World Health Organization
REGIONAL OFFICE FOR Europe

HEALTH SYSTEM PERFORMANCE: FROM ASSESSMENT TO ACTION

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EXPERT WORKSHOP IN TALLINN, ESTONIA, 12 JUNE 2018

CELEBRATING THE 10TH ANNIVERSARY OF THE TALLINN CHARTER

Abstract

The expert workshop "Health systems performance: from assessment to action" took place on 12 June 2018 in Tallinn, Estonia. This one-day event was organized in the context of the WHO Regional Office for Europe high-level meeting "Health Systems for Prosperity and Solidarity: leaving no one behind" that took place on 13–14 June 2018.

The expert workshop aimed to discuss relevant examples of health system performance assessment (HSPA) measures informing policy making at national level, identify enablers and barriers for the use of those measures in actionable policies, and discuss how the Division of Health Systems and Public Health of the WHO Regional Office for Europe can contribute to enhance the use of performance indicators by policy-makers in its technical assistance to countries.

Keywords

Health System Performance Assessment
Performance measurement
Enablers and Barriers
Actionable Policy Use
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1. Background and context

In 2008, the WHO Regional Office for Europe, European Member States and partners adopted the Tallinn Charter: Health Systems for Health and Wealth *(1)*. The shared values of solidarity, equity and participation, and the seven commitments enshrined in the Tallinn Charter, have since informed the people-centred health-system approach of the European health policy framework Health 2020 *(2)* and set the direction for much of the regional and country work on strengthening health systems in the past decade.

Since then, the Regional Office has continued its work on health system performance assessment (HSPA). The Division of Health Systems and Public Health's ongoing work in this area includes:

- the development of a new methodology to measure financial protection across Member States and initial monitoring of financial protection in a set of European countries;
- performance measurement of health services delivery;
- progress on defining performance indicators for human resources for health; and
- efforts to increase access to medicines.

Several WHO publications stemmed from this work *(3–7)*. Cooperation continued with the European Commission, the European Observatory on Health Systems and Policies and the Organisation for Economic Co-operation and Development (OECD).

Additionally, WHO provided technical assistance to a number of countries (Albania, Armenia, Belgium, Estonia, Georgia, Hungary, Ireland, Kyrgyzstan, Lithuania, Malta, the Netherlands, Poland, Portugal, the Republic of Moldova, Tajikistan, Turkey and the United Kingdom) to assess the overall performance of their respective health systems.

Continuous work has contributed to a better understanding of the opportunities and challenges related to health system performance in the WHO European Region. The valuable publications of the European Observatory have also contributed to substantial progress in illustrating comparative health system performance across geographical areas and internationally, and in identifying factors that influence performance in order to develop policies that achieve better results.

To celebrate the 10th anniversary of the Tallinn Charter, the Regional Office organized the high-level meeting "Health Systems for Prosperity and Solidarity: Leaving No One Behind" on 13 and 14 June 2018 with the support of the European Observatory and the Government of Estonia. The high-level meeting built on the Tallinn Charter's legacy, which committed signatories to be accountable for health system performance. Commitment 3 of the Tallinn Charter is to promote transparency and be accountable for health system performance to achieve measurable results *(1)*.

In the context of these celebrations, the Division of Health Systems and Public Health organized a one-day pre-event expert workshop "Health system performance: from assessment to action" in Tallinn on 12 June 2018. The event brought together 22 experts from governments, governmental agencies, academia and international organizations (the European Commission, the World Bank and WHO).

The workshop looked at how information stemming from HSPA is translated into policies and action. In the last few years, the focus has been on HSPA's technical aspects, especially regarding performance measurement. Less attention has been devoted to the practical use of HSPA data and indicators for policy design and implementation. This workshop offered a platform to discuss the impact of HSPA on national and subnational policy decision-making, to review policy-makers' use of assessment results, to identify ways to improve collaboration among policy-makers, to enable the assessment community to discuss means to optimize the policy use of performance indicators, and to look at WHO's role in supporting this approach to HSPA in its technical collaboration with Member States.

The workshop's objectives were to:

- share and discuss relevant examples of how HSPA measures are used at national and subnational levels to develop policies or to inform the policy agenda;
- identify enablers and challenges for the use of performance measures in actionable policies;
- understand how the policy use of HSPA data by national and subnational decision-makers can be enhanced;
- present a recent WHO study on financial protection as an example of a key domain of HSPA with strong relevance for policy-making; and
- address how the Regional Office, in particular the Division of Health Systems and Public Health, can contribute to the improved policy use of HSPA for its technical assistance and policy advice to governments.

This report provides a summary of the deliberations of the workshop and is structured as follows.

