



Health is wealth:  
XXIV meeting of the  
Council for Health Cooperation of  
the Commonwealth of  
Independent States

18 June 2014, Moscow, Russian Federation



World Health  
Organization

REGIONAL OFFICE FOR

Europe



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BUREAU RÉGIONAL DE L'

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Всемирная организация  
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Европейское региональное бюро

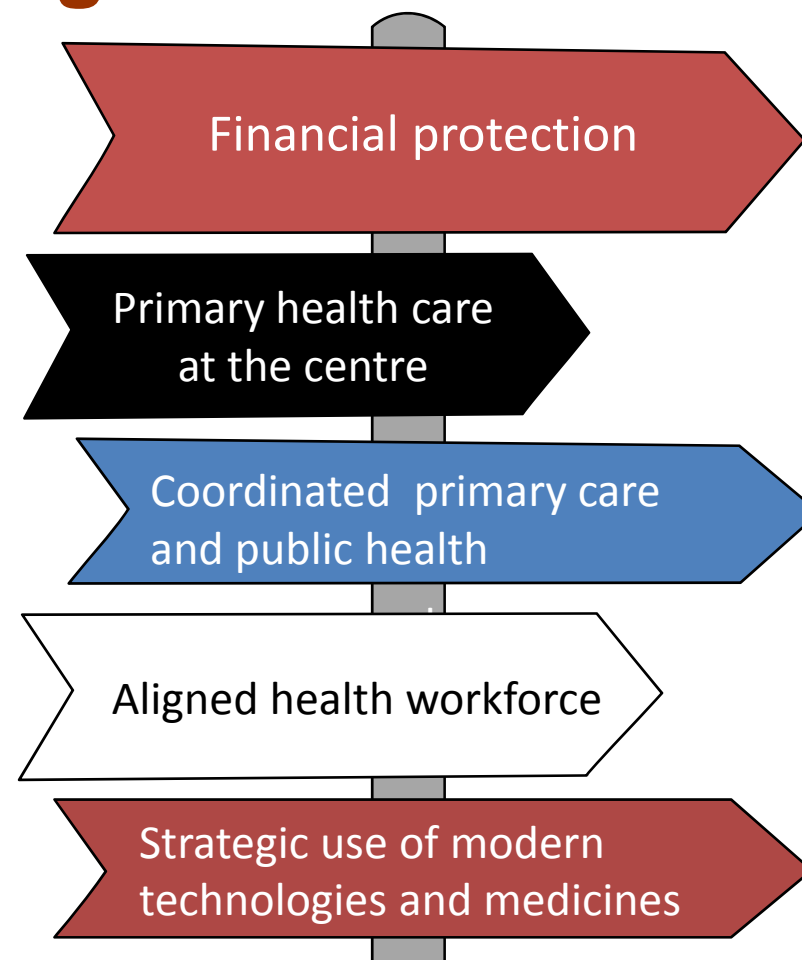
Zsuzsanna Jakab  
WHO Regional Director  
Europe

