

THESIS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY (PHD)

**The European Policy Framework and Strategy for Health
and Well-being (Health 2020): from Vision to
Implementation**

Zsuzsanna Jakab



UNIVERSITY OF DEBRECEN
DOCTORAL SCHOOL OF HEALTH SCIENCES
DEBRECEN, 2014

TABLE OF CONTENTS

1. INTRODUCTION	4
2. AIM OF THE THESIS.....	6
3. METHODS	7
3.1. Identifying the problem	7
3.2. Formulating a policy framework to guide actions to resolve the problem	7
3.3. Implementing the framework – Health 2020	8
3.4. Estimating progress.....	8
4. BACKGROUND	9
The World Health Organization	9
Why we needed Health 2020	10
Global challenges	10
Building on experience	13
The demographic and epidemiological situation in the European Region today	14
Health experience in the European Region: determinants of health and health inequalities	17
Social and economic determinants.....	17
Environmental determinants.....	19
Lifestyle and behavioural factors.....	20
Capacity and efficiency of health systems.....	21
5. HEALTH 2020 DEVELOPMENT PROCESS	22
Building political consensus on Health 2020	23
Building the evidence base for action	23
The review of the social determinants of health and the health divide in the WHO European Region.....	24
Implementing the Health 2020 vision: governance for health in the 21 st century. Making it happen	25
Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010	26
Intersectoral governance for health in all policies: structures, actions and experiences...	27
Health promotion and disease prevention: the economic case.....	27
6. The CONTENT OF HEALTH 2020 [30]	28
Summary	28
Health 2020: a European policy framework supporting action.....	28
Health is a major societal resource and asset	28
A strong value base: reaching the highest attainable standard of health	29
A strong social and economic case for improving health.....	30
Strategic objectives of Health 2020: stronger equity and better governance for health ...	31
Improving health for all and reducing health inequalities	31
Improving leadership and participatory governance for health	32
Working together on common policy priorities for health	34
Priority area 1. Investing in health through a life-course approach and empowering people	35
Priority area 2. Tackling Europe’s major health challenges: noncommunicable and communicable diseases	36

Priority area 3. Strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response	38
Priority area 4. Creating resilient communities and supportive environments	40
Working together: adding value through partnerships.....	41
Health 2020 – a common purpose and shared responsibility.....	43
7. IMPLEMENTATION OF HEALTH 2020 [37]	43
Achieving strong political commitment to implementation of Health 2020	44
Providing technical assistance to countries for Health 2020 implementation	45
Accountability and estimating the progress.....	47
8. DISCUSSION.....	47
Leadership for health and well-being.....	47
The role of national health policies and plans.....	48
Creating whole-of-society and whole-of-government responsibility for health work.....	50
The role of partnerships.....	52
Capacity for tackling the social determinants of health and the health divide – applying the equity lens	53
Monitoring, evaluation and priorities for public health research	54
Health at the crossroads of challenges for the 21st century.....	55
The WHO response to demands for technical assistance from countries	55
Looking forward	56
9. CONCLUSION AND LESSONS LEARNED	56
SUMMARY.....	58
KEYWORDS.....	59
ACKNOWLEDGEMENTS.....	60
REFERENCES.....	61
LIST OF PUBLICATIONS.....	65

1. INTRODUCTION

Health and health systems across Europe face many new challenges. Across the Region health has improved in recent decades – but not everywhere and not for everyone equally. Shifting patterns of disease, demography and migration affect progress in health and require improved management and governance. The rapid growth of chronic disease and mental disorders, lack of social cohesion and environmental threats make improving health even more difficult. Shrinking public service expenditure and austerity threaten the sustainability of health and welfare systems. While noncommunicable diseases, including cardiovascular disorders, cancer and mental health, represent about 80 % of the mortality and disease burden in the European Region, there are also persistent emerging, re-emerging and new communicable diseases and threats, such as measles and rubella, HIV/AIDS, tuberculosis (TB), influenza and antimicrobial resistance. Many countries in the Region are also facing a triple disease burden: infectious diseases persist together with increasing instances of noncommunicable diseases and high levels of violence and injury. This disease burden exists within a context of other underlying challenges, which include growing disparities in population health between the 53 countries in the Region, and between different income, educational, gender and age groups within them.

Attitudes to health have changed. Today health is more prominent and influential as a global issue, and stands at the crossroads of agendas concerning security, economic development and social justice. The complex political, economic, technological, cultural and environmental transformations resulting from globalization provide a complex backdrop to health improvement, with a cluster of trade, food, water, environment, finance and energy challenges relevant to health. Diseases, new and old, can spread across the globe like never before.

There is an increased demand for accountability and improving governance for health. It is obvious that today's health challenges cannot be solved without intersectoral actions across all of the determinants of health, and that whole-of-government and whole-of-society approaches to governance for health are required. The role of citizens and patients is also evolving; they must be included in traditionally closed decision-making circles related to health care and health system issues.

Moreover, many countries are currently experiencing financial, demographic and structural challenges to their health systems. Although countries differ greatly, across the Region we see lower economic growth and higher unemployment. There is tremendous pressure to ensure supply-side efficiency gains, rationalize service delivery structures, and optimize use of medicines and technologies. While some of these changes may be positive, it is all too easy for pressure on public expenditure to severely affect the poor and vulnerable. Across the board budget cuts are particularly pernicious.

Health 2020 is designed to help deal with these challenges. When I took office as WHO Regional Director for Europe in February 2010 my vision was for “Better Health for Europe”. Hence I wanted to develop the best possible health policy response to all these challenges. While the Health for All policy provided important background^a, I wanted to make sure that this was brought fully up to date ready for the 21st century. In particular I was committed to fully introducing new knowledge and thinking concerning modern-day governance for health and the social determinants of health, as well as strengthening public health throughout the Region.

In response to this vision in September 2010, at its 60th session, the WHO Regional Committee for Europe – WHO’s governing body for the European Region – called for the development of a new European health policy framework – Health 2020 – and for a European Action Plan for strengthening public health capacities and services in Europe (EAP) as a key pillar for the implementation of Health 2020. These two instruments built on the progress made in health policy through past European initiatives such as Health for All and Health 21. The Regional Committee further requested that the WHO Regional Director for Europe should uphold the commitment to strengthen health systems and build public health capacity, as well as working hand in hand with Member States to support their development of comprehensive national health policies and plans.

Over the following three years, Health 2020 and the EAP were developed through extensive and widely participatory processes. Both were endorsed by the Regional Committee at its 62nd session in Malta in September 2012.

^a *Successes and Failures of Health Policy in Europe Four decades of divergent trends and converging challenges*
Edited by Johan P. Mackenbach and Martin McKee World Health Organization Copenhagen 2013
http://www.euro.who.int/_data/assets/pdf_file/0007/215989/Successes-and-Failures-of-Health-Policy-in-Europe.pdf

This thesis refers specifically to Health 2020, a health policy framework and strategy that is value- and evidence-based, action orientated and adaptable to different realities in the countries in the WHO European Region.

2. AIM OF THE THESIS

The four aims of this thesis are to:

1. identify the main factors behind the need for developing Health 2020;
2. describe and analyse the a) political and b) technical content development process behind Health 2020;
3. summarize the content of Health 2020; and
4. discuss the challenges to Health 2020 implementation, and consider what is needed for success.

The thesis is comprised of nine main parts:

- *Introduction*
- *Aim of the Thesis*
- *Methods* outlines the methodology used for analysing the development of Health 2020 and identifies the key issues to be examined.
- *Background* explains why Health 2020 was needed and what previous work it is built upon.
- *Health 2020 development process* describes and examines the Health 2020 development process both from a political and a technical point of view.
- *The content of Health 2020* presents the short version of Health 2020, including the values, principles and approaches that underpin the policy framework, and describes the strategic objectives and priority areas of Health 2020.
- *Implementation of Health 2020* discusses both the political and technical sides of Health 2020 implementation, providing an overview of how WHO Member States in the European Region are implementing Health 2020 and outlining the efforts of the WHO Regional Office for Europe to support and assist them.
- *Discussion* looks back at the development process of Health 2020, and discusses the need to advance political and technical policy development processes in parallel, presenting the prerequisites for successful implementation of Health 2020.
- *Conclusion and lessons learned.*

3. METHODS

Health 2020 is addressed to Ministries of Health but also aims to engage presidents, prime ministers, ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being. From the outset the intention behind Health 2020 was to reflect a strong commitment to health as a human right as well as universal access to health and health care. The aim was also to recognize the wide and complex range of determinants and influences on health and the multisectoral and multifaceted nature of policy responses and interventions. New forms of governance for health, described as “whole-of-government” and “whole-of-society”, are needed to reflect these realities in today’s diverse and horizontally networked, information-based societies. Health 2020 includes a full discussion of all these developments.

A determined methodology was used to develop the Health 2020 policy framework and strategy. This involved two parallel, but interrelated, processes to 1) achieve political mobilization and consensus on values, principles, strategic objectives and priority areas for health in Europe in the coming years, and 2) develop the content by synthesizing the evidence to inform the policy and strategy. These parallel processes involved the four “classical” steps of policy development:

3.1. Identifying the problem

This work included not only making Governments, health authorities, and public health stakeholders – including civil society – aware about the public health challenges in the WHO European Region, but also studying problems and their root causes in detail, identifying the main actors who could deal with the problems, and identifying means available to accomplish solutions. Several studies have been commissioned by the WHO Regional Office for Europe to contribute to this step of the policy development process (see section 4 for details).

3.2. Formulating a policy framework to guide actions to resolve the problem This step involved extensive discussions and debate between government officials from Member States, professional organizations, civil society, interest groups, and individual citizens to identify potential obstacles to resolving health challenges,

suggest alternative plausible solutions, set clear goals, strategic objectives and agree on priority areas for action (see section 5). During this policy development stage, compromises were made to help shape a policy framework that would be endorsed by Member States.

3.3. Implementing the framework – Health 2020

This third step of the process involved measures to help committed Governments and other stakeholders implement Health 2020. Implementing Health 2020 in Member States requires coordinated intersectoral action, a whole-of-government approach, strengthened public health capacity, as well as clear communication and sufficient funding. Implementation of Health 2020 at country level has been facilitated by the construction of a package of services and tools that offer countries systematic support in tackling the core horizontal strategic issues of Health 2020 as well as providing programmatic links and entry points to more detailed aspects of the policy framework (see section 6 for details).

3.4. Estimating progress

In order to estimate progress in the implementation of Health 2020 inspirational and challenging, yet practical, high-level targets and indicators have been developed to assist countries in measuring progress and serve as a tool for strengthening accountability and communication (see section 6 for details). These targets and indicators will be vital as countries move forward, providing a map for partners and a reference point for action. This step is crucial and will involve a study of how effective the new policy (or action) has been in addressing the health challenges. Policy-makers need to find ways to make sure that the tools needed for evaluation are included in each step of the Health 2020 implementation process.

In summary, the Health 2020 policy framework was developed through a participatory process involving countries and a wide variety of other interested parties across the WHO European Region. The content and structure were discussed at numerous events, some specifically dedicated to Health 2020 development and others where more general European health policy matters were explored and deliberated. In addition, a written consultation process on a draft of Health 2020 took place in early 2012 involving countries, international

organizations, the Healthy Cities Network, the Regions for Health Network, nongovernmental organizations, professional associations and other stakeholders.

4. BACKGROUND

The World Health Organization

After preparatory conferences the Constitution [1] of the World Health Organization (WHO) came into force on 7 April, 1948 (the date is celebrated every year as World Health Day). Famously it refers to health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. The Constitution establishes WHO as the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, maintaining partnerships with governments in strengthening their national health policies and programmes, providing technical support to the member states, as well as monitoring and assessing health trends.

In 1981 a comprehensive policy framework and strategy was established as the Global Strategy for Health for All by the Year 2000 [2], based fundamentally on the concept of primary care. This vision has since guided the work of the Organization, and has led to considerable achievement. Health for All was supported by the Declaration of Alma-Ata, agreed at the 1978 International Conference on Primary Health Care, held in Alma-Ata, in the former Soviet Union [3], which brought equity to the international agenda for the first time. The WHO European Region went further in the implementation of the Health for All strategy, developing targets and a system of indicators [4] to measure progress regularly, and linking the strategy to the managerial framework in order to ensure full accountability. At the Millennium the European Health for All strategy was renewed as Health 21 [5]. These strategies, and the actions that flowed from them, led to considerable progress and achievements in the field of health across the Region.

Since its inception, WHO has been the driving force behind many specific programmes targeting disease prevention and health protection. Perhaps the most well-known example is the global eradication of smallpox, achieved through a ten year intensive campaign by WHO and its Member states in 1979. Between 1980 and 1995 joint UNICEF–WHO efforts raised immunization coverage against deadly diseases such as tetanus, measles, whooping cough,

diphtheria and tuberculosis from 5% to 80%. More recent successes have included the 2005 International Health Regulations to control the global spread of diseases and other health risks, and the 2005 Framework Convention on Tobacco Control to control the extent and spread of the consumption of tobacco and tobacco products.

Today WHO is undergoing reform to be better equipped to address the increasingly complex challenges of the health of populations in the 21st century. The reform is focused on improving global health outcomes around agreed global health priorities where WHO has a unique function or competitive advantage; achieving greater coherence in global health; as well as WHO itself becoming a more effective, responsive, transparent and accountable organization. To date, Member States have reached consensus on a set of distinct categories of work for WHO (communicable diseases, noncommunicable diseases, promoting health through the life course, health systems, and preparedness, surveillance and response) and criteria that will guide the process of setting the Organization's priorities.

