



# Better Health for Europe

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PINSAP Strategy and Programme  
Barcelona, 14 February 2014



**World Health  
Organization**

REGIONAL OFFICE FOR

**Europe**



**Organisation  
mondiale de la Santé**

BUREAU RÉGIONAL DE L'

**Europe**



**Weltgesundheitsorganisation**

REGIONALBÜRO FÜR

**Europa**



**Всемирная организация  
здравоохранения**

**Европейское региональное бюро**

# WHO definition of Health:

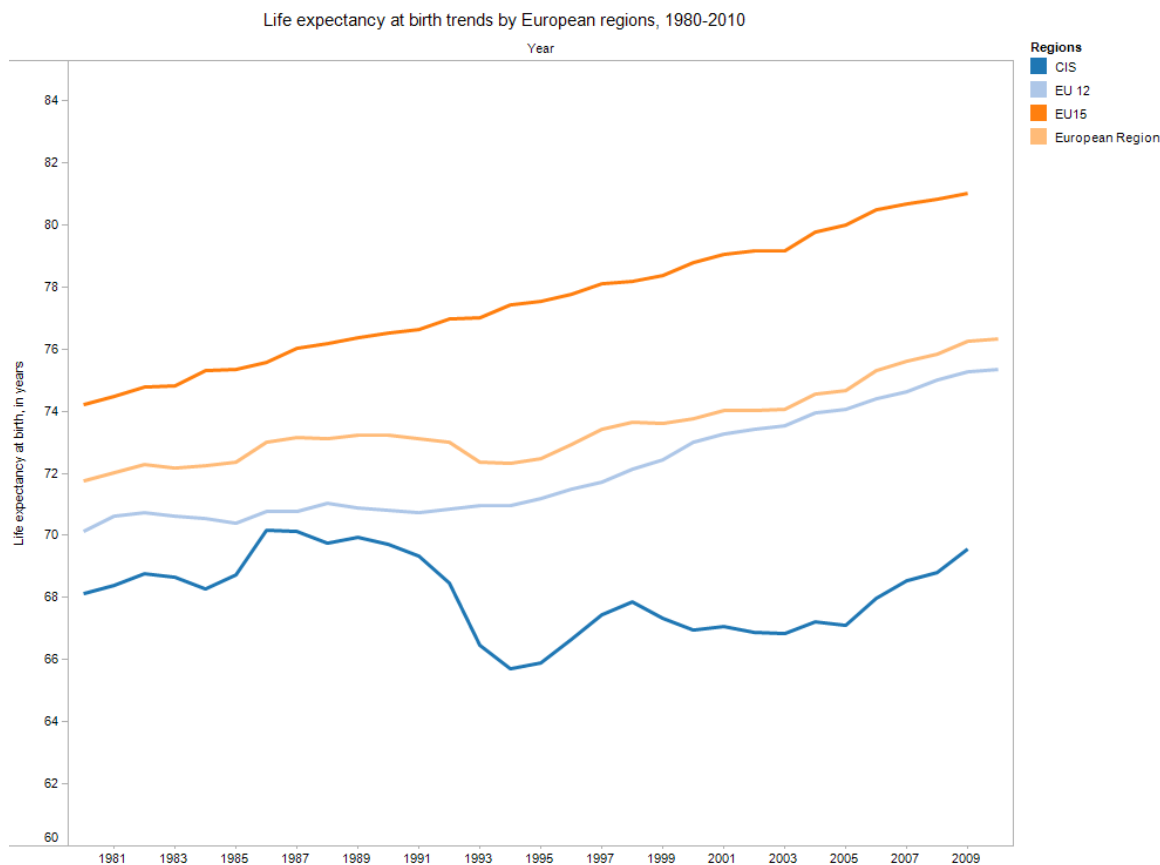
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*“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”*

# Health – a precious global good

- Higher on the political and social agenda of countries and internationally
- A human right and matter of social justice
- Important global economic, trade and security issue
- Major investment sector for human, economic and social development
- Major economic sector in its own right

# Improved life expectancy but the Region is 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

Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

# What is Health 2020?



Health 2020 is a value-based action-oriented policy framework, adaptable to different realities in the countries of the WHO European Region.

Health 2020 is addressed to ministries of health but also aims to engage ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being.



