

**Zsuzsanna Jakab, WHO Regional Director for Europe**

**Presentation – Our health, our economy, our society, our future:  
a brave new world, at the European Public Health Alliance 4th  
Annual Conference**

**4 September 2013, Brussels, Belgium**

Ladies and gentlemen,

**Slide 1**



The slide features a globe on the left composed of numerous small photographs of diverse people. To the right, the text is set against a teal background. At the bottom left, there is a dark blue vertical bar containing the WHO logo and its name in four languages: English, French, German, and Russian.

**European Public Health Alliance  
4th Annual Conference**

**“Our health, our economy, our  
society, our future: a brave new  
world”**

**4 September 2013, Brussels, Belgium**

**Zsuzsanna Jakab,  
WHO Regional Director for Europe**

**World Health  
Organization**  
REGIONAL OFFICE FOR  
**Europe**

**Organisation  
mondiale de la Santé**  
BUREAU REGIONAL DE L'  
**Europe**

**Weltgesundheitsorganisation**  
REGIONALBÜRO FÜR  
**Europa**

**Всемирная организация  
здравоохранения**  
**Европейское региональное бюро**

It is a very great pleasure to here with you today. I have been invited to speak on a “brave new world, for health, for our economies, for our societies and for our future”. I thought for a while about this notion of a brave new world for health. As is well known, the title of Huxley’s 1931 book is drawn from Shakespeare’s play “The Tempest”: “How many goodly creatures are there here! How beauteous mankind is! O brave new world that has such people

in it". There was irony in Huxley's title, as in some ways his vision was of a dystopia. Today, mine will be a more positive vision. I want to make clear what health has to offer.

## Slide 2

### **Shakespeare's "The Tempest" (quoted by Huxley in 1931):**

"How many goodly creatures are there here!  
How beauteous mankind is!  
O brave new world, that has such people in't!"



I shall address three main issues:

1. our new WHO European health policy framework Health 2020 and what we want to achieve;
2. how much return implementing Health 2020 would bring to society and the economy;  
and
3. to what extent the present economic climate makes it more difficult for Member States.

## Slide 3

### 3 main issues in my presentation

1. Our new European health policy, Health 2020, and what we want to achieve
2. How much return would implementing Health 2020 bring to societies and the economy?
3. How far does the present economic climate make it more difficult to Member States?

Our new WHO European health policy framework, Health 2020: what do we want to achieve and what evidence-based studies support the framework?

## Slide 4

# Health 2020 and what we want to achieve



In our brave new world, what we mean by health is indeed utopian, as health and well-being are universal human goals. Health 2020 is about improving health and well-being across the WHO European Region. Health is not, as it was so often seen in the past, simply an item of consumption to be financed, or an expenditure. Health is a resource that needs to be nurtured and equitably improved. Health is an investment, a driver of development.

## Definition of health in the WHO Constitution

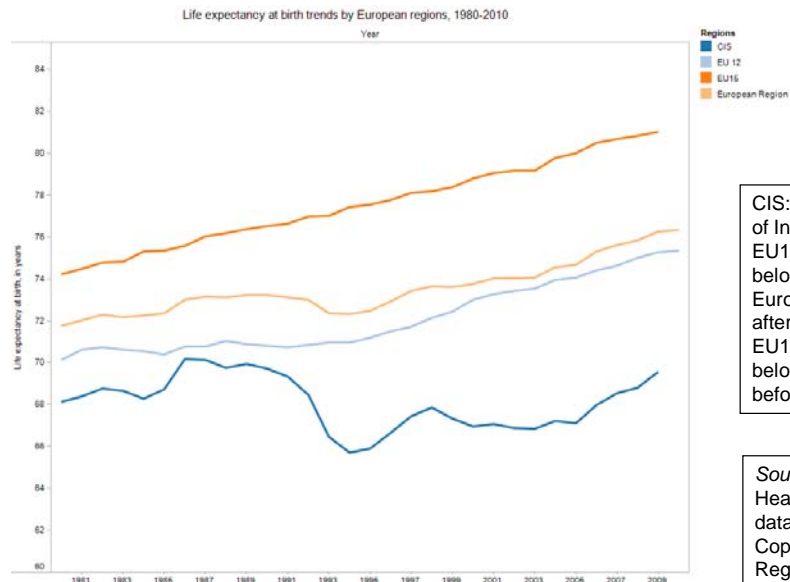
“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Health across the WHO European Region has improved, yet not by enough and in a way which is scarred by inequalities. The gap in life expectancy in our Region is 17 years for men and 12 years for women. As economies falter, health inequalities are growing within and between countries. Some have clearly been left behind. All the available evidence indicates that these sometimes extreme differences in health reside largely in different social and economic conditions and the circumstances of life, with complex causes deeply rooted across the life-course, reinforcing disadvantage and vulnerability. In addition, these factors operate across generations. With our knowledge and understanding, we can and must do a lot better.