- Section 2 discusses relevant country examples of policy use of HSPA with a focus on enablers and approaches to overcoming challenges.
- Section 3 presents progress on measuring financial protection as a key component of HSPA within the Regional Office.
- Section 4 highlights enablers to enhance the policy use of HSPA and provides suggestions for WHO's role in this work.
- Section 5 provides some preliminary conclusions.

2. Selected country examples of policy use of HSPA

This section presents selected examples of how different Member States are using information from health system performance assessment (HSPA) for policy purposes. It focuses on factors that prompted the use of HSPA in policy-making, discusses the changes this brought about, and identifies enablers and barriers.

2.1. Finland

Finland has worked diligently in the past years to strengthen its health system. Current major health and social reform foresees the transfer of responsibilities from municipalities to larger regional entities (counties). New legislation under discussion at the time of the workshop would allow the use of information stemming from HSPA for the allocation of funds to these newly established counties. If these reforms are approved, counties will be responsible for arranging all public social welfare and health services, and elected county councils will make decisions. The shift of responsibilities from municipalities to counties will link to a profound change in funding mechanisms. Roughly 90% of the budget comes from the state, and different ministries have made joint efforts to develop a national framework to fund counties.

The National Institute for Health and Welfare has developed a matrix to assess the performance of counties, looking in particular at (i) equality (access and availability of services according to population needs) and (ii) sufficiency of funding. The assessment framework, which initially had 600 indicators and now has roughly 400, is compatible with other frameworks developed by international agencies, such as the Organisation for Economic Co-operation and Development (OECD).

In the pilot phase, county evaluation was performed twice: the first round focused on 18 counties, and the second included a countrywide evaluation in addition to the county evaluations. The assessment focused on five dimensions (quality and effectiveness, access and availability, costs of services and production efficiency, customer orientation, and equality) in 10 different service areas (welfare and health promotion; preventive services; primary health care; specialized medical care; services for children, young people and families; social services for older people; mental health services; substance abuse services; services for disabled people; and social services for working-age people). The assessment of the 18 counties was used in simulating funding negotiations. This established a direct link between performance and impact on funding.

All data used for the county assessments are publicly available and published in a specific information service.[1] Existing national databases were a prerequisite for starting the analysis, but Finland has invested resources to systematically improve quality and data coverage. Funding negotiations with the counties will take place on an annual basis and the evaluation cycle will be continuous. Counties will self-report data. Currently, there are about 50 registries with high numbers of statistical indicators. Data are also collected qualitatively through interviews.

Importantly, Finnish policy-makers determined the purpose of HSPA at the beginning of the pilot. They agreed to use the resulting information as the basis for funding allocation for counties once legislation is passed. Political background and support were determinants in this process. Finland is now linking indicators to performance measurement.

2.2. Austria

In Austria, the Federal Ministry of Health is pursuing 10 health targets from 2012 to 2032. It developed these collaboratively with the participation of more than 30 institutions and 4000 citizens *(8)*. The aim is to prolong the healthy life years of all people living in Austria, irrespective of education level, income or personal living conditions. The Federal Health Commission and the Council of Ministers officially approved the 10 health targets in summer 2012. The targets were included in two government programmes and are an important basis for the ongoing health reform process in Austria.

1 The Finnish-language information service can be viewed at proto.thl.fi/tietoikkuna.

Monitoring the 10 health targets is a standard process that enables strategic management, and should contribute to optimized strategies and action plans. The Federal Ministry of Health has committed to publicly report on specific domains on a regular basis: twice a year on financial targets and each year on services delivery. The Austrian Public Health Institute has set up indicators and benchmarks to monitor progress.

