Annual technical report 2020

WHO Barcelona Office for Health Systems Financing
This report provides a summary of the main activities carried out by the WHO Barcelona Office for Health Systems Financing in 2020. The Barcelona Office is a centre of excellence in health financing for universal health coverage (UHC). It is responsible for monitoring progress towards UHC and focuses on the extent to which people are protected from experiencing financial hardship when using health services. It works with Member States across the WHO European Region to promote evidence-informed policy-making. It supports countries to develop policy, monitor progress and design reforms through a combination of health system problem diagnosis, analysis of country-specific policy options, high-level policy dialogue and the sharing of international experience. It is also the home for WHO training courses on health financing and health systems strengthening for better health outcomes.

Established in 1999, the Barcelona Office is supported by the Government of the Autonomous Community of Catalonia, Spain. It is part of the Division of Country Health Policies and Systems of the WHO Regional Office for Europe.
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Introduction
This report presents a summary of the main activities carried out by the WHO Barcelona Office for Health Systems Financing\(^1\) during the year 2020, generously supported by the Government of the Autonomous Community of Catalonia, Spain (the Generalitat).

The Barcelona Office is a centre of excellence in health financing for universal health coverage (UHC) – a key part of WHO’s work in the European Region and globally. It is responsible for monitoring progress towards UHC and focuses on the extent to which people are protected from experiencing financial hardship when using health services. Financial protection from out-of-pocket payments for health care is a core dimension of health system performance and an indicator of UHC of the United Nations Sustainable Development Goals (SDGs). The Barcelona Office is also the home for WHO training courses on health financing and health systems strengthening.

The World Health Organization (WHO) Regional Office for Europe is undergoing a major restructuring under new management appointed by the Regional Director for Europe, Dr Hans Henri P. Kluge, who began his term in office on 1 February 2020. The Barcelona Office continues to operate as one of six specialized centres (in Almaty, Kazakhstan; Barcelona, Spain; Bonn, Germany; Istanbul, Turkey; Moscow, Russian Federation; and Venice, Italy) working in collaboration with technical divisions in Copenhagen, Denmark, and WHO country offices in 30 Member States. The Barcelona Office is now part of the Division of Country Health Policies and Systems that was created by a partial merger of three previous divisions. The new director of the Division is Dr Natasha Azzopardi-Muscat. Three of the six specialized centres are part of this new Division: the office in Almaty focuses on primary health care (PHC), the office in Barcelona on health systems financing and the office in Venice on investment in health and equity, including social determinants of health.

The Barcelona Office has a well-established workplan that is fully aligned with WHO’s Thirteenth Global Programme of Work (GPW 13) and the new European Programme of Work 2020–2025 (EPW) adopted by the WHO Regional Committee for Europe at its 70th session in September 2020. The first of the three core priorities of the EPW is about moving towards UHC. The main function of the Barcelona Office is to contribute to this priority area.

The Barcelona Office continued to be fully functional during the COVID-19 outbreak and lockdowns, with all staff working remotely when local regulation required so. Some staff members have been repurposed to work on supporting health systems to respond to COVID-19. At the same time, the Barcelona Office has continued to carry out the essential functions of its core technical competence.

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1. Formerly and until end 2020 called WHO Barcelona Office for Health Systems Strengthening
Dr. Hans Henri P. Kluge, Regional Director for Europe presents the European Programme of Work 2020-2025 at the 70th Session of the Regional Committee for Europe.
European-level achievements in 2020
Supporting the response to the COVID-19 pandemic

Technical guidance on Strengthening the health financing response to COVID-19 in Europe published in English and Russian.
The Office produced technical guidance on Strengthening the health financing response to COVID-19 in Europe, which sets out the key health financing policy actions countries can take to reduce the adverse effects of the pandemic as part of a broader health system response.

During the first half of 2020, the Office coordinated the health systems pillar of the overall WHO Regional Office for Europe response to COVID-19. It provided guidance to Member States on strengthening health systems and rapidly reorganizing service delivery to respond to COVID-19 while maintaining core essential services across the continuum of care. Outputs include technical guidance material, participation in several virtual, high-level meetings with government officials and support for press briefings by the WHO Regional Office for Europe.

The Office supported the development of the COVID-19 Health System Response Monitor, which documents evidence on COVID-19 responses in Europe. It is a joint undertaking of the WHO Regional Office for Europe, the European Commission and the European Observatory on Health Systems and Policies. It collects and organizes up-to-date information on how countries are responding to the pandemic with a primary focus on health system responses but also captures wider public health initiatives.

