



World Health
Organization

REGIONAL OFFICE FOR

Europe

MEETING REPORT



Final consultation meeting of the European Framework for Action on Integrated Health Services Delivery

Copenhagen, 2–3 May 2016



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

MEETING REPORT



Final consultation meeting of the European Framework for Action on Integrated Health Services Delivery

Copenhagen, 2–3 May 2016

Health Services Delivery Programme
Division of Health Systems and Public Health

Abstract

On 2–3 May 2016, the WHO Regional Office for Europe hosted a final consultation meeting of the European Framework for Action on Integrated Health Services Delivery (EFA IHSD) at UN City in Copenhagen, Denmark. The event convened over 170 participants from more than 30 Member States in the WHO European Region, and representatives from professional associations, patient organizations and other special interest groups, as well as international experts, development partners and WHO staff. Over the two-day meeting, the Framework's four domains focusing on populations and individuals, health services delivery, other health system enablers and change management were discussed in detail. Each domain was explored through expert presentations, country cases, panel discussions and comments from participants. This report provides an overview of the meeting and related discussions. These discussions inform the final review and revisions to the EFA IHSD for presentation at the 66th session of the Regional Committee for Europe in September 2016.

Keywords

DELIVERY OF HEALTH CARE
DELIVERY OF HEALTH CARE, INTEGRATED
HEALTH SERVICES
DISEASE MANAGEMENT
EUROPE

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2016

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Table of Contents

Acknowledgements	vii
Abbreviations	viii
Table of figures	viii
Executive summary	ix
About the final consultation meeting.....	1
Background	1
Rationale.....	2
Objectives	2
Outline.....	2
Participants	2
Day one: Opening and launch	3
Welcome and introduction.....	3
Session one: Finding policy alignment across priorities: from Member States to partners, policies and practice	4
Key note: Integrated service delivery: from framework to local action	5
Illustrative country case: Spain	5
Illustrative country case: Tajikistan	5
Panel discussion: Finding policy alignment across partners.....	5
Session two: Addressing key challenges in health services delivery	6
Panel discussion: Innovations in services delivery.....	7
Day two: Consultation.....	8
Session one: Populations and individuals domain	8
Expert presentation: Making the case for a people-centred approach: evidence on improved performance and health outcomes	9
Panel discussion: Key considerations in working to put people first.....	9
Illustrative country case: Kazakhstan.....	10
Illustrative country case: Slovenia	10
Session two: Services delivery processes domain	11
Expert presentation: Making the case for transforming health services delivery: evidence on performance and health outcomes.....	12
Panel discussion: Key considerations in transforming health services delivery	12
Illustrative country case: Denmark	13
Illustrative country case: Veneto Region, Italy	13
Session three: System enablers domain	14
Expert presentation: Making the case for health system strengthening for improving outcomes and sustaining services delivery transformations.....	15
Panel discussion: Key considerations in enabling health system conditions	15
Expert intervention: Global perspective on health systems for people-centred and integrated health services	16

Illustrative country case: The Netherlands	16
Illustrative country case: Scotland (United Kingdom)	16
Session four: Change management domain	17
Expert presentation: Strategizing change for health system strengthening: from assessments to policy actions	18
Illustrative country case: Croatia	18
Illustrative country case: Republic of Moldova	18
Panel discussion: Lessons from the perspectives of change agents	18
 Final remarks	 20
 Annex 1: Final programme	 21
Annex 2: List of participants	27
Annex 3: List of available resources	39

Acknowledgements

The final consultation meeting was organized by the Health Services Delivery Programme, a technical unit of the Division of Health Systems and Public Health directed by Hans Kluge, at the WHO Regional Office for Europe.

The meeting's technical organization was overseen by Juan Tello with the support of Erica Barbazza, together with other staff and consultants of the Health Services Delivery Programme, including Aliya Kosbayeva, Margrieta Langins and Altynai Satylganova.

The meeting's logistics were coordinated by Connie Petersen, with Susan Ahrenst, Gitte Andersen and Thomas Moore of the WHO Regional Office for Europe. All meeting material was translated to Russian by Vladimir Verbitske (TAIS) and Larisa Akhmadeeva (Consultant) and their respective teams.

The Health Services Delivery Programme acknowledges the technical support of presenters and colleagues at the WHO Regional Office for Europe who participated in the meeting.

This report has been drafted by the meeting rapporteur, Camilla Peterson (Consultant) and edited by Erica Barbazza and reviewed by Juan Tello (WHO Regional Office for Europe). All photos are by Jules Philips (Kiwi Photography), copyright to WHO.

Abbreviations

EFFA IHSD	European Framework for Action on Integrated Health Services Delivery
NCD	noncommunicable disease
OECD	Organization for Economic Development and Cooperation
WHO	World Health Organization

Table of figures

Fig. 1. The European Framework for Action on Integrated Health Services Delivery	4
Fig. 2. Domain one areas for action	8
Fig. 3. Domain two areas for action.....	11
Fig. 4. Domain three areas for action.....	14
Fig. 5. Domain four areas for action	17

Executive summary

Since 2012, the WHO Regional Office for Europe has worked to advance the priority, set out by Health 2020, to strengthen people-centred health systems. To this end, in 2013, with a focus on transforming health services delivery, a process was launched for the development of an action-oriented framework as a resource for undertaking health services delivery transformations.

In September 2016, the European Framework for Action on Integrated Health Services Delivery (EFFA IHSD) will be presented at the 66th session of the Regional Committee for Europe as an outcome of this process. In anticipation of this event, a consultation meeting was organized by the WHO Regional Office for Europe in May 2016, to facilitate a final technical and policy dialogue.

Throughout the two-day meeting held in Copenhagen, Denmark on 2–3 May 2016, over 170 participants from more than 30 WHO European Region Member States, as well as international experts, WHO staff from the African, Eastern Mediterranean and European regions and headquarters, and representatives of professional associations, patient and carer organizations, special interest groups, insurers and hospitals, debated the specificities of health services delivery transformations.

Specifically, the consultation meeting set out with the following objectives:

1. To inform and discuss the EFFE IHSD's vision, strategic approach and priority areas of action in alignment with other Regional policies and commitments;
2. To discuss the areas for action and key strategies identified for accuracy and completion from the different perspectives of participants; and,
3. To share experiences of countries and stakeholders on health services delivery transformations in practice.

The consultation programme took shape around the four key domains for health services delivery transformations put forward by the EFFE IHSD: populations and individuals, health services delivery, other health system enablers and change management.

Key topics of discussions according to each included the following.

Domain one: Populations and individuals

- Placing people at the centre of care was a recurrent topic. Proactive participation of people in their own health and initiatives to transform services delivery are essential for optimizing outcomes.
- Other stakeholders must also be included, and patients, carers, volunteers and peer groups should have a greater role in the process of delivering services.
- Systematically understanding the target population to assess the effects of socioeconomic status, gender, and other factors is important to understand how best to tailor services and work with individuals in the design of their care.
- Informal caregivers are an important part of the health workforce, yet much work remains to protect and promote their health and well-being.

Domain two: Services delivery processes

- Measuring health services delivery was discussed with regards to its importance as well as the challenges it implies. Specifically, the usefulness of reporting hospitalization for conditions requiring ambulatory care as a proxy of performance was recognized, allowing comparisons among countries and providing a measureable baseline for transformations.
- Integrated health services delivery relies on a primary health care approach for proactive care across the lifespan. No less important than continuing efforts to strengthen primary care are those measures taken to ensure hospitals fulfil their key role in supporting effective integration.
- Needs and demands on the health workforce are constantly changing, calling for transformations to strike a balance between skill mix, roles and team size, among other considerations, to best organize the workforce.

Domain three: System enablers

- Many new applications of technology driving integrated care were described during the meeting. Participants emphasized the importance of maintaining focus on their usability and ensuring that technological advances and innovations are rooted in meeting people's needs. It was recommended that to achieve this, innovations should be advanced in a participatory manner, with the inclusion of key users from the outset to ensure relevance.
- Faced with increasing numbers of patients managing multiple medicines, ensuring the evidence-based selection of medicines as well as their overall quality, tailoring based on the preferences of patients and their responsible use, is critical.
- Incentive systems demand regular, reliable reporting of performance measures with defined targets (absolute, relative), levels (individual, group, institution) and form (bonus, penalty) to be determined at the outset.
- Conventional barriers between health and social care need to be challenged in order to foster the intersectoral actions called for to adequately respond to needs.

Domain four: Change management

- Balancing need for evidence with an acceptable pace of change was raised in many discussions, along with putting a stronger focus on sustainability and scale up.
- Making a case for change was repeatedly raised as a challenge for policy-makers, hard-pressed to 'sell' integrated care as a priority. The continued implementation of research to further develop the evidence base on impact and outcomes of transformations is critical.

About the final consultation meeting

Background

WHO recognizes that well-performing health systems are critical to achieve population health and well-being. In the WHO European Region, Member States share a timeless commitment to health system strengthening. The European health policy, Health 2020, adopted by Member States in 2012, recognizes this priority and sets out a course of action for realizing the Region's greatest health and well-being potential by year 2020. Within this policy, health system strengthening is firmly rooted as a core strategic priority, promoting people-centred health systems as a forward-looking approach for advancing overarching goals. Transforming health services for integrated delivery is pivotal to this and, subsequently, takes part in the implementation of Health 2020 as a key strategic lever.

In this policy context and in alignment with guiding commitments, in 2013 the WHO Regional Office for Europe officially launched the development of an action-oriented framework to support services delivery transformations: the European Framework for Action for Integrated Health Services Delivery (EFFA IHSD). The EFFA IHSD is envisaged as a practical resource for Member States, supporting the process of services delivery transformations by calling attention to and organizing the associations between a core set of areas for strategic action.

The process of developing the EFFA IHSD was defined in a planning document,¹ working to ensure a participatory, evidence-based and practice-informed approach. Realizing this has included efforts such as establishing a forum of appointed technical representatives on integrated health services delivery across Member States, conducting topic-specific research and generating informative cases spanning all 53 countries of the European Region.

Since 2013, partners have been convened in discussions, consultations and reviews of concepts and lessons learned while working towards an agreed upon framework of priority areas for action. Partners engaged throughout have included a forum of Member State technical focal points, an advisory team of international experts from academia and organizations at the forefront of work in this domain, public and professional networks representing patients, health and social care providers and special interest groups, and international development partners, as well as staff from the different technical units of WHO and its offices. Events have brought these partners together at several stages throughout the development of the EFFA IHSD, with workshops and consultations held in Istanbul (Turkey), Brussels (Belgium), and Copenhagen (Denmark).