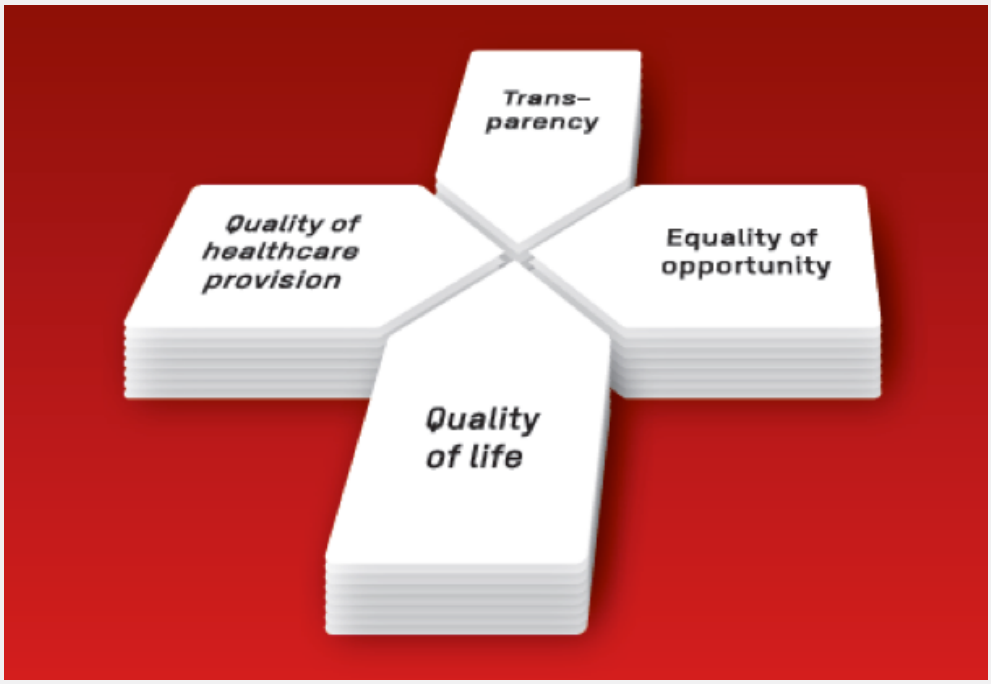
The efficiency review of the country's social insurance system, with a specific focus on health competencies, comprehensively monitors health system performance *(9)*. The study, commissioned by the Austrian Ministry of Labour, Social Affairs and Consumer Protection, helped to identify key priority areas of intervention and has prompted policy changes. Health coverage and financial protection are high on the political agenda. The performance assessment has contributed to harmonizing benefits among health insurance funds and to reducing differences in user charges and coverage of medical products. It also identified the securement of a sufficient number of health professionals as a key future challenge for the health system.

The involvement of all relevant political and social stakeholders in the framework for monitoring the health targets is a major factor in ensuring the inclusion and engagement of various sectors across government and society. In this way, factors within and outside the health system that affect people's health are included in the monitoring process and addressed through policy actions.

2.3. Switzerland

Based on the European Health 2020 policy framework *(2)*, Switzerland developed a national Health 2020 strategy that was launched in January 2013 *(10)*. The strategy sets out 36 measures to ensure quality of life, increase equal opportunities and individual responsibilities, raise the quality of care and improve transparency, and improve control and coordination. It summarizes the objectives of the Federal Government for future years and identifies four priority areas, each with three objectives that are further divided into three specific activities. It prioritizes the involvement of all relevant stakeholders.

Fig.1. **The four priority areas for policy action in Switzerland's Health 2020 strategy**



Source: reproduced by permission of the publisher from Federal Department of Home Affairs *(10)*.

One of the most prominent action areas concerns the containment of spending on health. Other areas include health insurance reform and ambulatory care. The OECD's repeated review of the Swiss health system, undertaken in collaboration with WHO, also identified these areas. The first of these health system reviews for Switzerland was published in 2006 *(11)*.

HSPA has also been used as an instrument to compare Switzerland's performance with other countries. The comparison between the Netherlands and Switzerland generated interest in a risk-equalization scheme across health insurance funds. This prompted policy changes, including the introduction of a risk-equalization scheme for the cost of medicines in 2019. Overall, HSPA is seen as an instrument to foster public accountability and engagement in health.

2.4. Greece

During the eurozone crisis, Greece faced a looming fiscal gap. The European Central Bank, the European Commission and the International Monetary Fund imposed austerity measures through the Economic Adjustment Programmes during these years, and little interest was shown in HSPA due to a relatively weak health information system and infrastructure.

Since 2010, Greece has embarked on an unprecedented number of reforms to shape the direction of policy. HSPA has become crucial with the implementation of the System of Health Accounts from the OECD and the development of web-based platforms for collecting and reporting data. Several other health information systems were set up to use for monitoring and planning purposes *(12)*.

Due to external pressures from investors and the country's willingness to improve the health information system, Greece placed a major focus on monitoring resources, allocation and utilization patterns across the country using a health and welfare map. Inpatient care and medicines are the two major spending items in Greece. Several indicators were developed in these areas to identify and reduce wasteful spending at all levels of the system. As a result, Greece implemented several policy changes. For example, Greek hospitals were using considerable financial resources – approximately €160 million per year – for outsourcing activities (food, cleaning and security). The Ministry of Health's policy response was to halt the outsourcing of auxiliary services and force hospitals to employ people. Systems to enhance scrutiny of tenders and prices paid by hospitals for products and services were also put in place. This resulted in savings of €43 million per year.

Greece has also invested in the development of a national electronic prescription system and other electronic systems to manage prescribing and cost reimbursement for diagnostic tests. These have enabled a reduction of pharmaceutical spending since 2010. Indicators are also used as comparators with other countries. Resulting evidence suggested that Greece spends more than average on diabetes care, which absorbs a considerable amount of the national health care budget.

The example of Greece illustrates how financial scarcity has encouraged policy-makers to strengthen the health information system to enable more cost-effective policy choices.

