IL CONTRIBUTO DELLE POLITICHE PER LA SALUTE ALLO SVILUPPO SOSTENIBILE E IL CONTRIBUTO DELLO SVILUPPO SOSTENIBILE ALLE POLITICHE PER LA SALUTE

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OBIETTIVI DI SVILUPPO SOSTENIBILE (2030)
OBIETTIVI DEL MILLENNIO (2015)
HORIZON 2020
HEALTH 2020

DISEASE CENTERED
PATIENT CENTERED
PERSONALIZED MEDICINE
PRECISION MEDICINE
PATIENT HEALTH OUTCOME GOALS AND WORKLOAD
PERSON CENTRED

PEOPLE CENTRED
PEOPLE CENTRED HEALTH SYSTEM
PEOPLE CENTRED HEALTH CARE AND HEALTH SYSTEM
PEOPLE CENTRED HEALTH SERVICES

ESSENTIAL PUBLIC HEALTH OPERATIONS (1998)
COORDINATED/INTEGRATED HEALTH SERVICE DELIVERY (2013-2016)
INTEGRATED PEOPLE CENTRED HEALTH SERVICES (2016)
PIANO D'AZIONE GLOBALE PREVENZIONE E CONTROLLO DELLE NCD 2013-2020

GLOBAL REFERENCE LIST OF 100 CORE HEALTH INDICATORS (PLUS HEALTH-RELATED SDG'S) 2018
THE MAIN INDICATORS OF THE GLOBAL MONITORING FRAMEWORK (GMF) OF NCD
CORE HEALTH INDICATORS INTHE WHO EUROPEAN REGION 2017

2030 AGENDA

FOR SUSTAINABLE DEVELOPMENT

SUSTAINABLE DEVELOPMENT GOALS

2030

SUSTAINABLE DEVELOPMENT GOALS

Assemblea Generale

Distr.: Generale
21 ottobre 2015

Settantesima sessione
punti dell'agenda 15 e 116

Risoluzione adottata dall'Assemblea Generale il 25 settembre 2015

[*senza riferimento a una Commissione Principale (A/70/L.1)*]

70/1. Trasformare il nostro mondo: l'Agenda 2030 per lo Sviluppo Sostenibile

L'Assemblea Generale

Adotta il seguente documento risultante dal vertice delle Nazioni Unite per l'adozione dell'agenda dello sviluppo post 2015:

Trasformare il nostro mondo: l'Agenda 2030 per lo Sviluppo Sostenibile


1 NO POVERTY
2 ZERO HUNGER
3 GOOD HEALTH AND WELL-BEING
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY
8 DECENT WORK AND ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
THE GLOBAL GOALS
For Sustainable Development
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE AND JUSTICE STRONG INSTITUTIONS
17 PARTNERSHIPS FOR THE GOALS

AGENDA 2030

- 193 paesi membri ONU
- Sottoscritto nel settembre 2015
- 17 Obiettivi per lo Sviluppo Sostenibile con totale di 169 traguardi, 230 indicatori
- Avvio ufficiale degli Obiettivi per lo Sviluppo Sostenibile 2016
- Durata 15 anni: i Paesi, infatti, si sono impegnati a raggiungerli entro il 2030.

SUSTAINABLE DEVELOPMENT GOALS
17 GOALS TO TRANSFORM OUR WORLD

Un altro modo di vedere gli SDGs – Le Cinque P

The 2030 Agenda for Sustainable Development (2016-2030)

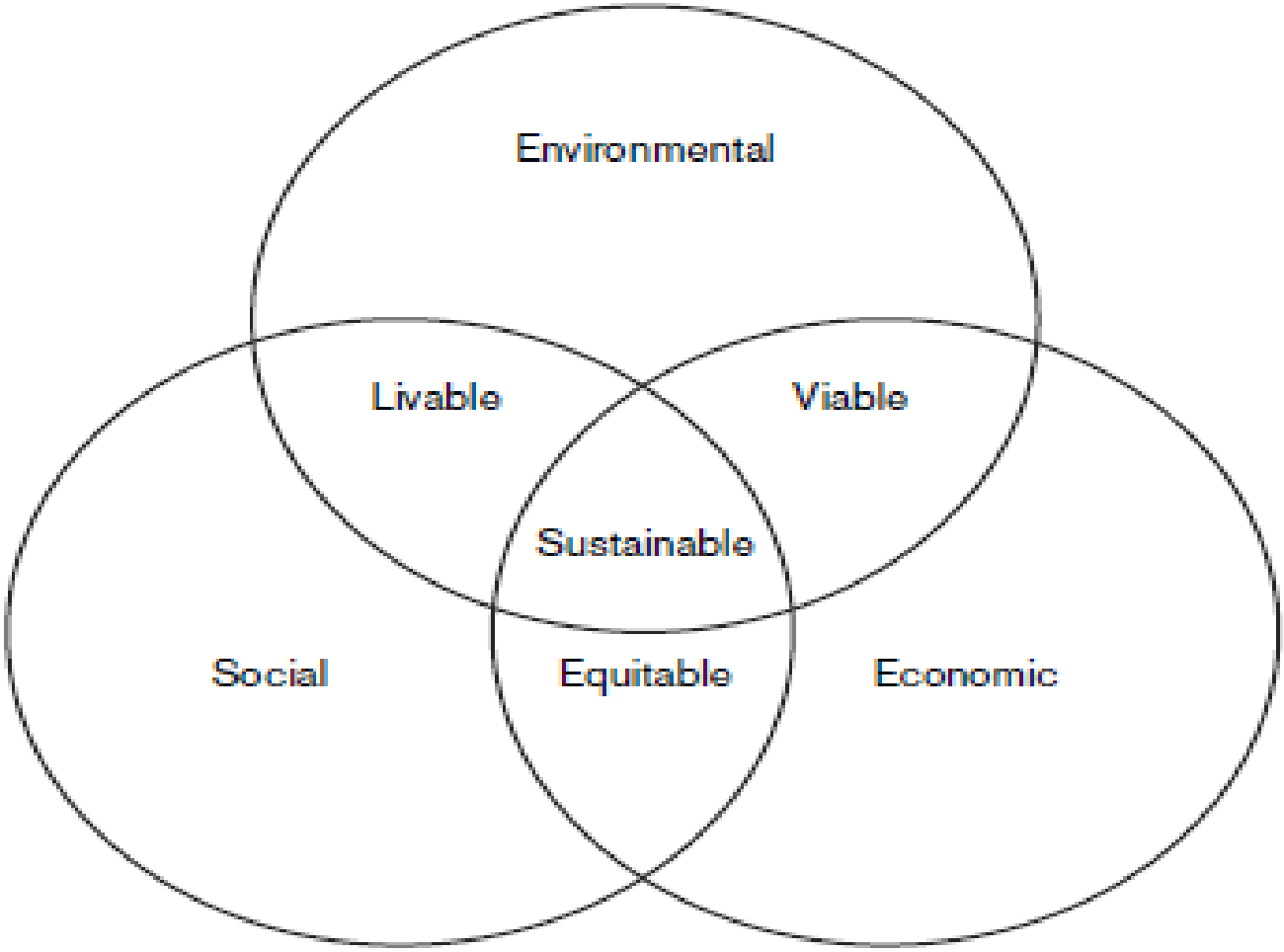
"We are resolved to free the human race from the tyranny of poverty and want and to heal and secure our planet"

17 SDGs and 169 targets

- ... build on the MDGs and complete their "unfinished business"
- ...focus on eradicating poverty in all its forms and dimensions ...demonstrate scale and ambition
- ...are integrated & indivisible; balance economic, social environmental dimensions
- ...realize the human rights of all and to achieve gender equality and the empowerment of all women and girls
- ...apply to all countries and all stakeholders
- ...pledge to leave no one behind
- ...focus on reduction and management of risk

Setting the scene
Health at the centre of sustainable development

Fig. 1. Classic dimensions of sustainable development: social, economic and environmental



1. **SCONFIGGERE LA POVERTÀ.**
   Porre fine alla povertà in tutte le sue forme, ovunque
2. **SCONFIGGERE LA FAME.**
   Porre fine alla fame, garantire la sicurezza alimentare, migliorare la nutrizione e promuovere un'agricoltura sostenibile
3. **BUONA SALUTE. Garantire una vita sana e promuovere il benessere di tutti a tutte le età**
4. **ISTRUZIONE DI QUALITÀ. Garantire un'istruzione inclusiva per tutti e promuovere opportunità di apprendimento permanente eque e di qualità**
5. **PARITÀ DI GENERE. Raggiungere la parità di genere attraverso l'emancipazione delle donne e delle ragazze**
6. **ACQUA PULITA E SERVIZI IGIENICO-SANITARI. Garantire a tutti la disponibilità e la gestione sostenibile di acqua e servizi igienico-sanitari**
7. **ENERGIA RINNOVABILE E ACCESSIBILE. Assicurare la disponibilità di servizi energetici accessibili, affidabili, sostenibili e moderni per tutti**
8. **BUONA OCCUPAZIONE E CRESCITA ECONOMICA. Promuovere una crescita economica inclusiva, sostenuta e sostenibile, un'occupazione piena e produttiva e un lavoro dignitoso per tutti**
9. **INNOVAZIONE ED INFRASTRUTTURE. Costruire infrastrutture solide, promuovere l'industrializzazione inclusiva e sostenibile e favorire l'innovazione**

10. RIDURRE LE DISEGUAGLIANZE.

Ridurre le disuguaglianze all'interno e tra i Paesi

11. CITTÀ E COMUNITÀ SOSTENIBILI.

Creare città sostenibili e insediamenti umani che siano inclusivi, sicuri e solidi

12. UTILIZZO RESPONSABILE DELLE RISORSE.

Garantire modelli di consumo e produzione sostenibili

13. LOTTA CONTRO IL CAMBIAMENTO CLIMATICO.

Adottare misure urgenti per combattere il cambiamento climatico e le sue conseguenze

14. UTILIZZO SOSTENIBILE DEL MARE.

Conservare e utilizzare in modo sostenibile gli oceani, i mari e le risorse marine per uno sviluppo sostenibile

15. UTILIZZO SOSTENIBILE DELLA TERRA.

Proteggere, ristabilire e promuovere l'utilizzo sostenibile degli ecosistemi terrestri, gestire le foreste in modo sostenibile, combattere la desertificazione, bloccare e invertire il degrado del suolo e arrestare la perdita di biodiversità

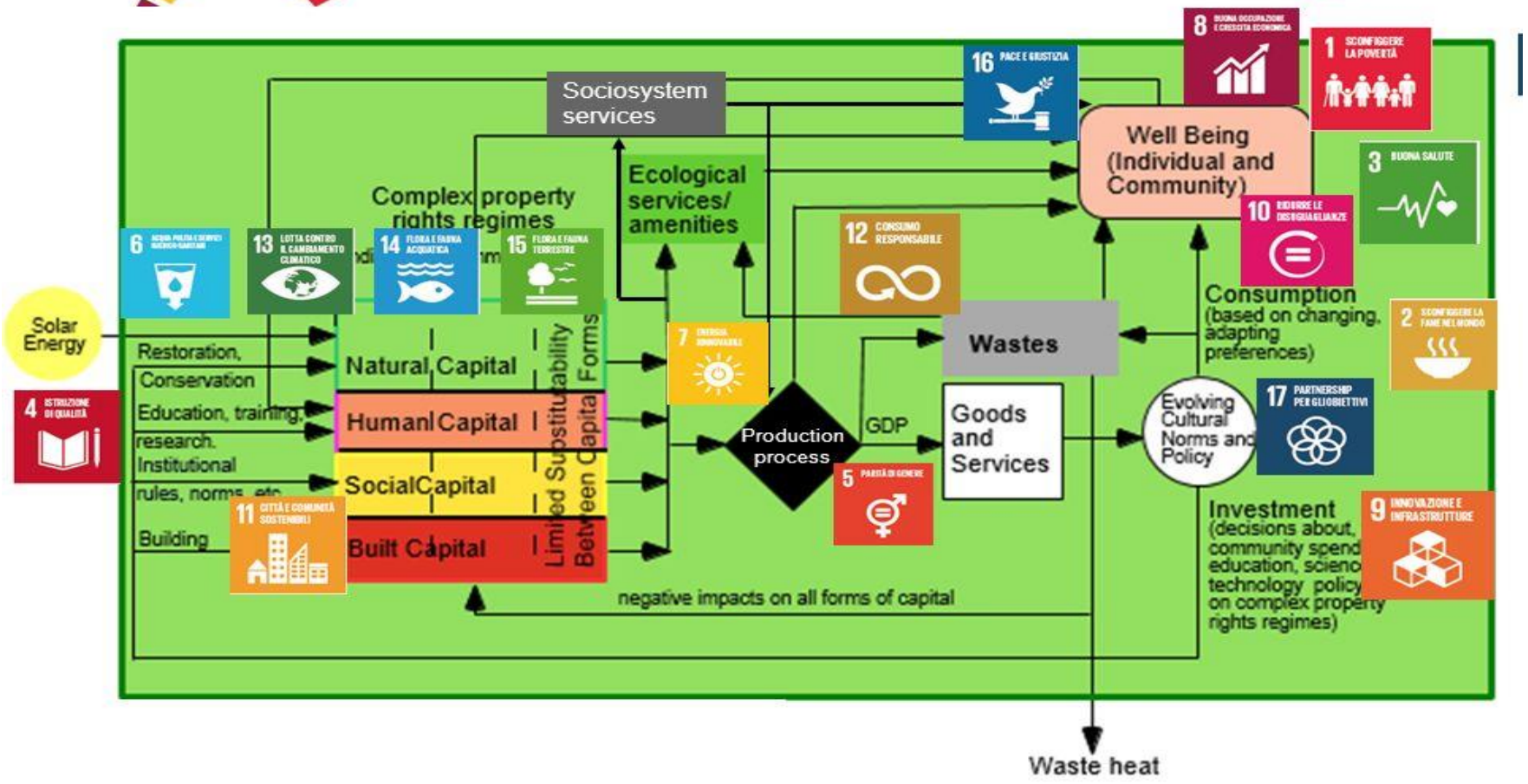
16. PACE E GIUSTIZIA.

Promuovere società pacifiche e inclusive per uno sviluppo sostenibile, garantire a tutti l'accesso alla giustizia e creare istituzioni efficaci, responsabili e inclusive a tutti i livelli

17. PARTNERSHIP PER LO SVILUPPO SOSTENIBILE.

Rafforzare gli strumenti di attuazione e rivitalizzare la partnership globale per lo sviluppo sostenibile

Verso un nuovo modello di sviluppo



Obiettivo 3: Garantire una vita sana e promuovere il benessere per tutti a tutte le età

Health is central to development

Health and
well-being are seen as
an **outcome**,
a **determinant** and
an **enabler**
of the goals.

World Health Organization Europe
Organisation mondiale de la Santé Europe
Weltgesundheitsorganisation Europa
Всемирная организация здравоохранения Европейское региональное бюро

Table 1.2
The 17 SDGs

1	End poverty in all its forms everywhere
2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3	Ensure healthy lives and promote well-being for all at all ages
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5	Achieve gender equality and empower all women and girls
6	Ensure availability and sustainable management of water and sanitation for all
7	Ensure access to affordable, reliable, sustainable and modern energy for all
8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10	Reduce inequality within and among countries
11	Make cities and human settlements inclusive, safe, resilient and sustainable
12	Ensure sustainable consumption and production patterns
13	Take urgent action to combat climate change and its impacts[a]
14	Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17	Strengthen the means of implementation and revitalize the global partnership for sustainable development

Table 1.3
Health targets in SDG 3

3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
3.2	By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases
3.4	By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and small island developing States
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Obiettivo 3: Garantire una vita sana e promuovere il benessere per tutti a tutte le età

3.1: Entro il 2030, **ridurre il tasso di mortalità materna** globale.
3.2: Entro 2030, **ridurre la mortalità di neonati e bambini sotto i 5 anni di età**, in tutti i paesi con l'obiettivo di ridurre la mortalità neonatale a meno del 12 per 1.000 nati vivi e la mortalità per i bimbi con meno di 5 anni a meno di 25 per 1.000 nati vivi
3.3: Entro il 2030, **porre fine alle epidemie di AIDS**, la **tubercolosi**, la **malaria** e le **malattie tropicali trascurate** e combattere l'**epatite**, malattie di origine idrica e di altre **malattie trasmissibili**
3.4: Entro il 2030, di **ridurre di un terzo la mortalità prematura da malattie non trasmissibili** attraverso la prevenzione e il trattamento e promuovere la salute mentale e il benessere
3.5: rafforzare la **prevenzione e il trattamento di abuso di sostanze**, tra cui abuso di stupefacente e l'uso nocivo di alcol
3.6: entro il 2020, **dimezzare** il numero di decessi a livello mondiale e le lesioni da **incidenti stradali**
3.7: Nel 2030, garantire **l'accesso universale ai servizi di assistenza sanitaria sessuale e riproduttiva**, anche per la pianificazione familiare, l'informazione e l'educazione, e l'integrazione di salute riproduttiva nelle strategie e nei programmi nazionali

Obiettivo 3: Garantire una vita sana e promuovere il benessere per tutti a tutte le età

3.8: raggiungere **una copertura sanitaria universale**, compresa la protezione dei rischi finanziari, l'accesso a servizi di qualità essenziali di assistenza sanitaria e un accesso ai farmaci essenziali sicuro, efficace, di qualità ea prezzi accessibili e ai vaccini per tutti

3.9: Entro il 2030, ridurre sostanzialmente il numero di decessi e malattie da **sostanze chimiche pericolose** e di **aria, acqua e l'inquinamento del suolo e la contaminazione**

3.a: rafforzare l'attuazione della Convenzione quadro dell'Organizzazione mondiale della sanità sul **controllo del tabacco** in tutti i paesi, a seconda dei casi

3.b: sostenere la **ricerca e lo sviluppo di vaccini e farmaci** per le malattie trasmissibili e non trasmissibili che colpiscono soprattutto i paesi in via di sviluppo, **fornire l'accesso ai farmaci essenziali a prezzi accessibili e ai vaccini**, in conformità con la Dichiarazione di Doha sull'Accordo TRIPS e della salute pubblica, che afferma il diritto dei paesi in via di sviluppo ad utilizzare appieno le disposizioni dell'accordo sugli aspetti commerciali dei diritti di proprietà intellettuale in materia di flessibilità per proteggere la salute pubblica e, in particolare, di fornire l'accesso ai farmaci per tutti

3.c: **aumentare notevolmente il finanziamento della sanità** e il reclutamento, **lo sviluppo, la formazione e il mantenimento del personale sanitario** nei paesi in via di sviluppo, soprattutto nei paesi meno sviluppati e dei piccoli Stati insulari in via di sviluppo

3.d: **Rafforzare** la capacità di tutti i paesi, in particolare i paesi in via di sviluppo, per il **preallarme, la riduzione dei rischi e la gestione dei rischi** per la salute nazionali e globali

Health and well-being in the 2030 Agenda

Salute e benessere come outcome, determinanti e facilitatori degli altri SDG

Investimenti in salute e benessere contribuiscono a

- crescita economica sostenibile,
- sviluppo sociale,
- protezione ambientale
- riduzione della povertà
- riduzione non equità.

Il raggiungimento di altri SDG consentiranno il miglioramento della salute e benessere.

“make the 2030 Agenda transformative and render the SDGs different from the Millennium Development Goals (MDGs)”

“unprecedented scope”:

- impatto su tutti i settori di governo e sviluppo
- dimensione economica, sociale ed ambientale (determinanti)

“integrated and indivisible”:

- richiedono forte coerenza orizzontale e verticale
- multisettorialità
- convolgimento di tutto il governo (whole-of-government)
- coinvolgimento di tutta la società (whole-of-society)

“global in nature and universally applicable”:

- per tutti gli stati
- differenziato per livelli di sviluppo e bisogni

“no one will be left behind”:

- diritti umani
- uguaglianza di genere
- più svantaggiati

“inclusive”:

- partnership

“sustainable”:

- benefici per le generazioni di oggi e del futuro

Table 1.4
Examples of targets in other goals linked to the health SDG 3

1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
4.a	Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
5.6	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
6.1	By 2030, achieve universal and equitable access to safe and affordable drinking-water to all
6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
6.3	By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
10.4	Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality
11.5	By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
16.1	Significantly reduce all forms of violence and related death rates everywhere
16.2	End abuse, exploitation, trafficking and all forms of violence against and torture of children
16.6	Develop effective, accountable and transparent institutions at all levels
16.9	By 2030, provide legal identity for all, including birth registration
17.18	By 2020, enhance capacity-building support to developing countries, including for least-developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

	What do other sectors care about?	How can actions to promote health help?
Education	All children in school, better learning	Healthy diets, active children, less family spending on tobacco/alcohol
Agriculture	Improved production, environmental and financial sustainability	Increased consumption of fruits and vegetables (more available and affordable)
Industries	Improved productivity, fewer staff absent	Healthier people (reducing premature disability and death from NCDs)
Urban planning	Beautiful city, happier residents, more tourists, more money	Safe spaces for physical activity and social interaction, smoke-free environments
Finance	More money for government budget	Higher taxes on tobacco and alcohol
Private sector	Profit, brand reputation	Reformulating products to be "healthier", marketing healthy lifestyles
Gender equity	Less violence and poverty for women, more access to health care and education for women	Reduced alcohol consumption, less household spending on tobacco and alcohol
Police	Less violence, crime and traffic accidents	Alcohol control

SDG3 13 targets:

3.1, 3.2, 3.3, 3.7 salute materna e del bambino e malattie infettive (MDGs).

3.4, 3.5, 3.6, 3.8, 3.9 NCD, mentali, abuso di sostanze, incidenti stradali, UHC e accesso a cure di qualità, inquinamento e rischi chimici,

3.a, 3.b, 3.c, 3.d sicurezza, i professionisti, accesso a materie prime, ricerca e sviluppo.

UNIVERSAL HEALTH COVERAGE:

"Per promuovere salute fisica e mentale e il benessere e per aumentare l'attesa di vita"

"implica che tutte le persone abbiano:

accesso senza discriminazioni

a tutti i servizi di promozione, protezione, prevenzione, terapeutici, palliativi e riabilitativi di cui hanno bisogno

e a farmaci e vaccini, sicuri, efficaci, a prezzi accessibili,

assicurando che l'uso di questi servizi non esponga gli utilizzatori a disagi economici,

con particolare attenzione a segmenti di popolazione povera, vulnerabile e marginalizzata.

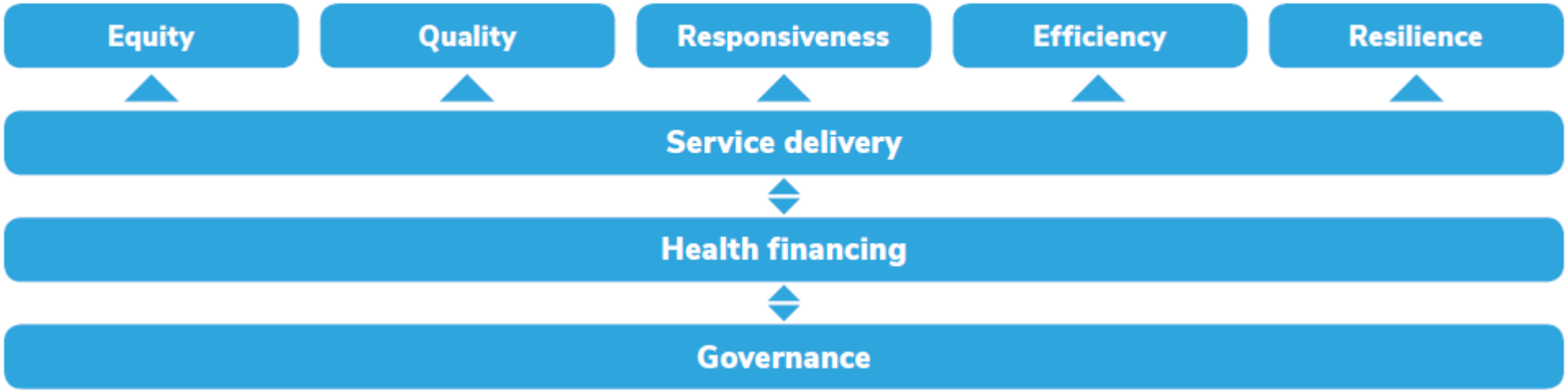
uhc2030
International Health Partnership

World Health Organization

WORLD BANK GROUP

Healthy systems for universal health coverage - a joint vision for healthy lives

Figure 2. Health systems strengthening towards universal health coverage



Improved health system performance requires national, regional, and global action in three interrelated health systems policy areas:

Health financing

- Mobilising resources through progressive taxation and prioritising health, within a sustainable macroeconomic framework
- Expanding pooling arrangements to improve financial protection for all
- Strategic purchasing to increase efficiency of health spending, with a focus on public goods and public health.

Service delivery

- Expanding frontline services, particularly primary health care
- Scaling up investment in skilled health workers
- Improving access to medicines and health technologies
- Innovating to meet the health needs of vulnerable and marginalised groups
- Expanding engagement with non-state providers
- Improving patient safety and quality of health services
- Implementing International Health Regulations and service delivery models that promote resilience
- Fostering multisectoral action to address the social determinants of health.

Governance

- Fostering citizens' platforms and people's voice mechanisms
- Promoting freedom of information and expanded use of quality data
- Adopting legal frameworks supporting access to quality health services
- Developing policy dialogue platforms and multi-sectoral action
- Promoting regional and global mechanisms for collective action and partnership
- Strengthening research and development, including technology transfer mechanisms.

There is no one-size-fit all approach to health systems strengthening.