# 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
- More knowledge and technology available than ever before

# 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: NCDs and communicable diseases

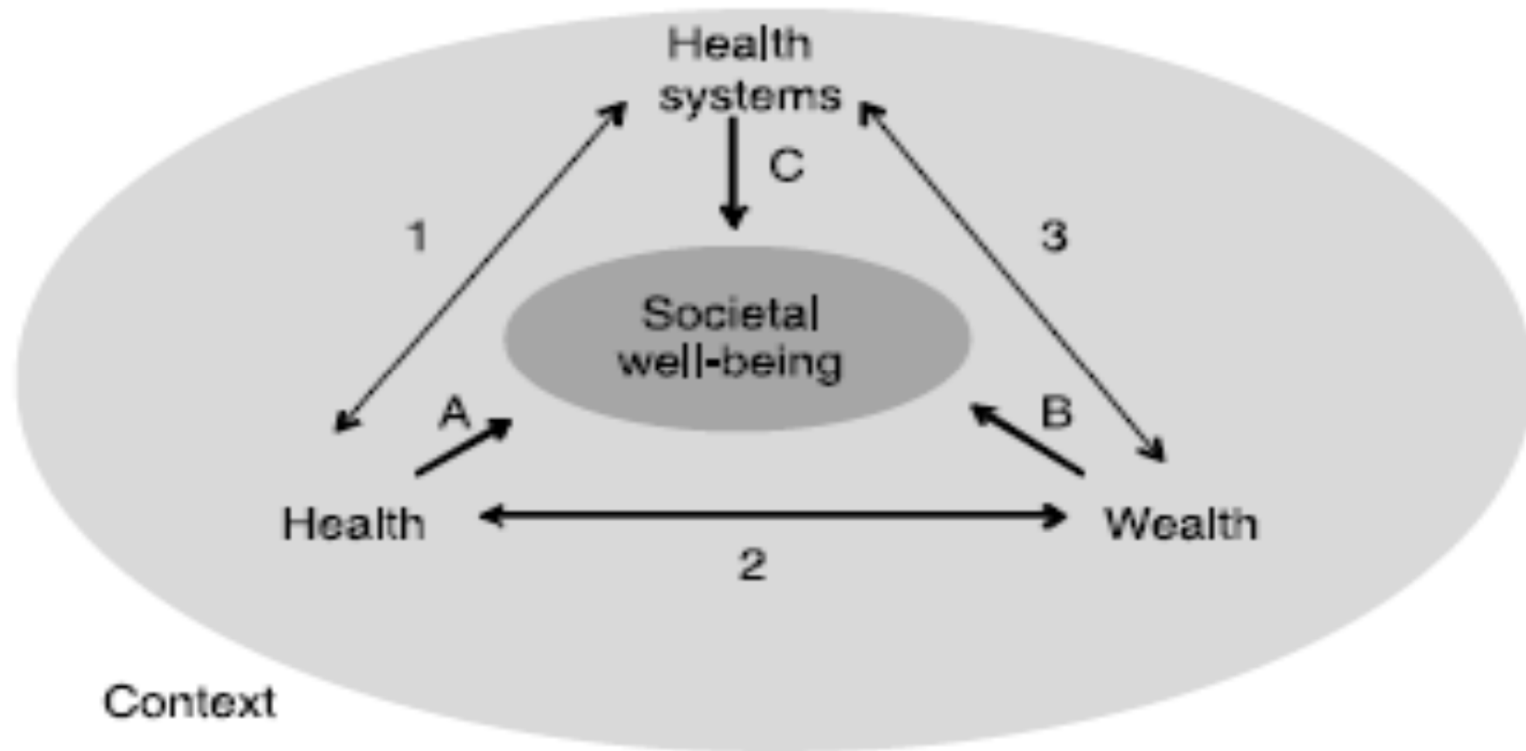
Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

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

# Health is wealth – triangular relationship: health systems, wealth and societal well-being



# Health as an economic engine

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- Health is not a drain on the economy!
- Health contributes to economic growth.
- Health is a significant sector of the economy.



# Impact of health on economic growth (some examples)

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- Labour force participation
  - Absenteeism due to illness: 4.2 days/worker (European Union, 2009)
  - Average cost of absenteeism: 2.5% of gross domestic product (GDP)
  - Reduced age of retirement (2.8 years) due to poor health
  - Less likelihood of work (males: 66%, females: 42%) due to chronic diseases
- Macroeconomic growth
  - 1% increase in life expectancy = 6% growth in GDP (Organisation for Economic Co-operation and Development (OECD))
  - 10% decrease in cardiovascular diseases (CVD)= 1% per capita income growth (2009)



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



Tallinn: 2008 and 2013  
(governance)



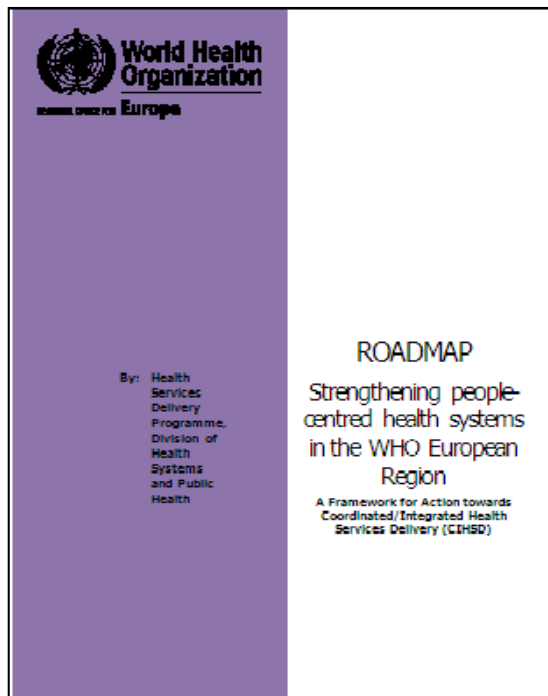
Alma-Ata: 1978 and 2013  
(primary health care)

