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Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness

Working document

World Health Organization

REGIONAL OFFICE FOR Europe

Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people-centredness

This document captures the strategic priorities of the WHO Regional Office for Europe in the area of health systems strengthening for 2015–2020, taking its vision from the European health policy framework Health 2020. It complements the document *Towards people-centred health systems: an innovative approach for better health outcomes* and aligns with the WHO global strategy on people-centred and integrated health services, which is currently under consultation together with the second global strategy on workforce education. Both documents are to be submitted to the World Health Assembly for approval in May 2016.

The WHO Regional Office for Europe supports Member States in strengthening health systems to become more people-centred in order to accelerate health gains, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources.

To strengthen value-driven health systems, the Regional Office will work intensively with Member States over the 2015–2020 period in two priority areas:

(1)   transforming health services to meet the health challenges of the 21st century; and

(2)   moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments.

To make progress in these areas requires whole-of-society and whole-of-government efforts to embrace intersectoral actions, while designing effective and evidence-informed policies on service delivery and health financing. In addition, high-quality health-system inputs make it possible to transform health services and move towards universal health coverage, including in the areas of the health workforce, medicines and other health technologies and health information.

The document sets out some of the challenges Member States face in the two priority areas and highlights ways in which the Regional Office can provide support.

Contents

My ideal health system:
a people-centred perspective from Portugal[1]

"In my ideal health system, I am healthy from my safe and peaceful birth to my dignified death, late in life, surrounded by my family."

"Safety is a priority at my school and general legal requirements help keep me safe and healthy – such as fences around pools, mandatory child car seats, helmets for sports and no smoking in public places. When I go to school, the lunchroom serves healthy meals and junk food is not a part of my life."

"I have had all the vaccines currently available. My parents get texts reminding them when to take me in."

"When I have a specific question about my health, I text the cell phone of my health manager (or send an email in case of something needing a longer explanation) and they get back to me that day. They might ask me to send more diagnostic information from my cell phone. Then they either give me an answer that solves my problem or they schedule an appointment with them or the person best able to resolve my issue within the next week."

"In the case of an appointment, I arrive on time at the government funded ... Wellness Centre, which has parking, public transport access and is wheelchair accessible. This facility, which is in my community, resolves all my ambulatory issues: vaccines, screening procedures, prenatal care and diagnostic exams, including imaging exams."

"In the case of an emergency, ... the hospital has access to my health records and my health manager. ... If my problem can be resolved at that time (stitches, cast), I'll expect to be discharged that day and to have a follow-up care appointment already booked with my health manager back at my Wellness Centre. If I need emergency surgery, I would expect to be admitted."

"If I do [get a chronic illness], I would like to be an active partner in my care and to do as much as possible on an outpatient basis and to perform the bulk of my care via self-management. My health manager would need to be an expert in my condition and so, though I would remain connected to my primary Wellness Centre, most of my interaction would be with and via my new chronic/serious disease coordinator."

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[1] "Me and my ideal health system" [Appendix 2]. In: The future for health: everyone has a role to play. Lisbon: Calouste Gulbenkian Foundation; 2014: 203–205 (http://www.gulbenkian.pt/mediaRep/gulbenkian/files/institucional/FTP_files/pdfs/FuturodaSaude2014/ReportFutureforHealth_FCG2014/files/assets/basic-html/page203.html, accessed 16 June 2015).

Background

1.   This document captures the strategic priorities of the WHO Regional Office for Europe for strengthening health systems through a people-centred perspective. This document follows the directions of Health 2020 *(1)* – the European health policy framework – which, along with developing priorities and actions for health improvements more widely, sets out a comprehensive vision of the Regional Office to improve health and reduce health inequalities. It is also in close alignment with the document *Towards people-centred health systems: an innovative approach for better health outcomes (2)*, which sets out the vision, mission, operational approach and products and services provided to Member States by the Regional Office. In line with the comprehensive approaches outlined in these two umbrella documents, this paper highlights the strategic priorities of the WHO Regional Office for Europe for 2015–2020.