The following principles have been identified to guide action in prioritising and implementing HSS:

- Leaving no one behind: a commitment to equity, non-discrimination and a human rights based approach
- Transparency and accountability for results
- Evidence-based national health strategies and leadership
- Making health systems everybody's business with engagement of citizens, communities, civil society and private sector
- International cooperation based on mutual learning across countries and development effectiveness principles.

UHC is based on the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship.[1]

Health system performance dimensions

Equità.

•Accesso equo ai servizi necessari

•Protezione contro le difficoltà finanziarie (costi sostenuti)

•Monitoraggio: promozione, prevenzione, trattamento, riabilitazione, servizi palliativi

Qualità.

"il grado in cui i servizi sanitari per gli individui e le popolazioni
raggiungono i risultati sanitari desiderati e
sono coerenti con le attuali conoscenze professionali "

Carenze di qualità (sicurezza, efficacia, patient centered, tempestività)
comportano rischi evitabili per i pazienti e
insufficienti prestazioni dei sistemi sanitari
rispetto a ciò che è possibile ottenere con le risorse disponibili.

Reattività.

Risposta alle aspettative e preferenze delle persone in merito a questioni non sanitarie:
dignità delle persone
convinzioni
preferenze socioculturali
autonomia
riservatezza delle informazioni

Efficienza.

•Input disponibili generano il più alto livello possibile di risultati sanitari.

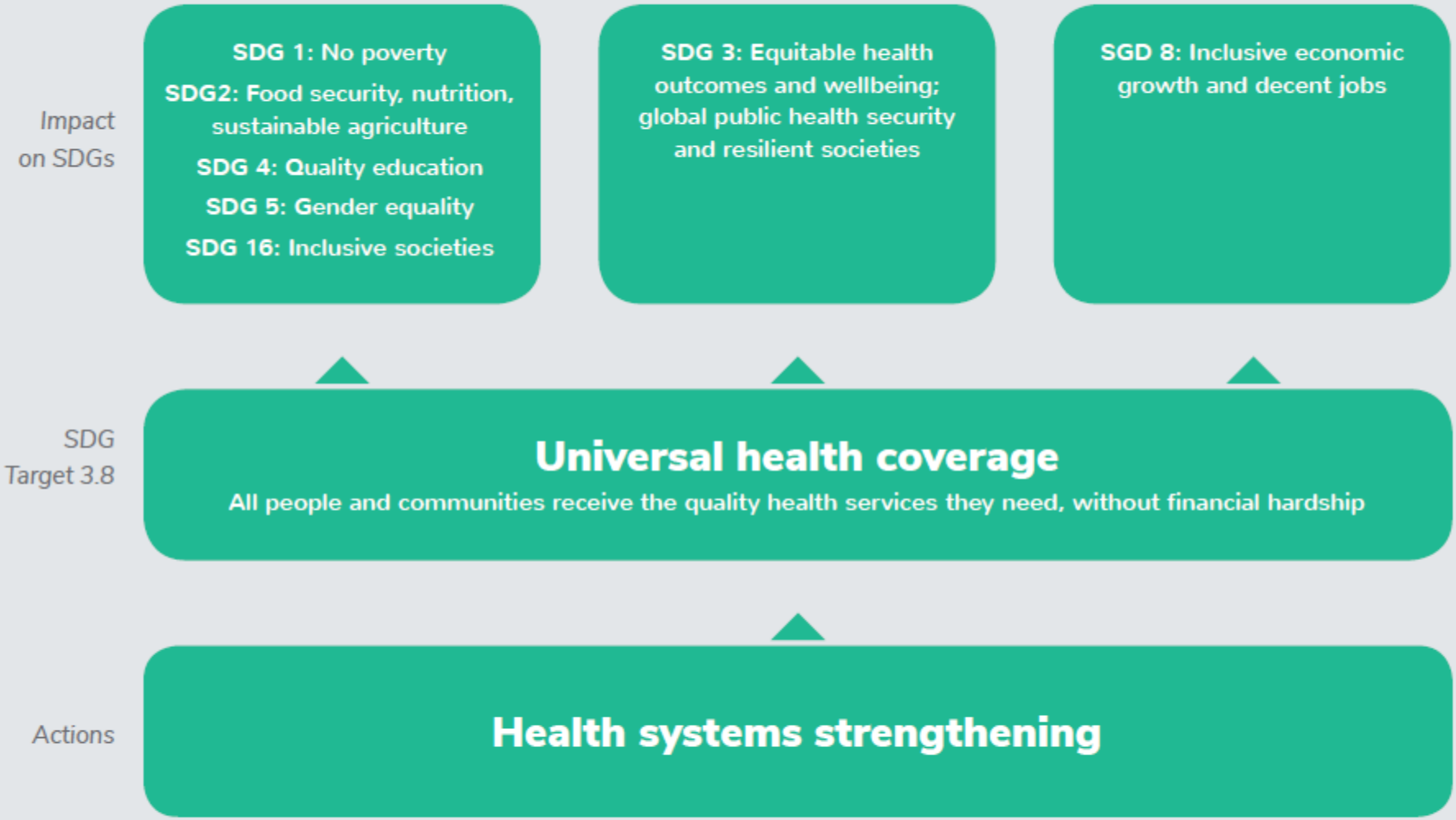
•Inefficienza tecnica (sprechi o cattive prestazioni o cattivi risultati)

•Inefficienza allocativa (una cattiva scelta di input)

Resilienza.

"la capacità degli operatori sanitari, delle istituzioni e delle popolazioni
prepararsi e rispondere efficacemente alle crisi
mantenere le funzioni principali quando si verifica una crisi
riorganizzarsi per il futuro"

Figure 1. Investing in health systems to reach UHC and the SDGs



Source: adapted from Kieny & al., 2017, WHO Bulletin (forthcoming)

European Health priorities: 67° session WHO Regional Committee for Europe

Towards a sustainable health workforce

Implementation of International Health Regulations (IHR)

Partnership for health

Sustainable choices for better environment and health

Improving access to medicine

WHO work on outbreaks and emergencies

Tackling NCDs and their risk factor

OBIETTIVI SVILUPPO DEL MILLENNIO

- 193 paesi membri ONU
- Sottoscritto nel settembre 2000
- 8 Obiettivi per lo Sviluppo Sostenibile con totale di 21 traguardi, 56 indicatori
- Avvio ufficiale degli Obiettivi per lo Sviluppo Sostenibile 2000
- Durata 15 anni: i Paesi si sono impegnati a raggiungerli entro il 2015.

HEALTH IN 2015

from MDGs

MILLENNIUM DEVELOPMENT GOALS

to SDGs

SUSTAINABLE DEVELOPMENT GOALS

World Health Organization

Table 1.1
Global and WHO regional status of the health-related MDGs

Met or on track | Half way | Insufficient progress

		Target	Global	AFR	AMR	SEAR	EUR	EMR	WPR
Target 1.C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Percent reduction in proportion of underweight children under-five years of age, 1990–2015	50	44	35	63	49	85	39	82
Target 4.A Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Percent reduction in under-five mortality rate, 1990–2015	67	53	54	65	64	65	48	74
	Measles immunization coverage among one-year-olds[a] (%), 2014	90	85	73	92	84	94	77	97
Target 5.A Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Percent reduction in maternal mortality ratio, 1990–2015	75	44	44	49	69	63	54	64
	Births attended by skilled health personnel[b] (%), 2013	90	73	54	96	59	99	67	95
Target 5.B Achieve, by 2015, universal access to reproductive health	Antenatal care coverage (%): at least one visit, 2013	100	88	81	99	84	99	79	95
	Unmet need for family planning (%), 2015	0	24	55	19	27	28	42	10
Target 6.A Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Percent reduction in HIV incidence, 2000–2014	>0	45	59	28	50	-16	< -50	27
Target 6.C Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Percent reduction in incidence of malaria, 2000–2015	>0	37	42	78	49	100	70	65
	Percent reduction in incidence of tuberculosis, 1990–2014	>0	17	1	49	17	14	12	48
Target 7.C Halve, by 2015, the proportion of people without sustainable access to safe drinking-water	Percent reduction in proportion of population without access to improved drinking-water sources, 1990–2015	50	62	38	62	74	67	39	84
	Percent reduction in proportion of population without access to improved sanitation, 1990–2015	50	31	7	47	32	28	54	54

AFR, African Region; AMR, Region of the Americas; SEAR, South-East Asia Region; EUR, European Region; EMR, Eastern Mediterranean Region; WPR, Western Pacific Region.
[a] Target for measles immunization coverage was set by the World Health Assembly.
[b] Target for births attended by skilled health personnel was set by the International Conference on Population and Development.

World Health Organization
Europe

HEALTH 2020

A European policy framework supporting action across government and society for health and well-being

World Health Organization
REGIONAL OFFICE FOR Europe

HEALTH 2020

A European policy framework and strategy for the 21st century

Changing health contexts

social, economic, environmental and demographic shifts.

Widening health gaps

Significant inequalities in health remain and in many places they are getting worse.

Advancing well-being

Social progress is increasingly measured by social cohesion, respect for diversity, security, work–life balance, good health and good education.

Challenging economic times

Standing up for public health values and rights

Health 2020 is based on the values enshrined in the WHO Constitution, to ensure “the enjoyment of the highest attainable standard of health” as a fundamental human right of all in the European Region.

Health landscape of European Region

- Complexity and uncertainty
- Multifaceted health challenges, requiring active involvement of all levels of government (international, national and local)

People live longer and have fewer children

People migrate within and between countries; cities grow bigger

Noncommunicable diseases (NCDs) dominate the disease burden

Depression and heart disease are leading causes to healthy life-years lost

Control of infectious diseases (such as HIV, tuberculosis (TB)) remains a challenge

Antibiotic-resistant organisms are emerging

Health systems face rising costs

Primary health care systems are weak and lack preventive services

Public health capacities are outdated

HEALTH 2020

53 Paesi della Regione Europea

Approvato settembre 2012

2 Obiettivi strategici

4 Aree prioritarie

Durata 8 anni: i Paesi si sono impegnati a raggiungerli entro il 2020

World Health Organization
Regional Office for Europe

HEALTH 2020

A European policy framework supporting action across government and society for health and well-being

Aims of Health 2020

- **“migliorare in modo significativo la salute e il benessere delle popolazioni,**
- **ridurre le diseguaglianze di salute**
- **rafforzare la sanità pubblica**
- **garantire sistemi sanitari con:**
  - ✓ **al centro la persona**
  - ✓ **universali**
  - ✓ **equi**
  - ✓ **sostenibili**
  - ✓ **di alta qualità”.**

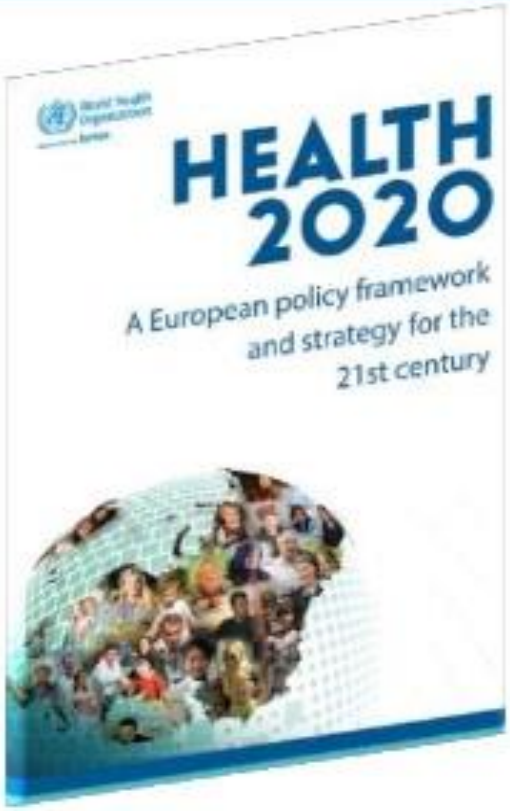
The Health 2020 Vision

Una Regione dell'OMS in cui le Persone sono supportate e messe in condizione di conseguire
il loro pieno potenziale di salute e benessere
e in cui gli stati da soli e in collaborazione
lavorano per ridurre le diseguaglianze di salute nella Regione europea ed anche oltre

Box 1. The Health 2020 vision

A WHO European Region in which 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 inequities in health within the Region and beyond

Health 2020



Health 2020's two strategic objectives are to:

- improve health for all and reduce health inequalities, and
- improve leadership and participatory governance for health.

Health 2020's four priorities for policy action are to:

- invest in health through a life-course approach and by empowering people;
- tackle the major health challenges of communicable and noncommunicable diseases (NCDs);
- strengthen people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- create resilient communities and supportive environments.

Health 2020: a strategy for Europe

Working to improve health for all and reducing the health divide

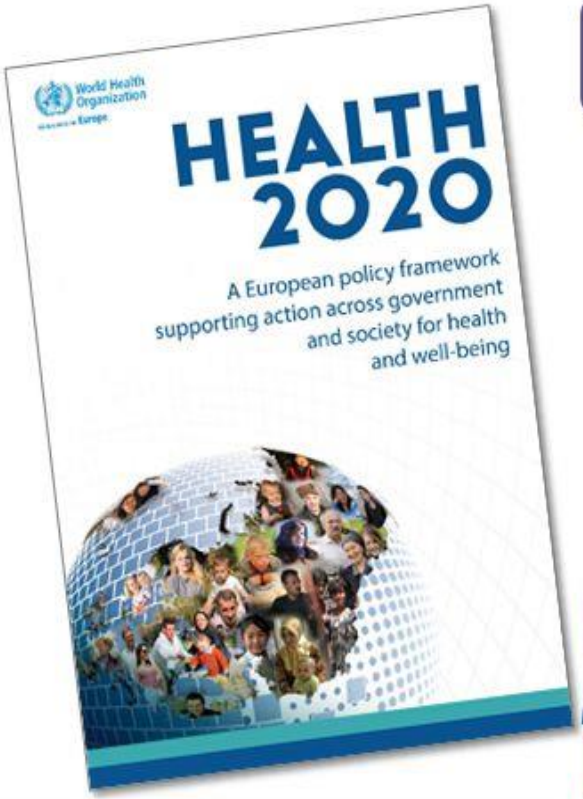
Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

- Investing in health through a life-course approach and empowering people
- Tackling Europe's major health challenges: NCDs and communicable diseases
- Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response
- Creating resilient communities and supportive environments

World Health Organization
REGIONAL OFFICE FOR Europe

Background: The new European health policy – Health 2020



People enabled and supported in achieving their full health potential and well-being

Reducing inequalities

Better governance for health

Investing in health throughout the life course

Tackling health challeng es

Strengt- hening health systems

Creating supportiv e enviro- nment

Adding value through partnerships

1. INVESTIRE NELLA SALUTE ADOTTANDO UN APPROCCIO CHE SI RIFERISCE ALL'INTERO CICLO DI VITA (LIFE- COURSE) E DI EMPOWERMENT DELLE PERSONE

- Aumento dell'aspettativa di vita in buona salute
- Miglioramento del benessere produce importanti benefici economici, sociali e individuali.
- Priorità dei nuovi approcci:
  responsabilizzare le persone
  costruzione di resilienza
  sviluppare capacità di promuovere salute e prevenire malattie.

Bambini con un buon inizio di vita:
impara di più
vita più produttiva

Adulti con controllo sulla propria vita:
maggiore capacità di partecipazione economica e sociale
vivere una vita più sana

Anziani: contribuire attivamente alla società

2. CONTRASTARE LE MALATTIE TRASMISSIBILI E NON TRASMISSIBILI

Malattie trasmissibili

Epatite, HIV/AIDS, Influenza, Morbillo e rosolia, Poliomielite, Rotavirus, Infezioni sessualmente trasmesse, TBC, Parassitosi e malattie trasmesse da vettori

Malattie non trasmissibili

diabete, malattie cardiovascolari, cancro, malattie respiratorie croniche e disturbi mentali, obesità: l'86% dei decessi e il 77% del carico di malattia.

3. RAFFORZARE I SISTEMI SANITARI CON LE PERSONE AL CENTRO E LA CAPACITÀ DI SALUTE PUBBLICA, COMPRESA LA PREPARAZIONE E LA CAPACITÀ DI RISPOSTA PER TRATTARE LE EMERGENZE

- Risorse umane e Tecnologie e Medicinali di alta qualità,
- Rafforzamento finanziamento
- Rafforzamento della governance
- Protezione della salute
- Promozione della salute,
- Fornire servizi che migliorano, mantengono o ripristinano la salute delle persone e delle loro comunità
- Miglioramento delle condizioni sociali, economiche e ambientali in cui vivono le persone.

4. CREARE AMBIENTI DI SUPPORTO E COMUNITÀ RESILIENTI.

• Ambiente nascita, crescita, lavoro e invecchiamento opportunità vita sana.

• Le comunità resilienti e responsabilizzate proattive a situazioni nuove o sfavorevoli

• Valutazione sistematica effetti sulla salute di ambiente in rapida evoluzione (tecnologia, lavoro, produzione energia, urbanizzazione).

•Determinanti della salute e salute urbana

Health 2020 targets

- Reduce premature mortality
- Increase life expectancy
- Reduce inequities
- Enhance well-being
- Achieve universal health coverage
- Establish national targets set by Member States

World Health Organization Europe | Organisation mondiale de la Santé Europe | Weltgesundheitsorganisation Europa | Всемирная организация здравоохранения Европейское региональное бюро

Health 2020: reaching higher and more broadly

- Focus on equity.
- Focus on causes and determinants.
- Address upstream root causes, such as social determinants.
- Invest in public health, primary care, health protection and promotion, and disease prevention.
- Make the case for whole-of-government and whole-of-society approaches.
- Offer a framework for integrated, coherent interventions.

Health is a major societal resource and asset

Health 2020 recognizes the diversity of countries across the Region

What makes societies prosper and flourish can also make people healthy

Health performance and economic performance are interlinked

A strong value base: reaching the highest attainable standard of health

In a global world, countries are increasingly required to work together to solve many of their key health challenges

Costs can be contained by using resources efficiently within the health sector

Health as a basic human right

A level of health that leads to a socially and economically productive life

Sustainable development – linking social, environmental and economic issues and addressing inequities

The emerging drivers, demography and epidemiology, and the social, technological and economic case for action

The determinants of health and health inequities

Social and economic determinants

Environmental determinants

Lifestyle and behavioural factors

The capacity and efficiency of health systems

Technological developments in health care

The macroeconomics of health and well-being

Health – a key factor in productivity, economic development and growth

The economic case for health promotion, health protection and disease prevention

Governance for health in the 21st century

Improving leadership and participatory governance for health

Health governance

Investing in health through a life-course approach and empowering people

Healthy women, mothers and babies

Healthy children and healthy adolescents

Healthy adults

Healthy older people

Vulnerability, vulnerable groups and health

Gender equity through the life-course

The voices and empowerment of people and patients

Tackling Europe's major disease burdens

Noncommunicable diseases

Main determinants and risk factors

Prevention: determinants and risk factors

Early disease: screening and early diagnosis

Preventing disability

Overall: an integrated approach

Mental health

Communicable diseases

Vaccine-preventable diseases and immunization

Antimicrobial resistance

Strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response

Health systems

Public health services

Individual health services: improving access and quality

Generating high-quality health system input

Human resources

Medicines

Strengthening health financing arrangements

Enhancing the governance of health systems

Health security, the International Health Regulations, emergency preparedness and response to public health emergencies

Creating resilient communities and supportive environments for health

The physical environment

Sustainable development

The urban environment

The social environment: social determinants of and assets for health

Creating whole-of-society and whole-of-government responsibility for health work

Capacity for governance for health: by the whole of society and the whole of government, and through health in all policies – applying the governance lens

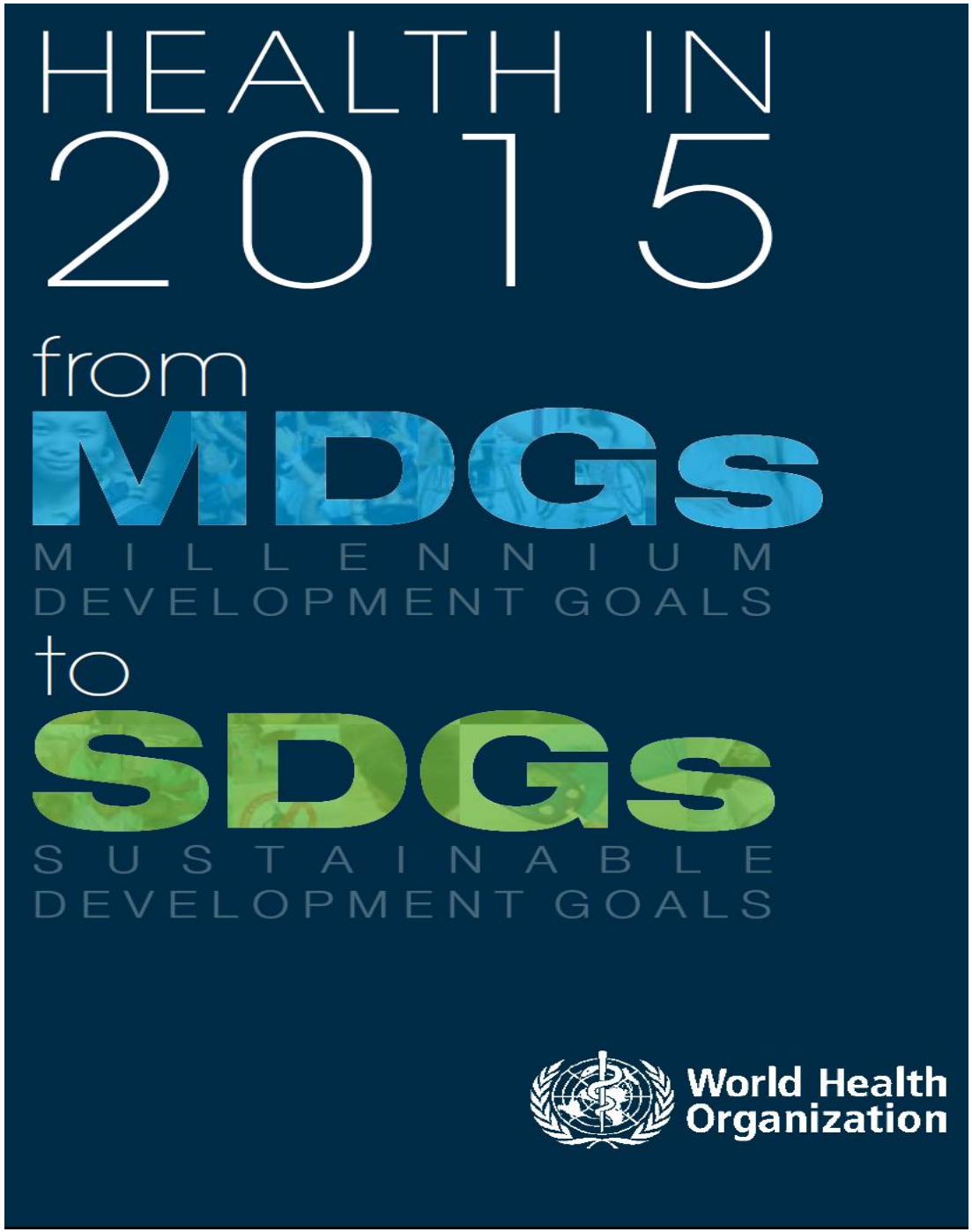
Capacity for tackling the social determinants of health and the health divide – applying the equity lens

Health 2020 monitoring framework – targets and core indicators

Reduce premature mortality	Increase LE	Reduce inequalities	Enhance well-being	UHC & "right to health"	National targets
Premature CVD, cancer, diabetes and chronic respiratory mortality *	LE at birth*	IM*	Life satisfaction*	OOP as % THE	Process for target setting established
Tobacco use		LE at birth*	Availability of social support	Vaccination coverage	Evidence documenting: - National polices aligned with H2020 - Implementation plan - Accountability mechanism
Alcohol consumption		Primary school enrolment*	Improved sanitation facilities	THE % GDP	
Overweight and obesity*		Unemployment rate*	GINI		
Vaccination coverage		National inequality policies	Unemployment rate*		
External causes mortality*		GINI	Children not enrolled in school*		

World Health Organization Europe · Organisation mondiale de la Santé Europe · Weltgesundheitsorganisation Europa · Всемирная организация здравоохранения Европейское

* Disaggregated by sex


HEALTH IN
2015
from
MDGs
MILLENNIUM
DEVELOPMENT GOALS
to
SDGs
SUSTAINABLE
DEVELOPMENT GOALS
World Health
Organization