Moreover, the Office contributed to the development of three surge planning tools to support Member States in visualizing acute and intensive care capacity needs over time, identifying the timing and severity of the peak of the outbreak, and engaging in detailed planning of human resources for health systems.

The Office facilitated two technical missions to Spain by a high-level WHO adviser on COVID-19 in March and April 2019, in response to a request by the Government of Spain. The adviser worked closely with the senior team of the Ministry of Health of Spain. During the missions, the adviser visited multiple health care and nursing home facilities in Madrid and in three regions, including Catalonia.

The Office contributed to the following WHO technical guidance documents:

- Strengthening and adjusting public health measures throughout the COVID-19 transition phases. Policy considerations for the WHO European Region;
- Strengthening the health system response to COVID-19 – Recommendations for the WHO European Region: policy brief;
- Strengthening the health system response to COVID-19 in the WHO transmission scenarios – Action points for the WHO European Region;
- Maintaining the delivery of essential health care services freeing up resources for the COVID-19 response while mobilizing the health workforce for the COVID-19 response;
- Creating surge capacity for acute and intensive care. Recommendations for the WHO European Region;
- Supply of essential medicines and health technologies;
- Strengthening the health systems response to COVID-19 – Community pharmacy;
- Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region; and
- Adapting primary health care services to more effectively address COVID-19.

The Office provided regular updates to the Catalan authorities on COVID-19-related documents, and webinars developed and organized by the WHO Regional Office for Europe that were considered relevant in the Catalan context. This included the translation of selected documents into Catalan, as per the suggestion of the Department of Health.

The Office facilitated the participation of Catalan officials and experts in a series of webinars organized by WHO.
Monitoring financial protection – a key component of UHC

Country reports on financial protection published in English and national languages in 2020.
The Office is responsible for monitoring financial protection in the European Region. The SDGs adopted by the United Nations in 2015 call for monitoring of, and reporting on, financial protection as one of two indicators of UHC under SDG target 3.8. WHO’s new EPW also includes UHC as the first of three core priorities for the European Region. Through the EPW, the Office works to support national authorities to reduce financial hardship and unmet need for health services (including medicines) by identifying gaps in health coverage and redesigning coverage policy to address these gaps.

In 2020, the Office published a new SDG factsheet on financial protection (SDG 3.8.2). It sets out how failure to address common gaps in health coverage are undermining national and regional ability to meet targets to reduce poverty (SDG 1.1) and income inequality (SDG 10.1) and move towards UHC (SDG 3.8).

The work of the Office aims to strengthen the evidence base on moving towards UHC at the global, regional and country levels by assessing the impact of out-of-pocket payments for health on household living standards and poverty. Out-of-pocket payments – any payments made by individuals to health care providers – can push people into poverty or deepen existing poverty. Where health systems fail to provide adequate financial protection, people may not have enough money to pay for health care or to meet other basic needs.

To ensure this work is relevant to all Member States in the European Region, the Office developed new metrics to measure financial protection. The new metrics are more suited to high- and middle-income countries and better able than other metrics to capture financial hardship among poor households. The monitoring carried out by the Office is complemented by country-based analysis, enabling context-specific recommendations. As a result, the Office is providing actionable evidence for pro-poor policies on financial protection and access to health services.

Based on this new approach, more than 50 international experts have been working on country reviews of financial protection in over 30 countries. These reviews formed the basis for the first regional comparative report on UHC and financial protection published on World Health Day 2019. The 2019 report covered 24 countries (Albania, Austria, Croatia, Cyprus, Czechia, Estonia, France, Georgia, Germany, Greece, Hungary, Ireland, Kyrgyzstan, Latvia, Lithuania, Poland, Portugal, the Republic of Moldova, Slovakia, Slovenia, Sweden, Turkey, Ukraine and the United Kingdom). A second comparative report to be published in 2021 will cover 39 countries (see below).

By the end of 2020, the Office produced 15 country reports on financial protection. Results from several reports (Austria, Croatia, Estonia, Georgia, Greece, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova and Slovenia) have been launched at national meetings and conferences, with high-level participation from government and other health system stakeholders. Several country reports are available in national languages to increase accessibility of the evidence to a wide range of local stakeholders.

Can people afford to pay for health care?

New evidence on financial protection in Ireland

Bridget Johnston
Steve Thomas
Sara Burke

Ireland
New evidence from the country reports finds that:

- out-of-pocket payments have the greatest impact on those least able to pay for health care: the poorest households, people with chronic illnesses and older people;
- a significant share of households is impoverished or further impoverished after having to pay out of pocket, even in Europe’s richest countries; as a result, these households cannot afford to meet other basic needs – food, rent and utility bills;
- the incidence of catastrophic health spending is heavily concentrated among poor households; across countries, it increases as the out-of-pocket share of current spending on health increases; and
- outpatient medicines are a major source of financial hardship in many countries, especially among poorer households.

