



Health 2020 and Nordic public health: a healthier, more equitable Europe

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for Europe

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**World Health
Organization**

REGIONAL OFFICE FOR

Europe



**Organisation
mondiale de la Santé**

BUREAU RÉGIONAL DE L'

Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR

Europa



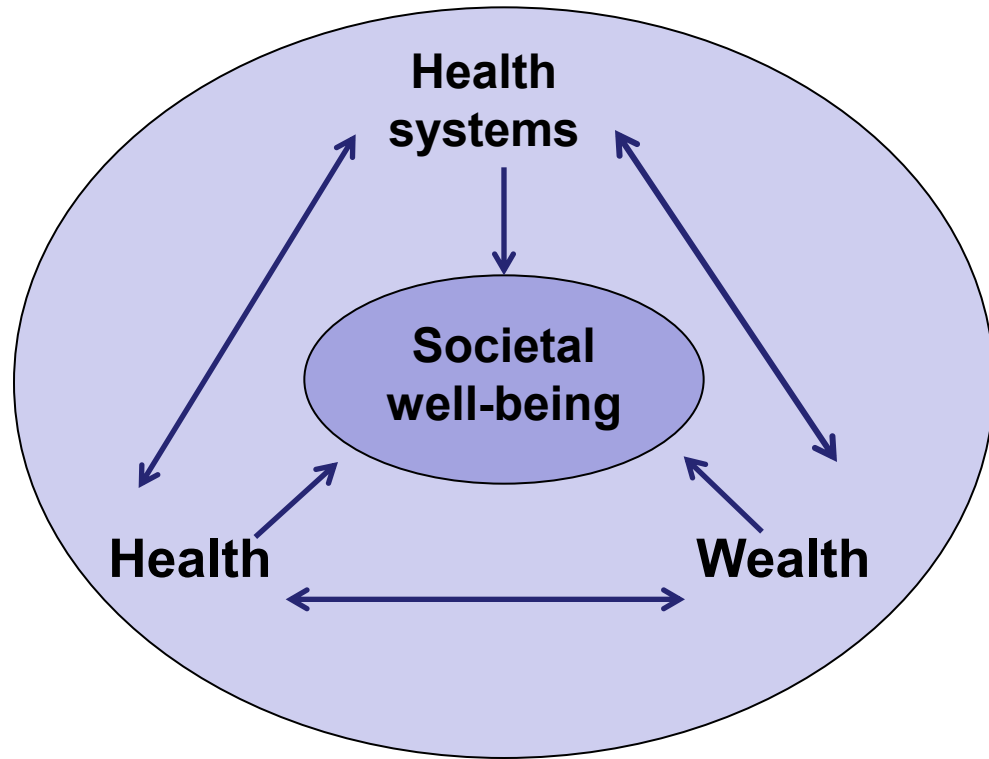
**Всемирная организация
здравоохранения**

Европейское региональное бюро

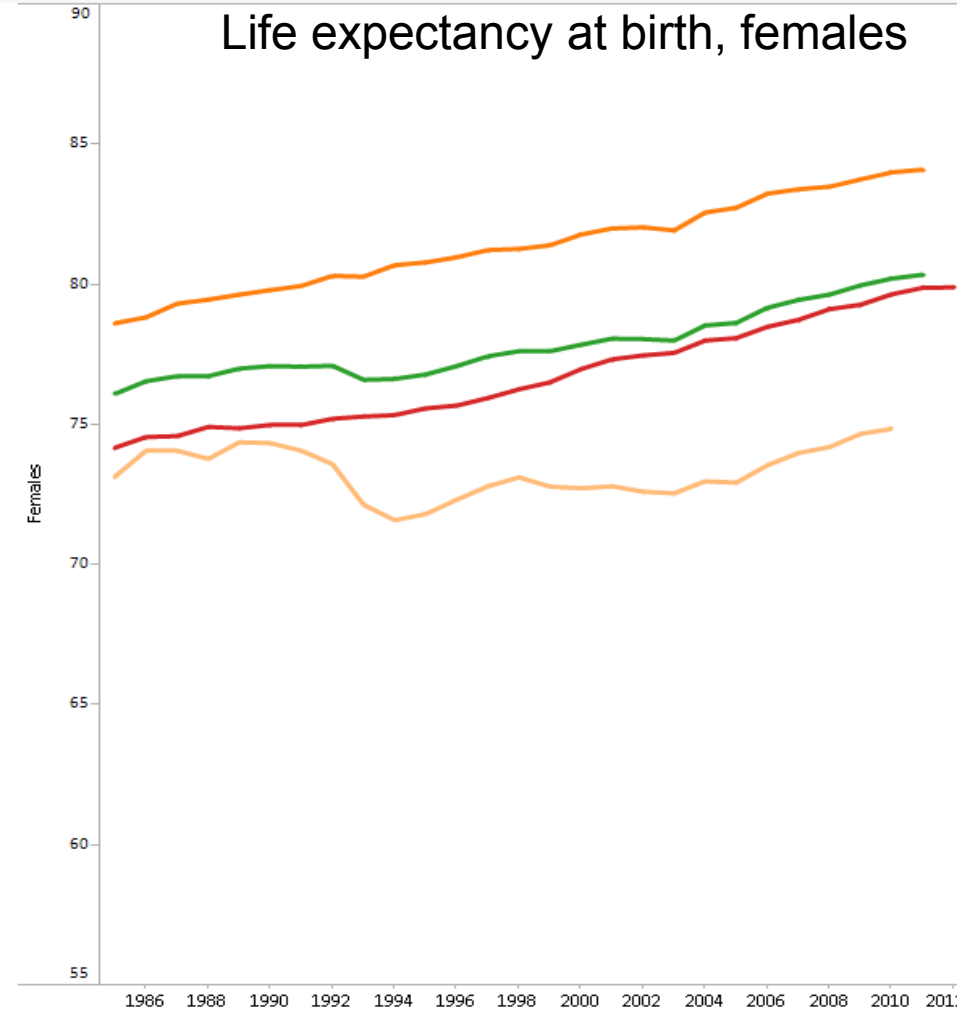
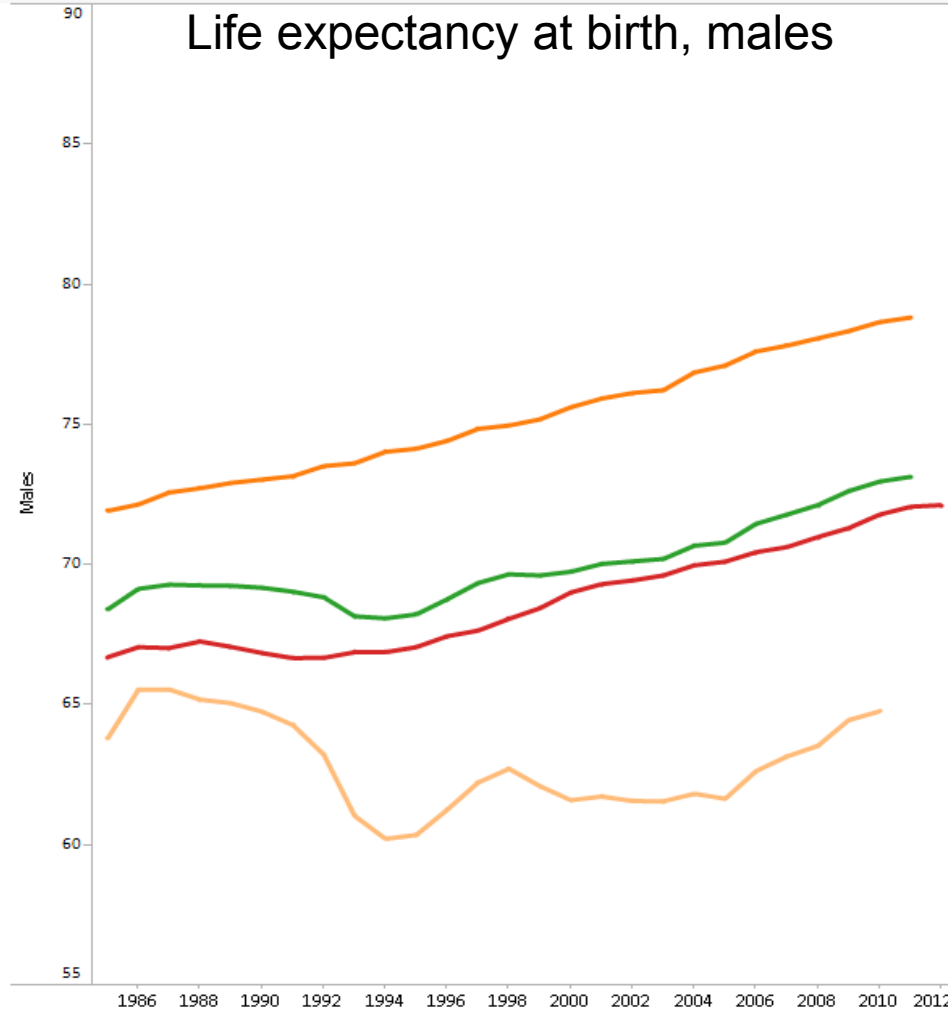
Overview