In preparation for the 66th session of the Regional Committee for Europe, the EFFA IHSD has undergone a series of final reviews. This has included presentations and requests for input from the Twenty-third Standing Committee of the Regional Committee according to the standard governing process and cycle of the Regional Office. An online consultation with Member States was launched in March 2016, requesting comments from appointed WHO National Counterparts on an advanced version of the EFFA IHSD document. Finally, in May 2016, keeping with the annual tradition of a

¹ Roadmap: strengthening people-centred health systems in the WHO European Region. A Framework for Action towards Coordinated/Integrated Health Services Delivery. Copenhagen: WHO Regional Office for Europe; 2013. (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2013/strengthening-people-centred-health-systems-in-the-who-european-region-a-roadmap>).

consultation event, a multi-stakeholder meeting was organized in Copenhagen, Denmark, as a final opportunity to meet, discuss and update the EFFE IHSD based on input from countries and partners.

Rationale

In finalization of the EFFE IHSD, a last consultation meeting was organized 2–3 May 2016. Hosted at UN City, this event set out to reconvene stakeholders engaged annually in the development of this work, in addition to WHO National Counterparts and national technical focal points from across the Region.

The diversity of participants sought to facilitate both a technical and policy dialogue in preparation for the EFFE IHSD's presentation at the 66th session of the Regional Committee for Europe in September 2016. The event also served as an opportunity to generate discussion on the dissemination, application and implementation in the Framework in the Region in alignment with partners.

Objectives

This meeting aimed to present and discuss the EFFE IHSD in the context of its finalization and sought endorsement by the European Regional Committee as well as onward implementation across the Region. To this end, the proceedings of the meeting were guided by the following objectives:

- To inform and discuss the EFFE IHSD's vision, strategic approach and priority areas of action in alignment with other Regional policies and commitments;
- To discuss the areas for action and key strategies identified for accuracy and completion from the different perspectives of participants; and,
- To share experiences of countries and across stakeholders on services delivery transformations in practice.

Outline

Sessions throughout the two-day consultation took shape according to the EFFE IHSD's four domains calling focus to populations and individuals, health services delivery, other health system enablers and change management. Key challenges pertaining to health services delivery were highlighted as pertinent topics and prioritized in the discussion of each domain. To support concepts advanced by the Framework, case presentations and interventions from Member States and invited country experts illustrated experiences and good practices, with expert panels, plenary discussions and opportunities for Member State interventions allowing numerous occasion for interaction and discussion among participants. The complete programme for the event can be found in Annex 1.

Participants

This event targeted a wide audience totalling over 170 participants. Participants represented more than 30 Member States, with representation including WHO National Counterparts, national technical focal points, and integrated health services delivery focal points. Also among participants were numerous invited experts, partner organizations, patient representatives, health and social care providers, civil society and special interest groups, as well as staff from WHO country offices, regional offices and headquarters, and programme managers from technical units in-house. A complete list of participants can be found in Annex 2.

Day one: Opening and launch

Welcome and introduction

Opening the consultation, the Director of the Division of Health Systems and Public Health at the WHO Regional Office for Europe challenged participants to consider their 'ideal health system'. The reflection served as a reminder to keep perspective on the ultimate aim of services delivery transformations: working towards improved population and individual health. The EFFE IHSD emphasizes the importance of this perspective and has aimed, since the outset of its development, to put people at the heart of services delivery.

Health systems have already demonstrated great resilience and innovation in the face of changing contexts, including changes in demographics, epidemiology, economics and the public's expectations. Continuing to fine-tune health systems moving forward is imperative in order to ensure these systems continue to evolve according to populations' needs.

The EFFE IHSD has sought to develop a common and clear direction with which to move forward in this manner, finding alignment with priorities already advanced in Health 2020, the Tallinn Charter, the Sustainable Development Goals, the WHO global framework on integrated, people-centred health services, and other related policy documents.

“Strengthening people-centred health systems. ...requires reorienting health care systems to give priority to disease prevention, foster continual quality improvement and integrate service delivery, ensure continuity of care, support self-care for patients and relocate care as close to home as is safe and cost-effective.” *Health 2020*²

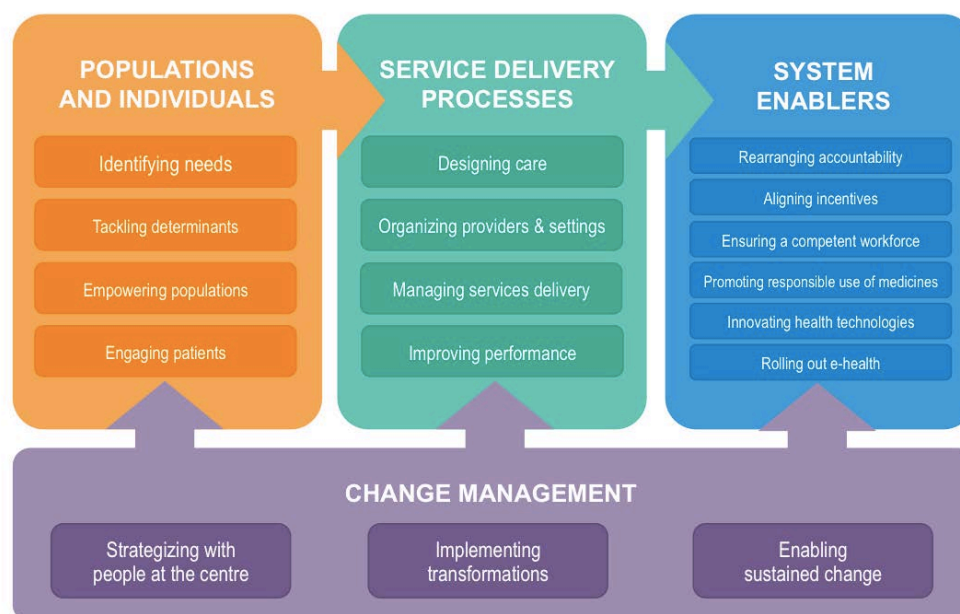
To do so, the EFFE IHSD has identified a shortlist of areas that call for strategic action in working to transform health services delivery. These areas have been sequenced according to four domains, organized as shown in Fig. 1 to recognize their associations. Attention is called first to people to identify health needs and work in partnerships with populations and individuals; second to ensuring services delivery processes of designing, organizing, managing and improving services are in alignment; third, to ensuring the contributions of other health system functions support and promote the processes of services delivery and; finally, to the importance of strategically leading and managing transformations throughout.

This year can be considered a landmark year for health services delivery, marked by the endorsement of the global framework for integrated, people-centred services in May and further, by the upcoming Regional Committee meeting also tabling services delivery as a key item. However, despite this momentum, speakers described the change process occurring as a marathon, rather than a sprint, calling for WHO's commitment to the continuous implementation of health services delivery transformations and the importance of supporting changes through a comprehensive implementation

² Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>).

package. Existing resources that are part of this package and already available online were referred to throughout the event.³

Fig. 1. The European Framework for Action on Integrated Health Services Delivery



Source: WHO Regional Office for Europe

From the perspective of Member States, a delegate from Belarus shared experiences from the Ministry of Health to address challenges such as maternal and child mortality and, more recently, chronic disease. For further improvements to be achieved, it was recognized that services need to be focused around people and their needs. It was described how changes in health services are inevitable; we live in a changing time. For this reason, the presented Framework is an important tool for shifting focus towards new challenges, helping to provide a clear understanding of what should be done and guide leaders towards more people-centred health systems.

Session one

Finding policy alignment across priorities: from Member States to partners, policies and practice

Transforming health services delivery is a multistage, multimodal process, demanding broad collaboration among stakeholders. This first session of the consultation meeting aimed to explore the unique properties of this change process, as well as what it means to move from more conventional care to integrated health services delivery. Country case interventions aimed to illustrate this continuum of development in practice and a panel discussion probed further reflection on the different perspectives regarding integrated health services delivery.

³ Publications available online can be accessed through the health services delivery webpage of the WHO Regional Office for Europe at: <http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications>.

Key note: Integrated service delivery: from framework to local action

The importance of applying existing knowledge, bridging the gap between research and practice, and shifting towards local care that is more participatory and dynamic, was emphasized during this presentation. While the EFFA IHSD can serve as an important guide for transformations, context-specific adaptations were described as necessary at the national level, as well as in the specific regions, districts and other sub-national levels where reforms are applied. Research described in the Netherlands found many common themes for implementing integrated care, spanning phases of initial design, experimentation and execution, expansion and monitoring, and consolidation. Recognizing that each stakeholder brings a unique perspective was also a feature of discussion. Formation of networks, including patient and professional networks, was described as a useful strategy for managing these differences and increasing integration in the Netherlands.

“I think that one of the major lessons is that we know and can also use the evidence that working on integrated care is difficult and it takes a long time, but also that it can deliver results and that you can measure it and you can show what it really means.” – *Temporary Advisor*

Illustrative country case: Spain

Spain has a national health system with a high level of decentralization. Integrated care is high on the government agenda, both at the national and regional levels, but achieving true cultural change in this area was recognized to take time. Key assets highlighted during the presentation as supporting integrated care in Spain included unique identification numbers for patients, electronic health records (regional-specific) and a strong primary care system that was credited as the starting point for integrated care in Spain. Due to the high level of autonomy, different regions can be seen to be taking different approaches to integrated care. The variability was noted as an important reminder of the delicate balance between bottom-up approaches (fostering tailored, local implementation) and top-down approaches (giving a common direction for transformations).

Illustrative country case: Tajikistan

In 2010, Tajikistan launched a national health strategy for the years 2010 to 2020. Significant work has been undertaken to strengthen family medicine, with actions aiming to sustainably develop primary care and health promotion services, improve the use of diagnostic and treatment services, increase the knowledge of health staff, and improve primary care performance. Changes have been supported by many national stakeholders as well as development partners. Over time, gains in population health outcomes show alignment with improvements in family medicine in areas including the prevention and control of tuberculosis and antenatal care. Opportunities to further scale up and roll out pilot projects have called for a focus on harmonizing institutional arrangements, roles and responsibilities of management across levels of the health system. The government plans to continue developing integrated family medicine-based primary care with a new strategic plan building upon achievements following the 2011–2015 national programme on the development of family medicine.