Many countries in the European Region still rely heavily on people paying out of pocket for health care. WHO recommends that countries aim to keep out-of-pocket payments below 15% of current spending on health. Investing in health systems is a prerequisite for reducing out-of-pocket payments, but improving coverage policy is equally important. Although the Region has a wealth of good practice, many countries can do more to reduce financial hardship and prevent people from having to choose between health care and other basic needs. For example, countries could carefully redesign user charges to minimize co-payments (especially for medicines) and ensure additional protection for poor people and regular users of health care through exemptions from co-payments and annual caps on all co-payments.

In 2020, the Office started to work on the second phase of the project leading to a second regional report to be published in 2022. In addition to the countries in the 2019 report, the 2022 report will include: Belgium, Bosnia and Herzegovina, Bulgaria, Denmark, Finland, Italy, Luxembourg, Malta, Montenegro, the Netherlands, North Macedonia, Romania, Serbia, Spain and Switzerland.
The financial protection indicators developed by the Office are used as a reference by the European Commission, the European Observatory and the Organisation for Economic Co-operation and Development (OECD). In addition to the regional report and country-specific analyses, financial protection data based on these indicators are published in the following reports:

- OECD Health at a glance: Europe 2020;
- OECD Health at a glance 2019;
- WHO & World Bank global monitoring report on financial protection in health 2019;
- Selected 2019 country profiles in the European Union (EU)/OECD/European Observatory State of Health in the EU series; and
- the European Observatory Health Systems in Transition profiles.

As global interest in this work continues to increase, the Office has engaged in providing assistance to other WHO regions.
Tracking health expenditures in Europe

Health spending by source of revenue in the European Region, 2018


[Diagram showing health spending by source of revenue for different countries in LMIC, UMIC, and HIC categories.]
Tracking the sources and uses of financial resources in the health sector is fundamental for producing health expenditure data according to international standards. As countries strive to make progress towards UHC, aligning the classification of revenues and expenditures to the health financing policy framework of revenue raising, pooling and purchasing becomes increasingly important. This ensures more relevant information for the development of policy at country level. One of the tools used to track health expenditures is producing health accounts. Health accounts carefully track the amount and flow of funds from one health care actor to another down to the eventual recipients of health care goods and services. Building on global efforts since 2001 to create comparable health accounts, the current standard international methodology for tracking health spending is based on the System of Health Accounts (SHA) 2011 framework. Data collected and mapped by countries are published on the Global Health Expenditure Database (GHED). The GHED provides internationally comparable data on health expenditure for all countries in the WHO European Region from 2000 to 2018. The database is open access and supports the goal of UHC by helping to monitor the availability of resources for health and the extent to which they are used efficiently and equitably. This, in turn, helps to ensure health services are available and affordable when people need them.

Demand for health accounts production based on SHA 2011 methodology has been increasing. In 2020, the Office supported 10 countries – Albania, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, the Republic of Moldova, Tajikistan and Ukraine – to strengthen tracking health expenditures applying international methodology.

Due to travel restrictions related to the COVID-19 pandemic, the Office has provided remote technical support to these countries, including emails, virtual meetings and capacity-building activities. It helped countries to produce health accounts on a routine basis, including diseases expenditures, and to institutionalize health accounts in their routine information systems. In addition, it provided country support in reviewing and updating the WHO GHED with a focus on 2018, the latest year with internationally comparable data.

In 2021–2023, the Office will expand its work on health accounts to more countries as the demand for accurate, complete and internationally comparable data on health spending increases. WHO headquarters, WHO country offices and other potential sources like the Global Fund provide funding for this work.

In 2020, WHO headquarters released the annual global report on tracking health expenditures with contributions from all regional offices, including the WHO Regional Office for Europe.
The report analyses global health spending for 190 countries from 2000 to 2018 and provides insights as to the health spending trajectory in the SDG era prior to the crisis of 2020. The report shows that global spending on health continually rose between 2000 and 2018 and reached US$ 8.3 trillion or 10% of global gross domestic product. The data also show that out-of-pocket spending has remained high in low- and lower-middle-income countries, representing greater than 40% of total health spending in 2018. The report also summarizes the data on expenditures for PHC, as well as by disease and intervention, including for immunization. It analyses the available data on budget allocation in response to the COVID-19 crisis. In addition, projections of the macroeconomic and fiscal impact of the crisis are used to draw out the likely implications of 2020 for future health spending, highlighting key policy and monitoring concerns.

