



# Strengthening health systems in Europe: has the crisis helped or hindered?



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Sustainable Health Systems for Inclusive Growth in Europe  
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19-20 November 2013

# Health systems and the right policies go hand in hand



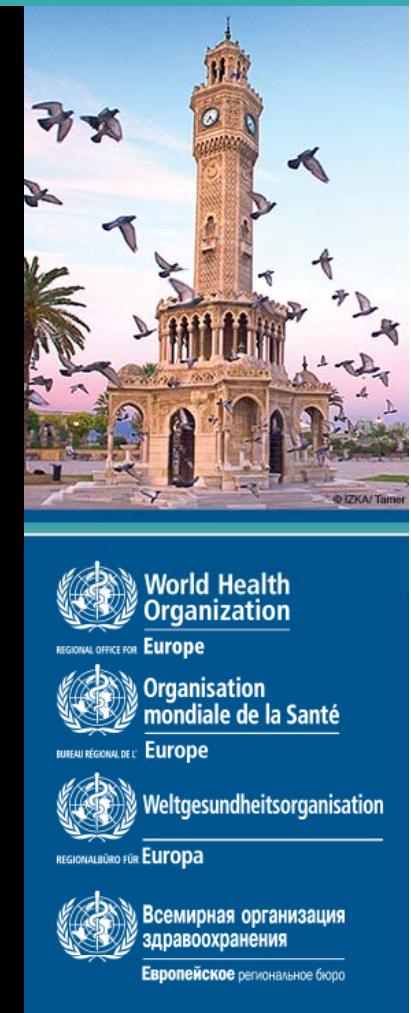
2010



2011



2012



2013

# Improved life expectancy but the region is scarred by inequalities

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

Regions  
■ CIS  
■ EU 12  
■ EU15  
■ European Region

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.

# Action needed on several fronts to respond (Health 2020)

- Continue to improve health outcomes and reduce inequalities – address governance implications
- Priorities in Europe agreed with Member States
  - Address disease burden and its determinants : noncommunicable diseases (NCDs) and the remaining infectious diseases (tuberculosis (TB), HIV) and problems such as antimicrobial resistance (AMR)
  - Strengthen health systems and public health

# Tallinn conference: basis of WHO's work on health systems

- **Supporting Member States in keeping or moving towards universal health coverage, guided by the mission and vision of Health 2020**
- Transforming financing arrangements to ensure sustainability
- Positioning primary health care as the hub for 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 benefits

# Two key anniversaries: Tallinn Charter and Declaration of Alma-Ata



Tallinn: fifth anniversary in 2013 (governance)



Almaty: thirty-fifth anniversary in 2013 (primary health care)

# Tallinn follow-up meeting

## Tallinn, Estonia, 17–18 October 2013



1. Platform to understand new frontiers to improve population health
2. Exchange of inspiring examples of strengthening health systems
3. Agreement on future directions, weaving together the commitments in the Tallinn Charter and the Health 2020 policy framework

# Key messages from Tallinn 2

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- Transformation towards people-centred health systems
- Holistic approach to health improvement
- Primary health care (PHC) and community care in the centre and better coordination and integration between levels and services
- Synergy across agencies for a unified front
- Leadership and change management



