

Biennial technical report 2018-19



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Abstract

The WHO Barcelona Office is a centre of excellence in health financing for universal health coverage (UHC). It works with Member States across WHO's European Region to promote evidence-informed policy making.

The office supports countries to develop policy, monitor progress and design reforms through a combination of health system problem diagnosis, analysis of country-specific policy options, high-level policy dialogue and the sharing of international experience. It is also the home for WHO training courses on health financing and health systems strengthening for better health outcomes.

Established in 1999, the Office is supported by the Government of the Autonomous Community of Catalonia, Spain. It is part of the Division of Health Systems and Public Health of the WHO Regional Office for Europe.

This report provides an overview of the main activities carried out by the WHO Barcelona Office during the years of 2018 and 2019. It follows the biennial planning and reporting cycle used by the World Health Organization.

Keywords

CHRONIC DISEASE – PREVENTION AND CONTROL
DELIVERY OF HEALTH CARE
HEALTH CARE FINANCING
HEALTH CARE REFORM
HEALTH EXPENDITURES
HEALTH POLICY
HEALTH SERVICES ACCESSIBILITY
POVERTY
UNIVERSAL COVERAGE

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Introduction

Poster presentation of the five specialized centres of the WHO Regional Office for Europe: Almaty, Barcelona, Bonn, Moscow and Venice (photo: WHO)



This report presents a **summary of the main activities** carried out by the WHO Office in Barcelona during the years of 2018 and 2019, generously supported by the Regional Government of the Autonomous Community of Catalonia (the Generalitat). It follows the biennial planning and reporting cycle used by the World Health Organization.

The WHO Barcelona Office is part of the Division of Health Systems and Public Health of the Regional Office for Europe, which has its Head Office in Copenhagen, Denmark, and supports 53 Member States. The Office is one of five specialized centres working in collaboration with technical divisions in Copenhagen and WHO country offices in 30 Member States. The Office has an established work programme based on biennial collaborative agreements (BCAs) with Member States.

The Heads of the five specialized centres of the WHO Regional Office for Europe at the 68th session of the WHO Regional Committee for Europe, which took place in Rome, Italy in September 2018 (photo: WHO)

The Office is a centre of excellence in **health financing for universal health coverage (UHC)** – a key part of WHO’s work in the European Region and globally. The Office is responsible for monitoring progress towards UHC and focuses on the extent to which people are protected from experiencing financial hardship when using health services. Financial protection from out-of-pocket payments for health care is a core dimension of health system performance and an indicator of UHC of the United Nations **Sustainable Development Goals (SDGs)**.

The Office also leads the technical work of the Division of Health Systems and Public Health on health systems strengthening for improved noncommunicable disease outcomes and contributes to the work of the Head Office on Tuberculosis (TB) prevention and care in the eastern part of the European Region. The Barcelona Office is the home for WHO training courses on health financing and health systems strengthening.

Since January 2014, the Office has been located in the La Mercè Pavilion of the Sant Pau Art Nouveau Site. This magnificent World Heritage architectural environment provides the Office with a prestigious location where several international and local agencies work on global and European agendas. The Office takes an active role in different projects organized by the **Sant Pau Knowledge Centre** and contributes to the growing recognition of Sant Pau’s role in supporting international collaboration.





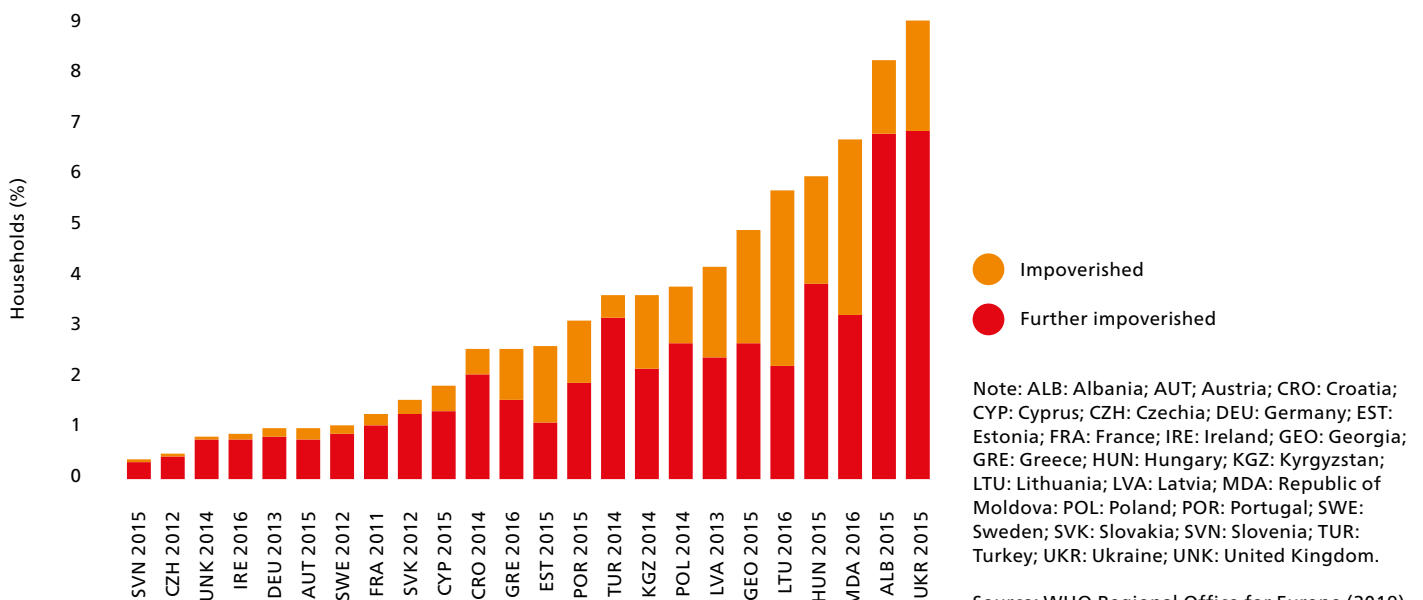
Staff at the WHO Barcelona Office (Photo: Robert Ramos)



European-level achievements in 2018-19

Monitoring financial protection – a key component of UHC

Share of households with impoverishing health spending, latest year available



Under the guidance of the Director of the Division for Health Systems and Public Health, the Office is responsible for implementing a work programme on moving towards UHC for a Europe free of impoverishing out-of-pocket payments – one of the two **priorities for health systems strengthening in the WHO European Region from 2015 to 2020**. These priorities were identified through consultation with Member States, leading to a resolution passed by the WHO Regional Committee in September 2015 in Vilnius, Lithuania. The [document](#) setting out the priorities received overwhelming support and is the official strategy of the WHO Regional Office for Europe on health systems strengthening.

Our flagship project on **monitoring financial protection** in the European Region gained additional significance following the adoption of the **SDGs** in 2015, with its target on UHC (SDG 3.8). The project aims to strengthen the evidence base on moving towards UHC at global, regional and country levels by assessing the impact of out-of-pocket payments for health on household living standards and poverty. Out-of-pocket payments – any payments made by individuals to health care providers – can push people into poverty or deepen existing poverty. Where health systems fail to provide adequate financial protection, people may not have enough money to pay for health care or to meet other basic needs.