# Compelling challenges call for the transformation of primary health care

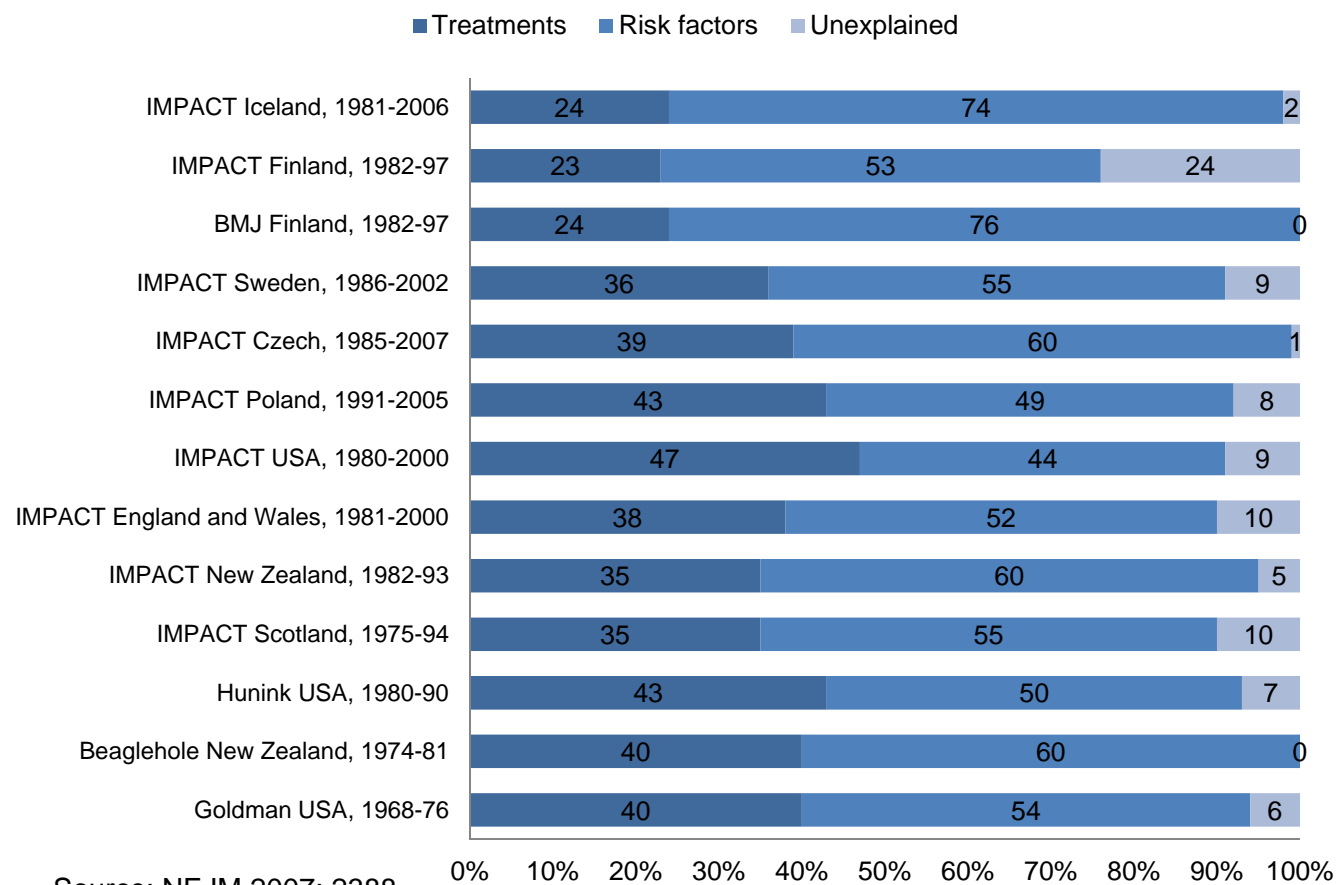
- The future shape of the NCD epidemic is characterized by multiple and interacting risk factors and multimorbidity
- Most health systems are not designed to cope with these
- There is a “response gap”

*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)).

