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Health systems for better health: the WHO/Europe package of support for health systems strengthening

Strengthened health systems (including both public health and health care services) can and must play a major role in improving health. In addition to high level strategic initiatives such as regulatory reform, many Member States require practical assistance to make progress. The goal of this document is to introduce the emerging approach to Health Systems Strengthening of the Division of Health Systems and Public Health (DSP), and ultimately of the whole of WHO Europe, and to provide an overview of the different products and services the Division provides to support Member States with their national health policy development and the strengthening of their health systems. While the DSP approach is still under development, it is shared in this information document in order to capitalize on the opportunity to consult with Member States at the Regional Committee.

The Division of Health Systems and Public Health currently contains the following programmes, each of which supports Member States in health systems strengthening:

- The Health Governance programme supports Member States in developing a vision for health and builds national capacities to realize that vision, assisting in national health planning and health reforms. The programme facilitates system-wide approaches and fosters partnerships and alignment between stakeholders.
- The Health Care services programme supports Member States in finding the optimal pattern of service delivery to achieve expected health gain; to ensure quality of (coordinated) care at various levels of health systems; to work constructively with other sectors, such as social services; and to develop more equitable, effective and efficient healthcare service delivery strategies.
- The Public Health services programme supports Member States in assessing the strengths and weaknesses of their public health services, to better target investment and reform. A comprehensive self assessment tool is available and is complemented by technical support in areas such as organizational and legislative reform to strengthen public health.
- The Health Financing programme, based at the WHO Barcelona Office, supports Member States in developing health financing policies that contribute to financial protection and efficient delivery of high quality services. Key health financing issues include optimizing the revenue mix for more sustainable and equitable financing, reducing fragmentation of the funding channels to enable rationalization and cross-subsidization, improving purchasing mechanisms for greater efficiency and better quality of care, and adjusting benefit packages for reducing patient financial burden and improving cost-effectiveness. Key products include policy advisory services, assessment tools, and capacity building activities.
- The Human Resources for Health programme supports Member States in their efforts to ensure an available, competent, responsive and productive health workforce in order to improve health outcomes. Support focuses on key technical areas such as health workforce governance and planning, migration and retention, and education and training.
- The Health Technologies and Pharmaceuticals programme support Member States in increasing the public access to essential medicines and health technologies. The Programme facilitates the work of Member States with health technology assessment, quality assurance, regulatory frameworks and national medicine policies.

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Foreword

Today's governance for health is driven by the changing nature of the societies in which we live and the health challenges they face. My goal as Regional Director is to ensure that health is repositioned as an overarching goal of the whole of society and government, with Ministers of Health leading the efforts in pursuit of this goal. Our task is therefore to support Ministers of Health in their effort to position health and well-being asan explicit objective of the Government Programme and to help them build coalitions for health within the Government and more broadly within society. WHO/Europe is therefore developing a new health strategy for Europe -Health 2020- to tackle today's health challenges and demands.

Well performing health systems are critical to address key health challenges in the Member States of the European Region such as cardiovascular disease, cancer, and liver disease, along with new lifestyle-related challenges, including obesity and type II diabetes, and in some countries, rising incidence of communicable diseases, particularly MDR-TB and HIV/AIDS. To address these issues, health system strengthening remains firmly on the agenda of the organization and is a prominent part of Health 2020.

We support Member States to ensure universal population coverage with evidence-based cost-effective core services to promote health, to prevent and treat key health conditions. Core services include, at the minimum, effective health promotion programs, strong primary health care with screening and chronic disease management programs, well coordinated referral systems and emergency medicine to ensure timely diagnostics and hospital care for acute conditions, and widely accessible rehabilitation and social care.

Unfortunately, there is plenty of evidence that well known cost-effective interventions do not reach many in need and that it is often the poor and vulnerable who do not benefit from core health services. Often cited reasons include poor revenue mobilization strategies, dis-balance of staff with oversupply in urban but under-supply in rural areas, un-affordability and poor quality of medicines, lack of population awareness of health issues, simultaneous over-use and under-use of key technologies, outdated and inefficient structure of the service delivery network, and difficulties to transition from knowledge to behaviour change both for the population and health professionals among others. These are health system barriers that undermine the delivery of core health services affecting the entire spectrum of health issues. Health system barriers, thus, slow health gain and contribute to the health divide observed within and across countries.

In the area of health system strengthening, WHO Europe supports Member States to remove health system barriers that undermine universal population coverage with core services and ultimately limit the potential of health systems to improve health outcomes. The WHO Regional Office for Europe has a well established track record as a leading technical agency in the area of Health Systems Strengthening. The Division of Health Systems and Public Health (DSP) has been at the forefront of the work of WHO/Europe in this area. This document provides an overview of the different products and services the Division provides to Member States to support them with their national health policy development and the strengthening of their health systems.

Zsuzsanna Jakab
WHO Regional Director for Europe

1. Introduction: the purpose of this document

There is widespread acceptance that strengthened health systems (including both public health and health care services) can and must play a major role in making progress both in improving health and in delivering vital services in diagnosis, therapy and rehabilitation. The importance of health systems and the increasing demands for financial resources to support their activities, place great emphasis on capacity and performance. This emphasis has only been increased during the recent period of financial constraint. All countries are concerned to improve the use of the public resources that are used to support health systems, while at the same time wishing to improve population health and provide for universal access to good quality health care services.

Comparative studies[1] have suggested scope and opportunity for creating better value for the money spent on health systems. What is at stake are the right policies to generate value for money by improving health and delivering services for ageing populations, at a time of tremendous growth in the technological capacity to intervene, yet in the context of perhaps increasingly limited resources. These challenges affect all countries of the WHO European Region.

The new European health policy, Health 2020, will provide a high level strategic context for these challenges of improving both health and the performance of health systems. Health 2020 outlines the health challenges facing Member States today and provides evidence based policies and tools for responding to these challenges, including in the area of health system strengthening. The principles of the Tallinn Charter: Health Systems for Health and Wealth adopted in 2008 will continue to underpin WHO´s support to Member States in this area.

In response to disappointing health gain over the last two decades in several Member States, and inspired by Health 2020, the Division of Health Systems and Public Health has set out to re-vitalize the health system strengthening agenda. The essence of the approach is to strengthen the link between health system strengthening and health gain. This requires identifying core services – delivered to both populations and individuals – that are evidence based and cost-effective to prevent and treat selected priority health conditions. WHO will support Member States to ensure universal coverage with these core services by removing health system bottlenecks that limit coverage.

After a brief overview of key health system issues in the region today (Section 2), this document provides a summary of the DSP approach to health system strengthening (Section 3) and an overview of the different products and services DSP provides to Member States to support national health policy development and the strengthening of health systems (Section 4)

The challenge is to work with Member States, individually or in small groups, to fully understand which are the most important issues affecting implementation and which of these issues can be tackled from within the health system. We then need to work together to improve performance and health outcomes.

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[1] Joint Report on Health Systems. European Commission and Economic Policy Committee (AWG), Occasional Paper 74, Brussels, European Union, 2010[1]

In its support to Member States, DSP collaborates with a number of partners, such as the other divisions of WHO/Europe, the Barcelona Centre and the WHO European Observatory on Health Systems and Policies. At this point it has not been possible to systematically review the products and services these partners provide in the area of HSS, but this is foreseen for future versions of this document.