WHO, World Bank (2019). [Global monitoring report on financial protection in health](#). Geneva: World Health Organization



To ensure the project is **relevant to all Member States in the European Region**, the Office developed new metrics to measure financial protection. The new metrics are more suited to high- and middle-income countries and better able than other metrics to capture financial hardship among poor households. The monitoring carried out by the Office is complemented by country-based analysis, enabling context-specific recommendations. As a result, we are providing actionable evidence for pro-poor policies on financial protection and access to health services.

Based on this new approach, more than 50 international experts have been working on **country reviews of financial protection** in over 30 countries. These reviews formed the basis for a first **regional, comparative report on UHC and financial protection** published on World Health Day 2019. The **2019 report** covered the following countries: Albania, Austria, Croatia, Cyprus, the Czech Republic, Estonia, France, Georgia, Germany, Greece, Hungary, Ireland, Kyrgyzstan, Latvia, Lithuania, Poland, Portugal, the Republic of Moldova, Slovakia, Slovenia, Sweden, Turkey, Ukraine and the United Kingdom.

In addition to financial support by the Generalitat, funding for this stream of work of the Office was received from the Governments of **Germany, Japan and the United Kingdom**.

WHO Regional Office for Europe (2019). [Can people afford to pay for health care? New evidence on financial protection in Europe](#). Copenhagen: WHO Regional Office for Europe. Available in English and Russian, with summaries in English, French, German and Spanish



World Health Organization Europe

Financial protection in high-income countries

A comparison of the Czech Republic, Estonia and Latvia

Sarah Thomson
Tania Ertsova
Jonathan Cyles

Czechia / Estonia / Latvia

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Austria

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Gerald Rieflinger
Eva Six

Austria

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Croatia

Luka Vončina
Iveta Rabić

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World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Germany

Martin Skögel
Rainerhard Bude

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World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Europe

Regional report

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Estonia

Andres Võrk
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Estonia

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Latvia

Maris Taube
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Latvia

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Poland

Macysa Tambor
Miłena Pałkova

Poland

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Europe

Summary

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in the United Kingdom

Nora Cooke O'Donohue
Stephanie Kumpanon
Holly Holden

United Kingdom

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Kyrgyzstan

Melitta Jakub
Bakhtgul Akkuzipova
Janno Habicht

Kyrgyzstan

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Lithuania

Lilija Murauskienė
Sarah Thomson

Lithuania

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Sweden

Alina Yäger
Glenngård
Sören Berg

Sweden

World Health Organization Europe

Can people afford to pay for health care?

New evidence on financial protection in Ukraine

Alona Gorodko
Natalia Shapoval
Tanyi Lei

Ukraine

In 2018-19, the Office published 12 country reports on financial protection. Results from several country reports (Austria, Croatia, Georgia, Greece, Estonia, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, Slovenia) were launched at national meetings and conferences with high-level participation from government and other health system stakeholders.

New evidence from the 24 countries in the first phase of the study finds that:

- out-of-pocket payments have the greatest impact on those least able to pay for health care: the poorest households, people with chronic illnesses and older people
- a significant share of households are impoverished or further impoverished after having to pay out of pocket, even in Europe’s richest countries; as a result, these households cannot afford to meet other basic needs – food, rent, utility bills
- the incidence of catastrophic health spending is heavily concentrated among poor households; across countries, it increases as the out-of-pocket share of current spending on health increases
- outpatient medicines are a major source of financial hardship in many countries, especially among poorer households

Many middle- and high-income countries in the European Region still rely heavily on people paying out of pocket for health care. In 2015, out-of-pocket payments accounted for 26% of total spending on health on average, with substantial variation (5–72%) across countries. WHO recommends that countries aim to keep out-of-pocket payments below 15% of current spending on health.

Investing in health systems is a prerequisite for reducing out-of-pocket payments, but improving coverage policy is equally important. Although the Region has a wealth of good practice, many countries can do more to reduce financial hardship and prevent people from having to choose between health care and other basic needs – for example, by carefully redesigning user charges to minimize co-payments (especially for medicines) and ensuring additional protection for poor people and regular users of health care through exemptions from co-payments and annual caps on all co-payments.

The country reports and the findings of the first regional report have been presented and discussed at a range of international meetings, including the following highlights.



June 2018: The high-level meeting ‘**Health Systems for Prosperity and Solidarity – Leaving no one behind**’ organized by the WHO Regional Office for Europe in Tallinn, Estonia. This high-level event marked the 10th anniversary of the Tallinn Charter, which argued that it is unacceptable that people should become poor as a result of ill health. Opened by the President of Estonia, the meeting brought together 235 participants from 41 countries and culminated in an outcome statement renewing commitment to the values of the Tallinn Charter. The Office was responsible for the first of the meeting’s three themes – *Include* (health coverage, access and financial protection), *Invest* (sustained investment in health systems as a prerequisite to making them more inclusive) and *Innovate* (harnessing innovation to create stronger and more equitable health systems). It organized plenary sessions on UHC, introducing findings from its study on financial protection.

September 2018: The **68th Session of the WHO Regional Committee for Europe**, the most important annual meeting of the 53 Member States. Member States and non-State actors welcomed this groundbreaking work and commended WHO for a conceptually clear and rigorous study with actionable policy recommendations. The Lithuanian Minister of Health expressed his commitment to introduce new policies following evidence provided by the Office in the country report on Lithuania. Estonia has already acted on the recommendations of the report. Austria praised the relevance of the study to the most advanced economies of Europe, noting that they too need to improve financial protection. Several Member States expressed interest in participating in the second round of country reports. In wrapping up the session on financial protection, Dr Hans Kluge, Director of the Division of Health Systems and Public Health, said that the next stage of the work is to help all countries design and implement policies to reduce financial hardship.

Sarah Thomson, Senior Health Financing Specialist at the Office, presents the regional report on financial protection at the high-level meeting in Tallinn, Estonia (photo: WHO)





In parallel to the production of detailed country reports for all 24 countries covered in the first regional report, the Office started to work on the second phase of the project leading to a second regional report to be published in 2021. This will include the following countries (in addition to the countries listed above): **Belgium, Bulgaria, Denmark, Finland, Italy, Luxembourg, Malta, the Netherlands, North Macedonia, Romania, Serbia, Spain and Switzerland**. There is increasing interest in our work globally and the Office has engaged in providing assistance to other WHO regions.