# Transforming service delivery, addressing NCDs, investing in prevention



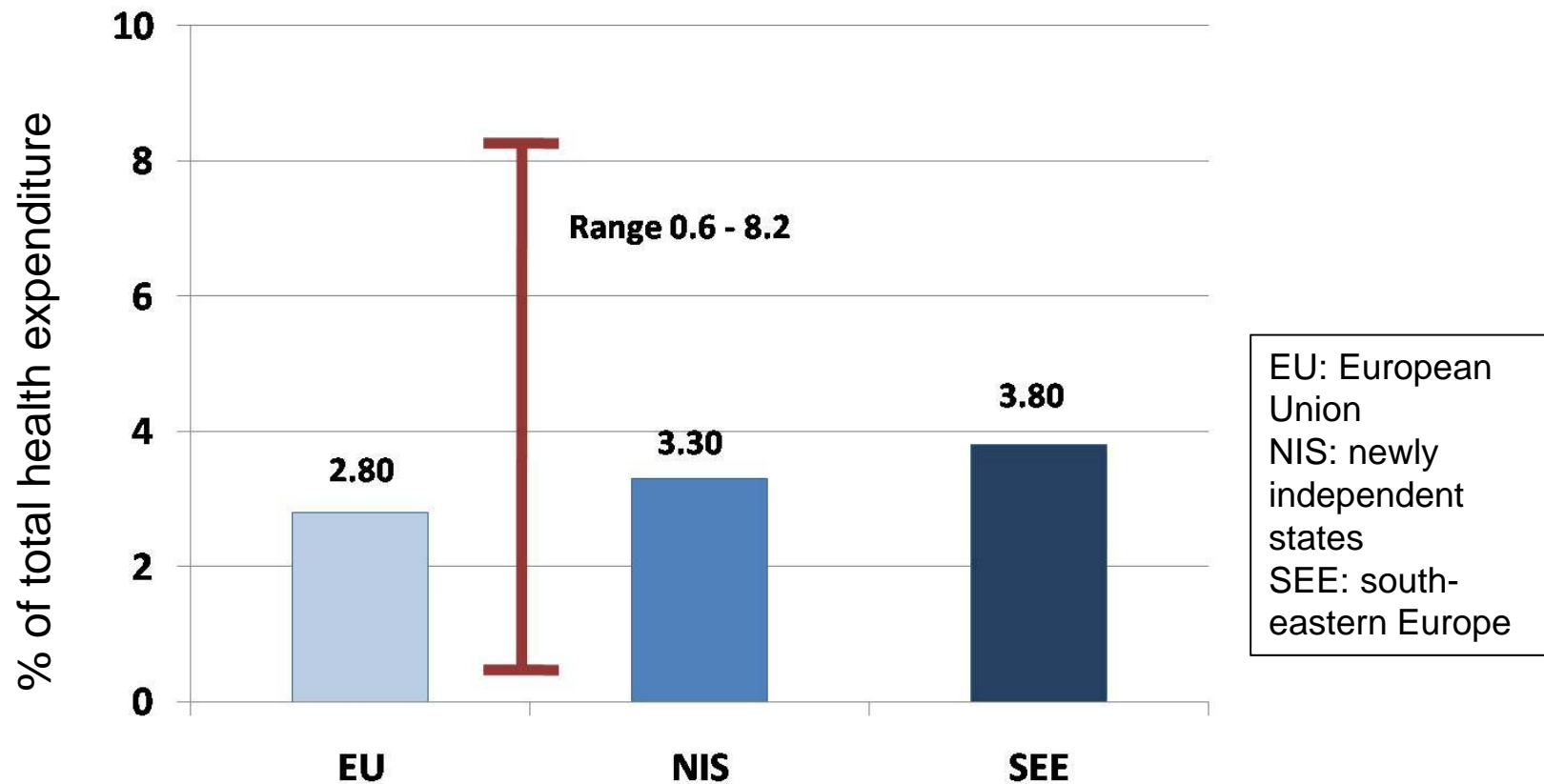
# Contribution of prevention and treatment related to the decline in global coronary heart disease (CHD) mortality



