

Review of hosted partnerships

Review of the European Observatory on Health Systems and Policies

Report by the Director-General

1. In accordance with Executive Board decision EB132(10) (2013), the Programme, Budget and Administration Committee of the Executive Board periodically reviews the arrangements for hosted health partnerships. The present document should, therefore, be considered together with the Committee's own report to the Executive Board.¹
2. This report summarizes the contribution of the European Observatory on Health Systems and Policies to improved health outcomes, the harmonization of its work with the relevant work of WHO, and the WHO Secretariat's interaction with the partnership.
3. The Observatory was founded to bridge the gap between academic research and policy in practice. Its country monitoring, analysis and health systems performance assessment functions generate evidence to meet policy needs. Its knowledge brokering activities communicate that evidence in accessible and practical ways. The Observatory has developed a set of tools and templates that shape its outputs to maintain focus on policy relevance. Its evidence products are open-access, public goods and it works with Member States and WHO to tailor evidence packages to respond to specific challenges at the country level and enable policy-makers to make informed decisions.
4. Recognizing that in the early 1990s new and old health systems faced common challenges, WHO developed principles to guide health systems reform. The resulting Ljubljana Charter on reforming health care was signed in 1996 and a seminal volume was produced on strategies for health systems reform as part of the evidence base.² The European Observatory on Health Care Systems grew from these efforts.
5. The Observatory was formally launched in 1998, and in 2004 merged with the European Centre on Health Policy, hosted by the Government of Belgium, to become the European Observatory on Health Systems and Policies. Since then, the Observatory has grown, with new partners and hubs. The five-year partnership agreement has been extended four times, most recently in 2018 when the Observatory celebrated its twentieth anniversary. It currently counts ten Member States among its partners, namely Austria, Belgium, Finland, Ireland, Norway, Slovenia, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland, as well as the Veneto Region of Italy, the French

¹ Document EB145/2.

² Saltman RB and Figueras J. European health care reform: analysis of current strategies: WHO Regional Office for Europe: Copenhagen; 1997.

national union of health insurance funds (*Union nationale des caisses d'assurance maladie*), the London School of Economics and London School of Hygiene and Tropical Medicine, the World Bank and in 2009 was joined by the European Commission. It continues to be hosted by the WHO Regional Office for Europe, as an active partner.

CONTRIBUTION TO IMPROVED HEALTH OUTCOMES

6. While the importance of using evidence in decision-making is clear, health policy-making in practice reflects a pragmatic mix of influences. Decisions involve elements of feasibility, expediency and political ideology, as well as more academic analysis of the options. The Observatory's contribution to health outcomes has been in shifting the balance towards evidence-informed decisions, supporting policy-makers by feeding analysis on key issues (such as financing, workforce and governance) into political debate and contributing to cross-country comparisons and evidence, as increasingly important aspects of complex "real life" decisions.

7. Member States in the WHO European Region have been supported by the Observatory's country monitoring function. It produces Health System in Transition¹ reviews (and includes an online platform, the Health Systems and Policies Monitor,² which offers real-time reporting and analysis of system and policy reforms. It contributes to the European Commission's State of Health in the European Union cycle by delivering country profiles, jointly with the Organisation for Economic Co-operation and Development (OECD), assessing effectiveness, accessibility, and resilience.³ It also makes comparisons through cross-cutting reviews and case studies.

8. This body of work has fed into efforts to improve health outcomes by providing Member States with systematic and comparable descriptions of health systems in the WHO European Region. These analytical reports help Member States to set their own health system in context, review points of weakness, and identify approaches employed in other countries in the Region. Writing a health system in transition review brings together a mix of key players and creates an opportunity for a collective review of information. Published reviews then act as a baseline of shared understanding and information on countries in the Region, focussing attention on health system opportunities to improve health.

9. Member States' initiatives to strengthen their health systems and thereby improve health outcomes have also benefited from the Observatory's analysis function. Together with its partners, the Observatory "horizon scans" to identify areas of need and prioritize those where it can add value. It then reviews existing research, highlights the relevance of that research to policy, and produces a mix of studies, policy briefs, reports and articles that can be accessed by decision-makers. Three recent studies (on public health, efficiency and chronic disease) illustrate the range of evidence gathered to support Member States with regard to health improvement.⁴ These studies pinpoint difficulties, draw lessons

¹ See <http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits> (accessed 24 March 2019).

² See <https://www.hspm.org/mainpage.aspx> (accessed 15 March 2019).

³ See https://ec.europa.eu/health/state/country_profiles_en (accessed 15 March 2019).