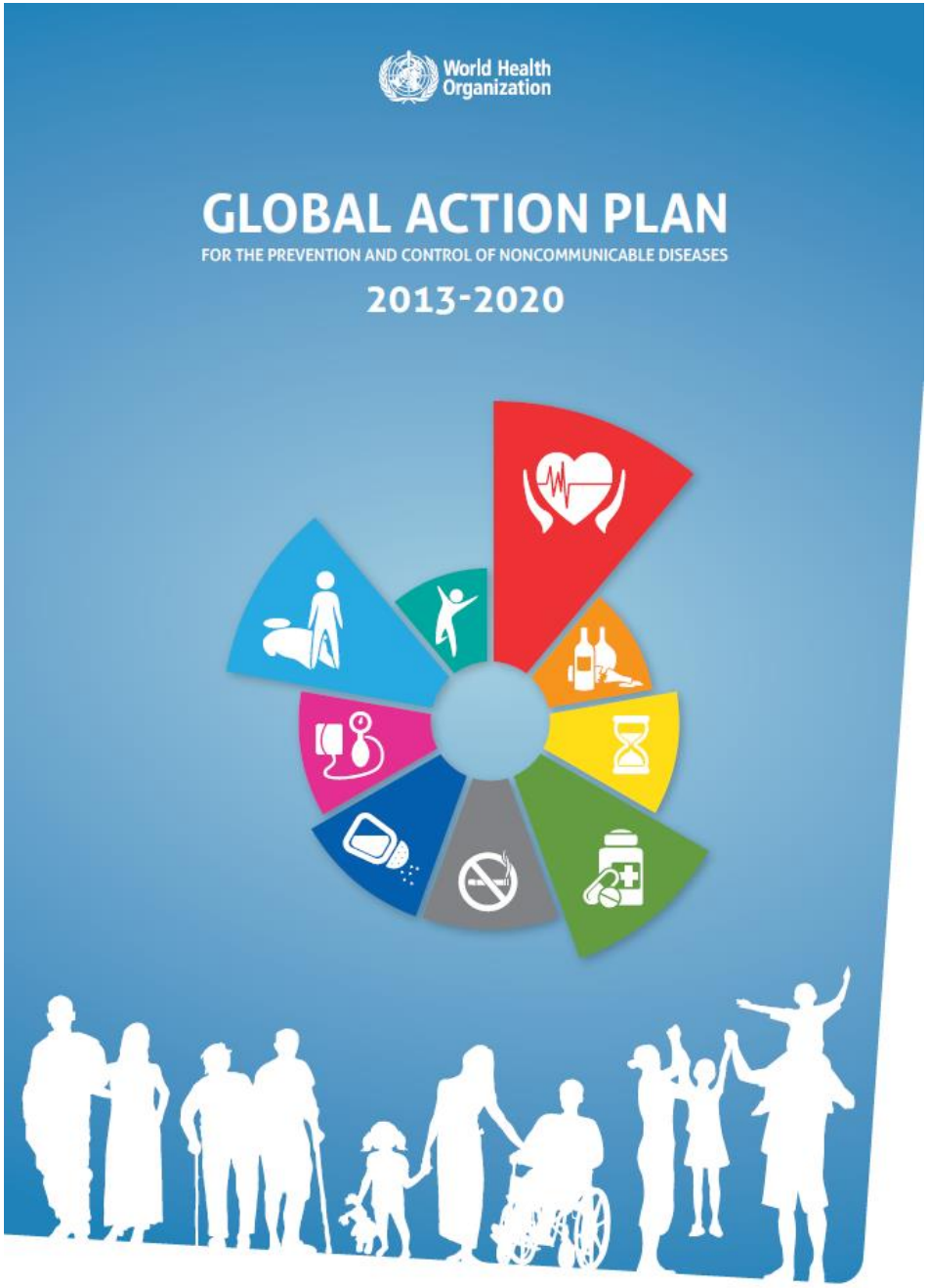
HEALTHIER FAIRER SAFER

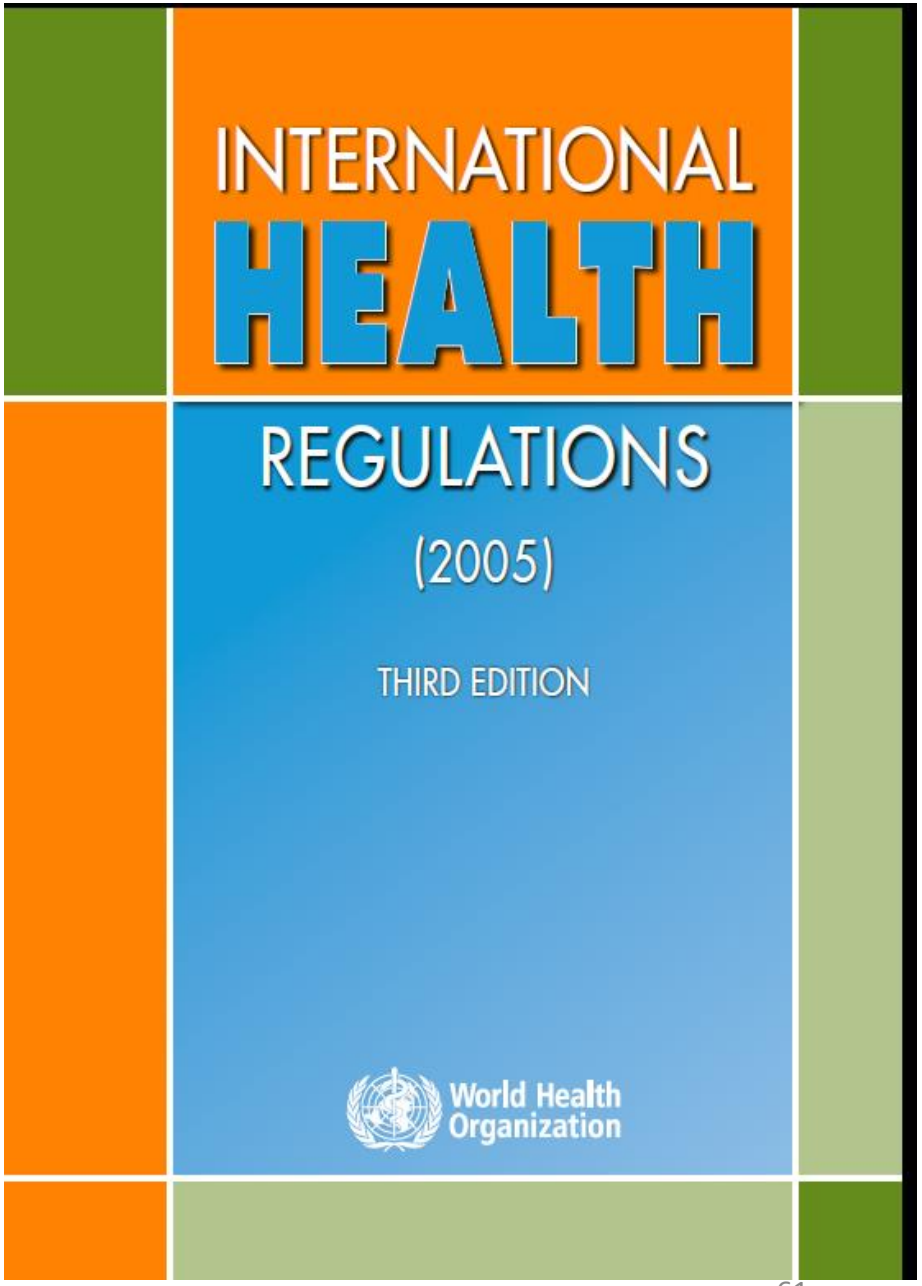
THE GLOBAL HEALTH JOURNEY 2007-2017

World Health Organization

CONTENTS

Prepared by Professor Sir Liam Donaldson, supported by Dr Paul Rutter


World Health Organization
GLOBAL ACTION PLAN
FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES
2013-2020


INTERNATIONAL
HEALTH
REGULATIONS
(2005)
THIRD EDITION
World Health Organization

uhc2030
International Health Partnership

World Health Organization

WORLD BANK GROUP

EUROPEAN COMMISSION

HORIZON 2020

Excellent Science (24.4 B €)	Industrial Leadership (17 B €)	Societal Challenges (29.7 B €)
European Research Council (13.1 B €)	LEIT = Leadership in enabling and industrial technologies • ICT • Nano, new materials • Biotechnology • Space (13.5 B €)	Health (7.5 B €)
Future and Emerging Technologies (2.7 B €)	Access to Risk Finance (2.9 B €)	Food (3.9 B €)
Marie Skłodowska-Curie Actions (6.1 B €)	Innovation in SMEs (0.6 B €)	Energy (6 B €)
Research Infrastructures (2.5 B €)		Transport (6.3 B €)
		Climate (3 B €)
		Inclusive Societies (1.3 B €)
		Security (1.7 B €)

Spreading Excellence (0.8 B €)

Science for Society (0.5 B €)

EIT (2.7 B €) | JRC (1.9 B €) | Euratom (1.6 B €)

Excellent Science

- **European Research Council**
  - Frontier research by the best individual teams
- **Future and Emerging Technologies**
  - Collaborative research to open new fields of innovation
- **Marie Skłodowska Curie actions**
  - Opportunities for training and career development
- **Research infrastructures** (including e-infrastructure)
  - Ensuring access to world-class facilities

Industrial Technologies

- **Leadership in enabling and industrial technologies**
  - ICT, nanotechnologies, materials, biotechnology, manufacturing, space
- **Access to risk finance**
  - Leveraging private finance and venture capital for research and innovation
- **Innovation in SMEs**
  - Fostering all forms of innovation in all types of SMEs

Societal Challenges

- Health, demographic change and wellbeing
- Food security, sustainable agriculture, marine and maritime research & the bioeconomy
- Secure, clean and efficient energy
- Smart, green and integrated transport
- Climate action, resource efficiency and raw materials
- Inclusive, innovative and reflective societies
- Security society

European Institute of Innovation and Technology (EIT)

Spreading Excellence and Widening Participation

Science with and for society

Joint Research Center (JRC)

Euratom

Horizon 2020

The Framework Programme for Research and Innovation

World Health Organization
Europe

HEALTH 2020

A European policy framework supporting action across government and society for health and well-being

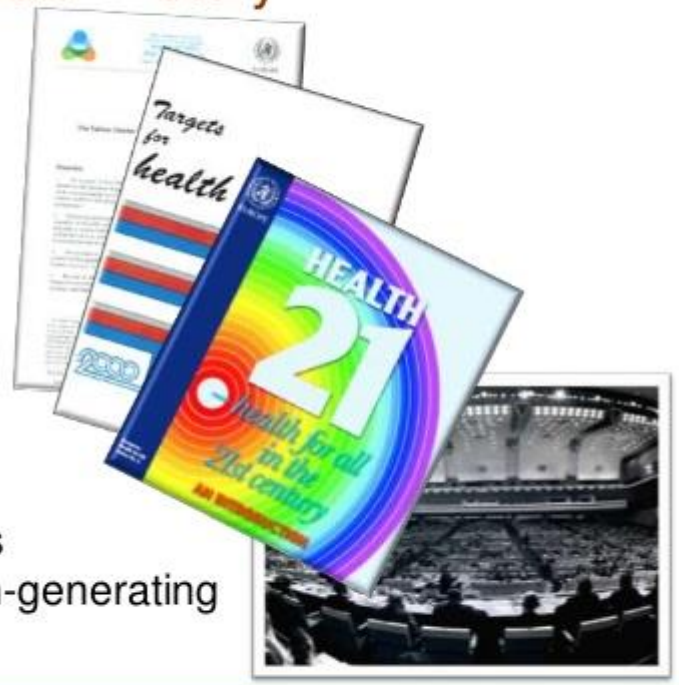
World Health Organization
REGIONAL OFFICE FOR Europe

HEALTH 2020

A European policy framework and strategy for the 21st century

Building on public health history

- WHO Constitution
- Declaration of Alma-Ata
- Health for All strategy
- HEALTH21
- Tallinn Charter: Health Systems for Health and Wealth



Integrated policy frameworks can and have inspired health-generating actions on all levels.

World Health Organization
Europe

1948 Costituzione: Diritto alla salute
(Cost. Art .32, art.2, art. 3),
1958 /296 Ministero sanità ,
1968 /132 Legge Mariotti,
1978 /833 Legge Anselmi,

502/92 (De Lorenzo)
517/93 (Garavaglia)
229/99 (Bindi)
158/12 (Balduzzi)

Disease Patient Person

Malattia
Bio

Malato

Bio psico
sociale

Sano

Diagnosi
Prognosi
Terapia

Diagnosi
Prognosi
Terapia

Promozione
Protezione
Prevenzione

INDIVIDUO

People Comunità

Salute e Benessere

CONTESTO E
INDIVIDUO IN
SANITA'

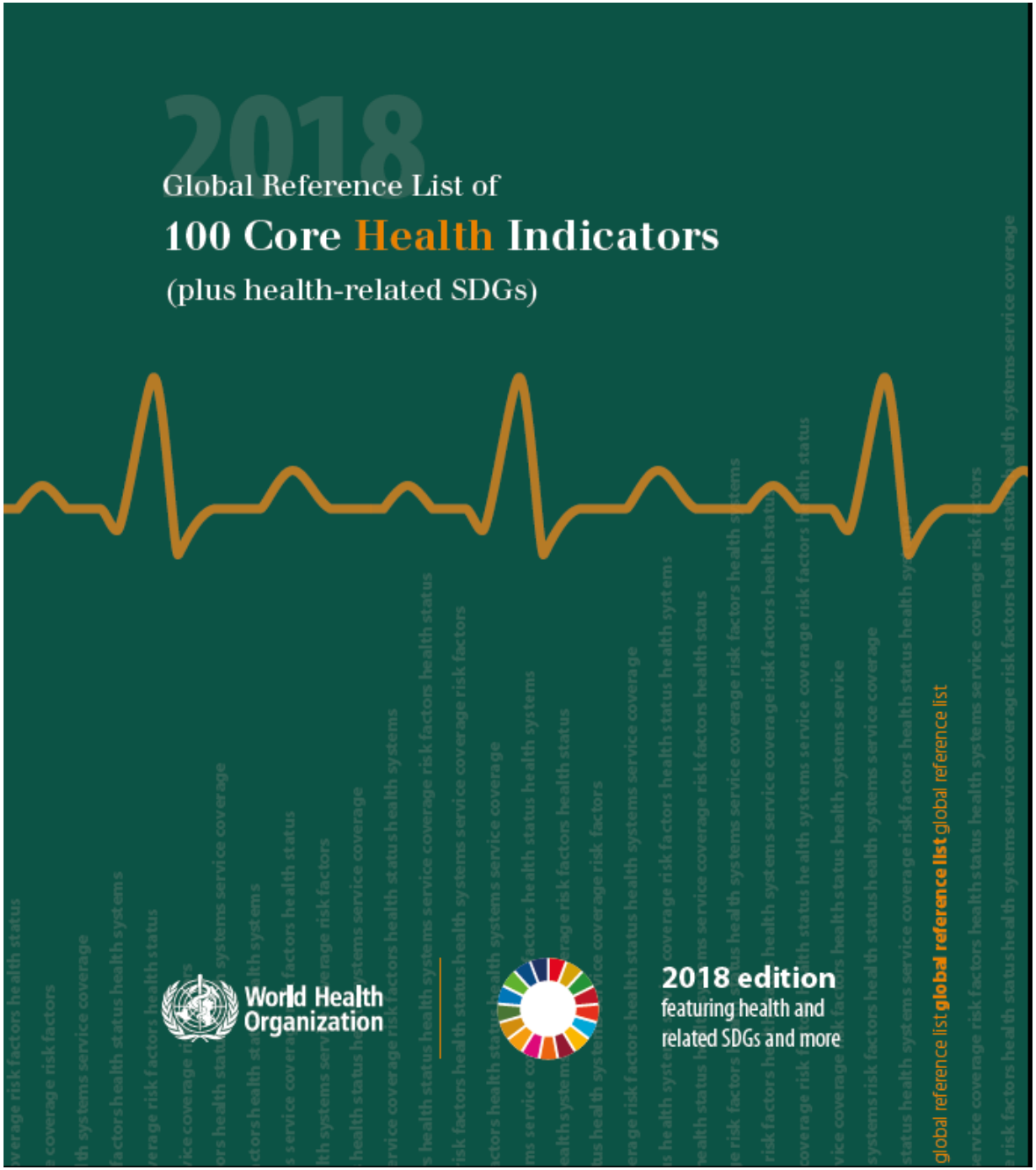
Società

MDG
SDG
Sostenibilità

Whole society
Whole government
Whole policy

H2020
PEOPLE CENTER
COORDINATED INTEGRATED

SOCIETA' NEL SUO
INSIEME


2018
Global Reference List of
100 Core Health Indicators
(plus health-related SDGs)
World Health Organization
2018 edition
featuring health and related SDGs and more

Health financing

- Total current expenditure on health as % of gross domestic product *(Also: total capital expenditure on health as % of current + capital expenditure on health)*
- Public domestic sources of current spending on health as % of current health expenditure *(Also: private)*
- External source of current spending on health (% of current expenditure on health)
- Total net official development assistance to medical research and basic health sectors [SDG 3.b.2]

Health workforce

- Health worker density and distribution [SDG 3.c.1]
- Output training institutions

Health infrastructure

- Health facility density and distribution *(Also: access to emergency surgery)*
- Hospital bed density

Health information / governance

- Birth registration [SDG 16.9.1]
- Death registration [SDG 17.19.2]
- Completeness of reporting by facilities *(Also: completeness and timeliness for notifiable diseases)*
- Existence of national health sector policy/strategy/plan

Service access and availability

- Outpatient service utilization *(Also: inpatient admissions and surgical volume)*
- Service-specific availability and readiness
- Access to a core set of relevant essential medicines [SDG 3.b.3]

Service quality and safety

- Perioperative mortality rate
- Obstetric and gynaecological admissions owing to abortion
- Institutional maternal mortality ratio
- Maternal death reviews
- ART retention rate
- HIV test results for TB patients
- TB notification rate
- TB treatment success rate

Health security

- International Health Regulations (IHR) core capacity index [SDG 3.d.1]

Coverage of interventions

- Demand for family planning satisfied with modern methods [SDG 3.7.1]
- Contraceptive prevalence rate
- Antenatal care coverage
- Births attended by skilled health personnel [SDG 3.1.2] *(Also: institutional delivery – overall and in "baby-friendly" institutions)*
- Postpartum care coverage – women
- Postnatal care coverage – newborn
- Care-seeking for symptoms of pneumonia
- Coverage of diarrhoea treatment
- Vitamin A supplementation coverage
- Immunization coverage rate by vaccine for each vaccine in the national schedule [SDG 3.b.1]
- People living with HIV who know their status
- Prevention of mother-to-child transmission
- Antiretroviral therapy (ART) coverage
- HIV viral load suppression
- Coverage of treatment for latent TB infection (LTBI)
- HIV-positive new and relapse TB patients on ART during TB treatment
- Drug susceptibility testing coverage for TB patients
- TB treatment coverage
- Treatment coverage for drug-resistant TB
- Intermittent preventive therapy for malaria during pregnancy (IPTp)
- Use of insecticide treated nets (ITNs)
- Treatment of confirmed malaria cases
- Indoor residual spraying (IRS) coverage
- Number of people requiring interventions against neglected tropical diseases [SDG 3.3.5]
- Coverage of preventive chemotherapy for selected neglected tropical diseases
- Cervical cancer screening
- Coverage of services for severe mental health disorders
- Treatment coverage for alcohol and drug dependence [SDG 3.5.1]
- Coverage of essential health services [SDG 3.8.1]

Risk factors and behaviours

- Exclusive breastfeeding rate 0–5 months of age
- Early initiation of breastfeeding
- Incidence of low birth weight among newborns
- Children under 5 years who are stunted [SDG 2.2.1]
- Children under 5 years who are wasted [SDG 2.2.2]
- Children aged under 5 years who are overweight [SDG 2.2.2]
- Anaemia prevalence in children
- Anaemia prevalence in women of reproductive age *(Also: severe anaemia)*
- Prevention of HIV in key populations
- Population using safely managed drinking-water services [SDG 6.1.1]
- Population using safely managed sanitation services [SDG 6.2.1a/6.2.1b (forthcoming)] *(Also: population with handwashing facility with soap and water)*
- Population with primary reliance on clean fuels and technologies [SDG 7.1.2]
- Air pollution level in cities [SDG 11.6.2]
- Total alcohol per capita (age 15+ years) consumption [SDG 3.5.2]
- Tobacco use among persons aged 15+ years [SDG 3.a.1] *(Also: adolescents)*
- Raised blood pressure among adults
- Overweight and obesity in adults *(Also: school-age children and adolescents)*
- Raised blood glucose/diabetes among adults
- Salt intake
- Insufficient physical activity in adults *(Also: adolescents)*
- Intimate partner violence prevalence [SDG 5.2.1]
- Non-partner sexual violence prevalence [SDG 5.2.2]
- Prevalence of female genital mutilation/cutting [SDG 5.3.2]
- Sexual violence against children [SDG 16.2.3]
- Early marriage [SDG 5.3.1]
- Frequency rates of occupational injuries [SDG 8.8.1]

Health status

- Life expectancy at birth
- Adolescent mortality rate
- Adult mortality rate between 15 and 60 years of age
- Under-five mortality rate [SDG 3.2.1]
- Infant mortality rate
- Neonatal mortality rate [SDG 3.2.2]
- Stillbirth rate
- Maternal mortality ratio [SDG 3.1.1]
- TB mortality rate
- AIDS-related mortality rate
- Malaria mortality rate
- Premature noncommunicable disease (NCD) mortality [SDG 3.4.1]
- Mortality from household and ambient air pollution [SDG 3.9.1]
- Mortality from unsafe water, unsafe sanitation and lack of hygiene [SDG 3.9.2]
- Mortality from unintentional poisoning [SDG 3.9.3]
- Suicide rate [SDG 3.4.2]
- Death rate due to road traffic injuries [SDG 3.6.1]
- Number of deaths, missing persons and persons affected by disaster per 100 000 people [SDG 1.5.1, 11.5.1, 13.1.1]
- Mortality rate due to homicide [SDG 16.1.1]
- Adolescent birth rate [SDG 3.7.2]
- Total fertility rate
- New cases of vaccine-preventable diseases
- New cases of IHR-notifiable diseases and other notifiable diseases
- HIV prevalence rate
- HIV incidence rate [SDG 3.3.1]
- Hepatitis B surface antigen prevalence
- Hepatitis B incidence [SDG 3.3.4]
- Sexually transmitted infections (STIs) incidence rate
- Congenital syphilis rate
- TB incidence rate [SDG 3.3.2]
- Malaria parasite prevalence among children aged 6–59 months
- Malaria incidence rate [SDG 3.3.3]
- Cancer incidence, by type of cancer

Financial risk protection

- Proportion of the population with impoverishing health expenditure
- Proportion of the population with large household expenditure on health as a share of total household consumption or income [SDG 3.8.2]

Health status indicators

Mortality by age and sex

- Life expectancy at birth
- Adolescent mortality rate
- Adult mortality rate between 15 and 60 years of age
- Under-five mortality rate [SDG 3.2.1]
- Infant mortality rate
- Neonatal mortality rate [SDG 3.2.2]
- Stillbirth rate

Mortality by cause

- Maternal mortality ratio [SDG 3.1.1]
- TB mortality rate
- AIDS-related mortality rate
- Malaria mortality rate
- Premature noncommunicable disease (NCD) mortality [SDG 3.4.1]
- Mortality from household and ambient air pollution [SDG 3.9.1]
- Mortality from unsafe water, unsafe sanitation and lack of hygiene [SDG 3.9.2]
- Mortality from unintentional poisoning [SDG 3.9.3]
- Suicide rate [SDG 3.4.2]
- Death rate due to road traffic injuries [SDG 3.6.1]
- Number of deaths, missing persons and persons affected by disaster per 100 000 people [SDG 1.5.1, 11.5.1, 13.1.1]
- Mortality rate due to homicide [SDG 16.1.1]

Fertility

- Adolescent birth rate [SDG 3.7.2]
- Total fertility rate

Morbidity

- New cases of vaccine-preventable diseases
- New cases of IHR-notifiable diseases and other notifiable diseases
- HIV prevalence rate
- HIV incidence rate [SDG 3.3.1]
- Hepatitis B surface antigen prevalence
- Hepatitis B incidence [SDG 3.3.4]
- Sexually transmitted infections (STIs) incidence rate
- Congenital syphilis rate
- TB incidence rate [SDG 3.3.2]
- TB notification rate
- Malaria parasite prevalence among children aged 6–59 months
- Malaria incidence rate [SDG 3.3.3]
- Cancer incidence, by type of cancer

Risk factors indicators

Nutrition

- Exclusive breastfeeding rate 0–5 months of age
- Early initiation of breastfeeding
- Incidence of low birth weight among newborns
- Children under 5 years who are stunted [SDG 2.2.1]
- Children under 5 years who are wasted [SDG 2.2.2]
- Children aged under 5 years who are overweight [SDG 2.2.2]
- Anaemia prevalence in children
- Anaemia prevalence in women of reproductive age *(Also: severe anaemia)*

Infections

- Prevention of HIV in key populations

Environmental risk factors

- Population using safely managed drinking-water services [SDG 6.1.1]
- Population using safely managed sanitation services [SDG 6.2.1a/6.2.1b (forthcoming)] *(Also: population with handwashing facility with soap and water)*
- Population with primrary reliance on clean fuels and technologies [SDG 7.1.2]
- Air pollution level in cities [SDG 11.6.2]

Noncommunicable diseases

- Total alcohol per capita (age 15+ years) consumption [SDG 3.5.2]
- Tobacco use among persons aged 15+ years [SDG 3.a.1] *(Also: adolescents)*
- Raised blood pressure among adults
- Overweight and obesity in adults *(Also: school-age children and adolescents)*
- Raised blood glucose/diabetes among adults
- Salt intake
- Insufficient physical activity in adults *(Also: adolescents)*

Injuries/harmful traditional practices

- Intimate partner violence prevalence [SDG 5.2.1]
- Non-partner sexual violence prevalence [SDG 5.2.2]
- Prevalence of female genital mutilation/cutting [SDG 5.3.2]
- Sexual violence against children [SDG 16.2.3]
- Early marriage [SDG 5.3.1]
- Frequency rates of occupational injuries [SDG 8.8.1]

Service coverage indicators

Reproductive, maternal, newborn, child and adolescent

- Demand for family planning satisfied with modern methods [SDG 3.7.1]
- Contraceptive prevalence rate
- Antenatal care coverage
- Births attended by skilled health personnel [SDG 3.1.2]
  - *(Also: institutional delivery – overall and in "baby-friendly" institutions)*
- Postpartum care coverage – women
- Postnatal care coverage – newborn
- Care-seeking for symptoms of pneumonia
- Coverage of diarrhoea treatment
- Vitamin A supplementation coverage

Immunization

- Immunization coverage rate by vaccine for each vaccine in the national schedule [SDG 3.b.1]

HIV

- People living with HIV who know their status
- Prevention of mother-to-child transmission
- Antiretroviral therapy (ART) coverage
- HIV viral load suppression

HIV / TB

- Coverage of treatment for latent TB infection (LTBI)
- HIV test results for TB patients
- HIV-positive new and relapse TB patients on ART during TB treatment

Tuberculosis

- Drug susceptibility testing coverage for TB patients
- TB treatment coverage
- Treatment coverage for drug-resistant TB

Malaria

- Intermittent preventive therapy for malaria during pregnancy (IPTp)
- Use of insecticide treated nets (ITNs)
- Treatment of confirmed malaria cases
- Indoor residual spraying (IRS) coverage

Neglected tropical diseases

- Number of people requiring interventions against neglected tropical diseases [SDG 3.3.5]
- Coverage of preventive chemotherapy for selected neglected tropical diseases

Screening and preventive care

- Cervical cancer screening

Mental health

- Coverage of services for severe mental health disorders

Substance abuse

- Treatment coverage for alcohol and drug dependence [SDG 3.5.1]

Essential health services

- Coverage of essential health services [SDG 3.8.1]

Health systems indicators

Quality and safety of care

- Perioperative mortality rate
- Obstetric and gynaecological admissions owing to abortion
- Institutional maternal mortality ratio
- Maternal death reviews
- ART retention rate
- TB treatment success rate
- Service-specific availability and readiness

Access

- Outpatient service utilization *(Also: inpatient admissions and surgical volume)*
- Health facility density and distribution *(Also: access to emergency surgery)*
- Hospital bed density
- Access to a core set of relevant essential medicines [SDG 3.b.3]

Health workforce

- Health worker density and distribution [SDG 3.c.1]
- Output training institutions

Health information

- Birth registration [SDG 16.9.1]
- Death registration [SDG 17.19.2]
- Completeness of reporting by facilities *(Also: completeness and timeliness for notifiable diseases)*

Health financing

- Total current expenditure on health as % of gross domestic product *(Also: total capital expenditure on health as % of current + capital expenditure on health)*
- Public domestic sources of current spending on health as % of current health expenditure *(Also: private)*
- External source of current spending on health (% of current expenditure on health)
- Proportion of the population with impoverishing health expenditure
- Proportion of the population with large household expenditure on health as a share of total household consumption or income [SDG 3.8.2]
- Total net official development assistance to medical research and basic health sectors [SDG 3.b.2]

Health security

- International Health Regulations (IHR) core capacity index [SDG 3.d.1]

Governance

- Existence of national health sector policy/strategy/plan

World Health Organization
REGIONAL OFFICE FOR Europe

The main indicators of the WHO Global Monitoring Framework (GMF) on Noncommunicable Diseases

Noncommunicable diseases targets: demographic and mortality indicators

	1	2	3	4	5					
	Mid-year population (thousands)	All causes mortality, all ages, both sexes	Proportion of all deaths due to (%)		Age-standardized death rates per 100 000 population					
					Major noncommunicable diseases (cardiovascular disease, cancer, diabetes, or chronic respiratory disease), (30–69 years), by sex					
			cancer	diseases of circulatory system	Both		Males		Females	
Country	2013	2013	2013	2013	2010	2013	2010	2013	2010	2013
Albania	2897		...	...	...	...	...	...	...	75 ...