# Funding for public health services must be protected

- Fiscal pressure brings into even sharper focus the need to ensure that health spending is cost-effective
- Public health services are proven investments that can improve health outcomes at relatively low cost
- Public health contributes to economic recovery

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



# WHO cost-effective public health interventions

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- Anti-tobacco interventions
  - Taxes, tobacco-free environments, health warnings, advertising bans
- Reducing harmful alcohol use
  - Taxes, health warnings, advertising bans
- Improving diet and physical activity
  - Reducing salt intake and salt content, reducing trans fats, promoting public awareness



# 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 taskforces, local government
- Do not discount 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

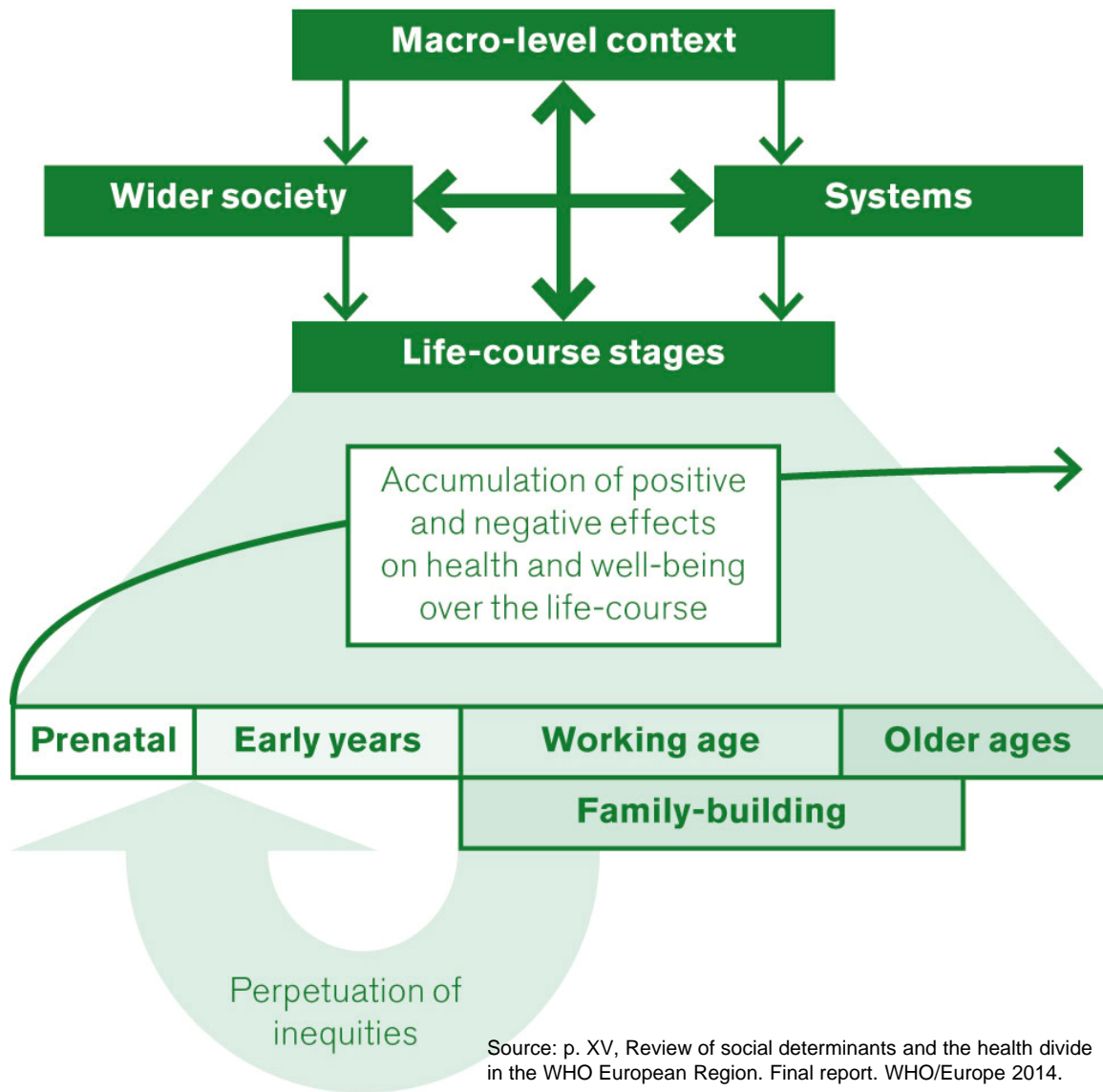
- Needs to be clear (shared or not, health or non-health)

