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REGIONAL OFFICE FOR

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**Division of Health Systems
and Public Health**

Health system performance assessment

Expert workshop
Copenhagen, Denmark, 12-13 April 2016



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Executive summary

A two-day workshop on health system performance assessment (HSPA) was organized by the WHO Regional Office for Europe (the Regional Office) in April 2016. It brought together 24 external experts and WHO staff to take stock of recent developments in national and international HSPA and to obtain expert advice on the way forward in HSPA for the WHO Regional Office for Europe as part of its health system strengthening priorities 2015 to 2020.

The experts encouraged the Regional Office to reinforce its work on HSPA and to support Member States in improving accountability and transparency in health system governance. They recommended the Regional Office to strengthen its work on HSPA in three principle ways. Firstly, to enhance the Regional Office's normative role across the Region *inter alia* by illustrating the links between health system performance and recent global policy commitments such as the Sustainable Development Goals, by updating its frameworks and toolkits related to HSPA, and by strengthening partnerships. Secondly, the Regional Office should act as a facilitator of knowledge exchange by supporting platforms to facilitate knowledge exchange on HSPA, by providing technical support to individual countries and by providing regular updates on country specific case studies on HSPA. Thirdly, HSPA should be linked to the ongoing support of the Regional Office to the development of health information systems since data availability is an important prerequisite for HSPA.

1. Introduction

Organised by the Division of Health Systems and Public Health (DSP), an expert workshop on health system performance assessment (HSPA) was convened by the WHO Regional Office for Europe (the Regional Office) over two days in April 2016, bringing together ten senior HSPA experts from across Europe and 14 WHO staff. This meeting followed a request from the Regional Director for a review of the activities of the Regional Office in the area of HSPA, and for DSP, in collaboration with the Divisions for Governance and Policy for Health and Wellbeing and for Information, Evidence, Research and Innovation, to develop a proposal for a workstream on health system performance at regional, subregional and country levels.

Since the adoption of the 2008 Tallinn Charter, Member States of the WHO European Region have embarked on a path toward health system strengthening, as measured and demonstrated by performance improvements in health outcomes⁽¹⁾. In signing the Charter, health policy-makers committed to “promote transparency and be accountable for health system performance to achieve measurable results”⁽¹⁾. The WHO health system strengthening priorities for 2015 to 2020, adopted at the 65th session of the WHO Regional Committee for Europe in September 2015, reinforced these commitments, following the vision of the European health policy framework Health2020^(2,3).

The Regional Office has defined HSPA as an assessment of the health system as a whole by means of a delineated number of indicators, linking high-level goals such as health and wellbeing with outcomes such as reduced mortality, and setting objectives such as improving access to services, with health system functions, strategies and interventions on national and international scales⁽⁴⁾. To this effect, HSPA can be seen as a multifunctional tool, not only for monitoring health system transformations, but also for substantiating budget allocations and improving accountability, equity and efficiency within health systems^(4,5).

In recent years, HSPA has been applied by various countries in the European Region including Albania, Armenia, Belgium, Estonia, Georgia, Hungary, Ireland, Kyrgyzstan, Lithuania, Malta, the Netherlands, Poland, Portugal, Tajikistan, Turkey, and the United Kingdom of Great Britain and Northern Ireland⁽⁵⁾. HSPA has also been promoted by international organisations, including the Organisation for Economic Co-operation and Development (OECD) for instance through its work on quality indicators, information systems and system reviews, the European Commission for instance through the establishment of several initiatives related to HSPA, the European Observatory on Health Systems and Policies and WHO. Owing to different institutional mandates and geographical coverage, this work was conducted with different aims and therefore with different approaches and methods.

However, several challenges continue to impede wide-scale institutionalisation of HSPA across the European Region, including the consolidation of robust and timely data as well as uncertainty of the degree to which HSPA influences health policy decision making and leads to improved performance⁽⁴⁾.