# Health 2020 – reaching higher and broader

- Going upstream to address root causes such as social determinants
- Making the case for whole-of-government and whole-of-society approaches, and Health in All Policies (HiAPs)
- Invest in public health, primary care, health protection and promotion, and disease prevention
- Offering a framework for integrated and coherent interventions

# 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:  
NCDs and  
communicable  
diseases

Strengthening  
people-centred  
health systems,  
public health  
capacities and  
emergency  
preparedness,  
surveillance  
and response

Creating  
resilient  
communities  
and supportive  
environments



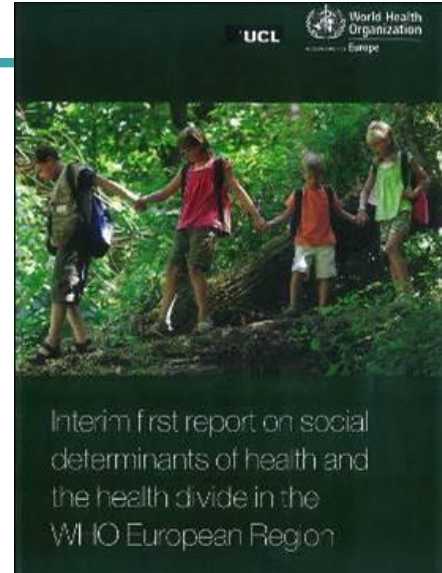
# WHO European review of social determinants and the health divide:\* key findings and recommendations to improve equity in health

## Policy goals

- Improve overall health of the population
- Accelerate rate of improvement for those with worst health