2.5. Kazakhstan

Kazakhstan has embarked on large-scale health-care reform that has led to a revision of the national monitoring system and the application of a modified World Bank–WHO–Global Fund health system monitoring framework to examine outcomes. Political will to pursue reforms has been strong, and is reflected in different policy plans including *Salamatty Kazakhstan* 2011–2015, Vision 2030 *(13)* and the Kazakhstan 2050 Strategy *(14)*. The reform agenda includes clear timelines for achieving the objectives *(15)*.

The Kazakh Government recognizes the importance of effective and comprehensive HSPA to support policy changes. The "Program Realisation Indicators" of *Salamatty Kazakhstan* 2011–2015 specified the ambition to understand and

measure the impact of health policies. Data for most of the measurements recommended by WHO are available, though certain dimensions require more attention (for example, financial protection and data governance) *(16)*.

The current national health development programme for 2016 to 2019 focuses on seven distinct directions of health system development: primary health care and its integration with other services; public health; health-care quality improvement; national medicines policy (including access to medicines and their rational use); human resources for health; digitalization of health care; and the modernization of health infrastructure. The implementation of this national programme, which has clear performance indicators and which monitors activities semiannually, includes the project management approach adopted by all government branches.

The Kazakh Government has taken measures to highlight the importance of HSPA, increase understanding of HSPA results and put ambition into action through policies. Thanks to data analysis, Kazakhstan was able to restructure triage services and divert funding from ambulances to primary health care. The Ministry of Health also conducted pilot programmes in 2016 and 2017 that were then rapidly implemented throughout the country, demonstrating that reforms can happen swiftly if corroborated by evidence.

2.6. Slovenia

The Ministry of Health of Slovenia has taken important steps in the past years to increase the accountability and transparency of the health system. The national health plan for 2016–2025 sets out the main goals, and several legislative initiatives are addressing the most pressing issues regarding fiscal sustainability.

The economic crisis revealed serious issues with the fiscal sustainability of the Slovenian health system and made the diversification of health revenues a priority. External pressure from the European Commission prompted a vigorous response. The Government turned the crisis into an opportunity by establishing panels of different stakeholders to analyse the main bottlenecks of health system performance in terms of fiscal sustainability. These include public spending on health that is highly reliant on payroll taxes; a lack of robust counter-cyclical mechanisms to mitigate revenue fluctuations due to economic cycles; and underfunding of long-term care *(17)*. The panel discussions have yielded better understanding and awareness of the health system and improved negotiations with the European Commission.

Slovenia has also relied heavily on the use of qualitative data in HSPA. Qualitative data are useful for understanding and describing the context of a given situation, and can help to provide a more complete picture than quantitative data alone. The country has held several workshops to gather qualitative information.

2.7. Sweden

Sweden has a strong track record of HSPA dating back approximately 20 years. Due to the decentralized health system, most information on system performance is generated at the level of county councils and comparisons have a regional focus. Many indicators belong to the performance assessment framework, but the main challenge for policy-makers is translating the large amount of information available into knowledge for county councils to act upon. As a result, the Ministry of Health embarked on a project that asks county councils to work together and build collective understanding of the meaning of the indicators used. The project also aims to link information from the OECD, WHO and other international agencies for comparisons with other countries.

Sweden's challenges in translating HSPA data into action include understanding what information is needed at different governmental levels (central, regional, local), and using information for negotiations with county councils. HSPA is used for decision-making and the development of health policies at county councils and serves as a basis for national policy initiatives. All information is publicly available. County councils' strong commitment to and involvement in the process are critical to success.

2.8. Portugal

Portugal has included HSPA in the development of national strategies in order to support policy action *(18)*. HSPA in the country has four thematic priorities: to achieve better population health; to ensure satisfaction in high-quality, accessible health services; to guarantee social solidarity; and to attain health system sustainability and efficiency. In the area of improving population health, for example, HSPA has helped to shape health policies for diabetes, which is one of the leading causes of disability in the country as measured by years lived with disability *(19)*.