Whilst we must never forget the challenges of communicable diseases, today's health emphasis is on noncommunicable diseases and mental health problems, rooted in people's social and economic circumstances. Also important is health-related behaviour, including tobacco and alcohol use, diet and physical activity: behaviour, which is itself socially determined and often reflects the stresses and disadvantages in people's lives.

## Slide 6

### Overall health improvement (+ 5 years life expectancy) but with an important divide in Europe



Today's health challenges are therefore multifaceted, and it is obvious that health cannot just be the responsibility of the health sector alone. Collaborative models of work are needed, based on priorities shared with other sectors. A new type of "whole of government" and "whole of society", health-in-all-policies governance for health is needed for the 21st century, based on the social determinants of health, equity and sustainability.

## Slide 7

# Improving governance for health

Supporting whole-of-government and whole-of-society approaches

Learning from a wealth of experience with intersectoral action and work for health in all policies (HiAP) in Europe and beyond

The 21st century approach to governance for health



Two studies on governance for health, led by Professor Ilona Kickbusch (2011, 2012)

Study on intersectoral governance for HiAP, by Professor David McQueen et al.

Individual and social interactions with health determinants continue over the life-course. In our brave new world, we must seek fair and equitable access to opportunities for early childhood development, education, good work, and decent housing and income for all to support health. The gradient in health experience between and within countries will persist and increase unless urgent action is taken to control social determinants and their structural drivers!

This is why we initiated the European review of social determinants and health divide, which will be launched in Izmir, Turkey on 17 September. It has policy recommendations for action across the life-course.

The economic case is also strong. The cost of health inequity to health services and in lost productivity and government revenues is so high that no society can afford it. Tackling it also brings other benefits to society: more cohesion, better education, lower rates of crime. Current economic difficulties in countries are a reason for action and not inaction!

We must also respond to people's expectations for influence over their health and the determinants of health in their political, social, economic and physical environments. We must improve the performance of the health sector, which contributes to health improvement in its own right, and is also now one of the largest economic sectors in every medium- and high-income country, as well as a major driver of research and innovation. Achieving better

health outcomes also requires substantially strengthened functions and capacity for public health and a more flexible, multiskilled and team-oriented public health workforce.

## Slide 8

# Evidence that will make a big difference

Review of social determinants and the health divide in the WHO European Region



A strong human-rights and social-justice case

A strong economic case

Current economic difficulties are reasons for action, not inaction

With prevention and health promotion in the forefront, as highlighted in the European Action Plan for Strengthening Public Health Capacities and Services, we must act on all five areas, as agreed by our Member States.



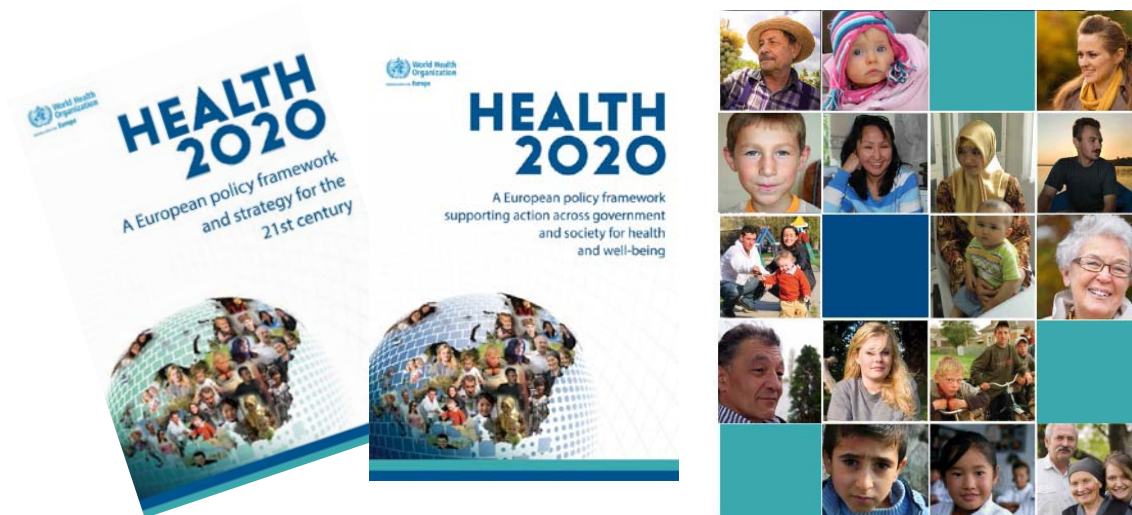
## Public health is back: a key pillar of implementing Health 2020