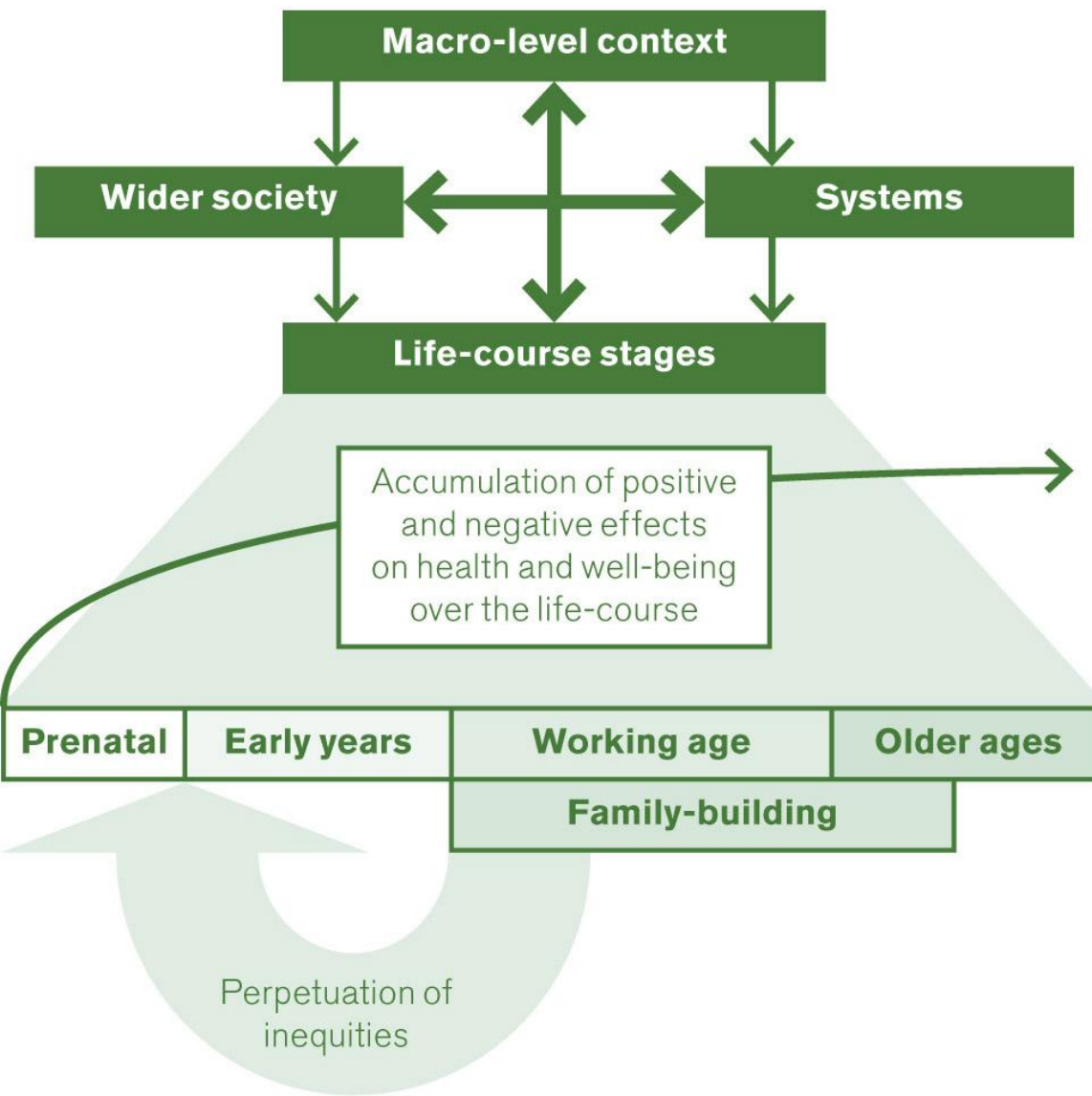
## Policy approaches

- Take a life-course approach to health equity.
- Address the intergenerational processes that sustain inequities
- Address the structural and mediating factors of exclusion
- Build the resilience, capabilities and strength of individuals and communities





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



# Improving governance for health

Supporting whole-of-government and whole-of-society approaches

Learning from a wealth of experience with intersectoral action and health-in-all-policies (HiAP) work in Europe and beyond

## The 21st century approach to governance for health



Two studies on governance for health led by Professor Ilona Kickbusch (2011, 2012)

Intersectoral governance for HiAP, by Professor David McQueen et al.

# Increasing momentum in Europe



## The Global Healthcare Summit 2012

HOME -> CALENDAR -> THE GLOBAL HEALTHCARE SUMMIT 2012



HOME PROGRAMME PRESENTATIONS SPEAKERS SPONSOR EXHIBITORS PARTNERS ATTENDEES WHO VENUE REGISTER

November 29th 2012 - November 30th 2012\* Park Plaza Victoria, London



Sign up for the live online broadcast...

HEALTHCARE [explore the blog](#)



HEALTH 2020  
A European policy framework and strategy for the 21st century



## 8th Global Conference on Health Promotion

The 8th Global Conference on Health Promotion (8GCHP) was held in Helsinki, Finland, from 10 to 14 June 2013. The conference was co-organized by the World Health Organization (WHO) and the Ministry of Social Affairs and Health of Finland (MSAH).

The plenary sessions and the press briefings were broadcasted live on the Internet and may be viewed as recordings here: [Videos and webcasts](#). The presentations may be viewed here: [http://www.slideshare.net/stmslide](#)

Further information: [healthpromotion@who.int](mailto:healthpromotion@who.int)

## News



Finland leads the way in taking health into all policies

## From Twitter

Leksis RT @SOSTE10: Tarvitaan toimintatapoja, joihin terveyssektorin ulkopuoliset voivat sitoutua. Mikkenen anoi #healthinallia. <http://t.co/...>

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Kahik RT @SOSTE10: Tarvitaan toimintatapoja, joihin terveyssektorin ulkopuoliset voivat sitoutua. Mikkenen anoi #healthinallia. <http://t.co/...>

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SOSTE10 Tarvitaan toimintatapoja, joihin terveyssektorin ulkopuoliset voivat sitoutua. Mikkenen anoi #healthinallia. <http://t.co/UqSp8p60>