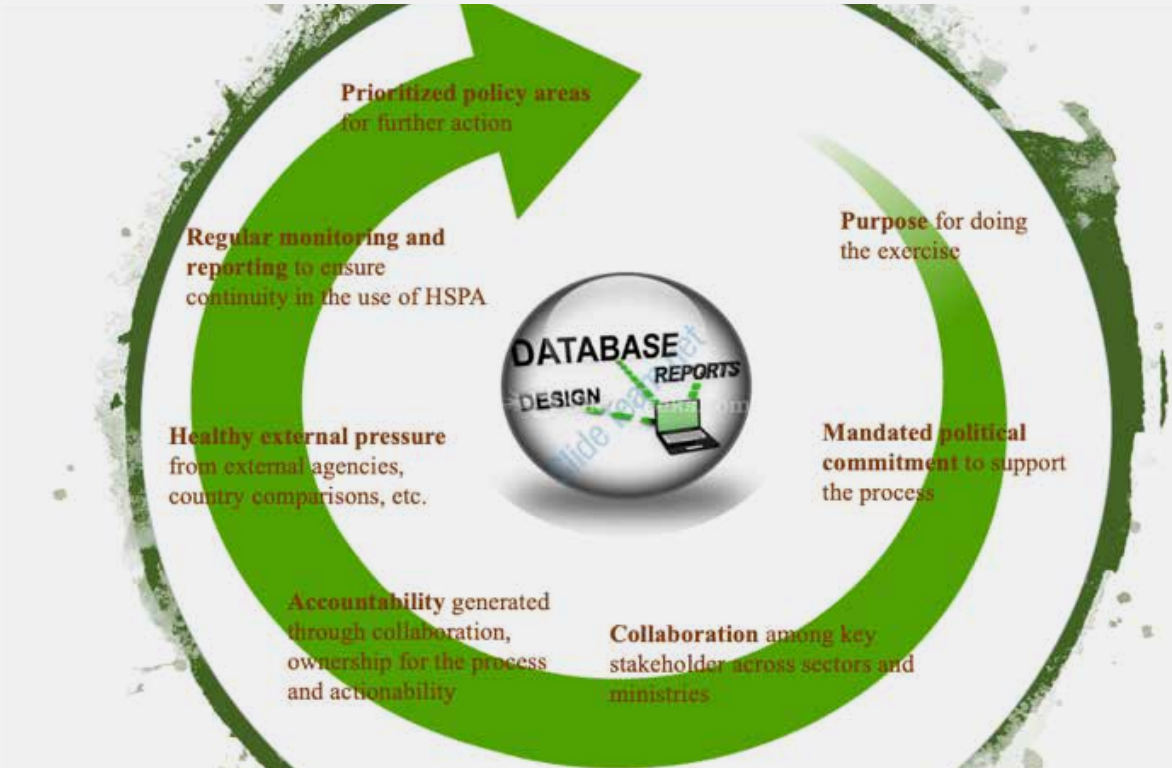
Portugal has a long history of collecting health indicators. In the past years, the country has dedicated policy attention to reinforcing primary health care. It has monitored specific indicators (for example, prevalence of obesity, smoking, risk of developing diabetes) and made these data readily available to general practitioners.

The Ministry of Health has prioritized population health, and considers diabetes to be a trigger for other health system issues. The Government took further steps to improve nutrition and prevent diabetes with the December 2017 launch of the new Integrated Strategy for the Promotion of Healthy Eating *(20,21)*. The approach incorporates health into policies across sectors and considers the health and health-system implications of decisions. The Strategy has several measures agreed by an interministerial working group comprising the ministries of finance, internal affairs, education, health, economy, agriculture, forestry and rural development, and the sea. The Strategy was informed by the latest data from the national nutrition and dietary intake survey. Its key assets include good communication and strong political commitment across ministries.

2.9. Discussion

Evidence from the country examples discussed above points to a number of factors to consider when transitioning from HSPA to policy action. Fig. 2 shows key requirements for HSPA to effectively support policy action.

Fig.2. **Key HSPA requirements to support policy action**



Transparency in data collection and good data governance are key to translating HSPA into policy action. A sound information system and infrastructure are prerequisites to enhancing data reliability. Belgium, Malta and Sweden offer examples of good practice in data transparency and information systems. It is important that the information collected is considered not only a set of indicators, but also a measurement of performance. Some statistics register increases or decreases in indicators or the progress of policy implementation without specifying the current baseline and/or the degree of desired improvement in a specific timeframe – that is, the measurement of performance. For example, a drop in the number of operations per US$ 1 million could be interpreted in two ways: as a drop in efficiency, or as an improvement of inpatient care that allows hospitals to undergo more expensive operations. The interpretation of the indicator should therefore be accompanied by a sound technical analysis that measures performance and informs policy-makers. This requires a shift in perception from seeing information as mere statistics to seeing it as a measure of overall performance.

Data should be accompanied by a clear message. This role could be fulfilled by advocates such as nongovernmental organizations, HSPA experts or institutions. It is also important to consider the time dimension of data, that is, if data over time lead to change.

The purpose of HSPA must be clear from the beginning. HSPA identifies bottlenecks in health systems and diagnoses performance gaps by measuring results, intermediate outcomes, processes and inputs. The importance of having a specific purpose for conducting an HSPA cannot be underestimated. Some countries use HSPA to focus on specific dimensions of performance, while others use HSPA to record performance at the system level. In Greece and Slovenia, for example, HSPA led to policy changes related to long-term financial sustainability. Clarifying the purpose of the exercise from the beginning creates a supportive environment for change.

