World Health Organization
REGIONAL OFFICE FOR **Europe**

HEALTH 2020

A European policy framework supporting action across government and society for health and well-being

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a European policy framework
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and society for health and well-being**

Abstract

The 53 countries of the European Region approved a new value- and evidence-based health policy framework for the Region, Health 2020, at the session of the WHO Regional Committee for Europe in September 2012. Health 2020 focuses on improving health for all and reducing health inequalities, through improved leadership and governance for health. It focuses on today's major health problems. It identifies four priority areas for policy action and is innovative in terms of responses across all levels and sectors of government and society, emphasizing developing assets and resilience within communities, empowerment and creating supportive environments. It details the strengthened roles of public health services and the health system. Health 2020 was approved in two forms: a European policy framework supporting action across government and society for health and well-being for politicians and those developing policy and the longer Health 2020 policy framework and strategy, which provides more operational detail. Implementing Health 2020 in countries is now the fundamental top-priority challenge for the Region.

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Foreword

Health 2020: a European policy framework supporting action across government and society for health and well-being sets out a far-sighted and ambitious agenda for health. Agreement on this framework by all 53 Member States of the WHO European Region comes at a crucial time. As we approach 2015 and the deadline for achieving the Millennium Development Goals, this policy will help to position health in the next generation of global goals.

The framework crystallizes what we have learned about the role of health in recent years. Maximizing health through all stages of life is a fundamental right for all and not a privilege for a few. Good health is an asset and a source of economic and social stability. It is key to reducing poverty and both contributes to and benefits from sustainable development. Most important, good health can no longer be seen an outcome of one sector alone: sustainable and equitable improvements in health are the product of effective policy across all parts of government and collaborative efforts across all parts of society.

Readers will find that these insights lie at the heart of the strategy. The challenges to be addressed in the Region are considerable. Health inequities within and between countries reflect economic and social divisions across society. As economic pressures bite and health care costs rise, the risk of exclusion increases, too often leaving behind those with the greatest health needs. At the same time, we know that public expectations for the newest and the best in health technology in combination with the changing disease profile of ageing populations place huge pressure on budgets. New approaches and perspectives are needed if universal health coverage is to be a reality for the countries of the Region. Shifting the mindset of policy-makers, health providers and members of the public from one that sees health in terms of combating illness to one mainly focusing on promoting health and well-being is the key to the future. Success requires political support, technical and administrative innovation and changes in how financial resources and other assets are deployed.

The framework for Europe is closely aligned to WHO's Twelfth General Programme of Work and is a practical expression of a programme of reform in WHO that seeks to enable the Organization to respond to Member State needs more effectively in a rapidly changing world. In the European Region, as in other regions, the outcomes envisaged in this policy framework require that international organizations be able to work not just with selected sectoral ministries but across all relevant parts of government; with colleagues in other international organizations that influence health; as well as with industry, academe and civil society. The policy framework for Europe signals the way forward for new approaches to health and well-being worldwide.

Margaret Chan
WHO Director-General

Foreword

It gives me great pleasure to welcome you to Health 2020, the European health policy framework for all. Whether you are a president, prime minister, mayor, policy-maker, public health worker or community activist, Health 2020 contains information that can help you make healthier, safer and economically wiser decisions and choices.

Our 21st century health landscape is shaped by growing global, regional, national and local interdependence and an increasingly complex array of interlinking factors that influence health and well-being. We are all challenged, for example, with the task of making sense of and integrating the many different actors and sectoral services (such as housing, water, energy, food and health care) needed to keep ourselves, our families and our populations healthy and happy. We all know that poor health wastes potential, causes despair and suffering and drains resources. Addressing these challenges at any level – personal, institutional, community, municipal or national – requires thoughtful, strategic and coordinated action. All 53 Member States in the WHO European Region have developed and adopted Health 2020 as a guiding framework to support such action.