## PROGRAMME ANNOUNCEMENT

Resilient and Innovative Health Systems

## CONFERENCE

KONGRESS-ZENTRUM

## REGISTRATION OPEN

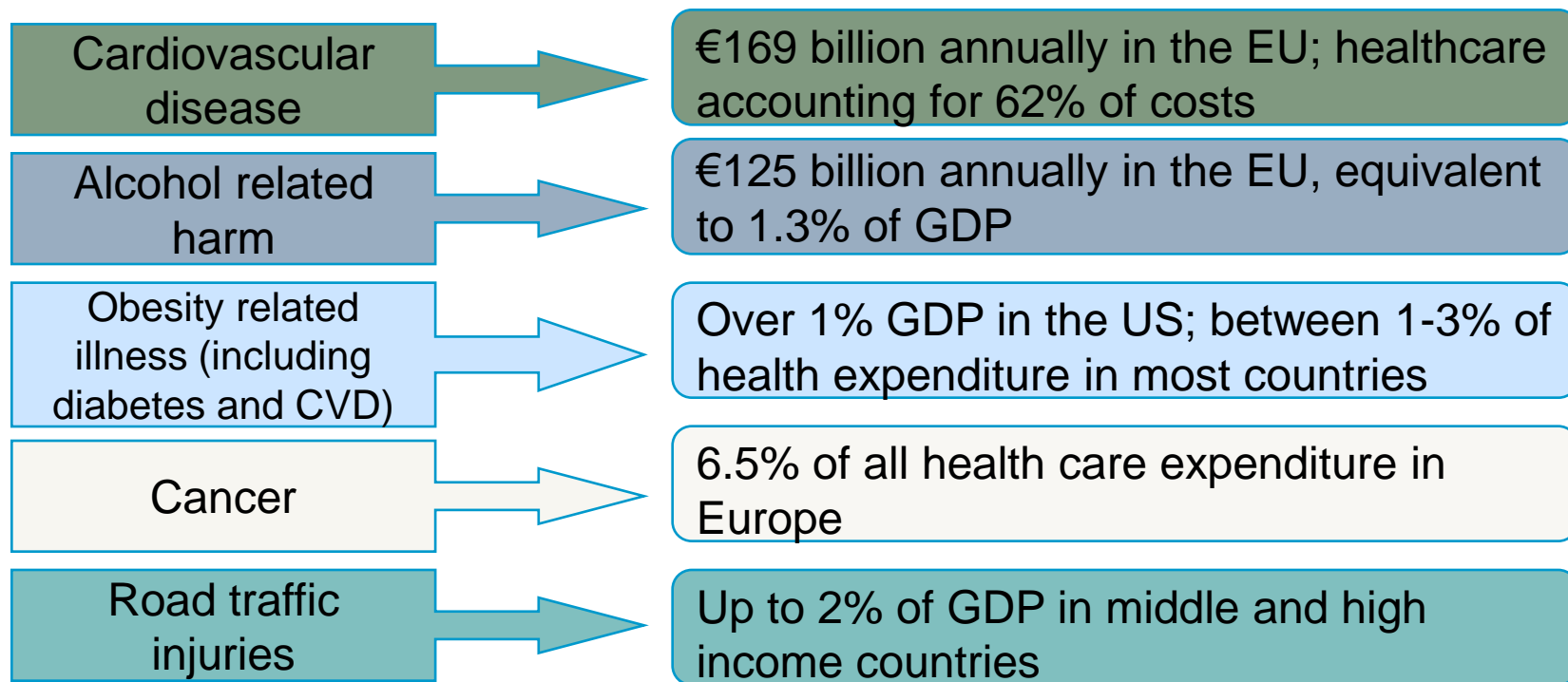
EHFG 2013 early bird fee rates available until 18th August

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# How much return would this new strategy bring?



# The economic case for health promotion and disease prevention



Sources: Leal (2006), DG Sanco (2006), Stark (2006), Sassi (2010), WHO (2004)

# Cost-effective policies using fiscal policy to improve health outcomes



## **Tobacco**

A 10% price increase in taxes could result in up to 1.8 million fewer premature deaths at a cost of between US\$ 3 and US\$ 78 per DALY in eastern European and central Asian countries



## **Alcohol**

In England, benefits close to €600 million in reduced health and welfare costs and reduced labor and productivity losses, at an implementation cost of less than €0.10 per capita



# Fiscal policies: incentives & disincentives

- Fiscal policies can be used
  - to encourage positive behaviour (eg healthy eating)
  - to discourage negative behaviour (eg smoking)
  - or a combination of both...

## **Hungary**

2011 earmarked tax on sugary drinks, confectionary, and sugary/salty snacks. Early results show product reformulation & reduced consumption.