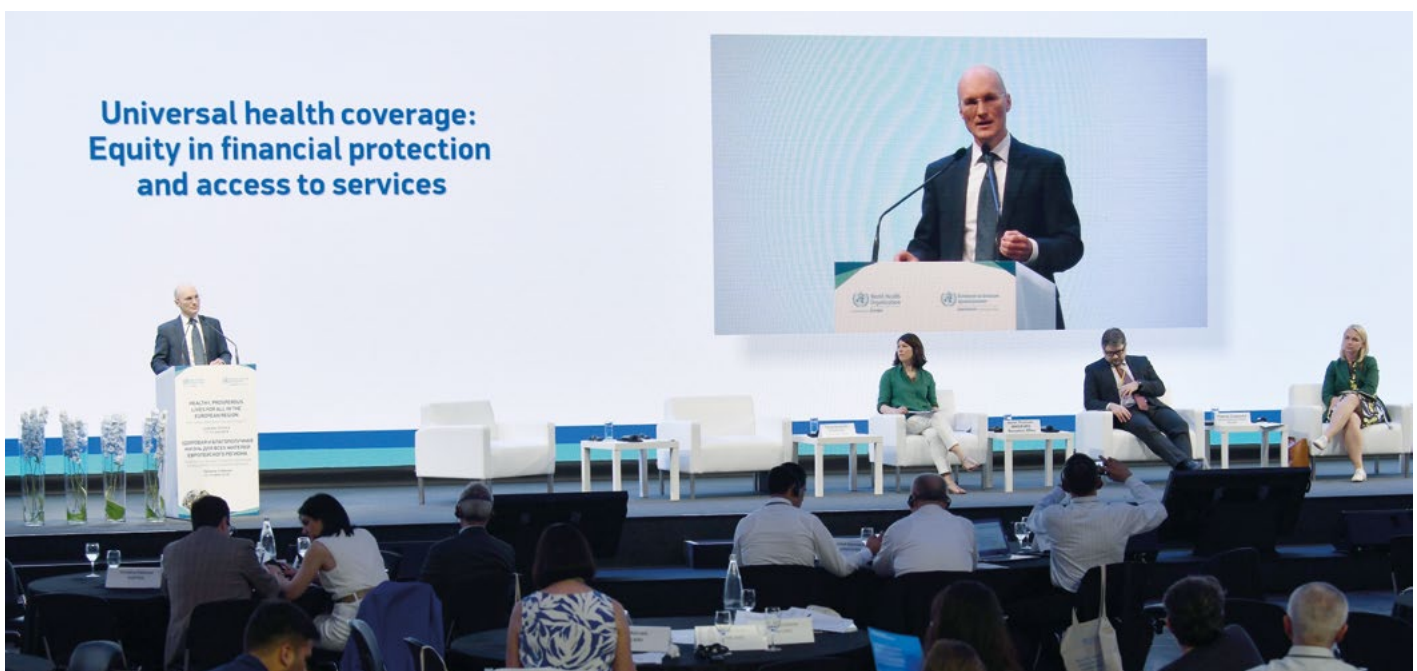
Regional report summary discussed at the 68th Session of the WHO Regional Committee for Europe in Rome, Italy (photo: WHO)



June 2019: A High-level Conference on Health Equity, hosted by the Government of Slovenia, provided evidence and information on solutions to reduce health inequalities and accelerate progress towards better health, well-being and prosperity for all in the European Region. The Office had a full session on the topic of 'Universal health coverage: Equity in financial protection and access to health services', featuring the findings of the regional report published in 2019 and selected country case studies from Austria, Estonia and Poland in a panel discussion with national experts. Equity is at the heart of monitoring financial protection and this conference was an opportunity to highlight the distributional aspects of our analysis: the regional report gives visibility to those who are already poor and pushed further into poverty by having to pay for health services including medicines. The session provided evidence on the magnitude of this inequity and highlighted effective solutions.

September 2019: The United Nations General Assembly high-level meeting on UHC took place in New York. World leaders committed to scale up efforts in the pursuit of health for all by adopting a United Nations political declaration on UHC, the most comprehensive set of health commitments ever adopted at this level. At this meeting, WHO launched the 2019 Global monitoring report on UHC prepared with contributions from the World Bank, the OECD, the United Nations Population Fund, and UNICEF. The report builds on the Joint WHO & World Bank 2019 Global monitoring report on financial protection. The joint report establishes global and regional 2015 baselines for indicators of catastrophic and impoverishing health spending and includes the European indicators of financial protection and analysis by the WHO Barcelona Office.

Tamás Evetovits, Head of the WHO Barcelona Office, at the high-level conference on health equity in Ljubljana, Slovenia (photo: WHO)





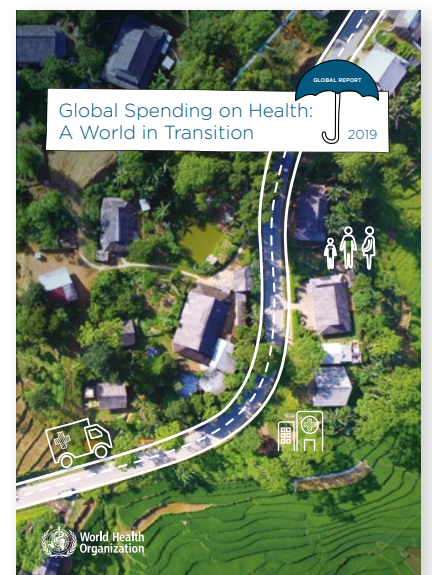
WHO (2019). [Primary health care on the road to universal health coverage](#). 2019 monitoring report. Geneva: World Health Organization

October 2019: The Office led a session at the **European Health Forum Gastein (EHFG)**. The session focused on how countries can ensure that out-of-pocket payments for health services do not expose people to financial hardship. It presented new evidence showing how co-payments for health care lead to financial hardship in a wide range of countries in Europe. Some aspects of co-payment policy design are more harmful than others. The session also showed how several countries in Europe are transforming complex, unfair and bureaucratic co-payments to reduce financial hardship and unmet need, particularly for prescribed medicines. Effective strategies include co-payment exemptions for poor people, regular health-care users and social beneficiaries; implementing annual caps on all co-payments – ideally caps linked to household income; replacing percentage co-payments with low fixed co-payments; keeping rules simple; and minimizing bureaucracy. With experts from Austria, Estonia, the European Commission and the European Patients' Forum, the session explored how obstacles to fairer co-payment policy and financial protection can be overcome. A recording of the session is available on the [WHO web site](#). Evaluation report by the organizers suggests that participants gave our session the highest rating of all sessions at the European Health Forum Gastein.

Jonathan Cylus, European Observatory, speaks about financial protection at the 2019 European Health Forum Gastein, Austria (photo: European Health Forum Gastein)



Tracking health expenditures in Europe



Annual global reports on health spending published by WHO headquarters with contributions from all Regional Offices

Tracking health expenditures is essential to assessing health system performance. Health accounts are records of a country's health system expenditure and are an important tool for policy-makers and researchers.

WHO provides technical assistance to Member States to produce and institutionalize health accounts using the System of Health Accounts (SHA2011). It publishes high-level health expenditure aggregates in the Global Health Expenditure Database (GHED). Where gaps in reporting exist, WHO estimates missing data using macroeconomic series. This process requires an understanding of each country's health financing system, knowledge of SHA2011 and technical exchanges with focal points to obtain accurate, complete and internationally comparable time series.

In 2018-19, there was increasing demand for technical assistance to improve health accounts in the European Region, mainly from former Soviet Union countries (FSU) and the Balkans. The Office organized country missions and capacity-building events to track health expenditures using SHA2011. In 2019, technical assistance was provided to **Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Montenegro, North Macedonia and Tajikistan.**

The Office also delivered subregional peer learning meetings on health accounts production and institutionalization to facilitate learning from international experience. In 2018, we held two workshops (in collaboration with WHO headquarters) in Hungary and the Republic of Moldova in 2018 to support **Armenia, Belarus, Bosnia and Herzegovina, Georgia, Hungary, Kyrgyzstan, Kazakhstan, North Macedonia, Montenegro, the Republic of Moldova, Tajikistan and Uzbekistan.**

A third subregional health accounts meeting took place in July 2019 in Minsk, Belarus, co-organized by the Office and WHO headquarters with the support of the Ministry of Health of Belarus. It was attended by 35 participants from 11 countries.