The Office is in the process of finalizing a regional report on health expenditure tracking for the WHO European Region. This regional report complements the global health spending report by providing more detailed evidence on health spending trends at regional level. The aim of this report is to summarize key health spending patterns and trends in the Region and inform health financing reforms to progress towards UHC during the recovery from the COVID-19 pandemic. Now more than ever, policy-makers need good quality comparative health spending data to support national dialogue to prioritize health spending in government budgets.

The report shows that health spending patterns vary substantially by countries in the European Region. Overall, spending on health in the European Region was rising before the COVID-19 pandemic. However, how much of a country’s national budget is spent on health continues to vary widely. The growing health sector spending has not resulted in less reliance on out-of-pocket spending. In 2018, almost one third of all health care spending across the Region is covered directly by out-of-pocket payments made by households. The high share of out-of-pocket spending threatens financial protection and hinders progress towards UHC.
Developing health financing monitoring and policy tools

Publication and online dashboard indicators of the health financing progress matrix developed jointly with WHO headquarters
Health financing progress matrix

The Office contributed to the global initiative of developing a new tool to monitor progress in health financing policy at country level. WHO headquarters published the country assessment guide after testing and review by regional offices.

The progress matrix allows a structured qualitative assessment of the current status of policy and implementation in health financing; the assessment complements, rather than substitutes, quantitative measures such as financial protection, and benefit incidence analysis; ideally, the matrix is best used in conjunction with quantitative analysis. The progress matrix dashboard captures the key elements of progress and brings together existing analyses into a coherent framework.

Public financial management and budgetary space for health

Historically, public financial management (PFM) has been overlooked in academic and policy discussions on the availability of domestic resources. However, a growing body of evidence now shows the impact of PFM processes on the quality and volume of public spending in the health sector. Budgetary space for health can be created not only through additional revenue for health, but also from improved PFM of available resources in publicly-funded health systems. This new approach to positioning PFM has implications for budget dialogues and future research.

The Office contributed to the application of this approach in the country context of Ukraine and aims to extend this work to more countries in the European Region. The topic was discussed in a global webinar focusing on the links between PFM and budgetary space for health, and exploring ways in which improvements in budget formulation and execution can expand resources available for the health sector.
Diagnosis-related groups: a question and answer guide on case-based classification and payment systems

More and more countries are seeking to strengthen strategic purchasing arrangements in the health sector. Related thereto, payments based on case-based groups (CBGs) or, more specifically, diagnosis-related groups (DRGs) have gained increased interest from policy-makers across the globe.

The Office contributed to the development of a guide aiming to explore specifically the CBG-related policy questions and issues relevant to the context of low- and middle-income countries. Written in a question and answer format, the guide also provides literature references for further reading and more technical details, as well as presents various country cases to illustrate specific issues.

Governance for strategic purchasing in health financing systems

Comprehensive health financing reforms over the period 1996–2006 created a single-payer health financing system in Kyrgyzstan. WHO published a report that describes and assesses the governance arrangements in the single-payer system in Kyrgyzstan. It is part of a series of country case studies on governance for strategic purchasing, guided by a WHO analytical framework on assessing governance arrangements for strategic purchasing. In Kyrgyzstan most public funding is pooled in the Mandatory Health Insurance Fund (MHIF), which introduced provider payment reform alongside a better-defined benefit package with explicit co-payments and exemptions for priority services and for vulnerable groups.

At the level of the overall health purchasing system, governance in Kyrgyzstan benefits from a relatively comprehensive consolidation of public expenditure in a single pool, which potentially gives the MHIF strong leverage for strategic purchasing. With respect to the governance arrangements of the MHIF specifically, however, challenges remain, with issues relating to a clear division of authority, effective supervision and clear lines of accountability, appropriate budget allocations and effective participation of stakeholders. The study provides recommendations on how governance arrangements at the level of the overall purchasing system and with respect to MHIF as the main purchaser can allow MHIF to organize its purchasing in a more strategic way.
Capacity building through training courses and e-learning

Survey response by accepted participants on modality for course delivery in 2021

- F2F course: 89%
- Virtual course: 4%
- No longer interested: 2%
The Office organizes annual training courses for policymakers, government officials, health professionals in managerial positions and other stakeholders who influence policies and the performance of health systems in the European Region.

The WHO courses are an established brand, attracting attention from policy-makers across Europe and globally. Formal and informal feedback received from participants reflects the quality and impact of these courses. Demand for the courses continues to be high, far exceeding the number of places that can be offered.