Health 2020 elaborates a vision of public health as a dynamic network of stakeholders at all levels of society and aims to support action with unity of purpose across the Region. All recommendations in Health 2020 are evidence-informed. Its development has actively involved many experts. Our aim throughout has been to make Health 2020 a unique compilation of the best public health policy evidence available.

Building on an extensive review of published evidence, experiential data and an unprecedented Region-wide participatory stakeholder consultation, the Health 2020 development process has catalysed a broad rethinking of current public health mechanisms, processes, relationships and institutional arrangements. As a consequence of this process, Health 2020 serves as a unique regional resource to help us all learn from experiences acquired in practice, reset priorities and identify better ways to coordinate action amongst stakeholders in all sectors to improve individual and population health and well-being.

Health 2020 acknowledges and celebrates the wide diversity of health systems and approaches across the European Region. It aims not to make national and local health systems uniform but to make them uniformly better. In adopting Health 2020, all countries agreed on two common objectives: the need to improve health for all and reduce the health divide and the need to strengthen leadership and participatory governance for health.

In outlining ways to address these objectives, Health 2020 proposes new forms of governance for health, in which health and well-being are seen as the responsibility of the whole of society and of the whole of government, and encourages active public participation in policy-making.

It addresses the socioeconomic rationale for improving health and makes a strong, evidence-informed case for investment and action through integrated approaches to health promotion, disease prevention and well-being. Actions on social determinants are described that address the development

of approaches that build health into all policies with the aim of improving the health of everyone and thereby reduce the absolute effect of social determinants on all people as well as targeted interventions that focus on those most affected.

Health 2020 identifies new systems of collaborative leadership to encourage innovative approaches to social mobilization for equitable, sustainable and accountable health development.

Health 2020 details a variety of innovative and effective ways to address today's complex public health challenges. It outlines a variety of strategies and interventions to address major health challenges across the lifespan related to both noncommunicable and infectious diseases. It shows ways to link clinical interventions with action on equity and social determinants of health and necessary key health system inputs such as human resources and medicines in higher quality, strengthening health funding arrangements and enhancing governance for health.

By articulating a common set of values, evidence and experience, Health 2020 provides a platform for partnership and cooperation. It calls for cross-society engagement as a central part of health policy planning, development, implementation and monitoring at all levels. It makes the case for empowering people, citizens, consumers and patients as a critical factor in improving health outcomes. It argues strongly for the engagement of health professionals.

What will WHO do to help? The Regional Office will support countries in adapting Health 2020 by analysing public health situations; identifying assets; encouraging political commitment from presidents and prime ministers; making policy recommendations and monitoring progress; encouraging leadership and good governance for health; suggesting mechanisms for whole-of-society and whole-of-government approaches; and supporting capacity development.

Two key Health 2020 support documents have been developed. The European policy framework for supporting government and society for health and well-being provides politicians, policy- and decision-makers and practitioners with the main values and action principles needed for putting a Health 2020 approach into practice in their settings. The longer Health 2020 policy framework and strategy provides more detail in terms of evidence and is meant for those who practice policy development and implementation at operational levels.

I believe Health 2020 can add significant value to all of our individual and collective work to enhance health and well-being, serve as unique resource to enhance the future and prosperity of individual countries and the Region as a whole and benefit all its peoples. Actively informing and aligning our daily practice with Health 2020 values and approaches will enable us to build a healthier Europe for ourselves and our children.

Zsuzsanna Jakab
WHO Regional Director for Europe

> "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."
>
> **WHO Constitution**

Dear Prime Minister, Minister, Mayor or Member of Parliament,

Good health underpins social and economic development and strengthens policies across all sectors. However, the economic and fiscal crisis facing many countries presents serious challenges and potentially risks undermining the positive progress that has been made. Nevertheless, it also presents an important opportunity to refocus and renew our efforts to improve the health of all people.

All sectors and levels of government contribute to health creation. **Your leadership for health and well-being can make a tremendous difference** for the people of your country, state, region or city and for the European Region as a whole.

Your support for Health 2020 is truly essential.

