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**Outcome statement of the high-level regional meeting,
Health Systems for Prosperity and Solidarity:
Leaving No One Behind, 13–14 June 2018,
Tallinn, Estonia**

This document contains the text of the outcome statement by participants in the high-level regional meeting, Health Systems for Prosperity and Solidarity: Leaving No One Behind, held in Tallinn, Estonia, on 13–14 June 2018.

1. We, participants in this high-level meeting Health Systems for Prosperity and Solidarity: leaving no one behind, have come together to reaffirm the commitment to the values enshrined in the Tallinn Charter: Health Systems for Health and Wealth¹ on its 10th anniversary. Building on those of the 1996 Ljubljana Charter on Reforming Health Care, these shared values have informed the people-centred health system approach in Health 2020 and set the direction for much of the regional and country work on health system strengthening over the past decade.
2. The Tallinn Charter has emphasized the common value of the highest attainable standard of health as a fundamental human right. We record a series of achievements across the WHO European Region that reflects the legacy of the Charter. Life expectancy has improved by two years on average. We observe paradigm shifts towards people and their needs as the centre of our efforts, and a reorientation towards better-performing health systems with greater focus on primary care and public health. We see progress in performance measurement in health systems and observe a high willingness to continuously learn from other countries' experiences, as well as endeavours to increase transparency and accountability. Many health outcomes amenable to health system interventions have improved, and Member States have themselves pointed to the important role played by the Tallinn Charter in strengthening their health systems. We can all share in this success.
3. Nonetheless, we recognize that the political, economic and social environment for European health systems has changed drastically since the signing of the Tallinn Charter. The political climate is uncertain and the social context strained. Economic outlooks predict wider income inequality with sustained pressures on health-care spending and health and social budgets. The broader health picture in Europe has changed too, with noncommunicable diseases now the leading cause of death, disease and disability. Infectious diseases remain a threat to population health, especially due to increasing antimicrobial resistance. Some of the attributes we assign to European health systems – solidarity, equity and universalism – are thus at risk. We see the need, therefore, for more inclusive policies, wiser investments in health and more value added by technological and service-delivery innovations to meet people's needs.
4. At the same time, we see global opportunities for collective cross-sectoral action to promote adequate and sustained investments in health and stronger, more resilient health systems with a greater focus on promoting equity. Most notably, Europe's governments have committed themselves to the global 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals. The global push towards universal health coverage by 2030 runs in parallel, and is at the core of offering value-based policy directions for governments.
5. To tackle the health challenges of the 21st century, we recognize the need to accelerate action for people-centred health systems and subscribe to a number of clear policy directions in the context of the three overarching themes of this high-level technical meeting.

¹ The Tallinn Charter defines the health system as the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health.

(a) Include: This theme focuses on the importance of moving towards universal health coverage for a Europe free of impoverishing payments for health, specifying ways of improving coverage, access and financial protection for everyone. We thus:

(i) take note of inequalities in financial protection within and across countries in the Region and commit to supporting systematic monitoring of financial protection and unmet need for good-quality health services at national and regional levels;

(ii) agree on the need to revisit and strengthen coverage policies in countries by extending coverage to the whole population for all needed, quality and cost-effective health services, including prevention and health promotion, taking into account the capacities of each national health system; by improving access to medicines; and by carefully redesigning policies on user charges towards protecting all households from financial hardship, recognizing that out-of-pocket payments on outpatient medicines are a significant source of financial hardship in many countries in the Region; and

(iii) affirm that the causes of limited access are complex and depend on a wide range of factors, including the scope of services provided, service delivery models, referral systems, patient preferences and cost-sharing arrangements, and that the alignment of policies is crucial to improving access and reducing out-of-pocket spending on health.

(b) Invest: This theme resituates the Tallinn Charter's call for "health systems for health and wealth" in the current context, offering more specific options for health policy-makers to make the case for investing in health systems. We will thus:

(i) continue to strive to secure and sustain adequate resources through greater public investment, make use of efficiency gains and, towards leaving no one behind, ensure an effective (re)allocation of resources to meet health need, especially towards poorer people and regular users of health services, for whom the economic gain is most evident;

(ii) intensify efforts to bring health and finance decision-makers together around shared goals by taking note of public finance objectives and correspondingly demonstrating the economic and social returns of investing in health systems; and

(iii) elevate our efforts to enact cost-effective and evidence-based public health approaches, services and interventions by improving cooperation with key stakeholders inside and outside the health system, including non-governmental organizations; by improving human resources for health policies through training and broadening the range of professionals and skills; by introducing financial mechanisms to increase the share of resources to public health; and by adapting the organization of public health services to better meet population health needs, coordinating with the health and social sectors.

(c) Innovate: Acknowledging the need for health systems to strategically accelerate up take, roll out and scale up innovations to meet people's needs, reconsidering governance mechanisms for

harnessing future generations in Europe with technological and systems innovations, also with a view to promote resilience. We will thus:

(i) work to ensure that WHO European Region health systems are open and able to adapt to new thinking and policy innovations, including to foster the participation of patients, communities, non-governmental organizations and health professionals; to ensure quality services; to enhance human resource skill mix and training; and to improve delivery models to meet peoples' needs; and

(ii) support policy action and the strengthening of applied research to ensure that our health systems are modern with up-to-date health information systems, fit-for-purpose, and able to harness new technologies in a manner that seeks to minimize current inequities in access to and quality of services.

6. We therefore further commit to scaling up work on health system transformation, and will invest in mechanisms and processes to manage the transformational change required of our health systems.

7. Within this framing, we aim to ensure that health systems are pro-active in responding to the challenges of the new context. In view of these directions, we support the continued work of the Health Systems Foresight Group within the WHO Regional Office for Europe to support Member States and the Secretariat in their planning and decision-making on the basis of informed considerations of potential future trends and directions for health systems that reflect societal preferences.

8. We reaffirm the value base of European health systems as set out in the Tallinn Charter, will continue to embrace its commitments, and will help to position regional and country-level efforts to strengthen health systems in the global context of the 2030 Agenda for Sustainable Development, with our regional emphasis on equity.

9. We, the participants of this high-level meeting, call upon European leaders to recognize the centrality of strong primary care oriented people-centred health systems, based on the need to include, invest and innovate, where equitable healthy populations are the bedrock of delivering on governmental and social commitments, and to pursue these policy directions.

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