# Contribution of health systems

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

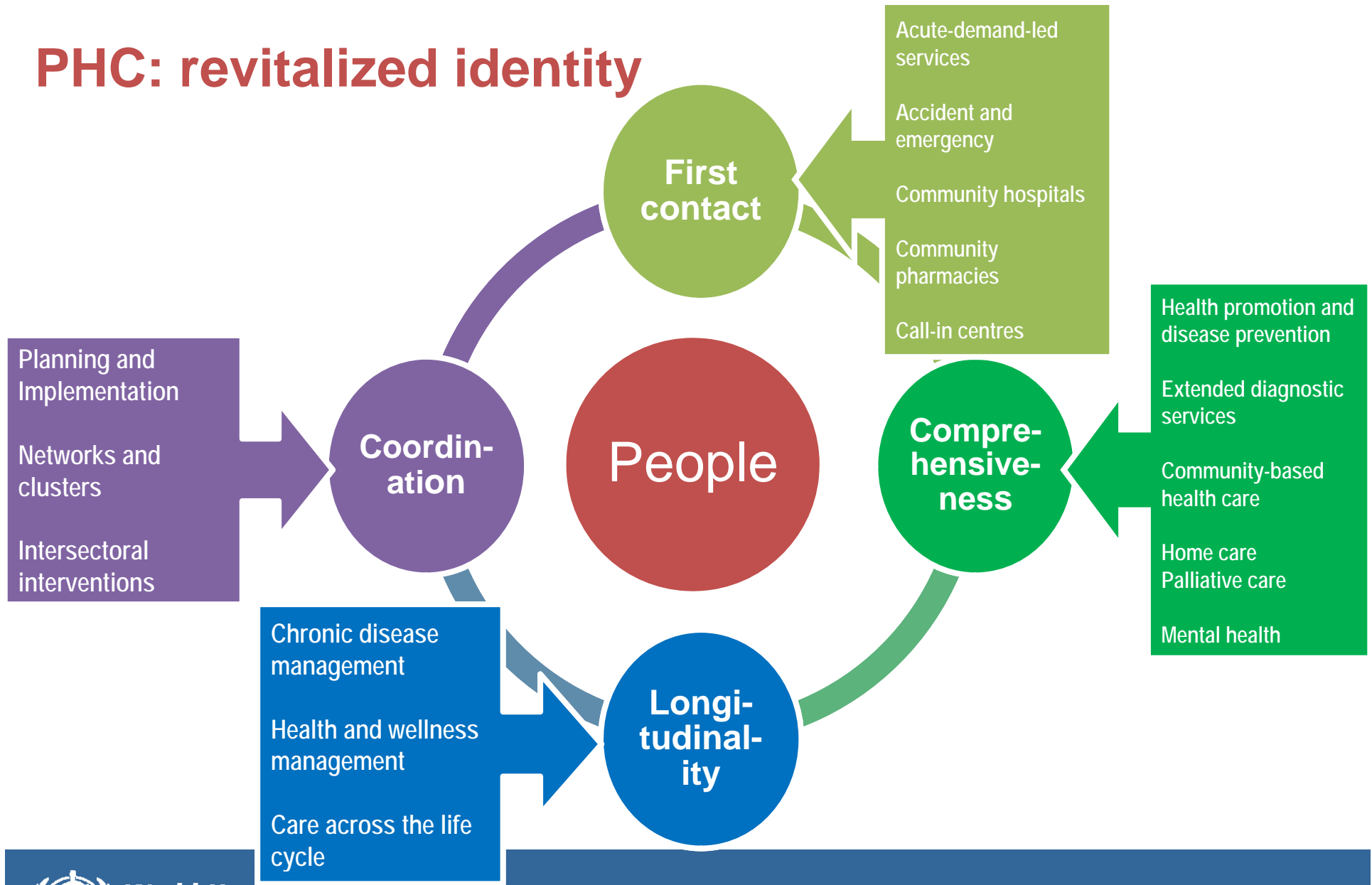


# Compelling challenges require transformation of PHC

- Future shape of the NCD epidemic is characterized by multiple and interacting risk factors and multi-morbidity
- But most health systems have not been designed to cope with these
- We have a “response gap”

*Source:* Atun R et al . Improving responsiveness of health systems to NCDs. Lancet. 2013; 381.