Why we needed Health 2020

Global challenges

The 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: the forces and consequences of globalization, migration, urbanization, environmental changes and global warming in particular, emerging communicable diseases, antibiotic resistance, and the increasing global burden of non-communicable diseases. Addressing these challenges at any level – personal, institutional, community, municipal or national – requires thoughtful, strategic and coordinated action by governments.

In the face of these challenges we must not be too pessimistic, for there have been real health improvements across the WHO European Region. The five-year increase in life expectancy in the Region, achieved over a period of 30 years, is a great success. Yet there is still much more to be done. Of the utmost importance is dealing effectively with the persistent and widespread inequities in health that scar the Region [6]. These inequities are substantially socially determined, arising from differences in life circumstances and unequal opportunities to lead a full and meaningful life. We have a growing understanding of the causes and effects of these social determinants [7] as a dominant cause of the changing pattern of disease burden in Europe, which is increasingly dominated by chronic, noncommunicable diseases.

Today, the technological capacity available to understand, prevent, diagnose and treat disease has been transformed in an almost exponential progression. Diagnostic, medical and surgical interventions have expanded dramatically, as has drug-based therapy. Interdependence, rapidly improving connectivity, and technological and medical innovation have all created extraordinary new opportunities to improve health and health care. In theory, getting our policies and technologies right can contain the upward curve of health care costs. Some examples include new medical genetics, which have the potential to transform our management of diseases and pathology, the transformative effects of E-health and telemedicine and the technological opportunities of nanotechnologies that are on the horizon. There is also significant new knowledge about the complex interrelationship between health and sustainable human development. Today's globalized world provides a complex backdrop to health improvement. Global health is at the crossroads of agendas concerning security, economic development and social justice. Factors affecting health occur across all aspects of political, economic, and social development: a cluster of trade, food, water, environment, finance and energy challenges have global relevance to health.

Moreover, health can no longer be seen merely as a medically dominated, money-consuming sector. Instead we perceive health as a major global public good, bringing economic and security benefits and contributing to the pursuit of key social objectives. There is now a broad consensus that the health of populations is both critical for social coherence and economic growth and a vital resource for human and social development^b. Thus health is no longer seen just as expenditure, but rather as an investment into the future of our countries and populations, inextricably interlinked with development.

At the same time, health is also an outcome, and therefore a key indicator of development. While this is not entirely new thinking – for generations life expectancy and infant mortality have been considered key indicators of broad human and societal development – this view of health is now much more widely adopted. Health is one of the purposes of development. Indeed, today some would see population health as a measure of the success of governance and government in any society.

For governments and health and welfare systems, current financial pressures make it ever harder to respond to these changes in demand and expectation, particularly in times of

^b*Closing the gap in a generation: health equity through action on the social determinants of health* Marmot M, Friel S, Houweling Tanya A J, Taylor S, on behalf of the Commission on Social Determinants of Health Lancet, Volume 372, Issue 9650, 8 372, Issue 9650 [www.sciencedirect.com](http://www.sciencedirect.com/science/article/pii/S0140673608616906).
<http://www.sciencedirect.com/science/article/pii/S0140673608616906>

austerity. In many countries, the health share of government budgets is larger than ever before, and health care costs have grown faster than gross national product (GNP).

Another challenge is public expectation. People have come to expect protection from health risks, such as unhealthy environments or products, as well as access to high-quality health care throughout the life-course. They expect full and prompt information, as well as the opportunity to be involved in the services and care to which they have access. Policies are needed that aim to ensure decision-making power for citizens and patients, protect their human rights, and implement legislation that forbids discrimination. This includes securing the right to health and outlawing discrimination based on disease or disability. Shared decision-making, autonomy, independence and control over one's health and its determinants are vital.

Communities are required to provide people, including those with chronic diseases and disabilities, with the necessary structures and resources to enable them to fulfil their potential and participate fully in society. Another need is access to knowledge and to health promotion and disease prevention activities, as well as services based on respectful communication between caregivers and recipients. There is also the issue of medicalization to consider [8], and a proper balance to be struck between societal and individual expectations and the growing capacities of the health system.

All these challenges and developments exemplify the move towards a new paradigm, which must reflect the ever-present pressure to use health system resources more efficiently and deliver higher quality care; the financial constraints and the additional demands of austerity; and the shift in the role of health professionals and citizens, with the latter now having much higher expectations in terms of information about and involvement in the services they receive. Needed is a rethinking of health and health systems, with a move towards universal health coverage; more emphasis on, and a renewed vision for, primary health care; more investment in public health and in health promotion and disease prevention; and the development of coordinated and integrated care at all levels.

No country can respond to and resolve these challenges to health and well-being on its own, nor can it harness the potential of innovation without extensive cooperation. In an interdependent world, countries need to act together to ensure the health of their populations and drive progress: these issues of managing interdependence are moving higher up the policy agenda of global policy-makers.

Some important new global agreements and instruments have been developed to address common health challenges, such as the Millennium Development Goals, the United Nations

Convention on the Rights of Persons with Disabilities; the revised International Health Regulations and the WHO Framework Convention on Tobacco Control [9]. These new instruments have had profound global, regional and national influence: more, similar, instruments framed around issues of global health and well-being will surely follow.

Other recent developments include consideration of global health in key foreign policy arenas such as the United Nations General Assembly, summits of the group of eight industrialized countries (G8) and the World Trade Organization, as well as the involvement of heads of state in health issues and the inclusion of health issues in meetings of business leaders, such as the World Economic Forum. These developments all indicate that the political status of global health has been elevated. In 2009, the United Nations General Assembly, in its resolution A/RES/64/108 on global health and foreign policy [10], reinforced this major change in perspective by urging Member States to “consider health issues in the formulation of foreign policy”.

In summary, Health 2020 responds to the tumultuous political and social change witnessed across the WHO European Region in the last three decades, building on Health for All and the importance of primary health care approaches, which have remained key guiding values and principles for the development of health in the Region. Health 2020 charts the way to the new paradigm for health, which is needed today. It builds on experience, detailing ways to orchestrate priority-setting, supported by common health and well-being targets and outcomes, and catalysing action not only by health ministries but also by heads of government, as well as other sectors and stakeholders.

Building on experience

A comprehensive overview of the implementation of Health for All conducted for the WHO Regional Committee for Europe in 2005 [11] showed that the core values of Health for All had been broadly accepted and adopted by countries. At the same time, it was clear that every country had taken its own approach to developing policy and, although many countries had set targets aligned with those of Health for All, a gap remained between formulating policies and implementing and systematically monitoring and fine-tuning them.

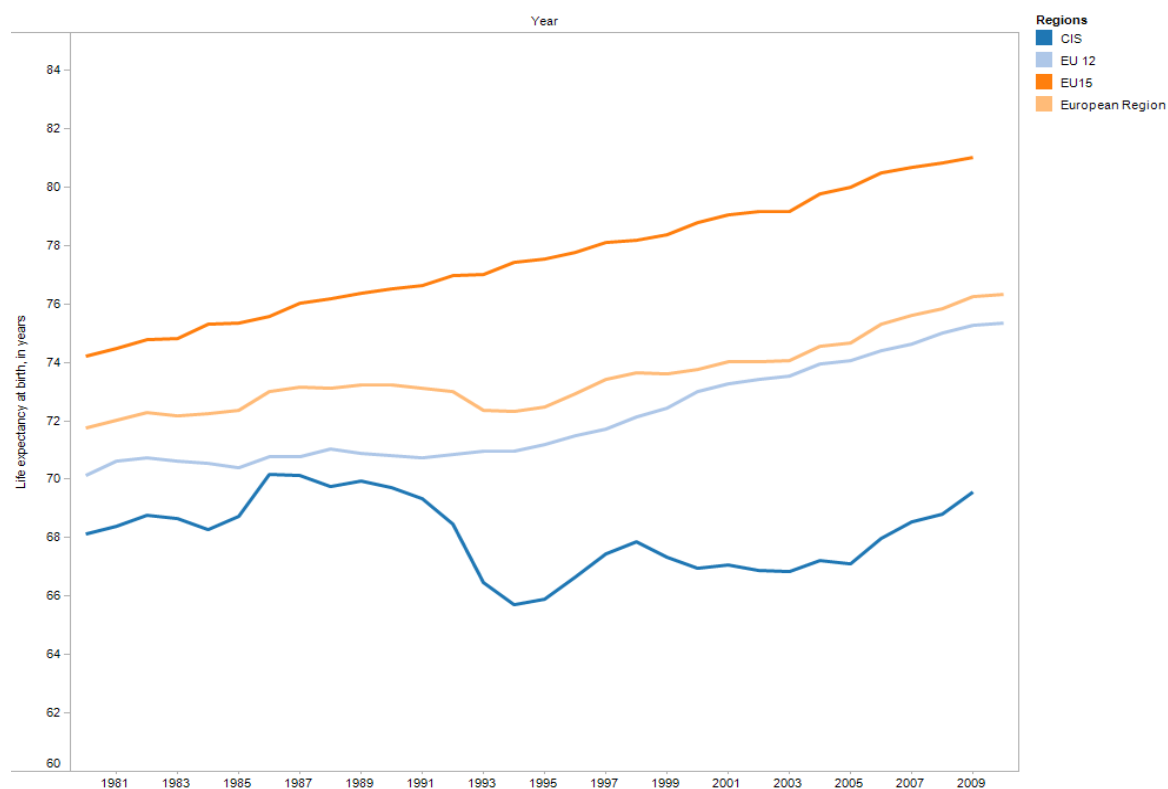
Recognizing this common commitment to the core values of Health for All, yet responding to this implementation gap, Member States came together in 2008 and adopted the Tallinn Charter: Health Systems for Health and Wealth [12]. This aimed to build on that common core set of values, focusing on the shared values of solidarity, equity and participation. It

emphasized the importance of investing in health systems that offer more than health care alone, and which are also committed to preventing disease, promoting health and making efforts to influence other sectors to address health concerns in their policies. In addition, it urged health ministries to promote the inclusion of health interests and goals in all societal policies.

The demographic and epidemiological situation in the European Region today

The European Health Report 2012, developed to inform the new Health 2020 policy framework, contains detailed information on demographic and epidemiological trends in the European Region.

The population of the 53 countries in the WHO European Region has reached about 900 million. Overall, health in the Region is improving, as suggested by life expectancy at birth, which reached 75 years in 2010, an increase of 5 years since 1980 (Figure 1).



Source: European Health for All database. Copenhagen, WHO Regional Office for Europe, 2010.

Figure 1. Life expectancy at birth by European regions, 1980-2010

The lowest and highest life expectancies at birth in the WHO European Region differ by 16 years, with differences between the life expectancies of men and women. Maternal mortality has decreased by 54% since 1990 (Figure 2).

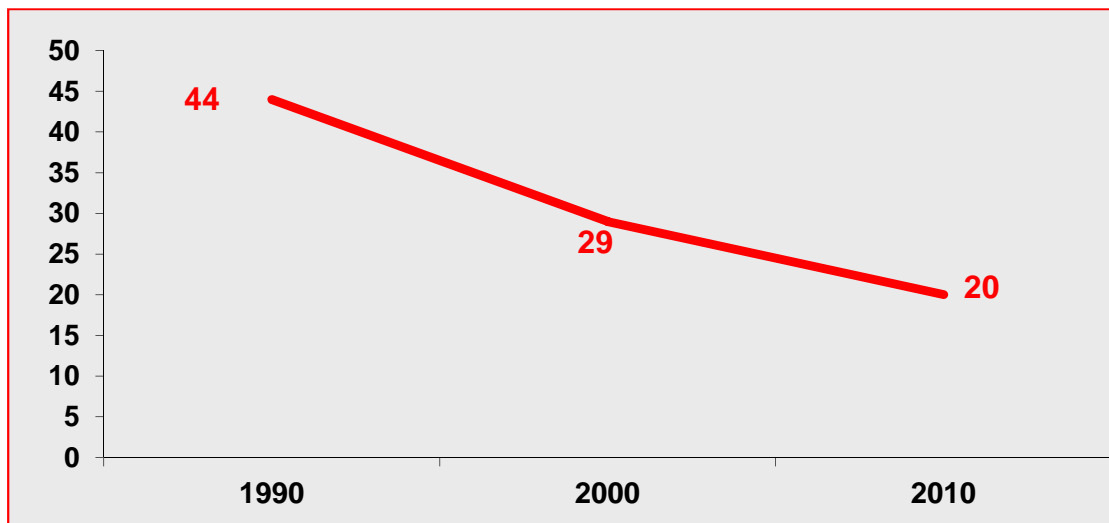


Figure 2. Maternal, newborn, sexual and reproductive health

Yet the highest national maternal mortality in the Region remains more than 40 times higher than the lowest. Regional average under-five mortality rates have decreased from 34 per 1000 live births in 1990 to 13 in 2011. This represents a reduction of almost two-thirds (close to the 2015 MDG target of 11 deaths per 1000 live births). Regional average infant mortality rates decreased from 28 in 1990 to 11 per 1000 live births in 2011 (Figure 3).