Panel discussion: Finding policy alignment across partners

This panel set out to discuss integrated health services delivery from the perspective of development partners, stakeholders and WHO headquarters in order to identify commonalities in priorities and

underscore key challenges faced by their respective Member States. Key questions considered were: i) what does it take to move from conventional care towards integrated care along a continuum of development and; ii) how do we ensure these changes are sustainable? The discussion raised the following key points:

- Many options to involve the public in health policy decisions exist and these should be accessed from the outset of changes to ensure relevant, people-focused transformations. Moreover, as patients become increasingly health literate and empowered; measures need to involve them in their care should be systematically taken.
- Incentives for providers to work in partnership with each other and patients are needed, along with clear goals, a strong organizational model, appropriate training, a strong information structure and aligned resources. In some cases, incentives can be as simple as uniting people who like working together.
- While supportive structures (such as electronic health records) are important nationally, integration must also happen locally. Local authorities need to be empowered and supported to implement mechanisms to increase integration subnationally.
- Measurement is important for ensuring progress towards integrated care. Although what indicators are best is open to debate, useful measures may include patient satisfaction and avoidable hospitalizations. The potential need for simpler measures to evaluate integrated care was also discussed.

Session two

Addressing key challenges in health services delivery

This session explored integrated care in practice, highlighting different processes, organizational arrangements and resources for transforming services delivery at-scale and sustainably across the health system. Key considerations for the session included how systems move beyond pilot projects to establish sustainable reforms; differences between step-wise change and disruptive innovation; what it takes to innovate services and; what environmental conditions are needed for innovation in practice. Through the keynote presentation, expert interventions and illustrative country cases, evidence and first-hand experiences from practice were explored.

Key note: Addressing key challenges in health services delivery: fostering innovation

Participants were reminded that the concept of integrated care is not new, but rather that it is continuously being revisited and advanced. Likewise, many innovations (such as electronic health records) can no longer be considered new, but implementation of these is not always prevalent or optimally managed. Careful consideration needs to be taken in deciding whether disruptive innovation is beneficial, or if a more evolutionary approach is preferable.

Six key pathbreakers for change were put forward: innovation funds supporting new initiatives, the inclusion of nonmedical professionals in the delivery of health services, digitalization of care and service processes, patient empowerment, the advent of Generation Y (a cohort increasingly familiar with digital and electronic technology), and big data (extensive datasets that allow predictive analytics or other advanced data methods). The example of innovation funds started in Germany was explored. Early on, these funds were successful in generating many new pilot projects in priority areas, but ultimately failed to develop sustainable initiatives. To address the problem of *pilotitis*, funds are now financed for a period of four years and laws require successful interventions to be taken to scale. While public funding was described as a good short-term solution for driving innovation, aligning

incentives to promote innovation is required in the long-term. The takeaway message for the presentation underscored the need to create an environment conducive to innovation, share successful strategies and learn from failed change attempts.

Panel discussion: Innovations in services delivery

This panel aimed to explore innovation in practice through illustrative country cases and interventions by associations on the delivery of services and the system conditions needed for putting new processes and resources into practice, reflecting also on different approaches and techniques for managing the change process itself. Importantly, discussions centred on both the successes and failures of interventions, seeing both as useful sources for lessons learned. The discussion raised the following key points:

- It is important to ensure both the health system and overall context support innovation. Implementing fundamental, cross-cutting tools for innovation will help maintain independence and sustainability vis-à-vis political change.
- Dialogue between different stakeholders helps to introduce, sustain and advance innovation. Working collaboratively brings different perspectives and skills to the table. When working with many stakeholders, it may be helpful to assign *change champions* as representatives for each group.
- Ensuring interconnectivity can help prevent failure and siloed implementation. Significant creativity and energy can be concentrated in start-ups, but these do not necessarily connect to the wider health system. It is important to avoid implementing technology just for the sake of it; implementation should be based on its usefulness and other properties, including usability.
- Innovations should be the result of co-creation between all stakeholders. Not everyone will support innovation, so focusing on designing practical, user-centric technologies is key. Gradual implementation and regular consultation with stakeholders can allow for challenges to be addressed early on.

Day two: Consultation

Day two of the consultation was dedicated to a series of four sessions that explored each of the key domains put forward by the EFFA IHSD. The sessions followed a consistent format: an expert presentation on key evidence; discussions on a series of pertinent topics; illustrative country cases; and a summary of the areas for action put forward in the EFFA IHSD.



Session one: Populations and individuals domain

This session took an in-depth look at the first domain of the EFFA IHSD, calling for a focus on populations and individuals to identify health needs and work in partnership with people towards realizing their greatest health potential.

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

Through expert presentations and country case examples, this session aimed to explore key considerations for putting people first in practice and the imperative of doing so at present. The session concluded with an overview of the first domain and its key areas for action: identifying health needs, tackling the determinants of health, empowering populations and engaging patients (Fig. 2).

Fig. 2. Domain one areas for action



Being the first domain presented, the importance of making people a priority in discussions was apparent and people-centred care was a prominent theme recurring throughout the discussions. Putting people first is not a trivial principle; it is important for shifting the provision of services from confronting health needs with prescribed processes to more holistic delivery considering an individual's health, over time and throughout the life course. As the session's chair poignantly noted at the beginning of the session: *"Everything starts with people. Without people there is no health system."*

Expert presentation: Making the case for a people-centred approach: evidence on improved performance and health outcomes

This first presentation described a people-centred approach as an evolving paradigm that seeks to improve the way that people (individuals, their families, carers and communities) interact and relate with their own health, health services, social care and their health determinants. The vision of a people-centred approach was described as moving from imposed curative and episodic disease-centred systems, to systems that support both the empowerment of communities and engagement of individuals.

Key reasons given during the presentation for why a people-centred approach is important included:

- People have the right to exert control upon the decisions that affect their health and the care they receive.
- Self-care is the predominant way in which people manage and cope with their needs and this requires the ability to change health behaviours in evolving circumstances.
- People are a source of expert knowledge and should be treated as assets and co-producers of their care.
- Support needs to be tailored to different levels of empowerment, engagement and activation.
- People-centred services are linked to health outcomes, and in a similar way, families and carers that are not supported in their caring role can have poorer health outcomes as a result.

"To have a people perspective means that providers can see a person as a whole, they can understand their health, goals in life and their level of contentment with how they live and try to build together some self-care skills so they can enjoy a better life and prevent diseases." – Temporary Advisor

Panel discussion: Key considerations in working to put people first

Experts were invited to discuss topics pertinent to people-centred care with interventions focusing on the burden of disease and its effects on health and social needs, impact of gender, how to adapt programmes towards patients' needs and the hidden burdens faced by informal carers. Questions following the discussion reinforced the need to address health inequalities, calling for further discussion on the changing role of professionals and queries on how people-centred systems will be resourced.

- **Burden of disease on health and social needs.** Ageing, chronicity and multi-morbidities are impacting services delivery and giving rise to new health system challenges. While health systems have been successful in coping with changes thus far, continuing increases in chronic care needs will require adjustments in the future, particularly for the management of long-term care. Health systems are largely successful in curing disease, but there is a need to expand beyond these boundaries to actively promote health.

- **Gender and health.** Norms, roles and behaviours vary between people and services need to be designed with consideration of this. Understanding the target population and how different people will respond to interventions based on gender and other personal factors is important. For example, symptoms for cardiovascular disease are different for women; lack of recognition for these differences can lead to cardiovascular disease being less detectable in women, which in turn can lead to slower care-seeking behaviour and poorer health outcomes.
- **Involvement of beneficiaries in services delivery: lessons from immunization programmes.** Increases in vaccine-preventable diseases triggered the development of a tool to understand why people were not vaccinating. WHO's Tailoring Immunization Programme guide helps diagnose factors behind vaccination patterns, identifying root causes and influences on vaccine uptake, on both the supply and demand side, and offers useful lessons for understanding individual preferences and fostering engagement.
- **Engaging patients, carers and families in services delivery.** Across Europe, unpaid informal carers are the largest providers of health and social care support. Demographic changes are found to place an increasing demand on informal care. As informal carers face significant challenges to maintain their own health and well-being, it is important they are provided with adequate support. Priority needs highlighted by carers include: financial support, flexible employment arrangements, pension credits for care-time, and skill-training to become more effective carers.

Illustrative country case: Kazakhstan

This illustrative case described the transition of a cardiologist to a family physician in the context of Kazakhstan's shift towards a family medicine-based model of services delivery. Frustrated by seeing patients repeatedly return for specialist, cardiac care, the presenter described the development of family health centres able to manage and respond to the increase of cardiovascular diseases. Efforts to strengthen primary care-led services for cardiovascular disease included investments in basic equipment and medicines for managing needs (made possible through a grant funded by the local mayor), developing health information materials for patients, setting up patient schools on cardiovascular health and designing targeted programmes for vulnerable groups. Through extensive discussions with patients, it became clear that social issues were often the most pressing problem. While having limited means to influence these, collaborations with patients and volunteers have helped establish several support groups and programmes.

Illustrative country case: Slovenia

National strategies in Slovenia have long promoted the involvement of patients in their care. However, translating this into practice has proven to take time. A representative from the Ministry of Health in Slovenia presented the example of the national diabetes programme as a good practice in fostering greater patient involvement, with patients having a direct role in designing and reporting on the programme. Need assessments conducted with diabetic patients highlighted the importance of patients having more time with providers and receiving explanations of their needs and treatment plans. As a result, patient education was expanded into primary care and a dedicated chronic care nurse has been established in what are known as *model primary practices*. Health education centres have also been established to support lifestyle changes and provide diabetes counselling to patients and a peer-to-peer support project has been developed to empower patients and reach those not accessing traditional provider-led services. Changes were described as a never-ending process that will be monitored and built upon with the support of patient associations.



