



World Health  
Organization

REGIONAL OFFICE FOR Europe

# Towards people-centred health systems: An innovative approach for better health outcomes



DIVISION OF

**HEALTH SYSTEMS  
AND PUBLIC HEALTH**

<http://www.euro.who.int/healthsystems>



**Towards people-centred health systems:  
An innovative approach for better health outcomes**



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## Foreword



Well performing health systems are critical to address key health challenges in the Member States of the WHO 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, a rising incidence of communicable diseases, particularly MDR-TB and HIV/AIDS.

My goal as Regional Director is to ensure a balanced approach to improving health and health equity in Member States with equal attention to social and environmental determinants and health systems.

The new European health policy, Health 2020, places great importance on health system strengthening as one of its four priority action areas. Health 2020 is an umbrella policy framework supporting action across government and society for health and well-being including action for health system strengthening.

For health system strengthening, Health 2020 puts forward a vision to improve health system performance through innovative approaches that strengthen core health system functions with renewed efforts to implement people-centred solutions and stay resilient to economic downturns. This document takes this vision a step further and presents the operational approach, products and services of the WHO Regional Office for Europe to revitalize health system strengthening for greater health gain.

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 the Regional Office in this area. This document provides an overview of the products and services the Division provides to Member States to support them in national health policy development and the strengthening of their health systems.

**Zsuzsanna Jakab**  
**WHO Regional Director for Europe**

## Purpose of this document

To accelerate gain in health outcomes and reduce health inequalities, health systems must be financially viable, fit for purpose, people-centred and evidence-informed. Well-functioning health systems improve population health outcomes, protect people from financial hardship when ill and respond to legitimate population expectations related to benefits and services. All countries have to adapt to changing demographic patterns of disease, especially mental health challenges, chronic diseases and conditions related to ageing.

***“This document presents the operational approach of the WHO Regional Office for Europe to re-vitalize health system strengthening for greater health gain.”***

The WHO European Ministerial Conference on Health Systems, held in Tallinn in 2008, was a milestone that marked the importance that Member States placed on both improving and being accountable for the performance of their health systems. This political commitment was marked by the signing of the Tallinn Charter: Health Systems for Health and Wealth, and its later endorsement in a Regional Committee resolution on stewardship/governance of health systems in the WHO European Region (EUR/RC58/R4).

The new European health policy, Health 2020, reaffirms the central tenets of the Tallinn Charter. Health 2020 acts as an umbrella policy framework that supports action across government and society for health and well-being including action for health system strengthening. It puts forward a vision for improving the performance of health systems through innovative approaches that strengthen core health system functions with renewed efforts to find people-centred solutions and stay resilient to economic downturns.

This document takes the commitments set out in the Tallinn Charter and the vision for health system strengthening expressed in Health 2020 a step further and presents the operational approach of the Regional Office to re-vitalize health system strengthening for greater health gain.

The essence of the approach is to strengthen the link between health system policies and health gain. This requires putting people-centred core health services in the spotlight (both population and individual services) and removing health system bottlenecks that limit coverage of core services and prevent health gain.

This document describes the challenges, vision, mission, strategy, and services/products of the Regional Office to strengthen health systems.



Despite diversity in the financing and organization of health systems across the European Region, they face the same challenges of providing comprehensive approaches to reducing the burden of chronic diseases and stopping the spread of communicable diseases. In addition, health inequalities persist along many dimensions across and within Member States. At the same time, resources are limited requiring difficult trade-offs which become particularly prominent at times of economic downturns.

Health care has become more complex, with rapidly advancing technological progress, ageing populations, more informed service users and increasing cross-border movement.

## What undermines health system performance in European Member States?

- ❶ Narrow scope of public health without sufficient investment
- ❷ Obsolete structure of service delivery
- ❸ Poor coordination of structures and integration of processes
- ❹ Inconsistent commitment to quality improvement
- ❺ Largely unfinished agenda on moving towards universal coverage
- ❻ Low quality and prohibitive cost of medicines
- ❼ Unequal skills and distribution of human resources
- ❽ Outdated governance not supported by accountability mechanisms and performance orientation

Health system response to these changing trends requires innovative solutions that are focused on the end-users (both the healthy and less healthy), are systematically based on sound evidence and are as resilient to economic cycles as possible. Importantly, the health system response needs to factor in approaches to reduce health inequalities which are often the result of exclusionary policy and service delivery processes.

A number of weaknesses in the structure and function of service delivery in European health systems undermine moving towards an inclusive, evidence-informed and people-centred approach which covers the entire life span.

**Modern public health** concepts and approaches have not been put into practice in many countries; they lack national strategies for developing public health services, their public health legislation is outdated and their partnership mechanisms are ineffective. Disease prevention and health promotion are especially important elements of public health, but lack of investment and sometimes the unintended consequences of reform lead to weak infrastructure and low-quality services.

The **structure of service delivery** (both population and individual services) often reflects past disease burden and historical investment patterns, and is not conducive to people-centred 21st-century care processes for chronic illness and an ageing population. Public health

services in many countries focus on communicable diseases and have only slowly begun to integrate structures and activities for noncommunicable diseases. Specialist-driven and

hospital-focused health care misses important health and welfare needs and is expensive in contrast to systems focused on health promotion and disease prevention. Primary care continues to pose challenges in many countries with a narrow task profile, limited recognition, weak links to higher levels of care and inadequate funding. These patterns are often the result of skewed health expenditure trends that favour acute curative services and high-tech diagnostics at the expense of prevention, health promotion, rehabilitation and social care. The voice of the patient/consumer is seldom heard or considered in this process and marginalized population groups (such as migrants and Roma) are often left without health services.



