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NATIONAL HEALTH POLICY DEVELOPMENT IN THE WHO EUROPEAN REGION: H2020 CONTRIBUTION TO 2030 AGENDA

Introduction

***T**his is an Agenda of unprecedented scope and significance. It is accepted by all countries and is applicable to all, taking into account different national realities, capacities and levels of development and respecting national policies and priorities.¹ 2030 Agenda sets out a plan of action for people, planet and prosperity, seeks to strengthen universal peace in larger freedom, and addresses poverty as the greatest global challenge and an indispensable requirement for sustainable development. All countries and all stakeholders, acting in collaborative partnership, should implement this plan. The 17 Sustainable Development Goals and 169 targets demonstrate the scale and ambition of this new universal Agenda that addresses the three dimensions of sustainable development: the economic, social*

¹ A/RES/70/1 - Transforming our world: the 2030 Agenda for Sustainable Development, Declaration, Paragraph 5 <https://sustainabledevelopment.un.org/post2015/transformingourworld>

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and environmental. The Goals and targets set will stimulate national health policy development over the next fifteen years.

Agenda 2030 broadens the horizon of the national health policy development beyond traditional health sector policies, strategies and plans. It calls for intersectoral action for health and new and strengthened governance for health to facilitate both development and implementation of the national health policies. Health policy analyses gains new and broadened perspective.

European region of WHO welcome the Agenda 2030 well prepared. The European policy framework for health and well-being, Health 2020² advocates for the importance of integrated policies to address the Region's priority health challenges. It emphasizes that governments can achieve real improvements in health if they work across government and society and underlines the need to improve leadership and participatory governance for health. Health 2020 supports and encourages health ministries to bring key stakeholders together in a shared effort to promote and protect health. It recognizes the contribution of such stakeholders – particularly civil society – in taking health agendas forward. Adding value through partnerships, mutual gain or co-benefit strategies has become a common theme in governance for health.³

H2020 has been vastly implemented thought out the European Region of WHO, through different entry points for national health policy making, value, process and content wise, bringing the Region closer to fulfillment of the Sustainable Development Goals. Building up on the developments so far, Member States will not be starting from the scratch in their efforts to fulfill Agenda 2030.

This paper aims to demonstrate the contribution of H2020 to national health policy making that serves best the regional and global commitments undertaken by the governments by endorsement of the UN Agenda 2030 with its 17 Sustainable Development Goals (SDGs).

Health Policy: 2030 Agenda- an opportunity for healthy policy making

All policies are influenced by context and are embedded in national, economic, political, cultural and social structures. There is great diversity in

2 WHO (2012). Health 2020: the European policy for health and well-being, http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf

3 http://www.euro.who.int/__data/assets/pdf_file/0018/215820/Implementing-a-Health-2020-Vision-Governance-for-Health-in-the-21st-Century-Eng.pdf

how policies are developed, adopted and implemented in different political systems” (Kaufmann, 2000).

A health policy should address more than just patient care. Today, this belief appears to be widespread, especially in countries that have adopted and developed national Health for All policies. Nevertheless, policymakers throughout the WHO European Region often find it difficult to incorporate other elements in their health policies. In several countries, these policies revolve chiefly around health care.⁴

Diverse and inequitable trajectories are strongly influenced by policies, environments, opportunities and norms created by society, and for which society bears responsibility. Policy changes can create long-term sustainable opportunities for health for which governments at all levels and society as a whole bear responsibility.⁵ Those opportunities should not be missed. 2030 Agenda should not be missed as an opportunity to bring about whole of society in shaping national health agenda, in a democracy process for health acknowledging the challenges, but building on potentials of one country to prioritize and deliver on the goals and targets set, in a responsible way, for better health and wellbeing of its population, where nobody is left behind.

