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The new European policy for health – Health 2020: Vision, values, main directions and approaches

This paper presents the Regional Director's proposals on the scope, vision, values, main directions, and strategic assumptions and approaches (including the process and products) related to the new European policy for health – Health 2020.

These proposals are the outcome of extensive discussions and consultations with the various technical divisions at the WHO Regional Office for Europe; external experts and advisers; senior government officials nominated by Member States to the European Health Policy Forum for High-Level Government Officials, and participants in three sessions of the Eighteenth Standing Committee of the WHO Regional Committee for Europe (SCRC).

The Regional Committee is requested to consider and endorse the proposals put forward, in particular the strategic assumptions and approaches, to allow for further development and finalization of the strategy.

The following documents accompany this working paper:

- a first working draft of the Health 2020 policy (document EUR/RC61/Inf.Doc./4);
- an interim report from the review on the social determinants of health and the health divide, led by Professor Sir Michael Marmot (document EUR/RC61/Inf.Doc./5);
- the final report from the study on governance for health in the 21st century, led by Professor Ilona Kickbusch (document EUR/RC61/Inf.Doc./6); and
- a discussion paper on target-setting for Health 2020, to inform the technical discussion on this issue (document EUR/RC61/Inf.Doc./7).

A draft resolution is attached for consideration by the Regional Committee.

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A new policy for health: the case for the “big shift”

1. All countries are challenged by the processes of globalization and by major demographic, social, economic and environmental changes. Certainly, the countries in the WHO European Region have seen many profound political, economic and social changes over the past 25 years. The recent economic crisis has also posed huge challenges.

2. Across the European Region health is improving, but not by enough. We face a great burden of noncommunicable disease, as well as a continuing burden of communicable disease. Yet the nature and scope of the determinants of such health problems are now more fully understood. We can do better with what we know and with the growing technologies for health that we have available. At the same time, economic constraints are causing concern that the costs of newer and more extensive technologies may outrun the public financing available to provide affordable access for all to sustainable, good quality health care. There is a growing understanding of the relationship between health and development, as discussed in the Tallinn Charter on Health and Wealth, which was adopted by all WHO European Member States in 2008. Health is an important investment and driver for development, as well as one of development's most important results. Investment in health is critical to the successful development of modern societies and to their political, social and economic progress. There has been a remarkable growth in our 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 many determinants spread across the whole texture of society.

3. This understanding 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 these determinants. What is needed is a shift towards more horizontal and inclusive approaches to governance, involving all of society and its sectors, in particular the people themselves. This necessitates a “whole-of-government” approach towards health and well-being, which is at the heart of Health 2020.

4. 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 their concerns stretches beyond public health and health care services, to engage all sectors of society. Public health capacities and services need to be strengthened across the Region, with greater emphasis on and funding made available for health promotion and disease prevention. There will continue to be strong pressures to organize all health system resources efficiently and wisely.

5. In response to these changes and challenges, the Regional Committee at its sixtieth session requested the Regional Director to develop a European policy for health - Health 2020. This paper reflects progress to date and outlines the key aspects of the process and the main milestones until the presentation of the completed Health 2020 policy and companion documents to the Regional Committee at its sixty-second session. This report seeks specific support from Member States for the scope, vision, values, main directions, and strategic assumptions and approaches of Health 2020.

Scope and purpose of Health 2020

6. Health 2020 provides a unifying and overarching value-based policy framework for health development. The framework includes realistic but challenging targets, as well as tools for monitoring, planning and implementation. It brings together and interconnects new evidence and strengthens the coherence of existing knowledge and evidence on health and its determinants. It is designed to offer practical pathways for addressing current and emerging health challenges in the Region, appropriate governance solutions and effective interventions. It identifies how both health and well-being can be advanced, equitably sustained and measured through actions that create social cohesion, security, work-life balance, good health and good education. Health 2020 is relevant for all countries in the Region.

7. Health 2020 aims throughout to address a number of key questions.

- Which type of policies and interventions would make the biggest difference in the health and well-being of the people of the Region?
- How can Member States best use scarce resources to make measurable and equitable health gains?
- What opportunities and types of innovations hold the greatest promise?
- How can we prepare for the next 10 years?
- How can we accelerate action to reduce inequalities?
- What matters to Member States and how can the Regional Office support decision-makers in their efforts to achieve better health and well-being for their people?
- How can the Regional Office and Member States join forces and work with partners in the European Region on priorities for action within a unifying and coherent policy framework?

