Trust is a complex, multifaceted concept which is difficult to define but which is essential to health systems. It underpins solidarity and is central to the complex interplay of relationships (between patients and clinicians, across the workforce and on the part of policy-makers) that shape health outcomes. The brief links trust, transparency and accountability and flags the scope of new technologies to undermine trust, just as they have the scope to enable it. It suggests that the dynamics of trust need to be understood and taken into consideration particularly if patients are to co-produce care and highlights the kinds of research that might illuminate trust. Above all, the brief shows that trust needs to be actively supported with engagement of a wide range of stakeholders (different sectors, civil society, the public) and ethical leadership, creating a shared vision and values and together putting them at the core of policy-making, strategy and practice.

The renewed Health Systems Performance Assessment Framework is a tool for capturing how health systems are doing and for monitoring the impacts of any policy changes. It fosters transparency which in turn builds trust. This brief explains how policy-makers can use the framework to navigate through the health system and understand how the different parts interact. It supports transformation by allowing policy-makers to test and explain different policy options and to work through plausible pathways from the roots of underperformance and the feasibility of different policy actions to impacts and goals. It also helps identify how best to strengthen health systems resilience and to set health systems in a wider socioeconomic context.

The brief on tracer indicators addresses a fundamental weakness of HSPA exercises. HSPA can bring together huge number of indicators without a clear policy focus, making it hard for policy-makers to make choices. This brief is a proof of concept for a more selective approach. It shows how identifying a small subset of HSPA policy-relevant indicators and organizing metrics around real policy questions could transform the policy relevance of HSPA. Populating the global framework of WHO and the Observatory and the OECD’s HSPA framework with tracer indicators would operationalize both. The brief highlights the scope for collaborative work to improve data and to develop a policy dashboard that will make HSPA more useable and more useful.

Countries need both to spend more public funds on health and to use funds more efficiently if they are to transform health systems. The brief on financing for transformation recognizes the difficulties health policy-makers face making the case for health budgets and sets out the evidence for more efficient allocation of resources. It flags good investments like primary health care and prevention and (careful use) of digital innovation. It also demonstrates that efficiency gains and reallocation alone cannot sustain high-quality, accessible care and highlights the need for increased public spending. The brief also sets out the political dimensions of public sector budgeting and points towards the evidence, skills and tools health policy-makers need to negotiate for resources.

Transforming health service delivery is about achieving large-scale change to meet population health needs and people's expectations, despite resource constraints. The brief acknowledges how complex health systems are and how context specific. It sets out the imperative of combining bottom-up initiatives (that engage multiple actors and their different interests) with the top-down and explains policy-makers’ role in leading and in ensuring sufficient resources for transformation. The brief highlights the tools available to support vision; the need to adapt and align governance mechanisms to facilitate change; and the skills required to generate commitment for implementation. It also touches on the steps that can align resources at the local level with transformation objectives.
TRUST AND TRANSFORMATION:
FIVE POLICY BRIEFS IN SUPPORT OF THE TALLINN CONFERENCE
Introduction

Today’s Tallinn Conference affirms the values of the Tallinn Charter (2008) and builds on the tradition of inclusive dialogue with all health system stakeholders fostered in the 2013 and 2018 anniversary meetings. It echoes their commitments to solidarity, equity, and participation and adopts the themes of trust and transformation as central to building resilient and sustainable health systems for the future.

The European Observatory on Health Systems and Policies has generated evidence to inform each of the Tallinn meetings: evidence on the dynamic relationship between health systems and economic development; on the benefits of health systems strengthening and all-of-government and all-of-society approaches; and on how to include, invest and innovate. For the 2023 conference, it has produced a suite of five policy briefs in support of the key themes of trust and transformation. The briefs are available for consultation and will be revised and published in light of the conference discussions.

Trust

Trust is essential to health systems. The brief on trust shows how transparency, engagement with a wide range of stakeholders and effective communication support trust and help put a shared vision and values at the core of policy-making, strategy and practice.

From trust to transformation

Transformation cannot take place without trust and trust depends on transparency. It is essential that all stakeholders can see how a health system is performing, where its weaknesses are and how they are being (or might be) addressed.

- The brief on financing for transformation recognizes the difficulties health policy-makers face making the case for health budgets and sets out the evidence that both efficient allocation of resources and more public spending on health are needed for transformation.

- The transforming health service delivery brief shows how implementing real change needs policy leadership and vision as well as sufficient resources. It also demonstrates the importance of engaging stakeholders and of aligning governance mechanisms and resources at local level to facilitate change.

