

**SHORT 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**

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DEBRECEN, 2014

THE EUROPEAN POLICY FRAMEWORK AND STRATEGY FOR HEALTH AND WELL-BEING (HEALTH 2020): FROM VISION TO IMPLEMENTATION

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1. INTRODUCTION

Populations in the WHO European Region face difficult and complex health challenges. Noncommunicable diseases 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. Many countries in the Region are also facing a triple disease burden, where infectious diseases persist together with increasing levels of noncommunicable diseases and high levels of violence and injury.

There are other underlying challenges. Today health is both more prominent and influential as a global issue and stands at the crossroads of agendas concerning security, economic development and social justice. There are growing health disparities between countries and between different socioeconomic categories within countries. There is increased demand for accountability and improving governance for health. Citizens and patients must be included in the traditionally closed decision-making circles related to health care and health system issues. The determinants of health are widely distributed across societies, and hence today's health challenges need to be solved through intersectoral actions and with whole-of-government and whole-of-society governance approaches.

Moreover, many countries are currently experiencing financial, demographic and structural pressures on their health systems related to lower economic growth and higher unemployment. There is great 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 the vulnerable. Across the board budget cuts are particularly pernicious.

Against this background, in September 2010, at its 60th session, the WHO Regional Committee for Europe – the governing body of the WHO European Region – called for the development of a new European health policy framework – Health 2020 – and for the development of a European Action Plan for strengthening public health capacities and services in Europe 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 requested that the WHO Regional Director for Europe should uphold the commitment to strengthening 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.

Two years later in Malta in September 2012, at its 62nd session, the Regional Committee endorsed Health 2020, which had been developed through a widely participatory process. Health 2020 is value-based and action-oriented, and adaptable to different realities in the countries of the WHO European Region. It is addressed to ministries of health but also aims to engage presidents, prime ministers, and ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being.

2. AIMS AND METHODS

The aims of the thesis are to identify the main factors behind the need to develop a new European health policy framework and strategy (Health 2020), describe and analyse the political and

technical development processes underlying Health 2020, to summarize the content of Health 2020 and discuss the challenges to implementation of Health 2020, and what is needed for success.

A determined methodology was used to develop Health 2020. The strategy reflects a strong commitment to health as a human right and universal access to health and health care, as well as recognition of the wide and complex range of determinants and influences on health, and the multisectoral and multifaceted nature of policy responses and interventions. It also recognized that new forms of governance for health are needed in today's diverse and horizontally networked, information based societies. Developing the Health 2020 policy framework and strategy itself involved two parallel, but interrelated, processes to achieve political mobilization and political consensus on values, principles, strategic objectives and priority areas for health in Europe in the coming years, and develop the content by synthesizing the evidence to inform the policy and strategy. These parallel processes have involved the four "classical" steps of policy development: i) *identifying the problem* by making stakeholders aware of public health challenges and studying the root causes of the problem; ii) *formulating a policy framework to guide actions to resolve the problem* by facilitating discussions and debate between stakeholders, aiming to identify obstacles for resolving health challenges, suggest solutions, set clear goals and objectives and agree on priorities for action; iii) *implementing the framework – Health 2020* by creating a package of tools and services to facilitate inter-sectoral action, a whole-of-government approach and public health capacity building in Member States and iv) *estimating progress* by developing inspirational, challenging, yet practical high-level targets and indicators to assist countries with measuring

progress and to serve as a tool for strengthening accountability and communication.

3. BACKGROUND

The WHO Constitution [1] 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 and monitoring and assessing health trends.

In 1981, the Global Strategy for Health for All (HFA) by the Year 2000 [2] was established, based fundamentally on the concept of primary care. Health for All was supported by the Declaration of Alma-Ata [3], agreed at the International Conference on Primary Health Care, held at Alma-Ata in 1978, which brought equity to the international agenda for the first time. At the Millennium, the European Health for All strategy was renewed as Health 21 [4]. These strategies and the actions that flowed from them across the Region led to considerable progress and achievements in the field of health in the Region.

