



Better health for Europe: equitable and sustainable

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27 June 2014, Lisbon, Portugal



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Всемирная организация
здравоохранения

Европейское региональное бюро

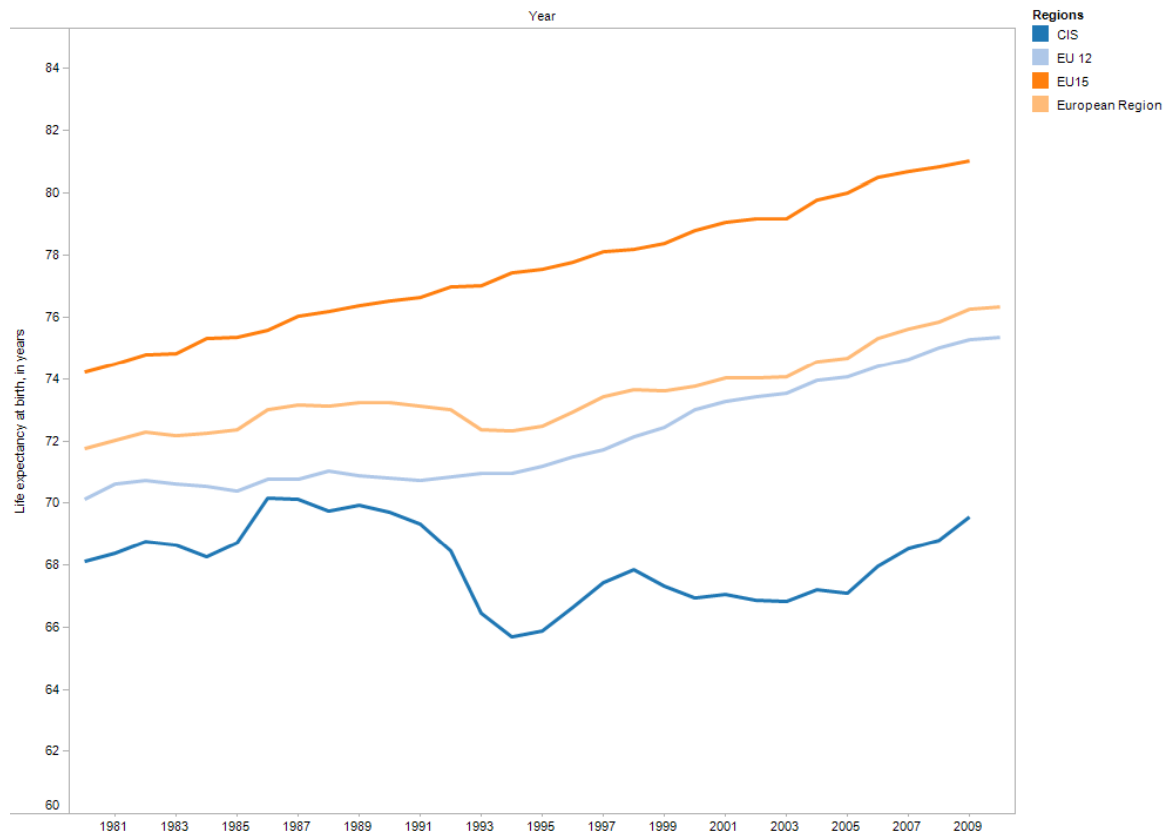
WHO commentary on Portugal's National Health Plan for 2012–2016



To maximize health gains through the alignment around common goals, the integration of sustained efforts of all sectors of society, and the use of strategies based on citizenship, equity and access, quality and healthy policies.

Improved life expectancy but the WHO European Region is scarred by inequalities

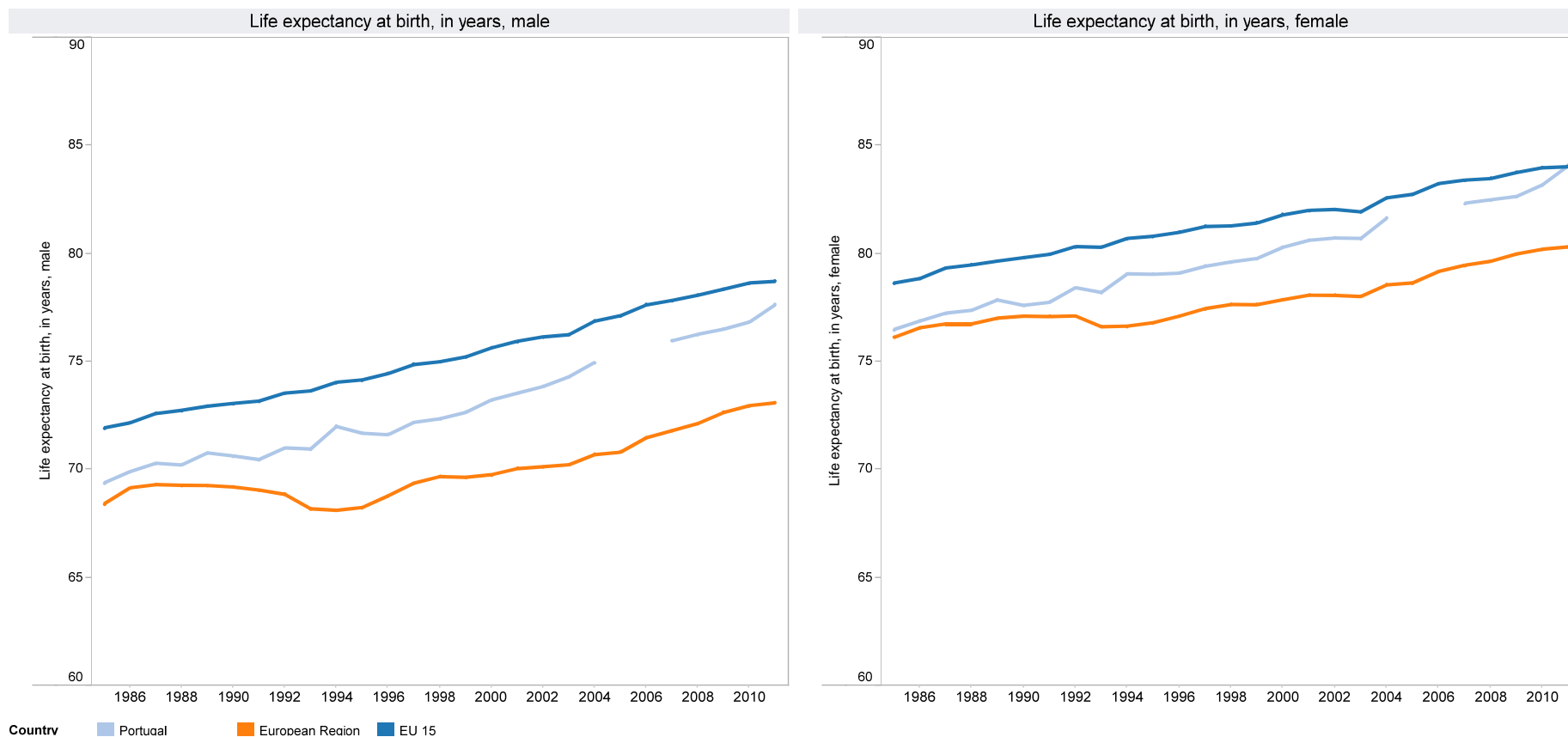
Life expectancy at birth trends by European regions, 1980-2010