There is often poor **coordination of structures and integration of processes** between public health services, health care services and social care services in all types of services, including health promotion, disease prevention, responding to acute illness episodes, care management and rehabilitation. There are many reasons for poor coordination, including weak health system governance and fragmented service delivery arrangements, lack of the financial incentives and financial policies conducive to good coordination of care, variation in doctors' clinical practice (both general practitioners and specialists) and lack of evidence-informed pathways for the whole continuum of a care episode or the pathways not being followed.

Commitment to **quality improvement** in both public health and health care services has been varying. This requires developing a culture of continual learning, removing administrative complexity, making safety a key design element, putting appropriate incentives in place to support improvement, ensuring a culture of measurement and feedback, and implementing team-based approaches to delivery. These elements are not yet routinely present in service delivery organizations of the Region, resulting in care that is not always evidence informed and rarely patient centred.

There have been many innovations in **health financing arrangements** in recent years to strengthen universal coverage, but much needs to be done to eliminate catastrophic and impoverishing payments in the Region, in particular for chronically ill people and vulnerable populations. Many countries have achieved universal coverage, providing reasonable levels of financial protection and access to health care for the whole population. Nevertheless, 19 million people in the Region experience out-of-pocket health expenditure that places a catastrophic burden on their household budgets, and more than 6 million people have been impoverished because of it. Further, many people with chronic diseases face severe barriers to high-quality, continuous care management. Public coverage of chronic care services is far from universal in many countries. Countries differ widely in their cost-sharing requirements for health services and drugs for people with chronic diseases. This leads to delays in seeking health care, which in turn affects treatment outcomes, especially for low-income and vulnerable people, contributing significantly to the observed health divide throughout the Region.

Moving to a more evidence-informed and people-centred approach poses significant **human resource challenges**. Health systems have shortages of the right people with the right skills in the right place, especially nurses and general practitioners. The distribution of health workers is uneven, characterized by urban concentration and rural deficits. Poor working environments, lack of flexible working arrangements, including unsupportive management and insufficient social recognition, undermine the morale of health workers. The education and training of health professionals have not kept pace with the challenges facing the health system, leading to a mismatch between competencies of graduates and the needs of service users and the population as a whole, and a predominant orientation towards hospital-based services and a narrow technical focus without broader contextual understanding. In many countries, the migration of health workers and their shift from the public sector to the private sector severely affect the quality and accessibility of care.



**High-quality and affordable medicines** are not yet systematically available in all countries, even for widely prevalent conditions such as hypertension, asthma and diabetes. Medicines are essential for preventing and treating diseases, and poor-quality medicines represent a public health hazard. Medicines are also responsible for a substantial part of health care costs: from 10–20% in EU

countries to up to 40% in countries in the eastern part of the European Region, where ensuring regular access to high-quality, safe and affordable medicines is still a challenge because budgets are insufficient, supply systems are weak, supplies are often unregulated and out-of-pocket payments are high. Funding and regulating the supply of medicines strongly influence health outcomes and financial protection. An important challenge for all countries is the managed introduction of new and expensive health technologies, such as pharmacotherapy, devices and procedures. This process is often not based on evidence regarding the efficacy and safety of medicines, technologies, and risk sharing arrangements between regulators and pharmaceutical companies. Introduction and use of generic substitution policies are among the most effective cost-containment measures for low, middle and high income countries.

Finally, **governance** needs extended partnerships and alliances to better steer and reorient health systems to evidence-based care and patient-centred approaches. This may include, among others, applying new tools for enhancing the culture of accountability and performance measurement, granting wider levels of decision-making to providers based on high-quality and widely shared information, and engaging with the population and communities in designing health care solutions. Strengthening governance at the policy, planning, purchasing and provision levels boosts rapid changes in the service delivery culture.

## Our vision and mission

Our **vision** is people-centred health systems that strive to attain maximum health gain for the population at a time of fiscal constraints, and that protect people from undue financial hardship, while remaining responsive to citizens' legitimate expectations.

Our **mission** is to support Member States in revitalizing public health and transforming the delivery of health care services to better respond to the health challenges of the 21<sup>st</sup> century through addressing human resource challenges, improving access to and quality of medicines, creating sustainable health financing arrangements, and implementing effective governance tools for increased accountability and performance assessment.

***“Our vision and mission for health system strengthening is derived from the vision, shared goals and strategic objectives of Health 2020. Our priority action areas will lead to better performing health systems and will also contribute to the agenda of placing health concerns in all government policies to address a wide range of health determinants including social, economic, and environmental.”***

**Revitalizing public health** is at the centre of improving health. Investing in public health services should be seen as an investment in the long-term health and well-being of the population as a whole, which is both of intrinsic value and a contributing factor to economic productivity and creating wealth. Public health leaders should be capable of initiating and informing the policy debate at the political, professional and public levels to advocate for policies and action to improve health. A WHO European action plan for strengthening public health capacities and services 2012-2020 has been developed. Based on the 10 essential public health operations (EPHOs), it lays out specific policy shifts and innovations in 10 avenues to make public health services more effective and cooperative. The need to strengthen public health requires firm government commitments on both public health legislation and secure financing.

**Transforming how health services are delivered** is necessary to accelerate gains in health outcomes in an era of chronic diseases. This transformation consists of the following policy directions:

- Moving towards people-centred care by enabling patient self-management where appropriate, as well as delivery of care as close to home as is safe and cost-effective;
- Further strengthening of primary health care with an expanded task profile, acting as a hub to other levels of care;
- Ensuring an appropriate continuum of care with strengthened care coordination across providers and over time, including with social care;

- Fostering a culture of continuous quality improvement based on the best available evidence.