Main goals of Health 2020

8. Health 2020 has six main goals (Box 1) that serve not only as guidance for government policy at all levels but also as orientations for all sectors of society.

Box 1. Main goals of Health 2020

1. Work together

Harness the joint strength of the Member States and the Regional Office to further promote health and well-being, tackle the social determinants of health and health inequities, and reach out to other sectors and partners to reinforce this effort.

2. Create better health

Further increase the number of years in which people live in health, improve the quality of life of people living with chronic disease, reduce inequities in health and deal with the impact of demographic change.

3. Improve governance for health

Leverage the momentous societal changes in favour of health in all policies and strengthen health as a driver of change for sustainable development and well-being, by ensuring that heads of government, parliamentarians and key actors and decision-makers across the whole of

government and in all sectors are aware of their responsibility for health and well-being and for health promotion, protection and security.

4. Set common strategic goals

Support the development of policies and strategies in countries that benefit health and well-being as a joint social objective, at the appropriate level, providing stakeholders and partners with mechanisms for engagement and a clear map of the way forward in tackling the social determinants of health and health inequities.

5. Accelerate knowledge-sharing and innovation

Increase the knowledge base for developing health policy and addressing the social determinants of health, by enhancing the capacity of health and other professionals to adapt to the new approach to public health and the demands of person-centred health care in an ageing and multicultural society, and by making full use of the technological and managerial innovations available to increase impact and improve care.

6. Increase participation

Empower the people of the European Region to be active participants in shaping health policy through civil society organizations, to respond to the health challenges facing them as individuals by increasing health literacy and to ensure their voice is heard in person-centred health systems.

Vision and values

9. Values are reflected in health policies and systems, as in other forms of social organization. Health 2020 is rooted in the conceptual values of health as a human right. The policy is also governed by values that WHO Member States have repeatedly endorsed over the years (Box 2), values that, while challenging to achieve in their totality, are deeply rooted in the value system of the European Region. These values underpin the vision proposed for Health 2020.

Our vision is for a WHO European Region where all people are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond.

Box 2. Values of Health 2020 concerning the human right to health and health care

Universality

Equity

Access to care and to opportunities to gain health

Solidarity

Sustainability

The right to participate in decision-making

Dignity

Non-discrimination

Transparency

Accountability

Strategic assumptions and approaches

10. Health 2020 is built around the following strategic assumptions.

- Europe is changing fast and the time is right for a new health policy framework for the European Region.
- The health of the European populations is improving but not as rapidly it should, given the knowledge and technological capacity available.
- Inequalities in health are growing, and this is both socially unfair and costly to society as a whole.
- The changing sociocultural and demographic landscape of the European Region implies rethinking a wide range of assumptions about health, care and support, participation and empowerment, fairness and human rights.
- The growing evidence on the determinants of health is of crucial importance, but this understanding now needs to be translated into changing how societies function in meeting better the health needs of women and men.
- Anticipating the future largely means understanding better the risks and opportunities at hand and making sensible predictions about what is to come.
- Most of the major public health challenges, including noncommunicable diseases and inequalities in health, cannot be addressed effectively without intersectoral action and action at the supranational, national and local levels. Health actors need to understand and connect with the perspectives, value systems and agendas of a wide range of national and international actors.
- Health systems are characterized by uncertainty and complexity rather than clearly delineated areas of functional responsibility.
- The WHO Regional Office for Europe has a legacy of extensive experience in working on comprehensive approaches to health development together with other sectors (including environment, transport, education, justice and agriculture) and with other levels of government (cities and subnational regions).

11. Health 2020 will reflect these assumptions within an overarching framework of governance and policy for health, comprising the following main strategic approaches. These are highlighted here for specific consideration and endorsement by the Regional Committee.

Health and well-being

12. It has been clear since the WHO definition of health was formulated in 1946¹ that health is more than the absence of disease. It is a state of “complete physical, mental and social well-being”.

13. In 1977, WHO Member States added to this concept of health, deciding that the main social target of governments and WHO should be for all citizens of the world to attain by the year 2000 “a level of health which will permit them to lead a socially and economically productive life”.

¹ “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” World Health Organization, 1946.