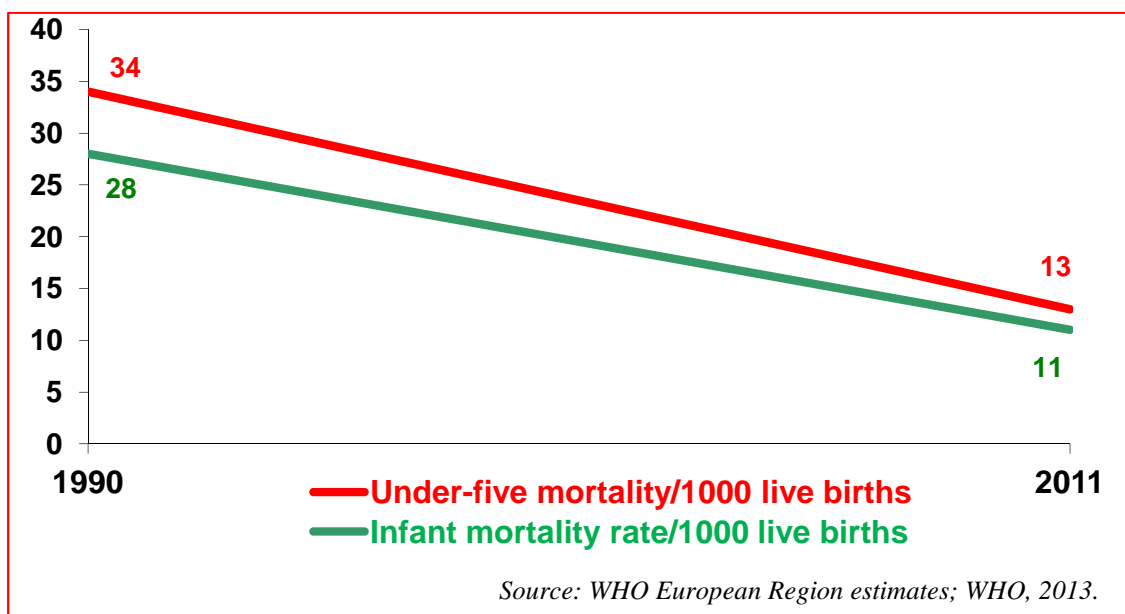
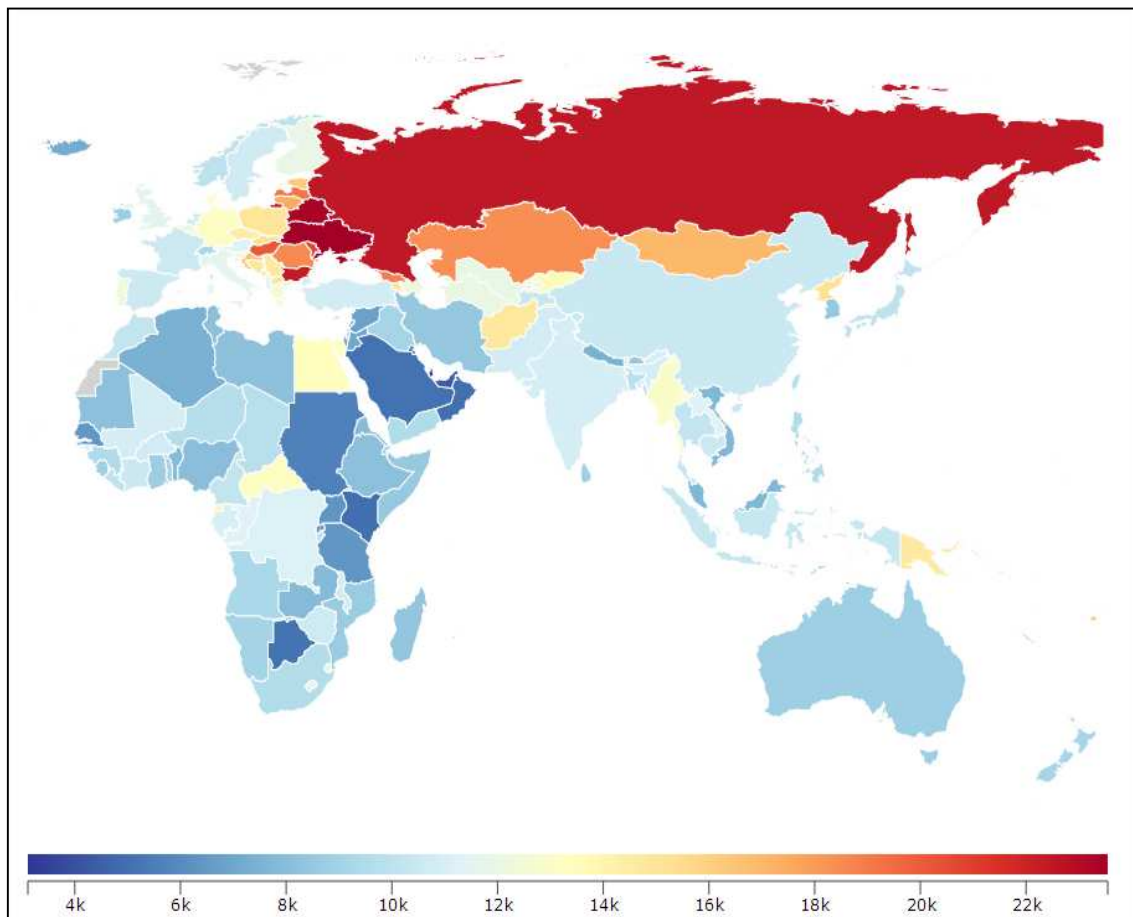


Figure 3. Regional average infant mortality rates

In spite of this progress, however, major discrepancies remain within and between countries. Noncommunicable diseases now account for the largest proportion of mortality and premature death (Figure 4). The four leading causes of lost disability-adjusted life-years (DALYs) in the Region are unipolar depressive disorders, ischaemic heart disease, adult-onset hearing loss, and Alzheimer’s disease and other types of dementia.



Source: Institute for Health Metrics and Evaluation, University of Washington, 2013.

Figure 4. Years of Life lost due to noncommunicable diseases (NCDs) (2010, all ages, both sexes, per 100 000)

Emerging and re-emerging communicable diseases, including HIV and TB, also remain a priority area in many countries in the Region. Of special concern to all countries in the Region are global outbreaks, such as pandemic H1N1 influenza in 2009, and silent threats such as growing antimicrobial resistance.

Health experience in the European Region: determinants of health and health inequalities

We know much more now about the complex determinants of health, including the biological, psychological, social and environmental dimensions. All the determinants interact, influencing individual exposure to advantage or disadvantage and the vulnerability and resilience of people, groups and communities, across the life-course. The unequal distribution of these determinants leads to the health inequities seen across the European Region: the health divide between countries and the social gradient between people, communities and areas within countries.

Very importantly, many of the determinants are amenable to effective interventions. Action that takes place in sectors other than health, with the primary intention of addressing outcomes relevant to these sectors, frequently affects the social determinants of health and health equity. Examples include education, transport, housing, social welfare and the environment.

Individuals, communities and countries may have capabilities and assets that can enhance and protect health, stemming from their cultural capacities, social networks and natural resources. Assets and resilience are important resources for fair and sustainable development. In drawing up its recommendations for action, the review of the social determinants of health and the health divide in the WHO European Region focused on resilience and assets to promote empowerment, as well as achieving convergence of policy actions across sectors, protecting against damage, reducing harm and altering exclusionary processes. Getting the balance right in the future will lie at the heart of implementing Health 2020.

Social and economic determinants

Social inequalities cause much of the disease burden in the European Region. The distribution of health and life expectancy in the countries in the Region shows significant, persistent and avoidable differences in opportunities to be healthy and in the risk of illness and premature death. Many of these differences can be addressed through action on the social determinants of health. Unfortunately, however, social inequalities in health between countries persist and, in most cases, are increasing. Extreme health inequalities also exist within countries. Health inequalities are also linked to health-related behaviour, including tobacco and alcohol use, diet and physical activity, and mental health disorders. Through Health 2020, countries firmly commit to addressing these unjust and unacceptable disparities within the health sector and beyond.

The Commission on Social Determinants of Health [13] concluded that social injustice is killing people on a grand scale, demonstrating the ethical imperative of acting on these forms of inequity. Inequities in health are of concern in realizing the values of health as a human right and undermine the development potential of a country. Such inequities reflect the degree of fairness and social justice in a given society, which in turn reflects government performance.

The magnitude and pattern of social inequities in a given country result from the social, economic, political, environmental and cultural factors in that society – the social determinants of health. These inequities are influenced to a considerable degree by policies and investment decisions, and their effects can either accrue or be ameliorated during the life-course of each person. They also cause significant losses to human, social and productive capital.

Within social systems, interactions between the four relational dimensions of power – social, political, economic and cultural – and the unequal access to those dimensions of power and the resources embedded in them lead to differential exposure according to, for example, sex, ethnicity, social status, education and age. These differences reduce people's capacity (biological, social, mental and economic) to protect themselves from such circumstances, which can result in damage to their health and can restrict their access to health and other services, as well as to the resources essential to protect and promote health. These processes create health inequities, which feedback to increase further inequities in exposure and protective capacity and to amplify social disadvantage.

Participating in economic, social, political and cultural relationships has intrinsic value, and restricted participation adversely affects people's health and well-being. Such restriction results in other forms of deprivation, for example, being excluded from the labour market or included on disadvantaged terms, leading to low incomes, which can, in turn, lead to problems such as poor diet or housing that can result in ill-health.

There are some critical periods in the life-course when the influence of the social determinants is most profound. Of particular importance is early childhood development. Life chances and, ultimately, health inequities are strongly influenced by the social and economic background of children's parents and grandparents, and their location, culture and traditions, education and employment, income and wealth, lifestyle and behaviour, and genetic disposition. Further, morbidities such as obesity and hypertension, as well as behaviours that put health at risk, such as smoking, recur in successive generations. Sustainable reduction of health inequities requires action to prevent the relative and absolute disadvantage of parents

from blighting the lives of their children, grandchildren and subsequent generations. The strongest instruments to break such vicious circles of disadvantage lie at the start of life, including, most importantly, the universal provision in the early years of high quality and affordable education and childcare.

Equal participation of men and women is not yet a reality in the European Region. The interaction between gender inequities and other social determinants increases women's vulnerability and exposure to risk of negative sexual and reproductive health outcomes. Poor maternal health, inadequate access to contraception and gender-based violence are indicators of these inequities. Women are overrepresented in part-time work, have less pay than men for work of equal value and perform most unpaid work. In 2011, across the European Region women occupied 25% of parliamentary seats, ranging from less than 10% in some countries to 45% in others.

These unacceptable gaps in health experience between and within countries will only increase unless urgent action is taken to control and challenge inequities in the social determinants of health.

Environmental determinants

The 21st century is characterized by many profoundly important environmental changes [14]. Today the environmental burden of disease in the European Region has been estimated to account for 15–20% of total deaths and 10–20% of DALYs lost, with a relatively higher burden in the eastern part of the Region. This burden is likely to increase, as changing patterns of housing, transport, food production, use of energy sources and economic activity will all have a significant disease impact and require a broader conception of the determinants of population health.

Without drastic changes in perception, and patterns of behaviour and activity, we face large-scale loss of natural environmental capital, manifested as climate change, stratospheric ozone depletion, air pollution through its effects on ecosystems (such as loss of biodiversity, acidification of surface waters and crop effects), degradation of food-producing systems, depleted supplies of fresh water, and the spread of invasive species. These developments are beginning to impair the biosphere's long-term capacity to sustain healthy human life.

Climate change will have long-term consequences on the environment and on the interactions between people and their surroundings. This will cause a major change in the distribution and spread of communicable diseases, particularly water-, food- and vector-borne diseases.

Efforts to curb greenhouse gas emissions and other policies for mitigating climate change have significant side benefits for health. Currently accepted models show that reducing total carbon dioxide emissions in the European Union (EU) from 3,876 million tonnes in 2000 to 2,867 million tonnes in 2030 would effectively halve the number of years of life lost from the health effects of air pollution.

The European Region has been leading processes to associate environment and health for more than 25 years, bringing health and environment ministers together in a joint governance mechanism to address these issues and take joint action. At the 2010 Parma Conference these ministers, together with representatives of WHO, other United Nations bodies and the European Commission, committed in the Parma Declaration on Environment and Health to intensify efforts to act on key environment and health challenges, including climate change; the health risks to children and other vulnerable groups posed by poor environmental, working and living conditions, especially the lack of water and sanitation; socioeconomic and gender inequalities in the human environment and health: reductions in the burden of non-communicable diseases through adequate policies in urban development, transport, food safety and nutrition, and living and working environments; concerns raised by persistent, endocrine-disrupting and bio-accumulating harmful chemicals and (nano) particles; as well as new and emerging issues. The next ministerial conference is due to take place in 2016 to review and further the implementation of the Parma Declaration.

Lifestyle and behavioural factors

Today, health is foremost about people and how health is lived and created in the context of their everyday lives. Health promotion is a process that enables people to improve control over their health and its determinants. Many opportunities to promote and protect health are lost without people's involvement. However, people are social actors, and to support them in adopting and sustaining healthy behaviour means ensuring that they are in an environment that enables them to do so. In short, a "culture of health" is needed as one of the supportive and enabling factors for protecting and promoting the health of individual and communities. A conducive policy environment and regulation helps enable people to choose the "healthy choice as the easy choice". The healthy settings approach [15], which has its roots in the Ottawa Charter for Health Promotion [16], has been shown to be one of the most popular and effective ways of promoting environments supportive to health. The approach promotes holistic and multidisciplinary methods and puts emphasis on organizational development,

participation, empowerment and equity. A healthy setting is the place or social context in which people engage in daily activities and where environmental, organizational, and personal factors interact to affect health and well-being. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Examples of settings include schools, workplaces, hospitals, markets, villages and cities.

