PRIORITIES FOR STRENGTHENING PEOPLE-CENTRED HEALTH SYSTEMS

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The WHO Regional Office for Europe supports Member States in strengthening their health systems to become more people-centred in order to accelerate health gain, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources. The goals of these efforts are entrenched in Health 2020, the health policy and framework for the WHO European Region, stressing a value-based approach to health systems. These values are entrenched in the Ljubljana Charter on reforming health care and the Tallinn Charter on Health Systems, Health and Wealth, which were signed by the countries of the WHO European Region in 1996 and 2008 respectively, and which are central to the health systems work of the WHO Regional Office.

This June, and through this Special Issue of Eurohealth, we are celebrating the 20th anniversary of the Ljubljana Charter. This anniversary offers us an important moment to reflect on the legacy of the Charter and what progress we have made in our health systems strengthening activities over the last twenty years.

In this vein, we have commissioned a series of articles from across the Region, which reflect specific initiatives or policy options pursued by countries in order to strengthen their health systems. They correspond to a series of priority areas agreed on by all 53 Member States, and which find their inspiration in the Ljubljana and Tallinn charter commitments to strengthening health systems via a value-oriented approach.

Priorities for strengthening people centred health systems

Following the 5th year anniversary of the Tallinn Charter, and a high level meeting to commemorate the event, the Division of Health Systems and Public Health began a process of consultations with Member States to map out the key strategic directions around the development of people-centred health systems under the third pillar of Health 2020. The result was a strategic document entitled Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness, which, in turn, was adopted by all Member States during the 65th WHO European Regional Committee held in Vilnius, Lithuania in 2015.

The sub-title of the document – walking the talk on people centredness – reflects the importance that the Regional Office attaches to ensuring that health systems in the European Region meet people’s needs and live up to their expectations. In our view, this means providing an opportunity for people to voice their needs and contribute to systems which are responsive and proactive in meeting them. It also involves providing the necessary tools to empower and engage with people and populations as co-producers of health and health services to ensure better and more equitable access to health. This is particularly important for the vulnerable, whose access to quality services will ultimately determine our success in promoting people-centred health systems that do not leave anyone behind and set us on the path to Universal Health Coverage (UHC) as called for under Health 2020.

It is clear that strengthening health systems in a manner that places people at the centre necessarily involves trade-offs, especially in times of economic hardship. And, while cost savings often occupy a central focus of governments, in Europe we need to ensure political and popular support for moving towards UHC remains a health system priority. This was an important message to come out of two meetings convened by the Division of Health Systems and Public Health on the impact of the Economic Crisis on Health and Health Systems in 2009 and 2013 in Oslo. The Division, in close collaboration with the European Observatory on Health Systems and Policies, evaluated the evidence from across Europe on policy responses to economic shocks, and set out a series of key messages to guide countries in making the right policy choices in times
of budgetary pressures; with a focus on addressing inefficiencies rather than strictly the balancing of books or cost containment. These resulted in a series of 10 policy lessons which were endorsed via Resolution by all Member States during the 53rd Regional Committee, held in Izmir, Turkey in September 2013. Again, our overriding priority is to develop health systems which serve the needs of all our populations.

With the endorsement of the ‘walking the talk on people-centredness’ strategic document, the Regional Office and Member States have committed to work intensively together over the 2015–2020 period in two priority areas (Figure 1):

1) transforming health services to meet the health challenges of the 21st century;
2) moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments.

In focusing our efforts in these two main directions, we acknowledge that health needs in the 21st century require the transformation of health services away from traditional approaches based on disease-specific, reactive and fragmented interventions. Instead, we must move towards health systems with strong primary health care that delivers comprehensive, integrated and people-centered services coordinated with public health and multisectoral interventions to improve health outcomes and reduce inequalities. In parallel to promoting such a transformation of services is a need to rethink health financing. More specifically, policy-makers must ensure that individuals can afford the quality services they require and that health system financing has the ability to withstand economic or other shocks. Indeed, this is key to the promotion of resilience in health systems today. To make progress in these areas requires whole-of-society and whole-of-government efforts to embrace intersectoral actions, while designing effective and evidence-informed policies on service delivery and health financing.

In addition, high-quality health system inputs make it possible to transform health services and away from impoverishing out-of-pocket payments. The availability, accessibility, acceptability and quality of the health workforce will be central to the transformation of service delivery and to translating the vision of universal health coverage into improved health services on the ground. Similarly, ensuring the availability of and equitable access to cost-effective medicines and technology is an important input into health systems. Finally, health information and research on the ground. Similarly, ensuring the availability of and equitable access to cost-effective medicines and technology is an important input into health systems. Finally, health information and research that strengthens health systems and health policy will include strengthening the information systems themselves, including health information platforms, infrastructure and eHealth.

In this regard, three underpinning foundations that will need concerted support to achieve the two overarching directions have been set out in the strategic document as follows:

a) Foundation 1: enhancing the health workforce

b) Foundation 2: ensuring equitable access to cost-effective medicines and technology

c) Foundation 3: improving health information and health information systems.