2.   The strategic priorities set out here have been informed by a number of processes. First, the Division of Health Systems and Public Health has worked with many countries on health systems strengthening, providing an overview of trends and directions in the Region. Secondly, the Regional Office engages with many Member States on discussions of priorities of collaboration, including for health systems strengthening, on the basis of the biennial collaborative agreements. Thirdly, to mark the five-year anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth *(3)*, the WHO Regional Office for Europe, in collaboration with the Government of Estonia, is leading an assessment to follow up on the successes and challenges in health systems strengthening under the banner of the Tallinn Charter. This has included a ministerial meeting hosted by the Government of Estonia *(4)*, a questionnaire about future health systems strengthening priorities for Member States, and the final report on implementation of the Tallinn Charter, to be submitted to the 65th session of the Regional Committee for Europe in 2015. Additional crucial inputs have been the results of an expert meeting on health systems priorities, hosted by the Division of Health Systems and Public Health in Barcelona, Spain, on 3–4 November 2014, and the ongoing feedback from the core group of Member States[2] that have helped guide the final report on the Tallinn Charter. Finally, this document aligns with the WHO global strategy on people-centred and integrated health services and the second global strategy on workforce education, which are currently under development for approval by the World Health Assembly in May 2016.

Value-driven health systems strengthening

3.   A vision for people-centred health systems underlies the objectives and interventions set out in Health 2020 and is the driving force behind the strategic priorities articulated here. The subtitle of this document – walking the talk on people centredness – reflects the importance that the Regional Office attaches to ensuring that health systems in the European Region meet people's needs and live up to their expectations.

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[2] Belgium, Estonia, France, Germany, Kazakhstan, Norway, Slovenia and the United Kingdom.

4.   In a people-centred health system, the design of core system functions prioritizes the preferences and needs of individuals, their families and communities, both as participants and beneficiaries. Designing and orienting health systems in this way includes partnering with patients not only to understand but also to define the quality of health systems. It means involving people in their own care and management, and developing the evidence base to inform people-centred health systems. It is organized around the health needs and expectations of people throughout the life-course rather than around episodic diseases. It not only ensures that the voice of the majority is heard but also takes into account the voice of the vulnerable. People-centred health systems provide high-quality comprehensive and coordinated services in an equitable manner and involve people as partners in decision-making. This requires investments in health literacy and empowerment so that people have the necessary education and support to make decisions and to participate in their own care. It requires that people, including the poor and the vulnerable, not face barriers or financial hardship in accessing the services that they need *(5)*. People-centred health systems are flexible and respond rapidly, for example, to emergencies or pandemics and the implementation of the International Health Regulations (IHR). The shift towards people-centred health systems requires a cultural readjustment, as well as technical solutions.

5.   The mission of the WHO Regional Office for Europe is to support Member States in strengthening health systems that put people at the centre in order to accelerate health gains, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources, including through intersectoral actions consistent with whole-of-society and whole-of-government approaches. This involves responding to the diverse needs of all people, paying particular attention to the values of solidarity and equity. It means that people should not face financial hardship when accessing needed health services. It requires a focus on efficiency so that valuable resources are not wasted. It also requires greater transparency and a renewed commitment to performance assessment for accountability.

6.   Greater health gains and smaller health inequalities are high on the agenda of all Member States in the European Region. However, technocratic and provider-led solutions are not always optimal in improving health outcomes *(6)*. For example, adherence to screening programmes, tuberculosis treatment or medication for hypertension is low in many countries despite solid evidence of effectiveness *(7)*. Configuring health services to meet diverse needs in a more flexible manner can help to change health behaviour, enhance early detection of illness and increase adherence to treatment.

7.   People-centred health systems reflect the values of solidarity and equity. They do not leave anyone behind; they minimize social exclusion and promote financial protection *(8)*. The socioeconomic realities in the European Region are sobering, especially in the wake of the financial and economic crisis. Millions of people experience financial hardship when accessing the health services that they need. Some are impoverished or pushed further into poverty by having to pay out of pocket for health care. Others face catastrophic levels of out-of-pocket payments *(9)*. A commitment to health gains and lower inequalities in health requires moving towards universal health coverage. Targeted approaches may be necessary to reach the most vulnerable groups of people.

8.   Economic hardship, ineffective social policies, a lack of transparency and weak accountability can limit people's willingness to sustain the redistributive pact underpinning European social systems. Resources are stretched and may remain so for some time. One way of addressing this situation is to use available resources more efficiently. Inefficiencies waste valuable resources that could be used to enhance coverage, transform health service delivery and reduce inequalities. They limit a country's health potential, are likely to affect the poor more than other people and undermine willingness to invest in health systems. Because of this, tackling inefficiency should be a priority for everyone.

