Report of the meeting

Introduction

1. The third meeting of the European Health Policy Forum of High-Level Government Officials was held at the Palais d’Egmont, Brussels, Belgium on 19 and 20 April 2012.

Opening remarks

2. The opening session was chaired by Dr Dirk Cuypers, President, Board of Directors, Federal Public Service for Health, Food Chain Safety and Environment, Belgium. In here opening remarks Ms Laurette Onkelinx, Minister of Social Affairs and Public Health, Belgium, welcomed the participants to Brussels and stressed the importance of health as important elements for economic and social development, but also as a key human right. The Regional Director thanked the Belgian authorities for the hospitality and said that although the Forum had been vital for strategic-level discussions over the past two years, consideration should be given to whether its work should continue.

Health 2020: Feedback from the formal consultation process with Member States (sessions 1 and 2)

3. The moderator, Ms Taru Koivitso, Director, Ministry of Social Affairs and Health, Finland, invited participants to consider, with regard to the document Health 2020 – A European policy framework for supporting action across government and society for health and well-being¹, whether:
   - the overall structure, length and content were appropriate;
   - the revised strategic objectives and priorities for policy action were appropriate;
   - the tone, style and language were appropriate for the intended readership of policy makers;
   - sufficient attention had been paid to issues of leadership and governance for health;
   - the key messages had been presented clearly;
   - the different sections of the document were sufficiently well-balanced;
   - the formulation of the draft resolution was appropriate; and
   - whether any further amendments could be made.

¹ EHPF3/8
4. In the ensuing discussion, many delegations expressed their support for the short Health 2020 document, which was concise, comprehensive and user-friendly, although it could be shortened further. One participant said that healthy ageing should be given more attention in Health 2020, rather than being the subject of a separate policy document. The question was raised of whether the WHO Regional Committee for Europe should adopt both the short and long Health 2020 documents; in response, several delegations said that the short version only should be adopted, while the long version should serve as a background document. It was also pointed out that, after its adoption, all future Regional Committee decisions and other policy initiatives undertaken in the WHO European Region would have to be read in line with Health 2020. One participant welcomed the efforts that had been made to bring the document into line with the WHO reform process. A member of the Standing Committee of the Regional Committee (SCRC) said that a clear set of targets and indicators should be included in the document.

5. Responding to the comments made, the Regional Director said she agreed that the Regional Committee should adopt the short Health 2020 document and should endorse the long document. She also agreed that targets should be integrated into the main body of the document, rather than appended as an annex. She pointed out that while Health 2020 would provide a focus for strategies developed in the WHO European Region, more detailed policy documents would still be required on individual issues, such as healthy ageing. The WHO reform categories had been incorporated into three of the four Health 2020 priorities. Environment and health, the fourth priority, was an issue specifically relevant to the European Region.

6. At the invitation of the moderator, participants then engaged in more detailed consideration of the content of the short document, in which questions were raised about the appropriateness of the references to well-being. While some Members wished to remove some of those references, others felt that care must be taken to ensure that the well-being “agenda” was adequately reflected in Health 2020. One representative said that specific references to the Roma should be removed from the document, since it should not focus on cultural determinants. With regard to the strategic objectives, some delegations called for the inclusion of a reference not only to how health policies affected other sectors, but also how other sectors’ policies affected health. Others, however, cautioned against the use of empty rhetoric. The connection between the rise of noncommunicable diseases (NCDs) and how health care was provided should be mentioned specifically, and that a more specific reference should be made to the Ottawa Charter for Health Promotion. Reference should also be made to the results of the study on the economics of public health, health promotion and disease prevention.

7. In reply, the Regional Director said that further discussion of the concept of “well-being” would be needed. A reference to Health 2020 being a policy guide until 2020 would be inserted at the end of the document. The Roma were the largest ethnic minority in the European Region, and while the specific reference to that group should not be removed from the text, a reference to other minority groups could be added. A reference to the study on the economics of public health, health promotion and disease prevention could also be added.

