

# Strengthened health systems save more lives



An insight into WHO's European  
Health Systems' Strategy



# A drive for better health systems



For many years, countries throughout the WHO European Region have been wrestling with how best to configure and adapt their health systems to secure real and sustainable improvements in the health status of their populations.

Today, there is growing consensus that better health systems are essential to achieving improved health outcomes – consequently, the next phase of the WHO Regional office for Europe's Country Strategy, 2005 to 2009, is dedicated to strengthening health systems on a country by country basis.

Further, we are convinced that strengthened health systems save lives.

## Definition of health systems

*Health systems are defined as comprising all the organizations, institutions and resources that are devoted to producing actions principally aimed at improving, maintaining or restoring health.*

## Health problems are not distributed equally

Although economic benefits and scientific advances have increased the length and quality of life for many, there are still more than 100 million people in the 52 countries of the European Region living in poverty (World Bank PovcalNet).

**“People live under conditions of economic instability and social exclusion that prevent them from realizing their right to a healthy life – a basic human right of all citizens of the world.”**

Marc Danzon,  
WHO Regional Director for Europe

Harsh economic and social conditions have nurtured the growth of communicable and non-communicable diseases, including HIV/AIDS. To a growing extent, Europe's poor lack the means to avoid or recover from illness – as seen in the widening gap in life expectancy between countries, and between social classes in some countries.

Across the Region, all countries, even the wealthiest, face newfound health challenges. All must deal with mounting expectations, rising costs and multiple health crises. And the potential conse-

quences of an ageing population are only now being fully appreciated in the wealthier industrial nations of Western Europe.

## Sweeping problems call for comprehensive solutions

Given the scope and magnitude of these problems, it is no longer enough to focus on local health care services or narrowly defined projects. Decisive solutions for strengthening health systems are needed.

Effective reform requires a systemic approach that encompasses more than simply actions to enhance health care services, but just as importantly, measures towards disease prevention, promotion of healthy lifestyles and positively influencing health determinants.

Helping countries arrive at these solutions requires coordination of resources, global reach, and a deep knowledge base – and this is where WHO is able to take a vital role.



**“Our overriding objective for the coming years is to strengthen health systems. We urge governments, ministries of health, in fact all those involved in promoting, restoring and maintaining health to join us in this endeavour.”**

Marc Danzon,  
WHO Regional Director for Europe



## Equal access to good health is a basic human right

Our efforts to strengthen health systems are based on our common values (as declared in the Health for All update and the Ljubljana Charter on Reforming Health Care, Ljubljana Conference, 1996), and from the conviction that health is a human right. They also stem from the broad consensus that all issues related to health have an ethical perspective.

“But while improving health is clearly the main objective of a health system, it is not the only one. The objective of good health itself is really twofold: the best attainable average level, or goodness, and the smallest feasible differences among individuals and groups, *fairness*. Goodness means a health system responding well to what people expect of it, fairness means it responds well to everyone, without discrimination.” (WHR 2000).

Ideally, strengthening health systems aims at improving health in an equitable way, achieving a fairer distribution of financial contributions, respecting the rights of patients, and at making efficient use of human, financial and other resources.

### Three overall goals

WHO has distilled these objectives into three overall goals for health systems:

- better health (both level and equity),
- responsiveness to the expectations of the population, and
- equity of financial contribution with protection against financial risk.

### good health

*A good health system contributes towards better health throughout the entire population.*

### responsiveness

*A health system's responsiveness to non-medical expectations include safeguarding patient dignity, confidentiality and autonomy and being sensitive to the specific needs and vulnerabilities of all population groups.*

### financial fairness

*Fairness in financial contributions to health requires sufficient funding to enable universal access to health services without forcing individuals or families into poverty.*

# The current status of health systems in the European Region

We have witnessed a growth of worldwide interest in health system reform in recent years, and especially since the start of the new millennium, fuelled in part by the United Nations Millennium Summit in 2000. The summit gave birth to a Declaration covering specific commitments and principles for action in key areas including peace, human rights, security, environment and good governance. All Millennium Development Goals are health-related – 8 of the 18 targets and 18 of the 48 indicators directly concern health issues.

Currently, countries in all phases of social and economic development are heavily engaged in finding better ways to organize and finance health care, while promoting better health, equity and responsiveness. European Region countries are finding it necessary to devote a growing share of their limited resources to the task.

## The impact of global change

In addition to old, unresolved problems, the health systems of many nations are facing new, emerging challenges.

Even in the wealthier countries, governments are struggling with cost increases, as citizens demand better quality and more freedom of choice. In other countries, the economic crises that followed the political upheavals of the late 1980s and early 1990s have gutted health budgets and led to systemic decline. Reforms begun in the 1990s have proved hard to implement.