2. The current Regional context: health systems today

It is helpful to review some of the key issues facing health services within the WHO European Region. These have been reviewed in detail elsewhere [2] and key issues only will be identified here to set the work on strengthening health systems in context.

The WHO European Region is extremely diverse. Populations are ageing, and while health is getting better overall there is unnecessarily poor health in some countries. Very significant inequalities in health status persist throughout the Region, Given current knowledge and the resources that are available to health systems even now, the Region should be doing better.

All countries face the growing burden and challenge of non-communicable diseases, such as cardiovascular disease, cancer, and liver disease, along with new lifestyle-related challenges, including obesity and type II diabetes. Some countries are seeing a rising incidence of communicable diseases, particularly MDR-TB and HIV/AIDS.

While general health system strengthening has led to improvement in various aspects of health system performance over the last years, a number of key issues remain on the agenda. Health systems should contribute towards addressing these problems by improving the delivery of public health and individual health services; generating key health system inputs such as human resources and medicines in higher quality; strengthening health financing arrangements; and enhancing governance.

The effectiveness of public health varies widely across the European Region, primary care needs strengthening, and investments in health promotion and disease prevention are often lamentably low. Because of this, health promotion and health education remain more theoretical than practical concepts in many countries. Population health behaviour, and health literacy, fall well short of the ideal, and the full range of health determinants are not being comprehensively addressed. Health information systems to monitor health and well being need further strengthening and development. The capacity of many countries to assess, manage and communicate health risks remains low.

The principles and services of public health should be integrated more systematically into all parts of society through increased “whole-of-government” and Health in All Policies (HiAP) approaches, based on participation, transparency, communication and accountability. Modern public health concepts and approaches need to be put in practice; national action plans for bolstering public health services must be developed; public health laws must be introduced or strengthened, and partners mobilized.

For much of the disease burden, effective and even cost-effective interventions are well known. Yet, studies show that many patients do not receive these preventive, diagnostic, curative, and rehabilitation services. For example, surveys show that in several European countries many people with elevated blood pressure are not aware of their condition and

[2] Addressing key public health and health policy challenges in Europe: Moving forwards in the quest for better health in the WHO European Region. World Health Organization Regional Office for Europe. Regional Committee for Europe. EUR/RC60/13[2]

do not take medication[3]. Improving the coverage of already known and cost-effective interventions for cardio-vascular disease, diabetes, cancer, pregnancy and delivery management, child health tuberculosis and mental health problems would go a long way to improve health outcomes in Europe.

Currently the health services that are provided are often not based on evidence, limiting the potential health gain from medical services and wasting the resources of society. Data, mostly available for the European Union, consistently show that medical errors and healthcare-related adverse events occur in between 8% and 12% of hospitalizations[4]. Healthcare associated infections affect an estimated one in twenty hospital patients on average every year.

A significant share of the inefficiency in the functioning of health systems (and of the forgone health gain) is a result of poor coordination of patient care across providers and over time. Poor coordination persists not only within the health care system but also between the health care system and social care, which also contributes significantly to chronic disease management, particularly for elderly populations. There are many reasons for poor coordination including fragmented service delivery arrangements; clinical practice variation by doctors (general practitioners and specialists alike); and lack of evidence based pathways for the whole continuum of a care episode.

An important contributor to care quality is the quality and mix of human resources. In many countries, the education and training of health professionals has not kept pace with health system challenges. Systemic problems include fragmented and static curricula that produce ill-equipped graduates; a mismatch of competencies to patient and population needs; the dominance of an old fashioned hospital orientation and a narrow technical focus; and the lack of a broader contextual understanding. Many countries are also concerned with the possible impact of migration of health workers, or are looking to inward migration as a solution to their skills shortage.

Health financing arrangements contribute directly to solidarity and equity in society, and indirectly to health outcomes. Many European countries have achieved universal health coverage providing reasonable levels of financial protection and access for the whole population. However, 18.6 million people in the Region experience out-of-pocket health expenditures that place a catastrophic burden on their household budgets and 6.5 million have been impoverished because of it[5]. This has an impact on health outcomes, in particular, on the health outcomes of the poor and the vulnerable, which contributes to the observed health divide throughout the region.

The price and over-consumption of medicines represents a particular cause of the high burden of out-of-pocket expenditures across the Region Medicines are responsible for a substantial part of health care costs-from 10-20% in EU countries up to 40% in Eastern European countries.

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[3] Kerney, P. "Worldwide prevalence of hypertension: a systematic review" Journal of Hypertension. 2004. 22:11-19.

[4] Room for improvement: Strong patient safety systems could limit health, social and economic harms from medical error. RAND Europe: http://www.rand.org/pubs/research_briefs/2009/RAND_RB9472.pdf

[5] WHO HQ Estimates for the European Region

In addition to out-of pocket payments, low-income and vulnerable groups often do not receive care when needed (e.g. Roma, migrants, and populations living in remote areas) due to cultural and health system barriers. New approaches to service delivery and financing are required to ensure that these groups receive the care they need.

3. The DSP approach to Health Systems Strengthening

The DSP approach aims to tighten the link between health gain and health system strengthening. The approach rests on the three pillars described in **Figure 1**: (i) specification of expected health gain in priority areas; (ii) ensuring universal coverage with those services that contribute the most to the achievement of specified health gain for the investment; and (iii) removing those health system barriers that limit the coverage of those services.

Pillar 1: Expected health gain.

The pursuit of specific and measurable health gain[6] should drive the actions of governments at the intersectoral level, health ministries and health system managers, and involved health professionals.

Selecting priority health improvement areas is an opportunity for making focused national health plans with achievable results. For most Member States in the European Region, priority health outcomes are likely to include, but not be limited to, cardio-vascular disease, cancer, maternal and child health, mental health, HIV/AIDS and tuberculosis. Adding priority target populations who are most at risk by criteria of gender, socio-economic status, social exclusion, etc lends further prioritization and focus to the actions that will follow.

Specifying expected health gain can be based on the incidence and prevalence of key conditions; the evidence based options to intervene; the timeframe; the resources to hand; and the experience of the government and Ministry of Health in managing complex health plans and reforms.