8. The moderator invited the participants to turn to the long Health 2020 document, *Health 2020 – Policy framework and strategy*, which was introduced by Dr Agis Tsouros, Head, Policy and Cross-cutting Programmes and Regional Director’s Special Projects, along with a tentative draft resolution for adoption by the WHO Regional Committee for Europe at its forthcoming sixty-second session (RC62). The draft resolution stated that the Regional Committee would adopt the short Health 2020 document and endorse the long document. In revising the long document, efforts had been made to ensure that it was evidence-based and could serve as more than simply a background document.

9. In the discussion that followed, concern was expressed about the use of the term “endorse”, which participants felt was too strong. It was suggested that the Regional Committee could “welcome” or “recognize” the long document, rather than “endorse” it. Some participants also expressed their reservations with regard to the “targets” section in part 2 of the long document, particularly since...
many governments set their own targets at the national level. One representative asked why supporting evidence had been removed from the document, while another cautioned that the long and short documents must be fully in line with one another.

10. In response, the Regional Director suggested that the Regional Committee could “recognize” the Health 2020 – Policy framework and strategy document, and “welcome” the work undertaken to draft it. Targets would be the subject of a separate discussion to be held later in the current meeting of the Forum. She agreed that there must be complete consistency between the two documents. Dr Tsouros pointed out that, in reducing the length of the long document, some references to evidence had been removed. The document would, however, be well referenced and would be accompanied by *The European health report 2012*.

**Findings and recommendations of the European Review of Social Determinants and the Health Divide (session 3)**

11. The session was moderated by Mr Arne-Petter Sanne, Director, Directorate of Health, Norway. The Head, Policy and Cross-cutting Programmes and Regional Director’s Special Projects, introduced the European Review on the Social Determinants of Health, the main aims of which had been to provide evidence on the nature and magnitude of health inequities in the European Region, investigate gaps in knowledge, and synthesize evidence on the most promising policy options and potentially effective interventions across the range of countries in the European Region. He explained how the results of the Review had been incorporated into the two Health 2020 documents.

12. Professor Sir Michael Marmot, Director, Institute for Society and Health, University College London, presented the Review, which he had chaired, and said that governments had a moral responsibility to identify health inequities and act to rectify them. The Review had been necessary to demonstrate that financial difficulties were not a barrier to action and that much could be done to address health inequities at all levels. He clarified the concepts, values and principles that had underpinned the review and presented findings that illustrated health inequities between and within countries of the European Region. While measures to address the health divide would vary from country to country, they must all include empowerment of individuals and communities, cross-sectoral policy development at all governance levels, and systematic evaluation and monitoring of policy, social determinants and health equity. He also presented examples from a number of policy areas, including early childcare and education, social exclusion and social protection, demonstrating how evidence had been used to formulate the recommendations included in the Review.

13. In the ensuing dialogue, participants raised a number of questions: how other sectors, such as education and social affairs, could be included in the efforts to reduce health inequities; how preschool education could be defined, since it was the cultural tradition in some countries to care for young children at home; how the dramatic decrease in infant mortality in Croatia, presented as evidence in the Review, could have been achieved in only five years; and how the findings of the Review would be incorporated into the Health 2020 documents. Parliamentary support was important for the implementation of the recommendations contained in the Review. Two participants underscored the importance of presenting examples of good practices in reducing health inequalities, and several emphasised the importance of a cross-sectoral approach and Health in All Policies. One participant cautioned that ministries of health must not interpret the cross-sectoral approach to mean that responsibility lay with other ministries. Two participants expressed disappointment that the recommendations of the Review had been presented too late for Member States to be able to assess them and submit comments before the forthcoming session of the SCRC.

14. In his responses, the Director, Institute for Society and Health, University College London, said that while the involvement of other sectors could be a challenge, positive examples of cooperation with the education and social sectors had already been achieved in some countries, such as the United Kingdom. The recommendations issued in the Review were not prescriptive. If a recommendation,
such as that on pre-school education, did not fit with a country’s cultural traditions, the Member State in question was not obliged to implement it. Evidence showed, however, that professional input had a positive impact on early childhood development. All of the recommendations made in the Review were based on strong evidence. Infant mortality could be reduced quite rapidly. The Review team was currently looking into why such a rapid change had occurred in Croatia. He emphasized the importance of ensuring that the social determinants of health agenda would not be abandoned by Member States in the event of changes of government. He agreed that examples of good practices could be used to proved encouragement and motivation, and said that considerable efforts had been made to gather evidence for use in the Review. The Regional Director added that the recommendations of the Review would be incorporated into the long Health 2020 document.

