WHO definition of health

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

– WHO Constitution
Health – a precious global good

• Higher on countries’ and the international political and social agenda
• 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
WHO European Region: improved life expectancy but scarred by inequalities

What is Health 2020?

Health 2020 is a value-based action-oriented policy framework, adaptable to different realities in the countries in the WHO European Region.

Health 2020 is addressed to ministries of health but also aims to engage ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being.
Health 2020 – reaching higher and wider

• Going upstream to address root causes such as social determinants
• Making the case for whole-of-government and whole-of-society approaches, and considering health in all policies (HiAP)
• Investing in public health, primary care, health protection and promotion, and disease prevention
• Offering a framework for integrated and coherent interventions
Health 2020: two 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: noncommunicable diseases (NCDs) and communicable diseases
- Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response
- Creating resilient communities and supportive environments

World Health Organization
Regional Office for Europe
WHO European review of social determinants and the health divide:* key findings and recommendations to improve equity in health

Policy goals

• Improve overall health of the population
• Accelerate rate of improvement for those with worst health

Policy approaches

• Take a life-course approach to health equity.
• Address the intergenerational processes that sustain inequities
• Address the structural and mediating factors of exclusion
• Build the resilience, capabilities and strength of individuals and communities

* The study was carried out by a consortium of over 80 policy researchers and institutions across Europe (2012), and led by Sir Michael Marmot, United Kingdom.
Four areas for action to address health inequalities – emphasizing priorities

Macro-level context

Wider society

Systems

Life-course stages

Accumulation of positive and negative effects on health and well-being over the life-course

Prenatal Early years Working age Older ages

Family-building

Perpetuation of inequities
Improving governance for health

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.
Increasing momentum in Europe
How much return would this new strategy bring?
## Economic case for health promotion and disease prevention

<table>
<thead>
<tr>
<th>Condition</th>
<th>Economic Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular diseases (CVD)</td>
<td>€169 billion annually in the EU, health care accounting for 62% of costs</td>
</tr>
<tr>
<td>Alcohol-related harm</td>
<td>€125 billion annually in the EU, equivalent to 1.3% of gross domestic product (GDP)</td>
</tr>
<tr>
<td>Obesity-related illness (including diabetes and CVD)</td>
<td>Over 1% GDP in the United States, 1–3% of health expenditure in most countries</td>
</tr>
<tr>
<td>Cancer</td>
<td>6.5% of all health care expenditure in Europe</td>
</tr>
<tr>
<td>Road-traffic injuries</td>
<td>Up to 2% of GDP in middle- and high-income countries</td>
</tr>
</tbody>
</table>

**Sources:**

- data from Leal et al. (Eur Heart J. 2006;27(13):1610–1619 (http://www.herc.ox.ac.uk/pubs/bibliography/Leal2006)),
Cost-effective policies using fiscal policy to improve health outcomes

Tobacco
A 10% price increase in taxes could result in up to 1.8 million fewer premature deaths at a cost of US$ 3–78 per disability-adjusted life-year (DALY) in eastern European and central Asian countries.

Alcohol
In England, benefits close to €600 million in reduced health and welfare costs and reduced labour and productivity losses, at an implementation cost of less than €0.10 per capita.

Fiscal policies: incentives and disincentives

Fiscal policies can be used:

– to encourage positive behaviour (e.g. healthy eating)
– to discourage negative behaviour (e.g. smoking)
– or a combination of both

**Hungary**
2011 earmarked tax on sugary drinks, confectionery, and sugary/salty snacks: early results show product reformulation and reduced consumption

**Denmark**
Modelling shows reducing tax on vegetables and fruit by 25% and increasing tax on foods high in fats and sugars by 33% is most effective scenario for people on low incomes

**Scotland**
Minimum unit price for Alcohol (not a tax but a minimum price per unit of alcohol, to prevent discounting or abuse of cheaper types of alcohol)
Fiscal policies: a tool to reduce inequities

Low-income groups
- Greatest health need
- Most responsive to price increases
- Quickest and most likely to reduce consumption
- Quickest and greatest health benefit from price increase

High-income groups
- Less responsive to price increases
- Slower and less likely to reduce consumption after price rises
- Slower to see health benefit from policy
- Greater financial burden of price increase
NCD action plan 2012–2016