WHO has also been the driving force behind other major global initiatives, such as the global eradication of smallpox in 1979, and joint efforts between WHO and the United Nations Children's Fund (UNICEF), which raised the immunisation coverage against deadly diseases from 5% to 80% between 1980 and 1995. More recent successes have included the adoption of 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 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 those agreed global health priorities where WHO has a unique function or competitive advantage; greater coherence in global health; and WHO itself becoming a more effective, responsive, transparent and accountable organization.

4. WHY WE NEEDED HEALTH 2020

The 21st century health landscape is shaped by growing global, regional, national and local interdependence and interlinking factors that influence health and well-being. Addressing health challenges at any level – personal, institutional, community, municipal or national – requires thoughtful, strategic and coordinated action.

Although health is improving generally across the European Region, persistent and widespread inequities in health continue to scar the Region [5]. These inequities are substantially socially determined, arising from differences in life circumstances and unequal opportunities to lead a full and meaningful life.

Another challenge is people's expectation to be protected from health risks, receive high-quality health care and prompt information and have opportunities to be involved in the services and care to which they have access. For governments, and health and welfare systems, financial pressures make it ever harder to respond to these changes in demand and expectation,

particularly in times of austerity. Getting the balance of structures, activities and resources right for health is a difficult task that health ministers cannot resolve on their own.

At the same time our scientific understanding of health and disease, and our technological capacity to prevent, diagnose and treat disease have been transformed in an almost exponential progression. Interdependence, rapidly improving connectivity, and technological and medical innovation have all created extraordinary new opportunities to improve health and health care. There is also significant new knowledge about the complex interrelationship between health and sustainable human development. Indeed, some would see population health as a measure of the success of governance and government in any society.

Policies are needed that aim to ensure decision-making power for citizens and patients, to protect their human rights, and to implement legislation that forbids discrimination. Another need is access to knowledge and health promotion and disease prevention activities, as well as services based on respectful communication between caregivers and recipients.

All these challenges and developments exemplify the move towards rethinking health and health systems, including 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.

Some important new global agreements and instruments, 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 [6] have a profound

regional and national influence on health and well-being. Equally important is the consideration of global health in forums such as the United Nations General Assembly, G8 summits, the World Trade Organization and World Economic Forum.

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

An overview of the implementation of Health for All, conducted for the WHO Regional Committee for Europe in 2005, [7] showed that although the core values of Health for All had been broadly accepted and adopted by countries, a gap remained between formulating policies and implementing them. Responding to this implementation gap, Member States came together in 2008 and agreed the Tallinn Charter: Health Systems for Health and Wealth [8]. 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 population of the 53 countries in the WHO European Region has reached about 900 million. According to the European Health Report 2012, which was intended to inform the new Health 2020 policy framework, 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.

Noncommunicable diseases now account for the largest proportion of mortality and premature death. 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 and other types of dementia. Emerging and re-emerging communicable diseases, including HIV infection and tuberculosis (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 the growing antimicrobial resistance.

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

Biological, psychological, social and environmental dimensions interact in complex ways, influencing both individual exposure

to advantage or disadvantage and the vulnerability and resilience of people, groups and communities. Because these determinants are not equally distributed, this leads to the health inequities seen across the European Region both between and 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. 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.

Social and economic determinants

This distribution of health and life expectancy in countries of the Region shows significant, persistent and avoidable differences in opportunities to be healthy, and in the risk of illness and premature death. 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 [9]. These 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. With Health 2020, countries firmly commit to addressing these unjust and unacceptable disparities within the health sector and beyond.

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, socioeconomic status, ethnicity, gender and age. These differences reduce people's capacity to protect their health and 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 feed back 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: exclusion from the labour market or inclusion 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. The strongest instruments to break vicious circles of disadvantage lie at the start of life, including most importantly the universal provision in the early years of a universal high quality, and affordable education and child care system.

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 health outcomes. Poor maternal health, inadequate access to contraception and gender-based violence are indicators of these inequities.

The current unacceptable gaps in health experience between and within countries will only increase unless urgent action on the

social determinants of health is taken to control and challenge health inequities.

Environmental determinants

Today the environmental burden of disease in the European Region [10] 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. Currently accepted models show that reducing total carbon dioxide emissions in the EU from 3876 million tonnes in 2000 to 2867 million tonnes in 2030 would effectively halve the number of years of life lost from the health effects of air pollution.

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.