1. European health challenges and inequities
2. The case for investment in public health and disease prevention
3. The importance of policy frameworks (Health 2020)
4. Ensuring policies can be implemented: strengthening public health infrastructure
5. Demand for new forms of governance and leadership

Health is wealth, but also a human right



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

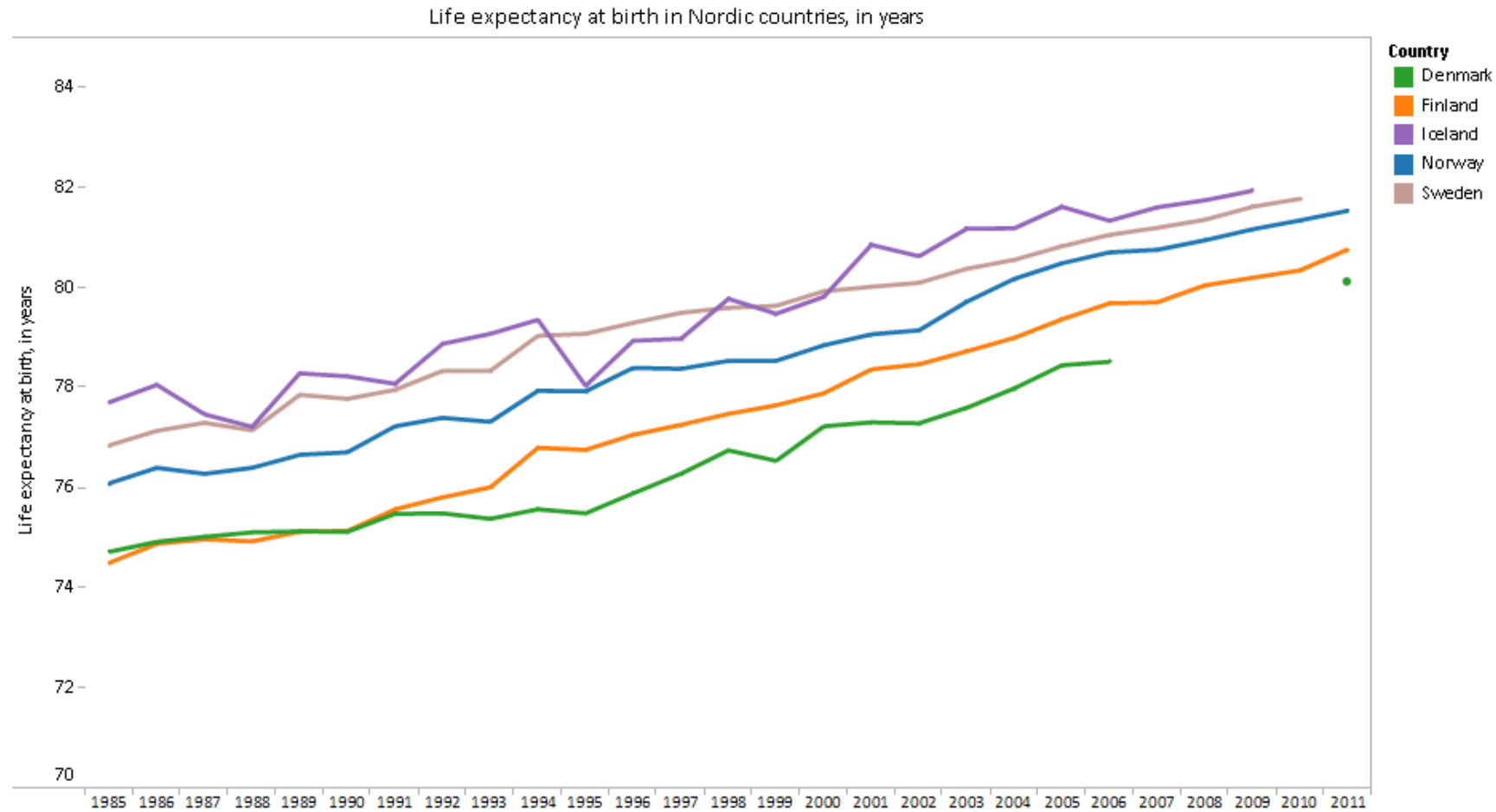


CIS: Commonwealth of Independent States
EU12: countries belonging to the European Union (EU) after May 2004
EU15: countries belonging to the EU before May 2004

Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2014.

