

EUROPE STANDS UP FOR HEALTH – STRATEGIES AND ACTION PLANS RESPONDING TO THE CHALLENGES FACING HEALTH IN THE REGION TODAY

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INTRODUCTION

Public health is once again emerging into the spotlight. Health ministers and high level delegates from across the European Region recently endorsed five new action plans to combat the heaviest disease burden, all of which focus on prevention; they also debated the new European health policy which is under development, Health 2020. Health 2020 emphasizes protecting human health as a human right, investing in health promotion and prevention of disease. It stresses universal access and equity and framing health as a matter for the whole of government, not just the health sector. And it is bringing back public health as a key priority.

The 61st session of the WHO Regional Committee for Europe took place amongst the wealth and skyscrapers of modern Baku in Azerbaijan from 12–15 September 2011. The WHO European Region comprises 53 Member States: a population of around 900 million people. The Committee endorsed an unprecedented number of strategies and action plans to respond to the challenges facing health in the Region today, and prepare for those of tomorrow. Although overall health in the Region is improving, many people still do not enjoy the health and wellbeing they should. There are also great inequities in health not only between countries but also within countries. In general, conditions are better in the western than the eastern part of the Region. In some countries, life expectancy is a full 20 years less than some other countries, and infant mortality differs by a factor of 25.

Policy-makers are facing numerous immense challenges to health: for example, from the ageing population; from the growing burden of non-communicable diseases such as cancer, heart disease, diabetes and stroke; from communicable diseases which remain an ever-changing threat, as do challenges from the environment, and from disasters and emergencies; from technology which is providing an almost exponential increase in terms of diagnosis and treatment; from financing as resources for health come under pressure for efficient performance; and from the expectations of the public for quality and involvement.

During its work one simple thought informed the Regional Committee. For any society it is better to keep people healthy than wait until they get ill and then need expensive treatment. Good

health does not stand on its own as a societal goal: it is a major contributor to wealth and wellbeing. Yet health itself comes in many ways, from determinants such as clear air, clean water, to social determinants such as employment, good housing and social equity. Such areas in society are not run by health ministries: they are affected by every sector within government and without. As the health minister for Greece remarked at the Regional Committee: “I am the minister for health, not for illness.”

The Strengthening of Public Health

Because of this, responsibility for health must be, in a real sense, everyone’s responsibility, and hence a whole of society approach is necessary. Moreover, for effective change to take place, the whole of government must be involved to establish goals and mechanisms that achieve good governance for health, and to be held accountable. If this capacity to govern for health is to be made real, then public health capacities need to be improved across the whole of the Region, and this was high on the agenda in Baku. At the request of Member States, WHO/Europe has begun the task of establishing a framework for the strengthening of public health capacities and services in the Region. A strong public health infrastructure, comprising health protection, health improvement, and health service development, is an essential prerequisite. Primary health care must also be scaled up, and take on much more health promotion and disease prevention in its work.

The importance of public health, and of getting value for money by keeping people healthy rather than having to find resources to treat them when they become ill, won broad support. One delegate summed it up very well: “A million Euros going into health care just melts into the ocean. A million Euros going into public health is a fortune.” The Director-General, Dr Margaret Chan gave her support to the meeting: “You are aiming at nothing less than a rejuvenation of the public health agenda”.

If we want to save lives, prevent disease and control health care costs, we can do it. The public health measures required have been discussed and studied for many years now. Some are familiar and proven, others are innovative. They cut across society, and include policies from many sectors and both the management of disease and the promotion of healthier behaviour: this is an

excellent opportunity to work across the whole of government to improve health.

The next step will be for the WHO Regional Office to consult further and develop an action plan to help Member States in a detailed way renew and strengthen their public health capacities and services, as well as implement essential public health operations.

A New European Health Policy: Health 2020

The new European health policy, Health 2020, which is currently being developed, stirred broad interest. The policy responds to the theme of responsibility and action for health. The vision sees a “WHO European Region where 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 inequalities in health within the Region and beyond.”

Health 2020 takes explicitly the values of human rights, universality, equity, solidarity, transparency and accountability, which are core European values that have been championed and promoted through the UN system and WHO for many decades. Responding to the distributed determinants of health- political, economic, social, environmental, institutional and health system based-involves many actors at all levels, including national governments, regional and local administrations, the private sector, non-governmental organizations, institutions, communities and individuals: all interested in health and needing to be involved. This calls for wider and more inclusive governance for health in today’s societies.

The necessary “whole of government” approach to health will require strong political commitment and will involve all sectors and interests in society. Ways must be developed to implement this approach more effectively, and of making such intersectoral working (which has been called Health in All Policies or HiAP) a real success.

In addition, many of today’s health problems are complex and “wicked”, and not amenable to simple linear solutions. New and more horizontal mechanisms of organization and thinking are needed, to reflect this, particularly if we are to deal effectively with the complex determinants of health as well as reduce the inequities in health which scar our Region.

These inequities arise from differences in the social determinants of health, social policies and programmes, economic arrangements and the quality of governance, and lie at the core of Health 2020. These social determinants relate to health through people’s experiences, including education, working conditions and employment levels, levels and distribution of income, community life and public health and health systems. It is clear that health outcomes have a clear gradient across the population according to such factors.

Health 2020 also deals with changing expectations. Today there are societal expectations for a new form of governance for health that is far more participatory. Citizens now have high expectations, reflecting an increased awareness of their rights and choices. Health is increasingly seen in human right terms, and citizens want to be involved in their own health, including when decisions are made on disease management and treatment. Health 2020 is providing a new momentum for the health sector. The latest research will be harnessed to ensure that Health 2020 is based on evidence of what works best. The Regional Committee

gave support to continue the work and discussions about Health 2020, and will look again at the fully developed policy at its next session in 2012.