Health policy making: H2020 has widened the horizon

Health policy is understood differently. It is about the courses of action (and inaction) that affect the sets of institutions, organizations, services and funding arrangements of the health system⁶. Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society⁷. But because health is influenced by many determinants outside the health system, health policy stretches over to the actions and intended actions of other sectors and agents outside the health system, which have an impact on health or are affected by (good) health. Hence, health policies are understood as the formal, written documents,

4 The Health for All policy framework for the WHO European Region 2005 update, European Health for All Series No. 7

5 The Minsk Declaration The Life-course Approach in the Context of Health 2020 WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020. Minsk, Belarus, 21–22 October 2015

6 Buse K., Mays N. and Walt G. (2005). Making health policy. London: Oxford University Press

7 www.who.int/topics/health_policy/en/

rules and guidelines that present policy-makers' decisions about what actions are deemed legitimate and necessary to strengthen the health system and improve health. These formal documents are translated through the decision-making of policy actors into operational and implementable practices aimed to contribute to the intended outcome.⁸

Health 2020, the new European regional health policy framework adopted in 2012, took stock of developments in contemporary understanding and set up new frontiers in health policy making. It reflects a consensus on the importance of addressing social determinants of health and equity, promoting shared governance, adopting a life-course approach, strengthening health systems, improving and coordinating public health approaches, working with communities, and developing targets as a means to improving health for all.

By articulating a common set of values, evidence and experience, Health 2020 provides a platform for partnership and cooperation. It calls for cross society engagement as a central part of health policy planning, development, implementation and monitoring at all levels. It makes the case for empowering people, citizens, consumers and patients as a critical factor in improving health outcomes. A policy is considered to be aligned with Health 2020 if it includes a comprehensive national health policy or other strategy for improving universal health coverage, reducing major causes of the burden of disease, addressing major determinants of health and well-being and strengthening health systems.

H2020 has widened the horizon of health policy making

The health sector is responsible for: developing and implementing national and subnational health strategies; setting health goals and targets for improving health; assessing how the policies of other sectors affect health; delivering high quality and effective health care services; and ensuring core public health functions. It also has to consider how its health policy decisions affect other sectors and stakeholders.

These global and regional commitments to the right to health refer to a noble ideal. To effectively address the present challenges and seize new opportunities, the time is right for comprehensively and critically re-examining current governance mechanisms for health, health policy, public health structures and health care delivery.

8 Gilson L (ed.) (2012). *Health Policy and Systems Research: A Methodology Reader*. Geneva: World Health Organisation

Health policy-making should be guided by the standards of human rights, including eliminating all forms of discrimination and ensuring gender mainstreaming. Human rights standards and principles – such as participation, equality, non-discrimination, transparency and accountability – should be integrated into all stages of the health programming process and should guide health policy-making.

Health policies and practices are based on social values. Context shapes and constructs values, both explicit and implicit ones. Further, values determine how concepts are defined, how and what evidence is generated and how policy goals are formulated and translated into practice through decision making and action. Discussion, and even dissent, about values, either explicit or hidden, is normal in democratic political systems. Values are usually balanced against other concerns or traded off against each other. Such tradeoffs are often seen in the processes of developing health policy and setting priorities, partly because health and its determinants are such complex matters, with many overlaps of interest between the government, civil society and the market. For these reasons, when the groundwork for a health policy is being laid, it is important to create clarity about the underlying values and to work through a process in which these values are promoted and upheld, both in formulating and in implementing the policy. Societies and individuals have many goals.

Health policy is usually developed through diverse approaches and levels and with differing aims. Mechanistic approaches are not sufficient and in any case have been found wanting. More flexible and integrative approaches are required, which are able to respond rapidly to changing circumstances and to sound evidence of what works well and not so well. Comprehensive development of health strategy is inherently a highly political process, and this has to be acknowledged at every stage.⁹

The Health 2020 framework indicates that successful health policy in the 21st century largely depends on joint working towards common goals for health. By 2008 just several countries have developed health goals and targets that span across government and have been developed in a broad consultative process, usually under health ministry leadership (Wismar et al.,

9 Excerpts from H2020

2008).¹⁰ In 2016, H2020 has influenced and inspired national health policy development in WHO, European Region, where not only Member States have embarked into developing overarching policy frameworks, but have been increasingly focusing on addressing the reduction of health inequities and on developing robust monitoring and evaluation frameworks.

