

Health in action: reforming the Greek national health services to improve citizens' health

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Organisation mondiale de la Santé

BUREAU RÉGIONAL DE L' Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR EUROPA

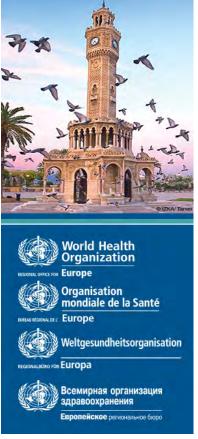


Health systems and the right policies go hand in hand









2010 2011 2012 2013



The changing health landscape

- The global health architecture has become more extensive and very complex
- Demographics are changing and the population is ageing
- Migration is increasing
- Health has improved, yet deep inequities remain
- Health challenges are multifaceted and require active involvement at all levels of government (international, national and local)



The changing health landscape

- Noncommunicable diseases (NCDs) dominate the disease burden – depression and heart disease are leading causes of healthy life-years lost
- Infectious diseases remain a challenge antibiotic-resistant organisms are emerging
- Primary care systems are weak and lack preventive services
- Public health capacities are outdated
- Health systems face rising costs



Health 2020: strategic objectives

Working to improve health for all and reduce the health divide

Improving leadership and participatory governance for health

Health 2020: four common policy priorities for health

Investing in health through a life-course approach and empowering people

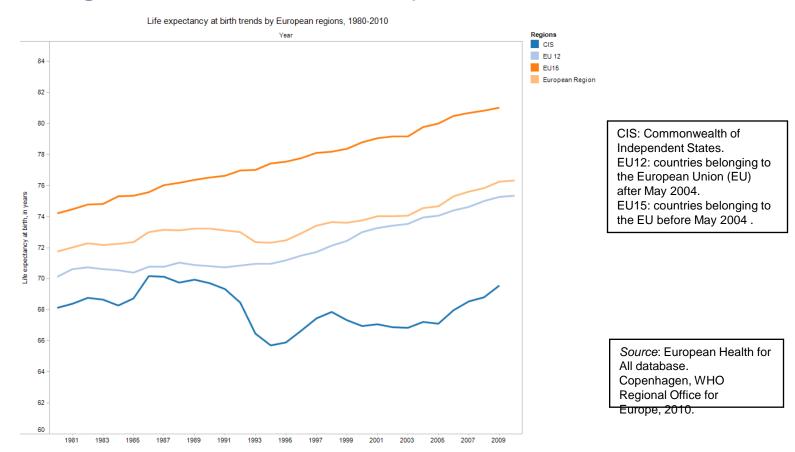
Tackling
Europe's major
health
challenges:
NCDs and
communicable
diseases

Strengthening
peoplecentred health
systems,
public health
capacities and
emergency
preparedness,
surveillance
and response

Creating resilient communities and supportive environments



Life expectancy has improved but the Region is scarred by inequalities





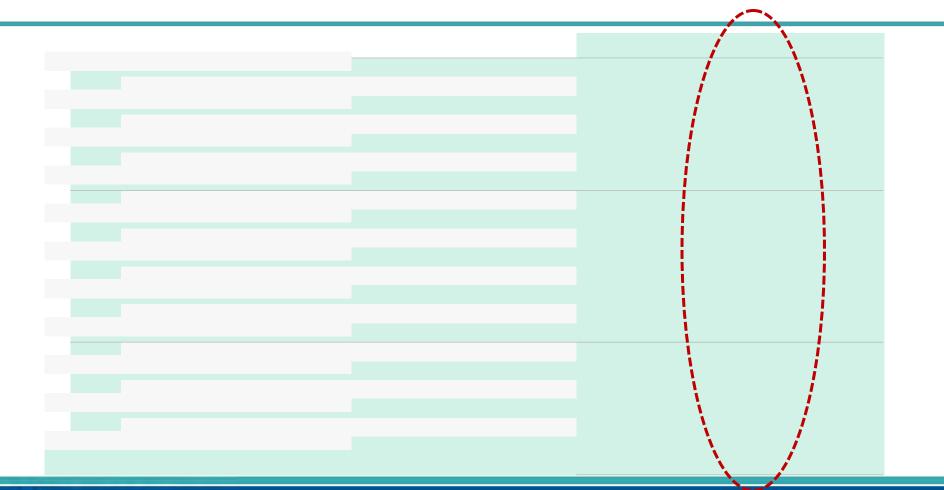
Greece has good health status Life expectancy at birth in countries in the European Region, last reported data, 2006-2010