Societal processes also influence exposure to health-damaging (and health-promoting) conditions, vulnerability and resilience. Such exposure and vulnerability are generally unequally distributed in society, according to socioeconomic position and/or other markers of social situation such as ethnicity. Gender norms and values often determine exposure and vulnerability. They are also significantly influenced by a consumer society, extensive and unregulated marketing of products and, in many societies, inadequate regulation of harmful goods. In some obesogenic societies it is very hard not to become obese [17]. Against this background the health literacy of the population has become a critical factor in enabling healthy choices and depends to a considerable degree on the skills developed from the earliest years of life [18].

Today a group of four diseases and their behavioural risk factors account for most preventable disease and death in the European Region: cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Tackling issues such as smoking, diet, alcohol consumption and physical activity also means addressing their social determinants and moving “upstream” by investing in health promotion and disease prevention to tackle the causes of these lifestyle differences (the causes of the causes), which reside in the social and economic environment.

Capacity and efficiency of health systems

Finally, access to and capacity of health systems contribute to health and well-being, as well as to health care^c. In this sense, the health system acts as a powerful social determinant of health. This contribution can be expected to increase still further across the whole spectrum of health promotion, disease prevention, diagnostic and treatment technologies and rehabilitation relevant in each disease category and entity. As technologies change and

^c Figueras J, McKee M, Lessof S, Duran A, Menabde N. Health and Wealth: Assessing the case for investing in health systems World Health Organization, Copenhagen, 2008
http://www.euro.who.int/_data/assets/pdf_file/0017/91430/E93699.pdf

improve, our capacity to intervene increases exponentially, in ways that we cannot always predict.

The role of the health system is especially relevant because of the issue of access, which incorporates differences in exposure and vulnerability and to a significant extent is socially determined. However, differences in access to health care cannot account for the social dimensions of health determinants needs and hence only partially explain differences in outcomes [19]. Health systems are not the dominant factor, yet these are important and can directly address differences in exposure and vulnerability through advocacy, by promoting intersectoral action to improve health status, and by leading by example in ensuring equitable access to effective, high quality care.

Health ministers and ministries have a vital role to play in shaping the functioning and contribution of health systems to contribute to improving health and well-being within society, and in engaging other sectors to address their contribution to health and its determinants. Unfortunately, their capacity to do so sometimes falls short of what is required. Certainly the organization of health systems has not kept pace with the changes that societies are undergoing. In particular, public health services and capacity are everywhere relatively weak, and too little attention has been paid to developing primary care, especially health promotion and disease prevention. Further, the usual hierarchical organization of health systems makes them less capable of responding rapidly to technological innovation and to the demands and desire for participation of service users. Because of these factors, health systems are significantly less productive in improving health and managing disease than they could be.

5. HEALTH 2020 DEVELOPMENT PROCESS

The development of Health 2020 involved an intense and extensive consultation process at both political and technical levels. The aim of the political process was to reach consensus on the Health 2020 policy framework – its values, principles, key strategic objectives, priorities and recommendations. The aim of the technical process was to gather the best available knowledge/evidence to inform Health 2020. This section gives a short summary of how the WHO Regional Office for Europe supported and facilitated both processes.

Building political consensus on Health 2020

The WHO Regional Committee for Europe, advised by the Standing Committee of the Regional Committee, is the key decision-making body of WHO in the European Region. It is a political decision-making body, representing the governments of the 53 Member States in the Region. At the Regional Committee's session in September 2010 the Regional Director for Europe put forward her vision for better health in Europe and identified several strategic priorities for its implementation. At the same session, the Regional Committee called for the development of a new European health policy framework – Health 2020 – and for public health capacities and services in Europe to be strengthened [20]. Since September 2010, numerous drafts were discussed extensively at all meetings of the Regional Committee and the Standing Committee.

To support the policy-making role of the Regional Committee, as well as create greater interaction with Member States in the development of major initiatives, the European Health Policy Forum for High-Level Government Officials was established, comprising one high-level participant from each Member State (Minister of Health, Secretary of State, Deputy Minister, Director-General for Health, Chief Medical Officer or equivalent) who is expected to represent the views of his or her government on national and international health matters, accompanied and supported by one or more national technical experts. Partners and other stakeholders were also engaged in this process.

This body met three times to discuss Health 2020, the first in Andorra on 9–11 March 2011, followed by a meeting in Israel on 27 November 2011, and finally in Brussels on 19 and 20 April 2012. The Forum provided a positive setting for debating issues surrounding the development of Health 2020, including consensus building on values and principles, health priorities and policy direction, the development and drafting process, consultation processes and the validation and review of policy choices. [21]

In addition, the final Health 2020 draft was subject to web-based public consultation, when governments, nongovernmental organizations, civil society, the private sector, science and academia, health professionals, communities and every individual had the opportunity to comment.

Building the evidence base for action

The WHO Regional Office for Europe commissioned a number of studies and scientific reviews to inform Health 2020's development.

The review of the social determinants of health and the health divide in the WHO European Region^d

A major review of the social determinants of health and the health divide in the WHO European Region was commissioned with the aim of providing evidence-based policy recommendations to reduce inequality in health across the Region and a framework for future action. [22] The review analysed the level of health inequities between and within countries in the European Region and reviewed policy options to address them. The review was a two-year project chaired by Michael Marmot and his team at the Institute of Health Equity, University College London, United Kingdom.

The review was carried out by a cross-disciplinary consortium of over 80 leading researchers and institutions in close collaboration with technical units and programmes in the Regional Office. Thirteen task groups were set up, each chaired by a subject expert. The task groups gathered, analysed and synthesized evidence about what is possible and what works in addressing inequities in social determinants of health. The review drew on the findings and recommendations of the global Commission on Social Determinants of Health: most importantly, that health inequities arise from the conditions in which people are born, grow, live, work and age and the inequities in power, money and resources that give rise to these conditions of daily life.

Based on this evidence and analysis, the Review provides specific and practical recommendations for policy interventions across the life course and generations that have the potential and capability to reduce health inequalities. Recognizing that countries in the Region are at very different starting points, the review identifies options for priority action areas for low-, middle- and high-income countries. It calls for a “proportionate universalistic approach” that delivers programmes with an intensity that relates to social and health needs across the social gradient in health [23].

At the macro-level, the Review calls for integrating environmental, social and economic policies, with the aim of prioritizing those that improve health equity. In the context of wider society, the Review calls for policy actions that sustain or reassert societal cohesion and mutual responsibility by ensuring an adequate level and distribution of social protection, according to need. It advocates for policy actions that give priority to addressing the health

^d *Social determinants of health in Europe*, Jakab Z, Marmot M. *Lancet* 379 (9811), 103-105, 2012 (see author's publication list, publication 3)

effects of the economic crisis by recognizing the health and social consequences of economic austerity packages.

In the area of policy actions on health systems, the Review recommends ensuring that universal health coverage provides all people with health service coverage (prevention, promotion, treatment and rehabilitation), as well as with financial risk protection. Where there are gaps in provision access should be progressively extended to cover all social groups in each country. It is likely that universal health coverage will form a key component of the United Nations post-2015 development agenda, following on from the present Millennium Development Goals (MDGs).

Policies should go beyond information and education campaigns; they should include fiscal measures and regulatory structures to tackle alcohol consumption, smoking and obesity, such as a ban on smoking in public places. Policies should also address the conditions (“the causes of the causes”) for optimizing health and enabling people to take control of their lives and change their behaviour where needed. There has been a recent interest in techniques of encouragement based on behavioural economics (“nudges” [24]), but more than this is needed in many situations.

Finally, the Review calls for policy actions across the life course, that give highest priority to ensuring a good start to life for every child with universal high quality and affordable early education and child protection and care systems reducing long-term unemployment through active labour market programmes, reducing stress at work and addressing the causes of social isolation, particularly in order to improve the health of older people.

The Review was published in September 2013. Now, leadership, political commitment and capacity are needed to implement the Review’s recommendations.

Implementing the Health 2020 vision: governance for health in the 21st century. Making it happen

A new approach to integrated governance for health is critical for addressing today’s complex health challenges. The WHO Regional Office for Europe therefore commissioned a study on governance for health to help policy-makers and advocates across the 53 countries in the Region to better understand the new policy environment, identify the new skills and capacities needed to implement the Health 2020 vision and provide leadership for health in changing 21st century governance contexts.

The main study, *Implementing the Health 2020 vision: governance for health in the 21st Making it happen* [25], was written by Ilona Kickbusch, Director of the Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland. It was preceded by an earlier study, *Governance for Health in the 21st century*, also written by Ilona Kickbusch, with David Gleicher [26]. This drew on seven expert background papers and included a useful glossary of governance-related terms. It provides policy-makers with examples from around the world of how whole-of-government and whole-of-society approaches have been implemented with a set of tools to manage the complex policy process. The examples presented reflect priority areas set by the Health 2020 policy framework.

The study highlights the ongoing diffusion of governance to a collaborative model, in which governance is co-produced between a wide range of State actors (ministries, parliaments, agencies, authorities, commissions etc.), society (businesses, citizens, community groups, global media including networked social media, foundations etc.), and supranational actors (European Union, United Nations etc.).

These reviews also informed the governance aspects of the European review of social determinants of health and the health divide.

Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010

In September 2012, an analysis was issued of resolutions adopted by the WHO Regional Committee for Europe in the previous 10 years and of World Health Assembly resolutions and declarations at ministerial conferences. [27] This review indicates that Health 2020 should be seen as a reframing of several of those commitments within a coherent and visionary approach, overcoming fragmentation and facilitating implementation. Some issues, however, need greater attention now, such as the social determinants, the new approach to governance, health of older people, the prevention and management of noncommunicable diseases, investment in public health and the economic implications of health and disease. In addition, the study suggests that the mechanisms and principles underlying the implementation of complex strategies should be better defined and developed. Finally, the study proposes that new resolutions of the WHO Regional Committee for Europe include a brief overview of the progress made on implementing previous commitments.

Intersectoral governance for health in all policies: structures, actions and experiences

A review of the experience gained in intersectoral work was published in 2012. [28] This documented experience with health in all policies, assessed evidence on various governance structures and compared their effectiveness in acting on social determinants of health and ultimately on population health outcomes. The publication captures research showing how intersectoral governance structures can be successfully established, used and sustained. It also provides policy-makers with accessible and relevant examples of the governance tools and instruments available.

Health promotion and disease prevention: the economic case

Finally, an examination of the economics of health promotion and disease prevention explored the strong developing evidence supporting greater investment in health promotion and disease prevention measures, in terms of cost-effectiveness and outcomes [29]. The study looked at research, endeavouring to make the economic case for investing upstream, that is, prior to the onset of noncommunicable diseases and before health care services are required. The study highlights actions that are supported by sound cost-effectiveness or cost-benefit analyses, including those to limit risky behaviour such as tobacco use and alcohol consumption, promote physical and mental health through diet, activity and prevention of mental disorders, and reduce preventable injuries from, for example, road traffic accidents and exposure to environmental hazards. To illustrate the potential importance of this approach, the most cost-effective policy option is to increase tobacco taxes. It is estimated that the implementation of an alcohol tax in the United Kingdom would cost just €0.10 per capita. The cost for counteracting obesity in the Russian Federation is estimated to cost just US\$4 per capita. These are very small sums for the potential health benefits to be gained. All the above reviews and studies commissioned by the WHO Regional Office for Europe contributed greatly to the content of Health 2020, which contains a wealth of evidence-based guidance and recommendations. Importantly political commitment, leadership and capacity building are needed in Member States to take these recommendations forward.

6. The CONTENT OF HEALTH 2020 [30]

Summary

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 two strategic objectives and four priority areas for policy action and is innovative in terms of responses across all levels and sectors of government and society. It details the strengthened roles of public health services and the health system. Health 2020 was approved in two forms: *The European policy framework for supporting government and society for health* for politicians at all levels and in all sectors, and the longer *Health 2020 policy framework and strategy*, which provides more operational public health details on interventions. Implementing Health 2020 in countries is now the fundamental top priority challenge for the Region.

Health 2020: a European policy framework supporting action

In endorsing Health 2020 the 53 Member States in the WHO European Region agreed on a new common policy framework, with shared goals 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 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, builds on the experiences gained from its implementation 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 of vital concern to the lives of every single person, family and community, and is essential for economic and social development. 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. 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. Fair access to education, decent work, housing and income all support health. Health contributes to increased productivity, a more efficient workforce, healthier ageing, and therefore less expenditure on sickness and social benefits and fewer lost tax revenues. Good health can support economic recovery and development. [31]

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 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.

It is unacceptable that, despite some considerable improvements in health across the WHO European Region in recent decades, inequities in health have increased. 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. The rapid growth of chronic diseases and mental disorders, lack of social cohesion, environmental threats and financial uncertainties make improving health even more difficult and threaten the sustainability of health and welfare systems. Creative and innovative responses, to which there is real commitment, are needed.

A strong value base: reaching the highest attainable standard of health

Health 2020 is based on the values enshrined in the WHO Constitution: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.” 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. Pressures on costs are inexorable, and there are ever-present demands for increases in resources and in the effectiveness and economic efficiency of the services provided. Yet data often show a lack of correlation between health expenditure and health outcome.

Many health systems fail to contain costs that 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. These supply-side pressures make getting the balance right for health and ensuring social protection ever harder.

As the health sector's share of GNP and economic relevance increases, so does its responsibility towards others sectors and society as a whole. Any health reform should give careful consideration to deeply entrenched economic and political interests and social and cultural opposition, which should all be weighed in the balance before the reform is started. Such challenges require intersectoral approaches, since health ministers cannot resolve them on their own. Getting the balance of structures, activities and resources right for health is a difficult task that health ministers cannot resolve on their own – particularly in the face of economic crisis.