Revitalizing public health and transforming service delivery require **rethinking education of health professionals** to produce a more flexible multi-skilled workforce able to meet the growing challenges of changes in epidemiology, with particular attention to the roles of nurses and midwives, encouraging team based delivery of care, equipping staff with skills that support patient empowerment, and consumers with the adequate level of health literacy, and fostering communication, management and leadership capacities at all levels.

To improve **access to high quality and affordable medicines**, a comprehensive set of policy instruments should be considered including selection of medicines and their rational use, streamlined systems for provision, financing policies, pricing, reimbursement and cost-containment policies and patent issues. Countries should maximize the use of generic medicines where possible which requires commitment and competency of doctors, nurses, pharmacists and users of medicines but also of politicians, policy-makers, user groups and professional associations. Innovative and effective strategies exist to improve the use of medicines through therapeutic committees, electronic formularies and clinical guidelines, feedback of data on medicine use, medicine information policies and evaluation of health outcomes.

To achieve these changes and transformations in health systems, **solid health financing arrangements** are needed, ensuring universal coverage while responding to sustainability concerns, providing incentives for efficient behavior for health system actors, and reducing vulnerability to economic cycles.

- Universal coverage can be approached through the following policies: greater public financing for health through general taxes and/or a payroll tax; reducing fragmentation in the funding channels of the health system (pooling); adopting purchasing mechanisms that incentivize efficient behaviour among providers; reducing inefficiency in the structure of service delivery systems; and implementing pricing and regulatory mechanisms to control the growth in the price of medicines<sup>1</sup>.
- A commitment to addressing inefficiency in the health sector is vital to secure popular and political support for more spending especially during economic downturns. The transition to a new, lower-cost delivery system needs to be carefully managed seeking sustainable efficiency gains such as improving energy efficiency, shifting more care to outpatient settings, allocating more resources to primary care and cost-effective public health programmes, cutting the least cost-effective services and improving the rational use of medicines.
- There are health financing solutions that ensure stable revenue flow to health during economic cycles. Countries that accumulate reserves during economic growth or at least reduce budget deficits and external debt can opt for deficit financing through borrowing or depleting reserves when the economy performs poorly.

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<sup>1</sup> *The world health report 2010: Health systems financing - the path to universal coverage*, Geneva, World Health Organization, 2010.

A cornerstone of **health system governance** in the 21<sup>st</sup> century is making health policies more evidence-informed, intersectoral, and participatory, and transforming leadership accordingly. The new generation of health system reforms requires creating an enabling environment for partnerships to thrive, for civil society to participate in decision-making and for individuals to take better care of their own health. Health ministries and their partners at the ministries of finance, environment, transport and education need to be better empowered to advocate for policies and action to improve health by investing in health. Ensuring that evidence is systematically used in developing and implementing policy requires continually disseminating new knowledge, building the capacity of policy-makers and policy analysts and implementing sustainable institutional solutions that link the demand for and supply of evidence in a mutually beneficial, respectful working relationship.

Our vision and mission for health system strengthening derive from the vision, shared goals and strategic objectives of **Health 2020**. Our priority action areas will lead to better performing health systems and will also contribute to the agenda of placing health concerns in all government policies to address a wide range of health determinants including social and economic. The priority action areas highlighted above are fully in line with the evidence-informed solutions outlined in Health 2020. The rest of this document develops further the operational approach of the Regional Office to implement this vision and mission, as well as our products and services.

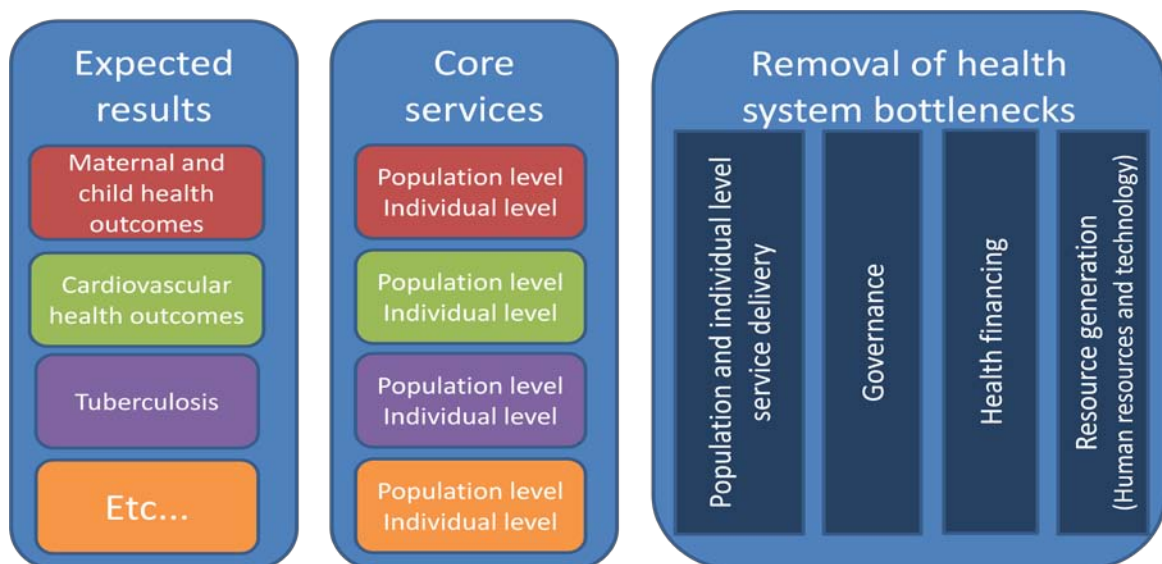


## Our operational approach

To operationalize the vision of and mission for health system strengthening, the Regional Office has developed an operational approach. The aim of this approach is 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 priority health improvement areas; (ii) ensuring high levels of effective coverage of core services in the priority health improvement areas; and (iii) removing health system barriers that limit the coverage of core services. While keeping a systemic orientation, this approach allows creating a tighter link between actions and policies for health system strengthening and priority health outcomes. This linkage is articulated by putting core services for priority health improvement areas in the spotlight and examining coverage rates in general and for vulnerable groups specifically. This approach will be used by the Regional Office for country specific and regional health systems related analytical work, organizing training events, policy dialogues, and developing tighter programmatic collaboration with technical programmes within the Regional Office.