Pillar 2: Universal coverage with core services

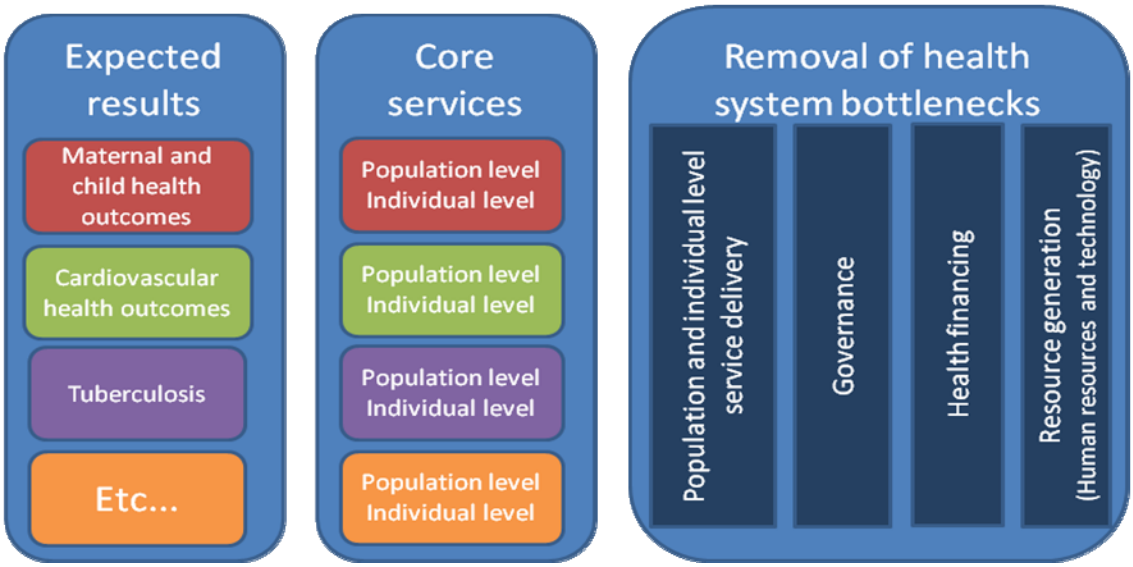
To achieve expected health gain, core services need to be provided to all those in need. Core services mean those evidence-based interventions that achieve the greatest health gain for the investment measured in terms of both money and effort (time, human resources, political clout, etc.). Core services include both population based interventions and health services delivered to individuals.

Achieving universal coverage with core services requires scaling-up the delivery of core services to those who currently do not benefit from it (e.g. reduction of salt and saturated fat in diets, increase tax on tobacco, the detection and management of hypertension, management of stroke by multi-disciplinary teams, active management of 3rd stage of labour, etc.) At the same time, health systems also deliver many services that are not evidence-based. To free up health system resources for the scaled up delivery of core cost-effective services, efforts need to be made to reduce the delivery of inappropriate care.

[6] The notion of health gain refers to a desired reduction in the population burden of disease. Health gain can be defined in terms of mortality and/or morbidity.

Regular monitoring of coverage with core services and (also of inappropriate services) is an important tool to ensure that a country is on track towards achieving the expected health gain and that health system strengthening efforts (see below) have the intended focus and effect.

Figure 1. The DSP approach to health system strengthening



There exist a number of theoretical models in the literature for defining these core services, which will reflect how the resources of society, including health services, may be used optimally to achieve improvement of the health experience of the population. These include wide ranging conceptual models such as public health management, commissioning, health programming, health economic analysis and health care modelling, as well as a number of well described care intervention models[7] particularly appropriate to non-communicable and chronic disease.

A key principle is that care provided should be truly patient-centered. It is clear that such a patient focus improves the perception of care quality and compliance, can reduce unnecessary care, and can have a beneficial impact on treatment outcomes. Patients and their families become part of the health care team in making clinical decisions. Patients may then be given responsibility for aspects of their care such as monitoring (e.g. blood sugar, blood pressure) and self-care as well as tools and support to carry out this responsibility.

In addition, patient centered care considers cultural traditions, personal preferences, values, family situations, and lifestyles. This approach requires greater investment in patient education and health care consumer and health literacy, potentially through fostering civil society involvement.

Particularly relevant here is the concept of integrated care **(Box 1)**, in which the patient becomes the focus of the full range of interventions deployed on his or her behalf. At the

[7] Wagner, E.H. Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice*. 1998;1:2-4

patient level, interventions are provided in an integrated and seamless way, independent of the organizational or professional provider.

At the individual level patients must be helped and supported to find their way through the maze of possible interventions, to ensure that their trajectory through the health care system is optimized, in light of the evidence on their condition and their own individual clinical circumstances. This process is one in which they themselves should be deeply involved along with their clinical service providers.

In most countries across the European Region, there is a need to develop a clearer vision with respect to the evolution of service delivery i.e. how service delivery is organized, how specialties and different levels of care coordinate with each other, and how patient/clinical pathways are changing as a result of technological advances.

Central to this approach is a focus on the effectiveness of current clinical models which drive the organization of service delivery and determine how well the health system performs in addressing major challenges in particular those relating to non-communicable diseases. Policies such as those in health financing may create incentives which are inconsistent with the clinical model and hence it is critical to ensure that all policies are aligned to support an effective clinical strategy. Relevant also are evidence based clinical guidelines and protocols which assist patients and health care professionals to chart the patients' desired and actual progress through the health care system.

WHO offers to work with countries to develop a vision for service delivery, and to make it a critical element of national health plans. Such a vision is also important for the development of hospital planning; future investments in the sector; and supporting policies for example those relating to health financing and human resources. WHO can assist countries in this process by assessing the current situation, assisting countries to build evidence of performance, sharing case studies of good practice, supporting information sharing by convening meetings and study tours as appropriate.

Pillar 3: Health system strengthening through removing barriers

The DSP approach to health system strengthening (HSS) aims to identify and target those health system barriers that undermine the implementation of the optimal intervention plan identified in a given context.

Evidence-based core services for key health conditions of the region are well known to health policy makers and health professionals and key technologies and medicines are available in most countries of the region. Why is coverage not universal with services such as hypertension detection and management, cancer screening, interdisciplinary management of stroke? There are a number of health system barriers that prevent the delivery of core services to all who are in need. The third pillar in the focused DSP approach to health system strengthening is to identify and remove those health system barriers that undermine the implementation of those core services that have been identified as critical for the achievement of specified expected health gain.

DSP groups barriers along the main functions of health systems including: financing, service delivery (public health and health care services), resource generation (human resources,

pharmaceuticals, other) and governance. The same barrier may affect several health programs: e.g. lack of leadership and effective mechanisms for inter-sectoral work may prevent implementation of key population behaviour change programs; excess infrastructure may absorb a disproportionate share of the budget requiring high informal patient payments for care which ultimately undermines access to needed care; and/or lack of provider autonomy may undermine quality improvement programs and efforts at facility level.

What is new in this approach?

The DSP approach to health system strengthening is not a new framework but rather a more focused lens. General health system strengthening has led to important gains in efficiency and access but an important lesson learnt is that the link to health improvement has been too distant. Our hope is that the approach presented above allows for greater focus in general and on health improvement specifically through driving all programming through expected health gain and identifying and removing pivotal health system barriers that have limited coverage with core services for priority programs.
This approach should thus foster greater collaboration with the technical programmes and Divisions throughout the Regional Office, and evolve into a "whole of WHO" approach.

What kinds of practical products and services will DSP deliver?

This approach will underpin all the products and services presented below and DSP is also putting forward a number of specific products and services for MS that will allow easy adaptation and implementation of this approach:

- "Primers" – analytical work to map out health system barriers to better outcomes for key health priorities at country level

- Design of national health plans and strategies and global learning programme material

- Applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunisation (GAVI)

- Capacity-building and training activities (such as flagship courses).

