Presentation: “Your health is your wealth: a policy framework for a healthier Ireland 2012–2020”

13 June 2011, Dublin, Ireland

Ministers, Dr Holohan, ladies and gentlemen,

Introduction (slide1)

It is with the greatest pleasure that I accepted your invitation to speak today, at your consultation day on public health policy here in Ireland. When I was elected WHO Regional Director for Europe, I knew that we must make public health a vital force for improving the health of our peoples, right across the European Region. This is what you aim to do here in Ireland, and I greatly welcome this. I shall try to explain and elaborate on this statement during my talk.

First, however, here in this distinguished Royal College with its history going back hundreds of years, if I may, I will reflect for a moment on the over 200 years’ history of public health in Ireland.

As an example I was fascinated to read that, by the early 19th century, county infirmaries, fever hospitals and public dispensaries had become the most important providers of public health services. Reports from the 1830s, for example, refer to some of the main medical problems seen at that time: industrial accidents, cholera and influenza. The reports also discuss the nature and causes of diseases: for example, inadequate food, very poor housing and lack of other necessities of life. The reports also refer to the beginnings of effective interventions; for example, smallpox vaccination against a scourge of that time.

There are echoes of all of these issues for public health today. Of course the “necessary circumstances of life” are unrecognizably better today than before, yet public health today faces the same fundamental challenges of describing and understanding disease and ill health, and the reasons for these states. It also looks for effective public policy that promotes health and well-being, that reflects what we have come to call the social determinants of health, as well as today’s technologies for the promotion of health, the prevention of disease and the provision of care, treatment and rehabilitation.

A definition of public health

I will start the main part of my speech with a definition of public health that reflects all these ideas, namely that of Sir Donald Acheson, who was a great epidemiologist and chief medical officer for England and Wales between 1983 and 1991.

(Slide2)

Sir Donald famously wrote that: “Public health is the science and art of preventing disease, prolonging life and promoting health through organized efforts of society”.

His definition has since achieved global recognition. It has sometimes been modified a little, but its essence remains. Public health is both a science and an art, and it is also an organized societal responsibility. It is always a combination of knowledge and action. This perhaps is the message that those who worked in your public health dispensaries of almost 200 years ago would recognize immediately: that public health is

a practical business, based on knowledge but also on organization and activity. They would have realized even then that they would never know enough, but that they must take action.

This public health, this taking action for health, is then to be based on society's "organized efforts" In other words, public health is a responsibility of society and of government.

Now, today we would add what we sometimes think to be a modern notion, that investment in health is an investment in human, social and economic development and growth. This is true, but, like our concern with social determinants, as an idea it really has a long history. In 1877, speaking before the House of Commons in London, the then Prime Minister Benjamin Disraeli famously made a statement that will forever link health and government together in a common purpose.

He said: "The health of the people is really the foundation upon which all their happiness and all their powers as a state depend."

I doubt that it has ever been said better, and I shall take this statement as a main theme for my talk today.

The WHO European Region today

I shall start with the strengthening of public health in the WHO European Region. The Region is made up of 53 countries, stretching from Iceland and Greenland in the west to the Pacific coast of the Russian Federation in the east. It comprises around 900 million people.

The European Region is experiencing very rapid societal changes, many associated with globalization. We see a demographic shift, including decreased fertility rates and a rise in the old-age-dependency ratio. There is an influx of migrants, as well as the international migration of health professionals. There is also growing urbanization.

Work is changing with advances in communications, longer working hours and stress in the workplace, alongside growing unemployment and job insecurity, at a time of global economic crisis, global environmental changes including climate change and, most vitally, the unequal distribution of health and wealth.

Today's health burden across the European Region (slides 3–6)

Our goal in WHO is simply to work with Member States to achieve better health and well-being for our European populations.

The famous 1948 WHO definition states that health is: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[1] This ideal needs to be given practical description. How are we doing?

Let me look at a few facts and figures. Overall, European life expectancy at birth has increased by 5 years since 1980, and reached 75 years in 2010. Projections suggest it will increase to nearly 81 years by 2050; however, this improvement is far from uniform. Across the Region, large

[1] *Constitution of the World Health Organization*. Geneva, World Health Organization, 1948.

health-related inequalities persist between and within countries, stratifying populations according to ethnicity, gender, socioeconomic status, educational status and geographical area.

Today, unlike of course in the 1830s, noncommunicable diseases, particularly cardiovascular diseases and cancer, are the leading cause of mortality and morbidity in the European Region. There is also an increase in the prevalence of mental disorders, which are among the most common contributors to chronic conditions in Europe. Noncommunicable diseases are a serious threat to health and socioeconomic development. The nature, scope and underlying determinants of such health problems are now more fully understood, and we really can do better with what we know and the growing technologies for health that we have available.

For many populations across Europe, these diseases create a poverty trap, causing catastrophic health expenditures and poverty. Also, this epidemic of noncommunicable disease threatens to overwhelm health systems in some countries.

Yet, although these are sombre facts, investments in prevention and mental health remain low, accounting for just 1–5.9% of overall European health expenditure, well below the average for OECD (Organisation for Economic Co-operation and Development) countries.

Also, emerging and re-emerging communicable diseases remain a priority concern in many countries in the Region, including not only HIV/AIDS and tuberculosis, but also alarming outbreaks of potentially global significance, such as pandemic A(H1N1) 2009 influenza and the re-emergence of poliomyelitis in Tajikistan; this threatens the Region’s

polio-free status which it has held since 2002. Antimicrobial resistance is also a growing concern.

The determinants of health and well-being (slides 7–10)

I would like now to turn to the determinants of health and well-being.

The large inequities in health across the Region arise from inequalities in the lives people are able to lead, the political and social policies and programmes that affect them, their economic arrangements, their physical environments and the quality of their governance. Some things, ladies and gentlemen, do not change over the years!

Now, just as before, the causes of health and lifestyle differences reside greatly in what have come to be called the social determinants of health. These determinants also affect whether people can gain access to health care services and the quality of care they receive.

For these reasons, one of my first decisions as Regional Director was to launch an independent review of the social determinants of health and the health divide in Europe, conducted by Professor Sir Michael Marmot. With a consortium of scientists, academics, policy-makers and representatives of the public health community drawn from across the whole WHO European Region, he is setting out the policy-relevant evidence, options and domains for systematic action, and key tools to strengthen the monitoring and analysis of health equity, public health programmes, intersectoral action and broader governance. All are related to the social determinants of health and reduction of health inequities within and between countries.

An interim report from this review of the nature and magnitude of the current European health divide will be presented to and discussed by the WHO Regional Committee for Europe in Baku, Azerbaijan in September this year. The review will underpin the values, goals and objectives of the new European health policy, Health 2020.

As I said, environmental factors and conditions are also major determinants of health and well-being in our societies. These include water and air quality, the effects of increasing urbanization and the need to limit exposures to hazardous substances and emissions. The effects of climate change – including rising temperatures, sea levels and frequency of natural disasters and extreme weather conditions – are also increasingly evident.

Against this present predominant burden of noncommunicable diseases, promoting healthier lifestyles is of pre-eminent importance, including the fields of smoking, alcohol, physical activity and substance abuse. I will mention alcohol and tobacco here. Unfortunately, total alcohol consumption rates show increasing trends in Europe, particularly among low- and middle-income countries, which have levels converging with those of high-income countries. Overall smoking prevalence in the European Union (EU) is 27%, nearly 35% among men and around 30% lower among women. Smoking prevalence is decreasing in many countries among men, particularly in the EU-15 (countries belonging to the EU before 2004), in contrast with the stable situation observed among women in most countries.

So far we have seen the development of effective whole-society interventions against tobacco consumption at the legislative level, such as the WHO Framework Convention on Tobacco Control (WHO FCTC) and bans on tobacco consumption in public places. Ireland took a leading role in introducing effective tobacco legislation in Europe, for which I thank and commend your society and Government.

In spite of such progress, more needs to be done to tackle the current burden of noncommunicable diseases in a more integrated way, encompassing all behavioural determinants – such as alcohol, diet, exercise and substance abuse – in order to reduce the incidence of noncommunicable diseases for all populations and the subsequent costs for the health system.

Accordingly, I shall be taking a new draft regional action plan for the control of noncommunicable diseases to this year's Regional Committee in Baku.

Then, the capacity and efficiency of health systems must also be considered a determinant of health. All of the Member States in the European Region are concerned with demonstrating value by improving performance and reducing costs, while maintaining the values that underpin European health systems: namely solidarity, equity and participation. Most countries are experiencing increased growth in health care budgets as a percentage of gross domestic product (GDP). As a result, strengthening efforts in effective prevention and health promotion interventions is an increasingly important policy goal.

There is also significant evidence showing how investments and decisions made outside of the health sector (directly and indirectly) influence health outcomes at the population and individual levels. For example, urban planning, agricultural policies, income level and market regulation have all been shown to influence diet, lifestyle and the related level of obesity in society. Promoting health and influencing behaviour therefore requires coordinated actions across several sectors, specifically to create and sustain the conditions that support healthier choices.

What are the relative contributions of all these determinants to health and well-being? It is hard to be precise, but it is generally argued that socioeconomic determinants surpass health-system capacity in terms of their influence on health outcomes, although, as effective technologies develop, the impact of health systems may be expected to increase.

Health and wealth (slide 11)

How can we maximize the positive impact of health improvement on human societies and development? The WHO Commission on Macroeconomics and Health established a causal link between health and economic development, refuting the old notion that health systems are simply a drain on resources. Instead, we now see that investing in health systems and acting across sectors to affect health determinants support both health and economic growth. Health is increasingly acknowledged as having a significant impact on the economic dimensions and cohesion of society.

This understanding is key to making the case for improved public health and health care services and functions in Europe, and it constitutes a

powerful argument for well-targeted investments in health and health care systems, and in interventions beyond the health sector that act on social determinants.

Health 2020 (slide 12)

This has been a very quick overview of the forces for change affecting health in Europe today. When I took office as WHO Regional Director for Europe, I was concerned that we should address these challenges in an integrated and strategic way and, with the strong support of the Regional Committee last year, a new European health policy (which we are calling Health 2020) is being designed and implemented as a collaborative initiative between the WHO/Europe, Member States and health-related institutions and stakeholders.

Health 2020 is focused within the growing understanding of the relationship between health and development, as discussed in the Tallinn Charter: “Health Systems for Health and Wealth”, which was adopted by all WHO European Member States in 2008. There has been a remarkable growth of understanding of the importance to health of the conditions of life, including the distribution of power, influence and resources. Health is now seen in a much more holistic and nuanced way, with the many determinants spread across the whole of society.

Health 2020 will provide a unifying vision and values-based policy framework for health development in this context. It will have clearly defined goals. The framework will include realistic but challenging targets, as well as tools for monitoring, planning and implementation. It will bring together and interconnect new evidence, and strengthen the

coherence of existing knowledge and evidence on health and its determinants. It will offer practical pathways for addressing current and emerging health challenges in the Region, appropriate governance solutions and effective interventions.

Health 2020 will take a life-course approach, focusing on the interactions between individuals, their communities, their environments – political, social, economic, and institutional – and their health services.

I will give just one example. Children and adolescents need safe and supportive environments: clean air, safe housing, nutritious food, clean water and a healthy way of life. The fundamental skills for well-being – such as problem solving, emotional regulation and maintaining physical safety – are the positive underpinnings of early child health and development.

Children also need access to supportive and health promoting educational services. The educational system plays a fundamental role in preparing children for life, giving them the knowledge and skills they need to achieve their full health potential. A well-functioning, nondiscriminatory education system has tremendous potential for promoting health in general and reducing social inequities in health in particular. Our goal should be that educational achievements do not differ due to socioeconomic and ethnic background.

Again, a paper on the development of the thinking and content underpinning Health 2020, along with a draft of the policy, will be discussed by the Regional Committee in September.

Commitment to public health and health systems (slide 13)

Alongside Health 2020, in my view, a renewed commitment to public health and health care systems in Europe is essential. Indeed, I do not believe that Health 2020 can be achieved without it, and my proposals for a new action plan to strengthen public health will also be considered by the Regional Committee.

Public health capacities and services need strengthening across the whole of the Region, with greater emphasis on and funding for health promotion and disease prevention. We need renewed commitment to a strong public health infrastructure and essential public health operations comprising health protection, health improvement and health service development. We are too often hampered by the lack of developed and effective public health infrastructure, poor public health services and the lack of capacity in countries to implement public health programmes.

We will be proposing at Baku a set of 10 horizontal essential public health operations (EPHOs) to become the unifying and guiding basis for European health authorities to establish, monitor and evaluate policies, strategies and actions for reforms and improvements in public health.

Primary care must also be strengthened. In many countries now, investment in population-based health promotion and disease prevention services is low, and primary care is an excellent mechanism to bring these services to the public. Primary care physicians need to be trained and motivated to provide preventive and community-based interventions.

We need new public health leaders, to initiate and inform a health policy debate at political, professional and public levels, taking a “horizontal”

view of the needs for health improvement. These leaders must create innovative networks for action among many different actors and be catalysts for change.

Health systems, including ministries of health, remain of pivotal importance and need to be strengthened in their work of promoting, securing, maintaining, and restoring population health. The scope and reach of the concerns of health systems stretch beyond public health and health care services to engage all sectors of society. Health systems will become more capable, with a greater impact on health experience at both individual and population levels than hitherto.

