Research leadership and hub hosting arrangements
WHO/EURO European Observatory on Health Systems and Policies

Overview

Name of call: Research leadership and hub hosting arrangements
Link to full call: http://ted.europa.eu/udl?uri=TED:NOTICE:440592-2013:TEXT:EN:HTML
Closing date for submissions: 25.03.14
Email address for submissions: szy@obs.euro.who.int

The Observatory currently has three principal sites hosted by its Partners;
(i)   The main office hosted by the Government of Belgium (in its WHO European Centre on Health Policy, Brussels)
(ii)   A Hub hosted by the London School of Economics and Political Science, and
(iii)   A Hub hosted by the London School of Hygiene and Tropical Medicine.

A Hub is a centre of research and knowledge brokering led by a senior expert / Professor which houses an Observatory research team in premises which support high quality academic work and enhance the reputation of the Observatory for research excellence.

The current Hubs host the OBS staff carrying out the work plan and communicating evidence for policy making. **The Observatory is now seeking expressions of interest in hosting a further hub.**

The Hub will offer senior expert inputs and house OBS staff carrying out core elements of the OBS work plan and taking an active role in communicating evidence for policy making.

The Head of Hub is expected to commit 15% to 25% of his/her time to the Observatory and act as technical / academic leader of proposals, studies, policy briefs and dialogues while the hub will house 2-5 Observatory (WHO) staff providing office accommodation, access to IT and academic support services.

The hub will be an integral part of OBS with all that implies in terms of responsibility for quality, responsiveness and sensitivity to policy makers, Partners, Member States and WHO rules and regulations .

The Observatory hopes to attract an institution which confers academic credibility, provides a suitable environment and gives scope for cross-fertilization between academic disciplines. It believes the host institution will benefit from close collaboration with the Observatory and its Partners, and from housing prestigious · research of real policy relevance which impacts on health systems decision making.

Guidance on applying

Selection and designation process: Designation follows a transparent selection process in line with the rules and regulations of WHO and the advice of its Legal Office. It is based on an open and 'competitive' public process and is overseen by OBS Partners through the Steering Committee. The specifications are included in the full call and the contract will be in the form of a Letter of Understanding with WHO.

Proposals: The full call is at http://ted.europa.eu/udl?uri=TED:NOTICE:440592-2013:TEXT:EN:HTML
OBS is expecting proposals (in English) that detail the extent to which the Head of Hub meets the profile below; the costs of his/her engagement; the extent to which the institutional setting meets the profile below and the costs of accommodation.

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Terms of reference Head of Hub: Bidders need to consult the full call but in brief the Head of hub is expected to commit between 15% and 25% of his/her time to the Observatory and act as

1. Technical / academic leader of research proposals
2. Technical leader / academic oversight of research projects and analysis, assigned to the hub
3. Technical leader / academic oversight of performance studies assigned to the hub
4. Technical oversight of the quality of studies / books, policy briefs and materials to be produced by the hub
5. Leader of policy dialogues
6. Key-note speaker at conferences and meetings
7. Technical support to the OBS' Steering Committee in identifying priority issues and in shaping responses

Checklist Head of Hub: Bidders are expected to demonstrate how the proposed Head of hub meets the award criteria and may find the following checklist helpful.

Head of hub	Yes	No	Supporting documentation
Profile			
• Senior Professor heading a department in the host institution			*Proof of contractual relationship*
• Distinguished record in health systems and evidence for policy			*CV*
Experience in/ track record of			
• Research including comparative research (at least 15 years)			*CV*
• Research leadership (at least 10 years)			
• Leading grant funded research projects			*CV*
• Managing policy processes / direct engagement with policy makers			*CV*
• Research excellence demonstrated through journal publications			*CV*
• Key note and prestigious presentations at international level			*CV*
Costs			
Percentage of Head of Hub time to be made available			*Cost statement*
Costs involved			*Cost statement*
Other terms for the engagement			*Cost statement*

Terms of reference Host Institution: Bidders need to consult the full call but in brief the Host Institution is expected to provide

1. Office accommodation (of the same standard as similar members of the host institution) for 2-5 Observatory staff, who will be recruited through a competitive selection process and hold contracts with WHO;
2. Access to IT infrastructure and support services (compatible with the standards applied by WHO)
3. Access to academic support services (library, journal subscriptions, networks).

Checklist Host Institution: Bidders are expected to demonstrate how the proposed Host Institution meets the award criteria and may find the following checklist helpful.