Health Care Systems

Health systems contribute to health improvement alongside wider societal influences, as well as responding to more individual needs for diagnosis, treatment and care. Health systems are expensive and the Regional Committee also considered the need facing all European Region countries to demonstrate value by improving performance, reducing costs, maintaining and improving health system performance, while all the time maintaining the European values of solidarity, equity and participation.

The Regional Committee considered these issues in the context of a review of the 2008 Tallinn Charter: Health Systems for Health and Wealth. Societal pressure will intensify for a higher proportion of GDP and government budgets to be devoted to health. The factors which have driven costs upwards in the health sector over the past twenty years will continue to intensify. Health system costs will be under scrutiny: a scrutiny given additional prominence during the recent economic crisis. There will be a greater search for savings and efficiencies in health systems. Budget cuts create huge pressure on service providers to increase efficiency. It is difficult to argue for more public spending on health when there is waste and inefficiency in the system.

As Dr Chan said, “This must be the greatest challenge of them all: maximizing measurable and equitable health gains at a time when budgets for health, nationally and internationally, are stagnant or shrinking.”

Yet public health, primary care, health promotion and disease prevention are not expensive in relative terms and they offer great opportunities for improving health and wellbeing. The sanitary reforms of the 19th century led to major progress, and are just as relevant now. The Regional Committee recognized clearly the relationship between health and development, and the investment quality of health expenditure to improve health and societal outcomes. Indeed, as we know well, a healthy society is a wealthy society, and these riches are both economic and personal!

Action Plans for Health

The Committee backed five specific action plans, in response to the real health challenges facing the Region, and all based on extensive consultation. Noncommunicable diseases (NCDs) such as cancer, heart disease, stroke, chronic respiratory disease and diabetes account for over 86% of deaths and 77% of the disease burden in the WHO European Region. *The action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016* was endorsed at Baku on the eve of the United Nations summit on the issue, held in New York. Examples of policies came from across the Region: the Minister of Health of Slovenia was among several ministers who backed prevention measures: he had lobbied for the introduction of taxes on food products high in sugar and trans fats to join those on tobacco and alcohol, and had negotiated that 8% of such tax revenues would be ploughed back into health promotion.

Linked closely with the NCD action plan is the *European action plan to reduce the harmful use of alcohol 2012–2020*. In this

Region, alcohol is the second largest risk factor for the death and disease burden, just after tobacco use. It is the heaviest drinking region in the world, with a prevalence of heavy episodic drinking in over 20% of adults. Overall, alcohol consumption has decreased in western Europe and increased in eastern Europe during the last 15 years, although there are huge differences among countries.

The Consolidated action plan to prevent and combat multi-drug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 has been developed in response to its alarming spread in the WHO European Region. In countries outside western Europe, diagnostic and susceptibility-test services are extremely limited and so cannot reflect the whole picture, but officially reported numbers of XDR-TB cases nevertheless increased more than threefold between 2008 and 2009. The Region includes not only the nine countries leading the world in rates of drug resistance among newly diagnosed patients (up to 40%) but also the six countries with the world's highest rates of MDR/TB among previously treated TB patients (up to 70%). In 18 countries, TB is still eight times higher than in the rest of the Region (up to 73 vs. 9 cases per 100,000 population). These are Armenia, Azerbaijan, Belarus, Bulgaria, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Romania, Russian Federation, Tajikistan, Turkey, Turkmenistan, Ukraine, and Uzbekistan. The aim of the action plan is to interrupt the transmission of MDR-TB and save 120,000 lives and US\$ 5 billion. This is calculated by taking into account direct savings by averting the loss of productive lives. There would be US\$ 7 billion additional savings by averting future M/XDR-TB cases. There is a window when both this plan and *the European strategic action plan on antibiotic resistance* can make a difference, and countries were quick to recognize this.

Globally the number of people newly infected with HIV is decreasing, but in eastern Europe and central Asia the number of people estimated to be living with HIV has tripled since 2000, while the total number of reported cases has increased almost sixfold. In 2009 an estimated 2.2 million people in the European

Region were living with HIV, of whom 1.4 million were in eastern Europe and central Asia. The priority must be to stop new HIV infections and improve access to HIV services for these groups, and the *European Action Plan for HIV/AIDS 2012–2015* aims to do this, getting new impetus from the recent research which shows that early anti-retroviral therapy can reduce sexual transmission in heterosexual couples by 96%.

A Reformed WHO and Other Issues

Reforming WHO was also on the agenda. There was general support for the view expressed by a delegate from Monaco addressing the others: "WHO is the global agency that plays a leadership role when it comes to health. What we need to do is give it back its rightful role." One country saw this similarly: "WHO is the only democratic organization in global health, and we need it to be there and take the lead."

Countries also endorsed the European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families, agreed at a conference in Bucharest, Romania, last year. Powerful testimony by "self-advocate" Senada Halilčević, a young person with intellectual disability, filmed at the conference, explained the life-enhancing improvement of living in the community.

Lastly, several countries signed Biennial Collaborative Agreements with WHO Regional Office for Europe, including Croatia, Hungary, Republic of Moldova, Serbia, and Slovenia.

CONCLUSION

There is a new momentum in Europe. We share a determination to protect health as a human right that should inform all government policy. At the same time, countries have backed evidence-informed detailed action plans that will help to support countries as they tackle some of the key killer diseases. Now it will be up to the countries to build on this.