The purpose of the workshop was thus to take a fresh look at HSPA and distill expert advice on the way forward for the Regional Office on HSPA as part of its health system strengthening priorities 2015 to 2020.

The objectives of the workshop were to:

- share information on recent developments in international and national HSPA;

- assess what HSPA has achieved at the European level and in countries and what have been the limitations and enablers;
- consider what international initiatives in HSPA are ideally seeking to achieve; and consequently
- generate suggestions and recommendations for the Regional Office in strengthening its work on HSPA.

The workshop delivered a set of recommendations which will assist the Regional Office in drafting a proposal to the WHO Regional Director for Europe on strengthening its work related to HSPA.

This report provides a summary of the deliberations of the workshop. Section 2 covers selective recent developments in international initiatives in HSPA and section 3 is devoted to selective recent developments in national HSPA. The discussion about achievements and limitations of HSPA in the European Region is summarised in section 4. Section 5 focuses on clarifying HSPA in practice and the role of WHO. Section 6 is devoted to recommendations for strengthening the role of the Regional Office in HSPA, leading to a short conclusion (section 7).

2. Selected recent developments in international HSPA

During the workshop, experts agreed that there has been a substantial increase in international HSPA in the European Region in recent years. The below provides a selective snapshot of some of these developments.

European Commission

At the invitation of the Council of Ministers Working Party on Public Health at Senior Level to EU Member States, the European Commission, through the Directorate-General for Health and Food Safety (DG SANTÉ) established an expert group on HSPA in 2014, co-chaired by DG Santé and Sweden ⁽⁶⁾. Bringing together several HSPA experts and stakeholders from EU Member States, the primary aims of this expert group is to exchange experiences and increase learning of HSPA between Member States, identify already-existing tools and methodologies, as well as engage policymakers in the interpretation and translation of HSPA diagnoses for policy reforms ⁽⁶⁾. Emphasis is also placed on the need to cooperate with other international organisations such as OECD and WHO and to identify criteria and procedures for HSPA processes within Member States and for priority areas that could be assessed EU wide ⁽⁶⁾. The expert group recently produced a quality of care report, in collaboration with the OECD and the European Observatory on Health Systems and Policies, which highlights the utility of performance indicators and identified which indicators could best be used for cross-country comparisons ⁽⁷⁾. The expert group discouraged the use of HSPA for joint measurement and ranking activities, but rather advised linking HSPA to recommendations for policy reform in a bottom-up fashion.

DG Employment provides the secretariat of the Social Protection Committee, which has embarked upon the development of a Joint Assessment Framework for Health (JAF Health) in

2013. This Framework underwent an expert peer review process in 2014 (involving OECD, the Observatory, the World Bank, LSE and others) and has also been reviewed by countries.

DG ECFIN is focusing on the fiscal sustainability and efficiency of health systems, in particular the extent to which there are fiscal sustainability challenges, addressing the high cost subsectors such as hospital care, specialty ambulatory care, pharmaceuticals, and administrative costs.

Organisation for Economic Co-operation and Development

The OECD mandate for HSPA commenced in 2002. It was at this point that the decision was made to align discussions on monitoring measures with informational infrastructure in the Members States as well as with the actionability of indicators in policy processes. From 2002-2013, a research and development programme was established in which more than 70 key performance indicators were identified. After a thorough assessment of these indicators across 35 countries, the OECD decided to limit the set of indicators for its work on international comparisons due to distrust of certain indicator-based data (e.g. mental health readmission rates) regarding actionability. Recently, the OECD has focused its work progressively on health services levels, especially in relation to health care quality, and developed a conceptual framework for its health care quality indicators ⁽⁸⁾. Current work focuses on specific indicators such as 30-day case fatality rate on acute myocardial infarction.