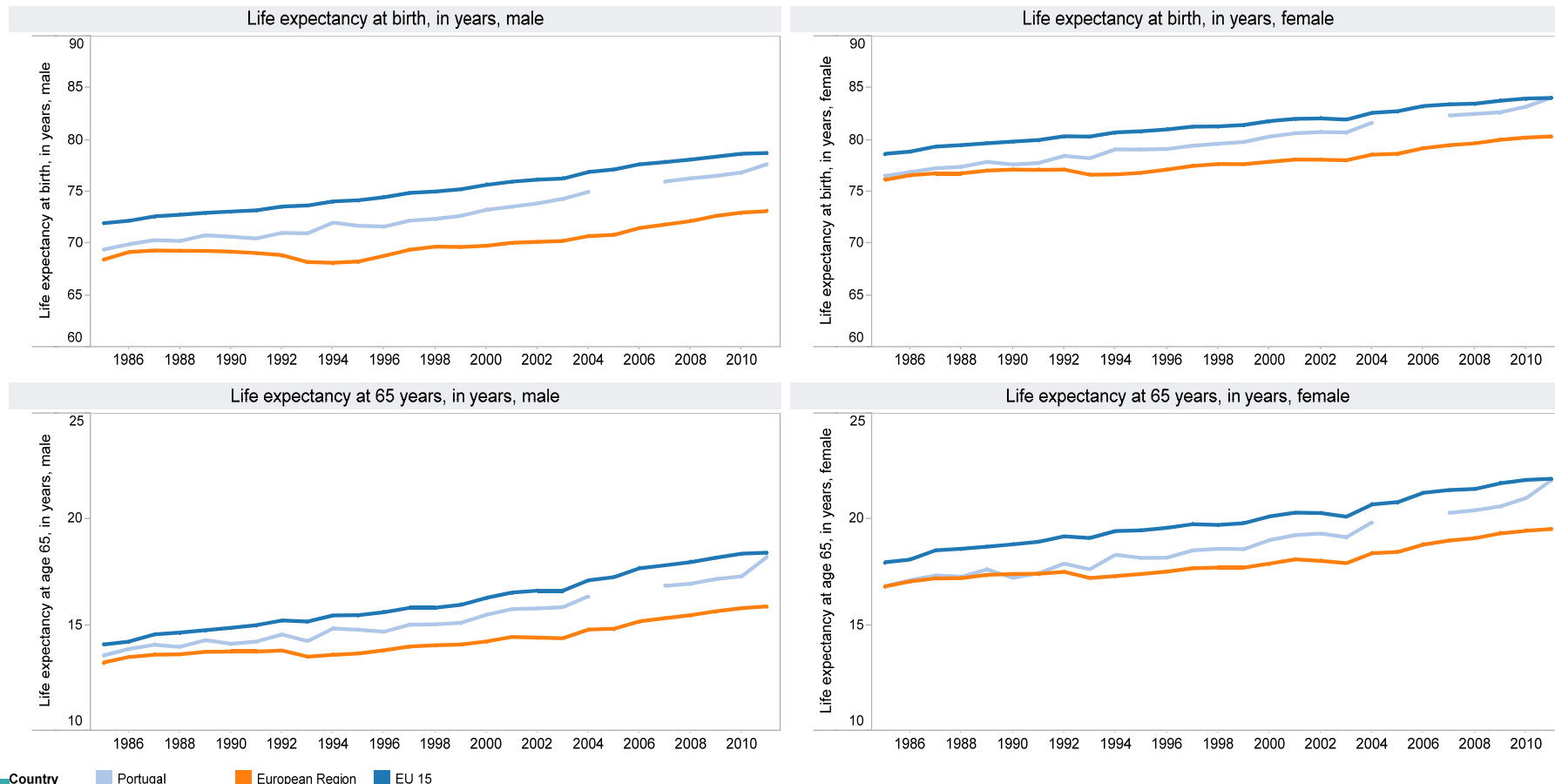
CIS: Commonwealth of Independent States
 EU12: countries belonging to the European Union (EU) after May 2004
 EU15: countries belonging to the EU before May 2004

Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

Trends in life expectancy at birth in Portugal, EU15 and European Region, 1985–2011



Trends in life expectancy at birth and at age 65 in Portugal, EU15 and European Region, 1985–2011

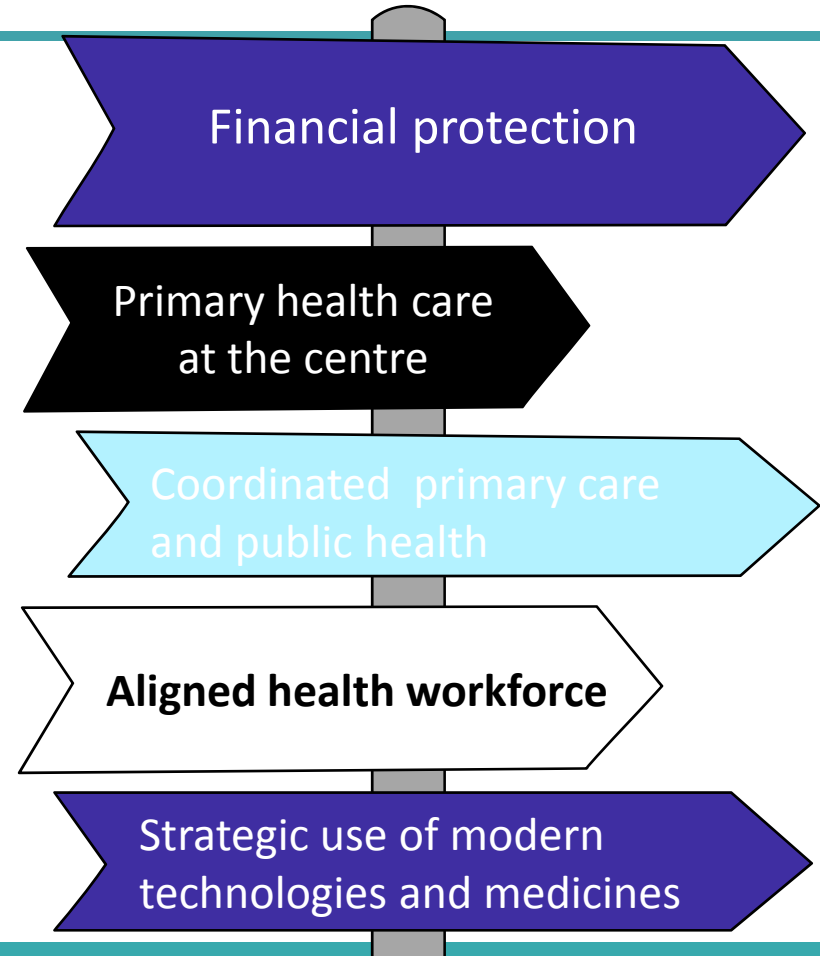


Health – a precious global good

- Higher on the political and social agenda of countries and internationally
- A human right and matter of social justice
- Important global economic, trade and security issue
- Major investment sector for human, economic and social development
- Major economic sector in its own right

Universal health coverage: crucial for maintaining and improving health

- **Equity of access to health services:** those who need services should get them
- **Quality of health services:** good enough to improve health
- **Financial risk protection:** the cost of care should not create financial hardship



Health 2020: strategic objectives

Working to improve health for all and reducing 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: noncommunicable diseases (NCDs) and communicable diseases

Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

Creating resilient communities and supportive environments



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Health 2020 – higher and broader reach

- The policy framework looks upstream to address root causes of ill health, such as social determinants.
- It promotes investment in public health, primary care, health protection and promotion, and disease prevention.
- The framework makes the case for whole-of-government and whole-of-society approaches.
- It offers a framework for integrated and coherent interventions.

