

Janusz T. Opolski, Mirosław J. Wysocki***

„HEALTH 2020” – NEW FRAMEWORK FOR HEALTH POLICY PART II

*High School and Ecology and Management, Warsaw

**National Institute of Public Health - National Institute of Hygiene, Warsaw

ABSTRACT

The papers continues presentation of the new framework for health policy related to “Health 2020” strategy adopted in September 2012 unanimously by all member countries of EURO Region during the 62nd session of the World Health Organization Regional Committee for Europe. Four priority areas for action are presented.

Key words: *World Health Organization, health policy, Health 2020, priority areas 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. The representatives of all 53 member states voted in favor of the Resolution “Health 2020”(1) on approval of regional policy framework for health and well-being presented in the strategy document “Health 2020”: a European policy framework supporting action across government and society for health and well-being(2). During the next 63rd session of the Regional Committee for WHO/ EURO member countries confirmed the intention to implement this strategy and unanimously accepted the list of targets and indicators which will be presented in the next publication.

The health in this document is seen as main societal resource and asset.”Health 2020” has two strategic objectives and four priority areas for action. The general contents and objectives of the strategy were discussed in detail in previous paper(3). The objective of this paper is to present four priority areas for policy action on the base of strategy document selected parts of which are quoted.

Four priority areas are selected for policy action:

- 1) Investing in health through a life-course approach and empowering people,
- 2) Tackling the major health challenges of noncommunicable and communicable diseases,
- 3) Strengthening people-centred health systems, public health capacity, also emergency preparedness, surveillance and response,

- 4) Creating resilient communities and supportive environments.

It should be emphasized that these four priority areas are interlinked, interdependent and mutually supportive. As it was pointed out, action on the life course empowerment of people will help contain the epidemic of noncommunicable diseases. What in turn, will also help the contain communicable disease outbreaks. And governments achieve higher impact when policies, investments and services are linked up and focus on reducing inequalities.

From the operational point of view these four priorities requires a combination of governance that promote health equity and well-being. It was minded that smart governance will anticipate change, foster innovations and will be oriented toward investing in promoting health and preventing diseases; will include governing through public policy and regulation as well as through new forms of collaboration with civil society organizations, independent agencies and expert bodies. At the same time there is increasing need to apply evidence to policy and practice, observe ethical boundaries, expand transparency and strengthen accountability in some fields as privacy, risk and health impact assessment.

It is recognized that countries engage from different starting-points in strategy “Health 2020” have different context and capacity. Many health policy decisions have to be taken under conditions of uncertain and imperfect knowledge and the wider system effects of many aspects of reforming health system also cannot be fully predicted. In this context and also as such complex problems as obesity or multimorbidity are concerned, drawing

on knowledge from the social behavioral and policy sciences is proving increasingly important including also social marketing and behavioral economics. Also cooperation across the European Region can accelerate the development of expertise because every country and sector can both learn and contribute.

THE FIRST PRIORITY AREA: INVESTING IN HEALTH THROUGH A LIFE-COURSE APPROACH AND EMPOWERING PEOPLE

Supporting good health throughout the life-course leads to increasing health life expectancy and longevity dividend, which can yield important economic, societal and individual benefits. The demographic transformation being observed in countries requires an effective life-course strategy. It means priority for new approaches in promoting health and preventing diseases. Improving health and health equity begins with pregnancy and early child development. Evidently, healthy children learn better, healthy adults are more productive and healthy older people can continue to contribute actively to society. Healthy and active ageing is major policy and research priority. It is worth to mention in this place as far as situation in Poland is concerned the recently published book “Healthy ageing: The White Paper” (4) and the intersectoral program which is being developed, as well as the European Plan on Active and Healthy Aging (5).

Health promotion programmes based on principles of people’s engagement and empowerment offer real benefits. These includes: creating better conditions for health, improving health literacy, supportive independent living and making the healthier choices the easier one. It is also making pregnancies safe, giving people a healthy start in life, promoting healthy workplaces and supporting healthy ageing. In view of the obesity epidemic spreading across Europe providing healthy food and nutrition throughout the life span is also treated as a priority.

Strong evidence indicates that cost-effective policy pathways can directly enhance population health and well-being. Practical experience and evidence on health promotion programmes and national strategies have been observed in the European Region as key diseases groups are concerned such as cardiovascular diseases, cancer or diabetes. They demonstrate that combining government leadership, supportive environment and a sense a control and empowerment can lead to success. It has been noticed however, that social behavioral research should be strengthened.