In addition, across the European Region there exists great variation in the capacity of health systems, as well as the resources that are available, particularly as we have passed through a period of acute financial crisis. Overall societal pressure will intensify for a higher proportion of GDP and government budgets to be devoted to health. Yet there will also continue to be strong pressures to organize all health-system resources efficiently and wisely. The issue facing countries in the European Region is how to demonstrate value by improving performance and reducing costs, maintaining and improving health systems' performance, while maintaining the values of solidarity, equity and participation that European Member States have several times agreed

Health in all policies and the "whole-of-government responsibility for health" (slides 14, 15)

Health 2020 will set improvements in health and well-being as a societal goal. In that sense, it is a fundamental responsibility of society and therefore also for government. This approach has come to be called the

"whole-of-government" approach. Health in the 21st century poses new challenges for orchestrating a societal response. We must apply new ways of governing for health: ways in which we can bring influence to bear on all determinants. A shift is needed towards more horizontal and inclusive approaches to governance, involving all of society and its sectors, in particular the people themselves, towards health and well-being.

Today's societies expect a new form of governance for health that is far more participatory for citizens. Alongside national governments are a plethora of regional and local administrations, the private sector, nongovernmental organizations, institutions, communities and individuals, which must all be involved. Health is increasingly seen as a human right. Citizens have high expectations, reflecting an increased awareness of their rights and choices. Citizens want to be involved in their own health, including when decisions are made on disease management and treatment.

Addressing today's challenges and the full spectrum of health determinants across society requires all parts of governments to work together, and share responsibility across policy fields and sectors. Today the political, social, economic, environmental, institutional and health-system determinants of health are centred powerfully in the communities and societies in which people are born, live, work and age.

In rapidly changing environments, pathways to good and bad health can be nonlinear and hard to predict. Health is increasingly understood as an outcome of complex and dynamic relationships between this wide range of determinants. Some determinants are overtly political, in the obvious sense that war and societal breakdown are politically influenced

catastrophes. Also politically determined (although more subtly) are the opportunities, choices and conditions of life for people and communities, as well as the services available to them. Political commitment to health and health improvement is therefore of fundamental importance.

Strengthening the governance and leadership roles of ministries of health must be a major focus of our activities, and we need to develop new tools for national health policy work to ensure that public health perspectives and goals are accepted across government: for example, through horizontal policy boards, a coherent and integrated regulatory framework, embedded performance assessment systems, communication and collaborative mechanisms that work across and within government at all levels and initiatives to promote accountability and citizen involvement. Lastly, two tools, health impact assessment and intersectoral targets, have a real potential to strengthen policy-making across all sectors.

How can the health system work proactively with other sectors to identify the impact of their policies on health determinants and health status, and search for practical policy options that both maximize the positive health impacts of other policies and minimize any unintended negative impacts? This is where the health-in-all-policies (HiAP) approach has a key role, with its emphasis on intersectoral governance. The overall goal is to improve determinants and health by taking intersectoral action and promoting policy coherence. In many cases, HiAP also produces dividends for other sectors.

To be successful, we will certainly need strong political leadership; evidence that demonstrates the impact of the approach across government

and innovative forms of intersectoral governance structures at cabinet level and between ministries.

Conclusion

Ladies and gentlemen,

To summarize, the WHO European Region faces a number of challenges in the quest for better health, challenges that national health systems are charged to address. Today, however, their scope for action is often limited by a shortage of human, material and financial resources, weak institutions and limitations in powers and competence.

We aim to help our Member States change this situation. Our new European health policy, Health 2020, will promote an integrated and comprehensive approach to health improvement, with a renewed focus on and a rejuvenated commitment to public health capacity. We very much need the help of all our Member States in taking this work forward.

Lastly, I was asked to identify examples of good practice. It can be invidious to identify particular countries, and I most often avoid doing so. Yet we are looking for countries that use public health principles to underpin national health policy and planning, that inform their populations and institutions about health experience and determinants, and that fully involve their societies in the development and implementation of comprehensive evidence-informed policies and technologies that are effective, affordable and sustainable.

If I may say so, that is what I think you are doing here in Ireland, with your aim of developing a vision for a healthier Irish population that is

protected from public health threats, that lives in healthier and more sustainable environments and that has increased social and economic productivity and greater social inclusion. I see your idea as both a model that can inform our thinking and development within Health 2020 and an example that can be followed elsewhere,

Ministers, I commend the Irish Government and you for your commitment to this process. Also, if I may, I would like to thank most warmly the Irish Chief Medical Officer, Dr Tony Holohan, for all his great help and support to WHO/Europe in taking our own work and thinking forward.

Thank you.