Summary report


24–25 August 2006, Vienna, Austria
30–31 October 2006, Barcelona, Spain
Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

© World Health Organization 2007

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>1</td>
</tr>
<tr>
<td>Summary report</td>
<td>4</td>
</tr>
<tr>
<td>Background</td>
<td>4</td>
</tr>
<tr>
<td>Aim of the consultations</td>
<td>4</td>
</tr>
<tr>
<td>Content and methodology</td>
<td>4</td>
</tr>
<tr>
<td>Introductory session</td>
<td>5</td>
</tr>
<tr>
<td>Session 1: Financing health systems: solidarity or sustainability?</td>
<td>8</td>
</tr>
<tr>
<td>Questions, contributions, debate</td>
<td>8</td>
</tr>
<tr>
<td>Session 2: Providing services cost-effectively</td>
<td>9</td>
</tr>
<tr>
<td>Questions, contributions, debate</td>
<td>10</td>
</tr>
<tr>
<td>Session 3: Resource generation: caring hands or curing technologies?</td>
<td>11</td>
</tr>
<tr>
<td>Questions, contributions, debate</td>
<td>11</td>
</tr>
<tr>
<td>Session 4: Strengthening health systems governance – Who is in charge?</td>
<td>12</td>
</tr>
<tr>
<td>Questions, contributions, debate</td>
<td>13</td>
</tr>
<tr>
<td>Session 5: Public health at the core of health systems</td>
<td>13</td>
</tr>
<tr>
<td>Questions, contributions, debate</td>
<td>14</td>
</tr>
<tr>
<td>Conclusions</td>
<td>14</td>
</tr>
<tr>
<td>Next steps</td>
<td>16</td>
</tr>
<tr>
<td>Annex 1. Provisional Programme, Vienna meeting</td>
<td>17</td>
</tr>
<tr>
<td>Annex 2. Provisional Programme, Barcelona meeting</td>
<td>19</td>
</tr>
</tbody>
</table>
Executive summary

In 2008, the WHO Regional Office for Europe (WHO/EURO) will be holding a ministerial conference on health systems, in accordance with the resolution (EUR/RC55/R8) adopted by the European Member States of WHO at the fifty-fifth session of the WHO Regional Committee (Bucharest, September 2005). The aim of the Conference is two-fold: first, it will provide better insights into the impact of health systems on health status, and thus on economic growth; and, second, it will take stock of recent evidence on effective strategies to improve the performance of health systems in the light of ever-increasing pressures for sustainability and solidarity. Through achieving these aims, the Conference will provide an opportunity for Member States to express and register their political commitment to strengthening health systems and supporting WHO in its health system work.

In this preparatory stage for the Conference, WHO/EURO is engaging in a series of broad consultations with Member States, multilateral organizations such as the European Commission, the World Bank and the Organisation for Economic Co-operation and Development (OECD), and key stakeholders in Member States, including policy-makers, academics and members of professional organizations.

Two consultative meetings with Member States were held between August 2006 and January 2007, the first in Vienna, Austria, on 24 and 25 August 2006, and the second in Barcelona, Spain, on 30 and 31 October 2006.

The objective of the consultations was to ensure a broad consensus on the priority areas to be addressed by the Conference and to identify key European experiences that need to be brought together to support the conceptual framework and theme of the Conference.

The consultations were attended by selected representatives of Member States of the WHO European Region. The consultations generated rich discussions around the issues raised by the WHO Secretariat and the participating delegates. These discussions provided valuable input in identifying priority themes for the Conference and shaping its agenda and format.

The consultative meetings with Member States were complemented by two meetings of the External Advisory Board on the preparatory process for the Conference. The External Advisory Board meetings further refined the priority themes proposed by the consultative meetings and outlined the necessary steps and processes required for the success of this high-profile event.

It was agreed that the Conference will be prepared and conducted under a conceptual framework in which health systems, health and wealth are linked in a virtuous circle. The underlying premise of the framework is that health is a principal human asset for economic growth and thus for generating the wealth of nations. The health system is a key determinant of health, with full recognition of and respect for other determinants. The potential of health systems to improve the health of nations is not fully exploited in most Member States. There is still much more to be done to improve health system performance with regard to the health of the population and to boost economic growth through improved health and human capital. Health systems account for a sizeable portion of the national economies of European Member States and are responsible for a significant share of their gross domestic product (GDP). Thus health systems that improve people’s health and contribute to economic growth are not only a category of expenditure but also an attractive sector for investment. In order to ensure the productivity of investments, it is necessary to improve the efficiency of health systems and to strengthen their performance through the adoption of effective health policies that are based on sound evidence.

There is a strong body of evidence supporting the links between health systems, health and wealth, and there is also plentiful evidence with regard to effective strategies to improve health system performance. There is a need to take stock of existing knowledge and align it with current realities and demands. Knowledge alone is not sufficient, unless a strong political will and commitment are in place to implement policies that are known to be effective and to overcome the barriers to implementation,
whether technical or political. Only through multisectoral efforts it is possible to materialize the virtuous circle between health systems, health and wealth.

In the consultative meetings, the delegates suggested that it would be advisable to focus on making a strong case for health systems as an investment sector; to rethink sustainability as a way of efficiently safeguarding health systems’ achievements, rather than of capping health care expenditure; and to demonstrate effective strategies and approaches for improving health system performance. These will be central themes of the Conference.

The following specific topics were singled out to be addressed during the Conference in the context of improving health system performance:

**Governance**: decentralization/recentralization; managing competing policy objectives and expectations; evidence-based policy-making; empowering players according to their responsibilities; effective regulations; transparency and accountability.

**Performance assessment and benchmarking**: using performance assessment as a governance tool for promoting accountability.

**Integrated care**: continuity of care across providers and for different health conditions; effective models of disease management and prevention; strong role of primary care.

**Vertical versus horizontal approaches in health care**: achieving synergy between horizontal, systemic approaches and vertical disease-specific programmes.

**Human resources**: migration; ensuring balance and skill mix; providing incentives for better performance; innovations in health human resource planning and management.