Session two: Services delivery processes domain

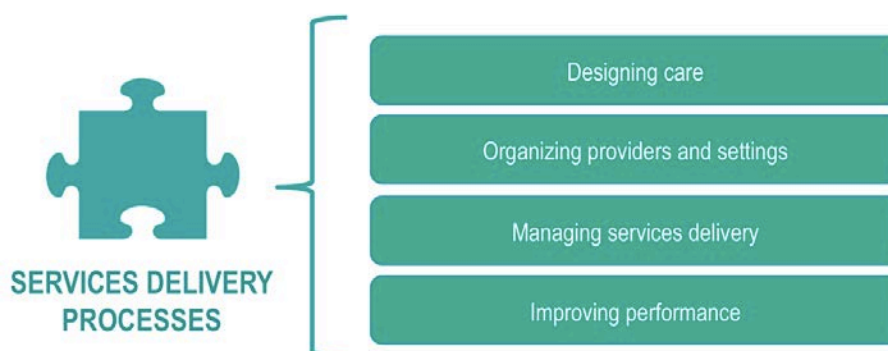
This session looked in-depth, through presentations, discussions and country examples, at the second domain of the EPHA IHSD on health services delivery processes. This service-focused domain sets out areas for action with the goal of ensuring that the processes of selecting, designing, organizing, managing and improving services to optimize the performance of health services delivery are in alignment with the health needs of the population and individuals that health services delivery aims to serve.

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

Taking an integrated approach to services delivery is founded on the same principles as put forth in a primary care approach for the delivery of comprehensive, coordinated, effective and patient-centred care. While the services delivery function is closely woven into and heavily determined by the other health system functions, a number of unique processes can be acted upon to strengthen the performance of health services delivery.

This session aimed to explore the different entry points and key areas for action for transforming service delivery: designing care across the care continuum, organizing providers and settings of care, managing services delivery, and improving performance (Fig. 3).

Fig. 3. Domain two areas for action



Expert presentation: Making the case for transforming health services delivery: evidence on performance and health outcomes

This presentation looked to examine the contribution of health services transformations on performance and health outcomes. While many factors impact improvements in care, evidence supports, to some degree, that integrated care strategies can improve care coordination, quality and health outcomes, although evidence on the economic impact of integrated care is less clear. Effective interventions appear to include those based on communication and collaboration (case conferences, virtual consultations, and multidisciplinary teams), standardization mechanisms (guidelines accompanied with relevant training and feedback) and targeted disease or case management programmes. Successful implementation of interventions has been shown to rely on training, organizational changes (including adequate working conditions, resources and incentives) and contextual adaptations.

Panel discussion: Key considerations in transforming health services delivery

Experts were invited to discuss topics pertinent to transforming health services delivery with themes focusing on avoidable hospital admissions, primary care strengthening, the role of hospitals in integrated care and the role of the health workforce. Interventions following the discussion brought up the need to share decision-making with patients and the increasing role pharmacists play in providing health services.

- **Avoidable hospital admissions as a measure of performance.** The measure of health outcomes has evolved over time, from mortality rates to disease rates, and now delving into measures of disability and discomfort. Avoidable hospital admissions began to be used approximately 10 years ago as a proxy indicator for the performance of primary care because, if primary care is strong, admissions for largely-controllable chronic diseases should be minimal. Avoidable hospital admissions provide a good starting point for determining how to prevent people with chronic diseases from requiring hospital-based care. A growing number of Member States are now using this data and, consequently, more collaborations and comparisons using this measure as an indicator of overall services delivery performance are increasingly possible.
- **Primary care strengthening.** Primary care has strengthened over time in order to deliver an increasingly comprehensive and holistic package of services. An integrated approach to services delivery relies heavily on the strength of primary care. Although trends in primary care continue to extend and broaden the scope of services offered, more can still be done to promote and maintain health, rather than treat advanced disease. Primary care should be in the driving seat for taking proactive action to improve health. Without strong primary care, health systems are at risk of compromised performance contributing to higher costs and inefficiencies.
- **Hospitals' role for integrated care.** Hospitals have a key role to play in supporting integrated care. To fulfil their potential, hospitals should adapt their internal processes and practices, as well as their interactions with other providers, to expand their ability to deliver integrated health services; leverage their technical, economic and organizational capacities to support implementation of integrated health services delivery areas and; adjust their mission and strategies to make integrated health services a priority. While the importance of hospitals was the main topic of this discussion, it was also noted that health providers working across levels and settings of care have a role to play and an integrated model cannot be achieved without involving the health workforce at large.

- **Role of the health workforce in transforming services.** Needs and demands on the health workforce are constantly changing. Effective management is needed for engaging the workforce in transformations and ensuring a balanced skill mix and team size is important for being both effective and efficient in caring for patients. This presentation positioned family physicians as central to both the primary care team and the care of patients. However, the changing role of physicians, rise of other professions and increasing role of patients were also touched on throughout this session. Particularly, health workers are facing new challenges in satisfying the modern, empowered patient.

“More access, more services, like more drugs, do not necessarily mean better care. It is coordinating the care; it is giving sense to what we are proving for the patients and protecting the frail because they are the prominent benefactors of integrated care, whilst being at risk of our current fragmented system of care. So, it is to their [patients’] benefit.” – *Temporary advisor [reflecting on the meaning of integrated care]*

Illustrative country case: Denmark

This case offered an overview of the national hospital reform taking place in Denmark. Since the mid-2000s, it became increasingly recognized among policy-makers that Danish hospitals were at risk of becoming unfit for purpose. For a more sustainable structure to be achieved, a vision for a centralized, consolidated model for hospitals was put forward. Knowing that halving the number of hospitals in Denmark (from 40 to 20) and reducing the number of hospital beds would be politically unpopular, the government allocated a total of 6 billion kroner in long-term funding for the project as a means to incentivize change across the regions in Denmark. In exchange for closing hospitals and developing plans for improved hospital services, each region in Denmark is eligible to receive funding. While encouraging change has not been a politically easy task, there is a strong belief that pursuing this approach will create a more sustainable structure for the future.

Illustrative country case: Veneto Region, Italy

Although Italy’s Veneto Region generally benefits from above-average health outcomes, recent trends in population ageing and increasing morbidity became cause for concern. In response, the regional government undertook several reforms to reduce multimorbidity and address care fragmentation. The region introduced adjusted clinical groups as a means to proactively identify high-risk patients for targeted health interventions and personalize health coaching. General practitioners are central implementers of this initiative, along with newly-established case-manager nurses. Although still small in scale and with the long-term impact on health outcomes pending, patients report a high level of satisfaction with the new programme.



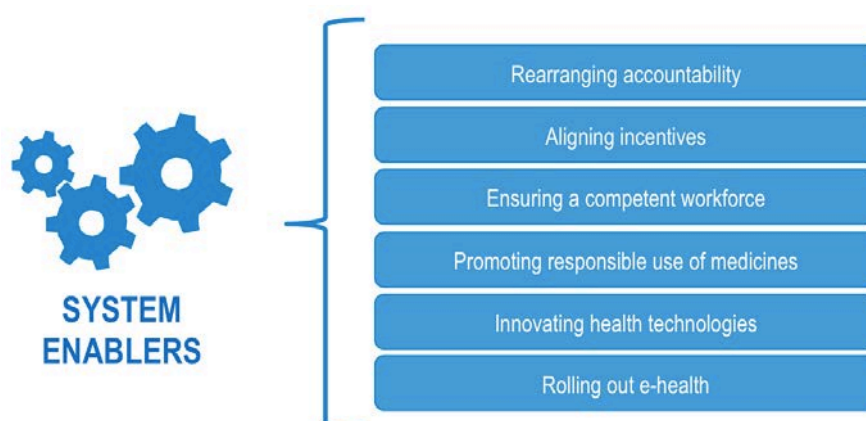
Session three: System enablers domain

The third domain aims to align health services delivery with the health system functions of governing, financing and resourcing in order to establish the conditions necessary to allow services delivery to perform optimally and enable sustainable system-wide change. Finding alignment between policy, institutional and regulatory conditions, financing arrangements and resources has proven vital for overcoming persisting bottlenecks that contribute to the suboptimal performance of services delivery.

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

Exploring the system enabling factors for integrated health services delivery, this session aimed to flag the key interdependencies between health services delivery and the broader health system towards a prioritized list of areas to be activated in working to transform care. To conclude, the session provided an overview of the system-focused domain and its key areas for action: rearranging accountability, aligning incentives, ensuring a competent health workforce, promoting the responsible use of medicines, innovating health technologies and rolling out e-health (Fig. 4).

Fig. 4. Domain three areas for action



Expert presentation: Making the case for health system strengthening for improving outcomes and sustaining services delivery transformations

This session opened with a reflection on the trade-offs when strengthening health systems, recognizing that there is a value-laden political element that cannot be ignored. Should patient choice be limited to improve health outcomes? Would greater responsiveness be worth trade-offs in efficiency? How should reforms that may run counter-intuitively against integrated care, such as encouraging competition, be managed? These are some of the issues that need to be resolved when designing integrated, people-centred health systems.

Panel discussion: Key considerations in enabling health system conditions

Experts were invited to speak on topics pertinent for enabling the health system conditions for integrated health services delivery with discussions focusing on responsible use of medicines, aligning governance frameworks and financial incentives, developing a health workforce and integrating health and social care. Interventions following the discussion touched upon potential tensions between competition, choice and integration; the need for more resources for social care; and the need to invest in management of health systems as well as health services.

- **Ensuring access and the responsible use of medicines.** An increasing number of patients are required to take multiple medicines for longer durations to manage their chronic conditions. With some stakeholders standing to profit from prescribing medicines, ensuring their responsible use is an important consideration for the health system. Selection of medicines should be evidence-based, resources should be used optimally, the quality of medicines (especially less-costly generics) should be ensured and patient preferences (in terms of cost, regimens and monitoring of side-effects, for example) must be considered.
- **Aligning institutional frameworks and financial incentives.** Ideally, provider payment mechanisms are administratively simple and work to encourage providers to achieve optimal outcomes, avoid incentives that lead to risk selection of patients, and contribute to efficiency gains. Different payment mechanisms each hold advantages and disadvantages. For example, pay for coordination is relatively easy to implement but lacks incentives to reduce costs, whereas shared savings or bundle payments allow for efficiency gains but are considerably more complex to implement. In order for incentives to be optimally applied, meaningful indicators must be collected, targets must be defined and the level (individual, group, institution-based) and form (bonus, penalty) of the incentive, determined. Having strong information systems and institutional frameworks is paramount to the effective application of incentives.
- **Fostering intersectoral actions between health and social sectors.** As populations age, social care needs are growing. However, social care remains largely under-recognized and the level of integration between health and social sectors is often weak. Yet, the barrier that exists between health and social care is, arguably, an artificial one. Key factors for fostering better integration include developing a shared vision with better focus on service integration along pathways, attention to differences in culture through effective leadership, care coordination undertaken by a case coordinator, multi-disciplinary teams and integrated information systems.
- **Developing a competent health workforce for integrated services delivery.** Health services must be prepared to accommodate a competent workforce, while health systems

should support the health workforce to update and maintain necessary competencies. Key policy levers for strengthening the health workforce include regulating, coordinating, managing, and organizing competencies. Innovating health workforce governance to strengthen competencies across sectors, organizations, professions and settings of care is needed for enabling integrated care.