Box 1
How can health systems respond to the burden of non-communicable disease?
The challenge of integrated care

"Current care systems cannot do the job. Trying harder will not work. Changing systems of care will."
Crossing the Quality Chasm. A New Health System for the 21st Century: Institute of Medicine 2001

Problem statement

Unidimensional solutions to complex problems do not work. Whilst effective clinical and behavioural interventions exist for most chronic diseases, their effective treatment requires a transformation of health care, away from a system focused too often on episodic care in response to acute illness.

What is needed?

-A health care system with a population based chronic care perspective

-The development of population based health policies and legislation that support comprehensive and integrated care strategies for all

-Reorganizing health care financing to support integrated and evidence based care for chronic conditions, and a free flow of knowledge and information between patients and providers, and across providers

-Coordinating care across patient conditions, health care providers, and settings over time

-Developing evidence based treatment plans and supporting health care providers to implement these in a range of settings

-Educating and supporting patients to self manage their conditions to the extent possible, supported by structured multi-disciplinary team care

-Linking to resources in the broader community

-Monitoring and evaluating the quality of services and outcomes

After Innovative Care for Chronic Conditions. World Health Organization Geneva 2001.

4. DSP products and services for Health Systems Strengthening

Introduction

In the medium term, the new approach outlined above will be used to tailor the portfolio of products and services the DSP can offer to assist Member States in their efforts to strengthen their health systems. Can WHO tools help Member States decide between competing priorities? How can WHO assist in removing barriers to progress? Success will be when work on health systems strengthening makes a clear and measurable impact on the effectiveness of front line services, for example for cardiovascular disease prevention and treatment.

Much work remains to be done to make the new approach fully comprehensive. However much has been done or is on-going, and we provide below an overview of the current and planned HSS products and services provided by each of the technical programs in the Division.

4.1 Governance Program

4.1.1 Program strategy

DSP supports Member States to strengthen their capacity to govern their health systems. This function involves the capacity to define, lead and implement policy in health financing, health service delivery and resource generation, while both responding to health priorities and reflecting own goals and values.

1. The strategic framework guiding the work of DSP is presented in the Tallinn Charter: Health Systems for Health and Wealth[8]. In addition to outlining the key functions of health systems, the Tallinn Charter puts forth a number of commitments adopted by MS (Box 2).

Box 2.
Tallinn Charter Commitments

- Promote shared values of solidarity, equity and participation;
- Invest in health systems and foster investment across sectors;
- Promote transparency and be accountable;
- Make health systems more responsive;
- Engage stakeholders;
- Foster cross-country learning and cooperation;
- Ensure that health systems are prepared and able to respond to crises.

[8] The Tallinn Charter: Health Systems for Health and Wealth. World Health Organization. Regional Office for Europe. Copenhagen. 2008

4.1.2 Approach and activities

The Governance Program support to Member States revolves around four main areas:

Establishing Health Policy Units

DSP provides support to the Ministries of Health in the establishment and strengthening of health policy units. Policy units facilitate the use of evidence in making informed decisions and in conducting high quality policy dialogue with key stakeholders.

Support by WHO EURO involves providing guidance on institutional arrangements and capacity strengthening to strengthen health analysis and evidence uptake to support policy dialogue. Policy Units are currently established in Kyrgyzstan and Tajikistan.

Developing and Evaluating National Health Plans and Strategies

DSP works to support Member States in the development implementation and monitoring of National health plans and strategies (NHPS). Work includes:

- Supporting Member States in approaches to convening stakeholders around the development, implementation and monitoring of NHPS.
    - Promoting the Paris principles[9] including the support of development of sector wide approaches (SWAPs) (examples include the Republic of Moldova, Tajikistan, Kyrgyzstan)
    - Supporting joint assessment of national strategies (JANS) (examples include Kyrgyzstan, the Republic of Moldova)
    - Supporting Member States in accessing the Health system funding platform (HSFP) and in facilitating National strategy applications (NSA) and promoting well aligned and harmonized approaches to health support of all stakeholders including global health initiatives (GHI) applications (examples include Kyrgyzstan, Kazakhstan, the Republic of Moldova, Armenia, Belarus, Ukraine, Tajikistan, Azerbaijan, Turkmenistan)
    - Supporting development of sector monitoring frameworks based on NHPS and organizing joint annual reviews (JAR) to monitor progress (examples include Tajikistan, the Republic of Moldova, Kazakhstan).

- Supporting high quality analytical work and policy dialogue to inform the development of NHPS (examples include Portugal, Kazakhstan, Tajikistan, Lithuania, the Republic of Moldova, Albania, Kazakhstan, Estonia, Montenegro, Ukraine, Estonia, Turkey)
    - Facilitating analysis of the various technical aspects of national health policies and strategies (NHPS) development and implementation.
    - Supporting and facilitating reform design, prioritization and sequencing.

- Facilitate cross country learning
    - Development of case studies and information materials on NHPS processes.

[9] The Paris Declaration on Aid Effectiveness *2005(And the Accra Agenda for Action (2008), Paris, OECD

- Facilitate the sharing of tools that can be useful in the various technical parts of strategy development.
- Conduct training courses and share good practise in the development of NHPS (examples include Ukraine, Armenia, Lithuania, the Republic of Moldova)

Building Institutional Capacity for Health Policy Development

DSP supports Member States in building their institutional capacity to govern their health systems including the strengthening of their capacity to develop health policy in response to specific health needs and aspirations. Activities include:

- building institutional capacity for policy development, including hands-on capacity by international experts
- providing technical assistance to member States on single issue policy development
- establishing peer learning networks that facilitate Member States mutual support, cross-dissemination and mentoring of good practice and policy

  One of the networks is the Knowledge, Experience and Expertise Bank (KEE-Bank) that aims at convening health system stakeholders to exchange experiences in implementing different policy options
- elaborating Technical Policy Notes on specific policy issues related to purchasing and provision of health care services, evidence-based health strategy development, and institutional strengthening of public health policy, among others.

Conducting Health System Performance Assessment (HSPA)

2. DSP supports Member States to foster understanding and transparency on the performance of health system, through the conduction of HSPA. Based on health systems' strategies, HSPA provides an overview of the achievement of high-level goals at the scale of the entire system, i.e. not only for specific Programs or levels of care.

3. Work includes:

- supporting the establishment of country-owned participatory processes for HSPA, as a vehicle to create a shared understanding and vision of priorities for health system strengthening and to inform policy with evidence to address current and upcoming challenges (examples include Turkey, Armenia and Georgia, and in the future the South-eastern Europe Health Network)
- responding for quality assurance and acting as a catalyst to help validate, understand, and communicate the HSPA results and to establish a dialogue around those in the countries:
- facilitating peer learning and international comparisons through the development of exchange platforms. Sub-regional (e.g. through the South Eastern European Health Network) and thematic networks (e.g. mainstreaming equity)
- sharing lessons learnt from countries that underwent HSPA and disseminating recommendations for conducting HSPA, through a series of publications (examples include Portugal and Estonia) .

This work on HSPA is very well coordinated with the Division of Information, Evidence and Research and the European Observatory on Health Systems and Policies.

4.2 Health care services

4.2.1 Program strategy

Four technical programs of WHO/Europe, known collectively as the "healthcare services cluster" -primary health care, hospital care, quality of care and coordination of care- work together in an integrated way to help Member States find the optimal pattern of service delivery to achieve expected health gain; to ensure quality of (coordinated) care at various levels of health systems; to work constructively with other sectors, such as social services; and to develop more equitable, more effective and more efficient healthcare service delivery strategies.