This unstable and fluid situation has been aggravated by:

- globalization, which has increased labour migration to wealthier countries, making it harder to retain qualified health staff,
- reforms in the public sector such as decentralization and privatization, which have sometimes unintentionally had negative consequences for health system performance, and
- the blurring of boundaries between public and private sectors, e.g. private informal payments to public sector health workers, leakage of public drugs to private markets, etc.

Moreover, most health systems face growing incidences of HIV/AIDS and associated infectious diseases, including hepatitis and tuberculosis, as well as the rapid proliferation of non-communicable diseases. The net result for the Eastern part of the European Region has been reduced life expectancy.

## Recent advances give cause for optimism

Even so, the work of public health professionals, government officials and nongovernmental organizations to thrust health issues closer to the top of local and regional agendas has improved the quality of life for many. Economic development and technological advances have also significantly benefited public health and longevity.

Further grounds for optimism are fostered by the fact that a number of Member States have increased health sector expenditure. This is an important

step in the right direction. However, rather than focusing on improving health systems *per se*, increased spending has been allocated towards interventions in health issues such as HIV/AIDS, patient safety, tobacco, alcohol, obesity, pharmaceuticals and the need for a healthier environment.

**“Health systems constraints are also impeding the implementation of major global initiatives for health and the attainment of the Millennium Development Goals.”**

Lancet, 2004, 364:997–1003

Others have taken a broader, more cohesive approach toward addressing health system needs thus evoking broader system responses and integration. Sometimes these initiatives are regional in scope. For example, in the context of the Stability Pact for South Eastern Europe, 9 countries are reforming their mental health services with a community orientation.

Nonetheless, many reforms have stalled, undermined by inadequate political backing, poor coordination, change of governments, or lack of implementation capacity.

## Global problems need global action

The increasingly complex and global nature of health problems means they





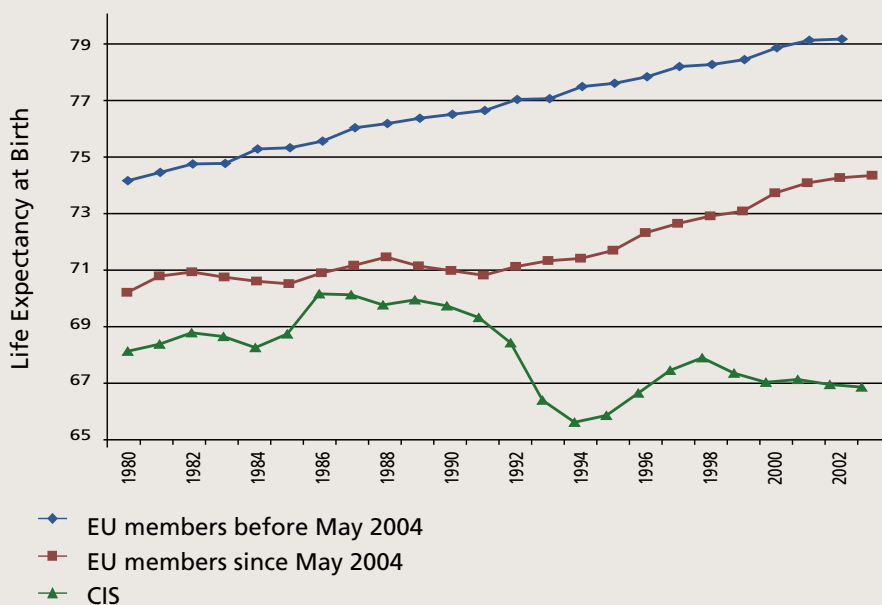
cannot always be resolved by individual countries. Recognizing this, the “Country Focus Initiative” was launched at the Fifty-fifth World Health Assembly to scale up the Organization’s work for health and development at country level, and to strengthen health systems globally. The international community has responded with initiatives such as the World Alliance for Patient Safety, Commission of Social Determinants of Health, Commission on Macroeconomics and Health, and the Global Fund for HIV/AIDS, TB and Malaria.

But despite such welcome global health initiatives and considerable investments, those most in need of care are often still not getting it. For them, money, information, drugs, and health workers are in short supply. Health systems, especially in poorer countries, are struggling, and some countries in the European Region are not on target to achieve the Millennium Development Goals.

Clearly, many countries in the Region are still falling short of their performance potential although effective and

affordable interventions already exist. Weak health systems prevent their implementation. This is especially true in fragile states, including those which have been plagued by conflict. These failings which limit performance aren’t caused by lack of knowledge, but rather from not fully applying what is already known – these are **systemic** rather than technical failures.

### Trends in life expectancy at birth in the European Region, 1980-2002



*While much of the Region has been experiencing solid trends towards greater life expectancy over the last 20 years and more, the eastern part especially has seen a net decrease. With effective and affordable interventions already available to prevent or cure much of the burden of disease in these countries; weak health systems have proved a critical constraint.*

# Health systems and reform: our vision

Health systems are interdependent constellations of organizations, institutions and resources. A health system is more than hospital and service delivery institutions, and more than the public sector. It includes the pyramid of health facilities and associated resources that deliver personal health services, and also non-personal health actions, for example anti-smoking, diet, and seat-belt campaigns.