Expert intervention: Global perspective on health systems for people-centred and integrated health services

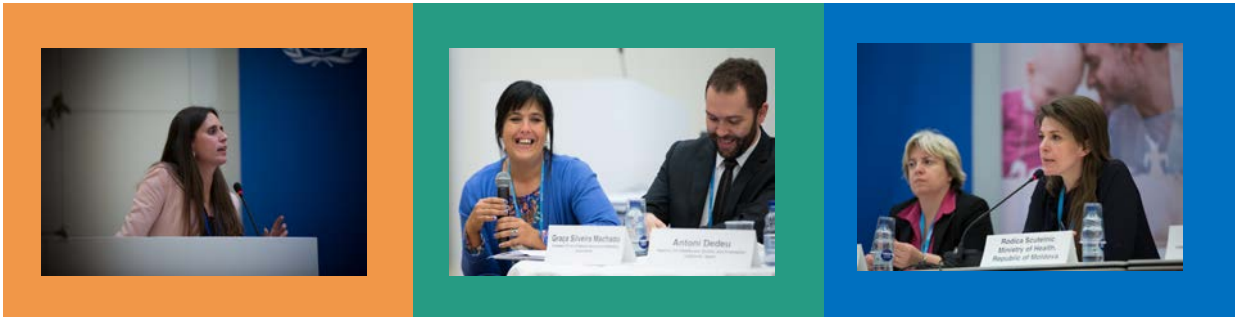
At the Sixty-ninth World Health Assembly in May 2016, Member States endorsed a global framework for integrated, people-centred health services. Reflecting on the EFFE IHSD and global framework, the alignment in the vision, principles and strategies of these frameworks was underscored, noting the EFFE IHSD as an extension of the global framework adapted to the European Region. Since 2013, coordinated efforts in the development of these frameworks have entailed common collaborations with leading experts in the field, the exchange of background material, mutual participation in technical consultations and the peer review of draft documents at each stage of development. These close collaborations are expected to continue through the implementation phase. Turning to a new phase of implementation, the newly-launched *integratedcare4people* web platform aims to serve as a resource for further expanding implementation research. The website can be accessed at: <http://integratedcare4people.org>.

Illustrative country case: The Netherlands

The Ministry of Health, Welfare and Sport in the Netherlands has put focus on facilitating a shift in the organization of long-term care at the local level to encourage and enable people to live at home longer, delaying the need for institutionalization. Various innovative initiatives are being undertaken to explore new technologies and, in parallel, revised care guidelines and protocols are being developed for primary care and website improvements are being undertaken in order for patients to receive information on available treatment options.

Illustrative country case: Scotland (United Kingdom)

Prior to reforms, oversight for health services and social care fell under the purview of different organizations, contributing to inefficiencies and fragmentation in the provision of services. Capitalizing on the readiness for a more integrated model following the implementation of a smaller-scale integrated care programme, greater alignment between health and social governance structures was sought. Joint boards were set up and the initiative has now progressed further to integrate budgets. A strong focus on what matters to patients was used as the lever to initially move away from professional siloes. Portal technologies are being incrementally introduced to facilitate data sharing and leaders are working to develop an ethos on the safety and security of information sharing. Currently at a mid-way point in this long-term change process, positive results can already be seen as elderly people are spending more days at home.



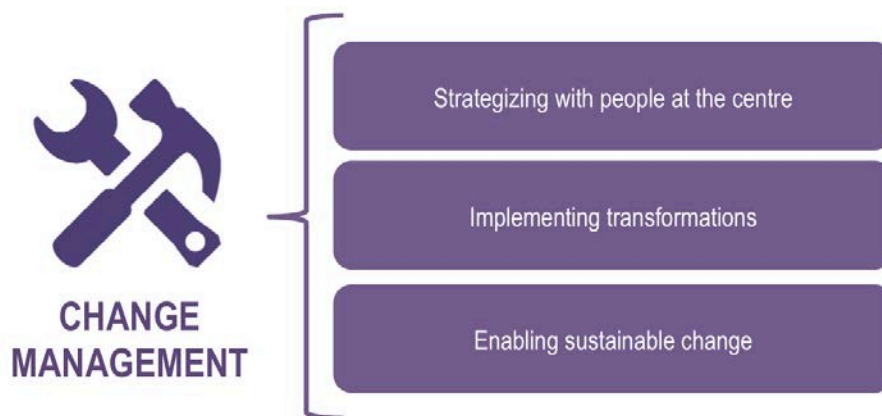
Session four: Change management domain

This final session explored the cross-cutting change management domain of the Framework, aiming to take stock of lessons learned from initiatives to transform services delivery across the Region. The change management domain ultimately aims to facilitate the process of transformations, recognizing the contribution of the process of change itself to the overall success of initiatives. Viewing health services delivery transformations as a process also recognizes that change is more likely to occur as incremental adjustments in a step-wise process along a continuum, rather than immediately through large-scale sweeping reform.

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

Through presentations and discussion with expert panellists, key considerations for strategizing change, implementing transformations and enabling sustainable system-wide improvements were explored. To conclude, the session provided an overview of the system domain and its key areas for action: strategizing change with people at the centre, implementing transformations, and enabling system-wide change (Fig. 5).

Fig. 5. Domain four areas for action



Expert presentation: Strategizing change for health system strengthening: from assessments to policy actions

This session presented a national assessment tool for noncommunicable diseases (NCDs) developed by the WHO Regional Office for Europe. The assessment aims to apply a systematic approach for identifying health system challenges and opportunities as a starting point for change by supporting evidence-informed priority-setting and strategic decision-making. To date, 12 country assessments have been conducted, with the documents developed through this process serving as an entry point for policy dialogue about what can and should be done to improve NCD outcomes. As a result of these assessments, countries have been empowered to take a variety of follow-up actions, including developing national NCD plans, implementing new care guidelines, and adopting new tobacco legislation, among other interventions.

Illustrative country case: Croatia

NCDs account for the majority of deaths in Croatia and represent a major burden of disease. After participating in the country assessment process described above, Croatia utilized the information provided by the assessment report to enact health system improvements. A whole-of-society approach was adopted in developing an action plan. Following this, a number of actions are being taken to address NCDs, including adopting a healthy living strategy and developing electronic health records.

Illustrative country case: Republic of Moldova

Over the past decade, the Republic of Moldova has undertaken a number of broad health system reforms, including implementing a mandatory health insurance system and introducing payment-for-performance in primary care and diagnosis-related groups in hospital care. Addressing NCDs is currently a political priority and a strategy for the prevention and control of NCDs has been put in place. Under this plan, stricter tobacco and alcohol legislation is being phased in, limiting smoking in public places and restricting advertising, for example.

Panel discussion: Lessons from the perspectives of change agents

During this session, the perspectives of different change agents from across a wide variety of stakeholder groups were explored. Key topics of discussion included the need to generate sustainable change, the importance of community and patient engagement, the value of teamwork and the necessity of considering contextual factors when implementing interventions.

- **Policy makers.** Integrated care was described as a challenge for policy-makers to push high on the policy agenda. Consequently, it is of critical importance to enlarge the evidence base that speaks to policy-makers on the expected improvements that can be achieved with strategic actions, in order to allow integrated care to gain political attention and resources. Integrated care is rewarding and this needs to come across better at the policy-level. The lack of national plans for dealing with multimorbidities was also noted.
- **Regional health authorities.** There is no one-size-fits-all for transformations sub-nationally. Regions and municipalities vary greatly in size, structure and capacity. Consequently, there is a wide variety of experience in integrated care at the sub-national level that can be leveraged

and shared. Learning from the experiences of others was described as very important. The need to more deeply root changes into the cultural makeup of society was also raised as a means to avoid political overhauls and ensure sustainability.

- **Public.** More needs to be done to translate the priority of engaging patients into practice. Attention was called to the importance of recognizing that patient involvement may be disruptive. Patients should be involved in their care and throughout the change process from the outset, not once changes have been decided on. Patient engagement should occur not only at the service level, but also the policy level. Developing strong patient organizations and change processes that are transparent and open towards the engagement of society is recommended. The European Patients' Forum has developed guidance on how to work with and include patient organizations in this process.
- **Nurses.** The concept of nurses as the foundation of the health workforce for integrated care was put forward, underscoring in particular the role of primary care and community care nurses. The importance of nurses working in teams with other providers was also recognized, calling for open-mindedness among providers and multidisciplinary teams to achieve common goals.
- **Other primary care providers.** As with nurses, the importance of working with a wide range of other health and social care providers, including therapists, pharmacists and midwives, was highlighted. These professionals, as well as patients, each bring different perspectives to care. Taking a community-oriented approach is also important for considering interactions with culture and context.

Final remarks

Echoed throughout keynote presentations, illustrative country cases and expert interventions during this final consultation meeting of the EFFE IHSD was the sentiment that "everything starts with people." A diverse range of topics were explored, with the experiences shared by Member States and other stakeholders resonating similar key messages, indicating the relevance of the EFFE IHSD in its ability to capture the most pertinent areas for strategic action in transforming services delivery.

Discussion highlights included:

- The importance of placing people at the centre of care, while also balancing individual preferences with clinical effectiveness, system efficiency and long-term sustainability.
- The need to continue to invest in transformations in health services delivery and work to make integrated care more appealing to decision-makers through evidence that makes the case for change.
- The need to avoid "reinventing the wheel" by capitalizing on the wealth of information and experiences already available and fostering an understanding, dialogue and collaboration between sectors and different actors both within and across countries.
- Balancing the need for evidence with an acceptable pace for change, with greater consideration to ensure sustainability and scale up.
- Exploring potential applications for technology in driving integrated care through a participatory process, incorporating key users from the outset to ensure relevance.