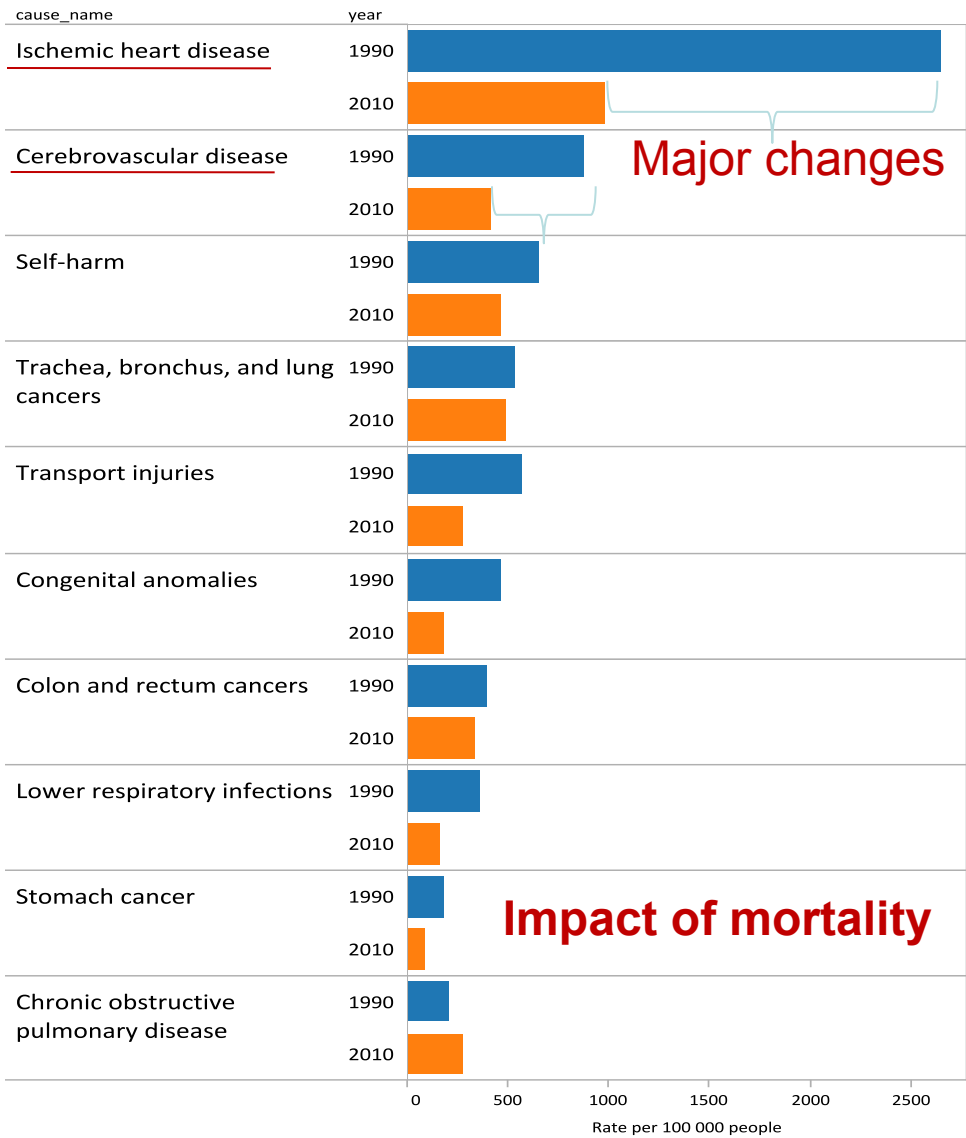
- European Region
- EU15
- EU13
- CIS

Life expectancy in Nordic countries has risen remarkably



Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2014.

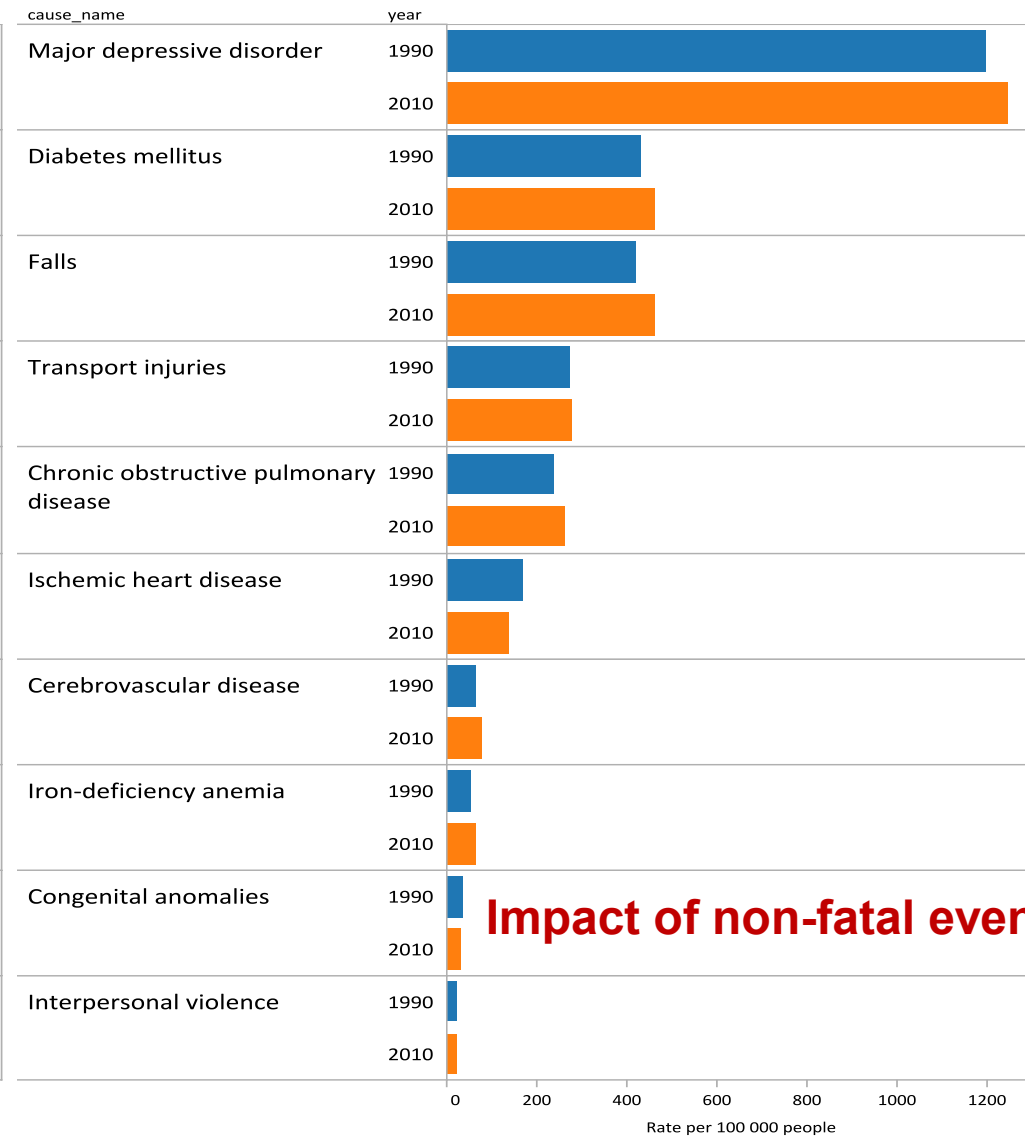
Years of life lost by leading specific causes in Norway, 1990-2010



