Health governance, inequalities in health and the new European Health Policy
- Health2020

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The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
Key issues of health in Europe

- **People living longer**
  - Low population growth
  - Rapid ageing of the population
  - Decreased mortality in early life

- **Changing patterns of disease burden**
  - From cardiovascular diseases to cancer
  - Injuries and mental health emerging as health problems

- **Increasing inequalities in health and its determinants**
  - Important differences between and within countries

- **Investing in health during financial crisis**
  - Low and unchanging public health expenditure
  - High private out of pocket health expenditure
A new context for health policy and action

- The importance of health as a human right, as a precondition for self-fulfilment and as a core value for socio-economic development
- The determinants of health and the importance and the root causes of health inequalities
- The value of inter-sectoral action
- The importance of community participation and listening to citizens’ voices
- The fact that policies in all domains of government activity can have a positive or negative effect on health; and,
- Health as a core value for social and economic development and as a critical issue in foreign policy and international agreements.
- Health is moving up in political agendas
A new context for policy and action

- The realities on the ground and inter-connected policies
- The drivers of health and health itself as a driver
- The need to connect, the need to listen, the need to anticipate
- Core business – whole of government business – global business
- Ministers of health, all Ministers are health ministers, PMs, Mayors
- Governance, governance, governance
- Capacity to implement, inter-sectoral work
- Frameworks that make sense, entry points countries recognise
- Being adaptable
Issues that matter

- Health, well-being, quality of life
- Pathways to health and vulnerability and life course
- Assets for Health and health literacy
- Health promotion, preventing and managing chronic illness
- Public health, patient-centred care, preparedness for the worst
Barriers to success

- Navigating and understanding concepts
- Connecting with local realities and understanding the agendas of other sectors
- Understanding health and breaking the silos
- Paying lip service to great concepts
- Comprehensive, systematic, integrated, population based, being strategic, investing in capacity for change
Widening inequalities in health between countries

Life expectancy at birth, in years
Determinants of Health

General socioeconomic, cultural and environmental conditions

Living and working conditions

Social and community influences

Individual lifestyle factors

Age, sex & hereditary factors
SOCIAL DETERMINANTS OF HEALTH

THE SOLID FACTS
SECOND EDITION
A world where social justice is taken seriously
• Social gradient in health. The lower social position = worse health.

• Action across the gradient must be universal but with scale and intensity proportionate to disadvantage – proportionate universalism.

Action needed to address health inequality across the life course

• Delivery requires concerted action by national and local government, 3rd sector and private sectors

• Empowerment of individuals and communities is essential.

• Action on health inequalities will benefit individuals, communities and society
Enormous increase in research

- Extend and causes of inequalities in health
- Less on what to do
- Even less on what works – research on evaluation needs improvement
Addressing the social determinants of health

- The social determinants approach reinforces the role of the health sector. Adopting such an approach to public health action does not mean passing the responsibility to another sector. It means recognizing that maximum health benefits can be obtained from the concerted action of health ministries and other ministries and levels of government.
The essentials for action
Essential for action

- Better understanding of and communicating the meaning and significance of inequalities
- Understanding and adapting conceptual frameworks
- Applying the equity lens
Comprehensive and balanced

Upstream approach

Health promotion  Disease prevention  Health-oriented health services

Spanning the continuum

Determinants  Risk factors  Diseases

Comprehensive approach:
- Population-level prevention programmes
- Targeting high risk individuals
- Improved quality and coverage of care
- Systematic reduction of inequalities
Priority public health conditions

Socioeconomic context & position (society)

Differential exposure (social & physical environment)

Differential vulnerability (population group)

Differential health outcomes (individual)

Differential consequences (individual)

Equity, social determinants and public health programmes
Addressing SDH/HI

- Decrease differential exposure
- Decrease differential vulnerability
- Decrease differential access
- Decrease differential consequences
- Increase assets

Adapted model Diderichsen and Mackenbach
Managing ‘systems’ not separated interventions