European Health Report 2015, *Progress towards the Health 2020*,¹¹ reported that the trend of countries adopting standalone policies to address the reduction of health inequities is increasing. Among 36 reporting countries in 2013, 31 (86%) had a policy or strategy addressing inequities and/or social determinants, of which 77% were health-specific policies.

European Health report 2015: Key figures on health policy development

In 2010, nearly 40% of countries in the Region had defined targets to monitor the progress of health and well-being; by 2013 this had increased to 56%. The proportion of countries with policies aligned with Health 2020 increased from 58% in 2010 to 75% in 2013. In 2010, 26% of countries had adopted a policy implementation plan; by 2013 this proportion had increased to 50%. Finally, 45% of countries reported an accountability mechanism in 2010 and the proportion increased to 72% in 2013.

Countries are increasingly setting national goals, targets and specific indicators to monitor their progress in improving health and well-being. In 2010, nearly 40% of countries had defined targets and an additional 35% had defined indicators without specific targets; in 2013 the proportion with defined targets increased to 56%. The number of countries planning to establish targets and indicators also increased between 2010 and 2013.

As more national policies to address health and well-being are developed, so are plans to implement such policies throughout the Region. In 2010, 45% of countries had an implementation plan or were in the process of developing one, and just over half of those were adopted. By 2013 50% of countries had adopted implementation plans and another 22% were in process.

10 Wismar M et al. (2008). Health targets in Europe – learning from experience. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (http://www.euro.who.int/_data/assets/pdf_file/0008/98396/E91867.pdf/Accessed 15 November 2016).

11 European Health Report 2015, *Progress towards the Health 2020*, <http://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2015/ehr2015>

In 2010, 45% of countries reported having an accountability mechanism for the policy; in 19% of reporting countries the mechanism was adopted and in 26% it was in process. In 2013, the proportion of countries with a mechanism increased to 72%. Accountability mechanisms include setting targets, presenting progress reports to parliament or undertaking an independent evaluation of the policy's implementation. These steps in policy-making are an encouraging development towards achieving the Health 2020 vision for better health and well-being within the Region. Data for these indicators on national policies were collected by means of a country survey.

Thus, understanding the health policy making in Europe as defined in H2020 has already evolved and eased the uptake of 2030 Agenda. This will positively affect national health policy development especially in working with other sectors, developing adequate governance mechanisms of the process and focusing on what really works in practice to address health and wellbeing challenges.

Process of National Health Policy Making- practicing democracy for health

In view of the H2020 approach to health policy process, informed by evidence, it can be complex as it involves many stakeholders, including parliamentarians from different political parties. The health policy development and implementation is live and vibrant process, where not only the policy triggers changes, but also the context changes and gives rise to necessity and pressure for policy changes and adaptations to the new circumstances.¹² The fact that policy is constantly developing in this way makes it useful to think of policy itself as a process.¹³ As is the policy development process reiterative and requiring constant consideration of multiple influencing factors, including the context, circumstances, and the agents and actors intervening with the circumstances and contributing or impeding the intended health policy outcomes, policy research can also be part of “a more circular process that includes organizational learning,

12 Gilson L (ed.) (2012). Health Policy and Systems Research: A Methodology Reader. Geneva: World Health Organisation

13 Thomas A (1998). Introduction. In: Thomas A, Chataway J, Wuyts M, eds. Finding out fast: investigative skills for policy and development. London, Sage Publications: 1–18.

accountability, trust and partnership development”,¹⁴ as the study on governance for health in the 21st century¹⁵ has outlined.

Among the key elements to be taken into consideration when developing health policy are the context, the process and the actors. The context scopes a set of systemic factors – political, economic, social or cultural, both national and international – which may have an effect on health policy.¹⁶ Actors are multiply and scope as all entities, both organizational – institutions, agencies and organisations, and individual – citizens or their organized forms through civil society, that have their stake or interest from the implementation (or non-implementation) thereof of the health policy, and thus influence its development. As such, the health policy making depends on the balance of powers, roles and interests in the wider frame of gaining best interest for the health and wellbeing of citizens or specific population groups., and presents a tool for democracy for health. In this balancing act, equally important is the process of health policy development in all its elements: I) Situation analysis and programing, II) Stakeholder involvement – the process, III) Planning, IV) Implementation, and V) Monitoring, evaluation and review.

