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Better Health for Europe: equitable and sustainable

Zsuzsanna Jakab WHO Regional Director for Europe

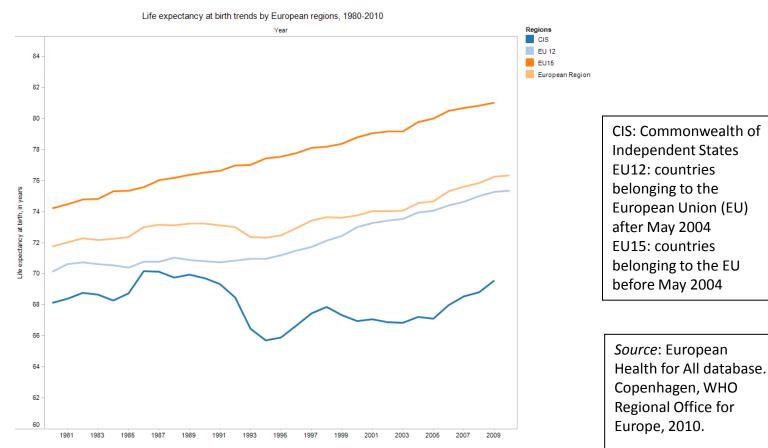
27 June 2014, Lisbon Portugal

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

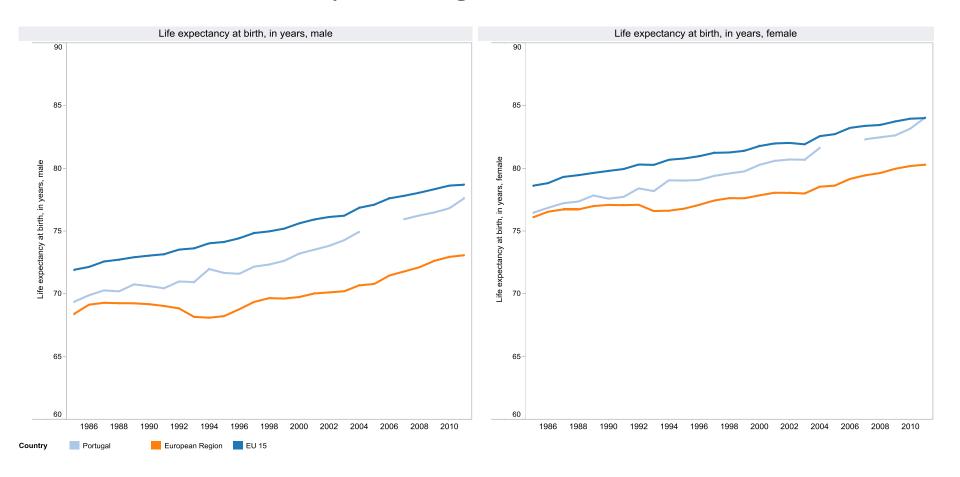


"To maximise health gains through the alignment around common goals, the integration of sustained efforts of all sectors of society, and the use of strategies based on citizenship, equity and access, quality and healthy policies."

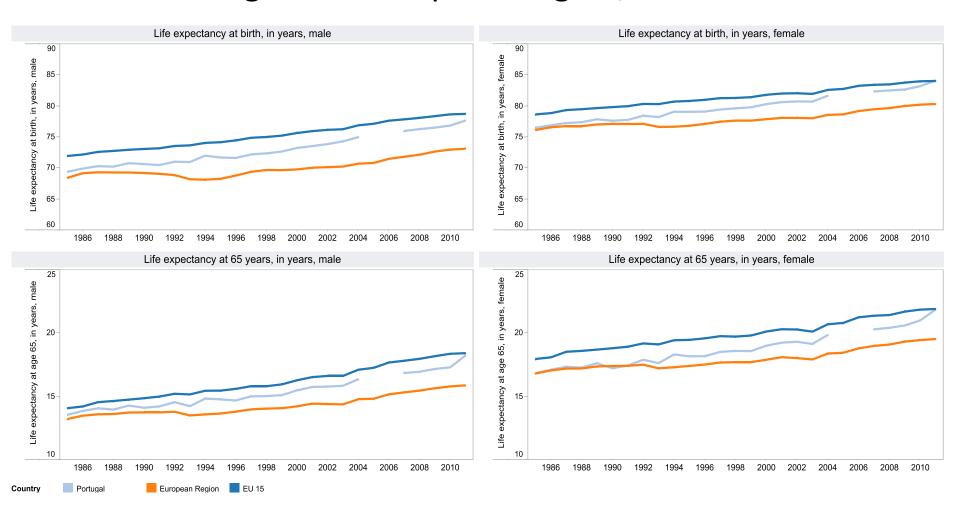
Improved life expectancy but the Region is scarred by inequalities