It is clear from the above, that the implementation of these strategic directions and underlying foundations requires leadership for managing change, the willingness and ability to embrace innovations, and an understanding of the need to ensure accountability for performance as part of good governance; in other words, an overall commitment to change management in the health system. To date, while the literature on specific reform measures and the evidence of their impact continues to grow, there is little evidence available to guide policy makers about the process of reform and methods for making a transition. In other words, while countries can learn how to implement a specific intervention or policy, there is less understanding on how to shape and reform their systems more fundamentally. As such, it is often left to judgment as to whether, when and how to transform. As Figure 1 indicates, this is of course the overall impetus for change, and it is important that countries work together towards embracing the change management required.

Figure 1: Priorities for health system strengthening in the European Region 2015–2020: walking the talk on people-centredness

Source: Ref 1


<ref1>
WHO support to the Member States

In pursuit of these health system strengthening directions, the WHO Regional Office for Europe, through the Division of Health Systems and Public Health, is prioritizing its support to the Member States via a number of activity lines. These include:

- the provision of direct technical assistance to countries (e.g., Review of pharmaceutical sector reform in Ukraine†, health financing reform in Georgia‡, strengthening the response to ambulatory care sensitive conditions in Portugal§ and improving midwifery education in Uzbekistan¶);
- the generation of information and evidence (often with the European Observatory) disseminated via various media (e.g., On access to new medicines**, good practices in strengthening health systems for the prevention and care of tuberculosis and drug-resistant tuberculosis††, developing the case for investing in public health‡‡ and good practices in nursing and midwifery§§);
- capacity building and providing an international platform for partnerships and dialogue with provider and patient associations. (e.g., expert meeting for the health system response to non-communicable diseases work programme¶¶, sub-regional meeting on antimicrobial consumption¶¶¶, sub-regional training course for the central Asian republics on public health leadership††††, strengthening the coordination/integration in the delivery of services in the WHO European Region†††, collaboration with the European Forum of National Nursing and Midwifery Associations (EFNNMA)†††††).

The work of the Regional Office and the Division has also been bolstered through the establishment of a new WHO Centre of Excellence on Primary Health Care based in Almaty, Kazakhstan. The work of this office, under the guidance of the Division, will be instrumental in assisting countries in the transformation of health service delivery. Additionally, change management represents a key area of future work for the Division of Health Systems and Public Health and here we have set up an important collaboration with the Deusto Business School and Durham University to establish a network of high-level policy-makers able to advise current decision-makers on how to initiate, accelerate, sustain or improve large scale health system reforms‡‡‡‡.

With these strategic priorities set, this is a good time for us to take the pulse of the Region in terms of what is happening and how these changes are being realized through this Special Issue of Eurohealth. The series of articles which follows will profile a select number of examples of progress currently being made in the European Region.

These articles describe the challenges and opportunities in managing processes for quality and better outcomes through effective intersectoral action and regular monitoring of performance in order to transform services to meet the health challenges of the 21st century and move towards a Europe free of impoverishing out-of-pocket payments.

As we celebrate the 20th anniversary of the Ljubljana Charter, and reflect on how far we have come in health systems strengthening, bolstered by the Tallinn Charter and Health 2020, we hope that this Special Issue will provide you with new insights into how the two priority areas and three foundations for health system strengthening are being enhanced in the WHO European Region. We still have a way to go, but such examples and stories can provide inspiration to us on the journey that lies ahead.

References

PEOPLE-CENTRED POPULATION HEALTH MANAGEMENT IN GERMANY

By: Oliver Groene, Helmut Hildebrandt, Lourdes Ferrer and K. Viktoria Stein

Summary: Since 2006 the Gesundes Kinzigtal (GK) model has demonstrated how a people-centred focus on population health management can lead to significant gains in achieving the Triple Aim of better population health, improved experience of care, and reduced per capita costs. Through a strong management organization, a sophisticated data management system, and a trusting relationship between network partners and the communities, the GK model has been able to provide better outcomes for all partners involved.

Keywords: People-Centred Care, Population Health Management, Integrated Care Outcomes, Germany

Background

In Europe, cardiovascular diseases, cancer, diabetes, obesity, and chronic respiratory diseases account for an estimated 77% of the disease burden as measured by disability-adjusted life years. Between 70% and 80% of health care costs in Europe are due to chronic disease management. In monetary terms, this corresponds to €700 billion and this figure is expected to increase substantially in coming years. This represents a major challenge for health systems across Europe and has profound social and economic implications, as patients with chronic conditions often require treatment and care from different practitioners in multiple institutions and settings over time. However fragmented governance and funding mechanisms, misaligned incentives, and vested interests often impede a continuum of care. Not surprisingly, poorly integrated systems are frequently associated with inefficiencies, consumer dissatisfaction, and restricted access to and poor quality of health care services.

Given the evidence and experience of the past 15 years, it is now widely accepted that in order to achieve a safe, effective, patient-centred, timely, efficient, and equitable health care system, we need to overcome the fragmentation of care and strengthen the focus on population health.

References: