

EUROPEAN HEALTH SYSTEMS, HEALTH AND WEALTH. THE CONFERENCE OF THE WORLD HEALTH ORGANISATION, TALLINN 2008

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Abstract: *In June 2008 the WHO Regional Office of Europe convened the WHO European Ministerial Conference on Health Systems: Health systems, Health and Wealth, in Tallinn (Estonia). The Conference aims to place the health system high on the political agenda of European Member States and to provide focus for strengthening future WHO support to Member States in the development of their own health systems, policies and public health activities. The development and adoption of a Conference Charter was an essential output of the Conference. Explicit strategies for improvement of health are key. They work best if they reflect the burden of disease and risk factors, combining prevention and cure accordingly, address the whole system and health in all policies and not just the services delivered by the health sector.*

Keywords: *Health systems, World Health Organisation, health policy, health strategy*

1. Health system

Many factors influence people's health, including their genetic make-up, lifestyle, the environment in which they live, their income and social status, their education and gender. Another determinant of health, which is increasingly recognized as very important, is the health system.

A health system is generally understood to comprise the resources, organizations and institutions whose primary aim is to improve, maintain or restore health. This includes both health care services and the broader infrastructure of people, technologies, financing, regulation and education, as well as the arrangements for governance of the system, including engaging other sectors in improving health.

WHO has identified three overall goals for health systems – to be effective, responsive and fair (1):

- effective in contributing to better health throughout the entire population;

- responsive to people's expectations, including safeguarding patient dignity, confidentiality and autonomy and being sensitive to the specific needs and vulnerabilities of all population groups; and
- fair in how individuals contribute to funding the system so that everyone has access to the services available, and is protected against potentially impoverishing levels of spending.

Health systems are interdependent constellations of organizations, institutions and resources. A health system is more than hospital and service delivery institutions, and more than the public sector. It includes the pyramid of health facilities and associated resources that deliver personal health services, and also non-personal health actions, for example anti-smoking, diet, and seat-belt campaigns (2).

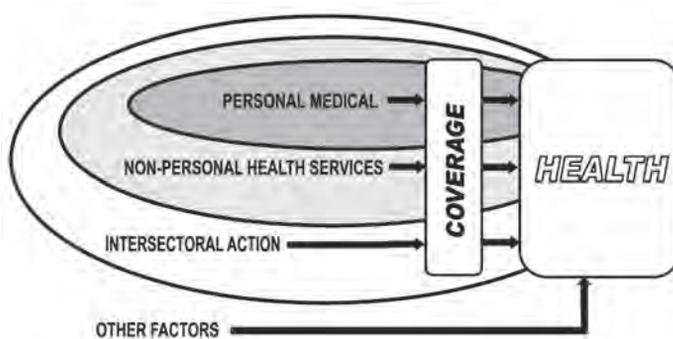


Figure 1. Boundaries of the health system (2).

The health system is broader than personal medical and non-personal health services. It incorporates selected intersectoral actions in which the stewards of the health system take responsibility to advocate health improvements in areas outside their direct control, such as legislation to reduce deaths from traffic accidents (Fig. 1).

2. New challenges for health systems

- The cost of providing health services is rising in real terms.
- People today are better informed, expect more from health systems and are increasingly mobile.
- Throughout the WHO European Region, the population is ageing.
- There are also larger/increasing socioeconomic disparities within populations, creating vulnerable groups with fewer resources and greater health needs.
- New technological advances offer opportunities to improve health, but must be introduced in an appropriate way.
- The emergence of several previously unknown or potentially threatening diseases, such as pandemic influenza, must be addressed.

3. Ministerial Conference in Tallinn

As part of its continuing work in this area, WHO/Europe organized the WHO European Ministerial Conference on Health Systems: “Health Systems, Health and Wealth”. The Conference, hosted by the Government of Estonia, will take place in Tallinn, Estonia on 25–27 June 2008 (3).

Health ministers from all 53 member states of the World Health Organization’s European Region met in Tallinn to agree on a new charter. The first pan-European charter on health systems – signed in Ljubljana in 1989 – focused on the purpose, goals, and core values of health systems. The Tallinn charter is more ambitious. Its aim is to spur political recognition of the economic case for investing in health systems, and to promote more effective stewardship of health resources by governments.

Expenditure on health services is still widely viewed as a short term cost, but substantial evidence now exists that it can benefit the economy. According to WHO, increasing life expectancy at birth by 10 % increases economic growth by 0.35 % each year (3).