Head of hub	Yes	No	Supporting documentation
Profile			
• Established institution conferring academic credibility and providing a suitable environment for research and scope for cross-fertilization between academic disciplines			*Charter/prospectus*
Institutional setting			
• Recognized by appropriate national and European authorities			*Charter/prospectus*
• Run on a not-for-profit basis			*Charter/prospectus*
• Coverage of a range of relevant disciplines with significant workforce of demonstrable academic excellence			*Charter/prospectus*

● Ranks amongst the country's leading institutions in health systems, policies and at a European level			*Formal research assessment exercises and/or established scales that reflect bibliometric measures, and/or staff qualifications and/or ability to attract research grants and/or multidisciplinary projects*
● No risk of reputational damage through association			*Assessment by OBS and its Partners*
Costs			
Costs of accommodating Observatory (WHO) staff			*Cost statement*
Costs of support services			*Cost statement*
Other 'overheads'			*Cost statement*
Other terms for the engagement			*Cost statement*

Important note

● Prospective hubs will be expected to submit a dossier demonstrating that they meet the criteria above
● The full call is at http://ted.europa.eu/udl?uri=TED:NOTICE:440592-2013:TEXT:EN:HTML

A breakdown of costs should also be included and will be a considered where submissions are of equal merit.

● **Bids due:**   25.03.2014
● **Decision on hub designation:**   To be agreed by 23.05.2014 with notification by 30.05.2014
● **Hub to be operational:**   The Hub to start operations as soon as officially designated.

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European
Observatory
on Health Systems and Policies
a partnership hosted by WHO

Observatory Work Plan 2014[1]

Country monitoring

1. **HiTs and HiT summaries:** OBS will deliver ongoing coverage of European and key health systems through
- 6-9 HiTs as part of the rolling programme of updates in print, each with an integrated summary that is also used as a stand-alone document and with all being appropriately disseminated.

Table 1: The HiT pipeline (alphabetically and by stage)

Pool of countries*	Position at January 2014
To complete 6-8 in 2014	
1. Croatia	At review
2. Czech Republic	2nd draft
3. France	On-line updating + 1st draft of full revision underway
4. Germany	At clearance
5. Iceland	Postponed to June
6. Israel	On-line updating + 1st draft of full revision underway
7. Italy	2nd draft – on-line (HSPM) to be ready for July Presidency
8. Luxembourg	Commissioning for the 2015 Presidency
9. Macedonia	Author team delayed
10. Romania	1st draft
11. Serbia	Author team delayed
12. Switzerland	1st draft
13. Tajikistan	1st draft
14. Uzbekistan	2nd draft
To plan 4-8 (additions to the pipeline)	
15. Albania	Postponed in 2013
16. Azerbaijan	To confirm priority
17. Belgium	On-line updating only at present
18. Bosnia & Herzegovina	Postponed in 2013
19. Finland	Postponed in 2013
20. Georgia	Postponed to Feb 2014 pending reform initiative
21. Greece	
22. Ireland	
23. Netherlands	On-line updating only at present
24. Portugal	
25. Slovenia	On-line updating only at present
26. UK	On-line updating with single UK HiT planned

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[1] The Observatory work plan should be seen in the context of the Development Plan 2014-18 which marks the beginning of a new partnership period. It captures the ongoing work programmes and current agreement on priorities at Steering Committee December 2013 but may be adjusted in response to feedback from Partners and as the Observatory implements its new priority setting process. It is designed to support transparency and the monitoring and review of progress against plans.

2. HSPM overview: OBS will deliver

- Ongoing updates for the 19 living HiTs (on-line at December 2013) with e-alert function
- 4-6 additional living HiTs (building on 2013 plans) with a view to covering the whole EU by 2016[2]
- Ongoing maintenance and improvement of the SharePoint platform
- Continuing links to Health Policy
- Smart phone compatibility
- A long term resource plan.

Table 2: The On-line HiTs pipeline

Countries	Current position
2013 sites to maintain	
1. Belgium	Well established site (Belgian Knowledge Centre)
2. Bulgaria	New site (Varna University)
3. Canada	New site (pan-Canadian consortium)
4. Denmark	New site (Copenhagen and Odense Universities)
5. Estonia	New site (Tartu University with Praxis)
6. France	Well established site (URCECOIDF and IRDES)
7. Hungary	New site (Semmelweiss University – the NLI)
8. Ireland	New site (Trinity College)
9. Israel	Well established site (Meyers JDC Brookdale Institute)
10. Italy	Well established site (CERGAS and University of Rome)
11. Lithuania	New site (Lithuanian University of Health Sciences)
12. Netherlands	Well established site (NIVEL and Maastricht University)
13. Poland	New site (Jagiellonien University)
14. Portugal	New site (Nova Universidad de Lisboa – the HPM partner)
15. Slovenia	New site (Public Health Institute – the NLI)
16. Spain	Well established site (SESPAS University of Barcelona)
17. Sweden	New site (Lund University and Vardanalys)
18. UK	New site (Kings Fund – the NLI)
19. USA	New site (UCLA) additional to plans
New sites 2014 (to establish 4-6)	
1. *Austria*	To review institutional link
2. Czech Republic or Slovakia	Addition: to plan
3. Finland	Ongoing plans (THL) have faced some delays
4. Germany	Pending publication of the HiT
5. Greece or Cyprus	Additional: to plan
6. Malta	Addition to plan: proposed link to University of Malta
7. Norway	New site in process of being set up (Norwegian Knowledge Centre the NLI)

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[2] Latvia, Luxembourg and Romania will be targeted in 2015 together with those EU countries not on-line by end 2014.