HSPA is a tool for enhancing accountability at the policy level. It can inform health policy-makers about strengths and weaknesses in overall health system performance, and can trigger political action through concrete policy measures. However, since HSPA does not provide information about the causes of a given issue, it often leads to more specific, in-depth policy analysis.

HSPA can complement other assessment methods. HSPA can take place alongside other methods and approaches to inform target and goal setting, develop national strategies and plans, and generate benchmarking reports for professionals and/or the public. Media and parliamentary research are also instruments to increase accountability: they can lead to strengthened data collection, highlight missing data/evidence, flag areas for improvement in data collection, etc. In the aftermath of the 2008 global financial crisis, for example, some countries were under external pressure from international agencies, particularly regarding the financial sustainability of their health systems. This triggered an interest in HSPA as a complement other analytical methods of assessing and projecting the fiscal and economic sustainability of health services and health financing.

HSPA can also include qualitative data. In Greece and Slovenia, the economic crisis induced investment in the national information systems for data collection, which ultimately led to policy actions. The countries have regularly included qualitative data in HSPA, especially when no reliable quantitative indicators were available. Sweden is advocating for more available data for international comparisons and for thematic approaches for HSPA targeting European Union countries.

HSPA is more likely to generate actionable directions when it is embedded more deeply in the policy-making process. To this end, the task of HSPA experts is to present indicators and discuss outcomes with policy-makers. HSPA can help policy-makers with the prioritization of health system policy issues. The assessment process itself can be a series of specific assessments in different areas – for example, performance of primary care, mental health care, hospital care, long-term care, etc. – that together inform improvements to the overall system *(22)*.

3. Progress on HSPA measurement in the WHO European Region: monitoring financial protection

WHO and the World Bank have long recognized financial protection as a core dimension of health system performance assessment (HSPA) *(23)*. The Sustainable Development Goals *(24)*, adopted by the United Nations in 2015, also include financial protection as a measure of universal health coverage *(25)*.

Monitoring financial protection is an important part of HSPA. Almost every country in the Region has the data required to carry out financial protection analysis. All European Union Member States conduct household budget surveys or household expenditure surveys at least once every five years *(26)*. Most other countries conduct a household budget survey at regular intervals, often once a year. However, until recently there was no systematic analysis of financial protection in Europe *(27)*.

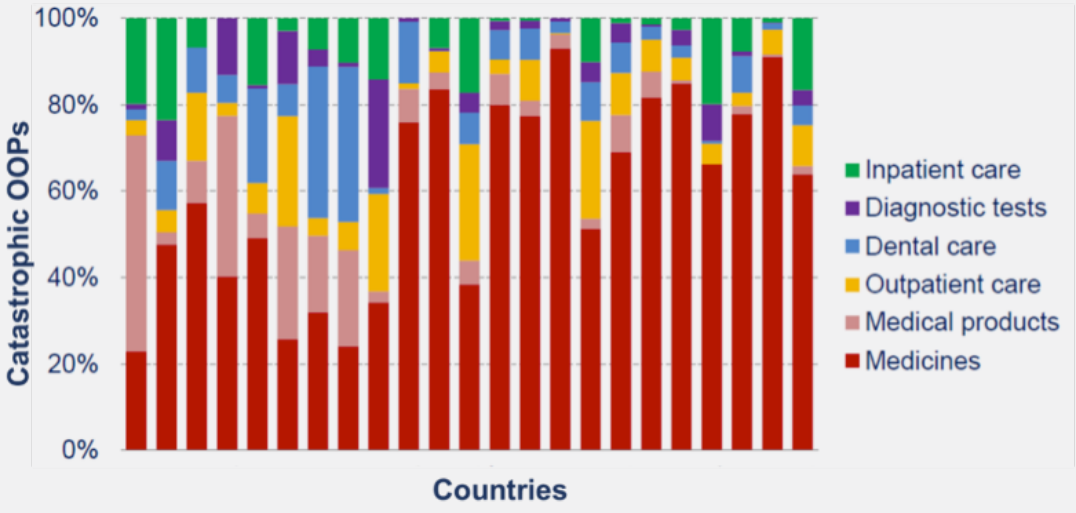
The WHO Regional Office for Europe developed new metrics to measure financial protection in Europe, building on established methods *(28–30)*. This enables the monitoring of financial protection in a way that is relevant to all countries in the Region; the production of actionable evidence for policy; and the promotion of policies to break the link between ill health and poverty *(31)*. This new approach is also more sensitive to financial hardship among poorer households than other widely used methods *(25,32)*.

Working in collaboration with national experts, the Regional Office carried out detailed, context-specific analyses at the country level that go beyond the quantification of the incidence of catastrophic or impoverishing out-of-pocket payments (OOPs). These country reports aim to identify:

- how financial hardship impacts different layers of the population;
- which types of care, including medicines, cause catastrophic and impoverishing OOPs;
- the factors that contribute (or not) to financial protection; and
- health system policies to decrease financial hardship *(33)*.

