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“HEALTH 2020” – NEW FRAMEWORK FOR HEALTH POLICY PART I.

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ABSTRACT

The paper presents the new framework for health policy adopted in September 2012 during the 62nd session of World Health Organization (WHO) Regional Committee for Europe as the strategy “Health 2020”. Four priority areas for policy action as well as prerequisites for achieving two interlinked strategic objectives; improving health for all and reducing health inequalities as well as improving leadership and participatory governance for health are presented and discussed.

Key words: *World Health Organization, health policy, strategic objectives, framework for action*

INTRODUCTION

Between 10 and 13 September 2012 the 62nd session of European Regional Committee (RC) of World Health Organization took place at Malta. One of its most important results was the adoption of resolution on approval of new strategic framework of regional health policy “Health 2020” (1). The delegations of all 53 Member Countries of WHO/EURO voted in favor of this resolution.

Dr Zsuzsanna Jakab, Regional Director of WHO/EURO expressed the view that strategy ‘Health 2020’ should inspire in next years the programs and activities of governments and societies to improve the health and wellbeing of the people (2). We would like to significantly improve the health situation and level of wellbeing of the people, to reduce health inequalities, to strengthen public health as well as assure good functioning of people centered and just health system which should be accessible to everybody. This system should be sustainable and providing health services of high quality.

Main principles and objectives of the strategy are presented in the document “Health 2020: a European policy framework for supporting action across government and society for health and well-being” (3) in its short and longer version. They were worked out as a result of the decision of the 60th session of European Regional Committee of WHO which took place in September 2010 in Moscow (4) and in the process of discussions and negotiations with and between Member Countries of WHO/EURO and interested organizations.

The structure and objectives of the strategy were also many times discussed during the meetings of Standing Committee of RC of WHO/EURO. The health in this document is seen as the main societal resource and asset. The social and economic arguments for reaching the highest attainable standard of health are presented. “Health 2020” strategy has two strategic objectives and four priority areas of activity.

The objective of this paper is to present the outline of this strategy in the context of its potential usefulness for national health policy. Strategy “Health 2020”, *selected parts of which are quoted in the paper*, should be seen as important document which may play a complementary role to EU strategy “Europe 2020” which does not address directly the health issues. The declaration of cooperation (2) signed in 2010 in Moscow by Regional Director of WHO/EURO and EU Commissioner for Health and Consumer Policy provides framework and hope for the better coordination of activities in the area of health between these two crucial European institutions.

HEALTH AS A MAJOR SOCIETAL RESOURCE AND ASSET

Good health benefits all sectors and the hole of society making it a valuable resource. Good health is essential for economic and social development and a vital concern to the lives of every single person, all families and communities. Poor health wastes potential, causes despair and drains resources across each sector.

Enabling people to have control over their health and its determinants strengthens communities and improves lives. Without people's active involvement, many opportunities to promote and protect their health and increase their wellbeing are lost.

What makes societies prosper and flourish also makes people healthy – policies that recognize this have more impact. Fair access to education, decent work, housing and income all support health. Health contributes to increased productivity, a more efficient workforce, healthier aging, and less expenditure on sickness and social benefits and fewer lost tax revenues. The health and wellbeing of the population are best achieved if the whole of government works together to address the social and individual determinants of health. Good health can support economic recovery and development.

Health performance and economic performance are interlinked – improving the health sector's use of its resources is essential. The health sector is important for both direct and indirect effects on the economy. It matters not only because of how it affects people's health and their productivity but because it is now one of the largest economic sectors in every medium and high income country. It is a major employer, important land-owner, builder and consumer of other sectors' products. It is also a major driver of research and innovation and a significant player in the international competition for people, ideas and products. Its importance will continue to grow and, with it, the significance of its contribution to wider societal goals.

Across the WHO European Region as a whole, health has greatly improved in recent decades but not everywhere and not for everyone equally. World Health Organization and its member countries cannot accept it. Many groups and areas have been left behind and, in many instances, as economies falter, health inequalities are growing within and between countries. Ethnic minorities, some migrant communities and groups such as "Travellers" and Roma suffer disproportionately. Shifting patterns of disease, demography and migration may affect progress in health and require improved management and governance. Rapid growth of chronic diseases and mental disorders, lack of social cohesion, environmental threats and financial uncertainties make improving health even more difficult and threaten the sustainability of health and welfare systems. Creative and innovative responses, to which there is real commitment, are needed.