The Tallinn Charter and the Declaration of Alma-Ata: two key anniversaries



Tallinn: 2008 and 2013
(governance)



Alma-Ata: 1978 and 2013
(primary health care)

Compelling challenges call for the transformation of primary health care

- The future shape of the NCD epidemic is characterized by multiple and interacting risk factors and multimorbidity
- Most health systems are not designed to cope with these
- There is a “response gap”

Source: Atun R, Jaffar S, Nishtar S, Knaul FM, Barreto ML, Nyirenda M et al . Improving responsiveness of health systems to NCDs. Lancet. 2013;381(9867):690-7 ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60063-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60063-X/fulltext)).

Coordinated and integrated health services (CIHSD) delivery defined

The management and delivery of health services so that people receive a continuum of services through the levels and sites of care within the health system, and according to their needs.



10 essential public health operations (EPHOs)



Regional Office for Europe

Regional Committee for Europe
Sixty-second session

Malta, 10-13 September 2012



European Action Plan
for Strengthening Public Health
Capacities and Services



1. Surveillance and assessment of the population's health and well-being
2. Identification of health problems and health hazards in the community
3. Health protection services (environment, occupation, food safety)
4. Preparedness for and planning of public health emergencies
5. Disease prevention
6. Health promotion
7. Assurance of a competent public health and personal health care workforce
8. Governance, financing and evaluation of quality and effectiveness of public health services
9. Communication for public health
10. Health-related research



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Improving governance for health

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

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

Intersectoral governance for HiAP, by Professor David McQueen et al.

Intersectoral action: elements for success

High-level commitment and champions

- Mayors, prime ministers, celebrities

Dedicated resources

- Taxation, private sector
- Coordination function needs resourcing

Institutional structures

- Health promotion agencies; advisory task forces; local government
- Do not discredit informal relationships and power of community

Joint planning

- Quality of the “planning” can be more important than the “plan”

Legislative tools

- Trans fats, setting up structures for health promotion

Accountability

- Needs to be clear (shared or not, health or non-health)

Monitoring and reporting

- Targets focus action
- Results are important for advocacy



WHO European review of social determinants and the health divide: key findings and recommendations to improve equity in health

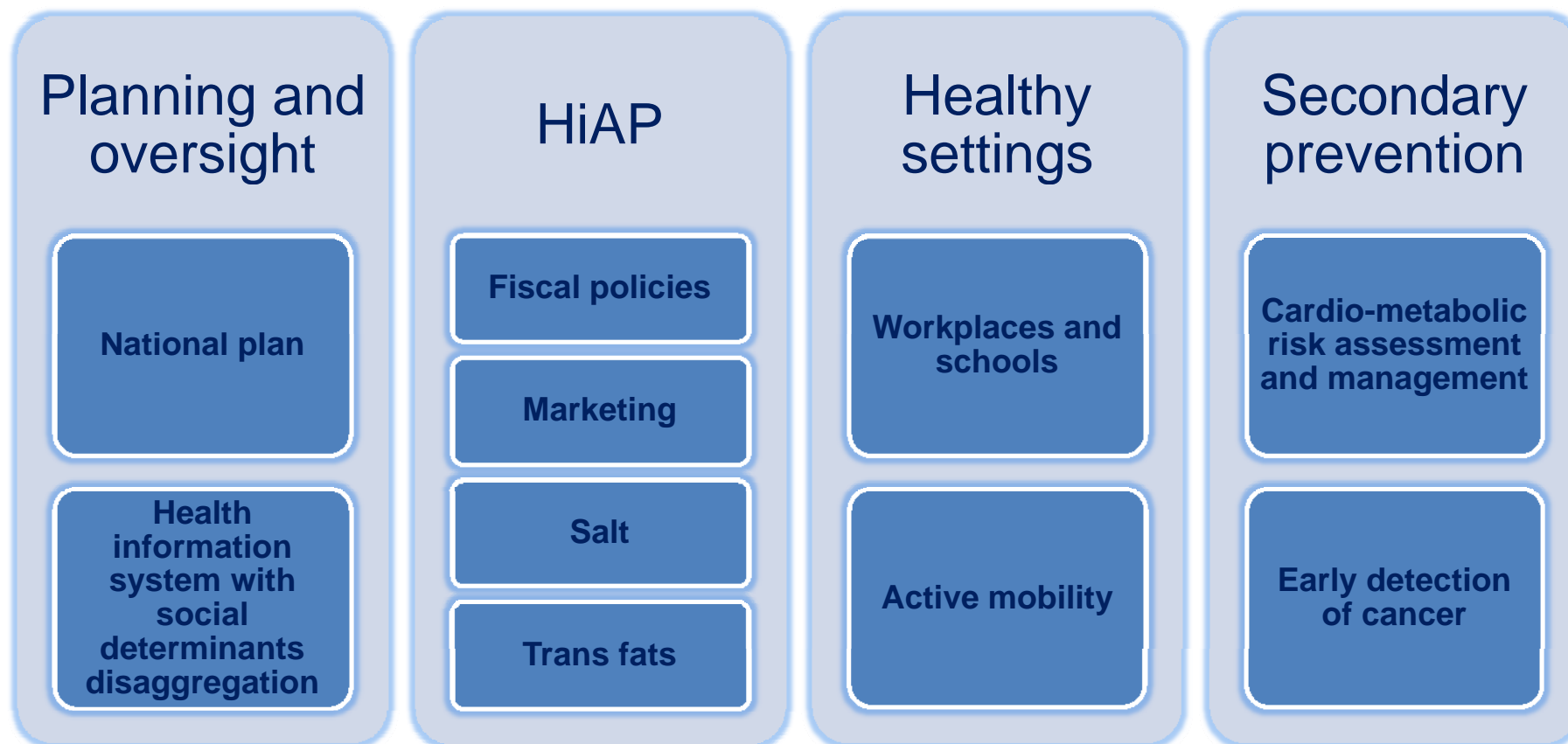
Policy goals

- Improve overall health of the population
- Accelerate rate of improvement for those with worst health

Policy approaches

- Take a life-course approach to health equity
- Address the intergenerational processes that sustain inequities
- Address the structural and mediating factors of exclusion
- Build the resilience, capabilities and strength of individuals and communities

NCD action plan 2012–2016



What does becoming “tobacco-free” mean?

