Dear Prime Minister, Minister, Mayor,

Health is a prerequisite for social and economic development. The health of the population can be seriously compromised by the financial crisis that is affecting many countries, in many ways. But it can also present an opportunity to do more and better for people’s health. All sectors and levels of government are responsible for the creation of health. Your leadership for health and well-being can make a tremendous difference for the people of your country or city and for Europe as a whole. Your support for Health 2020 is truly essential.

The European Region of the World Health Organization includes 900 million people living in 53 Member States. They have agreed to cooperate with renewed vigour to improve health, equity and well-being by adopting the European Health 2020 policy framework.

Draft 1, 27 January 2012

HEALTH 2020
Leadership for health and well-being in 21st century Europe

HEALTH AND WELL-BEING – A COMMON PURPOSE, A SHARED RESPONSIBILITY

1. Health and well-being are central to the lives of all people and a key to societal development. Across the European Region of the World Health Organization (WHO), all countries are striving to improve the health and well-being of their populations in terms of both outcomes and equity.

2. By and large, the conditions that make people healthy are those which result in them being more likely to be employed, more productive in the workplace, and to have healthier children who reach higher levels of educational attainment. People in work that they actively enjoy, who live in communities they support and that support them, and whose children flourish, tend to be in better health. It is also known that empowering people to have control over their lives is a very important factor in creating social cohesion and enabling them to act for their health.

3. In recent decades there have been significant improvements in the health of people in Europe, and average life expectancy continues to rise. Many sectors have contributed to this achievement. But these improvements, and the conditions that foster them, have not been shared equally within and between countries – substantial differences persist and in many instances are increasing. Social and technological advances have created unprecedented opportunities for health improvement, yet at the same time all European governments are facing dramatic global, regional and national challenges that may affect the health and well-being of their populations unless serious efforts are made to counteract them. These challenges include financial uncertainties combined with environmental threats and increasing inequities, as well as major shifts in geopolitics, patterns of disease, demography and migration.

4. In response to these changes, the 53 Member States in WHO’s European Region have agreed on the need to share their experience and knowledge and to develop Health 2020 as a common policy framework to assist them in their individual and collective pursuits of health, equity, and well-being over the next ten years.
5. Health 2020 is a value-based action-oriented policy framework, adaptable to different realities in the countries of the WHO European Region. It is not only addressed to ministries of health but also aims to engage ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being. Health 2020 puts forward common policy priorities and recommendations for action that reflect the current state of health and health systems in the European Region and which draw on the best available evidence on solutions that work. These priorities acknowledge and build on the diversity of the Region as a source of knowledge and inspiration for solutions and innovation.

6. Health 2020 builds on three decades of European health policy development, inspired and guided by the values, principles, strategies and targets of Health for All (HFA), primary health care, disease prevention and health promotion approaches. HFA drew attention to the prerequisites for health, including freedom from the fear of war, equal opportunity for all, the satisfaction of basic needs and the necessity of political will and public support.

7. Health 2020 makes an evidence-based case for the need to reframe approaches, identifies new policy avenues and describes the key governance changes that are needed.

8. Health 2020 also reaches out to and engages with other European and global organizations committed to promoting health, acting on the social determinants and strengthening universal health systems – such organizations are important allies for moving forward.


Key evidence for action: social and economic considerations

10. Much has been learned in recent years, across the WHO European Region and beyond, about the breadth and complexity of 21st century challenges to population health and well-being, as well as new opportunities for real progress.

11. Today’s health challenges are difficult to solve because of their complexity and rapidly changing requirements. Achieving good health outcomes requires a whole-of-life approach, including consideration of inter-generational transmission of health. Economic, social, political and cultural processes operate throughout life, determining social position and cohesion. Problems such as obesity, alcohol misuse, increasing health inequities, demographic shifts, environmental threats, major disease outbreaks, financial pressures on health and welfare systems, and social and
technological transformation all increase the need for policy innovation. There are many steps linking cause and effect, so there are no quick fixes, no simple solutions.

12. Countries are facing a new macroeconomics of health: Health is taking a larger share of government budgets than ever before. Health expenditure has grown at a pace exceeding economic growth, and especially in low- and middle-income countries, resulting in increased financial pressures that threaten the long-term sustainability of health systems. It is essential that the health sector is well governed and that the financing of health care is sustainable, effective and equitable. Countries not only face financial constraints – some lack sufficient numbers of health professionals and sometimes need to compete for doctors and nurses. They also compete in the global health care market of research and development and product innovation. Furthermore, the global dimension makes health an integral part of foreign policy; health has also become a global economic and security issue. This rise in significance of the health sector, however, has not always resulted in improvements in population health, nor have its health benefits been distributed equally among social groups.

13. Good health throughout the life-course contributes to the economic and social development of a society in a variety of ways: healthy children learn better; healthy adults are more productive; healthy older people continue to contribute actively to society. In ageing societies, a comprehensive strategy to gain two to three years of additional years of healthy life expectancy can yield important economic, societal and individual benefits. Investing in this longevity dividend, as well as in early childhood, has become a priority for many policy sectors, as well as for health development. These investments will not be effective if they do not address the different needs of boys, girls, women and men and do not remove existing barriers to equal access and opportunities.

14. Health 2020 builds a strong case for costing the current burden of disease and health inequities in the WHO European Region. Strong evidence-informed socioeconomic arguments help advocate for health and well-being. Research shows that noncommunicable diseases, including mental disorders, for example, have significant short- and long-term economic impacts (both external to and within health care systems), amounting to many hundreds of billions of Euros every year in the European Region. A large burden of disease, particularly from chronic noncommunicable diseases, impacts heavily on labour markets and productivity. Diseases fuel disparities in employment opportunities and wages. They affect productivity at work, and increase sick leave and the demand for welfare benefits. Expensive medical treatments drive up the cost of managing chronic diseases and multiple morbidities (which are on the increase). Moreover, these diseases and disabilities also reduce the life chances and life options of those affected. This knowledge base can help make the case for investing more wisely in health and health systems.