Health 2020 targets for the WHO European Region (sessions 4 and 5)

15. The fourth session was moderated by Ms Dessislava Dimitrova, Deputy Minister of Health of Bulgaria. The Health 2020 target-setting process to date was presented by Dr Olesya Hulchiy, Ukraine, a member of the SCRC working group on Health 2020 targets, who explained that consultations had been held on 21 potential targets for Health 2020, and a revised shortlist of 16 had been issued. Member States had been requested to provide feedback on the content of the targets, their relevance to public health, how they could be measured quantitatively and what the role of WHO would be with regard to the targets.

16. All participants agreed that targets were an essential element of Health 2020. Many, however, said that the targets should be fewer in number and more general in scope. One participant suggested that there should be no more than eight targets, while another suggested that general “headline” targets could be set, with sub-targets on more specific issues. Indicators should also be included, as a means for countries to measure their progress towards meeting the targets. Those indicators must be able to be oriented in such a way as to take account of different countries’ different starting points. One participant cautioned that care must be taken to ensure that the targets did not give rise to competition between countries. All Member States must work together in a spirit of solidarity and mutual support.

17. In light of the foregoing discussion, the fifth session, which was moderated by Mr Josep M. Casals Alís, Director-General of Health, Andorra, began with a presentation of revised targets, given by Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation. Six headline targets had been set:

- reduce premature mortality in Europe by 2020
- increase life expectancy in Europe
- reduce inequities in health in Europe
- enhance the well-being of the European population
- ensure universal coverage and the right to health
- set national targets.

18. Each of the headline targets was accompanied by more detailed content, an examination of quantification issues and potential indicators for monitoring progress, which were largely based on data that were already being collected and reported by Member States in the WHO European Region. When asked for their opinions, the majority of delegations expressed their strong support for the revised targets and indicators, which, they said, had taken full account of their comments and concerns, and would provide a clear framework for progress. The Regional Director said that the agreement on the targets and indicators for Health 2020 demonstrated Member States’ commitment to health policy development.
19. A preview of *The European health report 2012* was given. The discussion moderator called on all Member States to engage with the Regional Office on the compilation of the report by highlighting their national policies and programmes and sharing experiences that were relevant to the goals and strategic objectives of Health 2020. An executive summary of the report would be presented to RC62 in September 2012.

**The strategy and action plan for healthy ageing in Europe (session 6)**

20. The session chairperson, Dr Liis Rooväli, Head Health Information and Analysis Department, Ministry of Social Affairs Estonia, said that in the discussion on the draft strategy and action plan for healthy ageing in Europe, participants should consider three main questions: firstly, whether the four proposed strategic action areas addressed policies on ageing in a comprehensive and integrated manner; second, whether the priority and supportive interventions covered the most relevant actions, as reflected in national policies for healthy ageing; and third, what the most important elements were for introducing new or broadening existing initiatives in individual countries, in the context of the draft strategy and action plan.

21. A presentation on the draft strategy and action plan for healthy ageing was given by Dr Manfred Huber, Coordinator, Healthy Ageing, Disability and Long-term Care, Division of Noncommunicable Diseases and Health Promotion, following which introductory statements were made by representatives of two Member States. They welcomed the draft action plan, noting that it was comprehensive, consistent with other policy documents and would provide useful guidance for Member States in the drafting of action plans at the national level.

22. In the subsequent discussion, participants raised a number of points, while generally supporting the draft strategy and action plan. Many felt that the strategy and plan should differentiate more specifically between the different categories of the ageing population. One participant pointed out that the definition of a supportive environment should be brought into line with that used in Health 2020. Others emphasized the need to pay greater attention to issues such as nutrition, falls prevention, and the broader social determinants of health that could affect such issues as seasonal deaths.

