

Information document

The evidence base of Health 2020



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe
Sixty-second session

Malta, 10–13 September 2012



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

Sixty-second session

Malta, 10–13 September 2012

Provisional agenda item 5(a)

EUR/RC62/Inf.Doc./2

23 July 2012

121620

ORIGINAL: ENGLISH

The evidence base of Health 2020

Introduction

Embarking on the development of the Health 2020 policy framework in September 2010, as a first step the Regional Director created an in-house Health 2020 Secretariat to lead and coordinate the process and set up and chaired a Health 2020 steering group as a think-tank and sounding-board for the framing of the policy development process. This steering group included a number of distinguished experts in regional and national health policy development processes, including Health for All by the year 2000, HEALTH21, Health in all Policies, Tallinn Charter Health Systems for Health and Wealth process, and other relevant processes in Europe. The steering group further included members of senior management and representatives from key technical areas of work within the WHO Regional Office for Europe.

The steering group recommended a number of essential steps to ensure that the development of Health 2020 was informed by the best available collation of evidence:

1. A mapping exercise throughout the WHO European Regional Office to identify the best solutions that work to address the public health challenges in the Region as well as opportunities to promote health and well-being.
2. The commissioning of a number of new studies, as well as establishing links to studies in progress that addressed core issues of Health 2020.
3. The creation of drafting group that advised on the structure and contents of the main Health 2020 documents and some of whose members were crucially involved in its drafting.

A key milestone in the development of the Health 2020 was the setting up by the Regional Director of the European Health Policy Forum for High-Level Government Officials as the main ongoing strategic level consultation mechanism with Member States. Three meetings were held and provided the forum to discuss the emerging evidence, learning from policy and practice on interventions, and solutions that work to address major European public health challenges. The final meeting also enabled consensus on the formulation of Health 2020 targets. The meetings also discussed the evidence studies (see below) and specifically addressed which types of interventions would make the greatest difference to the health and well-being of the people of the Region; whether the proposed strategies and interventions were the most promising and also sensitive to the context and needs of low-, medium- and high-income countries across the Region and whether there were important information gaps.

Discussion of the emerging evidence was a prime focus of the Second Meeting of the European Health Policy Forum for High-Level Government Officials. This considered the best available evidence, learning from policy and practice on interventions, and solutions that work to address major European public health challenges. The meeting specifically addressed which types of interventions would make the greatest difference to the health and well-being of the people of the Region; whether the proposed strategies and interventions were the most promising and also sensitive to the context and needs of low-, medium- and high-income countries across the Region. The meeting also considered whether there was important information missing.

In addition the emerging drafts of the Health 2020 policy framework were regularly considered by the Standing Committee of the Regional Committee, who consulted on each occasion to review the evidence base, and to make recommendations.

Throughout this process, the growing body of evidence and learning concerning the improvement of the health and wellbeing of individuals' and communities was considered and critically reviewed in relation to the current and emerging drivers of health in Europe. In addition a number of studies concerning areas where further in-depth investigation would be

crucial for the Health 2020 policy framework were either directly commissioned or adopted. The findings of these studies have informed both the direction and content of the Health 2020 policy framework through active debates during the many Health 2020 consultative events and through an ongoing dialogue between the researchers and the Health 2020 drafting group.

These studies concern:

- a study on governance for health in the 21st century;
- a review of the social determinants of health and the health divide in the WHO European Region;
- a review of ways of conducting intersectoral governance for health in the WHO European Region;
- a study on the economic case for public health action; and
- a review of the commitments of Member States and the WHO Regional Office for Europe between 1990–2010, through an analysis of Regional Committee for Europe resolutions.

The studies

Governance for health in the 21st century

Kickbusch et al. *Governance for health in the 21st century*. Copenhagen, WHO Regional Office for Europe, 2011 (EUR/RC61/inf.Doc./6).

This study reviewed new approaches to governance which are driven by the changing nature of the challenges of the 21st century. It has been informed by a set of background papers which provide additional in-depth analysis of the issues raised. The study highlights the ongoing diffusion of governance to a collaborative model in which governance is co-produced between a wide range of state (ministries, parliaments, agencies, authorities, commissions, etc.), society (businesses, citizens, community groups, global media including networked social media, foundations, etc.), and supranational (EU, UN, etc) actors. Research indicates that the diffusion of governance is not a zero sum game between state and society actors; indeed it can make the state more effective. As power becomes more distributed in society the role of the state *changes* but remains critical and is even expanding into many new areas.