The work on Health Accounts will be extended to more countries in 2020-21. Funding for this work is provided by WHO headquarters, Geneva.

Participants of the subregional workshop on health accounts held in Minsk, Belarus, 2019 (photo: WHO)



Strengthening health systems for better noncommunicable disease outcomes

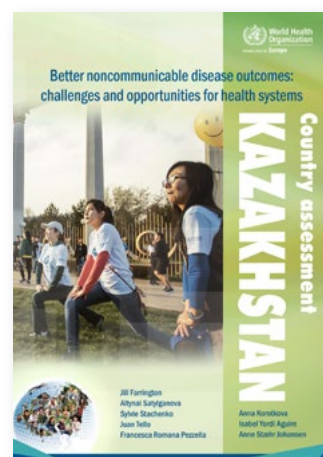
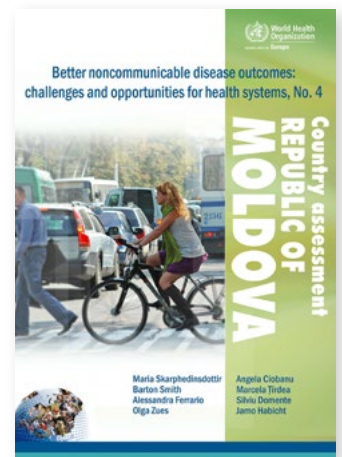


Strengthening health systems for more **effective prevention, early detection and management of noncommunicable diseases (NCDs)** is central to the attainment of the SDGs and closely linked to UHC. The Office has led an inter-divisional multidisciplinary work program in this area since 2012, focusing on country support.

In 2018, the Office completed a year-long **synthesis process** with national experts from Member States and WHO staff in Copenhagen, leading to the launch of a comprehensive regional report at a high-level meeting of European Member States in April, and a health system resolution by the 68th Session of the Regional Committee for Europe in September, 2018.

The **regional report Health Systems Respond to NCDs: Time for Ambition** presents an evidence-informed vision for a comprehensive and coherent health systems response to NCDs. The report summarizes the nine cornerstones of a strong health system response to NCDs. It is aimed at national and subnational policy-makers and implementers, including health ministries, public health departments/centers, health care purchasing agencies, regional and local community administrations, nongovernmental organizations and academic institutions influencing policy. Accordingly, the report is policy and solution oriented. Each chapter highlights 4-5 key policy messages and ends with a summary table of potential policy responses. The report draws on (i) country assessments, (ii) good practice briefs, (iii) published literature and (iv) author experiences. Its messages were validated in two author meetings: one in Copenhagen, Denmark hosted by WHO and the second in Madrid, Spain co-hosted by WHO and the Ministry of Health, Social Services and Equality of Spain.

A specific WHO [web site](#) on health systems response to NCDs hosts the Guide, Country Assessments, Briefs, Synthesis report, Compendium and news on activities (photo: WHO)



A Compendium of Good Practices from Europe

accompanies the regional report. These Good Practice Briefs highlight health system policies and practices that have overcome health system barriers to scale up core NCD interventions and services and contributed to improved outcomes. They typically reflect large-scale (national or regional) implementation of a policy instrument rather than isolated pilots or projects. Each brief provides evidence on the impact of the instrument and highlight lessons for countries planning to implement similar efforts. Three briefs feature good practice from Spain on risk stratification (country level), multidisciplinary primary health care (Catalonia) and prevention of diabetic retinopathy (Andalusia).

A high-level regional meeting 'Health Systems Respond to NCDs: Celebrate, Share, Inspire' hosted by the WHO Regional Office for Europe on April 16-18, 2018 in Sitges, Spain, was attended by 250 participants representing 40 Member States, WHO headquarters and other WHO Regional Offices as well as partner organizations like the OECD and the World Bank.

The event **celebrated progress** on NCD outcomes and health system strengthening in the European Region; provided a platform to **share lessons** learnt on implementing a comprehensive health system response to NCDs, and **inspired action** across Member States for health system strengthening and the scaling up of core NCD interventions and services by taking an in-depth look at good practice. The meeting was dynamic and participatory, with interactive plenary sessions, policy labs, walkthrough poster sessions and opportunities for dialogue and engagement.

An **outcome statement** capturing the meeting's vision and conclusions contributed to a Health System Resolution passed at the 68th session of the WHO Regional Committee for Europe in September, together with the outcome statement of the high-level meeting in Tallinn. It was also channeled to the third United Nations high-level meeting on NCDs held in September, 2018 and the WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs held in Oman in December, 2019.

In addition to financial support provided by the Generalitat, the project received funding from the **Assessed Contributions made by all WHO Member States** and additional voluntary contributions from **Germany**.

Melitta Jakab, Senior Health Economist, speaks at the high-level meeting in Sitges, Spain (photo: WHO)





Three briefs featuring good practices from Spain (photo: WHO)

Regional report presentation at the 68th Session of the Regional Committee for Europe in Rome, Italy (photo: WHO)



Capacity building through training courses

The WHO Barcelona course on health financing for UHC (photo: Robert Ramos)



The Office organizes annual training courses for policy-makers, government officials, health professionals in managerial positions and other stakeholders who influence policies and the performance of health systems in the European Region.

The WHO Barcelona courses are an established brand, attracting attention from policy-makers across Europe and globally. The formal and informal feedback we receive from participants reflects the quality and impact of these courses. Demand for the courses continues to be high, far exceeding the number of places we can offer.

In 2018-19, we delivered four courses attended by 191 government officials and health experts. Using images from these courses, the Office produced a short [film](#) on the WHO Barcelona courses highlighting key areas of technical work and featuring the World Heritage Sant Pau Art Nouveau site.

Participants and trainers of the 2019 WHO Barcelona course on health financing for UHC (photo: Robert Ramos)



WHO Barcelona course on health financing for universal health coverage

The eighth and ninth editions of the annual WHO Barcelona course on health financing for universal health coverage were held in October 2018 and March 2019. These courses are a great opportunity for health policy-makers in Europe to improve their knowledge on health financing for UHC and share experience from across Europe.

Participants included officials from health and finance ministries, as well as experts working for health insurance funds and major international institutions including the European Commission, KfW Development Bank, USAID and universities. There were **58 participants from 28 countries** in 2018 and **67 participants from 23 countries** in 2019. The course in 2019 was delivered with interpretation to Russian language, which enhanced the accessibility of the course to participants from Russian-speaking countries.

The five-day course combines systematic thinking about health systems and health financing with an interactive, practical focus on ways of improving health system performance through better policy analysis, design and implementation. Participants draw on theory and international experience to diagnose health financing problems in a country of their choice and work together to overcome obstacles to moving towards UHC.