### The resolution

1. Take forward the European Action Plan for Strengthening Public Health Capacities and Services
2. Strengthen the 10 essential public health operations
3. Assess services and capacity
4. Enhance collaboration between countries
5. Leadership and innovation



## Health 2020 books published

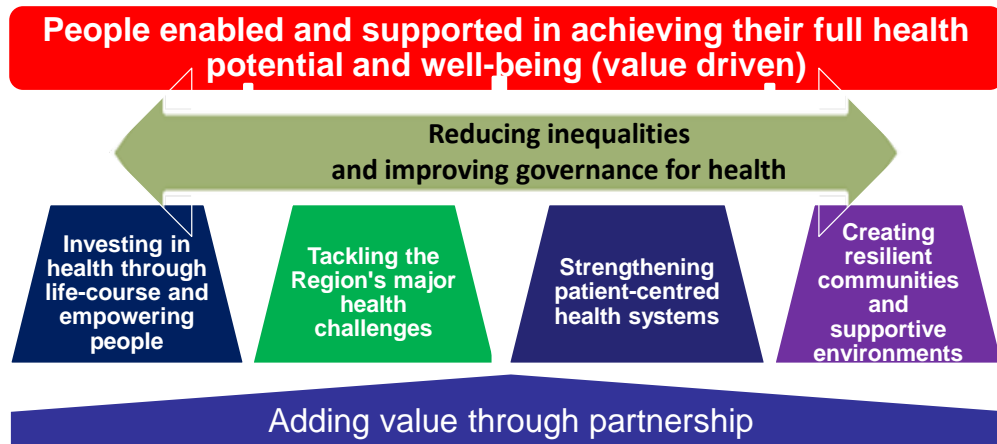


Health 2020 is a health policy framework developed in response to all these challenges, adopted by consensus a year ago by Europe. Implementing Health 2020 requires action across a range of cross-cutting issues, with governments linking policies, investments and services, and focusing on reducing inequalities.

Political commitment to this process is essential, and governments at all levels require formal structures and processes that can support coherence and intersectoral problem solving led at the highest level. Also needed is common purpose and broad collaborative effort by people and organizations across society in every country: governments, nongovernmental organizations, civil society, the private sector, science and academe, health professionals, communities and every individual.

## Slide 11

# Health 2020: strategic objectives and priorities for policy action



To help here, the WHO Regional Office for Europe is constructing a package of services and tools, which will offer countries systematic support in tackling the horizontal strategic issues of Health 2020, as well as programmatic links and entry points to more detailed aspects of the policy framework.

## Health 2020 implementation package for countries



The Regional Office is also working to help countries set national targets based on the regional ones to express commitment and progress, and to promote accountability through a monitoring framework.

## Slide 13

# Developing the Health 2020 targets and indicators

1. Reduce premature mortality in the European Region.
2. Increase life expectancy in the European Region.
3. Reduce inequalities in health in the European Region.
4. Enhance the well-being of the European Region population.
5. Ensure universal coverage and the right to the highest attainable level of health.
6. Set national goals and targets related to health in Member States.



We were determined that the recommendations of Health 2020 should be evidence based, and conducted an extensive literature review, recorded and made public numerous pieces of evidence and carried out significant new studies in a number of fields that have been or are about to be published. Together these publications offer a formidable array of evidence, and I commend them to you.

