

HEALTH SYSTEMS FOR PROSPERITY AND SOLIDARITY: LEAVING NO ONE BEHIND

MEETING BACKGROUND DOCUMENT

INCLUDE

INNOVATE

INVEST



CELEBRATING THE 10TH ANNIVERSARY
OF THE TALLINN CHARTER

Health Systems for Prosperity and Solidarity: leaving no one behind

Meeting background document

Background and context

The WHO European Ministerial Conference on Health Systems “Health systems, health and wealth”, held in Tallinn, Estonia, in June 2008, was a milestone in strengthening health systems in the WHO European Region. Ministers and senior representatives from all Member States came together with partners, members of civil society and experts to discuss the increasing evidence that investing in health systems contributes to improvements in population health, economic wealth and, in turn, societal well-being.

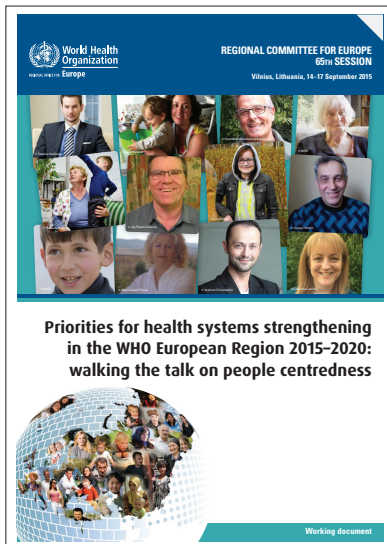


The result of their deliberations was the **Tallinn Charter: Health Systems for Health and Wealth**. The Charter sets out seven commitments that continue to drive our efforts to strengthen health systems throughout the Region. In emphasizing solidarity, equity and participation as the first commitment, the Charter reflected Member States’ joint pledge to a values-driven agenda for health systems. This commitment to act on shared values has been a consistent thread in the work of Member States and the WHO Regional Office for Europe ever since.

Commitment to act

6. We, the Member States, commit ourselves to:

- **promote shared values of solidarity, equity and participation** through health policies, resource allocation and other actions, ensuring due attention is paid to the needs of the poor and other vulnerable groups;
- **invest in health systems and foster investment across sectors that influence health**, using evidence on the links between socioeconomic development and health;
- **promote transparency and be accountable** for health system performance to achieve measurable results;
- **make health systems more responsive** to people’s needs, preferences and expectations, while recognizing their rights and responsibilities with regard to their own health;
- **engage stakeholders** in policy development and implementation;
- **foster cross-country learning and cooperation** on the design and implementation of health system reforms at national and subnational levels; and
- **ensure that health systems are prepared and able to respond to crises**, and that we collaborate with each other and enforce the International Health Regulations.



For example, the strategic document *Priorities for health system strengthening in the WHO European Region 2015–2020: walking the talk on people centredness* (2015) reflects a strong values orientation. Member States endorsed the document and its accompanying resolution at the 65th session of the WHO Regional Committee for Europe in Malta in September 2015.

Values are also at the core of the people-centred health systems pillar of Health 2020, the Region's policy framework for health and well-being.

Member States have cited the Charter and its commitments as a direct and indirect influence in a number of areas, some of which are reflected in *Implementation of the Tallinn Charter: final report* (2015), the wide-ranging review of the Charter's role and impact. The Charter continues to serve as an important reference point for strengthening health systems in the Region.



Ten years since the Charter was signed, the European (and global) environment is very different. The political sphere is increasingly polarized and characterized by confrontational dialogue and decision-making; this atmosphere challenges the processes and norms of consensus-building and compromise. The economic climate is uncertain, with due concern for health and social budgets. Noncommunicable diseases (NCDs) are the leading cause of death, disease and disability in the Region, and health systems are at the forefront of responding to this increasing burden. In some contexts, growing populism and discontent are also creating ruptures in the social fabric. All of these elements challenge the values captured in the Charter – those which we attribute to health systems in Europe.

