

DEVELOPING NEW EUROPEAN HEALTH POLICY AND HEALTH SYSTEMS – HEALTH 2020

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Abstract: *At the sixtieth session (September 2010) of the WHO Regional Committee for Europe, Member States and partners gave WHO/Europe a strong, clear mandate to develop a new European health policy, Health 2020, to strengthen health systems, revitalize public health infrastructures and institutions, engage the public, and develop coherent and evidence-based policies of tackling health threats and sustaining improvements of health situation over time. Health 2020 will be developed through participatory process with other sectors to promote health as a responsibility of all components of society. Health 2020 is a good opportunity for schools to accelerate progress of health education, health promotion and health literacy.*

Key words: *health, health care, Health 2020, World Health Organization*

The 60th session of the WHO Regional Committee for Europe held on 13 - 16 September 2010 approved plans to develop a new European health policy, HEALTH 2020. The aim is to understand and explain the importance of health for economic and social development of the rapidly changing Europe, and to find appropriate methods for improving health of people in Europe.

In March 2011, representatives of 53 European member states were invited to Andorra to attend the first meeting of the European Health Policy Forum whose aim was to characterize the current health situation in Europe and to start practical preparations for a new conceptually oriented health document HEALTH 2020.

Some features of the hitherto development, e.g. growing health inequalities between social groups as well as between countries in the European region, shrinking public expenditures due to the financial and economic crisis, and growing health problems resulting from an increase in chronic diseases, illustrate the need to provide health care to all social strata, and particularly to those who are exposed to the greatest health risks. Appropriate health care service should be available to all who are ill.

The HEALTH 2020 programme is fully consistent with previous WHO framework policies, such as the Health For All by the Year 2000 strategy whose foundations were laid in 1977, the 1986 Ottawa Charter for Health Promotion, the Health 21

policy, which the 1998 European health meeting called the fundamental document of European health policy, and the conclusions of the 2008 Tallinn Conference.

HEALTH 2020 should provide a framework for effective measures that will help improve health in the entire European region. It should be sufficiently differentiated to suit different conditions in different countries. The foundation and the leading principle of it will be the values that are consistently defended and developed in Europe: the right to health and health care, equity (fairness), sustainability and the right to make decisions about one's own health and the health of the society. It is now time for a reassurance that this is not just populist rhetoric but that they are indisputable principles of the government's as well as broadly conceived public policy implemented at all levels. The above values should also become the motive for economic activity of both the public and the private sectors, as well as for activity of many other organizations and institutions within the scope of civic society.

The basic document for joint work is the document called "*Developing the new European policy for health – Health 2020*".

The following are the principal tasks of the new European health policy:

1. to integrate the broad health-care area in order to jointly contribute towards better public health;
2. to prepare, develop and implement European health policy with an active participation of member states and other partners;
3. to fully draw on information about the distribution and influence of social determinants of health, and to use the findings in both health care and in all the other areas that influence human health;
4. to renew and strengthen the development of health systems, and of the public health system and its capacities contributing towards the protection and development of public health in particular;
5. to position health as a critical factor of economic and social development, to start cooperation with other government sectors, and to strengthen their interest in, and responsibility for, public health;
6. to become an inspiration to individual member states to renew and develop their national health policy in accordance with the Health 2020 principles.

The main aim is to give all the people in the European region the possibility to enjoy their full health potential. Citizens should contribute towards that individually as well as in groups with the assistance from all the levels of public administration, organisations and institutions.

The prepared programme will focus on Europe's principal health problems. Suffice to point out that chronic non-communicable diseases account for approximately 87 % of deaths in the WHO's European region, health and political measures are usually taken for a relatively short period of the government's term in office, and the long-term health benefits of preventive programmes are not fully appreciated. In many countries, health care is mainly viewed as a sectoral issue, citizens do not play a big enough role in deciding about health and living conditions, health consequences of measures adopted are not sufficiently evaluated, and health impacts of socio-economic measures are underestimated.

The Health 2020 policy will be presented to the 53 member states in the WHO European region at the 62nd session of WHO European regional committee in 2012.