9.   Strengthening health systems that put people at the centre involves trade-offs, especially at times of economic hardship. There are no ready-made solutions to balancing social goals and prioritizing limited resources. The Regional Office provides tailored support to Member States, helping them to address problems and assess policy options through context-specific analytical work that draws on international experience, policy dialogue, knowledge brokering and direct technical assistance.

## Strategic priorities in health systems strengthening 2015–2020

10.   To strengthen health systems towards a people-centred focus in line with the values outlined above, the Regional Office will work intensively with Member States over the 2015–2020 period in two priority areas:

- strategic priority 1: transforming health services to meet the health challenges of the 21st century; and

- strategic priority 2: moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments.

11.   To make progress in these areas requires carefully designed policies on service delivery and health financing. It also requires a special focus on the health workforce, medicines and other health technologies and health information. These are the essential foundations of health systems, which need to be aligned with the strategic priorities. In addition, strengthening health systems is an effort that is sensitive to factors outside the health system, such as the social determinants of health and the policies of non-health sectors. The following sections set out some of the challenges, illustrated in Fig. 1, that Member States face in the two priority areas and highlight ways in which the Regional Office can provide support. The focus in this document is primarily on those policies that lie within direct control of the health system, while factors outside the health system are acknowledged throughout.

Strategic priority 1: transforming health services to meet the health challenges of the 21st century

12.   Health services need to adapt to meet new needs. In the 21st century, this means putting noncommunicable diseases, chronic conditions, multimorbidity and multidrug- and extensively drug-resistant tuberculosis and a number of other health threats, such as HIV and antimicrobial resistance, at the top of the health policy agenda. Population-based interventions and individual services are equally important; for example, some of the observed decline in mortality due to coronary heart disease is the direct result of

tackling risk factors, such as high blood pressure, tobacco use, high cholesterol and salt intake, through a mix of population-based and individual services.

Fig. 1. From values to action: strategic priorities of the WHO Regional Office for Europe in people-centred health systems strengthening 2015–2020
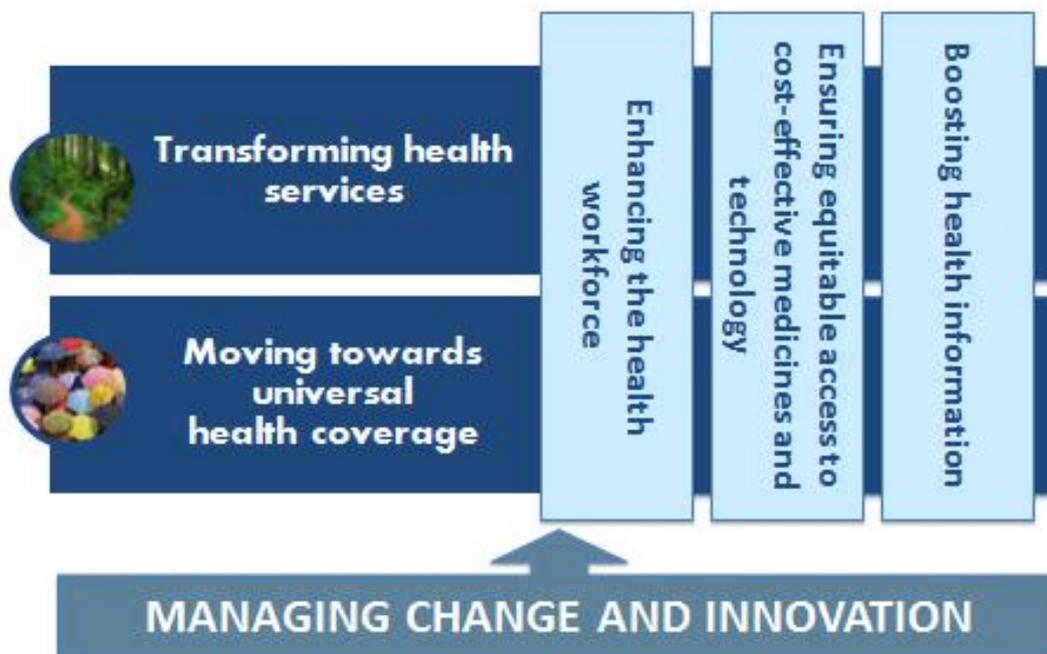
13.   Progress in people-centred health gains can be made by moving away from reactive, disease-based, episodic service delivery towards a proactive approach involving better coordination of health promotion, disease prevention and condition management throughout the life-course. As the burden of chronic illness increases, more prevention and care take place in different settings, including the home. This demands stronger public health systems, primary and community care, the development of specialist networks, and integrated models of care for disease prevention and health promotion. It also requires greater unity between public health and individual services; for example by integrating essential public health operations into primary health care and hospitals. Importantly, greater health literacy and people being more engaged in health protection, disease prevention and the self-management of disease add value to system changes and improve outcomes.