Owing to the fact, that one in four people in the European Region experience some type of mental health problems during their lives, highly relevant is strength-

ening the mental health promotion programmes. A particular challenge is to promote the early diagnosis of depression and prevent suicide by initiating community-based intervention programmes. It has been noticed also, that research is leading to a better understanding of the damaging association between mental health problems and social marginalization, unemployment, homelessness and also alcohol and other substance use disorders. Besides, new forms of addiction related to online virtual world must also be addressed.

Particularly valuable is a strategic focus on healthy living for both young and older people. A broad range of stakeholders can contribute to programmes that support their health, supporting intergenerational activities. Regarding young people, these can include peer-to-peer education, involvement of youth organizations and school-based health literacy programme. Particularly important is integrating work on mental and sexual health. For the older people, active and healthy ageing initiatives can benefit health and quality of life.

THE SECOND PRIORITY AREA: TACKLING EUROPE’S MAJOR HEALTH CHALLENGES: NONCOMMUNICABLE AND COMMUNICABLE DISEASES

“Health 2020” focuses on a set of effective integrated strategies and interventions to address major health challenges in the Region, related to both noncommunicable and communicable diseases. Both types require combining determined public health actions and health care system interventions, the effectiveness of these is underpinned by actions on equity, social determinants of health, empowerment people and supportive environments.

Prerequisite for successfully addressing the high burden of noncommunicable diseases is a combination of approaches, namely integrated whole-of-government and whole-of-society ones. It should be also underlined the linkage between distribution of noncommunicable diseases – unequal within and between countries – and action on the social and environmental determinants of health. Furthermore, existing global and regional declarations and strategies are enumerated, as Global Strategy on Diet, Physical Activity and Health for example, in order to support intensifying efforts as implementation is concerned. Also in regard to health promotion as defined in the Ottawa Charter. They all encourage governments to develop intersectoral national strategies with goals and targets related to noncommunicable diseases.

“Health 2020” supports also continued strong efforts to combat communicable diseases. No country can afford to relax its vigilance and each has to continually

strive to maintain the highest standards in epidemiological surveillance. For the European Region, the priority action areas are as follows: implementation of the International Health Regulations, improving information exchange and, when appropriate, implementation of joint surveillance and disease control activities by public health, veterinary control, food and agriculture authorities to better prevent infectious diseases that can be transmitted from animals to humans, including emerging infectious diseases, drug – resistant organisms and water and foodborne diseases. In order to tackle serious viral and bacterial threats it is necessary to implement regional policies and action plans; to combat antimicrobial resistance through the prudent use of antibiotics and infection control. It is also necessary to ensure safe basic commodities such as water and food, to reach and maintain recommended immunization coverage and to reach regional and global eradication and elimination goals for polio, measles, rubella and malaria; to fully control diseases as TBC, HIV and influenza by ensuring that the whole population, including vulnerable groups, has access to the health care system and evidence-based interventions.

**THE THIRD PRIORITY AREA:
STRENGTHENING PEOPLE-CENTRED
HEALTH SYSTEMS, PUBLIC HEALTH
CAPACITY AND EMERGENCY
PREPAREDNESS, SURVEILLANCE AND
RESPONSE**

High quality care and improved health outcomes requires health systems that are financially viable, fit for purpose, people-centred and evidence informed. All countries have to adapt to changing demography and patterns of diseases; to take into consideration mental health challenges, chronic diseases and conditions related to ageing. This requires such a reorientation of health care systems which gives priority to disease prevention, fosters continuous quality improvement and integrates service delivery, ensures continuity of care, supports self care by patients and relocates care as close to home making it safe and cost-effective. The potential of personalized medicine needs to be assessed.

“Health 2020” reconfirms the commitment of WHO and its Member States to ensure universal coverage, including access to high-quality and affordable care and medicines. Many countries have achieved universal coverage but much needs to be done to eliminate catastrophic and impoverishing medical payments in the Region. It is important to ensure long-term sustainability and resilience to economic cycles, to contain supply-driven cost increase and to eliminate wasteful

spending while providing reasonable levels of financial protection. Health technology assessment and quality assurance mechanisms are especially important for health system transparency and accountability and also are an integral part of a patient safety culture.

“Health 2020” remains committed to a primary health care approach as a cornerstone of health systems in the 21st century. Primary health care can respond to today’s needs by fostering an enabling environment for partnership to thrive, and encouraging people to participate in new ways in their treatment and take better care of their own health. Making full use of 21st-century tools and innovations such as communications technology – digital records, telemedicine and e-health – and social media can contribute to better and more cost-effective care. Important principles are recognizing patients as resource and as partners, and being accountable for patient outcome.