Fig. 3 shows the breakdown of catastrophic out-of-pocket spending by type of care for the poorest fifth (quintile) of the population.

Fig. 3. **Breakdown of out-of-pocket spending by type of care among households with catastrophic health spending in the poorest consumption quintile**



Source: reproduced from WHO Regional Office for Europe *(34)*.

WHO is synthesizing the results of the country-level analyses in a regional report. The report identifies policy implications and transferable policy lessons not only from countries where financial protection is relatively strong, but also from those where it is relatively weak and where efforts have been made to protect poor people (34). The results are also being disseminated in work produced by other international agencies (for example, the European Commission, the European Observatory and the Organisation for Economic Co-operation and Development), and are being used in policy dialogues at the national level. This is leading to policy changes in a number of countries and contributing to national debates about universal health coverage in others.

4. Enablers and barriers to enhancing policy use of HSPA

This section presents the enablers and barriers to increased policy use of health system performance assessment (HSPA). It also highlights the potential role of the WHO Regional Office for Europe in helping Member States to make HSPA a regular monitoring instrument and to effectively link data and qualitative information with policy-making.

4.1. Enablers and barriers for policy use of HSPA

HSPA can inform health policy, and yet the available data – while growing quickly in quantity – is not always used sufficiently or useful for policy-making. To address this, participants at the expert workshop identified the following enablers and approaches to overcoming barriers to the policy use of HSPA.

- **Availability of good and reliable data.** While this element is critical, lack of data should not prevent countries from embarking on HSPA. Other enablers, particularly enhanced involvement of key stakeholders and enforcing mechanisms, can address this going forward.
- **Involvement and engagement of key stakeholders.** It is critical that these stakeholders understand the importance of HSPA.
- **Enforcing mechanisms to collect and present data.** In this context, data collection and reporting can become a legal responsibility at the level of local, regional and national governments.
- **Institutionalization of HSPA.** Where voluntary performance assessment lacks impact, institutionalization can help to foster a culture of HSPA. Malta and Belgium are examples of countries that have chosen to regulate HSPA with regular evaluations and systematic performance.
- **A clear vision.** This should clarify who the exercise is for, who will perform it and why it is important.
- **A critical mass of experts.** This can link HSPA experts and researchers with policy-makers, and strengthen the link between technical HSPA exercises and policy formulation.
- **Trainings and policy dialogues.** These are investments in building people's capacities.
- **A platform and regular meetings.** These enable HSPA experts and policy-makers to meet and discuss issues, and to bring evidence closer to policy-making. WHO could take a convening role in this area.
- **Indicators coupled with qualitative information.** This information can come from surveys, focus groups and interviews. Slovenia, for example, has strongly relied on qualitative information in HSPA to enhance policy changes. A mix of quantitative and qualitative information allows for better monitoring and reporting on performance assessment. It is also politically desirable to collect qualitative information, as stakeholder involvement and engagement are likely to increase when they are directly involved in the HSPA process before formulating health policies.
- **Independent assessment.** This option can help policy-makers by informing the next step of the policy cycle. Deploying independent evaluators to perform HSPA can also reduce biases.
- **An array of actionable policy options and recommendations.** HSPA can more effectively enhance policy when it provides policy-makers with a range of choices and options.
- **Engagement of social marketers, communicators, nongovernmental organizations or other agencies.** These groups can step into the process to support the linkage of HSPA research with policy-making.

- **Communication skills and platforms.** Communication skills are a key enabler of the policy use of HSPA. Leveraging and skilfully managing social media and other communication platforms also enables policy-makers and ministries to reach out to the public and tackle barriers to reform, such as resistance to policy changes from the general public or health professionals.

- **Political will.** Eventually all decisions are subject to political will. A challenge in this area is so-called gaming of the system, which involves focusing on selected indicators for a desired outcome. Policy-makers may want to focus only on those measures that are important to them, for example, to increase patient satisfaction, while neglecting other outcomes such as system efficiency. International agencies such as WHO could play a key role in discouraging system gaming by putting external pressure on countries.