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 countries members of the Organisation for Economic Cooperation and Development (OECD) [32] – 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 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, relating to intellectual property and drug access for poor populations.

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; and
- 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 poverty reduction. The approaches include addressing community resilience, promoting social inclusion and cohesion, promoting assets for well-being, mainstreaming gender and building 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^e. 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 average 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 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 [33] 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. Yet the health sector has wider responsibilities across the whole of government and the whole of society. It also has to consider how its health policy decisions affect other sectors and stakeholders and work with those sectors to develop inclusive policies and plans for improvements in health and wellbeing.

^e Ursula von Rueden, Angela Gosch, Luis Rajmil, Corinna Bisegger, and Ulrike Ravens-Sieberer, the European KIDSCREEN group *Socioeconomic determinants of health related quality of life in childhood and adolescence: results from a European study* J Epidemiol Community Health. Feb 2006; 60 (2): 130–135.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2566139/>

Health ministries and public health agencies are increasingly engaged in initiating intersectoral approaches for health and acting as health brokers and advocates. The health sector also has a partnership role towards other sectors when strengthening health can contribute to achieving their goals. At the United Nations High-level Meeting on the Prevention and Control of Non-communicable Diseases and the World Health Assembly, countries endorsed such collaborative, whole-of-government and whole-of-society approaches. These include highlighting the economic, social and political benefits of good health and the adverse effects of ill health and inequalities on every sector. Exercising such a leadership role requires diplomacy, evidence, argument and persuasion.

Governments at all levels are considering establishing formal structures and processes that support coherence and intersectoral problem-solving. 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. Formal structures and processes can strengthen coordination and address power imbalances between sectors. 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. Research in describing and measuring well-being is continuing, as conducted in organizations such as WHO and the OECD.

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 and well-being 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 for diseases such as HIV, national initiatives to define health targets, and the regional health strategies of entities such as the EU. These all 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 framework 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.

To promote coherence and consistency, the four priority areas build on the “categories for priority-setting and programmes in WHO”, which 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 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 policies, investments and services and focus on reducing inequalities.

Addressing the four priorities requires a combination of governance approaches that promote health, equity and well-being. 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. Smart governance will anticipate change, foster innovation and be oriented towards investing in promoting health and preventing disease. 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. The determinants and factors underpinning health, and the societal and health system responses, constitute an extremely complex system [34], in which many health policy decisions have to be taken under conditions of uncertain and imperfect knowledge. The wider system effects of many aspects of reforming health systems also cannot be fully predicted. In this context, tackling complex problems such as obesity, multi-morbidity and neurodegenerative diseases is challenging. Studies note the value of promoting smaller-scale yet comprehensive interventions at the local and community levels, to encourage learning and adaptation. Drawing on knowledge from the social, behavioural and policy sciences, including social marketing, behavioural economics and neuroscience, is proving increasingly important. 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^f 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 prioritizes new approaches to promoting health and preventing disease. Improving health and health equity begins with pregnancy and early childhood 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 both a policy and major research priority.

Health promotion programmes based on principles of engagement and empowerment offer real benefits.^g These include creating better conditions for health, improving health literacy, supporting independent living and making the healthier choice the easier choice. Furthermore, such programmes make pregnancies safer, give people a healthy start in life, promote safety and well-being and give protection during childhood and for young people, promote healthy workplaces, and support healthy ageing. Providing healthy food and

^f Ben-Shlomo Y, Kuh D, *A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives* International Journal of Epidemiology 2002; 31: 285 - 293

^g Jakab Z, Galea G *Enduring principles in a fast-changing world* Health Promot. Int. 26 (Suppl.2). ii 161-ii 162, 2011. IF:1.942. (See author's publication list, 2)

nutrition throughout the lifespan is a priority given the obesity epidemic that is spreading across Europe.^h

Strong evidence indicates that cost-effective policy pathways can directly enhance population health and well-beingⁱ. 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. Globally, mental health problems represent one of the greatest health burdens [35]. In the European Region one in four people 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, debt, 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 noncommunicable and communicable diseases alike, requiring determined public health action and health care

^h Jakab Z *European Public Health News: Message from the WHO Regional Director for Europe- Vienna Declaration – a milestone in the fight against non-communicable diseases.* European Journal of Public Health 23 (5), 899-901, 2013. (See author’s publication list, 3)

ⁱ *A Public Health Action Plan to Prevent Heart Disease and Stroke.* United States Center for Disease Control www.cdc.gov/dhds/action_plan/pdfs/action_plan_full.pdf-accessed 17 December 2013

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. Noncommunicable diseases are unequally distributed within and between countries and are closely linked to action on the social and environmental determinants of health. 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.

Health 2020 supports intensifying efforts to implement global and regional mandates in relation to noncommunicable diseases. Priority action areas for the Region are set out below.

- *Existing declarations and strategies.* These include the 2011 United Nations political declaration on noncommunicable diseases, the WHO Framework Convention on Tobacco Control,^j the Global Strategy on Diet, Physical Activity and Health, the global strategy to reduce the harmful use of alcohol and the 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, which encourage governments to develop intersectoral national strategies with goals and targets on key challenges related to noncommunicable diseases.

Health 2020 supports continued efforts to combat communicable diseases. No country can afford to relax its vigilance, and each has to continually strive to maintain the highest standards. The priority action areas for the European Region are listed below.

- *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.

^j Jakab Z *Smoking and pregnancy* Acta Obstet. Gynecol. Scand. 89 (4), 416-417, 2010. (See author's publications list,5)

- *Tackling serious viral and bacterial threats* to implement regional policies and action plans, combat antimicrobial resistance, contain the emergence and spread of drug-resistant organisms and infections through the prudent use of antibiotics and infection control, ensure safe basic commodities such as water and food; to reach and maintain recommended immunization coverage to prevent vaccine-preventable diseases, reach regional and global eradication and elimination goals for polio, measles, rubella and malaria, and fully control major diseases such as tuberculosis(6)^k, 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, fostering continuous quality improvement and integrating service delivery, ensuring continuity of care, supporting self-care by patients, and relocating 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, contain supply-driven cost increases and 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.

^k Jakab Z *Tuberculosis in the European Union: Ongoing commitment needed to control the disease* Euro Surveill. 14(11) 2p., 2009. (See author's publication list 6).

*Health 2020 remains committed to a primary health care approach as the cornerstone of health systems in the 21st century.*¹) In November 2013, the 35th anniversary of the Primary Health Care Conference gave a good opportunity to renew the primary health care concept in line with the noncommunicable disease burden characterized by growing co- and multi-morbidities. This conference also gave a unique opportunity to emphasize the importance of primary health care and promote its implementation in Member States so that the opportunity is not missed like it was after the adoption of the Declaration of Alma-Ata in many parts of the world.

Primary health care remains the cornerstone of approaches to achieve universal coverage, and efforts to prioritize health promotion and disease prevention. It can respond to today's needs by encouraging people to participate in new ways in their treatment and take better care of their own health, as well as fostering an enabling environment for partnerships to thrive. 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. In 2012, the Regional Committee adopted the EAP, as a key supporting pillar of Health 2020. 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

¹ Jakab Z *Public health, primary care and the “cluster” model* European Journal of Public Health 23(4), 528 p., 2013. (See author's publication list, 1)

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 the foresight to effectively anticipate and deal with public health emergencies are crucial. It is important for policies to reflect the complexities of causal pathways and respond quickly and innovatively to unpredictable events, such as communicable disease outbreaks. The International Health Regulations require countries to implement a multi-hazard, intersectoral and cross-border approach to public health emergencies and be prepared to effectively manage health-related aspects of emergencies and humanitarian disasters.

Priority area 4. Creating resilient communities and supportive environments^m

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. Resilient communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship. Systematically assessing the health effects of a rapidly changing environment – especially with regard to technology, work, energy production and urbanization – is essential and must be followed by action to ensure positive benefits to health. The WHO Healthy Cities and Communities movement provides extensive examples of 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 environment 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 interact with the 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

^m Morgan A, Davies M, Ziglio E. *Health assets in the global context*. London, Springer, 2010.

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. Such collaboration 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, civil society, the private sector, science and academia, health professionals, communities, and every individual.

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. The Regional Office will establish and maintain effective collaboration with many partners, and 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 support countries, stepping up its role as a resource for developing evidence-based policy and examples of integrated approaches. It will act as the European Region's repository of advice and evidence on what does work and will work with countries through new types of country cooperation strategies. Regional headline targets will support the monitoring of Health 2020's progress [36].

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 heart of Health 2020's success. Countries across the Region contribute to, and benefit from, cooperation with international organizations, and this represents a valuable resource to support the common

aims of Health 2020 and those of other sectors and organizations. For this reason existing cooperation between WHO and international organizations active in the European Region is being strengthened. This is supported by building wider engagement across United Nations agencies, EU, OECD, Council of Europe, development agencies and funds and major nongovernmental organizations. Also important are regional networks and entities such as the Commonwealth of Independent States, the Eurasian Economic Community, and the countries in south-eastern Europe which work together in the South-eastern Europe Health Network (SEEHN).

Working with the EU provides a strong foundation, significant opportunities and additional benefits. The 28 EU member countries that comprise part of the WHO European 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 are also working 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 tool for strengthening this partnership.

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 SEEHN and the Northern Dimension policy; networks such as the WHO European Healthy Cities Network, national health cities networks and Regions for Health; sub-regional 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 levels and have 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. Businesses are, however, increasingly involved in every aspect of people's lives. Their influence can help to either enhance health or 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 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 will remain united in purpose. Political commitment to this process is absolutely 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 have the chance to attain better health, no country in isolation can harness the potential of innovation and change, or overcome the challenges to health and well-being.

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

7. IMPLEMENTATION OF HEALTH 2020 [37]

Health 2020 implementation is complex and challenging. It is recognized that, in tackling health development, countries will engage with Health 2020 from different contexts and with different capabilities. At the same time, the policy framework is intended to be coherent and practical despite these different starting-points. Specific aims include achieving strong political commitment to health and moving health up the policy agenda, adopting a whole-of-government approach, strengthening the policy dialogue on health and its determinants, and building accountability for health outcomes. Another aim is providing technical assistance to Member States that embark on Health 2020 implementation.

Achieving strong political commitment to implementation of Health 2020

Implementation of Health 2020 now needs to be taken forward by governments at all levels, establishing formal and informal structures and processes supporting coherence and intersectoral problem-solving. The WHO Regional Office for Europe is making strong efforts to strengthen the political commitment for the implementation of Health 2020. For example, The WHO European Regional Office has been using every opportunity to raise awareness about Health 2020 across Europe, highlighting it extensively at ministerial conferences and all other events [38]. Every opportunity is used by the Regional Director and senior staff to raise it with high-level leaders (presidents and prime ministers) and other sectors and stakeholders.

There is a clear and increasing interest in and momentum for implementing Health 2020 in the WHO European Region. There are already several countries across the Region that have embarked on Health 2020 initiatives. *Ireland* recently launched “Healthy Ireland”, a new national framework for action to improve health and well-being. It draws on the Health 2020 policy framework and is a good example of a whole-of-government approach, with the entire Irish Government launching the strategy together. *Austria* recently launched national health targets developed through a cross-sectoral and highly participatory endeavour over two years. Health 2020 has been used as one of the main framing documents in the country cooperation strategy between *Switzerland* and WHO; moreover Switzerland has developed its own Health 2020 strategy launched in January 2013. There is also strong political commitment in *Latvia* and *Lithuania* to implementing Health 2020. *Estonia* is continuing to implement its intersectoral national health plan 2009-2020, which is consistent with the vision and principles of Health 2020. *Turkey* has aligned its national strategic plan 2013–2017 with the values and principles of Health 2020. The *Russian Federation* is promoting Health 2020 implementation in the European Region by providing funds to multi-country strategic events for health policy development. *Norway* is in the final phase of developing a new national strategy based on health in all policies. In *Israel*, the Healthy Israel 2020 initiative is a whole-of-government process for defining Israeli policy in the areas of disease prevention and health promotion. Intersectoral targets have been established to improve the health of the population and to reduce health disparities, drawing on Health 2020 objectives and priorities. *Bulgaria, Croatia, the Czech Republic, Hungary, Poland, Slovakia, Slovenia and the Ukraine* are all working on the strategic objectives of Health 2020, in particular addressing the social determinants of health and equity in health. More recently *Kyrgyzstan* started a process to

develop a national strategy and set up a permanent multisectoral mechanism chaired by the Prime Minister.

San Marino has entered into a specific agreement with the WHO Regional Office on implementing Health 2020 in small Member States with a population of less than 1 million. *Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco and Montenegro* have also been invited to become partners in this collaboration.

Denmark launched Health 2020 in October 2012, organized by the Danish Healthy cities Network and Copenhagen City Council. In *Sweden*, the Region of Skåne has launched Health 2020 together with the Swedish Healthy Cities Network. *Spain* discussed Health 2020 at regional level (in Andalusia) and several regions in *Italy* have expressed an interest in working with WHO on implementing Health 2020.

In the South-eastern Europe Health Network (*Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, Republic of Moldova, Romania and the former Yugoslav Republic of Macedonia*) joint work on implementation of the 2011 Banja Luka Pledge [39] is progressing in line with the Health 2020 strategic objectives. In the development plan of the SEEHN, health plays a prominent role and Health 2020 occupies centre stage.

Finally, both WHO networks – the WHO Regions for Health Network and the WHO Regional Healthy Cities Network – are fully committed to implementing Health 2020 at regional and local levels, respectively.

