



Strengthening health systems in Europe: has the crisis helped or hindered?

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Sustainable Health Systems for Inclusive Growth in Europe
Vilnius, Lithuania
19-20 November 2013



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Health systems and the right policies go hand in hand



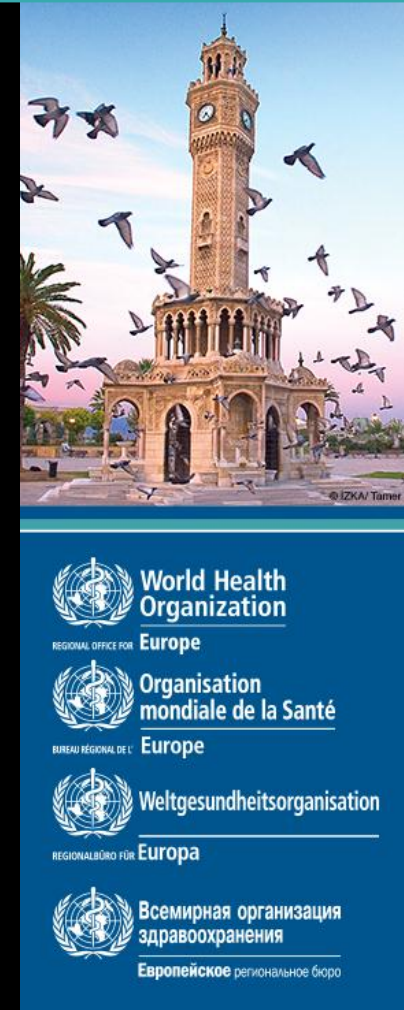
2010



2011



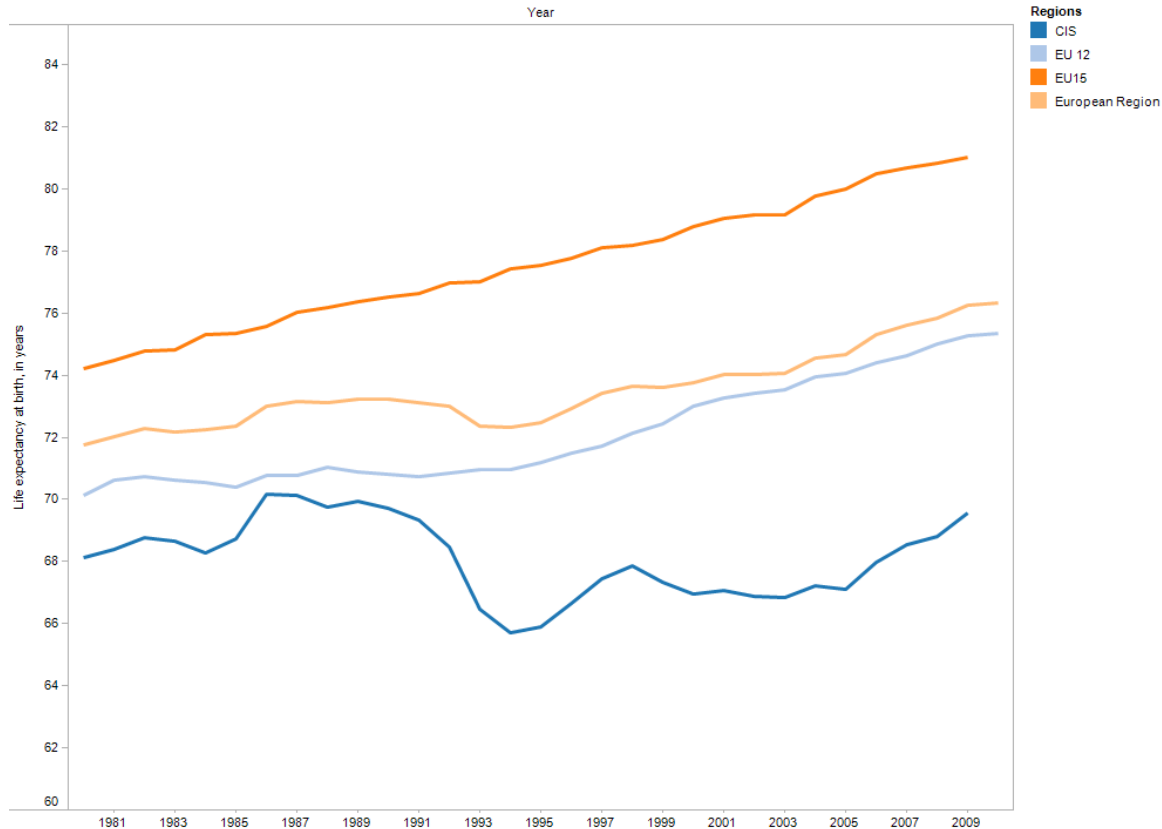
2012



2013

Improved life expectancy but the region is scarred by inequalities

Life expectancy at birth trends by European regions, 1980-2010



CIS: Commonwealth of Independent States
EU12: countries belonging to the European Union (EU) after May 2004
EU15: countries belonging to the EU before May 2004

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

Action needed on several fronts to respond to this situation (Health 2020)

- Continue to improve health outcomes and reduce inequalities – address governance implications
- Priorities in Europe are agreed with MS`s:
 - Address disease burden: NCDs and the remaining infectious diseases: TB, HIV, AMR and their determinants;
 - Strengthen Health systems and public health.

The Tallinn conference – as the basis of our work in HSS

- *Supporting Member States in keeping or moving towards UHC (guided by the mission and vision of Health 2020)*
- Transforming financing arrangements to overcome sustainability concerns
- Positioning primary health care as the hub to other levels of care
- Ensuring coordination across primary health care and public health services
- Revitalizing a flexible, multi-skilled workforce with aligned task profiles
- Strategizing the use of modern technology and medicines for maximum benefits

The Tallinn Charter and the Alma Ata Declaration: two key anniversaries



Tallinn: 2008 and 2013
governance



Almaty: 1978 and 2013
primary health care

Tallinn follow up meeting

Tallinn, Estonia, 17-18 October 2013



1. a platform to understand new frontiers to improve population health
2. exchanged inspiring examples of health system strengthening,
3. agreed on future directions weaving together the commitments in the Tallinn Charter and the Health 2020 policy framework.

Key messages from Tallinn 2

- **Transformation towards people centred health systems**
- **Holistic approach to health improvement**
- **PHC and community care in the centre and better coordination and integration between levels and services**
- **Synergize across agencies to have a unified front**
- **Leadership and change management**

The contribution of health systems

International conference marking the 35th Anniversary of the Alma-Ata Primary Health Care Declaration: November 6-7, 2013, Almaty, Kazakhstan