What has H2020 already achieved in supporting national health policy making in the Region, would benefit extremely the Agenda 2030 accomplishment. Region increasingly witnesses robust situation analysis that goes beyond collection of facts describing the epidemiology, demography and health status of the population, but is comprehensive, encompassing the full range of current and potential future health issues and their determinants, inclusive participation in the process, implementing whole of society and whole of governance approaches, effective and realistic planning for health at the various levels of government and across sectors and strong monitoring and evaluation frameworks.

14 Rencoret n et al. (2010). *Haiti earthquake response – context analysis*. London, Active Learning network for Accountability and Performance in Humanitarian Action (<http://www.alnap.org/pool/files/haiti-context-analysis-final.pdf>)

15 Kickbusch I, gleicher D (2012). *Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe*. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf).

16 Buse K., Mays N. and Walt G. (2005). *Making health policy*. London: Oxford University Press

What works in practice: NHP Content

Policies cover a wide spectrum of dimensions and hierarchies. They range from values and vision (e.g. Portugal, Norway, Malta), policy direction (e.g. Sweden, Belgium), strategy and strategic planning (e.g. France, Macedonia, Slovenia), to detailed operational planning (e.g. Wales, Switzerland), from “comprehensive” health planning (e.g. Finland) to health system focus (e.g. Malta, Russian Federation, Ukraine) and “disease-specific or programme” planning (e.g. Kyrgyzstan, Monaco), from a long term, 10-20 year time horizon (e.g. Armenia, Austria, Lithuania, Slovenia, Slovakia), to the 5 year plan (e.g. Greece, Poland, Iceland), the 3-year rolling plan (e.g. Albania), and the yearly operational plan, from national to regional or district plans (e.g. France, Spain, Sweden), from highest level endorsement of the vision and the policy directions (e.g. Belgium, Ireland, Tajikistan, Uzbekistan), to approval of operational plans. In this respect, based on the data collected in August 2016, over 77% of the WHO EURO Member states have an overarching health policy as a wide-scope document, incorporating health-related dimensions in various forms, and considering the sustainable development even prior to the adoption of the Agenda 2030.

Interesting mechanisms have been described in some countries; for example, regional responsibility for health (France, Sweden), and development of health promotion guidelines for local governments (Lithuania); establishment of intersectoral steering bodies (e.g. Malta, Macedonia), Commission for Equity in Health (Sweden) and Inter-sectoral Public Health Coordination Council (Kyrgyzstan); SDGs monitoring mechanism (Finland) focused on health as contributor to sustainable development, and gathering support through intergovernmental networks (e.g. Luxemburg, San Marino).

In addition, many countries in Western Europe implement specific targeted interventions in pursue for better health outcomes. For example, Denmark has significantly decreased its burden of NCDs, without a written policy document. The probability of dying between ages 30 and 70 years from the 4 main NCDs in Denmark is 13%,¹⁷ which makes this country a champion of NCDs related health policies that work.

This indicates well that there are no blue prints for a national health policy-making. Good health policy is the one that works in practice. Thus,

17 World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.

documenting and sharing of evidence and good practices is of utmost importance. Health 2020 has brought on the table of policy development an enormous amount of evidence that the countries can use as a menu to feed into their policy development needs. This is an investment in 2030 Agenda implementation and presents a case of good practice of how best the international organizations can support national policy development.

Overarching health policies cannot be implemented without specific strategies and plans related to priorities set up. On the other hand, vertical, thematic related policy making that does not comprehend the overall political, economic, social context or wider national development agenda and is delineated from other themes policies, might perform poorly and confront or overlap those other policies. Integration of vertical policies is not a matter of compilation but a matter of functional integration that boils down to responsibility and management issues.