14.   Strategic purchasing contributes to the people-centred transformation of health services by linking provider payment to performance. This can encourage the formation of interdisciplinary provider teams that better coordinate patient care, share health information and other technologies, and ensure, monitor and assess quality.

15.   The WHO Regional Office for Europe supports Members States in:

- **empowering people** through enhanced health literacy and **engaging patients** in clinical decision-making, self-management, care planning, provider choice, within reasonable limits, self-monitoring and self-treatment; particular attention to empowering and engaging vulnerable and marginalized populations can help to address inequalities in access to care and care outcomes;

- **building capacity to restructure public health services** so that they can respond effectively to public health emergencies and deliver better occupational and environmental health, and safe and healthy food and nutrition;

- **ensuring a comprehensive continuum of services** with strengthened primary health care as the provider hub and first contact point for people, coordinating services from health promotion, health protection, disease prevention, diagnosis, treatment and long-term rehabilitation to palliative care;

- **moving away from traditional modalities of service delivery**, for example by empowering people to self-manage their chronic conditions, modernizing evidence-based guidelines and standards, developing care pathways flexible enough to meet individual needs, promoting the appropriate use of medicines and other health technologies, and redesigning the role of hospitals;

- **breaking down boundaries across care levels and settings** to promote coordination among a wide spectrum of professionals and services, including pharmacists, social and long-term care and informal carers, to ensure continuity of care and to remove barriers to access to needed care; and

- **managing processes for quality and better outcomes** through effective intersectoral action and regular monitoring of performance, including systematic feedback to providers.

16.   Transforming service delivery in this manner requires an understanding of the social determinants of health and care-seeking behaviour and implies working with community outreach and social care in a harmonious manner. For example, community organizations can reach and mobilize people who traditionally do not seek health services and are invisible to health-care providers and encourage them to attend screening activities. From a health systems perspective, identifying clever organizational and financial arrangements that enable this joint work at the level of primary health-care centres and population outreach programmes is a new frontier.

17.   People-centred, more integrated services require new ways of training, deploying and managing the health workforce, better management and appropriate use of medicines, and stronger health information.

18.   To build the right competencies for integrated service delivery and people-centred care, the pre-service and in-service training of health professionals should be planned and implemented based on the expected future needs of patients and societies. Training curricula based on competencies may be more responsive to changing needs. Optimizing the skill mix by organizing health workers in multidisciplinary teams, with a greater emphasis on team work and non-physician clinicians, not least nurses and midwives, can lead to greater efficiency and more responsive health services.

Interdisciplinary education may help to break down professional silos and enhance collaboration in teams.

19.   The improved management and more appropriate use of medicines are essential to the successful transformation of health services. It is estimated that 30–50% of medicines are not taken as intended *(10)*, affecting health outcomes and wasting resources. Innovative interventions need to look beyond the clinic and support both clinicians and patients to get the most from medicines and prescription-related consultations. Pharmacists can make a significant contribution, for example by enhancing patient motivation between consultations. Other innovative and effective strategies to improve the use of medicines include therapeutic committees, electronic formularies and clinical guidelines, feedback on medicine use, medicine information policies and the evaluation of health outcomes.

20.   Improving and making better use of health information is critical to transforming health services and to making them more people-centred. Health information systems are often not as effective as they could be because they are disjointed across levels of care, providers or type of ownership; they often serve higher-level monitoring needs instead of facilitating clinical and managerial decision-making; and they rarely serve the needs and interests of people. There are an increasing number of good practices to address these concerns. These include integrated systems, following the principle of moving data, not patients, and creating a publicly accessible information technology interface to facilitate self-management by patients. Improved collection, monitoring and reporting of key health data allows for informed decision-making, thereby better targeting interventions that maximize the health impact.