Noncommunicable diseases targets: mortality indicators

	6		7		8		9		10	11
	Probability (%) of dying between ages 30 and 70 from cancer, diabetes, cardiovascular or chronic respiratory disease, both sexes		Age-standardized death rates per 100 000 population							
			Diseases of circulatory system, all ages, by sex		Ischaemic heart disease, all ages, by sex		Cerebrovascular diseases, all ages, by sex		Diseases of the respiratory system, all ages, both sexes	Diabetes, all ages, both sexes
			Males	Females	Males	Females	Males	Females		
Country	2000	2012	2013	2013	2013	2013	2013	2013	2013	2013
Albania	24.0	19.0	...	...	...	...	...	...	...	...

	12	13	14	15	16	17	18	19	20
	Age-standardised rates per 100 000 population								
	Incidence, all ages, by sex					Mortality, all ages, by sex			
	All cancers	Lung	Colorectum	Breast	Cervix uteri	Lung	Colorectum	Breast	Cervix uteri
	Both	Both	Both	Females	Females	Both	Both	Females	Females
Country	2013	2012	2012	2012	2012	2013	2013	2013	2013
Albania	135.9	26.2	8.4	53.9	5.0	...	...	...	...

Risk factors: alcohol and tobacco

	21	22	23	24	25					26	27
	Recorded alcohol per capita (15 years & over) consumption (litres of pure alcohol), 3-year average, total	Heavy episodic drinking (population 15 years & over) past 30 days, (%), total**	15–19 years old heavy episodic drinkers (population), (%), total	Alcohol use disorders (15 years & over), 12 month prevalence (%), total**	Prevalence current smoking any tobacco product , (%), by sex**					Price of 20-cigarette pack of most sold brand (Intn'l. dollars at PPP)	Specific excise tax as a % of price of most sold brands
					Both	Males		Females			
Country	2008–2010	2010	2010	2010	2013	2009	2013	2009	2013	2014	2014
Albania	4.9	6.4	21.5	5.3	29.7	60.1	51.7	19.4	8.0	3.9	45.0

Risk factors: blood pressure, cholesterol and immunization

	28						29			30
	Prevalence, percent of population with raised blood pressure (SBP 140 or DBP 90), (18 years and over), (age-standardized estimate), by sex						Prevalence, percent of population with total cholesterol 190 mg/dl (5.0 mmol/l), (25 years and over), (age-standardized estimate), by sex			Immunization coverage, 1-year-olds, Hepatitis B, both sexes, (%)
	Both		Males		Females		Both	Males	Females	
Country	2010	2014	2010	2014	2010	2014	2008	2008	2008	2014
Albania	28.9	28.0	32.1	31.4	25.7	24.5	45.3	46.3	44.3	98.0

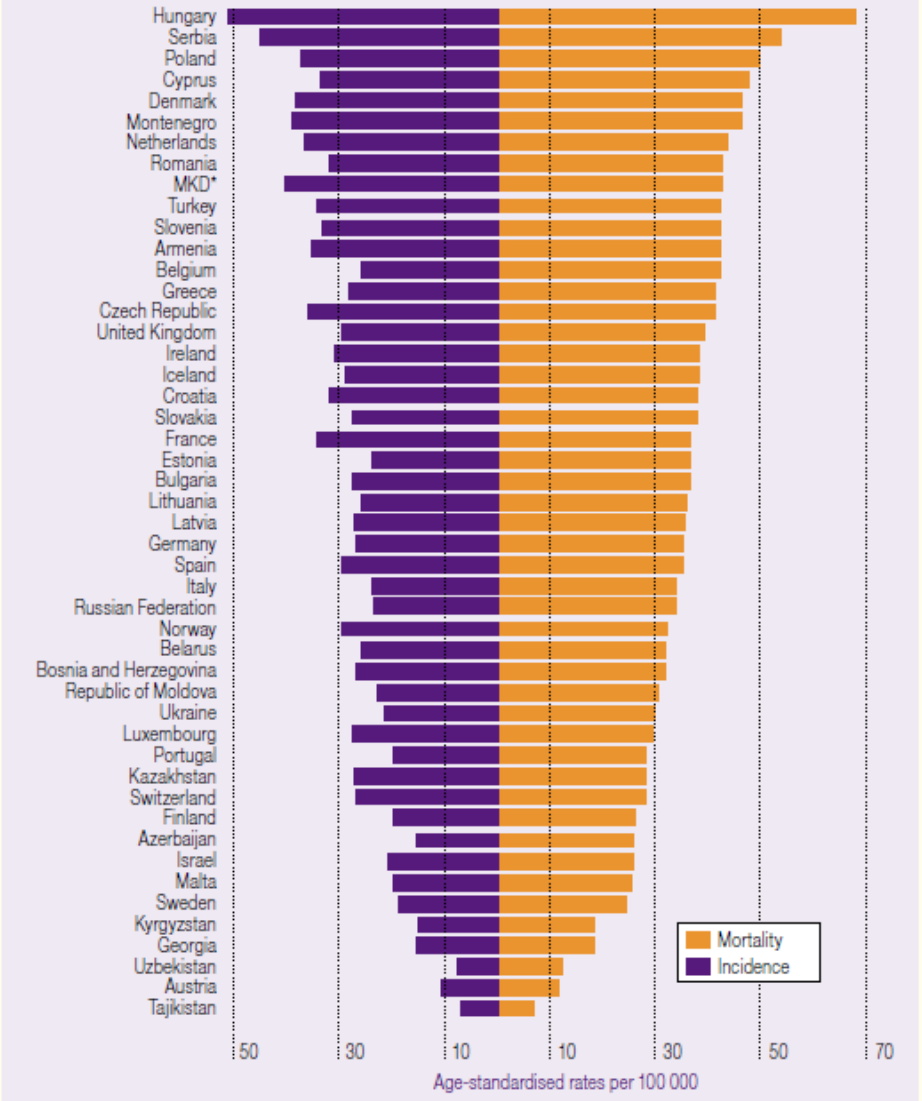
Diabetes and related risk factors: glucose, overweight and obesity, physical activity, policy

	31	32		33		34		35	
	There is a policy, strategy, or action plan for diabetes	Diabetes, all ages, by sex							
		Age-standardized death rates per 100 000 population		Proportion of all discharges (%)		Hospital discharges,average length of stay, (in days)		Total number of discharges from all causes (thousands)	
		Males	Females	Males	Females	Males	Females	Males	Females
Country	2015	2013	2013	2013	2013	2013	2013	2013	2013
Albania	–	...	...	...	...	...	...	...	...

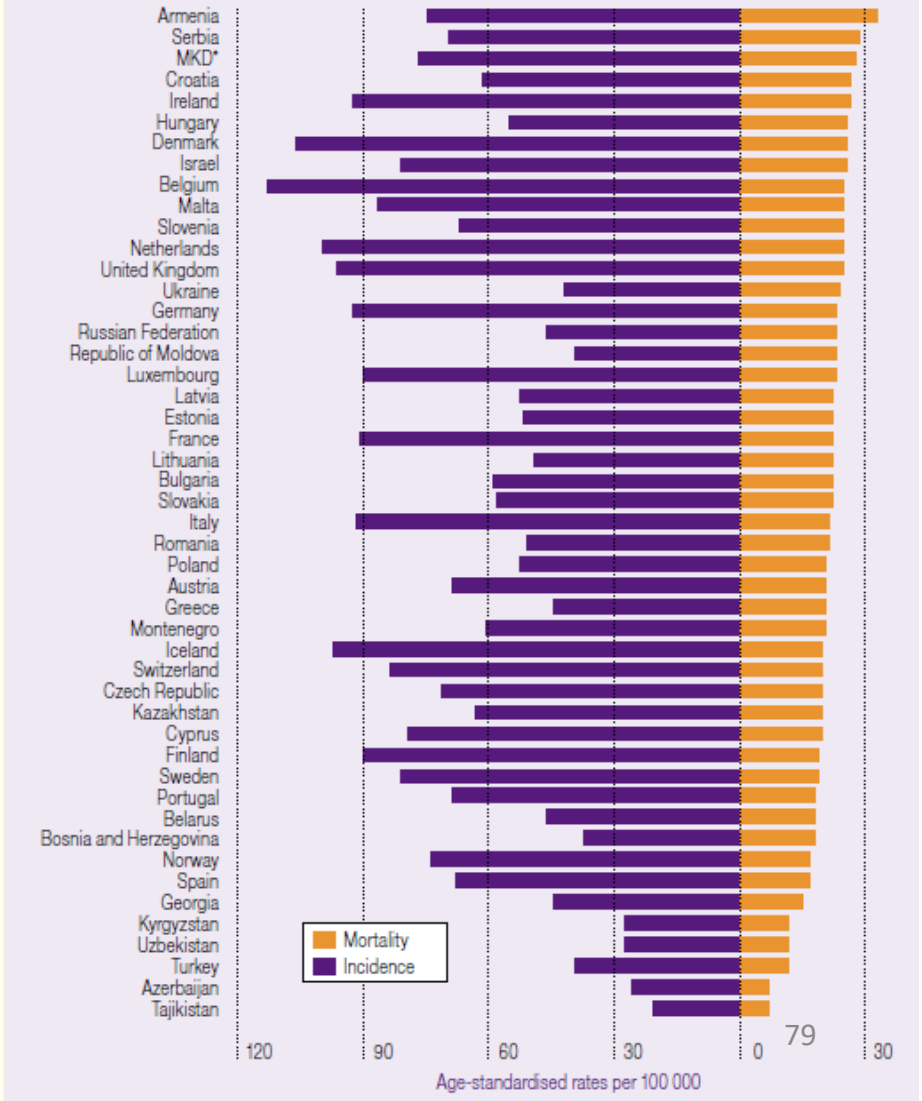
36		37				38		39		40	
Prevalence, percent population with fasting glucose ≥126 mg/dl (7.0 mmol/l) or on medication for raised blood glucose, (18 years and over), by sex, (%)**		Prevalence, percent of population with body mass index (BMI) of 25 kg/m^2 or higher, (18 years and over), (age-standardized estimate), by sex				Prevalence of overweight (including obesity), (%)		Prevalence of insufficient physical activity among school going adolescents (crude estimate), (%)		Prevalence of insufficient physical activity among adults (age-standardized estimate), (%)	
						13 years old		11–17 years		18 years and over	
Males	Females	Males		Females		Boys	Girls	Boys	Girls	Males	Females
2014	2014	2010	2014	2010	2014	2009	2009	2010	2010	2010	2010
8.6	7.5	54.5	57.5	46.5	47.9	...	...	...	...	...	...

Noncommunicable diseases: quantitative and qualitative indicators

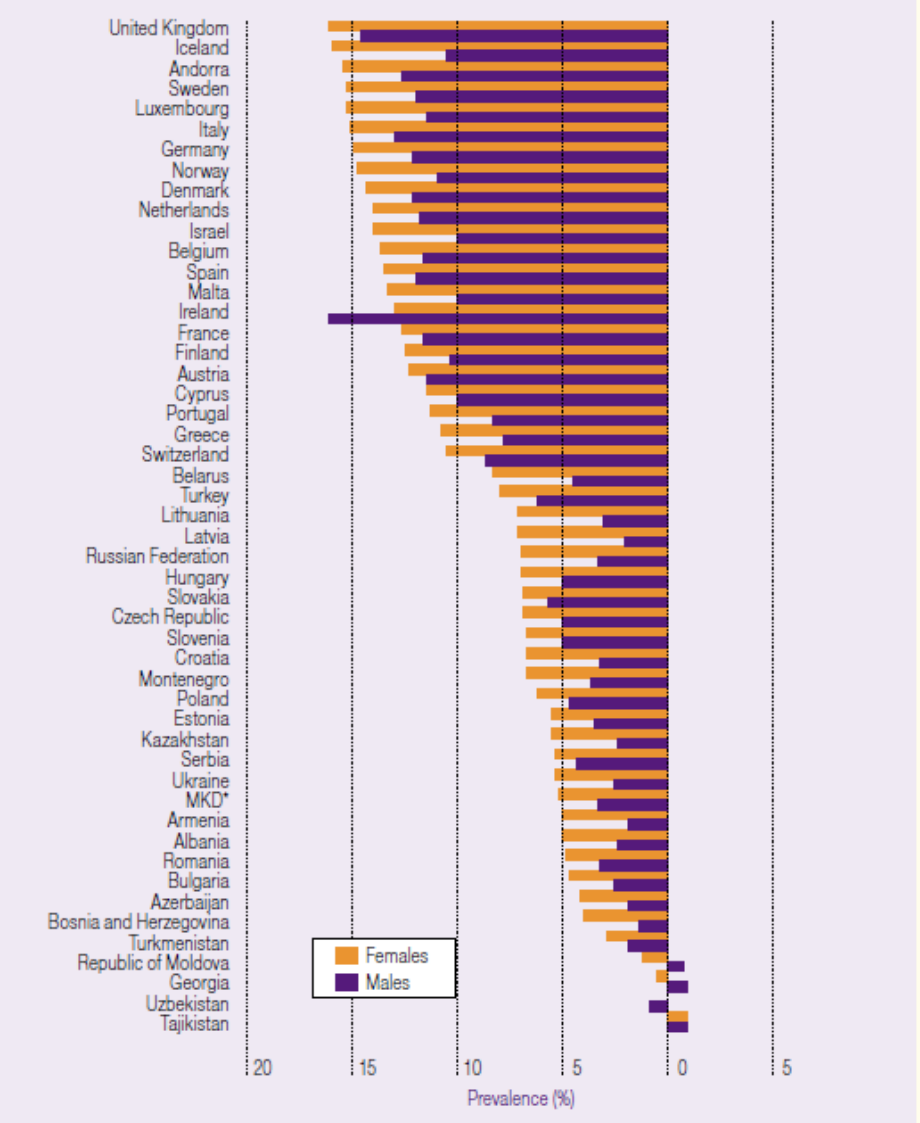
INCIDENCE AND MORTALITY FROM MALIGNANT NEOPLASM OF LUNGS, ALL AGES, BOTH SEXES, EUROPEAN REGION, 2012–2013



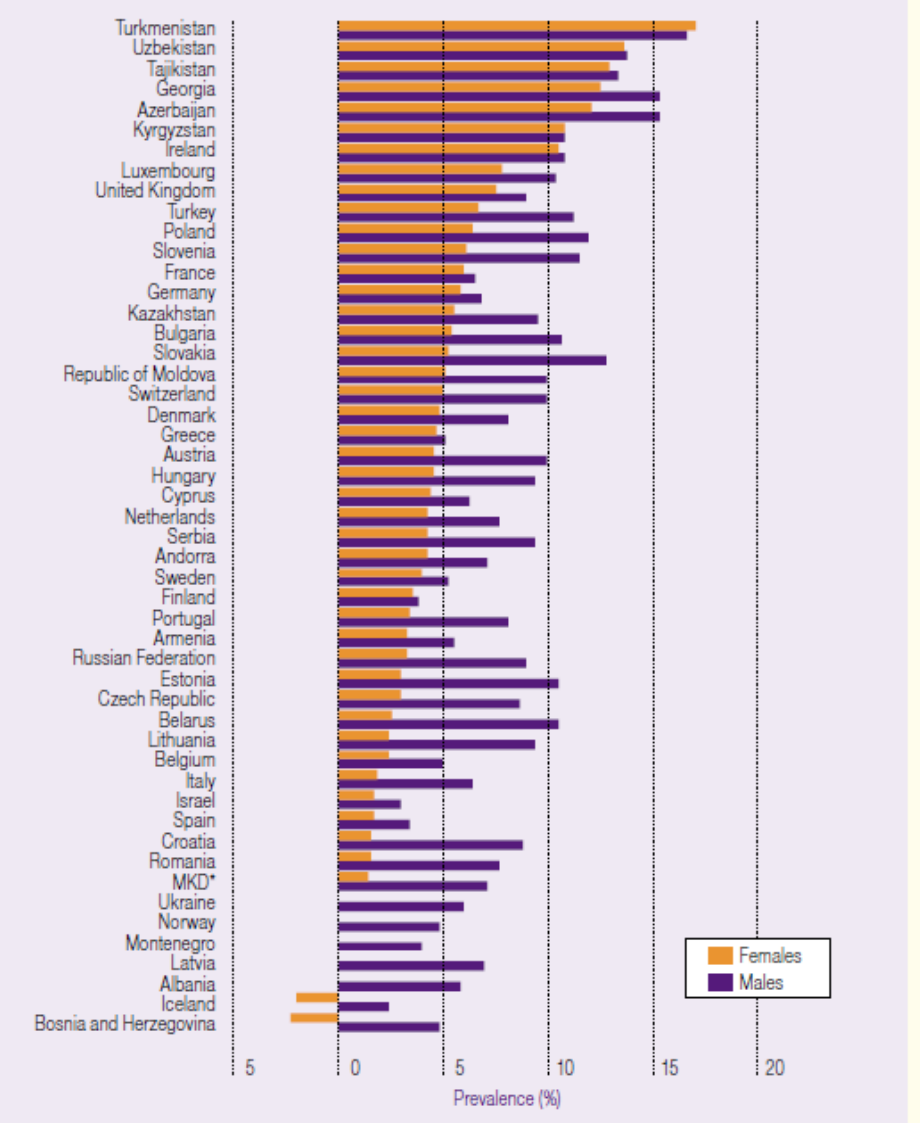
INCIDENCE AND MORTALITY FROM MALIGNANT NEOPLASM OF BREAST, ALL AGES, FEMALES, EUROPEAN REGION, 2012–2013



RAISED BLOOD PRESSURE (SBP ≥ 140 OR DBP ≥ 90) PREVALENCE DIFFERENCE BETWEEN 2010 AND 2014, BY SEX, EUROPEAN REGION



FASTING GLUCOSE ≥ 126 MG/DL (7.0 MMOL/L) PREVALENCE DIFFERENCE BETWEEN 2010 AND 2014, BY SEX, EUROPEAN REGION



World Health Organization
REGIONAL OFFICE FOR Europe

Core Health Indicators in the WHO European Region

COLOUR CODING FOR INDICATORS (FOR TABLES)

SDG only	SDG and Health 2020	Health 2020 only

Demographic and socioeconomic context

	1	2	3	4	5	6	7	8	9
						Health 2020			
						SDG 4	SDG 6	SDG 8	
	Mid-year population (thousands)	Population aged ≥ 65 years (% of total)	Total fertility rate	Natural population growth per 1000	Urban population (% of total)	% of population with secondary education only, aged 25+ years	% of population with access to improved sanitation facilities	Real GDP, PPP$ per capita	Annual growth rate of GDP (%)
Country	**2016**	**2015**	**2015**	**2015**	**2012****	**2015**	**2015**	**2016**	**2016**
Albania	2 904	12.6	1.8 [d]	6.3 [d]	51.9	74.3 [d]	93.2	11 929	3.5

Health status: mortality indicators

	10	11	12	13	14	15	16	17
	Health 2020				Health 2020	Health 2020		
						SDG 3	SDG 16	SDG 3
	Life expectancy at birth (years)			Healthy life years at birth	Infant deaths per 1000 live births	Neonatal mortality rate per 1000 live births	Mortality rates from homicides and assaults per 100 000 population	Mortality rates from suicide and intentional self-harm per 100 000 population
	Both sexes	Males	Females					
Country	**2015**	**2015**	**2015**	**2015**	**2015**	**2015**	**2015**	**2015**
Albania	79.6 [d]	77.5 [d]	81.9 [d]	68.8	5.5 [d]	2.4 [d]	0.0 [d]	0.0 [d]

Health status: mortality indicators

18	19	20	21	22	23	24	25	
Health 2020								
SDG 3								
Age-standardized death rates per 100 000 population								
All-cause mortality	Malignant neoplasms	Circulatory system	Digestive system	Diseases of the respiratory system	External causes of injury and poisoning	Motor vehicle accidents	Ill defined** causes of death (%)	
2015	2015	2015	2015	2015	2015	2015	2015	Country
602.5 [d]	91.0 [d]	353.2 [d]	10.6 [d]	18.4 [d]	31.8 [d]	0.0 [d]	10.5 [d]	Albania

Health status: morbidity

	26	27	28	29	30
	SDG 3				
	Incidence per 100 000		Cancer incidence per 100 000		
	HIV	TB	All forms	Female breast	Prostate
Country	2014	2015	2015	2015	2015
Albania	2.7	14.4	96.1 [d]	30.8 [c]	13.0 [d]

Health services utilization

31	32	33
Health 2020		
SDG 3		
% of infants vaccinated against rubella	Inpatient care	
	Acute care hospital discharges per 100 population	Average length of stay (days)
2016	2015	2015
96	—	5.5 [c]

Health expenditures

Risk factors

34	35	36	37	38	39	40	41	
	Health 2020			Health 2020				
SDG 16				Estimated age-standardized prevalence (in %) of				
Public sector expenditure on health as % of total government expenditure (WHO estimates)	Private households' out-of-pocket expenditure (WHO estimates)	Public sector health expenditure (WHO estimates)	Insufficient physical activity among adults	Obesity (defined as BMI ≥ 30 kg/m^2) in people aged 18 years and over		Raised fasting plasma glucose (≥ 7.0 mmol/L or on medication)		
	as % of total health expenditure			Males	Females	Males	Females	
2014	2014	2014	2011**	2014	2014	2014	2014	Country
9.4	49.9	49.9	—	16.5	17.0	7.7	7.1	Albania