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



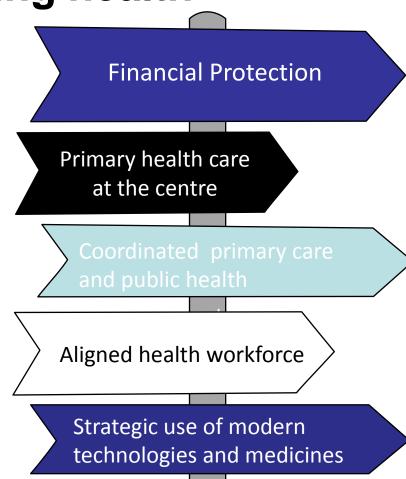
Health – a precious global good

- 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
peoplecentred 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-ofgovernment 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"

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



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 Pub Print Section Print Sec Spe Spe Care Ion In are Settings Pub Print Sec Spe Con People Pha

Public health

Primary care

Secondary care

Specialist care

& social care

Pharmacies

Community, home

Voluntary sector

Source: WHO/EURO, Roadmap, 2013

Health Protection

Health Promotion

Diagnosis

Treatment

Long-term care

Rehabilitation

Palliative care

Disease Prevention





Regional Committee for Europe Sixty-second session

Malta, 10-13 September 2012



European Action Plan for Strengthening Public Health Capacities and Services











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;
- 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-ofgovernment and whole-ofsociety 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.



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

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.



determinants of health and the health divide in the WHO European Region

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

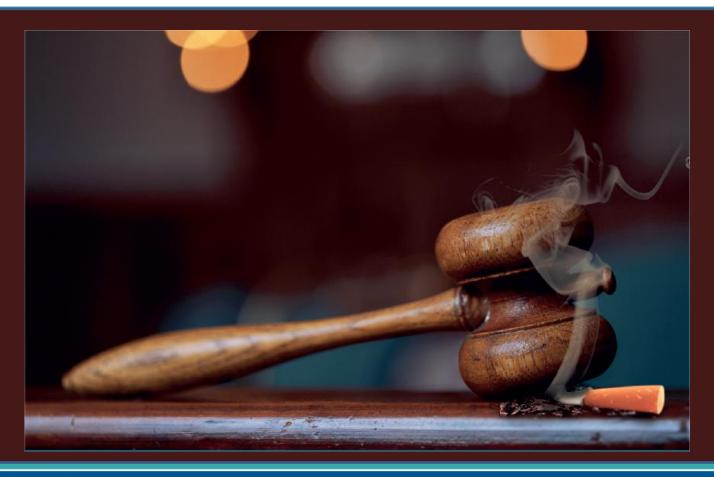
Active mobility

Secondary prevention

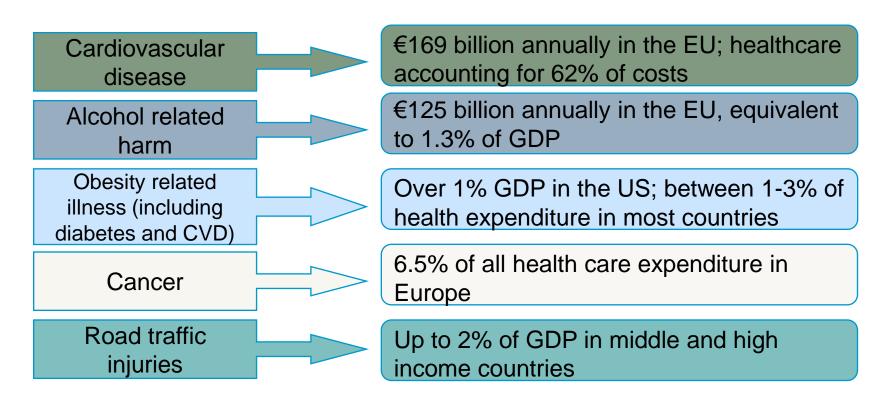
Cardio-metabolic risk assessment and management

Early detection of cancer

What does becoming "tobacco-free" mean?