Analysis

1. **Studies:** OBS will deliver
- The final published iteration of 6 studies at press at December 2013
- The final manuscript of 13 studies at final draft or to be finalized at December 2013
- A on-line service providing updated evidence on financial crisis (the Health and Financial Crisis Monitor)
- Substantive work on 3 new studies
- A set of scoping proposals as part of the priority setting process for the June 2014 Steering Committee
- A set of full proposals for consideration by Partners at the December 2014 Steering Committee

Table 3: The Analysis pipeline

Study	Planned end date	Current status
Studies to be checked for publication[1]		
1. Professional mobility: lessons (PROMeTHEUS)	End 2011	At press
2. Private health insurance/medical savings accounts	End 2010	At press
3. Economics of prevention (with OECD)	Mid 2012	At press
4. Measuring quality - long term care (windfall)	End 2012	At press with CUP
5. Paying for performance (with OECD)	End 2012	At press
6. Facets of public health	Mid 2011	At press
Studies to be finalized and sent for publication[2]		
1. Primary Care (windfall with NIVEL)	End 2011	Case studies on line. Final draft
2. Chronic care (windfall with RAND)	Mid 2012	Final draft
3. Generics (windfall with LSE Health)	End 2013	Final draft
4. Quality (with OECD)	Mid 2012	To finalize June 2014
5. Nursing (windfall with RN4Cast study)	End 2012	To finalize April 2014
6. Governance (Tallinn II)	Apr 2013	To finalize June 2014
7. EU Policy (from rapid response)	Policy brief	To finalize April 2014
8. Voluntary health insurance in Europe	Mid 2010	Final draft
9. Impact of financial crisis (OSLO II) study		Final drafts + policy summary (below)
10. Impact of financial crisis (OSLO II) case studies volume		Final draft
11. Cross-country comparisons CIS	Mid 2011	Final draft
12. Cross-country comparisons/EU – EFTA	Mid 2014	Ongoing – on target
13. Evidence to policy practice: lessons (BRIDGE)	End 2010	Final draft
• The Health and financial crisis monitor (HFCM)		On-line at hfcm.eu
Studies to be developed[3]		
1. Hospitals		Final adjustments to proposal to be agreed
2. HTA (windfall with LSE Health and TUB)		Final adjustments to proposal to be agreed

[1] ***Studies to be checked for publication:*** Resource requirements to finalize each study at press will vary depending on the number of questions raised in copy editing; how much data, graphics and references need updating and if chapter authors have to be contacted. The expected range is 7-10 days editor time across 3-5 weeks.

[2] ***Studies to be finalized and sent for publication:*** The studies listed are all nearing completion with the last two expected to be complete by June 2014.There will then be a copy editing and final checking before publication.

Table 4: The Priority setting pipeline

• Development of up to 12 Scoping proposals	Outline of potential research work (objectives, feasibility and fit with criteria) for ideas identified during ideas generation and long-listing	Apr.- May
• Development of up to 4 Full proposals	Developing detailed proposals and project plans (outlining chapters, methods, timetable, budget, potential collaborators and dissemination)	Jul.- Sept.

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2. **Policy briefs and summaries:** OBS will deliver
- 6-10 briefs in the joint series (linked to policy questions / events, rapid responses)
- A summary for each of the studies now approaching completion and summaries of all studies going forwards

The series is run on a somewhat opportunistic basis with priorities flagged by Partners being pursued and the Directors of the Observatory and the WHO Department of Health Systems and Public Health working with the Editor of the joint series to identify appropriate issues and entry points. The initial 'pipeline' is therefore an outline which will be developed and adjusted in response to emerging policy demands.

Table 5: Briefs and summaries pipeline

	Current position
Briefs/summaries to be completed from 2013	
1. Cross-border care (ECAB Footman et al)	Complete – at review to finish 02-14
2. Public reporting (ECAB Trigg et al)	Complete – at review to finish 02-14
3. Scaling up action on the social gradient	One review outstanding to finish 01-14
4. Migrant health in Europe	Delayed pending revision
5. Public health curricula in Europe	Additional work ongoing
Additional issues identified for 2014	
1. Medical deserts	Identified as a priority: commissioning underway
2. Skill mix for integrated care	Identified as for 2013 delivery: difficulties commissioning
3. User charges in the EU (cost sharing)	Pending completion of financial crisis study
4. Paying for primary care	Pending further consideration
5. Voluntary health insurance	Initial outline – potential to expand being explored
6. Medical savings accounts	Initial outline – potential to expand being explored
7. Mandatory health insurance competition	Initial outline – potential to expand being explored

3. **Rapid responses:** OBS will mobilize the various tools developed by OBS (policy briefs, policy dialogues, evidence briefings) to meet pressing policy concerns and deliver
- 6-10 substantive responses (combining analysis and knowledge brokering)
- 8-18 additional responses
- Ad hoc small scale responses

Performance assessment

Domain reports: OBS will deliver
- 2 domain reports
- Links to relevant academic, national and practitioner stakeholders

Table 6: Performance assessment – domain reports

	Current position
1. Population health domain report	Ongoing
2. Efficiency domain report	Final adjustments to proposal to be agreed

Dissemination and knowledge brokering

Approach: OBS will continue to combine a set of approaches to dissemination and knowledge brokering building on its strategy and past practice and in line with the development plan commitment to exploit new media and shift from print to on-line solutions when appropriate. It will combine commitments on
- In print work
- Face to face engagement and
- Electronic and new media approaches.

