



World Health
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REGIONAL OFFICE FOR **Europe**



WHO European Office
for Investment for Health and Development
Biennial report 2018–2019



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ABBREVIATIONS

EMR	Meuse-Rhine Euroregion
EPHA	European Public Health Association
EU	European Union
EUPHA	European Public Health Alliance
GDP	gross domestic product
GPW(13)	(WHO's 13th) General Programme of Work
HESR(i)	Health Equity Status Report (Initiative)
(e)HiAP	(equity in) Health in All Policies
ILO	International Labour Organization
NGO	nongovernmental organization
RHN	Regions for Health Network
SCI	Small Countries Initiative
SDG	Sustainable Development Goal
SEEHN	South East Europe Health Network
TV	television
UBI	universal basic income
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

FOREWORD BY THE HEAD OF OFFICE

The arrival of Covid-19 in late 2019 has reminded us of the importance of health as an essential good, contributing to the social fabric of everyday life, to economic well-being and to peaceful and stable societies. Yet barriers persist in broadening access to good health and ensuring investments for health are sustained over time.

During 2018 and 2019, the work of the Venice Office focused on connecting policy-makers with the solutions to break down these barriers, supporting implementation of the WHO Regional Office for Europe's priorities of increasing the number of people living a healthy life and closing gaps in health within and between countries.

New evidence, metrics, policy tools and services developed under the Venice Office's portfolio are enabling countries and regions to make strides in closing these gaps. These support the health sector to engage with ministries of finance and economy to counter disinvestments in health, and to test and scale up effective responses to various policy challenges, such as health inequities, ageing societies, healthy living conditions and employment practices.

The impact of the Venice Office's work has been enhanced through a broad range of policy partnerships. These help to ground solutions in real-world needs, reflecting the priorities of policy-makers, and expanding support to practitioners and partners to encourage uptake and adaptation in practice. Networks and communities – including the Regions for Health Network and the Small Countries Initiative, which the Venice Office hosts – are boosting leaders' access to peer support and knowledge, and disseminating the programme of the WHO Regional Office for Europe.

These achievements have been possible because of a strong framework of academic and policy alliances spanning economics, public health, social policy and community development. This input has supported the generation of relevant and accessible solutions that can be taken up quickly by a wide range of partners.

The flagship Health Equity Status Report Initiative (HESRI) acts as a “golden thread”, bringing together the work of the Venice Office in making the investment case for action, generating policy solutions for different health equity challenges and ensuring that appropriate routes exist for peer countries, regions and stakeholders to act on this important agenda.

The Venice Office owes an enormous debt of thanks to its hosts, the Veneto Region of Italy, and to the Italian Ministry of Health, for their commitment to the principles of innovation and investing for health as components of inclusive and sustainable societies and regions.

Chris Brown

Head

WHO European Office for Investment for Health and Development

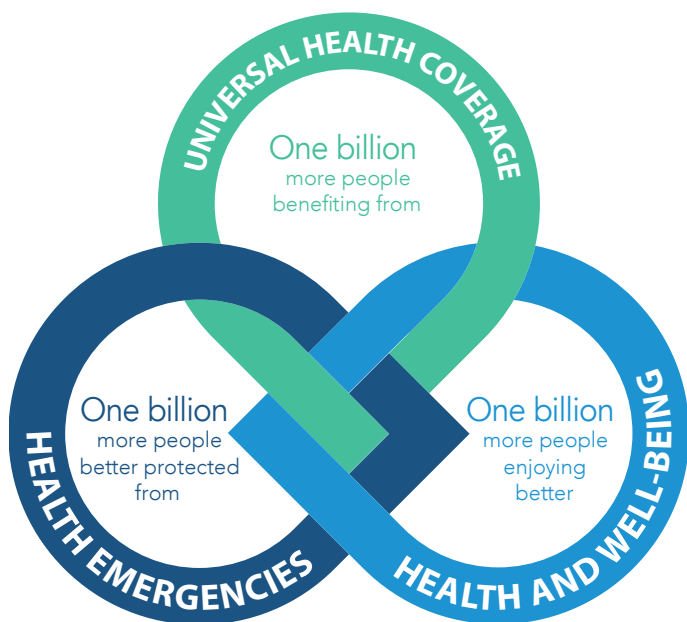
INTRODUCTION

The WHO European Office for Investment for Health and Development, based in Venice, Italy (the Venice Office) is the centre of excellence of the WHO Regional Office for Europe for social and economic determinants of health, health equity and investment for health and well-being in national and subnational (regional) policies and plans.

It plays an important role in knowledge leadership at European level, highlighting the importance of health equity in building sustainable societies, articulating the value of investing in health and locating health at the heart of the development agenda.

The Venice Office portfolio contributes to the first and last of the WHO triple billion targets (one billion more people benefiting from universal health care, and one billion more people enjoying better health and well-being (Fig. 1)). Furthermore, the Office plays a significant role in operationalizing the WHO Impact Framework and triple billion targets through core work on disaggregated monitoring of regional status and trends in health inequities, social determinants, policy coverage and investment in the Sustainable Development Goals (SDGs) (Fig. 2).

Fig. 1. WHO's 13th General Programme of Work (GPW13)













Source: GPW13 (1).

The GPW13 sets out WHO's strategic direction between 2019 and 2023. The GPW13 has also played a significant role in the activities of the Venice Office throughout 2018 and 2019. It emphasizes the right to the highest attainable state of health and the importance of access to universal health care. The GPW13 has three overarching goals, known as the triple billion targets.

The work of the WHO European Region, and therefore of the Venice Office, is underpinned by the United Nations 2030 Agenda for Sustainable Development, which embeds the concept of leaving no one behind. This targets specific groups excluded from decision-making power, and emphasizes equity, sustainable growth, participation, productivity, inclusive approaches to technology, strong governance and prioritizing areas that are the least developed.

During 2018–2019 the work of the Venice Office responded to the following United Nations SDGs.

Fig. 2. United Nations 2030 Agenda for Sustainable Development: the SDGs

	SDG 1: end poverty in all its forms everywhere.
	SDG 2: end hunger, achieve food security and improved nutrition and promote sustainable agriculture.
	SDG 3: ensure healthy lives and promote well-being for all at all ages.
	SDG 4: ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
	SDG 5: achieve gender equality and empower all women and girls.
	SDG 8: promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.
	SDG 10: reduce inequalities within and among countries.
	SDG 11: make cities and human settlements inclusive, safe, resilient and sustainable.
	SDG 16: promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective accountable and inclusive institutions at all levels.
	SDG 17: strengthen the means of implementation and revitalize the global partnership for sustainable development, through high-quality, timely and reliable disaggregated data for all.