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 fifth Ministerial Conference on Environment and Health, held in 2010 in Parma, 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. The next ministerial

conference is due to take place in 2016 to review and take further forward the implementation of the Parma Declaration.

Lifestyle and behavioural factors

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. The healthy settings approach [11], which has its roots in the Ottawa Charter for Health Promotion [12], 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. Examples of settings include schools, workplaces, hospitals, markets, villages and cities. 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.

Today a group of four diseases and their behavioural risk factors account for most preventable diseases and deaths 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 the social and economic circumstances in which these behaviours are imbedded and moving "upstream" by investing in structural changes and in health promotion and disease prevention.

Capacity and efficiency of health systems

The health system acts as a powerful social determinant of health. 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. 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 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. This is because health systems are often unable to keep pace with the changes that societies are undergoing. In particular, public health services and capacity are relatively weak, and too little attention has been paid to developing primary care, including 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 both a political process to reach consensus on the policy framework and a technical process to gather the best available knowledge and evidence to inform it.

Building political consensus on Health 2020

The WHO Regional Committee for Europe, advised by the Standing Committee of the Regional Committee (SCRC), 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 [13]. 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.

To support the policy-making role of the Regional Committee, as well as to 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, together with a technical expert, from each Member State. The Forum met three times to discuss and debate issues surrounding the development of Health 2020 [14].

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 have 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:

- (1) The review of the social determinants of health and the health divide in the WHO European Region*** provided evidence-based policy recommendations to reduce inequality in health across the Region and a framework for future action [15]. 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 from inequities in power, money and resources that give rise to these conditions of daily life. 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.
- (2) Implementing the Health 2020 vision: governance for health in the 21st century. Making it happen*** [16] was commissioned by the WHO Regional Office for Europe 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 study highlights the ongoing diffusion of governance to a collaborative model in which governance is co-produced between a wide range of actors.

- (3) ***Review of the commitments of WHO European Member States and the WHO Regional Office for Europe between 1990 and 2010*** is an analysis of resolutions adopted by the WHO Regional Committee for Europe over those 10 years and of World Health Assembly resolutions and declarations issued at ministerial conferences. It was published in September 2012 [17]. This review of commitments indicates that Health 2020 should be seen as a reframing of several such commitments within a coherent and visionary approach, overcoming fragmentation and facilitating implementation. (4)
- (4) ***Intersectoral governance for health in all policies: structures, actions and experiences*** documents experience with health in all policies and assesses the evidence on various governance structures and compares their effectiveness in producing action on social determinants of health and ultimately on population health outcomes [18]. The publication captures the research showing how intersectoral governance structures can be successfully established, used and sustained. It also provides accessible and relevant examples for policy-makers of the governance tools and instruments available.

(5) *Health promotion and disease prevention: the economic case* explored the strong and developing evidence supporting greater investment in health promotion and disease prevention measures, in terms of cost-effectiveness and outcomes [19]. The study highlights actions that are supported by sound cost-effectiveness or cost-benefit analyses.

All the above reviews and studies commissioned by the WHO Regional Office for Europe to inform Health 2020 contain a wealth of evidence-based recommendations. Leadership, political commitment and capacity are needed in Member States throughout the Region to take these recommendations forward.

6. THE CONTENT OF HEALTH 2020 [20]

Member States in the WHO European Region approved Health 2020 in two forms. *The European policy framework for supporting action across government and society for health and well-being* provides politicians and key policy practitioners with the main values and principles, as key strategic policy advice for putting Health 2020 into practice. The longer *Health 2020 policy framework and strategy* provides much more detail in terms of evidence and practice related to health and well-being and is meant for those who practice policy development and implementation at operational levels. The *Health 2020 policy framework and strategy* is seen as a living guide to policies and strategies, providing links to changes in evidence and practice. It is not a prescription but a practical framework to be used and implemented in the context of each country's circumstances, needs and ambitions.