15. Studies show that many costs may be avoidable, both by promoting health and well-being within society (including action on
the determinants of health) and by investing in disease prevention (including reorientation and enhanced integration of the health care system). A strong economic case can be made for action to promote health and prevent disease. This rests on a growing body of evidence from economic studies, which shows areas where appropriate policies can generate health benefits at an affordable cost, sometimes reducing health expenditure and helping to redress health inequalities at the same time. Modelling studies are increasingly being used to examine the potential long-term health and economic benefits of interventions on health and its determinants. However, the reality is that governments spend, at best, only a small fraction of their health budgets on prevention (in the region of 3% of total health expenditure, in the OECD area). Greater efficiency and value for money can also be promoted within health care systems, through the reconfiguration of services and responsibilities. Examples include improved coordination of care, and the empowerment and involvement of people with chronic diseases in the management of their conditions, by making the best use of new technologies that support these developments. Health information systems and health systems research, including their regional integration and harmonization, are of paramount importance.

GOALS AND OBJECTIVES

16. The goal of Health 2020 is “to improve the health and well-being of populations, reduce health inequities, and ensure sustainable people-centred health systems.”

17. Health 2020 addresses four strategic objectives:
   • Working together: adding value through partnerships
   • Setting common policy priorities
   • Improving governance for health and increasing participation
   • Accelerating the uptake of new knowledge and innovation through leadership

18. In addressing these four objectives, Health 2020 is informed by an ongoing process of gathering, reviewing and sharing knowledge, evidence, experience and practice across the European Region and beyond. Specially commissioned reviews of the social determinants of health and the health divide in Europe, and of governance for health in the twenty-first century, for example, have produced a wealth of practical and relevant information for all countries in the Region.* Health 2020 also provides insights and guidance that help with understanding and implementing promising concepts and ideas and making sense of contextual issues that are critical for success.

WORKING TOGETHER: ADDING VALUE THROUGH PARTNERSHIPS

19. The goal of Health 2020 can only be reached by a collective effort. Health 2020 provides a platform for dialogue and joint problem-solving by key actors: governments, civil society, the
private sector, academia, communities – and each and every individual. The significant costs to society imposed by the economic burden of ill health and the cost of inequities make it imperative to work together. Within government, this includes many different sectors with policy responsibilities that cover the conditions in which people are born, grow, live, work and age, such as food, water, transport, housing, migration, labour, environment and education.

20. In moving forward, countries can build on the significant experience with intersectoral action gained in Europe – such as the environment and health process in the WHO European Region and the implementation of “health in all policies” (HiAP) approaches already emerging in several countries.

21. There is significant added value for all policy-makers from working with others in partnerships to address the many health challenges they share. The number of health actors in Europe and around the globe has increased significantly, and cooperation with other key international and European organizations and nongovernmental organizations (NGOs) can enhance impact and efficiency and result in more policy coherence.

22. Close cooperation between WHO, the Commonwealth of Independent States and south-east European Member States and the European Union, on health matters is crucial. Increasing policy coherence, work on shared platforms for surveillance and actions to support health are of key importance in Member States’ quest for better health and greater health equity. Such cooperation paves the way for further progress towards creating the better health outcomes in Europe that are envisaged in Health 2020.

23. The joint declaration by WHO and the European Commission, which includes six “roadmaps” for greater collaboration, are an important step in strengthening the partnership between the two organizations. These roadmaps show the increased efforts to engage in concrete and systematic cooperation in the fields of health information, health security, improving financing for health, health inequalities, health research, and in-country collaboration.

24. The close cooperation that already exists between WHO and international organizations active in the European Region is also being strengthened. These include bodies such as the World Bank, the Global Fund on AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the Organisation for Economic Co-operation and Development (OECD) the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Council of Europe, as well as development agencies and major NGOs. A significant number of countries in the European Region benefit from cooperation with these international organizations, and it will be critical to ensure that increasingly scarce resources are used in mutually synergistic ways and that duplication of efforts is avoided.
25. **New types of partnerships for health** have emerged at different levels of governance in the European Region, and these make important contributions to the Health 2020 process. Countries have created a variety of innovative cooperation mechanisms such as the South-eastern Europe Health Network and the Northern Dimension. Networks such as Healthy Cities and Regions for Health, as well as network-based “settings” projects such as Health-Promoting Schools, Health in Prisons, Workplace Health Promotion and Health-Promoting Hospitals, have developed many effective intersectoral and interagency approaches and activities. The Health 2020 process benefits from the active engagement of and knowledge generated by these partnerships.

**SETTING COMMON POLICY PRIORITIES**

26. The priorities set out in the Health 2020 policy framework are intended to help Member States establish systems and architecture that promote health and make them better able to face both current and future challenges. Many health policy decisions have to be taken under conditions of **uncertain and imperfect knowledge**: for many of the complex problems (like health equity, obesity, and antibiotic resistance), countries are continuously exploring what works best and in which combination; for many issues of health system reform, the **system effects cannot be fully predicted** and are not well understood. New ways must be found of rapidly gaining and using knowledge in order to select policy priorities. The health sector cannot improve health and reduce health inequity on its own.