Strategic priority 2: moving towards universal health coverage and a Europe free of impoverishing out-of-pocket payments

21.   Moving towards universal health coverage is a cornerstone of the health and social policy of Member States in the European Region and a key mechanism for delivering the commitments of the Tallinn Charter. In promoting universal health coverage, Member States aim to narrow the gap between health needs and utilization, improve the quality of care, ensure financial protection and enhance equity by identifying and protecting vulnerable and marginalized groups. To achieve this with limited resources, Member States need to build resilience to economic cycles and develop incentives for efficient behaviour among a wide range of health systems actors. Health financing policy plays a critical role in moving towards universal health coverage.

22.   The WHO Regional Office for Europe supports Members States in the following areas.

- **Promoting policies to reduce out-of-pocket payments**, especially among poorer people and other vulnerable groups. There are no quick fixes for reducing out-of-pocket payments. Instead, what is needed is a comprehensive approach that assembles and aligns all dimensions of health financing for greater efficiency and equity, including in the areas of revenue collection, pooling, purchasing, benefit design and coverage decisions.

- **Ensuring adequate public financing** for health systems. The boundaries between general tax funded and social insurance systems are becoming increasingly blurred. Many countries that have traditionally relied on payroll taxes now realize that a mixed public revenue base is more conducive to achieving high levels of coverage and reducing out-of-pocket payments without unduly burdening the labour market.

- **Reducing fragmentation in health system funding channels** (pooling) to achieve a more efficient and equitable allocation of resources and more rational service delivery. Multiple funding channels often lead to duplication in the service delivery infrastructure, creating inefficiencies, coordination problems and inequalities in access to and the use of health services.

- **Adopting strategic purchasing mechanisms**. Strategic purchasing is an important policy instrument that allows Member States to prioritize cost-effective medicines, technologies and services (including health promotion and prevention services, such as vaccination and screening), promote evidence-based clinical practice, reduce inappropriate utilization and minimize health-care errors. In contrast, passive purchasing agencies using outdated provider payment mechanisms will encourage inertia and inefficiencies.

- **Ensuring effective and equitable coverage decisions** based on systematic, evidence-based and transparent processes. Ambiguity over rights and entitlements shifts coverage decisions to providers, which often exacerbates inequalities in access to care. Systematic and transparent coverage decisions involve balancing resource constraints with cost–effectiveness, equity criteria and public preferences.

23.   Identifying and protecting vulnerable and marginalized groups is a core challenge for progress towards universal health coverage. The definition of vulnerable and marginalized is context dependent and the Regional Office supports Member States in approaching this challenge in an evidence-informed manner. Depending on the context, vulnerable and marginalized groups may include the poor, the disabled, the chronically ill, the elderly, Roma and documented and undocumented migrants. In making the right definition, it is critical for health systems to work closely with other sectors in order to obtain a comprehensive picture of social vulnerability and to provide comprehensive social protection and a range of services. For example, pensioners in countries with relatively low retirement pensions are much more susceptible to the price of medicines and are more vulnerable to a catastrophic level of expenditure than those in countries with higher retirement pensions.

24.   Accelerating progress towards universal health coverage cannot be achieved without an adequate, skilled and motivated health workforce, timely and equitable access to medicines and other health technologies, and careful, context-specific monitoring and analysis. Tackling inefficiencies is also vital to securing political and public support for universal health coverage.

25.   Equitable access to quality health services relies on the availability, accessibility, acceptability and quality of the health workforce. Policy challenges in the European Region include a lack of sufficient public funding for health systems, low salaries, inadequate living and working conditions for staff, particularly in rural areas, and a

punitive and demotivating supervisory culture. These factors fuel health workforce migration throughout the Region, leading to access problems in countries that lose staff.

26.   Medicines are the main driver of out-of-pocket payments and a key source of catastrophic and impoverishing health expenditures. Weak pharmaceutical policies and the inappropriate use of medicines are leading sources of inefficiency in many health systems. To safeguard timely and equitable access to medicines, while promoting a more efficient use of resources, Member States can focus on the following policies: careful management of the entry of medicines; pricing new medicines and other technologies on the basis of their added therapeutic value, using systematic criteria and transparent processes, such as health technology assessment; rewarding genuine clinical innovation; and assessing the budgetary impact of adopting new technologies.

27.   Monitoring progress towards universal health coverage can generate important health evidence which, in turn, can be used to inspire and drive further reforms. Few countries have established systematic mechanisms for monitoring universal health coverage but the financial and economic crisis has provided added impetus to do so. Monitoring changes in population entitlements, in the range of publicly financed benefits and in the extent of out-of-pocket payments, enables countries to develop better targeted policies that are more likely to protect poorer people and other vulnerable groups. The Regional Office is working with several Member States to facilitate institutionalized universal health coverage monitoring.