In summary, the policy framework emphasizes the importance of:

- focusing on health and well-being as barometers of development;
- taking a comprehensive approach to the whole spectrum of determinants of health;
- addressing the main public health priorities of the Region, as well as finding practical solutions that work;
- taking new and challenging approaches to collaborative leadership to bring many partners together and mobilize broad-based political and cultural support for health development, in order to arrive at joint solutions;
- identifying and responding to preconditions for change;
- finding ways to make an economic case for investment in health, including evidence on the benefits of, and effective approaches to, health in all policies;
- identifying ways to better facilitate citizen and patient empowerment as key elements for improving health outcomes and the performance of and satisfaction with health systems;
- implementing effective and efficient ways to take advantage of new networking, partnership, communication and technological opportunities;
- implementing a common mechanism in the WHO European Region to build, support and maintain unity and coherence of messaging within the public health community;
- identifying gaps in knowledge and new research priorities; and

- providing an ongoing communication platform for sharing the practical experiences of policy-makers and public health advocates across the Region.

Health 2020's values and themes

Noncommunicable diseases and mental health problems are today's predominant disease burdens, rooted in people's social and economic circumstances and in lifestyles that are themselves socially determined. These diseases result from human interactions with the full range of determinants of health over the life course. Strong evidence emphasizes that fair and equitable access to opportunities of early childhood development, good education and work and decent housing and income all support health.

Health 2020 makes the case for going "upstream" to address root causes. Present-day economic studies show not only the economic burden posed by today's diseases but also that these challenges can be met if much greater attention is given to health promotion, disease prevention and public health, in ways that address health inequalities across the social gradient and support the most vulnerable and excluded people. Nevertheless, in many countries today, policies in sectors other than health currently lack either a health or equity focus.

The present situation in most countries is that the share of government budgets spent on health systems is significant, and health care costs have grown faster than national income. Many costs are driven by the supply

side, such as new treatments and technologies, as well as peoples' increasing expectations for protection from health risks and for high-quality health care interventions. Health systems, like other sectors, need to adapt and change, focusing on primary care and on health promotion and disease prevention, and giving even more attention to delivering people-centred and integrated care, for example between primary and secondary care or health care and social care.

Reviews of the decline in coronary mortality in several high-income countries show that more than half the decline is attributable to declines in risk factors among the population, such as smoking. Most of the rest of the decline is attributable to clinical prevention efforts, and the proportion attributed to these appears to be increasing. These reviews strongly justify a combined approach to reducing population risk levels and providing good clinical management of people with existing disease. However, the Organisation for Economic Co-operation and Development (OECD) estimates that the countries of the WHO European Region spend on average only 3% of their health budgets on health promotion and disease prevention [21].

Main strategic goals, objectives and content of Health 2020

Health 2020 has two linked objectives:

- improving health for all and reducing health inequalities; and

- improving leadership and participatory governance for health.

In addition to these two objectives, the Health 2020 policy framework is based on four priority areas for policy action, which are interlinked, interdependent and mutually supportive:

- 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.

Addressing all four priorities requires action across a range of cross-cutting issues. The new type of governance for health that is needed will be based on the social determinants of health, equity and sustainability; achieving global and societal goals through new interconnected forms of formal and informal governance and new strategic relationships, and people's strong voice and involvement.

Governments have a higher health impact when they link policies, investment and services and focus on reducing inequalities. They have a clear responsibility to develop intersectoral national strategies that combine planning and oversight together with goals and targets on key challenges such as the life course, while strengthening health systems and public health and empowering people. Such intersectoral strategies, for example, use fiscal policies and regulation, focus on action in

settings such as schools or workplaces and promote secondary prevention, including risk assessment and screening.

Health 2020 is fully consistent with WHO's General Programme of Work and other international developments and instruments. It supports the globally intensifying efforts to control noncommunicable diseases, such as the United Nations 2011 political declaration on noncommunicable diseases, the WHO Framework Convention on Tobacco Control, and the Global Strategy on Diet, Physical Activity and Health. Concerted efforts also continue to be needed to combat communicable diseases, requiring the full implementation of the International Health Regulations, improving information exchange and joint surveillance and disease control activities.

In tackling the complex and interrelated determinants of today's diseases, in which policy decisions need to be taken under conditions of uncertain and imperfect knowledge, approaches based on rational linear thinking are inadequate. Knowledge derived from systems and complexity thinking [22] is required to deal with situations in which the wider system effects of many interventions cannot be fully predicted. To accommodate these uncertainties, smaller-scale interventions that encourage learning and adaptation are proving increasingly important.