The strategy of the healthcare services cluster has three pillars:

1. generating up-to-date evidence on the performance of national primary and hospital care systems vis-à-vis the core objectives that they should pursue, as defined in core European strategy documents such as Health for All, Health21 and Health 2020.

2. translating evidence into the organization of primary and hospital care, taking into consideration the increasing interdependency between levels of care, and the diversity of national health systems.

3. helping Member States build institutionalized mechanisms to support better coordination of care, patient safety and quality assurance.

4.2.2 Approach and activities

Instruments, tools and evaluations

The WHO Primary Care Evaluation Tool (PCET) provides evidence-based information to allow further strengthening of primary care services. The methodology of the PCET enables stakeholders to measure the key characteristics of primary care services, as well guiding the way health system functions are organized to support primary care. To date, the methodology has been applied in Belarus, Kazakhstan, the Russian Federation, Romania, Serbia, Slovakia, Turkey, Ukraine, and other countries. Country reports are available[10]

Primary Care Quality Management (PCQM) tools focus on the primary care level, as well as specific services (e.g. blood services). These tools help Member States identify how the country could make best use of available "know how" and resources to improve the quality of care. To date, the methodology has been applied in Slovenia and Uzbekistan. Country reports are available.[11]

The Quality Management Training (QMT) for dedicated services offers an innovative and flexible approach to capacity building, aimed to develop national capacity in quality management and support compliance with internationally recognized safety requirements.

[10] http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/primary-health-care/country-work
[11] http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/primary-health-care/country-work

The QMT toolkit is already translated into several national and WHO official languages and 28 European countries have been using it. For example the baseline review of the existing quality status of blood services in South-eastern Europe (SEE), performed in 2006, led to a revision of national quality approaches in the 9 participant countries[12]

Work on patient safety comprises a number of tools addressing the national health systems objectives and priority health outcomes. New work will be focused on patient engagement as a co-producer of health, aiming to promote change by building understanding on safety as shared responsibility.

The forthcoming European Strategy and Action Plan on Healthy and Active Ageing[13] will place primary care at its core. It will include policy guidelines on coordination of care, and strategies to improve access to quality services tailored to the needs of older people. A particular focus will be given to long-term care at the boundaries between health and social care, which includes public support to informal care giving.

Guidance documents and policy briefs

The main guidance documents for WHO/Europe primary health care program are the Declaration of Alma-Ata (1978) and the "World Health Report 2008: primary health care now more than ever". The World Health Report 2008[14] revisits the ambitious vision of primary health care as a set of values and principles for guiding the development of health systems. The Report draws on the lessons of the past and identifies four sets of necessary reforms in the areas of universal coverage; service delivery; public policy; and leadership.

Capacity strengthening opportunities and publications

DSP contribute to the building of institutional capacity in countries, for example during the process of planning and implementation of the PCET and PCQM studies. WHO/Europe facilitates the process of translating evidence into policy recommendations.

In addition an international study that will provide data on primary care organization and provision in 10 European countries is currently under way. The results of the study will be presented in the forthcoming WHO Regional meeting "Through strong primary care to better health in Europe".

A joint publication with the United Nations Economic Commission for Europe (UNECE)-affiliated European Centre for Social Welfare Policy and Research-"Facts & Figures on Ageing and Long-term Care" is planned for 2012, prior to the World Health Day 2012 on "Health and Ageing".

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[12] http://www.euro.who.int/__data/assets/pdf_file/0014/90401/E90300.pdf
[13] This strategy will be developed during 2012 under the overall mandate of Health2020 health policy development of the WHO Regional Office for Europe.
[14] Primary Health Care: Now More Than Ever. World Health Organization. Geneva. 2008.[14]
http://www.who.int/whr/2008/whr08_en.pdf

Policy dialogues

While the last decade policy makers has seen a Europe-wide program of health system reforms, the diversity of health system configurations that has developed historically has led to questions about the advantages and disadvantages inherent in different arrangements. It is noteworthy that poor coordination of care has been an often seen systemic problem.

Through national policy dialogues, the WHO European Region supports countries to overcome the frictions between policy objectives and the reality of existing institutional arrangements, through more evidence-based healthcare services organization and policy making. This process helps policy makers to reflect upon the divergences between the stated policy objectives and contradictory ways of health care organization, and to apply international research data and good practices in designing evidence informed and primary care focused policies.

Policy dialogues of this kind, for example, have taken place in Andorra, the Republic of Moldova and other countries in close collaboration with the European Observatory of Health Systems and Policies.

Support to sub-regional networks

The WHO European Region healthcare services cluster is active in a number of sub-Regional networks, including the European Forum for Primary Care[15]; the Northern Dimension Partnership in Public Health and Social Well-being[16]: and the Expert Group on Primary Health and Prison Health Systems[17]. In addition the cluster participates in the OECD Health Care Quality Indicators (HCQI) project where it has representation in the Health Promotion, Prevention and Primary Care Expert Group and the Patient Safety Expert Group; and it supports the EU Joint Action for Patient Safety.

Work on coordination of care and health systems strengthening for ageing populations is taken forward in cooperation with the WHO Network of Healthy Cities, such as on Age Profiles for local governance.

The SEE Health Network receives direct technical advice in matters of blood and transplant safety, quality of care and patient safety, through its 3 dedicated SEE Regional Health Development Centres.

The cluster also cooperates with OECD, the European Commission and UNECE on indicators of ageing and long-term care, service provision, expenditure, informal care and long-term care workforce issues.

[15] http://www.euprimarycare.org/
[16] http://www.ndphs.org/?about_ndphs
[17] http://www.ndphs.org/?pphs_eg.

4.3 Public health services

4.3.1 Program strategy

The aim of the Public Health Services program is to strengthen public health capacities and services across the WHO European Region; promote the development and integration of the Essential Public Health Operations (EPHOs); and foster effective public health leadership.

"Strengthening public health capacities and services in Europe: A Framework for Action" will be presented to the Regional Committee at RC 61. The document highlights a framework of eight major "avenues" that WHO Europe intends to follow in order to strengthen public health capacities and services in the Region and to secure delivery of the ten EPHOs in an equitable way across the whole Region. These avenues for action are listed in Box 3. Accordingly a European action plan for strengthening public health capacities and services will be developed, and is scheduled to be presented to RC 62 in 2012.

Box 3
Avenues for action in strengthening Public Health

1. Implementing essential public health operations;
2. Strengthening regulatory frameworks for protecting and improving health;
3. Improving health outcomes through health protection
4. Improving health outcomes through disease prevention
5. Improving health outcomes through health promotion
6. Assuring a competent public health workforce
7. Developing Research and Knowledge for Policy and Practice
8. Organizational structures for public health services

The document also puts forward a set of ten horizontal Essential Public Health Operations (EPHOs) and proposes that they should become the unifying and guiding basis for Member States to set up, monitor and evaluate policies, strategies and actions, designed to reform and improve public health.