Together the briefs support the Tallinn Conference call for health system transformation through inclusive governance and co-creation, trust and transparency. The evidence they set out recognizes that health and stronger health systems are a political choice but offers health policy-makers conceptual framing, data and analysis to support their case. The briefs will help policy-makers ensure that health system transformation can be done and done well and will improve the health and well-being of European societies.

See the policy briefs here: [https://tinyurl.com/OBSTallinn](https://tinyurl.com/OBSTallinn)
The Observatory is a partnership, hosted by WHO/Europe, which includes other international organizations (the European Commission); national and regional governments (Austria, Belgium, Finland, Ireland, Kingdom of the Netherlands, Norway, Slovenia, Spain, Sweden, Switzerland, the United Kingdom and the Veneto Region of Italy (with Agenas)); other health system organizations (the French National Union of Health Insurance Funds (UNCAM), the Health Foundation); and academia (the London School of Economics and Political Science (LSE) and the London School of Hygiene & Tropical Medicine (LSHTM)). The Observatory has a secretariat in Brussels and it has hubs in London (at LSE and LSHTM) and at the Berlin University of Technology.
Trust and transformation: five policy briefs in support of the Tallinn conference

TRUST: THE FOUNDATION OF HEALTH SYSTEMS

Key messages

• The concept of trust is complex and multifaceted. Philosophy, sociology, economics, psychology and medicine understand it differently, and each offers insights into the importance of trust for health, health policy and healthcare provision, and for social cohesion.

• Trust in health systems is essential if they are to function effectively. Trust underpins the solidarity that enables quality health care. It is central to the complex interplay of relationships that shape health outcomes.
  • Patients need to trust clinicians and care providers if they are to seek help promptly, share information and follow treatment plans.
  • The health and care workforce needs to trust that they will be valued if they are to stay in the sector, stay motivated and perform well.
  • Policy-makers need to trust that the health system will deliver quality care and do so efficiently if they are to invest resources. They also need to trust the public (and vice versa) in times of crisis.

• New technologies in health have significant implications for trust. There is a need to:
  • regulate online resources and safeguard data privacy;
  • manage the use of artificial intelligence (AI), which poses particular challenges for trust because the way it operates and the algorithms it uses are not transparent;
  • ensure workforce monitoring and productivity tracking do not demoralize health and care worker, and
  • make sure technologies are reliable, accurate and used ethically and equitably.

• Trust needs to be actively supported.
  • Disinformation and misinformation erode trust if not addressed. They may be politically or commercially motivated with misleading AI-generated content being particularly problematic.
  • Transparency reinforces trust and encourages accountability, whereas a lack of transparency on health care costs, medical errors and conflicts of interest all undermine trust.
  • The complexity of trust dynamics; the context; the experience, expectations and tolerance of different actors and social groups; and changes over time: all need to be taken into account in building trust.

• Measuring trust is an important step in addressing trust deficits, but it is difficult. Much research relies on surveys or interviews and focuses on patients’ trust in doctors. There is little work on differences in trust in doctors rather than nurses or on trust in health care teams or organizations. It would be helpful if:
  • lessons from a range of disciplines could inform the way trust is understood (and translated);
  • trust could be studied as an outcome through experimental studies, qualitative and mixed methods measures and longitudinal research;
  • response formats and trust measurement tools could be improved and comprehensive data collected and updated regularly to assess differences within populations and changes over time;
  • centralized data sources were set up with international coordination underwriting comparability; and
  • minority or marginalized groups and their trust in health care could be given particular attention.

• Engaging a wide range of stakeholders is essential in building trust. This requires:
  • fostering collaboration across sectors;
  • including civil society, the media and the public;
  • engaging stakeholders in decision-making, for example through citizens’ assemblies;
  • recognizing the value of lived-experience; and
  • encouraging co-production of care and tackling the power and information imbalances that undermine it.

• Trust in health bodies can be encouraged by consistent delivery of quality care and by:
  • a clear, shared vision and values, underpinned by ethical standards;
  • an explicit commitment to stakeholder well-being that includes staff;
  • embedding reliability, integrity and transparency into policy-making, strategies and practices;
  • leaders who exemplify integrity, ethical behaviour, and accountability;
  • openness on the use (and impact) of resources and in addressing waste or corruption; and
  • excellent communication of all the above.
Health system performance assessment
A renewed global framework for policy-making

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HEALTH SYSTEM PERFORMANCE ASSESSMENT: A RENEWED GLOBAL FRAMEWORK FOR POLICY-MAKING

Key messages
Health systems performance assessment (HSPA) is about helping decision-makers to work through performance challenges in context, that is, in light of what drives their own health system and its outcomes, to make better informed choices about change.