The OECD is promoting strengthening of health information systems as a prime prerequisite for measuring performance. The organization focuses primarily on measuring two elements of the information infrastructure: system linkage capability and the suitability of electronic health records for secondary data use. A related debate around data security and protection has coalesced into OECD Council recommendations for the next ministerial meeting in January 2017. Furthermore, OECD's policy agenda has been underpinned by two reports highlighting the interconnectedness of health outcomes and Member State governance on cancer and cardiovascular diseases ^(9,10). A series of quality review reports commissioned by 15 Member States has also been undertaken, addressing the linkages between health policies and health system performance ⁽¹¹⁾. Finally, the OECD continues to intensify its inter-regional collaboration, establishing networks in both Asian Pacific and South American regions.

The European Observatory on Health Systems and Policies

Following the Tallinn Charter, the European Observatory has produced a series of volumes linked to HSPA, primarily focusing on health system performance comparison as well as health system efficiency ^(12,13,14). Moreover, the series 'Health Systems in Transition', which profiles individual country health systems, has been particularly instrumental in complimenting quantitative performance comparisons with qualitative data support ⁽¹⁵⁾. While much progress has been made in promoting HSPA, challenges nonetheless persist, specifically related to addressing issues of data availability, the uses and abuses of data and indicators, the appropriate measures for equity, attributability, characteristics of health systems, efficiency and identifying the overall purpose of HSPA. Regarding the latter, focus has shifted lately towards interpreting HSPA as an approach to ensure accountability in health systems. The Observatory recently analysed the implications of two indicators—admission rates for diabetes and cardiovascular diseases—in linking performance assessment to further policy development across Member

States. Results from this analysis revealed that while diabetes admission rates were utilized to inform national strategies to prevent noncommunicable diseases, this was not the case for CVD admission rates due to interpretation difficulties and distrust of the data.

In the subsequent discussion, workshop participants focused on the difficult relation between HSPA and system design, arguing that HSPA will not bring about change in addressing imperfect system design.

WHO Regional Office for Europe

As outlined in the strategic priorities for health system strengthening in the WHO European Region 2015-2020 unanimously endorsed by the 2015 Regional Committee, the Regional Office is currently supporting Member States in the strengthening of value-led and people-centred health systems ⁽²⁾. Two strategic directions underpin this strategy: 1) transforming health services to meet the challenges of 21st century, and 2) moving towards universal health coverage for a Europe free of impoverishing payments for health. These priority areas require whole-of-society and whole-of-government efforts to embrace intersectoral actions while designing evidence-based service delivery and financing policies ⁽²⁾. They require essential health system inputs also in the areas of the health workforce, medicines and other technologies and health information ⁽²⁾.

As part of the implementation of the strategic direction on transforming health services lead by the Division of Health Systems and Public Health, the WHO programme on health service delivery has gathered information on what indicators can be used to best measure integration of service delivery. The programme recently piloted a project in five countries (Germany, Kazakhstan, Latvia, Portugal, the Republic of Moldova,) utilising admission rates of ambulatory care sensitive conditions (ACSCs) as a composite indicator for health services performance. Ambulatory care sensitive conditions will be proposed as a key performance indicator within the monitoring framework for action on integrated health services delivery which is expected to be adopted by the upcoming meeting of the Regional Committee for Europe in September 2016.

In response to resolution EUR/RC65/R5¹ the WHO Barcelona Office for Health Systems Strengthening has developed a refined approach to monitoring financial protection, to enhance policy relevance and generate actionable evidence in high- and middle-income countries. It is currently applying the approach in 20-25 countries in the European Region, including many EU member states. Context-specific national reports will feed into a regional report in 2018. The project aims to fill a gap by systematically monitoring this important dimension of health system performance and key indicator of universal health coverage.

Although they were not represented at the expert workshop, other DSP programmes are engaged in projects related to HSPA. The programme on human resources for health continues to monitor the volume as well as the mobility of the health workforce. The programme on health technologies and pharmaceuticals undertakes analyzes, for example, consumption patterns of antibiotics across the European Region.