Major changes

Impact of mortality

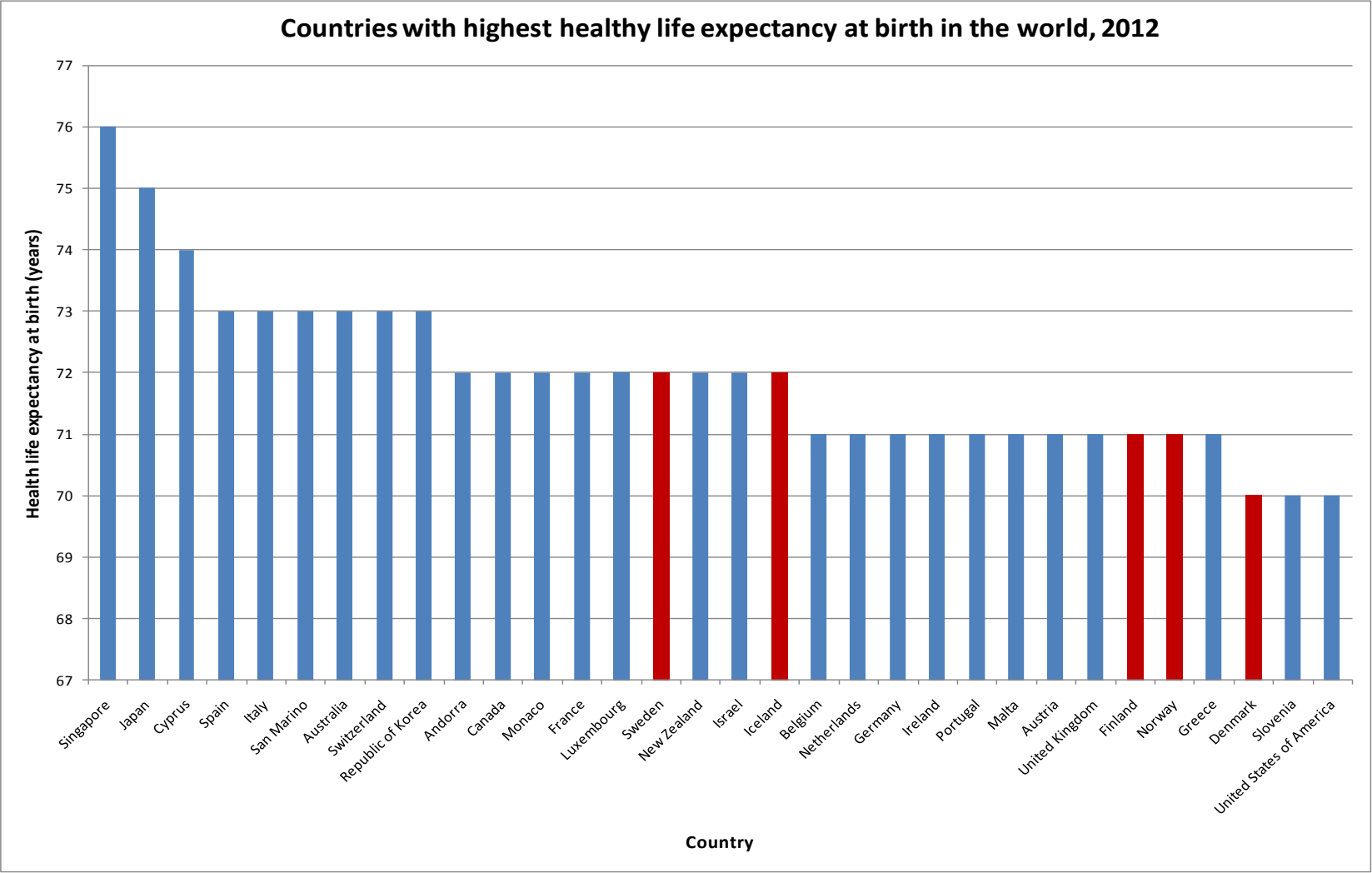
Years lost to disability by leading specific causes in Norway, 1990-2010



Impact of non-fatal events

Source: WHO Regional Office for Europe, using data from the Institute for Health Metrics and Evaluation, University of Washington, United States of America (2013).

Nordic countries in the global context: healthy life expectancy



Source: WHO Global Health Observatory, 2014.