Health-related indicators, Greece





Marking two key anniversaries: the Tallinn Charter: Health Systems for Health and Wealth and the Declaration of Alma-Ata on primary health care





Tallinn: 2008 and 2013 (governance)

Almaty: 1978 and 2013 (primary health care)



Health systems for health and wealth in the context of Health 2020

17–18 October 2013, Tallinn, Estonia



The Tallinn follow-up meeting:

- provided a platform for understanding new frontiers to improve population health
- enabled an exchange of inspiring examples of health-system strengthening
- 3. resulted in agreement on future directions, interweaving the commitments of the Tallinn Charter and the Health 2020 policy framework.

The Tallinn meeting: basis of WHO's work to strengthen health systems

Supporting Member States in keeping or moving towards universal health coverage (guided by the mission and vision of Health 2020) by

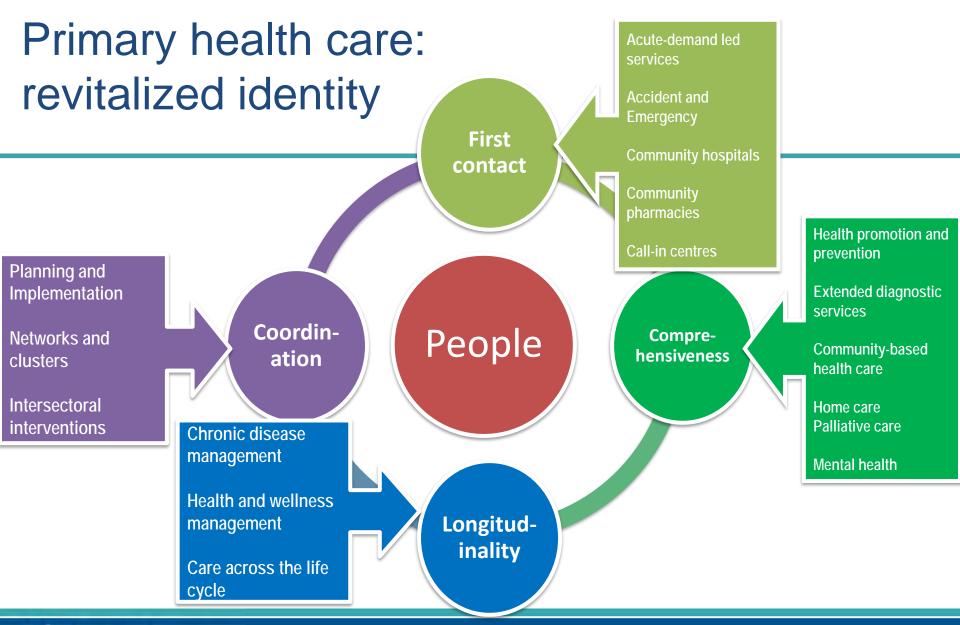
- transforming financing arrangements to overcome sustainability concerns
- positioning primary health care as the hub of other levels of care
- ensuring coordination across primary health care and public health services
- revitalizing a flexible, multiskilled workforce with aligned task profiles
- strategizing the use of modern technology and medicines for maximum benefit



International conference to mark the 35th anniversary of the Declaration of Alma-Ata, Almaty, Kazakhstan, 6–7 November 2013

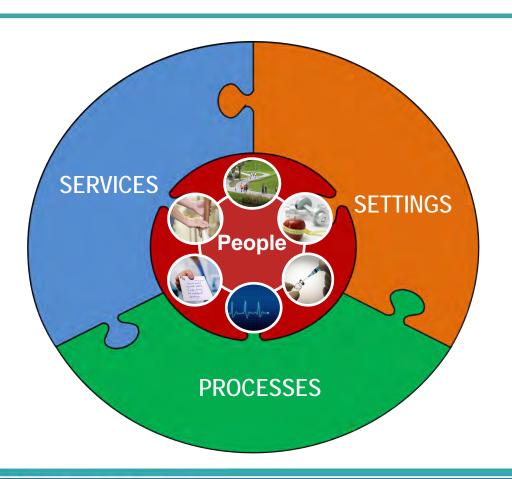








Greek health system towards more peoplecentred services' delivery with primary health care at the centre