Due to the COVID-19 pandemic, all planned face-to-face training activities were cancelled.

WHO Barcelona course on health systems strengthening for improved tuberculosis prevention and care

The fifth edition of the WHO Barcelona course on health systems strengthening for improved tuberculosis (TB) prevention and care was postponed and is expected to be delivered in 2021.

WHO Barcelona course on health financing for UHC

The 2020 edition of the WHO Barcelona course on health financing for UHC attracted 165 applications of which 71 were accepted, but the course was cancelled at the last minute. The Office plans to deliver this course in 2021 for the already accepted participants. Participants were surveyed to see if they wished to attend either a face-to-face or virtual course in 2021, or if they were no longer interested. The large majority of respondents prefer a face-to-face course; therefore, preparations continue for resuming delivery of this flagship activity in the traditional setting once the pandemic-related public health safety regulations are relaxed.

Development of virtual training courses and e-learning

Virtual delivery of the WHO Barcelona course on health systems strengthening for improved TB prevention and care has been developed in collaboration with experts involved in the face-to-face course. The first such course is planned to be delivered for Romanian participants benefitting from funding provided by the Global Fund.

The already existing e-learning course on health financing was translated into Russian and launched in 2020 with the Office providing extensive support.

In collaboration with the Office, WHO headquarters launched in 2020 a webinar series on selected topics in health financing and governance.
Conferences and interagency collaboration
Senior staff of the Office were invited to speak at international conferences and meetings organized by international agencies and universities.

• Sarah Thomson presented *The European experience with private health insurance* at the 7th Annual Global Health Economics Colloquium organized by the University of California, Berkeley; the University of California, San Francisco; and Stanford University held in Berkeley, California, United States of America, on 24 January 2020.

• Tamás Evetovits presented *Can people afford to pay for health care? New evidence on financial protection in Europe* at the 2020 Prince Mahidol Award Conference side event on Making health financing work for UHC in Bangkok, Thailand, on 29 January, 2020.

• Tamás Evetovits and Sarah Thomson presented *Can people afford to pay for health care? New evidence on financial protection in Europe* at the Sessió Tècnica del Consorci de Salut i Social de Catalunya in Barcelona, Spain, on 20 February 2020.

• Sarah Thomson presented *Hard work for government! Balancing public & private financing for UHC in Europe* at the University of British Columbia Centre for Health Services and Policy Research (CHSPR) 32nd Annual Health Policy Conference in Vancouver, Canada, on 5 and 6 March 2020.


• Triin Habicht attended the 8th Meeting of the OECD Joint Network of Senior Budget and Health Officials in Paris, France, on 10 and 11 February 2020.
Country-level achievements in 2020
Overview
The Office has an extensive programme providing technical support and policy advice to Member States across the European Region. In 2020, it provided the most intensive support to Albania, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine, Uzbekistan and Turkmenistan. Its staff also led or contributed to WHO’s work in Armenia, Azerbaijan, Estonia, Latvia, Montenegro, North Macedonia and Romania.
Regional coordination of technical support to countries introducing major reforms for UHC
The Office has had a leading role in coordinating technical support to countries engaged in large-scale health system reforms for UHC. The UHC Partnership supported by the EU, among others, has deployed US$ 6 million to support and strengthen countries as they move towards UHC in the European Region in 2019–2022. This project enables WHO to strengthen its operations at country level through international policy advisers based in countries. The bulk of funding and technical support is going to Azerbaijan, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan.

Technical support for UHC aims to build country capacity to develop, implement, monitor and evaluate robust and comprehensive national health policies around the following key themes: (i) governance for UHC, (ii) closing coverage gaps through better design of benefits with emphasis on outpatient essential medicines, (iii) strengthening resource allocation and strategic purchasing, (iv) the delivery of public health and primary care services and (v) investing in digital health for better population health management.

Distribution of the UHC Partnership portfolio among participating countries, 2020

Source: WHO Regional Office for Europe, 2021
UHC Partnership support to countries in health financing

Distribution of the UHC Partnership portfolio among technical areas, 2020

Count of product/service

- Health financing
- Service delivery
- Health workforce
- Governance
- Noncommunicable diseases and mental health
- Pharmaceutical and medical products

Azerbaijan
Georgia
Kyrgyzstan
Republic of Moldova
Tajikistan
Ukraine
Uzbekistan

Source: WHO Regional Office for Europe, 2021
Georgia

The new National Health Agency (the former health division under the Social Service Agency) was established under the Social Security Administration. WHO technical support in the past few years supported the development of strategic purchasing of health services and organizational capacity building of the Social Service Agency. Strengthening the strategic purchasing capacity of the newly established National Health Agency continued to be one of the priority work areas.