Health Systems for Prosperity and Solidarity: leaving no one behind – the high-level meeting marking the 10th anniversary of the Tallinn Charter

It is against this complex backdrop that this meeting, which marks the 10th anniversary of the Charter, takes place. Despite the changed environment – or perhaps on account of it – it is clear that the Charter and its principles remain relevant today. Indeed, the financial and economic crisis has provided a test case for investing in strong health systems to support health care and public health services. This is evidenced in the 10 policy lessons discussed at the conference on health systems and the economic crisis in Oslo, Norway, in April 2013 and approved at the 63rd session of the Regional Committee in Turkey later that year.

Recent public health crises, such as H1N1 influenza and Ebola, and the ongoing rise in antimicrobial-resistant infections, highlight the need for improving resilience through working together and for everyone. The challenge of shifting from a medicalized model to one that is people-centred, with dedicated performance assessment to drive improvements, calls for inclusion and transparency in our decision-making. The meeting will address many of these key issues within the health sector.

These issues, as well as wider political and social issues, serve to remind us of the importance of equity, solidarity and a values-driven approach to strengthening our health systems for all. Reviewing and reaffirming the relevance of the Charter within this new environment is key to ensuring that people in the Region are able to benefit from their health

systems. The meeting provides an opportunity to restate the arguments for stronger health systems for better health and wealth in light of further evidence, and to leverage and build upon a number of opportunities and directions that have since emerged. These include:

- the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs);
- a renewed commitment to universal health coverage (UHC);
- new experiences in positioning health systems as contributors to inclusive economic growth;
- innovative approaches to providing integrated, people-centred health services;
- a push towards increased public involvement in decision-making about care and greater individual responsibility for personal health;
- improved health data collection and use;
- new approaches for ensuring required medicines and health personnel; and
- novel experiences in managing system transformation and change.

These new opportunities and directions reflect the values and commitments of the Charter and urge us to defend them going forward. It was with this forward-looking view that the meeting's leitmotif of "health systems for prosperity and solidarity" was chosen.

Reflecting this focus are three overarching themes, referred to as the three i's:

INCLUDE – improving coverage, access and financial protection for everyone;

INVEST – making the case for investing in health systems; and

INNOVATE – harnessing innovations and systems to meet people's needs.

Each of these represents a crucial direction for strengthening health systems in Europe, and all three must be pursued in tandem.

Structured around a series of plenary and parallel sessions focusing on each of the three i's, the meeting will develop these themes in detail. The intent is to examine what each means for health systems and what is involved in pursuing them. The meeting will also provide an opportunity to share innovations and recent examples of good practice for strengthening health systems from across the Region. Finally, it will offer an opportunity to consider health system directions for the future and to ask what we can expect in a rapidly changing Europe.

Celebrating 10 years of the Tallinn Charter in the context of the SDGs

The Charter was a milestone in strengthening health systems, and has had a lasting impact on the Region and beyond. This meeting was organized in celebration of the Charter's achievements on its 10th birthday, and to reaffirm its relevance to the changed European environment. This is the focus of the opening session, which features opening remarks on behalf of the Government of Estonia and the WHO Regional Office for Europe followed by a high-level panel discussion.

Her Excellency Kersti Kaljulaid, President of Estonia, and Her Excellency Riina Sikkut, Minister of Health and Labour of Estonia, will welcome delegates and reflect on the Charter's legacy. Dr Zsuzsanna Jakab, WHO Regional Director for Europe, will position the Charter in the context of Health 2020 and the SDGs.

Dr Hans Kluge, Director of the Division of Health Systems and Public Health of the Regional Office, will then introduce delegates to the meeting's structure and content and the three i's: include, invest and innovate. Panel members will be invited to reflect on the three i's from their perspectives as representatives of a ministry of health, a multilateral agency and a patient organization.

The objectives of this session are to:

- formally open the meeting on behalf of the Government of Estonia and the WHO Regional Office for Europe;
- celebrate the Charter and reaffirm its values;
- reflect on challenges and achievements in health systems strengthening in the Region;
- make links to Health 2020 and the 2030 Agenda;
- present the themes of the meeting; and
- set the stage for the plenaries that will follow.



INCLUDE: Improving coverage, access and financial protection for everyone/Can people afford to pay for health care?

Context

The first theme is **INCLUDE** – ensuring that health systems reach and serve everyone. This is a key tenet of UHC and central to the 2030 Agenda under SDG 3. UHC is the central aspiration of UHC2030, a major international partnership comprising governments across the world, multilateral organizations, philanthropic organizations and members of civil society working to build stronger and more inclusive health systems. The United Nations General Assembly will also hold a high-level meeting on UHC in 2019.