14. These concepts of health and well-being lie at the heart of Health 2020. Well-being includes physical, cognitive, social and emotional dimensions and is influenced by development across the life course. As a concept, well-being attracts the commitment of other sectors. Asset-based approaches to health and well-being identify factors that have a protective impact on health and well-being by promoting empowerment and resilience. Such approaches enhance both the quality and longevity of life by focusing on the resources that promote the self-esteem and coping abilities of individuals and communities.

15. Well-being is challenging to measure, although there are now increasing attempts to do so, and also to improve understanding of the interrelationship between well-being and economic growth as measured by a country's gross domestic product (GDP).

People at the centre

16. A core principle of Health 2020 is the importance of participation of and responsiveness to citizens, both in the development of health policy at the societal level and in the planning and performance of health systems. The same participation and responsiveness are relevant to the provision of care. This approach fosters the involvement of civil society and requires greater investment in patient education and in health literacy.

A whole-of-society approach

17. In modern societies, power and authority are not concentrated in the hands of government alone. Responsibility for health and its social determinants rests with the whole society, and health is produced in new ways between society and government. A wide variety of agencies and individuals (private companies, independent agencies, academia, expert bodies and informed citizens) increasingly play a critical role in governance for health. New communication technologies, including the social media, enable new forms of participation, transparency and accountability. Networks, partnerships and alliances for health all come together to address health challenges at different levels, from global to local, in innovative ways.

A whole-of-government approach

18. As the improvement of health and well-being is a fundamental responsibility of society as a whole, so it is for the whole of the government of that society, which must address the full spectrum of health determinants. All parts of government need to work together to recognize risk patterns and identify solutions, act through multiple levels, and share responsibility across policy fields and sectors. In such a rapidly changing environment, pathways to good and bad health and well-being can be non-linear and hard to predict. Health is increasingly understood as an outcome of complex and dynamic relationships between this wide range of determinants. Successful governance for health is cognizant of this complexity and therefore requires a "whole-of-government" approach.

Addressing the determinants of health

19. The political, social, economic, environmental, institutional and health system determinants of health are centred not only in individuals but also powerfully in the communities and societies in which people are born, live, work and age. Some determinants are overtly political, in the sense that war and societal breakdown are politically influenced catastrophes. It is also important to acknowledge that the opportunities, choices and conditions

of life for people and communities, and the services available to them, are determined socially through policy choices. Interplay between different influences on health is inevitable.

Social and economic determinants

20. Experience of ill-health disaggregates by socioeconomic condition, and the key determinants of these inequalities in health lie in a toxic mix of inadequate social policies and programmes, low levels of education, unfair economic arrangements, gender inequalities and inequities in power, education, money and resources, as well as in the conditions under which women and men experience life. The decline in societies' social capital (social networks and civic institutions) also adversely affects prospects for health.

Environmental determinants

21. Environmental factors also play a significant role. These factors include water and air quality, environmental pollution by hazardous substances and emissions, urbanization, climate change, rising temperature and sea levels, and an increased frequency of natural disasters and extreme weather conditions. These developments are beginning to impair the biosphere's long-term capacity to sustain healthy human life. Climate change is an especially compelling current issue.

Lifestyle and behavioural determinants

22. Individual lifestyles and behaviour have received much attention, particularly in relation to noncommunicable diseases. Tackling issues such as smoking, diet, alcohol consumption and physical activity effectively means addressing the social determinants and transferring the focus of action upstream to the causes of these lifestyle differences, which reside in the political, social and economic environment. Gender norms and values also often determine exposure and vulnerability.

A key role for health systems

23. Finally, the capacity and efficiency of health systems must also be seen as an important health determinant. The strengthening of health systems and improvements in the ways that these systems work are of vital importance and will make a growing contribution to health and well-being, as technologies improve. Significant investment needs to be made in the skills of the health workforce.

24. *The world health report 2008* called for a return to primary health care as the most efficient, fair and cost-effective way to organize a health system. Certainly, primary health care stands out as one of the pre-eminent instruments for integrating prevention into the wider health system. Education for primary health care and family medical practice will be necessary, including stimulating work on the monitoring of determinants and tackling risk factors.