The economic case for health promotion and disease prevention



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



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

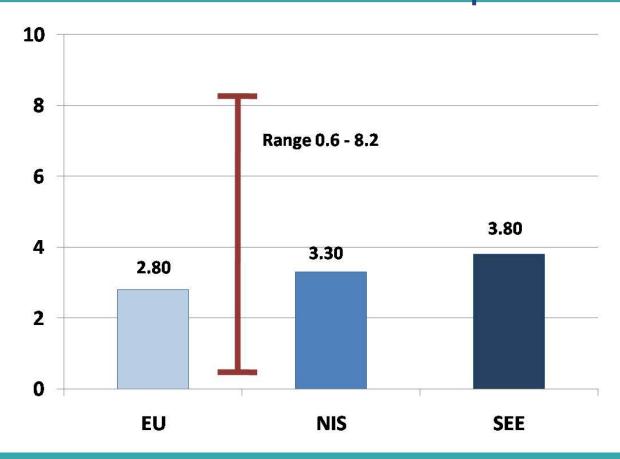
Less responsive to price increases

Slower & less likely to reduce consumption after price rises

Slower to see health benefit from policy

Greater financial burden of price
increase

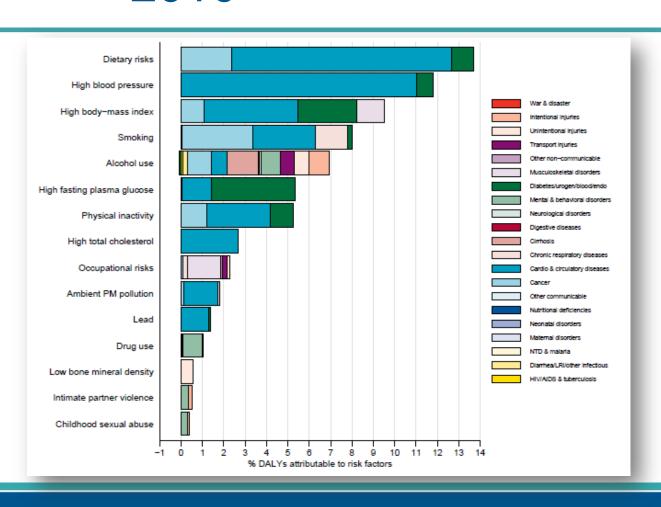
Case for investing in public health: estimated exp. on prevention and public health as % of total health exp.





Portugal – Global Burden of Disease 2010

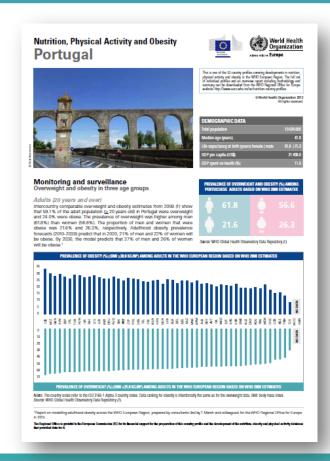
The leading risk factor in Portugal is dietary factors

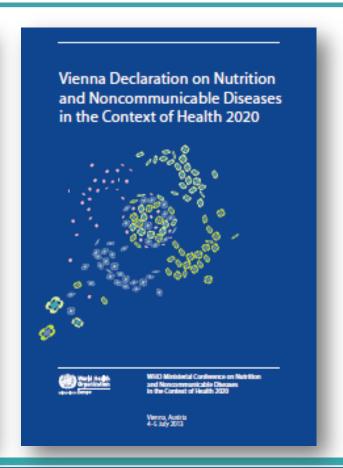




Source: IHME; GBD 2010

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
 - lodine status of vulnerable groups and iodine content in food stuffs



Overall approach

Strategic Axes of NHP

- 1. Citizens in health
- 2. Equity in access to health care
- 3. Quality in health
- 4. Healthy policies

Health Systems Goals

- 1. Obtaining health gain
- 2. Promoting supportive environments
- 3. Strengthening economic and social support for health
- 4. Strengthening Portugal's participation in global health

Comments:

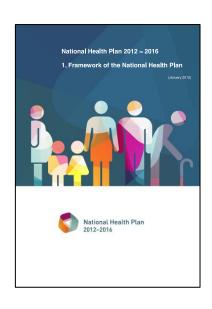
- Broad, extensive and health gain goal-based
- Guided by explicit principles and values
- Emphasizing equity, whole of society, access, quality
- Health gain (HSG1) is driving goal, HSG 2 and 3 are enablers
- Excellent visioning chapters