SERVICES

- Health protection
- Health promotion
- Disease prevention
- Diagnosis
- Treatment
- Rehabilitation
- Palliative care

SETTINGS

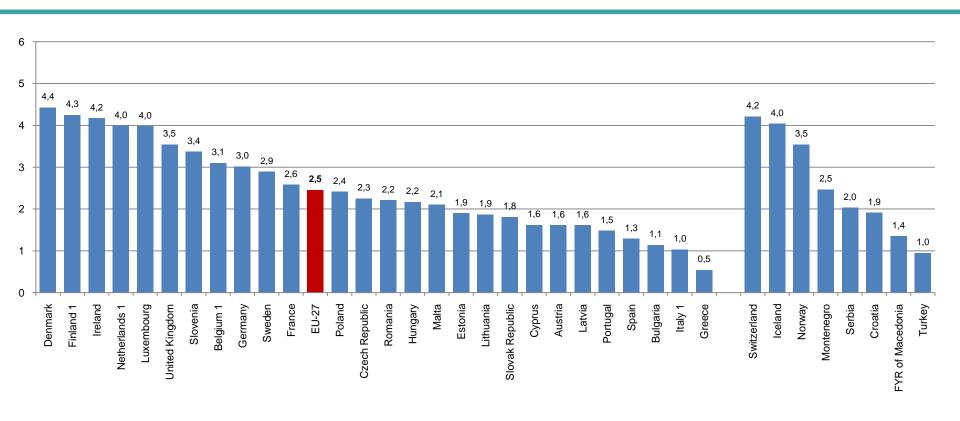
- Public health (NHS)
- Primary health care (NHS)
- Secondary care (EOPYY)
- Long-term care
- Community, home and social care
- Pharmacies

PROCESSES

- Delivery system (re)design (case managers, multidisciplinary teams, co-location of services)
- Alignment of incentives (P4P)
- Common information systems (e records, eprescription)
- Decision support (integrated care pathways)