28.   Addressing inefficiency in health systems is vital to securing popular and political support for moving towards and for maintaining universal health coverage, especially during economic downturns. It is difficult to advocate for more public spending on health when the system displays inefficiency and waste. However, as Fig. 2 indicates, improving efficiency is not the same as reducing spending and does not always result in savings; in practice, it often requires added investment *(9)*. Short-term quick fixes – such as delaying investment in health-care facilities – can help to keep the system running during a crisis but are unlikely to be sustainable in the longer term. The transition to a more efficient system needs to be carefully managed and appropriately resourced to avoid undermining service quality, exacerbating financial hardship or creating new barriers to access.

Fig. 2. Distinguishing between savings and efficiency gains
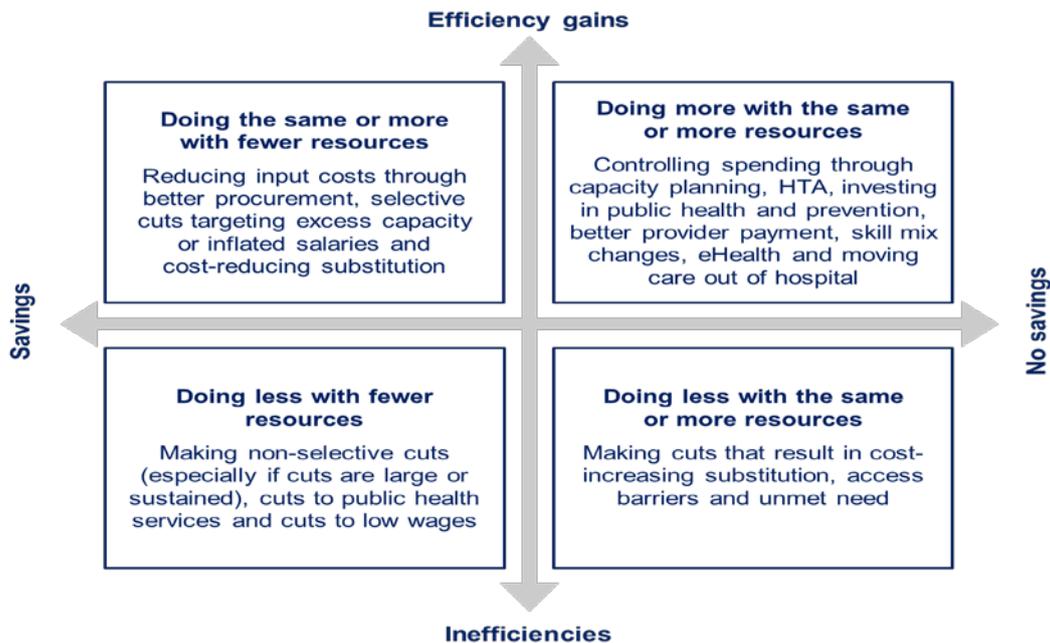
Source: Thomson S, Figueras J, Evetovits T, Jowett M, Mladovsky P, Maresso A et al. *(9)*

Essential health systems foundations: the health workforce, medicines and other technologies and health information

29.   High-quality health systems inputs enable transforming health services and moving towards universal health coverage, including in the areas of the health workforce, medicines and other health technologies, and health information. The WHO Regional Office for Europe supports Member States in each of these areas in a number of ways.

Foundation 1: enhancing the health workforce

30.   The health workforce is an essential input in health systems and improving health outcomes is dependent on their availability, accessibility, acceptability and quality. The health workforce is central to the transformation of service delivery to meet 21st century needs and to translating the vision of universal health coverage into improved health services on the ground. The WHO Regional Office for Europe supports Member States in a number of ways.

- **Rethinking the roles of health workers and optimizing the skill mix** in the context of demographic trends, technological advancements, patterns of diseases and changing population health needs. This is accompanied by a progressive shift in the demand for patient-centred health services and personalized care. Changing roles and shifting tasks can lead to better use of the available health workforce, especially nurses and midwives, and to more efficient and responsive health services, including an improved capacity for working with other sectors.