Closing comments emphasized the need for each participant to continue to focus on what they can contribute to the change process moving forward. The level of progress already achieved towards more integrated, people-centred care inspires further change.

A package of available resources (Annex 3) has been made available to aid implementation of the EFFE IHSD. Included in this package is the recently published compendium of initiatives to transform services delivery, detailing case profiles from all 53 Member States as a starting point for sharing ideas across the Region. The global "integratedcare4people" web-based platform, launched during the Sixty-ninth World Health Assembly in May 2016, provides another means for networking and information-sharing.

"The idea of integrated care or integrated patient-centred care is very abstract and different countries perceive this idea from different perspectives which leads to a variety of confusing acts, legislations or projects. This Framework document could help to streamline these areas and highlight what is actually bringing value and what does and what does not work and how to proceed when preparing individual action plans or activities." – *Country participant*

The validated EFFE IHSD resulting from this consultation will be presented at the 66th session of the WHO Regional Committee for Europe in September 2016, marking a significant milestone in strengthening integrated, people-centred health systems in the European Region, as set out in Health 2020. The WHO Regional Office for Europe looks forward to taking this ambitious, transformative Framework onwards for the benefit of all WHO European Region Member States.

Annex 1: Final programme

Day one: opening and launch

Welcome and introduction

13:00–13:30	<p>Opening presentation. Strengthening people-centred health systems: a European framework for action on integrated health services delivery (EFFA ISD) <i>Hans Kluge</i>, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe</p> <p>Member State opening. <i>Elena Bohdan</i>, Chief of Department of Medical Sciences, Ministry of Health, Belarus</p>
--------------------	--

Session one

13:30–15:30	<p>Finding alignment: from Member States to partners, policies to practice</p> <p>Member State chair: <i>Christiaan Decoster</i>, President a.i., Director-General, Department of Healthcare, Federal Public Service of Health, Food Chain Safety and Environment, Belgium</p>
13:30–13:50	<p>Keynote presentation. Integrated service delivery: from framework to local action. <i>Mirella Minkman</i>, Director Innovation and Research, Vilans, Centre of Expertise for Long-Term Care, Netherlands</p>
13:50–14:00	<p>Illustrative country cases: Spain and Tajikistan</p> <ul style="list-style-type: none"> ▪ Spain. <i>Antoni Dedeu</i>, Director, Agency for Healthcare Quality and Evaluation of Catalonia, Spain ▪ Tajikistan. <i>Shaidullo Sharipov</i>, Head of Service Delivery Department, Ministry of Health and Social Protection of the Population, Tajikistan
14:00–15:00	<p>Panel discussion: finding policy alignment across partners</p> <p>Moderator. <i>Josep Figueras</i>, Director, European Observatory on Health Systems and Policies</p> <ul style="list-style-type: none"> ▪ Patient-perspective for integrated health services. <i>Kaisa Immonen-Charalambous</i>, European Patients' Forum ▪ Integrated care and the health workforce. <i>Pascal Garel</i>, HOPE, European Hospital and Health care Federation ▪ Integrated care for health and development. <i>Fend Zhao</i>, Programme Leader for Ukraine, Belarus and Moldova, World Bank ▪ Integrated care in the European Union: learning from each other to improve performance. <i>Federico Paoli</i>, Policy Officer, European Commission ▪ Quality health services. <i>Niek Klazinga</i>, Head of Health Care Quality Programme, Organization for Economic Co-operation and Development ▪ Health system strengthening for better NCD outcomes. <i>Gauden Galea</i>, Director, NCDs and Promoting Health through the Life Course, WHO Regional Office for Europe ▪ People-centred and integrated health services. <i>Edward Kelley</i>, Director, Service Delivery and Safety, WHO Headquarters
15:00–15:30	<p>Plenary discussion</p>
15:30–16:00	<p>Break</p>

Session two

16:00–17:30	Addressing key challenges in health services delivery
Member State chair: <i>Daniel Reynders</i> , Head of Service, International Relations and Public Health Emergencies, Belgium	
16:00–16:20	Keynote presentation. Addressing key challenges in health services delivery: fostering innovation <i>Volker Amelung</i> , President, German Managed Care Association, Professor for International Health System Research, Medical School of Hannover
16:20–17:10	Innovations in services delivery: interventions and illustrative country cases Moderator. <i>Ellen Nolte</i> , Coordinator, European Observatory on Health Systems and Policies <ul style="list-style-type: none">▪ Empowering patients through e-health and other innovations. <i>Nick Guldemond</i>, European Health Futures Forum▪ Rolling out new technologies for information connectivity in Ireland. <i>Michelle Kearns</i>, Caredoc, Ireland▪ Integrating services delivery in Azerbaijan. <i>Zakiya Mustafayeva</i>, Chief of Staff of the Ministry of Health, Azerbaijan▪ Delivering a comprehensive package of services: perspective of occupational therapy. <i>Stephanie Saenger</i>, Council of Occupational Therapists from European Countries▪ Innovating processes: integrated care pilots in Poland. <i>Tomasz Pawlega</i>, Deputy Director, Department of Healthcare Insurance, Ministry of Health, Poland▪ Innovating policy: a national strategy for integrated care in Slovakia. <i>Martin Smatana</i>, Project Manager, Ministry of Health, Slovakia
17:10 – 17:30	Plenary discussion
17:30	Closing
Reception	
17:30–18:30	Toast to a vision for integrated services delivery in the Region <i>Zsuzsanna Jakab</i> , WHO Regional Director for Europe

Day two: consultation

Session one

9:00–10:30 Populations and individuals domain

Member State chair: *Yann Bourgueil*, Research Director, Institute for Research and Information in Health Economics, France

9:00–9:05 **Expert presentation.** Making the case for a people-centred approach: evidence on improved performance and health outcomes
Lourdes Ferrer, Director of Programmes, International Foundation for Integrated Care

9:05–9:45 **Pertinent topics.** Key considerations in working to put people first
Moderator. *Juan Tello*, Programme Manager, WHO Regional Office for Europe

- **Burden of disease on health and social care needs in the WHO European Region.** *Kai Leichsenring*, Executive Director, European Centre for Social Welfare Policy and Research
- **Gender and health.** *Isabel Yordi*, Technical Officer, Gender and Health, WHO Regional Office for Europe
- **Involvement of beneficiaries in services delivery: lessons from vaccine programmes.** *Robb Butler*, Programme Manager, Vaccine-preventable Diseases and Immunization, WHO Regional Office for Europe
- **Engaging patients, their carers and family members in services delivery.** *Stecy Yghemonos*, Executive Director, Eurocarers – European Association Working for Carers

9:45–9:55 **Illustrative country cases: Kazakhstan and Slovenia**

- **Kazakhstan.** *Roza Abzalova*, Family Health Centre “Demeu”, Kazakhstan
- **Slovenia.** *Vesna-Kerstin Petrič*, Head, Division for Health Promotion and Prevention of Noncommunicable Diseases, Ministry of Health, Slovenia

9:55–10:05 **Presentation of EFFE IHSD: people domain**
Juan Tello, Programme Manager, WHO Regional Office for Europe

10:05–10:30 **Interventions by Member States**

10:30–11:00 **Break**

Session two

11:00–12:30 Services delivery processes domain

Member State chair: *Martin Dolezal*, Director of Concepts and Strategies Department, Ministry of Health, Czech Republic

11:00–11:05 Expert presentation. Making the case for transforming health services delivery: evidence on improved performance and health outcomes
María Luisa Vázquez, Health Policy Research Unit Head, Consortium for Health Care and Social Services of Catalonia

11:05–11:45 Pertinent topics. Key considerations in transforming health services delivery
Moderator. *Juan Tello*, Programme Manager, WHO Regional Office for Europe

- **Avoidable hospital admissions for quality of care.** *Niek Klazinga*, Head of Health Care Quality Programme, OECD
- **Primary health care reforms.** *Salman Rawaf*, Director, WHO Collaborating Centre for Public Health Education and Training, Imperial College London
- **Hospitals and integrated care.** *Anna Riera*, International Hospital Federation
- **Role of the health workforce in transforming services.** *Anna Stavdal*, Vice President, WONCA Europe

11:45–11:55 Illustrative country cases: Denmark and Italy

- **Denmark.** *Nanna Skovgaard*, Ministry of Health, Denmark
- **Italy.** *Maria Chiara Corti*, Area Santita e Sociale, Regione Veneto, Italy

11:55–12:05 Presentation of EFFA IHSD: services domain
Juan Tello, Programme Manager, WHO Regional Office for Europe

12:05–12:30 Interventions by Member States

12:30–13:30 Lunch

Session three

13:30–15:30 System enablers domain

Member State chair: *Triin Habicht*, Head of the Health System Development Department, Ministry of Social Affairs, Estonia

13:30–13:35	Expert presentation. Making the case for health system strengthening for improving outcomes and sustaining services delivery transformations <i>Josep Figueras</i> , Director, European Observatory on Health Systems and Policies
13:35–14:25	Pertinent topics. Key considerations in enabling health system conditions Moderator. <i>Juan Tello</i> , Programme Manager, WHO Regional Office for Europe <ul style="list-style-type: none"> ▪ Access to and the responsible use of medicines. <i>Jane Robertson</i>, Technical Officer, Health Technologies and Pharmaceuticals, WHO Regional Office for Europe ▪ Aligning institutional frameworks and financial incentives. <i>Ewout van Ginneken</i>, Berlin University of Technology, Germany ▪ Fostering intersectoral actions between health systems and social care. <i>Aparnaa Somanathan</i>, Senior Economist, World Bank • Developing a health workforce for integrated services delivery. <i>Ellen Kuhlmann</i>, Institute of Economics, Work and Culture, Goethe-University Frankfurt, Germany
14:25–14:30	Expert intervention. Global perspective to health systems for people-centred and integrated health services. <i>Hernan Montenegro</i> , Coordinator, Services Organization and Clinical Interventions Unit, WHO Headquarters
14:30–14:40	Illustrative country cases: Netherlands and Scotland <ul style="list-style-type: none"> ▪ Netherlands. <i>Margoleen Honcoop</i>, Policy Advisor, Ministry of Health, Welfare and Sport, Netherlands ▪ Scotland. <i>Anne Hendry</i>, Clinical Lead for Integrated Care, Scotland
14:40–14:50	Presentation on EFFA IHSD: system domain <i>Juan Tello</i> , Programme Manager, WHO Regional Office for Europe
14:50–15:30	Interventions by Member States
15:30–16:00	Break