Previous WHO Director-General Dr Margaret Chan stated that UHC is “the hallmark of a government’s commitment, its duty, to take care of its citizens, all of its citizens ... the ultimate expression of fairness”. Her successor, current WHO Director-General Dr Tedros Adhanom Ghebreyesus, has made UHC the focus of his tenure, stating that it “is the responsibility of every country and national government to pursue it”.

WHO Member States endorsed the goal of UHC at the 71st World Health Assembly, held in Geneva, Switzerland, in May of this year, in the “triple billion” target of WHO’s 13th General Programme of Work. By 2023, it aims to see 1 billion more people benefitting from UHC; 1 billion more people better protected from health emergencies; and 1 billion more people enjoying better health and well-being.

Interest in and commitment to UHC is strong, but what does it mean in practice? And, specifically, what is happening in the Region?

This meeting takes the WHO definition of UHC as its premise: **“UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care.”**

This means strengthening our health systems in general, and building robust financing systems at their hearts. Central to UHC is financial protection – protecting individuals from financial hardship, which occurs when out-of-pocket payments for health are large in relation to a household’s ability to pay.

Where a health system provides weak financial protection, individuals and households may not have enough money to pay for health care or to meet other basic needs. It is important, therefore, to pursue policies that strengthen financial protection in order to improve access to health care and to minimize inequalities. But we need to move from concepts of inclusion to action for inclusion, and so this theme focuses on a stepwise approach to identifying what the issues are and designing appropriate policies and responses.

Within the Region, where population coverage and access to services have generally been better than in other regions, the focus has been on the avoidance of financial hardship – ensuring that households are not pushed into poverty. In this regard, this theme consists of two plenary sessions on improving coverage, access and financial protection. They build on the ongoing work of the Regional Office to demonstrate the centrality of financial protection to UHC.

“It is unacceptable that anyone today should be pushed into poverty by having to pay for the treatment they need. No one should have to choose between buying medicines or putting food on their table, or paying the rent.”

– Dr Zsuzsanna Jakab,
WHO Regional Director for Europe

SESSIONS

Plenary 1: Improving coverage, access and financial protection for everyone

This session will focus on the broader context of the theme by introducing key concepts: UHC, access, unmet need, financial protection and hardship. It will explain why population coverage is not a sufficient indicator of financial protection, and will also introduce lessons learned from the economic crisis.

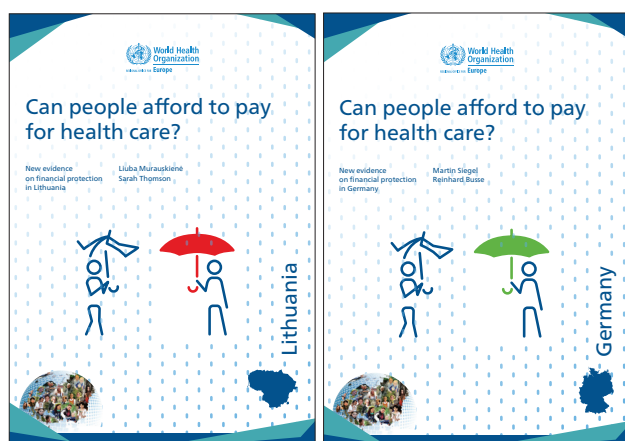
Following a keynote address by Professor Charles Normand, Edward Kennedy Professor of Health Policy and Management at Trinity College Dublin (Ireland), panellists will outline the links between UHC and poverty and the steps they have taken to ensure that health systems do not exacerbate inequalities.



The objectives of this session are to:

- introduce key concepts of UHC, access, unmet need, financial protection and hardship;
- explain the links between weak financial protection and ill health and deprivation; and
- underscore the need for systematic monitoring of financial protection in Member States.

Plenary 2: Can people afford to pay for health care?



This session will present the findings of the Regional Office's study on coverage, access and financial protection, and focus on health system factors affecting financial protection.