> "We want to see better health and well-being for all, as an equal human right. Money does not buy better health. Good policies that promote equity have a better chance. We must tackle the root causes (of ill health and inequities) through a social determinants approach that engages the whole of government and the whole of society."
>
> Margaret Chan,
> WHO Director-General

The 53 Member States in the WHO European Region have agreed on a new common policy framework – **Health 2020. Their shared goals are to "significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality".**

Health 2020 recognizes the diversity of countries across the Region. It reaches out to many different people, within and outside of government, to provide inspiration and direction on how better to address the complex health challenges of the 21st century. The framework confirms the values of Health for All and – supported by the evidence provided in the accompanying documents – identifies two key strategic directions with four policy priority action areas. It builds on the experiences gained from previous Health for All policies to guide both Member States and the WHO Regional Office for Europe.

Health is a major societal resource and asset

Good health benefits all sectors and the whole 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 all sectors. 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 well-being 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 ageing, and less expenditure on sickness and social benefits and fewer lost tax revenues. The health and well-being 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 its 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 landowner, builder and consumer. It is also a major driver of research and innovation and a significant sector 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

What is a social gradient?

The social gradient in health means that health gets progressively better as the socioeconomic position of people and/or communities improve. Thus health inequities affect everyone. This is a global phenomenon that applies to all countries, irrespective of income.

Investing in health makes sense

Of the increase in health spending, 92% correlates with positive growth in gross domestic product (GDP). During the last three decades, health system spending in most countries in the Organisation for Economic Co-operation and Development (OECD) has begun to rise – on average at least 1% per year faster than real GDP across the OECD. In 1950, health spending in the United Kingdom was 3% of GDP. Even in the United States in 1970, health spending was only 7% of GDP. The average health spending in the OECD rose from 5% of GDP in 1970 to 9% in 2010.

everyone equally; this is unacceptable. 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 disease 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". 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. But for at least 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 ever harder. Costs are primarily driven by the 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 constraints 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 services, 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 the International Health Regulations, the WHO Framework Convention on Tobacco Control or the Doha Declaration on the TRIPS Agreement and Public Health (related to intellectual property).

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 fulfil 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 well-being. 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 well-being; mainstreaming gender and building the individual and community strengths that protect and promote health, such as individual skills and a sense of belonging. Setting targets for reducing health inequalities can help drive action and is one of the principal ways of assessing health development at all levels.

Addressing social inequalities contributes significantly to health and well-being. The causes are complex and deeply rooted across the life course, reinforcing 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; and 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

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Prevention works …

For example, evidence from Poland shows that changes in diet and smoking reduce chronic heart disease and overall premature mortality rates.

The most cost-effective tobacco control policy is raising taxes. A 10% price increase could result in 0.6 million to 1.8 million fewer premature deaths in the countries in eastern Europe and central Asia.

… for all sectors …

The tangible benefits of increasing taxes on alcohol in England were estimated to include reductions of €183 million in health and welfare costs and €405 million in labour and productivity losses, and the cost of implementation was less than €0.10 per person (€3.7 million total).

The savings to the health service from reduced hospital admissions related to alcohol were an estimated €65 million in the first year, and €118 million of crime-related costs were saved.

In countries such as the Russian Federation, a comprehensive prevention package would cost no more than US$ 4 per person per year.

Adapted from: Dahlgren G, Whitehead M. *Tackling inequalities in health: what can we learn from what has been tried?* London, King's Fund, 1993.

… but must be targeted to reduce health inequalities

There are important inequalities within countries across key lifestyle indicators, including: smoking rates, obesity, exercise and limiting long-term illness.

In addition, the 20% of the population with the lowest income is most likely to delay seeking care because of fear of financial catastrophe from out-of-pocket payments.

Education and health together

Considerable evidence supports the claim that education and health are correlated. Data indicate that the number of years of formal schooling completed is the most important correlate of good health.

According to the 2003 *Human development report* (United Nations Development Programme): "Education, health, nutrition and water and sanitation complement each other, with investments in any one contributing to better outcomes in the others".