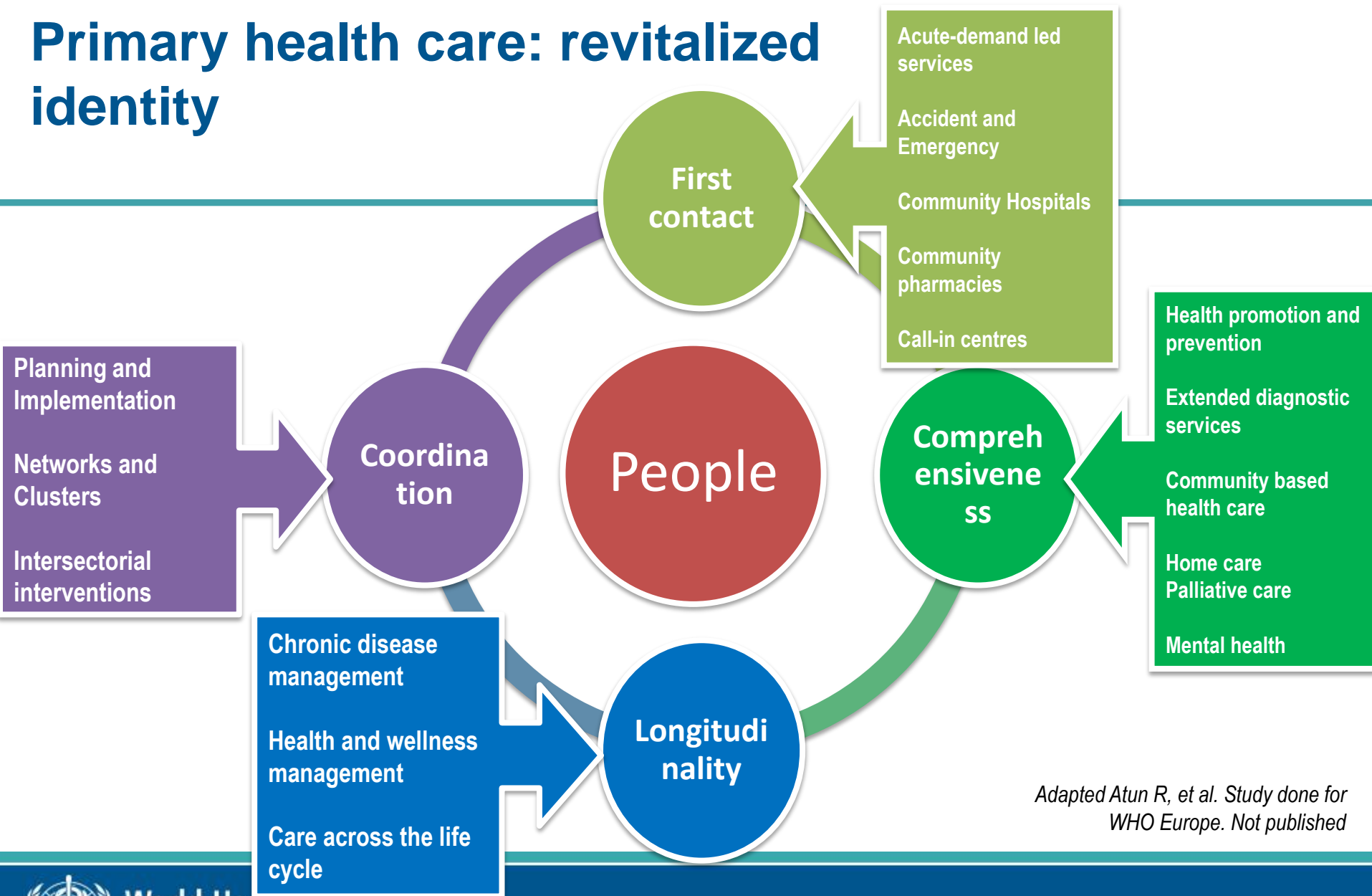


Compelling challenges call for the transformation of primary health care

- The future shape of the NCD epidemic is characterised by multiple and interacting risk factors and multi-morbidity
- Most health systems are not designed to cope with multiple interacting risks and multi-morbidity
- We have a “response gap”

Atun R, et al . Improving responsiveness of health systems to NCDs. Lancet 2013

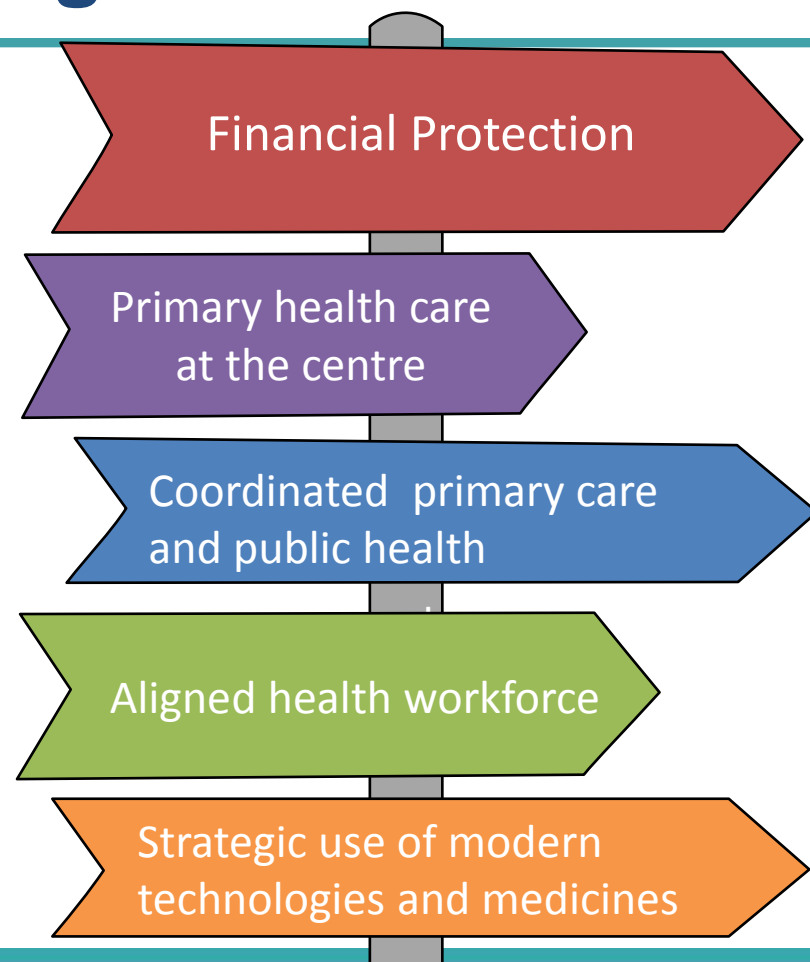
Primary health care: revitalized identity