In 2020, WHO technical support focused on the revision of the PHC benefit package and development of a costing model to support the design of the new payment model and to inform budgeting. The proposed payment model is a mix of capitated payment, rent allowance and add-on payments for priority services (child health, priority diseases). This work was impacted by COVID-19 as all country missions were postponed. Work could only be conducted via intensive online multidisciplinary consultations with the involvement of the WHO Barcelona and Almaty offices as well as national and international experts, the health ministry and the WHO Country Office in Georgia.

The report on financial protection Can people afford to pay for health care? New evidence on financial protection in Georgia was completed in cooperation with local authors. The report is based on analysis of the household budget survey and assesses the impact of health financing reforms on the ability of people in Georgia to pay for health care. It also outlines implications for policy. Official launch of the report is planned for 2021.

Kyrgyzstan

During 2020 one of the priority areas of WHO technical support has been in building the institutional capacity of the MHIF and strengthening its governance practices. WHO’s 2020 report Governance for strategic purchasing in Kyrgyzstan’s health financing system summarizes the key governance issues and provides actionable and context relevant recommendations. The focus of the technical support was influenced by the political instability the country experienced in the last quarter of 2020, which culminated in discussions about the MHIF governance mechanisms, including its merger with the Ministry of Health. In November, WHO organized the high-level policy dialogue with the Vice Prime Minister, Ministry of Health, Ministry of Finance, MHIF, World Bank, and German and Swiss development agencies, which led the Government to reconsider the merger proposal. As a result, the aspiration is to scale up WHO technical support to strengthen existing governance mechanisms of the MHIF.

WHO prepared the policy brief Health financing in Kyrgyzstan: obstacles and opportunities to improve the response to COVID-19 with a set of policy recommendations on how to address the weaknesses in health financing laid bare by the pandemic. It was used to facilitate discussions among development partners and national key actors.

To strengthen strategic purchasing, WHO provided technical support to:

- conduct the first costing of public hospital services and to the introduction of a sustainable system for further use of costing studies;

- revise the surgical classification the first time after its inception in 1997 to take into account changing clinical practice and to move to the next generation Kyrgyz output-based payment system (DRG); and

- facilitate discussions among clinicians about the DRG system and surgical classification to build their capacity to better understand the health financing system.
The Republic of Moldova

In November 2020, the process to develop the new National Health Insurance Company (NHIC) organizational development strategy for 2025 was launched. This enabled the Office to build on the momentum to align NHIC 2025 strategic objectives with the National Health Strategy 2030 policy directions and to facilitate structured policy dialogues on the future development needs of the health insurance system to improve financial protection and to make efforts in moving towards UHC. The draft Concept Note for the NHIC strategy 2025 will be submitted to public consultations in spring 2021.

To strengthen strategic purchasing, WHO provided technical support to:

- identify appropriate payment methods for COVID-19 case management based on actual 2020 NHIC data;
- cost suspected and confirmed COVID-19 cases (pregnant woman, children and adults) by types of interventions and severity; and
- develop an analytical report summarizing the results of the NHIC DRG database analysis for 2020.

The report Can people afford to pay for health care? New evidence on financial protection in the Republic of Moldova was completed in cooperation with local authors and published by the WHO Regional Office for Europe in 2020. The report is based on analysis of the household budget survey and identifies factors that strengthen and undermine financial protection, and provides several policy actions to improve the financial protection in the country. Policy dialogues are planned for 2021.

Tajikistan

WHO provides support to Tajikistan to monitor its progress towards UHC, strengthen the evidence base for more effective policy dialogue, and systematically build capacity and political support for UHC in and beyond the health sector. In 2020, WHO supported the Interagency Expert Group under the Ministry of Finance to strengthen communication and cooperation between the health and finance ministries and development partners. It also aided in preparations for the implementation of new health financing mechanisms by focusing on a pilot region (Sughd), where all technical areas of health financing system reform support will be applied. The Sughd oblast health financing reform concept note was developed and presented to development partners and other key actors.
Ukraine

WHO has a long history of supporting Ukraine in designing and implementing comprehensive health financing reform. To strengthen overall design of the Medical Guarantees Program (MGP) in 2021, WHO helped to:

- revise different service packages (description of services, contracting conditions, and provider payment methods and rates), including mental health, HIV, TB and emergency medical services;

- develop a data analytics tool to model expected hospital budgets and different risk mitigation scenarios, and a final model for contracting hospitals in preparation for the launch of MGP phase-2 reforms in April 2020;

- conduct costing of MGP services to inform payment rate setting for 2021–2022 by providing technical guidance and data analysis, and contributing to Ministry of Health working group discussions; and

- build capacity of regional departments on basic principles of strategic purchasing.