**Public health**: economics of prevention.

The participants in the consultative meetings agreed on the following principles to be applied to preparation of the Conference and its technical content:

- focus on ends rather then means
- clarify values and make clear trade-offs if necessary
- avoid rigid normative recommendations and prescriptions
- use comparisons for drawing lessons rather than for seeking differences
- understand the diversity of challenges and ensure sensitivity to context
- blend technical issues with high-level political/ministerial issues
- consider the health system within its broad boundaries – go beyond health care and include all actions whose primary purpose is to improve health.

The Estonian Government has kindly agreed to host the conference in Tallinn from 18 to 20 June 2008. Member States felt strongly that the Conference should also be open to the participation by ministers of finance and other important government constituencies that influence the health sector.

The WHO/EURO Secretariat and the External Advisory Board have developed a rich menu of preparatory technical work that will feed into the technical content of the Conference. Two studies will be commissioned addressing the central themes of the Conference: (a) Health systems, health and wealth, and, (b) Assessing health system performance. In order to address specific topics related to health system strategies for improving performance, as listed above, ten to fifteen policy briefs will be prepared that will synthesize the existing body of knowledge and provide useful guidance for policy-makers in taking decisions. In addition to these, the Conference will also draw on several high-profile studies that are
under way in WHO and other organizations, e.g. on health financing reforms in central and eastern Europe and the newly independent states, and on responding to the epidemic of chronic disease, as well as studies from the World Bank, OECD, the Council of Europe, etc.

During 2007–2008, a series of pre-conference events will be hosted by WHO in collaboration with its partners and thanks to kind contributions from the governments of Belgium, Serbia and Slovenia. These events will be devoted to specific technical topics or preparatory processes. The table below summarizes the schedule of events.

<table>
<thead>
<tr>
<th>Event</th>
<th>Place</th>
<th>Duration</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical meeting on health system performance assessment and official launch of the Conference</td>
<td>Brussels (Belgium)</td>
<td>1.5 day</td>
<td>End of March 2007</td>
</tr>
<tr>
<td>Technical meeting on human resources for health (during the fifty-seventh session of the WHO Regional Committee for Europe)</td>
<td>Belgrade (Serbia)</td>
<td>4 hours</td>
<td>September 2007</td>
</tr>
<tr>
<td>Technical meeting on integrated health care</td>
<td>Ljubljana (Slovenia)</td>
<td>1.5 days</td>
<td>November 2007</td>
</tr>
<tr>
<td>Technical meeting on governance in public health</td>
<td>To be decided</td>
<td>1.5 days</td>
<td>February 2008</td>
</tr>
</tbody>
</table>
Summary report

Background
In 2008, the WHO Regional Office for Europe (WHO/EURO) will be holding a ministerial conference on health systems, in accordance with the resolution (EUR/RC55/R8) adopted by the European Member States of WHO at the fifty-fifth session of the WHO Regional Committee (Bucharest, September 2005). The aim of the Conference is two-fold: first, it will provide better insights into the impact of health systems on health status, and thus on economic growth; and, second, it will take stock of recent evidence on effective strategies to improve the performance of health systems in the light of ever-increasing pressures for sustainability and solidarity. Through achieving these aims, the Conference will provide an opportunity for Member States to express and register their political commitment to strengthening health systems and supporting WHO in its health system work.

In this preparatory stage for the Conference, WHO/EURO is engaging in a series of broad consultations with Member States, multilateral organizations such as the European Commission, the World Bank and the Organisation for Economic Co-operation and Development (OECD), and key stakeholders in Member States, including policy-makers, academics and members of professional organizations.

Aim of the consultations
The objective of the consultations was to ensure a broad consensus on the priority areas to be addressed by the Conference and to identify key European experiences that need to be brought together to support the conceptual framework and theme of the Conference.

The programme of the consultations was developed with the aim of gathering Member States’ views on the potential themes for the Conference and on the priority areas under the suggested themes that could be addressed during such an event at ministerial level.

Content and methodology
The consultations in Vienna and Barcelona were organized in such a way as to ensure maximum participation by Member States’ representatives. Countries were selected by taking account of their diversity and allowing such diversity to shape the discussions, rather than segregating them into homogeneous groups. The WHO/EURO Secretariat presented their proposals with regard to the theme of the Conference and the key issues to be addressed by it. These presentations triggered vigorous discussions and debates that were facilitated for maximum efficiency; all the comments, suggestions and ideas generated during the discussions were accurately recorded and registered. The delegates were asked to speak from their own national perspective, so that the Conference agenda would reflect the key experiences of Member States and would lead to the generation of useful messages.

Both consultations were structured as follows:
- introductory session
- financing health systems: solidarity or sustainability?
- providing services cost-effectively
- resource generation: caring hands or curing technologies?
- who’s in charge? Strengthening health systems governance
- public health at the core of health systems.

Each session was introduced by a presentation on the topic under discussion by a representative of WHO/EURO, in which the issue was identified and implications outlined. Member States provided comments and raised issues in reaction to the presentation. WHO summarized Member States’
recommendations in the final part of each session. The recommendations from both consultations will feed into the preparation and programme of the Conference.

The present report provides a summary of the key points raised in WHO’s presentations and by Member States’ representatives.

**Introductory session**

During the introductory session, participants were provided with the rationale for the Conference, and its thematic framework and expected outcomes were explained. The objectives of the consultation and the programme of work were shared with delegates, to ensure their effective and focused participation.

It was stressed the Conference will be an opportunity to hold a true consultation with Member States. Together with them, WHO will identify where it can and will act, increase people’s awareness of the issue and share experiences. The Conference will guide WHO in shaping the process that will enable Member States to act on the commitments they have made there.

