Contemporary health policy context in Europe: some opportunities and challenges

Dr Zsuzsanna Jakab
WHO Regional Director for Europe

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What is Health 2020?
Health is a political choice

• Concerted government action is needed to improve health status and reduce inequalities.
• Action should be targeted through health determinants: political, economic and social environments; lifestyle; environment; trade; and culture.
• These are part of other "key" ministries with wide and different portfolios – addressing them requires a high level of commitment.
Health 2020 and the 2030 Agenda
Localization of the 2030 Agenda
The list of major challenges

- Reducing existing differences in health status (leaving no one behind)
- Addressing the social determinants of health intersectorally
- Ensuring an adequate level of public funding for universal health coverage
- Strengthening the health system
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Premature mortality

Health 2020 target: A 1.5% relative annual reduction in overall (four causes combined) premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases until 2020.

The European Region is well on track to achieve health objectives set in Health 2020 of reducing premature mortality. The most important opportunities are in addressing social determinants and risk factors and in strengthening health systems.
Regional trends

Indicator: age-standardized mortality per 100,000 population aged 30–69 years for combined causes of death from cardiovascular disease, cancer, diabetes and chronic respiratory diseases.
The latest data from four major noncommunicable diseases causing premature mortality

Deaths per 100,000 population aged 30–69 years
Target 1. Reduce premature mortality rate in Europe

Age-standardized prevalence of current tobacco smoking among people aged ≥ 15 years, WHO estimates

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Value</th>
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<tbody>
<tr>
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Age-standardized prevalence of overweight (defined as body mass index (BMI) ≥ 25 kg/m²) in people aged ≥ 18 years

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<thead>
<tr>
<th>Country</th>
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<tr>
<td>Israel</td>
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Per capita alcohol consumption among people aged ≥ 15 years within a calendar year

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<th>Value</th>
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<tr>
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Age-standardized overall premature mortality rate in people aged 30–69 years for four major noncommunicable diseases

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td>Israel</td>
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<td>189.95</td>
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<tr>
<td></td>
<td>2013</td>
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Target 2. Increase life expectancy in Europe
Target 3. Reduce inequities in Europe
Target 4. Enhance the well-being of the European population
Target 5. Universal health coverage and the right to health
Public health responses of Israel

- Israel has many good public health and intersectoral initiatives for health.
- These have been achieved through political commitment and continuing collaboration with the public health community: a coherent approach to health as a contributor to overall development and well-being.
Reducing existing differences in health status (leaving no one behind)

Addressing the social determinants of health intersectorally

Ensuring an adequate level of public funding for universal health coverage

Strengthening the health system
Important role of social determinants of health

Health 2020 objective: to reduce the gaps in health status and social determinants-related differences in European populations

The 2020 health indicators related to social determinants of health are infant mortality, life expectancy, primary school enrolment and rate of unemployment. The distance between the highest and lowest regional values declined in recent years, but the absolute differences between countries are still significant.
The gap has been reduced

Infant mortality

Life expectancy

Primary school enrolment (non-enrolment rate)
Managing the social determinants of health can significantly improve the state of health

**In the Netherlands** the population morbidity and mortality of 25–50% could be reduced if levels of mortality and morbidity among poorly educated men were similar to those of graduates.

**In Estonia** a man with a university degree aged over 25 years can live 13 years longer than less educated contemporaries.

**In Slovakia** the newborn and adult mortality rate in disadvantaged regions is almost twice as higher as in developed regions.

