Strengthening health systems in Europe in the context of the financial crisis

Zsuzsanna Jakab
WHO Regional Director for Europe

High-level Conference on Greek Reforms in the Health Sector: Improving Citizens’ Health
12–13 December 2013, Athens, Greece
Health systems and the right policies go hand in hand
Improved life expectancy but European Region scarred by inequalities


CIS: Commonwealth of Independent States
EU12: countries belonging to the European Union (EU) after May 2004
EU15: countries belonging to the EU before May 2004

Life expectancy at birth trends by European regions, 1980-2010
Trends in premature mortality by broad group of causes in the European Region, 1980–2008

- **Heart disease**
- **Cancer**
- **Injuries and violence**
- **Infectious diseases**
- **Mental disorders**

Maternal, newborn, sexual and reproductive health

Maternal mortality ratio decreased by 54% since 1990

but more than 40 times difference in related risks

Estimated average maternal mortality ratio in the WHO European Region

Maternal mortality ratio decreased by 54% since 1990 but more than 40 times difference in related risks
Millennium Development Goal 4: reduce child mortality

- Regional average mortality rates for children under 5 years decreased from 34 per 1000 live births in 1990 to 13 per 1000 in 2011 (by almost two thirds: close to the 2015 target of 11 deaths per 1000 live births)

- Regional average infant mortality rates decreased from 28 per 100 live births in 1990 to 11 per 1000 in 2011

- Nevertheless, there are major discrepancies within and between countries

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: 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
## Health-related indicators, Greece

<table>
<thead>
<tr>
<th>Indicator</th>
<th>EU 15</th>
<th>Mid-year population</th>
<th>% of population aged 0-14 years</th>
<th>% of population aged 65+ years</th>
<th>Total fertility rate</th>
<th>Unemployment rate in %</th>
<th>Total government expenditure as % of GDP</th>
<th>Real gross domestic product, PPP$ per capita</th>
<th>Life expectancy at birth, in years</th>
<th>Reduction of life expectancy through death before 65 years</th>
<th>Probability of dying before age 5 years per 1000 live births</th>
<th>Infant deaths per 1000 live births</th>
<th>Maternal deaths per 100000 live births</th>
<th>SDR all causes, all ages, per 100000</th>
<th>SDR all causes, 0-64, per 100000</th>
<th>SDR all causes, 65+, per 100000</th>
<th>Total health expenditure as % of GDP, WHO estimates</th>
<th>Total health expenditure, PPP$ per capita, WHO estimates</th>
<th>Public expenditure on health, PPP$ per capita, WHO estimates</th>
<th>Public sector expenditure on health as % of GDP, WHO estimates</th>
<th>Public sector expenditure on health as % of TGE, WHO estimates</th>
<th>Private households’ out-of-pocket payment on health as % of THE</th>
<th>Private households’ out-of-pocket payment on health as % PHE</th>
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<tbody>
<tr>
<td>23,920</td>
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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 (PHC)
1. A platform for understanding new frontiers to improving population health
2. An exchange of inspiring examples of health-system strengthening
3. Agreement on the future direction of the interwoven commitments to the Tallinn Charter and the Health 2020 policy framework
Tallinn meeting: basis of our 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
International conference marking 35th anniversary of Declaration of Alma-Ata: 6–7 November 2013, Almaty, Kazakhstan
Primary health care: revitalized identity

First contact

Planning and implementation
Networks and clusters
Intersectorial interventions

Coordination

People

Comprehensiveness

Chronic disease management
Health and wellness management
Care across the life cycle

Longitudinality

Acute-demand-led services
Accident and emergency services
Community hospitals
Community pharmacies
Call-in centres

Health promotion and disease prevention
Extended diagnostic services
Community-based health care
Home care
Palliative care
Mental health

World Health Organization
Regional Office for Europe
Greek health system towards more people-centred services delivery with PHC at the centre

SERVICES
- Health protection
- Health promotion
- Disease prevention
- Diagnosis
- Treatment
- Rehabilitation
- Palliative care

SETTINGS
- Public health (National Health Service – NHS)
- Primary health care (NHS)
- Secondary care (EOPYY)
- Long-term care
- Community, home and social care
- Pharmacies

PROCESSES
- Delivery system (re)design (case managers, multidisciplinary teams, co-location of services)
- Alignment of incentives (P4P)
- Common information systems (e records, e-prescription)
- Decision support (integrated care pathways)
Human resources for health: requirements in the Greek context

EU-27: the countries belonging to the EU as of 1 January 2007.
Average annual growth in pharmaceutical expenditure per capita in real terms, 2010/2011
Transforming service delivery, addressing NCDs, investing in prevention
WHO Regional Office for Europe’s essential public health operations (EPHOs) in relation to the policy cycle
Case for investing in public health: estimated expenditure on prevention and public health as % of total health expenditure