Standardized death rate - **males** - 0-64 years >> 33 Diseases of the circulatory system (I00-I99) >> 2010

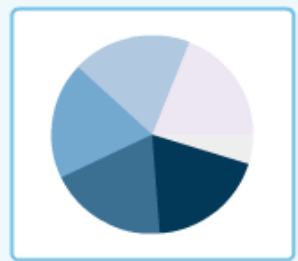
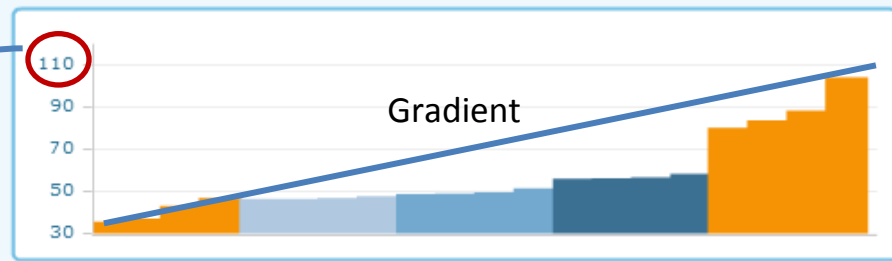
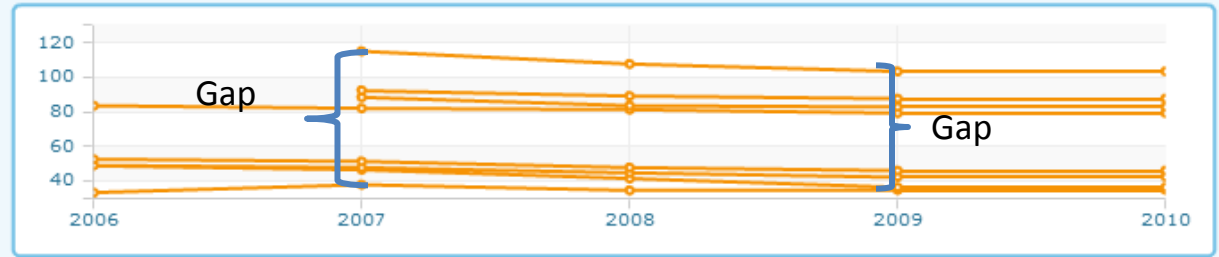
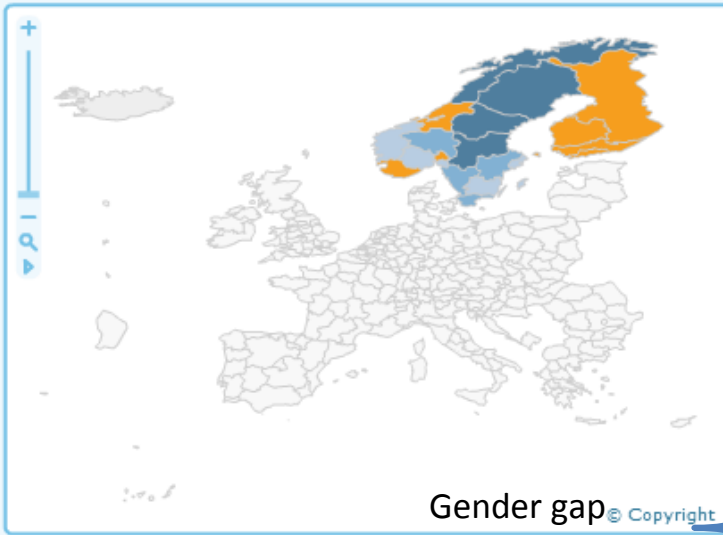
Data Filter

Regions

- 34.8 - 46.0
- 46.1 - 47.9
- 48.0 - 54.0
- 54.1 - 75.1
- 75.2 - 103.3
- No Data

Countries

Rectangle



Standardized death rate - **females** - 0-64 years >> 33 Diseases of the circulatory system (I00-I99) >> 2010

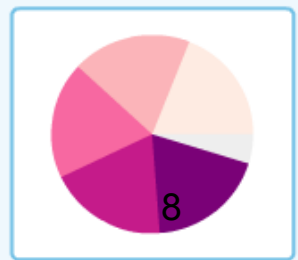
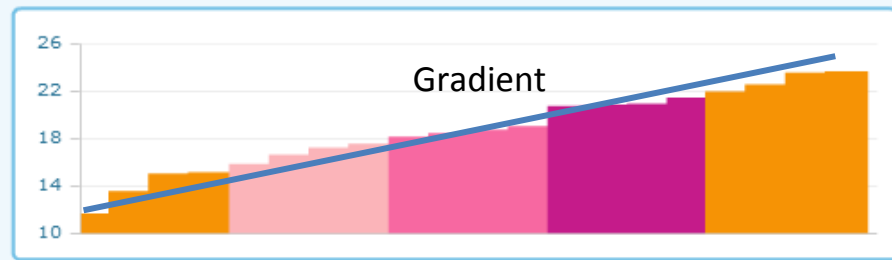
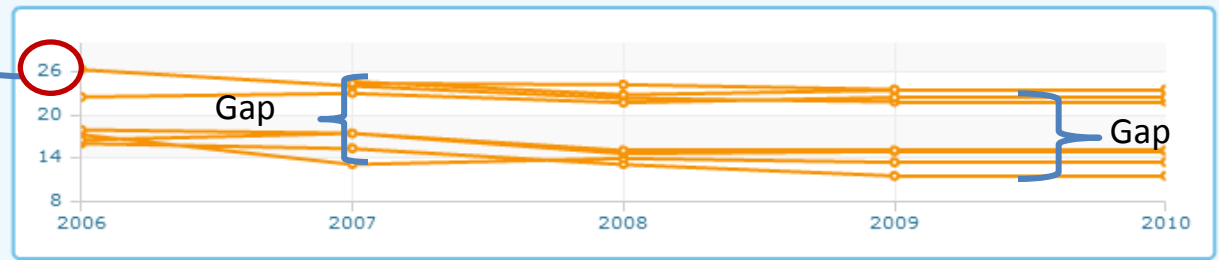
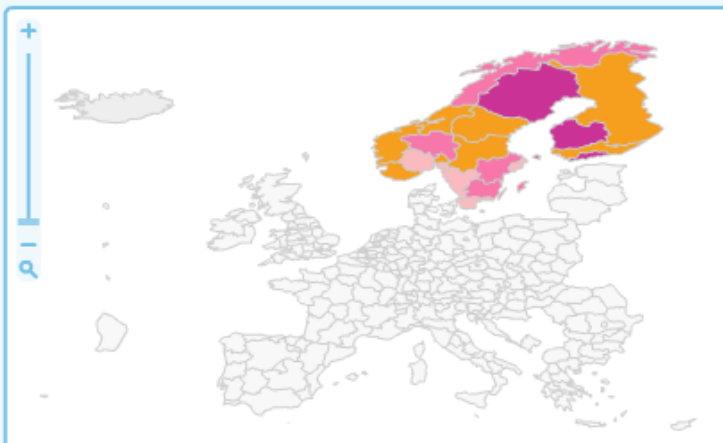
Data Filter

Regions

- 11.5 - 15.2
- 15.3 - 17.7
- 17.8 - 20.0
- 20.1 - 21.7
- 21.8 - 23.5
- No Data

Countries

Rectangle



Source: Atlas of health inequalities. Copenhagen: WHO Regional Office for Europe; 2014.