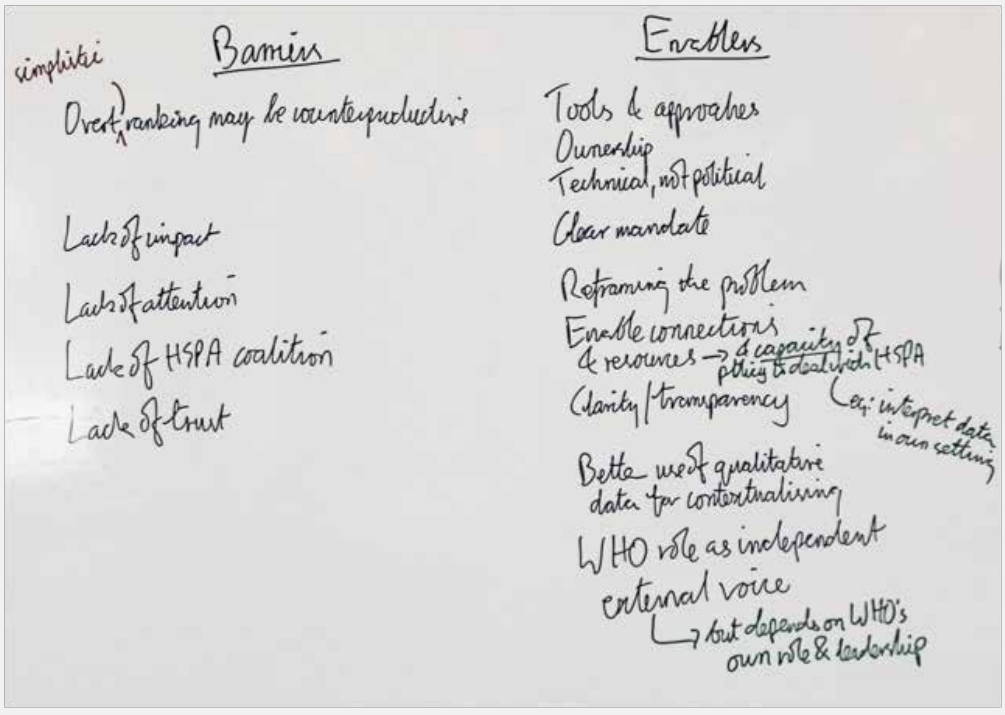
- **International experience.** For some countries, such as Switzerland and Sweden, HSPA offers a tool for sharing experience across countries to stimulate learning.

- **Comparisons rather than rankings.** Using HSPA exclusively to rank country performance may be counterproductive. Reframing HSPA to facilitate comparisons of country performance may be more helpful. This approach can be seen in the WHO reports on financial protection *(33)*.

- **Systematization of information.** This can benefit policy-makers, although the ideal level of information disaggregation was the subject of discussion among workshop participants.

- **Relationship between the ministry of health and ministry of finance.** In the country context, this relationship can enhance or limit policy decision-making. In Greece, for example, good collaboration between the two ministries has helped with the reform of primary health care. In Switzerland, providing a legal basis for spending has been key to ensuring that the relationship between the two ministries does not play a significant role in policy choices.

Fig. 4. **Summary of enablers and barriers to increased policy use of HSPA**



Source: Brainstorming session during the expert workshop.

4.2. WHO's role in enhancing policy use of HSPA

Participants widely acknowledged WHO's role in providing conceptual and technical support for HSPA. They noted that the selection of indicators should reflect the commitments to strengthen health systems that the WHO Regional Committee for Europe has adopted in the past decade.

To enhance the policy use of HSPA, WHO could facilitate the exchange of knowledge and interaction through, for example, the organization of workshops where different country experts and international agencies meet on a regular basis to share experience and learn from one another. These meetings could take the form of so-called policy labs in which participants could discuss real-time issues in the policy use of HSPA. Policy labs are an informative way to explore the challenges countries face and how to overcome them.

WHO could also focus on building the capacities of experts to interpret both data and policy-making contexts in order to foster a high-performance culture in policy-making.

WHO should facilitate comparisons across countries rather than rank countries on their performance through benchmarks. At the same time, WHO can support Member States through the publication of HSPA results that attract media attention. The Regional Office's analyses of financial protection in countries *(33)*, for example, have pushed some countries to reform their copayment policies. These analyses have even attracted attention from countries that might score poorly on this dimension of HSPA.

WHO should enable connections between HSPA researchers and policy-makers. One way to do this is to create an international online platform to support countries and to share information and developments. WHO could also act as an external observer to increase the credibility of the national evaluator and help to build a coalition of people to support the use of HSPA for policy-making.

Finally, WHO could consider enhancing its role as a disseminator of HSPA results and present technical findings in forms that are accessible and interesting the general public.

5. Conclusions

Health system performance assessment (HSPA), one of the Tallinn Charter's original commitments for transparency and political accountability, is a powerful tool that is moving and shaping health system reform agendas. Going forward, discussions will focus on how to further engage with policies and processes, and how WHO can enhance and facilitate policy development. WHO's recent work on financial protection shows the importance of linking HSPA to actionable recommendations to limit financial hardship from catastrophic and impoverishing out-of-pocket spending on health.

The participants were thanked for their invaluable contributions during the workshop. The WHO Regional Office for Europe will continue its efforts to connect HSPA to policy development, focusing on the domains of HSPA that link to WHO's current priority areas of work.

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The WHO Regional Office for Europe

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