Health 2020 focuses on strengthening patient-centred health systems and their capacity to deliver high-quality care and improved outcomes. Health systems need to be financially viable and sustainable, fit for purpose and evidence-informed. This requires reorientation to give priority to disease prevention, integrated service delivery, continuity of care, continual quality improvement and support for self-care by patients, with care relocated as close to home as is safe and cost-effective. Providing universal access remains a commitment of both WHO globally and of Health 2020, alongside the commitment to

primary health care as the cornerstone of health systems in the 21st century. All these developments in health systems and public health require a more flexible, multi-skilled and team oriented workforce.

Health 2020 was supported by the development of a European Action Plan for Strengthening Public Health Capacities and Services, which was also approved by the WHO Regional Committee for Europe in 2012 as a key pillar of implementing Health 2020 [23]. The Action Plan focuses on improving public health services and infrastructure, including the public health aspects of health care services. The Action Plan proposes a set of 10 essential public health operations to become the unifying and guiding basis for European health authorities to monitor, evaluate and set up policies, strategies and actions for reforms and improving public health. Achieving better health outcomes requires substantially strengthening public health functions and capacity, investing in public health institutional arrangements, and making efforts to strengthen health protection, health promotion and disease prevention.

Building resilience is a key factor in protecting and promoting health and well-being at both the individual and community levels. Resilient communities have, or are able to develop, assets that allow them to respond proactively to new or adverse situations. They are also able to prepare for economic, social and environmental change and deal well with crisis and hardship.

Hazards in the environment are a major determinant of health, with many health conditions being linked to such factors as air pollution and the impact of climate change. Such factors 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 Development.

7. HEALTH 2020 IMPLEMENTATION [24]

Implementing Health 2020 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 would 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.

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 considerable efforts to strengthen the political commitment for the implementation of Health 2020. For example, WHO/Europe has been using every opportunity for advocacy about Health 2020 across Europe, highlighting it extensively at ministerial conferences and all other events [25]. Every opportunity is used by the Regional Director and senior staff to raise it with high-level leaders (presidents and prime ministers) and the other sectors and stakeholders. There is a clear and increasing interest in and momentum for implementing Health 2020 in the WHO European Region and

for the WHO European Regional Office a specific aim is to provide technical assistance to those Member States that embark on Health 2020 implementation. Several countries across the Region, as well as networks (e.g. South-eastern Europe Health Network, the WHO Regions for Health Network and the WHO Regional Healthy Cities Network), have already embarked on Health 2020 initiatives and are fully committed to implementing Health 2020.

Providing technical assistance to countries to Health 2020 implementation

To facilitate its work with countries 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 as well as programmatic links and entry points to more detailed aspects of the policy framework. The package 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 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 starting point for countries must be to develop a national health policy, with its supporting strategies and plans. The Health 2020 package of tools and instruments is intended to help with this. In terms of public health, analysing the European Action Plan for Strengthening Public Health Capacities and Services, with the help of its associated self-assessment tool, will also give clear guidance.

Accountability and estimating the progress

The WHO Regional Office for Europe has also worked on developing inspirational, challenging, yet practical targets [26] which 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.

8. DISCUSSION

Leadership for health and well-being

While most countries state that improving the health of their populations is a key political and societal objective, evidence shows that achieving these goals is difficult. To make progress strong political commitment is an absolute requirement. Other core requirements are leadership; strategic intent; developing whole-of-society and whole-of-government responsibility for health; working together through partnerships; monitoring,

evaluation and public health research; and achieving 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.

The leadership of health ministers and ministries will remain vital. It is their responsibility to develop and implement health strategies; 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 monitor standards of performance within a framework of transparent accountability.

Health services are a powerful social determinant of health. The contribution to health and well-being can be expected to grow over time as the technological capacity of health services increases across the whole spectrum of illness and disease. The 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. It must be recognized that

this is inherently a highly political process. Political and legal commitments are of crucial importance to ensure the long-term sustainability of the process. The whole-of-government and whole-of-society approaches 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, do not reach populations in need. 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 through, for example, shifting more care to outpatient settings, allocating more resources to primary health care, improving the rational use of medicine, and improving energy efficiency are vital if arguments for resources and investment are to receive a fair hearing. Such initiatives need to be a central part of health plans and strategies rather than a short-term response to budget cuts. Strengthening health systems and health system governance are 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. 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.