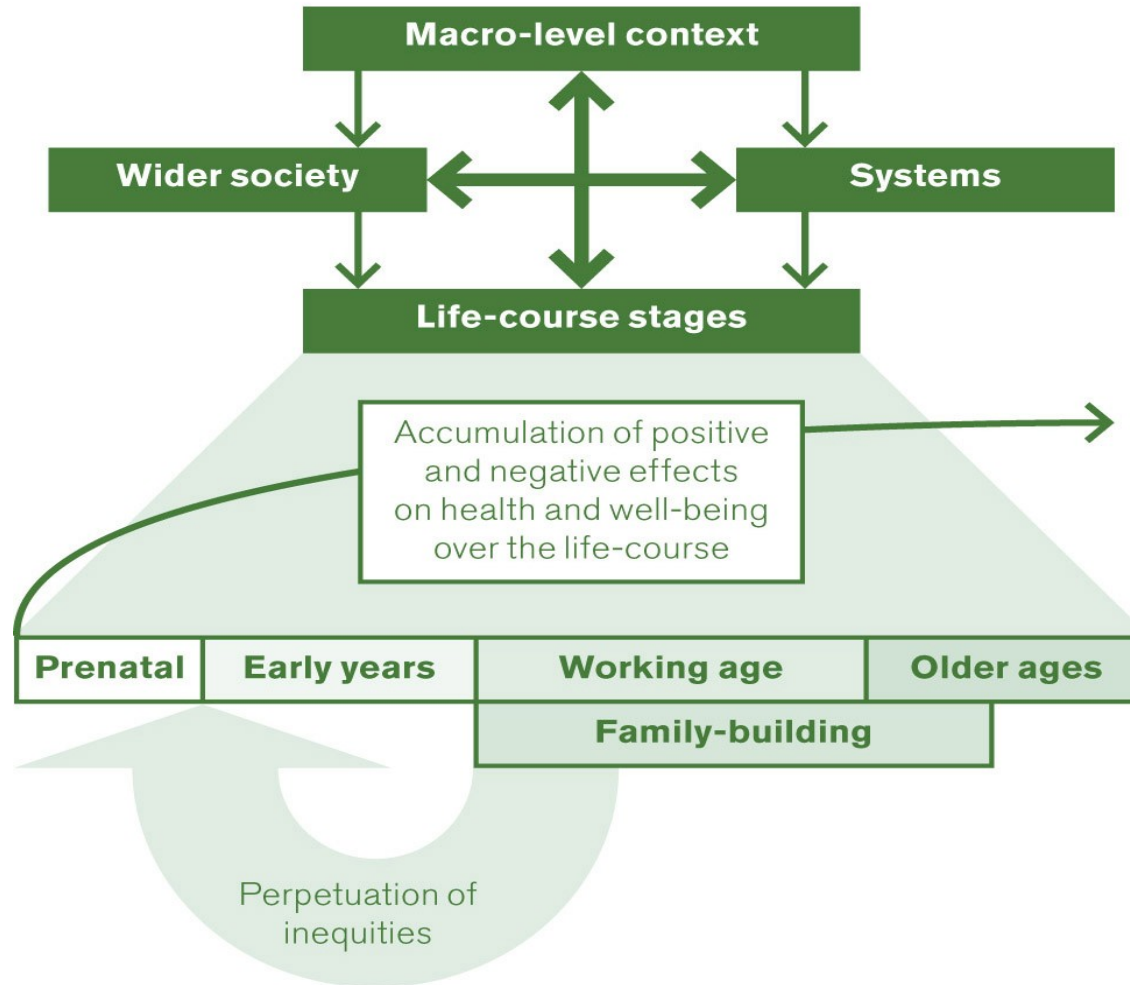
WHO European review of social determinants and the health divide*

- Avoidable health inequities exist within and between countries
- They have social, economic and environmental causes
- A country's wealth is not the only factor in determining its level of health
- Government choices can make positive difference, at any level of gross domestic product (GDP)

* Review of social determinants and the health divide in the WHO European Region. Final report. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report>).



Key areas for action to address health inequalities



Source: Review of social determinants and the health divide in the WHO European Region. Final report. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report>).

Universal health coverage: crucial for maintaining and improving health

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



The economic case for health promotion and disease prevention

Benefits also in the short run



Tobacco taxes:
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.

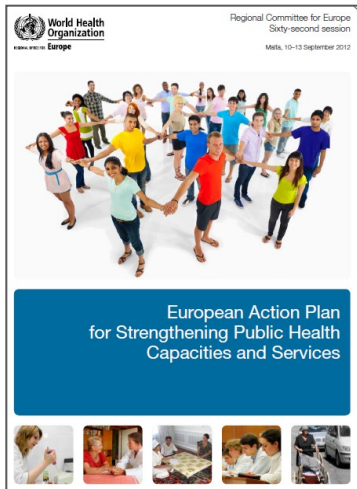
Source: McDaid D, Sassi F, Merkur S, editors. The economic case for public health action. Maidenhead: Open University Press (in press).