Participants and trainers of the 2018 WHO Barcelona course on health financing for UHC (photo: WHO)



WHO Barcelona course on health systems strengthening for improved tuberculosis prevention and care

The third and fourth editions of the WHO Barcelona course on health systems strengthening for improved tuberculosis (TB) prevention and care were held in November 2018 and 2019. In collaboration with the Division of Communicable Diseases, Health Security and Environment, this training programme aims to support transformation of financing and delivery of TB services in the European Region. The course supports the implementation of the Tuberculosis Regional eastern European and central Asian Project (TB-REP) financed by The Global Fund.

The course provides theoretical and practical training using a health system framework and a case-based approach to training. It is attended by decision-makers, senior officials from ministries of health and finance, managers of national TB programmes, health insurance funds and service delivery organizations, experts and leaders playing key roles in the implementation of health system reforms related to TB prevention and care in 13 countries: **Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Romania, Tajikistan, Turkmenistan, Ukraine and Uzbekistan**. Experts from international organizations supporting TB-REP countries also attended the course.

In addition to the generous financial support by the Generalitat, funding for the WHO Barcelona courses on TB was provided by the TB-REP project financed by **The Global Fund**. The WHO Barcelona courses on health financing for UHC benefitted from voluntary contributions from **Japan**.

The 2019 WHO Barcelona course on health systems strengthening for improved TB prevention and care (photo: Robert Ramos)



Conferences and inter-agency collaboration

Our work on financial protection is presented in publications by the OECD, the European Union and the European Observatory on Health Systems and Policies



Senior staff of the Office were invited to be speakers at international conferences and meetings organized by international agencies including the European Public Health Association, the European Commission, OECD and other international agencies as well as universities. The Head of the Office took part in a global UHC Charter review meeting at Yale University involving international organizations and global experts.

In addition to the high-level conferences mentioned earlier in the report, we disseminated the findings of the work on financial protection via a range of events and publications, including:

- AIM (International Association of Mutual Benefit Societies) General Assembly, Tallinn, 21 June, 2018
- OECD Health Division internal meeting, Paris, 9 October 2018
- OECD Working Party on Health Statistics, Paris, 10 October 2018
- Baltic Policy Dialogue, Riga, 8 November 2018
- European Public Health Association 11th European Public Health Conference, Ljubljana, 1 December 2018
- IESE Business School, Barcelona, 18 December 2018
- EU Social Protection Committee Indicators Sub-Group, Brussels, 6 February 2019
- Winter School on Pharmaceutical Pricing and Reimbursement Policies, Astana, 18-20 February 2019
- EU Health System Performance Assessment Expert Group meeting, Valletta, 4 June 2019
- EU Social Protection Committee Indicators Sub-Group, Brussels, 20 June 2019
- OECD report [Health for everyone? Social inequalities in health and health systems](#) September 2019
- The UHC 2030's Civil Society Engagement Mechanism [Reflections on WHO 2019 UHC monitoring report](#) commended our work in Europe for counting further impoverished people and linking financial protection results to data on unmet need for health care, September 2019
- OECD report [Health at a glance 2019](#), November 2019
- European Commission [State of health in the EU companion report 2019](#), December 2019
- European Commission [State of health in the EU country profiles](#), December 2019
- WHO Global Meeting to Accelerate Progress on SDG target 3.4 on NCDs and Mental Health, Muscat, 9-12 December, 2019
- BMJ Opinion [We must change how we measure the impact of health spending on poor people if we are serious about 'leaving no one behind'](#), 12 December 2019



Country-level achievements in 2018-19

Overview



The Office has an extensive programme providing technical assistance and policy advice to Member States across the European Region. In 2018-19, the most intensive support was provided to **Azerbaijan, Georgia, Greece, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan**. Office staff also led or contributed to WHO's work in **Albania, Armenia, Estonia, Hungary, Latvia, Lithuania, North Macedonia and Slovenia**.

In 2019, the Office engaged with the Department of Health of Catalonia in a joint assessment of the Catalan health planning process.

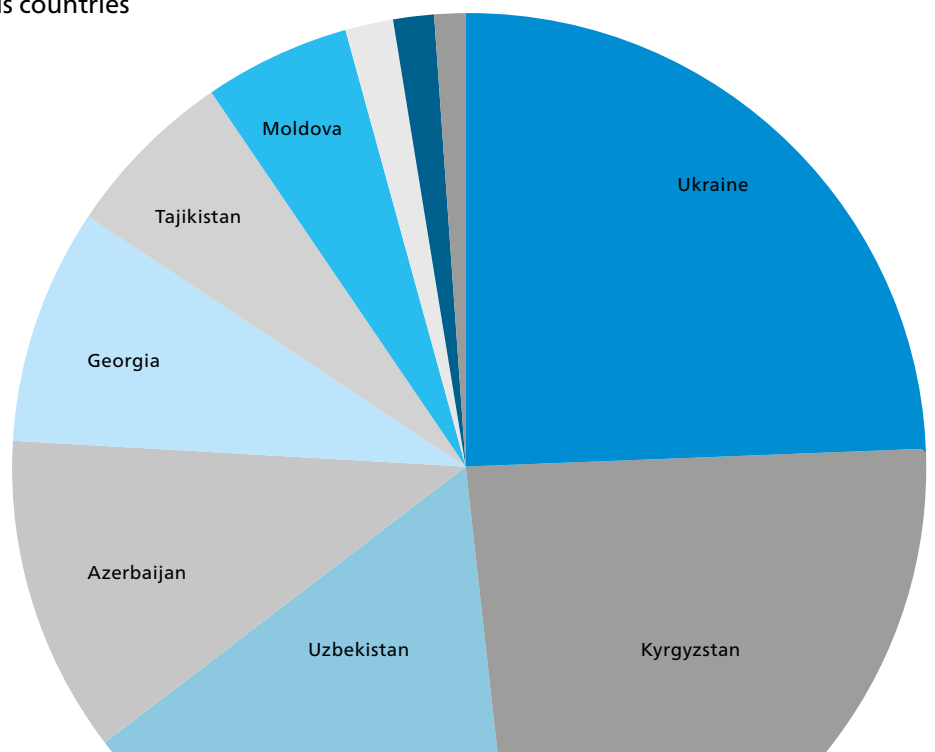
We collaborate with the **European Observatory on Health Systems and Policies** and the **World Bank** in several countries.

