Trust and transformation: resilient and sustainable health systems for the future

Trust and transformation: resilient and sustainable health systems for the future

Abstract
In Tallinn, Estonia, on 12–13 December 2023, the Ministry of Social Affairs of the Republic of Estonia and the WHO Regional Office for Europe co-hosted a high-level health systems conference to commemorate 15 years of the Tallinn Charter: Health Systems for Health and Wealth. Building on the values of the Charter and the theme of subsequent conferences commemorating its signing, the 15th Anniversary Health Systems Conference was held under the theme “Trust and transformation: resilient and sustainable health systems for the future”. This report describes what happened during the conference and presents the main messages shared during each of its sessions. The policy briefs, full-length films supporting the case study sessions, the conference outcome statement and other related documents can be accessed via the conference webpage (“Tallinn Charter 15th Anniversary Health Systems Conference: trust and transformation: resilient and sustainable health systems for the future”).

Document number:
WHO/EURO:2024-9608-49380-73848 (PDF)
WHO/EURO:2024-9608-49380-74574 (print)

© World Health Organization 2024
Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO), WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition: Trust and transformation: resilient and sustainable health systems for the future: meeting report of the Tallinn Charter 15th Anniversary Health Systems Conference, 12–13 December 2023, Tallinn, Estonia. Copenhagen: WHO Regional Office for Europe; 2024”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules/).


Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see https://www.who.int/about/policies/publishing/copyright.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

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

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

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

This publication contains the report of the Tallinn Charter 15th Anniversary Health Systems Conference: trust and transformation: resilient and sustainable health systems for the future: Tallinn, Estonia 12–13 December 2023 and does not necessarily represent the decisions or policies of WHO.
Contents

Abbreviations v
Background 1

Day 1. Trust 4

The opening ceremony 4
Plenary I. Trust for transformation: a virtuous cycle 5
Ministerial lunch 6
Case studies 6
Case study 1. Transforming diabetes care (Kyrgyzstan) 7
Case study 2. ONE OF US: combating stigma around mental health (Denmark) 8
Case study 3. Reducing cervical cancer incidence (Slovenia) 9

Plenary II. Patients and professionals as agents of transformation 10
Signing of the official conference outcome statement 11

Day 2. Transformation 12

Plenary III. Navigating transformation 12
Parallel sessions 1–4 13
Parallel session 2. Civil society and youth participation for trust and health systems transformation 14
Parallel session 3. Public health leadership: driving trust and transformation 15
Parallel session 4. Does antimicrobial resistance undermine trust in the health system? 16

Plenary IV. Investing more and investing better 17
Parallel sessions 5–8 18
Parallel session 6. Can people afford to pay for health care? 19
Parallel session 7. Precision medicine for person-centred care 20
Parallel session 8. Delivering health service transformation in an emergency (Ukraine) 21

Plenary V. Making transformation a reality 22
Closing ceremony 23

Key messages 24

Annex 1. Conference programme 26
Day 1 / TRUST 26
Day 2 / TRANSFORMATION 30

Annex 2. List of participants 35
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
</tr>
<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
</tr>
<tr>
<td>HIT</td>
<td>Health Systems in Transition</td>
</tr>
<tr>
<td>HSPA</td>
<td>Health System Performance Assessment</td>
</tr>
</tbody>
</table>
Background

In 2008, at a ministerial conference held in Tallinn, Estonia, all Member States of the WHO European Region adopted the Tallinn Charter, signalling their recognition that health, health systems and economic development are inseparably connected and that spending on health should be seen as an investment rather than a cost. The Charter reaffirmed countries’ commitment to universal health coverage and – echoing earlier charters, conventions and declarations – enshrined solidarity, equity and participation as shared core values underpinning European health systems. To mark the five-year anniversary of the signing of the Charter, a second conference was held in Tallinn in 2013. This conference was dedicated to reviewing health systems in the context of the all-of-government and whole-of-society approaches that were being promoted at the time. A third conference was held in 2018 to recognize the 10th anniversary of the Charter. Dedicated to the theme of “Leaving no one behind”, this third conference advocated for improved investment in health systems and strengthening of health financing policies to ensure better and more equitable health for all in alignment with the Sustainable Development Goals established in 2015.

While many of the challenges facing health systems identified at these conferences remain, the geopolitical, demographic, socioeconomic and climate landscapes have changed considerably. While continuing to deliver essential health services to all people, health systems across the WHO European Region are now tasked with responding to a series of additional and in some cases unfamiliar crises, including the impacts of the coronavirus disease (COVID-19) pandemic, the climate emergency, armed conflict, and the rise and spread of disinformation. Furthermore, in some contexts, health systems are transitioning away from, rather than towards, universal health coverage, which is also being undermined as a goal by the idea that it is unachievable.