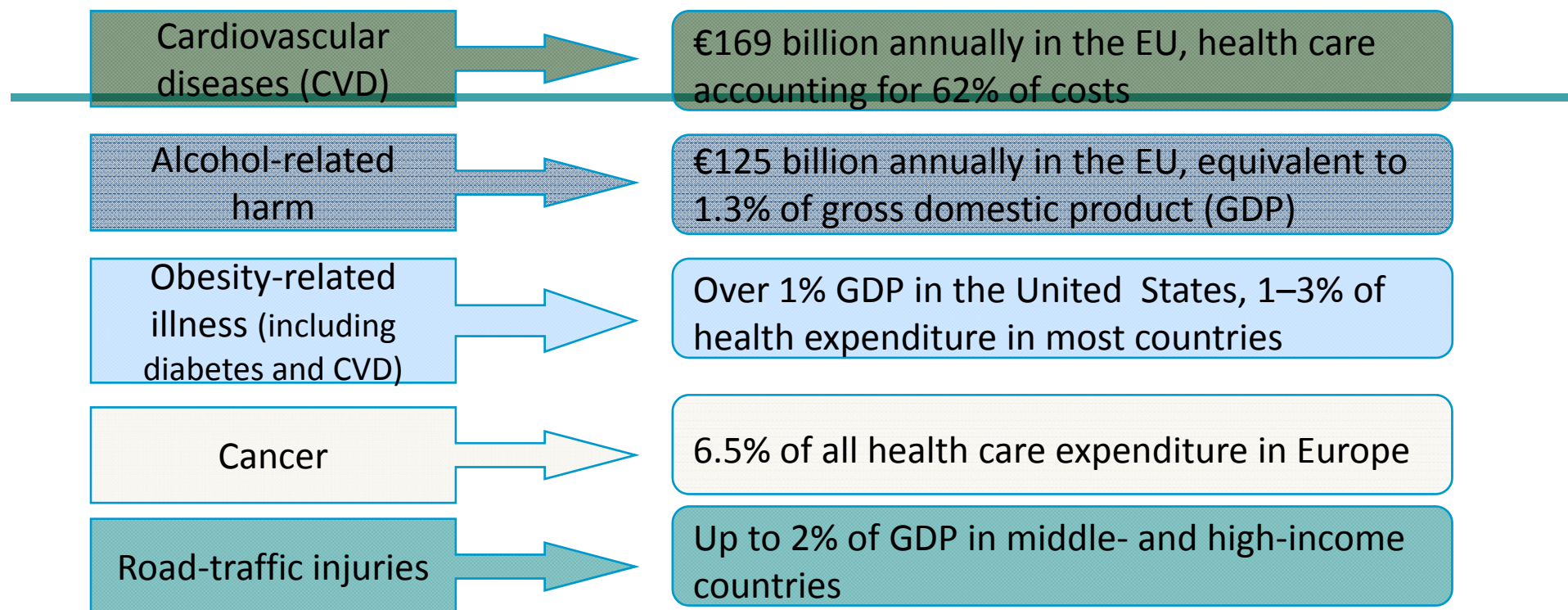


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Economic case for health promotion and disease prevention



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)), 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&sa=Uandei=BNI4T-K7JoKLOQGxS6HFAgandved=0CBwQFjAFandusg=AFQjCNHS922oF8d0RLN5C14ddpMVeRn8BA>)).

Economic case for health promotion and disease prevention

Benefits also in the short run



Tobacco taxes are the most cost-effective policy option



Implementation of alcohol tax in the United Kingdom would cost only €0.10 per capita



Counteracting obesity in the Russian Federation estimated to cost US\$ 4 per capita

The economic case for health promotion and disease prevention

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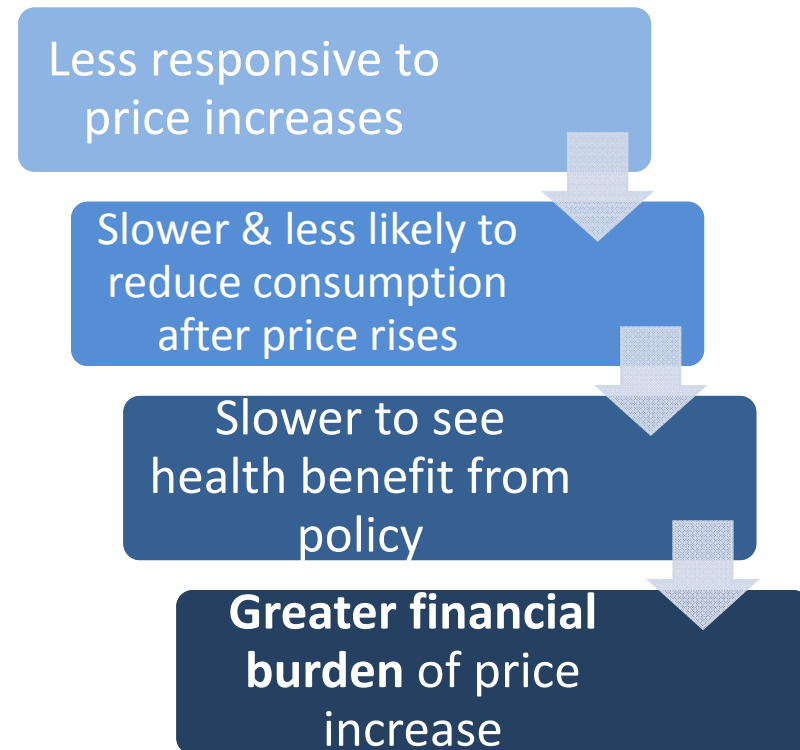
Source: McDaid, Sassi and Merkur, 2012