**Planning and oversight**
- National plan
- Health information system with social determinants disaggregation

**HiAP**
- Fiscal policies
- Marketing
- Salt
- Trans fats

**Healthy settings**
- Workplaces and schools
  - Cardio-metabolic risk assessment and management
- Active mobility

**Secondary prevention**
- Early detection of cancer
**Intersectoral action: elements for success**

<table>
<thead>
<tr>
<th>Category</th>
<th>Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-level commitment and champions</td>
<td>• Mayors, prime ministers, celebrities</td>
</tr>
<tr>
<td>Dedicated resources</td>
<td>• Taxation, private sector</td>
</tr>
<tr>
<td></td>
<td>• Coordination function needs resourcing</td>
</tr>
<tr>
<td>Institutional structures</td>
<td>• Health promotion agencies, advisory task forces, local government</td>
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<tr>
<td></td>
<td>• Do not discount informal relationships and power of community</td>
</tr>
<tr>
<td>Joint planning</td>
<td>• Quality of the planning can be more important than the plan</td>
</tr>
<tr>
<td>Legislative tools</td>
<td>• Trans fats, setting up structures for health promotion</td>
</tr>
<tr>
<td>Accountability</td>
<td>• Identity of accountable party/parties needs to be clear (shared or not, health or non-health sector)</td>
</tr>
<tr>
<td>Monitoring and reporting</td>
<td>• Targets focus action</td>
</tr>
<tr>
<td></td>
<td>• Results are important for advocacy</td>
</tr>
</tbody>
</table>
Global best practice in tobacco control: Turkey

First country to fully implement WHO MPOWER strategy

- Taxation
- Smoke-free environments
- Warnings of dangers of tobacco
- Pictorial pack warnings
- Bans on advertising, promotion and sponsorship
- Free 24/7 quitline and subsidized NRT

Success factors

- High-level commitment from Prime Minister and health minister
- Legislation and coordination structure
- Public concern (mobilized)
- Taxation
- Sustained effort (10 years)
- Supported by WHO FCTC framework

NRT: nicotine replacement therapy
FCTC: Framework Convention on Tobacco Control
Food and nutrition plan: Slovenia

Drivers

- EU accession → adoption of Common Agricultural Policy
- Health ministry devising new food and nutrition plan to align with WHO European plan
- Growing concern about health gap in rural regions

- Multisectoral HiAP approach (including community) to investigate health concerns in agriculture and food
- Look at broader determinants of health, including impact on rural unemployment, environmental impacts of farm intensification
- Unintended benefits: farmers advocating healthy agricultural policy in the media
Fiscal policy to address obesity: Hungary

• Tax on prepackaged products with high sugar and salt content
• Revenue raised and earmarked for public health activities
• 25–35% of the population consumed fewer products subject to the tax
• 40% of manufacturers changed the formulation of their products
Contribution of health systems
Tallinn meeting: basis of WHO’s work to strengthen health systems

Supporting Member States in keeping or moving towards universal health coverage (UHC), guided by the mission and vision of Health 2020

• Transforming financing arrangements to overcome sustainability concerns
• 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
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”

How far does the present economic climate make things more difficult for Member States?
Additional layer of complexity from austerity: lessons learned from past and present crises

- 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***
- More demand on health care – for the vulnerable
- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects****

Sources: * Kaplan, G (2012). Social Science and Medicine, 74: 643–64  
Health system responses to economic crisis in Europe

Health Systems and Economic Crisis in Europe
Country experience

Edited by
Sarah Thomson,
Josep Figueras,
Matthew Jowett,
Tamás Evetovits,
Philipa Mladovsky,
Anna Maresso,
Hans Kluge

Health, health systems and economic crisis in Europe

World Health Organization
Regional Office for Europe
Oslo meeting on impact of economic crisis: 10 policy lessons and messages

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 patient charges
5. Protect funding for cost-effective public health services
6. Avoid prolonged and excessive cuts in health budgets

7. High-performing health systems may be more resilient

8. Structural reforms require time to deliver savings

9. Safeguarding access requires reliable information and monitoring system

10. Prepared, resilient health systems are primarily the result of good governance
Health 2020 lays the foundation for a healthier European Region

“So many factors affect health, and health has an impact on so many areas of our lives that progress on public health can only come from whole-of-society and whole-of-government efforts. That is why there is a role for everyone to play in implementing Health 2020, from prime ministers, to civil society, to citizens.”

– Zsuzsanna Jakab, WHO Regional Director for Europe
Thank you!