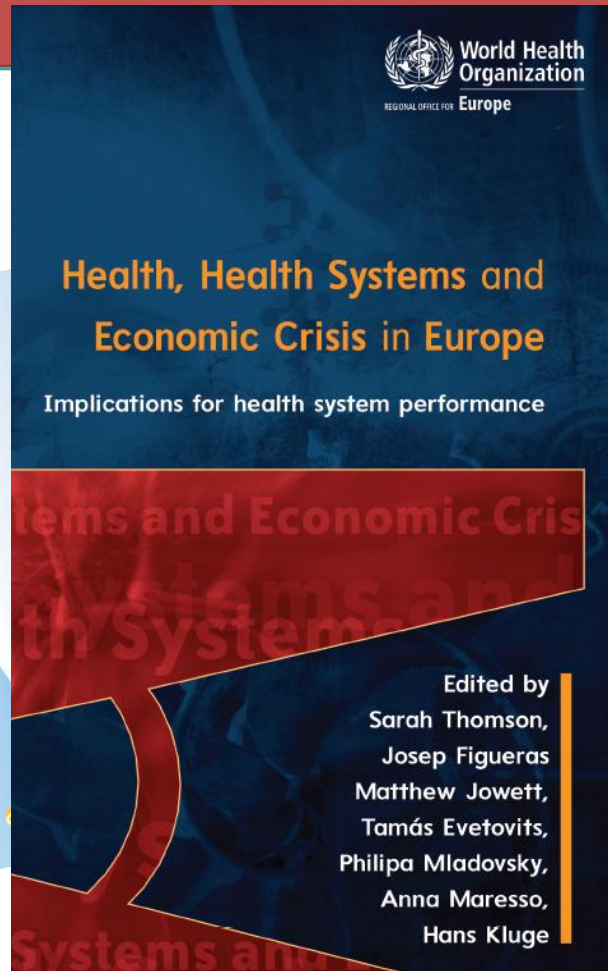
Adapted Atun R, et al. Study done for WHO Europe. Not published

Universal health coverage: crucial for maintaining and improving health

- **equity of access to health services:** those who need services should get them
- **the quality of health services** is good enough to improve health
- **financial risk protection:** the cost of care should not create financial hardship



Health system responses to economic crisis in Europe



Oslo 2 Conference on impact of crisis

Ten policy lessons and messages

1. Be consistent with long term health system goals

2. Factor health impact into fiscal and social policy

3. Safety nets can mitigate many negative economic effects

4. Target efficiency gains over past years to offset charges

5. Protect funding for cost-effective public health services

Oslo 2 Conference on impact of crisis

Ten policy lessons and messages (cont`d)