## Monitoring and reporting

- Targets focus action
- Results are important for advocacy



# Four areas for action to address health inequalities – emphasizing priorities



Source: p. XV, Review of social determinants and the health divide in the WHO European Region. Final report. WHO/Europe 2014.



Photo: stefan boness | panos pictures

# Some examples

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&sa=Uandei=BNI4T-K7JoKL0QGXS6HFAgandved=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

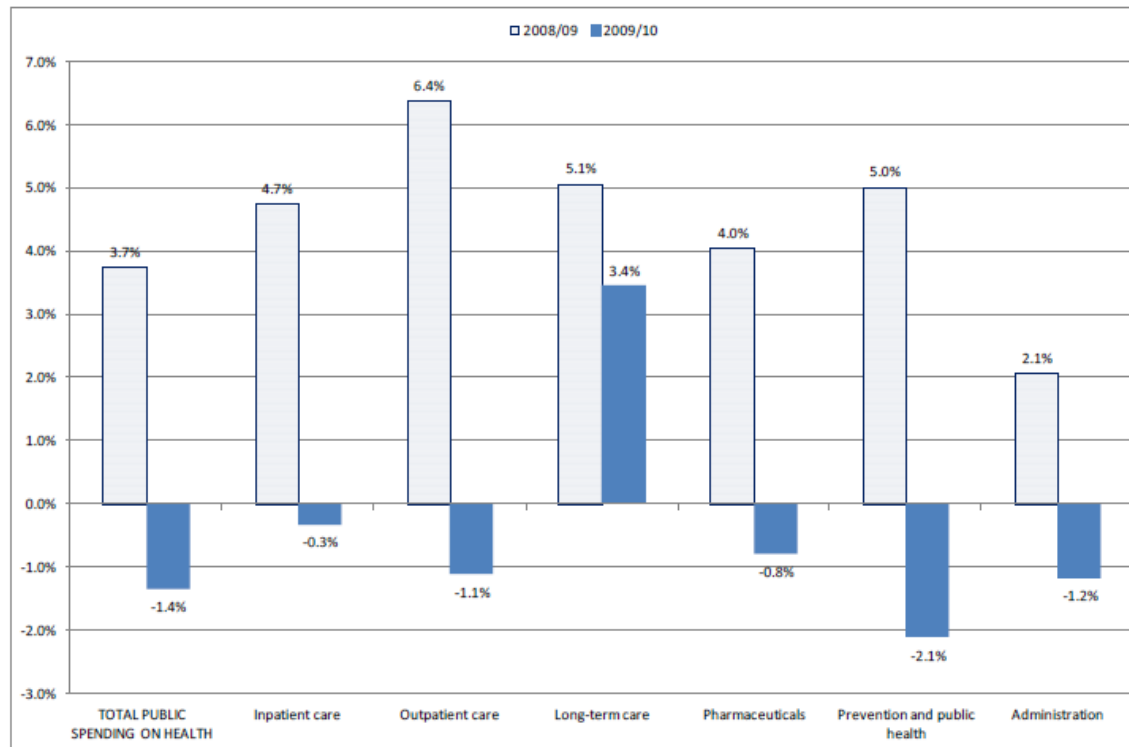


# What does becoming “tobacco-free” mean?



# Impact of financial crisis in health systems

Average growth by main function of health care for selected OECD countries, public expenditure, 2008–2010