<https://sustainabledevelopment.un.org/?menu=1300>

As a centre of excellence, the Venice Office synthesizes policy-relevant evidence, develops guidance and tools, delivers capacity-building events and provides direct technical assistance to Member States. This assistance falls into two categories: first, in the form of policy development on the pathways from social and economic policies to health; and second, in quantifying how health represents a good, for sustainable and inclusive development.

Supported by an extensive network of policy researchers located across the WHO European Region and beyond, the Venice Office synthesizes the best available evidence to generate cutting-edge knowledge. Knowledge products support Member States of the WHO European Region to build strong partnerships across governments, engage the public and private sectors, academia, think tanks, and civil society stakeholders to improve health equity and well-being.

During the two years covered by this report, the Venice Office focused its efforts on five interrelated policy challenges:

- demonstrating the economic and social impact of health systems;
- building capacity and partnerships for action on the social determinants of health across the life course;
- strengthening knowledge exchange and innovating in approaches between subnational authorities to meet the health needs of their regional populations;
- advocating for and supporting the voices and approaches of small countries;
- connecting policy-makers with solutions to reduce health inequities.

Through this work, the Office has strengthened the evidence base with which to challenge narratives that present investment in health as solely a cost, or that block effective actions needed to close avoidable gaps in health. Examples include underestimating the key role that health and health systems play in driving sustainable development and inclusive growth, and doubting the extent of public appetite for more equitable societies.

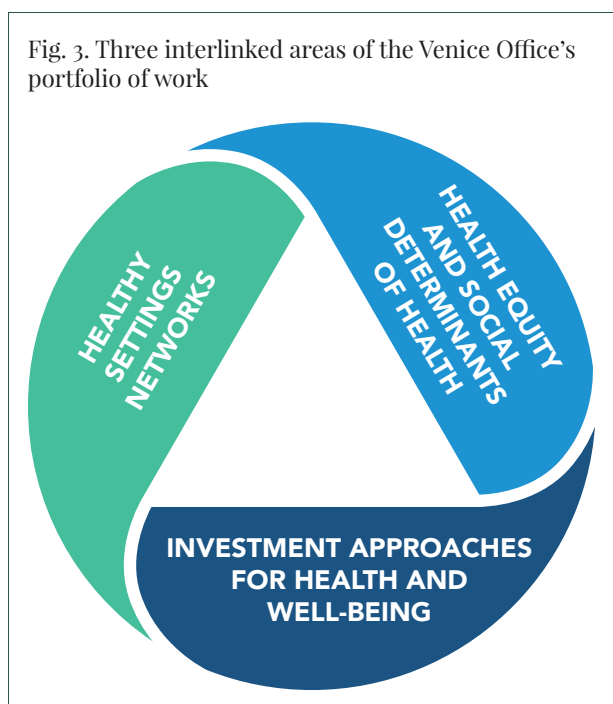
Developing practical tools to drive change

Throughout 2018 and 2019, the Venice Office worked to further the key health goals of the WHO European Region by synthesizing innovative research and developing practical implementation tools. These help politicians and senior decision-makers to understand and make the case for the

contribution of health and health systems to the development of a country's (and region's) economy. They also support leaders to identify and describe the benefits that other sectors and stakeholders experience when health inequities are reduced. These tools are developed within the framework of the Venice Office's programme of work, encompassing three interlinked pillars of activity (Fig. 3).

The Venice Office is the home of the Regional Office's health equity and social determinants of health programme. Social determinants of health continue to be highly relevant to achieving health and well-being for all in the WHO European Region, as economic, educational and welfare policies all have a significant impact on the opportunities and conditions that influence a person's health. Despite overall improvements in health and well-being in the WHO European Region, inequities within countries persist.

Fig. 3. Three interlinked areas of the Venice Office's portfolio of work



Intersectoral evidence, advocacy and practical approaches are important when orienting these policies towards achieving good and equitable health. The Venice Office’s work on social determinants focuses on bringing forward the evidence, tools, best practice and capacity-building to support the health community in addressing the intersectoral pathways which shape five essential conditions and opportunities for people to be healthy: health services; income security and social protection; living conditions; social and human capital; and employment and working conditions.

A fundamental aspect of the Venice Office’s work is to understand how contextual factors affect policy actions to close health gaps within countries and encourage investment in health and health systems. Financial pressures, increased decentralization of decision-making, stronger focus on social and economic sustainability, demographic change, trends in the structure of the health-care workforce and public opinions all have a significant impact on how countries and regions are making progress to invest for health and reduce health inequities, as do decisions made in sectors other than health.

Understanding how these contextual factors interact with and impact on the decisions made by national and regional health system leaders allows the Venice Office to provide focused support that responds to the challenges that decision-makers face on a day-to-day basis, from reducing inequity to identifying system efficiencies and improving social cohesion.

The Office provides the secretariat for two policy networks, the Small Countries Initiative (SCI) and the Regions for Health Network (RHN). Work to reduce inequities at the subnational level and within small countries is particularly important, because progress towards reducing subnational regional health inequities in life expectancy has been disappointing, and smaller countries face specific challenges when implementing policy reforms.

The Venice Office’s tools, scientific products and flagship initiatives, such as the Health Equity Status Report (HESR) (see Chapter 5 for more detail) enable mainstreaming of equity across the WHO Regional Office for Europe and within Member States of the Region, while the networks are key to implementation and uptake of Regional Office activities across the triple billion targets.

The Venice Office’s contributions to the WHO European Programme of Work 2020–2025

The activities of the Venice Office support multiple priorities set out in the WHO European Programme of Work, which has the overarching goal to unite action for better health. Specifically, the work of the Office addresses the following objectives:

- **supporting health transformation** by developing the tools and instruments required to put transformation into practice and identifying co-benefits for other sectors to advance progress on health-related SDGs;

- **safeguarding all population groups** through horizon-scanning to identify emerging challenges, developing practical tools and instruments at country level, addressing health determinants and identifying co-benefits for other sectors to advance progress on health-related SDGs;
- **empowering people and raising health literacy** by transforming public health and the health system to put people first;
- **leveraging strategic partnerships for health** by creating a network of policy-makers and experts and functioning as a hub for the exchange of knowledge and implementation at policy level.