25. Public health needs to be revitalized, with significant development needed immediately in the capacity and effectiveness of public health functions and services, which remain poorly developed and under-performing in many countries. Governments need to commit themselves both to strengthened and effective public health legislation and to adequate financing. If the current burden of both noncommunicable and communicable disease is to be successfully addressed, stronger public health will be vitally necessary. We also need to build on globally successful new forms of public health instruments such as the Framework Convention on Tobacco Control, and to review such instruments for the 21st century.

Solutions that work and make a difference in addressing the public health and health system challenges in the European Region

26. Our priority is to address today's main disease burden across the Region in ways that deal effectively with the inequalities in health and well-being between and also within our societies. In the European Region, noncommunicable diseases result in the largest proportion of mortality, accounting for about 80% of deaths in 2008. Noncommunicable diseases also dominate the list of the leading causes of the disease burden in Europe: unipolar depressive disorders and ischaemic heart disease are the leading causes of disability-adjusted life years (DALYs) lost.

27. Socioeconomic factors such as occupational position, educational attainment and disposable income are associated with the occurrence of avoidable mortality: the lower the disposable income, the higher the mortality. Amenable mortality rates – deaths that are premature and essentially avoidable by known measures – also show a gradient across The WHO European Region, with especially higher levels in the eastern parts of the Region.

28. We now know enough to develop a coherent strategy for health improvement, encompassing all of the determinants that affect health and well-being. Our approach should be to address actively those things across all of society, and in the circumstances of people's lives, that we know affect the development of health and well-being for good or for ill. Determined political, economic and social policy action will be required.

29. Using the life-course approach, we must analyse and understand the effects of health determinants and influences across time, focusing on policy changes to invest in healthy people as well as in healthy families and communities. In doing this, our attention must stretch across the whole range of life, considering also gender and the needs of vulnerable groups.

30. Health 2020 will identify and interconnect, in a cohesive and mutually reinforcing framework, the key evidence-based strategies and interventions that are relevant to the main disease burdens and which can be applied across the whole spectrum of health promotion and disease prevention, diagnosis and treatment, as well as rehabilitation. We must tackle systemic risks and identify a spectrum of evidence-based interventions and solutions, many involving intersectoral ways of working and a whole-of-government approach. We must redouble our efforts to make sure that such interventions function and are effective.

31. Lastly, we must strengthen health systems so that they provide universal access to sustainable services of good quality, without exposing individuals and families to unacceptable or catastrophic expenditure. The mechanisms to achieve these objectives have been fully analysed and are available for implementation. Health systems must also be adequately prepared for disasters and emergencies.

Leadership for health

32. Governance for health in the 21st century challenges leadership. New forms of leadership for health are required, involving many actors such as international organizations setting standards and "goalposts"; heads of government giving priority to health and well-being; health ministers who reach out beyond their sector to ministers and staff in other sectors; business leaders who seek to reorient their business models to take health into account; civil society organizations who draw attention to shortcomings in disease prevention or in service delivery; academic institutions that provide evidence for innovation; and local authorities who take on the challenge of health in all policies. Individuals such as philanthropists or media personalities

have also increasingly taken on leadership roles for health and equity issues and have campaigned with great influence.

33. This new leadership for health requires new skills. While new forms of regulation (such as the Framework Convention on Tobacco Control) will certainly be necessary, much of the authority of health leaders in the future will arise not necessarily from their position in the health system but from their ability to convince others of the high relevance of health and well-being through influence rather than control.

34. The role of health ministers and ministries of health will be vitally important. They are already concentrating on developing and implementing national health strategies focused on health improvement; delivering high-quality and effective health care services; carrying out core public health functions, and setting standards and targets; and promoting effective and efficient intersectoral work for health. They must also work within an expanded understanding of health, look outwards from the health sector and become facilitators of networked and distributed governance. In addition, they must play a key role in leading the dialogue on society's values and overarching goals, of which health and well-being should be essential components. These discussions should take place at the highest levels in society.

Key action principles and targets

35. In taking Health 2020 forward, the following key action principles have been affirmed in discussions and consultation.