Health systems need to adapt to these evolving challenges so that they can deliver high-quality and effective care, now and in the future, while remaining true to the values of solidarity, equity and participation enshrined within the Tallinn Charter. Health systems therefore need to transform in order to achieve universal health coverage and to promote, protect and deliver health for all in evermore dynamic and complex contexts and amid unprecedented technological advancements. Positive transformation that benefits everyone requires building systems for people and with people – something that can only be achieved with a strong foundation of trust. In this way, the Tallinn Charter 15th Anniversary Health Systems Conference adopted the theme of “Trust and transformation: resilient and sustainable health systems for the future”. The themes of trust and transformation are woven implicitly throughout the original Tallinn Charter – for example, in its references to accountability, transparency, participation, the prioritization of public benefit, and the recognition that health systems must adapt to changing needs and crises. The Tallinn Charter 15th Anniversary Conference adopted trust and transformation as its main themes to elevate their importance, which has only grown over time but has too often been overlooked, undervalued, and insufficiently prioritized within health policies and systems.
The conference design

The Tallinn Charter 15th Anniversary Health Systems Conference, “Trust and transformation: resilient and sustainable health systems for the future”, provided attendees with the opportunity to discuss the challenges that countries are currently grappling with and those that lie on the horizon. The event centred around the themes of trust and transformation to make the case that these two concepts lie at the heart of effective and high-quality health systems: the kind of systems that people see as legitimate and are willing to participate in and that are resilient and responsive to current and future health needs in the context of changing technological, political, social and economic contexts and recurrent crises (Fig. 1).

The conference provided an opportunity to bring stakeholders together to explicitly recognize the importance of trust and transformation in achieving universal health coverage in the WHO European Region. The conference was intentionally designed to facilitate learning from exemplary case studies that demonstrate the important relationship between trust, transformation, co-creation and improved patient outcomes and public health. The conference aimed to provide a space where all stakeholder voices, including patients, health professionals, policy-makers and civil society, could be heard and valued. The conference was intended to reflect the idea that trustworthy health systems that respond and adapt to the needs of everyone are designed and implemented with and for people, and that this agenda starts with listening with humility, valuing all voices and concerns, acting with integrity, and having transparent motivations and goals.

To meet these aims, the conference delivered a comprehensive programme that consisted of five plenaries, three case study sessions, and eight parallel sessions, as well as a closed ministerial lunch, the opening and closing ceremonies, and the formal signing of the official conference outcome statement (see Fig. 1 and Annex 1). The programme was specifically designed with the intention of providing opportunities to share learning and experiences by combining several approaches, particularly the use of cases studies, films, panel discussions and presentations by keynote speakers. To support and complement the conference proceedings, five policy briefs were published as conference drafts:

- **Trust: the foundation of health systems** (1)
- **Health system performance assessment: a renewed global framework for policy-making** (2)
- **Assessing health system performance: proof of concept for a HSPA dashboard of key indicators** (3)
- **Financing for health system transformation: spending more or spending better (or both)?** (4)
- **Transforming health service delivery: what can policy-makers do to drive change?** (5)

The conference was held in person and attended by nominees from Member States, by invited or nominated representatives of non-State actors and international organizations, by representatives of patient and health professional groups, and by selected experts and academics.

This report provides a high-level overview of the conference proceedings and the main points of discussion that emerged from the sessions.
The background documents, policy briefs, full-length films based on each of the case studies, the conference outcome statement and other related documents can be accessed via the conference webpage (6).

Fig 1. Diagrammatic representation of the conference design and content
Day 1. Trust

The opening ceremony

Setting the scene for the two days to come, the conference began with welcoming messages from Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe, and Kristina Köhler, Liaison Officer, WHO Country Office, Estonia. These were followed by opening remarks from Sirje Karis, the First Lady of Estonia, Riina Sikkut, the Minister of Health from the Ministry of Social Affairs of Estonia, and Marc Danzon, Regional Director Emeritus of the WHO Regional Office for Europe. All reaffirmed the importance of the original Tallinn Charter, the endurance of the values that underpin it, and the commitment to pursuing universal health coverage. The First Lady of Estonia emphasized the importance of trust to healthy and democratic societies, the role of the health system as a key source of trust-building, and the need to counter those forces that actively seek to undermine trust. She reaffirmed the idea captured within the Tallinn Charter that health is not a cost but an investment. In the same way, the building of trust must be seen not as a cost but as an investment that creates the capital needed to transform health systems to make them resilient and sustainable.

The Estonian Minister of Health reflected on the progress that had been made since the signing of the Tallinn Charter, but also on what had yet to be achieved and the changing nature of the challenges that we face, including the environmental crisis, the unprecedented scale of disinformation, the influence of commercial interests on public health, and the impacts of unhealthy environments. She argued that there was still much work to be done to make the case for investing in health and to demonstrate its intertwined relationship with the economy: we must galvanize opportunities to advocate for investing in health and reducing inequalities, while recognizing that the prioritization of care and empathy must inform innovation and use of technology. This sentiment was echoed by the former Regional Director, who argued that access to affordable, high-quality and effective health services was yet to become a reality for everyone in the WHO European Region. He emphasized the need to value trust, to make health systems work in partnership with patients, and to recognize the full potential of people to be co-creators of health systems: the opportunity afforded by artificial intelligence shows that the transformation of health systems rests on trust, including ensuring that people trust that the system is acting in their best interests.