¹ Endorsed by all 53 Member States in 2015, the resolution calls on Member States to '*facilitate and accelerate monitoring of the extent to which people are protected against financial risk when using health services, and to identify and implement policies to improve financial protection, especially for vulnerable groups of people*'. The resolution also calls on the Regional Director for Europe to '*provide Member States with tools and support...for monitoring financial protection*' and to '*report on implementation of this resolution...in 2018*'.

The Division of Information, Evidence, Research and Innovation (DIR) is responsible for target and indicator development, including the recent Health 2020 policy. DIR also leads the work on harmonizing health indicators in the European Region which is one of the key areas of the European Health Information Initiative, EHII. The EHII is a multimember WHO network ⁽¹⁶⁾ of 25 Member States, WHO Collaborating Centres and non-state actors, as well as the European Commission and the OECD aiming to enhance the use of health information for policy. The EHII's express goal is the future development of a single integrated health information system for Europe which will also include a repository of standardised HSPA indicators.

The Division of Information, Evidence, Research and Innovation recently conducted a desk review and identified an inventory of approximately 2000 health system performance indicators from across 29 European countries (11 of which were non-OECD/non-EU). The review showed major variations in indicators across domains (e.g. accessibility and effectiveness) as well as across Member States. The results of this review will be published in a Health Evidence Network (HEN) synthesis report on HSPA indicators and domains by December 2016. This report will encompass thematic and comprehensive analyses of performance indicators across domains, in addition to evaluating the network of HSPA actors and key stakeholders.

The findings of the desk review triggered a discussion about the need to find the right balance between different HSPA objectives such as accountability and comparability and the identification of WHO's role in identifying and promoting this balance.

Programmes from other divisions, particularly the Division of Noncommunicable Diseases and Promoting Health through the Life-Course and the Division of Policy and Governance for Health and Wellbeing (PCR) are engaged in projects related to HSPA, although they were not represented at the expert workshop. More specifically, DSP is in close consultation with PCR, which is in the process of developing a broader "HSPA Plus" framework to support the monitoring and evaluation of Health 2020 aligned with national health plans.

3. Selected recent developments in national HSPA

In recent years there have been substantial developments in the European Region in national HSPA. Two WHO reports have provided accounts of national HSPA developments in 2009 and 2015^(4,5).

The below provides a snapshot of developments in selected countries as summarised by experts present at the workshop.

Turkey

The HSPA process in Turkey was initiated in 2009 by the Ministry of Health in conjunction with several stakeholders including OECD, the World Bank and the Regional Office^(4,17). Assessment was conducted of selected health outcomes of the Health Transformation Program and an evaluation scheme was initiated for the next Strategic Plan of the Ministry of Health⁽⁴⁾. Explicit objectives, namely first to document progress on selected outcomes of the Health System Transformation Programme and second to develop an evaluation framework for the Strategic Plan of the Ministry of Health, were important features of HSPA through several years. The HSPA process also benefited from consistent high level political commitment at national level, a broad participatory approach involving actors inside and outside the health sector with strong national ownership of the HSPA process, as well as solid technical leadership and support at both national and international levels^(4,17). The support of the Regional Office was also essential in keeping HSPA high on the agenda of the Ministry of Health. Despite openness to the idea, the institutionalisation of an HSPA monitoring framework has to date not been feasible largely due to a lack of sustained political support and of human capacities and financial resources.

The discussion focused on the role of WHO in promoting a limited number of indicators and sustaining commitment to support HSPA as a public sector approach towards strengthening governance arrangements and functions.

