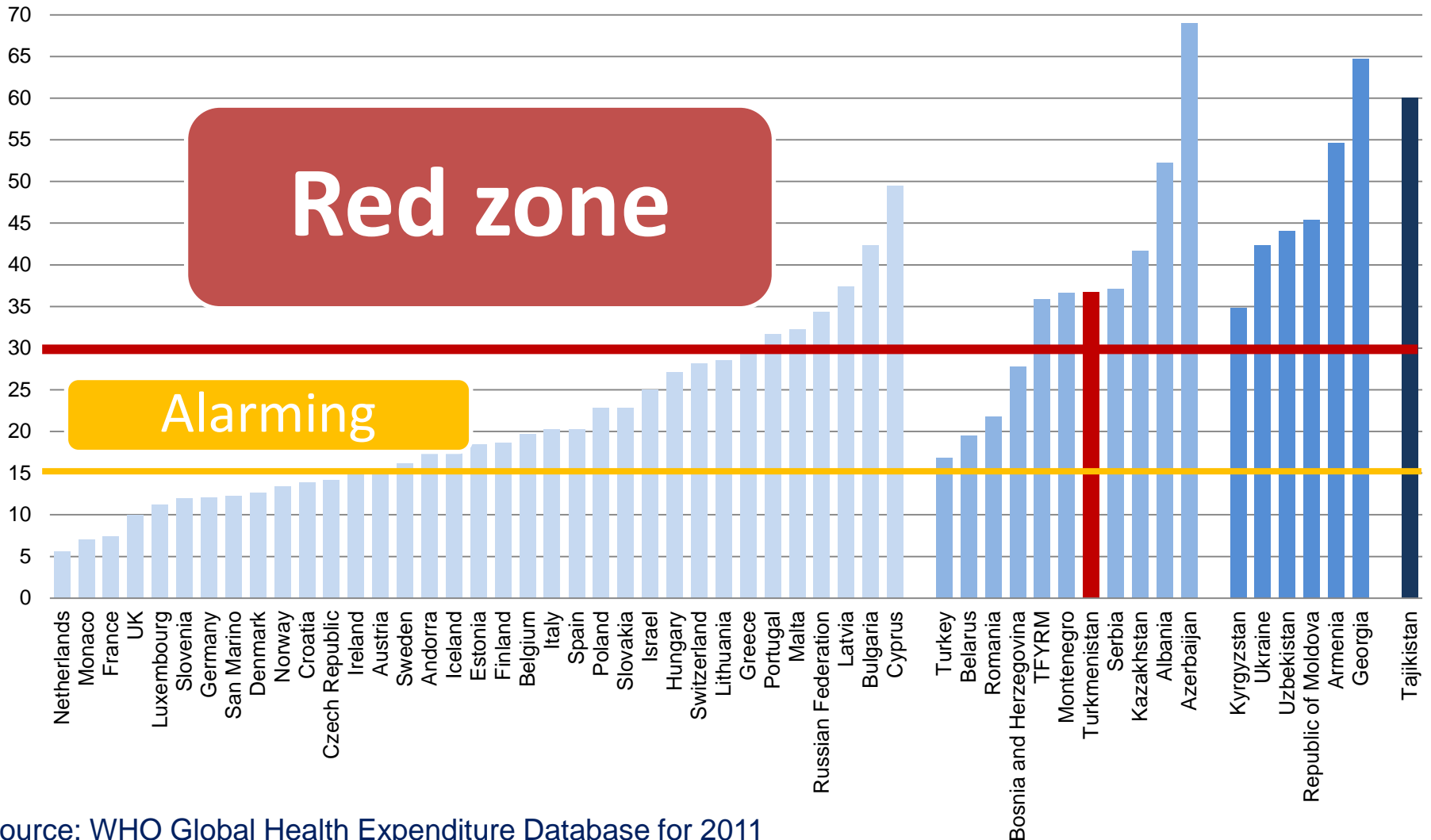
Where governments spend more, patients pay less.