**Insights that can make a difference**

27. Nonetheless, **the evidence base for informed decision-making in health policy is growing.** It can help decision-makers to address current challenges and prepare for future ones. The European Region can draw on the work of many of the world’s leading academics and research institutions to help it explore and anticipate such issues as: What will be the impact of new policies and technologies on health? What are the best strategies to address the health of very old people? What might health systems of the future look like? What will be the impact of climate change? What will be the impact of the new communications technologies for health? Will there be enough physicians and other health care practitioners? What sort of skills and competencies will they need? Will we need new types of hospitals and perhaps fewer such facilities? What is the potential of home care and community-based care? What are the best ways to prepare for an uncertain future in health? Health 2020 provides a methodological framework for such research and a platform to access and share findings.

28. **Health 2020** underlines the need to produce, use and connect up different types of evidence. **Different perspectives and different types of data** can inform policy choices on promoting and protecting health and preventing disease and on deciding which health interventions are to be given priority, while balancing investments within and beyond the health system.
An important and growing body of evidence exists to identify effective and cost-effective policy pathways for enhancing population health and well-being. Strong evidence shows that control, empowerment, resilience, “salutogenic” or health-generating assets and health literacy, for example, are critical elements for intervention, although on their own they may be insufficient. One priority is to evaluate more complex interventions in “packages” of measures that comprise multiple actions for promoting health and preventing chronic diseases, such as changing physical and social environments, or fiscal and regulatory measures to tackle major risk factors such as tobacco, alcohol, unhealthy diets and sedentary lifestyles. These have been shown to have the potential to deliver substantial health gains, with a very favourable cost–effectiveness profile, but they need an integrated “health in all policies” approach – often at the local level. Health impact assessments and economic evaluations can be used to quantify the potential effects on health of any policies, programmes or projects, most of them outside the health sector. Adding an equity focus to these assessments ensures that the distributional effects are recognized.

Interventions should integrate continuous learning: these include multistakeholder knowledge-gathering and sharing and mechanisms to encourage policy adjustment. Policy interventions in one area can have unintended consequences in another, and studies indicate the value of promoting a wide range of smaller-scale yet complex interventions to tackle the same problem at the local and community levels, to encourage learning and adaptation.

Countries at different starting points

In committing themselves to the Health 2020 policy process, European Member States have agreed that, despite their great diversity, they will work together with renewed vigour on matters pertaining to health, equity and well-being. In so doing, they will choose and adapt policy options to fit their particular national circumstances, as well as cooperate with other countries, sectors and stakeholders at local, national and international levels to increase the health potential of all peoples living in the European Region.

The knowledge of what works to make systems both adaptive and resilient will be applied in many different contexts. Countries will choose different pathways to reach an agreed goal for many reasons: their political system and political culture, the organization of their health system, or specific goals set by the government in power. Some countries will focus on equal opportunities, for example, others on equal outcomes. Similarly, building resilient communities offers policy-makers a palette of options: some may invest more in social welfare, while others will focus on mechanisms that empower people and give them control over their lives and health. There will be different pathways and approaches to pursuing a whole-of-government approach. In some countries, decentralized decision-making and self-organizing or social networking help stakeholders to respond quickly to
Six areas for policy action

- Tackle the health divide
- Invest in making people healthier, empower citizens and create resilient communities
- Tackle Europe’s major disease burdens
- Create healthy and supportive environments for health and well-being
- Strengthen people-centred health systems, public health capacities and preparedness for emergencies
- Promote and adopt “health in all policies”, whole-of-government and whole-of-society approaches

Tackle the health divide

33. Tackling the health divide requires new systems of governance and delivery. These will need to operate at all levels – involving both the whole of society and the whole of government.

The key Health 2020 policy recommendations to address the health divide are:

- to develop specific policies, programmes and action plans that address the social determinants of health, with clearly defined goals, activities, and accountability and funding mechanisms (fitting specific country contexts), which focus on key areas including early child development and education, employment and working conditions, social protection, disease prevention and treatment, and reducing social exclusion and vulnerability in individuals and communities;

- to redress the current patterns and magnitude of health inequities, in particular by addressing the known social determinants of preventable disease and premature mortality, across the whole population;

- to ensure that the year-on-year reduction of health inequities becomes one of the principal criteria used to assess health system performance and the effectiveness of government action as a whole. This means improving monitoring and surveillance systems to enable the routine collection and disaggregation of data – at least by sex, age, place of residence, employment status or levels of household income – to measure health inequities and analyse national and subnational effectiveness of policies aimed at their reduction.

34. It is not possible to reduce inequalities in health without reducing inequalities in society. Countries can utilize “health equity in all policies” as the expression of a key commitment to reducing health inequality and addressing the social determinants of health.
Whole-of-government approaches need to be adaptive and to mirror the complexities of causality and causal pathways across the life-course. Mechanisms for achieving improved health equity need to be embedded in governance arrangements, to clearly show a high level of political will and commitment. Intersectoral working may include the establishment of ongoing cross-government policy groups of senior officials with specific responsibilities and accountability for reducing health inequities. Such processes are necessary to enable a joined-up and coherent approach to addressing the social determinants of health and tackling health inequities in countries. Specific policy actions need to be underpinned by recognition of health and its social determinants as basic human rights; the need for equity within and between generations; economic, social, political and cultural processes – operating through the life-course – that may lead to exclusion and vulnerability; and the importance of empowerment and control for both individuals and communities. A key area of action is undoubtedly the prevention of processes that exclude people from good-quality living and working conditions – through which people become vulnerable.

Research shows that many of the determinants are amenable to effective interventions. Increased investment in public health capacity, health promotion and disease prevention opens up essential pathways to health – alongside more efficient and effective treatment and rehabilitation for those affected by disease. A range of different collaborative models of working can help redress the current patterns and magnitude of health inequities; improve the distribution of those determinants that affect people’s opportunity to be healthy; and reduce the risk and the consequences of disease and premature mortality across the whole population. This requires the strengthening of universal primary health care, prevention and treatment interventions and, if necessary, the development of targeted interventions. With conditions such as alcohol-related harm, tuberculosis or other health problems, the aim is to ensure cooperation and coordination with social services and other government departments so that participation in treatment does not lead to negative consequences such as loss of employment and earnings and further stigmatization.