23. In response, Dr José-Maria Martín-Moreno, Director, Programme Management, said he agreed that consistency with Health 2020 could still be improved, that the diversity in categories of the elderly should be recognized, and that more attention should be paid to immunization, nutrition and falls prevention. The Regional Director added that the strategy had been drafted in response to a request from the WHO Regional Committee for Europe. She agreed that the document must keep closely in line with other policy documents. The WHO Regional Office for Europe was coordinating with the European Union: the Regional Office was dealing with health aspects, while the European Union was addressing the technical aspects of the issue.

**Briefings on the ongoing process of consultation on the Action Plan for Strengthening Public Health Capacities and Services and the WHO Regional Office for Europe’s Country Strategy (session 7)**

24. The moderator, Ms Dagmar Reitenbach, Head, Division for Multilateral Cooperation in the Field of Health, Germany, invited Dr Hans Kluge, Director, Division of Health Systems and Public Health, to present the revised draft action plan for strengthening public health capacities and services, which had been developed in follow-up to Regional Committee resolution EUR/RC61/R2. The revised draft outlined some of the major challenges facing health policies and systems in the WHO European Region, based on evidence gathered through the evaluation of public health services in more than 20 European countries, the Review of Public Health Capacities in the European Union and other studies.
on policy tools. The draft, which had been revised on the basis of feedback received from Member States since November 2011, proposed a set of 10 essential public health operations to be used as guidance by European health authorities in establishing, monitoring and evaluating policies, strategies and actions for strengthening public health. Participants were invited to comment on the revised text.

25. During the subsequent discussion, participants welcomed the revised draft and acknowledged its relevance for all Member States in the WHO European Region. The draft had been improved significantly through an extensive consultation process, and the action plan had been brought further into line with the new European health policy framework, Health 2020. Two participants said that the “grey area” between disease prevention and health promotion should be mentioned more explicitly, and one said that the essential public health operations listed in the draft action plan should emphasize an approach based on the social determinants of health. One participant suggested that the resolution on Health 2020, to be adopted by the Regional Committee at its forthcoming session, should welcome the European action plan. The action plan should highlight the links between global and regional perspectives on strengthening public health services. Another suggested that a specific reference should be made to the Tallinn Charter: Health Systems for Health and Wealth. Concern was expressed that the essential public health operations were too prescriptive. The operations could be grouped into two or three subcategories, and operation 9 should be reworded to include a reference to individual and public health services.

26. Responding to the issues raised, the Regional Director said that the action plan had the potential to strengthen public health not only at the European level but also globally. Health 2020 and the action plan were being developed together, and a glossary of terms was being developed, which would help to ensure consistency between the two documents. Rather than including a reference to the action plan in the draft resolution on Health 2020 for adoption at RC62, a separate draft resolution on the action plan had also been prepared. The Director, Programme Management emphasized that the action plan had been revised on the basis of extensive consultations with Member States. The Director, Division of Health Systems and Public Health confirmed that the Tallinn Charter would be mentioned explicitly. The next stage in the revision process would be to hold direct consultations with Member States to discuss specific areas, such as the social determinants of health. A newly revised draft would be presented to the SCRC at its forthcoming session in May 2012.

27. A presentation on the new Country Strategy for the WHO Regional Office for Europe, 2012 – 2014 was given by Dr Lucianne Licari, Executive Manager, Country Relations and Corporate Communication, who explained that since the existing strategy had been in place for over a decade, it should be adjusted to reflect the current political and financial situation in Europe. The Strategy had also been revised to take account of the outcomes of the WHO reform process, to ensure its relevance to all 53 Member States in the WHO European Region, to acknowledge the richness and diversity of the Region and to make the Regional Office’s work for and with countries more efficient. The main objectives of the revised Strategy were to increase the active involvement of all Member States, enhance the collective capacity of the Regional Office and its Members, improve knowledge sharing, integrate country, intercountry and multicountry work, and monitor and evaluate progress. The support of the Organization’s regional governing bodies would be particularly important for the success of the revised Strategy, which would be subject to further review in 2014.