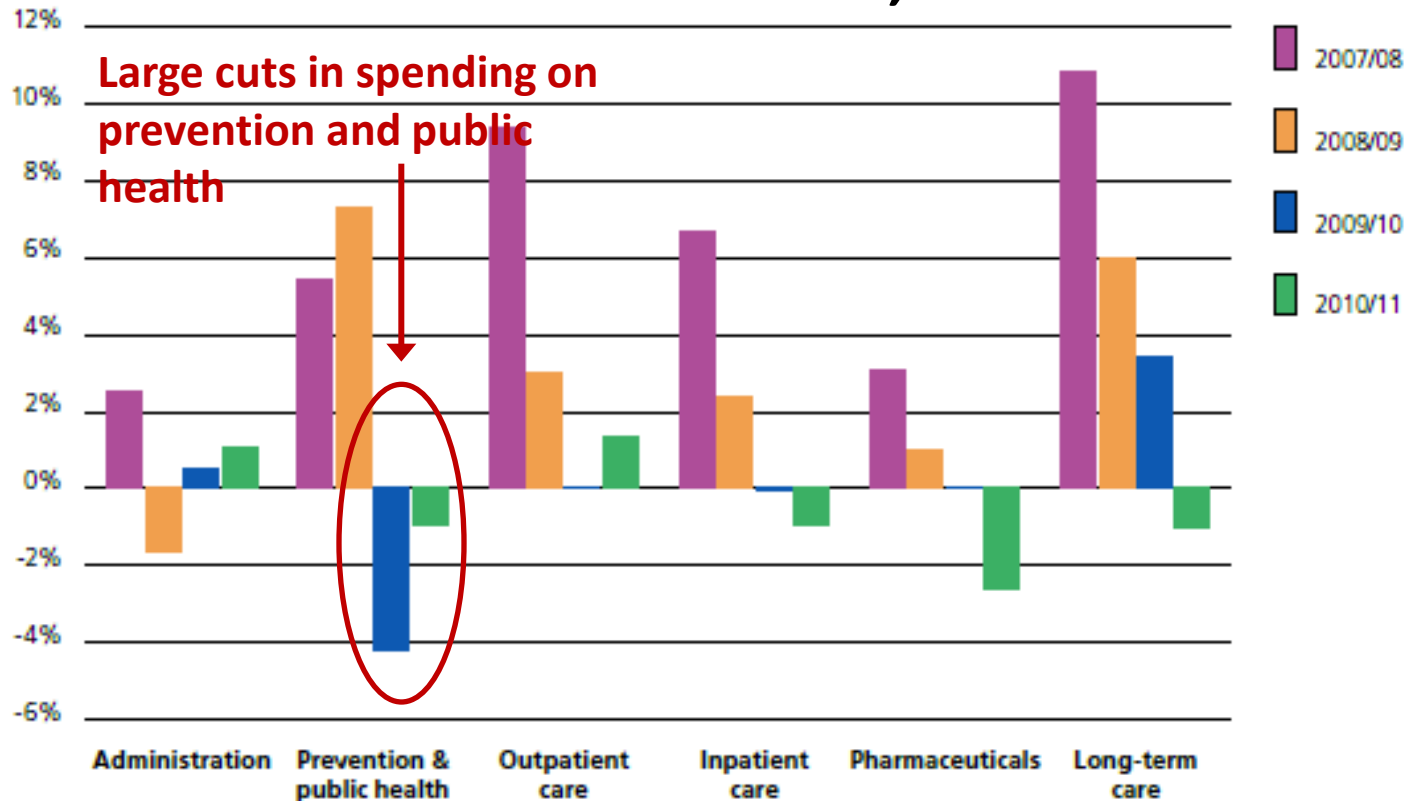
Source: WHO estimates for 2012, selected countries with population > 600,000

Out-of-pocket spending in Turkmenistan is in the **red zone**

Out-of-pocket spending as a share (%) of total expenditure on health ranked from low to high by country group (high, upper-middle, lower-middle and low)



Annual change in public spending on different health services, 2007–2011



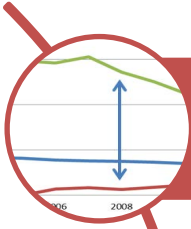
Source: Thomson et al 2014 using OECD-WHO-Eurostat data for EU and Iceland, Norway, Switzerland

So, in Turkmenistan ...

With a good economic situation:

- Consider increasing public funding for health as a further investment in development.
- Increase the Government share of health-related expenditure, and reduce out-of-pocket spending.