Whole-of-government approach

Whole-of-government activities are multilevel (from local to global) government actions, also increasingly involving groups outside government. This approach requires building trust, common ethics, a cohesive culture and new skills. It stresses the need for better coordination and integration, centred on the overall societal goals for which the government stands.

In countries with federal systems or in which the regional and local levels are politically autonomous, extensive consultations across levels of government can strengthen whole-of-government approaches.

Accountability is required at all levels and in all systems.

Health in all policies

Health in all policies is designed to make governance for health and well-being a priority for more than the health sector. It works in both directions, ensuring that all sectors understand and act on their responsibility for health while recognizing how health affects other sectors.

behaviour, including tobacco and alcohol use, diet and physical activity and 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 well-being 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 ever more important role in promoting health and well-being. Participation, accountability and sustainable funding mechanisms reinforce the effects of such local programmes.

Improving leadership and participatory governance for health

Leadership from health ministers 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 health 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 approaches – referred to as whole-of-government and whole-of-society approaches.

Governments at all levels are considering establishing formal structures and processes that support coherence and intersectoral problem-solving. This can strengthen coordination and address power imbalances 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. Health impact assessment 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 health data can be gathered and validated to assess impact on health.

Whole-of-society approach

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 that can complement public policy. They emphasize coordination through normative values and trust-building among a wide variety of actors.

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.

Contribution of civil society

Civil society is a key actor in formulating, promoting and delivering change. The WHO European Region has been at the forefront of forming innovative partnerships with civil society, including with communities of key population groups at higher risk (such as with people living with HIV) and with nongovernmental organizations that advocate for and provide services. Several pan-European networks and organizations have emerged, as the number of people living with HIV has increased.

Research in well-being – as conducted in other organizations such as the OECD – can also contribute.

Governments are also committed to establishing structures and processes that enable increased involvement of a wider range of stakeholders. This is especially important for citizens, civil society organizations and other groups (such as migrants) that make up civil society. Active and committed groups are increasingly coming together to advance health at all levels of governance. Examples range from global to local levels and include: United Nations summits deliberating health; the Inter-Parliamentary Union; the WHO Healthy Cities and Communities movement; global movements to fight poverty; disease-specific advocacy such as HIV; national initiatives to define health targets; and the regional health strategies of entities such as the EU. They play a significant role in promoting health and advancing the health agenda.

Effective leadership throughout society can support better results for health. Research shows strong correlations between responsible governance, new forms of leadership and 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 ministries 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 organizations, youth organizations and senior citizens 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-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- creating resilient communities and supportive environments.

In a 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.

The four priority areas are interlinked, interdependent and mutually supportive. For example, action on the life course and empowerment of

Health 2020 headline targets

Health 2020 strives to achieve measurable impact on health in the Region. The regional goals below have been agreed by Member States.

1. Reduce premature mortality in the European Region by 2020.

2. Increase life expectancy in the European Region.

3. Reduce inequalities in health in the European Region.

4. Enhance the well-being of the European Region population.

5. Ensure universal coverage and the right to the highest attainable level of health.

6. Set national goals and targets related to health in Member States.

A set of voluntary indicators agreed on by Member States can support national goals and targets related to health.

Health information systems support the Health 2020 process

Health information systems and services need to be developed across the Member States of the WHO European Region. The WHO Regional Office for Europe works to assist Member States in their assessment and technical improvement, and provides health information to Member States by:

• working with international partners to ensure the standardization, international comparability and quality of health data;

• working with a network of health agencies dealing with health information and evidence; and

• actively compiling, disseminating and granting easy access to health data and research evidence.

people will help contain the epidemic of noncommunicable diseases, as will stronger public health capacity. These, in turn, will also help to contain communicable disease outbreaks. Governments achieve higher health impact when they link up policies, investments and services and focus on reducing inequalities. The WHO Regional Office for Europe will step up its role as a resource for developing policy based on evidence and examples of integrated approaches. Regional headline targets will support the monitoring of Health 2020's progress.