6. Avoid prolonged and excessive health

7. High performing health systems may be more r

8. Structural reforms require time to savi

9. Target efficiency gains over pa charg

10. Protect funding for cost-effective public health services

The crisis has been challenging

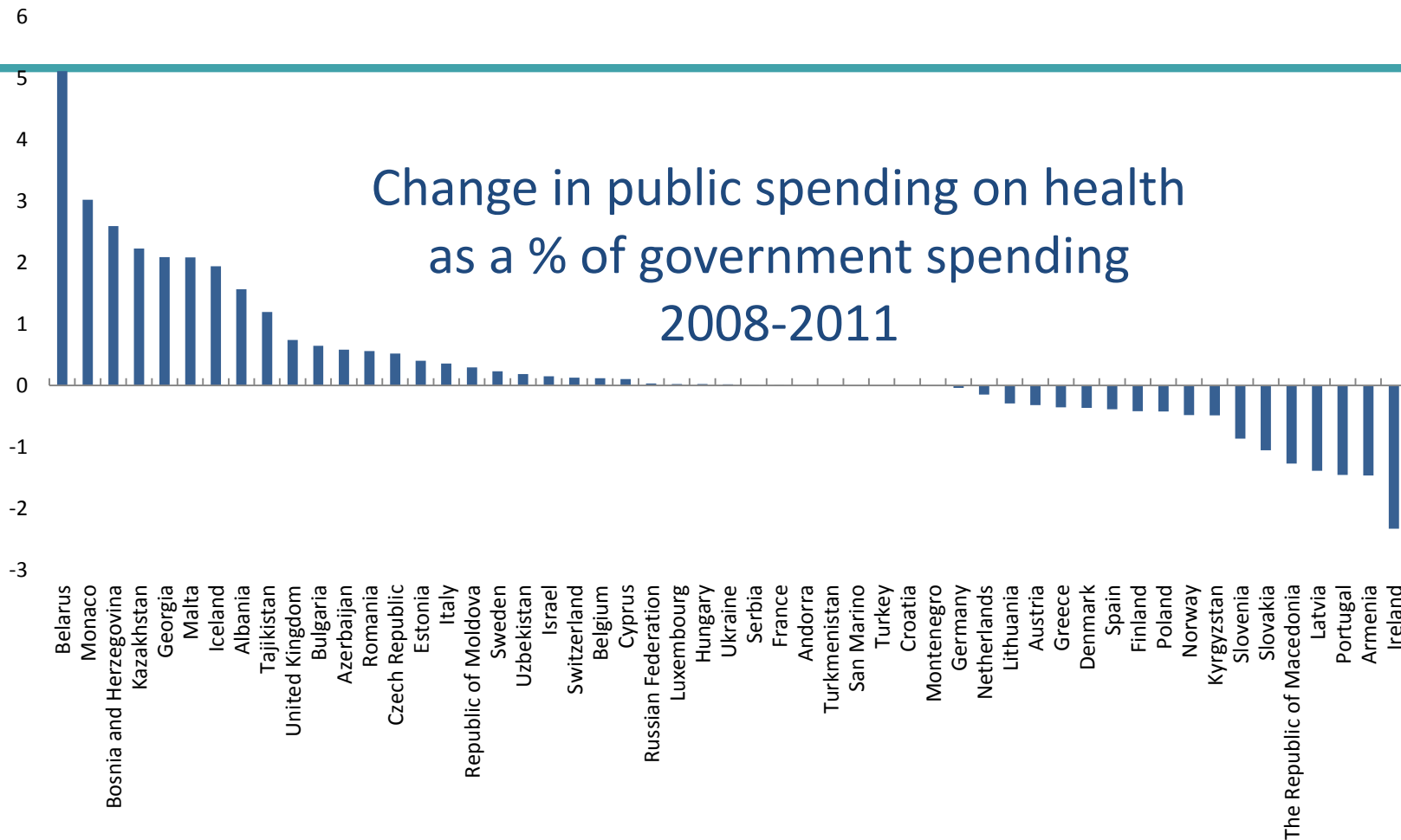
Severe, sustained pressure on public spending on health