- Health 2020 should set out the vision and overall agenda within which all the WHO Regional Office for Europe's other initiatives will be framed.
- The policy development process is vitally important both to Health 2020 itself and to successful delivery of its outputs and outcomes. The process should be participatory and transparent to allow for fully shared ownership of Health 2020.
- Health 2020 should address the wider government, including presidents and prime ministers, and calls for a whole-of-government approach with messages that speak convincingly to other sectors and to the investments they need to make in health.
- Many Member States are in the process of reviewing their national policies and there are many opportunities for learning from past successes and failures that should not be missed, both at regional and national levels.
- Further intercountry learning on intersectoral approaches is required.
- More needs to be invested in prevention now. Not only does prevention "pay off" in the medium and long terms; even expensive investments in prevention may be worthwhile for other than financial savings.
- European targets, ranging from the practical to the visionary, should be an integral part of Health 2020.

Targets for health

36. In 1980, the Global Strategy for Health for All by the year 2000² set twelve global targets for health. The same year the European Region approved its first common health policy: the

² World Health Assembly resolution WHA34.36

European strategy for attaining health for all.³ In 1985, 38 targets for Europe were agreed, together with 65 regional indicators to monitor and assess progress towards them on a regular basis. By the year 2000, more than half the Member States in the European Region had approved or were formulating targets for health at national, regional or city levels. Since then, interest in setting targets for health has surged.

37. Targets are not an end in themselves. Their use should promote health and well-being, by being inspirational, improving performance, strengthening accountability for implementation and measuring progress. They can be quantitative or qualitative, but they should always be “SMART”: specific, measurable, achievable, relevant and timely. Every target should represent real progress and targets should probably be set for inputs, processes and outputs, as well as for the outcomes, of the Health 2020 policy.

38. The Standing Committee of the WHO Regional Committee for Europe (SCRC) debated and agreed on the setting of targets for Health 2020 during the first part of 2011. It highlighted the need for prioritization and suggested a limit of 10–15 targets. These should be regional rather than national targets. The process of target-setting should be participatory without being too complex and cumbersome.

39. A working group composed of seven members of the SCRC with expertise in this area, supported by the WHO Secretariat and co-chaired by the WHO Regional Director for Europe, has accordingly been established. This working group will define targets in each of the following areas: governance for health, inequalities, healthy people, the social determinants of health (including the environment and individual risk factors), the burden of disease and health systems performance. The group will propose two high-level targets for each major area, and discuss and suggest up to two subsidiary targets for each high-level target, as well as indicators. The working group is engaged in an ongoing process of consultation with Member States and other partners, in order to secure rapid feedback. It is intended that the final draft targets will be discussed and agreed by Member States at the sixty-second session of the Regional in Malta in 2012.

Health 2020 process, outcomes and conclusions from consultations, products and road-map

Process

40. Health 2020 will be developed in the periods leading up to the sixty-second session of the Regional Committee in September 2012. There are four process and content priorities:

- to develop a policy framework and an approach to governance for health that fits the context of the 21st century, informed by a strategic and anticipatory analysis of drivers, trends and the policy context related to health in the period to 2020;
- to gather and use the best evidence of the causes of ill health and inequalities, public health concepts and effective solutions;
- to consult with a wide range of stakeholders, decision-makers, public health professionals, civil society and international agencies; and
- to create partnerships with countries to strengthen know-how and the capacity to address major policy and governance challenges.

³ WHO Regional Office for Europe document EUR/RC30/8 Rev.2

Completed and planned consultations

41. The Health 2020 conceptual framework as proposed to the Regional Committee in this document has gone through a number of phases and iterations involving contributions from Regional Office staff and the Health 2020 Secretariat, meetings of the Health 2020 internal and external steering groups, ongoing advice from the SCRC and a major consultation with Member States at the first meeting of the European Health Policy Forum for High-Level Government Officials. Two meetings of the external (advisory) and internal steering groups have been held to date (on 14 October 2010 and 25 February 2011). On 9–11 March 2011, the first meeting of the European Health Policy Forum was held in Andorra, which included a consultation on the Health 2020 conceptual framework. During its meetings this past year, the SCRC has been kept informed and its members have provided continuous advice. The SCRC input has been crucial in the formulation of the present document.

42. A series of technical events planned by the Regional Office are being used as fora for discussing Health 2020 with different partners. It is anticipated that Health 2020 will also be given prominence in meetings organized by international health professional bodies and fora including the Association of Schools of Public Health in the European Region (ASPHER), the European Public Health Association (EUPHA) and the European Health Policy Forum Gastein. Consultation meetings with intergovernmental organizations and civil society organizations will take place in the period leading to the Regional Committee's sixty-first session, and later at annual conferences held by national public health associations. The Regional Office will also use its public web-site to reach to multiple stakeholders through sharing and commenting on documents, organizing discussion platforms and using the social media.