Health systems also reflect their societies. Their development needs to be driven, not only by outcomes, but by shared values. They all share the same overall goals: health gain, fairness, and responsiveness.

## Our shared values:

(as declared in the Health for All policy framework for the WHO European Region: 2005 update)

- Health as a human right
- Solidarity
- Equity
- Participation, all leading to
- an Ethical approach to health systems development

## Analyzing the performance of health systems

It is generally recognized that health systems vary widely in performance, and countries with similar levels of income, education and health expenditure differ in their ability to attain crucial health goals. Some of this variation is due to differences in health system performance. Although different health systems vary widely in their design, content and management, they share the same over-

all goals. And by transforming these overall goals into measurable country-specific objectives and relating these to changes made in the health system, performance can in turn be measured as well as the key influencing factors.

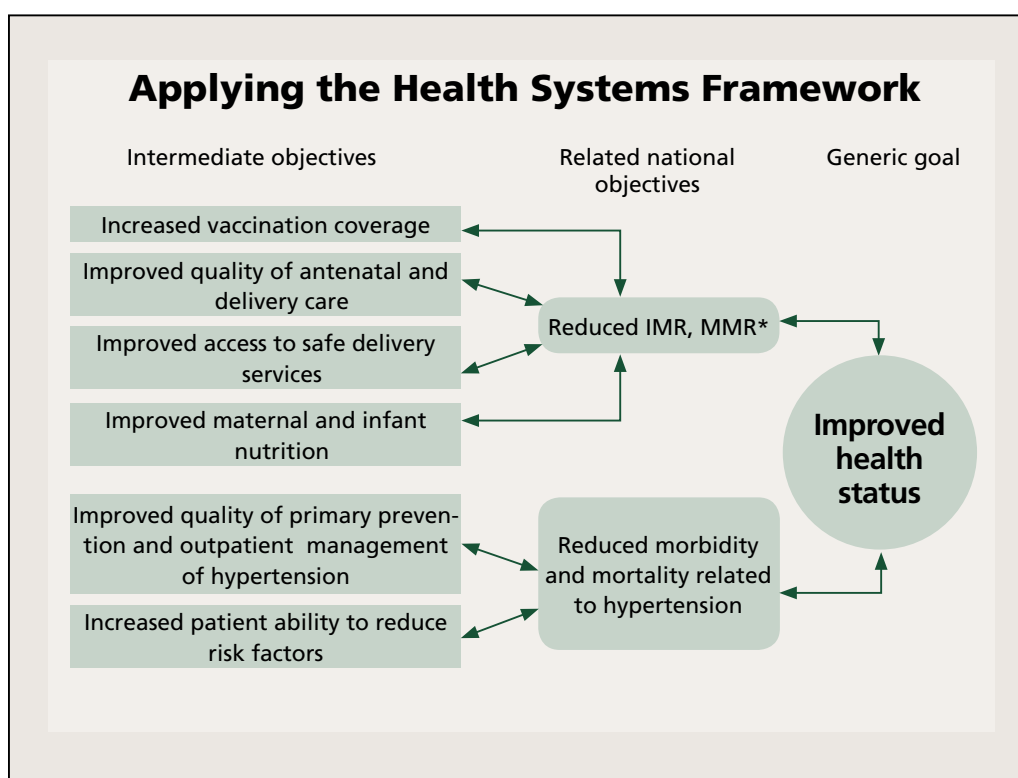
This is the prism through which WHO views health systems. Since issuing the World Health Report of 2000 and as elucidated in the Cairo Report of 2004\*, WHO is focusing on improving the performance of the health systems of all the countries of the Region with the help of a functional framework for assessment.

By relating country-specific objectives to reforms in the functions performed by their health systems, the framework can be adapted by Member States to help

them measure their own performance, understand the factors that contribute to it, and respond better to the needs and expectations of the people they serve.

Working within this framework, WHO can help decision makers at all levels analyze variations in health care performance, identify factors that influence it, and articulate policies aimed at achieving better results.

After adapting the framework to set priorities within a country's overall health system goals, the next step is for countries to develop a set of intermediary, measurable objectives, which have a plausible connection to the final goals. While these objectives, and particularly their measures, must be country-specific-



\*) Country Focus and Health Systems Development



ic, types of intermediate objectives that countries often pursue include greater financial and physical access, improved quality and efficiency in service delivery, and so on.

Progress toward such goals is directly tied to how well health systems carry out four key functions: stewardship (oversight and governance), financing (including revenue collection, fund pooling, and purchasing), service provision (for personal and non-personal health services), and resource generation (investment in personnel as well as key inputs and technologies). By examining these four functions and how they interact, it is possible to understand the determinants of health system performance. This forms a solid foundation for considering major policy initiatives.

