



EUROPE

**First Regional Follow-up Meeting  
on the Tallinn Charter:  
Health Systems for Health and Wealth,  
Copenhagen, Denmark, 5–6 February 2009**

**Report**



## ABSTRACT

Jointly organized by the WHO Regional Office for Europe and the Government of the United Kingdom, the Meeting took place on 5–6 February 2009. Its general objective was for the WHO Regional Office for Europe and Member States to share experiences with and ideas on carrying forward the implementation of the Tallinn Charter: Health Systems, Health and Wealth. The participants described obstacles that countries faced to implementing the Tallinn Charter, particularly in relation to the current financial crisis and the actions they had planned or taken to implement the Charter. They discussed the possibility of establishing a common performance-assessment framework, and made suggestions for practical steps in the follow-up process and the Regional Office's role in this process, including proposing a possible performance-measurement framework, set of indicators and tools for benchmarking, convening follow-up meetings, facilitating the exchange of information, compiling data and reporting back, and collaborating with other international agencies, as well as providing technical support to countries.

## Keywords

DELIVERY OF HEALTH CARE  
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## Introduction

The Tallinn Charter: Health Systems for Health and Wealth<sup>1</sup> was adopted at the WHO European Ministerial Conference on Health Systems, held in Tallinn, Estonia in June 2008<sup>2,3</sup> and later endorsed by all Member States in the WHO European Region at the 2008 session of the WHO Regional Committee for Europe, held in Tbilisi, Georgia. It highlights the importance of health systems in producing health and wealth, provides guidance and a value-laden strategic framework for strengthening health systems in the Region, offers a platform for regional and national policy dialogue and urges political commitment and action from all Member States, irrespective of level of health-system development, across the Region. In addition, the Charter stresses the importance for countries to strengthen their capacity to assess health system performance and thus enhance their health information systems in order to account for improvements in health system strengthening.

As stated in the Charter, WHO will support its European Member States in strengthening their health systems and will provide cross-country coordination in implementing the Charter, including the measurement of performance and the exchange of lessons drawn from reform experiences. Regional Committee resolution EUR/RC58/R4 requested that the WHO Regional Office for Europe:<sup>4</sup>

- support health ministries in developing competences to carry out their health system stewardship function;
- facilitate the further development of relevant tools, indicators and standards to assess the effectiveness of the function of health-system stewardship;
- facilitate Member States' collaboration on successful stewardship practices and promote their sharing of information and experience; and
- report to the Regional Committee in 2011 and 2015 on Member States' progress in implementing the Charter.

Accordingly, WHO is committed to help health ministries in Member States assess their competencies in exercising stewardship, develop a technical framework for them to use to assess their effectiveness in this function, collaborate on making case studies of successful practices in improving health systems' performance and create a mechanism for regular sharing of information among countries.

The first Follow-up Meeting took place in the midst of the global financial crisis and before the WHO meeting in Oslo, Norway on protecting health in times of global crisis planned for April 2009. The crisis adds importance to the Charter's key messages: ensuring that action is based on the values of equity, solidarity and participation, and guiding health systems towards attaining the goals of equitable health improvement, fairness in the burden of funding for health care and financial protection for citizens, and responsiveness to the population's needs and preferences.

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<sup>1</sup> WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth", Tallinn, Estonia, 25–27 June 2008 [web site]. Copenhagen, WHO Regional Office for Europe, 2009 ([http://www.euro.who.int/eprise/main/who/progs/hsm/conference/20061004\\_1](http://www.euro.who.int/eprise/main/who/progs/hsm/conference/20061004_1), accessed 20 February 2009).

<sup>2</sup> WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth", Tallinn, Estonia, 25–27 June 2008. Report. Copenhagen, WHO Regional Office for Europe, 2009 ([http://www.euro.who.int/InformationSources/Publications/Catalogue/20090122\\_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20090122_1), accessed 20 February 2009).