Evidence also shows that effective interventions to address inequities require governments to strengthen the coherence of policies, investments, services and actions across sectors and stakeholders with equity in mind. Examples include improving educational performance, promoting social inclusion and cohesion, reducing poverty and improving community resilience and well-being. These shared priorities provide a convening point for action across sectors that, with attention to distribution, will produce benefits for people, including their health and health equity.

Invest in making people healthier, empower citizens and create resilient communities

The key Health 2020 policy recommendations, strategies and interventions are based on a life-course approach. They include:
THE WHOLE-OF-SOCIETY APPROACH

This approach aims to extend the whole-of-government approach by placing additional emphasis on the roles of the private sector and civil society, as well as of political decision-makers such as parliamentarians.

Increasingly, the policy networks that have emerged extend beyond government to include other societal actors, particularly when considering complex problems such as obesity and pandemic preparedness.

By engaging the private sector, civil society, communities and individuals, the whole-of-society approach can strengthen the resilience of communities to withstand threats to their health, security and well-being.

A whole-of-society approach goes beyond institutions: it influences and mobilizes local and global culture and media, rural and urban communities and all relevant policy sectors, such as the education system, the transport sector, the environment and even urban design, as demonstrated in the case of obesity and the global food system.

Whole-of-society approaches are a form of collaborative governance, which places emphasis on coordination through normative values and trust-building among a wide variety of actors.

A whole-of-society approach recognizes and deals with the barriers to participation that men and women may experience due to gender inequities with regard to exclusion processes.

- giving people a healthy start in life (promoting sexual and reproductive health, family planning and informed choice) and protecting the health of mothers and newborns through evidence-based antenatal, postnatal and natal services;
- protecting from adverse childhood experiences and promoting safety and well-being in childhood;
- providing adolescent-friendly health services;
- promoting healthy ageing (with emphasis on supporting people to be active, secure and independent and to live in dignity);
- improving the coordination of health and social services, providing targeted health promotion, rehabilitation, support for people with disabilities and mental disorders, and long-term care, as well as providing a basic package of support for informal care, to allow older people to stay at home and live independent lives for as long as possible.

38. Health 2020 brings new dynamism to the concept of health promotion, drawing on promising new developments, and puts forward concrete measures for creating empowering conditions for individuals and communities.

39. How health is lived and created in the context of people’s everyday lives is central to strategies for improvement – health status is determined by social, economic, environmental and behavioural factors. Health promotion is a process that enables people to exercise more control over their health and its determinants. Without people’s involvement, many opportunities to promote and protect health are lost. The voice of civil society, including patient organizations, is also essential for drawing attention to health-damaging environments or products or to gaps in the quality and provision of health care.

40. Empowering citizens, consumers and patients is critical for the improvement of health outcomes, as well as of health system performance and patient satisfaction. People want more involvement, more choice and more responsibility in controlling their lives. They are actively using the internet to gain access to information and new social media to exchange experiences and to advocate for their causes. While still seen critically by some health professionals, studies show that such empowerment and involvement can increase health and well-being, reduce the use of health services and health care costs, and bring about better communication between patient and health professionals, as well as better adherence to treatment regimens. Such empowerment needs to be equally available to all. It will lead to better life expectancy, more control over disease, increased self-esteem and inclusion in society and improved quality of life. The importance of ensuring

\* In accordance with the Reproductive health strategy to accelerate progress towards the attainment of international development goals and targets adopted by the Fifty-seventh World Health Assembly.
that policies and interventions are gender-sensitive cannot be overstated.

41. **Building healthy communities** is as acknowledged to be a viable and sustainable strategy in promoting and protecting health and well-being. Resilience has been recognized as a key factor in protecting and promoting health; this applies at both individual and community levels. Giving people and communities control over their lives builds resilience. Resilient communities are capable of responding pro-actively to new or adverse situations: they prepare for economic, social and environmental change and respond better to crisis and hardship. One approach is to build assets for health and well-being as part of a community’s development agenda. Public policy interventions should make healthy choices easier and in no way harm community health assets and resilience. The WHO Healthy Cities and Communities movement has gathered significant knowledge about ways to build healthy communities, particularly through involving citizens and generating community ownership.

**Tackle Europe’s major disease burden**

42. Health 2020 offers a set of effective “best-buy” strategies and interventions to address the public health challenges of the Region, with special attention paid to the *noncommunicable diseases* epidemic, which is unequally distributed within and between countries.

The key *Health 2020* policy recommendations to address the noncommunicable diseases epidemic are:

- to implement global and regional mandates such as the United Nations 2011 political declaration on NCDs, the *Framework Convention on Tobacco Control*, the global strategy on diet and physical activity, the global strategy and regional action plan on the harmful use of alcohol, and the regional strategy and action plan for the prevention and control of NCDs;

- to promote healthy choices through product formulation and design, regulation of marketing, taxes and subsidies, consumer education and setting of societal defaults for behaviour (“nudging”);

- to develop healthy settings and environments through multisectoral, multistakeholder, multilevel action addressing the determinants of ill-health, in order to protect the health of the workforce and of students, promote road safety and active living, incorporate health in all policies in order to develop healthy transport, education and food systems, with the involvement of all stakeholders, and promote safe physical and social environments that protect the vulnerable from injuries and violence; and

- to strengthen health systems, by creating primary health care systems that are able to manage NCD risk, and to detect and manage cancer early; ensuring an integral approach across all levels of care (including chronic care for HIV/AIDS,
HEALTH 2020 HELPS POLICY-MAKERS IN ALL SECTORS

Health 2020 repositions health and well-being firmly in the political, economic and social sphere. It recognizes that, in the face of global pressures, European health systems are continuously challenged to maintain and sustain the values to which they subscribe, including universality, access to good-quality care, fair financing, equity and solidarity.