Session four

16:00–17:30 Change management domain

Member State chair: *Milena Vasic*, Head, Department for European Integrations, Institute of Public Health of Serbia

16:00–16:10 **Expert presentation.** Strategizing change for health system strengthening: from assessment to policy actions
Anne Johansen, Senior Global Health Policy Advisor

16:10–16:20 **Illustrative country cases: Croatia and Republic of Moldova**

- **Croatia.** *Tatjana Prenda Trupec*, Director, Croatian Health Insurance Fund
- **Republic of Moldova.** *Rodica Scutelnic*, Head of Department for Hospital Care, Ministry of Health, Moldova

16:20–17:10 **Panel discussion.** Lessons from the perspective of change agents
Moderator. *Viktoria Stein*, Head of Education and Training, International Foundation on Integrated Care

- **Policy makers.** *François Schellevis*, ICARE4EU Project
- **Regional health authorities.** *Antoni Dedeu*, European Association for Regional and Local Health Authorities
- **Primary care providers.** *Sally Kendall*, European Forum for Primary Care
- **Nurses.** *Graça Silveira Machado*, European Forum of National Nursing and Midwifery Associations
- **Public.** *Kaisa Immonen-Charalambous*, European Patients' Forum

17:10–17:15 **Communities of practice.** Web platform for the global framework on integrated people-centred health services
Nuria Toro, Consultant, Services Organization and Clinical Interventions Unit, WHO Headquarters

17:15–17:20 **Presentation on EFFA IHSD: change domain**
Juan Tello, Programme Manager, WHO Regional Office for Europe

17:20–17:30 **Interventions by Member States**

Closing remarks: next steps and thanks

17:30 *Hans Kluge*, Director, Health Systems and Public Health, WHO Regional Office for Europe

Annex 2: List of participants

Country participants

Albania

Romeo Zegali
Head, Directory of European Integration and Donors Information
Ministry of Health

Austria

Herwig Ostermann
Head, Department of Health Economics
Gesundheit Österreich GmbH

Azerbaijan

Zakiyye Mustafayeva
Chief of Staff
Ministry of Health

Belarus

Elena Bohdan
Chief of Department of Medical Services
Ministry of Health

Marina Schaveleva
Head, Department of Public Health and Health Care
Belarusian Medical Academy of Post-diploma Education

Tamara Sharashakova
National focal point - Horizon 2020
Gomel State Medical University

Belgium

Christiaan Decoster
President a.i., Director-General, Department of Healthcare
Federal Public Service of Health, Food Chain Safety and Environment

Saskia Van den Bogaert
Head of Cell, Organization of Care
Federal Public Service of Health, Food Chain Safety and Environment

Daniel Reynders
Head of Service, International Relations and Public Health Emergencies
Federal Public Service of Health, Food Chain Safety and Environment

Bosnia and Herzegovina

Drazenka Malicbegovic
Assistant Minister, Department of Health
Ministry of Civil Affairs of Bosnia and Herzegovina

Alen Seranic
Senior Technical Officer, Public Health
Ministry of Health and Social Welfare of the Republika Srpska

Croatia

Tatjana Prenda Trupec
Managing Director
Croatian Health Insurance Fund

Cyprus

Martin Douglas Rayner
Press Officer
Embassy of the Republic of Cyprus

Czech Republic

Martin Dolezal
Director, Concepts and Strategies Department
Ministry of Health

Denmark

Nanna Skovgaard
Chief Health Economist
Ministry of Health

Sven Erik Bukholt
Senior Adviser
Ministry of Health

Estonia

Triin Habicht
Head, Health Systems Development Department
Ministry of Social Affairs

Jürgen Ojalo
Chief Specialist, European and International Coordination Department
Ministry of Social Affairs

Finland

Taina Mäntyranta
Medical Counsellor
Ministry of Social Affairs and Health

France

Yann Bourgueil
Research Director
Institute for Research and Information in Health Economics

Georgia

Mzia Jokhidze
Chief Specialist, Health Care Department
Ministry of Labour, Health and Social Affairs

Greece

Eleni Sourani
Ambassador Extraordinary and Plenipotentiary
Embassy of Greece

Lamprini Koleidou
Embassy of Greece

Hungary

Judit Pako
Ministry of Human Capacities

Israel

Niva Azuz
Assistant to the Director of Medical Affairs
Ministry of Health

Lithuania

Rima Vaitkienė
Head, Strategic Health Development Division
Ministry of Health

Montenegro

Natasa Terzic
Director, Centre for Health System Development
Institute of Public Health

Netherlands

Margoleen Honcoop
Policy Advisor
Ministry of Health, Welfare and Sport

Norway

Maren Skaset
Deputy Director General
Royal Ministry of Health and Care Services

Poland

Tomasz Pawłęga
Deputy Director, Department of Healthcare Insurance
Ministry of Health

Republic of Moldova

Rodica Scutelnic
Head, Ministry of Health
Department of Hospital and Emergency Care

Serbia

Natasa Djurasinovic
International Cooperation Group Manager
Ministry of Health

Milena Vasic
Head of Department for European Integrations, International Cooperation and Project Management
Institute of Public Health of Serbia

Slovakia

Martin Smatana
Project Manager, Institute of Health Policy
Ministry of Health

Slovenia

Vesna-Kerstin Petrič
Head, Division for Health Promotion and Prevention of Noncommunicable Diseases
Ministry of Health

Mircha Poldrugovac
Health System Policy Analyst
National Institute of Public Health

Switzerland

Ljubisa Stojanovic
Deputy Head of International Affairs Division
Swiss Federal Office of Public Health

Stefanie Johner
Scientific Adviser
Swiss Federal Office of Public Health

Tajikistan

Shaidullo Sharipov
Head, Health Care Services Delivery Department
Ministry of Health and Social Protection

Ilkhom Bandaev
Director, Republican Family Medicine Center

Takhmina Dzhabarova
Vice Rector, Tajik State Postgraduate Institute

Turkey

Seçil Özkan
Professor, Department of Public Health
Gazi University Medical Faculty

Hülya Şirin
Advisor of President
Public Health Institute of Turkey

Turkmenistan

Jennet Adakova
Head, Ashgabat Health Department

Maral Gujikova
Lead Specialist, Department of Educational Facilities, Science and Human Resources
Ministry of Health and Medical Industry

Observers

Rumbidzi Gondo
MSc Global Health Student

Irma Matuleviciute
University of Copenhagen

Signe Smith Jervelund
Associate Professor, Research Director
Department of Public Health, Section on Health Services Research
University of Copenhagen

Associations and Special Interest Groups

Caredoc
Dorcas Collier
Director, Caredoc Community Intervention Team

Margaret Curran
Director

Phonsie McCarron
General Manager

Council of Occupational Therapists from European Countries (COCTEC)
Stephanie Saenger
President

Eurocarers
Stecy Yghemonos
Executive Director

EuroHealthNet
Caroline Costongs
Managing Director

European Brain Council
Vinciane Quoidbach
Project Management, Public Health and Policy

European Consumer Organisation/Danish Consumer Council
Sine Jensen
Senior Health Advisor

European Federation of Nurses Associations

Marianne Schulz
Consultant, Danish Nurses' Organization

European Federation of Pharmaceutical Industries and Associations (EFPIA)

Thomas Allvin
Director

European Forum for Primary Care

Sally Kendall
Professor of Community Nursing and Public Health
University of Kent

European Forum of National Nursing and Midwifery Associations (EFNNAMA)

Rui Lopes Gonçalves
Member of EFNNMA's Steering Committee

Graça Silveira Machado
Member of EFNNMA's Steering Committee

European Health Futures Forum

Nick Guldmond
Associate Professor, Integrated Care and Technology
University Medical Centre Utrecht

European Network of Occupational Therapists in Higher Education

Marie-Antoinette Minis
HAN University of Applied Sciences

European Patients' Forum

Kaisa Immonen-Charalambous
Director of Policy

International Hospital Federation

Anna Riera
Membership Director

Jaspers, European Investment Bank

Adam Koziarkiewicz
Analyst

National Health Fund in Poland

Katarzyna Wiktorzak
Head, Strategy and Development Projects Section
Department of Analysis and Strategy

Netherlands Institute of Primary Health Care (NIVEL)

Francois Schellevis
Senior Researcher

Organisation for Economic Co-operation and Development (OECD)

Niek Klazinga
Head, Health Care Quality Indicator Project
Health Division

Pharmaceutical Group of European Union

Jamie Nathan Wilkinson
Director of Professional Affairs

Senior Italia Federanziani

Giuseppe Pozzi
Vice President

World Organization of Family Doctors (WONCA)

Anna Stavdal
Vice-President for European Region

WHO Collaborating Centre for Public Health Education and Training, Imperial College

Salman Rawaf
Director

Sondus Hassounah
Teaching Fellow

Federica Amati
Research Postgraduate and Research Assistant

Temporary Advisors

Roza Abzalova
Doctor of Medical Science
Center of Family Medicine

Volker Amelung
President, German Managed Care Association
Professor for International Health System Research, Medical School of Hannover

Liesbeth Borgermans
Professor, Department of Family Medicine
Vrije Universiteit Brussel

Maria Chiara Corti
Medical Director
Area Santia e Sociale, Regione Veneto, Italy

Antoni Dedeu
Director, Agency for Healthcare Quality and Evaluation of Catalonia
European Association for Regional and Local Health Authorities

João Diogo Da Rocha Fernandes
Health Economist
International Diabetes Federation

Lourdes Ferrer
Managing Director
International Foundation for Integrated Care

Anne Hendry
National Clinical Lead for Integrated Care
The Scottish Government

Arnoldas Jurgutis
Professor, Public Health Department, Faculty of Health Sciences
Klaipeda University

Michelle Kearns
Chief Information Officer
Caredoc

Ellen Kuhlmann
Senior Researcher, Institute of Economics, Work and Culture
Goethe-University Frankfurt

Kai Leichsenring
Executive Director
European Centre for Social Welfare Policy and Research

Alisher Makhmundov
Health Systems Expert
Human Development Support Program II

Mirella Minkman
Director, Innovation and Research
Vilans, Centre for Expertise for Long-term Care

