Environment has changed

Global and regional contexts
We have to pursue our agreed values
Health is a political choice and a priority for the public

Having good health is a top priority identified by the public as essential to getting ahead in life

Special Eurobarometer 471 Report Fairness, inequality and intergenerational mobility, 2018
Country demonstrates leadership for SDG attainment

UZB
16 SDGs
120 targets

Coordination council

21 Agency & SPO
6 expert groups, health included

Secretariat
Ministry of Economy

Cabinet of Ministers’ Resolution
on implementation of the national SDGs until 2030
National SDG platform is set up: UZB Roadmap to SDG attainment
Instruments and tools for the Sustainable Development Goals

European Health Information Gateway
A wealth of information at your fingertips

Environmental health themes
- Air quality
- Chemical safety
- Climate change adaptation, resilience and mitigation
- Environmentally sustainable health systems
- European environment and health process
- Health impact assessment
- Healthy and sustainable cities and regions
- Waste and contaminated sites
- Water, sanitation and hygiene

Categories of related content
- Stakeholders & Projects
- Evidence & evidence-informed practice
- Policy & Analysis
- Tools & Methods
- Indicators & Visualisations

Convenient filtering, searching and navigation
Air quality
A majority of countries now have a national health policy aligned with Health 2020.
Strategizing for health in 21st century in Uzbekistan: New national health agenda launched

Decree of the President of the Republic of Uzbekistan
Concept On Development Of The Health System
Evidence for health from the EURO Region

National Development Agenda
National SDG platform
National Health Agenda
National Health Agenda

Coherent goals and targets
Life expectancy at birth increased

UZB 69.1 in 2015
77.9 years in 2015

UZB 69.4 in 2010
76.7 years in 2010
Maternal mortality rate decreased

13 deaths per 100,000 live births in 2010

UZB 36 deaths per 100,000 live births in 2015

11 deaths per 100,000 live births in 2015
Infant mortality reduced

But with variation between 1.9 and 22.1 deaths per 1000 births
On track to reduce premature mortality in the Region

From cardiovascular diseases, cancer, diabetes and chronic respiratory diseases

By 1.5% annually
Inequities in life expectancy

More than 10 years between countries in the Region

UZB: 6.5 year
Reducing inequities in health improves life chances, benefits wider society and supports fiscal sustainability!
Health & Multisectoral Policies needed to reduce inequities (example: infant and child mortality)

<table>
<thead>
<tr>
<th>Living conditions</th>
<th>Personal and Community Capabilities</th>
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<tbody>
<tr>
<td><strong>National Policies</strong></td>
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<tr>
<td>- Housing (quality and tenure)</td>
<td>- Universal health care</td>
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<td>- Water supply/ Sanitation</td>
<td>- Education (Life-long learning)</td>
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<td>- Green and play spaces</td>
<td>- Parenting and family programs</td>
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<tr>
<td>- Government Departments: Health, Social Care, Housing, Sanitation, Recreation</td>
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<td>- Third sector: Children, Families</td>
<td>- National Bodies: Statistics</td>
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<td>- Private sector: Housing, Sanitation</td>
<td>- Local Public Health</td>
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<td>- EU Cohesion Fund</td>
<td>- Third sector: Children, Families</td>
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<td>- WHO Water Safety Plan</td>
<td>- WHO Parma Declaration</td>
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<th>Employment and working conditions</th>
<th>Income and social protection</th>
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<td><strong>National Policies</strong></td>
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<tr>
<td>- Equitable and inclusive employment policies (e.g. paternity and maternity leave, active labor market programs)</td>
<td>- Equitable social protection (e.g. minimum living wage)</td>
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<td>- Government Departments: Finance, Health</td>
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Future progress for Health and Prosperity in Europe depends on reducing health gaps within Countries

1. Reducing gaps between men and women

2. Reducing gaps between social groups

In Uzbekistan babies born in the bottom income quintile are twice as likely to die before the age of 1 compared to those in the top quintile
Alcohol consumption

Highest globally among the WHO regions
Tobacco use in the Region is not reducing fast enough to meet the globally agreed targets. Tobacco is still affordable.
We encourage all Parties to the WHO FCTC to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products without further delay.
Overweight and obesity

Upward trend
Nutrition and physical activity

Obesity prevalence has tripled in the WHO European Region since the 1980s.
The social determinants of health

Income inequality decreased from 34.3 in 2004 to 33.76 in 2015
Environmental risks still cause one fifth of the burden of disease in the European Region.
Cultural determinants

Health and well-being are influenced by cultural factors such as values, traditions and beliefs.
Commercial determinants
Improve NCD outcomes by strengthening health system policies – “leave no-one behind”
All determinants aligned in a coherent policy framework for better health outcomes
Policy coherence to improve health requires a comprehensive and aligned health system response.
Governance Matters

Ministries of Health continue to play critical roles in the era of whole-of-government and whole-of-society approaches.

New skill sets are required to engage.
There is a need for ambitious transformation in how we deliver public health services.

- Prioritize prevention & health promotion
- Change composition and skills of the PH workforce
- Strengthen public health intelligence capacity
- Integrate equity in public health action
- Work with communities and primary care providers
Strong and multi-profiled primary health care is a key pillar.
Policy accelerators to strengthen primary health care

- Adopt a community care model
- Realize a population health approach
- Coordinate with social care
- Optimize services with data driven transformations
- Invest in the competencies of practitioners
- Align provider payments
- Establish quality improvement mechanisms at practice level
- Promote inclusive entitlements
- Ensure the responsible use of medicines
- Meaningfully engage the public and civil society
Health financing policy is of key importance to ensure financial protection and access and catalyze service delivery transformation.
Our target: a Europe free of impoverishing out-of-pocket payments for health

Share of households impoverished or further impoverished after out-of-pocket payments

Source: WHO Barcelona Office for Health Systems Strengthening
How to reduce OOPs and improve access?

1. Universal benefits without segmenting the population
2. Commitment translated into compulsory public funding
3. Pooling all public funds in a single purchasing agency
4. Use strategic purchasing to align funding with services
Uzbekistan is in a true position to leapfrog: adopt today’s best practices

“Leapfrogging is not only possible; it is the only way.”
Recep Akdağ, Turkey

“Governance structures are needed which enhance dialogue and allow collaborative exchange of expertise including at the municipal level.”
Katie Dain, NCD Alliance

“Larger scale multidisciplinary team-based services with a different mix of professionals will support a much needed shift from responsive to proactive models of delivery, to allow more focus on issues beyond the biomedical.”
Nigel Edwards, UK

“Designing equity into public health action is a critical area of leapfrogging in health systems.”
Zsuzsanna Jakab, WHO

“Long-term systematic information management is vital; information has to be gathered and systematised, and it has to include unified health and financial data across all levels of care, and care providers.”
Pavlo Kovtonyuk, Ukraine
• Establishment of an Uzbek Nation Network of Healthy Cities:
  • To support local level SDG implementation
  • To foster people-centred urban development
  • To build cities and urban places that co-create health and well-being
WHO stands ready to support Member States to a healthier future in an integrated coherent approach

GPW 13: Promote health/Keep the world safe/ Serve the vulnerable