Addressing the four priorities requires a combination of governance approaches that promote health, equity and well-being. Smart governance will anticipate change, foster innovation and be oriented towards investing in promoting health and preventing disease. Approaches to governance will include governing through public policy and regulation as well as new forms of collaboration with civil society organizations, independent agencies and expert bodies. There is an increasing need to apply evidence to policy and practice, observe ethical boundaries, expand transparency, and strengthen accountability in such fields as privacy, risk assessment and health impact assessment.

Health 2020 recognizes that countries engage from different starting-points and have different contexts 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 systems also cannot be fully predicted. Tackling complex problems such as obesity, multimorbidity and neurodegenerative diseases is challenging. Drawing on knowledge from the social, behavioural and policy sciences is proving increasingly important, including social marketing, behavioural economics and neuroscience. Studies note the value of promoting smaller-scale yet comprehensive interventions at the local and community levels, to encourage learning and adaptation. Cooperation across the European Region can accelerate the development of expertise: every country and sector can both learn and contribute.

Priority area 1. Investing in health through a life-course approach and empowering people

Supporting good health throughout the life-course leads to increasing healthy life expectancy and a longevity dividend, both of which can yield important economic, societal and individual benefits. The demographic transformation underway in countries requires an effective life-course strategy that gives priority to new approaches to promoting health and preventing disease. Improving health and health equity begins with pregnancy and early child development. 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 a policy priority and a major research priority.

Health promotion programmes based on principles of engagement and empowerment offer real benefits. These include: creating better conditions for health, improving health literacy, supporting independent living and making the healthier choice the easier choice. Furthermore, it means making pregnancies safe; giving people a healthy start in life; promoting safety and well-being and giving protection during childhood

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Governance for health usually requires a mix of strategies

The Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control (2011) states:

"We … recognize that a paradigm shift is imperative in dealing with NCD challenges, as NCDs are not only caused by biomedical factors but also caused or strongly influenced by behavioural, environmental, social and economic factors."

Evidence-informed and cost-effective strategies for reducing tobacco use have been identified, comprising the WHO Framework Convention on Tobacco Control and six MPOWER strategies supporting the Convention at the country level:

1. monitoring tobacco consumption and the effectiveness of preventive measures;

2. protecting people from exposure to tobacco smoke;

3. offering assistance for smoking cessation;

4. warning about the dangers of tobacco;

5. enforcing restrictions on tobacco advertising, promotion and sponsorship; and

6. raising taxes on tobacco.

Tobacco control interventions are the second most effective way to spend funds to improve health, after childhood immunization.

Similar evidence-informed strategies need to be developed for other systemic health risks, such as obesity. For alcohol, Member States have already adopted a global policy and a regional policy.

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and for young people; promoting healthy workplaces; and supporting healthy ageing. Providing healthy food and nutrition throughout the lifespan is a priority given the obesity epidemic that is spreading across Europe.

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 for key disease groups – such as cardiovascular disease or diabetes – have grown throughout the European Region. They demonstrate that combining government leadership, supportive environments and approaches that promote a sense of control and empowerment can lead to success. Strengthening social behavioural research can provide a growing evidence base to underpin such developments.

Strengthening mental health promotion programmes is highly relevant. One in four people in the European Region experience some type of mental health problem during their lives. A particular challenge is to promote the early diagnosis of depression and prevent suicide by initiating community-based intervention programmes. Research is leading to a better understanding of the damaging association between mental health problems and social marginalization, unemployment, homelessness and alcohol and other substance use disorders. New forms of addiction related to online virtual worlds must also be addressed.

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

Priority area 2. 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 across the Region. These are related to both noncommunicable and communicable diseases. Both types require combining determined public health action and health care system interventions. The effectiveness of these is underpinned by actions on equity, social determinants of health, empowerment and supportive environments.

A combination of approaches is required to successfully address the high burden of noncommunicable diseases in the Region. Health 2020 supports the implementation of integrated whole-of-government and whole-of-society approaches that have been agreed in other regional and global strategies, since it is increasingly recognized that action to influence individual behaviour has limited impact. Noncommunicable diseases are unequally distributed within and between countries and are closely linked to action on the social and environmental determinants of health.