A key concept for the Conference is the dynamic relationship between health systems, health and wealth, as represented in the logo (Fig. 2).



Figure 2. The Conference logo represents the relationship between health systems, health and wealth (4).

The Conference will explore how well-functioning health systems contribute not only to health but also to wealth and economic growth (through, for example, workforce development, increased productivity, alleviating the cost of illness, and lowering the number of those seeking early retirement), and how productive investment in health systems has the potential to contribute to economic development for less wealthy countries.

4. Tallinn Charter

The charter stresses that strong health systems must be put in place to remove barriers such as insufficient access, costs and lack of information, to ensure coverage

across the board. The charter declares: „...Today, it is unacceptable that people become poor as a result of ill-health. ... We, the Member States, commit ourselves to: promote shared values of solidarity, equity and participation through health policies, resource allocation and other actions, ensuring due attention is paid to the needs of the poor and other vulnerable groups...”

„Health is the right of everyone and it has value in itself. It is in the interest of all governments to invest in the health of their populations, as improving the health of the population makes a material contribution to the wealth of the nation,” said Dr Marc Danzon, WHO Regional Director for Europe, at the charter signing ceremony (5).

„I am personally thrilled by the value system so clearly evident in the Tallinn charter,” said WHO Director-General, Dr Margaret Chan, addressing the Conference. “As we now know, cash, commitment and commodities cannot boost adequate progress in the absence of delivery systems that reach those in great need, on an adequate scale, in time,” she said (5).

The charter details the key actions needed to make health systems stronger, such as improving transparency and accountability for health spending and ensuring that spending is aligned to policy objectives. “Increasing investment in health will pay dividends only if it’s well spent,” said Dr Nata Menabde (5), Deputy Regional Director, WHO Regional Office for Europe. “There is no ‘right’ or ‘optimal’ size of budget that should be devoted to health. We do not want to give the impression that simply increasing the level of budget allocations to the health sector will solve all problems. The health system needs to increase and demonstrate its capacity to use the money in a prudent and transparent manner.”

As part of the preparations for the charter, WHO conducted studies that have produced evidence of the link between the health and wealth of the population, making the case for giving serious political attention to the performance of health systems. Background documents and other core publications were presented at the Conference (6). They are very valuable source of further study.

WHO’s research shows (1) that in the past the importance of the health system to the general health of the population has been underestimated, as has the impact of better health on economic growth. Rather than being seen as a ‘necessary burden’, investment in effective health systems should be considered as an investment in the future well-being of the population.

5. Conclusion

Speakers at the Conference stressed that good health systems should not be a luxury that only rich countries can afford, but a fundamental part of the social and physical infrastructure that supports a country’s prosperity, cohesion, and social well-being, underlining that the charter places particular emphasis on ensuring people are treated with dignity and respect when they come into contact with their health system.

All sessions of the Conference, including the charter signing ceremony, have been streamed live. Recordings are available on the Conference web site (7).

The Conference logo – symbol of the mediating human should motivate all of us to think on health and to contribute to health care system by health education and by personal example of health promoting life.

EVROPSKÉ ZDRAVOTNÍ SYSTÉMY, ZDRAVÍ A BLAHOBYT. KONFERENCE SVĚTOVÉ ZDRAVOTNICKÉ ORGANIZACE, TALLINN 2008

Abstrakt: V červnu 2008 svolala Evropská regionální úřadovna SZO do Tallinnu (Estonsko) Evropskou ministerskou konferenci o zdravotních systémech: „Zdravotní systémy, zdraví a blahobyt“. Cílem konference bylo pozvednout zdravotní systém do popředí politického zájmu evropských členských zemí a soustředit se na posílení budoucí podpory SZO členským zemím při tvorbě svého vlastního zdravotního systému i při rozvoji zdravotní politiky a dalších aktivit v oblasti péče o zdraví. Hlavním výsledkem konference byla příprava a přijetí závěrečného dokumentu konference – charty. Základní podmínkou zlepšení zdraví lidí jsou jasná opatření. Budou neúčinnější, když budou vycházet z rozsahu problémů, které přinášejí poruchy zdraví a zdravotně rizikové faktory, když budou stavět na adekvátní kombinaci prevence a terapie a když se nebudou týkat jen poskytování zdravotnických služeb, ale celého širokého a mezirezortně pojatého systému péče o zdraví.

Klíčová slova: zdravotní systémy, Světová zdravotnická organizace, zdravotní politika, zdravotní strategie