- **EU**: 2.80
- **NIS**: 3.30
- **SEE**: 3.80

Range 0.6 - 8.2

**NIS**: newly independent states
**SEE**: south-eastern Europe
WHO cost-effective public health interventions

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

- Macro-level context
- Wider society
- Life-course stages
- Systems

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

<table>
<thead>
<tr>
<th>Prenatal</th>
<th>Early years</th>
<th>Working age</th>
<th>Older ages</th>
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Family-building

Perpetuation of inequities
Crisis has been challenging

Severe, sustained pressure on public spending on health

<table>
<thead>
<tr>
<th>Country</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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Countries with negative growth in public spending on health

## Percentage of individuals reporting health care to be unaffordable, EU27, 2007

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Medical or surgical specialists</th>
<th>Family doctors or general practitioners (GPs)</th>
<th>Dentists</th>
<th>Out-of-pocket share of total health expenditure (2009)</th>
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</thead>
<tbody>
<tr>
<td>Greece</td>
<td><img src="https://example.com/greece" alt="Greece" /> 45</td>
<td>Greece 43</td>
<td>Portugal 82</td>
<td>Cyprus 48.6</td>
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<td>Portugal</td>
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<td>Cyprus 71</td>
<td>Greece 75</td>
<td>Greece 35.3</td>
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<tr>
<td>Ireland</td>
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<td>Portugal 66</td>
<td>Spain 70</td>
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<td>Spain 22</td>
<td>Ireland 46</td>
<td>Ireland 14.9</td>
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</table>
Health systems’ responses to economic crisis in Europe
Some positive responses in challenging circumstances

- Needed reforms introduced by countries
- Immediate efficiency gains – lower drug prices
- Other efficiency gains – identifying and prioritizing cost-effective services
- Efforts to protect people from financial hardship
But negative implications for health systems’ performance, too

- Countries that reduced population coverage often targeted vulnerable people (poorer people, migrants)
- Over 25 countries increased user charges for essential services
- Some cuts had unintended consequences
Health systems in times of global economic crisis: an update, 17–18 April, Oslo, Norway

Objectives:
• to review the impact of the economic crisis on health and health systems in the Region;
• to draw policy lessons around three themes: maintaining and reinforcing equity, solidarity and UHC; coping mechanisms, with a focus on improving efficiency; improving health system preparedness and resilience; and
• to identify policy recommendations for consideration by countries and possible future political commitments.
Oslo meeting: 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. Health policy responses influence health effects of financial and economic crises
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. Need for an information and monitoring system
10. Good governance for prepared, resilient systems
LETTER OF INTENT

The Ministry of Health has developed a Road Map for the reform process under the initiative “Health in Action” (hereafter “Health in Action”) in co-operation with the EU Task Force for Greece and Germany as the Domain Leader in the health sector as described in the Memorandum of Understanding by and between the Ministry of Health of the Hellenic Republic and the Federal Ministry of Health of the Federal Republic of Germany and in co-operation with the Task Force for Greece-European Commission of 20 April 2012 (Annex 1 to this Letter).

Under Health in Action the Ministry of Health has set up a governance structure including a Health Reform Steering Committee and nine subcommittees in which the MoU parties participate.

The Greek Authorities have decided to request technical assistance for the implementation of Road Map of reforms in the health sector directly through National Authorities, European Institutions, International Organisations, accredited agencies or via the private sector by using financial resources from the 2007-2013 Greek National Strategic Reference Framework, financial envelope, as appropriately reserved for this purpose by the Greek authorities.

In this framework the Greek Authorities would like to involve the World Health Organisation (hereafter “the WHO”) in addition to its usual normative and technical cooperation role, uniquely (taking into consideration the Greek financial conditions) to deliver support for the monitoring and implementation of reforms in the context of the Health Reform Steering Committee and Road Map, including technical support in the fields of Public Health and Primary Health Care and the management of financial resources to ensure high quality in project management and effective implementation deriving from the credibility and extensive experience and expertise of WHO in the health sector.

The undersigned are hereby stating their willingness and intention to further examining the possibility of co-operation in the provision of support to the Hellenic Republic for the implementation of reforms in the health sector in Greece as described hereby.

Athens, 10 April 2013

Minister of Health
Hellenic Republic

Secretary General for Coordination
Office at the Prime Minister’s
Hellenic Republic

Minister of Health
Federal Ministry of Health
Federal Republic of Germany

Andreas T. Laskoures

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Head of Task Force for Greece
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Regional Director World
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Zuazua Itaki
Contribution agreement between WHO Regional Office for Europe and Greece
WHO’s public health vision for 2020

• Health – a priority, a core value and a public benefit
• Health – indispensable to development and an indicator of government performance
• Action and advocacy for health
• A strong public health workforce and intersectoral mechanism
• Determinants of health – including social determinants – are our DNA
σας ευχαριστώ

THANK YOU

(http://www.euro.who.int/en/what-we-do/health-topics/Health-systems)