***“At the heart of our operational approach is to support Member States to examine and scale up delivery of core services for priority health improvement areas.”***

**Figure 1. Three pillars of health system strengthening**



### ***Pillar 1: Expected health gain***

The pursuit of specific and measurable health gain<sup>2</sup> should drive the actions of governments at the intersectoral level, health ministries and health system managers, and involved health

<sup>2</sup> 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.

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 improvement areas are likely to include cardio-vascular health, malignancies/cancer, maternal and child health, mental health, HIV/AIDS and tuberculosis as well as important risk factors such as smoking, excessive alcohol consumption and obesity. Adding priority target populations who are most at risk by criteria of gender, age, 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 of core services***

To achieve significant health gain in priority areas, health systems need to deliver a set of core services. Health system strengthening needs to target removal of systemic barriers that undermine core service coverage.

#### **Core services, population and individual, are critical to achieve expected health gain**

- Evidence based
- High impact
- Cost-effective
- Affordable
- Acceptable
- Feasible

Core services include both population based interventions and individual health services. Core services have several characteristics. They are evidence-based, high-impact, cost-effective, affordable at the system level, acceptable to the population, and are feasible to implement given the level of development of the health system. Sometimes, not all of these characteristics can be present simultaneously and trade-offs need to be made. Our approach does not enforce a rigid check-list but rather a guidance to observe these principles when thinking of the service mix to achieve particular health outcomes.

For example, detection and management of hypertension is a core service to improve cardiovascular health. It has all the characteristics highlighted above. In countries where the rates of hypertension detection and management are not high enough, there are likely to be systemic barriers that undermine delivery of this very well-known and basic health service. Examining coverage rates of core services, however, can provide a signal about the general development and functioning of the health system as a whole. Other examples of core services include reduction of salt and saturated fat in diets, increased tax on tobacco, the detection and management of hypertension, management of stroke by multi-disciplinary teams, active management of 3<sup>rd</sup> stage of labour, etc.

When examining core service coverage rates, it is critical to look at not only the average coverage rate but also its distribution. Average coverage rates can mask significant



inequalities in using and benefiting from core services. For example, in several Central Asian countries, use of primary health care is significantly greater among women than men at all age groups, leading to significant under-coverage of hypertension screening and management among men, a key risk group. Marginalized population groups such as migrants, the Roma, injecting drug users and commercial sex workers often have trouble accessing core services leading to complications and discontinuity of treatment most typically for pregnancy and child birth, as well as treatment of TB, to highlight a couple of examples.



Under-coverage of core services coexists with delivery of many services that are not evidence-based, not cost-effective, etc. This harms patients and wastes societal resources. 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 and this needs to be explicitly factored into health system strengthening policies.

Regular monitoring of core service coverage is an important tool to ensure that a country is on track towards achieving the expected health gain and that health system strengthening efforts have the intended focus and effect. Monitoring efforts need to integrate focused indicators on average coverage rates as well as distributional measures to assess trends for vulnerable groups.

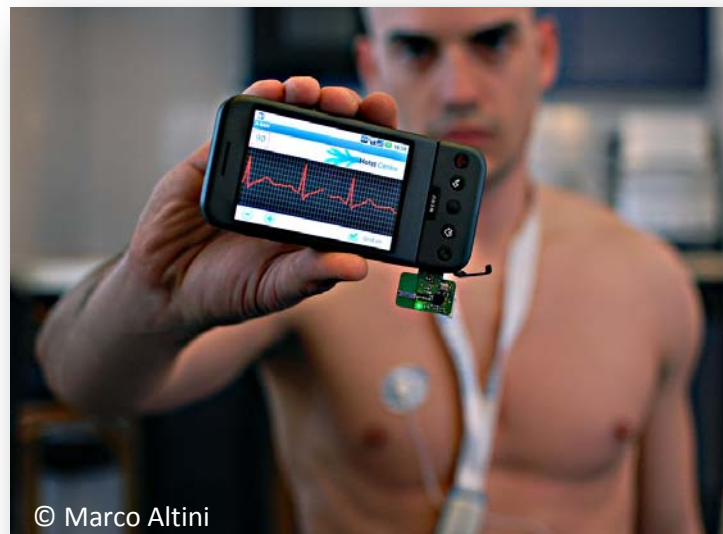
At the heart of our operational approach is to support Member States to examine and scale up delivery of core services for priority health improvement areas. WHO offers to work with countries to develop a vision for the delivery of health services, both population and individual, and to make this a critical element of national health plans. We offer analytical efforts, advisory services, policy dialogue events, and cross-country learning opportunities as described under our products and services.

### ***Pillar 3: Health system strengthening through removing barriers***

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. Why is there under-coverage of basic core services such as hypertension detection and management, cancer screening, interdisciplinary management of stroke? Often, there are systemic weaknesses in health systems or barriers. Thus, the third pillar in our operational approach is to identify and remove those health system barriers that undermine the implementation of core services for the selected priority health improvement areas.