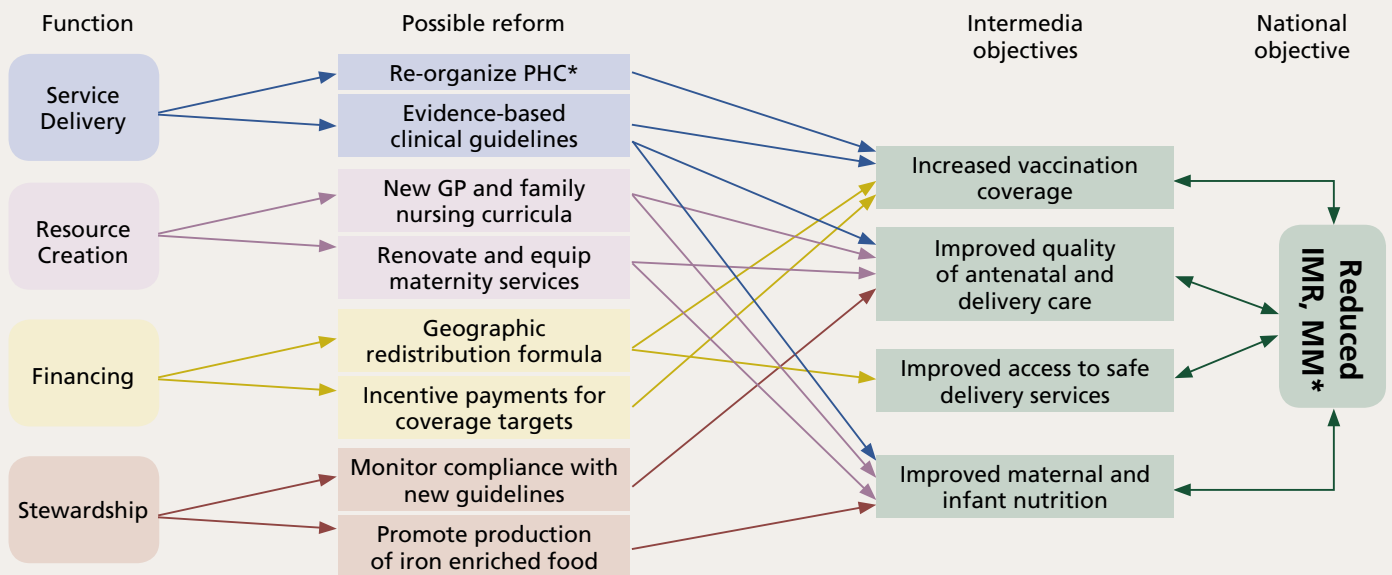
**The WHO framework for strengthening health systems: from overall goals to specific objectives**

To adapt the WHO framework to countries, the overall goals and key functions must be linked by intermediate objectives and health system reforms – in this case, to achieve the goal of improved health status.

Since “health status” has many dimensions, the overall goal is not operational enough to be a guide to action. Instead, it’s necessary to determine more specific objectives related to health. The illustration below uses two national objectives related to health improvement: reducing infant and maternal mortality rates (IMR, MMR), and reducing morbidity and mortality related to hypertension.

Since these national objectives are themselves fairly broad, more specific intermediate objectives are needed. By determining these, the outline of a potential reform program appears. Examining the functions allows for the development of reforms within each, and perhaps more importantly, for identifying a combination of reforms across several functions that is typically needed to achieve desired objectives. By linking functions to goals, the framework encourages decision-makers to consider that reforms can only be justified if they have a plausible link to the intermediate objectives. Hence, the WHO framework helps keep reform plans oriented toward goals.

**Identify reforms that link to objectives**



\*) MMR - maternal mortality rate, IMR - infant mortality rate, PHC - primary health care

# The key to improving health system functions



If health systems are to be improved, policy-makers and stakeholders need a clear understanding of their key functions. WHO's framework helps Member States:

- Analyze their own performance
- Understand the factors that contribute to that performance
- Improve performance, and
- Respond better to the needs and expectations of their citizens

As shown in the figure, in every health system, organizations have to perform four basic functions: service delivery, financing, resource generation (human, physical, and knowledge), and stewardship (oversight and guidance).