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Strengthening the health system

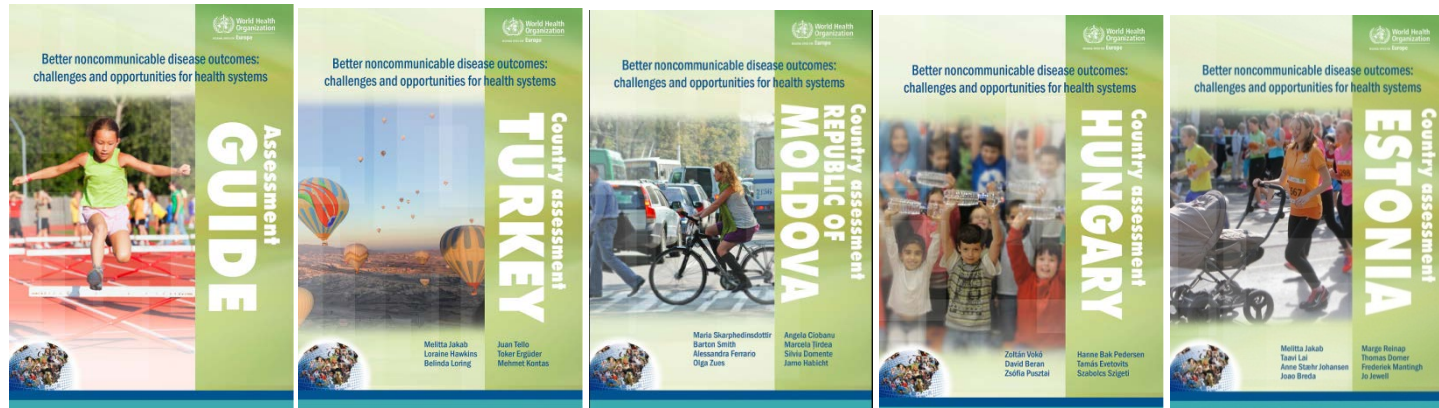
Health system strengthening and the Tallinn Charter

- *Support Member States in keeping or moving towards universal health coverage (guided by the mission and vision of Health 2020).*
- Transform financing arrangements to provide sustainability and universality.
- Position primary health care as the basis for other levels of care.
- Ensure coordination of all health care services.
- Reinvigorate and modernize public health services.
- Revitalize a flexible, multi-skilled workforce with aligned tasks by training and continuous development.
- Strategize use of modern technology and medicines for maximum benefits.

Health system response to noncommunicable diseases

A multi-disciplinary WHO work programme

- Background paper and country assessment guide
- 10 country assessments completed: Armenia, Belarus, Croatia, Estonia, Hungary, Republic of Moldova, the Former Yugoslav Republic of Macedonia, Kyrgyzstan, Tajikistan, Turkey
- Good practice cases
- From analysis to action through policy dialogue, media coverage and technical assistance



Health system barriers in Europe

- Core interventions and services for NCDs are poorly covered
- Key health system barriers include:
 - inadequate population empowerment
 - no model of care and coordination
 - few incentives
 - inadequate human resources