2008	2009	2010	2011
Andorra	Andorra	Albania	Andorra
Azerbaijan	Bulgaria	Armenia	Armenia
Belarus	Croatia	Azerbaijan	Azerbaijan
Kyrgyzstan	Iceland	Croatia	Belarus
Turkmenistan	Ireland	Czech Republic	Georgia
	Latvia	Estonia	Germany
	Lithuania	Finland	Greece
	Romania	Greece	Kazakhstan
	San Marino	Iceland	Portugal
	Serbia	Ireland	Ukraine
	Ukraine	Italy	United Kingdom
		Kyrgyzstan	
		Montenegro	
		Republic of Moldova	
		Russian Federation	
		San Marino	
		Slovakia	
		Slovenia	
		Spain	

Countries with negative growth in public spending on health

Source: WHO NHA 2013

The health share of the government budget was disproportionately cut in some countries



Source: WHO NHA 2013

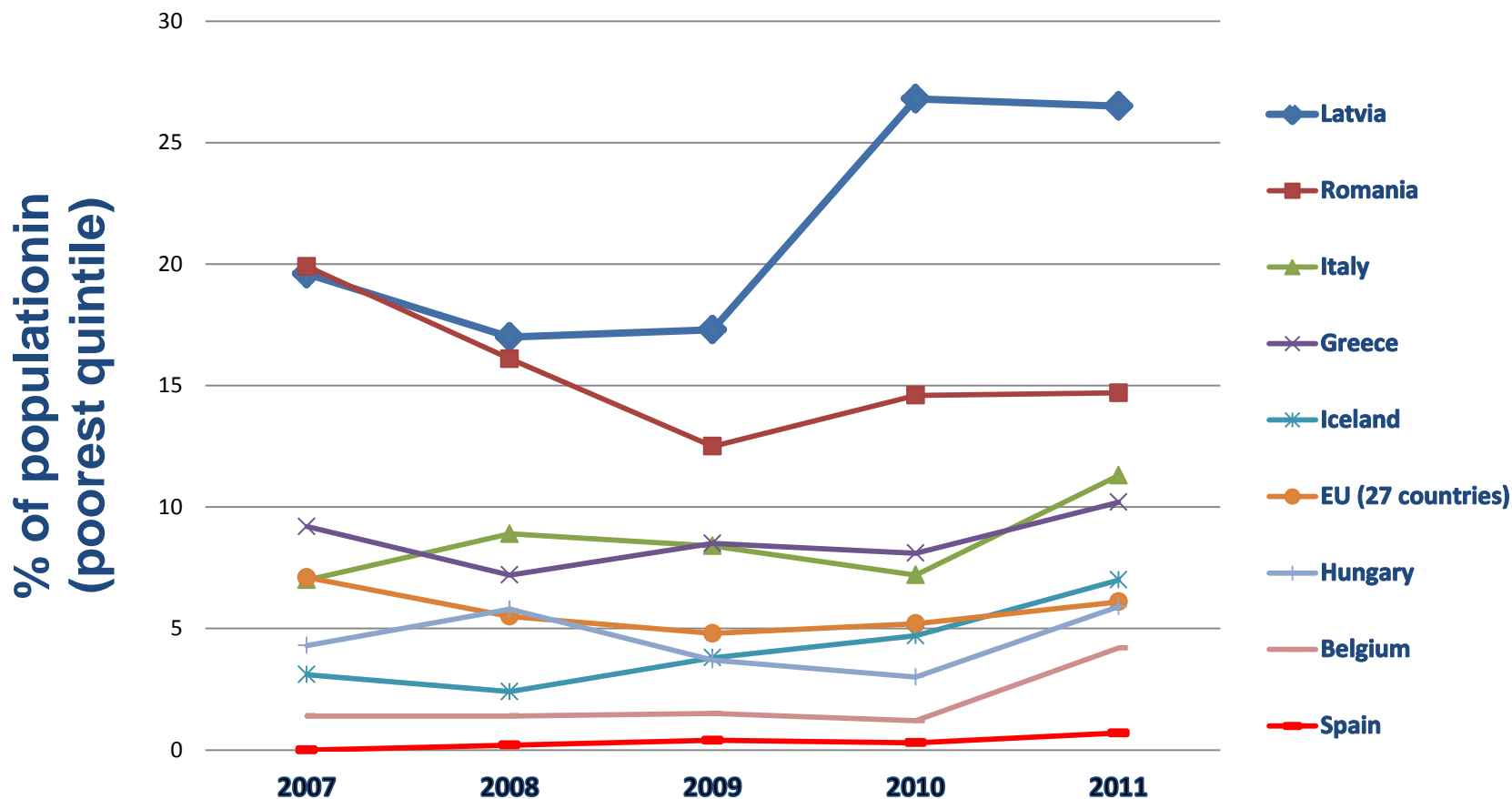
Some positive responses in challenging circumstances