It was acknowledged that the Conference will take place ten years after the WHO Conference on European Health Care Reforms, held in Ljubljana in June 1996. This will entail looking back and assessing the progress made since then. The task of achieving universal coverage and equity still remains on the agenda of many countries, and the role of health systems in attaining this objective is still considered paramount. However, the scope of health systems and the understanding of their boundaries have changed since Ljubljana – WHO/EURO no longer confines the health system to health care alone, but extends it to the universe of all actors and activities whose primary purpose is to improve health, thereby including disease prevention, health promotion and the wider determinants of health.

The Conference will look into the many ways in which health systems can tackle the issues and challenges they face, while not compromising the core values of WHO’s Health For All policy – human rights, solidarity, equity and citizen participation.

Two presentations provided an introduction to and elaborated on the theme for the Ministerial Conference, “Health and wealth”. The presentations and short discussion focused on the following issues:

- There is renewed emphasis on the role of health systems in improving people’s health. The aim of the Conference will be to highlight the impact of health systems on health status and thus on economic growth. The Conference will review recent evidence on effective strategies to improve health systems’ performance and will take stock of the knowledge that is often underused.

- It was suggested that the central theme of the Conference should be “Health systems, health and wealth”. Health is a principal human asset for economic growth and thus for generating the wealth of nations. The potential of health systems to improve health is not fully exploited in most Member States. There is still much more to be done to improve the performance of health systems with regard to the health of the population and to boost economic growth through improved health and human capital. Health systems account for a sizeable portion of the national economies of European Member States and are responsible for a significant share of their gross domestic product (GDP). Thus health systems that improve people’s health and contribute to economic growth are not only a category of expenditure but also an attractive sector for investment. In order to ensure the productivity of investments, it is necessary to improve the efficiency of health systems and to strengthen their performance through the adoption of effective health policies that are based on sound evidence. This conceptual framework, which underpins the central theme of the Conference, is represented in the diagram below.
In order to assess the performance of health systems more systematically and to categorize health system strategies more effectively, WHO/EURO suggested that the conference should adopt a framework which organizes thinking about health systems around four main goals and functions:

This framework, which is designed to shape the debate before and during the Conference, is based on a broad concept of health systems as explained in *The world health report 2000*. A health system is understood as a universe of all the actors and actions whose primary purpose is to improve health. This framework will make it easier to show and describe the linkages between health system performance, health and wealth. Besides the four main health system goals, there are a number of intermediate goals that health systems need to achieve. In the process of preparation of the Conference, it will be important to deliberate on the relative importance of various health system goals in the light of current global and national contexts and the competing demands that governments face.

The health care system is not the only factor to determine health: genetics, the environment and individual behaviour also play a role (the Lalonde Report). However, there is increasing evidence that the health system impacts on health more than expected. This needs to be more boldly recognized and stressed by the Conference.

There is a need to make a stronger case highlighting the connection between health and economic growth, as an additional argument for investing in health besides normative and moral reasons.

“Better health promotes economic growth in poor countries” – there is sufficient evidence for this and the case has been successfully made by the work of the WHO Commission on Macroeconomics and Health. However the evidence for this assertion is scarce in high-income countries, while the evidence from low-

---

income countries is not directly transferable. Transferability is limited because the health situation in high-income countries is very different from that in low-income ones. While there is some evidence from North America, the European Union has not collected its own evidence to underpin this statement.

The health system has an impact on many areas of the economy. The health system itself is an important factor in the economy (e.g. employment, new technologies); and healthy people contribute positively to the economy of a country (e.g. they stay in the workforce longer, have better jobs and spend more money); On the other hand, better economic performance leads to better health. In the complex and intertwined relationship between health and the economy, the distribution of resources and good health have a profound impact on people’s ability to participate equally in economic life and to have equal access to health care. The fairness of such distribution raises concerns related to equity in many countries.

The challenge will be to create policies that support development of a virtuous cycle which augments the impact of health on the economy, of the economy on health, and of health systems on both the economy and health in a fair and equitable way that respects core European values.

**Productive investment in health: a virtuous circle**

**Questions, contributions, debate**

There was general agreement among the participants that health systems matter, that the way in which health systems are organized has a considerable impact on health, and that health systems go well beyond the concept of health care.

In many countries, especially those in the Commonwealth of Independent States (CIS), the Ministry of Finance does not see health expenditures as an investment. It was proposed to highlight the importance of health as a (global or national) public good and its values and ethical aspects. Viewing the health system only in terms of curative care limits the chances of making a good case for regarding it as a worthwhile investment sector. Such a perception of the health system has contributed to a lack of data to support the argument that investment in the health system is good for the economy. A greater effort must be made to fill in the gaps in data and to move the discussion about health and wealth from theory to practice.

In addition to empirical data supporting the case for investment in health, it is important to ensure transparency and better accountability of the health system, in order to secure current and future investments. This is essential to convince other stakeholders and investors to invest in health and to demonstrate the outcomes of investments.

The effectiveness of a health system, i.e. its ability to translate investments into outcomes, is crucial. So is the ability to make the right decision about where to invest in order to maximize returns. There are numerous health interventions and possibilities to invest resources, from which policy-makers need to
choose the best, i.e. the most efficient. The Conference should not blindly advocate for more money to be devoted to health, but rather for more cost-effective investments and for strengthening the efficiency of the health system— in other words, its ability to generate more health, equity, client satisfaction and other desirable outcomes with the given resources. There is a significant body of knowledge about effective strategies to achieve this. WHO and its Member States need to take stock of this knowledge, rethink the existing evidence in the light of the current context and realities, and overcome political and technical barriers to implementation.

The linkages between a health system and the economy cannot be discussed without taking account of demographic dynamics. There is a need for an improved model to understand and more accurately predict demographic changes and their impact on health systems and the economy. WHO/EURO and the European Observatory on Health Systems and Policies are working in this direction, with a particular focus on predictions of expenditure in relation to demographic dynamics. In this context, caution is required as demographic predictions can be politically driven.

Given that health is not only a matter for health services, it was suggested that participants in the Conference should include representatives of ministries of finance, other government agencies and international stakeholders who are not directly involved in the health sector but whose activities and decisions have an important bearing on health systems.

Session 1: Financing health systems: solidarity or sustainability?