- Reduce Risk Factors
- Reduce Risk Conditions
- Maximize Assets
Health literacy encompasses people’s capacities, skills, knowledge, motivation and confidence to access, understand, appraise and apply health information in different forms in order to make judgments, take decisions and act in everyday life in terms of healthcare, disease prevention and health promotion to improve quality of life during the life course (Sorensen et al. 2010).
Health Outcomes of Weak Health Literacy

- Poorer health choices
- Riskier behaviors
- Less use of preventive services
- More delayed diagnoses
- Poorer understanding of medical conditions
- Less adherence to medical instructions
- Poorer self-management skills
- Increased risk of hospitalization
- Poorer physical and mental health
- Increased mortality risk
- Greater health care costs
- Higher health costs
The Importance of Gender mainstreaming

- differential exposures and vulnerability of women and men across a range of health problems;
- biases in health systems that affect women as both providers and consumers of health care and services;
- gender imbalances in health research: both in the research content and in the research process;
- gender discrimination, bias, and inequality permeate the organizational structures of governments and international organizations, and the mechanisms through which strategies and policies are designed and implemented.
Policy and Cross-cutting programmes and Regional Directors special Projects

- European Health Policy
- National Health Policies
- Socio-economic determinants of health
- Human Rights
- Gender and Health
- Vulnerability and Health, migrants health, ethnicity and health
- Mainstreaming health promotion
- Regions for Health
- Healthy cities
- The Venice Office
Scientific and Technical work of the Venice Office

Economic arguments for investing in health

Socioeconomic determinants and inequalities

Supporting countries address health inequalities /analysis – policy development and capacity building
Venice Office
Essential elements of action

- Awareness of the issues
- Political commitment. Putting and keeping equity on the agenda
- **Beyond the traditional sectors and partners;** understanding the objectives of other sectors, organizations, looking for the win-win situations
- Capacity building; strengthening the knowledge base (profiles) and training in relation to other sectors, HIA and health assets approach
- Information tools, Institutional arrangements, financial mechanisms, legislation and regulations, accountability mechanisms
Scotland: Strategic goals

• To reduce factors in the physical and social environments in Scotland that act to perpetuate health inequalities;
• To build the resilience and capacity of individuals, families and communities to improve their health and
• To enhance the contribution that public services make to reducing health inequalities.

Policy & Action Areas

- Early years and young people; Smarter Scotland
- Tackling poverty and increasing employment; Wealthier and fairer Scotland
- Physical environment and transport; Greener Scotland
- Harms to health and wellbeing; alcohol, drugs and violence; Safer and Stronger Scotland
- Health and wellbeing; Safer and Stronger Scotland
Support for cognitive and educational development;

resilience and capacity of communities

Healthy life expectancy at birth

Governance

Policy

Macroeconomic

Social

Health

Cultural and Societal norms and values

Social Position

Education

Occupation

Income

Gender

Ethnicity / Race

Health Care System

Material Circumstances

Social Cohesion

Psychosocial Factors

Behaviours

Biological Factors

SOURCES OF HEALTH AND HEALTH INEQUALITIES

DISTRIBUTION OF HEALTH AND WELL-BEING

Aspirations

Wider factors influencing health such as income, education, skills and employment;

Access to health and other services; mental health, dental health;

Breastfeeding; Teenage pregnancy, smoking, drinking, drugs and diet; later health related behaviors and lifestyle choices;
**Norway**

*Social inequalities in health are viewed as a public health concern and an expression of unacceptable systematic injustices.*

**Strategic Goal** To reduce the gradient in health by tackling the distribution of Social Determinants of Health and Health Behavior

**Policy & Action Areas**

- 1. Reduce social inequalities that contribute to inequalities in health (Income, childhood conditions, work and working environment)
- 2. Reduce social inequalities in health-related behavior and use of the health services (Health behavior and health services)
- 3. Targeted initiative to promote social inclusion (Better living conditions for the most disadvantaged people)
- 4. Develop knowledge and cross-sectoral tool (Annual policy review, cross-sectoral tools, and advancing knowledge)
CSDH Conceptual Framework (Norway)

Health Equity is good public policy

exposure to hazardous working environment: security of employment

Educational Attainment

Social inclusion through better living conditions, housing, neighbourhood resources

DISTRIBUTION OF HEALTH AND WELL-BEING

Credit and Social Determinants

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DISTRIBUTION OF HEALTH AND WELL-BEING

Credit and Social Determinants

Income level and security

Create enabling conditions for healthier behaviour

Target design and delivery of services to increase use & early intervention

Level up & Reduce the Gap in Distribution of Social Determinants
Local action
Working with Local Governments

• 2010 World Health Day theme on Urbanization and Health
• Hidden Cities Report
• PHASE V
• Health and health equity in all local policies
• Sandnes 2010
Healthy cities experience

- City health profiles
- City health development plans
- Health services access
- Vulnerable groups
- Development and regeneration policies (social determinants approach)
- Health impact assessment
- *Solid Facts*
10 Reasons to take action on Health Inequities

- Political decision-makers in cities participating in the European WHO Healthy Cities network were asked to rank the three most important reasons for taking action on health inequities.
10 Reasons (I)

1. Because health is a human right, urban health inequities are fundamentally unacceptable.
2. Health inequities are an excellent social accountant.
3. Urban health inequities are detrimental to all city dwellers.
4. Reducing health inequities makes cities more attractive for private sector investment.
5. Reducing health inequities creates a more productive and stable urban workforce.
6. Applying a ‘health equity lens’ to city policies and strategies can safeguard and promote democratic governance, fairness, and the creation of good living and working conditions for all residents.
7. Actions to reduce health inequalities have other benefits: improved social cohesion, reduced violence, and less crime.

8. Addressing health inequities improves cities’ natural and built environment and makes them more resilient to climate change.

9. Local leaders are well-positioned to take action on many of the root causes of urban health inequities.

10. Acting in the name of health can rally stakeholders from diverse backgrounds and interests.

1,7,6
Three priorities for the European Region

- A new health policy for the European Region Health2020
- Mobilize action to address the health gap within and between countries
- Strengthening Public Health functions and infrastructures
- An action plan to address the non-communicable diseases epidemic
Why a new European Health Strategy

- There is no shortage of issue specific health strategies and policies
- The Health For All/Health21 strategies provide a solid foundation
- Health in All Policies initiative has enhanced Intersectoral awareness and action
- There remains, however, a need for a whole of Europe, comprehensive, integrative, balanced common policy and strategy which can address the challenges and opportunities of Europe’s rapidly changing landscape.
Building on…

- HFA, Health21
- Ottawa Charter
- Tallinn Charter
- Health in All Policies
- Parma Declaration
- FCTC, MDGs and other international commitments
A new Public Health Policy for Europe will provide:

- a common Region wide policy framework built upon agreed values, principles and the best available evidence;
- a flexible framework adaptable to the different contextual systems and realities which make up our diverse Region; and,
- a common vision, roadmap and mechanism for planning, prioritising, implementing, monitoring and evaluating health impacts.
The new health policy for Europe will

- systematically identify and address key health challenges and priorities with succinct strategies and targets;
- identify ways to marshal Europe’s vast health-generating resources to more effectively deal with the social determinants and address health inequities on all levels;
- identify and address the impact of major developments that drive societies on health, as well as the contribution of health to these developments:
- define indicators and outcomes in relation to the regional policy to guide the evaluation of health systems performance in addressing its population health improvement and equity.
Our vision is for a WHO European Region where all people are enabled and supported in achieving their full health potential and well-being and in which WHO Member States, individually and jointly, work towards reducing inequalities in health within the region and beyond.
Health2020 will address the implications of drivers and trends

- Globalization
- Financial/Economic Crisis and its effects
- Climate Change
- Migration
- Ageing of the Population
- Urbanization
- Genomics and implications for public health
Consider the new roles of Health Care and Public Health Services

- Stronger and more systematic role in prevention and health promotion
- Adapting health systems to managing chronic diseases in different settings, including community and home care
- Becoming more sensitive to patients and families needs and expectations
- Using more efficiently and creatively the potential of modern information and communication technology
- The new roles of health care and the new roles of health professionals; the make up of the health care team; as well as the position of health professionals in the health market
Identify the practical implications of key areas of intervention in the light of modern approaches and new promising public health concepts

- Behavioral change
- Health literacy
- Citizens empowerment, participation and the Knowledge Society
- Health assets and salutogenesis
- Vulnerability pathways and circumstances (differential health opportunity, risk and consequences)
- Health communications
How decisions made outside of the health sector influence (directly and indirectly) health outcomes at population and individual level

• Economic studies on the consequences of no action
• Economic arguments for investing in SDH and equity
• Review and clarify the impact of other sectors on health but also the impact of health on the other sectors
• The potential role of private enterprise including the issue of corporate social responsibility
The European Social Determinants and Health Divide Review (I)

- Identify key policy areas in the European Region likely to be most effective in addressing social determinants of health and in reducing health inequities
- What evidence is most relevant for underpinning policy and action in addressing the Health Inequity Challenges facing the European Region of the WHO?
The European Social Determinants and Health Divide Review (II)

- What is the evidence about the efficacy of interventions in key policy areas
- What governance mechanisms and structures, including across different levels - regional, national and local - are most effective in facilitating action on socially determined health inequities?
- How can health systems put their own house in order by both: improving and strengthening the health system potential for health equity and how the health sector does its own business with regard to health inequalities; and being instrumental in the role of policy and action outside the health sector to address health inequities within the WHO European Region
Governance for health

- The premise: There is a need for innovation and a new institutional approach to governance for health. Health is critical for government performance in 21st century societies.
- Public health challenges can only be resolved effectively if the governance of health in 21st century societies is approached in a different way.
Developing the governance for health approach (I)

- Why do we need to be concerned with governance for health? What do we mean?
- What is the context of 21st century governance for health – what big shifts are underway? Within the health system and beyond its boundaries?
- What constitutes “good” governance for health in the 21st century? Can we define principles of 21st century governance for health?
Developing the governance for health approach (II)

- What are the characteristics of 21st century governance for health? How does present governance for health compare: who are the players? Who has influence? Who decides?
- What is the position of health in various “zones” of governance: the global space, the national space, the organizational space and the community space
- How will the above best be reflected in the new Health 2020 policy?
Target audience

- Health ministries and the health sector (core business);
- Other Ministries/departments/sectors and Prime Minister’s Offices
- Regional and local governments; (Regional heads, city Mayors)
- International agencies
- Private sector
- Civil society.
Health2020: process is key

- Will be developed through a **participatory process** to reach out to diverse communities of practitioners, stakeholders, sectors and partners to engage them in shaping the inputs and products of Health2020
- Will be **informed by a number of key scientific studies** including the European Review on Social Determinants and the Health Divide
- Culminating in the launch of the new Health2020 policy at Regional Committee **September 2012**
What the Health2020 Policy could look like

- Health in a fast changing Europe: Context, drivers and trends
- Governance and Health in the 21st Century
- Striving for equity in health, the right to health and the right to be listened to
- Pathways for health and well-being – innovative and effective ways to address public health challenges
- Shaping health and social care and public health services to new needs and new potential
- Health as whole-of-government goal – health in the policies of all sectors
- Health in the European Region and global policy domains – partnerships for change
- Making it all happen
Four important steps in the process: October 2010 – September 2011

- Commissioning and preparation of the studies that will inform the Health2020
- Consultation process with important constituencies of stakeholders
- Health2020 and Governance for Health conference
- Health2020 white paper at RC2011 and first reports on the social determinants and governance for health studies