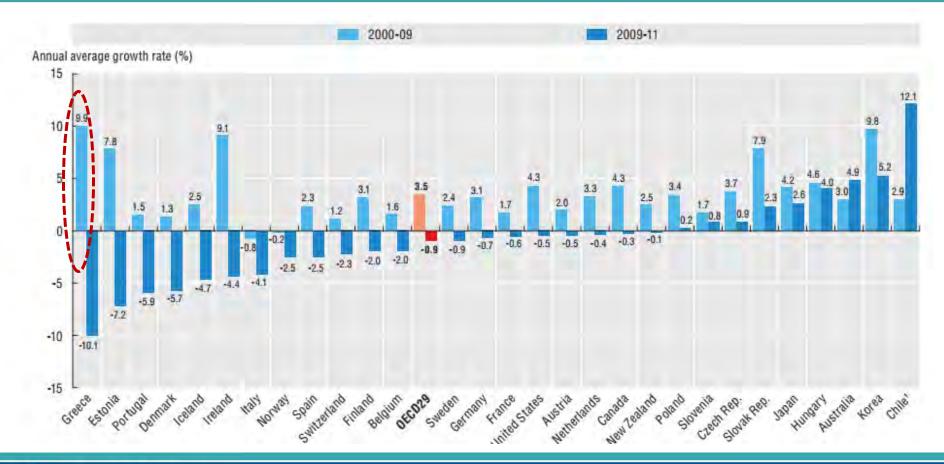


Human health resources – requirements in the Greek context



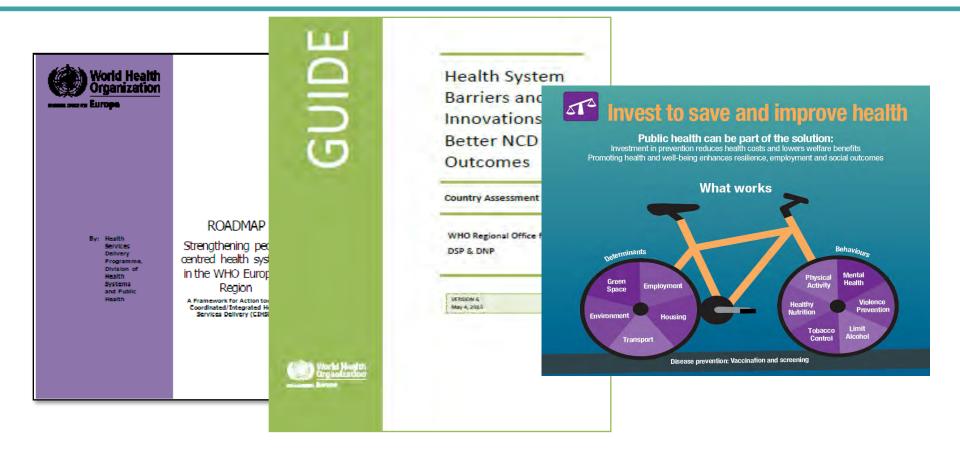


Average annual growth in pharmaceutical expenditure per capita in real terms, 2010–2011





Transforming service delivery, addressing NCDs, investing in prevention





Using fiscal policy to improve health outcomes



Tobacco

A 10% price increase in taxes could result in up to 1.8 million fewer premature deaths at a cost of US\$ 3–78 per disability-adjusted life-year (DALY) in eastern European and central Asian countries



Alcohol

In England, benefits worth close to €600 million in reduced health and welfare costs and reduced labor and productivity losses, at an implementation cost of less than €0.10 per capita

Source: McDaid D, Sassi F, Merkur S, editors. The economic case for public health action, Maidenhead: Open University Press (in press).

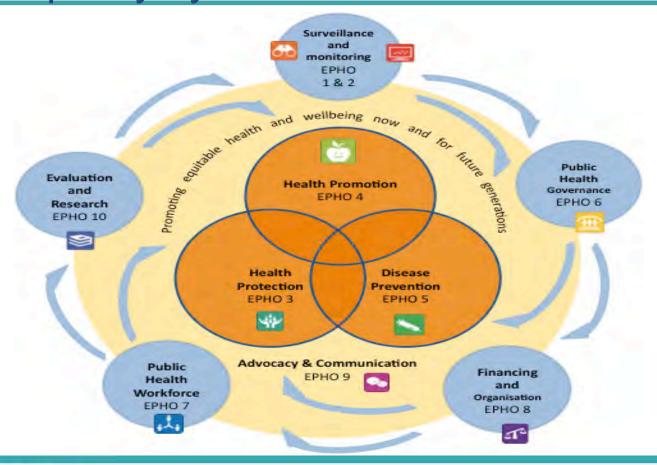


Greece – proportion of regular daily smokers in population aged 15+, 1991–2009, compared with European Union



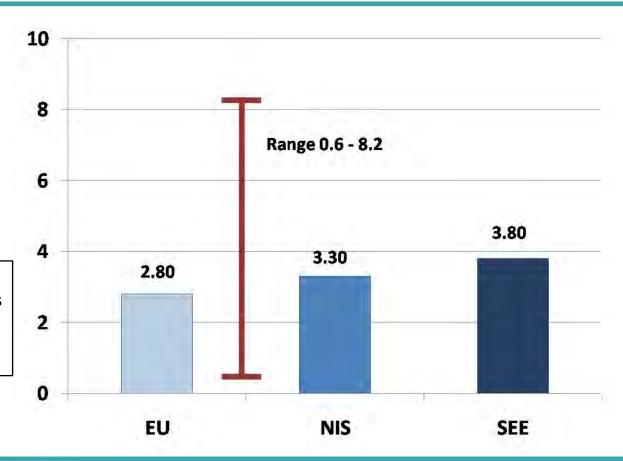


WHO Regional office for Europe's essential public health operations (EPHOs) in relation to the policy cycle





Case for investing in public health: estimated expenditure on prevention and public health as a percentage of total health expenditure