The presentation was based on the paper “Approaching health financing policy in the WHO European Region” (EUR/RC56/BD/1) submitted to the WHO Regional Committee for Europe in September 2006. The presentation reviewed the main issues and challenges that Member States face related to sources of funding, mobilization of revenues, pooling and allocation of funds, financial incentives and payment systems, entitlements and obligations.

The presentation strongly emphasized the importance of not confusing the policy objectives and policy instruments of health financing. Policies are often driven by policy instruments rather than by policy objectives, which is a wrong approach. Policy objectives must first be clearly set and consensus agreement reached on them; then contextual factors (the fiscal context, the legal and political environment, etc.) must be carefully studied; only afterwards can the right policy instrument be selected that is most appropriate for achieving the agreed objectives in the given context.

It was suggested that a health financing system or health financing reforms should be evaluated not by how much money is generated but by the impact on the following core health financing objectives:

- objectives identical to health system goals:
  - universal protection against financial risk (a key dimension of the health–wealth nexus)
  - equitable distribution of sources of funding the system;
- objectives influenced by health financing:
  - equity in access to care and in the distribution of health system resources
  - transparency and accountability to the population
  - quality and efficiency in service delivery (incentives)
  - efficiency in administration of the system.

Questions, contributions, debate

The notion of sustainability was discussed not only in the context of health financing but also throughout the consultation. It was generally agreed that sustainability should not be equated with efficiency, and that cost containment should not be seen as the sole measure of sustainability. The notion of sustainability means maintaining the attainment of health system goals (whether related to health, equity, universal
access or other policy objectives) for a long period of time. Since this requires resources, it is important to be efficient in order to ensure long-term sustainability. Often discussions around sustainability have narrowly focused on accounting and are confined to controlling increases in health care expenditure, without taking into account the health system’s performance in terms of achieving core policy objectives and goals. This may lead to policy decisions that compromise the performance of the system.

Each country will need to determine the appropriate level of funding and to establish a corresponding benefit package. One issue considered in that connection was the increasing demand for long-term care and the need to develop a sustainable financing model for it.

There was considerable debate about how to align financial incentives in order to produce an appropriate mix of interventions (in quantitative and qualitative terms), and how to address the fragmentation of risk pools. Such fragmentation compromises the ability of a health financing system to manage health risks effectively across diverse population groups and to ensure equity in access to health services. Fragmentation can also lead to inefficiency. Member States expressed concern that reforms designed to reduce fragmentation often encounter political challenges and obstacles.

In the light of decreasing public funding, the issue of increasing individual responsibility, e.g. through cost-sharing, needs to be addressed and its impact on the efficiency and equity of the health system assessed.

There is a great need for more sharing of evidence and guidelines on: the effectiveness of different cost-containment options; measures to eliminate informal payments; options for increasing individual responsibility (cost-sharing); policies to enhance competition; and mechanisms to promote efficiency. Across all these issues, central questions remain - how do different financing systems influence patient’s choice, investments and incentives? How much knowledge and evidence can be transferred from previous experiences and across different country contexts?

It was suggested to broaden participation in the Conference and open it not only to ministers of health but also to ministers of finance and representatives of other government bodies that exert significant influence on health systems, and on health care financing in particular. It was felt that it would be important to ensure the participation of international organizations such as the World Bank, the European Commission, the Council of Europe and OECD, whose activities have implications for national health systems and for WHO’s global work on health systems.

The breadth of the debate on health financing indicated participants’ keen interest in the range of issues raised. For the ministerial audience of the planned Conference, however, the following priorities were identified:

- understanding sustainability – how to improve and maintain the desired level/trend of health system performance under conditions of resource limitations and competing demands? How to get the maximum value for money?
- combining solidarity with increased personal responsibility for health – how to safeguard equity when there is increasing demand for greater choice, greater participation of citizens in health care, and when the resources are scarce? How to enhance the sense of solidarity in a society?
- restating the importance of values – sustainability and solidarity. The gap between market principles and social values was identified as a major challenge. How do different mechanisms of co-sharing, competition of funds impact on solidarity? More evidence, analysis of context and re-evaluation of policy objectives are needed.

**Session 2: Providing services cost-effectively**

The presentation focused on selected priority issues within service provision: integrated and continuous care; strengthening primary care; hospital rationalization; the role of the private sector; and quality improvement.
The main issues raised in the presentation related to the cost-effectiveness and quality of services, which were closely linked with the discussion on “value for money” during the health financing session. Often there is a lack of evidence justifying the decisions made to purchase different types of services. Lack of transparency in this process undermines the ability of the system to produce maximum health outcomes, use resources efficiently and attract investments. In addition to the content of health services, it is also very important to think about the quality and efficiency of the infrastructure through which services are delivered. To achieve effective production of services, it is necessary to look at their quality and quantity, the organizational management of health care institutions and the efficiency with which resources are used.

The presentation raised issues related to patients’ expectations with regard to the quality and responsiveness of services. Continuity of care and integration of services were increasingly important aspects of care from a patient’s point of view. The ageing population, the rising prevalence of noncommunicable diseases and the development of new technologies necessitate new models of care, including self-care.

Evaluation of health service delivery was also discussed. That evaluation should be done from the perspective of health care needs and the health system’s ability to provide quality services to anyone, whenever and wherever the services are needed. Effective coverage was suggested as a promising metric of the health service provision function.

Questions, contributions, debate

Participants stressed that within the function of service provision, the aim is to improve value for money – i.e. to achieve greater quality and access with the available resources. Ensuring greater access in the European context may require cross-national measures. Increased cross-border movements of people and services may give a completely new dimension to service delivery which was not experienced in the twentieth century.

Member States stressed the importance of the link between service delivery, on the one hand, and management, evidence and information systems, on the other. The culture of evidence-based decision-making in clinical and public health practice is not universally strong across the WHO European Region. Many countries need to do much more to improve their health systems in this regard, and WHO can play an important role in this process.