Sarah Thomson, Senior Health Financing Specialist, presenting the work on financial protection in Slovenia (Photo: WHO)



Regional coordination of technical support to countries introducing major reforms for UHC

Distribution of UHC partnership portfolio: 7 focus countries



The Office has a leading role in coordinating technical assistance to countries engaged in large-scale health system reforms for UHC. It deploys about USD 4 million in activity funds, focusing on the neediest and most vulnerable people in 10 countries. The bulk of funding and technical support going to **Azerbaijan, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.**

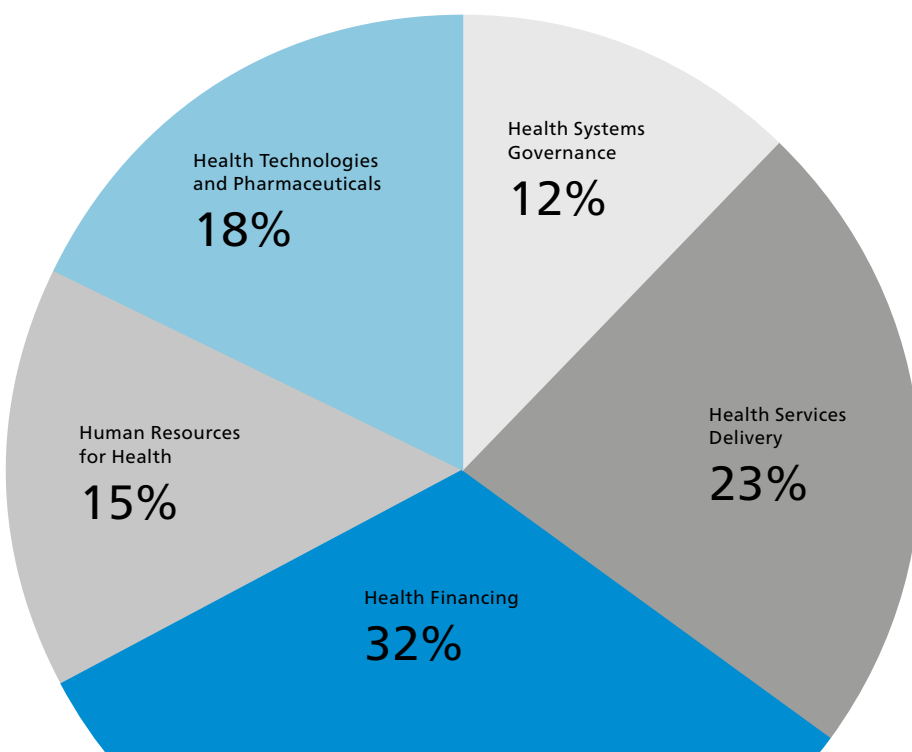
In 2019, the Office supported WHO headquarters to negotiate a new phase of the **UHC Partnership project with the European Union**, involving USD 6 million to support and strengthen country impact for UHC in the European Region in 2019-2022. This will enable WHO to strengthen its operations at country level through international policy advisors based in 6 countries.

Technical assistance for UHC aims to build country capacity to develop, implement, monitor and evaluate robust and comprehensive national health policies around the following key themes: (i) governance for UHC, (ii) closing coverage gaps through better design of benefits, (iii) resource allocation and strategic purchasing, (iv) the delivery of public health and primary care services, with a focus on NCDs and (v) investing in digital health for better population health management.

Thanks to this project, **Georgia** has strengthened its purchasing arrangements and developed a purchasing strategy; **Greece** introduced a primary health care reform and strengthened the integration of health and social care; **Ukraine** established a new purchasing agency, the National Health Service of Ukraine; and **Uzbekistan** developed a new health financing strategy and legislation to introduce a purchasing agency.

Funding for these large-scale technical assistance programs for the region has been provided by the **European Union, Luxembourg and Japan.**

Regional portfolio across programs



Highlights of country work

Great media interest in WHO recommendations on the roll out of mandatory health insurance in Azerbaijan (photo: WHO)



Azerbaijan: Reducing out-of-pocket payments through mandatory health insurance and strengthened primary health care

Azerbaijan has the highest levels of out-of-pocket payments in the WHO European Region. To address this, the Government of Azerbaijan plans to roll out mandatory health insurance from January 1, 2020.

At the request of the Government, the Office evaluated the design of the Mandatory Health Insurance (MHI) roll out. The assessment found that the main design features of the proposed MHI roll out are consistent with international experience on successfully moving towards UHC – a commitment to compulsory public financing, the pooling of different sources of funds without fragmentation, strategic purchasing, transparent benefit design aligned with goals and balanced with the realities of fiscal space, and attention to coordination through service delivery reforms.

The assessment also highlighted Azerbaijan's unique opportunity to develop and implement a bolder primary health care approach based on multiprofile teams proactively managing population health. Rather than small independent practices of one doctor and a nurse, the next generation of primary care needs to be made up of a team of clinicians supported by administrative and other staff capable of providing continuity of care for the patients who need it and rapid access for patients with more minor conditions. Multidisciplinary teams with responsibility for managing the health of a defined population will include a wide range of staff, with the mix depending on population rather than rigid norms of population to doctor ratios.

To jumpstart implementation of a new vision for primary health care, the Office led a multidisciplinary health system mission, with experts looking into clinical practice, health service organization, payment incentives, human resources and governance. The mission led to an agreement to move forward with a primary health care reform concept and the design of a primary health care demonstration site to introduce new practices

Government officials and WHO experts discuss reform plans in Baku, Azerbaijan (photo: WHO)



Georgia: Developing the purchasing agency to improve efficiency

Since 2013, Georgia has been making significant improvements in health financing policy by extending population entitlement to publicly financed health care and gradually increasing public funding of the health system. The Social Services Agency (SSA) acts as a single purchasing agency for the health sector, an approach in line with European and global best practices. Evidence shows that reforms have led to progress in meeting the goals of UHC in Georgia: they have increased access to health services and improved financial protection in areas targeted for expanded coverage.

In recent years, the Ministry has strengthened the capacity of the SSA to purchase health services strategically and, in turn, the SSA has introduced new systems to manage the flow of funds to providers. Technical assistance from the Office has focused on assessing and developing the organizational capacity of the SSA through:

- a strategy for strategic purchasing and capacity building to accelerate its implementation;
- the implementation of diagnosis-related groups to enhance transparency and efficiency in provider payment; and
- best-practice patient pathways to strengthen primary health care.

Technical support by the Office featured in the global 'Stories from the field' series published by WHO headquarters, Geneva

Stories from the field



Georgia: building an efficient and transparent financing system for UHC

In 2013 Georgia introduced a new 'Universal Health Care Programme', so that the population could access health services and not have to pay out-of-pocket. The new UHC Programme was supported by a substantial increase in public spending on health to meet people's needs. Georgia urgently needed better tools to ensure that public funds were efficiently used. What was the solution?

Here is the story of how the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia (MoIDPLHSA) and the Legal Entity of Public Law (LEPL) Social Services Agency (SSA) worked closely with the WHO Regional Office for Europe to improve the purchasing and payment system of health service providers.

Diagnosis Related Group system

The MoIDPLHSA is focusing on strategic purchasing by the LEPL SSA to obtain better value for money and is planning to establish the Diagnosis Related Group (DRG) system as a way to pay providers for services. This helps to create a more efficient and transparent financing system, essential for quality of care and moving towards universal health coverage.

The DRG system categorizes patients treated at hospital into similar diagnosis groups and then relate each group to the costs or resources it takes to treat them.

The logic of the groupings takes into account the patients' principal

Minister of Health, David Sergeenko attending the opening ceremony of a renewed health clinic. Increased financial access of patients to medical services has had a positive impact on the development of medical institutions.



diagnosis, age, sex, complications, comorbidities, procedures and other factors such as weight on admission in newborns and discharge status. Patients under one DRG will require approximately similar hospital resources, and therefore similar funding.