Continued challenges in primary health care, despite progress in Europe

Inadequate outreach to mobilize people

Primary health care is reactive rather than proactive

Fragmentation due to continued reliance on specialists to

Lack of nurses, dieticians, social workers in primary health care

Inadequate home care, nursing care, social care

Information technology not used to help these functions

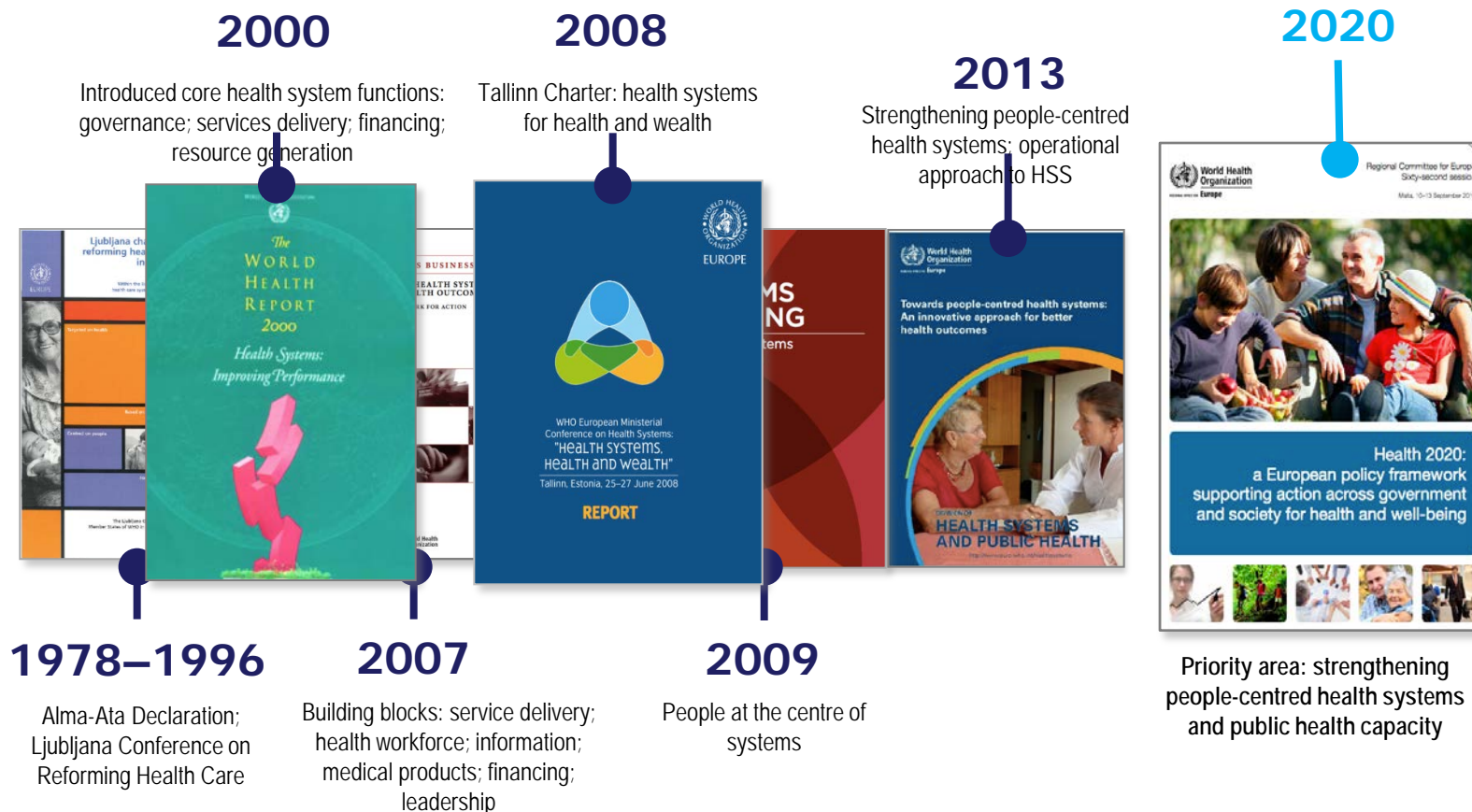
Incentives misaligned, with little attention to coordination of care

Low resolution of cases in primary health care and upward referral to specialists and hospitals

Poor coordination of care across levels of clinical settings and over time

Patients may then be subject to repetitive tests, inconsistent advice and confusion about who to consult.

Health system strengthening: From the Tallinn Charter to Health 2020



So, in Turkmenistan ...

- In the new health policy, take up the challenges of the health system.
- Adapt health care to the needs of the population, with NCDs as the dominant disease burden (with multi- and co-morbid conditions)
- Strengthen primary health care, and make it more proactive; avoid fragmentation; rely on multi-professional teams.
- Ensure more coordinated, integrated care, also by using modern information technology.
- Strengthen home and social care, and ensure continuity with health care.
- Make health care financing a priority.

National health policy development in Turkmenistan

Development of the Turkmenistan national health policy

- Excellent work so far
- Clear statement of vision and values
- Commitment to Health 2020, including universal health coverage
- Covers all determinants of health
- Good multi-sectoral consultation
- Commitment to whole-of-government and whole-of-society approaches
- Participation of a range of ministerial and governmental interests, health system providers and civil society
- Parliamentary discussion as part of the process
- The challenge is implementation.

Thank you