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Table 7: Dissemination – all elements

In print	
1. Publications	All HiTs, studies, summaries and briefs published on-line
	Appropriate numbers of hard copies distributed
2. Eurohealth	4 issues
	Funding proposal developed
3. Articles	Policy on acknowledging OBS and access to articles in place
	45 articles published in targeted journals
4. Russian translations	Policy proposal to December 2014 meeting
Face to face	
5. Policy dialogues/OBS led sessions	24 focussed sessions, including
	• Reducing avoidable mortality (England)
	• New models for organizing chronic care (Sweden)
6. Presentations	Policy proposal to June 2014 meeting on criteria for presentations
	80 presentations
7. Summer School	On pharmaceuticals (developed in light of Partners' feedback)
Electronic	
8. Reorganization of web site	To develop the conceptual framework linking OBS studies thematically
	To reorganize the web along thematic lines
9. Open access articles	Agreement with Health Policy
10. On-line platforms	HSPM
	HFCM
11. E-bulletins, e-alert	To further develop current innovations with EASP
12. E-reader app for computers, GSM, tablets	To work with EASP (Andalucian School of Public Health)
13. Smart phone access and OBS apps	To take forward initial work
14. Providing access to presentations	Key (PowerPoint) presentations on Intranet for Partners
15. Russian electronic dissemination	As part of proposal above

Management and partnership

Approach: Management and partnership tasks are grouped as
* Priorities (including implementing hub arrangements, restructuring staff and resource mobilization)
* Coordination (of technical work, with networks and across hubs)
* Routine (including planning, financial management, and reporting).

Table 8: Management - all elements

Priorities	
1. Ensure OBS Agreement in place	Signatures and financial contributions
2. Finalize Development and Work Plans	Updating in light of Steering Committee
3. Finalize Hub designation	Confirm LSE and LSH status
4. Competitive call third hub	Carry out competitive selection of third hub
5. Restructuring staff team	Defining (re-defining) roles and placement in hubs
	Implementing staff changes
6. Governance recommendations	Update manual
	Act on action points in governance report
7. Resource mobilization	Develop plans per function / project
	Agree on implementing WHO policy
	Steps to mobilize resources
8. Sub-contracting arrangements	Clarify policy as per governance report
Coordination	
9. Coordination with Partners	Clarify approach as per governance report
	Consistent routine reporting between meetings
	Providing access to PowerPoint presentations
10. Coordination with EURO on hosting	Engagement on hubs, human resources and procurement
11. Coordination within and across hubs	Routine head of hub meetings and hub team meetings
	Routine monitoring of progress
	Internal review / technical oversight reported
12. Links to external experts / policy makers	Policy on transparency for June SC
	Providing details and analysis of all experts used
13. Links to other observatories	APO review links
	World Bank Latin America Caribbean (LAC) continue support
Routine	
14. Work planning, monitoring and updating	Monitoring
	Planning for 2015
15. Budget management and reporting	Monthly monitoring and quarterly reviews
	Bi-annual financial reporting to Steering Committee
	Project and donor reporting
16. Human resources management	HR policy developed
	Restructuring staff team
	Contracts and appraisal maintained
17. WHO reporting	6 monthly
18. Follow up to the evaluation	Reviewing recommendations and reporting to SC

European Observatory on Health Systems and Policies

Development Plan 2014- 2018

DRAFT

Contents:

PART 1- Our Purpose and Research Priorities

1.1 The Observatory's Mission

The fundamental purpose of the European Observatory is to support and promote evidence-based policy-making through:-

> the comprehensive and rigorous analysis of European health systems;
> the production of timely and reliable evidence in response to 'real' policy needs; and
> the communication of evidence in ways that are useful to, and usable by, policy-makers.

By delivering on this mission, the Observatory hopes to contribute to the wider goal of helping European health systems to improve the health and wellbeing of the people they serve and to better fulfil health system policy goals of solidarity, equity, efficiency, quality and responsiveness.

The purpose of this development plan is to outline how the Observatory will deliver on its mission over the partnership cycle 2014- 2018 by setting out its aims, objectives and strategic goals for the period ahead. The development plan will be underpinned by annual work plans detailing specific annual targets and outputs, and is also complemented by Steering Committee records on working methods.