• to promote mental health and human rights, by implementing the Declaration on healthy lives for young people with intellectual disabilities and their families, protecting the human rights of vulnerable groups, and developing mental health services that address stigma and support reintegration into the community.

43. **Communicable diseases** remain a challenge about which no country can afford to relax its vigilance; each must continuously strive to maintain the highest standards here.

The key Health 2020 policy recommendations to address communicable diseases are:

• to reach and maintain recommended immunization coverage for vaccine-preventable diseases (preventing avoidable diseases and deaths, and reaching regional elimination goals);

• to implement regional policies and action plans related to the prudent use of antibiotics and to infection control (to contain the emergence and spread of drug-resistant organisms and health care-associated infections); and

• to facilitate access by vulnerable populations to the health care system and evidence-based interventions (to fully control major diseases such as tuberculosis, HIV/AIDS, influenza and vaccine-preventable diseases).

44. **Health security** represents a key area of government responsibility across sectors and levels of government, from local to global.

The key Health 2020 policy recommendations to address health security are:

• to fully implement the International Health Regulations, and in particular to meet the core capacity requirements for surveillance and response (to detect early and respond in timely fashion to the occurrence and potential international spread of public health emergencies);

• to improve the exchange of information and, where appropriate, the implementation of joint surveillance and disease control activities by public health, veterinary, food, and agriculture authorities (to better control infectious diseases that can be transmitted from animals to humans, including emerging infectious diseases, drug-resistant organisms, and foodborne infections);
to develop a multihazard, intersectoral approach to emergency preparedness (to face the multiple facets of public health threats, including outbreaks and epidemics of infectious diseases, industrial, chemical or nuclear accidents, natural disasters such as floods and earthquakes, and human conflicts and wars, as well as the intentional release of harmful biological, chemical, or nuclear agents).

Create healthy and supportive environments for health and well-being

45. Peoples’ possibilities of being healthy are closely linked to the conditions in which they are born, grow, work and age. Thus, health policy should create protective, supportive and health-promoting physical, economic and social environments.

The key Health 2020 policy recommendations on healthy and supportive environments are:

- to assess the health impact of sectoral policies, in order to promote policies that protect and promote health and well-being and prevent disease or disability;
- fully to implement multilateral environmental agreements, in order to promote a healthy environment and reduce the environmental burden of disease;
- to implement environment and health policies and technologies in all sectors that contribute to sustainable development by ensuring the protection and sustainable use and management of natural resources (water, soil, food, energy, the biosphere) and the promotion of green and environmentally sustainable health services;
- to make health services more resilient to the changing environment.

Strengthen people-centred health systems, public health capacities and preparedness for emergencies

46. To respond to the disease burden of the 21st century, health systems need to employ innovative solutions that are people-centred, evidence-informed and resilient to economic cycles.

47. Revitalizing public health is at the centre of improving health. Investing in public health services should be seen as an investment in the long-term health and well-being of the population as a whole, which is both of intrinsic value and a contributing factor to economic productivity and creating wealth. Public health leaders should be capable of initiating and informing the policy debate at the political, professional and public levels, in order to advocate for action to improve health. A WHO framework for strengthening public health capacities and services in Europe sets out the specific policy shifts and innovations required to make public health services more effective and cooperative. The need to strengthen
public health calls for firm government commitments on both public health legislation and secure financing.

The key Health2020 policy recommendations on strengthening the health care system response require the following policy directions:

- to accelerate gains in health outcomes in the area of chronic diseases through people-centred health care systems, with primary care acting as a hub for other levels;
- to support self-management by empowering patients to take care of their own health and manage their conditions where appropriate, as well as the delivery of care as close to home as is safe and cost-effective;
- to ensure an appropriate continuum of care, with strengthened coordination of care across providers and over time, including social care;
- to improve access to high-quality and affordable medicines;
- to foster continuous quality improvement.

48. Revitalizing public health and transforming service delivery requires rethinking the education of health professionals. This will entail producing a more flexible, multiskilled workforce to meet the growing challenges in epidemiology, encouraging team-based delivery of care, exploring and introducing new forms of service delivery (including home care), equipping staff with skills that support patient empowerment, and fostering management and leadership capacities.

49. To improve access to high-quality and affordable medicines, a comprehensive set of policy instruments needs to be considered, including the rational use of medicines and evaluation of health outcomes, the introduction of electronic formularies and clinical guidelines, feedback of data on medicine use, and the application of policies on pricing, reimbursement and cost-containment that improve value for money. Countries need to maximize the use of generic medicines, which requires commitment and competency.

50. In order to bring about these changes in health systems, solid health financing arrangements are needed that ensure universal coverage while responding to the concern for sustainability, providing incentives for efficient behaviour by health system actors, and reducing vulnerability to economic cycles.

- Universal coverage calls for greater public financing for health; reducing fragmentation in the funding channels (pooling); adopting purchasing mechanisms that incentivize efficient behaviour; reducing inefficiency in the structure of service delivery; and implementing regulatory mechanisms to control the cost of medicines.\(^b\)

A commitment to **address inefficiency** is vital to secure popular and political support for more spending. The transition to a new, lower-cost delivery system needs to be carefully managed, seeking sustainable gains such as improving energy efficiency, shifting more care to outpatient settings, and allocating more resources to primary care and cost-effective public health programmes.