The opening ceremony concluded with keynote presentations from two invited guests. By sharing her story, Stacie Broek, a stroke survivor and advocate, underscored how patients need to trust that their health professionals see them as people – people with passions and dreams that bring them strength during their survival journeys. Rachel Clarke, a palliative care doctor and writer, explained that transformation cannot be achieved by advances in technology alone. Transformation involves ensuring that health-care workers trust that the health system will enable them to provide the care they want to deliver to their patients – that it will give them the driving force that inspires them to continue delivering high-quality care in challenging and demanding circumstances. It is these acts of caring, no matter how tiny they may appear to be, that matter; such acts build trust, and trust should be viewed and valued as the absolute bedrock of clinical care.
Plenary I. Trust for transformation: a virtuous cycle

The conference sessions started with a plenary dedicated to establishing the importance of trust to health policy and systems. It also explored the intimate relationship between trust and transformation. Keynote presentations were delivered by Martin McKee, Research Director, European Observatory on Health Systems and Policies; Jon Clifton, Chief Executive Officer, Gallup; and Margaret Kruk, Professor of Health Systems, Global Health and Population, Harvard T.H. Chan School of Public Health. The presentations were followed by a panel discussion held among Popi Nikolaidou Kanari, Minister of Health, Republic of Cyprus; Antanas Montvila, Vice-President, European Junior Doctors Association; Ala Nemerenco, Minister of Health, Republic of Moldova; Timur Sultanbayev, First Deputy Minister of Healthcare, Kazakhstan; Manuel Pizarro, Minister of Health, Portugal; and Bruce Aylward, Assistant Director-General, Universal Health Coverage and Life Course, WHO headquarters. The discussion was moderated by Martin McKee and May van Schalkwyk, Public Health Registrar, Department of Population Health, London School of Hygiene and Tropical Medicine.

The plenary foregrounded the importance of trust to effective health system functioning, emphasizing that trust takes time and investment to establish and maintain, but is too easily lost. Health systems need to be trustworthy and garner public trust, but this is not inevitable and should not be taken for granted. It is also necessary to attach greater value to trust and to protect it; this should include strengthening efforts to measure trust, remembering that it can mean different things to different audiences in different contexts. We need to understand the context we are working in by asking: Who trusts their health system to meet their needs? Who doesn’t and why not? What can be done about this? We must listen to people and learn from their experiences and from their expertise. When measuring health programmes or health system performance, we often forget about the people. Loss of public trust sends a warning that health systems are not fulfilling their core role – that everyone, no matter their ability to pay, can trust that they will consistently receive the right care, at the right time, in the right place, from the right person. Erosion of trust is what should keep policy-makers awake at night.

The session highlighted the importance of investing in people and the services they require in order to build trust. This includes recognizing differences in need: the different needs of urban and rural populations, for instance, or of older and younger people. Building trust involves being open about the challenges we face, such as the climate emergency, and recognizing what undermines trust, when it has been eroded, or when the loss of trust in one sector compromises trust in others. Trust is the most important element when responding to crises, and responses need to be co-created with populations – a process that rests on trust. The panellists described the importance of transparency, accountability, political will, early involvement of stakeholders, understanding the needs and concerns of health workers and patients, strong alliances across sectors and stakeholders at different levels, and acting with care for and respect to trust-building. Resistance to change is often fuelled by not involving people early in the process or by not listening to their needs and concerns; it occurs when people question the underlying motives, or if these motives are concealed. First and foremost, trust begins when those who are being asked to give their trust are listened to and when it is made clear that the goal of transformation and health system functioning is to provide them with care.
Ministerial lunch

The first plenary of the conference was followed by a closed ministerial lunch. Building on the main themes of the conference, this session focused on discussing ways to transform health systems to address the increasing demand on emergency services and explored opportunities for change to provide better care for patients and strengthen public trust. The session began with introductory presentations from Marc Danzon, former Regional Director of the WHO Regional Office for Europe, and Nigel Edwards, Chief Executive Emeritus of the Nuffield Trust. There was then a panel discussion involving Sharipov Farrukh Rakhimovich, Deputy Minister of Health, Uzbekistan; Breda Smyth, Chief Medical Officer, Ireland; Ronald Lavater, Chief Executive Officer, International Hospital Federation; and Diederik Aarendonk, Coordinator, European Forum for Primary Care. The discussion was moderated by Melita Jakab, Head of Office, WHO European Centre for Primary Health Care, and Tomas Zapata, Regional Advisor, Health Workforce and Service Delivery, WHO Regional Office for Europe.

Key challenges and opportunities were explored during the session. The challenges include increasing demands on emergency services, rising levels of multimorbidity and complex care needs, and a decline in trust in primary health care. Health systems need to transform to respond to these challenges, and this requires greater understanding of what care can be delivered by who, at what level and in what setting. Transformation needs to centre on strengthening primary health care, with due consideration given to how this can be achieved in both rural and urban settings. Consideration should also be given to the role of hospitals in the transformation of health systems and to building the skills required to meet the care needs of all patients while avoiding overspecialization of the workforce. The skills, capacities and well-being of the health workforce are key, and it is essential to strengthen palliative and geriatric care systems in order to avoid placing additional pressure on emergency services and to improve outcomes for patients. Opportunities to improve care and build public trust in health systems lie in making better use of data and telemedicine, adopting solutions within specific population groups such as older people, ensuring the availability of an adequate workforce, and organizing services along pathways that deliver emergency services at the appropriate level of care.

