Copenhagen, Tallinn, 23 June 2008

**European health ministers meet to focus on link between health and economic success. New Charter on Health Systems expected to be signed.**

It has long been accepted that greater wealth allows people to make better health choices, but does the reverse apply? Does greater health lead to greater wealth, both on a personal and national level?

This week (25-27 June), ministers of health, international experts, and over 500 delegates from 53 countries of the WHO European Region will meet in Tallinn – at the WHO European Ministerial Conference on Health Systems, Health and Wealth – to discuss a new paradigm for health systems. They will examine the existing evidence about the health and wealth relationship.

Studies of the WHO European Region show that rises in life expectancy are clearly matched by improvements in economic performance for countries. Between 1970 and 2003 in the western part of the Region, increases in life expectancy were “worth” 29-38% of GDP and far exceeded each country’s health expenditures. In the eastern part of the Region, the relationship can be seen even more clearly: between 1990-2003, countries that suffered a reduction in life expectancy incurred welfare losses of 16-31%, while those that saw life expectancy rise realized benefits of 12-31% of GDP.

A German study covering 1995-2005, found that a 10% increase in health satisfaction enhanced women’s hourly wages by approximately 0.14-0.47% and men’s by about 0.09-0.88%. A 2006 survey of 26 affluent countries covering 1960-2000 found that a 10% reduction in cardiovascular mortality was associated with a one percentage point increase in growth per capita income. In a recent study of the Russian Federation, good health (compared to less good health) was found to increase wages by 22% for women and 18% for men.

Three reports on how ill health can be a burden economically and how well-run health systems can contribute to wealthier societies will be discussed at the Tallinn Conference: “The Economic Costs of Ill-health”; “Performance Measurement for Health System Improvement: Experiences, Challenges, Prospects” and “Health Systems, Health and Wealth – Assessing the case for investing in health systems”.

“Health is a robust predictor of economic growth due to increased savings, investment in human capital, labour-market participation, productivity growth, etc.,
which makes a strong case for investing in health systems,” says Dr Marc Danzon, WHO Regional Director for Europe. “However, if health ministers are to win the argument on investment they need to demonstrate that the health system is really using the resources it is given effectively and efficiently. Governments have to face difficult choices when deciding how to allocate resources. Yet they often seem willing to invest in some elements of their national physical and human infrastructure, for example in transport systems and education, but less willing to invest in their most important resource, the health of their people,” he adds.

New WHO European Charter on Health Systems expected to be signed on Friday, 27 June.

The wider recognition that health systems are directly related to economic performance, both at the individual level as well as at national level, puts health status among the key indicators of the country’s economic potential. To capitalize on that understanding, all 53 WHO European Member States gathered in Tallinn are expected to sign a new Charter on Health Systems. The Charter aims at reinforcing the position that spending on health systems, when it is cost-effective and appropriate, constitutes a good investment and can benefit health, wealth and wellbeing of populations.

Webcast

The Tallinn Conference will be recorded and webcast. A series of programmes will be published on the multi-media part of the official conference web site to highlight the main issues of the plenary and parallel sessions. Each day WHO will produce ‘news bulletins’ and carry out a series of slightly longer TV interviews for inclusion post-conference.

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