Burden of noncommunicable diseases

The European Region has the highest burden of noncommunicable diseases worldwide. Two disease groups, cardiovascular diseases and cancer, cause almost three quarters of mortality in the Region, and three main disease groups, cardiovascular diseases, cancer and mental disorders, cause more than half the burden of disease (measured using disability-adjusted life-years (DALYs)). Much premature mortality is avoidable: estimates indicate that at least 80% of all heart disease, stroke and type 2 diabetes and at least one third of cancer cases are preventable. Inequality in the burden of noncommunicable diseases within and between countries demonstrates that the potential for health gain is still enormous.

Burden of mental disorders

Mental disorders are the second largest contributor to the burden of disease (measured using DALYs) in the European Region (at 19%) and the most important cause of disability. The ageing population leads to an increase of the prevalence of dementia. Common mental disorders (depression and anxiety) affect about 1 in 4 people in the community every year. However, about 50% of people with mental disorders do not receive any form of treatment. Stigma and discrimination are major reasons why people avoid seeking help.

Burden of tuberculosis

In 2010, the European Region had an estimated 420 000 new and relapsed tuberculosis (TB) cases and 61 000 deaths caused by TB. Most TB, 87% of new cases and 94% of deaths, occurs in the eastern and central parts of the Region. The Region has the lowest treatment success rate globally, reflecting the high rate of TB drug resistance; multidrug-resistant TB is found in 13% of newly treated cases and 42% of those previously treated. The disease is often linked to poor socioeconomic conditions and other determinants, including homelessness.

Health 2020 supports intensifying efforts to implement global and regional mandates in relation to noncommunicable diseases. The priority action areas for the Region include the following.

- **Existing declarations and strategies.** These include: the United Nations 2011 political declaration on noncommunicable diseases; the WHO Framework Convention on Tobacco Control; the Global Strategy on Diet, Physical Activity and Health; the global strategy to reduce the harmful use of alcohol and regional action plan to reduce the harmful use of alcohol; the action plan for the implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016; and the WHO Mental Health Action Plan for Europe.

- **Health promotion.** As defined in the Ottawa Charter for Health Promotion, this is at the core of these declarations and strategies. They all encourage governments to develop intersectoral national strategies with goals and targets on key challenges related to noncommunicable diseases.

Health 2020 supports 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. For the European Region, the priority action areas are as follows.

- **Building information and surveillance capacity:** to implement the International Health Regulations, improve information exchange and, where appropriate, implement 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 waterborne and foodborne infections.

- **Tackling serious viral and bacterial threats:** to implement regional policies and action plans; to combat antimicrobial resistance; to contain the emergence and spread of drug-resistant organisms and infections through the prudent use of antibiotics and infection control; to ensure safe basic commodities such as water and food; to reach and maintain recommended immunization coverage to prevent vaccine-preventable diseases; and to reach regional and global eradication and elimination goals for polio, measles, rubella and malaria; to fully control major diseases such as tuberculosis, HIV and influenza by ensuring that the whole population, including vulnerable groups, has access to the health care system and evidence-informed interventions.

Priority area 3. Strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response

Achieving 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 disease, especially mental health challenges, chronic diseases and conditions related to ageing. This requires reorienting health care systems to give priority to disease prevention, foster continual

quality improvement and integrate service delivery, ensure continuity of care, support self-care by patients and relocate care as close to home as is 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 payments in the Region. It is important to ensure long-term sustainability and resilience to economic cycles, to contain supply-driven cost increases 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 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 partnerships 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. Recognizing patients as a resource and as partners, and being accountable for patient outcome are important principles.

Achieving better health outcomes requires substantially strengthening 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 efforts to strengthen health protection, health promotion and disease prevention can have important cost-effective benefits. Reviewing and adapting public health laws and instruments to modernize and strengthen public health functions can also help. Cooperation on global health and health challenges of a cross-border nature is increasingly important, as is 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, multi-skilled and team-oriented workforce is at the heart of a health system fit for the 21st century. This includes: team-based delivery of care; new forms of service delivery (including home care and long-term care); skills in supporting patient 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.