Case studies

The remainder of the first day of the conference was dedicated to examining the importance of trust for health system transformation and sustainability. Three case studies formed the foundation of three sessions, each presenting a topic of great importance to health systems across the European Region: diabetes care, mental health and cancer screening. The case studies, while each dealing with a different topic, shared the common theme of the importance of trust and co-creation as drivers of successful transformation of health systems. Each case study shows how co-production by patients, health workers and policy-makers around a specific issue or in a specific area has delivered real changes in service delivery, in turn resulting in implementation by the health system. The objective of the case study sessions was to share and discuss these diverse real-life experiences and to draw out key lessons that can be considered when looking to achieve transformation in other contexts.
Case study 1. Transforming diabetes care (Kyrgyzstan)

The first case study focused on capturing the experiences of those involved in transforming diabetes care in Kyrgyzstan and on considering how effective and positive change was achieved. Transformation of diabetes care in Kyrgyzstan involved shifting away from a system that was largely specialist-based to a more person-centred supportive model; care was delivered by family doctors and nurses, closer to where people live, and people living with diabetes were empowered to be active participants not only in their disease management but also in the process of health systems transformation.

The session was co-moderated by Jill Farrington, Regional Medical Officer, Cardiovascular Diseases and Diabetes, WHO Regional Office for Europe, and Marge Reinap, Technical Officer, Research and Evidence for Policy Development, WHO Regional Office for Europe.

The session started with a short film introducing the case study, followed by two panel discussions before and after a presentation by João Raposo, Medical Director, Associação Protectora dos Diabéticos de Portugal (Portuguese Diabetes Association). The panellists were Natalia Dobrynina, Chief Endocrinologist, Ministry of Health, and Director, National Centre for Endocrinology, Kyrgyzstan; Asel Adamalieva, Deputy Director, Regional Centre for Family Medicine, Alamedin District, Kyrgyzstan; Chynara Ablesova, Chairperson, Chui Diabetes Society, Kyrgyzstan; Judit Bidlió, Deputy State Secretary for Professional Healthcare Management, Ministry of Interior, Hungary; Breda Rafter, Principal Officer, Ministry of Health, Ireland; Elisabeth Dupont, Regional Manager, International Diabetes Federation Europe; and Mette Skar, Senior Programme Manager, Care, Asia and Europe, World Diabetes Foundation.

A core message from the case study and the discussions is the understanding that including people living with diabetes in the co-design and delivery of care pathways allows trust to be built not only between them and health-care workers, but also in the community more broadly. A patient-centred care approach must be adopted through all stages of transformation – it is not just about designing care pathways and services for patients but designing them with patients.

The health-care professionals involved in the case study recognized that, before the project, diabetes was mainly managed by endocrinologists because they had little trust in primary health care doctors and nurses. At the same time, a shortage of endocrinologists and long waits for appointments undermined their ability to optimally manage, educate and meet the individual needs of each patient living with diabetes. During the implementation stage of the project, there was a transformation in trust between endocrinologists and family doctors.

The initial results of the project demonstrate better understanding of people's health needs on the part of health policy-makers and building of trust among various interested groups: between patients and health providers; between specialists and primary health care teams, including between doctors and nurses; and between health providers and the health system as a whole. The patient–doctor relationship is a key driver for building trust. The Chui Diabetes Society was involved from the very beginning of the project, participating in monitoring visits, trainings, steering committee meetings and population campaigns. Trust and respect were built between the patient representative organization, nurses and doctors. The session also highlighted the importance of the conditions that allow trust to be built, including ongoing political support and investment of adequate and sustained
resources. Trust-building takes time and involves effective use of evidence, regular progress monitoring and review, strong and regular communication between all stakeholders (including policy-makers), and upskilling of all those involved in the transformation process, including patients, nurses and doctors. The sustainability of projects like this needs to be underpinned by broader health systems changes, including: establishing national and regional teams; getting continuous support from the health ministry and government; ensuring broader regulatory changes, such as access to medicines, diagnostics and essential devices, as drivers for future scaling; and setting up robust health information systems based on e-records and a national set of indicators.

Case study 2. ONE OF US: combating stigma around mental health (Denmark)

The second case study was based on a large-scale programme established in Denmark called \textit{EN AF OS [ONE OF US]}. It is a programme designed to transform the provision of mental health care in Denmark, specifically by combating stigma surrounding mental health. The programme focuses on transforming practices of the health-care system that are stigmatizing and based on un-evidenced beliefs and assumptions about those experiencing poor mental health and what is needed to help them. The approach is based on encouraging open and honest discussion between health-care professionals and patients. Volunteers are trained to share their lived experience of mental health conditions and stigma, including in their encounters with emergency care doctors and nurses. By building trust between care users and providers, this simple but novel intervention, where the patients become known as ambassadors for the One of Us programme, helps to reduce stigma and improve care in Denmark’s emergency services.

The session featured contributions from three speakers: Troels Flyvholm Torp, ONE OF US Ambassador, Danish Health Authority; Anja Kare Vedelsby, Programme Manager, ONE OF US, Danish Health Authority; and Ewout van Ginneken, Berlin Hub Coordinator, European Observatory on Health Systems and Policies. The session was moderated by Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe, and Jason Maurer, Communications Consultant, Mental Health Flagship, WHO Regional Office for Europe, who facilitated a discussion between the speakers and guest panellists: Mihail Okoliyski, Deputy Minister of Health, Bulgaria; Anniki Lai, Head, Mental Health Department, Acting Deputy Secretary-General for Health, Estonia; and Catherine Brogan, President, Mental Health Europe.