There are health financing solutions that ensure **stable revenue flow** to health during economic cycles. Countries that accumulate reserves during economic growth or reduce budget deficits and external debt can opt for deficit financing through borrowing or depleting reserves when the economy performs poorly.

51. A cornerstone of health system governance in the 21st century is to make health systems more transparent and accountable to citizens. This requires strong leadership and more participatory policy processes informed by evidence. Evidence-informed policy development requires disseminating new knowledge, building capacity and implementing sustainable institutional solutions. An enabling environment is needed for partnerships to thrive, for civil society to participate in decision-making and for individuals to take better care of their own health.

**Promote and adopt “health in all policies”, whole-of-government and whole-of-society approaches**

52. To harness health and well-being, institutionalized whole-of-government structures and processes are needed that value and support intersectoral problem-solving and address power imbalances. The European Region can derive considerable know-how and lessons from many successful examples of action across sectors that embody “health in all policies”, i.e. policies that have an impact on health. “Whole-of-government” and “whole-of-society” approaches have also been endorsed by all countries at the United Nations Summit on Noncommunicable Diseases.

**IMPROVING GOVERNANCE FOR HEALTH AND INCREASING PARTICIPATION**

53. Achieving these goals requires governance arrangements that reflect a common interest among the health and non-health sectors, public and private actors and citizens in improving health on equal terms and which ensure their joint action and accountability for health. These arrangements can take many different forms.

54. Health 2020 outlines a set of governance approaches, the choice of which will depend on the specific country context. They will require systems architecture, mechanisms and instruments and, most importantly, a strengthened capacity to introduce and implement such approaches.

**Governing through collaboration**

55. More consideration needs to be given to the processes of collaboration and to building the virtuous circle between
communication, trust, commitment and understanding, as well as to the need for increased transparency and accountability. This approach is frequently referred to as “whole-of-government” (when it involves a range of different sectors) or “whole-of-society” (when it includes many different actors and stakeholders, also beyond government).

**Governing through citizen engagement**

56. Working directly with the public can strengthen health promotion, public health and health care delivery; partnering and empowering the public is also crucial in ensuring that values are upheld. Citizen engagement is a critical dimension of whole-of-society approaches to governance for health.

**Governing through a mix of regulation and persuasion**

57. Regulations whose reach extends from global to local levels, such as the WHO Framework Convention on Tobacco Control or European Union legislation, are becoming more common, affecting many dimensions of health policy. In general, governing is becoming more fluid, multilevel, multistakeholder and adaptive. This includes open methods of coordination based on voluntary cooperation and instruments that do not have legally binding force, self-regulation, and governance by persuasion, alliances and networks. At the same time, public health regulation is entering new domains such as controlling health claims, restricting marketing to children, taxing the fat content of food or introducing minimum prices for alcohol.

**Governing through independent agencies and expert bodies**

58. As health grows in political and economic importance, independent agencies are playing an increasing role in providing evidence, overseeing ethical boundaries, expanding transparency and strengthening democratic accountability in health. These activities are related to fields such as privacy, risk assessment, quality control, health technology assessment, and health and health equity impact assessment.

**Governing through adaptive policies, resilient structures and foresight**

59. Whole-of-government approaches need to be adaptive and to mirror the complexities of causality and causal pathways; they must be able to respond quickly to unanticipated events in innovative ways, as was the challenge in recent communicable disease outbreaks. Interventions should be iterative and integrate constant learning, multistakeholder knowledge-gathering and sharing, and mechanisms to encourage further deliberation or automatic policy adjustment.

**Challenges and opportunities for ministries of health**

60. Health 2020 urges health ministries and public health agencies to reach out to others within and outside government, in order to work out joint solutions. Health 2020 aims to inspire and
attract the attention of other sectors and levels of government, so that they understand and act on their health role.

61. **Health systems differ considerably from country to country** – more generally, in relation to financing principles, levels of expenditure and degrees of decentralization or regulation; more specifically, in relation to levels of infrastructure and delivery and of experience in developing and implementing health policies. Yet no matter what a country’s organizational principles, ministries of health are faced with similar challenges.

62. **In most countries, the political and economic pressures on ministries of health have increased.** The health sector itself is undergoing major change. While facing significant economic challenges – such as cost-containment, financial sustainability and increasing health care costs – health systems need to be reoriented not only to respond to the complex needs of chronic and noncommunicable disease, ageing and mental health but also to be more efficient, transparent and accountable, more gender-responsive and more people-centred. New professional profiles and skill sets are required. The different components can interact in unexpected ways – that is why *The world health report 2010* characterizes health systems as complex adaptive systems.

63. **It is becoming more difficult for ministers of health to generate political and public support for the implementation of policies** that recognize both the need for reform of the health sector itself and the contribution of other sectors to health, equity and well-being. Many interests are at stake and need to be considered in areas such as dealing with pharmaceutical products, e-health, or obesity and other noncommunicable diseases. Managing the demands of competing interests underlines the need for an “equity focus” in the development, implementation and monitoring of policies. New mechanisms must be developed for engaging with relevant stakeholders; health ministries often lack the mechanisms and capacities required to address them.

64. **In most countries, the mechanisms for cooperation among the many sectors that contribute significantly to health and its determinants are not in place.** Action by other sectors of government – such as the environment, education or agriculture – can provide important health co-benefits and achieve “win-win” results for people and for the planet. Many health outcomes require the whole of society to be engaged – industry, the media, civil society and each and every citizen. While this joint approach has been laid out and adopted by countries in recent ministerial declarations, WHO resolutions and United Nations agreements on NCDs, it is not yet fully adopted in many countries. Even where joined-up working exists and appropriate arrangements are in place, they may not be effective or wield sufficient political “clout”. Such mechanisms must result in concrete measures.