We group barriers along the main health system functions including: financing, service delivery (public health and health care services), resource generation (human resources, pharmaceuticals, other) and governance. The same barrier may affect delivery of core services for several health improvement areas demonstrating that this operational approach is not a vertical programs approach but rather a health system one; health system barriers affecting one health improvement area are likely to affect others as well. The lack of leadership and effective mechanisms for inter-sectoral work, for example, 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 for all conditions.

People-centeredness is a key concept underlying stronger health systems in the 21<sup>st</sup> century which needs to be factored into all four health systems functions and policies. People-centeredness in service delivery, for example, means to ensure that services are not only evidence based but are also acceptable to the population. This is particularly important for a number of chronic diseases (such as hypertension) and TB where continuous adherence to medication can be greatly



enhanced by patient-centred modalities of service delivery. Linking health care with social care and using technological innovations smartly will empower people to manage their conditions better. In health financing, the universal coverage agenda aims to reduce or moderate the financial burden of the population and a key policy instrument is the clear definition of population entitlements and enhancement of population awareness. Our Division will strive to mainstream people-centeredness in its policy recommendations on health system strengthening over the coming years.

## Our products and services

The Regional Office, through the Division of Health Systems and Public Health, supports Member States to strengthen health systems.

We apply a tailored approach to policy work with Member States while relying on global and regional guidance documents and standards. We emphasize a problem solving approach that incorporates institutional capacity building, and seeks opportunities for hands-on learning. This enables our partners to better address both current and future health policy needs and demands.

There are six technical programmes in our Division including (i) health system governance, (ii) public health services, (iii) individual health services, (iv) health financing, (v) human resources, and (vi) health technology and pharmaceuticals. An integral part of the Division is the Barcelona Office for Health System Strengthening. The Division also houses the Regional Director's special project on multi and extensively drug resistant tuberculosis, in close collaboration with the Division of Communicable Diseases.

We have four basic types of products that include:

- generation of state-of-the-art health intelligence and analytical work in key program areas;
- technical assistance and process consulting for policy development and dialogue;
- capacity strengthening and training;
- contribution to regional and global policy dialogue on key health system issues.

To accelerate progress towards improving key health outcomes, our Division has recently embarked on two large scale work programmes, one in the area of health system strengthening for accelerating NCD outcomes, and the other in health system strengthening for halting the MDR-TB epidemic. Both of these work areas are currently under development with products expected in the form of country-specific and regional analytical work, policy guidance, diagnostic tools, development, and dialogue at the country, multi-country, and regional levels.

### Inter-divisional products and services

- ➊ Health systems strengthening for accelerating NCD outcomes
- ➋ Health systems strengthening for halting the MDR-TB epidemic

## Health System Governance Programme

### Programme strategy

To reorient and steer health systems to evidence-informed and patient-centred approaches, governance need to rely on new tools for enhancing accountability and performance measurement in the context of extended partnerships and alliances. Strengthening governance at the policy, planning, purchasing and provision levels boosts rapid changes in the service delivery culture. A cornerstone of health system governance in the 21<sup>st</sup> century is making health policies more evidence-informed, intersectoral, and participatory, and transforming leadership accordingly.

Our Division 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 responding to health priorities and reflecting own goals and values.

#### Health System Governance Key products and services

- ① Developing and evaluating national health plans, programs and strategies
- ② Building institutional capacity for health policy development
- ③ Supporting the collection and analysis of health evidence and translating it into policies
- ④ Assessing health system performance

### Key products and services

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

#### *Developing and evaluating national health plans and strategies*

Our Division supports Member States in the development, implementation and monitoring of national health plans and strategies (NHPS). We guide high quality analytical work and policy dialogue to inform the development of NHPS in several countries (examples include Albania, Estonia, Kazakhstan, Lithuania, Montenegro, Portugal, the Republic of Moldova, Tajikistan, Turkey, Ukraine). We facilitate cross country learning through case studies, information materials, sharing of tools, and conducting training courses. We are partners to the development of sector monitoring frameworks in several countries based on NHPS and organize joint annual reviews (JAR) to monitor progress (examples include Kyrgyzstan, the Republic of Moldova, Tajikistan).

Where relevant, our support is guided by the Paris principles on aid effectiveness<sup>3</sup> including support to sector wide approaches. We support joint assessment of national strategies (JANS). In addition, we assist Member States in preparing funding applications to various grant based funding mechanisms including GAVI and The Global Fund while promoting well

<sup>3</sup> The Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008), Paris, OECD

aligned and harmonized approaches (examples include Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine).

### ***Building institutional capacity for health policy development***

Our Division supports Member States in strengthening their institutional capacity to govern their health systems. Activities include 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 (such as the knowledge, experience and expertise bank), and elaborating technical policy notes on specific policy issues related to purchasing and provision of health care services, evidence-informed health strategy development, and institutional strengthening of public health policy, among others.

### ***Supporting the collection and analysis of health evidence and translating it into policies***

Our Division provides support to ministries of health in collection and analysis of health evidence including the establishment and strengthening of health policy analysis units. Policy analysis units facilitate the use of evidence in making informed decisions and in conducting high quality policy dialogue with key stakeholders. Support by WHO involves providing guidance on sector monitoring frameworks, institutional arrangements and capacity building to strengthen health analysis and evidence uptake to support policy dialogue (examples include Hungary, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan).

### ***Conducting health system performance assessment (HSPA)***

Our Division supports Member States to foster understanding of the performance of health systems. Based on health systems strategies, HSPA provides an overview of the achievement of the goals of the health system. Our work includes:

- supporting the establishment of country-owned participatory processes for HSPA (such as Armenia, Georgia and Turkey);
- providing quality assurance and acting as a catalyst to validate, analyze, and communicate HSPA results through establishing a dialogue (such as Estonia and Portugal);
- facilitating peer learning and international comparisons through the development of exchange platforms;
- sharing lessons learnt from countries that underwent HSPA and disseminating recommendations for conducting HSPA, through a series of publications.