## New evidence informing Health 2020

- Governance for health in the 21<sup>st</sup> century
- Supporting Health 2020: governance for health in the 21<sup>st</sup> century
- Promoting health, preventing disease: the economic case
- Intersectoral governance for health in all policies: structures, actions and experiences
- Report on social determinants of health and the health divide in the WHO European Region
- Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010

# Increasing momentum in Europe

The collage features several key WHO communications:

- World Health Summit:** A screenshot of the summit's website, highlighting the event in Charlottetown, Canada, and the theme "HEALTH 2020: A European policy framework and strategy for the 21st century".
- 8th Global Conference on Health Promotion:** A news article from WHO Europe dated 15 June 2012, reporting on the conference held in Helsinki, Finland, organized by WHO and the Ministry of Social Affairs and Health of Finland.
- European Health Forum Gastein:** A screenshot of the forum's website, titled "European Health Forum Gastein: Creating a better future for health in Europe". It includes a video player and program announcements for "Resilient and Innovative Health Systems" and "EHFG 2013 Early Bird Fee rates".
- The Global Healthcare Summit 2012:** A promotional graphic for the summit held in London (November 28th-30th, 2012) at Park Plaza Victoria. It features statistics: 25% of the world's population, 33% of the world's GDP, and 34% of the world's population aged 65 and over. The theme is "Building a unified vision".

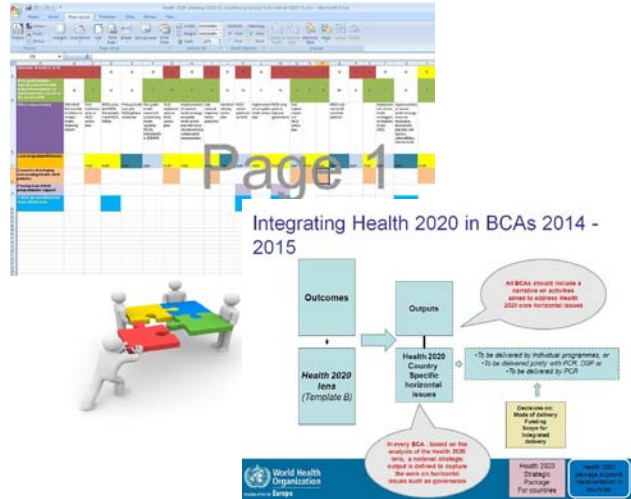
## Engagement at the national and subnational levels



The uptake of Health2020 in Member States is encouraging, which shows that the momentum is there. It is there in not only in countries but also in partner organizations!



## WHO Regional Office for Europe gearing up for implementation of Health 2020



How much return would implementing Health 2020 bring to society and the economy?

## Slide 18

# How much return would Health2020 bring?



Now in our brave new world, we know much better than before that good health is essential for economic and social development. It benefits all sectors and the whole of society, and is of vital concern to the lives of every single person, all families and communities. Poor health wastes potential, causes despair and drains resources across all sectors. Increasingly and perhaps for these reasons, health is a key issue on the political and social agendas internationally, and those of countries and communities. It is seen as a human right, a vital security issue and a resource for everyday life.

Yet health is often seen as a challenge. Governments may feel daunted by growing health expenditure. The development and introduction of expensive medical technologies and treatments drive up the cost of managing chronic diseases and multiple morbidities, yet these cost pressures provide a strong economic case for moving upstream to promote health and prevent disease. We know that action promoting health and well-being and deploying effective preventive measures within and beyond the health care sector could prevent a tangible share of the burden of disease and of the economic costs associated with it.