Health of people in the European region and in individual states in particular is to an

ever greater extent influenced by social and economic inequalities. It is therefore necessary to win broad political support for improvements in health care. Investments into health are not limited to health care expenditures. It is important to be mindful of all circumstances related to health. Health is wealth. Investment into health is sound investment.

It is becoming apparent that health care is decidedly not an issue for the health sector alone, and that purposeful collaboration within the entire government is needed. Issues relating to smoking, alcohol, drugs, nutrition and the necessary development of physical activity of people exceed the traditional boundaries of the health care sector. Effective measures in those areas cannot be limited to health-promoting education but must primarily include improvements in social and economic conditions, which are among the principal determinants of lifestyle.

Great health differences exist not only between the countries of the European region but also within those countries. In each state there are social groups with high consumption of cigarettes and alcohol that are exposed to a high risk of poor nutrition, sedentary lifestyle, gambling and substance abuse. It is important to propose and implement measures that will not only be aimed at the disadvantaged social groups but it is desirable to have all the population in mind. Health inequalities are an issue for the entire social gradient and not only for the poorest.

If we were to evaluate the development and the quality of health of the Czech population and the overall health situation, the result would largely depend on who we compare ourselves with. If we compared ourselves with the countries of the former Soviet Union, then the position of the Czech Republic would be relatively good. If, however, we compare ourselves with the so-called EU-15 member states (countries that joined the EU before 1 May 2004), then we will see that none of those countries has a lower life expectancy than the CR (see Fig. 1).

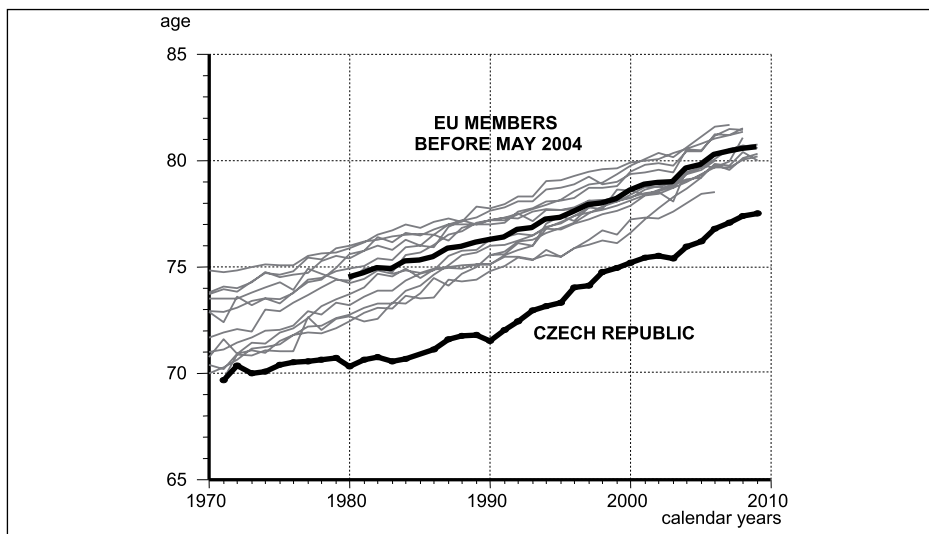


Figure 1. Life expectancy (men+women) in the Czech Republic in comparison with EU members before 2004 (thick line represents mean value)

We can assume that the reason of lower life expectancy in the CR than in the above countries is not in worse medicinal drugs, less qualified physicians or less equipped hospitals. The reason for the poorer health status can be more probably found in the underestimating of basic and generally well-known health risk factors. E.g., the per capita consumption of cigarettes in the CR is approximately twice as high as in Sweden, consumption of alcohol (in litres of pure ethyl alcohol per person aged 15 or older) more than twice as high. At the same time, the Swedes eat twice as much vegetable as the Czechs. The two countries also differ in obesity rates. The percentage of obese men is more than twice as high in the CR than it is in Sweden, and a similar situation exists among women (see Fig. 2).

