EDITORIAL

The WHO European Region comprises 53 Member States with a rich variety of culture and history and a broad range of development, material wealth and resources. Despite these differences, representatives of all of these countries came together in September 2012, at the sixty-second session of the WHO Regional Committee for Europe, to endorse, by consensus, the new European health policy framework, Health 2020, and commit to translating it into action.

The aim of the policy framework is to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”. Health 2020 is based on the values enshrined in the Constitution of the WHO, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Other important values include equitability, sustainability, quality, transparency and accountability, the right to take part in decision-making and the protection of human dignity. Furthermore, the policy framework clearly points out that attaining good health requires an integrated approach aimed at the whole of society, with the development of equitable and sustainable ways to improve public health, cooperation and the involvement of all sectors of society and government.

In order to meet the targets for improving health for all, the Health 2020 policy framework emphasizes strategic action in four priority areas: 1) invest in health through a life-course approach and empower citizens; 2) tackle Europe’s major disease burdens of noncommunicable and communicable diseases; 3) strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies; and 4) create supportive environments and resilient communities.

Belarus has the great honour and privilege to welcome delegations from all 53 Member States to the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020. There have been significant achievements in Belarus and other countries in the European Region and the time has come to exchange experiences and discuss persistent problems. The Conference will afford an excellent opportunity to do so, as well as to discuss the life-course approach, from a healthy start in life to meeting public health needs at all stages throughout the life cycle.

Early investment in health leads to long-term social and financial returns and increases well-being for both the individual and society as a whole. For example a healthy future generation and access to health care for all begins with a healthy pregnancy and early childhood development. This, in turn, results in healthy children, healthy, productive adults, and later, healthy elderly people. Only a healthy society can achieve sustainable economic development.

In this regard, maternal and reproductive health are critical aspects of the life-course approach. New evidence shows that investing in health early in life has benefits for health promotion and disease prevention throughout the life course. Pre-conception and pregnancy are an important time when health behaviours and outcomes can be influenced, including the prevention of future development of noncommunicable diseases. In order to ensure that the opportunity to act early is not missed, governments – in partnership with society – should ensure equitable access to quality antenatal and postnatal care, as well as skilled attendance at birth and the provision of essential newborn care. Early initiation of and exclusive breastfeeding for six months needs to be prioritized and supported. Family planning should be available so that pregnancy planning can be optimized. Acting early is not the only time to intervene. Later interventions and environments during transitional periods when people are vulnerable are also important. Health education and the provision of youth-friendly services, including counseling and reproductive health services, can influence health behaviours and well-being at crucial transitional times in life, such as during adolescence. Reproductive health services also provide entrance points for interventions to promote health and prevent disease at other critical transitional stages in life, such as adulthood and ageing. During the reproductive years, for example, routine cervical screening provides an opportunity to assess the risks of developing noncommunicable diseases, and measures to minimize those risks, such as giving up smoking. In the ageing population, well woman and man care and other clinical encounters provide an opportunity to discuss sexual health, which is often neglected yet is directly linked to mental well-being and happiness.

While the importance of a life-course approach to health is clear, the challenge we face is putting it into practice. How do we prioritize the right approaches for the right populations at the right time? How does gender and sex impact the life-course approach? How do we ensure that vulnerable populations and underprivileged groups are not forgotten in this approach? What proven models currently exist that promote a whole-of-society approach to health? What are other countries experiences with implementing a life-course approach? How do we best monitor, measure and evaluate different models of the life-course approach to health? These and other questions will shape the dialogue, discussion and debate at The WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020. I have no doubt that together, as participants in this important meeting, we will be able to begin to find common themes and answers to these and many more questions so that we can all begin to act early, act on time and act together to achieve equitable health for all throughout Europe.

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