65. **Balancing the responsibilities of the individual, the state and the market is particularly challenging.** Health promotion and disease prevention programmes, in particular, often get embroiled in the sometimes ideological and political debate over the “right”
balance between the respective responsibilities of the individual, the state and the market. Creating the conditions for people to take control over their lives and for communities to maintain their social cohesion is at the core of Health 2020. There is now a wealth of evidence from decades of tobacco and HIV/AIDS control which shows that a mix of strategies, including various types of collaboration, is the most successful and viable approach.

**MAKING A DIFFERENCE THROUGH LEADERSHIP**

66. Leadership for health and well-being requires specific skills. Much of the authority of health leaders in the future will come not from their position in the health system but from their ability to convince others (through influence rather than control) of the relevance of health, health equity and well-being.

67. Leadership takes many forms and includes not only individual leaders but also community-centred leadership and joint working, as well as collaborative leadership. Groups of actors are increasingly coming together to address key health challenges at global, national or local level. The global movement on HIV/AIDS is a good example of such collaborative leadership, as is the Healthy Cities movement. A similar movement is emerging around noncommunicable diseases.

68. Civil society has been a vitally important force in advocating for health and equity, often in the face of strong political and financial pressures. These organizations act from the local to the global level and have significantly shaped the agendas for health and its social determinants. Many voluntary and self-help organizations have identified health as a significant part of their remit, and many health services continue to be delivered as part of family, community and self-care. Their voice must be considered.

69. Government at all levels contributes to creating a “whole-of-society” approach to health. Under national constitutions, local governments, “states” and regions are often responsible for public health and health service delivery. In many countries, they have also been innovators for health. Many mayors and city parliaments have taken the health agenda forward though a “health in all policies” approach.

70. Over the past decade, many actors have become more engaged with health and well-being. Health has become part of their interest and vocabulary. For example, particular attention has recently been paid to the health co-benefits of strategies to address climate change and sustainable development. The importance of health is voiced not only by ministers of health but increasingly by heads of state and government, foreign ministries, other sectors and parliaments. In applying their constitutional roles to health, they can significantly enable and support a move towards a new type of health policy.

71. The involvement of the private sector is increasing. Many positive examples exist, but cooperation is often fraught with ambiguity. While some parts of the private sector are opposed to
public health measures, others have joined in platforms and coalitions for better health – for example on child nutrition or physical activity – and are increasing their range of healthy products and services. There are also different approaches and attitudes towards the private sector in different parts of Europe. The goal, however, must be to secure a stronger commitment to health from private sector actors and to encourage and reward their social responsibility.

**HEALTH AT THE CROSSROADS OF CHALLENGES FOR THE 21ST CENTURY**

72. Around the world, strong correlations are seen between responsible governance and health. Both governance for health and the governance of health systems are based on a system of fundamental values and principles that is enshrined in the WHO Constitution and has been reaffirmed by Member States on numerous occasions. The right to health is fundamental. Taking forward **and implementing the commitments in Health 2020 will help ensure a healthier, wealthier, safer, fairer and more sustainable Europe.**

73. Health 2020 supports and encourages countries to jointly engage ministries of health and other sectors and stakeholders, as well heads of government, around common targets, goals and outcomes for health and well-being. **Health 2020 proposes a minimum set of targets for the whole of the Region in the following six areas: governance for health; tackling the health divide; investing for healthy people; tackling the major burden of disease; creating healthy and supportive environments; and strengthening health systems.** All Member States can contribute to the construction and attainment of these European targets. A proposed shortlist of targets and background information on the process of developing the targets are shown in the Annex.

74. **Health 2020 builds on the long experience gained in Europe and around the world. Good health requires a combination of governance approaches – hierarchical, dispersed and participatory – to benefit health and well-being for everyone. Such governance will anticipate change, foster innovation and be oriented towards investment in the promotion of health and the prevention of disease.**

75. Today, people’s health and the social determinants of health can be undermined by a complex array of global and regional forces with variable effects. These represent an unprecedented range of opportunities and challenges to peoples’ health in Europe, and to the health policies on which past successes have depended. While more people than ever before now have the chance of better health, no country can harness the potential of innovation and change nor resolve the challenges to health and well-being on its own. In an interdependent world, countries need to act together. **Health 2020 aims to make a historic contribution to that endeavour.**

76. The big health challenges of the next decade – economic instability, environmental threats, social changes and demographic
shifts, the increase of noncommunicable disease and mental health challenges – mean that “business as usual” is not an option. The equity gap is real and likely to grow, bringing additional costs to people, economies and governments. Leadership and innovation are vitally important, and the Health 2020 framework and process provide a unique platform for more learning and sharing of expertise and experience between countries. Political commitment to this process is essential, in order to assign responsibility and accountability for improving health at all levels in society.

77. The future and prosperity of Europe will depend on our willingness and ability to take up the challenges and seize new opportunities for the health and well-being of the whole population of today and future generations.

REFERENCES

* A series of studies have been commissioned and reviewed to ensure that all analysis and action proposals in Health 2020 are well grounded in research and experience. These include:


- *Interim second report on social determinants of health and the health divide in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2011.


- McQueen D et al., eds. *Intersectoral governance for health in all policies*. Copenhagen, WHO Regional Office for Europe (forthcoming).