# PHC: revitalized identity

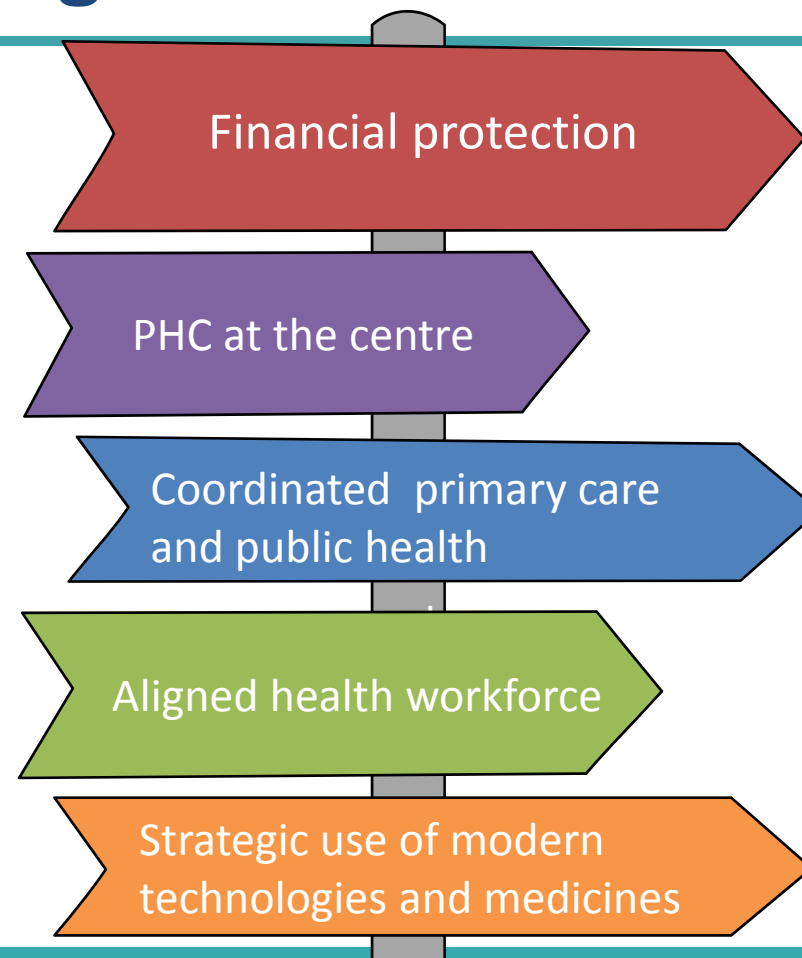


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# Universal health coverage: crucial for maintaining and improving health

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



# Health systems' responses to economic crisis in Europe



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

14

1. Be consistent with long-term health-system goals

2. Factor health impact into fiscal policy

3. Safety nets can mitigate many negative health effects

4. Target efficiency gains over past charges

5. Protect funding for cost-effective public health services

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

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6. Avoid prolonged and excessive health

7. High-performing health systems may be more r

8. Structural reforms require time to savi

9. Target efficiency gains over pa charg

10. Protect funding for cost-effective public health services

# Challenge from the crisis

Severe, sustained pressure on public spending on health

2008	2009	2010	2011
Andorra	Andorra	Albania	Andorra
Azerbaijan	Bulgaria	Armenia	Armenia
Belarus	Croatia	Azerbaijan	Azerbaijan
Kyrgyzstan	Iceland	Croatia	Belarus
Turkmenistan	Ireland	Czech Republic	Georgia
	Latvia	Estonia	Germany
	Lithuania	Finland	Greece
	Romania	Greece	Kazakhstan
	San Marino	Iceland	Portugal
	Serbia	Ireland	Ukraine
	Ukraine	Italy	United Kingdom
		Kyrgyzstan	
		Montenegro	
		Republic of Moldova	
		Russian Federation	
		San Marino	
		Slovakia	
		Slovenia	
		Spain	

**Countries with negative growth in public spending on health**

Source: WHO national health accounts 2013.