Theme in focus: SDGs

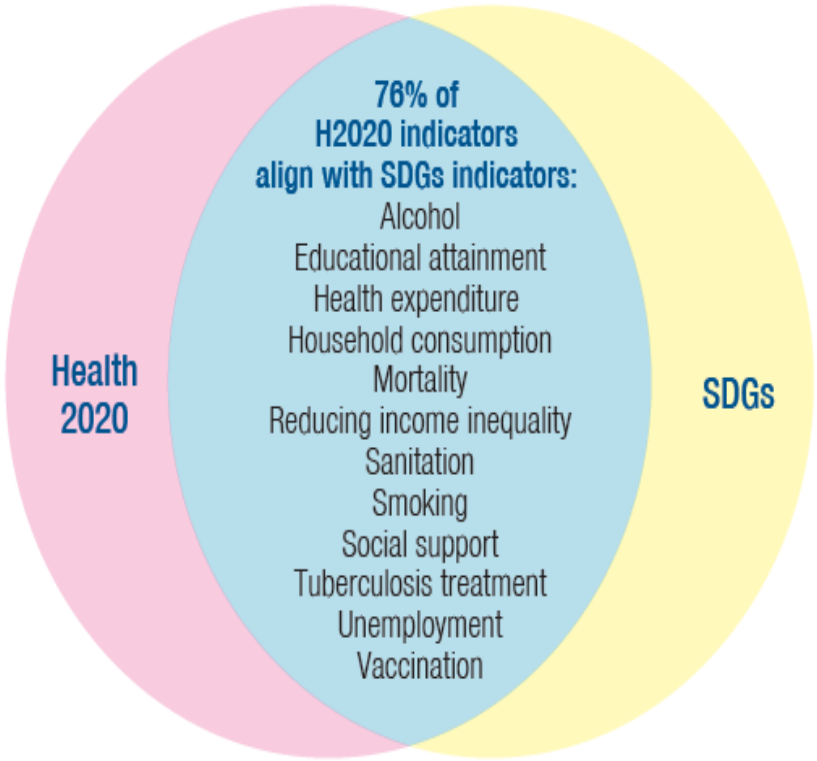
	42	43	44	45	46	47	48
		Health 2020					
	SDG 10	SDG 4		SDG 8			
	Gini index (income distribution)	Proportion (%) of children of official primary school age not enrolled		Unemployment rate (% of labour force)		Youth unemployment rate (% of labour force)	
		Males	Females	Males	Females	Males	Females
Country	2015	2015	2015	2016	2016	2016	2016
Albania	29.0[d]	3.5[c]	4.8[c]	16.5	16.1	36.8	35.7

Theme in focus: SDGs

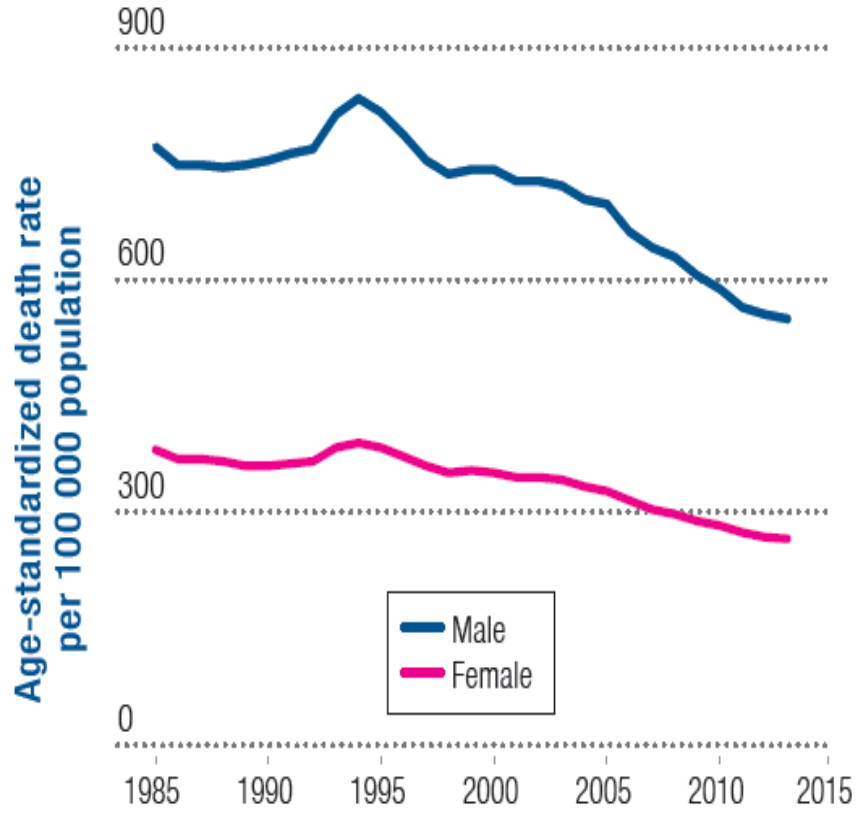
49	50	51	52	53	54	55	56	57	
Health 2020									
SDG 3						SDG 3			
% of infants vaccinated against poliomyelitis	Treatment success rate: new TB cases (%)	Age-standardized death rate from major noncommunicable diseases per 100 000 population (30–69 years)			Total health expenditure as % of GDP (WHO estimates)	Availability per 100 000 population		Mortality attributable to household and ambient air pollution (per 100 000 population)	
		Both sexes	Males	Females		Physicians	Nurses and midwives		
2015	2015	2015	2015	2015	2014	2015	2015	2012**	Country
98[a]	88[b]	247.1[d]	313.0[d]	181.8[d]	5.9	128[c]	—	171.4	Albania

Theme in focus: SDGs

Mapping of indicators from Health 2020 with SDGs



Mortality trend from major noncommunicable diseases in people aged 30-69 years in the WHO European Region



OBIETTIVI DI SVILUPPO SOSTENIBILE (2030)
OBIETTIVI DEL MILLENNIO (2015)
HORIZON 2020
HEALTH 2020

- **DISEASE CENTERED**
- **PATIENT CENTERED**
- **PERSONALIZED MEDICINE**
- **PRECISION MEDICINE**
- **PATIENT HEALTH OUTCOME GOALS AND WORKLOAD**
- **PERSON CENTRED**

PREVALENZA DISEASE

MODELLO BASATO SU EPISODIO MALATTIA ACUTA PRIORITARIA

OGGETTO:	**LA MALATTIA**
OBIETTIVO:	**DIAGNOSI E TERAPIA**
PROTAGONISTI:	**LA MALATTIA**
	IL MEDICO ESPERTO DELLA MALATTIA
	IL PAZIENTE PORTATORE DELLA MALATTIA

- **LE MALATTIE ACUTE:**
  - **BREVI, SINTOMI EVIDENTI, DIAGNOSTICATE “FACILMENTE” (CAUSA-EFFETTO) E TRATTATE CON CURA PREDEFINITA (LINEE GUIDA, CONOSCENZA ESPLICITA, EVIDENZE)**

- **AZIONE REATTIVA NEI CONFRONTI DELLA PATOLOGIA**

- **IL SUPPORTO TECNOLOGICO**
  - **RIPETIBILITÀ DEI TEST, AFFIDABILITÀ DEI TRATTAMENTI**

- **RELAZIONE LEGATA AL PROGRAMMA TERAPEUTICO**
  - **INDAGINI E/O FARMACO E/O SPECIALISTI**

- **GLI ASPETTI LEGALI HANNO AIUTATO A PERPETUARE L'ENFASI DELLA MALATTIA ACCETTANDO SOLO I "DATI RIGIDI", PIUTTOSTO CHE IL RAGIONAMENTO CLINICO, COME PROVE.**

LA TECNOLOGIA

1) **basi fisiologiche, biochimiche e biomolecolari nella definizione delle malattie.**
2) **modi di acquisizione conoscenza della malattia**
3) **diagnosi**
4) **trattamento**
5) **prognosi**

6) **tassonomia**

- **Riproducibilità**
- **Normalità**
- **Precocità**
- **Personalizzazione**
- **Manipolazione**
- **Traduce gli eventi fisiologici e patologici in "linguaggio delle macchine" e rende percepibile in modo oggettivo quello che si cerca: la malattia**

ALCUNI RISULTATI

- eradicazione di molte malattie
- riduzione impatto
- migliorato la salute
- ridotto l'invalidità e la morte evitabile
- migliorato la qualità della vita
- prolungato la vita

- modificato l'ambiente fisico e sociale dell'umanità
- creato nuove malattie
- armamentario tecnico il complesso di dispositivi e farmaci
- impatto su metodi e organizzazioni

- da sintomi soggettivi a segni obiettivi (tecnologicamente definiti)

PATIENT HEALTH OUTCOME GOALS AND WORKLOAD (CARE PREFERENCES)

Raggiungimento degli obiettivi specifici di salute (esiti specifici)
in un contesto accettabile (gli impegni del Paziente).

DOMAINS AND EXAMPLES OF HEALTH OUTCOME GOALS

- **Funzione** (camminare per 2 condomini senza respiro "corto",
  vivere nella mia casa finchè non avrò bisogno di aiuto notturno)
- **Sintomi** (ridurre il dolore alla schiena per svolgere attività mattutine,
  non utilizzare farmaci che causino sonnolenza,
  riacquistare l'appetito e mangiare anche alimenti che mi piacciono)
- **Prolungamento della vita** (vedere mio nipote laurearsi)
- **Benessere** (Essere liberi dall'ansia o dall'incertezza sulla recidiva del cancro)
- **Ruoli occupazionali / sociali** (lavorare altri 3 anni
  andare a prendere mia nipote a scuola)

DOMAINS AND EXAMPLES OF PATIENT WORKLOAD

- **Interazioni con i medici** (Medici e raccomandazioni che vuole affrontare)
- **Utilizzo dell'assistenza sanitaria** (Ricoveri ospedalieri,
  soggiorni in unità di terapia intensiva, visite di medici)
- **Gestione dei farmaci** (complessità schemi e monitoraggio, effetti collaterali)
- **Attività di autogestione** (dieta, esercizio fisico, monitoraggio di peso,
  pressione sanguigna e glucosio)
- **Complessità attività diagnostiche** (preparazione, complicanze, ansia, tempi)
- **Costi**

PREVALENZA PATIENT

- **Modello somato-psicosocio-semiotico, bio-psico-sociale**
- **Complessità della pianificazione e fornitura servizi assistenza centrata sul paziente.**
- **Approccio sistemico e lettura per processi.**
- **Il Paziente come insieme di strutture biologiche (organi, tessuti…) come parte di sistemi sovrastanti (sistema familiare, sociale)**

MEDICINE OF THE PERSON (Paul Tournier in 1940),

•assistenza medica dell'intera persona

•aspetti biologici, psicologici, sociali e spirituali dei problemi di salute.

Obiettivi:

•aiutare i pazienti a trovare il significato della malattia e della loro vita;

•affrontare il problema della morte;

•scoprire un approccio etico specifico al loro ambiente;

•aprire fonti di amore per se stessi e per i loro simili;

•sentire il significato della sofferenza;

•trovare forza attraverso la **comunità** per una nuova responsabilità verso se stessi e verso i propri simili.

La "persona" in medicina della persona include sia la persona del medico (o del professionista della salute) che quella del paziente, così come la loro relazione personale illuminata ugualmente dalla fede e dalla scienza, che guarisce il corpo, la mente e lo spirito

MEDICINA OLISTICA

1. tutte le persone hanno innati poteri curativi;
2. il paziente è una persona, non una malattia;
3. una persona è in definitiva responsabile della propria salute e benessere;
4. La guarigione richiede un approccio di squadra coinvolgendo il paziente e il medico;
5. la guarigione affronta tutti gli aspetti della vita di una persona usando una varietà di pratiche di assistenza sanitaria;
6. il trattamento è orientato alla causa, non solo alleviare i sintomi.

“Medicina Personalizzata”
“Medicina di Precisione“
“Medicina Individualizzata”
adattamento del trattamento medico alle caratteristiche individuali di ciascun paziente

Eccezioni basate su variazioni genetiche o altri fenotipi;

Eccezione basata su chi è la persona: contesto, storia, famiglia, punti di forza e debolezza individuali.

La medicina centrata sulla persona pone l'intera persona al centro della salute e dell'assistenza sanitaria:

medicine of the person,
for the person,
by the person,
with person.

LA SALUTE PUÒ ESSERE ALTERATA DA:

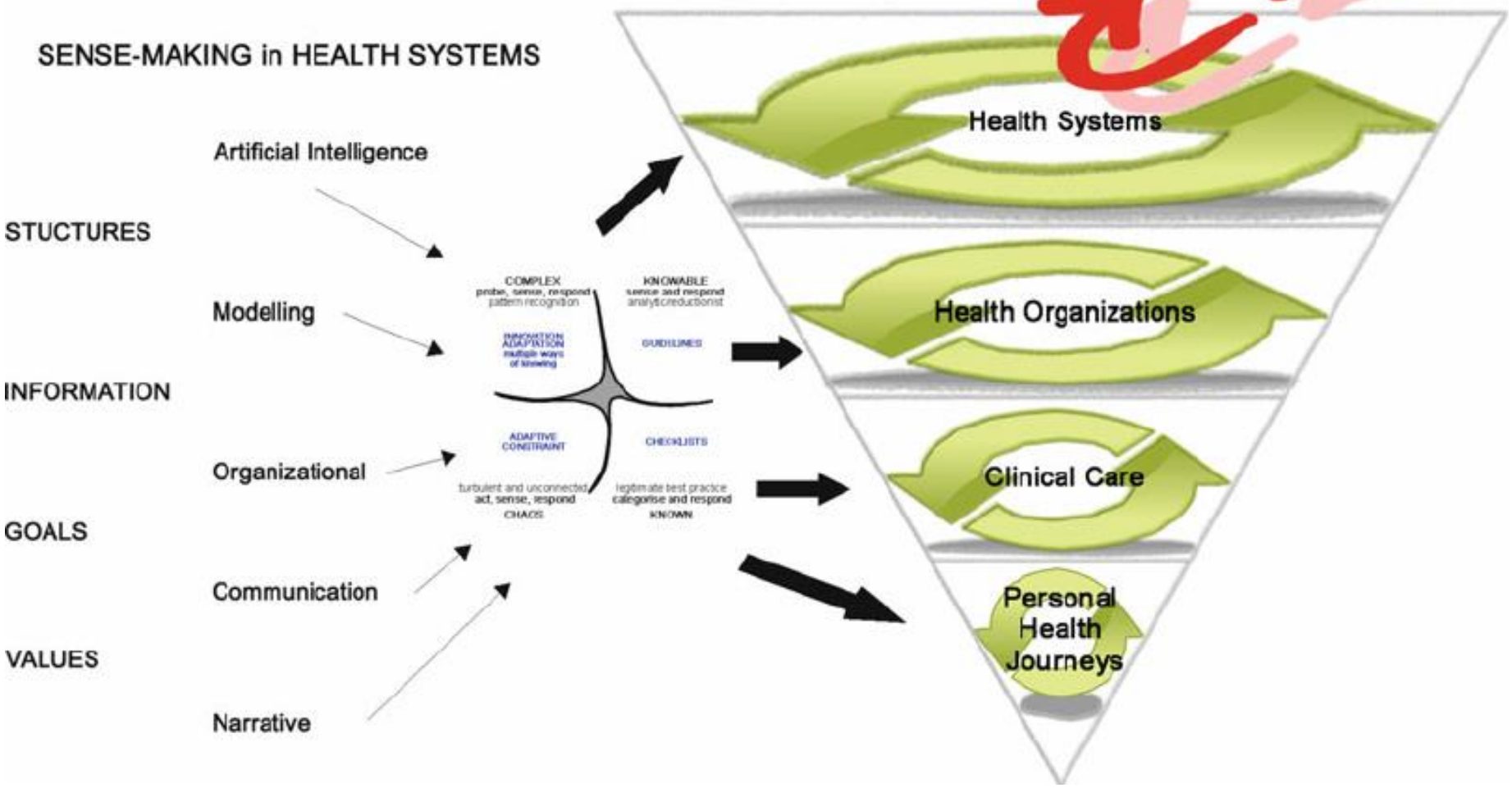
- ciò che un paziente «ha»,
- come soffre un paziente,
- come un paziente si sente «definito» dalla diagnosi
- come la comunità risponde alla sua situazione e comportamento (malattia, stigma, ruolo sociale),
- che paziente « è » (personalità, sé narrativo, essere umano nel mondo),
- ciò che un paziente « fa »(comportamenti, moralità),
- ciò che un paziente crede (filosofia di vita, spiritualità),
- cosa prova un paziente (soddisfazione della vita, benessere),
- che cosa tende ad essere un paziente (missione di vita, autorealizzazione).

Assistenza centrata sulla persona e assistenza centrata sul paziente

- Pazienti sono Persone e non devono essere ridotti alla malattia
- Persona ha responsabilità nei confronti della situazione che lo riguarda

- Soggettività e Integrazione nell'ambiente
- Piani futuri e diritti
- Da modello "Paziente è oggetto passivo di intervento medico"
  a modello "Paziente parte attiva nella cura e nel processo decisionale"

Multiple layers of Sense-Making



HEALTH PROMOTION THEORIES

Behavioural change theories

Health Belief Model - Rosenstock (1966)

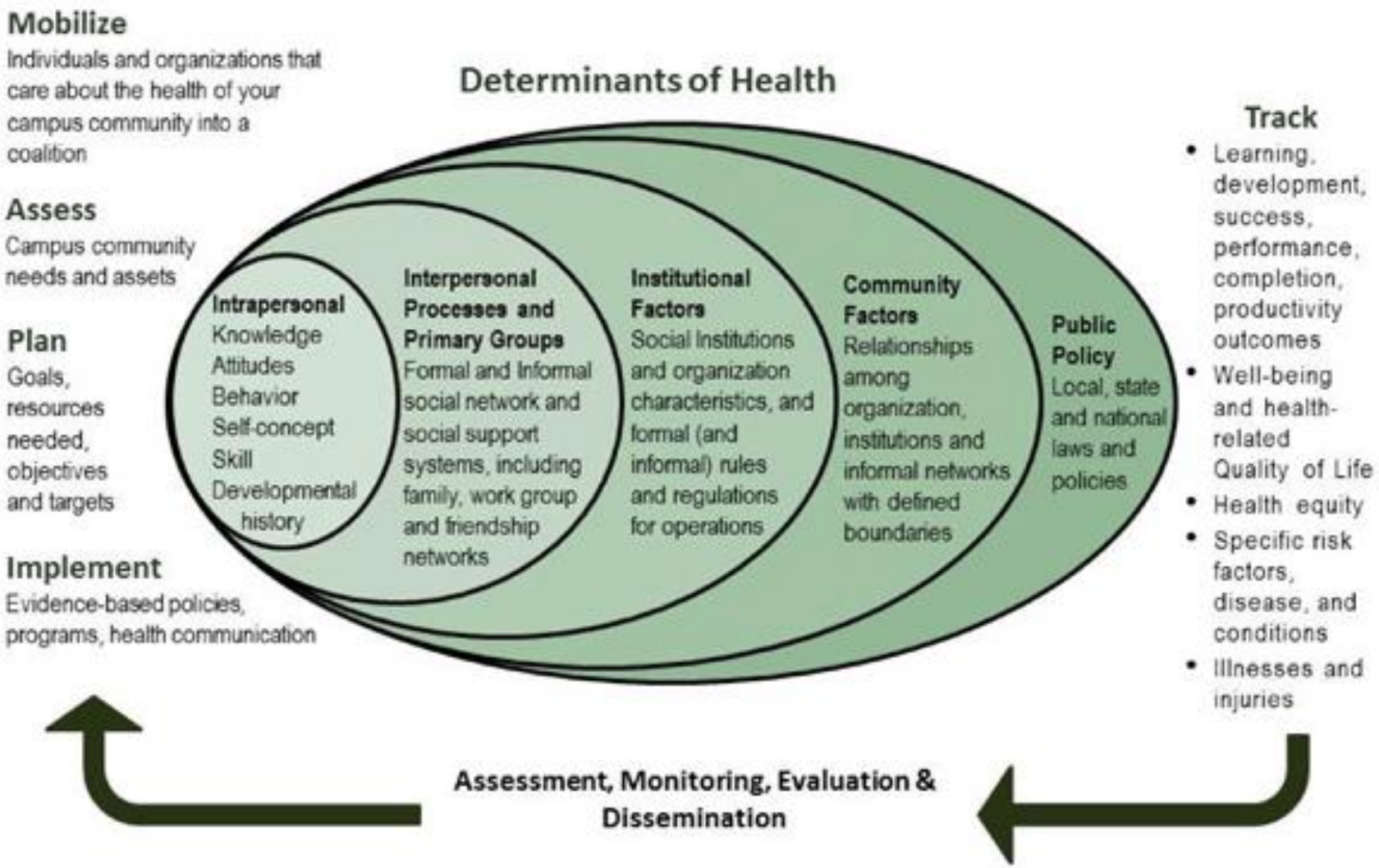
Theory of reasoned action - Fishbein e Ajzen (1975)

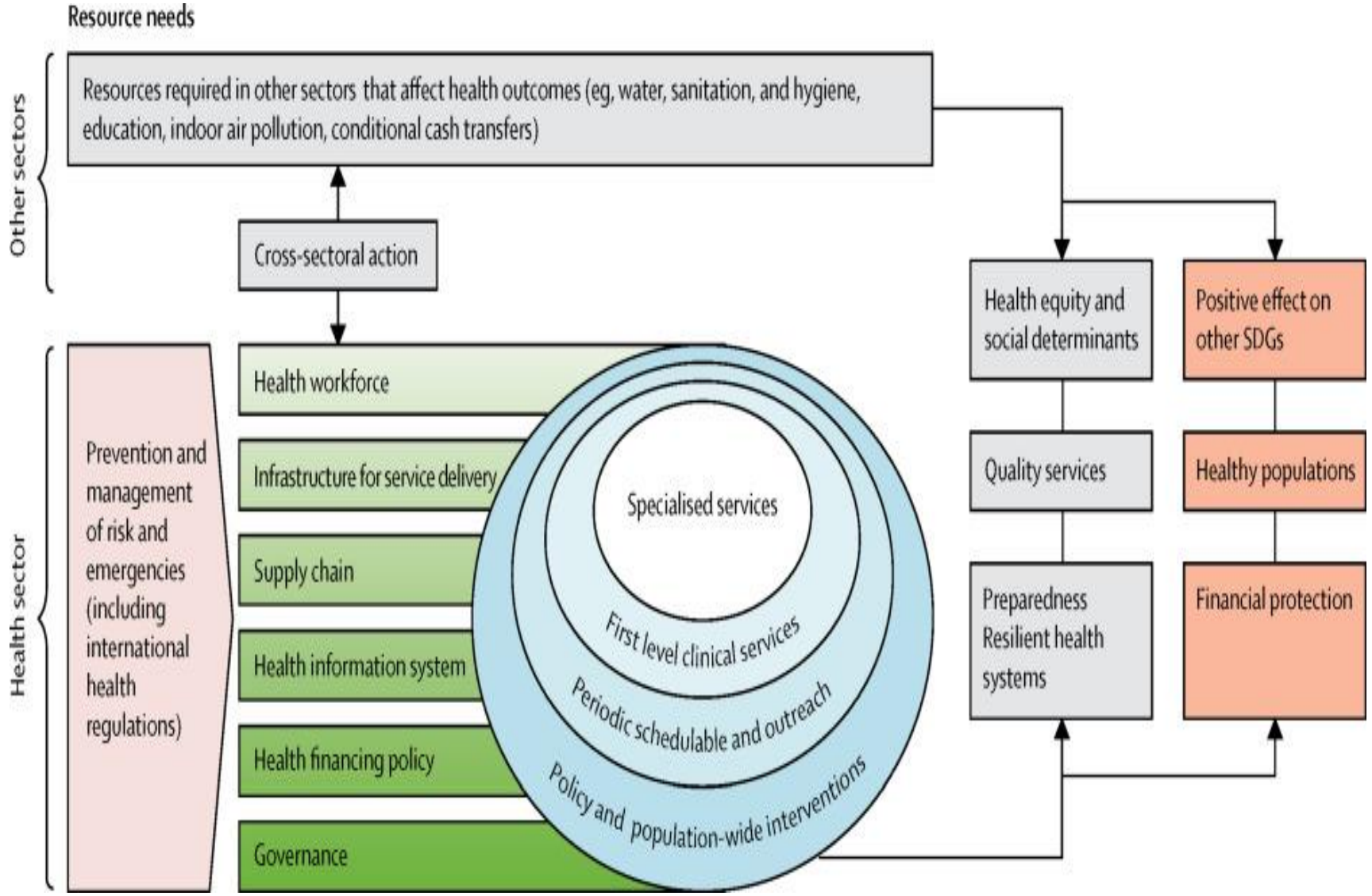
Theory of planned behaviour – Ajzen (1985)

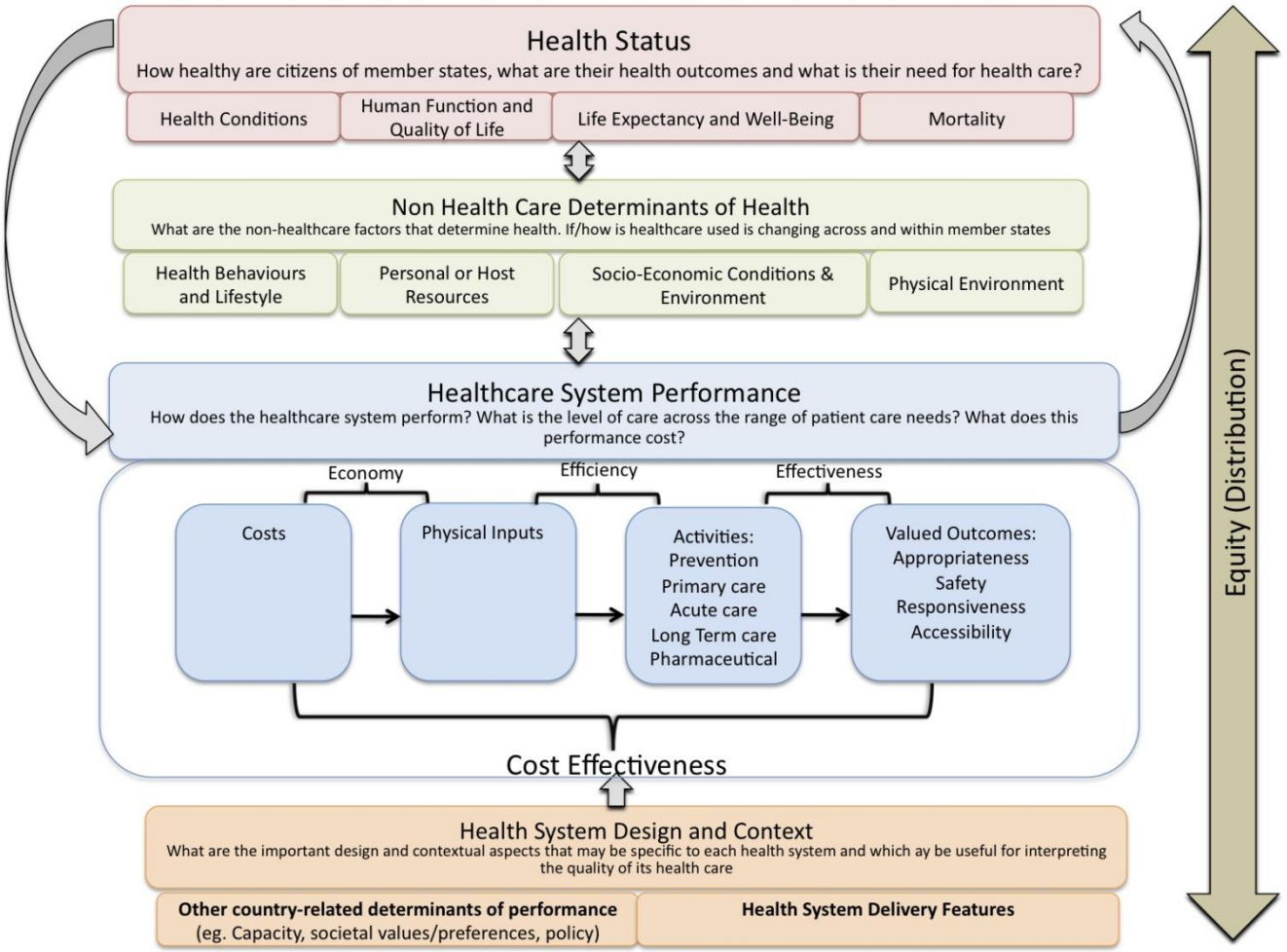
Social cognitive theory – Bandura (1989)