## **Denmark**

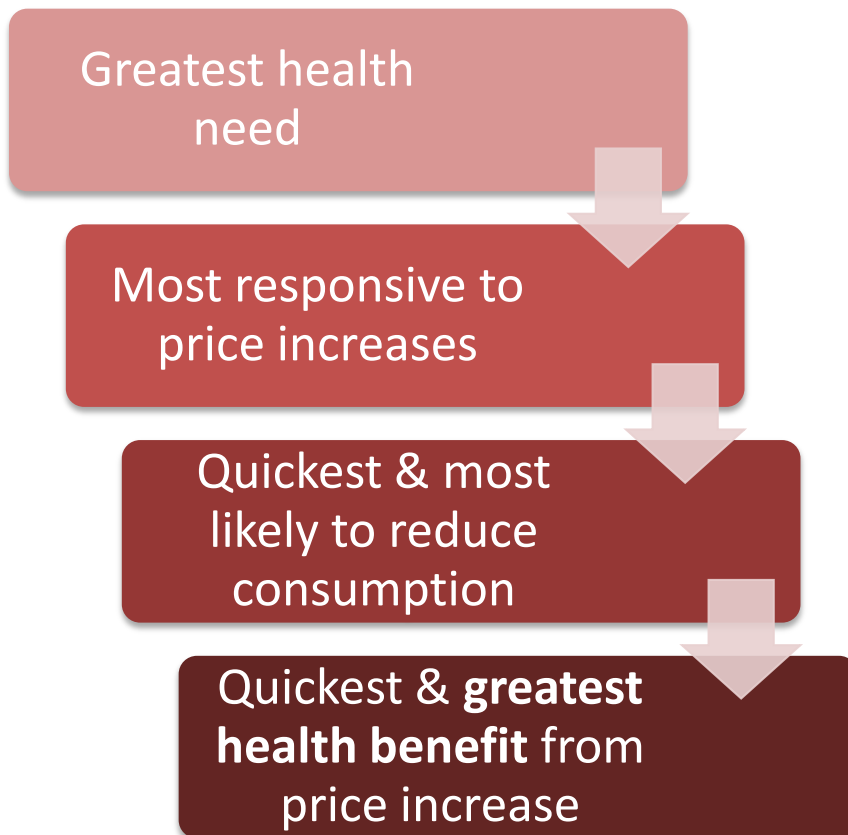
Modelling shows reducing tax on vegetables and fruit by 25% and increasing tax on foods high in fats and sugars by 33% is most effective scenario for people on low incomes

## **Scotland**

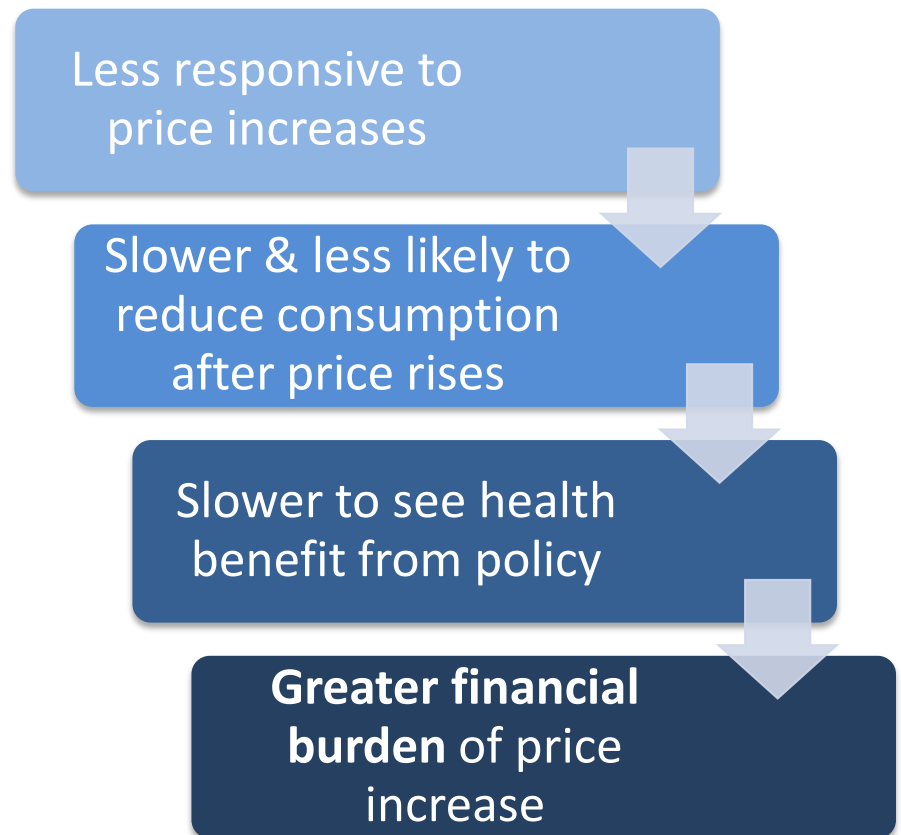
Minimum Unit Price for Alcohol (not a “tax” but a minimum price for unit of alcohol, to prevent discounting or abuse of cheaper types of alcohol)