Ilaria Mosca
Senior Consultant
Ecorys Research and Consulting Firm

Camilla Peterson
Consultant

Joao Sarmiento
Universidade Nova De Lisboa
Escola Nacional de Saude Publica

Viktoria Stein
Head, Integrated Care Academy
International Foundation for Integrated Care

Anne Støehr Johansen
Senior Health Policy Advisor

Ewout van Ginneken
Senior Researcher, Health Care Management, Faculty of Economics and Management
Berlin University of Technology

Elena Varavikova
Lead Researcher, Human Resources in Health Analysis
Federal Research Institute for Health Organization and Informatics
Ministry of Health of the Russian Federation

Maria Luisa Vázquez
Health Policy Research Unity Head
Consortium for Health Care and Social Services of Catalonia

Sina Waibel
Health Policy and Health Services Research Unit
Consortium for Health Care and Social Services of Catalonia

UN Agencies, World Bank and European Commission

Basil Rodriques
Regional Adviser, Health System & Policy
UNICEF Regional Office for Central and Eastern Europe, Commonwealth of Independent States

Federico Paoli
Policy Coordinator
European Commission Directorate-General for Health and Food Safety

Feng Zhao
Program Leader for Ukraine, Belarus and Moldova
The World Bank in Ukraine

Aparnaa Somanathan
Senior Health Economist
The World Bank

WHO Country Offices, Regions and Headquarters

Country Offices

Gazmend Bejtja
National Professional Officer
Albania

Henrik Khachatryan
National Professional Officer
Armenia

Valiantsin Rusovich
National Professional Officer
Belarus

Nino Mamulashvili
National Professional Officer
Georgia

Paulina Karwowska
Head of Country Office
Poland

Zinaida Bezverhni
National Professional Officer
Republic of Moldova

Zulfiya Pirova
National Professional Officer
Tajikistan

Oleksandr Martynenko
National Professional Officer
Ukraine

Zakir Khodjaev
National Professional Officer
Uzbekistan

Ardita Tahirukaj
National Professional Officer
Kosovo

Regional Office for Africa

Martin Ekeke Mononou
Regional Adviser, Health Systems and Services Unit

Regional Office for Eastern Mediterranean

Mohammad Assai Ardakani
Regional Adviser, Health Information and Statistics

Headquarters

Edward Talbott Kelley
Director, Service Delivery and Safety

Hernan Julio Montenegro
Coordinator, Services Organization and Clinical Interventions

Nuria Toro Polanco
Consultant, Services Organization and Clinical Interventions

Evgeny Zheleznyakov
Technical Officer, Office of the Assistant Director General

Regional Office for Europe

Erica Barbazza
Technical Officer, Health Services Delivery

Josep Figueras
Director, European Observatory on Health Systems and Policies

Gauden Galea
Director, Division NCDs and Promoting Health through the Life-Course

Manfred Huber
Coordinator, Healthy Ageing, Disability and Long-term Care

Zsuzsanna Jakab
Regional Director

Hans Kluge
Director, Division of Health Systems and Public Health

Aliya Kosbayeva
Technical Officer, Health Services Delivery

Monika Kosinska
Programme Manager, Governance for Health

Tanja Kuchenmüller
Technical Officer, Evidence and Intelligence for Policy-making

Margrieta Langins
Consultant, Health Services Delivery

Gunta Lazdane
Programme Manager, Sexual and Reproductive Health

Srdan Matic
Coordinator, Division of Policy and Governance for Health and Well-being

Matthijs Muijen
Programme Manager, Division NCDs and Promoting Health through the Life-Course

Åsa Nihlén
Technical Officer, Equity, Social Determinants, Gender and Human Rights

Ellen Nolte
Coordinator, European Observatory on Health Systems and Policies

Govin Permanand
Health Policy Analyst, Division of Health Systems and Public Health

Jane Robertson
Technical Officer, Health Technologies and Pharmaceuticals

Altynai Satylganova
Consultant, Health Services Delivery

Juan Tello
Programme Manager, Health Services Delivery

Isabel Yordi Aguirre
Technical Officer, Equity, Social Determinants, Gender and Human Rights

Interpreters

Evgeny Sinelschikov

Lyudmila Yurastova

Annex 3: List of available resources

Background documents

Tello, J. and Barbazza, E. (2015). **Health services delivery: a concept note**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1

Langins, M. and Borgermans, L. (2015). **Strengthening a competent health workforce for the provision of coordinated/integrated health services**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf

Suter, E. and Mallinson, S. (2015). **Accountability for coordinated/integrated health services delivery**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0003/286149/Accountability_for_coordinated_integrated_health_services_delivery.pdf

Ferrer, L. (2015). **Engaging patients, carers and communities for the provision of coordinated/integrated health services: strategies and tools**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0004/290443/Engaging-patients-carers-communities-provision-coordinated-integrated-health-services.pdf

Edwards, N. (2015). **Improving hospitals and health services delivery: A report on the priorities for strengthening hospital and health services delivery in the WHO European Region**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0007/167569/Improving-hospitals-report-FINAL-B.pdf

WHO Regional Office for Europe. (2014). **Strengthening people-centred health services delivery in the WHO European Region: concept note**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0005/258224/Strengthening-people-centred-health-services-delivery-in-the-WHO-European-Region-concept-note.pdf?ua=1

WHO. (2015). **WHO global strategy on people-centred and integrated health services: interim report**. Geneva: World Health Organization. Retrieved from <http://www.who.int/servicedeliverysafety/areas/people-centred-care/global-strategy/en/>

Evidence

WHO Regional Office for Europe. (2016). **Lessons from transforming health services delivery: Compendium of initiatives in the WHO European Region**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0014/303026/Lessons-HSD-compendium-initiatives.pdf?ua=1

WHO. (2015). **People-centred and integrated health services: an overview of the evidence: interim report**. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/155004/1/WHO_HIS_SDS_2015.7_eng.pdf?ua=1&ua=1

Tools

WHO Regional Office for Europe. (2016). **A step-by-step guide for developing profiles on health services delivery transformations**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0010/298297/Step-by-step-guide-developing-profiles-HSD-transformations.pdf?ua=1

WHO Regional Office for Europe. (2016). **Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0010/305875/Assessing-HSD-performance-with-ACSH.pdf

Advocacy

Barbazza, E., Langins, M., Kluge, H., and Tello, J. (2015). **Health workforce governance: Processes, tools and actors towards a competent workforce for integrated health services delivery**. Health Policy; 119(12):1645–1654. doi:10.1016/j.healthpol.2015.09.009. Retrieved from [http://www.healthpolicyjrn.com/article/S0168-8510\(15\)00246-8/abstract](http://www.healthpolicyjrn.com/article/S0168-8510(15)00246-8/abstract)

Barbazza, E. and Tello, J. (2014). **A review of health governance: definitions, dimensions and tools to govern**. Health Policy; 116(1):1–11. doi: 10.1016/j.healthpol.2014.01.007. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24485914>

Stein, VK., Barbazza, E., Tello, J., and Kluge, H. (2013). **Towards people-centred health services delivery: a Framework for Action for the World Health Organisation (WHO) European Region**. Int J Integr Care; 13(4). doi: 10.5334/ijic.1514. Retrieved from <http://www.ijic.org/index.php/ijic/article/view/1514/2358>

Tello, J., Barbazza, E., and Kluge, H. (2013). **Coordination and governance mechanisms to enable the conditions for integrated care of chronic conditions**. Int J Integr Care; 13(5): Annual Conf Suppl. doi: 10.5334/ijic.1243. Retrieved from <http://www.ijic.org/index.php/ijic/article/view/1243/2078>

Barbazza, E., Stein, VK, Bengoa, R., Borgermans, L., Kluge, H., and Tello, J. (2014). **Initiatives to strengthen the coordination/integration of health services delivery in the WHO European Region: a synthesis of lessons from implementation**. Int J Integr Care; 14(6). doi: 10.5334/ijic.1622. Retrieved from <http://www.ijic.org/index.php/ijic/article/view/1622/2450>

Capacity building and networks

WHO Regional Office for Europe. (2014). **Coordinated/integrated health services delivery (CIHSD) kick-off technical meeting: Istanbul, 3–5 February 2014**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0007/246256/Coordinated-Integrated-Health-Services-Delivery-CIHSD-Kick-off-Technical-Meeting.pdf?ua=1

WHO Regional Office for Europe. (2014). **Coordinated/integrated health services delivery (CIHSD) stakeholder consultation: Brussels, 1 April 2014**. Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0018/251082/Coordinated-Integrated-Health-Services-Delivery-CIHSD-Stakeholder-Consultation.pdf?ua=1

WHO Regional Office for Europe. (2015). **Second annual technical meeting on coordinated/integrated health services delivery (CIHSD): Istanbul, 17–18 February 2015.** Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0005/275972/II-CIHSD-Meeting-Report-Istanbul-150415pm.pdf

WHO Regional Office for Europe. (2015). **Delegate briefing note: Second technical meeting on coordinated/integrated health services delivery: developing the framework for action in the context of Health 2020: Istanbul, 17–18 February 2015.** Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0003/270192/CIHSD-Istanbul-mtg-briefing-note-040215f.pdf?ua=1

Country work

WHO Regional Office for Europe. (2015). **Ambulatory care sensitive conditions in Germany.** Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0004/295573/ASCS-Germany-2015-rev1.pdf?ua=1

WHO Regional Office for Europe. (2015). **Ambulatory care sensitive conditions in Kazakhstan.** Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0003/294402/Ambulatory-care-sensitive-conditions-Kazakhstan-en.pdf?ua=1

WHO Regional Office for Europe. (2015). **Ambulatory care sensitive conditions in Latvia.** Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0008/284192/Ambulatory-care-sensitive-conditions-Latvia.pdf?ua=1

WHO Regional Office for Europe. (2015). **Ambulatory care sensitive conditions in the Republic of Moldova.** Copenhagen: WHO Regional Office for Europe. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0009/276813/Ambulatory-care-sensitive-conditions-in-the-Republic-of-Moldova-final-report.pdf?ua=1

WHO Regional Office for Europe. (2016). **Ambulatory care sensitive conditions in Portugal.** Copenhagen: WHO Regional Office for Europe. Retrieved from <http://www.euro.who.int/en/countries/portugal/publications2/ambulatory-care-sensitive-conditions-in-portugal-2016>

The WHO Regional Office
for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00

Fax: +45 45 33 70 01

Email: contact@euro.who.int

Website: www.euro.who.int