## Service delivery (provision)

Health systems are often identified with service delivery alone. Service delivery is the combination of inputs into a service production process that delivers health interventions to individuals or to the community. This function aims at producing the best and most effective mix of personal and non-personal services, and making them accessible. Among the issues and challenges in service delivery:

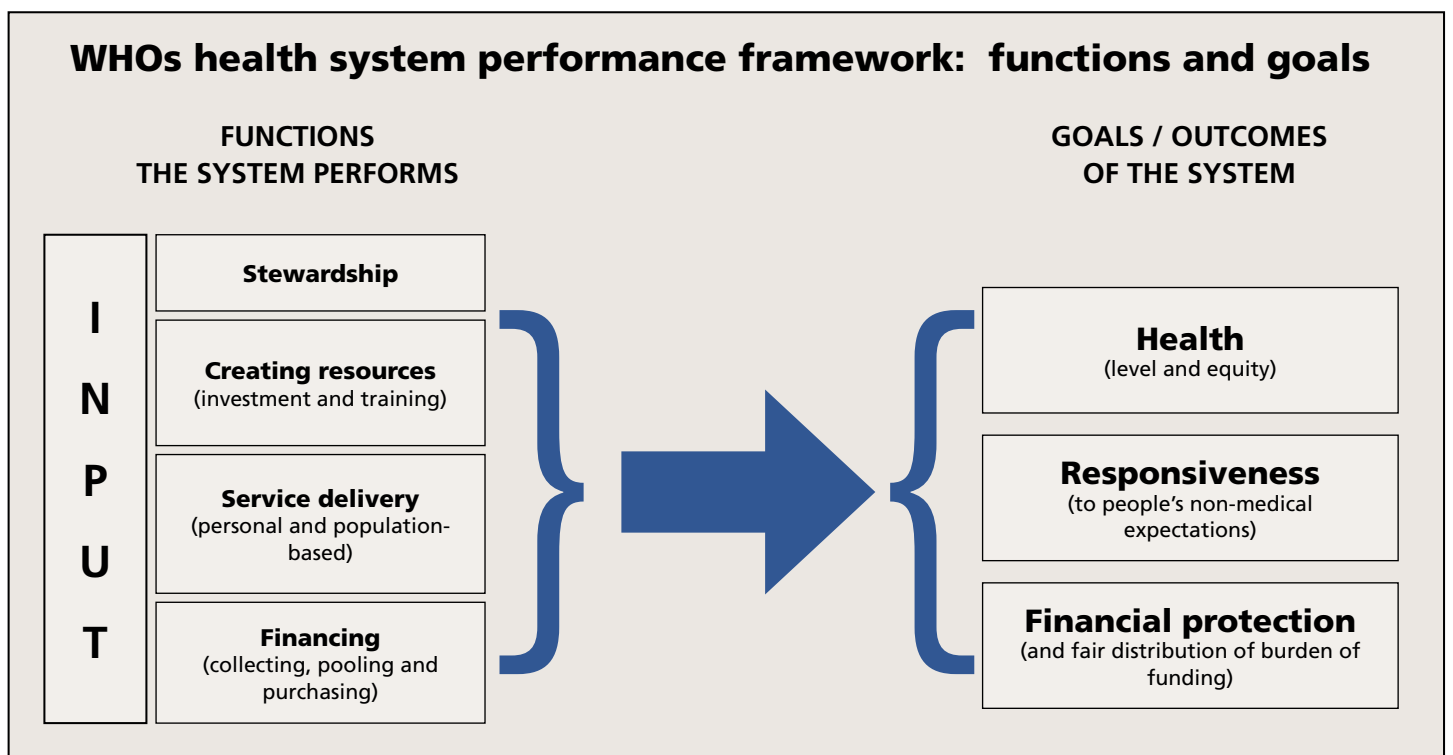
- achieving maximum coverage of population with health interventions
- reaching the poor and socially vulnerable
- understanding the impact of different service delivery strategies (e.g. pub-

lic-private mix) on the entire health system

- improving and monitoring the quality, safety, and responsiveness of services
- promoting patient safety
- promoting proper management of client-oriented services
- strengthening service delivery infrastructure and ITC systems

## Financing

Health system financing is the process by which revenues are collected, consolidated into fund pools, and distributed among providers to produce necessary services and investments in resource generation. The pooling of risks and resources across the population should







aim at promoting social solidarity and financial protection. The allocation of resources to providers and among various health interventions should be carried out strategically to maximize health outcomes and provide incentives for efficiency and high quality services. Challenges include:

- improving the mobilization of a stable and predictable flow of resources for the system
- reducing fragmentation of pooling and purchasing arrangements to promote increased potential for risk protection
- mitigating the burden of out-of-pocket health spending on household budgets, and reducing financial barriers which hinder access to needed care
- promoting greater transparency in the system, particularly the public's awareness of both their entitlements and obligations under the benefit package
- achieving greater allocative and technical efficiency in the distribution of resources and in the administration of the financing system
- establishing incentives for improved quality of care and efficient service provision

### **Resource generation**

In the short term, health systems can only use resources that already exist. But in the medium and long term, wise investment in human resources, physical resources (e.g. facilities and equipment), and knowledge will improve health service performance. Resources include universities and other educational insti-

tutions, research centres, and companies that produce specific technologies such as pharmaceutical products and medical devices. Priorities include:

- ensuring the production and deployment of the right human resources for the health system mix chosen (categories, numbers and places)
- maintaining their competence, quality and productivity through continuous education and training
- ensuring the necessary investments in physical infrastructure and facilities
- achieving the best affordable mix of pharmaceuticals and health technologies

### **Stewardship**

A broader concept than regulation, stewardship may be defined as the careful and responsible management of something entrusted to one's care. It involves influencing policies and actions in all the sectors that may affect population health. The stewardship function therefore implies the ability to formulate strategic policy direction, to ensure good regulation and the tools for implementing it, and to provide the necessary intelligence on health system performance in order to ensure accountability and transparency. Key issues and challenges include:

- balancing the many competing influences and demands while building coalitions to achieve the main health system objectives
- setting clear policy priorities while maintaining an overview of societal interests
- ensuring the necessary regulation (of

prices, the education of health care providers and professional practice through licensing and accreditation, etc.)

- influencing the behaviour of the actors involved, in a climate of transparency and accountability, through performance assessment and the provision of intelligence

The traditional function of some ministries of health is to provide services, not stewardship. Their reorientation toward stewardship thus involves major organizational changes.

Health system performance is not simply related to the organization of each separate function, but also to the way each function relates to the others' provision and resource development. For example, vertical integration where one entity is responsible for more than one function is the norm, not the exception. Some health systems combine the functions into one monolithic organization (as in Norway or pre-1990 Britain) while in other systems different organizations, each integrating the financing and provision functions, cater to different population groups.

But despite their differences, every health system has to tackle the problems of designing, implementing, evaluating and reforming the organizations and institutions that facilitate the four key functions.

# The way forward



The health systems of the European Region are facing increasing pressure to realize real, sustainable improvements in the health of their citizens. Despite major efforts across the Region, it's clear that a lot more progress could be made. The situation calls for health system reforms that are driven by values, oriented to goals, and take a holistic but practical approach to implementation.

**“The objective must be health systems that can respond to these needs, eliminate financial barriers to care, and protect people from the poverty that is both a cause and an effect of ill-health.”**

LEE Jong-wook, Director-General, WHO

Health care reforms must also touch the lives of ordinary citizens. Without lifestyle changes, or increased awareness of how to access health care, reforms among providers and health systems will have limited impact.

WHO has learned the importance of identifying tractable problems and fo-

The mission of the WHO Regional Office for Europe is to support Member States in developing and sustaining their own health policies, health systems and public health programmes; preventing and overcoming threats to health; anticipating future challenges; and advocating public health.

cusing on interventions that have good potential for short- and medium-term success. These become concrete objectives compatible with the overall health system goals that WHO is promoting: better health, a fairer distribution of financing, and increased responsiveness to people's expectations.

## **What is the role of WHO Regional Office for Europe?**

The scope and magnitude of the health agenda for Europe call for bold, coordinated action. No one organization can do it all. That's why, in recent years, the WHO Regional Office for Europe has shifted its primary role to consulting with Member States in developing health system strategies and coordinating its actions with those of others.

This change can be seen in the successful implementation of WHO's Country Strategy "Matching services to new needs", which has focused on improvements at the country level, and on enabling countries themselves to exert greater influence on global and regional public health action.

Our drive to strengthen health systems is the logical continuation of this strategy.

## **The next phase of WHO's European Country Strategy: strengthening health systems**

We will continue to support all Member States with consistent approaches and tools to help them improve their own health systems. To this end, a key element of the Country Strategy will

be to engage both eastern and western Member States in a constructive dialogue about reform – that is, reorienting the work performed in all areas (especially priority health programmes) toward strengthening health systems at the country level.

**“We must do the right things. We must do them in the right places. And we must do them in the right way...We are putting countries where they should be – at the heart of WHO's work”**

LEE Jong-wook, Director-General, WHO

The Regional Office is committed to providing more relevant, better quality support for Member States through four main approaches, which are the underlying pillars of the Country Strategy:

- improved country work, giving a health system focus to vertical health programmes
- building partnerships with other stakeholders
- placing emphasis on evidence-based interventions
- learning by doing based on transparent monitoring

Ultimately, the crucial issue for health system reform is how to select an optimal mix of policy instruments to create incentives and conditions for delivering the best possible health services. Here WHO can help by providing the necessary intelligence for basing decisions.



More importantly, WHO can provide support enabling countries to adapt the health systems' assessment framework to their own context and circumstances. Then the individual countries can systematically analyze their reforms and assess changes, and hopefully improvements, in the performance of their health systems.

*"Practical approaches can be planned that are specific to each country's interests, needs and ability to act. These approaches include: ways to involve civil society and the private sector, how to enable the State to provide essential stewardship, ways to sustain mutually supportive alliances in relation to national and international goals (including the Millennium Development Goals) and targets, and how to obtain data on changes in peoples' health and in the performance of their health systems". (WHO, EB111/33)*

#### Further reading

You can learn more about the country strategy in the document entitled: "Next phase of the WHO Regional Office for Europe's Country Strategy: Strengthening health systems", EUR/RC55/9, available at <http://www.euro.who.int/rc>

### Patient safety through the prism of the health systems' framework

In this example of how countries in the region can apply the health systems' framework, we have chosen to focus on problem area of patient safety. However, the process involved is relevant when addressing any other issue as well.