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. Achievement will be driven by a high degree of political commitment, enlightened public administration and societal support. The role of communications media is vital.

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, 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. Improved systems of governance and delivery are required. Research suggests several main reasons for failure, including conceptual failure; delivery chain failure; and government control strategy failure. The following innovative practices and tools can help.

- *Government structures* (to develop joint policies at the cabinet table or through sub-committees, supported by institutional platforms).
- *Mega-ministries and ministerial mergers* (to enhance the efficiency and coherence of political and administrative work in government).
- *Public health ministers* (to support whole-of-government action for health supported by high-level committees with representatives from authorities and agencies at all levels).
- *Ministerial links and strategic alliances* (to bring together policy fields at top decision-making levels).
- *Shared and pooled budgets* (to promote new accounting methods and creating new funds, and integrate financial incentives and reward systems).
- *Joint review of policies and interventions* (to promote intersectoral action and cooperation).
- *Evidence support* (to develop a common understanding of facts and creating shared learning).
- *Reaching out* (trying to engage people, patients and societal stakeholders, including the private sector).

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, leadership, context, the resources available, and the practicalities of implementation.

The role of partnerships

Partnerships are a core concept within Health 2020. Partnerships with international organizations, such as the European Commission, 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 are critical.

New and evolving partnerships for health, which are active at various levels of governance across the Region, include the Eurasian Economic Community, the South-eastern Europe Health Network and the Northern Dimension, as well as 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 and hospitals.

Academic and professional institutions, WHO collaborating centres and public health networks at regional and country levels, are also important potential partners.

Lastly, the private sector is of great importance. Whilst 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.

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, such as: available data on health inequities in the country, their variations nationally and sub-nationally, and their main determinants; a realistic assessment of possibilities and constraints, with special attention paid to external unhealthy policies that may generate or exacerbate inequities in health; a monitoring framework including explicit equity-oriented objectives and targets directly linked to the policies, action and financial resources needed for implementation; adequate management capacity for implementation; coordination of action at national and subnational levels; appropriate accountability mechanisms; and hard instruments such as laws and regulations which may be combined with softer mechanisms. 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

Health information is a policy resource that is vital to health planning, implementation and evaluation. Health information systems and services need to be developed significantly across the countries in the Region. These include epidemiological systems, systems to provide outcome information on care processes, and disease-specific systems.

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. 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 and work to link research with changed practice are required.

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. Health 2020 is designed to be an adaptable and practical policy framework, providing a unique platform for bringing together different value- and evidence- based approaches that are united in their core purpose, supported by the reviewing collectively set regional targets.

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 work as the 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. This resource is critical in supporting the aims of Health 2020. 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 realize their full health potential.

Countries use different entry points to tackle health inequities and their social determinants, depending on their level of development, structure of health policy-making, level of centralization or decentralization of management of health systems, including public health infrastructure and interventions, and other country context factors. Implementation of Health 2020 is therefore best thought of as a continuum of policy and activity, reflecting the whole spectrum of the determinants of health and necessary policy and activity for health improvement. Some Member States are already requesting technical support to integrate health equity objectives into their existing or planned social and economic policies and economic development programmes, and requests for technical assistance from WHO to increase country capacity to address the social determinants of health and related health inequities are likely to increase further with the adoption of Health 2020. The WHO Regional Office for Europe will therefore need to meet increased and diversified demands for technical support.

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 that can meet the expectations and needs of their peoples, internationally agreed health goals are reached, non-communicable 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 achieve these goals, and 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.

9. CONCLUSIONS AND LESSONS LEARNT

Our knowledge today is sufficient to improve health and reduce inequities [27]. 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 "upstream" 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.

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 WHO Director-General said in the foreword to the Health 2020 publication [28]: "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."

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

Candidate: Zsuzsanna Jakab

Neptun ID: ACAGUQ

Doctoral School: Doctoral School of Health Sciences

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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 Kenezey Life Sciences Library on the basis of Web of Science, Scopus and Journal Citation Report (Impact Factor) databases.

13 May, 2014