To prepare for PHC financing in 2021, WHO provided technical support to:

- analyse the PHC budget envelope approved for 2020 and planned for 2021, including funding for COVID-19-related services at PHC level;

- revise the PHC scope of service for 2021 and provide recommendations on its expansion and alignment with the capitation payment enabling PHC to take a greater role;

- develop PHC performance indicators to be used for incentive payments; and

- conduct a technical review of the existing capacities and potential of e-health to support PHC performance and strategic purchasing (including a draft paper “Existing capacities and potential information in e-Health to support improvements in PHC purchasing in Ukraine”).

In 2020, WHO contributed to the high-level policy dialogue on health financing reform by:

- strengthening the capacity of the Ministry of Health and members of the national Parliament in health financing through several events including policy dialogues on UHC, voluntary health insurance, co-payments and costing, and a two-day executive consultation in January 2020 at the Office;

- finalizing the WHO and World Bank joint review of health financing reforms in Ukraine;

- developing a policy brief on aligning health financing and decentralization reforms in Ukraine; and

- preparing an analytical paper Budgetary space for health in Ukraine to support the Ministry of Health in budget negotiations for 2021 and provide neutral and timely analysis in the context of COVID-19.

A collaborative relationship with the State Statistics Service of Ukraine has been established to update the 2018 financial protection study with 2016–2019 data. A detailed methodological note on potential approaches to conducting a study on informal payments in Ukraine with corresponding budget estimates has been developed.
Uzbekistan

To support Uzbekistan in operationalization of the new health financing strategy that envisioned the establishment of a national health purchasing agency in 2020, WHO continued to:

- provide extensive strategic and technical support (high-level meetings, facilitation of technical working groups, sharing of guidelines and good practices, and review and revision of draft legislation) to the Ministry of Health, Council of Ministers and President’s Administration in the revision of a legislative package to support a comprehensive health financing and service delivery reform, which will be piloted in Syrdarya region in 2021;

- build the capacity of the Ministry of Health’s technical working group on health financing, provider payment and contracting mechanisms through a series of two-hour webinars; and

- co-organize with the Ministry of Health regular monthly meetings with health development partners, as well as ad hoc meetings with key partners in health financing such as the World Bank and Asian Development Bank, to ensure alignment on the basics of the Syrdarya model and to foster collaboration in its implementation and refinement over time.

These activities culminated in November 2020 with a decree of the President of Uzbekistan to introduce a new model for organizing the health care system and mechanisms of the state health insurance programme in Syrdarya region. A new national health purchasing agency started its operation on 1 December 2020.

To support the Syrdarya region pilot, WHO provided support to:

- develop and field test the protocol for a baseline health facility assessment for the Syrdarya pilot with the German Development Bank KfW;

- collect and analyse demographic, epidemiological and cost data from all 85 outpatient facilities (PHC and policlinics) and 22 hospitals in the Syrdarya region; and

- design data collection tools and analytical dashboards.
#UHCPartnership
Specific health financing policy support in countries

Labour-tax funded social health insurance is not sustainable
Countries with SHI use general budget transfers

Albania

In 2020, WHO provided technical support to review the Albanian National Health Strategy 2016–2020. The Office supported the review of the health financing system and how it has been contributing to the achievement of the strategic objectives. The review lays the foundation for developing the National Health Strategy 2021–2025. In parallel, technical support was provided on improving national health accounts data production and reporting to the WHO GHED.

The report Can people afford to pay for health care? New evidence on financial protection in Albania was completed in cooperation with local authors and published by the WHO Regional Office for Europe in 2020. The report is based on analysis of the household budget survey and identifies factors that strengthen and undermine financial protection and provides several policy actions to improve the financial protection in the country.

Armenia

In preparation of a large-scale health financing reform, WHO provided technical support to the Ministry of Health to finalize the health financing reform concept note. The Office contributed to the World Bank-led joint review of the draft concept note through a series of review meetings in early February 2020. Reform preparations were postponed because of the COVID-19 crisis.

Azerbaijan

To strengthen the strategic purchasing function of the State Agency for Mandatory Health Insurance of Azerbaijan, the Office provided technical support by reviewing the existing claims management system to identify key gaps and develop recommendations with the roadmap for 2021.

Estonia

To support future directions of health financing reform in Estonia, the Office contributed to a voluntary consultation session organized by the European Observatory, the European Commission and the Ministry of Social Affairs of Estonia.