Providers, professional groups and other stakeholders have a crucially important role to play when regulating service provision for better quality, responsiveness and access. Such stakeholders are increasingly becoming international, with the integration processes under way in Europe. Their buy-in and participation are extremely important.

A knowledge-based health care system requires a different workforce and different information systems. A key question is “How to create a workforce that is skilled for the ‘post-industrial phase’?”. In this regard, the need for collaboration between ministries of education and health was highlighted. The varying levels of knowledge and training of medical personnel and differences in the culture of evidence-based care were recognized as a major contributor to the variation in the quality of services across Member States.

There was intensive discussion during the session about the right mix of public and private providers, how far the market can be left to influence health systems, and what effects this will have on the equity and efficiency of the respective health systems.

The changing demographic and epidemiological profile of populations in Europe and technological developments create needs and opportunities for new and more innovative models of care. The main features of such models should be patient-friendliness; the ability to provide preventive and curative services in an integrated manner; the capacity to cope with the co-morbidities that characterize ageing
populations; the possibility of ensuring continuity of care and transfer of patient information through different levels; and greater empowerment and participation of patients in the treatment and prevention process through healthy lifestyles and safe self-care.

Session 3: Resource generation: caring hands or curing technologies?

Creating resources is one of the four fundamental functions of a health system. Within this topic, a number of questions need to be addressed, such as “What is the right, sustainable and manageable mix of resources, taking into account current and future needs?” This is especially important considering the various challenges health services are facing today, e.g. demographic changes, changing pattern of diseases, new technologies, consumer expectations and, last but not least, processes of globalization and European integration.

The presentation highlighted the fact that new technologies are an important aspect that needs to be tackled under this health systems function. Health technologies and pharmaceuticals represent an important part of the economy, consumer expectations are very high and the industry is very active. Technology therefore has a great impact on the cost and organization of health services. But are these technologies used in an appropriate way within the framework of efficient public health strategies? Is health technology assessment an effective tool for regulating the dissemination of technology in all Member States? Does the ministry of health lead, control or monitor the introduction of new technologies?

Health systems provide employment for about 10% of the European workforce. Achieving an appropriate balance and skill mix in the health workforce is an extremely important policy objective for many countries in Europe. Unequal distribution of the health workforce, as evident in shortages in outlying areas and in general practice, combined with surpluses in urban centres and in some specialities, is a reality for many Member States. Migration of human resources, which is closely linked with the current process of political and economic integration in Europe, has a significant impact on the shape and size of the health workforce in countries.

Besides migration, the ageing of human resources is also recognized as an important factor to be taken into account during planning.

Questions, contributions, debate

Participants expressed concern that, despite the great importance of human resources for the overall performance of health systems, this topic has been rather low on the reform agendas of Member States until recently.

Within resource generation, the right mix of resources and skills are crucial, as are education and training. Lack of skills, especially in management and non-medical specialties that are necessary for running the health system, is a challenge in most Member States.

The ageing of the workforce, migration, cross-border care, accreditation, and regulation of the dissemination of technology were topics suggested for the Conference.

Many Member States invest in medical education and then experience a serious “brain drain” and therefore loss of resources. A request was accordingly made for the Conference to discuss the ethics and politics of migration. The European Union, WHO headquarters and OECD are already working in this field, and WHO/EURO should link up with these initiatives.

Participants touched upon the issue of incentives and performance assessment with regard to human resources. It was recognized that, in order to correct the unequal distribution of human resources within countries, incentive schemes – involving both financial and non-financial incentives – often need to be changed. Assessment of the performance of human resources is not practiced universally across countries, and the models that are used in some places are not well studied and evaluated.
There was general agreement on the importance of revalidation of medical competences, to ensure up-to-date and relevant skills and innovation in various medical professional roles.

Regarding new technologies the central question is: Is technology leading or following policies? Often it is industry or politicians who are leading the process and who are motivated to develop new technologies for economic reasons. Existing products are frequently copied and put on the market in order to gain more revenues, without the extent of the innovation being fully scrutinized.

There was consensus on the appropriateness of investing in health technologies that meet unmet needs, are cost-effective and innovative, reduce human suffering, provide significant health gain, and even reduce health expenditures (cost-saving technologies). Effective systems of health technology assessment can help to steer the process of investment and technology diffusion in Member States.

The following challenges were identified in the area of health technologies: the interaction between the ministry of health, in its regulatory capacity, and industry; a poorly regulated process of adoption of health technology in countries in economic transition; the need to balance resources, expectations and pressure from industry and citizens; the sustainability of financing, especially in poorer countries; efforts to make industry behave more ethically and in a socially responsible manner; and the need to link the process of adoption of health technology with health system goals in other functional areas, such as service delivery and financing, in particular.

**Session 4: Strengthening health systems governance – Who is in charge?**

“Stewardship” is the term that combines the notion of responsible and careful steering of the health system towards socially desirable goals. It has evolved on the premises of essential public health functions and good governance. This is an overarching health system function that links with all other functions and gives the direction to the health system. Health system stewardship rests on three pillars: 1) Policy development and leadership; 2) Ensuring mechanisms for implementation; and 3) Monitoring and benchmarking performance and ensuring accountability.

The presentation focused on a range of topics: accountability for performance; tools and mechanisms to align responsibilities, powers and accountability; mechanisms for ensuring implementation of policies; and intersectoral action and partnerships for health in all policies.

In the context of European political models, the issue arose of the division of powers and responsibilities between central and regional governments. Existing evidence on the impact of decentralization and centralization requires rigorous analysis and synthesis. This process is ongoing in WHO/EURO, and the European Observatory on Health Systems and Policies is actively researching this topic. Centralization or decentralization are not ends but rather means to achieve specific performance targets for health systems. In many countries, recentralization has taken place as a necessary step to improve equity and efficiency. Striking the right balance between equity, efficiency and democracy is the key in this process.

It was emphasized that there is a lack of good methodology for assessing stewardship in a valid, reliable and comparable manner. This contributes to the weakness of evidence about which models of governance in health are most effective and about how the effectiveness of different models depends on the context.