- countries introduced needed reforms
- immediate efficiency gains – lower drug prices
- other efficiency gains – identifying and prioritizing cost-effective services
- efforts to protect people from financial hardship

But negative implications for health system performance too

- countries that reduced population coverage often targeted vulnerable people (poorer people, migrants)
- over 25 countries increased user charges for essential services
- some cuts had unintended consequences

Unmet need has risen in the poorest quintile in many countries (but data only up to 2011)



Source: EU SILC 2013

How has the crisis helped?

Clarity on policy options:

- health systems can be more efficient
- coverage reductions cause suffering
- cut inefficiencies not effective services

Target efficiency gains over user charges

Prioritise cost-effective health services

How has the crisis helped?

Clarity on limits to efficiency:

- structural changes require investment and time
- sustained fiscal pressure may undermine efficiency
- efficiency gains can't always bridge the funding gap

Structural reforms
require time to
deliver savings

Avoid prolonged
cuts to health
budgets

Factor health
impact into fiscal
policy

How has the crisis helped?

Clarity on governance:

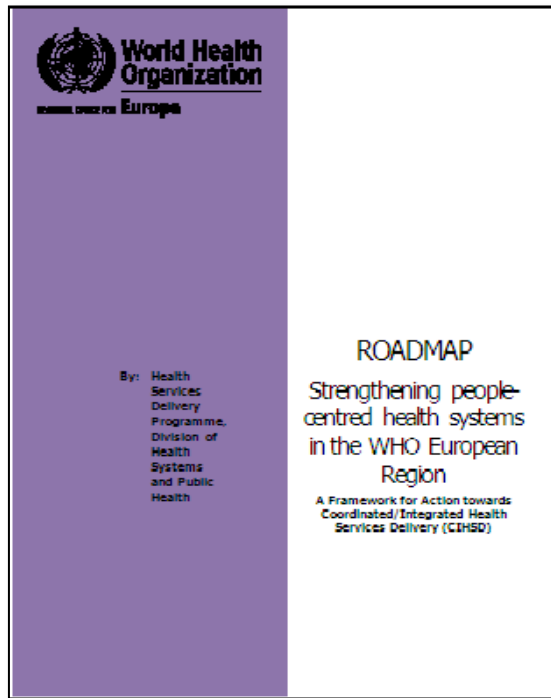
- strong health systems may be more resilient
- a test for governance: are policies in line with goals?
- we need better information and monitoring

Resilient health systems come from good governance

Be consistent with long-term health system goals

Information and monitoring underpin good governance

Transforming service delivery, addressing NCDs, investing in prevention



Our Public Health Vision for 2020

- Health as a priority – core value and public good;
- Indispensable to development and indicator of government performance;
- Action and advocacy;
- Strong public health workforce and intersectoral mechanism;
- Determinants of health including SDH are our DNA





Strengthening health systems in Europe: has the crisis helped or hindered?

1. extreme caution in reducing coverage
2. the positive but limited scope for efficiency gains
3. the importance of good governance
4. the need for better monitoring



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Understanding health system sustainability

From	health care as an institution led service	To	health and social care as part of the community
From	curative and fixing medical care	To	early intervention and preventative care
From	sickness	To	health and well-being
From	professional	To	personal
From	isolated and segregated	To	integrated and in partnership
From	buildings	To	healing environments
From	decision making based on today's finances	To	an integrated value of the future which accounts for the impacts on society and nature
From	single indicators and out of date measurements	To	multiple score card information and in real time
From	sustainability as an add on	To	integration in culture, practice and training
From	waste and over use of all resources	To	a balanced use of resources where waste becomes a resource
From	nobody's business	To	everyone's business

TIANJIN, CHINA



WHO Regional Office for Europe
**Division of
Health Systems
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**THANK YOU FOR YOUR
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