Montenegro

In 2020, the Office provided technical support to Montenegro to produce a full health accounts study for 2018 including disease expenditures applying a health accounts production tool (HAPT), which automates the collection and analysis of data. Based on this experience, full health accounts studies were also produced for the period of 2011–2017.

North Macedonia

In 2020, the Office provided technical support to North Macedonia to produce a full health accounts study for 2018 including disease expenditures applying HAPT, which automates the collection and analysis of data. It also facilitated negotiations between the Ministry of Health, the Health Insurance Fund and the State Statistical Office (SSO) to identify SSO as the responsible agency for collecting data on an annual basis with the support of the Ministry of Health. SSO will also be responsible for reporting the health accounts data to Eurostat and WHO.

Turkmenistan

In 2020, the Office provided technical support to conduct the health financing system review and a series of capacity-building seminars with the Ministry of Health of Turkmenistan and other key actors to facilitate discussions about the future health financing reform options.
Technical support to Catalonia, Spain
Assessing 30 years of health planning in Catalonia

In 2019, the Catalan Department of Health approached the Office to embark on an evaluation of the evolution, results and impact of 30 years of health planning in Catalonia. The aim of this exercise was to assess strengths and weaknesses from an international perspective to inform the design of the health planning cycle for 2021–2025.

The Office worked with international and local experts to develop a tailored approach drawing on international good practice in health planning and health system performance assessment. The evaluation found that the health plans are a valued institution in the Catalan health system. The health plans are well known by all stakeholders, respected for setting a vision and direction for improving health and well-being, and demonstrate clear leadership, well-assigned institutional roles and relationships, inclusive and open dialogue, and consistent application over time.

More recently, however, the health planning process has faced challenges as health action has become more pluralistic across sectors and government levels. With growing attention to intersectoral action to address a more comprehensive range of health determinants, the health planning process has been able to capture key themes and policies, but implementation and funding mechanisms need to be strengthened. Catalonia has been a greenhouse of innovation at local level (municipalities and health institutions), challenging health planners to create platforms and processes to identify and legitimize effective innovations for scale up. Health planning now needs to adapt to become the nexus of intersectoral and intergovernmental action for health.
Supporting training programmes and seminars in Barcelona

Senior staff at the Office contributed to the Master’s level training programme offered by ISGlobal of the University of Barcelona. The work on financial protection was presented at a seminar organized by the Consorci de Salut i Social de Catalunya for researchers and health professionals in the Catalan health system. The Office also offers internship opportunities to students studying at various universities in Barcelona.
Dissemination of WHO work on response to the COVID-19 pandemic

The Office provided regular updates to the Catalan authorities on COVID-19-related documents developed by the WHO Regional Office for Europe that were considered relevant in the Catalan context. This included the translation of the following documents into Catalan, as per the suggestion of the Department of Health:

- Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region; and
- Health system considerations: when influenza meets COVID-19: preparedness and response measures when COVID-19, influenza and acute respiratory infections coincide in the WHO European Region.

The Office facilitated the participation of Catalan officials and experts in a series of webinars organized by WHO including:

- Who cares? Building a shared understanding of workforce considerations in long-term care;
- Mental health and our health and care workforce; and
- Let’s talk primary health care – Delivering primary health care on a dual track.
WHO Barcelona Office for Health Systems Financing

The WHO Barcelona Office is a centre of excellence in health financing for universal health coverage. It works with Member States across WHO’s European Region to promote evidence-informed policy making.

A key part of the work of the Office is to assess country and regional progress towards universal health coverage by monitoring financial protection – the impact of out-of-pocket payments for health on living standards and poverty. Financial protection is a core dimension of health system performance and an indicator for the Sustainable Development Goals.

The Office supports countries to develop policy, monitor progress and design reforms through health system problem diagnosis, analysis of country-specific policy options, high-level policy dialogue and the sharing of international experience. It is also the home for WHO training courses on health financing and health systems strengthening for better health outcomes.

Established in 1999, the Office is supported by the Government of the Autonomous Community of Catalonia, Spain. It is part of the Division of Country Health Policies and Systems of the WHO Regional Office for Europe.
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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- Andorra
- Armenia
- Austria
- Azerbaijan
- Belarus
- Belgium
- Bosnia and Herzegovina
- Bulgaria
- Croatia
- Cyprus
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- Denmark
- Estonia
- Finland
- France
- Georgia
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Israel
- Italy
- Kazakhstan
- Kyrgyzstan
- Latvia
- Lithuania
- Luxembourg
- Malta
- Monaco
- Montenegro
- Netherlands
- North Macedonia
- Norway
- Poland
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- San Marino
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