Fiscal policies: a tool to reduce inequities

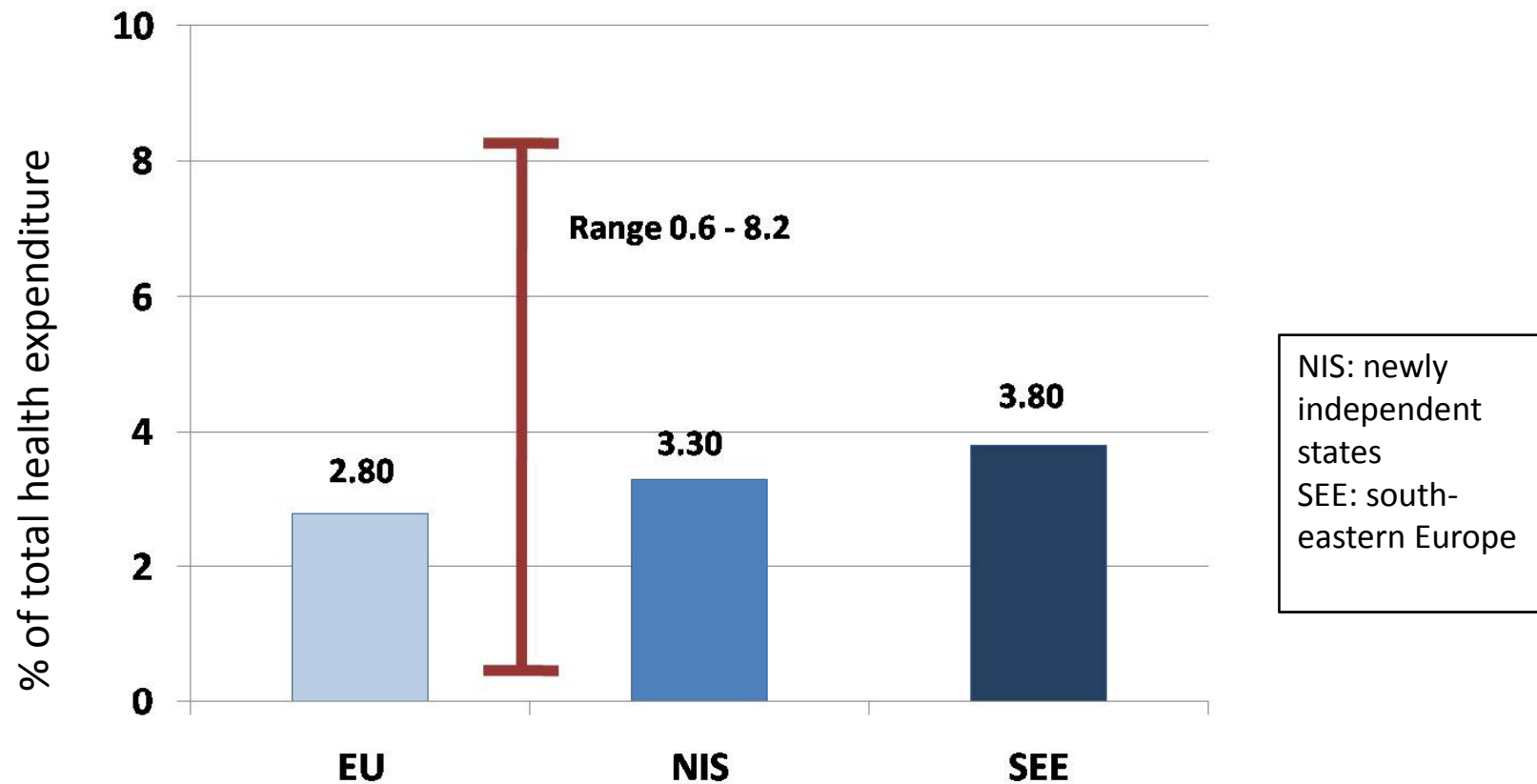
Low-income groups



High-income groups




Case for investing in public health: estimated expenditure on prevention and public health




Working with WHO on diet, physical activity and obesity

Nutrition, Physical Activity and Obesity Portugal



This is one of the 52 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/activities/country-profiles>.

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DEMOGRAPHIC DATA

Total population	10 678 000
Median age (years)	41.0
Life expectancy at birth (years) female / male	81.8 / 75.3
GDP per capita (USD)	21 400.0
GDP spent on health (%)	11.0

Monitoring and surveillance
Overweight and obesity in three age groups

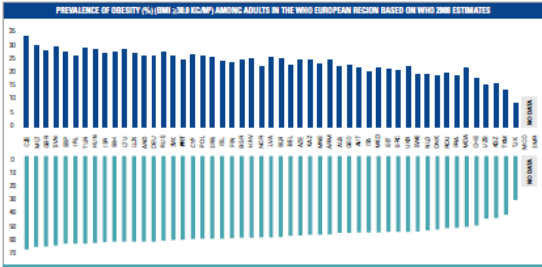
Adults (20 years and over)
Intercountry comparable overweight and obesity estimates from 2006 (1) show that 59.1% of the adult population (≥20 years old) in Portugal were overweight and 24.0% were obese. The prevalence of overweight was higher among men (61.8%) than women (56.6%). The proportion of men and women that were obese was 21.6% and 26.3%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 21% of men and 22% of women will be obese. By 2030, the model predicts that 27% of men and 26% of women will be obese.²

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG PORTUGUESE ADULTS BASED ON WHO 2006 ESTIMATES


Overweight (≥25.0 kg/m ²)	59.1
Obesity (≥30.0 kg/m ²)	24.0
Overweight (≥25.0 kg/m ²) - Men	61.8
Overweight (≥25.0 kg/m ²) - Women	56.6
Obesity (≥30.0 kg/m ²) - Men	21.6
Obesity (≥30.0 kg/m ²) - Women	26.3

Source: WHO Global Health Observatory Data Repository (1)
²Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Mensh) and colleagues for the WHO Regional Office for Europe in 2013.

PREVALENCE OF OBESITY (%) (BMI ≥30.0 kg/m²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2006 ESTIMATES



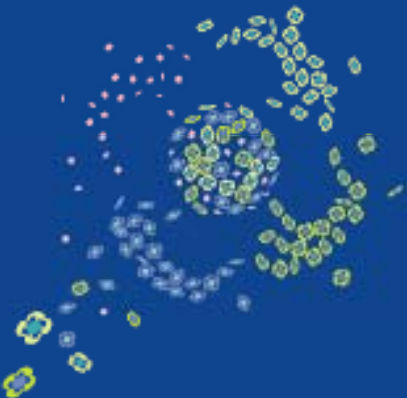
PREVALENCE OF OVERWEIGHT (%) (BMI ≥25.0 kg/m²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2006 ESTIMATES



Note: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI, body mass index. Source: WHO Global Health Observatory Data Repository (1).

The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database and associated data for it.

Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020



WHO Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020

Vienna, Austria
4–5 July 2013

Addressing diet, physical activity and obesity in Portugal through a Health 2020 “lens”

- **Portugal was one the first countries to adhere to and support the WHO Childhood Obesity Surveillance Initiative (COSI)**
- **Very good collaboration in the previous biennium notably on:**
 - development of the physical activity guidelines for the Portuguese population
 - evaluation of salt intake in certain groups of the population (adolescents)
 - stakeholder workshop on salt reduction strategies
 - evaluation of trans fats in food
- **Renewed and new areas of collaboration:**
 - salt, sugar and fat reduction in the population with a focus on vulnerable groups
 - nutrient profiling and labelling
 - iodine status of vulnerable groups and iodine content in food

Overall approach

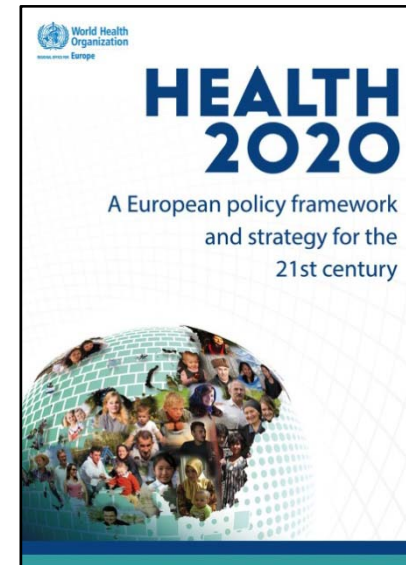
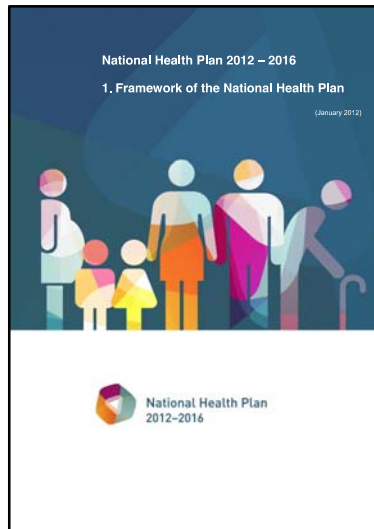
Comments