A STRONG VALUE BASE: REACHING THE HIGHEST ATTAINABLE STANDARD OF HEALTH

Health 2020 is based on the values enshrined in the WHO Constitution: "The enjoyment of the highest

attainable standard of health is one of the fundamental rights of every human being" (6). Countries across the WHO European Region have acknowledged the right to health and committed themselves to universality, solidarity and equal access as the guiding values for organizing and funding their health systems. They aim for the highest attainable level of health regardless of ethnicity, sex, age, social status or ability to pay. These values include fairness, sustainability, quality, transparency, accountability, gender equality, dignity and the right to participate in decision-making.

A STRONG SOCIAL AND ECONOMIC CASE FOR IMPROVING HEALTH

The challenge health expenditure poses to governments is greater than ever. In many countries, the health share of government budgets is larger than ever, and health care costs have grown faster than GDP. Some of these countries data show a lack of correlation between health expenditure and health outcome.

Many health systems fail to contain costs while financial pressures on them make getting the balance right for health and ensuring social protection even harder. Cost are primarily driven by supply side, such as new treatments and technologies, and people's rising expectations of protection from health risks and access to high quality health care. Before being embarked on, any health reform should give careful consideration to deeply entrenched economic and political interests and social and cultural opposition. These challenges require intersectoral approaches, since health ministers cannot resolve them on their own.

Real health benefits can be attained at an affordable cost and within resource constrain if effective strategies are adopted. A growing body of evidence on the economics of disease prevention shows how health costs can be contained, but only if they also address inequalities across the social gradient and support the most vulnerable people. At present, governments spend only a small fraction of their health budgets on promoting health and preventing disease – about 3% in OECD countries – and many do not systematically address inequalities. Social and technological advances, if used effectively, offer real health benefits, especially in the areas of information, social marketing and social media.

Using resources efficiently within the health sector can contain costs. European health systems are being required to improve their performance and respond to new challenges. Reconfiguring service, acquiring new responsibilities, introducing incentives and payment structures can provide better value for money. Health systems, like other sectors, need to adapt and change. Health policy statements by such organizations as the European Union (EU) and the OECD have reinforced this.

In a globalized world, countries are increasingly required to work together to solve many key health challenges. This requires cooperation across borders. Many international agreements underline this requirement, such as International Health Regulations, the WHO Framework Convention on Tobacco Control or the Doha “climatic” Declaration of 2012.

STRATEGIC OBJECTIVES OF HEALTH 2020: STRONGER EQUITY AND BETTER GOVERNANCE FOR HEALTH

Health 2020 recognizes that successful governments can achieve real improvements in health if they work across government to fulfill two linked strategic objectives:

- Improving health for all and reducing health inequalities;
- Improving leadership and participatory governance for health.

IMPROVING HEALTH FOR ALL AND REDUCING HEALTH INEQUALITIES

Countries, regions and cities setting common objectives and joint investment between health and other sectors can significantly improve health and wellbeing. Priority areas include preschool education, educational performance, employment and working conditions, social protection and reducing poverty. Approaches include addressing community resilience, social inclusion and cohesion, promoting assets for wellbeing, mainstreaming gender and building the individual and community strengths that protect and promote health such as individual skills and sense of belonging. Setting targets for reducing health inequalities can help drive action and is one of the principal ways for assessing health development at all levels.

Addressing health inequalities contributes significantly to health and well being. The causes are complex and deeply rooted across the life course, reinforcing the disadvantage and vulnerability. Health 2020 highlights the increasing concern about tackling poor health within countries and across the Region as a whole. The lowest and highest life expectancies at birth in the WHO European Region differ by 16 years, with differences between the life expectancies of men and women. Maternal mortality rates are up to 43 times higher in some countries in the Region than in others. Such extreme health inequalities are also linked to health related behaviors, including tobacco and alcohol use, diet and level of physical activity as well as to mental disorders

which in turn reflect the stress and disadvantage in people’s lives.