The presentation raised several questions that were addressed to the participants for discussion:

- How can better use be made of health system performance assessment in developing suitable policies and in increasing accountability?
- Do we have the right tools and mechanisms to assess the goodness of governance in health systems?
- Where are the greatest difficulties in aligning tools for implementation with policy objectives and values?
• How can the effectiveness of intersectoral collaboration be increased at national, regional and municipal levels?

• What is the best way to effectively address wider social determinants in order to reduce health inequities?

Questions, contributions, debate

Under the function of health governance, many issues relevant to the other topics were again raised. The central question was: How can change be implemented and managed in a complex environment with multiple stakeholders? Communication, negotiation and the involvement of all interest groups are of crucial importance in order to empower actors, align incentives and ensure transparency.

Strengthening the process of health system performance assessment was identified as an effective tool for supporting accountability, generating evidence for policy decisions, and steering investments in a strategic manner. Some countries have already developed their own health system performance assessment frameworks and have also carried out assessments. Not many such attempts have been made, however, and these experiences should be replicated. The main challenge in health system performance assessment is how to turn this process, which is often a one-time exercise, into a continuous function under stewardship. This will entail the institutionalization of health system performance assessment. In addition to methodological guidance, WHO can also provide assistance in institutional strengthening.

Participants emphasized the importance of prudent regulations and of striking a careful balance between market-driven processes and government-regulated ones. They discussed various ways of encouraging entrepreneurialism, efficiency, client orientation and other aspects of health provider behaviour. It was agreed that entrepreneurialism is not an antagonistic notion to social responsibility. Social entrepreneurialism can be a powerful tool for ensuring the good performance of health systems.

The regulation of private and public participation in health care was also discussed. It was agreed that both have an important role to play. One precondition for their effective co-existence and partnership is fair “rules of the game”.

Centralization and decentralization attracted a lot of attention among the participants. It was commonly felt that the Conference should address this issue on the context of how to ensure the achievements of national goals and health system targets equitably in politically decentralized countries of Europe. There is no clear answer to the policy question of which functions have to remain at central level, and which can be decentralized. There needs to be more evidence and sharing of information on the benefits and risks involved.

The participants raised the issue of the role of supranational organizations in Europe and their interaction at decentralized levels. Member States of the EU have to take supranational stewardship into consideration: how can all these levels of health stewardship be managed and balanced in the best way? It is important that stewardship for health at such supranational levels is in tune with that at national level.

There was overwhelming agreement on the need to include on the agenda of the Conference the questions of the role of health systems in steering health promotion and of intersectoral actions to protect the health of the population. The participants felt that there is a need for more practical knowledge about effective ways of putting the ministry of health in the “driving seat” for intersectoral health actions. The upcoming conference can be seen as an instrument helping to empower ministries of health to engage in more effective collaboration with other relevant ministries.

Session 5: Public health at the core of health systems

The presentations highlighted priority areas such as the place of health in all policies, the role of ministries of health in intersectoral action, the organization of public health services and the cost-effectiveness of health promotion and disease prevention.
The presentations showed that different models of organizing health systems can strengthen or weaken the synergy of benefits in terms of health care and health promotion. Strong stewardship by ministries of health is crucial for implementation of effective population-based public health interventions.

It cannot be assumed that by providing free health care and putting in place health-promoting policies, those who need services will use them, the models of care provided will be those that are needed, and the overall impact will be better health. There is a lot to be done to influence the demand for public health interventions among the population. Such demand is not always adequate, and supply-driven approaches alone will not suffice. Furthermore, there is a need for more targeted approaches that tailor interventions to different population groups taking account of their socioeconomic and cultural specificities.

The main challenges are:

- to clarify the basic values on which consensus can be achieved
- to strengthen the role of ministry of health in promoting health
- to strengthen the capacities of human resources engaged in public health
- to integrate public health activities with health care where such opportunities exist
- to mobilize other sectors.

Questions, contributions, debate

There was general consensus on the centrality of “Health in all policies” (HiaP) and on the importance of this topic being addressed by the Conference.

Within the discussions around HiaP there should be a focus on health promotion, on the economics of prevention and on sharing evidence that health promotion works. Attention should also be focused be on health determinants and on enabling citizens to make healthy choices, e.g. in relation to healthy eating, alcohol and smoking. How can a balance be struck between the individual role of citizens and the role of the state? There is a need to link health system strategies with those targeted on specific diseases or public health issues, such as the recently developed strategy on noncommunicable diseases or that on environmental health.

Participants felt that the Conference should focus on the issue of collaboration between countries on health interventions that require international cooperation, e.g. alcohol and tobacco.

There was a general agreement that ministries of health should be in the “driving seat” of intersectoral work that involves other ministries and government entities. In order to fulfil this role, capacities within ministries of health (such as managerial or communication skills) need to be strengthened. WHO has a clear role to play in encouraging such interagency work by facilitating contacts, providing guidelines, sharing experience and knowledge, and brokering international commitments.

Conclusions

The participants in the consultative meetings agreed on the following principles to be applied to preparation of the Conference and its technical content:

- focus on ends rather then means
- clarify values and make clear trade-offs if necessary
- avoid rigid normative recommendations and prescriptions
- use comparisons for drawing lessons rather then for seeking differences
- understand the diversity of challenges and ensure sensitivity to context
- blend technical issues with high-level political ministerial issues
• consider the health system within its broad boundaries – go beyond health care and include all actions whose primary purpose is to improve health.

The following specific topics were identified as needing to be addressed during the Conference in the context of improving health system performance:

• **Governance**: decentralization/recentralization; managing competing policy objectives and expectations; evidence-based policy-making; empowering players according to their responsibilities; effective regulations; transparency and accountability;

• **Performance assessment**: benchmarking performance; using assessment of performance with regard to accountability as a governance tool;

• **Integrated care**: continuity of care across providers and for different health conditions; effective models of disease management and prevention; strong role of primary care;

• **Vertical versus horizontal approaches in health care**: achieving synergy between horizontal, systemic approaches and vertical, disease-specific programmes;

• **Human resources**: migration; ensuring balance and skill mix; providing incentives for better performance; innovations in health human resource planning and management; and

• **Public health**: economics of prevention and health in all policies.