- **Investing in and transforming health workforce education and training** for the development of a fit-for-purpose body of health professionals, whose education and training should be planned and implemented in line with the expected future needs of patients and societies. The adoption of competency-based curricula, the promotion of interdisciplinary education and life-long learning should be embraced.

- **Improving the performance of health workers** and promoting innovative cost-effective practices require designing more effective management and reward systems, thereby developing an attractive working environment.

- **Establishing policies to ensure a sufficient and sustainable health workforce**. Effective retention strategies are needed to deploy and to keep health workers where they can best make a positive difference to population health.

- **Ensuring the ability of the health workforce to quickly respond**, in line with the IHR, to changing events that may constitute emergencies or pandemics.

Foundation 2: ensuring equitable access to cost-effective medicines and technology

31.   Ensuring the availability of and equitable access to cost-effective medicines and technology is an important input into health systems, in particular for transforming health services and moving towards universal health coverage. The WHO Regional Office for Europe supports Member States in a number of ways.

- **Improving access to essential medicines and medical devices**, establishing and using transparent systems and processes for (i) selection of medical products to be authorized for use in Member States; (ii) pricing and coverage of medical products using public funds; and (iii) direct procurement of medical products by public or quasi-public agencies. These transparent systems and processes should be based on health technology assessments, models for the rational use of medicines and careful review, with due regard for public health relevance and evidence on efficacy, safety, comparative effectiveness, cost–effectiveness and equity.

- **Defining the vision and directions of pharmaceutical policy** in Member States based on international evidence and contextualized situation diagnosis through a participatory process in consultation with stakeholders.

- **Supporting the appropriate use of medical products** and developing pharmaceutical services as an integral part of primary health care.

Foundation 3: improving health information and health information systems

32.   Health information and research are the foundations for strengthening health systems and health policy, and health information systems are an integral part of health systems (World Health Assembly resolution WHA60.27). This includes strengthening not only the information content but also the information systems themselves, including health information platforms and infrastructure, as well as eHealth. Strengthening health

information systems is therefore a key prerequisite for the implementation of Health 2020. The WHO Regional Office supports Member States in a number of ways:

- **improving data and information collection, analysis, reporting and dissemination mechanisms** to continuously monitor and assess the health status of the population and the performance of health systems, paying particular attention to monitoring inequalities and moving towards universal health coverage;

- **carrying out in-depth analytical work** to provide evidence for policy-makers, including through the Health Evidence Network and other mechanisms;

- **harmonizing and standardizing health information**, improving the quality of data and reporting through the WHO European Health Information Initiative; and

- **translating evidence into sound policies and practices**, such as through the Evidence-informed Policy Network (EVIPNet), which requires up-to-date and user-friendly information systems at all levels of the health system. These should not only transfer data but also assist in effective decision-making most appropriate to the situation and setting. At the policy level, mechanisms to evaluate the effectiveness of implemented policies can be established to ensure continuous learning and progress.

Health systems governance: managing change and innovation in health systems

33.   Smart health systems governance creates mechanisms to manage change and innovations in health systems. Health systems must adapt and be responsive to changing environments, new priorities and innovations. Technology is dramatically changing the way in which pain is treated, health is restored and life is extended. The rapidly evolving field of science has resulted in pharmaceuticals that are more focused, affordable and effective, with cutting-edge research committed to the discovery, development and adoption of value-added medicines. The information revolution and its potential successes have unquestionably been absorbed by the health systems of today. In European Union countries, for example, a survey of general practitioner offices in 2013 found that the majority of medical practices had a functioning information technology infrastructure, with around 80% able to store patient data electronically; nearly all (97%) reported using a computer during consultation with a patient *(11)*. The innovative use of technology for communicating health messages, such as mobile telephones with text messaging, is increasingly common. Health systems must continuously adapt to such progress.

34.   In order to keep pace with and respond to those challenges, complex transformational changes in health systems require a long-term horizon and proactive management. The complexity of health systems changes does not lend itself to business redesign processes. Change management strategies therefore need to recognize contextual factors in national and local specificities. Technical components of change need to be embedded in a positive culture of improvement, which can be supported by many strategies: for example, through building social opportunities for team-building; harnessing local opinion leaders; clinical and managerial leadership; effective

stakeholder management; partnership working; and building the knowledge, skills and attitudes of people to support the proposed changes.