1.2 The Observatory's Role and Main Functions

In order to deliver effectively on its mission, the role of the Observatory encompasses four core and complementary functions, as follows:

❖ **Country Monitoring:** a systematic and analytic overview of each of the national health systems in Europe, assessing the functions, costs, benefits, efficiency and quality of each system. This work also encompasses the health systems of certain key countries outside of Europe.

❖ **Analysis:** the indepth exploration of core health system and policy issues, including cross-cutting and comparative issues, using a secondary research model.

❖ **Performance:** the identification of ways of improving performance measurement and comparative performance assessment of health systems.

❖ **Knowledge Brokering:** the sharing of evidence and analysis with policy-makers via print publications, new media approaches and face-to-face communication.

Collectively, the above functions represent the core tools (or *'means'*) which the Observatory uses to achieve the common aim (or *'ends'*) of producing and communicating timely and reliable research evidence to inform policy. Part 2 sets out several strategic goals in respect of the future development of these core functions so as to ensure that we use our toolbox to optimal effect. In doing this, the development plan acknowledges the significant benefits of synthesising different functions so as to maximise the usefulness of work outputs (eg. translating the findings from a policy dialogue or conference into a policy brief which serves as a general public good for a wide audience). It, therefore, takes an integrative view across all functions when setting strategic goals for the period ahead.

Finally, in terms of the scope of its role, the Observatory's remit extends and attaches equal importance to all 53 Member States of the WHO European Region. As such, its central focus is on Europe albeit that its work also embraces health system and reform models outside of Europe where these are of real and pressing relevance to European policy makers. It also works with other regions to promote consistent and comparable approaches to health system monitoring and analysis, and to share experiences of engaging with policy-makers.

1.3 The Observatory's Core Principles

The work of the European Observatory is underpinned by the following important principles:

Relevance: The Observatory is committed to producing evidence to support 'real' policy needs. This includes an ongoing commitment to addressing 'gaps' in the evidence base and to remaining responsive to emerging health policy issues.

Impartiality: The Observatory's work is founded on principles of integrity and objectivity. It does not advocate particular policy positions but, rather, pledges to produce unbiased analysis of available evidence to support policy-makers in their work.

Quality: The Observatory is committed to the pursuit of excellence with all research based on robust methodologies and adhering to the highest quality standards.

Flexibility: The Observatory embraces continual innovation with a view to sharing evidence in a timely and effective manner so that the right evidence is available to the right people at the right time.

Public Benefit: The Observatory carries out research for public benefit. It is committed to the public good and to the provision of evidence to all via open access sources.

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1.4 Environmental Analysis

As a starting point for identifying strategic research themes and goals, this section briefly considers the Observatory's customers and the key policy and health system challenges facing those customers.

Who does the Observatory serve?

The European Observatory is a partnership which brings together international and European organisations, national and regional governments, national health system organisations and academic bodies to work towards a common vision of using evidence to improve health policy. While the partners are the key stakeholders, the Observatory seeks to serve all policy-makers across Europe. Its stakeholders are, therefore, wide-ranging and encompass six core groups as follows:

1. National and regional decision-makers in health, finance and other relevant ministries
2. National and regional senior civil servants in health, finance and other relevant ministries and senior health system managers
3. International decision-makers
4. International agencies/ NGOs- senior management level
5. International agencies/ NGOs- advisers and consultants
6. Policy analysts and researchers in academic institutions [and think tanks]

Communication is at the heart of the Observatory's mission and an ongoing focus on stakeholder needs is, therefore, critical. The partnership structure is a key strength in this regard as the diversity of partners reflects the spectrum of stakeholders identified above, thereby helping to ensure that the Observatory remains responsive to European health policy needs at national, international and regional level. Adherence to the core principles outlined at 1.3 above (relevance, impartiality, quality, flexibility and public benefit) should also assist in fulfilling stakeholder expectations and requirements.

What are the Key Issues within the Health Policy Landscape?

Across Europe, societies are ageing and their health needs are changing. Policy-makers are increasingly concerned with transforming health systems to support the needs of these changing societies. In particular, there is a growing recognition of the need to move away from reactive, hospital-centric models of care and towards innovative models which are better placed to respond to rising incidence of chronic disease and multi-morbidity: models which focus on prevention, structured management of chronic and non-communicable diseases, and better integration of health and long-term care. However, this desire to invest in new models of care is challenged by the current economic and financial crisis which has seen health spending per capita reduced in many EU countries in recent times. The financial

crisis also presents challenges in terms of pursuing universal coverage for healthcare, particularly against a backdrop of emerging and expensive healthcare technologies, increasing healthcare needs and rising public expectations. The above challenges translate into a common concern amongst policy-makers to learn from the experience of other health systems and to drive health system efficiency and sustainability, while protecting accessibility, quality and safety.