Providing technical assistance to countries for Health 2020 implementation

To facilitate its work with countries and support Health 2020, the WHO Regional Office for Europe is constructing a package of services and tools that will offer countries systematic support in tackling the core horizontal strategic issues of Health 2020 (Fig. 1 shows the nine package components) as well as programmatic links and entry points to more detailed aspects of the policy framework. For each of the package components, a limited menu of priority and high-net-gain services, guidance and tools will be provided. The package will be regularly updated to reflect learning from progress in countries and make available promising practices and expertise (Figure 5).

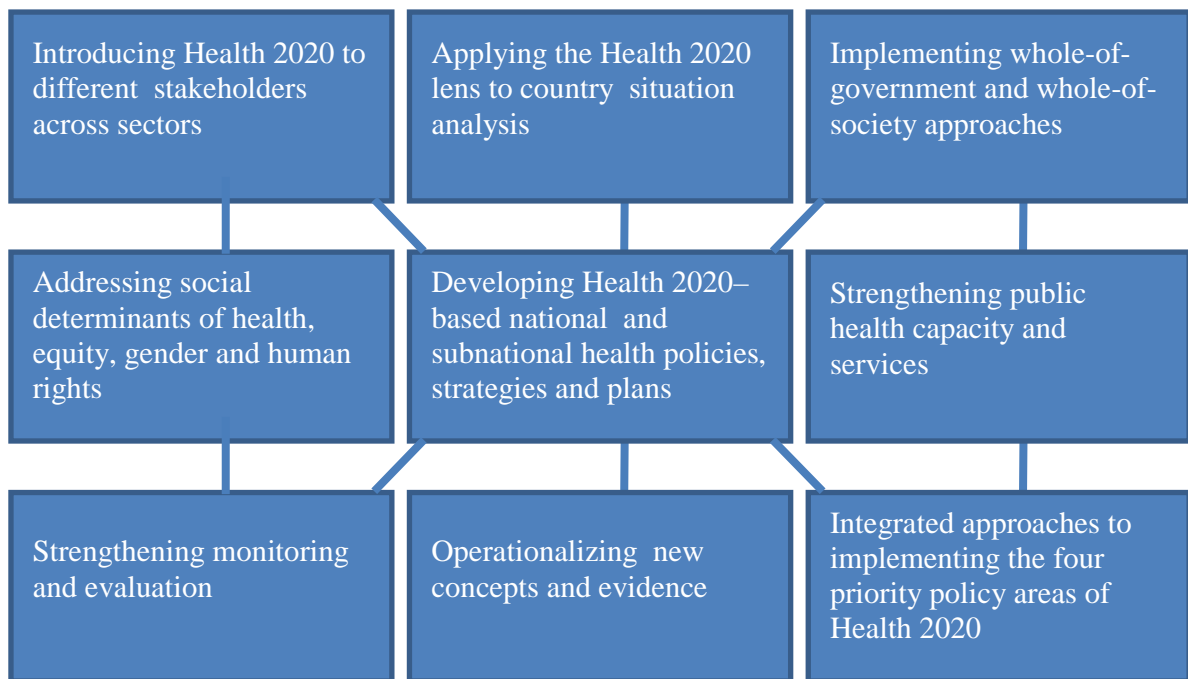


Figure 5. The nine package components of Health 2020

The package has three main purposes: 1) to promote awareness and learning about Health 2020; 2) to support the development and implementation of national and subnational policies, strategies and plans addressing Health 2020 strategic objectives and priorities; and 3) to support capacity-building for leadership, whole-of-government and whole-of-society approaches, social determinants of health, health in all policies, partnership development and monitoring of progress across the Region.

The package is designed to provide WHO support to Member States or groups of Member States in implementing Health 2020, in the context of their particular circumstances, priorities and intentions. It is intended for people in political, technical, professional and lay roles who can support and accelerate the implementation of Health 2020. It focuses on the core horizontal strategic and policy issues of Health 2020, as well as on programmatic links and entry points to the more detailed aspects of the policy framework.

The starting-point for countries must be developing a national health policy, with its supporting strategies and plans based on a solid needs assessment: what is the country hoping to achieve in terms of equitable health improvement? What multisectoral policies and strategies will it use, for example for noncommunicable diseases? In terms of public health, analysing the EAP and its associated self-assessment tool will also give clear guidance. The Health 2020 package of tools and instruments is intended to help here. Health 2020 is not for academic study and dusty shelves; it is a guide for practical implementation.

Accountability and estimating the progress

The WHO Regional Office for Europe has also worked on developing inspirational, challenging, yet practical, targets that are integrated into the policy, and indicators to provide us with a vision for action, to assist countries with measuring progress and to serve as a tool for strengthening accountability and communication. These targets and indicators will be vital as countries move forward, providing a map for partners and a reference point for action. Suggested headline targets prepared for consideration by the WHO Regional Committee for Europe in 2013 include the following [40]:

1. reduce premature mortality in Europe by 2020
2. increase life expectancy in Europe
3. reduce inequities in Europe (social determinants of health target)
4. enhance the well-being of the European population
5. ensure universal coverage and the “right to health”
6. national targets or goals set by Member States.

8. DISCUSSION

Leadership for health and well-beingⁿ

Implementing Health 2020 will be challenging. This section discusses the policy and managerial demands to achieve Health 2020. Primarily these fall on countries, although a significant contribution must be expected from WHO. A main message emphasizes the importance of working with countries at both the political and technical levels at the same time: these two levels are mutually reinforcing. Another main message is that success of implementation depends very much on the ability to secure high-level political support and mobilize collaboration with other policy sectors.

While most countries state that improving the health of their populations is a key political and societal objective, with human rights, equity and fairness being core values guiding their decision-making, evidence shows that achieving these goals is difficult. Strong political commitment, good epidemiological and technical analysis supporting health and health system planning, effective and equity-oriented health systems, strong public health programmes and infrastructure, and coherence across government policies involving all

ⁿ Heifetz R, Grashow A, Linsky M I (2009) *The Practice of Adaptive Leadership*. Boston: Harvard Business Press.

sectors, are all required. At all stages and in all contexts of public policy development, the advancement of health equity must be explicitly considered.

If progress is to be made, strong political commitment is an absolute requirement. Other core requirements are leadership, strategic intent (expressed through national and sub-national health policies, strategies and plans), whole-of-society and whole-of-government responsibility for health, effective partnerships, monitoring, evaluation and public health research, and a strong role for WHO.

Leadership for health in the 21st century will not only be individual but also institutional, collective, community-centred and collaborative. It will require new skills, often using influence rather than direct control, to achieve results. Much of the authority of health leaders in the future will reside not only in their position in the health system but also in their ability to convince others that health and well-being are highly relevant in all sectors^o.

The leadership of health ministers and ministries in actions necessary to advance health will remain vital. They have the responsibility to develop and implement national and sub-national health strategies focused on improving health and well-being, advocate for and achieve effective intersectoral working for health, engage the active participation of all stakeholders, deliver high-quality and effective core public health functions and health care services, and define and monitoring standards of performance within a framework of transparent accountability. These are substantial demands, and capacity building of ministries and staff will be essential.

Health services are a powerful social determinant of health, in terms of socially distributed inequalities in access and usage. Policy priorities are an effective and integrated health system serving public health needs and giving emphasis to primary health care, health promotion and disease prevention. Again the policy and managerial demands to achieve these goals are considerable.

The role of national health policies and plans

The starting point is a comprehensive national policy and plan for developing health and well-being, addressing the broad agenda of improving health and the social determinants of health by strengthening intersectoral approaches, and developing and strengthening health

^o Hannaway, C, Plsek, P, Hunter DJ (2007) *Developing leadership and management for health*. In: Hunter DJ (ed.) *Managing for Health*. London: Routledge.

services. These instruments should be informed by a comprehensive health needs assessment that is sensitive to age, gender, social position and condition.

Such comprehensive development of health strategy is an inherently highly political process, and this has to be acknowledged at every stage. Political and legal commitments are of crucial importance for ensuring long-term sustainability. The whole-of-government and whole-of-society approaches to improving health and well-being, which are at the core of Health 2020, are grounded in strategies that promote joined-up government, improve coordination, integration and diffusion of responsibility for health throughout government and society, and aim to empower people at local and community levels.

Research and other intelligence shows that many policies and services, despite having an established evidence base (such as reducing salt and saturated fat in diets, increasing taxes on tobacco, detecting and managing hypertension, managing stroke by multidisciplinary teams, and actively managing the third stage of labour), do not reach populations in need. This is not simply because of thoughtlessness or a commitment to conservatism. We must recognize that in complex systems evidence is rarely the only or even the principal factor governing how decisions are made. Values and other influences are also important. Nevertheless, there remains substantial scope to scale up the delivery of evidence-based and cost-effective services and free up resources.

Achieving efficiency gains is vital if arguments for resources and investment are to receive a fair hearing. However, these need to be a central part of health plans and strategies rather than a short-term response to budget cuts. The goal is to achieve sustainable efficiency gains, such as improving energy efficiency, shifting more care to outpatient settings, allocating more resources to primary health care and cost-effective public health programmes, cutting the least cost-effective services, and improving the rational use of medicines. Strengthening health systems and health system governance is crucial for meeting these expectations.

Involving and supporting civil society strengthens advocacy for health and equity. Civil society can often address complex, sensitive or stigmatized issues in a way that official bodies and authorities cannot, particularly by strengthening engagement with marginalized groups, who may have been poorly reached previously, and by harnessing business sector engagement in an appropriate and ethical manner. Voluntary organizations and self-help groups can also contribute important perspectives and offer practical assistance to those in need. There is a new and expanding role for the social media in articulating and communicating health messages and perceptions.

Today people expect greater participation, empowerment, fairness and respect for human rights in health system delivery. The expectation is for increased domestic expenditure on health, but resources are always limited. A commitment to address the inefficient use of resources in the health sector is vital to secure popular and political support for more spending.

Creating whole-of-society and whole-of-government responsibility for health work

The aim of a whole-of-society approach is to expand whole-of-government thinking by emphasizing the roles of the private sector and civil society and a wide range of political decision-makers, such as parliamentarians. Achievement will be driven by a high degree of political commitment, enlightened public administration and societal support. The whole-of-society approach implies additional capacity for communication and collaboration in complex, networked settings and highlights the role of the media and new forms of communication.

The policy networks for health that have emerged within government increasingly extend beyond their boundaries to include other social actors. Intersectoral government structures are required that can facilitate the requisite action, with the aim of including, where appropriate, health in all policies^p, sectors and settings. Each party must invest resources and competence. Nevertheless, governments must retain the ultimate responsibility for and commitment to protecting and promoting the health and well-being of the people they serve and the societies they reflect.

Achieving whole-of-government governance for health and the reduction of health inequalities is difficult and challenging. A simple mandate is not enough. Improved systems of governance and delivery are required. Research suggests several main reasons for failure, including:

- failure to conceptualize and act on the full causal pathway leading to the desired outcome (conceptual failure);
- failure to construct an effective delivery chain capable of delivering improved outcomes (delivery chain failure); and

^p Leppo K, Ollilia E, Perfia S, Wismar M, Cook S (eds) *Health in All Policies: Seizing opportunities, implementing policies*. European Observatory on Health Systems and Policies, 2013 www.euro.who.int/data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf.

- failure to develop a control strategy that oversees the overall delivery process (government control strategy failure).

The following innovative practices and tools can help.

- *Government structures.* Providing a legal mandate reflects high-level support. Ministers can develop joint policies at the cabinet table, or through cabinet sub-committees, supported by institutional platforms such as a jointly staffed health policy unit, or joint interdepartmental committees or working groups. A small, dedicated resource unit may be able to create and promote regular dialogue and platforms for debate.
- *Mega-ministries and ministerial mergers.* These have been introduced to enhance the efficiency and coherence of political and administrative work in government, although in practice there is little evidence for these effects.
- *Public health ministers.* These may have an explicit intersectoral mandate to support whole-of-government action for health, and be supported by a high-level national steering committee composed of representatives of key national, regional and local authorities and agencies.
- *Ministerial links and strategic alliances.* These bring together policy fields at top decision-making level. Cross-government alliances among policy sectors can be incentivized through mechanisms such as cabinet ministers each owning a limited number of targets in a joint policy, aligning sub-targets with each other so that policy goals do not conflict; or commissioning policy frameworks from the finance ministry for each ministry. Supporting mechanisms may include joint targets and common shared goals, backed up by statements of mutual responsibility.
- *Shared and pooled budgets.* Shared and pooled budgets among policy sectors can promote the development of new accounting methods and the creation of new funds, and integrate financial incentives and reward systems, thereby fostering vertical and horizontal integration.
- *Joint review of policies and interventions.* These tools are increasingly used to promote intersectoral action and cooperation.
- *Evidence support.* Evidence support helps people develop a common understanding of facts, figures, analysis and interpretations, creating common ground for dialogue,

shared learning, and evaluation of joined-up policies, programmes and projects, thereby sustaining commitment and sustainability over time.

- *Reaching out.* Governments need to reach out when trying to engage people, patients and societal stakeholders, including the private sector. Public consultations, State health conferences and thematic platforms have served this purpose. Such advocacy can relate to government policies, laws and regulations to modify health-related issues such as taxation, marketing and advertising arrangements.

The successful use of such tools depends upon a number of factors, including political will and commitment, leadership, the political importance of the specific health issues identified, the immediacy of the problem, context, available resources; and the practicalities of implementation.