<sup>3</sup> WHO Regional Committee for Europe resolution EUR/RC58/R4 on stewardship/governance of health systems in the WHO European Region. Copenhagen, WHO Regional Office for Europe, 2008 ([http://www.euro.who.int/Document/RC58/RC58\\_eres04.pdf](http://www.euro.who.int/Document/RC58/RC58_eres04.pdf), accessed 20 February 2009).

<sup>4</sup> *The Tallinn Charter: Health Systems for Health and Wealth*. Copenhagen, WHO Regional Office for Europe, 2008 (<http://www.euro.who.int/document/E91438.pdf>, accessed 20 February 2009).

The Charter and key follow-up actions will be vitally important to ensuring that economic problems do not derail progress in strengthening health systems and improving health outcomes.

The general objective of the Meeting, the first to follow the endorsement of the Tallinn Charter, was for the WHO Regional Office for Europe and Member States to share experiences with and ideas on carrying forward the implementation of the Tallinn Charter (Annex 1). The specific objectives of the Meeting were:

- to document or highlight obstacles that countries face to implementing the Tallinn Charter, particularly in relation to the financial crisis;
- to obtain a first-hand update from Member States on the actions they had planned or taken to implement the Charter, and to discuss the possibility of establishing a common performance-assessment framework;
- to agree on the Regional Office's role in the process, including proposing a possible performance-measurement framework, set of indicators and tools for benchmarking, convening follow-up meetings, facilitating the exchange of information, compiling data and reporting back, and collaborating with other international agencies, as well as providing technical support to countries; and
- to agree on specific, practical steps in the follow-up process, such as the exchange of information, supportive institutional arrangements and related resource requirements.

Jointly organized by the Regional Office and the Government of the United Kingdom, the Meeting took place on 5–6 February 2009. Dr Marc Danzon, WHO Regional Director for Europe, and Dr Nata Menabde, Deputy Regional Director, welcomed the participants – representing 42 countries in the WHO European Region and two partner organizations: the Council of Europe and the European Investment Bank (Annex 2) – and their commitment to pursuing the Tallinn process. The WHO Regional Office for Europe expected to clarify at the Meeting how it could better support the countries in this work.

## Discussion

### Taking forward the Tallinn Charter in the current context

Participants from eight Member States formed two panels to describe what countries had done to implement the Charter, obstacles to implementation (particularly those resulting from the financial crisis) and their suggestions for how WHO could support them.<sup>5</sup>

In panel presentations and the subsequent discussion, speakers from 29 countries described how Member States were implementing the Tallinn Charter in the context of their health-system reforms. The Charter had both sparked new initiatives and stimulated or helped to prioritize activities already under way. Most countries (including Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, France, Georgia, Italy, Hungary, Kyrgyzstan, Poland, Portugal, the Republic of Moldova, the Russian Federation, Ukraine and the United Kingdom) had made policies, laws, strategies and/or action plans for health or their health systems that were in line with the Charter's principles and values, seeking efficient, effective, equitable and responsive health systems. While some focused on widening service coverage (e.g. the Republic of Moldova), others were adding new services to the packages available (e.g. Albania and Montenegro). Many sought to increase efficiency by changing health-system financing arrangements (e.g. the Czech Republic), or worked to strengthen primary health care for this purpose or to improve their service delivery function in general (e.g. Estonia, Finland, Georgia, Malta, Norway, Poland, Portugal and Ukraine). Some aimed reforms at securing more patient-

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<sup>5</sup> Annex 2 lists the members, chairs and moderators of the three panels taking part in the Meeting.

centred care (e.g. Denmark, Poland and the United Kingdom), integrating vertical programs into primary health care (e.g. Portugal), or strengthening health promotion or linking it more closely with curative care (e.g. Ukraine).