## Slide 19

### Economic case for health promotion and disease prevention

Cardiovascular diseases (CVD)	→	€169 billion annually in the EU, health care accounting for 62% of costs
Alcohol-related harm	→	€125 billion annually in the EU, equivalent to 1.3% of gross domestic product (GDP)
Obesity-related illness (including diabetes and CVD)	→	Over 1% GDP in the United States, 1–3% of health expenditure in most countries
Cancer	→	6.5% of all health care expenditure in Europe
Road-traffic injuries	→	Up to 2% of GDP in middle- and high-income countries

Sources: data from Leal et al. (*Eur Heart J*, 2006, 27(13):1610–1619 (<http://www.herc.ox.ac.uk/pubs/bibliography/Leal2006>)), *Alcohol-related harm in Europe – Key data* (Brussels, European Commission Directorate-General for Health and Consumer Protection, 2006 ([http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_factsheet\\_en.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_factsheet_en.pdf))), Sassi (*Obesity and the economics of prevention – Fit not fat*. Paris, Organisation for Economic Co-operation and Development, 2010) and Stark (*EJHP Practice*, 2006, 12(2):53–56 (<http://www.google.co.uk/url?q=http://www.eahp.eu/content/download/25013/162991/file/SpecialReport53-56.pdf&andsa=Uandei=BN14T-K7JoKL0QGXS6HFAGandved=0CBwQFjAFandusg=AFQjCNHS922oF8d0RLN5C14ddpMVeRn8BA>)).

Studies on the economics of disease prevention show how such policies can bend the cost curve of health expenditure and reduce health inequalities by focusing on the people who are most vulnerable. Strong evidence indicates that cost-effective policy pathways can directly enhance population health and well-being. Noncommunicable diseases can be tackled cost-effectively through interventions to modify behavioural and lifestyle risk factors, which are likely to reduce health inequalities within countries in the long term.

## Slide 20

# Reducing health inequities: biggest challenge



## For richer, for poorer

Growing inequality is one of the biggest social, economic and political challenges of our time. But it is not inevitable ...

– *The Economist*, special edition, 13 October 2012  
(<http://www.economist.com/node/21564414>)

How to do this well and effectively, and with public support, represents one of our greatest challenges. We need fundamentally to change the social norms that regulate individual and collective behaviour. Providing information alone is rarely effective, or cost effective, in influencing behaviour, and in some instances it can increase inequalities.

Such changes require wide-ranging prevention strategies addressing multiple determinants of health across social groups. Such strategies need directly to address the factors within a person's control, empowering people and ensuring a clear strategic focus on the individual or community behavioural determinants.

## Slide 21

We need wide-ranging preventive strategies addressing multiple determinants of health across social groups. ... A combination of individual and community behaviours and conducive policy and regulatory environment is required to make the “healthy choice the easy choice”!

I will briefly summarize some of the evidence. Tobacco-control programmes are very cost effective. Many are inexpensive to implement and have cost-saving effects. There is also substantial evidence to support the cost-effectiveness of alcohol policies.

## Cost-effective policies 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 DALY in eastern European and central Asian countries



### Alcohol

In England, benefits 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

Actions to promote healthy eating are especially cost effective when carried out at the population level. Fiscal measures (including taxes and subsidies) and regulating food advertising for children also have low costs and a favourable cost-effectiveness. Promoting physical activity through mass-media campaigns is a very cost-effective action and relatively inexpensive. Nevertheless, returns in terms of health outcomes may be lower than those provided by more targeted interventions, for instance, at the workplace, and changes to the transport system and the wider environment.

Prevention of depression, the leading cause of disability worldwide, is feasible and cost effective. Evidence supports actions across the life-course, starting with early action in childhood to strengthen social and emotional learning, coping skills and improved bonds between parents and children, which can generate benefits lasting into adulthood.

Good economic evidence supports action to prevent road crashes. Evidence from economic studies also supports action to tackle environmental chemical hazards, such as the abatement of vehicle emissions in high-traffic areas through such means as the congestion-charge schemes used in many metropolitan areas, which may produce savings in health care and other costs associated with childhood asthma, bronchiolitis and other respiratory illnesses in early life.

I referred earlier to the importance of early childhood development and education. Investing in education is also investing in health. Growing evidence suggests that, when countries adopt policies to improve education, the investment also pays off in terms of healthier behaviour and longer and healthier lives.

Overall, then, the case for going upstream is strong and compelling, yet, in many countries today, budgets and policies in sectors other than health currently lack either a health or equity focus. Overall, in Organisation for Economic Co-operation and Development (OECD) countries, only 3% of health expenditure is committed to these upstream programmes. In our brave new world, all this simply has to change.

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### **Cost-effective policies (contd)**

- Healthy eating
- Prevention of depression
- Action across the life-course
- Early action in childhood
- Prevention of road-traffic accidents
- Tackling of environmental chemical hazards
- Investment in education: investment in health.