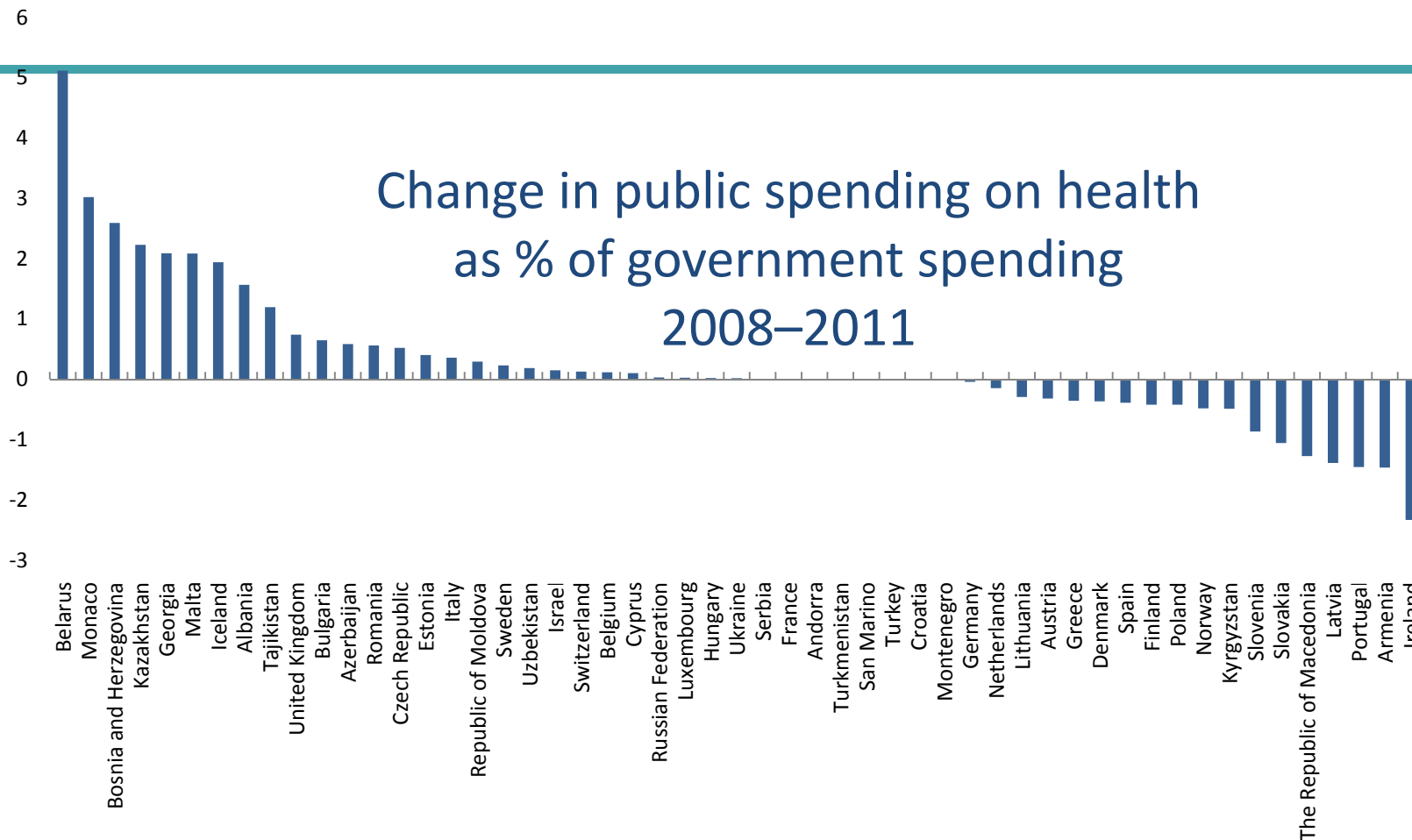
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# Disproportionate cuts in the health share of the government budget in some countries

Source: WHO national health accounts 2013.