**In Italy** there is a difference in life expectancy of 10 years for men between different social groups.

**In Israel** there is strong potential for leading on policy and governance for health and well-being towards managing the social determinants of health; this can significantly improve the state of health in the country.
Building on advantages in Israel

• Strong political commitment
  – Equity is enshrined in legislation
  – Health inequalities are high on the policy agenda

• Strong technical potential for:
  • leading on policy and governance for health and well-being
  • action on social determinants

• Policies and interventions have broad scope (e.g. reductions in cost-sharing, incentives for professionals, development of service delivery)
Israel is not alone

The European Region is on track to implement the Health 2020 targets, but there are still many untapped opportunities to improve health status and reduce health inequalities.
Further actions: in continuum:

- Reducing existing differences in health status (leaving no one behind)
- Addressing the social determinants of health intersectorally
- Ensuring an adequate level of public funding for universal health coverage
- Strengthening the health system
Universal health coverage (UHC)

All people should get access to needed health services of sufficient quality to be effective (including prevention, promotion, treatment, medicine, rehabilitation and palliative care) without the risk of being exposed to financial hardship.
Population coverage by insurance does not mean households are protected financially

Households with catastrophic out-of-pocket payments in selected European countries where population coverage is 100%

Sources: Population coverage for selected countries in 2013 using Organisation for Economic Co-operation and Development (OECD) data; data on catastrophic out-of-pocket payments for 2013 or closest year available using estimates prepared by the WHO Barcelona Office for Health Systems Strengthening
Our goal is a European Region free of an impoverishing level of out-of-pocket payments
Breaking the vicious cycle through better health financing policies

Poverty → Poor health → High level of out-of-pocket payments
Out-of-pocket payments (OOPs) as a percentage of total spending on health are still very high in Israel (high- and middle-income countries in the European Region).

* The Netherlands underestimates OOPs because it does not include the compulsory deductible paid by all adults who use health services (a minimum of €375 per person per year) as OOP spending in national health accounts.

Source: WHO data for 2014
Public spending on health lags behind relevant European comparator countries and averages

Source: WHO European Health for All database, 2013
Giving priority to health in public spending is a political choice.

The share of health spending within government budgets in the European Region (high-, upper-middle- and lower-middle-income countries)

Source: WHO data for 2013
Further actions: in continuum

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WHO support to strengthening of health systems: from Alma-Ata to Health 2020

**2000**
Introduced core health system functions: governance; services delivery; financing; resource generation

**2008**
Tallinn Charter: health systems for health and wealth

**2013**
Strengthening people-centred health systems; operational approach to health system strengthening

**2020**

**1978–1996**
Alma-Ata Declaration; Ljubljana Conference on Reforming Health Care

**2007**
Building blocks: service delivery; health workforce; information; medical products; financing; leadership

**2009**
People at the centre of systems

**2009**
Priority area: strengthening people-centred health systems and public health capacity
Israel: obesity as a challenge
Israel: obesity as an entry point...

• ... for moving ahead in the WHO European Region in intersectoral actions tackling major diseases:

  – December 2011: National Programme to Promote Active, Healthy Lifestyle, an interministerial, intersectoral effort to address obesity and its contribution to the country’s burden of chronic disease

  – Based on evidence, initiated by professional community and supported by wide range of sectors: education, health, economy, local governments...
Huge potential of Israel for support of WHO work with Member States

- Leading on policy and governance for health and well-being
- Promoting healthy diet and regulating food safety (food labelling for health food)
- iDigital health – regulation of data, innovative approaches, personally tailored medicine (genetics)
- Health 2020 – social determinants of health qualitative indicators
- Universal health coverage and people-centred care
- Antimicrobial resistance in hospital care – benchmarking

Emergency operations
Additional elements of collaboration – building further on Israel achievements

- WHO norms, standards, guidelines and standard operating procedures
- Health financing
- Social determinants of health and intersectoral action
- Strengthening the use of strong information systems to tackle health inequalities
Implementation of the Health 2020 targets is on track, but there are many untapped opportunities to increase profits and reduce health inequalities. Health 2020 is a stepping stone towards the 2030 Agenda.

Without addressing social determinants it is not feasible to reduce health inequalities and to improve health and well-being.

Israel could reduce the financial burden on patients through increased public spending on health for universal health coverage.

Strengthening health systems ensures timely and adequate care. Further emphasis should be put on prevention, primary care and care coordination.
Thank you!