• The renewed global HSPA Framework is a tool that maps how health systems fit together and explains how they perform. It enables policy-makers to:
  • pinpoint the root causes of performance issues and health system bottlenecks;
  • design appropriate responses that reflect where the issues sit in terms of health system functions and subfunctions, intermediate objectives and final goals;
  • test planned policy actions by working through plausible pathways from the roots of underperformance, through the feasibility of different policy actions to impacts and goals;
  • identify and tackle policy areas to best strengthen health systems resilience; and
  • put health system issues in a wider socioeconomic and societal context.

• Health systems have porous boundaries but act on wider societal goals through a complex iteration of functions, intermediate objectives and goals.

• The global HSPA Framework is based on the consensus reached by a coalition of countries, key stakeholders and civil society coordinated by WHO (UHC2030). It reflects a rigorous review of existing tools by the UHC2030 Technical Working Group on Health System Assessments, which included Member States, global health organizations, key players like the European Commission, the OECD and the World Bank, donors and academia, and agreed a harmonized approach to assessment.

• The new elements of the framework are about learning from the pandemic and bringing to the fore those existing elements that proved particularly policy-relevant. These include the following.
  • Governance and multisectoral action, because engaging all stakeholders (including the population and health professionals) and collaboration across sectors are critical to defining and achieving shared goals.
  • Digital health, which is pivotal in enhancing access and efficiency, patient-centred approaches, and timely, data-driven decision-making.
  • Environmental considerations, because climate change will be a major driver of health system utilization, while the health sector itself has a detrimental impact on the environment.
  • Health security, which is derived from the intricate network of performance and resilience links between the functions, and between the functions and goals.
  • Resilience, or the capacity to adapt and absorb shocks and bounce back.

• The health system plays a significant role in contributing to larger societal objectives and to well-being, for example by fostering cohesion and supporting economic development.

• The global HSPA Framework chimes with the values and aims of the Tallinn conference. It:
  • underpins trust providing a transparent map of where change is needed, what performance measurements mean and what the impacts of innovation will be;
  • anchors transformation, identifying what is not working, suggesting solutions and setting out a clear structure and plausible pathways for change; and
  • is a practical tool for building resilience assessing vulnerabilities and guiding the development of remedial policy action.
POLICY BRIEF 60

Assessing health system performance
Proof of concept for a HSPA dashboard of key indicators

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ASSESSING HEALTH SYSTEM PERFORMANCE: PROOF OF CONCEPT FOR A HSPA DASHBOARD OF KEY INDICATORS

Key messages
This brief serves as proof of concept for a Health Systems Performance Assessment (HSPA) dashboard. It paves the way for the development of a policy-friendly dashboard of key HSPA indicators that will help policy makers to identify and respond to performance issues.

- HSPA is a tool to support health systems transformation. It provides an overview of how health systems perform so that policy-makers can pinpoint issues and design appropriate responses.

- Using selected indicators to explain performance and guide policy responses would help foster understanding of and trust in the health system and support policy change. Gathering HSPA indicators into a subset with critical policy relevance, focusing on fewer relevant metrics and making policy questions central to the HSPA process improves policy relevance.

- The WHO-Observatory global HSPA framework and the OECD renewed HSPA framework allow policy makers to navigate health systems. Populating them with policy-relevant indicators makes them more actionable and useful in practice. The two frameworks outline performance linkages between indicators, health system functions and health system goals. They align in identifying key elements of health system performance and both support a policy dashboard.

- Tracer indicators reflect key policy issues and priority areas. Workforce, digital health, people-centredness and outcomes of service delivery have been used as they are key policy domains of interest for WHO, the OECD and the European Observatory, and because they are pivotal to high performing and resilient health systems.

- Policy questions are used as a way of framing indicator selection in light of policy-makers' priorities. Starting with a concrete policy question helps to select system-level indicators that speak to policy making so that health system performance assessment is relevant and anchored in system policy goals.

- Tracer indicators are selected with a focus on specific health system areas but also have limitations. They signal potential systemic issues and flag problems but cannot provide precise measures of performance or define policy responses. When they are understood in context, they signal areas for further in-depth investigation into the root causes of sub-optimal performance.

- Investment in data collection is key to making HSPA work for policy. It is important to allocate resources to enhance data collection and to resolve ingrained data issues and to develop tools that facilitate the development of adequate data infrastructure supporting information flows at the national and international levels.

- Making HSPA results more policy-friendly is a continuous process that will have high policy dividends. Shifting the focus to policy questions, revising existing health data, addressing key gaps and finding innovative ways to use existing indicators cannot happen overnight. Careful collaboration across key international organizations is needed, notably the WHO, OECD, EU and the Observatory, so that methodologies can be aligned to support policy decision making.

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Financing for health system transformation

Spending more or spending better (or both)?

Rebecca Forman
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Jonathan Cylus
**Key messages**

To transform health systems, countries will need to spend more public funds on health, and also use those funds more efficiently and effectively.