Malta

The first Maltese HSPA was developed in order to monitor and evaluate the progress towards attaining the targets outlined in the National Health System Strategy (NHSS)⁽¹⁸⁾. As such, HSPA has been devised along a framework underpinned by 'drivers' (e.g. stewardship, resource generation, etc.), 'intermediate goals' (e.g. equity and access, efficiency, etc.) and 'goals' (e.g. health status, social protection, etc.). This framework is further bolstered by clearly defined objectives, namely 1) demonstrating outcomes of ongoing investments and continuous improvements; 2) providing regular surveillance of health system performance towards its set objectives; and 3) informing policy cycles for prioritisation and allocation of financial and other resources. A particular feature of the Maltese HSPA process has been that it attained political support including by the Minister of Health but also that it was acknowledged by the public. The Ministry for Energy and Health recently published a report on the performance of the Maltese health system, outlining the strategy used for extracting relevant performance indicators from pre-existing HSPA frameworks and models developed by the OECD, WHO, the Commonwealth Fund in the United States, the Ontario model of Canada, and others⁽¹⁸⁾. While Malta plans to

continue pursuing the establishment of a set of sustainable performance indicators, challenges regarding data quality and availability impede compatibility with international indicators, suggesting an issue to be further explored in the health information networks for instance of small countries. Future actions to support HSPA within the country will require intensified engagement with the Ministry of Finance to negotiate linkages of action areas with specific indicators, in addition to coupling HSPA indicators with health care provider key performance indicators (KPIs).

Belgium

Belgium initiated its work on HSPA in 2008 in order to monitor health system performance at the national level vis-à-vis international comparators ⁽⁴⁾. A first HSPA report was published in 2010, inspired by HSPA activities in the Netherlands. A second followed in 2012, and a third was published in 2015 ^(5,19,20). Further stipulated in the objectives of Belgium's HSPA is to not only assess cost-effectiveness of such a process, but also to utilise assessment results to align priorities of various policy makers as well as to contribute to the HSPA initiatives of international organisations. Now on its third report, Belgium has identified barriers to achieving HSPA, which are predominantly attributable to resistance toward collecting indicators and establishing targets, amplified by political concern over inaction following assessment diagnosis of the health system. However, as a result of support and leadership from the Belgian Health Care Knowledge Centre (KCE) and the national insurance agency (INAMI), HSPA has nevertheless fostered improvements in intersectoral collaboration, administrative accountability, and data collection, as well as the development of tools to support decision making. HSPA is now well institutionalized with both KCE and INAMI playing important complementary roles. The outmove of HSPA from the Ministry has ensured a higher degree of independence and has been instrumental in keeping other institutions and policy stakeholders involved.

The HSPA experience from Belgium suggests that the HSPA process must continue. International exchange and learning is helpful. Concomitantly, Belgium plans to build a Member State network to exchange experiences and best practices, complemented by standardised indicators to facilitate country-to-country comparability and potentially the development of international scorecards.

Hungary

Coordinated by the National Healthcare Service Centre, the process of HSPA began in Hungary to support policymakers in strategic planning and priority setting. Drawing on the WHO conceptual framework for HSPA, Hungary expects to produce its first report (composed of 100 indicators) in December of 2016, followed by biannual update reports and publication of indicator values every six months ⁽²¹⁾. Strong political commitment coupled with support from the Regional Office throughout the conceptualisation, legislation and implementation phases has contributed to the institutionalisation of HSPA within the country. Grounding HSPA in legislation in 2013 is thought to have been an important step as this allowed for allocation of budgetary resources to the HSPA process. The availability of quantitative and qualitative data – the latter partly following the Health System in Transition model - has also supported this process substantially, although data gaps still exist (e.g. patient satisfaction) and issues related to the quality of data persist. Furthermore, the initiation of HSPA has strengthened structured

dialogue among governmental agencies and non governmental stakeholders. As HSPA is still new in Hungary, challenges must be faced primarily related to strains on human and financial resources as well as the burden of administration costs in undertaking HSPA.