The speakers and panellists shared critical insights into what underpins the success of the programme, the benefits it delivers for patients and health-care workers, and what this learning means for other areas of the health system and other countries or contexts. Beyond helping to address the stigma among emergency care providers towards people living with mental health conditions, the ONE OF US programme gives back to the ambassadors themselves, who are provided with the opportunity to tell their stories. This forms part of their own recovery journey and helps to reduce self-stigma and foster new relationships and contact with the medical community. Many health professionals still find it challenging to know how to provide effective care for those presenting with somatic symptoms, including those experiencing self-harm and psychosis.

ONE OF US is built on the theory of social contact by which contact between different groups under appropriate conditions can effectively reduce prejudice between majority and minority group members, such as patients, providers and hospital managers. The programme supports the network of ambassadors
Day 1. Trust

with specific community-building events, such as a monthly social meeting at the regional level and an annual national meeting to create unity across regional boundaries. The programme is based on seeing ambassador-patients as co-creators, the main agents of change and co-implementers. This is the core ethos of the programme and what makes it innovative. To benefit from the expertise and experiences of patients, they must be empowered to have a voice, and this voice must be valued and listened to. Lessons from ONE OF US could be applied to the delivery and implementation of any reforms, not just those related to mental health or anti-stigma campaigns. The ONE OF US programme exemplifies key evidence-based principles that underpin successful co-creation in reform and implementation: (1) engage stakeholders, gain their trust, and agree on a common problem definition and way forward; (2) overcome fragmented leadership and responsibilities; (3) include patient-centredness in training and adapting health professionals’ curricula; and (4) secure long-term funding – both long-term funding and thinking are important to bring about sustainable transformation of the system.

Case study 3. Reducing cervical cancer incidence (Slovenia)

The third case study was based on Slovenia’s experience in transforming its cervical cancer screening programme. Supported by a well-established cancer registry (one of the oldest in Europe), Slovenia detected an increase in cervical cancer incidence in the 1990s, despite years of opportunistic screening. Public health experts, working in collaboration with a broad group of stakeholders, initiated a shift to organized, population-based cervical cancer screening. Following European guidelines and WHO recommendations, a screening pathway and guidelines were developed, a central registry was established, and quality assurance mechanisms were put in place. Since then, Slovenia has reduced cervical cancer incidence by almost half. Slovenia’s transition from opportunistic to organized cervical cancer screening and its experiences demonstrate the importance of strong leadership and being informed by evidence, the need for good communication, and the critical role of engaging stakeholders in building trust and overcoming scepticism.

The session featured contributions from Urška Ivanuš, Head of National Cervical Cancer Screening Programme ZORA, Institute of Oncology Ljubljana, Slovenia; Špela Smrkolj, Specialist for Gynaecology and Obstetrics (Subspecialist for Gynae-Oncology), Slovenia; and Tit Albreht, Head, Centre for Health Care, National Institute of Public Health, Slovenia. A panel discussion was moderated by Allison Ekberg, Technical Officer, Special Initiative on Noncommunicable Diseases and Innovation, WHO Regional Office for Europe; and Gauden Galea, Strategic Adviser to the Regional Director, Special Initiative on Noncommunicable Diseases and Innovation, WHO Regional Office for Europe. The panel included Walter Ricciardi, Professor of Hygiene and Public Health, President of Mission Board for Cancer, European Commission; Taru Koivisto, Deputy Director-General, Department for Communities and Functional Capacity, Ministry of Social Affairs and Health, Finland; and Jerome Weinbach, Deputy Director for European and International Affairs, French Ministry of Health.

Transformation of the screening programme was initially met with some hesitation and scepticism, and important steps were taken to make positive change a reality. Key to this success was recognizing the importance of building trust among the health workers who were expected to deliver the proposed changes, and the women, their families and communicates who were expected to accept these changes and engage with a transformed
screening programme. Building trust among health workers – particularly gynaecologists, a trusted group among the public – was critical to building and maintaining public trust. Involving health professionals at all levels (e.g. primary and secondary) and women from different settings and backgrounds early in the process helped to build trust, as did prioritizing effective communication, for example by working closely with the media.

The delivery of effective cervical cancer screening programmes in the WHO European Region has led to a reduction in cancer incidence and mortality, saving many lives. These programmes rest on trust both among health professionals and among the public. To leave no one behind, trust must be built among diverse groups; this involves empowering people with knowledge, because understanding is key to building trust and involves taking time and care to communicate effectively with different audiences. For transformation to succeed, all stakeholders need to be involved, including politicians, managers of national health services, health insurance fund managers, providers, the media and the population. There needs to be political commitment to invest in cancer screening pathways, and managers to invest resources for it. This requires unstinting efforts to make the case for prevention and to argue that adequate funding for it is an investment.

Plenary II. Patients and professionals as agents of transformation

The second plenary of the conference brought together representatives of those involved in the three case studies and provided an opportunity to identify and share key points of learning and commonalities in their experiences. The focus of the plenary was to identify generalizable lessons for successful co-creation as a key mechanism for making health systems more resilient and sustainable for the future.