Self determination theory – Deci Ryan et al (1991)

Transtheoretical model or stages of change model - Prochaska e Di Clemente (1997)


Mobilize
Individuals and organizations that care about the health of your campus community into a coalition
Assess
Campus community needs and assets
Plan
Goals, resources needed, objectives and targets
Implement
Evidence-based policies, programs, health communication
Determinants of Health
Intrapersonal
Knowledge
Attitudes
Behavior
Self-concept
Skill
Developmental history
Interpersonal Processes and Primary Groups
Formal and Informal social network and social support systems, including family, work group and friendship networks
Institutional Factors
Social Institutions and organization characteristics, and formal (and informal) rules and regulations for operations
Community Factors
Relationships among organization, institutions and informal networks with defined boundaries
Public Policy
Local, state and national laws and policies
Track
Learning, development, success, performance, completion, productivity outcomes
Well-being and health-related Quality of Life
Health equity
Specific risk factors, disease, and conditions
Illnesses and injuries
Assessment, Monitoring, Evaluation & Dissemination


Resource needs
Other sectors
Resources required in other sectors that affect health outcomes (eg, water, sanitation, and hygiene, education, indoor air pollution, conditional cash transfers)
Cross-sectoral action
Health sector
Prevention and management of risk and emergencies (including international health regulations)
Health workforce
Infrastructure for service delivery
Supply chain
Health information system
Health financing policy
Governance
Specialised services
First level clinical services
Periodic schedulable and outreach
Policy and population-wide interventions
Health equity and social determinants
Positive effect on other SDGs
Quality services
Healthy populations
Preparedness Resilient health systems
Financial protection


Health Status
How healthy are citizens of member states, what are their health outcomes and what is their need for health care?
Health Conditions
Human Function and Quality of Life
Life Expectancy and Well-Being
Mortality
Non Health Care Determinants of Health
What are the non-healthcare factors that determine health. If/how is healthcare used is changing across and within member states
Health Behaviours and Lifestyle
Personal or Host Resources
Socio-Economic Conditions & Environment
Physical Environment
Healthcare System Performance
How does the healthcare system perform? What is the level of care across the range of patient care needs? What does this performance cost?
Economy
Efficiency
Effectiveness
Costs
Physical Inputs
Activities:
Prevention
Primary care
Acute care
Long Term care
Pharmaceutical
Valued Outcomes:
Appropriateness
Safety
Responsiveness
Accessibility
Cost Effectiveness
Health System Design and Context
What are the important design and contextual aspects that may be specific to each health system and which ay be useful for interpreting the quality of its health care
Other country-related determinants of performance
(eg. Capacity, societal values/preferences, policy)
Health System Delivery Features
Equity (Distribution)

Data and statistics

35–80% of the WHO European Region's health care resources are spent on hospital and outpatient care.

Climate change	By 2100, average global temperatures are estimated to rise by 1.0–3.5C°, increasing the likelihood of many vector-borne diseases in new areas (Bulletin of the World Health Organization, 2000).
Ageing population	In the European Region, the proportion of people aged 65 years and older is forecast almost to double between 2010 and 2050.
Antimicrobial resistance	The use and misuse of antimicrobials has led to a relentless rise in the number and type of microorganisms resistant to these medicines.
New technologies	European leadership in technology, research and development is setting the pace of innovation in health with annual sales of €72.6 billion.
New medications	Almost 2% of gross domestic product in the European Union is spent on pharmaceuticals.
New models of care and finance	In the European Region, total expenditure on health is US$ 1000–5000 per capita.

World Health Organization

REGIONAL OFFICE FOR Europe

Developing a common set of indicators for the joint monitoring framework for SDGs, Health 2020 and the Global NCD Action Plan

Meeting of the expert group
Vienna, Austria, 20–21 November 2017

Annex. Glossary of working definitions and explanatory notes on concepts and terms used in Health 2020

Determinants of health

This term refers to the range of personal, social, economic and environmental factors that determine the health status of individuals or population.

Empowerment

Empowerment covers a very wide range of meanings, definitions and interpretations. In general, the term is about the ability to make decisions about personal and collective circumstances. In the context of Health 2020, empowerment is a process through which people gain greater control over decisions and actions affecting their health. To achieve this, individuals and communities need to develop skills, have access to information and resources, and opportunities to have a voice and influence the factors affecting their health and well-being.

Essential public health operations

The fundamental operations that must be carried out in society in order to maximize the health and well-being of the population as well as health equity.

Gender equity in health
Gender equity refers to fairness and justice in the distribution of benefits, power, resources and responsibilities between women and men to allow them to attain their full health potential. The concept recognizes that women and men have different needs and opportunities that impact on their health status, their access to services and their contributions to the health workforce. It acknowledges that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Governance
Governance is about how governments and other social organizations interact, how they relate to citizens, and how decisions are taken in a complex and globalized world.

Governance for health
The attempts of governments and other actors to steer communities, countries or groups of countries in the pursuit of health as integral to well-being through both whole-of-government and whole-of-society approaches.

Health
A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Health asset

At a broad level, a health asset can be defined as any factor (or resource) that enhances the ability of individuals, communities and populations to protect, promote and sustain their health and well-being. These assets can operate at the level of individual, group, community, and/or population as protective factors to buffer against life's stresses and as promoting factors to maximize opportunities for health.

Health equity (and equity in health)

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. "Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential.

Health for All

A policy goal consisting in the attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life.

Health governance

The governance of the health system and health system strengthening.

Health in all policies

There are numerous definitions of the term Health in All Policies, basically focusing on the need to incorporate an explicit concern for health in the policies of all sectors. In the context Health 2020: policy framework and strategy of Health 2020, a Health in All Policies approach is designed to make governance for health and well-being a priority for more than the health sector. It works in both directions, ensuring that all sectors understand and act on their responsibility for health, while recognizing how health affects other sectors. The health sector can therefore, support other arms of government by actively assisting their policy development and goal attainment. To harness health and well-being, governments need institutionalized processes that value cross-sector problem-solving and address power imbalances. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.

Health inequality

The term means a difference in health status between individuals or groups, as measured by, for example, life expectancy, mortality or disease. Health inequalities are the differences, variations and disparities in the health achievements of individuals and groups of people. Some differences are due to biological or other unavoidable factors such as age; others, however, are avoidable.

Health inequity

Health inequity refers to a difference or inequality in health that is deemed to be avoidable, unfair or stemming from some form of injustice. Inequities in health status can be between groups of people within countries and or between countries. Health inequities arise from differences within and between societies and the distribution of resources and power. Inequities are those differences in health that arise not from chance or from the decision of the individual but from avoidable differences in social, economic and environmental variables (such as living and working conditions, education, occupation, income and access to quality health care, disease prevention and health promotion services) that are largely beyond individual control and that can be addressed by public policy. It should be noted that the terms *health inequalities and health inequities are often used* interchangeably, while in most languages other than English there is only one term to describe such differences. Thus the term *health inequalities is also used to refer to those* differences in health that are deemed to be avoidable and unfair and that are strongly influenced by the actions of governments, stakeholders and communities, and that can be addressed by public policy. Therefore the terms *health inequality and health inequity are*
commonly used to refer to those health differences that are unfair and avoidable.

Health literacy
The cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health.

Health system
The ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

Intersectoral action
This term refers to efforts by the health sector to work collaboratively with other sectors of society to achieve improved health outcomes.

Life-course approach
This approach suggests that the health outcomes of individuals and the community depend on the interaction of multiple protective and risk factors throughout people's lives. The life-course approach provides a more comprehensive vision of health and its determinants and a focus on interventions in each stage of their lives.

Primary health care
Essential health care made accessible at a cost that a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.

Public health
The science and art of preventing disease, prolonging life and promoting health through the organized efforts of society.

Public health capacity
The resources (natural, financial, human or other) required to undertake the delivery of essential public health operations.

Public health services
The services involved in delivery of the essential public health operations. These services can be provided within the health system or in other sectors (beyond the strict boundaries of the health system) with health generating activities.

Resilience

The dynamic process of adapting well and responding individually or collectively in theface of challenging circumstances, economic crisis, psychological stress, trauma, tragedy, threats, and other significant sources of stress. It can be described as an ability to withstand, to cope or to recover from the effects of such circumstances and the process of identifying assets and enabling factors. Health 2020 places particular emphasis on the importance of creating resilient communities and the idea of helping people to help themselves. The term “resilient communities” is also frequently used in the context of disaster risk reduction (such as flooding) and the importance of creating appropriate infrastructures, systems and decision-making processes.

Social capital

Social capital represents the degree of social cohesion that exists in communities. It refers to the processes between people that establish networks, norms and social trust, and which facilitate coordination and cooperation for mutual benefits.

Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live,
work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

Social gradient in health

The stepwise fashion in which health outcomes improve as socioeconomic position improves. This gradient can be measured by a person's income, occupation, or the highest level of education he or she has. Similarly, social gradient in health can be defined as the stepwise or linear decrease in health that comes with decreasing social position.

Social inequalities

Social inequalities refer to differences in the distribution of social and economic factors or the social determinants of health within a country and or between countries. Social inequalities are usually measured by income, education and occupation. These social inequalitiescontribute to differences in health status (health inequalities) and are often the primary source or cause of health inequalities. Action on health inequalities therefore also requires action on social determinants such as education, living and working conditions, employment and income. For example, joint action by the health and education sectors to ensure that young women remain at school and complete secondary education will improve their health and life opportunities and reduce the health and social inequalities related to lower levels of education or incomplete schooling.

Social network

Social relations and links between individuals which may provide access to or mobilization of social support for health.

Sustainability

The capacity to endure. In environmental and development circles, the terms "sustainability" and "sustainable development" are often used interchangeably. The most widely cited definition of "sustainable development" is that of the World Commission on Environment and Development, which defined it as development that "meets the needs of the present without compromising the ability of future generations to meet their own needs". In health economics, the term sustainability is also employed to designate the potential for sustaining beneficial health outcomes for an agreed period at an acceptable level of resource commitment within acceptable organizational and community contingencies. Increasingly, efforts are being made to highlight the synergies between the public health and sustainability policy agendas.

Well-being

Well-being is an integral part of the WHO definition of health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It exists in two dimensions, subjective and objective. It comprises an individual's experience of his or her life, and a comparison of life circumstances with social norms and values. Subjective well-being can include a person's overall sense of well-being, psychological functioning, as well as affective states. Examples of objective well-being and life circumstances include health, education, jobs, social relationships, environment (built and natural), security, civic engagement and governance, housing and leisure.

Whole-of-government approach

"Whole-of–government" refers to the diffusion of governance vertically across levels of
government and arenas of governance and horizontally throughout sectors. Whole-of-government activities are multilevel, encompassing government activities and actors from local to global levels, and increasingly also involving groups outside government. Health in all policies is one whole-of-government approach to making governance for health and well-being a priority for more than the health sector, working in both directions: taking account of the impact of other sectors on health and the impact of health on other sectors.

Whole-of-society approach

"Whole-of-society" refers to an approach that aims to extend the whole-of-government
approach by placing additional emphasis on the roles of the private sector and civil society, as well as of political decision-makers such as parliamentarians. By engaging the private sector, civil society, communities and individuals, the whole-of-society approach can strengthen the resilience of communities to withstand threats to their health, security and wellbeing. A whole-of-society approach goes beyond institutions: it influences and mobilizes local and global culture and media, rural and urban communities and all relevant policy sectors, such as the education system, the transport sector, the environment and even urban design.

Accountability: the obligation to report, or give account of, one's actions – for example, to a governing authority through scrutiny, contract, management, regulation and/or to an electorate

Ambulatory care sensitive conditions: chronic conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management in primary care settings – for example, vaccination, screening, self-management and lifestyle intervention

Amenable morbidity: disease state or the incidence of illness in people and communities considered avoidable by health care interventions

Amenable mortality: deaths considered avoidable by health care interventions

Care coordination: a proactive approach in bringing care professionals and providers together around the needs of service users to ensure that people receive integrated and person-focused care across various settings

Case management: a targeted, community-based and proactive approach to care that involves casefinding, assessment, care planning and care coordination to integrate services around the needs of people with long-term conditions

Change management: an approach to transitioning individuals, teams, organizations and systems to a desired future state

Collaborative care: care that brings together professionals and/or organizations to work in partnership with people to achieve a common purpose

Community health worker: people who provide health and medical care to members of their local community, often in partnership with health professionals. Alternatively known as a: village health worker; community health aide/promoter; lay health advisor; expert patient; and/or community volunteer

Continuity of care: the degree to which a series of discrete health care events is experienced by people as coherent and interconnected over time, and consistent with their health needs and preferences

Continuous care: care that is provided to people over time across their life course

Co-production of health: care that is delivered in an equal and reciprocal relationship between professionals, people using care services, their families and the communities to which they belong.

Chronic care: medical care which addressesthe needs of people with pre-existing or long-term illnesses

Disease management: a system of coordinated health care interventions and communications to populations with conditions in which people's self-care efforts are significant to managing their health

E-health: information and communication technologies that support the remote management of people and communities with a range of health care needs through supporting self-care and enabling electronic communications between health care professionals and patients

Empowerment: the process of supporting peopleand communities to take control of their own health needs resulting, for example, in the uptake of healthier behaviours or the ability to selfmanage illnesses

Engagement: involving people and communities in the design, planning and delivery of health services that, for example, enable them to make choices about care and treatment options or to participate in strategic decision-making on how health resources be spent

Goal-oriented care: each individual is encouraged to achieve the highest possible level of health as defined by that individual

High quality care: care that is safe, effective,

People-centred and integrated health services: an overview of the evidence people-centred, timely, efficient, equitable and integrated

Holistic care: care to the “whole person” that considers psychological, social and environmental factors rather than just the symptoms of disease or ill-health

Indicators: explicitly defined and measurable items which help to assess the structure, process or outcomes of care

Integrated health services: the management and delivery of health services such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, diseasemanagement, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course

Intersectoral action: the inclusion of several sectors, in addition to health, when designing and implementing public policies that seek to improve health care and quality of life

Mutual (shared) accountability: the process by which two (or multiple) partners agree to be held responsible for the commitments that they have made to each other

Noncommunicable disease: a medical condition or disease which is non-infectious and nontransmissible among people

People-centred care: an approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care also requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases

Person-centred care: care approaches and practices that see the person as a whole with many levels of needs and goals, with these needs coming from their own personal social determinants of health

Population health: an approach to health care that seeks to improve the health outcomes of a group of individuals, including the distribution of such outcomes within the group

Primary care: a key process in the health system that supports first-contact, accessible, continued, comprehensive and coordinated care to people and Communities

Primary health care: refers to the concept elaborated in the 1978 Declaration of Alma-Ata, which is based on the principles of equity, participation, intersectoral action, appropriate technology and a central role played by the health system

Stewardship: an ethical responsibility for the effective planning and management of health resources to safeguard equity, population health and well-being

Supported self-care: individuals, families and communities are supported and empowered to take responsibility to manage their own health and wellbeing

Transformational change: a complete paradigm shift in the underlying strategies, cultures and processes within which a system operates in order to bring about significant and enduring improvements

Universal health coverage: ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship

Vertical programmes: focused on people and populations with specific (single) health conditions, vertical programmes have three core components: intervention strategies, monitoring and evaluation, and intervention delivery

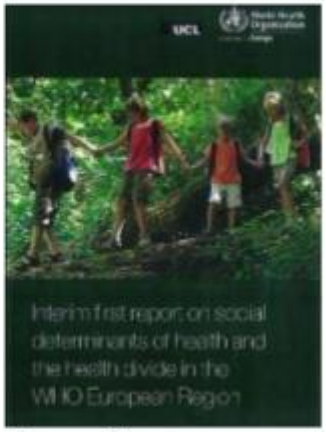
Whole-system thinking: the process of
understanding how things, regarded as systems,
influence one another within a whole

Speaking one language

HEALTH DISCOURSE	DEVELOPMENT DISCOURSE
Health equity	Leave no one behind
Social, economic and environmental determinants	Empowered people
Resilient communities	Resilient nations
Life-course approach	Good governance and peace-building
Whole of society	Human rights and gender equity
Health in all policies	Health in all SDGs
Empowerment	Social, economic and environmental dimensions
Whole of government	
Human rights and gender equity	

World Health Organization
REGIONAL OFFICE FOR Europe

WHO European review of social determinants and the health divide:* key findings and recommendations to improve equity in health



Policy goals

- Improve overall health of the population
- Accelerate rate of improvement for those with worst health

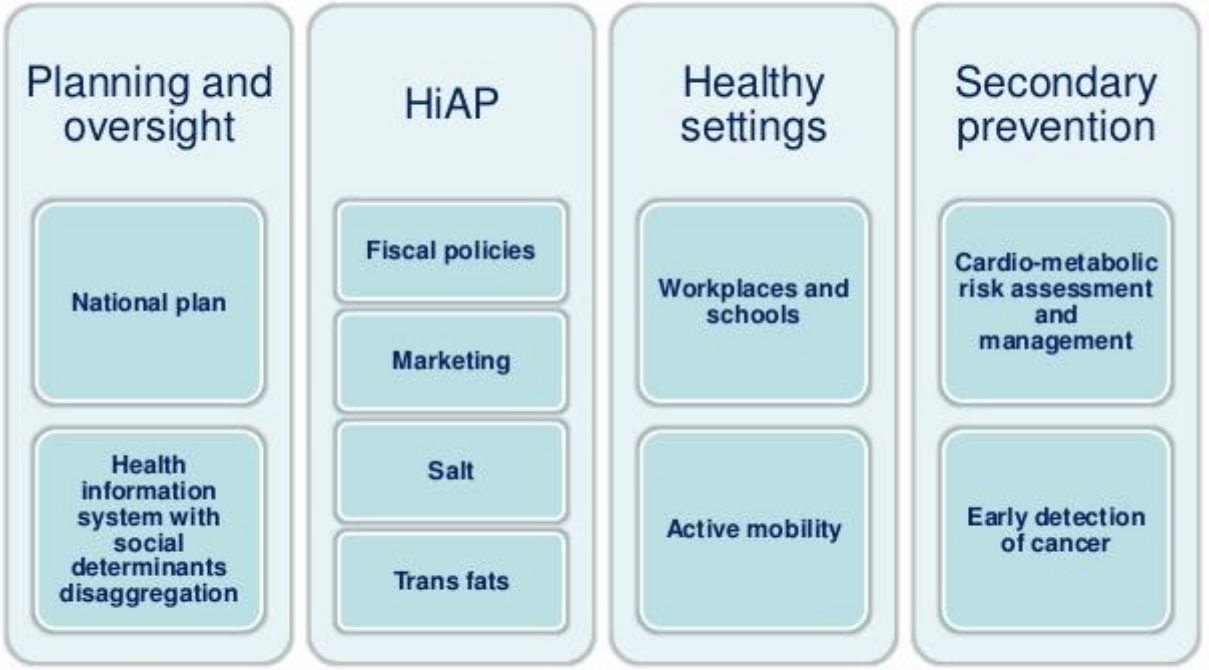
Policy approaches

- Take a life-course approach to health equity.
- Address the intergenerational processes that sustain inequities
- Address the structural and mediating factors of exclusion
- Build the resilience, capabilities and strength of individuals and communities

World Health Organization Europe

* The study was carried out by a consortium of over 80 policy researchers and institutions across Europe (2012), and led by Sir Michael Marmot.

NCD action plan 2012–2016



World Health Organization
Europe

- **People centred**
- **People centred health system**
- **People centred health care and health system**
- **People centred health services**
- **People centred health care and health system (2007)**
- **Coordinated/integrated health service delivery (2013-2016)**
- **Integrated People centred health services (2016)**
- **The European framework for action on integrated health service delivery (2016)**

World Health Organization

REGIONAL OFFICE FOR Europe

Regional Committee for Europe
66th session

EUR/RC66/R5

Copenhagen, Denmark, 12–15 September 2016

13 September 2016
160764
ORIGINAL: ENGLISH

Resolution

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery

The Regional Committee,

Table 2.1.1 Main driving forces for health system reforms towards more CIHSD

Demand-side	Supply-side
• Demographic changes	• Fragmentation of services and sub-specialisation
• Increasing burden of non-communicable diseases, multi- and co-morbidities	• Hospital centrism - diverting from PHC values and public health services
• Persisting challenges to prevent and control emerging and re-emerging communicable diseases	• Resource constraints and rising costs
• Rising patient expectations	• Advancements in technology
• Changing global climate and threats to international health security	• Growing evidence and awareness of the adverse impacts of fragmented care

COORDINATED/INTEGRATED HEALTH SERVICES DELIVERY (CIHSD)

Rafforzamento del sistema sanitario (HSS Health System Strenghetning)

La gestione e la fornitura di servizi sanitari per garantire che le persone ricevano un continuum di

- **protezione della salute,**
- **promozione della salute,**
- **prevenzione delle malattie,**
- **diagnosi,**
- **trattamento,**
- **gestione della malattia,**
- **riabilitazione**
- **cure palliative.**

✓**Attraverso diversi livelli di cura,**

✓**in base alle loro esigenze**

✓**per tutto il corso della vita "**

✓**per garantire guadagni in termini di qualità, efficienza e continuità delle cure**

✓**per ottenere miglioramenti nello stato di salute e equità**

Continuità delle cure

"Il grado in cui una serie di eventi di cura separati sono vissuti dalle persone come coerenti e interconnessi nel tempo e sono coerenti con le loro attese, bisogni e preferenze:

- Non necessariamente tutto deve essere integrato in un unico "contenitore"
- le discontinuità sono probabilmente inevitabili.
- Lo scopo è quello di garantire che i servizi siano vissuti come integrati dal paziente
- che può facilmente e comprensibilmente muoversi attraverso i vari livelli e organizzazione del sistema.

INTEGRATED HEALTH SERVICES:

Continuum promozione della salute,
prevenzione delle malattie,
diagnosi,
trattamento,
gestione della malattia,
riabilitazione e
servizi di cure palliative,

Coordinati tra i diversi livelli e luoghi di cura all'interno e
oltre il settore sanitario e
in base alle esigenze
durante tutto il corso della vita

PEOPLE-CENTRED HEALTH SYSTEM:

prospettive di individui, caregiver, famiglie e comunità
partecipanti e beneficiari di sistemi sanitari affidabili che
sono organizzati intorno ai bisogni globali delle persone
piuttosto che alle singole malattie e rispetta le preferenze sociali

pazienti supportati per prendere decisioni e partecipare alle loro cure
caregiver con massima capacità in un ambiente di lavoro favorevole

Include non solo incontri clinici
attenzione alla salute delle persone nelle loro comunità
Ruolo nella politiche sanitarie

Rispondere a sfide sanitarie emergenti:

urbanizzazione,
tendenza verso stili di vita insalubri,
invecchiamento della popolazione,
onere delle malattie trasmissibili e non trasmissibili,
multi-morbidità,
aumento dei costi sanitari,
epidemie e altre crisi sanitarie.

- **migliore accesso alle cure,**
- **miglioramento della salute e dei risultati clinici,**
- **migliore alfabetizzazione sanitaria e cura di sé,**
- **maggiore soddisfazione cura,**
- **miglioramento della soddisfazione lavorativa per gli operatori sanitari,**
- **miglioramento dell'efficienza dei servizi e riduzione dei costi complessivi.**

- **allocazione globale delle risorse raggiunga un equilibrio adeguato tra promozione della salute, prevenzione delle malattie, riabilitazione e assistenza sanitaria.**

"tutte le persone hanno pari accesso a servizi sanitari di qualità
•co-prodotti (co-produzione della salute: cura che viene erogata in un
rapporto uguale e reciproco tra professionisti,
persone che usano servizi di assistenza,
le loro famiglie e le comunità a cui appartengono.
Informazioni, processo decisionale ed erogazione dei servizi condivisi)
•soddisfare le esigenze di vita,
•coordinati attraverso il continuum di cura
•completi,
•sicuri,
•efficaci,
•tempestivi,
•efficienti e
•accettabili;

•i professionisti motivati,
•competenti
•operano in un ambiente che li supporta".