1. The economic and social impact of health systems

Understanding the contribution health systems make to local and national economic development means that, when allocating funds to health systems, politicians and health system leaders can make informed investment decisions, enabling them to use public funds to achieve the greatest social impact. Member States can use this information to address broad challenges, such as making an economic case for broadening access to universal health care or specific issues like social sustainability and understanding the role of health in a circular economy.

WHO has made it a priority to support countries in improving their capacity for transparent decision-making in priority-setting and resource allocation, and to better understand the impact of health on national economies.

Health-care expenditure as an economic investment

Experts in finance and economic analysis working with the Venice Office have developed a groundbreaking scientific method to quantify the impact of health systems on economic growth and social inclusion. Significantly, the approach uses existing data at individual country level, rather than modelling theoretical future effects. The methodology was published in the *European Journal of Applied Economics* in 2019 (2).

A desk review of the health systems in 19 countries of the WHO European Region was carried out to understand the impact that health systems had on the national economies and on social inclusion. So far, this work has led to various reports, including one on the evidence and business case for investing in health systems to achieve the goals of inclusive growth and resilient economies (3), with further publications to follow.

The work has generated evidence to support the view that spending on health care should be considered an investment in an area's economy, rather than simply a cost that cannot be recovered. It indicates that the health-care sector has a positive impact on employment rates, household-level income, and economic output.

In 2018 the Venice Office convened a round-table discussion bringing together representatives of the financial sector, health system leaders, health insurers and policy researchers to discuss the implications of the project findings for economic policy at national and regional levels. Representatives from the Directorate-General for Economic and Financial Affairs of the European Union (EU) and the health division of the World Bank participated, together with high-level representatives from six ministries of health of developed and transition economies in Europe, programme staff from WHO, scientific experts from the WHO European Region, and the Director of the South East Europe Health Network (SEEHN).

The project outputs were used to produce background papers, and evidence was submitted to the Invest pillar of the 2018 high-level meeting Health Systems for Prosperity and Solidarity in Tallinn and also contributed to the related outcome statement of the 10th anniversary of the Tallinn Charter (4).

Supporting countries to quantify the impact of the health systems on the national economy

To date, the project has provided support to three countries (Republic of North Macedonia, Slovenia and the English health system within the United Kingdom) to quantify the impact of the health sector on the national economy. Support has also been provided to the Welsh health system (United Kingdom) to demonstrate the social return on investment from improving health and well-being for all. In total, eight countries and one network of countries (the SEEHN)¹ have so far requested to work with WHO on this initiative.

Various countries have engaged with this work in order to address different challenges. For instance, as part of a programme to expand access to essential health-care services to the 10% of the population that are not currently able to access them, there was a drive for the North Macedonian health system to understand and build the economic case for increasing investment that would widen health services coverage. The analysis for North Macedonia found that in 2015 every €1 invested on goods and services generated by the country's health system yielded an increase of €2.36 in total national economic output. Furthermore, in the same year, an additional job in the North Macedonian health-care sector was found to result in 2.5 jobs in the rest of the economy. The relationship between gross domestic product (GDP) per capita and the employment multiplier shows that the health-care sector is particularly important in creating new jobs outside of its own sector in transition economies such as North Macedonia.

In Slovenia, the approach was used to show how the health sector is key to economic stability, contributing on an annual basis, across economic cycles, including during economic downturns. Work with Slovenia's health system, using data from 2009, 2010 and 2014 indicated that the health-care sector was a stable economic provider, resilient to the normal economic cycles. There was little change in the impact of the health system on the economy, even in deep economic recessions, protecting against job losses, supporting household-level income security and reducing the risk of social exclusion. This has strengthened the case against disinvestment in health care during economic downturns.

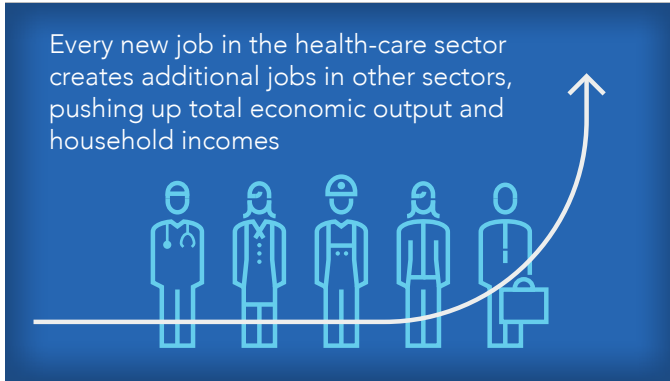
Using findings to scale up universal health coverage

Next steps for this work include applying the strategy of strengthening investment in place-based approaches to improve health, well-being and prosperity. The Venice Office is developing tools, capacity-building and accompanying policy resources, in order to create a country-level evidence base for action. The work will focus on strengthening the economic case for and identifying the social

¹ www.seehn.org

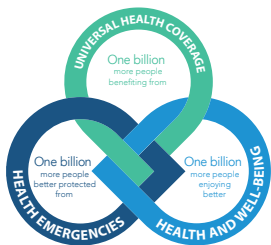
benefits of investment in health systems (see, for example, evidence presented in Fig. 4).

Fig. 4. Impact of the health sector on other parts of the economy



Source: results of WHO analysis of data from 19 European countries (3).

- One new job created in the health sector leads to 1.7 new jobs created in the rest of the economy.
- If health expenditure were to increase by €1, average household income would rise by €0.70.
- Of 62 sectors analysed, health has on average the 10th highest impact on household income: in some countries, it has the second-highest impact.



Contribution to GPW13 implementation

1.2 Reduced number of people suffering financial hardships

1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy

Source: GPW13 (1).



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2. Social determinants of critical pathways to better health

Many threats, as well as assets needed to achieve public health goals, can (often) arise from decisions taken in other sectors. Economic, educational and welfare policies all significantly affect the opportunities and conditions that impact on a person's health. Orienting these policies toward achieving good and equitable health requires intersectoral evidence, advocacy and practical approaches. This is necessary in order to create the prerequisites for health and well-being.

The WHO Venice Office's work on social determinants focuses on addressing the intersectoral pathways which shape five essential conditions and opportunities necessary for people to be healthy, across the life course: health services; income security and social protection; living conditions; social and human capital; and employment and working conditions (Fig. 5).

Fig. 5. The five essential conditions for a healthy life



Source: European HESR (5).