43. On 27 November 2011 Health 2020 will be considered by the second meeting of the European Health Policy Forum for High Level Government Officials. The first Health 2020 conference will take place in Jerusalem, Israel on 28 and 29 November 2011. The provisional title of the conference is "Working together across sectors for health and well-being".

Studies that will inform Health 2020

44. Health 2020 is informed by the findings from a series of evidence-gathering exercises and investigations. Special emphasis is placed on governance, the determinants of health and strategies and cost-effective interventions that can make a difference in the low-, medium- and high-income countries in the European Region.

45. This process has actively engaged and ensured intellectual input from all technical divisions at the Regional Office for Europe, as well as from leading academics and institutions across the Region. The main studies initiated for this purpose are:

- Governance for health in the 21st century
- European review of the social determinants of health and the health divide
- The economics of prevention
- Analysis of relevant WHO resolutions and commitments
- Countries' experience with implementing intersectoral approaches
- Anticipatory analysis of drivers and trends that influence health

Products

46. The Health 2020 policy framework itself will consist of:
 - the first draft of Health 2020 to be presented to the Regional Committee at its sixty-first session (2011);
 - the final Health 2020 policy document to be presented to the Regional Committee at its sixty-second session (2012);
 - the Health 2020 publication.
47. Companion documentation will include:
 - supporting evidence underpinning Health 2020, including evidence on interventions (policies, programmes and delivery systems) and instruments and guidance for setting priorities and reviewing progress at the level of the WHO European Region;
 - the epidemiological and statistical evidence supporting Health 2020 and new concepts and tools for measuring health and well-being (to be presented in European Health Report 2012 that will be published at the end of 2012);
 - publications specific to the roles of different sectors and levels of government; and
 - guidance and tools on developing national and subnational Health 2020-based policies and implementation systems.
48. Publications related to the European Social Determinants and Health Divide Review will comprise:
 - an interim report to be presented to the Regional Committee at its sixty-first session (2011); and
 - a final report to be presented to the Regional Committee at its sixty-second session (2012).
49. Companion publications will include:
 - supporting evidence in the form of a series of reports from the task and reference groups, including evidence on interventions (policies, programmes and delivery systems); and
 - guidance on developing national reviews of social determinants and the health divide.
50. Documentation related to the Governance for Health study will include:
 - the report to be presented to the Regional Committee at its sixty-first session (2011);
 - guidance and case studies on implementing whole of government approaches to health, to be presented to the Regional Committee at its sixty-second session (2012).
51. In addition, a series of instruments and additional guidance publications will be designed to support countries in implementing the agendas of Health 2020 and the European Social Determinants of Health and Health Divide Review at national, subnational and local levels.

Main milestones and timetable of important events (September 2011–September 2012)

52. The following events will be held in the year ahead:
 - September 2011 – Presentation of the first draft of the Health 2020 policy framework to the Regional Committee at its sixty-first session in Baku, Azerbaijan;

- November 2011 – Health 2020 conference in Israel;
- Oct–June 2012 – A series of major events are planned;
- January 2012 – Written consultation with Member States on Health 2020;
- September 2012 – Presentation of final Health 2020 policy document at to the Regional Committee at its sixty-second session in Malta.

Structure of the Health 2020 policy

53. It is proposed that the Health 2020 policy will be structured into three main parts, summarized below in Fig. 1.

54. Part 1 of the policy document, setting the scene, will be based on a strategic and anticipatory analysis of major trends, drivers, political changes, determinants and the policy context related to health and well-being between now and 2020. It will demonstrate the imperative for a “big shift” and important implications for how we deal with health within and beyond the health sector. It will make the case for the need and scope for a new policy for health for the European Region. Part 1 will articulate the vision, the values to uphold and the strategic approaches and directions that will underpin Health 2020.

55. Part 2 will be about action. Its focus is on providing a cohesive framework of key strategies and interventions that work and on describing the role of key actors in addressing the determinants of health, the health potential and needs of people and communities, the priority public health challenges to be taken up and the need for strengthening of health systems.