# Some positive responses in challenging circumstances

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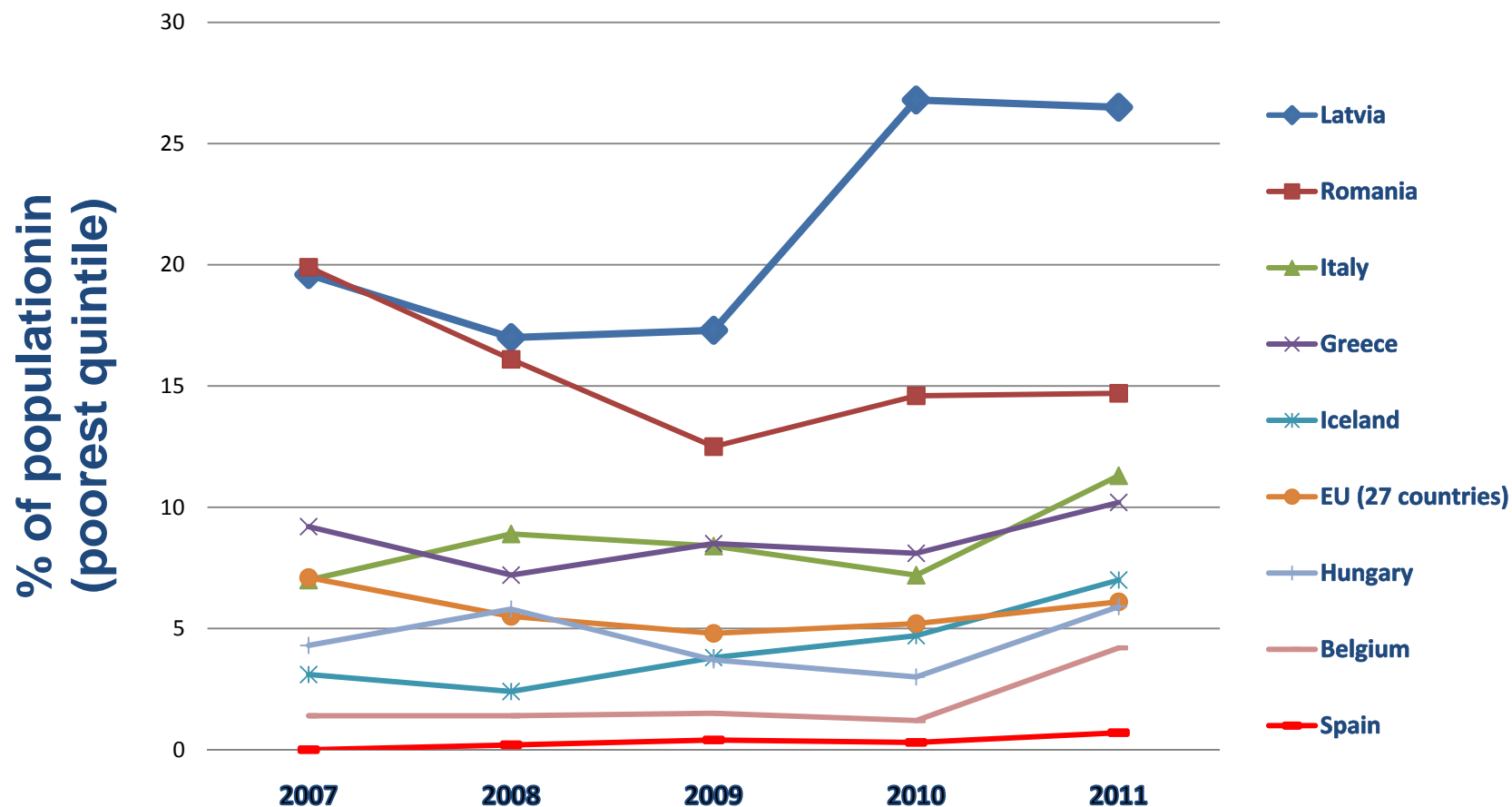
- Needed reforms introduced in countries
- Immediate efficiency gains – lower drug prices
- Other efficiency gains – identifying and prioritizing cost-effective services
- Efforts to protect people from financial hardship

# But negative implications for health systems' performance, too

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- 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

# Unmet need has risen in the poorest quintile in many countries, 2007–2011



Source: European Union Statistics on Income and Living Conditions (EU-SILC) 2013.