The second plenary was moderated by Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe. Short presentations were delivered by Martin McKee, Research Director, European Observatory on Health Systems and Policies; Troels Flyvholm Torp, ONE OF US Ambassador, Danish Health Authority; Natalia Dobrynina, Chief Endocrinologist, Ministry of Health, and Director, National Centre for Endocrinology, Kyrgyzstan; and Urška Ivanuš, Head of National Cervical Cancer Screening Programme ZORA, Institute of Oncology Ljubljana, Slovenia. These were followed by a discussion among the speakers and panellists: Kerstin Vesna Petrič, Head of Office for Collaboration with WHO, Ministry of Health, Slovenia; Liisa-Maria Voipio-Pulkki, Ministry of Social Affairs and Health, Finland; Karen Bjøro, Vice-President, European Forum of National Nursing and Midwifery Associations; Claudia Louati, Head of Policy, European Patients’ Forum; and Doris Poolamets, President, Estonian Medical Students’ Association.

The plenary emphasized the importance of meaningful inclusion and engagement with patients, health workers and the public, which requires effective and sustainable systems of social participation. Change is only possible when patients and health workers trust each other and trust that the goal of transformation is to enhance patient care and deliver better outcomes for everyone. Transformation rests on building trusted alliances and networks between people, whether they are professionals, patients, youth organizations, civil society or policy-makers. Transformation cannot be achieved without engagement of all groups and stakeholders: everyone needs to be involved and empowered as drivers of change – to understand
why change is happening and to trust that their involvement is meaningful and valued and that they have ownership over the change process. The inclusion of patients and the public and the value put on their expertise lead to beneficial outcomes for them and the health system. Recognition of their valuable expertise and experiences needs to translate into mechanisms and processes that enable people of all ages and backgrounds to inform health system transformation. This relies on trust – and not just the trust of some groups or in one direction, but trust from all groups and sides. Building this trust and achieving positive and sustainable health system transformation take time, investment and perseverance.

**Signing of the official conference outcome statement**

The first day concluded with the formal signing of the conference outcome statement, which was the product of a two-stage consultation involving conference participants (7). This ceremony was moderated by Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe, and Heli Laarmann, Head of the Public Health Department, Ministry of Social Affairs, Estonia. Marc Danzon (Regional Director Emeritus, WHO Regional Office for Europe), Agu Laius (Head of Advocacy, Golden League, Estonia), Marilyn Lempu (Children’s Rights Ambassador, Estonian Union for Child Welfare) and Riina Sikkut (Minister of Health, Ministry of Social Affairs, Estonia) were formally invited to initiate the signing of the outcome statement.

The outcome statement, issued on behalf of the participants, signalled recognition of the lessons that have been learned from the COVID-19 pandemic and the political, social, economic and environmental challenges that face country health systems. In light of these, the conference participants stated that:

[W]e believe that it is imperative to promote more resilient, equitable and healthy societies and that stronger health systems are essential if we are to address contemporary and future challenges. …

We recognize that our health systems need to transform to become more resilient, effective and sustainable in order to meet such challenges. …

We consider trust and co-creation between stakeholders to be the key ingredients to empower people and communities to drive the transformation of systems. …

We call for and support action by Member States, the WHO Regional Office for Europe, and other European bodies and stakeholders to strengthen health system resilience.

In conclusion, the participants:

- evoke the Tallinn Charter’s values of solidarity, equity and participation, and reaffirm them as central to achieving resilient and sustainable health systems for the challenges of today and of the future;
- call for more inclusive governance and co-creation (involving people, health and care workers, and decision-makers from all sectors) to promote trust and the sustainable transformation of our health systems for improved health and the well-being of our societies;
- acknowledge that health is a key driver of the well-being economy and that health-supportive environments, well-being and stronger health systems are a political choice; and
- stress the need for everyone to be able to trust that they will receive the right care, at the right time, in the right place, from the right person, without experiencing financial hardship.
Day 2. Transformation

The second day of the conference focused on the theme of transformation, building on the discussions of the first day, which had mainly examined the importance of trust to health systems and the interconnectedness of trust and transformation. Day 2 aimed to explore how health systems can transform, based on an ethos of trust-building, and what tools are needed to achieve this and thus to meet the needs of current and future populations in the WHO European Region. The sessions therefore focused on considering what enables positive transformation and the sustainable provision of high-quality health care for all, and what challenges, both ongoing and emerging, risk undermining these goals.

Plenary III. Navigating transformation

The second day of the conference began with the third plenary session, which was dedicated to the topic of navigating transformation.

The plenary started with introductory presentations delivered by Dheepa Rajan, Health Systems Advisor, European Observatory on Health Systems and Policies; Marina Karanikolos, Technical Officer, European Observatory on Health Systems and Policies; and David Novillo Ortiz, Unit Head and Regional Advisor for Data and Digital Health, WHO Regional Office for Europe. These presentations were followed by a panel discussion comprising: Maya Mathews, Head of Directorate-General for Food Safety (DG SANTE) Unit C2: State of Health, European Semester, Health Technology Assessment, European Commission; Mark Pearson, Deputy Director, Employment, Labour and Social Affairs, Organisation for Economic Co-operation and Development; Helena Rögnerova, Director-General for Economics and Health Insurance, Ministry of Health, Czechia; Pascal Meeus, General Advisor, Health System Department, National Institute for Health and Disability Insurance, Belgium; Stefan Eichwalder, Director, Health Systems Division, Ministry of Health, Austria; and Modesta Visca, Officer, Ministry of Health, Italy. The discussion was moderated by Matthias Wismar, Programme Manager, European Observatory on Health Systems and Policies, and Kira Koch, Technical Officer, Special Programme on Primary Health Care, WHO headquarters.