4.3.2 Approach and activities

The support provided to Member States by the Public Health Services program revolves around seven main areas of activity:

Evaluation of the EHPOs

DSP has overseen the development and application of a web based self-assessment tool for evaluating the ten EPHOs, which can be used by national and international public health experts to identify strengths, weaknesses, and areas in need of investment and reform. This process, facilitated by WHO experts, leads to a report with main findings and recommendations to support national policy discussions. To date, the tool has been applied by 17 eastern European countries (the 9 countries of the South eastern Europe Health Network plus Armenia, Estonia, Kirghizstan, Slovenia, Tajikistan, Uzbekistan, and Israel). The current goal is to have it applied in 2012 to Belarus, the Czech Republic, Bosnia and Herzegovina, Kazakhstan, the Russian Federation and Slovakia.

Direct technical support on the structuring of Public Health institutions and organizations

Following such an evaluation by a Member State, WHO experts provide direct technical assistance in implementing recommendations and, as required, restructuring national public health institutions and organizations. Advice has been provided to Kyrgizstan, the Republic of Moldova and Tajikistan.

Development and review of national Public Health laws

DSP provides guidance and technical assistance to Member States to improve national public health legislation and regulations. A report "Guidance for Developing Public Health Laws" is expected to be published in the Fall of 2011 to assist Member States in this area. Work has been developed and endorsed in Albania, Bulgaria, Kirgizstan, the Republic of Moldova, and the former Yugoslav Republic of Macedonia.

Review of public health policy tools and instruments.

The past decades have witnessed a substantial growth in the range and type of public health policy instruments used at both global and European levels. However there is only limited evidence available on the relative effectiveness of different types of policy instruments and their relevance to contemporary public health. Over the course of 2011-2012, the WHO European region will oversee a systematic review of the various public health instruments currently in use.

Capacity strengthening through support to Public Health networks

DSP contributes to strengthening the capacities of public health professionals in Member States by supporting their participation in a number of public health networks. These include the Association of Schools of Public Health in the European Region (ASPHER), the European Public Health Association (EUPHA); the South eastern Europe Health Network; the International Network of Health Promoting Hospitals and Health Services (HPH); and the European Network of Health Promoting Schools.

Training

In all countries DSP offers training workshops on modern public health concepts and EPHOs. More in-depth training has been provided in the Republic of Moldova, Kyrgyzstan, and is planned for Tajikistan.

Policy dialogues

DSP is organizing several policy dialogues with either single or a range on Member States jointly with the European Observatory on Health Systems and Policies. Three multi-country policy dialogues on reforms of public health services have been held so far, one with the 9 countries of the South eastern Europe Health Network, a second with the three Baltic States and a third with the 12 Newly Independent States (NIS).

4.4 Health financing

4.4.1 Program strategy

The focus of the Health Financing program is on developing and implementing a Regional action plan to follow-up on the World Health Report 2010 on health financing and universal coverage, which put forth a range of policy options for raising sufficient resources and removing financial barriers to access, especially for the poor. The action plan will be context-specific for the European Region and focus on moving towards and sustaining universal coverage in the aftermath of the financial and economic crisis. In recognition of the diversity of the countries of the European Region, the Health Financing program will continue to work with Member States to tailor the policy options put forth in World Health Report 2010 to the specifics of each country.

The approach to providing policy guidance to Member States entails three major steps: articulation of health finance policy objectives; analysis of functions and institutions of the health financing system in achieving these objectives; and recognition of the way in which key contextual factors, particularly fiscal constraints, affect a country's ability to attain policy objectives or implement certain types of reforms. Hence, while the approach is firmly rooted in a common set of values and objectives, it enables analysis and recommendations that are country-specific and realistic.

4.4.2 Approach and activities

The support provided to Member States by the Health Financing Program revolves around four main areas of activity:

Support to health financing policy development and dialogue

DSP supports Member States in policy development and dialogue in key health financing issues such as optimizing the revenue mix for more sustainable and equitable financing, reducing fragmentation of the funding channels to enable rationalization and cross-subsidization, improving purchasing mechanism for greater efficiency and better quality of care, and adjusting benefit packages for reducing patient financial burden. Concrete products and services include:

- Conducting analytical work on key barriers in health financing that prevent delivery of core services for priority health improvement areas, limit financial protection, and reduce efficiency;

- Supporting development of policies and translating them to legislation as well as advising on managing the implementation process;

- Organizing policy dialogue with broad stakeholder participation including senior policy seminars and expert workshops on key health financing topics;

In addition, facilitation is provided to support the use of technical tools such as National Health Accounts and the WHO-CHOICE model (CHOosing Interventions that are Cost Effective) to analyse the cost-effectiveness of alternative policy options.

Generally, support to policy dialogue and analytical work emphasizes a problem solving approach that incorporates institutional capacity building, and seeks opportunities for hands-on learning. This enables countries to better address both current and future health policy needs and demands.

Guidance documents and policy briefs

The WHO publication "Health financing policy: a guide for decision-makers" provides the foundations for the policy advice and analytical work of the Health Financing program with Member States. In addition, the program produces the Health Financing Policy Paper Series and country-specific policy briefs. In-depth synthesis of health financing reform experience in the region was recently published in a book entitled "Implementing Health Financing Reform: Lessons from Countries in Transition". The program also contributes to regional and global policy papers, of which the most significant is the World Health Report 2010, "Health System Financing: The Path Universal Coverage".

WHO's guidance documents for decision makers on health financing policy proved particularly relevant as Members States responded to the financial crisis. The renewed emphasis on universal coverage helps countries focus on minimizing the adverse effects of fiscal austerity measures on health and health systems. DSP supports Member States to address sustainability trade-offs and enable Ministries of Health to advocate for health during budgetary discussions. The DSP report on "Sustaining equity, solidarity and health gain in the context of the financial crisis" provides a synthesis of potential policy responses to the crisis.

National Health Accounts and health expenditure analysis

DSP contributes to WHO's Global reporting on national health expenditures and the development of the new edition of the System of Health Accounts. Analyses of health expenditure patterns focusing on both public and private fund flows informs the policy advisory services of the Regional Office. A number of products are available:

- Country specific and regional cross-country public and private health expenditure estimates and analysis;
- In depth analysis of public and or private expenditures to assess levels of financial protection and equity;
- Capacity building and institutional advice on improving health expenditure data and its reporting at country, regional and global levels.

Capacity strengthening through courses and networks

DSP provides targeted capacity building opportunities through national, regional and multi-country courses. Over the years, these courses have become an important platform for communicating our health financing policy messages and facilitate experience sharing by policy makers.

The Health Financing program launched a new product: the Barcelona Course on Health Financing, which was first held in May 2011. This is an advanced course for professionals interested in deepening their understanding of health financing policy options.

In partnership with the World Bank Institute, DSP has been delivering an annual Flagship Course on Health System Strengthening with a focus on health financing for eight consecutive years for the countries of Caucasus, Central Asia and the Republic of Moldova. To date, more than 500 policy makers and senior health sector managers from more than 10 countries in the European Region have attended the course. On demand, the program organizes multi-country courses on various themes of health financing and health system strengthening.