Following a technical introduction by Dr Sarah Thomson, Senior Health Financing Specialist at the Regional Office, panellists will reflect on actions they are taking to improve financial protection, especially for poor and regular users of health care. They will outline steps they have taken to strengthen the design of user charges to mitigate the negative effects of out-of-pocket payments.

The objectives of this session are to:

- identify trends in the incidence, distribution and drivers of financial protection across countries and over time;
- draw attention to systematic inequalities in financial protection;
- highlight the role of outpatient medicines in driving financial hardship; and
- explain the design of coverage policy as a key determinant of financial protection, and how it can secure access and financial protection for everyone.

INVEST: Making the case for investing in health systems

Context

Closely related to inclusion is the meeting's second theme, **INVEST**. It is important in its own right for sustained strategic health system investment and spending, but also to ensure that health systems are inclusive and innovative as per the other meeting themes.

Most understand that a well performing, people-centred health system requires considerable and consistent funding. Many also accept that the health system is a driver of not just individual and population health and societal well-being, but also of wealth and economic growth. Good evidence shows that health systems contribute to increased productivity by decreasing absenteeism in the labour force and extending productive working life. Many public health interventions show positive rate-of-investment and rate-of-return calculations, and the evidence and business case for upstream investment are becoming increasingly robust.

Despite this, particularly in finance circles, many still view the health system as something of a black hole into which money is poured with no real outcomes, or characterize health systems as having high levels of waste and inefficiency. Long-term public health interventions, despite good cost–effectiveness evaluations and easy implementation strategies, are not always supported. As seen in the recent financial and economic crisis, health budgets tend to be the first cut during difficult times, often with a consequent negative impact on people's health and the economy.

If the evidence in favour of health system investment and spending is indeed so clear, including in economic terms, why is this the case? Why do ministries of health so often feel they are the poor relation to other sectors, and why are longer-term investments in prevention and promotion not the norm?

How can finance and economic decision-makers – custodians of the economy and therefore responsible for budgeting public funds for health – and particularly ministries of finance, be convinced? Is it a question of more, better or different evidence? If so, what can we do to improve the evidence provided? Is there a need for better messaging? If so, how can the economic value generated by health systems be conveyed such that these arguments resonate? The **INVEST** theme focuses on potential answers to these questions from the perspectives of both health and economic decision-makers.

SESSIONS

Plenary 3: Making the case for investing in health systems

This session will unpack the questions above by offering a high-level perspective. It will feature a keynote address by Mr Tomáš Sedláček, author of *Economics of Good and Evil* (2011), as well as a short film entitled “The Additional Funding Request” commissioned for this meeting, and a panel discussion covering health, finance and international organization perspectives.

The session will take as its starting point the fact that ministries of finance must balance multiple and competing requests for funds under conditions in which, due to a multitude of interrelated factors including population ageing, slower economic growth and higher borrowing costs, resources will be scarce going forward. It considers how ministries of health can secure adequate, sustained funding for the health system in this context.

“Health and productivity are inextricably linked. So the case for governments to invest is twofold. Without health, individual productivity is compromised, and any economic gains that are realized by households are very vulnerable to health shocks, no matter whether they are in high-, middle- or low-income countries. What it takes for governments to invest is to recognize that there is this inextricable link between health and productivity.”

– Professor Sheila Leatherman,
Research Professor, Health Policy and
Management, University of North
Carolina (United States of America)

Panellists will discuss how strong health systems can foster a more equitable distribution of health to the advantage of the economy – that is, how health performance and economic performance are linked. They will also look at how health systems can develop new approaches to demonstrate to ministries of finance the value of continued investment from economic and social perspectives.

Panellists will also discuss the need for health systems to demonstrate that they use their resources efficiently and appropriately to benefit population health and well-being. They will address importance of demonstrating that poor health has a cost – personal, societal and economic – and that health systems play a crucial role in alleviating this. In addition, they will explore the need for closer dialogue among health and finance decision-makers to ensure that investment decisions are best directed. The panel will also raise the question of whether ministries of health should learn to “think like ministries of finance” to be good stewards of resources.

The objectives of this session are to:

- consider the perspective of a finance decision-maker in providing resources for the health system;
- identify challenges commonly faced by health ministries, health insurance funds and other related agencies when seeking more resources for health systems; and
- explain how and why investing in health systems is sound from economic, fiscal and social perspectives.