⁴ The role of public health organizations in addressing public health problems in Europe: The case of obesity, alcohol and antimicrobial resistance (2018); Health Systems efficiency: How to make measurement matter for policy and management (2016); Assessing chronic disease management in European health systems: concepts and approaches (2014). Publications can be found on the Observatory website at <http://www.euro.who.int/en/about-us/partners/observatory/publications/> (accessed 15 March 2019).

and suggest ways forward. They are accompanied by a set of practical tools, including case studies and evidence briefings, which help policy-makers to extract relevant and actionable messages. Policy briefs are another means by which the Observatory organizes and communicates evidence to policy-makers on topics that will make a difference to their populations. The work feeds into Member States' initiatives as illustrated by recent examples when briefs formed.¹ part of an ongoing cycle of health issues discussed in the context of the rotating presidencies of the Council of the European Union.

10. Policy-makers in the WHO European Region recognize the value of performance measurement and comparison as a tool for improving service organization and delivery and ultimately for fostering health improvement. Through its health systems performance assessment function, the Observatory supports policy-makers in understanding the challenges triggered by policy uses and abuses of indicators. The Observatory also facilitates review of health systems' performance, with a focus on the practical implications of performance measures.² At European Union level, for instance, the Observatory supports the European Union Expert Group on Health Systems Performance Assessment, on issues from primary care to resilience. At the global level, the Observatory is the technical lead in the Technical Working Group on Health Systems Assessments, UHC2030.

11. The Observatory has also been able to work with individual countries, WHO the European Commission and the World Bank to address the specific aspects of health system performance. Such examples of mobilizing evidence to address practical policy challenges show how the Observatory's work with WHO can provide Member States with the necessary tools and support to strengthen their health services. On occasions, the Observatory has combined elements of country monitoring and analysis with health systems performance assessments in order to generate insights into practice, with examples including multicountry reviews on the organization and delivery of vaccination services in the European Union (2018), Europe's implementation of the health-related provisions of the United Nations Convention on the Rights of the Child (2017), and health system trends in former Soviet countries (2014).

12. Member States can only use evidence to improve health outcomes if it is easy to find and easy to use. The Observatory has developed a proactive approach to knowledge-brokering that seeks to unpack, repackage and present evidence in a range of ways, specifically to facilitate uptake. Its publication strategy combines books in both an in-house Observatory series and a co-published series, as well as policy briefs, extensive articles in peer reviewed and more generalist journals, and its own journal *Eurohealth*,³ which is published quarterly and bridges the gap between the scientific and policy-making communities. The journal provides a forum for researchers, policy-makers and experts to share evidence

¹ Averting the AMR crisis: What are the avenues for policy action for countries in Europe (2019) published jointly by the European Commission, WHO and OECD in support of Romania's presidency of the Council of the European Union; Ensuring access to medicines: How to stimulate innovation to meet patients' needs (2018) developed for the Austrian presidency; How can voluntary cross-border collaboration in public procurement improve access to health technologies in Europe (2016) prepared for Malta's presidency. Publications are available on the Observatory website at <http://www.euro.who.int/en/about-us/partners/observatory/publications/> (accessed 15 March 2019).

² Health system performance comparison: an agenda for policy, information and research: Open University Press; 2013 and Paying for performance in health care: Implications for health system performance and accountability: Open University Press; 2014. Publications are available on the Observatory website at <http://www.euro.who.int/en/about-us/partners/observatory/publications/> (accessed 15 March 2019).

³ See <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth> (accessed 15 March 2019).

and express their views, thereby contributing to a constructive debate on contemporary health system and health policy issues in Europe.

13. In addition, the Observatory's website¹ provides open access to all published materials, while its Twitter account and e-bulletins are used to draw attention to new evidence as it is produced.

14. The Observatory's face-to-face knowledge-brokering is a most effective way to support Member States in accessing and acting on evidence. In this regard, its mediated policy dialogues are held in response to requests from policy-makers and provide them with access to experts, practitioners and comparative analyses. These dialogues are tailored to Member States' specific and immediate needs (with recent examples on universal health coverage, primary care and people-centred health systems), and a convention on confidentiality, along with careful facilitation, afford decision-makers a safe space to review their options.

HARMONIZATION OF THE PARTNERSHIP'S WORK WITH THE RELEVANT WORK OF WHO

15. WHO, through the Regional Office for Europe, hosts the Observatory and is an active member of the Observatory's Steering Committee (Board). This allows it to feed into priority-setting through bi-annual meetings, retreats and the five-yearly cycle of development planning, which helps to ensure that activities are harmonized with the relevant work of WHO and with the general programme of work. The Observatory actively engages with the WHO Regional Office for Europe to ensure consistency and complementarity with WHO's work, avoid duplication and increase synergies.