The program leads the work of the Eurasian NHA (National Health Accounts) network in collaboration with international partners. The workshops and the analytical work by the network contributes to the improvement of reporting health expenditure data and support policy makers in developing health financing reforms.

4.5 Human resources for Health (HRH)

4.5.1 Program strategy

Human resources form the largest single cost element in any health system, as much as 60 to80% of the total recurrent expenditures. Overall there is a chronic shortage of health workers-WHO estimates some 2.3 million health professionals globally.

The HRH program supports Member States in addressing workforce challenges in several key areas, such as: health workforce governance and planning; health workforce migration and retention; health workforce education and training; and nursing and midwifery

Box 4
HRH Program targets

- By 2020, all Member States will have reduced inequalities in geographical distribution of HRH at least by 20%;
- By 2020, at least 75% of Member States have developed and implemented national HRH strategic plans to ensure a sustainable health workforce.

WHO/Europe has reinforced its commitment to nursing and midwifery in the Region, revitalizing links with the Government Chief Nursing Officers. Joint work between the Regional Office and this important group will optimize the contributions of nursing and midwifery in implementing national health policies and achieving health-related development goals. Additionally strong cooperation with the European Forum of National Nursing and Midwifery Association serves as a link between international and national policy-makers and the six million nurses and midwives in the Region.

4.5.2 Approach and activities

Instruments tools and evaluations

1. Health Workforce Governance and Planning, including statistics

Included are the "Handbook on monitoring and evaluation of human resources for health"; the Human Resources for Health Action Framework; Assessing Financing Education Management and Policy Context for Strategic Planning of Human Resources for Health; the WISN - Workload Indicators of Staffing Need; an Assessment Tool for Review of Departments/Units of human resources for health at national and sub national levels; work on Health Management Workforce: Mapping Health Managers; and the development of a Rapid Assessment tool on HRH

2. Health Workforce Migration and Retention

Included are: "Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations"; a User's guide to the WHO Global Code of Practice on the International Recruitment of Health Personnel; Global recommendations on monitoring the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and "Innovations in Cooperation: A Guidebook on Bilateral Agreements to Address Health Worker Migration"

3. Health Workforce Education and Training

Included are: "World Federation for Medical Education (WFME) Global Standards for Quality Improvement in Medical Education: European Specifications. For Basic and Postgraduate Medical Education and Continuing Professional Development" and the "WHO/WFME guidelines for accreditation in medical education"

4. Nursing and Midwifery
Included are the development of global standards for the initial education of professional nurses and midwives; and Strategic Directions for Nursing and Midwifery 2011-15.

Guidance documents and policy briefs

There are a number of main Guidance documents at Regional and global levels[18] as well as key guidance documents on HRH for the EU countries[19] WHO/Europe has also developed a number of policy briefs on HRH: (i) "How can the migration of health service professionals

[18]Resolution EUR/RC59/R4 on Health workforce policies in the European Region (2009)
Resolution EUR/RC57/R1 on Health workforce policies in the European Region (2007)
Resolution WHA64.6 on Health workforce strengthening (2011)
Resolution WHA64.7 on Strengthening nursing and midwifery (2011)
WHO Global Code of Practice on the International Recruitment of Health Personnel (WHA63.16) (2010)

[19] Green Paper on the European Workforce for Health COM(2008) 725 final Brussels,(2008)
Council conclusions on investing in Europe's health workforce of tomorrow: Scope for innovation and collaboration. 3053rd European Council, (2010)

be managed so as to reduce any negative effects on supply"; (ii) "How can optimal skill mix be effectively implemented and why?"; (iii) "Do lifelong learning and revalidation ensure that physicians are fit to practice?"; (iv) "How to create conditions for adapting physicians' skills to new needs and lifelong learning"; "How to create an attractive and supportive working environment for health professionals"; (v) "Assessing future health workforce needs"; and (vi) "Using audit and feedback to health professionals to improve the quality and safety of health care".

Capacity strengthening opportunities

The WHO European Region is helping Member States develop national HRH strategies, providing technical tools and guidelines, building capacities and facilitating processes aimed at developing health systems with universal coverage and effective public health interventions.

Courses and workshops

WHO/Europe will continue to develop courses to familiarize participants with concepts and approaches to developing strategies and plans for human resources for health. For example an international course on strategic planning in human resources for health will be held in Kiev 24-28 May 2010; and forthcoming courses will be held on evidence based practice for Kyrgyzstan, the Ukraine and Belarus; and on assessors for accreditation in medical education for Kazakhstan.

Starting from October 2011, the WHO meetings of the Government Chief Nursing Officers will be re-convened, which will include capacity building workshops as was done successfully in the past.

Working with peer learning networks concerned with human resources for health

These include the Network of national HRH focal points; the Network of HRH Experts; the Network of WHO Collaborating Centres; the European Forum of Medical Associations; the European Forum of National Nursing and Midwifery Association with WHO Europe; and the World Federation for Medical Education

Support to sub-regional networks

This support has been provided, for example, to the Executive Committee of the South-eastern Europe Health Network.

Policy dialogues

HRH assessment, policy development, planning and monitoring require dialogue between stakeholders from government and non-government partners who contribute to creating a sustainable and responsive workforce. Policy dialogues on HRH and capacity planning have been effective tools towards developing integrated strategies.

4.6 Health technologies and pharmaceuticals

4.6.1 Program strategy

Medicines consume between 10%, in EU countries, and up to 40% in several countries of the Newly Independent States (NIS), of total health expenditures. In the low income countries in the Region most pharmaceutical spending is out-of-pocket, which results in inequitable access and catastrophic expenditures for individual patients. In a number of transition countries in the European Region, ensuring regular access to good-quality, safe and affordable medicines is still a challenge. For example a one-month treatment of simple hypertension can cost up to 35 days' wages, most of which is paid out-of-pocket[20].

The WHO European Regional Health Technologies and Pharmaceuticals program (HTP) supports Member States in further developing their national medicines policy; improving medicines supply, pricing and reimbursement arrangements; strengthening the medicines regulatory system; and developing national programs on improving the prescribing and use of medicines. The program works closely with the Essential Medicines and Pharmaceutical Policies program in WHO HQ.

4.6.2 Approach and activities

The program uses a range of services, tools and instruments to support countries and partners. All of these are available from the WHO website, and are normally accompanied by capacity building/technical assistance type activity.

Tools, instruments, assessments and evaluations

1. On medicines supply and pricing

These tools include the WHO/HAI (Health Action International) guide which includes a standard methodology allowing countries to measure and benchmark their medicines prices, and assess the affordability and access to medicines; a WHO Global Price Reporting Mechanism for monitoring prices of HIV/AIDS medicines; WHO guidelines on the use of TRIPS flexibilities,(TRIPS are the trade-related aspects of intellectual property rights) for increasing access to medicines for HIV/AIDS and TB in transitional countries; WHO Interagency guidelines for drug donations, setting out criteria and guidelines for medicines donations in disaster situations; and the (Management Sciences for Health) MSH/WHO book Managing Drug Supply (the "yellow book") which provides a comprehensive approach and training material for improving national procurement and supply management systems

2. On medicines regulation and quality assurance

These tools include the WHO Technical Report Series with documents by the WHO Expert Committee on Pharmaceutical Preparations, containing a wide range of normative and standard setting documents; the UN Pre-Qualification program which provides specific tools and information for countries about which products they can purchase for HIV/AIDS and TB,

[20] http://www.who.int/medicines/areas/policy/world_medicines_situation/index.html

as well as opportunities for strengthening regulatory systems through capacity building; and WHO ethical criteria for regulation of the promotion of medicinal products.

