Dr Erio Ziglio
Head of the World Health Organization European Office for Investment for Health and Development
Emphasising the care in healthcare

In an exclusive interview, Dr Erio Ziglio discusses social inequities in health, offering insight into how policy making, scientific collaboration and eHealth technologies can help tackle this issue.

**Could you discuss your professional background prior to becoming Head of the WHO European Office for Investment for Health and Development in Venice?**

Before I joined WHO, I worked in academia for over 15 years. My work focused on teaching and conducting research in both Europe and North America in the 1980s and 1990s. In those years, my main affiliation was the University of Edinburgh, UK. I also spent time at the University of Toronto and Carleton University in Canada, and I was on the international faculty of the School of Public Health at Yale for a number of years. My main areas of interest included health promotion, health policy, futures research, decision making under conditions of uncertainty and building intersectoral action to improve health through development frameworks.

**What are your duties in your current position with WHO? What goals are you working to achieve through your leadership?**

I am the head of a special office of the WHO Regional Office for Europe. WHO is a global agency of the UN specialised in health and health policy. We provide leadership on governance for health. This includes shaping the health research agenda, setting norms and standards, articulating policy options based on sound science, providing support to countries and monitoring and assessing health trends. WHO has its global headquarters in Geneva, Switzerland, with six regional offices located in different parts of the world.

The WHO Regional Office for Europe is based in Copenhagen, Denmark, and consists of 53 member countries. We work with NGOs, such as the European Public Health Alliance; academic institutions; supranational, Pan-European organisations such as the EU, Organisation for Economic Co-operation and Development and the Council for Europe; and other Agencies of the UN. The WHO Regional Office for Europe includes a small number of centres of excellence; their role is to develop policy relevant evidence and know-how in specific scientific domains and provide specialist support to decision makers on priority issues affecting health in the Region. One of these is the European Office for Investment for Health and Development, based in Venice. This is where I work, and our focus is on addressing the social determinants that shape health outcomes in all of our 53 member countries.

The rationale behind the work undertaken in our Venice office is twofold. Firstly, we review the policy implications of research findings on the social determinants of population health. Secondly, we provide technical assistance to European countries with the aim of enhancing capacity (at national and sub-national levels) to act upon evidence documenting the social determinants of health. It is a complex and very exciting area of work, one in which the science and practice is constantly developing.

**In early February, you spoke at the 4th Arctic Light e-Health Conference (ALEC 2014). What topics did you address in your presentation?**

ALEC 2014 took place in Kiruna, Sweden, and was focused primarily on the patient as a knowledgeable and active copartner in healthcare. Most of the conference was on the use and development of eHealth in terms of innovative thinking for delivering improved care.

At ALEC 2014, I addressed opportunities and challenges linked to promoting population health while reducing avoidable differences in health and wellbeing in our European continent. This reflects the importance of action to increase equity and fairness in how health is produced, protected and maintained in our societies. I argued that promoting health and reducing health inequities should be central to eHealth and a key criterion for assessing its impact. By ‘health inequities’, I mean the systematic differences in health that exist between and within social groups that are avoidable by implementing reasonable means and are therefore unfair and socially unjust.

At the conference, I referred to the recently published ‘European Review of the Social Determinants of Health and the Health Divide’. It provides new evidence on the magnitude and pathways of health inequities in Europe. The development of eHealth, I concluded, should be part of a broader strategy where the reduction of health inequities should be central. Promoting health and reducing health inequities need to be seen as crucial priorities for European countries. This is the rationale of the new European Health Policy put forward by the European Office of the WHO known as Health 2020.

**Could you explain the biggest health imbalances occurring in Europe at present? What social issues lie behind these inequalities?**

To inform the new WHO European health policy framework – Health 2020 – a number of scientific studies were commissioned. One of these was the ‘European Review of the Social Determinants of Health and the Health Divide’. The Review was led by Professor Sir Michael Marmot and comprised a large consortium of scientists and institutions. The conclusion of this major review indicates that no European countries are immune from the problem of health inequities. These inequalities are mainly caused by the unequal distribution of resources and power in society. In turn, these shape our opportunities throughout life and the chances we all have to live healthy, productive and flourishing lives.
For example, there is ample evidence of a strong association between the under-five mortality rate and deprivation. In other words, relative poverty in childhood strongly influences health and other outcomes throughout life.

Other clear evidence is mounting on long-term unemployment. It is a strong predictor of increased risk-taking behaviour and mental health problems such as depression and hopelessness, which impact people’s wellbeing in a devastating manner. We also know there are policies and interventions that can mitigate poor outcomes. The Review provides new evidence on these to tackle inequality. A key recommendation is that “action is required across society and across the whole of government, on the social determinants of health, to achieve advances in health equity”.

Many European countries are facing serious economic and social problems that affect health. Due to economic difficulties, more and more Europeans are pushed into or trapped in poverty and long-term unemployment. The impact of this on health and wellbeing is a cause of great concern for those who have the public’s health at heart. The impact of current economic and social crises, unless properly managed, can erode hard won population health gains, with the most vulnerable groups in our societies at the highest risk.

You have lectured internationally and published widely on health promotion. What are your key messages in this area?

From a policy perspective, I have three main messages. First, there is a tendency to rely too much on approaches that only aim to change an individual’s behaviour. Any health promotion and prevention programme is confronted with striking a balance between approaches based merely on delivering knowledge and campaigns that enable informed citizens to act upon that information and approaches based on introducing structural measures that change unhealthy conditions in which people live. The challenge, and the opportunity, is to find the right balance and be credible at different levels of policy making and society. This could, and should, be pursued within an approach sensitive to the fact that upstream measures are needed to enable people to achieve capabilities that lead to good health. As pointed out earlier, this search for an effective balance is reflected in Health 2020.

My second message is that in some instances, the impact of health promotion programmes can be hampered by an overemphasis on the ‘deficit model’, an approach that focuses solely on the health deficits of a country or community. Deficits are usually measured in negative terms (e.g. mortality, disease, crime rates). Interventions based exclusively on an assessment of what doesn’t work run the risk of overlooking what is working, along with the potential health-related assets of that population. A deficit approach often puts disadvantaged communities on the defensive. I think there is a need to innovate current health promotion by identifying and strengthening factors that positively affect health and wellbeing. Health asset-based approaches are increasingly required to complement the more traditional deficit model. The emphasis here is on working with, rather than replacing, the deficit model.

My third message is that health promotion and prevention are far too important to still be left at the margin in terms of investment, infrastructure or professional career development. Health promotion and prevention must become more central to health policy and the social, economic and human development of our countries and local communities.

My perspective is that individuals’ and communities’ resources and capabilities for health are strongly influenced by social and economic arrangements. Population health is the result of collective resources.
Addressing health inequities

One of the most important things the European Office of WHO has done recently is to provide a solid framework for action to promote health and wellbeing while reducing health inequities in our continent: Health 2020. It was endorsed by our 53 Member States in 2012, and its overall goal is: “To improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems with further strengthened public health capacities”.

Health 2020’s two main strategic objectives are:

- Working to improve health for all and reducing health inequalities
- Improving leadership, and participatory governance for health

Health 2020 seeks to achieve this through action in four priority areas:

- Investing in health through a life-course approach
- Tackling health challenges of Europe’s major noncommunicable and communicable diseases
- Strengthening people-centred health systems and public health capacities, emergency preparedness and response
- Creating resilient communities and supporting environments

The issue of addressing health inequalities is central to the goal of Health 2020 and is a crosscutting theme throughout all of its priority areas.

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