**Going upstream is compelling!**  
**(social determinants, prevention, health promotion)**

To what extent does the present economic climate make it more difficult for Member States?

## Slide 24

### **How far does the present economic climate make it more difficult for Member States?**



Health should be regarded as an outcome of policies pursued in other areas. The link between health equity and social policies is strong. The magnitude of health inequity is a measure of how well a society meets citizens' needs. With the newly launched social determinants study, we recommend that reducing health inequities should become one of the main criteria used to assess the performance of health systems and the government as a whole.

Health 2020 is a policy framework that is fit for both good and less good economic times. Nevertheless, lessons can be learned from the recent economic downturn and financial crisis. Let us see how to manage this in our brave new world.

In the Tallinn Charter: Health Systems for Health and Wealth, Member States declared that "today, it is unacceptable that people become poor as a result of ill health". While the economic crisis presents great challenges for Member States in how to remain committed to equity, solidarity and financial protection, it also presents opportunities to advocate and invest in health and to strengthen health systems.



## Equity as a measure of progress

Reducing health inequities should become one of the main criteria to measure the performance of:

- the health system; and
- government as a whole.

The crisis has had effects on health, which may be summarized. Road-traffic accidents and obesity may be reduced with declining incomes and higher prices, and social cohesion may increase. Nevertheless, psychosocial stress increases during times of economic hardship, leading to more suicides, a range of unhealthy types of behaviour and greater demand for health services for both physical and mental health needs. Health systems need to continue to function during economic downturns and to step up activities related to psychosocial support, particularly for poor and vulnerable people, in order to prevent severe effects on health outcomes.

Beyond health effects, budget cuts lead to an increased financial burden on people seeking care in general and medicines in particular. Shifting a significant financial burden from pooled public sources to individuals receiving care via increased direct payments, such as user fees and co-payments, may put households at greater risk of impoverishment from ill health, as well as reduce the utilization of health services.

Active labour-market policies and well-targeted social protection are key.

## Additional layer of complexity from austerity: lessons learned from past and present crises

### Unemployment

- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease\*
- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcers, mental disorders\*\*
- Increase of suicide incidence: 17% in Greece and Latvia, 13% in Ireland\*\*\*
- More demand for health care for the vulnerable
- Active labour-market policies and well-targeted social protection expenditure can eliminate most of these adverse effects\*\*\*\*

Spending on social welfare has major effects on health. Economic evidence indicates that a rise in such spending is associated with a sevenfold greater reduction in mortality than a rise of similar magnitude in gross domestic product. In countries that have maintained, or even increased, social welfare spending when public expenditure on health was being drastically reduced, the impoverishing effects of the cuts were very small.

Attention to efficiency and responsible management of public resources in the health sector, combined with prudent fiscal policy in the public sector as a whole, is essential during years of economic growth, because in times of economic crisis the population may be more likely to need social and health services, for which sufficient public funding is required to ensure equity and efficiency in providing universal coverage.

## **Supporting Member States in navigating the crisis is central to our work**

- Try to protect health budgets, but, if cuts have to be made, avoid across-the-board budget cuts and focus public expenditure more tightly on poor and vulnerable (avoid or reduce out-of-pocket payments which lead to impoverishment)
- Think long- term: save in good times and spend in bad times!

## Oslo conference on impact of crisis: 10 policy lessons and messages

1. Be consistent  
with long-term  
health-s  
goa

2. Factor health  
impact into  
fiscal p

3. Safety nets  
can mitigate  
many n  
health

4. Target  
efficiency gains  
over pa  
charg

5. Protect  
funding for cost-  
effective public  
health services

For the second time the Regional Office organized a high-level conference on the impact of the economic crisis on health and health systems and we systematically built evidence for it over the last five years, emphasizing the commitment of WHO and its Member States to ensuring universal health coverage, including access to high-quality and affordable care and medicines.

Health 2020 offers us a powerful tool for collective action to seize new opportunities to enhance the health and well-being of present and future generations. In the face of today's disease and health-system challenges, the social and economic evidence in favour of moving upstream to the social determinants of health, health promotion and disease prevention is already compelling. We know what works and what needs to be done. Our brave new world beckons and is indeed within our grasp.

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***Thank you!***



Thank you.