In many countries, the health ministry engaged or networked with other ministries or stakeholder in order to engage them in the implementation of the Tallinn Charter. This included work at the national level, often in pursuit of health in all policies (e.g. Bosnia and Herzegovina and the Netherlands), and the use of mechanisms such as a national intersectoral ministerial group (Portugal), ministerial committees at the regional level (e.g. Bosnia and Herzegovina, Italy and the Netherlands) and intersectoral initiatives with specific aims, such as making a plan for health promotion (Finland) and tackling AIDS (the Republic of Moldova). To raise awareness of and attract more partners to implement the Charter, countries such as Armenia and Italy had translated it into their national languages and disseminated it within and beyond the health sector. Other Member States promoted the implementation of the Tallinn Charter at the international level, working through WHO entities, such as the South-eastern Europe (SEE) Health Network (Bulgaria, the Republic of Moldova and Slovenia) and the Executive Board (Germany), and the Presidency of the Council of the European Union (the Czech Republic).

Finally, countries presented their efforts in assessing the performance of their health systems, or monitoring aspects of health-system reform. Some had established units within the health ministry for this purpose (Armenia and Georgia). Some countries conducted individual studies or projects on their own (Bosnia and Herzegovina, Italy, the Netherlands and the United Kingdom) or with assistance from WHO (Estonia and Portugal) or from WHO and other international organizations such as the Organisation for Economic Co-operation and Development (OECD) and the World Bank (Armenia, Azerbaijan, Georgia and Switzerland).

The participants concluded that the global financial crisis is likely to hinder the implementation of the Charter. Although it has already resulted in reduced health budgets in some countries, its full effects on health and health systems are yet to become fully apparent. Regardless, the crisis poses a threat to countries' attempts to improve equity in health, as costs (particularly for pharmaceuticals) are being passed on to patients, service packages reduced and funding for some services cut. These challenges added to the others reported by Member States. Several cited problems with health worker migration, as source or destination countries; others described difficulties with health system financing and resource allocation, the structure of the hospital system and excessive out-of-pocket payments by patients. Individual countries also cited a lack of health promotion and chronic care, and problems with their health information systems.

Nevertheless, participants said that the global financial crisis increased the relevance and importance of the Tallinn Charter, and could be seen as offering opportunities for implementing difficult health-system reforms. For example, a tighter job market could promote the recruitment and retention of health personnel or provide the opportunity to retrain unemployed people to take on jobs in the health sector, when qualified personnel are lacking. Linking health systems with health, the Charter could be used to maximize health equity and health protection by enabling the health sector to carefully set priorities and to increase the efficiency of health systems and the sustainability of their financing. Linking health systems with wealth, the health sector in some countries was arguing for the strengthening or protection of the health system as a contributor or stimulus to the economy. Demonstrating the value of this contribution, however, required countries to develop new tools for evaluation.

Finally, the participants described various forms of support already provided by WHO for strengthening health systems, and suggested a range of new ones. Countries valued the work done through the biennial collaborative agreements with the Regional Office and subregional networks such as the SEE Health Network, and supported evaluation studies such as health system reviews and the development of indicators for health-system performance assessment in coordination with the OECD and other international organizations. The participants also

welcomed this First Regional Follow-up Meeting, and suggested that the Regional Office hold others periodically. Some urged WHO to support countries in exchanging experience, information and best practices, and in working together at various levels, particularly bilaterally or in groups based on similarities in location, economic development or health-system characteristics.

### **Taking forward performance assessment**

The Tallinn Charter recognizes that health systems need to demonstrate good performance, and calls on the Regional Office to support Member States through the coordination of Charter implementation across countries, including performance measurement and exchanges of experience. Against this background, the Meeting participants discussed what performance assessment processes would be useful to them and how the Regional Office could help them with this task and other aspects of implementing the Charter.

As described in the Tallinn Charter, health systems' performance must be measured to ensure countries' accountability, transparency and renewed focus on health outcomes. In the current financial crisis, performance assessment gained importance as a means to defend and reallocate health systems' resources. As shown by the panel presentations (Annex 2) and subsequent discussion at the Follow-up Meeting, many countries were already assessing health-system performance or starting to do so, and were very interested in comparing their results with those of similar countries and feeding them into their policy-making processes. Member States suggested various ways in which the WHO Regional Office for Europe could support their efforts.