Slovenia

HSPA has yet to be established as a regular process or methodology within Slovenia. Recent developments within the country have included the publication of a new version of Slovenia's Health System in Transition Profile including elements of performance assessment. In addition a health system analysis was performed in 2015/2016, facilitated by the Ministry of Health, in collaboration with the European Observatory and the Regional Office. Despite strong policy, technical commitment and transparency throughout, attempts to institutionalise an HSPA methodology have been a challenge in terms of counterbalancing the effects of policy cycle alignment and general destabilisation within the Ministry of Health, particularly aggravated by frequent ministerial changes. The establishment of systematic national health plans has faced similar challenges in the past.

Sweden

Sweden has a history of approximately 20 years working on HSPA, predominantly oriented toward indicator-based evaluation and due to the highly decentralised design of the system with strong emphasis placed on regional comparisons of health services performance data (between counties). There has been some initial scepticism towards HSPA, partly as a result of deficiencies in data quality as well as low country ranking in the World Health Report 2000 ⁽²²⁾. Since then, Sweden has embarked upon and progressively utilised HSPA. Owing to a plethora of quality indicators, a benchmark report was conducted in 2006 comparing county councils, which substantiated the usefulness of assessing quality outcomes rather than merely healthcare costs related to HSPA ⁽²³⁾. Other strategies (i.e. targeting evaluation and special reports on patient-centred care) have also been useful for evaluating health system performance. Furthermore, facets of the OECD model have been integrated into Sweden's approach to linking HSPA to policy goals, targeting central aspects of equity, accessibility and efficiency ⁽²³⁾.

Summary

The discussion following the presentation of experiences from countries illustrated once more that HSPA has sometimes common and sometimes different aims and approaches across countries and that there are no "one size fits all" approaches to HSPA. Recording, showcasing, exchanging and discussing these experiences might thus be one of the most important contributions of international initiatives in HSPA.

4. Achievements and limitations of HSPA in the European Region

The World Health Report 2000 is often considered one of the first global landmark efforts to benchmark health systems performance⁽²²⁾. Participants agreed that since the publication of the World Health Report a great deal has been accomplished. HSPA indicators have been developed across many countries, and international comparisons have made progress attributable in part to efforts by the WHO, the OECD and the European Commission working through networking and increasing collaboration. The methodologies in HSPA have been further developed as more and more countries have embarked upon HSPA. Health system performance assessment has also contributed to improvements in information infrastructure. Nevertheless, considerable challenges remain:

- **Overall concept:** there is no shared concept of HSPA across the region, though core domains of performance seem widely shared (such as equity, accessibility and quality^(13,14)). Underpinning this are different concepts of the purpose of HSPA itself, e.g. whether for accountability or for comparability.
- **Political and policy commitment:** practices in the establishment and the institutionalisation of HSPA and the role it is expected to play vary widely between countries. Support from international organizations is also important. Workshop participants agreed that aligning HSPA with policy processes and structures must reflect national and local contexts (for example, the role of the regional level) which in turn requires political commitment, something that cannot always be sustained especially as governments change. This strengthens the case in favor of institutionalizing HSPA within health system planning activities and at policy levels.
- **Health information system infrastructure and data:** Strong health information systems were deemed crucial by several workshop participants. Yet, while data is increasingly available in a number of countries, their use for policy is not consistent across the region. In addition, data need to be seen in the national and cultural context. Qualitative data can help to address this, but are less widely used. Timeliness of data is also a concern, with data frequently being several years out of date, which undermines their usefulness. Better use of information technology and instituting information infrastructure is one way to address this, but data privacy concerns need to be addressed.
- **Impact on policy and practice:** Participants agreed that progress in generating more HSPA data has not yet been matched by progress in utilizing this information to steer policy and practice. Sometimes health system information is used too narrowly – for example to identify ways of containing public spending on health without linking spending to health system goals. The process of engaging with policymakers to inform decision making and generate impact from HSPA is a core part of the process, and necessarily different in each country. International organisations can also play a role in facilitating this engagement.