## Public Health Services Programme

### Programme strategy

Health system barriers associated with insufficiently developed public health operations is a key reason for slow progress in health outcomes. Revitalizing public health and investing in public health services should be seen as an investment in the long-term health and well-being of the population as a whole. A WHO action plan for strengthening public health capacity and services in Europe 2012-2020 has been developed and it lays out specific policy shifts and innovations to make public health services more effective and cooperative. It also puts forward 10 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.

The aim of the Public Health Services programme is to strengthen public health capacities and services across the WHO European Region; promote the development, integration and efficient and effective implementation of the EPHOs at all levels of the health system and across all sectors and societies; and foster effective public health leadership and partnership for public health, giving priority to public health workforce strengthening.

### Public Health Services Key products and services

- 1 Country-focused evaluation of EPHOs
- 2 Support to public health policy development and dialogue including review of laws and regulations
- 3 Technical assistance to facilitate restructuring of public health institutions and organizations
- 5 Review of public health policy tools and instruments
- 6 Capacity strengthening and training, public health workforce

### Products and services

The support provided to Member States by the Public Health Services programme has seven main areas of activity:

#### *Evaluation of the EPHOs*

Our Division has overseen the development and application of a web based self-assessment tool for evaluating the 10 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 nine countries of the South-eastern European Health Network plus Armenia, Estonia, Israel, Kyrgyzstan, Slovenia, Tajikistan and Uzbekistan). The current goal is to have it applied in 2012 to Belarus, Bosnia and Herzegovina, Ireland, Finland, Kazakhstan, Portugal, the Russian Federation, Slovakia and Spain.

### ***Support to public health policy development and dialogue including review of laws and regulations***

Our Division, jointly with the European Observatory on Health Systems and Policies (the Observatory) organizes policy dialogue events with either single or a range of Member States public health policies, capacities and services. Three multi-country policy dialogues on reforms of public health services have been held so far, one with the nine countries of the South-eastern European Health Network, a second with the three Baltic States and a third with the 12 newly independent states (NIS).

Our Division provides guidance and technical assistance to Member States to improve national public health legislation and regulations. The report *Guidance for developing public health laws* was published in 2011 to assist Member States in this area. Work has been developed and endorsed in Albania, Bulgaria, Kyrgyzstan, the Republic of Moldova, and the Former Yugoslav Republic of Macedonia. Currently, work on a new public health law is ongoing in Estonia where the Regional Office is strongly supported by the ministries of health of Finland and Norway to better address the social determinants of health and equity aspects.

### ***Direct technical support on the structuring of public health institutions and organizations***

Following assessments, WHO experts provide direct technical assistance in implementing recommendations and, as required, restructuring national public health institutions and organizations (such as Kyrgyzstan, the Republic of Moldova and Tajikistan). A preliminary review of institutional models for delivering public health operations in Europe is being developed and the results and recommendations will be shared with the European countries for further guidance.

### ***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, WHO oversaw a systematic review of the various public health instruments currently in use.

### ***Capacity strengthening and training***



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Our Division contributes to strengthening the capacities of public health professionals in Member States by supporting their participation in a number of public health networks.

In all countries our Division offers training workshops on modern public health concepts and EPHOs (for example in Kyrgyzstan, the Republic of Moldova and Tajikistan (planned)). A WHO Europe expert group on the public health workforce was established to accelerate work in this field.

## Health Service Delivery Programme

### Programme strategy

Key health system barriers are associated with the structure and processes of service delivery arrangements in many European countries. Our vision is for a people-centred system of service delivery organized around a strong primary health care with an expanded task profile, acting as a hub to other levels of care building on the principles in the Declaration of Alma-Ata (1978), *The world health report 2008: primary health care now more than ever*<sup>4</sup>, and Health 2020.

Our Division assists Member States to 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.

### Key products and services

#### ***Generating up-to-date evidence on the performance of service delivery***

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, and the way health system functions are organized to support primary care. To date, PCET has been applied in Belarus, Kazakhstan, the Russian Federation, Romania, Serbia, Slovakia, Turkey, Ukraine, and other countries. An international comparative study on primary care in 10 European countries is currently underway.

The Primary Care Quality Management (PCQM) tools focus on the primary care level, as well as specific services (for example 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.

The WHO Quality Management Training (QMT) for dedicated services offers an innovative and flexible approach to develop national capacity in quality management and support

#### **Health Care Services Key products and services**

- ❶ Generating up-to-date evidence on the performance of service delivery including primary care, hospital care and their interface through solid analytical work
- ❷ Engaging in policy dialogue events and process consulting to translate evidence into the organization of primary and hospital care
- ❸ Contributing to the regional and global dialogue on optimal service delivery arrangements

<sup>4</sup> *The world health report 2008: primary health care now more than ever*, Geneva, World Health Organization, 2008. [http://www.who.int/whr/2008/whr08\\_en.pdf](http://www.who.int/whr/2008/whr08_en.pdf)



compliance with internationally recognized safety requirements. The QMT toolkit has been translated into several languages and 28 European countries have been using it.

The WHO Patient Safety Multi Professional (PSMP) curriculum builds awareness and understanding of the multiple dependencies contributing to patient safety within and beyond the health service. The engaged health literate patient is seen as co producer of own health, with a strong role in health service improvement. The PSMP has been already translated and included in medical training schemes in several European countries.



The forthcoming European strategy and action plan on healthy and active ageing<sup>5</sup> 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.

### ***Engaging in policy dialogue events and process consulting to translate evidence into the organization of service delivery***

Through national policy dialogues, in close collaboration with the Observatory, 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 Observatory.

