Health policy and health system challenges in Europe and in Turkmenistan

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What is Health 2020?

Health is a political choice

- A public health policy framework to improve health and reduce inequities;
- Focus on upstream actions and address root causes of ill health; address all determinants systematically and early, before disease occurs;
- Reach higher and more broadly.
Countries, including Turkmenistan, are taking up the Health 2020 challenge
Outline: Key challenges

- Closing the gap in health status
- Addressing social determinants of health
- Securing public funding for health and improving financial risk protection
- Strengthening the health system
Main aims:
• To report on progress towards the Health 2020 targets (since the 2010 baseline)
• To highlight new frontiers in health information and evidence, including subjective measures of well-being
Premature mortality

Regional Health 2020 target: a 1.5% relative annual reduction in premature mortality from cardiovascular disease, cancer, diabetes and chronic respiratory diseases by 2020

Although the European Region is on track to achieve the Health 2020 target to reduce premature mortality, much more can be done to reduce major risk factors.
Regional trends

Indicator: age-standardized death rate per 100,000 among people aged 30–69 years for cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory diseases combined.
Health inequity

**Regional Health 2020 target**: Reduce the gaps in health status of the European population that are associated with social determinants.

The differences between the highest and lowest values reported in the Region for the Health 2020 indicators linked to social determinants of health—infant mortality, life expectancy, primary school enrolment and unemployment—have diminished over time, but the absolute differences between countries remain large.
The gaps have diminished.
Absolute differences are still large.

<table>
<thead>
<tr>
<th>Health 2020 indicator (source)</th>
<th>Year</th>
<th>Absolute difference between highest and lowest values reported in the Region (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality (WHO HFA)</td>
<td>2010</td>
<td>20 infant deaths per 1000 live births (22.3–2.3)</td>
</tr>
<tr>
<td>Life expectancy at birth (WHO HFA)</td>
<td>2011</td>
<td>11.5 years (82.5–71.0)</td>
</tr>
<tr>
<td>Primary school-aged children not enrolled (UNESCO)</td>
<td>2012</td>
<td>10.5% (10.7%-0.2%)</td>
</tr>
<tr>
<td>Unemployment rate (WHO HFA)</td>
<td>2012</td>
<td>30.5% (31%–0.5%)</td>
</tr>
</tbody>
</table>
Health status in Turkmenistan
Life expectancy at birth (years), males

Life expectancy at birth (years), females

Source: WHO Europe: European Health for All database
Maternal and infant mortality

Maternal deaths per 100,000 live births

Infant deaths per 1000 live births

Source: WHO Europe: European Health for All database
Alcohol consumption: total and spirits

Source: WHO Europe: European Health for All database
AIDS incidence and tuberculosis mortality

Source: WHO Europe: European Health for All database
Human resources for health: availability of physicians and nurses

Source: WHO Europe: European database on human and technical resources for health
Health expenditure

Total health expenditure as % of GDP, WHO estimates

Public-sector expenditure on health from government expenditure, WHO estimates

Source: WHO Europe: European Health for All database
Public sector and out-of-pocket expenditure

Source: WHO Europe: European Health for All database
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Intergenerational transmission

Transnational context

Wider society

Systems

Life-course stages

Accumulation of positive and negative effects on health and well-being

Prenatal  Early years  Working age  Older ages

Family building

Themes
Inequality in cognitive development due to multiple factors, United Kingdom

Cognitive test score at age 7

- Low birth weight
- Not having been breastfed
- Maternal depression
- Having only one parent
- Median family income < 60%
- Parental unemployment
- Maternal qualifications
- Damp housing
- Social housing
- Area deprivation (index of multiple deprivation)

(International Centre for Lifecourse Studies, 2012)
Child poverty rates before and after transfers, ranked by after-transfer rate, EU–SILC 2009
Employment and working conditions have powerful effects on health and health equity. When they are good they can provide:

- financial security
- paid holidays
- social protection benefits, such as sick pay, maternity leave, pensions
- social status
- personal development
- social relations
- self-esteem
- protection from physical and psychosocial hazards

… all of which have protective and positive effects on health

What does becoming “tobacco-free” mean?
Fiscal policy to control the harmful use of alcohol

Alcohol-related harm

€125 billion annually in the European Union, equivalent to 1.3% of GDP

Mapping allies and interests
Ministry of justice, police
Employers and development sectors
Health
Transport
Local communities

## Inter-sectoral 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&lt;br&gt;• Coordination function requires resourcing&lt;br&gt;• Health promotion agencies, advisory task forces, local government</td>
</tr>
<tr>
<td>Institutional structures</td>
<td>• Do not discredit informal relations and power of the community</td>
</tr>
<tr>
<td>Joint planning</td>
<td>• The quality of planning can be more important than the plan.</td>
</tr>
<tr>
<td>Legislative tools</td>
<td>• Trans-fat, setting up structures for health promotion</td>
</tr>
<tr>
<td>Accountability</td>
<td>• Doesn’t matter who but must be clear (shared or not, health or non-health)</td>
</tr>
<tr>
<td>Monitoring and reporting</td>
<td>• Targets focus action&lt;br&gt;• Results are important for advocacy</td>
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</tbody>
</table>
What is to be done in Turkmenistan?