The discussion then addressed the core purposes of HSPA. It was agreed that HSPA is multifunctional, serving as a tool for ensuring accountability among stakeholders as well as fostering an environment for enhanced learning within and across WHO Member States. Furthermore, deliberation also revolved around identifying the different target audiences of HSPA, in which policy makers were noted to be especially important, followed by health care professionals and the public.

5. Clarifying HSPA in practice and the role of the Regional Office

The second day of the workshop was dedicated to outlining steps forward in establishing a roadmap of HSPA and determining a value-added role for WHO in this scope. Among the elements discussed and agreed by the workshop participants is that defining models of HSPA and the domains embedded within them is clearly a first action. This should then be followed by identification of indicators which are already developed and in use and appropriately measure these domains within HSPA. This necessitates a clear methodological approach toward diagnosing health system problems, backed by reliable and timely data of sound quality. To this effect, HSPA can better guide health policy interpretation and enforce political accountability for any inter- or intra-country discrepancies in system performance. Lastly, it was agreed HSPA can support evidence-informed policy interventions targeted at various levels within the health system, in which progress can be monitored by implementing a number of policy levers, including for instance benchmarking reports, defining financial incentives, setting of targets and goals, and other policy measures.

Workshop participants next identified levels where the Regional Office could give added value to HSPA. This prompted consideration of WHO's role in providing conceptual and technical support in areas of HSPA model development and processes including indicator measurement and selection. Some weight should be placed on indicators which comply with and are specific to the value based commitments adopted by the WHO Regional Committee for Europe in the area of strengthening health systems. Workshop participants noted that WHO has the mandate to support individual Member States in their endeavors towards HSPA across the whole of the European Region as well as to collaborate with international initiatives and stakeholders.

In smaller working groups, workshop experts were encouraged to reflect on the benefits of actions taken by WHO either at a broad and comprehensive level (e.g. supporting capacity building and guiding policy development) or at a more specific technical level (e.g. focusing on specific technical areas of performance such as financial protection, health service delivery, human resources for health, and others).

This discussion regarding future visions of HSPA and deciphering the role of the Regional Office in this process continued in plenary as well as in two parallel working groups which were tasked with identifying recommendations towards models, processes and policy use of HSPA.

The following recommendations were presented to the Regional Office .

6. Recommendations for strengthening the role of the Regional Office in HSPA

Following the presentation of conclusions from the working groups, discussion then turned to reaching a consensus on recommendations for a future work plan for the Regional Office from the broad-ranging to the specific, and identifying potential mechanisms to support WHO's initiative related to HSPA. Three overarching recommendations were identified, with prospective underlying mechanisms or examples.

1. Building on the **normative role** of the Regional Office, to further support the development of HSPA as a health system accountability mechanism and to ensure HSPA is an element in inter-sectoral policy dialogue within the context of Health2020.

Mechanisms:

- Update WHO frameworks and toolkits related to HSPA; categorizing performance indicators under overarching domains linked to health system goals in line with WHO's value-based approach to health system strengthening in the European Region (i.e. equity, access, quality and financial protection); identifying a minimum set of indicators in these domains; and making the link between health system performance and sustainability;
- Intensify partnerships on HSPA with international organisations and institutions (e.g. OECD, the EU and its institutions, and the European Observatory) and leverage cooperation with jurisdictions (such as organizations, countries, provinces and regions) outside Europe where needed;
- Publish a policy paper on HSPA, illustrating linkages to recent intersectoral global and regional WHO and UN policy commitments such as the European health policy framework, Health2020, and the Sustainable Development Goals.

2. Acting as a facilitator of **knowledge exchange** and providing **technical support to countries** in their own development of HSPA approaches and applications.