Patient safety objectives require interventions through various functions of health system. Several considerations need to be made in order to promote patient safety in a sustainable manner:

1. Addressing patient safety is an issue about the management of service delivery, and it cannot be achieved if the function of generating necessary resources is not addressed adequately. Two specific "pillars" are crucially important here. One is the premises and the equipment required, which have to be purchased, maintained and used according to strict criteria entailing substantial expenditure. The second pillar is the health professionals, who need to be properly trained, motivated and organized. To implement that, the entire financing function of health system needs to be overhauled. Yet these cannot be simply changed by laws and regulations if there's no enforcement later on: the whole system has to be better governed. Objectives in all the above areas need to be described as well as their inter-connections.

2. Patient safety cannot be seen in isolation from quality of care as well; on the contrary, it is a constituent part of it. Although there are plenty of mechanisms for improving quality of care available in the "technical arsenal" at both national and international levels (accreditation, poles of excellence, clinical protocols, etc.), they often have not been consistently implemented by countries.

3. Support needs to be secured from all stakeholders including international organizations. Also required are managers with the talent and the will to run the reform, and a good management information system to provide a timely and precise indication of what is happening all the time.

4. Patient safety requires involvement of citizens in decision-making in health. The media need to be informed. Adequate funding as well as a team with suitable technical requirements for conducting a complex reform needs to be in place before starting the process.

5. Monitoring and evaluating the process of health system improvement will be essential. Proven positive results will keep morale high and will also encourage donors to increase their investment in health.

WHO can support Member States by providing assessment, feedback and recommendations during the process.

## Strengthening Health Systems – The Case Study of the Chuvash Republic

The Chuvash Republic is part of the Russian Federation located approximately 630 km from Moscow. With a population of 1.3 million, this relatively small Republic contains 4 cities and 21 districts with the capital at Cheboksary. In the lower 1/3 of regions (GDP per capita), the economy is based on agriculture, services and manufacturing. The Republic and the Ministry of Health are responsible for health care delivery, which is funded from both the compulsory health insurance fund and from the budgets of the Republic and the municipalities.

### Strengthening the health system

With support from several international partners, the process of strengthening the health system has been underway for several years after the Chuvash Ministry of Health published a plan emphasizing the development of a stronger primary health care system. This included the introduction of GPs, reduction of inpatient beds in hospitals, restructuring emergency and diagnostic services, improvement in financial and human resources, strategies for greater public involvement and an emphasis on development of healthy communities.

The first 18 fully equipped GP offices were opened in 2002, with an emphasis on rural areas. By April 2005, there were 267 GPs practising in the Republic in a variety of settings both rural and in the cities, and performing a broad role including health promotion as well as working closely with community services.

#### Partners in the Process

The WHO Regional Office for Europe (Moscow office) contributed to the stewardship and health policy development 2002-06

The TACIS project assisted with training in health care management 1999-2001

The Canadian International Development Agency laid the groundwork for the World Bank loan and supported stewardship and health policy development 2000-06

The World Bank is providing a loan to assist in the restructuring process 2005-08

To reduce inpatient hospital beds, Chuvashia is developing 5 day surgery centres and has already closed or downsized some rural hospitals. Interregional Medical Centres are



planned to increase the efficiency of hospital services. Utilizing an existing hospital, each will assume responsibility for some specialist medical services for several districts. Similarly, renewal of the ambulance fleet and reduction of ambulance dispatch from 26 centres to four is planned. Training has also been held for health care professionals in strategic planning, public involvement, and financial and human resource management to prepare them to assume leadership roles in the restructured health system.

Recognizing that reform of the health care delivery system is only one part in achieving the longer term goal of a healthier population, Chuvashia has moved ahead with health promotion, adopting a plan, which identifies the most prevalent problems impacting on the health of the population and including specific targets for improvement in health indicators, e.g. a long-term strategy to combat tobacco use.

Chuvashia is often cited as an example of how it is possible to make positive changes in regional health care systems. Plans are now underway to disseminate these experiences to other regions within the Russian Federation.

Behind these successful changes can be seen the strong political leadership and stability in the Republic. In 2004, the new position of Deputy Minister of Strategic Planning and Health Care Reform was created focusing attention within the Ministry of Health on strengthening the health care system.

### Interventions implemented in the context of the overall health system goals

#### Stewardship

- Ratification of the documents by the Cabinet confirming political commitment to the WHO strategies "Health for All" and UN's "Sustainable development".
- Determination of health priorities of the Republic, districts and cities based on an analysis of health status and assess-

ment of quality of life; preparation of "Health Profiles" as the first step in creating strategic programs on health and sustainable development of the municipalities.