# Fiscal policies: a tool to reduce inequities

## Low income groups



## High income groups



# NCD action plan 2012 -2016

## Planning and oversight

National plan

Health information system with social determinants disaggregation

## Health in all policies

Fiscal policies

Marketing

Salt

Trans-fat

## Healthy settings

Workplaces and schools

Active mobility

## Secondary prevention

Cardio-metabolic risk assessment and management

Early detection of cancer

# Inter-sectoral action: elements for success

## High-level commitment & champions

- Mayors, Prime Ministers, celebrities

## Dedicated resources

- Taxation, private sector
- Co-ordination function needs resourcing

## Institutional structures

- Health promotion agencies; advisory task-forces; local government
- Do not discredit informal relationships & power of community

## Joint planning

- Quality of the “planning” can be more important than the “plan”

## Legislative tools

- Trans-fat, setting up structures for health promotion

## Accountability

- Doesn't matter who, but needs to be clear (shared or not, health or non-health)

## Monitoring & reporting

- Targets focus action
- Results are important for advocacy

# Global Best Practice in Tobacco Control

## Turkey

### First country to fully implement WHO EMPOWER strategy:

- ✓ Taxation
- ✓ Smoke-free environments
- Warnings of dangers of
- ✓ Pictorial pack warnings
- ✓ Bans on advertising, promotion & sponsorship
- ✓ Free 24/7 quitline & subsidised NRT



### Success factors:

- High level commitment from PM and Minister of Health
- Legislation & coordination structure
- Public concern (mobilised)
- Taxation
- Sustained effort (10 years)
- Supported by FCTC framework

# Food & Nutrition Plan: Slovenia

## Drivers:

- EU accession → adoption of Common Agricultural Policy
- MOH devising new food & nutrition plan to align with WHO European plan
- Growing concern about health gap in rural region



- Multisectoral HIA approach (including community) to investigate health concerns in agriculture & food
- Looked at broader determinants of health
  - impact on rural unemployment, environmental impacts of farm intensification
- Unintended benefits: farmers advocating in media for “healthy” agricultural policy