Health 2020 has provided significant evidence to be used by the countries to overcome both horizontal planning without implementing schemes and vertical policy making in silos, calling for good governance for health and responsibility in health policy making. This is coherent with Agenda 2030 that provides for another, very illustrative pathway of how complex issues of all-inclusive policy making may be done at national level.

WHO support to national health policy making in the Region: Continuing the good work

WHO support to national health policy making in the Region will continue through harnessing European and other experience and knowledge, managing and synthesizing related knowledge to build on the existing evidence base producing evidence-based guidance, resource materials and tools including case studies and authoritative and relevant policy papers and briefs and documenting and rendering explicit the pros and cons of various policy options in the context of the socio-political and organizational context of the diverse countries of the European Region.

In conclusion

The current context is favorable for getting more value from national health policy making on the road of fulfillment contemporary global agenda. There is much more emphasis on accountability of the many stakeholders in health. There is a growing expectation that national health policies will

be informed by a realistic assessment of current capacities and a bold vision of the future that has been pictured by the 2030 Agenda. In an environment of global health governance, national capacities and sustainable policies, strategies and plans are a must to reap the full benefits of global cooperation and intelligence, while retaining country autonomy and specificity.

H2020 has much contributed that the journey towards 2030 is a safe one. WHO support to the countries remains strong, serving as a facilitator for change towards better health and leaving nobody behind.

Abstract

Agenda 2030 broadens the horizon of the national health policy development beyond traditional health sector policies, strategies and plans. It calls for intersectoral action for health and new and strengthened governance for health to facilitate both development and implementation of the national health policies. Health policy analyses gains new and broadened perspective.

European region of WHO welcome the Agenda 2030 well prepared. The European policy framework for health and well-being, Health 2020¹⁸

18 WHO (2012). Health 2020: the European policy for health and well-being, http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf

References

1. OECD (2014). Better Policies for Development 2014: Policy Coherence and Illicit Financial Flows, OECD Publishing, available at: <http://www.oecd.org/pcd/Better-Policies-for-Development-2014.pdf>
2. UN (2015). A/RES/70/1 - Transforming our world: the 2030 Agenda for Sustainable Development, Declaration, available at: <https://sustainabledevelopment.un.org/post2015/transformingourworld>
3. WHO (2012). Health 2020: the European policy for health and well-being, available at: http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf
4. A/RES/70/1 - Transforming our world: the 2030 Agenda for Sustainable Development, Declaration, Paragraph 5 <https://sustainabledevelopment.un.org/post2015/transformingourworld>
5. WHO (2012). Health 2020: the European policy for health and well-being, http://www.euro.who.int/__data/assets/pdf_file/0006/199536/Health2020-Short.pdf
6. The Health for All policy framework for the WHO European Region 2005 update, European Health for All Series No. 7
7. The Minsk Declaration The Life-course Approach in the Context of Health 2020 WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020. Minsk, Belarus, 21–22 October 2015
8. Buse K., Mays N. and Walt G. (2005). Making health policy. London: Oxford University Press
9. Gilson L (ed.) (2012). Health Policy and Systems Research: A Methodology Reader. Geneva: World Health Organisation
10. Wismar M et al. (2008). Health targets in Europe – learning from experience. Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies (http://www.euro.who.int/__data/assets/pdf_file/0008/98396/E91867.pdf Accessed 15 November 2016).
11. Thomas A (1998). Introduction. In: Thomas A, Chataway J, Wuyts M, eds. Finding out fast: investigative skills for policy and development. London, Sage Publications: 1–18.
12. Rencoret n et al. (2010). *Haiti earthquake response – context analysis*. London, Active Learning network for Accountability and Performance in Humanitarian Action (<http://www.alnap.org/pool/files/haiti-context-analysis-final.pdf>)
13. Kickbusch I, gleicher D (2012). *Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe*. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf).

14. Buse K., Mays N. and Walt G. (2005). *Making health policy*. London: Oxford University Press
15. World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2014.
16. WHO (2016). European Health Report 2015, Progress towards the Health 2020, <http://www.euro.who.int/en/data-and-evidence/european-health-report/european-health-report-2015/ehr2015>