“With significant support of the UHC Partnership and the WHO Regional Office for Europe, we are committed to take tangible steps towards UHC by introducing DRG-based payment and a strategic purchasing system. This will ensure delivery of cost-effective, transparent and patient-oriented quality health services without people experiencing financial hardship.”

David Sergeenko, Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia.

Co-funded by the  Joint Working Bank for UHC

April 2019

Greece: Policy dialogue to reduce out-of-pocket payments

High levels of out-of-pocket payments for health in Greece are a cause of concern for the Greek government. In a bid to improve financial protection and make progress towards UHC by reducing out-of-pocket payments, the Greek Ministry of Health joined forces with WHO Regional Office for Europe to organize a policy dialogue workshop in Athens on 16 May 2018. The workshop aimed to identify policy options for reducing out-of-pocket payments; analyse implications for the population, service providers and other actors; and build consensus on the way forward.

Participants included representatives of the Ministry of Health, the National School of Public Health, the National Organization for Health Care Services Provision, hospital managers, professional and patients' rights associations and other stakeholders.

Experts from the Office presented regional evidence on financial protection to highlight the impact of out-of-pocket payments on households in Greece and shared good practice from countries with strong financial protection. Greek experts presented additional evidence on out-of-pocket payments.

This work is part of the Strengthening Capacity for Universal Coverage (SCUC2) action funded by the European Union through a grant agreement between the European Commission and WHO Regional Office for Europe. The project's objective is to improve health and health equity in Greece, especially among those most affected by the crisis, by helping the Greek authorities move towards UHC and strengthen the effectiveness and resilience of their health system.

The Office also provided technical assistance on addressing [informal payments](#), a key challenge in the Greek health system.

WHO Regional Office for Europe (2018). [Addressing informal payments in the Greek health system](#). Copenhagen: WHO Regional Office for Europe



Kyrgyzstan: Stronger health financing governance for UHC

The Office coordinated technical assistance to support the Mandatory Health Insurance Fund (MHIF) to build its institutional capacity and strengthen its governance practices. WHO assisted the MHIF to develop an organizational strategy and institutionalize an annual cycle of revision. The Supervisory board of the MHIF plays an important role in the coordination and alignment of MHIF organizational development. WHO supported the strengthening of the supervisory board by clarifying its statute, reviewing its membership, developing standard operating procedures for regular reporting of the MHIF to the board, and offering capacity building to board members. A WHO report describes some of these experiences.

Technical assistance to Kyrgyzstan featured in the global 'Stories from the field' series published by WHO headquarters, Geneva

To strengthen purchasing, WHO provided technical assistance to the MHIF to:

- improve data quality for purchasing hospital services and primary health care, for better monitoring of hospital performance and incentives for transparency, efficiency and quality;
- building capacity at national and regional level and design tools for analysis of hospital case payment data by major disease group; and
- use data analysis and automated performance dashboards to provide a more value-added approach to providing feedback to hospitals on performance and to develop the case-mix classification system.

The Office also helped Kyrgyzstan to improve financial protection by expanding access to medicines through the development of an institutional strategy for the Drug Regulatory Agency and technical assistance on procurement and pricing to improve access to selected essential medicines. As a result, the parliament approved ground-breaking legislation enabling price regulation for medicines. A set of bylaws on medicines and medical devices was also developed and submitted to government. These documents provide clear procedures for registration of medicines, quality assurance and other processes to ensure the availability of quality medicines. The Office also provides technical assistance on the expansion of the outpatient drug benefit to reduce financial hardship for people.

Stories from the field



Kyrgyzstan: Improving access to quality essential medicines



Photo: WHO/Mikhail Grigorev

“The Kyrgyz Government from now on can regulate the prices of medicines and medical devices to make them more affordable. This is an important step towards establishing equitable access to quality essential medicines for the Kyrgyz citizens.”

Dr Kosmosbek Cholponbaev, Minister of Health of the Kyrgyz Republic.

May 2019

In June 2017, Kyrgyzstan introduced three new laws focused on medicines and medical devices. National health authorities worked for several years on developing these strategic laws, and WHO actively contributed to the process and promoted their adoption.

The new laws on medicines allow the state to regulate the prices of essential medicines, making them more affordable to patients. Improving access to quality essential medicines for the population is a significant measure for strengthening a country's health system. It is also an integral step forward on the path to universal health coverage, which Kyrgyzstan set out to achieve when it adopted the Sustainable Development Goals.

Powered by the
Joint working team for UHC

Latvia: Revisiting health financing policy recommendations by WHO

There is a long history of technical support provided by the Office to Latvia on different health financing reform proposals in the past 10 years. WHO reports and recommendations for health financing reforms in Latvia were not supportive of the government's plan to introduce a health insurance system and split the benefits package into a so-called 'two-basket system' with more and less comprehensive coverage depending on the payment of contributions. In 2019, the new Minister of Health approached WHO for technical support to reverse the partially introduced reforms – in particular, to support a single benefits package for all Latvian residents. The Head of the Office presented WHO's position on health financing reforms at a joint meeting of two parliamentary committees (Budget and Finance, Social and Labour).

WHO provided arguments to support the single benefits package and improving financial protection by increasing public funding for health and better protection for the poor through changes in coverage policies such as reducing co-payments. In addition to the [regional report on financial protection](#), the Country Office produced a Latvian translation of the [country-specific report on financial protection in Latvia](#) and the summary of policy recommendations on the health financing reform proposal, which greatly enhanced dissemination of WHO's messages and generated substantial media interest. The Minister of Health is very committed to navigating the health financing reform process along the lines of WHO's recommendations.

Presentation of WHO recommendations to parliamentary committees on health and budget in Riga, Latvia (photo: WHO)



Lithuania: Acting on the recommendations of the country report on financial protection

The [country-specific report on financial protection in Lithuania](#) was the first of the series of reports launched in 2018. The launch took place at the National Health Forum organized by the Ministry of Health for the joint presentations of the WHO report on financial protection in Lithuania and the OECD review of the Lithuanian health system on the occasion of Lithuania joining the OECD as its new Member State. The European Commission was also represented at this event by Dr Vytenis Andriukaitis, Health Commissioner and former Minister of Health of Lithuania. The event had huge publicity.

Indicators of financial protection for Lithuania suggest that the health system fails to provide good protection for more than 15% of households. The report identified several potential policy actions to improve the performance of the system. The Minister of Health welcomed the recommendations of the report and decided to act on those recommendations, in particular the coverage policies for prescription medicines. Out-of-pocket payments for medicines are the main driver of financial hardship in Lithuania. In fact, the report findings provided the evidence to support many of the policy changes that the new Minister wanted to introduce. The report highlighted which of the good practices across Europe are most likely to be relevant and potentially successful if implemented in Lithuania.

In following up on the report launch, the Minister of Health requested technical support from the Office to develop further his reform plans taking the findings of the report into account. This experience of direct impact of our work on financial protection was shared with other Member States at the 68th Session of the Regional Committee for Europe, where the Lithuanian Minister of Health presented his reform plans during the session devoted to the regional report on financial protection. He praised the contribution of the Office to evidence-informed policy-making in Lithuania.