There is also a growing awareness at national and EU level of the wider societal role of health systems. This role is multi-dimensional; it embraces economic considerations, such as the role health systems play in job creation and strengthening human capital, as well as social protection considerations, such as the role which health systems play in reducing health inequalities and at risk of poverty rates. All of the above underscores the importance of examining effective ways of investing in health systems and in health system performance improvement.

In addition to striving to improve health system performance, there is also a growing awareness of the need to tackle the root causes of illness and disease through a 'whole of Government' approach to health and wellbeing. For health sector policy-makers, this requires building a case for investing in public health and convincing other sectors to engage in long-term cross-cutting initiatives.

Finally, while working to improve health systems and population health at individual country level, there is also a need to co-ordinate efforts across Europe. The freedom of movement enjoyed by EU citizens and workers means that the national health systems of EU member states must operate within a European regulatory framework and must increasingly strive for clarity and co-ordination in the areas of cross-border patient rights and harmonised workforce planning. Co-ordination at European level can also present exciting opportunities in terms of future joint initiatives in areas such as procurement, research, innovation and health protection.

1.5 Strategic Research Themes

In acknowledgement of current health policy challenges, and taking account of the Observatory's core mission and strengths, several research areas have been identified for development over the period 2014-2018. Annual work plans will progress specific projects which align with these priority areas. Of course, many topics or projects are also likely to span more than one theme.

❖ Health and Wellbeing and Investing in Health- this theme concerns the need to improve, and the case for investing in, the overall health and wellbeing of the population, both through addressing the underlying socio-economic determinants of health and though improving public health services. As such, it acknowledges the broader societal role of health systems in terms of their economic and social contribution to society.

- ❖ Coverage, Financing and Financial Sustainability- this wide-ranging theme embraces several fundamental and inter-related concepts such as achieving and sustaining universal coverage, paying for services, the role of user charges, securing financially sustainable health systems etc.

- ❖ Service Delivery and Integration- this theme addresses different approaches to, and models of, healthcare delivery, including issues of chronic disease management, caring for ageing populations, development of patient pathways and achieving integration across different health and social care settings.

- ❖ Impact of and Responses to the Financial Crisis- this theme reflects the significant ongoing work of the Observatory in monitoring the impacts of the financial and economic crisis, exploring the policy approaches and experiences of different countries in managing those impacts, and engaging with policy-makers both at the level of individual countries deeply affected by the crisis and at general EU and European level.

- ❖ Governance- this theme encompasses issues of governance at healthcare provider level (eg. hospital governance), health system level (eg. national capacity planning and governance of decentralised health systems), intersectoral level (eg. cross-sectoral governance of 'health in all policies') and EU level (eg. role of EU law). As such, it is also concerned with the regulation of healthcare markets, entrepreneurial behaviour and competition, both at purchaser and provider level.

- ❖ Health Systems Performance Measurement- this theme concerns assessment of health systems across the various performance domains of health status, health system responsiveness, financial protection, health system efficiency, and equity and access. It includes issues of measuring and managing performance as well as health system performance comparison.

- ❖ Quality and Innovation- different dimensions of this broad theme include health information management, patient safety and quality assurance mechanisms, clinical audit and guidelines, European reference networks, health technology assessment, emerging healthcare technologies etc.

- ❖ Patient-centred Health Systems- this theme relates to the role of citizens and service users within our health system, including issues such as citizen empowerment, patient rights and responsibilities, self-management of health conditions, patient choice etc.

- ❖ Human Resources for Health- aspects of this theme include workforce planning, recruitment and retention, skill-mix, continuous professional development, workforce mobility and recognition of professional qualifications and the role of informal care.

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PART 2- Our Strategic Goals

Part 2 of this document sets out a vision for the development of each of the core functions of the Observatory over the period 2014-2018. It then identifies a number of critical and concrete actions ('strategic goals') to help us realise that vision and sets out a series of quantifiable performance indicators which will allow us to measure whether we have achieved our goals.

The core functions of the Observatory, namely country monitoring, analysis, performance and knowledge brokering, the range of products delivered under each function and the various procurement arrangements and network alliances which support the delivery of functions are illustrated in figure 1 below.

Figure 1:
<Insert figure 1 from original draft>

Finally, it should be noted that the four functions differ in terms of scale and resource requirements. In particular, the performance function is an important but notably smaller work programme.

2.1 Country Monitoring

Our Vision: What do we want to achieve?
The country monitoring function is delivered via the Health Systems in Transition series. This series is widely recognised as a unique resource which is unmatched in terms of the provision of comprehensive and impartial country profiles. It also acts as the bedrock for wider analytical and evaluative work. As such, the Observatory is committed to **enhancing the enduring value of this service by transforming it into an online, 'living' resource**, which maintains the same high degree of quality and credibility, while providing a more interactive and intelligent end product. By developing online, interactive functionality, the service will allow the end user to customise information to meet specific policy needs, including tailored cross-country comparison and links to performance assessment.

Our Goals: How will we deliver our vision?
The Observatory will work towards delivering on the above vision by:

> Expanding and strengthening the new online updating initiative, and the Health Systems and Policies Monitor (HSPM) network which underpins the initiative, to achieve full coverage of EU member states.