The plenary provided an opportunity to introduce the updated WHO-European Observatory global Health System Performance Assessment (HSPA) framework and to discuss a number of related issues: the value and rationale behind the design and use of the framework; how to overcome some of the challenges policy-makers may face in its implementation; the role of a dashboard of tracer indicators and performance pathways; and the challenges of collecting indicators at the international level. Further work on the development of tracer indicators is a priority for the WHO Regional Office for Europe and the European Observatory in the years ahead.

The goal of the HSPA framework is to support health system transformation, positive health system functioning and attainment of health goals. In this way, it focuses on enabling stakeholders to assess and understand their current context, state and level of functioning, and impact; it assists them in identifying where they want to get to (that is, establishing the goals of health system transformation and functioning) and determining if progress is being made. Trust in the HSPA process is key, and it is important to
recognize that the outcomes need to be communicated effectively and to different audiences. The process should be made relevant to different stakeholders, including policy-makers. Assessment of health systems functioning and transformation cannot be limited to times of crisis or to pandemics alone – the workforce crisis and the climate crisis need to be considered as well. Continually assessing the strength and effectiveness of health systems builds the resilience needed to limit the impact of crises when they occur. However, there is no one-size-fits-all approach to assessing and transforming health systems, and the framework reflects this reality: it is intended to be adaptable to local contexts, different types of systems and stakeholders, and different types of available data. Furthermore, translating the findings of the assessment into action takes leadership and political will, as well as engagement with stakeholders to determine what should be counted, which indicators matter and how to interpret their meaning.

Parallel sessions 1–4
Parallel session 1. Launch of the Estonian Health Systems in Transition (2023) review: a journey of trust and transformation

This third plenary of the conference was followed by four parallel sessions, the first of which was dedicated to the launch of the 6th edition of the Estonian Health Systems in Transition (HiT) review (8) and sharing reflections on Estonia’s long journey of health system transformation. The speakers included Kaija Kasekamp, International Health Financing Consultant, WHO Barcelona Office for Health System Financing, and Yulia Litvinova, Research Fellow, Berlin Hub, European Observatory on Health Systems and Policies. There was then a panel discussion including Riina Sikkut, Minister of Health, Ministry of Social Affairs, Estonia; Natasha Azzopardi Muscat, Director, Health Policies and Systems, WHO Regional Office for Europe; and Ewout van Ginneken, Berlin Hub Coordinator, European Observatory on Health Systems and Policies. The discussion was moderated by Kristina Köhler, Liaison Officer, WHO Country Office, Estonia. The formal handover of the HiT report was conducted by Riina Sikkut and Ewout van Ginneken.

The session reflected on Estonia’s long series of HiT reviews, which go back to 1995, when the first was published, and continued with five further editions, published in 2000, 2004, 2008, 2018 and now 2023. The work of those who contributed to each of these over the years was recognized. Building on Estonia’s experience in transforming their health system and overcoming challenges, key themes and issues covered in the session were the hurdles that some health systems in Europe now face, including access and coverage, financing, governance, the health workforce and health system resilience during crises. The challenge of both establishing political and social commitment to universal health coverage and turning this into a lived reality, when faced with issues such as health workforce shortages, was highlighted. Similarly, the need to make progress in multiple areas in tandem was emphasized: it is vital to ensure, for example, that improvements in access and affordability are experienced equitably among populations to avoid deepening existing inequities; that governance structures keep up with advances in service delivery; and that health systems adapt in times of crisis, recognizing the acute needs of the health workforce in such contexts, such as the need for liability insurance. However, progress requires sustained financial commitment and investment, and it needs to be monitored and measured, which requires
the right and often innovative tools. Finally, trust must be established in all these areas for transformation to be successful, and this means embracing transparency about the challenges faced by the health system. Using evidence to make the case for universal health coverage can help provide the conditions for identifying solutions and building public support for policies based on achieving universal health coverage.

**Parallel session 2. Civil society and youth participation for trust and health systems transformation**

The second parallel session provided an opportunity to discuss the importance of civil society and youth participation for trust and health systems transformation.

The session featured presentations by Kira Koch, Technical Officer, Special Programme on Primary Health Care, WHO headquarters, and Rachel Greenley, Research Fellow, Department of Population Health, London School of Hygiene and Tropical Medicine. These were followed by a panel discussion involving Henrique Barros, Vice-President, Association of Schools of Public Health in the European Region; Entela Ramosacaj, Deputy Minister of Health, Albania; Mia Zupančič, Secretary-General, Youth Network “No Excuse”, Slovenia; and Jasmina Cumnulaj, International Public Health Consultant. The discussion was moderated by Kerstin Vesna Petrič, Head, Office for Collaboration with WHO, Ministry of Health, Slovenia.