16. The outputs of the partnership have been coordinated to support WHO's priorities and have fed into the work of WHO country offices and programmes in the WHO European Region. A balanced package of country monitoring, analysis, health systems performance analysis and knowledge-brokering have contributed to technical agendas and to the Regional Office's overarching policy development and implementation in the areas of health in all policies, health systems strengthening and intersectoral governance for health. The contribution is well attuned with the Thirteenth General Programme of Work, most particularly the goal of increasing by 1 billion the number of people benefitting from universal health coverage.

17. In line with the Thirteenth General Programme of Work, health system in transition reviews support Member States in the European Region and have helped to strengthen country capacity and innovation. The reviews are conducted with countries, build research capacity, and pull together a consistent information base that can support policy-making, while the Health Systems and Policies Monitor offers news and updates. They provide a baseline for better understanding how each European health system is organized, financed and functions, thus facilitating technical work on universal health coverage.

18. The Observatory's work has also supported WHO's efforts on health systems strengthening through initiatives that align with the Thirteenth General Programme of Work and its focus on helping countries to improve access to quality essential health services. In this context, in close collaboration with the relevant WHO technical units, the Observatory has contributed to and supported high quality people-centred health services, the use of primary care as a link to specialist and social care, measures

¹ See <http://www.euro.who.int/en/about-us/partners/observatory> (accessed 15 March 2019).

to strengthen health systems to deliver better chronic care coverage, primary health care strategies, and greater equity across the life-course.

19. The Observatory has also worked closely with WHO programmes on health systems to help strengthen the health workforce. This collaboration involved, for example, a review of public health workforce needs and of the challenges facing Member States, as well as policy dialogues to help countries act on evidence and on the values promoted by WHO.

20. The Observatory is also engaged in a variety of work to improve access to essential medicines, or more specifically, to enable countries to address antimicrobial resistance.

21. The Observatory has harmonized its work with that of WHO in the field of policy and governance for health and well-being, so that States are supported to ensure effective health governance. The partnerships efforts on health in all policies have been also undertaken with counterparts in WHO. In support of the Eighth Global Conference on Health Promotion (2013), the Observatory contributed to a publication,¹ which analysed the dynamics of health in all policies policy-making and implementation. It has also made the economic case for promoting health and preventing disease. The Observatory is also supporting the WHO Regional Office for Europe in its review of implementation of Health 2020, the European policy framework for health and well-being.

22. The partnership has also been able to contribute to key WHO events, generating evidence and contributing analytic insights. For example, it generated evidence for two high-level meetings: Health Systems Respond to Noncommunicable Diseases: Experience in the European Region, which was held in Sitges, Spain in April 2018; and Health Systems for Prosperity and Solidarity: leaving no one behind, which was held in Tallinn in June 2018.

23. The Observatory has worked closely with the Regional Office to create entry points to deliver policy dialogues, health system reviews and evidence, in collaboration with several Member States. It also helps to raise awareness of WHO policies at high profile meetings, such as the European Public Health Conference, the European Health Forum Gastein, and the annual conference of the European Health Management Association.

24. The Observatory reaches out beyond the WHO European Region to support other WHO regions; it is currently collaborating on a project with the WHO Regional Office for Africa to support evidence transfer and promote evidence-informed policy-making.

WHO'S INTERACTION WITH THE PARTNERSHIP

25. Since its inception the Observatory has been governed on the basis that its “organizational structure and activities (...) shall form an integral part of WHO/Europe” with “all activities carried out (...) in accordance with the Constitution, rules, regulations and policies of WHO” (Article II, 1998 Agreement).

26. The Observatory Steering committee, which gives all partners an equal voice, determines the Observatory's work and development plans and recognizes that the Observatory functions according to

¹ Health in All Policies: Seizing opportunities, implementing policies,. Available at http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf (accessed 15 March 2019).

the provisions of WHO's generic hosting terms. The Observatory partners have extended the partnership agreement for the period 2019–2023.

27. The Observatory has an internal Manual, agreed with partners and with WHO, which sets out its methods of work and clarifies the respective responsibilities of the Steering Committee and the secretariat.

Human resources

28. Observatory staff members are employed by WHO. The Director of the Observatory is appointed by the WHO Regional Director for Europe in consultation with the Partners, and in line with the generic hosting terms for WHO hosted partnerships. The secretariat of the Observatory consists of 23 staff members, located in the WHO European Centre for Health Policy in Brussels, or out-posted in hub offices in London or Berlin.