- Accessible, affordable and high-quality health services
- Basic income security and adequate social protection
- Safe and affordable living conditions and neighbourhoods
- High-quality education and a sense of social and political trust and participation
- Decent employment and working conditions

Evidence, trend analyses and briefs on these essential conditions support ministries of health to demonstrate how the decisions of other sectors have a positive or negative impact on health and well-being. They also help decision-makers to identify which sections of society face increased risks and consequences resulting from the negative health effects of other sectors' policies.

The Office's work in this area supports national and subnational governments and health authorities to improve policy coherence and accelerate progress towards equitable health and well-being. The work also includes mapping and analysis of public perceptions of the five essential conditions and opportunities for people to be healthy, in order to support better communication and engagement of politicians and the general public about these issues.

In undertaking this strand of work, the Venice Office has cooperated closely with other United Nations agencies, such as the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Population Fund (UNFPA). The Office has worked with European networks of policy-makers, researchers and practitioners – such as the Social Platform (the platform of European social nongovernmental organizations (NGOs)), the European Public Health Alliance (EUPHA), and the European Public Health Association (EPHA) – to ensure that essential conditions to be healthy are better understood and can be articulated in policy processes, and to ensure learning is made widely available through policy dialogues and online webinars.

Supporting Member States to implement a basket of policies to level up health across the population

The WHO Venice Office has produced policy guidance to support Member States to use progressive, universal policies that have the dual effect of improving overall population health, and accelerating the closing of health gaps across the population at different life stages. The development of this guidance was led by Member States, who identified three priority areas for attention. These were: to give every child a good start, as an investment in healthier lives for all by achieving a greater number of years of healthy life; to address the challenges of an ageing society and the need to keep people well for longer; and, finally, to better support young adults aged 18–28 years, whose vulnerability has significant implications for their future health and well-being (6–8).

Intersectoral policy guidance and case studies

During 2018–2019, the Venice Office carried out significant work to highlight the importance of work and income security to health, and to explain how decision-makers can take action with other sectors as well as within the health sector to improve health status and lessen the risks and consequences of inequity.

Health, work and employment conditions

Between 6% and 10% of health inequities in self-reported health, mental health and life satisfaction are associated with employment and working conditions. The relationship between health, employment and national economies is becoming better understood. For instance, research has shown that increasing the proportion of the population in good health in northern England by 3.5% would reduce the employment gap between that region and the rest of England by 10.0% (5).

The Venice Office is bringing forward evidence of links between health, work and the economy, along with metrics to support Member States to better understand and act on them. A recent policy brief highlights the key issues and steps Member States can take within a health context to improve the relationship between people's health and work. The brief also identifies steps employers can take to improve working conditions and emphasizes ILO recommendations, including establishing a universal

labour guarantee and a set of basic working conditions (9). The Office has produced further guidance, including country-specific reports to drill down into specific local employment circumstances, as well as suggesting multisectoral actions for health.

Policy-makers and leaders working in occupational health in Croatia approached the Venice Office for help in developing evidence-based options for the health sector to engage other sectors in order to improve the health impact of cross-sectoral policies for employment and working conditions. In Croatia, as in other countries of Europe, tackling the health problems that inhibit a person's participation in working life is a government priority. The Office worked with the Croatian Ministry of Health and occupational health experts to analyse the situation in the country, then developed a discussion paper with recommendations to support dialogue with the Ministry of Labour and Pension System on tackling the problem.

Health and income security

The struggle to make ends meet is a major factor explaining inequities in self-reported health between social groups in countries across the WHO European Region. This includes being able to afford to pay for the goods and services considered essential to live a dignified, decent and independent life, such as fuel, food and housing. The risk of poverty is directly correlated with early-onset morbidity and premature mortality. Young people, those in temporary or part-time employment, individuals with caring responsibilities and older people are at higher risk of poor health associated with poverty.

Inequities in income security consistently constitute the largest portion of the gap in health inequities across health indicators. Between 35% and 46% of health inequities in self-reported health, mental health and life satisfaction are associated with income security and social protection (5). But the overall trend across the WHO European Region is of declining income security among people that are the least well-off.

In response to this decline, the Venice Office has created policy tools to support Member States to respond to the challenges of income security. These comprise datasets and indicators to support joint policy action and monitor progress on links between health effects of income security and emerging challenges, such as inadequate food and nutrition, and fuel insecurity.

Bringing forward new opportunities for intersectoral policies to level up health within the population: universal basic income (UBI) schemes and their potential for addressing health inequities

High exposure to poor-quality jobs among the most vulnerable people in all European countries, along with risks to mental health and well-being of unstable in-work patterns, and increased public costs of rising inequality and poverty show that restricting access to welfare has substantial health consequences (10).

UBI has become an important reference point when discussing ways to address shortcomings resulting from the changing nature of work, income insecurity and the sustainability of welfare systems. Generally, the consideration of health and health equity effects of UBI has not been well articulated; however, such policies show potential, owing to their impact on two of the essential conditions needed to live a healthy life: income security and decent work.



A Venice Office discussion paper on UBI policies was presented and debated with policy-makers and practitioners at a forum focusing on solutions to accelerate healthy and prosperous lives for all, as part of the WHO European Region High-level Conference on Health Equity in Ljubljana (Slovenia) in June 2019. The paper recommends that WHO supports countries to explore further the health implications of universal, stable income security policies and interventions, considering impacts on individuals, society, and institutions delivering health services.

The discussion paper is based on analysis of real-world learning from several countries and cities within Europe and Canada that have recently embarked on basic income experiments. These live policy experiments mimic some features of a full UBI policy (in particular, unconditionality) and move the emphasis away from disqualifications and sanction-based regimes towards self-motivation. The findings showed that the policy experiments sought to: combat poverty and improve health; achieve positive motivational impacts; increase administrative efficiency; and address concerns about labour market change, such as increasing automation and non-standard employment circumstances.

Social protection

The Venice Office is co-Chair of the United Nations Issue-based Coalition on Social Protection, ensuring that health is a component of United Nations country development processes linked to income security, poverty reduction and social inclusion. Social protection programmes tackle multiple dimensions of poverty and deprivation (decent work, education, health care, food security, income security) and can therefore be a powerful tool in the battle against poverty and inequality.

Social determinants of health in practice

To inspire action and demonstrate how Member States are incorporating social determinants into policies and services, the Venice Office has produced a series of country-level case studies outlining participatory approaches to reaching the SDGs. One publication shows how different countries are making improvements across the five essential conditions for a healthy life. These case studies include success stories, promising approaches and lessons learned at local, national and European levels. They show how countries have overcome challenges related to disinvestment in policies and approaches that impact on health and health equity (11). A separate set of case studies supports

United Nations country teams to strengthen action on health and social determinants in national SDG plans (12).