Transform to a people-centred approach:

to improve health outcomes **taking into account changes:**

- **ageing population,**
- **burden of communicable and noncommunicable diseases**,
- **technological advances** and
- **economic pressures**;

Strengthening people-centred health systems:

- framework for action on **integrated health services delivery**
- focuses on the **comprehensive delivery of quality services**
- across **the life-course**
- to **tackle upstream causes of ill health** and
- to **promote well-being**
- **through intersectoral action** and a
- **public health approach;**

- Action plan for the prevention and control of NCD's
- Strategy on women's health and well-being
- Action plan for sexual and reproductive health
- Action plan for the health sector response to HIV
- Action plan for the health sector response to viral hepatitis

VISIONE

L'assistenza sanitaria centrata sulle persone: diritti umani e dignità, non discriminazione, partecipazione e empowerment, accesso e equità e partenariato.

Mira a ottenere migliori risultati per individui, famiglie, comunità, operatori sanitari, organizzazioni sanitarie e sistemi sanitari promuovendo

1. Cultura di cura e comunicazione.
2. Servizi e istituzioni responsabili, proattivi. Fornire dati accessibili, sicuri, etici, efficaci, basati su prove e assistenza sanitaria olistica.
3. Forte sistema professionale.

Coinvolgimento nella pianificazione dei servizi sanitari, sviluppo delle politiche e feedback per il miglioramento della qualità.

AMBITI

- individui, famiglie e comunità;
- operatori sanitari;
- organizzazioni sanitarie;
- sistemi sanitari.

4.1 Individui, famiglie e comunità

collaborazione efficace tra persone che hanno bisogno di cure e persone che forniscono assistenza.

- Aumentare l'alfabetizzazione sanitaria
- Migliorare la capacità di autogestione e cura di sé; aderenza dei pazienti ai regimi terapeutici; gruppi di supporto fra pari;
- Aumento della capacità del settore del volontariato
- Partecipazione della comunità alla pianificazione dei servizi sanitari
- Accesso equo ai sistemi sanitari, a trattamenti efficaci e sostegno psicosociale;
- Abilità personali che consentono il controllo della salute e l'integrazione con i sistemi di assistenza sanitaria

4.2 Operatori sanitari

- Approccio olistico alla fornitura di assistenza sanitaria;
- Rispetto per i pazienti e le loro decisioni;
- Riconoscimento dei bisogni delle persone;
- Comunicazione, collaborazione e rispetto reciproci, empatia, promozione della salute, prevenzione delle malattie, reattività e sensibilità;
- Fornitura di cure individualizzate;
- Accesso a opportunità di sviluppo professionale;
- Aderenza alle linee guida e ai protocolli evidence-based;
- Impegno per la qualità, la sicurezza;
- Lavoro di squadra e collaborazione, fornendo assistenza coordinata e garantendo continuità di cura

4.3 Organizzazioni sanitarie**:**

- Accessibilità;
- Impegno per la qualità, sicurezza ed etica;
- Ambiente fisico sicuro ed accogliente che supporta stile di vita, famiglia, privacy e dignità;
- Accesso al supporto psicologico durante l'esperienza di cura;
- Lavoro di squadra e multidisciplinarietà;
- Organizzazione di servizi che offrono praticità e continuità di cura, programmazione flessibile e concordata;
- Dimensioni psicosociali e collaborazione tra individui, famiglie e operatori sanitari.

4.4 Sistemi sanitari

- Cure primarie;
- Partecipazione di organismi professionali alla definizione di standard;
- Sviluppare linee guida e strumenti di valutazione dei servizi;
- Sistemi di riferimento tra cure primarie e altri livelli di cura,
- Modalità di finanziamento
- Modalità per la gestione delle segnalazioni dei pazienti;
- Collaborazione con le comunità locali;
- Coinvolgimento dei cittadini nella politica sanitaria;
- Trasparenza.
- Monitoraggio e valutazione per guidare il processo di sviluppo continuo.
- Garantire un uso razionale della tecnologia
- Gestione eventi avversi e farmacovigilanza

SERVICES

health protection

health promotion

disease prevention

SETTING

primary care

secondary care

specialist care,

diagnosis,

treatment,

long-term care,

rehabilitation

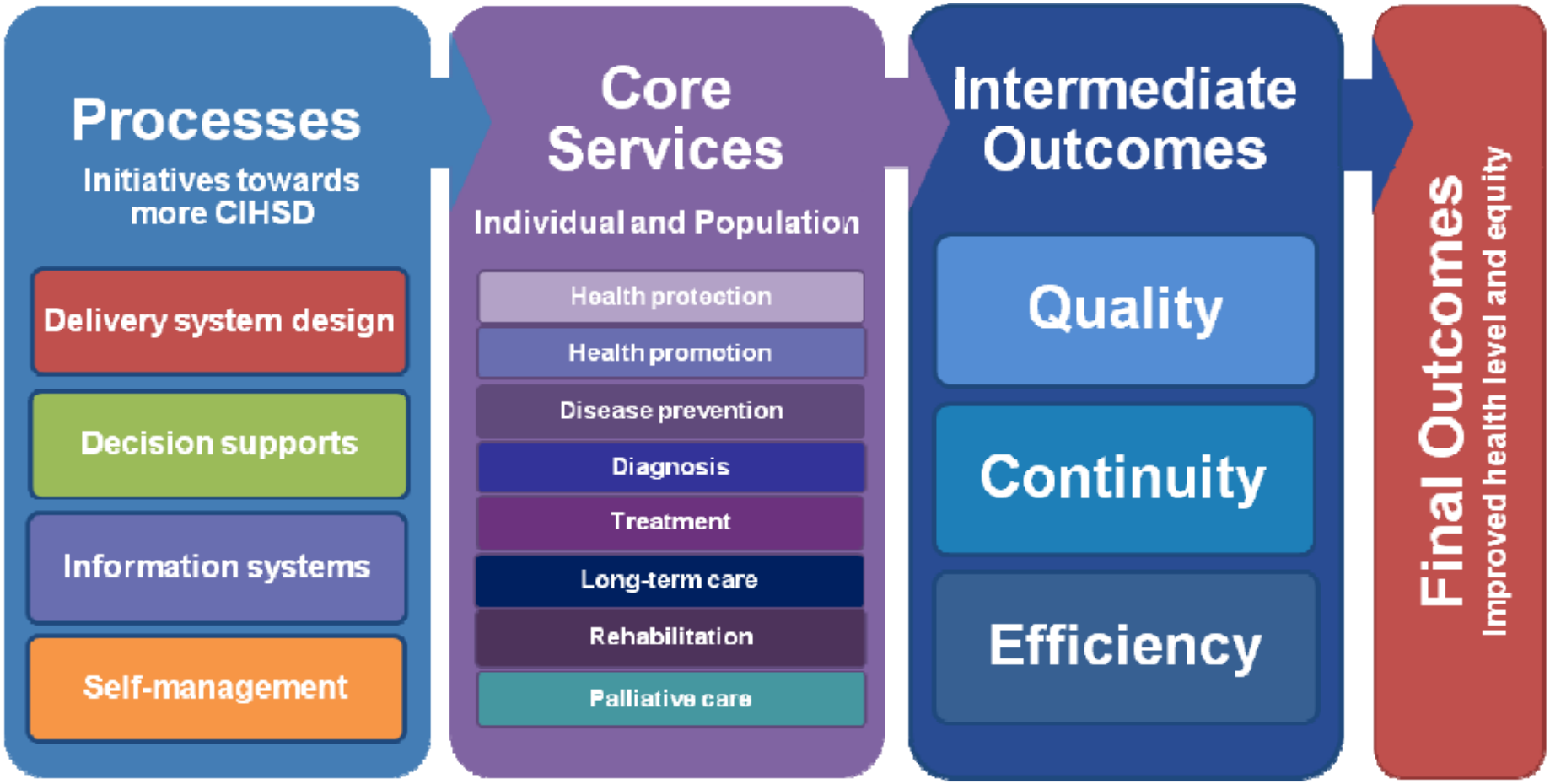
continuous support of community

palliative care.

home and social care

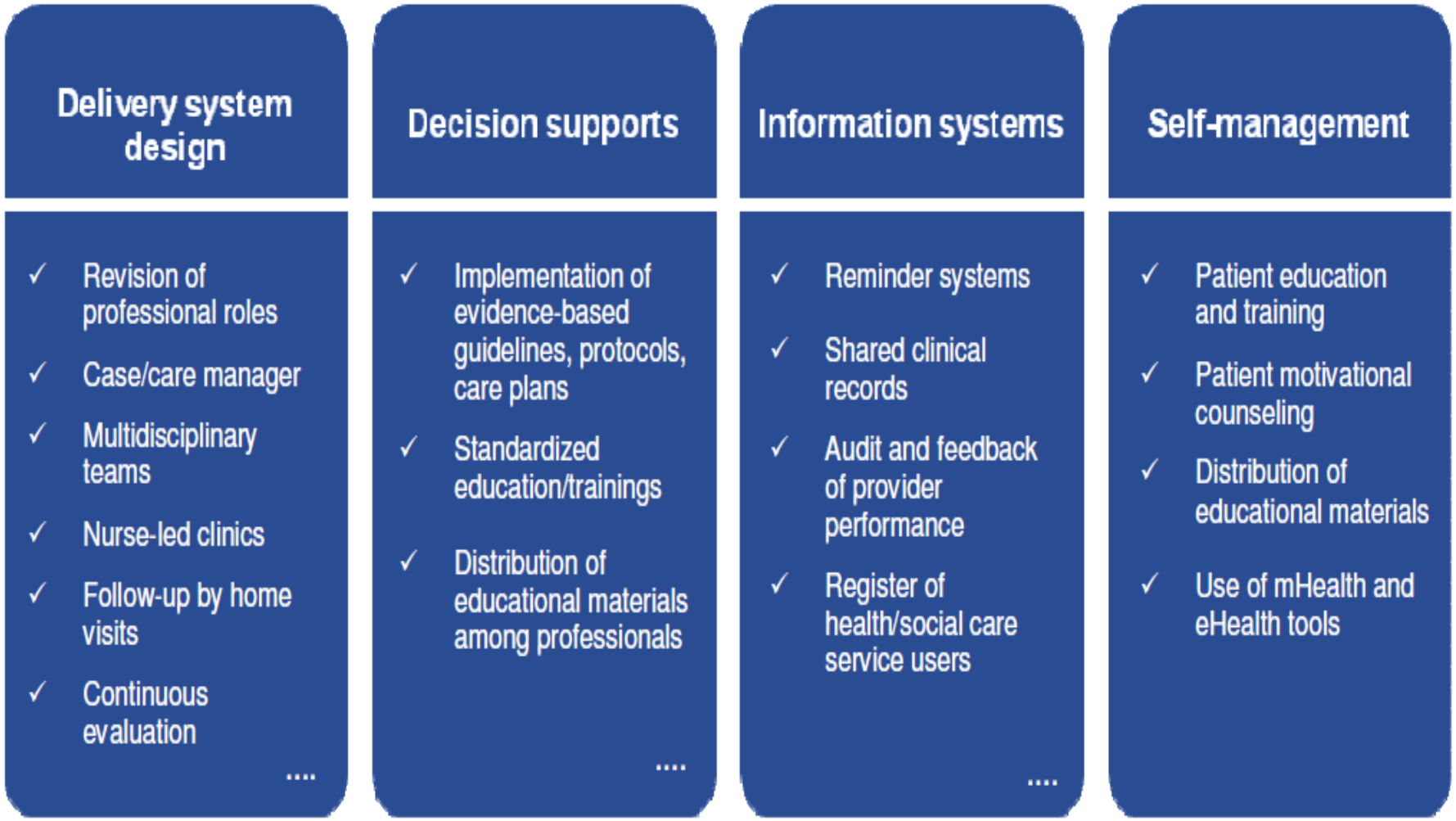
Fortemente collegati con le public health operations (EPHOs) of health protection (EPHO 3), health promotion (EPHO 4) and disease prevention (EPHO 5) to diagnosis, treatment, long-term care, rehabilitation and palliative care.

Figure 1.5.1 Improving health outcomes through the CIHSD



Adapted from WHO Regional Office for Europe 2012b

Figure 1.4.1 Examples of initiatives towards the CIHSD



Source: Adapted from Nolte & McKee 2008, citing Zwar et al. 2006

Table 1.2.1 Distinguishing features of people-centred care

Conventional care	Disease-specific programmes	People-centred care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health and maintaining health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community. Their preferences and motivations are integrated into care planning.

Source: (WHO 2008a)

Table 1.2.2 Key concepts defined

Integrated health services	Continuity of care	People-centred care	Integrated health care networks
"The management and delivery of health services such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels of care, and according to their needs throughout the life course" (PAHO 2011).	"The degree to which a series of discrete health care events are experienced by people as coherent and interconnected over time, and are consistent with their health needs and preferences" (PAHO 2011, adapted from Haggerty et al 2003).	"Care that is focused and organized around the health needs and expectations of people and communities rather than on diseases" (WHO 2010).	"A network of organizations that provides, or makes arrangements to provide equitable, comprehensive and integrated health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and for the health status of the population that it serves" (PAHO 2011, adapted from Shortell et al. 1993).

World Health Organization

SIXTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 16.1

A69/39
15 April 2016

Framework on integrated, people-centred health services

Report by the Secretariat

Framework on integrated people-centred health services: an overview

Vision

"All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects social preferences, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment"

Strategy 1: Engaging and empowering people & communities	Strategy 2: Strengthening governance & accountability	Strategy 3: Reorienting the model of care	Strategy 4: Coordinating services within and across sectors	Strategy 5: Creating an enabling environment

Strategic Approaches

Strategy 1: Engaging and empowering people & communities

- 1.1 Engaging and empowering individuals and families
- 1.2 Engaging and empowering communities
- 1.3 Engaging and empowering informal carers
- 1.4 Reaching the underserved & marginalized

Strategy 2: Strengthening governance & accountability

- 2.1 Bolstering participatory governance
- 2.2 Enhancing mutual accountability

Strategy 3: Reorienting the model of care

- 3.1 Defining service priorities based on life-course needs, respecting social preferences
- 3.2 Revaluing promotion, prevention and public health
- 3.3 Building strong primary care-based systems
- 3.4 Shifting towards more outpatient and ambulatory care
- 3.5 Innovating and incorporating new technologies

Strategy 4: Coordinating services within and across sectors

- 4.1 Coordinating care for individuals
- 4.2 Coordinating health programmes and providers
- 4.3 Coordinating across sectors

Strategy 5: Creating an enabling environment

- 5.1 Strengthening leadership and management for change
- 5.2 Strengthening information systems and knowledge
- 5.3 Striving for quality improvement and safety
- 5.4 Reorienting the health workforce
- 5.5 Aligning regulatory frameworks
- 5.6 Improving funding and reforming payment systems

Potential policy options and interventions

- Health education
- Shared clinical decision making
- Self-management
- Community delivered care
- Community health workers
- Civil society, user and patient groups
- Social participation in health
- Training for informal carers
- Peer support
- Care for the carers
- Equity goals into health sector objectives
- Outreach programmes and services
- Contracting out
- Expansion of primary care
- Community participation in policy formulation and evaluation
- National health plans promoting integrated people-centred health services
- Donor harmonization and alignment with national health plans
- Decentralization
- Clinical governance
- Health rights and entitlement
- Provider report cards
- Patient satisfaction surveys
- Patient reported outcomes
- Performance evaluation
- Performance based financing and contracting
- Population registration with accountable care providers
- Local health needs assessment
- Comprehensive package of services
- Strategic purchasing
- Gender and cultural sensitivity
- Health technology assessment
- Population risk stratification
- Surveillance, research and control of risks and threats to public health
- Public health regulation and enforcement
- Primary care with family and community-based approach
- Multidisciplinary teams
- Home and nursing care
- Repurposing secondary and tertiary hospitals for acute complex care only
- Outpatient surgery and day hospital
- Shared electronic medical record
- eHealth
- Care pathways
- Referral and counter-referral systems
- Case management
- Care transition
- Team-based care
- Regional/district-based health service delivery networks
- Integration of vertical programmes into national health system
- Incentives for care coordination
- Health in all policies
- Intersectoral partnerships
- Merging of health sector and social services
- Integration of traditional medicine into health services
- Coordinating preparedness and response to health crises
- Transformational and distributed leadership
- Change management strategies
- Information systems
- Systems research and knowledge management
- Quality assurance
- Culture of safety
- Continuous quality improvement
- Workforce training
- Multi-disciplinary teams
- Improvement of working conditions and compensation
- Provider support groups
- Alignment of regulatory framework
- Sufficient health system financing
- Mixed payment models based on capitation
- Bundled payments

Implementation principles

Country-led | Equity -focused | Participatory | Evidence-based | Results-oriented | Ethics-based | Sustainable

Systems strengthening

Visione

"Tutte le persone hanno pari accesso a servizi sanitari di qualità:

- forniti in maniera integrata in modo da
- soddisfare le loro esigenze di vita,
- rispettare le preferenze sociali,
- coordinati attraverso il continuum di cura
- completi,
- sicuri,
- efficaci,
- tempestivi,
- efficienti
- accettabili;

I professionisti sono:

- motivati,
- competenti
- operano in un ambiente che li supporta“

PRINCIPI DI ATTUAZIONE

- **Etica**
- **Equità**
- **Disegnato sulle realtà territoriali**
- **Partecipato**
- **Rafforzamento dei sistemi**
- **Basata sulle evidenze**
- **Orientato ai risultati**
- **Sostenibile**

APPROCCI STRATEGICI

- Strategia 1: Coinvolgere e responsabilizzare le persone e le comunità
- Strategia 2: Rafforzare la governance e la responsabilità
- Strategia 3: Riorientare il modello di cura
- Strategia 4: Coordinare i servizi all'interno e tra i settori
- Strategia 5: Creare un ambiente che metta in condizione di fare

- **Strategia 1: Coinvolgere e responsabilizzare le persone e le comunità**

1.1 Coinvolgere e responsabilizzare individui e famiglie
1.2 Coinvolgere e responsabilizzare le comunità
1.3 Coinvolgere e responsabilizzare gli operatori anche informali
1.4 Raggiungere i meno serviti e gli emarginati

- **Strategia 2: rafforzamento della governance e della responsabilità**

2.1 Rafforzare la governance partecipativa
2.2 Rafforzare la responsabilità reciproca

- **Strategia 3: riorientamento del modello di cura**

3.1 Definizione delle priorità del servizio in base alle esigenze del corso di vita, nel rispetto delle preferenze sociali
3.2 Rivalutazione della promozione, della prevenzione e della salute pubblica
3.3 Costruire sistemi forti basati sulla cura primaria
3.4 Passaggio a cure ambulatoriali e ambulatoriali
3.5 Innovazione e integrazione di nuove tecnologie

- **Strategia 4: coordinamento dei servizi all'interno e tra i settori**

4.1 Coordinare l'assistenza per le persone
4.2 coordinamento di programmi e fornitori di servizi sanitari
4.3 Coordinare tra settori

- **Strategia 5: creazione di un ambiente che metta in condizione di fare**

5.1 Rafforzare la leadership e la gestione del cambiamento
5.2 Rafforzamento dei sistemi informativi e delle conoscenze
5.3 Impegno per il miglioramento della qualità e della sicurezza
5.4 Ridefinizione dei ruoli dei professionisti sanitari
5.5 Allineare i quadri normativi
5.6 Migliorare i finanziamenti e riformare i sistemi di pagamento

POTENZIALE VANTAGGI

Prevenire

•esiti avversi dell'assistenza frammentata,

•sovra-utilizzo di farmaci,

Ridurre

•attività ridondanti, test e procedure,

•ospedalizzazioni non necessarie

•errori medici.

Contribuire a garantire

•trasferimento coordinato e l'uso delle informazioni,

•empowerment dei cittadini,

•migliore accesso ai servizi appropriati;

•cura individualizzata;

•relazione più fluida tra paziente e personale;

•riduzione della durata delle degenze ospedaliere,

•diminuzione dei ricoveri ospedalieri non necessari.

World Health Organization
REGIONAL OFFICE FOR Europe

The European Framework for Action on Integrated Health Services Delivery: an overview

Health Services Delivery Programme
Division of Health Systems and Public Health

Overview and main elements

Vision

Strengthening people-centred health systems, as set out in Health 2020 *(1)*, that strive to accelerate maximum health gains for populations and individuals, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources through intersectoral and multisectoral actions consistent with whole-of-society and whole-of-government approaches.

Strategic approach

Integrated health services delivery, anchored in the same principles as first set out in the health-for-all agenda and vision of primary health care *(2)*, is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people-centred health systems: comprehensive delivery of quality services across the life-course, designed according to a population's and the individual's multidimensional needs, delivered by a coordinated team of providers working across settings and levels of care, effectively managed to ensure optimal outcomes and the appropriate use of resources based on best available evidence, with feedback loops to continuously improve performance and to tackle the upstream causes of ill health and to promote well-being through intersectoral action.

Priority areas of action

Domain one: populations and individuals

- Identifying health needs
- Tackling the determinants of health
- Empowering populations
- Engaging patients

Domain two: service delivery processes

- Designing care across the life-course
- Organizing providers and settings
- Managing services delivery
- Improving performance

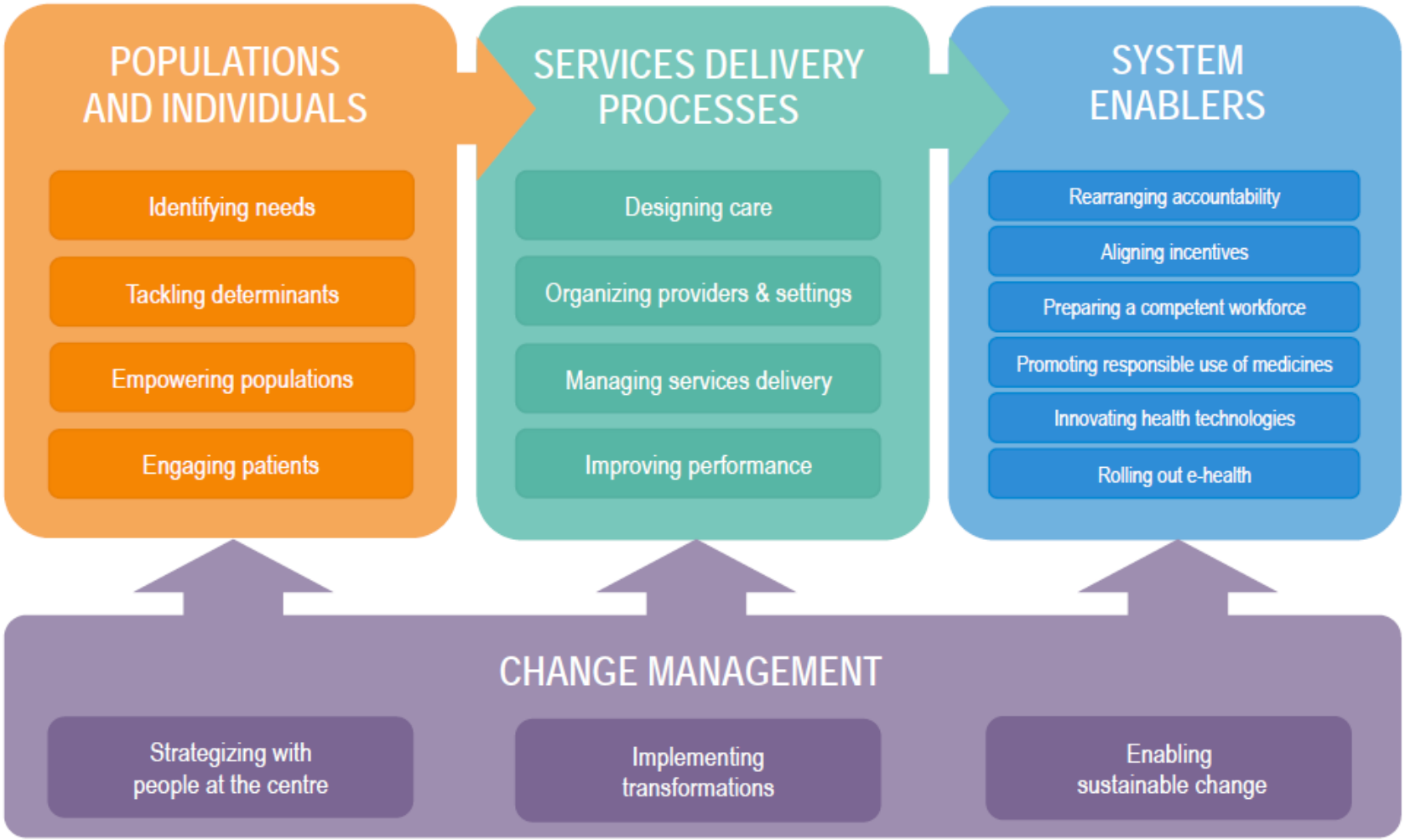
Domain three: system enablers

- Rearranging accountability
- Aligning incentives
- Ensuring a competent health workforce
- Promoting the responsible use of medicines
- Innovating health technologies
- Rolling out e-health

Domain four: change management

- Strategizing change with people at the centre
- Implementing transformations
- Enabling sustained change

The European Framework for Action on Integrated Health Services Delivery



Populations and individuals

1

Goal: To identify health needs and work in partnership with populations and individuals, as patients, family members, carers and members of communities, civil society and special interest groups to support health-promoting behaviours, skills and resources in order to ensure that people have the potential to take control of their own health, while also working to tackle the determinants of health and improve health across the life-course without discrimination by sex, gender, ethnicity and religion.

Services delivery processes

2

Goal: To ensure that the processes of designing care are matched by organizing, managing and improving services accordingly in order to optimize the performance of health services delivery in alignment with the health needs of those populations and individuals it aims to serve.