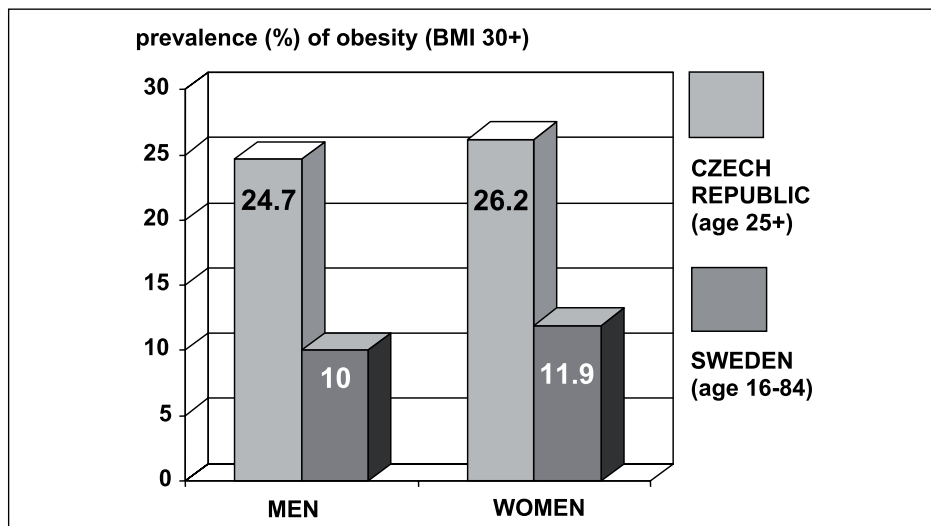


Figure 2. Prevalence (%) of obesity for men and women in the Czech Republic and Sweden (1996-1998)

It is clear that the Health 2020 policy will be very useful for the CR. Those who want to take care of their health cannot just focus on health but must be mindful of the entire broad system of health care, including its inputs, activities, outputs, feedbacks and other forms of control, including its external environment. It is therefore imperative to be interested in all health determinants, which are all the circumstances related to a lesser or greater extent to health.

It is important whether people have high regard for themselves, how highly they regard their health, to what extent they are really interested in health, what they are willing to do for it, whether they defend and exercise their right to share in decision-making about their health and the health and health conditions in the society they live in, how highly they regard education and life experience, whether they seek advice about health from those who understand it, whether they are careful to have regular medical check-ups, and whether they have accepted and exercise responsibility for their health and health of their close relatives. Those are not issues for individuals alone. The decisive

factor is to what extent all levels of public administration, organizations and institutions understand the importance and value of health, and what they can do for people's health, how effectively they can engage all citizens in decision-making on health-related issues, and how successful they will be in accepting and fulfilling their responsibility for people's health.

Because upbringing and education play one of the most important roles in the new approach to health care, the mission of teachers and of the school as a whole is irreplaceable. Young people's health is our contemporary as well as future wealth.

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PŘÍPRAVA NOVÉ EVROPSKÉ ZDRAVOTNÍ POLITIKY A ZDRAVOTNÍCH SYSTÉMŮ - ZDRAVÍ 2020

Abstrakt: Na šedesátém zasedání (září 2010) Evropského regionálního výboru Světové zdravotnické organizace daly členské státy Evropské úřadovně SZO jasný mandát připravit novou evropskou zdravotní politiku *Zdraví 2020*, s cílem posílit zdravotní systémy, oživit infrastrukturu a instituce veřejného zdravotnictví, zapojit veřejnost a připravit soubor navazujících a ověřených opatření, která by reagovala na zdravotní hrozby a přispívala by k soustavnému zlepšování zdravotní situace. Zdraví 2020 bude připraveno prostřednictvím aktivní a všestranné spolupráce všech rezortů se záměrem rozvíjet u všech komponent společnosti sdílenou odpovědnost za zdraví. Zdraví 2020

je dobrou příležitostí pro školy, aby urychlily rozvoj výchovy ke zdraví, podpory zdraví a zdravotní gramotnosti.

Klíčová slova: zdraví, zdravotní péče, Zdraví 2020, Světová zdravotnická organizace