Dear Minister, dear Ilona, dear Charan,

Ladies and Gentlemen,

It gives me the greatest pleasure to be with you here at the First European Conference on Patient Empowerment.
Since I took office as WHO Regional Director for Europe, I have been particularly committed to one topic: empowering patients.

With chronic diseases becoming the major cause of death and disability worldwide, societies are fundamental shifting their health systems and health care and thus the roles of patients. Empowering citizens and patients and patient-centred care are considered important elements for improving health outcomes and the performance of health systems, and societies now expect a new form of governance for health that is far more participatory for citizens and for patients. Alongside national governments are various actors that need to be involved in shaping and implementing health policy such as nongovernmental organizations, the private sector, institutions, communities and individuals.

Patient empowerment has also been one of the priority actions in public in health in Denmark during the past decade. It is therefore appropriate that this topic is high on the agenda of the Danish EU presidency and that the WHO Regional Office for Europe delightedly agreed to be a partner in this Conference.
This is an era of rapid change in the nature of our societies, in political, economic and social contexts, in the expectations of our citizens and in the main the burden of disease.

There are demographic changes as our societies age, increasingly privatized economies, environmental pollution and climate change. There are also widening inequities in the distribution of income and wealth and in access to health and social care, increasing migration and urbanization, recently growing unemployment, shortages in health care workers and changes in the expectations of citizens. Health is also seen increasingly as a human right, as a public good and as an asset for development.

Health across the European Region is currently improving in overall terms, but not as rapidly as it could or should given what is known and the technologies available. The European Region still has extreme pockets of ill health and poverty and major inequalities that need to be urgently addressed. This requires focusing on all the main
determinants of health, especially the social determinants. These changes require new policy thinking and a new approach to health governance.

We need to keep health equity at the forefront of health policy-making.

This is a global challenge, and especially so in the European Region, which is very divided in terms of health outcome.

The slide shows that life expectancy in 1970 was quite similar between country groups, but now the difference between the averages for the highest and lowest country groups is about 20 years. Health can be promoted and should be more equitably distributed in Europe.
The burden of noncommunicable diseases is the predominant public health challenge in each country in the WHO European Region.

Among the six regions of WHO, the European Region and the Region of the Americas share the dubious honour of having the highest proportions of deaths from noncommunicable diseases and injuries. Further, of the six regions, the European Region:

- has the highest percentage of people smoking overall;
- consumes the most alcohol per person;
- has the highest proportion of dietary energy from fat; and
- has the highest rate of elevated total cholesterol.

The burden of noncommunicable diseases represents a major challenge for Europe, but our Region has shown that these diseases CAN be brought under control, and even rapidly.
However, emerging and re-emerging communicable diseases remain a priority area of concern in many countries in the Region. These diseases include HIV infection, multidrug-resistant TB and the growing threat from antimicrobial resistance.
Health literacy is a core element of patient empowerment. We define health literacy as “the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of various health contexts to promote and maintain good health across the life course”. Health literacy as empowerment for patients means understanding their rights as patients and their ability to navigate through the health care system, being informed on products, services and options in health care and acting as informed partners in the communication with health care professionals.

According to the results of the European Health Literacy Survey recently conducted by the a consortium led by Helmut Brand at Maastricht University, almost half the Europeans surveyed showed inadequate or problematic levels of health literacy.

The Survey provides data on health literacy in Austria, Bulgaria, Germany, Greece, Ireland, the Netherlands, Poland and Spain. It measured people’s ability to access, understand, analyse and apply health information to take informed decisions, enabling
them to maintain their health, prevent disease and seek treatment in case of illness.

On average, 47% of the people surveyed in these eight countries have limited health literacy. However, the differences between countries are substantial – ranging from 2% with inadequate health literacy in the Netherlands to 26% in Bulgaria. According to the study, most people with limited education, no employment or low income have inadequate health literacy.

The survey illustrates that the lower the health literacy in a particular country, the poorer the health of its citizens.
Health 2020 is a value-based action-oriented policy framework that can be adapted to the different realities in the countries in the WHO European Region.

We are feeding these thoughts into the development of a new health policy for Europe, Health 2020, which is a value-based action-oriented policy framework that can be adapted to the different realities in the countries in the WHO European Region.
Health 2020 envisages a European Region in which all people are enabled and supported in achieving their full health potential and well-being and in which countries, individually and jointly, work towards reducing inequities in health within the Region and beyond. It has the goals:

- of improving the health and well-being of populations;
- of reducing health inequities; and
- of ensuring sustainable people-centred health systems.
New European policy for Health – Health 2020: increasing citizen and patient participation

Provide structures and resources that empower the people of the European Region:

• to make use of their own assets
• to be active participants in shaping health policy
• to respond to the health challenges by improving health literacy
• to ensure their voice in patient-centred health systems
• to participate fully in community and family life.