The Venice Office has organized policy dialogues, round-table discussions and study visits, including during the United Nations Economic Commission for Europe (UNECE) annual Regional Forum on Sustainable Development in Geneva, and with delegations from Malta, Hungary and Poland. The Office has also worked in collaboration with partners such as the EPHA and the Social Platform, the European Youth Foundation and the Association of European Cancer Leagues.

Leaving no one behind, tackling vulnerability and reducing health gaps are key priorities for all Member States and many partners in the WHO European Region. The WHO Europe Flagship Course on Equity in Health in All Policies (eHiAP), run from the Venice Office, was delivered in Malta and the Republic of Moldova in 2018. Focusing on reducing health inequalities and tackling social and economic determinants of health, the course builds participants' agenda-setting, alliance-building, negotiation and advocacy skills, to enable them to engage with other stakeholders and develop intersectoral policies. As well as supporting intersectoral working, the course also explores the importance of engaging wider society and making health equity a priority for the whole of government.

In Malta the course was run as part of the country's national health and social inclusion strategy development, featuring the launch of a national platform on social determinants of health. In the Republic of Moldova elements of the eHiAP course were used in the assessment of Regional Public Health Council capacity to address noncommunicable diseases and underlying determinants of health, as well as for capacity-building of the National Public Health Agency to address challenges using an intersectoral approach.

The Venice Office understands the importance of working with and across the European health policy community in order to further this programme of work. It has worked with the Open Society Foundations to produce six newsletters² that disseminate information on Roma health advocacy initiatives (such as training and meetings), and the latest scientific evidence on Roma health (including academic journal papers and entry points for political engagement for Roma health advocates).

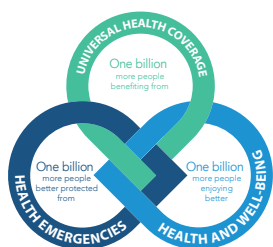
Showcasing the potential of international collaboration to advance better health for all in Europe

In its work to highlight the importance of addressing social determinants of health, the Venice Office has demonstrated on a global stage how collaboration between international NGOs can achieve an enhanced impact, supporting quicker and more effective adoption of shared goals relating to health equity.

² The Roma inclusion newsletters can be found at the WHO Regional Office for Europe website (<http://www.euro.who.int/en/health-topics/health-determinants/roma-health/roma-inclusion-newsletter>).

At European level, the eHiAP Flagship Course has been taken up by a third of all WHO European Region Member States and 15% of participating countries are already implementing the learning to enhance intersectoral policy-making for health equity.

The Venice Office has generated evidence on the social determinants of health and intersectoral approaches in its work with several countries, in order to help them to tailor policy responses to country-specific priorities. These include Hungary, Lithuania, Malta, Republic of Moldova, North Macedonia, Poland, Slovenia and the United Kingdom.



Source: GPW13 (1).

Contribution to GPW13 implementation

3.1. Determinants of health addressed

3.1.1. Countries enabled to address social determinants of health across the life course

3.2 Risk factors reduced through multi-sectoral action

3.2.1. Multisectoral risk factors addressed through engagement with public and private sectors and civil society

3.3. Healthy settings and Health in All Policies promoted

3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy regions, cities and villages, housing, schools and workplaces (1)



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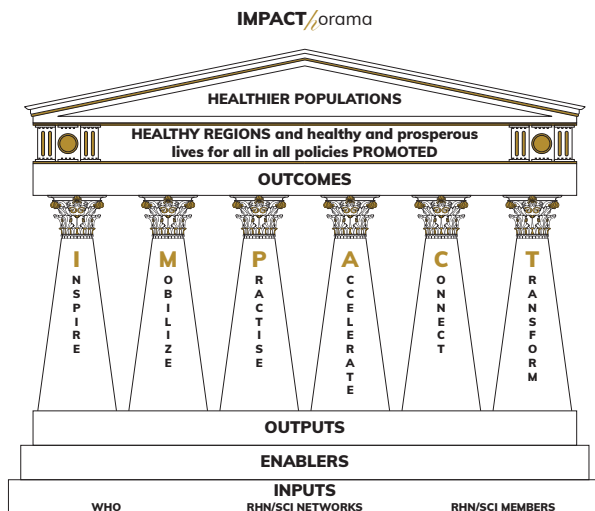
3. Healthy setting: creating an enabling environment to promote health at the subnational level

The decentralization of health-care decision-making means regions within countries increasingly face similar challenges to Member States when addressing issues of health and development. However, they sometimes do not receive as much attention from an international policy-making perspective. The Venice Office operates the RHN to encourage investment for health and development, promote population health and address emerging health challenges. The Network boosts regional leaders' access to peer support and addresses knowledge gaps to increase members' problem-solving capacity.

With members stretching from Wales, in the United Kingdom to Moscow, in the Russian Federation, the RHN exists as a bridge between WHO and 45 subnational regions located in 28 countries. Recognizing that in many European countries, health-care planning and provision is devolved below the level of the State, the Network supports regions to facilitate and advocate the right to the highest level of health for all.

Member regions work together to develop and implement actions that promote health and reduce health inequities, to act as a bridge between national goals and local delivery, to collect and distribute data to and from the regional level, and to collaborate with other regions to obtain funds at the EU level.

Encouraging better health and well-being at a regional level



During 2018–2019, the RHN has maintained a particular focus on supporting delivery of WHO's triple billion targets, in particular the target of one billion more people enjoying better health and well-being. With this objective in mind, the Network launched a new framework, the RHN **IMPACThorama**, explicitly aligning the RHN's objectives with the triple billion goals. This is achieved through six pillars depicting processes to **Inspire**, **Mobilize**, **Practise**, **Accelerate**, **Connect** and **Transform**. The objective of these six areas of focus is to make an impact on healthier populations and healthy settings through the promotion of HiAP.

A particularly distinctive element of the RHN's work is its engagement of citizens in discussions about health-care policy at regional level. The Citizen Summit, an innovative series of participatory meetings held in Eupen (Belgium), and Aachen (Germany) during 2019 gave more than 60 citizens from the regions belonging to the Meuse-Rhine Euroregion (EMR) an opportunity to express their personal views on health. Participants spoke about equity, participation and human resources for health, bringing forward important perspectives in areas such as how health professionals deal with patients and addressing the challenges of demographic change and healthy ageing.