Achieving better health outcomes requires substantial strengthening of public health functions and capacity. Although public health capacity and resources vary across the Region, prioritizing investment in public health institutional arrangements and capacity – building and strengthening health protection, health promotion and disease prevention can have an important cost-effective benefits. Reviewing and adopting public health laws and instruments to modernize and strengthen public health functions can also help. Cooperation on global health and cross-border health challenges are increasingly important. Also as regards coordination within countries that have devolved and decentralized public health responsibilities.

Revitalizing public health and transforming service delivery requires reforming the education and training of health professionals. A more flexible of a health multi –skilled and team-oriented workforce is at the heart of a health system fit for the 21st. century. This includes: team based and new forms of care delivery including home and long-term care; skills in supporting patients empowerment and self care and enhanced strategic planning, management, working across sectors and leadership capacity. It implies a new working culture that fosters new forms of cooperation between professionals in public health and health care, as well as between health and social services professionals and health and other sectors. The global health workforce crisis requires that the WHO Global Code of Practice for the International Recruitment of Health Personnel be implemented.

The crucial factor is developing adaptive policies, resilient structures and foresight; decisive to effectively anticipate and deal with public health emergencies. The International Health Regulations require countries to implement certain measures in public health activity.

THE FOURTH PRIORITY AREA: CREATING RESILIENT COMMUNITIES AND SUPPORTIVE ENVIRONMENTS

A key factor in protecting and promoting health and well-being is building resilience at both individual and community levels. People's health chances are closely linked to the conditions in which they are born, grow, work and age. Systematically assessing the health effects of a rapidly changing environment – especially related to technology, work, energy production and urbanization- is essential and must be followed by action to ensure positive benefits to health. Resilient communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship.

Crucial in protecting human health from the risks of a hazardous or contaminated environment and creating health-promoting social and physical settings is collaboration between the environmental and health sectors. Hazards in the environment are a major determinant of health; many health conditions are linked to the environment, such as exposure to air pollution and the impact of climate change, and furthermore they interact with social determinants of health.

Expanding interdisciplinary and intersectoral collaboration between human, environmental and animal health enhances public health effectiveness. This can include: working to fully implement multilateral environmental agreements as well as recommendations of the European environment and health process; expeditiously expanding the scientific knowledge base; assessing the effects on health of policies in various sectors, especially those affecting both health and the environment; ensuring the continual development and adaptation of services for environment and health and encouraging the health sector to act in an environmentally more responsible manner.

WORKING TOGETHER - ADDING VALUE THROUGH PARTNERSHIPS

At the end it is essential to quote some important ascertainments related to basic realization idea: working together-adding value through partnership.

The aims of "Health 2020" will be achieved through a combination of individual and collective efforts. Success requires common purpose and broad collaborative efforts by people and organizations across society in every country including governments, nongovernmental organizations, civil society, the private sector, science and academia, health professionals, communities and every individual. It is also relevant to international

collaboration between countries, with international organizations as WHO and with European Union. Working with civil society will strengthen advocacy for implementing "Health 2020" as well as looking for ways to appropriate and ethically engage with private business sector, including encouraging and rewarding their social responsibility.

Health "2020" as a common purpose and a shared responsibility is an adaptable and practical policy framework. It provides a unique platform for joint learning and sharing of expertise and experience between countries. It recognizes that every country is unique and will pursue these common goals through different pathways. Country will use different entry points and approaches but remain united in purpose. In an interdependent world, the need for countries to act together becomes ever more important.

The future prosperity of individual countries and the Region as a whole will depend on the willingness and ability to seize new opportunities to enhance the health and well-being of present and future generations. Political commitment to described process is essential.

"Health 2020" supports and encourages health ministers to bring key stakeholders together in a shared effort for a healthier European Region.

REFERENCES

1. Resolution. Health 2020 - The European policy framework for health and well-being. EUR/RC62/R4
2. Health 2020: a European policy framework supporting action across government and society for health and well-being. EUR/RC62/+EUR/RC62/Conf.Doc/8
3. Janusz T. Opolski, Mirosław J. Wysocki, Health 2020- New framework for health policy. Part I. *Przegl. Epidemiol.* 2013;67:1-4
4. *Zdrowe starzenie się: Biała Księga. Healthy ageing: the White Paper.* B. Samoliński, F. Raciborski (Ed.). Warszawa: Scholar 2013
5. Communication from the Commission to the European Parliament and the Council. Taking forward the Strategic Implementation Plan for European Innovation Partnership on Active and Healthy Aging. Com/2012/083/final

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Address for correspondence:

Prof. dr Mirosław J Wysocki
National Institute of Public Health
-National Institute of Hygiene
24 Chocimska Street, 00-791 Warsaw, Poland
E-mail: mjwysocki@pzh.gov.pl