Performance-assessment activities in the panel countries varied in form, ranging from annual and biennial reporting to the parliament, health ministry or the public (Estonia, Kyrgyzstan and the Netherlands) to participation in specific projects measuring performance of hospital providers (the WHO PATH project in the case of Slovenia<sup>6</sup>). The issues addressed were similar, including access to health services, cost-effectiveness, financial protection and fair financing, although specific aims ranged from increasing the transparency of the quality of care (the Netherlands), supporting the implementation of the national health programme and reducing inequalities in the health system (Serbia) to increasing the financial efficiency of the health system (the Netherlands and Slovenia).

The countries had also developed mechanisms to feed performance-assessment results into policy-making. This had led to, for example, changes in the strategy to manage cardiovascular diseases and the related mechanism for health-system funding (Kyrgyzstan), linking performance to funding (Serbia) and hospital reforms (Slovenia). Further, the success of performance-assessment processes for some subcomponents of the health system resulted in its expansion to others.

Cooperation in assessing health-system performance took different forms: coordination between the health ministry and donors (Kyrgyzstan), increased cooperation between the health and other ministries (the Netherlands and Serbia) and cooperation with other countries and assisting WHO with global performance assessment (the Netherlands).

In the discussion, the participants favoured comparisons between countries, and between groups of similar countries, to show policy-makers the potential for improvement and to tackle common problems. Comparisons were useful for benchmarking, but the participants opposed the ranking of countries. Several speakers said that indicators for the Region as a whole were needed, but should be selected from those already existing, with due consideration of the work done by

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<sup>6</sup> PATH. *Performance Assessment Tool for Quality Improvement in Hospitals*. Copenhagen, WHO Regional Office for Europe, 2007 (<http://www.euro.who.int/document/E89742.pdf>, accessed 20 February 2009).

WHO, OECD, the European Union (the ECHI (European Community Health Indicators) project)<sup>7</sup> and others.

In their reports to the plenary session, the three groups agreed that performance assessment had to be practical and purposive and should target health systems. They made a distinction between assessing the performance of health systems and monitoring the implementation of the Tallinn Charter. Common indicators were needed to enable meaningful comparisons between countries and reporting on progress to the Regional Committee in 2011 and 2015. The groups called on the Regional Office to propose a set of existing indicators for Region-wide use, as well as processes and methodology for performance assessment. One called on WHO also to help countries to build their capacities for performance assessment through such means as training and to learn how to link results with policy-making.

All groups called for Member States to work bilaterally or in groups determined by geographical location or health-system characteristics. One suggested that the Regional Office be responsive to sensitivities about rankings based on indicators with limited validity, and, if ranking were inevitable, that it be done only for groups of similar countries.

### **Defining the regional coordination and follow-up processes**

Countries suggested a number of ways in which WHO could facilitate cross-country work on particular themes, perhaps focusing on the four functions of their health systems: stewardship/governance, resource creation, financing and service delivery.<sup>8</sup> They suggested that WHO facilitate bilateral or other cooperation of similar countries, and the exchange of information, experience and best practices. Individual groups proposed: that the focus be on stewardship, that WHO support countries in developing their health-system performance-assessment processes and that WHO set up a network of focal points or a web forum to enable countries to exchange information about their work to strengthen health systems.

In the subsequent discussion, participants stressed the potential usefulness of the Regional Office web site in supporting the implementation of the Tallinn Charter. WHO could use it as a platform for sharing policy lessons in health-system strengthening and in implementing the Tallinn Charter. Such a platform could facilitate the exchange of information and best practices.