# Fiscal policy to address obesity

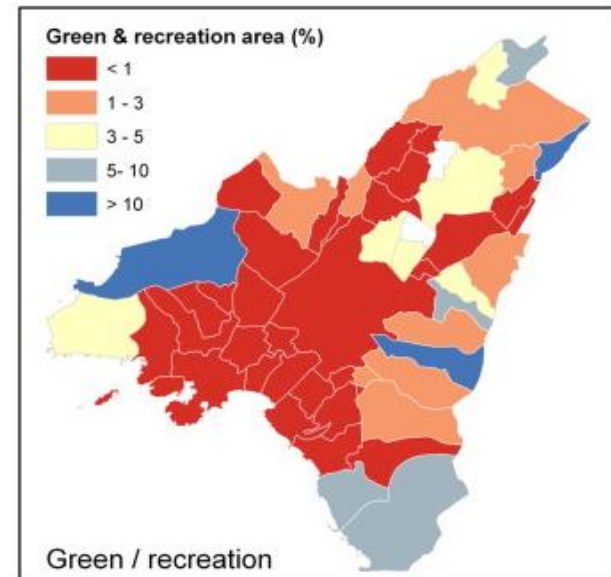
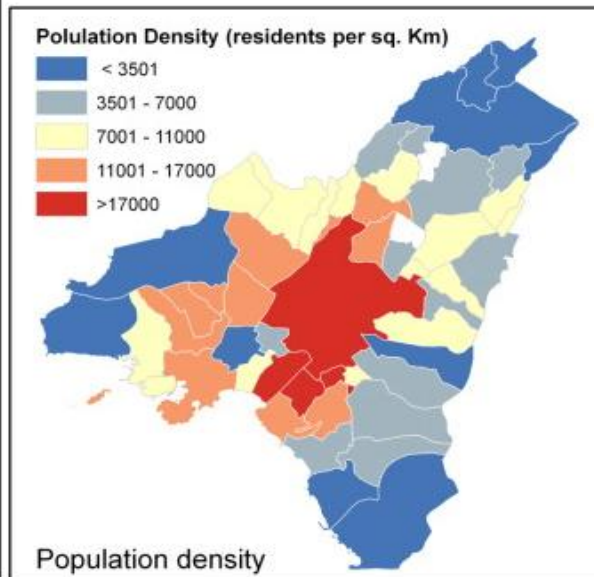
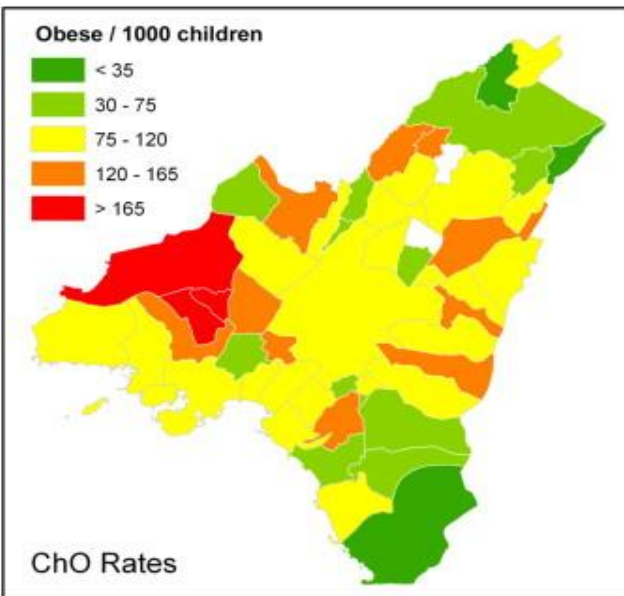
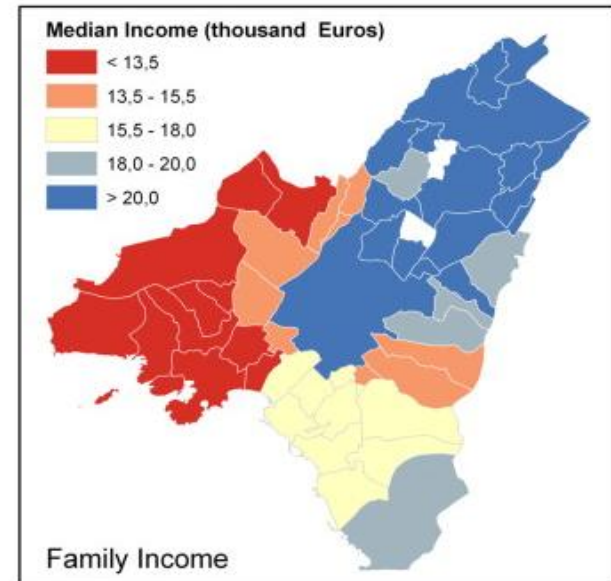
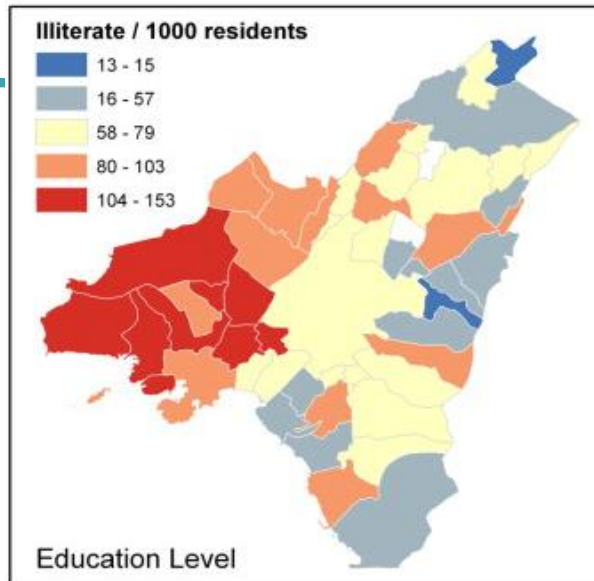
## Hungary

- Tax on prepackaged product with high sugar and salt content
- Revenues were raised and earmarked to public health activities
- 25-35% of the population consumed less products subject to the tax
- 40% of manufacturers changed the formula of their products



# Data can be a tool for advocacy

## Childhood obesity in Athens



# The contribution of health systems

# The Tallinn conference – as the basis of our work in HSS

- *Supporting Member States in keeping or moving towards UHC (guided by the mission and vision of Health 2020)*
- Transforming financing arrangements to overcome sustainability concerns
- Positioning primary health care as the hub to other levels of care
- Ensuring coordination across primary health care and public health services
- Revitalizing a flexible, multi-skilled workforce with aligned task profiles
- Strategizing the use of modern technology and medicines for maximum benefits