Parallel 3.1: Reframing the dialogue between health and finance

There is a common misconception that health systems are an unproductive sector of the economy with little tangible return on investment and that, without intervention, health-care budgets increase without end due to rising prices and demand for technology. From the perspective of a ministry of finance, such growth in health expenditures is typically seen as detrimental to the macroeconomy and to fiscal sustainability. However, there are numerous, often unrecognized ways in which health systems actually further core economic and fiscal goals.

This parallel session will focus on how a ministry of health can better present its case to obtain adequate, stable resource levels for health systems. Acknowledging the competition for resources across government sectors, it will show that health systems are uniquely positioned to deliver on key objectives of ministries of finance, and that investing in the health sector for the sake of the economy and to achieve fiscal sustainability is sensible as well as evidence-based. It will focus on the key issue of how best to convey this to finance and budget officials in order to promote dialogue and even joint decision-making.

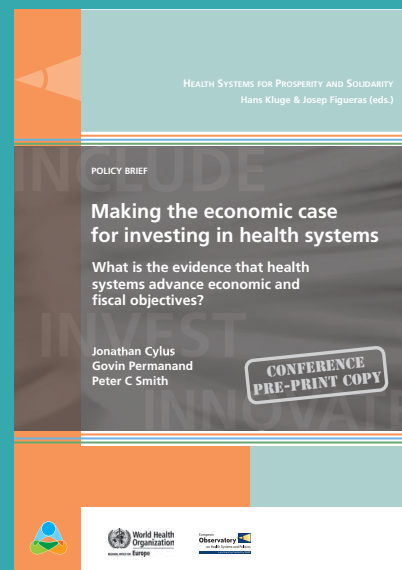
The objectives of this session are to:

- demonstrate some of the ways in which health systems can align with and further the economic and fiscal objectives of a ministry of finance on short-, medium- and long-term time scales;
- provide concrete examples of economic gains associated with health system investments;
- change the way a ministry of health presents its case for additional resources, including in the language and taxonomy it uses and the way it monitors and reports on its achievements; and
- demonstrate ways to help a ministry of finance better understand the needs and priorities of the ministry of health by promoting the capital good argument around investing in health and health systems.

A dedicated policy brief accompanies this session.

Select key messages

- The health system is one of the most important contributors to population health that lies within the direct control of policy-makers.
- Yet, health policy-makers who seek to make the case for additional financing for their health systems are often met with scepticism within their governments.
- To some extent, this is due to a belief among some finance policy-makers that health systems may not support key economic and fiscal objectives.
- To help health policy-makers secure a fair hearing in public spending debates, this policy brief outlines how health systems can contribute to some of the primary objectives of finance ministries: (1) stewardship of government funds; (2) macroeconomic growth; (3) societal well-being; and (4) fiscal sustainability. It shows that:
 - there is strong evidence that health system spending contributes to better health outcomes;
 - policy-makers must show they are serious about achieving value for money by monitoring performance and by committing to policies that explicitly seek to minimize waste and the misuse of public resources;
 - health systems are an important component of the macroeconomy, both as an industry that provides a large number of jobs and as a key determinant of a productive labour force;
 - health systems support societal well-being by enhancing social protection and reducing impoverishment associated with ill health, as well as through channels such as happiness and life satisfaction that remain elusive to common metrics; and
 - health systems support fiscal sustainability by enabling older people to stay active and contribute to society, while also reducing their demands on pensions, welfare payments, and publicly funded health and care services.
- Success in securing investment will, however, also largely depend on a wide range of political and economic factors.



Parallel 3.2: Getting serious about prevention – investing in public health services

The burden of disease in the European population has shifted over time from a predominance of communicable diseases to NCDs, and the European Region is now the WHO region with the highest NCD burden. Behavioural and metabolic risk factors play an important role in increasing NCD incidence, leading to calls for the fundamental reform of health systems and spending with a radical shift towards prevention.

Yet, while there is a strong economic case for action and many stated commitments across countries, investment in prevention remains small. And while many public health interventions beyond the scope of the health system act on a range of socioeconomic determinants of health through other sectors, those public health services which do fall within the health system have a central role to play in addressing health promotion and disease prevention.