In addition, participants stressed the importance of health-system stewardship, including securing the involvement of non-health ministries. The Council of Europe welcomed the chance to work with Member States to develop criteria for good governance of health systems. A speaker suggested that WHO take the lead in organizing partnerships at the national and international levels with, for example, OECD, the European Union and the Council of Europe. Another suggested that WHO promote brief, practical guidance for policy-makers, perhaps along the lines of the nine policy briefs prepared for the Tallinn Conference by the WHO Regional Office for Europe and the European Observatory on Health Systems and Policies.<sup>9</sup>

Finally, participants asked the Regional Office to help develop a robust framework for health-system performance assessment, including a compendium of European and global indicators, in cooperation with OECD and other international organizations, and their capacity to assess their health systems' performance by strengthening their health intelligences services and ability for evidence-based policy-making. Speakers also called on the Regional Office to assess options for

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<sup>7</sup> ECHI [web site]. Brussels, European Communities, 2009

([http://ec.europa.eu/health/ph\\_information/dissemination/echi/echi\\_en.htm](http://ec.europa.eu/health/ph_information/dissemination/echi/echi_en.htm), accessed 11 march 2009).

<sup>8</sup> *WHO's health system performance framework: functions and goals*. Copenhagen, WHO Regional Office for Europe, 2007 ([http://www.euro.who.int/healthsystems/20070323\\_1](http://www.euro.who.int/healthsystems/20070323_1), accessed 20 February 2009).

<sup>9</sup> Conference core publications [web site]. Copenhagen, WHO Regional Office for Europe, 2008 ([http://www.euro.who.int/healthsystems/Conference/Documents/20080620\\_34](http://www.euro.who.int/healthsystems/Conference/Documents/20080620_34), accessed 20 February 2009).



the sharing and exchange of experiences with performance assessment and subsequent improvement at the Region and subregional levels.

## Conclusions and recommendations

1. Most of the Member States in the WHO European Region have started implementing the Tallinn Charter: Health Systems for Health and Wealth. Many used the Charter's values and principles in developing or implementing strategies or plans for reforming their health systems. Several have developed or used existing interministerial mechanisms for implementation. A few translated and disseminated the Charter to make health-system stakeholders aware of its values, principles and commitments.
2. In their efforts to implement the Tallinn Charter, Member States need to find ways and means to promote health and prevent disease by strengthening their health systems' ability to integrate services and understand the pitfalls and potential consequences of being preoccupied with cost-containment at the expense of jeopardizing access to, and the quality and safety of health care services and thus health care outcomes. The importance of setting priorities in full alignment with the Charter's values and principles in times of financial crisis cannot be over emphasized.
3. Countries are bound to differ in their short- and medium-term policy responses to the global financial crisis. In the short term, many may attempt to safeguard solidarity and universal coverage, while others may actually expand health insurance coverage for the poorest or their benefit packages. Still others may change their policy on entitlements and payments alike for various types of services and pharmaceuticals. In the medium term, however, improving health systems' efficiency and performance will be the main issue. Further, the crisis could serve as an opportunity to make changes that would otherwise be difficult to achieve in complex health systems.
4. One of the main messages of the Tallinn Charter – that health is wealth and that any meaningful investment in health is a sound investment in societal well-being that stimulates economic growth and human development – is all the more important to share, especially with those that are outside the health sector yet have a say in health-system financing and resource allocation. Cuts in the budgets of health and other social sectors, or poor prioritization of health expenditures could have both short- and long-term negative consequences for health and the economy, and as such contribute to slowing economic recovery. Properly financed, well-performing health systems, on the other hand, protect health and maintain social justice, and thus contribute to economic recovery.
5. Countries' needs for technical assistance from the WHO Regional Office for Europe in implementing the Tallinn Charter are varied but include, at the very least, the development of a compendium of indicators, a framework for health-system performance assessment, and a platform to share and learn from each others' experiences in implementing the Charter and improving health-system performance.
6. In return, the Regional Office is committed to continue supporting Member States in implementing the Charter. While countries will lead the process, the Regional Office will use a range of tools to facilitate progress at the national and international levels. For example, it will:
  - use mechanisms, including biennial collaborative agreements, to work with countries in pursuing their particular priorities;

- develop means to help countries build their capacity in the longer term in such tasks as strengthening their national health information systems and developing the stewardship function and capacities of health ministries (including multisectoral action);
  - promote and support countries efforts in working bilaterally and in groups; and
  - organize regular meetings to gauge the progress of implementation.
7. At the international level, WHO and Member States should work together to compile data and information, create and manage knowledge and generate regional intelligence as a public good, so that countries could learn from one another. WHO should also find ways and means to better integrate health programmes with health systems so as to build a comprehensive information and evidence base for thorough performance assessment of all aspects of health services and health systems. Identifying a select list of indicators of performance for each of the four health-system functions, to monitor progress in enhancing them, is essential. Partners in this effort would include the Council of Europe, which offered expertise for the development of indicators on governance, and the European Investment Bank.
  8. The Regional Office proposed that two meetings be held per year, in which it could discuss with Member States and partners the progress being made in implementing the Tallinn Charter and the most important issues to pursue.