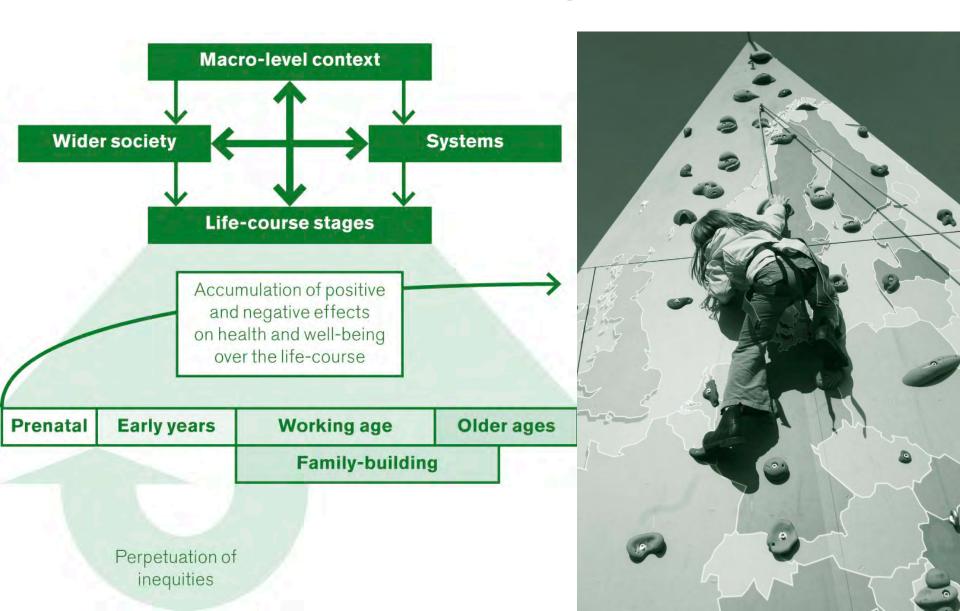
NIS = newly independent states SEE = south-eastern Europe.

WHO cost-effective public health interventions

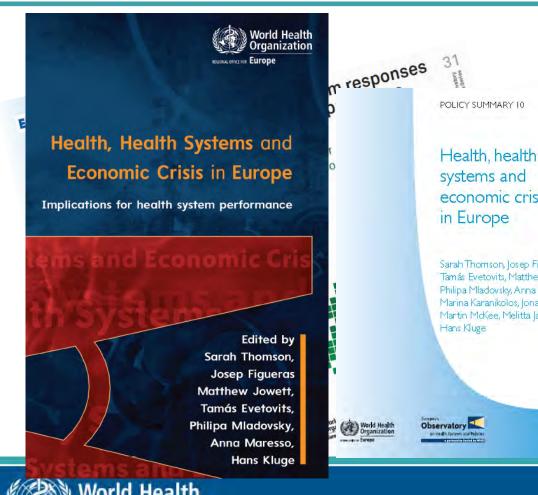
- reducing tobacco consumption by raising taxes, introducing tobacco-free environments, health warnings and advertising bans
- reducing harmful alcohol use by raising taxes, introducing health warnings and advertising bans
- improving diet and physical activity by reducing salt intake and content, reducing trans fats, promoting public awareness



Four areas of action to address health inequalities – emphasizing priorities



Health-system responses to economic crisis in Europe





The crisis has been challenging

Severe, sustained pressure on public spending on health

Source: WHO national health accounts, 2013.

2008	2009	2010	2011			
Andoma	Andorra	Albania	Andoma			
Azerbaijan	Bulgaria	Armenia	Amenia			
Belarus	Croatia	.Azerbaijan	Azerbaijan -			
Kyrgyzstan	(ce land	Croatia	Be lanus			
Turkmenistan	tre land	Czech Republic	Georgia			
	Latvia	Estonia	Germany			
	Lithuania	Lithuania Finland				
	Romania	Greece	Kaza khstan			
	San Marino	loe la nd	Portugal			
	Serbia	Ire la nd	Ukraine			
	Ukraine	Italy	United Kingdom			
		Kyrgyzstan				
Countries		Montenegro				
Countries		Republic of Moldova				
with negat	ive	Russian Federation				
growth in p		San Marino Slovakia				
_						
spending of	on health	Slovenia				
		Spain				



Percentage of individuals reporting unaffordable health care, EU27, 2007

Hospital		Medical or surgical specialists		Family doctors or general practitioners		Dentists		OOP share of total health expenditure (2009)	
Greece	45	Portugal	78	Greece	43	Portugal	82	Cyprus	48.6
Portugal	40	Greece	71	Cyprus	39	Greece	75	Greece	35.3
Ireland	33	Cyprus	66	Portugal	37	Spain	70	Portugal	20.3
EU27	21	Ireland	53	Ireland	33	Cyprus	62	Spain	19.0
Spain	10	EU27	35	EU27	11	EU27	51	EU27	15.6
Cyprus	10	Spain	22	Spain	7	Ireland	46	Ireland	14.9

Notes: OOP = out-of-pocket (payment); EU27 = the 27 countries of the European Union before 1 July 2013.