- Broad, extensive and based on goals for health gain
- Guided by explicit principles and values
- Emphasizing equity, the whole of society, access, quality
- Health gain (HSG1) is driving goal, HSG 2 and 3 are enablers
- Excellent vision chapters

Key questions for discussion

- How to translate into tangible and feasible action
- How to build on ownership and participation in implementation
- How to collaborate, build capacity and bring other sectors on board
- How to maintain momentum

National Health Plan (NHP) vis-à-vis Health 2020



NHP vis-à-vis Health 2020

Approaches	NHP	Health 2020
Equity	Focus on regional disparities, emphasis on citizen responsibility	Focus on socioeconomic and other groups, emphasis on policy level
Governance	Seen as tool	Seen as comprehensive overarching function
Whole of society	Focus on other sectors' contributions	Focus on health and wellbeing as shared goal
Strengthening health system	Framework for NHP	One of the priority areas

Evidence base

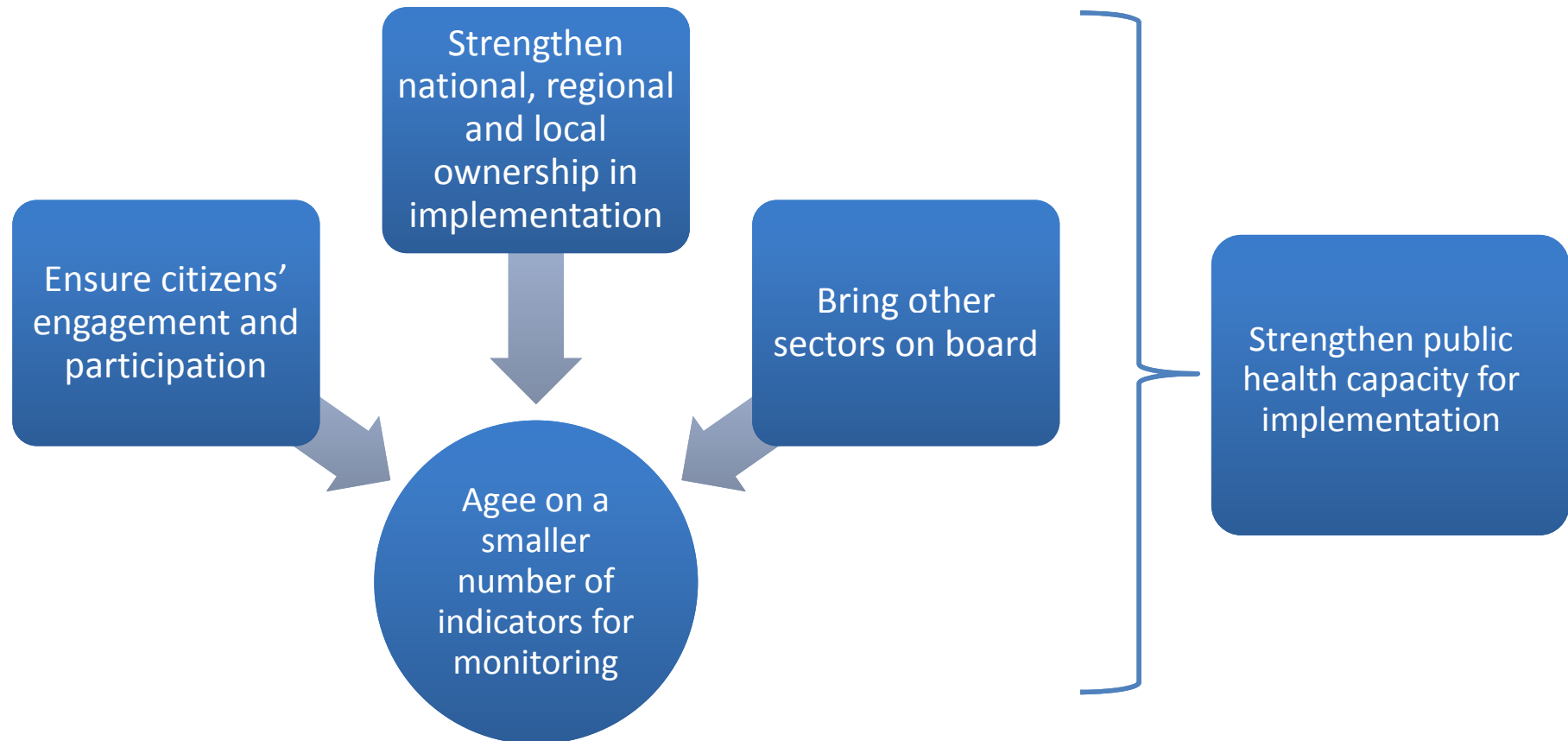
Comments

- Based on population health needs, with impressive improvements over time
- Focus on EU and interregional comparisons
- Based on nationally/internationally peer-reviewed reviews of the evidence and discussion papers