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➤ Increasing information on performance and impact of health systems and policies.

➤ Maintaining the published, hard copy HiT service with an extended updating cycle, with a focus on delivering shorter, more focused country profiles, [and with a commitment to reviewing the requirement for hard copy HiTs as the online initiative is expanded].

➤ Ensuring consistent templates for in-print and online HiTs, including co-ordinating with other regional observatories to ensure maximum comparability across systems in different continents.

➤ Ensuring consistent and high quality editorial standards and oversight across the country monitoring function, including peer review *(see development goals under Managing the Partnership)*.

Our Performance: How will we measure success?

✓ Expand the online initiative to cover all EU member states within the period of the development plan

✓ Maximising the functionality of the online initiative so as to allow for enhanced end user experience, including through links to information on new health reform initiatives, links to performance assessment and benchmarking, 'end user customisation' features and cross-country comparison features.

✓ Deliver 6-8 in-print HiTs per annum with hard print profiles updated every 5-6 years

✓ Maintain links with other WHO and World Bank regions to promote a shared approach to the production of HiTs

✓ Clear and consistent editorial policy in place

✓ Systematic approach in place for considering end user needs and planning effective dissemination strategies when timetabling and sequencing HiT updates *(see strategic goals under Knowledge Brokering)*

2.2 Analysis

Our Vision: What do we want to achieve?

The services provided under this programme area utilise integrative, multi-disciplinary and secondary research models to explore major and cross-cutting health policy issues. The Observatory is committed to maintaining this very cost-effective approach to mobilising existing research in order to produce authoritative meta-analyses. However, it plans to **strengthen and develop the accessibility of analysis** by (1) releasing evidence and findings as early as possible, (2) delivering key messages succinctly via policy briefs and summaries, (3) placing articles in open access settings and (4) increasing the attention given to addressing specific policy needs in a timely manner.

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Our Goals: How will we deliver our vision?

The Observatory will work towards realising the above vision by:

> - Delivering a mix of different products which combine the current high-levels of quality and credibility with greater accessibility, including placing a stronger emphasis on shorter, more timely and open access products.
> - Exploiting 'windfall' opportunities, i.e. maximising the potential of existing research studies by developing the findings into multiple useful products.
> - Increasing external project funding for studies which are consistent with the Observatory's strategic research priorities.
> - Fostering academic and policy-making networks (including the HSPM) as well as maintaining links with wider counterparts, academics and international bodies.
> - Broadening the range of academic researchers and expertise available for the analysis work programme.
> - Ensuring consistent and high quality governance and editorial standards across the analytical work programme, including peer review *(see development goals under Managing the Partnership)*.

Our Performance: How will we measure success?

> - ✓ Deliver 4-8 'shorter' analytical outputs per annum (eg. short studies, briefs and summaries)
> - ✓ Deliver 3-8 major studies over the period of the development plan
> - ✓ Release findings as early as possible during the lifetime of a study
> - ✓ Strengthen links to external, expert networks and utilise contacting mechanisms to enhance and expand Observatory capacity to respond to policy-makers needs across the widest possible range of issues
> - ✓ Apply for funding to support research work which is closely aligned with Observatory research priorities
> - ✓ Clear and consistent governance and editorial policy in place
> - ✓ Systematic approach in place for considering end user needs and planning effective dissemination strategies when timetabling and sequencing analysis *(see strategic goals under Knowledge Brokering)*

2.3 Performance

Our Vision: What do we want to achieve?

The effective assessment of system performance is an area where the Observatory, with its partnership structure and collaborative approach, is well placed to make a positive contribution. However, it is also an area which benefits from numerous national and international initiatives. As such, plans are to **consolidate rather than expand work in this area** over the development period. Such consolidation will see

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(1) prioritisation of the domain reports and other elements of the programme with a clear, practical application, (2) the use of the Observatory as a forum to foster co-ordination between experts and stakeholders who will continue to lead in different areas of the field, and (3) developing links with other work programme areas so as to enhance the efficient delivery of the performance comparison function in the first instance and to allow this service to be consolidated into the other work programme areas over the period of the development plan (eg. via country monitoring).

Our Goals: How will we work to deliver our vision?

The Observatory will work towards achieving this by:
- ➢ Completing the series of reports on the five performance domains of (i) health status, (ii) health system responsiveness, (iii) financial protection, (iv) equity of health and access to health services and (v) health system efficiency[1].
- ➢ Offering comparisons across European countries by developing the performance assessment element of HiTs and strengthening links across the 'living' HiT IT platform (such comparisons will not involve detailed assessment and benchmarking)
- ➢ Facilitating networks and dialogues to ensure engagement across key stakeholders and experts, including integrating work with ongoing initiatives by WHO, the Commission and OECD.

Our Performance: How will we measure success?