Taking action on the social and environmental determinants of health can address many inequalities effectively. Research shows that effective interventions require a policy environment that overcomes sectoral boundaries and enables integrated programmes. For example, evidence clearly indicates that integrated approaches to child wellbeing and early childhood development produce better and fairer outcomes in both health and education.

Urban development that considers the determinants of health is crucial, and mayors and local authorities play an even more important role in promoting health and wellbeing. Participation, accountability and sustainable funding mechanisms reinforce the effects of such local programmes.

IMPROVING LEADERSHIP AND PARTICIPATORY GOVERNANCE FOR HEALTH

Leadership from health ministries and public health agencies will remain vitally important to address the disease burden across the European Region. It needs to be strengthened. The health sector is responsible for developing and implementing national and subnational health strategies, setting goals and targets for improving health, assessing how the policies of other sectors affect health, delivering high-quality and effective health care services and ensuring core public health functions. It also has to consider how its health policy decisions affect other sectors and stakeholders.

Health ministries and public health agencies are increasingly engaged in initiating intersectoral approaches for health and acting as health brokers and advocates. This includes highlighting both the economic, social and political benefits of good health and the adverse effects of ill health and inequalities on every sector, the whole of government, and the whole of society. Exercising such a leadership role requires using diplomacy, evidence, argument and persuasion. The health sector also has a partnership role towards other sectors when strengthening health can contribute to achieving their goals. All countries at the United Nations high level Meeting on the Prevention and Control of Non-Communicable Diseases and the World Health Assembly have endorsed such collaborative principles – referred as whole of government and whole of society approaches (7).

Governments at all levels are considering establishing formal structures and processes that support coherence and intersectoral problem solving in the area of health. This can strengthen coordination and address

power imbalance between sectors. The strategic benefits of adopting a health in all policies approach are increasingly being recognized. This approach advocates moving health up the policy agenda, strengthening policy dialogue on health and its determinants, and building accountability for health outcomes. Declaration on "Health in all Policies" was signed in December 2007 in Rome by ministers of health of EU member countries. Unfortunately in quite a few EU countries this agreement has not been sufficiently implemented.

Health impact assessment (HIA) and economic evaluation are valuable tools in assessing the potential effects of policies and can also be used to assess how policies affect equity. Qualitative and quantitative data can be gathered and validated to assess impact on health. Research in wellbeing, as conducted in other organizations such as OECD, can also contribute.

Governments are also committed to establishing structures and processes that enable increased involvement of wider range of stakeholders. This is especially important for citizens, civil society organizations and other groups, such as migrants that make up civil society.

Effective leadership throughout society can support better results for health. Research shows strong correlations between responsible governance, new forms of leadership and community participation. In the 21st century many individuals, sectors and organizations can provide leadership for health. This can take many forms and requires creativity and new skills, especially in managing conflicts of interest and finding new ways of tackling intractable complex problems. Together with Member States, WHO has a special responsibility to exercise such leadership and to support health ministers in achieving their goals.

Empowering people, citizens, consumers and patients is critical for improving health outcomes, health system performance and patient satisfaction. The voice of civil society, including individuals and patient organization, youth and senior citizens organizations is essential to draw attention to health damaging environments, lifestyles or products and to gaps in the quality and provision of health care. It is also critical for generating new ideas.

WORKING TOGETHER ON COMMON POLICY PRIORITIES FOR HEALTH

The Health 2020 policy is based on four priority areas for policy action:

- Investing in health through a life course approach and empowering people;
- Tackling the Region's major health challenges of noncommunicable and communicable diseases;
- Strengthening people centered health systems, public

health capacity and emergency preparedness, surveillance, and response; and

- Creating resilient communities and supportive environments.

In the spirit of coherence and consistency the four priority areas build on the categories for priority setting and programmes in WHO. Those categories were agreed by Member States at the global level and have been aligned to address the special requirements and experiences of the European Region. They also build on relevant WHO strategies and action plans at regional and global levels.

Detailed description of the contents of four priority areas of Health 2020 Strategy and indicators for its implementation will be presented in the second part of this paper.

The new WHO/EURO framework for health policy has been presented as approved by the last Regional Committee (3). The framework and principles of regional health governance have been prepared with the use of papers by *I. Kickbush* (8) and *D. Mc Queen* (9).

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