Further work needs to be done to develop a shorter list of possible topics that will inform the agenda of the Conference.

It was agreed that the Conference should be organized in a two-track fashion, combining discussions on technical issues and evidence with debates and political consensus-building on high-level ministerial issues. In order to allow for such a mode of work, it was suggested that the Conference should run for three days. The first two days would be devoted to technical discussions, while the third day could bring together ministers and be devoted to the discussion of “ministerial” issues.

Member States’s representatives strongly felt that the Conference should also be open to the participation of ministers of finance and delegates from other important government constituencies that influence the health sector.

It was agreed that the Conference should be prepared and conducted based on the conceptual framework in which health systems, health and wealth are linked in a virtuous circle. The participants suggested that attention should be focused on making a strong case for health systems as an investment sector; for rethinking sustainability as a means of efficiently safeguarding health system achievements, rather than of capping health care expenditures; and for demonstrating effective strategies and approaches to improve health system performance.

It was emphasized that there is a strong body of evidence supporting the links between health systems, health and wealth. There is also plentiful evidence about effective strategies to improve health system performance. There is a need to take stock of existing knowledge and align it with current realities and demands. Knowledge alone is not sufficient, unless a strong political will and commitment are in place to implement policies that are known to be effective and to overcome implementation barriers whether technical or political.

It was generally felt that the Conference must produce a political document that will register the commitment of attending ministers to the principles and directions outlined during the work of the Conference.

It was agreed that the WHO Secretariat, in consultation with the External Advisory Board (composed of experts from Member States), will initiate preparatory technical work to provide the Conference with rich material for discussion and with sound evidence upon which policy recommendations can be based. Such technical products to be developed for the Conference will include:
• two studies addressing the central themes of the Conference: (a) Health systems, health and wealth; and (b) Assessing health system performance;
• ten to fifteen policy briefs synthesizing the existing body of knowledge and providing useful guidance for policy-makers in making their decisions;
• several high-profile studies currently being carried out by WHO and other organizations such as the World Bank, OECD and the Council of Europe in areas such as health financing reforms in central and eastern Europe and the newly independent states, and responding to the epidemic of chronic disease.

Next steps

During 2007–2008 a series of pre-conference events will be hosted by WHO in collaboration with its partners, thanks to contributions from Belgium, Serbia and Slovenia. These events will be devoted to specific technical topics or preparatory processes. The table below summarizes the schedule of events:

<table>
<thead>
<tr>
<th>Event</th>
<th>Place</th>
<th>Duration</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical meeting on health system performance assessment and official launch of the Conference</td>
<td>Brussels (Belgium)</td>
<td>1.5 day</td>
<td>End of March 2007</td>
</tr>
<tr>
<td>Technical meeting on human resources for health (during the fifty-seventh session of the WHO Regional Committee for Europe)</td>
<td>Belgrade (Serbia)</td>
<td>4 hours</td>
<td>September 2007</td>
</tr>
<tr>
<td>Technical meeting on integrated health care</td>
<td>Ljubljana (Slovenia)</td>
<td>1.5 days</td>
<td>November 2007</td>
</tr>
<tr>
<td>Technical meeting on governance in public health</td>
<td>To be decided</td>
<td>1.5 days</td>
<td>February 2008</td>
</tr>
</tbody>
</table>
Annex 1. Provisional Programme, Vienna meeting

First consultative meeting for preparation of the WHO European Ministerial Conference on Health Systems, 2008
Vienna, Austria, 24-25 August 2006

Provisional Programme

Thursday 24 August 2006, Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.30-11.00</td>
<td>Introductory session</td>
</tr>
<tr>
<td>9.30-9.45</td>
<td>Opening: objectives of the consultation</td>
</tr>
<tr>
<td></td>
<td>Dr Marc Danzon, Regional Director for Europe, WHO</td>
</tr>
<tr>
<td>9.45-10.30</td>
<td>Health systems, health and wealth: a preliminary framework</td>
</tr>
<tr>
<td></td>
<td>Dr Nata Menabde, Deputy Regional Director for Europe, WHO</td>
</tr>
<tr>
<td></td>
<td>Health and wealth: the contribution of health to the economy</td>
</tr>
<tr>
<td></td>
<td>Prof. Martin McKee, London School of Hygiene &amp; Tropical Medicine,</td>
</tr>
<tr>
<td></td>
<td>Research Director, European Observatory</td>
</tr>
<tr>
<td>10.30-11.00</td>
<td>Questions and debate</td>
</tr>
<tr>
<td>11.00-11.30</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11.30-13.00</td>
<td>Session 1: Financing health systems: solidarity against sustainability?</td>
</tr>
<tr>
<td></td>
<td>Chair: Mr Erik Van der Berg, Health Insurance and Treaties Division,</td>
</tr>
<tr>
<td></td>
<td>Ministry of Health, Welfare and Sport, The Netherlands</td>
</tr>
<tr>
<td>11.30-11.50</td>
<td>Introduction, including priority areas such as financial protection and</td>
</tr>
<tr>
<td></td>
<td>access, public private mix in funding, purchasing for health and paying</td>
</tr>
<tr>
<td></td>
<td>for performance.</td>
</tr>
<tr>
<td></td>
<td>Mr Joe Kutzin, Regional Adviser, Health Systems Financing, WHO</td>
</tr>
<tr>
<td>11.50-13.00</td>
<td>Questions, contributions and debate</td>
</tr>
<tr>
<td>13.00-14.00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14.00-15.30</td>
<td>Session 2: Providing services cost effectively</td>
</tr>
<tr>
<td></td>
<td>Chair: Mr Peeter Laasik, Ministry of Social Affairs, Estonia</td>
</tr>
<tr>
<td>14.00-14.15</td>
<td>Introduction, including priority areas such as integrated care, primary</td>
</tr>
<tr>
<td></td>
<td>care at the driving seat, hospital rationalisation and investment, the</td>
</tr>
<tr>
<td></td>
<td>role of the private sector and the quality movement.</td>
</tr>
<tr>
<td></td>
<td>Dr Antonio Duran, Consultant, WHO</td>
</tr>
<tr>
<td>14.15-15.30</td>
<td>Questions, contributions and debate</td>
</tr>
</tbody>
</table>
15.30-16.00  Coffee break