This session will show that investment in prevention is essential to UHC and achievement of the SDGs. Panellists will reflect on whether investment in prevention can be stimulated by demonstrating to ministries of finance and others that the positive economic benefits go well beyond health and social care systems, and explore what political and economic factors are involved.

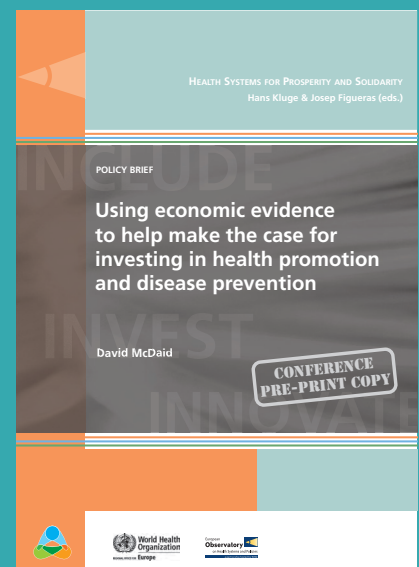
The objectives of this session are to:

- illustrate the gap between the stated political commitment to disease prevention and health promotion and the investment made;
- show how investment in prevention is essential to UHC and achievement of the SDGs; and
- make the case that investment in prevention means (financial) investment in, and prioritization of, prevention and health promotion activities covering: health promotion services; investment in a health workforce with modern public health skills; investment in supporting legislation for prevention and health promotion; and investment in governance and accountability structures, including better facilitation of collaboration with non-health-sector partners.

A dedicated policy brief accompanies this session.

Select key messages

- Substantial evidence suggests that many health promotion and disease prevention interventions, delivered within the health system as well as in partnership with other sectors, are highly cost-effective.
- Despite this evidence, the level of investment in health promotion and disease prevention activities remains stubbornly low in many countries.
- Ministries of health as well as ministries of finance can play pivotal roles in increasing investment within and outside the health system, and yet simply increasing the volume of economic evidence is unlikely to make a dramatic impact on overall levels of investment.
- The many barriers to investing include scepticism of the effectiveness of interventions and reluctance to invest in actions which decision-makers may think will not generate benefits for many years.
- However, there are important contributions that economics can make directly, including the following.
 - More evidence on the economic benefits of interventions could reveal short-, mid- and long-term returns on investment.
 - More evidence on economic benefits in different country contexts could take account of implementation challenges and equity implications.
 - Return-on-investment models could complement conventional economic evaluation methods to communicate economic costs and benefits to different sectors over different time scales.
- There needs to be a much greater focus on how evidence is communicated to policy-makers. This includes placing more attention on identifying and communicating the economic benefits of better non-health-specific outcomes when the health sector seeks to influence or work with other sectors.



INNOVATE: Harnessing innovations and systems to meet people's needs

Context

While it is clear that our health systems must be inclusive as well as sustainably and strategically financed, they will not deliver without keeping pace with changes both within and outside the health system itself. As such, innovate is the third theme of the meeting.

For instance, the rising burden of chronic health problems and multimorbidity, coupled with population ageing, is a challenge that necessitates rethinking our current approaches to delivering care. Promising new technologies and medicines for improving health outcomes and efficiency are also increasingly coming to market. Policy-makers have recognized these challenges and opportunities, and many countries are considering how to introduce and manage systemwide and technological innovations, how to steer them with appropriate policy regulations, and how to link innovations with relevant health system functions.

Innovation can be difficult to define in the context of health care and health services. For the purposes of this meeting, we can distinguish between:

- innovation(s) in health services design and delivery, or “soft” innovations; and
- technological innovation(s), or “hard” innovations.

The former is concerned with novel approaches to health services delivery and system design, which covers behaviours, routines, policies and ways of working that are directed at improving health outcomes, administrative efficiency, cost-effectiveness or user experience. They are implemented by planned and coordinated actions that are highly context specific, resulting in different levels of innovation in different settings and environments.

The latter covers new technologies, medicines and diagnostics which, while easier to pinpoint, tend to be more formally research- and development-driven (often by the private sector), and are sometimes seen as disruptive.