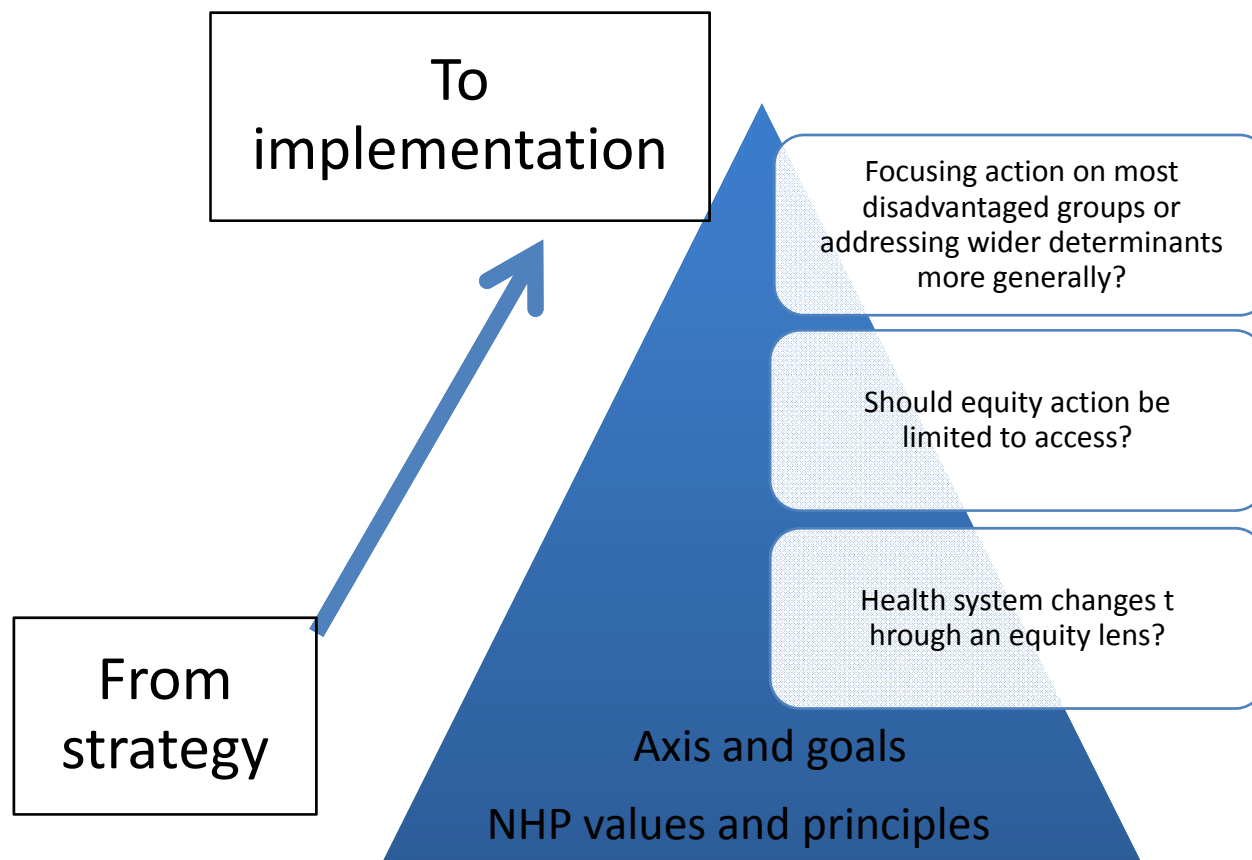
Key questions for discussion

- How to build social determinants into the evidence base and implementation?
- How to reach out to autonomous islands?
- How to incorporate international experience on strategy implementation?

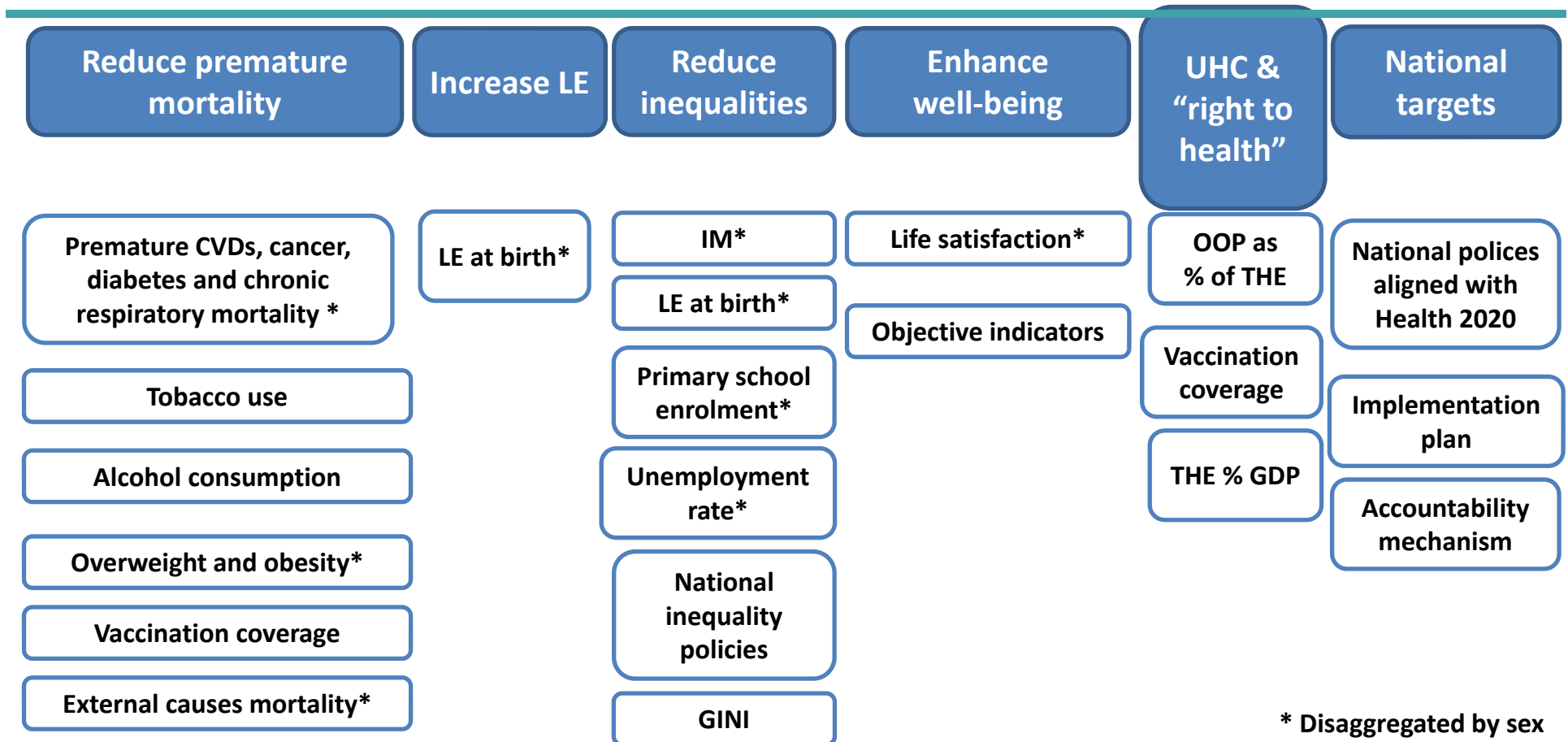
Recommendations: towards a roadmap for implementation



Implementation as a chance for clarifying concepts and values, such as equity



Health 2020 monitoring framework – targets and core indicators



* Disaggregated by sex

Conclusions on NHP

- An excellent plan highly consistent with Health 2020 and supported by a series of excellent documents
- Can play a key role in bringing together people and institutions, especially if other sectors can be brought on board to share common goals
- An implementation roadmap could help to translate intentions into tangible action
- Clarification of roles and responsibilities of different actors is needed
- Priority: to sustain NHP in the context of austerity and keep momentum in implementation

WHO commentary: recommendations



*WHO–Portugal policy dialogue,
9 May 2014*

- Consider prolonging the NHP to 2020 (in line with Health 2020)
- Consider having NHP adopted by Parliament and the whole of government
- Develop a roadmap for implementation that engages other sectors, health institutions, service providers and civil society
- Maintain dialogue and momentum in implementation, including with WHO and peers in other WHO Member States