Governance for Health requires a synergistic set of policies many of which reside in sectors other than health as well as outside of government and need to be supported by structures and mechanism which enable collaboration. The engagement of citizens is a defining factor. The whole of government and whole of society approaches emphasize not only the need for better coordination and integration of government activities for health but, by reaching out beyond government, they contribute – together with others - to overarching societal goals such as prosperity, wellbeing, equity and sustainability. They include accountability for health and equity through a diverse range of monitoring mechanisms.

Based on a review of case studies of new approaches to Governance for Health this study proposes five types of *smart Governance for Health* which should be considered: evidence shows that multi-pronged approaches may be up to twice as effective as the single most effective intervention. While some countries have strengthened and expanded their public health activities to address 21st century health challenges more effectively others still need to move in this direction. Critical characteristics are: Governing through collaboration; Governing through citizen engagement; Governing through a mix of regulation; Governing through new independent agencies and expert bodies; and Governing through adaptive policies, resilient structures and foresight.

The study underlines the need to inform policy through new metrics and institutionalized processes for whole of government and whole of society approaches. Phase II of this study has reviewed experiences in innovative governance for health according to the approaches to smart governance outlined in Phase I this study.

The challenge now is to reorient toward smart governance for health through leadership development, political debate, training and research in cooperation with national institutes in many disciplines.

European Review of social determinants of health and the health divide

Report on social determinants of health and the health divide in the WHO European Region. Copenhagen, WHO Regional Office for Europe (forthcoming).

This review was Chaired by Professor Sir Michael Marmot and supported by a Secretariat at University College London. The review analyses the level of health inequities between and within countries within the European Region, and reviews policy options to address these. The Review draws on the work of thirteen task groups. Based on this evidence and analysis it provides recommendations for action on health inequities in both low middle and high income countries.

Health inequities are persistent and in some cases widening across the Region. Between countries male life expectancy ranges from 63 to 80 years – a gap of 17 years – and for females from 73 to 85 years, a 12 year gap. Within countries there are similarly dramatic health inequities. Health status across the European Region is closely related to the conditions in which people are born grow, live, work and age. Health inequities in countries follow a clear social gradient.

The Review builds on existing knowledge and provides new perspectives:

- emphasizing the importance of a human rights approaches to tackling health inequity;
- focusing on reducing the ways inequities are passed through generations;
- tackling the processes through which some groups of people (Roma, migrants) make them socially excluded or marginalized and particularly vulnerable;
- relating the social determinants of health inequities to levels of social cohesion in the Region, and
- tackling the inter-relationships between health and climate change both in the effects of climate change and its mitigation.

The Review recognizes that not all countries are in a position immediately to implement all recommendations set out but that it is vital to start now. The evidence presented shows that all governments can **do something** even where resources are limited; they can progressively scale up action to **do more** and where government commitment is high they must endeavour to **do better**.

Finally the Review underlines the importance for health ministries and health systems as champions of a whole of government and whole of society approach.

Inter-sectoral governance for Health in All Policies

McQueen D et al., eds. *Intersectoral governance for health in all policies*. Copenhagen, WHO Regional Office for Europe.

Health in All Policies is one approach to address the social determinants of health. Policies that shape or co-shape the social determinants of health may be used as entry points for improving population health. Examples include policies with shared goals between health and other policy areas such as housing, transport, the environment taxes and many others.

When reaching out to other ministries, departments, sectors or the civil society, policy makers may use a large range of inter-sectoral governance structures. This study presents analysis and experiences with inter-sectoral governance structures including cabinet committees, parliamentary committees, inter-departmental committees and support units, ministerial mergers, delegated financing, joint budgeting, public engagement, health conferences and industry engagement.

The study shows that different inter-sectoral governance structures can lead to a wide variety of inter-sectoral actions including evidence support, targets and goal setting, coordination, advocacy, monitoring and evaluation, policy guidance, financial support, provision of legal mandates and implementation and management.

Institutional settings and political cultures in Europe are highly diverse, and the variations in governance context limits the possibility for simple messages. However, with regards to conditions for effective inter-sectoral governance, there are common themes running through the different chapters of the study. These include the need for political will and commitment, partnerships, the political importance of identifying health as a societal goal, the immediacy of the problem, leadership, context, resources and implementation practicalities.