A concept paper and case studies on implementation strategies are being developed, identifying the common obstacles and success factors on coordination/integration of care, for sub-regional consultation in 2013.

### ***Contributing to the regional and global dialogue on optimal service delivery arrangements***

The Division is active in a number of sub-regional networks that provide mechanisms for sharing best practices in addition to policy dialogues.

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<sup>5</sup> This strategy will be developed during 2012 under the overall mandate of Health 2020 health policy development of the WHO Regional Office for Europe.

## Health Financing Programme

### Programme strategy

While many countries have achieved universal coverage in the Region, 19 million people experience out-of-pocket health expenditure that places a catastrophic burden on their household budgets, and more than 6 million people have been impoverished because of it. Many people with chronic diseases face severe barriers to high-quality, continuous care management leading to delays in seeking services, especially for low-income and vulnerable people, contributing to the observed health divide throughout the Region.

The focus of the Health Financing programme is to support Member States to move towards or sustain universal coverage despite the financial and economic crisis. Our work is guided by the world health report 2010 which put forth a range of policy options for raising sufficient resources and removing financial barriers to access, especially for the poor. A European action plan on universal coverage is under development which will be context-specific for the Region in recognition of its diversity. The Health Financing Programme will continue to work with Member States to tailor the policy options put forth in the world health report 2010 to diverse contexts.

#### Health Financing Key products and services

- 1 Generating up-to-date evidence on health financing arrangements in Member States
- 2 Supporting health financing policy development and dialogue
- 3 Providing technical assistance to National Health Accounts and producing regional health expenditure analysis
- 4 Capacity strengthening and training including the Barcelona Course in Health Financing

### Products and services

#### ***Generating up-to-date evidence on health financing arrangements in Member States***

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 Programme with Member States. The programme 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 programme also contributes to regional and global policy papers, of which the most significant is *The world health report 2010: Health system financing: the path to universal coverage* and the report *Sustaining equity, solidarity and health gain in the context of the financial crisis*. 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.

#### ***Support to health financing policy development and dialogue***

Our Division 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 mechanisms for greater efficiency and better quality of care, and adjusting benefit packages to reduce 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;

### ***National Health Accounts and regional health expenditure analysis***

Our Division contributes to WHO's global reporting on national health expenditures and the development of the new edition of *A system of health accounts*. Analyses of health expenditure patterns focusing on both public and private fund flows inform 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 private expenditures to assess levels of financial protection and equity;
- Capacity building and institutional advice on improving health expenditure data and reporting at country, regional and global levels.

### ***Capacity strengthening through courses and networks***

Our Division provides targeted capacity building opportunities through national, regional and multi-country courses. These courses have become an important platform for communicating our health financing policy messages and facilitating experience sharing. The Flagship Course on Health System Strengthening is an annual regional course delivered in partnership with the World Bank Institute since 1999. The Health Financing Programme launched a new product in 2011: the Barcelona Course on Health Financing with the theme of universal coverage. This is an advanced course for professionals interested in deepening their understanding of health financing policy options.



The programme leads the work of the Eurasian National Health Accounts network in collaboration with international partners. The workshops of the network contribute to the improvement of reporting health expenditure data and support policy makers in developing health financing reforms.

## Human Resources for Health Programme

### Programme strategy

Human resources form the largest single cost element in any health system, as much as 60 to 80% of the total recurrent expenditures. Overall there is a chronic shortage of health workers - WHO estimates some 2.3 million health professionals globally.

The Human Resources for Health (HRH) programme 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. The Regional Office 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 Associations serves as a link between international and national policy-makers and the six million nurses and midwives in the Region.

#### Human Resources Key products and services

- 1 Generating high quality evidence and analysis on health workforce issues
- 2 Support to policy development and dialogue
- 3 Capacity strengthening and training
- 4 Contribution to peer learning networks

### Products and services

#### *Generating high quality evidence and analysis on health workforce issues*

Our Division has been actively producing analytical products on several key challenges facing Member States on the health workforce.

- Health workforce governance and planning include the Handbook on monitoring and evaluation of human resources for health; 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; Health management workforce: Mapping health managers; and the development of a rapid assessment tool on HRH.
- Health workforce migration and retention is also a priority area for analytical work including topics such as 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

- 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
- Nursing and midwifery. Included are the development of global standards for the initial education of professional nurses and midwives; strategic directions for nursing and midwifery 2011-15 and best practices on nursing and midwifery in the Region.

### ***Support to policy development and dialogue***

The WHO European Region is assisting Member States to 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.

There are a number of main guidance documents at Regional and global levels as well as key guidance documents on HRH for the EU countries. The Regional Office has also developed a number of policy briefs on HRH available on our website.

Human resources for health 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.

### ***Capacity strengthening and training***

Our Division will continue to develop courses on developing HRH strategies and plans. An international course on strategic planning in human resources for health, for example, was held in Kyiv in 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. From October 2011, the WHO meetings of the Government Chief Nursing Officers were re-convened including capacity building workshops.



### ***Contributing to peer learning networks concerned with human resources for health***

The Division contributes to a number of peer learning networks on human resources for health such as the network of national HRH focal points and experts, the European Forum of Medical Associations, the European Forum of National Nursing and Midwifery Associations, and the WFME.

## Health Technologies and Pharmaceuticals Programme

### Programme strategy

The Health Technologies and Pharmaceuticals programme (HTP) supports Member States in further developing their national medicines policy, strengthening the medicines regulatory systems, and improving medicines supply. Ensuring access to high-quality and affordable medicines is a critical function of health systems in order to improve outcomes for most chronic and a number of acute conditions. Our vision is to use a comprehensive set of policy instruments in order to increase the quality and improve the affordability of medicines including selection of medicines, prescribing and their rational use, streamlined systems for provision, financing, pricing, reimbursement and cost-containment policies and patent issues with maximum reliance on generic medicines.