Mechanisms:

- Ensure technical support by the relevant technical units of the Regional Office to national HSPA based on countries' requests primarily based on WHO's technical expertise in health systems in the various technical areas including health service delivery, financing, human resources, pharmaceuticals and technologies as well as in the areas of communicable and noncommunicable disease control, and based on peer-to-peer exchange and support between experts of countries;
- Provide technical support to countries regarding contextualisation of performance assessment processes to their health systems in order to enhance applicability of HSPA across Member States;
- Provide a platform to facilitate Member State networking and foster an environment for peer-to-peer exchanges of 'best practices' related to HSPA;
- Provide regular updates of country-specific case studies on HSPA in order to further promote the evaluation and communication of high-level health system achievements across the European Region.

- Support intersectoral policy dialogue via utilising and promoting HSPA as a contribution to brokering discussion between ministries of health and finance at country- and European-levels (e.g. DG SANTÉ, ECFIN) based upon WHO Member States' requests.
3. Supporting the enhancement and strengthening of **health information systems** as a foundation for strengthening HSPA, to ensure evidence informed decision-making in health.

Mechanisms:

- Assessing health information systems and strategies in view of their availability of and ability to generate health system performance indicators, mapped by the Division of Information, Evidence, Research and Innovation with support from external experts;
- Identify marginalised, less developed, or new performance domains (for example, end-of-life and mental health indicators);
- Linking ongoing capacity development initiatives (such as EVIPNET) to HSPA activities.

7. Conclusion

The experts were thanked for their invaluable contributions during the workshop. The Regional Office will continue to support Member States in strengthening health systems, following the direction of the Health2020 framework. It is now up to the Secretariat to consider the main elements of this report as a basis for determining the way forward for engagement of the Regional Office in HSPA.

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Annex 1: List of participants

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

HEALTH SYSTEM PERFORMANCE ASSESSMENT: Expert workshop
Copenhagen, Denmark
12 – 13 April 2016

Experts

Professor Recep Akdag
Grand National Assembly of Turkey
Member of Parliament

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Director for Health Information and Research

Mr Nick Fahy
Nick Fahy Consulting
Director

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Head of the Health Care Quality Indicators (HCQI) Project

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Dr Ingrid Schmidt
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Headquarters

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Technical Officer, Division of Services Organization and Clinical Interventions

Rapporteur

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Annex 2: Programme

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

HEALTH SYSTEM PERFORMANCE ASSESSMENT: Expert workshop
Copenhagen, Denmark
12 – 13 April 2016

Tuesday, 12 April 2016

13:00 - 13:30

Welcome and introduction

Scope and objectives of the workshop

Hans Kluge and Elke Jakubowski

13:30 - 15:00

International HSPA

Lightning round on recent developments in international HSPA

- *Contributions by Ingrid Schmidt and Federico Paoli; Niek Klazinga; Josep Figueras and Ellen Nolte; Hans Kluge, Sarah Thomson and Juan Tello; Tim Nguyen*

15:30– 17:00

National HSPA

Lightning round on recent developments in national HSPA

- *Contributions by Recep Akdag, Neville Calleja, Pascal Meeus, Péter Mihalicza, Rade Pribakovic, Ingrid Schmidt*

17:00 – 18:00

What have we achieved in HSPA? What not?

Dynamic facilitation of a critical discussion on:

- Models of HSPA: how far do we have a shared understanding?
- Processes of HSPA: data collection and communication
- Impact of HSPA on policy and practice

18:30 – 21:00

Why undertake HSPA? What do we want to achieve?

Dinner and discussion

Wednesday, 13 April 2016

- | | |
|---------------|---|
| 09:00– 9:30 | Key messages from day one |
| 9:30 – 10:30 | The future vision of HSPA in the European Region
Looking ten years ahead; what HSPA do we want to see? <ul style="list-style-type: none">• What does HSPA aim to achieve?• What impact does it have?• What processes does this require? |
| 10:30 – 12:00 | Taking forward WHO Europe’s work on HSPA
Parallel working groups |
| 13:00 – 14:30 | Bringing it all back together: a work plan for WHO Europe
Reporting back from working groups and plenary discussion. |
| 14:30 – 15:00 | Conclusion and closure |

**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.

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