Requirements for responding to current health challenges and inequities

Clear policy frameworks and supporting strategies and plans



Strong public health infrastructure to implement the strategic vision



New level of cohesion within the health sector, and more sophisticated coordination across sectors



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: NCDs and communicable diseases

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

Creating resilient communities and supportive environments



Health 2020 – reaching higher and broader



- Going upstream to address root causes such as social determinants
- Investing in public health, primary care, health protection and promotion, and disease prevention
- Making the case for whole-of-government and whole-of-society approaches
- Offering a framework for integrated and coherent interventions

Countries across Europe are implementing Health 2020



Norwegian Public Health Act 2011

Based on five fundamental principles

1. Health equity: a fair distribution of societal resources is good public health policy
2. Health in all policies (HiAP): joined-up governance and intersectoral action are key to reducing health inequities
3. Sustainable development: public health work needs to be based on a long-term perspective
4. Precautionary principle: the absence of scientific consensus of harm cannot justify postponing action to prevent harm
5. Participation: key to good public health development

Nordic countries inspiring Europe in Health 2020

Iceland

- National health plan to 2020
- Ministerial Committee on Public Health

Finland

- 8th Global Conference on Health Promotion 2013 (HiAP)
- “Health and Social Well-being in All Policies”



Sweden

- Action on social determinants of health (SDH) at the local level: health equity commissions in Malmö, Västra Götaland, and Östergötland

Denmark

- New national health goal in 2014: to reduce social inequality in health

The success of any comprehensive public health policy depends on having the right machinery



Source: Edgar Vonk, 2011 (<https://www.flickr.com/photos/bananeman/5998959731>, under the CC BY-NC-SA 2.0 License).



European Action Plan
for Strengthening Public Health
Capacities and Services



10 essential public health operations (EPHOs)

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. 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.

New form of governance for health required

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

Learning from a wealth of experience with intersectoral action and 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.

Capabilities of public health leaders

- Initiate and inform the policy debate at the political, professional and public levels
- Advocate strategies, policies and actions to improve health
- Draw up comprehensive assessments of health needs and capacity for health gain
- Create innovative networks for action across many different sectors and actors
- Catalyse change; deal with complexity, systems thinking and “wicked problems”



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

- E.G. trans fat bans, setting up structures for health promotion

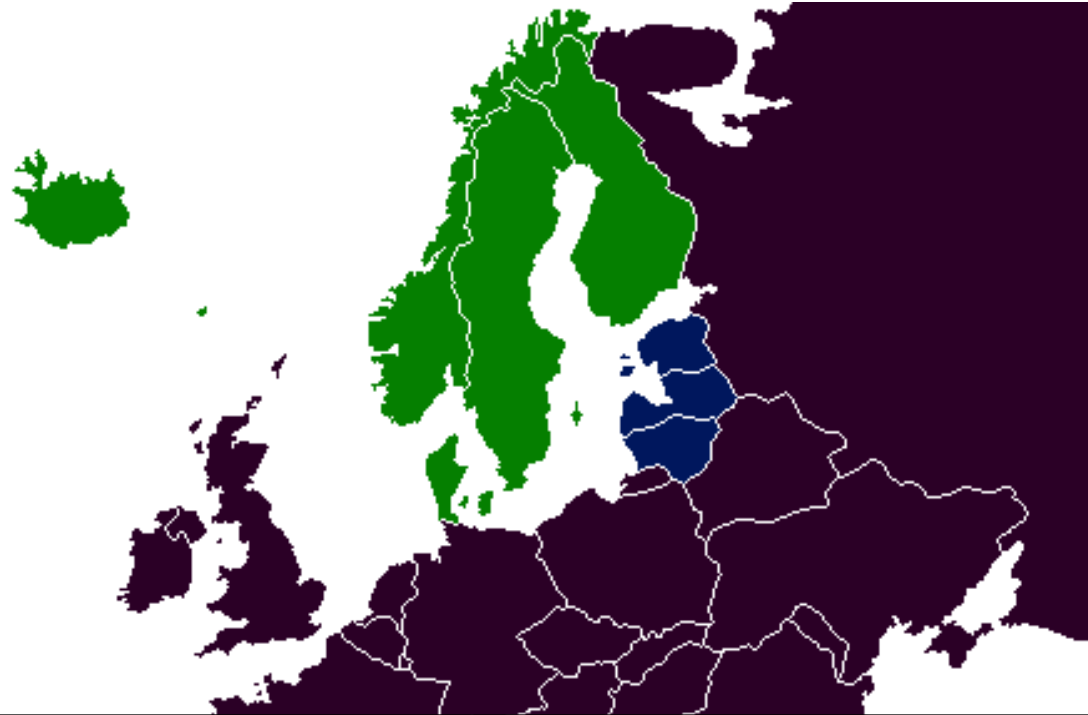
Accountability

- Does not matter who, but needs to be clear (shared or not, health or non-health)

Monitoring and reporting

- Targets focus action
- Results are important for advocacy

Sharing know-how from across the Region



Policy dialogue for 8 Nordic and Baltic countries on actions to address social determinants, Helsinki, Finland, 16–17 June 2014

Similar dialogues

- Small countries (San Marino, 3–4 July 2014)
- Central Asian region (Uzbekistan, 30–31^t October 2014)
- South-eastern Europe (Montenegro, December 2014)



Highlights from the Nordic and Baltic dialogue on SDH

“Social determinants cut across all sectors and programmes”

“There are real lives behind the numbers”

“progress can be made if we join up agendas and establish common ground”

“Similar discussions are going on in other sectors”

“We have shifted our approach from tackling single health problems, through large-scale programmes to systematic work on legislation and permanent structures”