The role of partnerships

Partnerships are a core concept of Health 2020, acknowledging the fact that the global health architecture has changed considerably in recent decades and that there are many important players at global, regional and country levels. All these partnerships were needed to ensure ownership of Health 2020, which is particularly important now in the implementation phase. Accordingly the process of policy development for Health 2020 was fully participatory, involving Member States and many other vital partners; the United Nations family has been involved since the beginning and now contributes actively to the implementation through a Task Force and by integrating health into United Nations Development Assistance Frameworks. The European Commission has published a white paper proposing fundamental principles and strategic objectives for its action on health, linked to Article 168 of the Treaty on the Functioning of the European Union, as amended by the Lisbon Treaty, which requires that “a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”. Accordingly the Commission was consulted on the various drafts throughout, leading to the full endorsement of Health 2020 by the Health Commissioner. Other main partnership bodies invited to the consultations and conferences include UNICEF, the World Bank and regional development banks, OECD, the Council of Europe, the Global Fund to Fight AIDS, Tuberculosis and Malaria, development agencies and funds, and major nongovernmental organizations. The various documents and agreements of these organizations were also reviewed. The role of civil society was also considered crucial throughout the process.

New and evolving types of partnerships for health that are active at various levels of governance across the Region include the Eurasian Economic Community; the SEEHN and the Northern Dimension; policy networks such as the WHO European Healthy Cities Network and Regions for Health; sub-regional networks within the Commonwealth of Independent States; and WHO's health promotion settings networks, including schools, workplaces, hospitals and prisons throughout the Region. Academic and professional institutions, including medical and other health care professional organizations, WHO collaborating centres and public health networks at regional and country levels, also represent important potential partners.

Lastly it is important to consider the private sector. While attitudes vary, it is important to look for ways to cooperate appropriately and ethically with the private sector, including the pharmaceutical industry, especially since its involvement is increasing across the European Region. Businesses (from the very local to the global) are increasingly involved in every aspect of people's lives, and their knowledge and understanding of local communities represents an often-untapped resource and asset that, if appropriately harnessed, can contribute significantly to health and well-being.

Capacity for tackling the social determinants of health and the health divide – applying the equity lens

Inequities in health cannot be reduced without addressing inequities in the causes of ill health: social divisions and unequal exposure to harm and differential levels of resilience. Delivering improved and equitable health outcomes means that multiple levels, systems and sectors must collaborate to address the social determinants of health and reduce health inequities.

There are some specific requirements. Data is needed on the magnitude and trends of health inequities in the country, their variations nationally and sub-nationally, and their main determinants. A realistic assessment of possibilities and constraints is required, with special attention paid to external unhealthy policies that may generate or exacerbate inequities in health.

A monitoring framework is needed, with explicit equity-oriented objectives and targets directly linked to the policies, action and financial resources required for implementation. This includes monitoring the social distribution of exposures (risk factors), outcomes and health system responses, as well as the impact of population-based interventions.

There needs to be adequate management capacity for implementation, including efficient and effective mechanisms for applying health equity in all policies, intersectoral collaboration, as well as coordination and consistency of action at national and subnational levels.

Appropriate accountability mechanisms need to be developed. Hard instruments such as laws and regulations combined with softer mechanisms, including joint reviews, offer the most promise for sustaining the intersectoral implementation of policies to address the social determinants of health. However, such mechanisms are often most effective when backed up by other instruments that hold other sectors to account and incentivize joint action.

Monitoring, evaluation and priorities for public health research

All policies and actions to improve health need a firm knowledge base. Health information is a policy resource that is vital to health planning, implementation and evaluation. Policy-makers need trustworthy, up-to-date information on health and well-being status, on health needs and on health system goals and outcomes.

Health information systems and services need to be developed significantly across the countries in the Region. These include epidemiological systems to support needs assessment, systems to provide outcome information on care processes, and disease-specific systems such as cancer registries.

The databases of the WHO Regional Office for Europe are the main repository of health statistics in the European Region. This key resource provides authoritative health data on the 53 countries in the Region, enabling comparative analysis of the health situation and trends in the Region and surveillance of disease and monitoring of trends in policy areas, including key determinants of health such as alcohol, tobacco and nutrition. Other organizations interested in health in the Region (such as the EU and OECD) provide similar repositories of health data, partially drawing on the WHO databases. WHO is also working to provide a platform for the monitoring of the Health 2020 targets and indicators agreed by the Regional Committee in 2013.

In addition, good health-related research is one of society's most valuable and important tools for laying the foundations of better strategies to improve health and health care. The European Region can draw on the work of many of the world's leading research institutions, but more anticipatory analysis is required. Which are the most cost-effective strategies to preserve health and ensure a sustainable health system? What effects will new technologies have? What are the best strategies to address the health of very old people? What could the

health systems of the future look like? What effects will climate change have? What effects will the new communication technologies for health have? Will there be enough physicians and other health care practitioners? What sort of skills and competencies will they need? Will new types of hospitals be needed? What is the potential of home care and community-based care? In short, what are the best ways to prepare for an uncertain future in health?

Health at the crossroads of challenges for the 21st century

The need for countries to act together becomes even more important in an interdependent world. Today, a complex array of global and regional forces can undermine people's health and its determinants. More people than ever before have the chance to attain better health, but no country acting alone can harness the full potential of innovation and change or resolve the challenges to health and well-being that can prevent their attainment in some countries and among some social groups. The future prosperity of the European Region depends on countries' willingness and ability to take up the challenges and seize new opportunities for the health and well-being of the whole population of present and future generations.

Health 2020 will be achieved through political commitment, good governance for health and new types of partnership, combining individual and collective efforts. Success will require a common purpose and broad consultative efforts by actors across society in every country: governments, nongovernmental organizations, civil society, science and academia, health professionals, communities, and every individual.

The WHO response to demands for technical assistance from countries

WHO will continue its directing and coordinating authority on international health work in the European Region, establishing and maintaining effective collaboration with many partners and providing technical assistance to countries. The role of WHO and its interrelationship with these organizations will rest not only on its pursuit of technical excellence, evidence-informed practice and results-based management, but also on its commitment to work with others to help Member States fully realize their health potential.

In practice, it is possible to approach the advancement of health and well-being in a country, and the development of national health policy, strategies and plans, through a variety of perspectives and entry points, including Health 2020 and the EAP, yet also including the promotion of health equity by addressing the social determinants of health and health system strengthening. Their choice will depend upon their level of development, the structure of

health policy-making, the level of centralization or decentralization of management of health systems, including public health infrastructure and interventions, and other country-context factors.

As expected in any complex system in which context is influential, implementation of the various concepts and strategies of Health 2002 and the EAP must be flexible to support different entry points depending on context. The precise balance of action will necessarily reflect the country context and priorities.

Looking forward

The world envisaged by WHO is one in which gaps in health outcomes are narrowed, universal access to health care is achieved, countries have resilient health systems based on primary health care, which can meet the expectations and needs of their peoples, internationally agreed health goals are reached, noncommunicable diseases are controlled, and countries cope with disease outbreaks and natural disasters. Never before in history have the knowledge and means to reach such goals been available.

Health 2020 is designed to help overcome some principal barriers to progress. It provides a vision, a strategic path, a set of priorities and a range of suggestions to show what works, based on research and experience in many countries. It does not imply that health is everything or the only aspect of life to be valued – societies and individuals have many goals that they wish to achieve. Nevertheless, it emphasizes that health is a resource that enables every person to realize his or her potential and to contribute to the overall development of society.

In an interdependent world, the need for countries to act together becomes ever more important. Today, complex arrays of global and regional forces challenge people's health and our commitment to equitable health improvement. Unless this is achieved there is a real risk that the health status of some groups may become worse than that of their forebears. We can and must do better.

9. CONCLUSION AND LESSONS LEARNED

Health improvement in today's world must reflect the wide and complex range of determinants and influences on health, and the multisectoral and multifaceted nature of policy responses and interventions. Health 2020 reflects this reality, seeking a step-change in

priority and investment to be given to social determinants of health and to health promotion and disease prevention. Whole-of-government and whole-of-society policies need to be developed to reflect the complexity of determinants of health in today's diverse and horizontally networked, information-based societies. Our knowledge today [41] is sufficient to improve health and reduce inequities, and these must be tackled.

Health 2020 can help achieve all these objectives. It is a powerful vehicle for collective action across the whole of the WHO European Region to seize new opportunities to enhance the health and well-being of present and future generations. As the Director-General of WHO said in the foreword to the Health 2020 publication: [42] "The World Health Organization exists to help its Member States fully realize their health potential, equitably on behalf of all of their citizens. My vision is of an organization creating impact, working with Member States through a coordinated effort of our country offices, regional offices and headquarters. It is for these reasons that I greatly welcome the new European health policy framework, Health 2020."

SUMMARY

Today's health challenges need radically different solutions. It cannot be business as usual. These challenges arise from the increasing burden of noncommunicable diseases, the ever-present threat of communicable diseases, as well as antibiotic resistance, and high levels of injury and violence in some countries. Everywhere, resources for health and health services are limited, with demands for existing expenditure to be used more effectively and efficiently. Moreover, people and patients want much more involvement in their health and health care.

Yet there are tremendous opportunities for improving health. We know so much more about what makes people healthy and unhealthy – the determinants of health. We understand much better the impact of the social determinants of health. The technologies available to us to intervene at both population and individual levels have been transformed over recent years. Now we need the political, social, professional and administrative will to move forward.

All this is the background to Health 2020 – the new value- and evidence-based health policy framework for the WHO European Region. Health 2020 faces these challenges and makes use of the opportunities. Its wholehearted implementation will both improve health overall, and reduce the present serious inequities in health that exist among the some 900 million people living in the 53 Member States in the WHO European Region.

Health 2020 was developed using a fully participatory approach and does not prescribe, but rather allows for flexible implementation country by country. It is supported by extensive new evidence. Its core objectives are to improve health equitably through better leadership and participatory governance for health, focusing on policy priorities around health investment over the life course, tackling the burden of noncommunicable and communicable diseases, strengthening health systems which are people centred, and creating resilient communities and supportive environments.

The whole-of-government and whole-of-society approaches, based around collaborative intersectoral working, lie at the heart of Health 2020. Achievement depends on governments linking policies, investments and services. In particular the new European Action Plan for Strengthening Public Health Capacities and Services is a core implementing pillar for Health 2020 – we need better public health across the Region.

Making Health 2020 happen is now the European Region's top priority, and there is great enthusiasm and commitment from Member States. The WHO European Regional Office will help countries, and is constructing a package of services and tools to offer systematic support.

It will work with interested agencies and institutions across Europe to achieve success. The Regional Office has also been working on developing inspirational yet practical targets and indicators for Health 2020.

Implementing Health 2020 can be done. Political commitment and leadership from the highest levels are vital. Such leadership will be institutional, collective, community-centred and collaborative. Strong strategic policy development and implementation are also needed. This will require new skills, often using influence rather than direct control. At the core will be the commitment and determination of Ministers and Ministries of Health, who must develop and implement national health policies, strategies, and plans around the social determinants of health, universal health access, strengthened and resilient health systems based around primary health care and with much stronger investment in health promotion and disease prevention. Health 2020 provides a unique platform to bring all of these approaches together in an integrated and coherent way. Together, we must now make it happen.

KEYWORDS

Health policy

Equity, human rights, gender

Public health

Primary health care

Disease prevention

Life-course approach

Social determinants of health

Universal health coverage

Whole-of-government approach

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to Professor Róza Ádány for her support, guidance and encouragement throughout the process of developing this thesis. I am also grateful to all those who have actively, and with great enthusiasm, participated in the development of the European Policy Framework and Strategy for Health and Well-being (Health 2020) – the theme of my thesis. These include the 53 Member States in the WHO European Region, especially ministers of health and government officials, as well as representatives of other sectors, national and international organizations, professional associations, regional health networks, civil society, interest groups and individual citizens, who generously provided their insights into the Health 2020 development process and enthusiastically participated in the numerous consultations. I would also like to express my gratitude to academic and research institutions, and WHO collaborating centres for building the evidence base for action. Special thanks to the University College London Institute of Health Equity in the United Kingdom, under the leadership of Sir Professor Michael Marmot, and to the Graduate Institute of International and Development Studies, Geneva, Switzerland, under the leadership of Professor Ilona Kickbush, for leading the work on the two major studies and reviews that informed Health 2020.

Many thanks for the hard work and devotion of both professional and administrative staff of the WHO Regional Office for Europe, which made Health 2020 possible.

Finally, I am also grateful to my family, particularly my husband, Dr Ferenc Jakab, for their support and endless encouragement, which helped me to complete this thesis.