Aurelijus Veryga, Minister of Health of Lithuania, speaks at the 68th Session of the WHO Regional Committee for Europe (photo: WHO)



Tajikistan: Moving towards UHC to improve access to health services and reduce financial hardship for vulnerable people

WHO provides support to Tajikistan to monitor its progress towards UHC, strengthen the UHC evidence base for more effective, evidence-informed policy dialogue, and systematically build capacity and political support for UHC in and beyond the health sector.

In 2018, WHO supported the Ministry of Health and Social Protection of Population and the Ministry of Finance during an intensive dialogue on how to accelerate the implementation of UHC reforms. As a result, in November 2018 the Ministry of Finance set up an Interagency Expert Group (IEG) to strengthen communication and cooperation between the two ministries and development partners and speed up the implementation of new health financing mechanisms, especially pooling and strategic purchasing.

Ukraine: Establishing a national purchasing agency as a catalyst for system transformation

WHO has supported Ukraine to develop a reform strategy for its comprehensive health system transformation and a detailed health financing concept to make this happen. Through policy dialogues, these key documents have been approved by the government. In 2017, the Parliament adopted the Law of Financial Guarantees in Health, launching a major health system and health financing reform. The Office led the technical assistance support for the development of this Law, which creates the legal basis for national pooling of resources, strategic purchasing, a purchaser-provider split, the definition of a more explicit health benefits package and new payment methods for health care providers. The reforms were implemented in 2018-19 and reviewed in a [report](#) produced by the Office and the World Bank.

As a first implementation step, the Government has established the National Health Service of Ukraine (NHSU), which operates as the purchaser of health services on behalf of the population. NHSU is a distinct legal entity coordinated by the Cabinet of Ministers through the Minister of Health. The Office led technical assistance to develop good governance arrangements for the NHSU.

Jarno Habicht, WHO Representative speaks at the National Public Health Conference in Ukraine (photo: WHO)



Uzbekistan: Moving towards UHC to improve access to health services and reduce financial hardship for vulnerable people

Uzbekistan is going through a massive social and economic transformation under its new President. Health is high on the agenda and a key government priority. The government has significantly increased the health budget to reflect this priority. Uzbekistan has embarked on comprehensive and far-reaching reforms of its health system including in the area of health financing.

Over the past 18 months, the WHO Regional Office for Europe (including the Barcelona Office) supported Uzbekistan in developing a new national health plan, which was launched by the Minister of Health and the WHO Regional Director for Europe. The Office supported the development of a new health financing strategy which envisions the establishment of a national health purchasing agency contracting with both public and private providers.

The Office has completed a feasibility study of the introduction of social health insurance and a policy dialogue on health financing policy options to support finalization of the health financing strategy. The government has decided on a phased implementation arrangement and the design of a demonstration project for the new contracting and service delivery model in one region. The demonstration project aims to test an ambitious model of networked and integrated primary health care with strengthened digital solutions for proactive population health management. The Office is leading the technical assistance provided to the design of demonstration project, which may over time become a model not only for the country but for the entire region.

Dialogue with parliamentarians in Uzbekistan about UHC, the new health financing law and accountability mechanisms (photo: WHO)



Technical support to Catalonia, Spain

First meeting of officials from the Department of Health and WHO staff to discuss the review of health planning in Catalonia (photo: WHO)



Assessing 30 years of health planning in Catalonia

In 2019, the Catalan Department of Health approached the Office to embark on an evaluation of the evolution, results and impact of 30 years of health planning in Catalonia. The aim of this exercise was to assess strengths and weaknesses from an international perspective to inform the design of the health planning cycle for 2021-2025.

The Office worked with international and local experts to develop a tailored approach drawing on international good practice in health planning and health system performance assessment. This includes a multidisciplinary approach and inclusive stakeholder selection. Three technical missions took place in 2019 involving international experts and WHO staff in Barcelona and Copenhagen.

The assessment found that the health plans are a valued institution in the Catalan health system – well known by all stakeholders, respected for setting a vision and direction for improving health and well-being, demonstrating clear leadership, well-assigned institutional roles and relationships, inclusive and open dialogue, and consistent application over time.

Master's program students visiting the WHO Barcelona Office in 2019 (photo: WHO)



More recently, however, the health planning process has faced challenges as health action has become more pluralistic across sectors and government levels. With growing attention to intersectoral action to address a more comprehensive range of health determinants, the health planning process has been able to capture key themes and policies, but implementation and funding mechanisms need to be strengthened. Catalonia has been a greenhouse of innovation at local level (municipalities and health institutions), challenging health planners to create platforms and processes to identify and legitimize effective innovations for scale up. Health planning now needs to adapt to become the nexus of intersectoral and inter-governmental action for health.

Supporting training programs and seminars in Barcelona

Senior staff at the Office contribute to the Master's level training programme offered by ISGlobal of the University of Barcelona. The work on financial protection was presented at a seminar organized by IESE Business School for senior managers in the Catalan health system. The Office also offers internship opportunities to students studying at various universities in Barcelona.

Conclusion

Tamás Evetovits, Head of the WHO Barcelona Office



In 2018-19, the WHO Barcelona Office provided high impact technical support to Member States at the European Regional level and in countries. The Office further strengthened its work on health financing for UHC, health systems strengthening for better health outcomes and capacity building through training courses, and provided tailored support to countries on health financing and health system development.

The Office launched important regional and country-specific reports related to its two major projects: monitoring financial protection as a core component of UHC and health systems strengthening for better health outcomes. These reports were featured at high-level European and global events and at the annual meetings of the WHO Regional Committee for Europe with delegates from all 53 Member States present.

The first-ever WHO European Regional report on financial protection was launched on World Health Day 2019. This flagship product of the Office has been featured at the WHO conference on 'Health Systems for Prosperity and Solidarity – Leaving No One Behind' in Tallinn, Estonia, at the WHO European Conference on Health Equity in Ljubljana, Slovenia and at the European Health Forum Gastein in Austria. The policy messages of this work made it to the United Nations High-Level Meeting on Universal Health Coverage held in New York during the United Nations General Assembly. Assessing progress towards UHC by monitoring financial protection in the WHO European Region continues to be the most important part of the work of the Office in the era of the Sustainable Development Goals.

The regional report on strengthening health systems for better health outcomes 'Health systems respond to noncommunicable diseases: time for ambition' provides a synthesis of five years of work in countries and across the European Region. A compendium of 22 good practices in Europe included three Good Practice Briefs from Spain. The WHO Regional Office for Europe organized a high-level meeting for European Member States in Sitges, Spain to celebrate, share and inspire actions on combatting the epidemic of chronic diseases.

The achievements of the Office can also be measured by increasing demand from Member States for technical assistance and the excellent feedback it receives. The WHO Barcelona courses continue to attract the attention of policy-makers from across the European Region and beyond. In 2019, the Office engaged in a joint assessment of 30 years of health planning in Catalonia involving a wide range of international and WHO experts.

The generous financial contribution by the Government of the Autonomous Community of Catalonia enables the WHO Regional Office for Europe to deliver technical assistance to countries at an intensity and scope that otherwise would not be possible. This is highly appreciated by Member States. In addition to the financial support from Catalonia, the Office diversified its sources of financing for activities and benefited from funding from the Governments of Germany, Japan, Luxembourg, Switzerland and the United Kingdom, as well as from the European Union and The Global Fund.

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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