Alongside its convening role, the RHN also profiles innovative projects underway in member regions in order to accelerate uptake of good practice. In 2019, the Network profiled the Italian region of Friuli-Venezia Giulia's extensive work over a period of more than two decades to support healthy ageing among its population. Friuli-Venezia Giulia has developed several innovative programmes to support healthy ageing, including a legal framework for active and healthy ageing and a website for older people living in the region. An integrated system provides new models of social protection and enables new social relationships and networks to be established in local areas. These approaches promote sustainability, solidarity in relationships, behaviours and actions, cooperation, inclusiveness, openness and dialogue.

As a result of Friuli-Venezia Giulia's involvement in RHN, the region's work was shared in a 90-page 2018 publication describing in detail the individual healthy ageing programmes underway in the region in a RHN meeting in Marstrand and Gothenburg (Sweden), in June 2018 (13). There was strong support from members from 36 regions in 33 European countries for exploring the possibility of deploying some of the learning from Friuli-Venezia Giulia in other regions and countries.

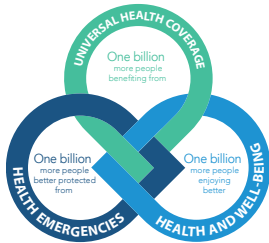
Other innovative work at regional level profiled by the RHN includes:

- work to upgrade and integrate primary care services in Flanders (Belgium), aiming to improve services' effectiveness and efficiency and the quality of life of both users and providers of those services (14);
- efforts by regional leaders in the Lower Austria region and in Czechia to establish arrangements for cross-border collaboration in health care, encompassing outpatient care and the exchange of medical expertise taking place in three regions (15).

Leading the way for better health at the subnational level

The RHN is innovative in recognizing the importance of the subnational tier of policy-making in health and it sets an example regionally and globally in networking and sharing good practice at the subnational level, including most recently through its further engagement outside Europe, with the Canadian province of Saskatchewan.

The Network has boosted the implementation of United Nations SDGs at all levels of governance, strengthening local and national collaboration and contributing practical know-how. Practical support offered to members includes marketplace meetings and webinars, where open access is provided to all tools produced by the Venice Office. In its influencing work, the Network has also engaged with policy-makers and politicians within the EU.



Contribution to GPW13 implementation

3.3. Healthy settings and Health in All Policies promoted

3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy regions, cities and villages, housing, schools and workplaces (1)

Source: GPW13 (1).



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4. Supporting innovation and a strong voice for the health and well-being of small countries

Small countries experience specific challenges around economies of scale and capacity. The impact of changing environmental factors often occurs more rapidly in small countries and can be harsher than in larger countries. Countries that succeed in dealing with such exposure tend to recognize its impact at an early stage and use the assets associated with being small to bring about a quick and complete transformation, building resilience into their systems.

The Venice Office hosts the secretariat of the WHO European Region's SCI, a network for countries whose population size is less than 2 million. The network has a dual function. Its policy arm focuses on identifying and disseminating solutions to key health challenges, whereas its political function ensures that the voice and perspectives of small countries are reflected in major decision-making processes in Europe.

The SCI draws its membership from European countries, but it also has global relevance as a laboratory for understanding how to support small countries' health and development goals. Recent meetings have been attended by representatives from Barbados, the Maldives and Mauritius.

Focusing effort on critical challenges

During 2018–2019, the Initiative focused on tackling human resources issues affecting small countries, such as brain drain and the unequal distribution of human resources for health vis-à-vis urban and rural areas, which can hold back progress in achieving improvements in health and prosperity. To date, the SCI network's focus on human resources issues has encompassed managing workforce mobility and postgraduate training.

It is increasingly clear that small countries can be particularly vulnerable to even small outflows of migrant health workers and may have to rely on internationally recruited health workers. Improving capacity for monitoring workforce mobility and promoting policies on the management of specifically health-workforce mobility – including inter-country bilateral agreements – can alleviate this situation.

Providing health professionals with a full range of postgraduate specialty training presents challenges for small countries, and inter-country collaboration is needed to mitigate these challenges. The SCI network has explored this issue using an approach centred around labour markets.

Providing a forum to share good practice

Annual meetings for ministers from SCI member countries provide an opportunity for peer-to-peer exchange of ideas and approaches at a very senior level. The Sixth High-level Meeting of Small Countries in April 2019 focused on political commitment to health equity and prosperous lives for all.

This led to the signing of the San Marino Statement adopted by 11 Member States, entitled *Ensuring no one is left behind* (16).

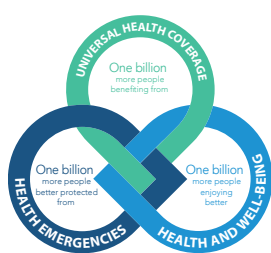
The SCI also uses case studies drawn from member countries' experiences to emphasize good practice. In 2019 the initiative profiled Iceland's work demonstrating how a small country can take a whole-of-government approach, including a focus on engaging young people, to achieving the United Nations SDGs (17).

Iceland has put in place a plan to implement the 2030 Agenda for Sustainable Development, with a particular focus on establishing healthy places, settings and resilient communities, advancing government and leadership, and assisting local communities in the creation of supportive environments and conditions that promote healthy behaviour.

Iceland's sector-oriented governmental structure can challenge the implementation of cross-cutting priorities. But the country's small size has been helpful in enabling greater flexibility and the smooth implementation of fast-tracked activities.

Young people are the SDGs' main stakeholders and it will be their responsibility to advance sustainable development when the goals have run their course. With this in mind, the Icelandic Government established the Icelandic Youth Council in April 2018 in order to involve young people in SDG-related work.

As a result of the Icelandic Government's work, and following TV and social media activity about the programme, public awareness of the SDGs increased from 46.6% to 65.6% between January 2018 and March 2019. Iceland's work to implement the programme was profiled by the SCI in order to demonstrate how small countries can show leadership in implementing ambitious improvement programmes as a result of their ability to implement change quickly.



Source: GPW13 (1).