REFERENCES

1. *Constitution of the World Health Organization Basic Documents*, Forty-fifth edition, Supplement, October 2006
http://www.who.int/governance/eb/who_constitution_en.pdf -accessed 13 April 2014
2. *Global Strategy for Health for All by the Year 2000*, World Health Organization, Geneva, 1981
<http://whqlibdoc.who.int/publications/9241800038.pdf> -accessed 13 April 2014
3. *Declaration of Alma-Ata*. International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. Geneva, World Health Organization, 1978
http://www.who.int/publications/almaata_declaration_en.pdf . -accessed 13 April 2014
4. *Health for all targets: the health policy for Europe*. European health for all series; No 4 World Health Organization Copenhagen 1993.
http://whqlibdoc.who.int/euro/hfas/EURO_HFAS_4.pdf -accessed 13 April 2013
5. *HEALTH21: the health for all policy framework for the WHO European Region* (European Health For All Series No.6).1999
www.euro.who.int/_data/assets/pdf_file/0004/109759/EHFA5-E.pdf
-accessed 13 April 2014
6. *WHO: Executive summary of the European health report 2012: moving Europe towards health and well-being*. WHO Regional Office for Europe, Copenhagen (2012) http://www.euro.who.int/_data/assets/pdf_file/0004/185332/The-European-Health-Report-2012,-Executive-summary-w-cover.pdf -accessed 13 April 2014
7. *WHO Commission on Social Determinants of Health Closing the gap in a generation: health equity through action on the social determinants of health*. Final report of the Commission on Social Determinants of Health World Health Organization, Geneva (2008) http://www.who.int/social_determinants/en/ -accessed 13 April 2014
8. Sadler JZ et al. *Can medicalization be good? Situating medicalization within bioethics*. *Theoretical Medical and Bioethics*, 2009, 30:411–425.
9. *WHO Framework Convention on Tobacco Control* [web site]. Geneva, World Health Organization, 2013. (<http://www.who.int/fctc/en/index.html>, - accessed 27 November 2013).
10. *United Nations General Assembly. Resolution A/RES/64/108 on global health and foreign policy*. New York, United Nations, 2009
(<http://www.un.org/en/ga/64/resolutions.shtml>, - accessed 27 November 2013).
11. *The Health for All policy framework for the WHO European Region: 2005 update*. Copenhagen, WHO Regional Office for Europe, 2005 (document EUR/RC55/8, http://www.euro.who.int/_data/assets/pdf_file/0005/87881/RC55_edoc08.pdf, accessed 21 June 2013).
12. *Health Systems, Health and Wealth: WHO European Ministerial Conference on Health Systems*: Tallinn, Estonia, 25–27 June 2008: report. Copenhagen, WHO Regional Office for Europe, 2009
(http://www.euro.who.int/_data/assets/pdf_file/0006/78918/E92150.pdf, - accessed 27 November 2013).
13. *Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health*. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008 (http://www.who.int/social_determinants/resources/gkn_lee_al.pdf, accessed 21 November 2013).

14. *Health and environment in Europe: progress assessment*. Copenhagen, WHO Regional Office for Europe, 2010
http://www.euro.who.int/_data/assets/pdf_file/0010/96463/E93556.pdf - accessed 13 April 2014.
15. Dooris M et al. *The settings-based approach to health promotion*. In: Tsouros A et al., eds. *Health promoting universities: concept, experience and framework for action*. Copenhagen, WHO Regional Office for Europe, 1998.
16. *Ottawa Charter for Health Promotion*. Copenhagen, WHO Regional Office for Europe, 1986 (<http://www.euro.who.int/en/who-we-are/policy-documents/ottawa-charter-for-health-promotion,-1986>, -accessed 20 November 2013).
17. *Obesogenic environments: exploring the built and food environments* *The Journal of the Royal Society for the Promotion of Health* November 2006 126:262-267,
18. *Interim first report on social determinants of health and the health divide in the WHO European Region – executive summary*. Copenhagen, WHO Regional Office for Europe, 2010
(http://www.euro.who.int/_data/assets/pdf_file/0003/124464/E94370.pdf, -accessed 21 June 2013)
19. Adler NE et al. *Socioeconomic status and health: the challenge of the gradient*. *American Psychologist*, 1994,49:15–24
20. *Better health for Europe. Adapting the Regional Office for Europe to the changing European environment: the Regional Director's perspective*. EUR/RC60/R2 Regional Committee for Europe, Sixtieth session, Moscow, 13–16 September 2010.
http://www.euro.who.int/_data/assets/pdf_file/0015/122226/RC60_eRes2.pdf
21. *Terms of Reference for the WHO European Health Policy Forum for High-Level Government Officials*
http://www.euro.who.int/_data/assets/pdf_file/0013/134302/06E_TermsReference_110310_eng.pdf
22. *WHO European review of social determinants of health and the health divide*. Marmot M et al. *Lancet* 2012; 380: 1011 - 29
23. Marmot M, Bell R. *Fair Society, Healthy Lives* *Public Health* 126, Suppl 1, 1 September 2012, pp S4 – S10
24. Thaler RH, Sunstein CR. *Nudge. Improving Decisions about Health, Wealth and Happiness*. Yale University Press 2008
25. Kickbush I, Behrendt T. *Implementing the Health 2020 vision: governance for health in the 21st century. Making it happen*. Copenhagen, WHO Regional Office for Europe, 2013 <http://www.euro.who.int/en/publications/abstracts/implementing-a-health-2020-vision-governance-for-health-in-the-21st-century.-making-it-happen> - accessed 14 April 2014
26. Kickbush I, Gleicher D. *Governance for health in the 21st century*. Copenhagen, WHO Regional Office for Europe, 2012.
http://www.euro.who.int/_data/assets/pdf_file/0019/171334/RC62BD01-Governance-for-Health-Web.pdf -accessed 14 April 2014
27. 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
(http://www.euro.who.int/_data/assets/pdf_file/0020/171902/Review-of-the-commitments-of-WHO-European-Member-States-and-the-WHO-Regional-Office-for-Europe-between-1990-and-2010.pdf -accessed 16 September 2013).

28. McQueen DV, Wismar M, Lin V, Jones CM, Davies M, eds. *Intersectoral governance for health in all policies: structures, actions and experiences*. Copenhagen, WHO Regional Office for Europe, 2012 (Observatory Studies Series, No. 26). http://www.euro.who.int/_data/assets/pdf_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf - accessed 14 April 2014
29. Merkur S, Sassi F, McDaid D (eds). *Promoting health, preventing disease: is there an economic case*. Policy Summary 6. World Health Organization Copenhagen 2013 http://www.euro.who.int/_data/assets/pdf_file/0004/235966/e96956.pdf - accessed 14 April 2014
30. Health 2020 A European policy framework supporting action across government and society for health and well-being, World Health Organization Copenhagen 2013 http://www.euro.who.int/_data/assets/pdf_file/0006/199536/Health2020-Short.pdf - accessed 14 April 2014
31. Macroeconomics and Health: Investing in Health for Economic Development. World Health Organization Geneva 2001 http://www.euro.who.int/_data/assets/pdf_file/0006/199536/Health2020-Short.pdf - accessed 14 April 2014
32. *OECD: Better Policies for Better Lives. OECD countries spend only 3% of healthcare budgets on prevention, public awareness* OECD 2005 <http://www.oecd.org/general/oecdcountriespendonly3ofhealthcarebudgetsonpreventionpublicawareness.htm> - accessed 14 April 2014
33. McQueen D, Wismar M, Lin V, Jones CM, Davies M *Intersectoral governance for health in all policies: Structures, actions and experiences*. Observatory Studies Series No 26 World Health Organization Copenhagen 2013
34. *Applications of Complexity Science for Public Policy*. OECD Global Science Forum OECD 2009 <http://www.oecd.org/science/sci-tech/43891980.pdf> - accessed 14 April 2014
35. *Mental Health Action Plan 2013 – 2020* World Health Organization Geneva 2013 http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1 - accessed 14 April 2014
36. *Regional consultation on targets and indicators for Health 2020 monitoring. Report of results*. World Health Organization Copenhagen 2013 http://www.euro.who.int/_data/assets/pdf_file/0005/214970/Regional-consultation-on-targets-and-indicators-for-Health-2020-monitoring-report-of-results-Eng.pdf - accessed 14 April 2014
37. This section draws from the following publications, and communications:
 Jakab Zs and Tsouros A. (2013) Health 2020 – achieving health and development in today’s Europe (paper prepared for publication in national public health journals).
 Jakab Zs. (2013) Implementing Health 2020. Presentation at the WHO Regional Committee for Europe – 63rd Session, Cesme, Izmir, Turkey, 16-19 September 2013. Implementing Health 2020. EUR/RC63/Inf.Doc./1, WHO Regional Office for Europe (http://www.euro.who.int/_data/assets/pdf_file/0008/198701/63id01e_ImplementHealth2020.pdf)
38. For example: Health systems in times of global economic crisis: an update of the situation in the WHO European Region, Oslo, Norway, 17-18 April 2013; Eighth Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013; WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020, Vienna, Austria, 4-5 July 2013; Health systems for health and wealth in the context of Health 2020: follow-up meeting on the 2008 Tallinn Charter, Tallinn, Estonia, 17-18 October 2013; International anniversary conference

- marking 35 years of the Declaration of Alma-Ata on Primary Health Care, Almaty, Kazakhstan, 6-7 November 2013; WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases, Ashgabat, Turkmenistan, 10-11 December 2013
39. The Banja Luka Pledge Third Health Ministers Forum Banja Luka, Bosnia and Herzegovina, 13–14 October 2011
http://www.euro.who.int/_data/assets/pdf_file/0020/152471/e95832.pdf - accessed 14 April 2014
 40. *Health 2020 targets, indicators and monitoring framework*. Copenhagen, WHO Regional Office for Europe, 2013 (EUR/RC63/8).
Health 2020 targets. Copenhagen, WHO Regional Office for Europe, 2013 (EUR/RC63/Conf.Doc./7).
 41. Hunter DJ, Killoran A. *Tackling health inequalities: turning policy into practice?* Health Development Agency London 2004
<http://www.nice.org.uk/nicemedia/documents/tacklinghealthinequalities.pdf>
- accessed 14 April 2014
 42. *Health 2020: a European policy framework and strategy for the 21st century*. Copenhagen, WHO Regional Office for Europe, 2013.
http://www.euro.who.int/_data/assets/pdf_file/0011/199532/Health2020-Long.pdf-
accessed - accessed 14 April 2014

LIST OF PUBLICATIONS



UNIVERSITY OF DEBRECEN
UNIVERSITY AND NATIONAL LIBRARY
PUBLICATIONS

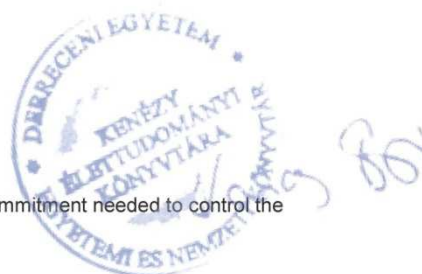


Register number: DEENKÉTK/105/2014.
Item number:
Subject: Ph.D. List of Publications

Candidate: Zsuzsanna Jakab
Neptun ID: ACAGUQ
Doctoral School: Doctoral School of Health Sciences

List of publications related to the dissertation

1. **Jakab, Z.:** Public health, primary care and the 'cluster' model.
Eur. J. Public Health. 23 (4), 528. p., 2013.
IF:2.516 (2012)
2. **Jakab, Z.:** European public health news:Message from the WHO Regional Director for Europe - Vienna Declaration - a milestone in the fight against non-communicable diseases.
Eur. J. Public Health. 23 (5), 899-901, 2013.
DOI: <http://dx.doi.org/10.1093/eurpub/ckt137>
IF:2.516 (2012)
3. **Jakab, Z., Marmot, M.:** Social determinants of health in Europe.
Lancet. 379 (9811), 103-105, 2012.
DOI: [http://dx.doi.org/10.1016/S0140-6736\(11\)61511-0](http://dx.doi.org/10.1016/S0140-6736(11)61511-0)
IF:39.06
4. **Jakab, Z., Galea, G.:** Enduring principles in a fast-changing world.
Health Promot. Int. 26 (Suppl. 2), ii161-ii162, 2011.
IF:1.942
5. **Jakab, Z.:** Smoking and pregnancy.
Acta Obstet. Gynecol. Scand. 89 (4), 416-417, 2010.
DOI: <http://dx.doi.org/10.3109/00016341003732349>
IF:1.86
6. **Jakab, Z.:** Tuberculosis in the European Union: Ongoing commitment needed to control the disease.
Euro Surveill. 14 (11), 2 p., 2009.





List of other publications

7. **Jakab, Z.**, Salisbury, D.M.: Back to basics: The miracle and tragedy of measles vaccine.
Lancet. 381 (9876), 1433-1434, 2013.
IF:39.06 (2012)
8. **Jakab, Z.**: European public health news:Message from the Who Regional Director for Europe : HIV Cases Continue to Rise in Europe - Who European Region Launches New Action Plan to Bring the Epidemic Under Control.
Eur. J. Public Health. 22 (1), 158-160, 2012.
DOI: <http://dx.doi.org/10.1093/eurpub/ckr197>
IF:2.516
9. **Jakab, Z.**: Promoting health and reducing health inequities in Europe.
Lancet. 380 (9846), 951-953, 2012.
DOI: [http://dx.doi.org/10.1016/S0140-6736\(12\)61481-0](http://dx.doi.org/10.1016/S0140-6736(12)61481-0)
IF:39.06
10. **Jakab, Z.**: Europe stands up for health: Strategies and action plans responding to the challenges facing health in the region today : the 61st session of the WHO Regional Committee for Europe, Baku, Azerbaijan, September 12-15, 2011.
Cent. Eur. J. Public Health. 19 (3), 177-179, 2011.
11. Martin-Moreno, J.M., Apfel, F., Sanchez, J.L.A., Galea, G., **Jakab, Z.**: The social nature of chronic noncommunicable diseases and how to tackle them through communication technology, training, and outreach.
J. Health Commun. 16 (Suppl. 2), 94-106, 2011.
DOI: <http://dx.doi.org/10.1080/10810730.2011.596915>
IF:1.608

Total IF of journals (all publications): 130.138

Total IF of journals (publications related to the dissertation): 47.894

The Candidate's publication data submitted to the Publication Database of the University of Debrecen have been validated by Kenezly Life Sciences Library on the basis of Web of Science, Scopus and Journal Citation Report (Impact Factor) databases.

13 May, 2014