Finally, inter-sectoral governance actions rarely work in isolation; there is a need for action at multiple levels.

The economic case for public health action

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

The health, social and economic challenges to be faced, across the Region, particularly in relation to noncommunicable disease, are considerable. Escalating health expenditures threaten the long-term sustainability of health care systems. Chronic health problems and injuries also affect productivity at work and demand for welfare benefits. At present only a small fraction of total health expenditure is committed to prevention (circa 3% in OECD countries). A key question is the extent to which some of these adverse impacts of illness and injury could be avoided through actions promoting health and well-being, and by deploying effective preventive measures within and beyond the health care sector.

This study, undertaken in partnership by the WHO European Observatory on Health Systems and Policies and the OECD collates evidence on the economic case for investing in public health actions. It extends beyond the economic benefits of actions within health care systems to look at the economic case for investing upstream, prior to the onset of illness and before health care services are required. Priority actions across the life course are highlighted and challenges to their implementation also considered.

The study shows a growing body of evidence concerning appropriate policies which can generate health benefits at an affordable cost, sometimes reduce health expenditure and help to redress health inequalities. Cost effective actions can include multi-component **tobacco control programmes**, if adequate implementation and monitoring and action against corruption are in place. Cost-effective **alcohol policies** include restricting access to retailed alcohol; bans on alcohol advertising, taxes and minimum prices. Actions to **promote healthy eating** include reformulation of processed food to decrease salt and saturated fat; taxes and subsidies and regulation of food advertising to children. The **promotion of physical activity** through mass media campaigns is very cost-effective but greater health outcomes may be achieved through more targeted interventions, e.g. in the workplace. Actions across the life course to **strengthen social and emotional health** can generate long term benefits. Cost effective actions to reduce road injuries – enforcement of legislation and road design modification - are supported by sound economic evidence. Evidence also supports **actions to tackle environmental chemical hazards**.

In summary, tackling chronic diseases through interventions aimed at modifying lifestyle risk factors is possible and cost-effective. It requires fundamental changes in individual and collective behaviours. Such changes can only be triggered by wide-ranging prevention strategies addressing multiple determinants of health across social groups.

Resolution study

Review of the commitments of Member States and the WHO Regional Office for Europe between 1990 and 2010: analysis in the light of the Health 2020 strategy. Copenhagen, WHO Regional Office for Europe (forthcoming).

This study provides an overview and analysis of the commitments made by the Member States and the WHO European Regional Office between 1990 and 2010 through WHO/EURO Regional Committee resolutions on technical matters (82 documents) and policy statements adopted at Ministerial Conferences convened by the WHO EURO (13 documents). Three WHO legally binding instruments adopted at global or regional levels, namely the International Health Regulations, the Protocol on Water and Health, and the WHO Framework Convention on Tobacco Control were also considered.

This study was undertaken to support the development of the Health 2020 policy framework and facilitate its implementation. A starting assumption was that many of the issues to be covered in the Health 2020 policy framework had already been addressed in detail in previous years. The new health policy framework should be seen therefore as a reframing of previous commitments within a coherent and visionary approach.

In the event the study confirmed that most of the topics had indeed been extensively addressed between 1990 and 2010, particularly for issues such as partnerships and building capacity which were mentioned in 73% of the documents studied. However some issues had received less attention, for example the need of specific vulnerable groups such as older people, the management of selected NCDs and the economic implications of health and disease.

Considering the combined commitments by WHO governing bodies at both the Regional and global levels, concerns arise about the implementation capacity of both the WHO European Regional Office and its Member States. It is suggested that the decision making mechanisms and the focus of WHO governing bodies should be reconsidered to facilitate effective decision making and more effective implementation of commitments.

Conclusion

Health 2020 represents a joint commitment to developing health by the Regional Office and the 53 WHO European Member States. Nevertheless, if it is to make a real difference, the influence of Health 2020 should extend even more widely and create a movement for improving health across the European Region involving many networks, interests and partners.

This document puts forward proposals considering how the processes of implementing Health 2020 might develop. It considers particularly how the commitment, work and input of the Regional Office might develop and the ways it might offer to provide input to Member States and others. The document and its ideas are hereby put forward for comment and discussion. Following the sixty-second session of the WHO Regional Committee for Europe, the Regional Office will further develop and finalize the plan for implementing Health 2020.