### Health Technologies and Pharmaceuticals Key products and services

- 1 State-of-the-art analytical work on medicines pricing and supply, regulation and quality assurance, and rational use
- 2 Support to policy development including regulatory reviews and dialogue
- 3 Capacity strengthening and training
- 4 Contributing to the regional and global agenda on health technologies and pharmaceuticals

### Products and services

#### ***State-of-the-art analytical work on medicines pricing and supply, regulation and quality assurance, and rational use***

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

- Medicines regulation and quality assurance. Tools include the WHO Medicines Regulatory Package; marketing authorization of pharmaceutical products with special reference to multisource (generic) products helping to build up marketing authorization systems in Member States; the WHO Technical Report Series, containing a wide range of normative and standard setting documents; WHO data collection tool for the review of drug regulatory systems, etc.
- Medicines pricing and supply. Tools include the WHO/Health Action International guide with a standard methodology allowing countries to measure and benchmark their medicines prices, and assess the affordability and access to medicines; database, publications and a wide range of other products of the WHO Pricing and Reimbursement

of Medicines collaborating centre, including Pharmaceutical Information Systems reports on hospital management of medicines, etc.

- Rational use of medicines. Tools include the WHO essential medicines library with comprehensive prescribing information including the WHO essential medicines list, WHO Model Formulary; WHO guide for rational prescribing, the WHO Handbook for guideline development which lays out the principles and process for developing evidence based treatment guidelines; practical guide by WHO/Health Action International *Understanding and responding to pharmaceutical promotion*, etc.
- Pharmaceutical country profiles. We also support countries in the development of the pharmaceutical situation country profiles, published on the WHO website.

### ***Support to policy development including regulatory reviews and dialogue***

Our policy guidance to Member States is tailored to individual needs while guided by internationally approved guidelines and standards such as the WHO Guidelines for developing national medicines policies and monitoring such policies. The WHO Essential Medicines List is a model list and a model process that supports countries in developing efficient processes for selecting medicines for their national health systems. The WHO global strategy for containment of anti-microbial resistance is a platform for our activities in the area of consumption of antimicrobials, their quality assurance, etc.

On the request of Member States, our Division performs assessments of national programmes and initiatives such as essential medicines lists, treatment guidelines and laws in NIS and south-eastern European Member States, technology appraisal programmes and the Clinical Guidelines program of the National Institute for Clinical Excellence in England; a review of the Health Information Program of the Institute for Quality and Efficiency in Health Care in Germany.

Our Division regularly organizes policy dialogues with policy makers and stakeholders, for example the Baltic policy dialogue on access to medicines in the financial crisis, and policy dialogues with regulators and policy makers on medicines promotion.

### ***Capacity strengthening and training***

The Regional Office, in collaboration with WHO Headquarters and collaborating partners, provides a number of training opportunities including

- A wide range of courses for medicines regulators and pharmaceutical inspectors (Good Manufacturing Practices, marketing authorization, bioequivalence, etc) as per countries' requests and in the framework of the WHO prequalification programme;
- Assessments of systems of procurement and supply and pricing and reimbursement with follow up trainings;
- Trainings in pharmaceutical policy development and systems for rational use of medicines, involving interactive exchange of experience between countries.
- Trainings in consumption of medicines with focus on antimicrobials.

## Our way of working

In the Division of Health Systems and Public Health, we believe that there are no cookie cutter solutions to health system strengthening. Thus, we apply a tailored approach to policy work with Member States while relying on global and regional guidance documents and standards. While we have a number of generic tools and instruments, we are also ready to engage where individual solutions are needed where we emphasize a problem solving, rather than theoretical, approach. We place a lot of emphasis on incorporating institutional capacity building in our efforts and seeking opportunities for hands-on learning. This enables our partners to better address both current and future health policy needs and demands.

Our engagement emphasizes country-specific, multi-country and inter-country solutions and products. Country-specific engagement allows maximum tailoring of our activities to country needs and provides opportunities for capacity and institution building through joint work. Multi-country and inter-country activities allow cross-country learning as well as more efficient use of our limited resources. We strive for an optimal balance of these three approaches. Balancing increasing demands on HSS work with the available human and financial resources, our Division intensified collaboration with the Observatory, the WHO collaborating centres, networks, partners (World Bank, OECD, the European Commission, The Global Fund, GAVI, etc) and has expanded our roster of accredited health policy and health systems experts.



Our HSS approach enables us to work closely with the other divisions of the Regional Office, including on the divisional products above as well as with the Observatory. We are members of and contribute to the functioning of many networks in Europe related to important health topics. These include but are not limited to the Association of Schools of Public Health in the European Region (ASPHER), the European Public Health Association (EUPHA), EuroHealthNet, the South-eastern European Health Network, the International Network of Health Promoting Hospitals and Health Services (HPH), the European Network of Health Promoting Schools, the Healthy Cities Network, Eurasian National Health Accounts network, Pharmaceutical Pricing and Reimbursement Information, etc.

Working this way, we hope to implement our vision for people-centred health systems that strive to attain maximum health gain for the population given fiscal constraints and provide protection from undue financial hardship of care seeking to individuals while remaining responsive to citizens' legitimate expectations. Our operational approach and our products and services will contribute to improving health outcomes and will be a key pillar of implementing the vision of Health 2020. While we focus on health systems, we acknowledge the critical role of health determinants that lie outside the health sector and we seek ways to influence these determinants.



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## 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  
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The former Yugoslav  
Republic of Macedonia  
Turkey  
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Ukraine  
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Uzbekistan

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