## Improvement of the key indicators of health and health system performance

- Birth rate improved from 8.9 per 1000 in 2001 to 10.6 per 1000 in 2004
- Death rate decreased from 15.3 per 1000 in 2003 to 14.9 per 1000 in 2004
- Infant mortality rate decreased from 14.2 per 1000 in 2001 to 9.3 per 1000 in 2004
- Maternal mortality rate was significantly reduced from 50 per 100,000 live births in 2001 to 0,0 in 2004

## Service Provision

- Practical implementation of the three year plan for restructuring the health care system; public information on the issues of health protection/promotion, and on the changes planned for the health care system.

## Resource Utilization

- GPs, nurses and health care managers trained to operate effectively in the new system.
- New technologies introduced to support restructured system including the establishment of a Telemedicine Centre for training and medical diagnosis, and introduction of computerized patient records in GP offices.

## Financing

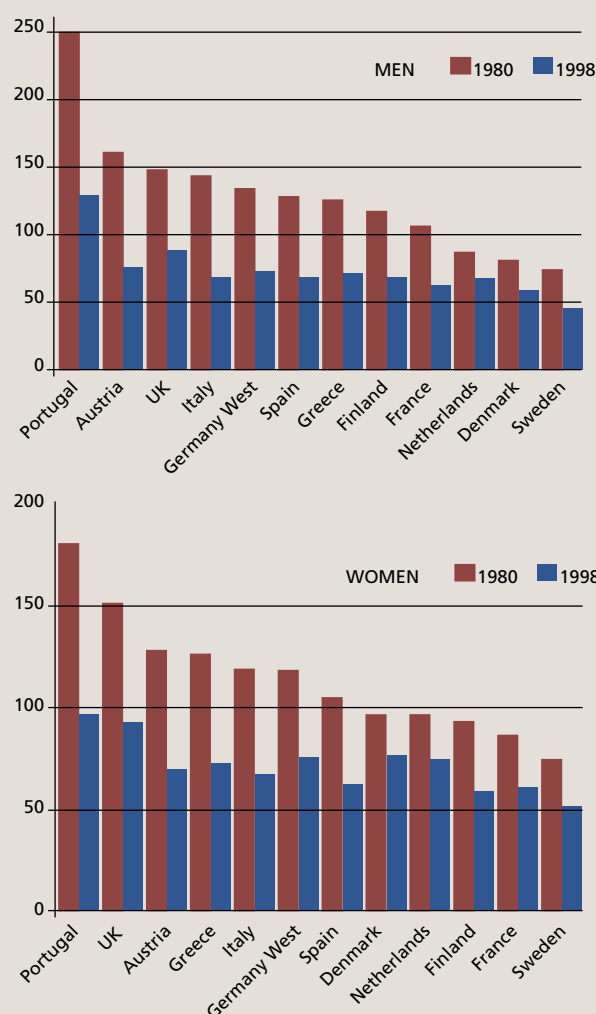
- New payment and incentives for GPs, e.g. contracts based upon activity, quality and results.
- Introduction of per capita approach in health budgeting at the municipal level.

Results of health system restructuring	2000	2004
<b>1. Primary Care</b>		
No. of GPs	8	267
No of visits to outpatient dept. (per capita)	9	14
Day care beds	1,162	2,538
No of patients receiving home care	1,164	8,091
Volume of medical care provided in day care facilities increased by 2.6 (2000-04)		
<b>2. Hospital Care</b>		
No of inpatient beds	14,135	13,455
Average length of stay	13.9	12.9
<b>3. Day Surgery</b>		
Five centres - 10.8% increase in day surgery procedures from 2000-04		
<b>4. Ambulance Services</b>		
Number of calls to ambulances reduced by 5-15% since introduction of GPs		

## Health care as a contributor to the decline of avoidable mortality in the selected EU countries

This illustrates that health care matters. According to the study by McKee, M. and Nolte, E. (2004), health care contributed significantly to the decline of avoidable mortality. The findings provide clear evidence that improvements in access to effective health care have had a measurable impact in many countries of the European Region during the 1980s and 1990s, in particular through reductions in infant mortality and in deaths among the middle aged and elderly. Those countries where infant mortality was relatively high at the beginning of the 1980s, and which had the greatest scope for improvement, such as Greece and Portugal, saw the greatest reductions in amenable mortality in infancy.

## Age-standardized death rates (0-74) 1980-1998 from causes amenable to health care, selected EU countries



Source: McKee M and Nolte, E, 2004, "Does Health Care Save Lives? Avoidable Mortality Revisited". Nuffield Trust

## **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  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia and Montenegro  
Slovakia  
Slovenia  
Spain  
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Tajikistan  
The former Yugoslav  
Republic of Macedonia  
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Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

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