# How has the crisis helped?

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## Clarity on policy options:

- health systems can be more efficient
- coverage reductions cause suffering
- cut inefficiencies, not effective services

Target efficiency gains over user charges

Prioritize cost-effective health services

# How has the crisis helped?

## Clarity on limits to efficiency:

- structural changes require investment and time
- sustained fiscal pressure may undermine efficiency
- efficiency gains cannot always bridge the funding gap

Structural reforms  
require time to  
deliver savings

Avoid prolonged  
cuts to health  
budgets

Factor health  
impact into fiscal  
policy

# How has the crisis helped?

## Clarity on governance:

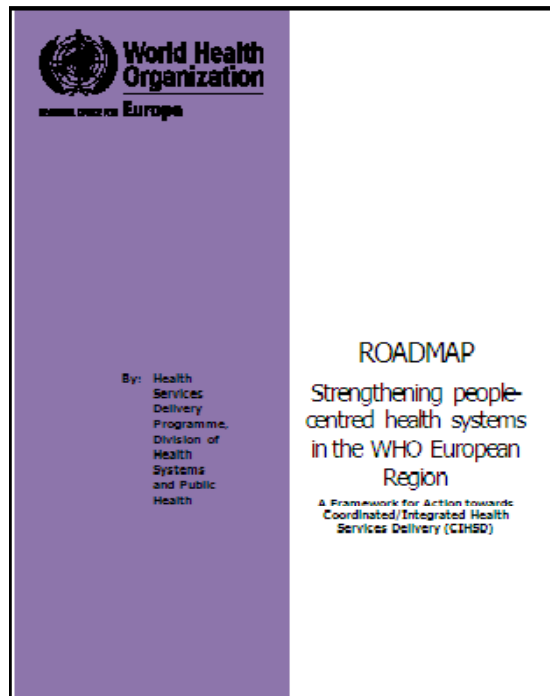
- strong health systems may be more resilient
- a test for governance: are policies in line with goals?
- better information and monitoring are needed

Resilient health systems come from good governance

Be consistent with long-term health system goals

Information and monitoring underpin good governance

# Transforming service delivery, addressing NCDs, investing in prevention





# Our public health vision for 2020

- Health as a priority – core value and public good
- Indispensable to development and indicator of government performance
- Action and advocacy
- Strong public health workforce and intersectoral mechanism
- Determinants of health (including SDH) in our DNA



SDH: social  
determinants of  
health

# Strengthening health systems in Europe: has the crisis helped or hindered?

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1. Extreme caution in reducing coverage
2. Positive but limited scope for efficiency gains
3. Importance of good governance
4. Need for better monitoring

# Understanding health systems' sustainability

<b>From</b>	health care as an institution led service	<b>To</b>	health and social care as part of the community
<b>From</b>	curative and fixing medical care	<b>To</b>	early intervention and preventative care
<b>From</b>	sickness	<b>To</b>	health and well-being
<b>From</b>	professional	<b>To</b>	personal
<b>From</b>	isolated and segregated	<b>To</b>	integrated and in partnership
<b>From</b>	buildings	<b>To</b>	healing environments
<b>From</b>	decision making based on today's finances	<b>To</b>	an integrated value of the future which accounts for the impacts on society and nature
<b>From</b>	single indicators and out of date measurements	<b>To</b>	multiple score card information and in real time
<b>From</b>	sustainability as an add on	<b>To</b>	integration in culture, practice and training
<b>From</b>	waste and over use of all resources	<b>To</b>	a balanced use of resources where waste becomes a resource
<b>From</b>	nobody's business	<b>To</b>	everyone's business

TIANJIN, CHINA



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