Contribution to GPW13 implementation

3.3. Healthy settings and Health in All Policies promoted

3.3.1. Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy regions, cities and villages, housing, schools and workplaces (1)



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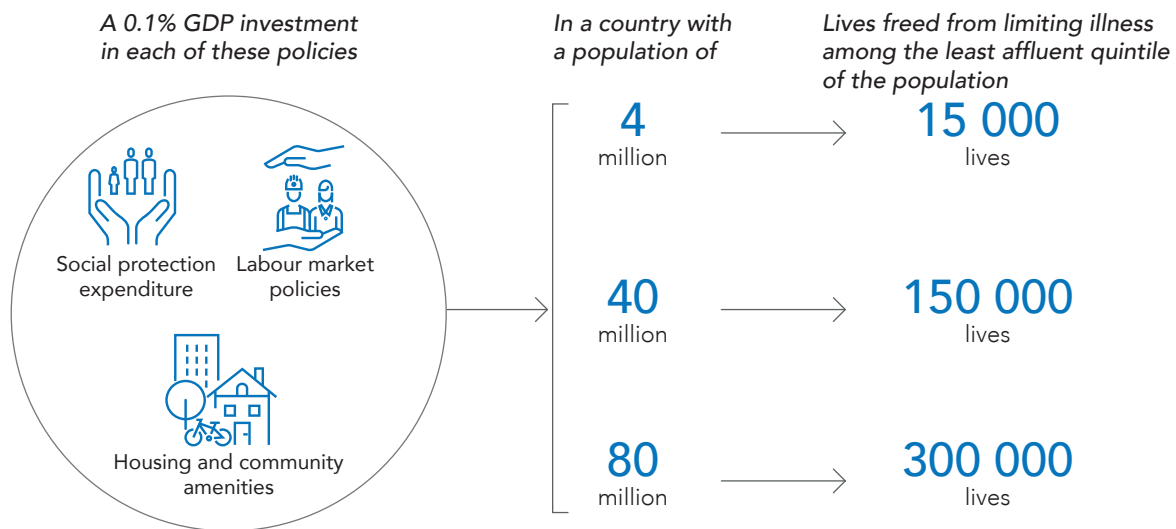
5. Investing in healthy, prosperous lives for all

The HESri was launched in 2018 with the objective of bringing forward new metrics, evidence and partnerships that would connect policy-makers with the solutions to accelerate healthy, prosperous lives for all (5). The Initiative is the Venice Office’s flagship contribution to the objective of leaving no one behind; as such, it helps to fulfil the overarching goal of the United Nations integrated 2030 Agenda for Sustainable Development and works on the issues at the heart of the European agenda, United Action for Better Health.

The outputs in 2018–2019 represent more than two years of dialogue and testing with a wide range of professional, technical, political and academic stakeholders across the WHO European Region. The work responds to two fundamental challenges for politicians and policy-makers: first, the view that reductions in health inequities cannot be achieved in the short to medium term; and second, that there is a lack of public support for action to reduce inequity.

To counter the first challenge, an analysis of a 0.1% GDP investment in a range of policies was produced to demonstrate the number of lives that can be improved in four years (the same time frame as a typical government mandate) by reducing gaps in health (Fig. 6).

Fig. 6. Lives improved by reducing the health gap



Source: based on analysis carried out as part of the HESri.

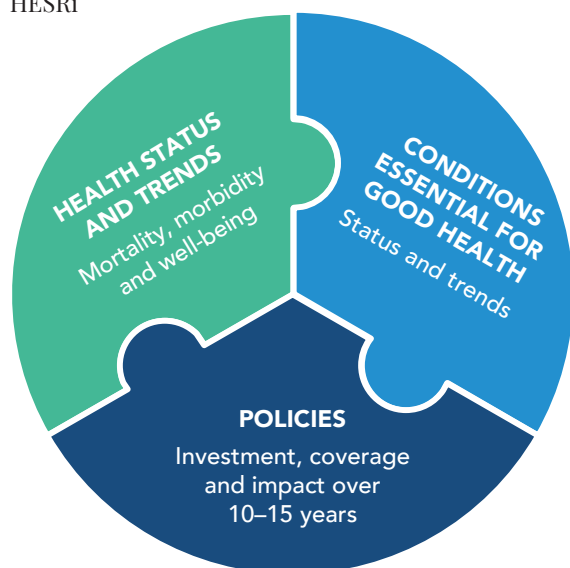
In addressing the issue of lack of public support for action, an opinion poll carried out under the programme as part of a strategic mapping exercise showed that health is considered a high political and policy priority by populations across the WHO European Region. For example: health and social security rank as the second most important issue at national level in the EU; having good health was

considered as essential for getting ahead in life by 48% of all respondents; and 84% of Europeans believe that reducing inequities should be top of their government's agenda.

New metrics to support better decision-making for health equity

The HESri developed innovations in data collection and analysis to enable Member States to identify who is being left behind and why. Translating the analysis into policy options and advocacy messages is enabling countries to prioritize policies and investment and to build political and public support for action.

Fig. 7. The three sets of indicators that underpin the HESri



Source: European HESR (5).

At the centre of the HESri is an interactive health equity dataset³ that combines three sets of indicators disaggregated by age, sex, and socioeconomic stratifiers (Fig. 7). By analysing the associations between the three types of indicators, the work has brought forward new knowledge on what is driving health inequities and contributed to demystifying the related complexity, by signposting how policies can be orientated to reduce insecurity in the five conditions that are essential for good health for all in society.

Results from this work suggest that differences in income security, trust and social participation, and the quality of homes and neighbourhoods are strongly associated with the gap between the top and bottom income quintiles within countries, for indicators of self-reported poor health, mental health and living with an illness that limits daily activity. Analysing the data in

this way allows policy-makers to see pathways through which to intervene to reduce health gaps within the population.

Scientific and policy alliances for health equity

The Venice Office is working with a partnership of 20 leading policy and applied research institutions to bring innovative tools and methodologies to countries in order to support action on leaving no one behind as a result of poor health. A policy and reference group – made up of country health equity focal points from a representative sample of countries across the WHO European Region – ensures the evidence is relevant and suitable for use in real-world policy-making.

³ https://whoeurope.shinyapps.io/health_equity_dataset/

For example, health equity snapshots were prepared for all 53 WHO European Region Member States, to contribute to overcoming the hurdle of lack of data to support decision-making. Country-specific data allow countries to tailor their policy responses, and improve government decision-making and investment for health equity, as well as helping to strengthen alliances between countries facing similar challenges.

National health equity status reports

Under the HESRi, three Member States – Italy, Slovenia and Wales (United Kingdom) – have launched health equity status reports to strengthen health equity monitoring and analysis and to scale up policies for health equity. A further 10 Member States are using the aforementioned health equity snapshots to review policies and to redesign services and approaches in order to close health gaps.

