Better Health for Europe: equitable and sustainable

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A WHO commentary on The National Health Plan for Portugal 2012-2016

National Health Plan 2012 – 2016
Portuguese Health Profile

(January 2012)

“To maximise health gains through the alignment around common goals, the integration of sustained efforts of all sectors of society, and the use of strategies based on citizenship, equity and access, quality and healthy policies.”
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

Life expectancy at birth trends in Portugal and European Region, 1985-2011
Trends of life expectancy at birth and at age 65 years in Portugal and European Region, 1985-2011
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
Universal health coverage: crucial for maintaining and improving health

- **equity of access to health services**: those who need services should get them
- **the quality of health services** is good enough to improve health
- **financial risk protection**: the cost of care should not create financial hardship
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
Health 2020 – higher and broader reach

• The policy framework looks upstream to address root causes of ill health, such as social determinants.
• It promotes investment in public health, primary care, health protection and promotion, and disease prevention.
• The framework makes the case for whole-of-government and whole-of-society approaches.
• It offers a framework for integrated and coherent interventions.
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 noncommunicable disease (NCD) epidemic is characterized 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”

Coordinated and integrated health services (CIHSD) delivery defined

- The management and delivery of health services such that people receive a continuum of services through the levels and sites of care within the health system, and according to their needs.

Services
- Health Protection
- Health Promotion
- Disease Prevention
- Diagnosis
- Treatment
- Long-term care
- Rehabilitation
- Palliative care

Settings
- Public health
- Primary care
- Secondary care
- Specialist care
- Community, home & social care
- Voluntary sector
- Pharmacies

Source: WHO/EURO, Roadmap, 2013
10 essential public health operations (EPHOs):

1. Surveillance and assessment of the population’s health and well-being;
2. Identification of health problems and health hazards in the community;
3. Health protection services (environment, occupation, food safety);
4. Preparedness for and planning of public health emergencies;
5. Disease prevention;
6. Health promotion;
7. Assurance of a competent public health and personal health care workforce;
8. Governance, financing and evaluation of quality and effectiveness of public health services;
9. Communication for public health; and
10. Health-related research.
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

Two studies on governance for health led by Professor Ilona Kickbusch (2011, 2012)
Intersectoral governance for HiAP, by Professor David McQueen et al.
### Inter-sectoral action: elements for success

<table>
<thead>
<tr>
<th>High-level commitment &amp; champions</th>
<th>• Mayors, Prime Ministers, celebrities</th>
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</thead>
<tbody>
<tr>
<td>Dedicated resources</td>
<td>• Taxation, private sector</td>
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<tr>
<td></td>
<td>• Co-ordination function needs resourcing</td>
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<tr>
<td>Institutional structures</td>
<td>• Health promotion agencies; advisory task-forces; local government</td>
</tr>
<tr>
<td></td>
<td>• Do not discredit informal relationships &amp; power of community</td>
</tr>
<tr>
<td>Joint planning</td>
<td>• Quality of the “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>
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<td>Accountability</td>
<td>• Doesn’t matter who, but needs to be clear (shared or not, health or non-health)</td>
</tr>
<tr>
<td>Monitoring &amp; reporting</td>
<td>• Targets focus action</td>
</tr>
<tr>
<td></td>
<td>• Results are important for advocacy</td>
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</tbody>
</table>
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 .

* The study was carried out by a consortium of over 80 policy researchers and institutions across Europe (2012), and led by Sir Michael Marmot.
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
What does becoming “tobacco-free” mean?
The economic case for health promotion and disease prevention

- **Cardiovascular disease**
  - €169 billion annually in the EU; healthcare accounting for 62% of costs

- **Alcohol related harm**
  - €125 billion annually in the EU, equivalent to 1.3% of GDP

- **Obesity related illness (including diabetes and CVD)**
  - Over 1% GDP in the US; between 1-3% of health expenditure in most countries

- **Cancer**
  - 6.5% of all health care expenditure in Europe

- **Road traffic injuries**
  - Up to 2% of GDP in middle and high income countries

The economic case for health promotion and disease prevention

Benefits also in the short run

Tobacco taxes, the most cost-effective policy option.

Implementation of alcohol tax in the UK would cost only €0.10 per capita.

Counteracting obesity in Russia estimated to cost $4 per capita.

Source: McDaid, Sassi and Merkur, 2012 (forthcoming)
Fiscal policies: a tool to reduce inequities

Low income groups
- Greatest health need
- Most responsive to price increases
- Quickest & most likely to reduce consumption
- Quickest & greatest health benefit from price increase

High income groups
- Less responsive to price increases
- Slower & less likely to reduce consumption after price rises
- Slower to see health benefit from policy
- Greater financial burden of price increase
Case for investing in public health: estimated exp. on prevention and public health as % of total health exp.

Range 0.6 - 8.2

EU: 2.80
NIS: 3.30
SEE: 3.80
Portugal – Global Burden of Disease 2010

The leading risk factor in Portugal is dietary factors.