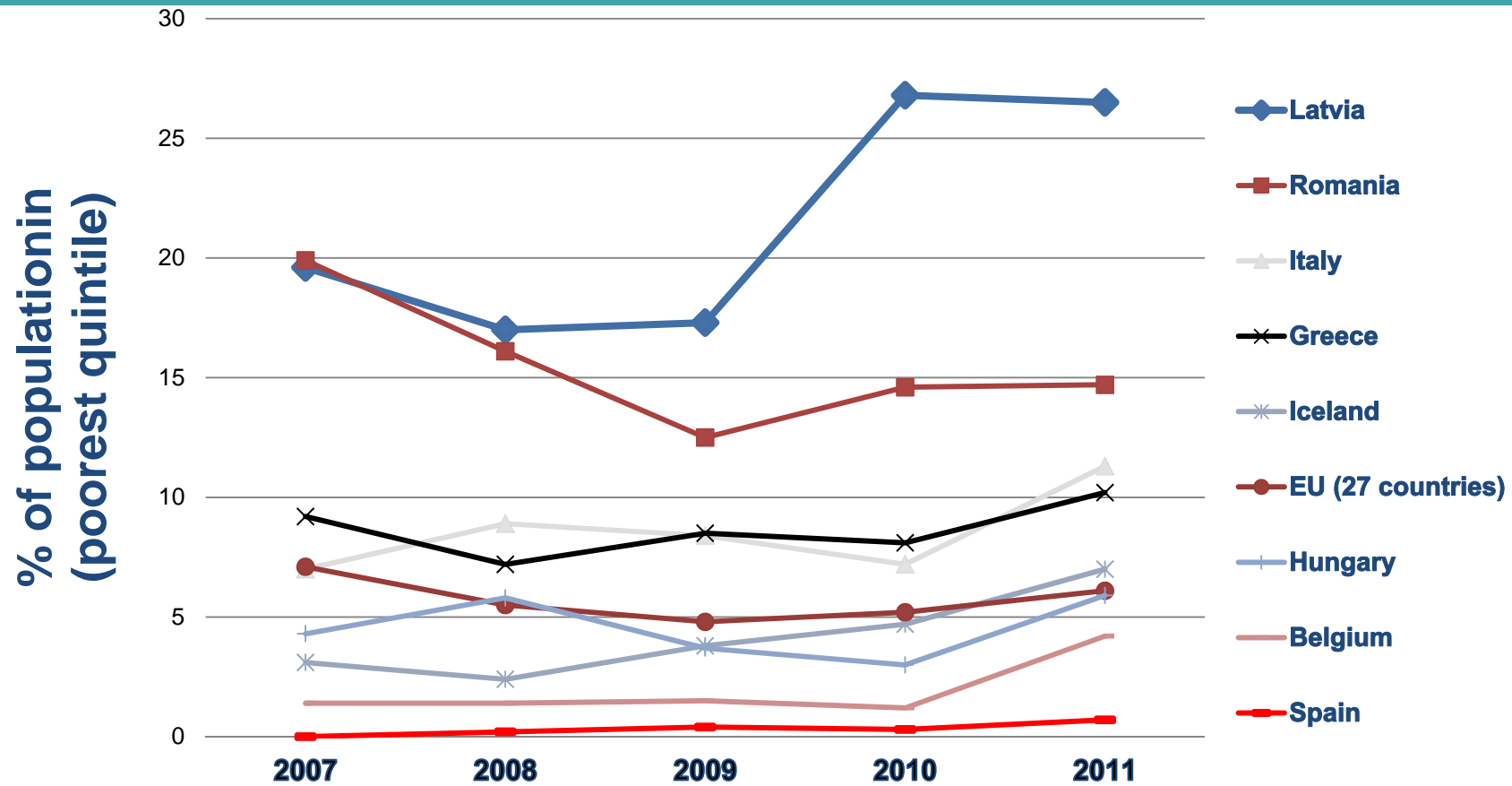


# Facts from past and present crises

## Unemployment

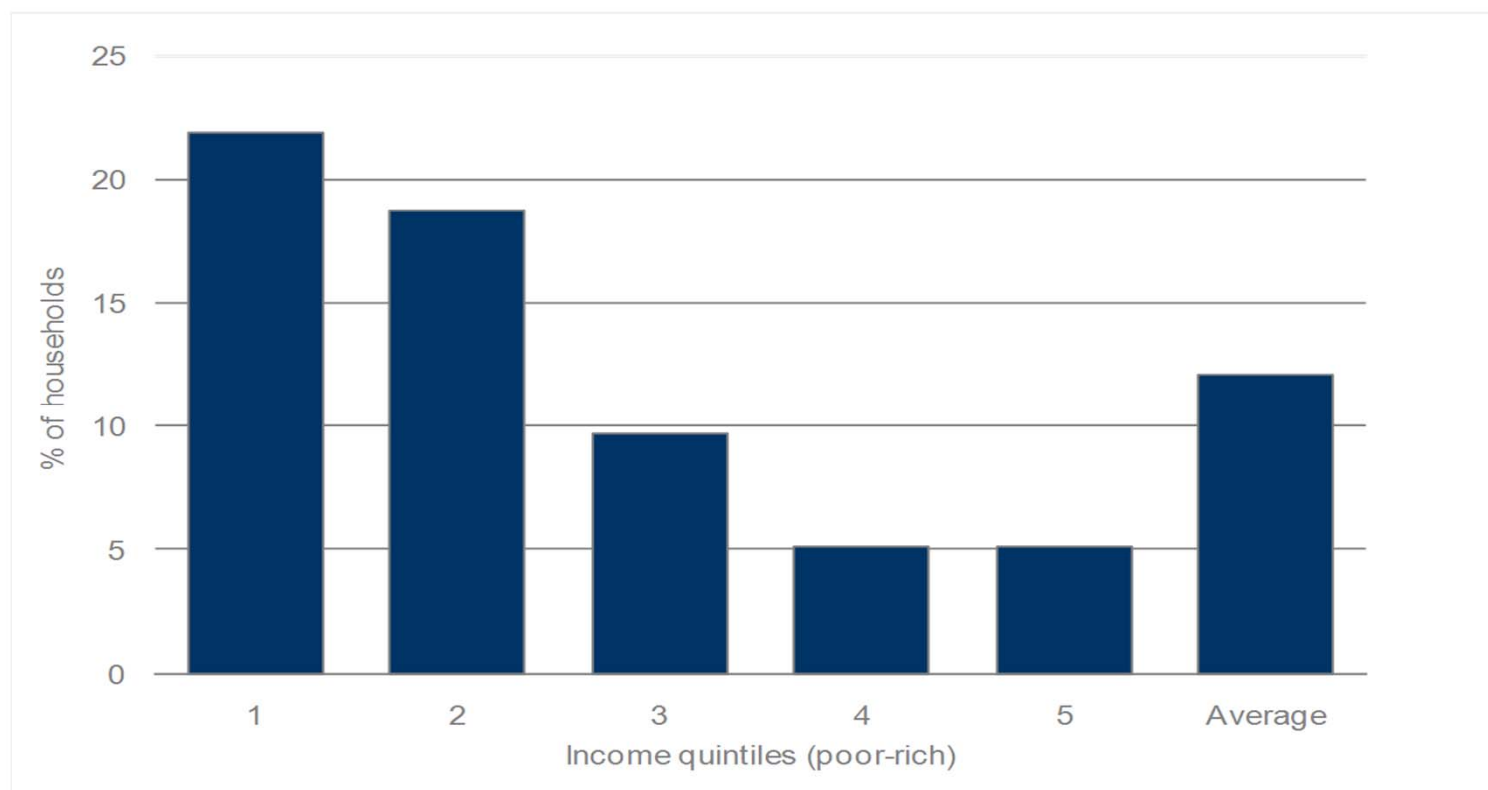
- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease\*
- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcers, mental disorders\*\*
- Increase of suicide incidence: 17% in Greece and Latvia, 13% in Ireland\*\*\*
- Active labour market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

# Unmet need has risen in the poorest quintile in many countries (but data only up to 2011)



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

# Catastrophic spending is highest among poorer people





# 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

# 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 net to mitigate negative effects

4. Health system response to influence effective

5. Protect funding for cost-effective public health services

6. Avoid prolonged excessive health burden

7. High performance health systems be more

8. Structural reforms to time to cost saving

9. Need for information monitoring

10. Good governance for prepared, resilient systems

# 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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