The data tools are backed up by policy guidance and additional tools to support the monitoring of policy progress over time. The HESRi also provides a suite of real-world examples, showing how policy-makers have overcome the challenges related to disinvestment in policies and approaches that impact on health equity and have identified new opportunities for advancing objectives to increase equity in health.

The HESRi has seen the development of an investment case for policies to reduce inequities, with analyses using HESRi data to show how reducing inequities can yield a return on investment. An economic analysis was conducted by Venice Office partners of the likely impact of a 50% reduction in inequities in life expectancy between social groups. This analysis found that the reduction in inequity would provide monetized benefits to countries ranging from 0.3% to 4.3% of GDP.

Strengthening alliances between countries and policy-makers for health equity

The Venice Office showcased the interim HESR (5) at the WHO European Region High-level Conference on Health Equity in Ljubljana (Slovenia) in June 2019. The Solutions Forum was hosted by the Government of Slovenia and brought together over 200 stakeholders from 35 countries, NGOs, regional policy networks, global think tanks, foundations, the World Bank and United Nations agencies. The event was the first of its kind aimed at shifting minds and action onto real-world solutions to accelerate progress in ensuring no one in Europe is left behind because of poor health. At the same conference, attendees adopted a statement on health equity, demonstrating a global appetite among Member States to scale up solutions to reduce health inequities.

Health equity was a key focus of the 69th session of the WHO Regional Committee for Europe. The HESR findings and policy tools were showcased in support of the plenary session on health equity, where the Regional Committee resolution on health equity was unanimously adopted by the 53 Member States of the WHO European Region and its partners (18). The resolution calls for – among other things – an HESRi progress report in 2023 and to establish a regional Health Equity Alliance and a Health Equity Solutions Platform to accelerate country-level and regional progress on closing health gaps in the next decade.

Understanding the drivers of health equity: the power of participation

The WHO European Region main plenary during the European Health Forum in Gastein in October 2019 was coordinated by the WHO Venice Office. In a dialogue with ministers of health and the health community from across the entire Region, the session highlighted the common challenges faced by countries; new roles the health community is taking on to engage new stakeholders; methods being implemented in the fight against inequity; and how the HESRi tools are supporting action on the ground.

A discussion paper developed by the Venice Office Scientific Alliance to support dialogue on action for health equity at the European Health Forum Gastein brought forward evidence and examples of how participation is key to driving down health inequities. Ministers, deputy ministers and chief executives of ministries of health from Armenia, Estonia, Slovenia and the United Kingdom shared how their countries were taking action and identified common challenges. They highlighted the need for a health equity knowledge platform for policy-makers to share, adapt and scale up solutions to increase equity in health and to advocate action in European local and national decision-making arenas.

Empowering decision-makers through innovative methodologies

The HESRi uses a highly innovative and ambitious approach to deliver a step change in making an evidence-based case for the achievability of reducing inequities. The initiative is an example of European and global thought-leadership, using new methodologies to tackle problems that have historically been seen as intractable. The Initiative has successfully moved the narrative relating to health inequity forward, beyond simply describing the problem of inequities. As a result of the work, it is now possible to show what factors are exacerbating gaps, and to signpost solutions to address these problems.

Through its analysis of countries in the European Region, the HESRi is providing policy-makers with new evidence, equity-focused metrics and a wealth of good practice from individual Member States. The regional-level HESR provides a highly sophisticated and detailed analysis of some of the causes of health inequity in the WHO European Region, and interactions and interrelationships between different drivers (5).

The HESRi acts as a “golden thread”, bringing together the work of the Venice Office in making the investment case for action, generating policy solutions for different health equity challenges and ensuring that appropriate routes exist for peer countries, regions and stakeholders to act on this important agenda.

Future areas of focus will include developing further the Health Equity Solutions Platform, which was presented in Ljubljana in June 2019. This will act as a mechanism for policy-makers to exchange best practice and share innovation in sustainable solutions that accelerate equity in health and well-being, both nationally and subnationally at the level of regions and cities.

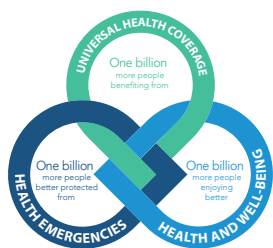
Translating equity goals into practice – country examples

The following country examples are captured in the HESri country case study publication (11) and illustrate real-world action to reduce health inequities.

Malnutrition is the leading cause of ill health in Tajikistan. Lack of proper nutrition, caused by not having enough food or eating poor-quality food (lacking the substances necessary for growth and health) leads to long-term cognitive impairment and hinders development. The initiative involves joint action between ministries of health, agriculture and rural development units to create the living conditions needed to reduce health gaps. Specifically, the initiative is increasing food security, reducing poverty and implementing sustainable and inclusive livelihood development and natural resource practices in rural communities.

Engaging citizens and those left behind in the design and evaluation of policies and services improves their equity impact and sustainability. For example in Manchester (United Kingdom), older people in low-income neighbourhoods were involved as co-researchers working with academics and others to improve the age-friendliness of their neighbourhoods. In Bosnia and Herzegovina new partnership platforms were created, bringing together municipal departments, centres for social work, schools, health centres, youth councils and representatives from civil society organizations to formulate individual and collective referral plans for children living in municipalities with the lowest social protection coverage.

In Barcelona (Spain), the City Council implemented a two-year pilot programme, B-Mincome, to provide a guaranteed minimum income to people living in an area of the city with lower than average incomes and high unemployment rates. The scheme aims to improve the financial stability of low-income families and give them the tools to exit the cycle of poverty. Providing a minimum income to those with limited resources has a health-promoting effect, reducing poverty, anxiety and stress levels and providing wider protection from misfortunes such as homelessness, unemployment and ill health.



Source: GPW13 (1).

Contribution to GPW13 implementation

4.1. Strengthened country capacity in data and innovation

4.1.2. WHO Impact Framework and triple billion targets, global and regional health trends, SDG indicators, and health inequalities and disaggregated data monitored

3.1. Determinants of health addressed

3.1.1. Countries enabled to address social determinants of health across the life course (1)



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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania	Latvia
Andorra	Lithuania
Armenia	Luxembourg
Austria	Malta
Azerbaijan	Monaco
Belarus	Montenegro
Belgium	Netherlands
Bosnia and Herzegovina	North Macedonia
Bulgaria	Norway
Croatia	Poland
Cyprus	Portugal
Czechia	Republic of Moldova
Denmark	Romania
Estonia	Russian Federation
Finland	San Marino
France	Serbia
Georgia	Slovakia
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