ANNEX

Setting targets for Health 2020

Member States have agreed that Health 2020 should be complemented and supported by a set of targets to give substance and direction to the policy. These will be limited in number but apply to the whole Region. The Standing Committee of the WHO Regional Committee for Europe (SCRC) working group on Health 2020 targets, supported by the WHO Secretariat, is considering targets in each of the following areas: governance for health; tackling the determinants of health and health inequalities; investing for healthy people (including well-being) and empowering communities; tackling systemic risk: the major burden of disease; creating healthy and supportive environments and assets for a healthy environment (including risk factors); and strengthening people-centred health systems.

This annex summarizes the outcomes and recommendations of the SCRC target working group. The group agreed on a set of criteria to review a longlist of 51 potential targets proposed by the divisions at the WHO Regional Office for Europe, so that the SCRC members could reduce the longlist down to a shortlist.\(^1\)

The working group recommended that 17 proposed targets (21 if ‘or’ targets are counted separately) could be considered in a shortlist. It also identified targets that merited further consideration but which required significant clarification.\(^2\) Furthermore, it has been agreed that the proposed shortlist could be structured into three groups of targets, in order to capture different stakeholder perspectives and highlight the essence of Health 2020: (1) targets for burden of disease, mortality and risk factors; (2) targets for healthy people and the life-course, including inequalities, well-being and vulnerable groups; and (3) process targets in the areas of governance, values and health systems, including human rights, strengthening public health and the whole-of-government approach. The table below summarizes the proposed shortlist.

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1 More detailed information, including methodological considerations, is presented in Annex 2 of *The new European policy for health – Health 2020. Policy Framework and strategy, Draft 2*

2 Additional comments made by the working group include: attempt to strike a ratio of 1 to 3 between process and outcome targets and indicators; align with other efforts under way at regional or global level, including the Marmot working group on indicators and the global roadmap on NCDs; targets and potential indicators for well-being will be discussed during several expert consultations on measuring well-being; other areas proposed for target development include the right to health, and ageing; highlight the European Region’s progress in attaining the MDGs and note that Health 2020 does not repeat these targets.
## Proposed shortlist of Health 2020 targets

<table>
<thead>
<tr>
<th>Process or outcome</th>
<th>Proposed target</th>
</tr>
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<tbody>
<tr>
<td><strong>Burden of disease and risk factors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome – Reduce vaccine-preventable diseases</strong></td>
<td>1. Achieve and sustain elimination/eradication of selected vaccine-preventable diseases (polio, measles, rubella, prevention of congenital rubella syndrome)</td>
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<tr>
<td><strong>Outcome – Reduce HIV, treat AIDS</strong></td>
<td>2. Halt and reverse the spread of HIV in Europe by 2020</td>
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<tr>
<td><strong>Outcome – Reduce antimicrobial resistance</strong></td>
<td>3. Reduce morbidity, mortality and related direct and indirect costs associated with antibiotic resistance by 2020</td>
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<tr>
<td><strong>Outcome – Reduce suicide</strong></td>
<td>4. 20% reduction in deaths from suicide</td>
</tr>
<tr>
<td><strong>Outcome – Reduce mortality from noncommunicable diseases (NCD)</strong></td>
<td>5. 1.5% relative annual reduction in overall mortality from cardiovascular disease, cancer, diabetes, and chronic respiratory disease until 2020</td>
</tr>
<tr>
<td><strong>Outcome – Improved road safety</strong></td>
<td>6. Reduction in road traffic injury mortality of 40% by 2020</td>
</tr>
<tr>
<td><strong>Outcome – Reduce tobacco use</strong></td>
<td>7. 40% reduction in prevalence of daily tobacco smoking in population aged 15 years and over by 2020</td>
</tr>
<tr>
<td><strong>Outcome – Reduce alcohol use</strong></td>
<td>8. 10% reduction in per capita adult (15 years +) consumption of alcohol</td>
</tr>
<tr>
<td><strong>Outcome – Reduce childhood obesity</strong></td>
<td>9. 10% reduction in the average prevalence of childhood overweight and obesity by 2020</td>
</tr>
</tbody>
</table>

### Healthy people and well-being, and determinants (life expectancy, inequalities, vulnerable groups)

<table>
<thead>
<tr>
<th>Process (to be an outcome) – Child health and well-being</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Outcome – Enhance youth health and development</strong></td>
<td>10. X% increase in child health and well-being by</td>
</tr>
<tr>
<td><strong>Outcome – Reduce violence</strong></td>
<td>11. 20% reduction in unintended pregnancies in adolescents</td>
</tr>
<tr>
<td><strong>Outcome – Reduce avoidable mortality</strong></td>
<td>12. X% reduction in European prevalence rates by 2020</td>
</tr>
<tr>
<td><strong>Outcome – Greater health equity</strong></td>
<td>13. 50% reduction in the difference in premature or avoidable mortality in European populations</td>
</tr>
<tr>
<td><strong>Outcome – Increase gender equity</strong></td>
<td>14. Reduce the gap in health status between population groups experiencing social exclusion and poverty and the rest of the population.</td>
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</tbody>
</table>

### Processes, including governance and health systems

| Process – Ensure health in all policies | 16. Whole-of-government approach to health and well-being (mechanisms and processes in place) |
| Process – Adhere to International Health Regulations | 17. Core capacity requirements achieved by strengthening early warning surveillance, preparedness, prevention, control and response systems |
| Process – Reduce direct payments for health services | 18. Share of out-of-pocket payments (OOP) in total health expenditure (THE) below 30% in low- and lower-middle income countries and below 20% in upper-middle and high-income countries |
| Process – Generating sufficient public financing for health in under-financed areas | 19. Increased government expenditure on health in under-financed areas (needs further work) |
| Process – Improving distribution of human resources for health | 20. Improved distribution of human resources within and across countries (reformulate) |
| Process – Generating high-quality health system inputs | 21. Increased access to medicines of assured quality, at least by xx% |