Some positive responses in challenging circumstances

- Introduction of needed reforms in countries
- Drug prices lowered with immediate efficiency gains
- Cost-effective services identified and prioritized, also with efficiency gains
- Efforts made to protect people from financial hardship



Also negative implications for health systems' performance

- Countries that reduced population coverage often targeted vulnerable people (poorer people, migrants)
- Over 25 countries increased user charges for essential services
- Some cuts had unintended consequences



Health systems in times of global economic crisis: an update

Oslo, Norway, 17-18 April 2013

Objectives

- To review the impact of the economic crisis on health and health systems in the Region
- To draw policy lessons around three themes: maintaining and reinforcing equity, solidarity and universal coverage; coping mechanisms, with a focus on improving efficiency; improving healthsystem preparedness and resilience; and
- To identify policy recommendations for consideration by countries and possible future political commitments



Oslo meeting n impact of crisis – ten policy lessons and messages

- 1. Be con 2. Factor 4. Health 3. Safety 5. Protect with long funding for costimpac can miti respon health s fiscal p influence effective public many ne health services health e health et goa
- 8. Struc 9. Need 6. Av 10. Good prolonge performir reforms r informatic governance for prepared, resilexcessive systems time to c monito health b ient systems more re savin syste

Letter of Intent



LETTER OF INTENT

The Ministry of Health has developed a Road Map for the reform process under the initiative "Health in Action' (hereafter "Health in Action") in co-operation with the EU Task Force for Greece and Germany as the Domain Leader in the health sector as described in the Memorandum of Understanding by and between the Ministry of Health of the Hellenic Republic and the Federal Ministry of Health of the Federal Republic of Germany and in cooperation with the Task Force for Greece-European Commission of 20 April 2012 (Annex 1 to this Letter).

Under Health in Action the Ministry of Health has set up a governance structure including a Health Reform Steering Committee and nine subcommittees in which the MoU parties

The Greek Authorities have decided to request technical assistance for the implementation of Road Map of reforms in the health sector directly through National Authorities, European Institutions, International Organisations, accredited agencies or via the private sector by using financial resources from the 2007-2013 Greek National Strategic Reference Framework financial envelope, as appropriately reserved for this purpose by the Greek authorities.

In this framework the Greek Authorities would like to involve the World Health Organisation (hereafter "the WHO") in addition to its usual normative and technical cooperation role, uniquely (taking into consideration the Greek financial conditions) to deliver support for the monitoring and implementation of reforms in the context of the Health Reform Steering Committee and Road Map, including technical support in the fields of Public Health, and Primary Health Care and the management of financial resources to ensure high quality in project management and effective implementation deriving from the credibility and extensive experience and expertise of WHO in the health sector,

The undersigned are hereby stating their willingness and intention to further examining the possibility of co-operation in the provision of support to the Hellenic Republic for the implementation of reforms in the health sector in Greece as described hereby.

Athens, 10 April 2013

Minister of Health Hellenic Republic

Secretary General for Coordination Office at the Prime Minister's

Hellenic Republic

Minister of Health Federal Ministry of Health Federal Republic of Germany

Regional Director World Regional Office for Europe



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European Commission



Contribution agreement between Greece and the WHO Regional Office for Europe





Principles of universal health coverage

Ensure that people have equal access to quality health services and financial protection:

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

Potential indicators, focusing on coverage and protection:

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



A new governance for health

- Strategic role of the ministry
 - Health in Action initiative
 - alignment of governance, regulatory capacity and legal instruments
 - organizational and management changes
- Involvement of stakeholders
- Empowerment of people





WHO Regional Office for Europe
Division of
Health Systems
and Public Health

σας ευχαριστώ

THANK YOU

(http://www.euro.who.int/en/w hat-we-do/health-topics/Healthsystems)