# The Tallinn Charter and the Alma Ata Declaration: two key anniversaries



Tallinn: 2008 and 2013  
governance



Almaty: 1978 and 2013  
primary health care



# Compelling challenges call for the transformation of primary health care

- The future shape of the NCD epidemic is characterised by multiple and interacting risk factors and multi-morbidity
- Most health systems are not designed to cope with multiple interacting risks and multi-morbidity
- We have a “response gap”

*Atun R, et al . Improving responsiveness of health systems to NCDs. Lancet 2013*



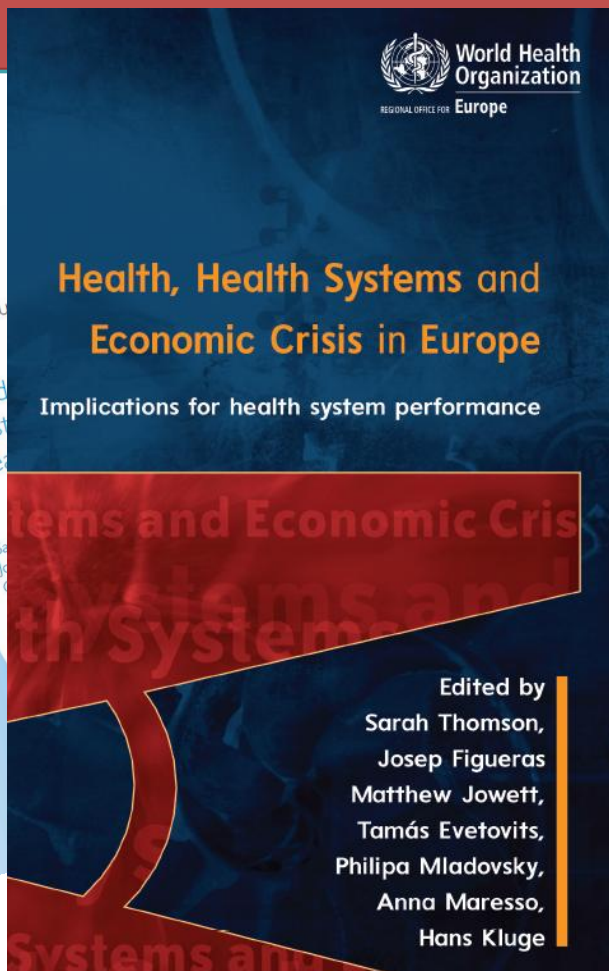
# **How far does the present economic climate make it more difficult for Member States**

# Additional layer of complexity from austerity: lessons learned from past and present crises

## Unemployment

- Associated with a doubling of the risk of illness and 60% less likelihood of recovery from disease<sup>\*</sup>
- Strong correlation with increased alcohol poisoning, liver cirrhosis, ulcers, mental disorders<sup>\*\*</sup>
- Increase of suicide incidence: 17% in Greece and Latvia, 13% in Ireland<sup>\*\*\*</sup>
- More demand on health care – for the vulnerable
- Active labour market policies and well-targeted social protection expenditure can eliminate most of these adverse effects<sup>\*\*\*\*</sup>

# Health system responses to economic crisis in Europe



POLICY SUMMARY 10

Health, health systems and economic crisis in Europe

Sarah Thomson, Josep Figueras,  
Tamás Evetovits, Matthew Jowett,  
Philipa Mladovsky, Anna Maresso,  
Marina Karanikolos, Jonathan Cylus,  
Martin McKee, Melitta Jakab,  
Hans Kluge

# Oslo 2 Conference on impact of crisis

## Ten 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. Target  
efficiency gains  
over patient  
charges

5. Protect funding  
for cost-effective  
public health  
services

# Oslo 2 Conference on impact of crisis

## Ten policy lessons and messages (cont'd)

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. Safeguarding access requires reliable information & monitoring system

10. Prepared, resilient health systems are primarily the result of good governance

# Health 2020 lays the foundation for a healthier European Region

“So many factors affect health, and health has an impact on so many areas of our lives that progress on public health can only come from whole-of-society and whole-of-government efforts.

That is why there is a role for everyone to play in implementing Health 2020, from prime ministers, to civil society, to citizens.”

– Zsuzsanna Jakab, WHO Regional Director for Europe





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# Thank you!