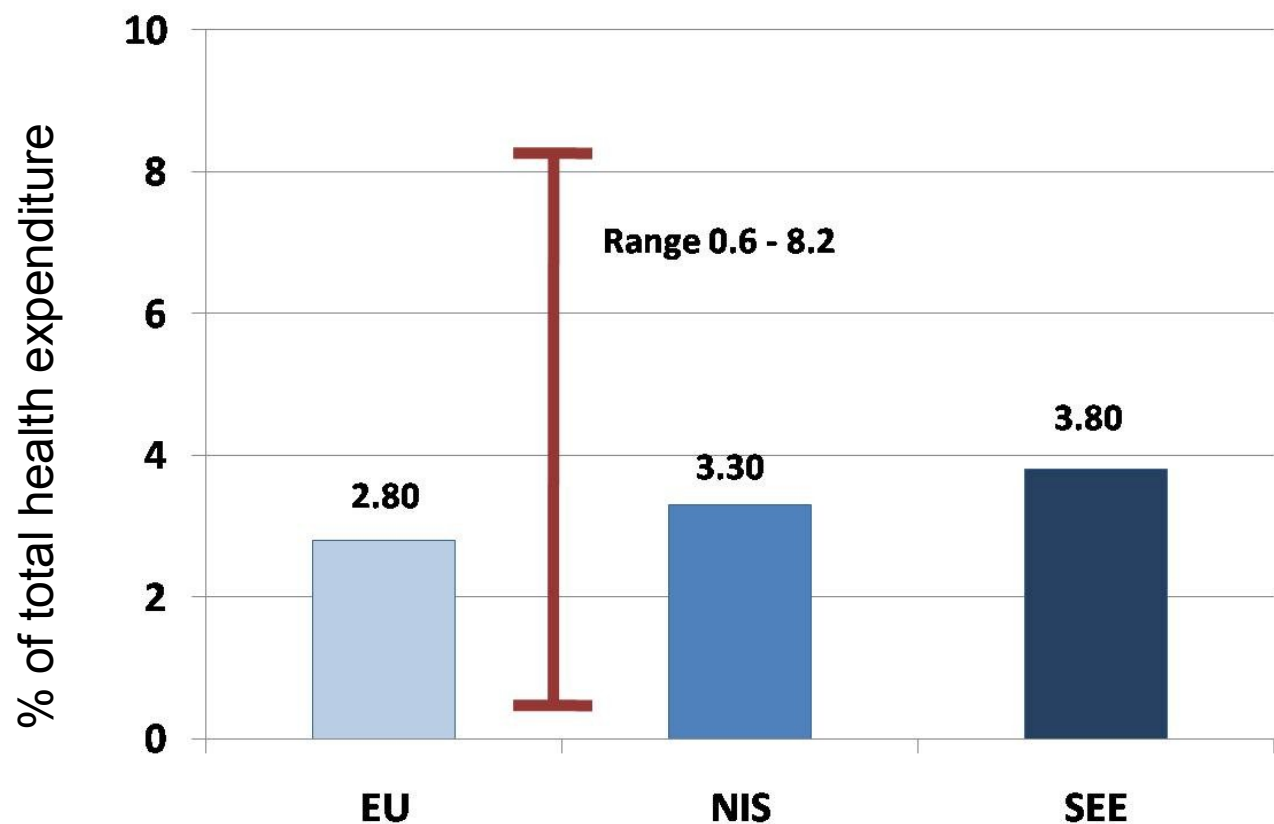
“We economists got it wrong ... !”



Overcoming the implementation gap: what does becoming “tobacco free” mean?



Need to increase overall investment in public health: spending on prevention and public health as percentage of total health expenditure



NIS: newly independent states
SEE: south-eastern Europe

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



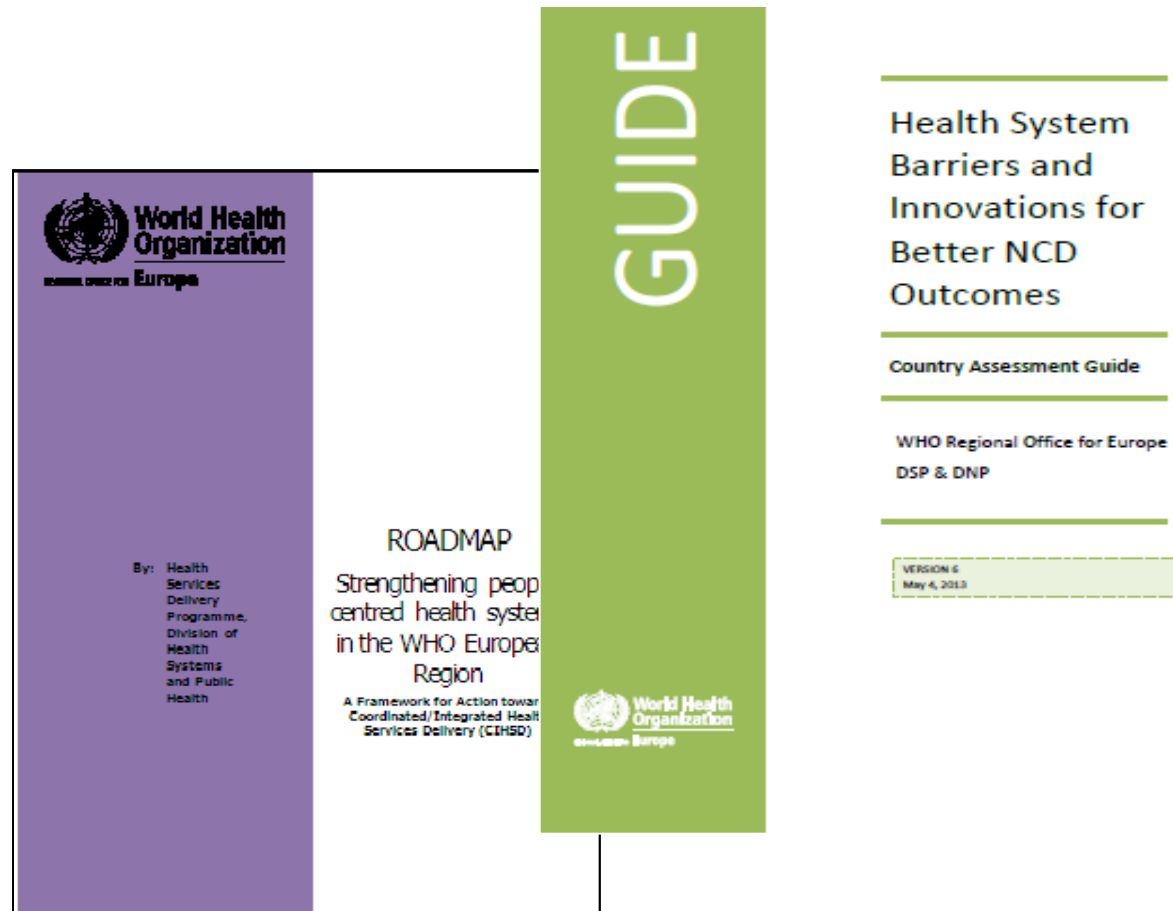
Tallinn: 2008 and 2013
(governance)



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



Transforming service delivery, addressing NCDs, investing in prevention



What needs to be done?

- Policy frameworks to set the direction and values (e.g. Health 2020, Norwegian Public Health Act)
- Strengthen essential public health capacities (the machinery)
- Increase overall investment in prevention
- Fully utilize the potential of health systems (primary health care, universal health coverage)
- Address implementation gap (e.g. tobacco)
- Be bold and innovative with new forms of governance (sharing knowledge and experience, e.g. Helsinki dialogue on SDH)

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





Thank You



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