Key questions for discussion:

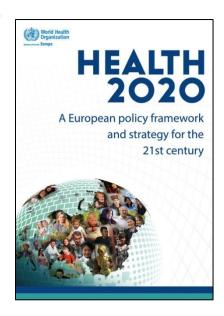
- How to translate into tangible and feasible actions
- How to build on ownership and participation in implementation
- How to collaborate, build capacity and bring other sectors on board
- How to keep momentum



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

Approaches	NHP	Health2020
Equity	Focus on regional disparities, emphasis on citizen responsibility	Focus on socio-economic and other groups, emphasis on policy level
Governance	Seen as tool	Seen as comprehensive overarching function
Whole-of-society	Focus on other sectors' contributions	Focus on health and wellbeing as shared goal
Health System strengthening	A framework for NHP	One of the priority areas



The evidence base



Comments:

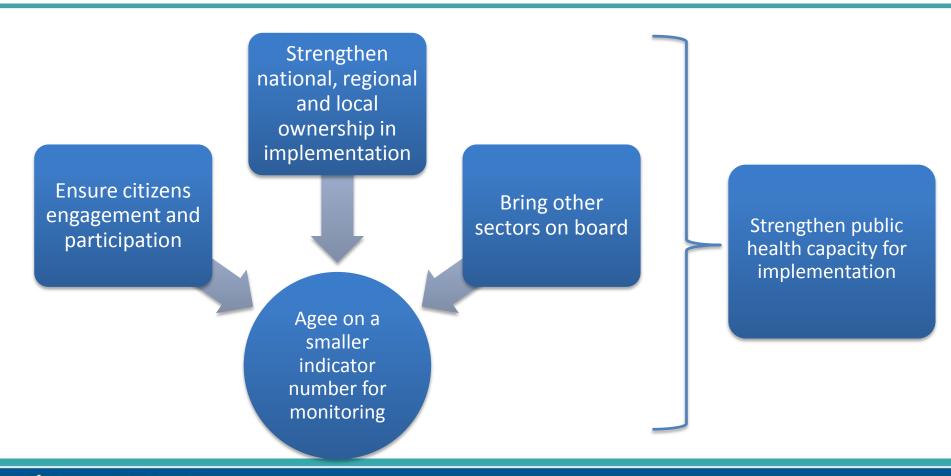
- Based on population health needs, with impressive improvements over time
- Focus on EU comparisons and inter-regional comparisons
- Based on nationally/internationally peer reviewed reviews of the evidence and discussion papers

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?

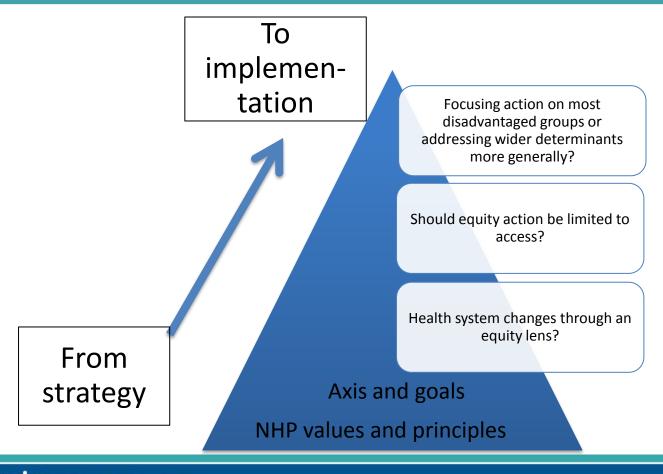


Recommendations: Towards a road map for implementation





Implementation as a chance for clarifying concepts and values: e.g. equity





Health 2020 monitoring framework – targets and core indicators

Reduce **National** Reduce premature **Enhance** UHC & **Increase LE** mortality inequalities well-being targets "right to health" IM* Life satisfaction* OOP as % Premature CVD, cancer, **National polices** LE at birth* THE diabetes and chronic aligned with LE at birth* respiratory mortality * **Objective indicators** H2020 t.b.c. Vaccination **Primary school** coverage Tobacco use enrolment* **Implementation** plan THE % GDP **Alcohol consumption** Unemployment **Accountability** rate* mechanism Overweight and obesity* **National** inequality Vaccination coverage policies External causes mortality* **GINI** * 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 binging 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



WHO-Portugal Policy dialogue 9 May 2014 Lisbon

- 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









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Thank You