System enablers 3

Goal: To align the contributions of other health system functions in order to support the conditions required for services delivery by arranging accountability mechanisms, aligning incentives, preparing a competent workforce, promoting the responsible use of medicines, innovating health technologies and rolling out e-health.

Change management

4

Goal: To lead and manage the process of change strategically at the different stages of transforming health services delivery by setting a clear direction, developing and engaging patients and piloting innovations to ensure transformations are tailored to the needs of the population and rolled out and sustained over time.

Framework for Action: checklist

Domains	Areas for action	Key strategies
 **Population and individuals**	Identifying needs	☐ Stratifying health needs and risks ☐ Planning actions based on evidence
	Tackling the determinants of health	☐ Identifying the determinants of health ☐ Mapping supports needed beyond health services
	Empowering populations	☐ Protecting rights and fostering shared responsibilities ☐ Enabling informed choice ☐ Enhancing health literacy ☐ Supporting the development of community health
	Engaging patients	☐ Supporting patient self-management ☐ Supporting patients' shared decision-making ☐ Strengthening patient peer-to-peer support ☐ Support patients' families and carers
 **Services delivery processes**	Designing care across the life course	☐ Including services across a broad continuum ☐ Standardizing practices ☐ Designing care pathways ☐ Tailoring patient care
	Organizing providers and settings	☐ Introducing new and/or re-profiling settings ☐ Structuring practices for a multidisciplinary approach ☐ Adjusting the roles and scope of practice of providers ☐ Facilitating information exchanges
	Managing services delivery	☐ Ensuring appropriate resources ☐ Linking meaningfully across actors ☐ Adopting a results-orientation
	Improving performance	☐ Strengthening clinical governance ☐ Creating a system of lifelong learning

System enablers

Rearranging accountability	☐ Assign clear mandates ☐ Ensuring resources and tools ☐ Generating evidence on performance
Aligning incentives	☐ Steering the allocation of resources for purchasers ☐ Linking payment mechanisms for providers ☐ Implementing incentives for patients
Ensuring a competent health workforce	☐ Recruiting and orientation based on competencies ☐ Enabling a supportive practice environment ☐ Establishing continuous professional development
Promoting the responsible use of medicines	☐ Ensuring standardization for responsible use ☐ Addressing prescribing, dispending and admin practices ☐ Supporting the personalization of medicines
Innovating health technologies	☐ Supporting the application of new technologies ☐ Researching for optimization of medical devices
Rolling out e-health	☐ Facilitating interoperability and user-friendly platforms ☐ Granting access to health data in secure and safe ways

Change management

Strategizing change with people at the centre	☐ Creating a burning platform for change ☐ Engaging across actors ☐ Developing a planned approach
Implementing transformations	☐ Implementing pilots ☐ Developing a high involvement culture ☐ Facilitating communication
Enabling sustained change	☐ Building coalitions ☐ Fostering resilience ☐ Activating many levers

	Conventional care	**Disease oriented care**	**Coordinated services**	**Integrated services**
Programmazione delle cure	Progettazione di cure primarie Medicina di famiglia Pacchetto di prestazioni limitato;	Disease management Concentrarsi sulla malattia prioritaria Pacchetto dei servizi dettati dalla malattia prioritaria	Care management Concentrarsi sui bisogni di salute, e promozione salute prevenzione	Whole person Coinvolgimento continuo dei servizi per la salute e dei servizi sociali lungo tutto il corso della vita.
organizzazione degli erogatori	Verticale Livelli di cura differenziati centrati su medici di medicina generale e specialisti; frammentazione delle informazioni	Collegamenti (linkages) Visione Verticale e attenzione ai punti di collegamento, centrata sugli specialisti; informazioni specifiche sul paziente utilizzate per clinica	Orizzontale Integrazione dentro il singolo livello di cura e tra i livelli di cura; Collaborazione tra i vari livelli ruolo ampliato per professionisti non medici; scambio di informazioni per la gestione del paziente	Collaborativo Lavoro di squadra tra salute e altri settori; uso di team multidisciplinari; accesso unico alle informazioni per la salute per le persone e per gli erogatori

	Conventional care	**Disease oriented care**	**Coordinated services**	**Integrated services**
gestione dei servizi	Gestione di Produzione Centralizzato, sistema decisionale e allocazione delle risorse top-down	Gestione di Risorse Specifiche misure di programmazione e budget sulla line	Gestione per prestazione Focus su efficienza e qualità basati sui risultati	Gestione per Outcome Miglioramento della salute della popolazione
Miglioramento continuo delle prestazioni	Qualità degli input Concentrarsi sulle capacità dei professionisti sull'uso razionale delle medicine e delle tecnologie e accreditamento delle strutture	Qualità degli output Concentrarsi su standardizzazione delle attività attraverso linee guida, supervisione, audit clinici e revisioni tra pari	Qualità dei processi Concentrarsi su meccanismi che facilitano la regolare revisione e feedback su prestazioni cliniche e gestione dei pazienti	Qualità degli outcome Ottimizzazione dei risultati finali e intermedi; clinical governance; clinica ed esperienza del Paziente

	Conventional care	**Disease oriented care**	**Coordinated services**	**Integrated services**
azioni politiche prioritarie	Ridisegnare il modello di cura e mettere le persone al centro. Dare priorità agli sforzi per sviluppare analisi dei bisogni, dei rischi e della salute della popolazione basata sulle evidenze; Mapparei determinanti di salute e spostare la prospettiva dei servizi dagli input a mettere le persone al centro delle cure	Ottimizzare i processi core dei servizi Priorità a espansioni pacchetto di servizi, standardizzare attività; riprogettare i percorsi in funzione delle esigenze; strutturare la organizzazione degli erogatori e dei setting di cura per facilitare l'allineamento; rafforzare clinical governance e life-long learning	Abilitare altre funzioni del sistema sanitario Assicurare chiari meccanismi di accountability, con risorse necessarie e strumenti; stabilire i percorsi di sviluppo dei Professionisti; l'uso razionale di medicine, tecnologie e e-health e m-health	Potenziamento integrazione con altri settori Dare priorità al rafforzamento e alla collaborazione tra settori e responsabilità per definire ruoli e uso delle evidenze per valutare prestazioni, con coinvolgimento dei pazienti, responsabilizzazione delle popolazioni e misurazione delle esperienze Individuali
Modificare gestione	Concentrarsi sulla strategia per costruire un cambiamento per mettere le persone al centro, coinvolgendo anche attori di altri settori	Concentrarsi sulla attuazione delle trasformazioni che sfidano lo stato quo attraverso progetti pilota	Concentrarsi sull'allineamento dei cambiamenti del sistema nel suo complesso e del sistema di erogazione lavorando tra vari settori e costruire alleanze	Concentrarsi sui cambiamenti e sulle trasformazioni,

Conventional care	Disease specific program	People centred care
Focus su malato e cura	Focus sulla malattia prioritaria	Focus sui bisogni di salute
Relazione medico – paziente legata al momento della visita	Relazione medico-paziente legata a programmi di miglioramento	Relazione medico-paziente duratura
Cura legata al momento di cura	Interventi di controllo basati su programmi definiti per la malattia	Programma di cura integrato, complessivo e centrato sulla persona
Responsabilità legata a interventi sicuri e efficaci nel momento della visita	Responsabilità per controllo della malattia nel contesto della popolazione target	Responsabilità per la salute per tutti nella società lungo tutto il ciclo di vita; responsabilità per contrastare i fattori di rischio di malattia e conservare la salute
I pazienti sono utilizzatori delle cure che ricevono	I gruppi di popolazione sono target degli interventi di controllo della malattia	Le persone sono partner nel gestire la propria salute e la salute della comunità cui appartengono. Le loro motivazioni e preferenze sono integrate nella pianificazione delle cure.

World Health Organization | Service Delivery and Safety

People-centred and integrated health services: an overview of the evidence

Annex 3. Examples of potential measures of people-centred and integrated health services

Domain 1. System level measures of community well-being and population health

Area	Examples of potential measures
Amenable mortality	Numbers of avoidable deaths for treatable conditions, including: • infections • cancers • cardiovascular disease • diabetes • injuries • maternal and infant conditions *(1)* Excess winter deaths *(2)* Excess mortality for people with severe mental illness and schizophrenia *(3)*
Healthy lifestyles	Amenable morbidity (obesity) *(1)* Proportion of physically active and inactive adults *(2)*, and children Proportion of the population experiencing positive mental health *(1)* Proportion of the population engaged in responsible sexual behavior *(1)* Proportion of the population engaged in substance misuse *(1)* Proportion of the population engaged in healthy behaviours (composite measure) *(1)* Smoking rates: • Smoking status • Percentage of smokers given or referred to cessation support • Percentage of hospitalized smokers provided with cessation advice • Smoking rates in people with asthma *(1)* Proportion of the population that experience injury *(1)*, including self-harm
Population health	Prevalence of mortality for chronic disease *(1)* Healthy births – e.g. measured by low birth weight *(1)* Vaccination coverage: • For influenza in older people *(1, 3)* • For measles in children *(3)* • For pertussis in children *(3)* Management of skin infections in primary care *(3)*

Domain 2. Service proxies for population health outcomes

Area	Examples of potential measures
Hospital admissions	Numbers of emergency admissions, stratified by age and risk group *(2)* Avoidable inpatient activity for people with ambulatory condition sensitive (ACS) admissions *(2)* ACS hospital admissions that could have been avoided in both children and adults *(1)*: • asthma in older adults *(1)* • asthma in young children *(1)* • asthma hospital admission rates *(3)* • chronic obstructive pulmonary disease (COPD) in older adults *(1)* • COPD hospital admission rates *(3)* • heart failure admission rates *(1, 3)* • angina without procedure admission rates *(1)* • hypertension admission rates *(1)* • diabetes short-term and long-term complications admission rates *(1)* • uncontrolled diabetes admission rates *(1)* • overall diabetes admission rates *(3)* • bacterial pneumonia admission rates *(1)* • urinary tract infection (UTI) admission rates *(1)* Acute care hospitalization, risk adjusted *(4)* Acute care hospitalization rate for ACS conditions *(5)* Average lengths of stay *(1)* Occupied bed days *(1)*
Hospital readmissions	People with multiple admissions to hospital per year by specific age group and prior conditions *(2)* Readmission rates for selected patient groups *(2)*: • Diabetes readmission rate *(1)* • Heart failure readmission rate *(1)* • Mental health readmission rate *(1)* Unplanned or unexpected hospital readmissions *(1)* Emergency readmissions to hospital within 28 days of discharge *(5)* Overall numbers of hospital readmissions *(3)*
Community-based care	Persons discharged from hospital for rehabilitation per 100 000 of the older population *(2)* Deaths after discharge from suicide among people with severe mental disorders *(3)* Quality of family planning services: • informed choice to users • contraceptive methods mix offered in care facilities *(5)*
Patient safety	Reduction in adverse events *(1)* Unintended harm from medications in people aged over 65 dispensed with five or more long-term medications *(1)* NSAID use in older people *(1)*

Domain 3. Personal health outcomes

Area	Examples of potential measures
Quality of life	Self-reported quality of life *(2)* Carer-reported quality of life *(2)* Improved mental health status and mood
Independent living	Proportion of older people (> 65) who remain in own home after 91 days after discharge from hospital into rehabilitation services *(2)* Injuries due to falls in people aged over 65 *(2)* Proportion of patients with fragility fractures recovering to their previous levels of mobility *(2)* Improved mobility and independence (EQ5D)
Self-management	Proportion of people feeling supported to manage their (long term) condition *(2)* People aged over 65 with more than 8 long-term conditions *(1)* Management of risk factors in chronic disease (quality and outcomes framework): • blood glucose and cholesterol control in people with diabetes • blood pressure control in people with stroke, transient ischemic attack, heart disease, chronic kidney disease and hypertension • diet, nutrition and weight management in under/overweight

Domain 4. Resource utilization

Area	Examples of potential measures
Hospital utilization	Bed days for selected patient types *(2)* Hospital use in last 100 days of life *(2)* • in last six months of life *(1)*
Residential and long term care utilization	Gross residential and nursing care expenditures per 100 000 older population *(2)* Numbers receiving long-term community-based care as a proportion of total numbers of people receiving long-term care services *(2)* Numbers receiving long-term social care as a proportion of the sum of numbers receiving emergency hospital care and numbers receiving long term social care *(2)* Numbers of people receiving long-term community-based social care relative to population *(2)*
Primary care utilization	Enrolment in a general practice (GP)/primary care practice *(1)* • for infants in the first four weeks of life *(1)*
Health care costs	Health care cost per capita *(1)* Rational use of finite resources/value for money and effectiveness *(1)* GP referred pharmaceutical expenditure *(1)* Alignment of resources to population needs *(3)*
Balance of care	Ratio of primary care professionals (e.g. GPs) to specialists Relative spend on primary, community, secondary and tertiary care

Domain 5. Organizational process and system characteristics

Area	Examples of potential measures
Access to care	Improved access to primary care services/GPs *(2)* Access to health care *(1)*: • percentage in general practice *(1)* • screening *(1)* • time to access GP or community services *(1)* • timely initiation of care *(4)* • waiting times for urgent treatment — especially cancer *(1)* • severe mental health access *(1)* • waiting times for elective treatment *(1)* • waiting time of more than four weeks to see a specialist *(6)*
Hospital use	Attendances at accident and emergency *(2)* Attendances at accident and emergency without hospitalization *(4)* Acute care hospitalization *(4)*
Care transitions	Delayed transfers of care from hospital *(2)* Transition record with specified elements received (hospital to home or any other site of care) *(4)* Timeliness of transition (hospital to home or any other site of care) *(4)*
Care planning	Holistic needs assessment Personalized care plans Advanced care plan *(4)*
Medications management	Medication review in older adults *(4)* Medications reconciliation *(4)* Medications conciliation post-discharge *(4)*
Care coordination	Primary health care organizations who currently coordinate patient care with other health care organizations using protocols *(5)* Quality of care processes based on best practice guidelines • look at integration of care across settings - chart reviews, medical records *(3, 7)* Quality of clinical integration and/or coordination activities in multi-professional teams *(7)* • various survey methods Administrative communication *(4)* • percentage of patients transferred to another health care facility whose medical documentation indicated that administrative information was communicated prior to departure Presence of key coordination activities *(3)*: • accountable provider or professional with responsibility for care coordination • clarity of responsibility • communicate — quality of interpersonal communication and information transfer • facilitate transfers across settings and as coordination needs change • assess needs and goals • proactive care plans • monitor, follow-up and respond to change • support for self-management • links to community resources — provide information and guidance on care outside of health system • multidisciplinary teams in primary and community care • home care support • care management — case management and disease management • medications management • information and communication technology (ICT)-enabled care coordination (telehealth)

Domain 6. User and carer experiences

Area	Examples of potential measures
Experiences	Improved people's experiences of care *(1,2)* Patient reported satisfaction with care coordination/integrated care *(2, 3)* The proportion of people who use services who say these services had made them feel safe and secure *(2)*
Continuity of care	Proportion of people who use services who report that they have as much social contact as they would like *(2)* Person or family reports confusion or hassle *(4)*
Supporting holistic goals and outcomes	Proportion of people dying at home or a place of their choosing *(2)* Proportion of people with long-term conditions reporting they had enough support to manage their conditions *(2)* Proportion of people who feel confident in managing their own health *(2)* People reporting that all their needs were taken into account *(8)* People reporting they were supported to achieve my own goals *(8)* People reporting that the care they received helped them to live their life to the best of their ability *(8)* Carers and family members needs taken into account *(8)*
Communication and information	Ability and knowledge on who to contact for care, especially when primary care services are closed *(2)* Doctor spending enough time with the patient *(6)* Doctor giving easy to understand explanations *(6)* Doctor giving time to raise concerns *(6)* People reporting that they: • were always kept informed about what the next steps in their care would be *(8)* • the professionals involved talked to each other and worked as a team *(8)* • knew who was the main person in charge of their care *(8)* • had one first point of contact *(8)*, who understood the person and their condition(s) *(8)*; could go to the care professional with questions at any time *(8)*; and get other services and help, and to put everything together *(8)* • had the information and support needed in order to remain as independent as possible *(7, 8)* • see personal health and care records at any time to check what was going on *(8)* — ability to decide who to share them with and correct any mistakes in the information • information given at the right times, appropriate to person's condition and circumstances, easy to understand, and up to date *(8)* • told about the other services that were available, including local and national support organizations *(8)* • not left alone to make sense of information *(8)* • ability to meet (or phone/email) a professional when needed to ask more questions or discuss the options *(8)*
Shared decision-making	Doctor/nurse involving patients in decisions about care and treatment *(6)* People reporting they could choose the kind of care and support they needed and how they might receive it *(8)*
Care planning	When being discharged from hospital, was the family or home situation taking into account when planning discharge *(2)* Participation in care planning *(6, 7)*: • knowing what is in the care plan *(8)* • care plan entered onto patient record *(8)* • regular reviews of care plan *(8)* • comprehensive reviews of medicines *(8)* • care plan known in advance by professionals when using a new service, and respected *(8)*

Area	Examples of potential measures
Care delivery and transitions	Patients report unnecessary care (e.g. tests, procedures, emergency room visits and hospitalizations) *(3)* Patients report gaps in scheduled care – e.g. missed consultations, medical test, and/or prescribed medications (6) Clear plan when moving from one service to another *(8)* Transitions undertaken without delays *(8)* Advance knowledge of care transitions and next steps in care *(8)* New service providers knew details of person and their preferences and circumstances *(8)* Entitlements to care protected when moving from one jurisdiction to another *(8)*
Emergencies	People reporting they could plan ahead and could stay in control during emergencies *(8)* People reporting they had systems in place so they could get help at an early stage to avoid a crisis (or crisis escalation) *(8)*

Essential Public Health Operations (EPHO)(1998)

Sfide per la salute pubblica in Europa:

- NCD: alta prevalenza e mortalità
- Ruolo dei cittadini nelle politiche di salute e pazienti nei servizi sanitari;
- Fattori di rischio e stili di vita
- crescenti disuguaglianze negli indicatori sanitari.
- Sfide persistenti (malattie trasmissibili, minacce ambientali)
- La salute input e risultato di ricchezza, prosperità economica e benessere sociale
- Le persone hanno il diritto alla salute, inclusa (ma non solo) "l'assistenza sanitaria”
- Salute e l'equità

- Come possiamo migliorare livello di salute, distribuzione dei servizi, benessere sociale attraverso i sistemi sanitari e le politiche di sanità pubblica?
- Come possiamo garantire che sistemi sanitari e sanità pubblica siano sostenuti nel futuro?
- Come possiamo monitorare, gestire e migliorare le prestazioni per maggiore efficacia ed efficienza?

Definizione del sistema sanitario

"L'insieme di tutte le organizzazioni pubbliche e private,
istituzioni e risorse incaricate di
migliorare o ripristinare la salute.
I sistemi sanitari comprendono sia personale che servizi,
attività per influenzare le politiche e
azioni di altri settori per affrontare i determinanti sociali,
ambientali ed economici della salute

Carta di Tallinn, 2008

Public health definition

"Public health is the science and art of
preventing disease,
prolonging life and
promoting health through
organized efforts of society"

Sir Donald Acheson, 1988

Definizione di Sir Donald Acheson:

- Sanità pubblica scienza e arte (conoscenza e azione).
  La salute pubblica deve avere una base di prove,
  azione su base delle attuali conoscenze e incertezza
- Gli scopi principali della sanità pubblica
  sono prevenire le malattie,
  prolungare la vita e
  promuovere la salute.
- La sanità pubblica è una funzione sociale organizzata.

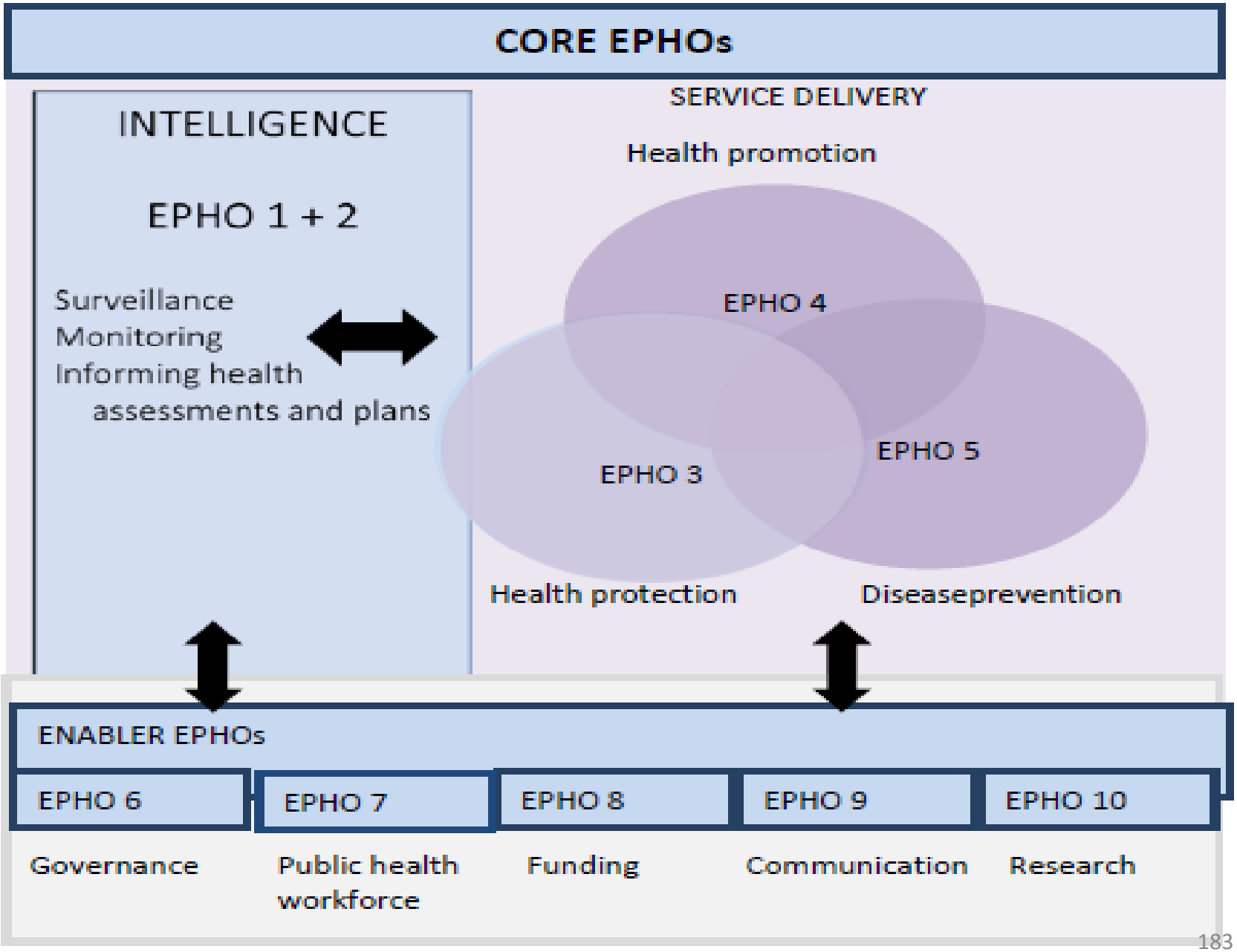
- Protezione della salute.
- Non solo prolungare la vita: incorporare "benessere“ e qualità della vita.
- Responsabilità individuale nel contesto reale delle scelte fattibili.
- Garantire la volontà politica per equità e diritti umani in relazione alla salute

- Programmazione non solo gestione del sistema sanitario

EPHO (Essential Public Health Operations):

1. sorveglianza della salute e del benessere della popolazione;
2. monitoraggio e risposta ai rischi per la salute e alle emergenze;
3. protezione della salute, compresa la sicurezza ambientale, occupazionale e alimentare ed altri campi;
4. promozione della salute, comprese azioni per affrontare i determinanti sociali e l'iniquità nei servizi riguardanti la salute;
5. prevenzione delle malattie, compresa la diagnosi precoce della malattia;
6. assicurare la governance per la salute;
7. garanzia di Professionisti competenti in materia di sanità pubblica;
8. assicurare strutture organizzative e finanziamenti;
9. informazione, comunicazione e mobilitazione sociale per la salute;
10. far progredire la ricerca sulla salute pubblica per indirizzare politiche e pratiche.

Fig.1. Interaction between the EPHOs



12 politiche chiave di sanità pubblica:
• affrontare i determinanti sociali, economici e ambientali della salute attraverso un approccio bilanciato all'universalismo;
• garantire l'equità di genere, assicurare i diritti e l'empowerment delle donne e delle ragazze e affrontare la violenza e gli abusi;
• garantire il miglior inizio di vita, senza lasciare nessun bambino indietro;
• assicurare l'educazione all'infanzia e ai giovani, l'alfabetizzazione sanitaria e un impiego dignitoso;
• garantire un invecchiamento sano e attivo;
• ridurre il fumo, l'abuso di alcool, l'obesità, un'alimentazione scorretta e l'inattività fisica;
• affrontare le malattie non trasmissibili e trasmissibili
• assicurare la copertura sanitaria universale e ridurre al minimo i costi privati;
• rafforzare i sistemi, le capacità e i servizi di sanità pubblica per garantire la sicurezza sanitaria nazionale e globale;
• trasformare, espandere e ottimizzare l'impiego dei professionisti;
• stabilire luoghi, ambienti e comunità resilienti sani e salubri, compresi ambienti naturali e urbani sostenibili;
• assicurare un'economia verde e circolare (riducendo al minimo i rifiuti e gli impatti negativi) con produzione, consumo e approvvigionamento sostenibili.

Settore sanitario e non sanitario.

Gli investimenti per la salute e lo sviluppo sostenibile sono una responsabilità basata sui diritti e sui risultati per tutti, guidata da valori, per garantire il benessere delle generazioni presenti e future.

Public health policies