- ✓ Deliver a further 2-3 domain reports within the partnership period
- ✓ Establish an online entry point for web links, data sources and commentaries on data sources *(see strategic goals under Country Monitoring)*
- ✓ Facilitate networks with leaders in the field.
- ✓ Systematic approach in place for considering end user needs and planning effective dissemination strategies when timetabling performance work *(see strategic goals under Knowledge Brokering)*

2.4 Knowledge Brokering

Our Vision: What do we want to achieve?

The knowledge brokering function is central to the mission of the Observatory which is uniquely placed to bridge the gap between research and policy-making due to its partnership of national and international policy-makers and researchers. The Observatory is, therefore, committed to **developing its knowledge brokering**

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[1] The purpose of these reports is to identify what is known about the particular performance domain and the steps taken in each country to manage performance in that domain, and what is known about the evidence regarding the success of different performance initiatives. The intention is that the information will help to surface key policy issues and data/ methodological gaps as well as allowing a broader commentary on the how European health systems are performing as a whole.

function to further strengthen its impact and cost effectiveness. It will achieve this by embracing the potential offered by new technologies and by increasing the attention given to addressing specific and immediate policy needs.

Our Goals: How will we work to deliver our vision?

The Observatory will work towards realisation of the above vision by:

- Enhancing the accessibility of evidence through:
  - significantly expanding our online reach and achieving a systematic shift from print to electronic distribution,
  - increasing the attention given to immediate policy needs requiring reactive and rapid response approaches , and
  - delivering diverse products which include short-, solution-focused policy briefs complemented by indepth syntheses of evidence
- Building relationships between researchers and policy-makers through effective implementation of key findings of the Bridge project and through mechanisms such as the annual summer school
- Securing sponsorship for dissemination where possible, including mobilising resources to support Eurohealth, web initiatives and translations *(see development goals under Managing the Partnership)*
- Creating a feedback loop which uses lessons from dissemination work to inform refinement of country monitoring, analysis and performance work
- Ensuring that effective dissemination strategies are part of regular planning and timetabling across other work programme areas so that work outputs align well with policy needs and opportunities (eg. aligning work with timeframes for policy 'entry points' such as national debates, conferences, EU Presidencies etc.)

Our Performance: How will we measure success?

- ✓ Deliver and distribute work in an appropriate and cost-effective mix of formats, leveraging opportunities presented by national and international policy fora
- ✓ Deliver/ facilitate 20+ 'face to face' events a year (eg. policy dialogues, evidence briefings and other tailored initiatives)
- ✓ Using transparent selection mechanisms, expand and strengthen the pool of external experts available to support 'face to face' events and other knowledge brokering work, including drawing on the HSPM network
- ✓ Enhance e-bulletins, twitter feed and website
- ✓ Secure sustainable funding for Eurohealth and other initiatives where possible
- ✓ Review the dissemination strategy regularly to take account of new media approaches
- ✓ Ensure that dissemination strategies are systematically incorporated into planning across the Observatory work programme

PART 3: Management of the Partnership

3.1 Current Legal, Financial and Governance Arrangements

The European Observatory on Health Systems and Policies is a partnership hosted by the WHO. The WHO acts as the Managing Agent and provides the legal framework for the operation of the partnership (which has no distinct legal identity in its own right).

While the Observatory operates in accordance with the legal parameters and operational policies of the WHO, its unique character demands the development of additional, complementary governance arrangements. In summary, these governance arrangements involve a Steering Committee comprising representatives of each of the Observatory partners. The Observatory management team reports directly to the Steering Committee, with the latter providing guidance and oversight on matters of governance and strategic research priorities, predominately via biannual Steering Committee meetings. In addition to the overarching partnership agreement, governance is exercised via a suite of strategic and operational documents, including the Five Year Development Plan, Annual Work Plans, Annual Budgets, Reports and Financial Reports, and Steering Committee records on working methods.

Finally, the Observatory is financed via core income and in-kind contributions provided by partners. While this core income is supplemented by grant funding for specific projects, in recent times, such supplementary income sources have been greatly diminished and the need to stabilise multi-annual income levels has been recognised.

3.2 Development Goals

Over the development period, the partnership will progress the following strategic governance goals:

> Sustaining improvements in relation to financial planning and reporting
> Continuing efforts to secure resources to ensure the long-term financial sustainability of the partnership, including sustaining an appropriate balance between core and project income
> Implementing agreed policy on hub designation and on procurement of external expert services
> Developing and implementing a clear guiding strategy and HR policy to manage the blend of Observatory staff, contracted service providers and network partners working on different Observatory functions

- Regardless of whether products are delivered in-house or by contracted experts, ensuring a consistent and appropriate model of editorial support and oversight across work programme areas with strong peer review and quality control mechanisms
- Supporting partners, and using and acknowledging the contribution of expert networks to strengthen the partnership with a view to extending it in 2018
- Developing and utilising a clear prioritisation protocol in order to assist in the preparation and agreement of annual work plans
- Supporting an ongoing cycle of review and external evaluation

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