29. Both the Observatory Brussels team and staff of the WHO Representation to the European Union are protected by the host agreement with the Government of Belgium. The Observatory hubs are designated through a formal process overseen by the Observatory Steering Committee. They are currently located at the London School of Hygiene and Tropical Medicine, the London School of Economics, and the Technical University of Berlin. Hub staff benefit from being in an academic setting and the Observatory gains from the access to primary research that this affords.

30. The human resources model is evolving with progress on creating a middle tier of technical staff who can manage projects, increase capacity and ensure long term continuity. The WHO Regional Office for Europe is providing strategic and practical guidance as the Observatory moves into its new partnership period.

31. While the Observatory secretariat has the depth of knowledge and experience to play a key role in shaping, developing and delivering the products and activities, the Observatory also benefits from academic and policy-maker inputs and draws on its extensive networks to deliver its mandate fully.

Programme and financial management

32. While the Observatory budget is separate from the WHO programme budget, the Observatory consults closely with the Director, Administration and Finance, WHO Regional Office for Europe on its financial planning and reports. Although total annual income varies from year to year, it is typically in the region of US\$ 5 million, with some three-quarters coming from partnership contributions and the balance from project funding. Expenditure on staff comprises approximately 75% of total spending. Reserves currently stand at some US\$ 3 million.

33. The Observatory Steering Committee prioritizes financial sustainability and ensures that the Observatory adjusts expenditure to income fluctuations and balances its budget. The partners are committed to covering core staff costs with core income, raising additional project funding, provided it aligns closely with the existing work plan priorities and with a preference for multi-year funding, and maintaining reserves equal to or in excess of six months' running costs.

34. The Observatory demonstrated that it is sufficiently flexible to adapt to income fluctuations in 2013–2015 when its core income fell. It was able to reduce expenditures and increase project income over the same period. Partners are nonetheless conscious of the risks involved and have increased the partnership reserves to provide additional security.

Resource mobilization and cost recovery

35. The partnership mobilizes its own resources, deriving its core funding from partner contributions. Following a change in the World Bank funding rules, however, accepting the World Bank's contribution as a partner through existing mechanisms proved challenging. It is hoped that a recent breakthrough in negotiations will resolve the issue and allow the World Bank to continue as a partner.

36. Observatory project funding comes from the European Commission and from a range of other donors. All funds are cleared by the WHO Regional Office for Europe in accordance with WHO rules and policies, in particular the Framework of Engagement with non-State Actors. There are high transaction costs involved in all resource mobilization efforts and these place constraints on the Observatory's ability to grow.

37. The Observatory has always paid full programme support costs and post occupancy charges and is now covered by the cost recovery mechanism agreed as part of the generic hosting terms. It is entitled to a rebate on its contribution for each of the years the scheme has been in operation.

Communications

38. While the Observatory's communication activities are governed by WHO rules and policies, it employs its own publications officer and is in the process of appointing a communications officer. Following the external evaluation (2017–2018) The Observatory partners have expressed concern that the Observatory website is not an effective communications tool, and have made revamping of the website a priority.

Other organizational policies

39. The partnership agreement is renewable on a five-yearly cycle and at each new quinquennium the Observatory is committed to undergoing an external evaluation and putting in place a five-year development plan. It also goes through a formal renewal of hub designation arrangements.

CONCLUSIONS

40. The Observatory underwent an external evaluation in 2017–2018, in preparation for the renewal of the partnership agreement. The evaluators found that the partnership delivered on its objectives and was widely valued. Interviewees highlighted the importance of policy dialogue, the variety of issues covered, and the relevance of the work done. Although impact is inevitably difficult to assert since policy decisions are so complex and reflect a range of influences and constraints, the evaluator suggested that the partnership's work was having a tangible effect.

41. The Observatory Development Plan for 2019–2023 has been drawn up in light of the evaluation and of the reflections and experiences of partners. It focuses on taking forward the Observatory's contributions to Member States and to WHO. Priorities include: linking functions to provide a seamless service for policy-makers; making findings more accessible to them; enhancing the current website and fostering innovation in new and social media. The Observatory will also share knowledge-brokering models with other WHO regions.

42. In line with the Thirteenth General Programme of Work, WHO engages with the Observatory to improve health outcomes by providing policy-relevant evidence and by helping to link that evidence to the national context. This collaboration has also supported WHO activities on health systems strengthening and improving access to essential medicine in support of universal health coverage.

ACTION BY THE EXECUTIVE BOARD

43. The Board is invited to note the report.

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