Modern, fit-for-purpose health systems should be able to adopt and in some cases even precipitate innovative solutions in both these areas. Hard and soft innovations can be advanced by different stakeholders, including the public. But for health systems – complex systems with built-in path dependencies, biases and multiple stakeholders – the traditionally linear perspective on innovation uptake does not apply.

What is crucial, therefore, is that innovations not be deterministic for the system. Rather, health policy-makers and managers should steer innovation towards delivering people-centred, efficient and high-quality health services. Indeed, there is a strong case for innovation in health systems to raise efficiency and effectiveness in order to achieve equitable and sustainable improvements in health, provide financial protection, and contribute to economic growth. Health systems must be able to benefit from innovations while protecting the values of equity, universalism and solidarity.

“The bottom line is business as usual will not get us to universal health coverage. We need to embrace innovation in every sphere, at a scale that will transform health systems – whether it’s through financial innovation, by professionalizing community health workers, or by using innovative technologies to unclog supply chains and monitor results.”

– Dr Jim Yong Kim, President,
World Bank

SESSIONS

Plenary 4: Harnessing innovations and systems to meet people's needs

This session will feature a keynote address by Professor Trish Greenhalgh, Professor of Primary Care Health Sciences, University of Oxford (United Kingdom). It will be oriented around the key question of how health systems can make the best and most timely use of innovations in relation to systems and designs, policies, and technologies to promote people centredness.

It remains the case that, compared to other sectors, health systems have been slow to take up innovation. Soft innovations such as certain novel service-delivery approaches, despite their solid evidence base, are rarely universally rolled out as quickly as hoped. There may be lengthy delays in implementation even for low-cost hard technologies. Still worse, many programmes that cover both the service-delivery and technology sides of health system innovation seem to fail to deliver on their promises. Why is this case? Why are innovations in the health system so challenging? Panellists will discuss these issues, as well as their own roles in working to ensure a policy and governance environment that fosters innovation while ensuring accessibility, efficiency and sustainability. They will touch on issues related to scale-up, complexity and national contextual factors, and suggest options for structured cooperation among Member States and between the public and private (for-profit) sectors to promote health system innovation.

The objectives of this session are to:

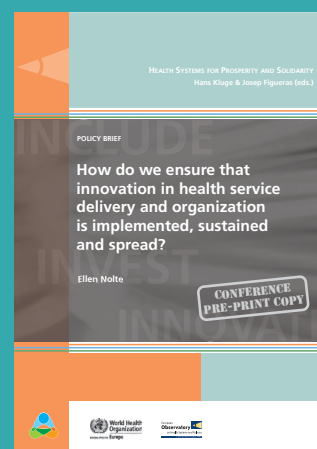
- consider the uptake and diffusion of innovations by and in health systems;
- distinguish different types of innovation and the role of policy-making;
- provide a sounding board for health policy-makers to express their expectations and concerns with respect to innovation; and
- present experience and approaches to align innovation with health system objectives such as solidarity, accessibility, affordability and sustainability.

Two parallel sessions will focus on system design and delivery model changes, and on the role of new technologies and products.

A dedicated policy brief accompanies both the plenary and the parallel sessions.

Select key messages

- The processes involved in introducing innovation range from adoption, implementation, sustainability, spread or diffusion, dissemination and scale-up. They overlap in complex ways, which means that service innovation is almost never straightforward.
- Key factors that positively influence the entire implementation process include:
 - leadership and management at different tiers that are supportive of and committed to change;
 - early and widespread stakeholder involvement, including among staff and service users;
 - dedicated and ongoing resources, including funding, infrastructure, staff and time;
 - effective communication across the organization;
 - adaptation of the innovation to the local context;
 - ongoing monitoring and feedback about progress; and
 - evaluation and demonstration of the (cost-)effectiveness of the innovation being introduced, including assessment of health benefits.
- Those considering service innovations need to be clear about whether a given innovation is worth introducing (the value proposition). They must give due attention to who will benefit and how to minimize unintended consequences, such as the exclusion of more marginalized populations from access to the innovation.
- Context is key. The successful implementation, sustaining and spread of innovation requires a broad range of interventions and continuous adaptation to a changing service and wider context, including political, cultural and institutional aspects.
- Organizations and services require sufficient time to learn to function in new ways.
- Responsible innovation is needed to ensure that benefits are widely distributed and shared, are sustainable and meet societies' needs more broadly.