## **Annex 1. Programme**

### **Opening and introduction**

Introductory remarks: Dr Marc Danzon, WHO Regional Director for Europe

Objectives and scope of the meeting: Dr Nata Menabde, Deputy Regional Director, WHO Regional Office for Europe

### **Session 1. Taking forward the Tallinn Charter in the current context: challenges, follow-up actions and plans to date in Member States**

#### *Panel discussion I*

Chair of panel: Dr Nick Banatvala, Head of Global Affairs, Department of Health, United Kingdom

Moderator of subsequent discussion: Dr Enis Bariş, Director, Division of Country Health Systems, WHO Regional Office for Europe

Panel:

- Professor Vladimir Davidyants, Director of Information and Analytical Centre, National Institute of Health, Ministry of Health, Armenia
- Dr Liis Rooväli, Head, Department of Health Information and Analysis, Ministry of Social Affairs, Estonia
- Dr Francesco Cicogna, Senior Medical Officer, Directorate-General for the EU and International Relations, Ministry of Labour, Health and Social Policy, Italy
- Dr Mircea Buga, Deputy Minister, Ministry of Health, Republic of Moldova

#### *Panel discussion II*

Chair of panel: Dr Ainura Ibraimova, Consultant, Bishkek, Kyrgyzstan

Moderator of subsequent discussion: Dr Francois Decaillet, Senior Policy Adviser and Representative of WHO/EURO to the European Union, WHO Regional Office for Europe

Panel:

- Dr Lucie Bryndová, Adviser to the Minister, Cabinet of the Minister, Ministry of Health of the Czech Republic
- Dr Andreas Disen, Director General, Department of Primary Health and Care Services, Ministry of Health and Care Services, Norway
- Professor José Maria Albuquerque, Deputy High Commissioner of Health, Ministry of Health, Portugal
- Mr Igor Yakovenko, Deputy Minister of Health, Ministry of Health, Ukraine

### **Session 2. Taking forward performance assessment**

#### *Panel discussion III*

Chair of panel: Dr Josep Figueras, Coordinator, European Observatory on Health Policies and Systems – WHO European Centre for Health Policy, Brussels, WHO Regional Office for Europe

Moderator of subsequent discussion: Mr Joseph Kutzin, Head of Unit a.i., Country Policies and Systems, WHO Regional Office for Europe

Panel:

- Dr Bolotbek Elebesov, Deputy Minister of Health, Ministry of Health of Kyrgyzstan, General Director, Mandatory Health Insurance Fund, Kyrgyzstan
- Mr Fred Lafeber, Head, Global Affairs Unit, Department of International Affairs, Ministry of Health, Welfare and Sport, Netherlands
- Dr Ivana Misic, Assistant Minister, Sector for Health Care Organization and Health Inspection, Ministry of Health of Serbia, Serbia
- Dr Tit Albreht, Adviser to the Director, Institute of Public Health of the Republic of Slovenia

### **Session 3. Defining regional coordination and follow-up processes**

Chair: Dr Nata Menabde, Deputy Regional Director, WHO Regional Office for Europe

Moderator: Dr Antonio Duran, Consultant, Tecnicas de Salud SA, Seville, Spain

Parallel working-group sessions

Report from working groups to plenary session

Questions and debate

Summary of discussions, conclusions and next steps

### **Conclusions and closure**

Dr Nata Menabde, Deputy Regional Director, WHO Regional Office for Europe

## **Annex 2. Participants**

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