56. Part 3 is about identifying the key processes and preconditions for successful implementation, as well as instruments and tools to convert the Health 2020 vision into reality.

Fig. 1. The structure of Health 2020

<i>The context for the new policy</i>	A NEW POLICY FOR HEALTH AND WELL-BEING IN A NEW ERA	PART I
	The vision and goals of Health 2020	
	The case for the “big shift” Health and well-being, Drivers and trends, Building on experience, Demographic and epidemiological situation, Determinants of Health, Economics and health	
	Values	
	Governance for health People and citizens – the whole-of-society approach – the whole-of-government approach	
	Leadership for health	

<i>Strategies that work and key actors</i>	PROMOTING HEALTH AND TACKLING THE MAJOR BURDEN OF DISEASE	PART 2
	Public health priorities in the European Region	
	Tackling the determinants of health and health inequalities	
	Investing in healthy people and empowering communities Age groups, sex, gender, vulnerable groups (migrants & Roma), families, urban and rural populations	
	Tackling systemic risks: the major burden of disease Noncommunicable diseases, injuries, mental health, communicable diseases	
	Creating healthy and supportive environments and assets for health and well-being	
	Strengthening person-centred health systems, public health services and preparedness for emergencies	
	Partnerships for change in the European Region and globally	
<i>Preconditions for effective implementation</i>	MAKING IT HAPPEN	PART 3
	Capacity for change and innovation Implementing the whole-of-government approach, intersectoral work, national and subnational policies, strategies and plans, working on partnerships, target-setting, monitoring and evaluation	

Engaging and partnering with countries

57. Health 2020 is an instrument for countries, individually and collectively, to work with the WHO Regional Office for Europe to build further political support and policy alliances for health and health equity, as whole-of-government and societal goals. It is intended that Health 2020 will stimulate debate on critical health challenges within and beyond national borders throughout the European Region. One aim will be to build support for health action among diverse stakeholders across government and society.

58. Through this process of consultation and dialogue, a diversity of voices and country perspectives will be reflected in the development of Health 2020, increasing its relevance and robustness as a tool for action to improve health on equal terms in Europe. At the same time, the process will increase direct support for action on health and health equity at national and local levels. Some ministries of health and their partners across the broader public health community and government have already started to use Health 2020 goals and documents as means to convene stakeholders in a dialogue for improving health and well-being.

59. Health 2020 will also aim to strengthen the architecture and robustness of national policies and governance systems, in order to increase healthy life expectancy and promote well-being for all citizens equally. Many countries share common challenges in improving health, yet no single country has a “perfect” model for policy development, and many are experiencing implementation challenges. Health 2020 will serve as platform for structuring policy learning between countries, supporting know-how and sharing existing learning and promising practices, and disseminating experiences of policy development and implementation.

60. The main vehicles to facilitate partnerships, with the aim of strengthening the architecture and robustness of national policies and governance systems, will be capacity-building workshops, learning exchanges, multicountry policy dialogues, partnership platforms and web-based resources, and guidance and evidence reviews. In addition, Health 2020 policy innovation sites will be established. These will facilitate structured learning between countries, particularly in problem-solving and in developing and applying promising responses to major policy and governance challenges; they will be backed up by the Regional Office and its scientific and policy partners, including WHO collaborating centres and scientific consortia, as well as other expert networks and institutions across the Region.

Partnerships with international actors

61. Health 2020 will take a broad and inclusive view of the European Region public health community and will provide a policy framework to take the health agenda forward with a dynamic network of stakeholders and partners. Conversely, partnerships for health will work to create unity at all levels within the WHO European Region’s health community, actively promoting and adopting Health 2020 as a common outcome-focused Region-wide policy.

62. Modern governance for health requires an enabling environment for partnerships to thrive, for civil society to participate in decision-making, and for individuals to take better care of their own health. These partnerships can take a multitude of forms such as public-private partnerships, with the provision of some services outsourced to private organizations; public funding for private not-for-profit outreach workers; private health organizations with administrative boards that include local politicians; private health organizations owned by charitable organizations; and public health organizations managed by private entities. Achieving a greater diversity of relationships requires that regulatory and institutional frameworks become more open and flexible to support the formation of partnerships. Whatever the partnership arrangements, however, the principles of governance for health require that governments retain overall responsibility for promoting, securing, maintaining and restoring population health, so that the public can hold them to account.