16.00-17.30  Session 3: Resource generation: caring hands against curing technology?
Chair: TBC

16.00-16.15  Introduction, including priority areas such as managing the performance of health professionals, changing professional boundaries, ageing and the challenge of technology.
Mr Gerard Schmets, Director a.i. Division of Country Health Systems

16.15-17.30  Questions, contributions and debate

Friday 25 August 2006, Day 2 (continued)

08.45-10.15  Session 4: Who’s in charge? Strengthening health systems governance
Chair: Dr Ranko Skrbic, Minister of Health and Social Protection of Republika Srpska

08.45-09.00  Introduction, including priority areas such as the role of the Ministry of Health; policy leadership and implementation; information transparency and benchmarking; and decentralization/recentralization.
Dr Bakhuti Shengelia, Regional Adviser, Country Health Policy & Equity

09.15-10.15  Questions, contributions and debate

10.15-10.30  Coffee break

10.30-12.00  Session 5: Public health at the core of health systems
Chair: Dr Kimmo Leppo, Department of Social and Health Services, Ministry of Social Affairs and Health, Finland

10.30-10.45  Introduction, including priority areas such as health in all policies, the role of the ministry of health in intersectoral action, organization of public health services and the cost effectiveness of health promotion and prevention.
Professor Martin McKee

10.45-12.00  Questions, contributions and debate

12.00-13.00  Roundup session
12.00-12.20  Conclusions from sessions 1-5
Dr Josep Figueras, Director, European Observatory on Health Systems and Policies

12.20-12.40  Comments from participants

12.40-13.00  Conclusions and next steps
Dr Nata Menabde, Deputy Regional Director for Europe, WHO

Closing remarks
Dr Marc Danzon, Regional Director for Europe, WHO
Annex 2. Provisional Programme, Barcelona meeting

Second consultative meeting for preparation of the WHO European Ministerial Conference on Health Systems, 2008
Barcelona, Spain, 30 - 31 October 2006

Provisional Programme

Monday, 30 October 2006, Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 9.30-11.00 | Introductory session  
*Chair: Mr Lluis Bohigues, Departament de Sanitat i Seguretat Social* |
| 9.30-9.45 | Opening: objectives of the consultation  
*Ms Marina Geli, Consellera de Sanitat, Departament de Sanitat i Seguretat Social* |
| 9.45-10.31 | Health systems, health and wealth: a preliminary framework  
*Dr Nata Menabde, Deputy Regional Director for Europe, WHO* |
| 10.30-11.00 | Questions and debate |
| 11.00-11.30 | Coffee break |
| 11.30-13.00 | Session 1: Financing health systems: solidarity against sustainability?  
*Chair: Mr Gavriel Bin-Nun, Deputy Director General, Ministry of Health, Israel* |
| 11.30-11.51 | Introduction, including priority areas such as financial protection and access, public private mix in funding, purchasing for health and paying for performance.  
*Mr Joe Kutzin, Regional Adviser, Health Systems Financing, WHO* |
| 11.50-13.00 | Questions, contributions and debate |
| 13.00-14.00 | Lunch |
| 14.00-15.30 | Session 2: Providing services cost effectively  
*Chair: Ms Deborah Roche, Senior Advisor, Department of Health, United Kingdom of Great Britain and Northern Ireland* |
14.00-14.15.1 Introduction, including priority areas such as integrated care, primary care at the driving seat, hospital rationalisation and investment, the role of the private sector and the quality movement.
Dr Antonio Duran, Consultant, WHO

14.15-15.31 Questions, contributions and debate

15.30-16.00 Coffee break

16.00-17.30 Session 3: Resource generation: caring hands against curing technology?
Chair: Dr Kiro Salvani, State Secretary for Health, Ministry of Health, The former Yugoslav Republic of Macedonia

16.00-16.16 Introduction, including priority areas such as managing the performance of health professionals, changing professional boundaries, ageing and the challenge of technology.
Mr Gerard Schmets, Director a.i. Division of Country Health Systems

16.15-17.30 Questions, contributions and debate

Tuesday, 31 October 2006, Day 2 (continued)

08.45-10.16 Session 4: Who’s in charge? Strengthening health systems governance
Chair: Dr Gaudenz Silberschmidt, Head of Division, Swiss Federal Office of Public Health, Switzerland

08.45-10.0 Introduction, including priority areas such as the role of the Ministry of Health; policy leadership and implementation; information transparency and benchmarking, and decentralization/recentralization.
Dr Bakhuti Shengelia, Regional Adviser, Country Health Policy & Equity

09.15-10.15 Questions, contributions and debate

10.15-10.30 Coffee break

10.30-12.00 Session 5: Public health at the core of health systems
Chair: Mr Dorjan Marusic, State Secretary, Ministry of Health, Republic of Slovenia

10.30-10.46 Introduction, including priority areas such as health in all policies, the role of the ministry of health in intersectoral action, organization of public health services and the cost effectiveness of health promotion and prevention.
Prof Elias Mossialos, Health Policy, London School of Economics and Political Science

10.45-12.00 Questions, contributions and debate
12.00-13.00 Roundup session

Chair: Mr Kjeld Kjeldsen, Deputy Director, National Board of Health, Denmark

12.00-12.21 Conclusions from sessions 1-5
Dr Josep Figueras, Director, European Observatory on Health Systems and Policies

12.20-12.40 Comments from participants

12.40-13.00 Conclusions and next steps
Dr Nata Menabde, Deputy Regional Director for Europe, WHO

Closing remarks
Dr Marc Danzon, Regional Director for Europe, WHO