• Act on the recommendations of the study on inequalities in health, and build them into the policies of sectors.
• Continue progress on tobacco, alcohol, nutrition and physical activity.
• Tackle the vicious circle between inequity in health and in development.
• Continue to include these issues in national health policy development.
Outline: Key challenges

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Universal health coverage

Equal access to high-quality health services and financial protection:

- coverage with health services (prevention, promotion, treatment and rehabilitation);
- coverage with financial risk protection

Potential indicators of coverage and protection:

- increased coverage of essential services
- increased equity and financial protection
- strengthened health systems
Where governments spend more, patients pay less.

Source: WHO estimates for 2012, selected countries with population > 600,000
Out-of-pocket spending in Turkmenistan is in the **red zone**

Out-of-pocket spending as a share (%) of total expenditure on health ranked from low to high by country group (high, upper-middle, lower-middle and low)

Source: WHO Global Health Expenditure Database for 2011
Annual change in public spending on different health services, 2007–2011

Source: Thomson et al 2014 using OECD-WHO-Eurostat data for EU and Iceland, Norway, Switzerland
So, in Turkmenistan ...

With a good economic situation:

• Consider increasing public funding for health as a further investment in development.

• Increase the Government share of health-related expenditure, and reduce out-of-pocket spending.
Outline: Key challenges

- Closing the gap in health status
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- Strengthening the health system
Health system strengthening and the Tallinn Charter

- Support Member States in keeping or moving towards universal health coverage (guided by the mission and vision of Health 2020).
- Transform financing arrangements to provide sustainability and universality.
- Position primary health care as the basis for other levels of care.
- Ensure coordination of all health care services.
- Reinvigorate and modernize public health services.
- Revitalize a flexible, multi-skilled workforce with aligned tasks by training and continuous development.
- Strategize use of modern technology and medicines for maximum benefits.
Health system response to noncommunicable diseases
A multi-disciplinary WHO work programme

• Background paper and country assessment guide
• 10 country assessments completed: Armenia, Belarus, Croatia, Estonia, Hungary, Republic of Moldova, the Former Yugoslav Republic of Macedonia, Kyrgyzstan, Tajikistan, Turkey
• Good practice cases
• From analysis to action through policy dialogue, media coverage and technical assistance
Health system barriers in Europe

• Core interventions and services for NCDs are poorly covered
• Key health system barriers include:
  – inadequate population empowerment
  – no model of care and coordination
  – few incentives
  – inadequate human resources
Continued challenges in primary health care, despite progress in Europe

- Inadequate outreach to mobilize people
- Primary health care is reactive rather than proactive
- Fragmentation due to continued reliance on specialists
- Lack of nurses, dieticians, social workers in primary health care
- Inadequate home care, nursing care, social care
- Information technology not used to help these functions
Incentives misaligned, with little attention to coordination of care

Low resolution of cases in primary health care and upward referral to specialists and hospitals

Poor coordination of care across levels of clinical settings and over time

Patients may then be subject to repetitive tests, inconsistent advice and confusion about who to consult.
Health system strengthening: From the Tallinn Charter to Health 2020

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

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

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

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

- **2009**: People at the centre of systems

- **2013**: Strengthening people-centred health systems: operational approach to HSS

- **2020**: Priority area: strengthening people-centred health systems and public health capacity
So, in Turkmenistan ...

• In the new health policy, take up the challenges of the health system.
• Adapt health care to the needs of the population, with NCDs as the dominant disease burden (with multi- and co-morbid conditions)
• Strengthen primary health care, and make it more proactive; avoid fragmentation; rely on multi-professional teams.
• Ensure more coordinated, integrated care, also by using modern information technology.
• Strengthen home and social care, and ensure continuity with health care.
• Make health care financing a priority.
National health policy development in Turkmenistan
Development of the Turkmenistan national health policy

- Excellent work so far
- Clear statement of vision and values
- Commitment to Health 2020, including universal health coverage
- Covers all determinants of health
- Good multi-sectoral consultation
- Commitment to whole-of-government and whole-of-society approaches
- Participation of a range of ministerial and governmental interests, health system providers and civil society
- Parliamentary discussion as part of the process
- The challenge is implementation.
Thank you