Developing adaptive policies, resilient structures and foresight to effectively anticipate and deal with public health emergencies is crucial. It is important for policies to reflect the complexities of causal pathways and respond quickly and innovatively to unpredictable events,

Public health

The WHO European Region uses the Acheson definition of public health: "the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society". This is achieved through public institutions and collective action. It includes traditional services such as health situation analysis, health surveillance, health promotion, prevention, infectious disease control, environmental protection and sanitation, disaster and health emergency preparedness and response, and occupational health, among others. More recent approaches include social determinants of health, the social gradient in health and governance for health.

20 years of environment and health action in Europe

In 1989, concerned about the growing evidence of the impact of hazardous environments on human health, countries in the European Region together with the WHO Regional Office for Europe initiated the first ever environment and health process, to eliminate the most significant environmental threats to human health.

Progress towards this goal is driven by a series of ministerial conferences held every five years and coordinated by the WHO Regional Office for Europe. The conferences are unique, bringing together different sectors to shape policies and actions on environment and health in the European Region.

such as in communicable disease outbreaks. The International Health Regulations require countries to implement a multi-hazard, intersectoral and cross-border approach to public health emergencies and to be prepared to effectively manage health-related aspects of emergencies and humanitarian disasters.

Priority area 4. Creating resilient communities and supportive environments

Building resilience is a key factor in protecting and promoting health and well-being at both the 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. The WHO Healthy Cities and Communities movement provides extensive examples on how to build such resilience, particularly by involving local people and generating community ownership of health issues. Other settings-based networks provide similar experiences – such as health-promoting schools or workplaces.

Collaboration between the environmental and health sectors is crucial to protect human health from the risks of a hazardous or contaminated environment and to create health-promoting social and physical settings. 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 they interact with social determinants of health. The benefits to health of a low-carbon economy and health co-benefits of environmental policies are being considered in the context of Rio +20, the United Nations Conference on Sustainable Development. Countries have begun to develop policies that benefit both the health of the planet and the health of people and recognize that collaboration between sectors is crucial to protect human health from the risks of a hazardous or contaminated environment.

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 the 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

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: governments, nongovernmental organizations,

Governance for health

Governance for health promotes the joint action of health and non-health sectors, of public and private actors and of citizens for a common interest. It requires a synergistic set of policies, many of which reside in sectors other than health as well as outside of government and need to be supported by structures and mechanisms that enable collaboration.

It gives strong legitimacy to health ministers and ministries and public health agencies to reach out and to perform new roles in shaping policies that promote health and well-being.

Coherence with global health developments

Health 2020 is fully consistent with the demands and initiatives of global health development. It embodies the global vision of helping people to achieve better health included in the WHO reform process.

Contribution of WHO

WHO is in the process of reform, designed to contribute to improved health outcomes and greater coherence in global health to create itself as an organization that pursues excellence, effectiveness, efficiency, responsiveness, transparency and accountability.

Overall, the aim is to move from an Organization that delivers separate outputs through a series of technical programmes to an Organization that achieves impact, working with national authorities, through the combined and coordinated efforts of country offices, regional offices, headquarters and its outposts, all operating as part of an interdependent network.

civil society, the private sector, science and academe, health professionals, communities – and every individual.

Key to the success of Health 2020 will be Member States and WHO working closely together and reaching out to engage other partners. Close cooperation between the WHO Regional Office for Europe, WHO headquarters and other regions lies at the core. This is supported by building wider engagement across regional networks and entities such as the Commonwealth of Independent States, the Eurasian Economic Community, the countries in south-eastern Europe and the EU.