35.   Aligned with this vision, health systems require leaders and managers who are comfortable managing change and innovation, empowered by both technical competence and communication skills. Engaged leaders and managers can make a major contribution to achieving better health outcomes and overall performance. People-centred health systems require shared leadership both within and across organizations, involving providers, people and managers, all with differentiated roles but working collaboratively across organizational and professional boundaries in a defined vision and strategy. Active managers who interact between people, health staff and organizations to ensure positive health outcomes and overall performance are equally key.

36.   For transformational changes to be sustainable, solutions must be contextualized and linked to broader development and social policies with the participation of a wide range of stakeholders and partners. This includes the education, employment and transport sectors, among others. Moreover, sustainable and resilient health systems are likely to be those that also take environmental considerations into account and that work closely with the environment sector. A tailored approach to policy work should be combined with global and regional guidance, standards and evidence. Generic tools and instruments are of help, but it is necessary to seek country solutions through multidisciplinary team-based problem solving on the basis of a balanced mix of top-down and bottom-up approaches. Step-by-step hands-on learning through institutional capacity-building leads to more sustainable solutions than quick fixes and externally imposed recommendations. Institutional capacity-building therefore needs to be incorporated in approaches to people-centred health systems strengthening. The experiences, collegiality and growth in networking that can happen during the process of change have the power to act as a major cohesive force for the future when the process is led and managed successfully. This building of collective values, distributed leadership and commitment to change can leave an enduring legacy. Indeed, reforms happen more effectively where there is a history of good working relations.

37.   While achieving transformational change requires managing change and innovations, ensuring accountability for performance is also a key governance challenge. Accountability goes hand in hand with people-centredness; it is at the heart of policy discussions in Europe and is enshrined in the Tallinn Charter. Evaluating various facets of the performance of health systems is a key aspect of accountability. Performance assessments can be comprehensive or focused on selective outcomes. For example, the WHO Regional Office for Europe has been working with Member States to assess their health systems response to noncommunicable diseases – a specific type of performance assessment.

Key partners and support to Member States

38.   The WHO Regional Office for Europe seeks to provide support to Member States in these areas in a competent, effective, integrated and evidence-informed manner, working closely with key partners. To make the most of limited resources, the Regional Office engages in areas where experts can provide a comparative advantage and add

value. As a result, the Regional Office aims to strike a balance between in-depth country-level work and multicountry comparative analysis and capacity-building. Core areas of the Regional Office's work include:

- systematizing evidence for knowledge translation using a common health systems framework, such as WHO's work on the impact of the economic crisis on health and health systems performance;

- creating platforms to facilitate learning through the unique ability of the Organization to bring together Member States and leading academic experts, as well as special-interest groups, including patient and provider associations, international organizations and global think-tanks, such as the WHO European advisory group on the European action plan for strengthening public health capacities and services;

- providing technical assistance and advisory services at the country level through state-of-the-art analytical work, support to policy development, including regulatory reviews and dialogue, translating findings into practical know-how and identifying priority lists of actions, policy options and mechanisms for system leaders, such as WHO's assistance to system reforms in the wake of the financial crisis in Cyprus and Greece, and support for scaling up the health systems response to noncommunicable diseases in Belarus, Bosnia and Herzegovina, Croatia, Estonia, Hungary, Kyrgyzstan, the Republic of Moldova, Tajikistan and Turkey;

- organizing policy dialogues with broad stakeholder participation, including policy seminars and expert workshops, such as the senior policy seminars on primary health care and universal health coverage;

- providing targeted capacity-building opportunities through national, regional and multicountry courses, such as the Flagship Course on Health Systems Strengthening, the Barcelona Course on Health Financing, with the theme of universal health coverage, and EVIPNet, among others.

39.   In all these areas, the Regional Office works closely with partners, such as patient organizations, the European Commission, the European Observatory on Health Systems and Policies, the GAVI Alliance, the Organisation for Economic Co-operation and Development, the Global Fund, the World Bank and WHO collaborating centres, in addition to bilateral cooperation agencies. Working in partnerships enables the Regional Office to deliver in areas where it has a comparative advantage and expertise. The Regional Office participates in and contributes to the functioning of many important networks in Europe. These include, but are not limited to, the Association of Schools of Public Health in the European Region, the Eurasian National Health Accounts network, the EuroHealthNet, the European Network of Health Promoting Schools, the European Public Health Association, the Healthy Cities Network, the International Network of Health Promoting Hospitals and Health Services, the Pharmaceutical Pricing and Reimbursement Information network and the South-eastern European Health Network.

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