- Governments often have major concerns about the persistent growth of public spending on health and about the long-term sustainability of health financing. Health policy-makers are finding it increasingly challenging to make the case for adequate health budgets as price growth, demographic shifts and other factors put significant upwards pressure on health spending.

- Health systems and services need to transform to meet their objectives and to become resilient to future challenges.

- Transformation requires a mix of more efficient (better) and increased (more) public spending on health.

- Health systems can spend their resources better by optimizing resource allocation and by focusing on priorities which provide value for money. Some good investments to consider include:
  - primary health care and prevention which reduces the need for more expensive and intensive treatments;
  - steps to strengthen and sustain the health care workforce to ensure there are enough staff in the appropriate care areas to deliver high quality, accessible services;
  - digital innovations which, if carefully selected and integrated, can enhance efficiency, access and quality of care;
  - improved access to mental health care to address population and societal needs;
  - ongoing evaluation of pharmaceutical pricing and reimbursement models to make sure that prices paid reflect good value; and
  - coverage policies that provide better financial protection and access to needed services.

- Resources can be spent better in all countries, but additional public expenditure on health is also required now and over time. Institutional rigidities and political economy factors mean efficiency gains and reallocation of funding from one priority area to another are not always possible. Even when they are, they are unlikely to be enough on their own to deliver on strategic goals such as high-quality, affordable and accessible care.

- Public sector budgeting has a strong political dimension and health policy-makers need the evidence, skills and willingness to negotiate effectively for resources.

- There is no one-fits-all solution to negotiating for additional resources for health, but a strategic approach based on evidence-informed narratives and effective fiscal governance arrangements can help.
Transforming health service delivery
What can policy-makers do to drive change?

Dimitra Panteli
Nicole Mauer
Juliane Winkelmann
Nick Fahy
Trust and transformation: five policy briefs in support of the Tallinn conference

TRANSFORMING HEALTH SERVICE DELIVERY: WHAT CAN POLICY-MAKERS DO TO DRIVE CHANGE?

Key messages

• The transformation of health service delivery is about achieving large-scale change to meet population health needs and expectations, despite resource constraints. Innovative ways of delivering health services, such as new models of care and technology-based solutions, can improve the quality and efficiency of care if widely and appropriately implemented.

• Health systems are so complex that change cannot be imposed from the top. Transforming service delivery means engaging with multiple actors, their different interests and interactions. Combining top-down and bottom-up initiatives throughout the process helps.

• The main role of policy-makers in the transformation of health service delivery is:
  • providing leadership, by setting out a clear vision and strategy for change, aligning governance mechanisms and cultivating shared commitment; and
  • ensuring sufficient resources for transformation at the local level.

• Developing a clear vision and strategy for change includes:
  • identifying transformation targets, by leveraging tools such as health system performance assessment, surveys and stakeholder consultation;
  • choosing possible solutions that are effective, affordable, equitable and implementable using tools such as:
    o horizon scanning mechanisms and dedicated funding streams (national and international) to identify and/or test potential options;
    o Health Technology Assessment, to make a compelling case for change and help ensure solutions are good for patients and add value; and
  • analysis of the political economy around change to anticipate and address resistance.

• Governance mechanisms need to be adapted and aligned to facilitate change which means:
  • deciding which entities are involved in the change process and clarifying their relationships, the processes for making and implementing decisions and accountability;
  • adapting relevant regulatory elements (formal legislation, professional standards, etc.); and
  • adjusting payment and accountability mechanisms so they are geared towards transformation and its context.

• Generating the commitment to implement change is critical, because transformation requires substantial buy-in from stakeholders to succeed. Policy-makers need the right skills to achieve this. A system level strategy informed by stakeholder analysis and articulating all the elements of stakeholder engagement, as well as coalition building with civil society, professional associations and others are essential.

• The resources for transformation at the local level must be aligned with its objectives. This means that policymakers must:
  • put in place sufficient funding channelled through tailored payment mechanisms;
  • use multi-professional and intersectoral workforce planning to put the right staff and skill mix in the right place;
  • nurture organizational and clinical leadership by supporting training opportunities and empower frontline staff by ensuring opportunities for skills development and the space to implement changes on the ground;
  • support the necessary technical infrastructures, such as health information systems;
  • foster the availability of robust information on good practice and progress on transformation goals, and its communication.

• Transformation is not a one-off or a quick thing:
  • transformation takes time, so expectations need to be managed to sustain momentum;
  • effective change requires ongoing monitoring and adaptation, and good communication of successes and challenges; and
  • success is very context-specific, so while international lessons and good practices can be shared, initiatives will always need to be tailored to local circumstances.
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