3. Rational use of medicines

Tools include the WHO Essential medicines library with comprehensive prescribing information (including medicines for children); and the WHO Handbook for guideline development which lays out the principles and process for developing evidence based treatment guidelines.

On the request of Member States, DSP performs assessments of national Programs and initiatives, e.g. a review of the Technology Appraisal program and the Clinical Guidelines program of NICE (National Institute for Clinical Excellence) in England; a review of the Health Information Program of IQWiG (Institute for Quality and Efficiency in Health Care) in Germany; and a review of the new Polish Medicines law.

4. Guidance documents and policy briefs

These include WHO Guidelines for developing national medicines policies and for the creation of indicators for describing and monitoring such policies; national medicines policies; national pharmaceutical profiles (drawn up under a joint WHO/ the Global Fund project); and WHO guidance on ensuring balance in national policies on controlled substances.

The WHO Essential Medicines list is a model list and a model process that supports countries in developing efficient processes for selecting medicines to be provided in their national health systems.

The “WHO Global strategy for Containment of Anti-Microbial resistance” describes a set of seven areas for action to contain anti-microbial resistance; now developed into a Regional Strategy (to be discussed at the Regional Committee 61).

Capacity building

1. On Medicines supply and medicines pricing

Activities include the implementation of the WHO-HAI guide on measuring drug prices; the MSH-WHO book “Managing Drug Supply”, which is available with a training course and technical assistance; the WHO training course on evaluating medicines for reimbursement systems, which provides a concise hands-on approach to using Health Technology Assessment; and cost-effectiveness evaluations of new medicines

2. On Medicines regulation and quality assurance
A wide range of WHO training courses for medicines regulators and Good Manufacturing Practice inspectors are available

3. On rational use of medicines

Guidance includes the WHO Guide to good prescribing accompanied by the "WHO Teaching guide for good prescribing"; the WHO-HAI guide on teaching on dealing with medicines promotion; and training and capacity guidance on developing evidence based clinical guidelines.

Policy dialogues

DSP regularly organizes policy dialogues with policy makers and stakeholders, e.g. the Baltic policy dialogue on access to medicines in the financial crisis; a national policy dialogue in Bosnia and Herzegovina on pharmaceutical policy; policy dialogues with Member States and stakeholders on Public Health, Innovation and Intellectual Property (Moscow, Istanbul, Brussels); and policy dialogues with regulators and policy makers on medicines promotion, among others.

WHO Geneva also organizes annual Technical Briefing Seminars for policymakers, academics and partners. These provide an overview of WHO strategies and approaches, services and products in the medicines area.

Sub-regional networks

DSP is engaged in a range of regional and sub-regional networks, including the PPRI[21] (Pharmaceutical Pricing and Reimbursement Information) and PHIS[22] (Pharmaceutical Health Information System) networks; DRUGNET, which is an informal network of NIS medicines regulators that meets annually with WHO to discuss regulatory collaboration; the EU networks EUnetHTA (EU network on Health Technology Assessment) and the EU network of Competent Authorities on Medicines pricing and Reimbursement.

DSP engages with Member States and health professional driven networks (the Guidelines International Network; the "Piperska" group on pharmaceutical policies; the EuroPharm Forum network of the national Pharmaceutical Associations). DSP also brings together the South Eastern European countries to enhance collaboration on their pharmaceutical policies.

[21] http://ppri.goeg.at
[22] http://phis.geog.at

5. Strategic support to Health Systems Strengthening

Work on health system strengthening will be taken forward with Member States based on these structures and principles. This chapter reviews the structure and mechanisms of this engagement. Specifically in relation to the health system itself how can countries engage with the processes for change described in this document?

Health system strengthening comprises policies, programs and activities that ultimately must make a contribution to health system development in countries. This thinking should be part of national health planning, which will also involve consideration of the contribution to health improvement of those sectors of society outside the health system itself. In each country the development of a national health plan and strategy will be an essential prerequisite therefore for establishing the societal and "whole of government" responsibilities for health, and for the necessary strengthening of health systems to make the maximum possible contribution to this process.

Analysis and policy advice in these processes will be formulated by WHO/Europe in consultation with Member States and relevant country institutions. The WHO European Regional Office professional and technical staff will be responsible for these inputs.

The work by the WHO Regional Office is to be relevant for all 53 Member States while at the same time WHO is faced with limited financial and human resources. With the development of more practical tools and instruments to assist Member States in the attainment of better health outcomes, the demand for technical assistance and capacity building with and in countries is expected to only increase in the future.

The Division of Health Systems and Public Health is therefore presenting at the Regional Committee 61 a set of priority actions as its focus of work in the years to come in the field of health system strengthening, according to a so-called *hedgehog concept*[23].
The *hedgehog concept* represents a simple, crystalline understanding that guides a company's focused work based on the intersection of the following 3 questions: 1. In which field do or can we have the leadership? 2. What are our resources? and 3. What are we deeply passionate about?

The DSP's proposed targeted area's of work based on the hedgehog concept are:

- National health plans, strategies (link with Health 2020)
- Strengthening public health services and capacities
- Health system performance assessment
- Coordination of care – hospitals, primary health care
- Financial sustainability of the health system
    - financial crisis; *The world health report 2010*

While these are the proposed area's of work which will be priority for the future, supported by strong teams at the DSP Division, Member States will also be assisted in all of the above mentioned area's of work in this document through various delivery modes.

[23] Good to Great. Jim Collins.2001.

The modus operandi envisaged to enable the WHO Regional Office to respond to the need of the Member States in all area's of health systems strengthening will be based on a combined approach of having a WHO Representative/ Head of Country Office at country level with a profile which corresponds to the main health policy developments in that particular country, supported by a strong National Professional Officer at the WHO Country Office with technical back-up of the DSP staff at the Regional Office which will make increasingly use of a roster of experts, WHO Collaborating Centers and networks to make maximum use of the available expertise in the WHO European Region.
The roster of experts will be coordinated with the roster of experts planned to be developed by the European Commission and the vast networks already established by the European Observatory on Health Systems and Policies

Other global, sub-regional and national networks will be also used.

Country representation will be of crucial importance. WHO/Europe has developed a new strategy on working with countries, establishing a Strategic Relations with Countries Unit (SRC) at the Regional Office to facilitate continuing interaction with Member States; lead the work with country offices; and coordinate closely between technical units and country offices. Within the SRC a pool of experts in county work follows all 53 member States individually, analysing the health sector, updating on new policies and political challenges and functioning as a hub facilitating interaction with the technical units working within the European Regional Office.

In taking forward these priorities Regional Office staff will work closely at the country level with all the relevant institutions, national counterparts and networks both in the health sector and in other sectors, backing up countries with high level technical inputs.
In Member States without the presence of WHO Country Offices, the use of a roster of experts, linked to DSP staff, will be even more tapped into.