Source: IHME; GBD 2010
Working with WHO in the area of Diet, Physical activity and Obesity
Addressing diet, physical activity and obesity in Portugal through a Health 2020 “lens”

• Portugal was one the first countries to adhere to and support the WHO Childhood Obesity Surveillance Initiative (COSI)

• Very good collaboration in the previous biennium notably on:
  • Development of the physical activity guidelines for the Portuguese population
  • Evaluation of salt intake in certain groups of the population (i.e. adolescents)
  • Stakeholder workshop on salt reduction strategies
  • Evaluation of trans fatty acids in food stuffs

• Renewed and new areas of collaboration in the area of diet, PA and NCDs:
  • Salt, sugar and fat reduction in the population with a focus on vulnerable groups
  • Nutrient profiling and labelling
  • Iodine status of vulnerable groups and iodine content in food stuffs
Overall approach

<table>
<thead>
<tr>
<th>Strategic Axes of NHP</th>
<th>Health Systems Goals</th>
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<tbody>
<tr>
<td>1. Citizens in health</td>
<td>1. Obtaining health gain</td>
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<tr>
<td>2. Equity in access to health care</td>
<td>2. Promoting supportive environments</td>
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<tr>
<td>4. Healthy policies</td>
<td>4. Strengthening Portugal's participation in global health</td>
</tr>
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Comments:

- Broad, extensive and health gain goal-based
- Guided by explicit principles and values
- Emphasizing equity, whole of society, access, quality
- Health gain (HSG1) is driving goal, HSG 2 and 3 are enablers
- Excellent visioning chapters

Key questions for discussion:

- How to translate into tangible and feasible actions
- How to build on ownership and participation in implementation
- How to collaborate, build capacity and bring other sectors on board
- How to keep momentum
NHP vis-à-vis Health2020

- Health and wellbeing focus
- Participatory governance
- Whole-of-Government
- Whole-of-Society
- Life course approach
- Equity focus
- Social determinants
- Citizen empowerment
- Health Impact Assessment
- Health system focus
## NHP vis-à-vis Health2020

<table>
<thead>
<tr>
<th>Approaches</th>
<th>NHP</th>
<th>Health2020</th>
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<tbody>
<tr>
<td>Equity</td>
<td>Focus on regional disparities, emphasis on citizen responsibility</td>
<td>Focus on socio-economic and other groups, emphasis on policy level</td>
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<tr>
<td>Governance</td>
<td>Seen as tool</td>
<td>Seen as comprehensive overarching function</td>
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<tr>
<td>Whole-of-society</td>
<td>Focus on other sectors’ contributions</td>
<td>Focus on health and wellbeing as shared goal</td>
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<tr>
<td>Health System</td>
<td>A framework for NHP</td>
<td>One of the priority areas</td>
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*World Health Organization*
The evidence base

Comments:
• Based on population health needs, with impressive improvements over time
• Focus on EU comparisons and inter-regional comparisons
• Based on nationally/internationally peer reviewed reviews of the evidence and discussion papers

Key questions for discussion:
• How to build social determinants into the evidence base and implementation?
• How to reach out to autonomous islands?
• How to incorporate international experience on strategy implementation?
Recommendations: Towards a road map for implementation

- Strengthen national, regional and local ownership in implementation
- Ensure citizens engagement and participation
- Agree on a smaller indicator number for monitoring
- Bring other sectors on board
- Strengthen public health capacity for implementation
Implementation as a chance for clarifying concepts and values: e.g. equity

From strategy

To implementation

Axis and goals
NHP values and principles

- Focusing action on most disadvantaged groups or addressing wider determinants more generally?
- Should equity action be limited to access?
- Health system changes through an equity lens?
## Health 2020 monitoring framework – targets and core indicators

<table>
<thead>
<tr>
<th>Reduce premature mortality</th>
<th>Increase LE</th>
<th>Reduce inequalities</th>
<th>Enhance well-being</th>
<th>UHC &amp; “right to health”</th>
<th>National targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature CVD, cancer, diabetes and chronic respiratory mortality *</td>
<td>LE at birth*</td>
<td>IM*</td>
<td>Life satisfaction*</td>
<td>OOP as % THE</td>
<td>National polices aligned with H2020</td>
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<tr>
<td>Tobacco use</td>
<td>LE at birth*</td>
<td>Primary school enrolment*</td>
<td>Objective indicators t.b.c.</td>
<td>Vaccination coverage</td>
<td>Implementation plan</td>
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<td>Alcohol consumption</td>
<td>Unemployment rate*</td>
<td>National inequality policies</td>
<td>THE % GDP</td>
<td>THE % GDP</td>
<td>Accountability mechanism</td>
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<tr>
<td>Overweight and obesity*</td>
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<tr>
<td>Vaccination coverage</td>
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<td>External causes mortality*</td>
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* Disaggregated by sex
Conclusions on the NHP

• An excellent Plan consistent with Health2020 and underlined by a series of excellent documents
• Can play a key role in bringing together people and institutions
• Especially if other sectors can be brought on board to share common goals
• An implementation road map could help to translate intends into tangible actions
• Clarification on roles and responsibilities of different actors is needed
• Priority to sustain the plan in the context of austerity and keep momentum in implementation
Priorities

• Focus on Health 2020 upstream approaches (SDH, governance, PHC, prevention and other public health functions);

• Special priority to NCD and 4 risk factors;

• Special attention to life-course approach and key strategies in health systems.
WHO Commentary: recommendations

• Consider prolonging the NHP to 2020 (in line with Health2020)
• Consider having the Plan adopted by Parliament and the whole of government
• Develop a road map for implementation that engages other sectors, health institutions, service providers and civil society
• Keep dialogue and momentum in implementation, including with WHO and peers in other WHO Member States
The signing of the BCA between the WHO European Regional Office and the Minister of Health of Portugal Geneva May 2014
Thank You