Health 2020 and the WHO action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases emphasize the importance of participation and responsiveness on behalf of citizens and patients.

These are part of the fundamental values that underpin modern health systems, and they are vital to achieving health promotion objectives and health system objectives such as patient safety, quality, transparency and accountability.

Increasing citizen and patient participation is a core principle of Health 2020.

Increasing citizen and patient participation means providing structures and resources that empower the people of the European Region:

• to make use of their own assets;
• to be active participants in shaping health policy through civil society organizations;
• to respond to the health challenges facing them as individuals by improving health literacy;
• to ensure their voice in patient-centred health systems; and
• to participate fully in community and family life in ways they would choose and to which they are entitled.
Empowerment strategies and areas of action

1. Healthy public policy, political participation and protection of rights
2. Health literacy and disease self-management
3. High-quality care and accountability of services
4. Empowering communities

Which empowerment strategies are we working with in the WHO Regional Office for Europe?

Patient empowerment requires implementing health policies that aim to ensure decision-making power for citizens and patients and the promotion and protection of human rights, including implementing legislation that forbids discrimination based on chronic disease or disability.

It embraces providing knowledge and activities to promote health and prevent disease, fostering community involvement.

Patient empowerment also means equal access to safe, person-centred and rights-based health services that promote respectful communication between the health professional and the recipient and shared decision-making and that support families in their role as informal caregivers.
It means building communities that provide citizens and patients with structures and resources to fulfil their potential and to live free from discrimination.

People with chronic diseases who are informed are better equipped to take advantage of their opportunities, to access services, to be equal partners in communication and decision-making with health care providers and to exercise their rights.

It is essential that the population be provided with accessible and appropriate information and education about healthy living and the risk factors for common diseases as well as services and treatment opportunities.

This can be achieved by implementing comprehensive health promotion and disease prevention programmes, including programmes for self-managing diseases.

These must promote health literacy among individual people and strengthen community action to empower citizens and health service users, including specific
information and services for particularly vulnerable and socially disadvantaged groups.

Empowering patients and their families at the level of service provision means making sure that people with chronic diseases and people with disabilities have access to specialized health services and to general health services like other citizens.

Rights-based and person-centred treatment in which the relationships between patients and health care professionals are based on mutual respect and trust.

Patient safety and patients’ rights need to be strengthened.

Patients need to be involved as partners in planning and evaluating services.

And the accountability of service providers requires that they be answerable for their policies and actions.
At the level of communities, it is important to raise awareness among individuals, families and communities that there are opportunities for change and support and that everybody can help to remove the barriers to a better and healthier life, greater freedom for people with chronic diseases and people with disabilities and their meaningful contribution to the community.

Implementing health promotion activities in schools and promoting the implementation of housing and employment opportunities for people with chronic diseases and with disabilities.

Strengthening disease prevention and disease self-management at workplaces

Implementing anti-stigma programmes among the general public, among health professionals and among non-health professionals who affect health and its determinants, such as teachers, police, urban planners, social workers, journalists and
employees in schools and universities to change negative attitudes toward people with chronic illness and people with disabilities.

Families and other informal caregivers carry out a large share of care. Supporting their role, training them and protecting their well-being have positive outcomes for the mental health of caregivers and the people for whom they care.
Empowering patients with noncommunicable diseases

Empowering patients, citizens and communities are major themes in preventing noncommunicable diseases. Given the influence of common risk factors and the chronic nature of noncommunicable diseases, the Regional Office led and supported initiatives to empower citizens and patients by supplying information and tools to prevent and manage these diseases. The Division of Noncommunicable Diseases and Health Promotion has been in charge planning and carrying out this Conference on behalf of the entire Regional Office.

The Mental Health Programme conducted a four-year partnership project on Empowerment in Mental Health jointly with the European Commission. The aim was to support Member States to improve their strategies and actions to empower mental health service users and their families. A joint statement and recommendations for action by WHO and the European Commission have been published, and indicators for service users and family empowerment applicable at the national level have been
developed. Further, 100 good practice examples from across the European Region have been collated and conferences on Mental Health at the Workplace and on Service User Leadership in Mental Health have been conducted jointly with the European Commission. Patient empowerment is also at the heart of the new Mental Health Strategy for Europe which will be presented to the WHO Regional Committee for Europe in 2013.

The Patient Safety Programme at the Regional Office has started a project that aims to provide guidance and tools for supporting patient empowerment, focused on patient rights and safety on the themes of blood transfusion, hospital infections and communication during patient handovers. Safety is here seen as a shared responsibility, with the patient as a co-producer of health.
Dear Minister, dear colleagues,

I wish you all a successful Conference and a very pleasant stay here in Copenhagen!