Evaluation of the mechanism of the European Health Policy Forum of High-Level Government Officials (session 8)

28. The moderator, Prof. Alex Leventhal, Director, Department of International relations, Ministry of Health, Israel invited Arun Nanda, Adviser to the Regional Director to introduce this important item. The Forum was set up to provide high level input to help shape Health 2020 as approved by the 60th Session of the Regional Committee in Moscow and also to fill the gap of providing a forum for strategic level discussions with and between Member States. This greater interaction at the right level for the right purpose was possible by the nomination for the Forum by all Ministers of Health of one
high-level official at the level of, Secretary of State, Deputy Minister, Director-General of Health, Chief Medical Officer or equivalent (plus alternate as appropriate). Previous comments regarding the forum had been reflected in the Terms of Reference for the High Level Forum as presented at the Andorra meeting, which had been the first of three meetings of the Forum. The technical and content level achievements of these three forum meetings and costs (plus some indicators of increasing level of interest and commitment from Member States) were also presented. Finally, the meeting was presented with some sample Qs for a formal evaluation of the High Level Forum, 3 options on how the evaluation could be carried out and a proposal to report results to the Regional Committee in 2013.

29. Participants overwhelmingly welcomed the setting up of the Forum and its particular importance for strategic-level discussions. It had provided a very useful arena in which the development of Health 2020 and guidance on it could be discussed in an open manner, perhaps because it was not a decision making body. Without this possibility of discussions in the High Level Forum meetings, the quality of the Health 2020 policy would have been poorer and it is more than likely that these discussions would instead have probably taken place during the Regional Committee with a possible adverse affect on the Regional Committee discussions and decisions. There was recognition of the need to conserve resources and one participant suggested that the Forum did not necessarily need to meet every year and that it might be useful to maintain it as a body that could be convened when necessary. Others, however, said they would prefer the Forum to meet annually as a matter of course (and a date should be set which could be cancelled if it was decided not to meet), since it was an important occasion to share experience and best practices and for open debates and preparation of strategies for the health sector. Those who spoke on the issue of extending participation to other stakeholders preferred to keep the current membership in order to preserve the open sharing of experiences and discussions.

30. Some participants requested to hold a Forum meeting already in 2013, without a break in the sequence and therefore there was a need for the evaluation of the High Level Forum to be fast-tracked. Several participants mentioned that the Forum must not duplicate the work of the SCRC/RC, but compliment them and provide added value. Some proposed to use the opportunity of the open SCRC in May every year (as all Member States are in any case present) to hold the next meeting of the Forum, as this would help to make better use of existing meetings and hence resources. The ToR for the Forum should be reviewed with clear tasks for the future. Also, agenda items for future meetings should be carefully selected in an interactive manner, given that the primary task of advice to the Regional Director on Health 2020 is now completed. Several representatives said that they wished to discuss the issue with their respective health ministries before recommending how to proceed.

31. The Regional Director, responding to the points raised, said that she was a firm supporter of strong Governing Bodies and the Forum did fill a gap and was an important means for the Office to be able to reach out to all 53 Member States in the WHO European Region in a participatory process on strategic issues (these could also be discussed in SCRC but without all Member States present), and that it had been particularly useful for consultations on Health 2020. The opinions expressed on the continuation of the Forum would be summarized and discussed at the forthcoming session of the SCRC. A questionnaire would be drafted and sent to all Member States, the responses to which would be analysed and discussed at RC62. The general opinion seemed to be that the Forum should meet once each year to discuss strategic issues related to aspects of the Regional Committee’s agenda.

In closing the session, the Moderator expressed a personal opinion that having attended two of the three forums, the acid test to put at the end was “What would Health2020 have looked like and what would the process have been if not HLF”. The answer was that “probably it would have been BAD with the danger that the Health2020 would not be approved at RC62”.
Closure of the meeting

32. Following the customary exchange of courtesies, Mr Dirk Cuypers, President, Board of Directors, Federal Public Service for Health, Food Chain Safety and Environment, Belgium, declared the third meeting of the European Health Policy Forum of High-Level Government Officials closed.