Parallel 4.1: Innovating service design and delivery

This session will explore experiences of innovative solutions in service organization and delivery in different system settings. While it is clear that change is complex, it is feasible if certain factors – such as local context and broad, early stakeholder engagement – are taken into account. Speakers will look at the specific contextual factors, most notably social embeddedness, that make or break innovative solutions in health-care organization and delivery to achieve sustainable services that meet people's needs, and will identify key enablers and barriers.

They will discuss the crucial need for achieving stakeholder buy-in and ensuring leadership commitment, and consider the system levers needed to nurture and scale up innovative solutions, specifically in relation to organization, financing and delivery. To complement the introduction of a number of practical tools, strategies and organizational mechanisms, they will also discuss lessons for policy-makers on when and how to implement, spread and scale up innovations.

The objectives of this session are to:

- explore experiences of innovative solutions in service organization and delivery in different settings;
- examine the importance of contextual factors to a given innovation;
- discuss key enablers and barriers to the spread and scale-up of service-delivery innovations, along with the need for certain system levers; and
- identify lessons, tools and strategies for policy-makers to implement, spread and, when appropriate, scale up innovation.

Parallel 4.2: Governing technological innovations

Technological innovations are often touted as the solutions to improve specific health system issues or make huge leaps in improving people's health and quality of life. But they may also pose challenges that warrant consideration. The introduction of new drugs, devices and other technologies requires sound preparation and planning, with due attention to not just costs and financial sustainability but also unintended consequences and their impact on equity. This session will address technological innovation from a governance perspective, taking account of the potential impact of innovations on health system values and objectives. Panellists will consider how to harness and promote the uptake of new technologies while avoiding situations in which they exclusively benefit the wealthiest and most educated segments of the population.

Viewing the fiscal sustainability of health systems not as an end to be achieved but rather as the parameters within which to operate, panellists will also discuss how to ensure that the costs of innovation in one area do not adversely affect the potential for innovations in other areas of the health system.

The objectives of this session are to:

- consider types and potential benefits of emergent technologies for health systems;
- showcase country experiences of successful uptake of technological innovation;
- promote better understanding of barriers, enablers and system levers to harness technological innovations; and
- discuss governance strategies and tools to ensure that new technologies serve solidarity and equity.

Looking ahead – health systems that include, invest and innovate

As befits an anniversary, the final session of the meeting is forward-looking. The meeting has established both the challenges and the opportunities inherent in the changes Europe has experienced since the Tallinn Charter was signed in 2008, and has identified **inclusion, investment and innovation** as three key themes to take health systems forward in this new landscape. But what does this mean in practice? What can the health-system community do to promote the three i's in order to strengthen European health systems?

Dr Hans Kluge will outline a number of priorities around the three i's, making the case for our combined efforts to pursue them while being strategic in our areas of focus and in our actions.

To advance this work, the Regional Office convened the WHO European Health Systems Foresight Group in 2017. The Foresight Group is involved in developing long-term scenarios, studying societal changes and their impact on how people will consider health and health care in the future, and identifying key trends for health system decision-makers (documentation on this topic is available on the meeting app). In pursuing people-centred health systems that are **inclusive, adequately and sustainably invested in and innovative**, ensuring that our systems retain their values orientation must remain the priority.

In support of this perspective, and building on the sessions and deliberations of the meeting, Dr Zsuzsanna Jakab will present an outcome statement on behalf of all meeting participants for approval via acclamation. The statement is not a political document outlining commitments or responsibilities, but a call to action by attendees of the meeting in support of the three i's. The document is open for feedback **until 16:00 on 13 June 2018** and is available on the meeting app.

The presentation of the outcome statement will precede the formal closing by Her Excellency Riina Sikkut on behalf of the Government of Estonia, and Dr Zsuzsanna Jakab on behalf of the Regional Office.

The objectives of this session are to:

- encourage participants to put the meeting's themes into action towards ensuring high-quality, people-centred health systems in the Region;
- agree the meeting's outcome statement on behalf of all attendees; and
- formally close the meeting on behalf of the Government of Estonia and the Regional Office.