Health systems' responses to economic crisis in Europe



Oslo meeting on impact of economic crisis: 10 policy lessons and messages

1. Be consistent with long-term health system goals

2. Factor in impact in policy

3. Safety mitigates negative effects

4. Health policy response influence health effects

5. Protect funding for cost-effective public health services

6. Avoid prolonging excessive health care

7. High-performance health systems be more resilient

8. Structural reforms need time to deliver savings

9. Need for information monitoring

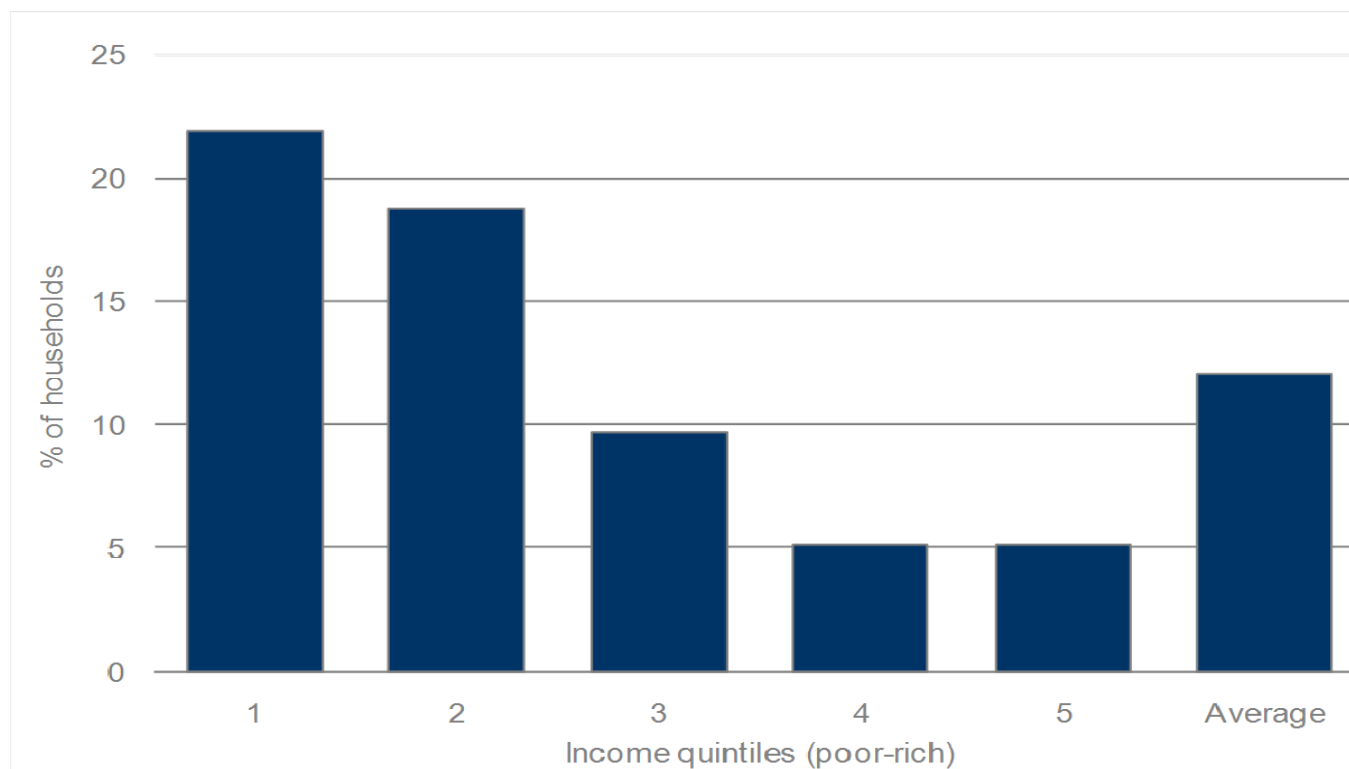
10. Good governance for prepared, resilient systems

Facts from present and past economic crises

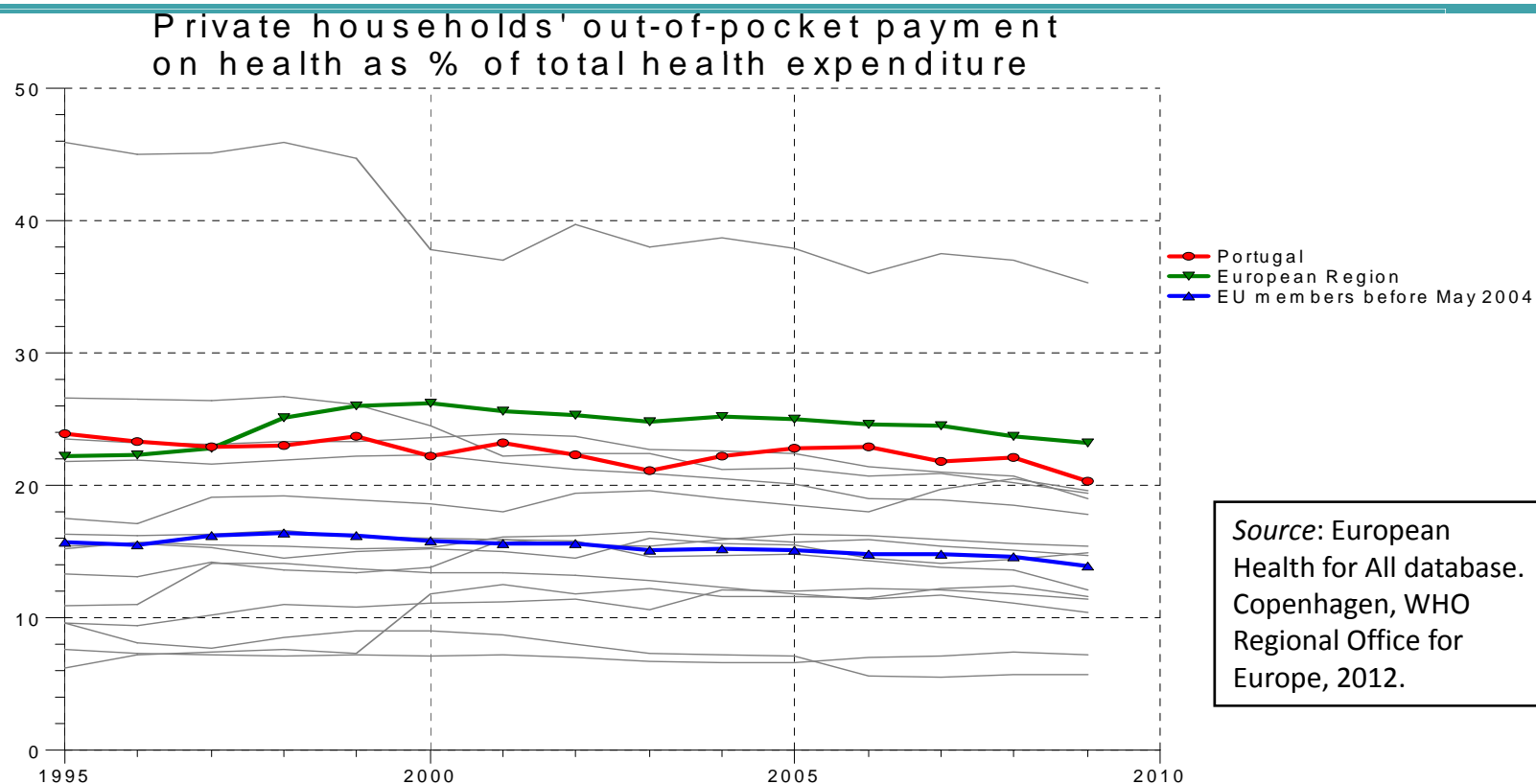
Unemployment

- 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^{***}
- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects^{****}

Catastrophic spending is highest among poorer people



OOP in Portugal, EU12 and European Region, 1995–2009



Our public health vision for 2020

- Health as a priority: core value and public good
- Health as indispensable to development and indicator of government performance
- Action and advocacy
- Strong public health workforce and intersectoral mechanism
- Determinants of health, including SDH, are in our DNA



Signing of biennial collaborative agreement between the WHO Regional Office for Europe and Portugal, May 2014





Thank you



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