The WHO Regional Office for Europe will fulfil its constitutional role to act as the directing and coordinating authority on international health work in the European Region. It will establish and maintain effective collaboration with many partners and provide technical assistance to countries. It will work to engage widely; increase policy coherence; contribute to shared policy platforms; share health data sets; join forces for surveillance; and support the development of new types of network- and web-based cooperation. It will act as the European Region's repository of advice and evidence on what works and will work with countries through new types of country cooperation strategies.

Working with the EU provides a strong foundation, significant opportunities and additional benefits. The 28 EU countries that comprise part of the Region have an integration and cooperation process in health based on the EU health strategy as well as policy frameworks and legal and financial mechanisms to implement them. In addition, EU candidate, potential candidate and European Neighbourhood and Partnership Instrument countries also work to progressively align their legislation and practices with EU policies. This can contribute substantially to implementing Health 2020. The joint declaration of the European Commission and WHO, which includes six roadmaps for greater collaboration, is an important step in strengthening this partnership.

Existing cooperation between WHO and international organizations active in the European Region is also being strengthened. These organizations include bodies such as United Nations agencies, the OECD, the Council of Europe, development agencies and funds and major nongovernmental organizations. Countries across the Region contribute to, and benefit from, cooperation with international organizations, and this represents a valuable resource to support the joint aims of Health 2020 and those of other sectors and organizations.

Linking with new and evolving types of partnerships for health, active at various levels of governance across the Region, will provide important support. Substantial contributions are made by innovative cooperation mechanisms such as the South-eastern Europe Health Network and the Northern Dimension policy; networks such as the WHO European Healthy Cities Network, national health cities networks and Regions for Health; subregional networks within the Commonwealth of Independent States and WHO health promotion settings networks including schools, workplaces, hospitals and prisons throughout the Region.

Working with civil society will strengthen advocacy for implementing Health 2020. 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 and community care and self-care. These organizations act from the local to the global level and have

The vision for Health 2020

Our vision is for a WHO European Region in which all people are enabled and supported in achieving their full health potential and well-being and in which countries, individually and jointly, work towards reducing inequities in health in the Region and beyond.

Further information

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 the following.

- Kickbusch I, Gleicher D. *Governance for health in the 21st century.* Copenhagen, WHO Regional Office for Europe, 2012.

- *Report on social determinants of health and the health divide in the WHO European Region.* Copenhagen, WHO Regional Office for Europe (forthcoming 2013).

- McDaid D, Sassi F, Merkur S, eds. *Promoting health, preventing disease: the economic case.* Maidenhead, Open University Press (forthcoming).

- McQueen D et al., eds. *Intersectoral governance for health in all policies.* Copenhagen, WHO Regional Office for Europe, 2012.

- Bertollini R, Brassart C, Galanaki C. *Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010. Analysis in the light of the Health 2020 strategy.* Copenhagen, WHO Regional Office for Europe, 2012.

significantly shaped the agendas for health and its social determinants. Supporting their contribution is therefore valuable for implementation at all levels.

Looking for ways to appropriately and ethically engage with the private business sector. Attitudes towards the private sector in health vary between and within countries. However, businesses are increasingly involved in every aspect of people's lives. Their influence can help to both enhance health and undermine it. Securing a stronger commitment to health from private sector actors and encouraging and rewarding their social responsibility are important goals.

Health 2020 – a common purpose and a shared responsibility

Health 2020 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. Countries will use different entry points and approaches but remain united in purpose. Political commitment to this process is essential, and countries have set regional targets to express this.

In an interdependent world, the need for countries to act together becomes ever more important. Today, a complex array of global and regional forces challenges people's health and its determinants. Although more people than ever before now have the chance to attain better health, no country in isolation can harness the potential of innovation and change or resolve the challenges to health and well-being.

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

The WHO Regional
Office for Europe

The World Health Organization (WHO) is a
specialized agency of the United Nations
created in 1948 with the primary responsibility
for international health matters and public
health. The WHO Regional Office for Europe is
one of six regional offices throughout the world,
each with its own programme geared to the
particular health conditions of the countries
it serves.

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HEALTH 2020

A European policy framework
supporting action across
government and society
for health and well-being

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