The session centred on the concept of social participation, understood as empowering people, communities and civil society to partake in decision-making processes that affect health and well-being. This participation spans all levels of the health system and involves various aspects of the policy cycle, including priority-setting, policy development, implementation and monitoring. The critical role of social participation in transforming health systems to prioritize people and communities was stressed. More inclusive, participatory approaches in health system governance are required to build trust and should underpin health system transformation. Engagement needs to be enabled at all levels to ensure policies and strategies are responsive to the needs of the population. Social participation is key to making health systems more people-centred – it should be recognized that it is counterproductive to leave out the very people these systems are meant to serve.

Social participation rests on sustainable investment and a commitment to ensure that such practices are meaningful, open up two-way conversations, and allow power imbalances and conflicts of interest to be addressed. This involves creating safe spaces, building capacity and skills, and ensuring equitable representation. It is of particular importance for the inclusion of young people, who should be seen as legitimate policy actors and empowered with the knowledge, skills and opportunities to make a meaningful input into policy decisions and health systems transformation and to exercise influence over them. Collaboration involves creating platforms and opportunities for young people to voice their opinions, share experiences and advocate for change.

For social participation to support beneficial transformation, a variety of participatory mechanisms should be used, particularly to reach vulnerable and underserved groups and communities and to allow for the co-creation of system design, improvement and delivery. Barriers to policy and political engagement, such as voter suppression and lack of trust in politicians, need to be overcome. Recognizing the importance of listening and valuing lived
experience is crucial to meaningful engagement. Social participation can lead to more effective policy-making and has implications for the training of health-care and public health professionals, who should be empowered with the skills and resources they need to support effective and equitable social participation that is inclusive of all groups and ages. The integration of health-care providers, policy-makers and communities is vital for a well-functioning health-care system. The session demonstrated that there is much to learn from individual examples which can be translated into larger-scale reforms.

Parallel session 3. Public health leadership: driving trust and transformation

The third parallel session centred on the theme of public health leadership as a driver of trust and transformation. The basis of this session was the recognition that, in the context of recent health crises, the demand for skilled and highly adaptable public health leaders has never been more apparent.

An introductory presentation was given by Sonia Dias, Dean, National School of Public Health, NOVA, Portugal. This was followed by a panel discussion involving Katharina Reich, Chief Medical Officer, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria; Ute Teichert, Head, Directorate-General for Public Health, Federal Ministry of Health, Germany; Breda Smyth, Chief Medical Officer, Department of Health, Ireland; Gahraman Hagverdiyev, Director, Public Health and Reforms Center, Ministry of Health, Azerbaijan; and Lars Münter, Director, International Projects, Danish Committee for Health Education, Denmark. The discussion was moderated by Heli Laarmann, Head of the Public Health Department, Ministry of Social Affairs, Estonia, and João Breda, Head of Office, WHO Athens Quality of Care Office.

In the session, strategies to navigate complexity, foster inclusivity, sustain political commitment, and drive innovation in ambitious public health reforms were explored by examining real-world examples from countries currently undergoing significant public health reforms. The session highlighted the need to strengthen public health competencies in order to deal with the multifaceted, multi-layered challenges that threaten the public’s health.

The WHO European Public Health Leadership Course is an important example of how to develop skills with a combination of theory, experimental learning activities and team-building opportunities. Public health needs leaders who are not only knowledgeable but inspirational; they need the skills to work effectively with the public as well as with policy-makers and to bridge the gaps between disciplinary siloes, such as having the tools to galvanize legal and financial tools. Creating great leaders also involves building trusted networks that allow sharing of knowledge and experiences in co-creation and novel ways of engaging with people. To support effective engagement, public health leaders need to be equipped with data and evidence about the population they care for. Lastly, building strong public health workforces with effective leaders requires that they feel valued and measures are taken to promote recruitment and retention. To this end, it is important to raise the profile of public health so that it attracts people with passion for innovation and those working in public health feel that they are part of an exciting, valued and effective enterprise. Such transformation is iterative and continuous; it requires consistency and clarity of goals, but also the perspicacity and vision to see and exploit windows of opportunity.
Parallel session 4. Does antimicrobial resistance undermine trust in the health system?

The fourth parallel session focused on a specific question: does antimicrobial resistance (AMR) undermine trust in the health system? This is the first time that AMR has featured as a stand-alone topic at a Tallinn conference. The inclusion of the session in the conference programme signalled the recognition that AMR is a major global public health threat that compromises the ability to prevent, control and treat infections. As such, AMR has the potential to erode people's trust in health systems and the provision of care.

Maria Silva, patient and infection prevention and control nurse, Portugal, and Danilo Lo Fo Wong, Regional Adviser, Control of Antimicrobial Resistance, WHO Regional Office for Europe, set the scene with introductory presentations. These were followed by a panel discussion involving Claudia Louati, Head of Policy, European Patients’ Forum; Ingrid Schmidt, Senior Advisor, National Board of Health and Welfare, Sweden; Nicolae Dragoş Garofil, Surgeon and Ministerial Adviser on Quality of Care, Romania; and Vojislav Šimun, Minister of Health, Montenegro. The discussion was moderated by Robb Butler, Director, Division of Communicable Diseases, Environment and Health, WHO Regional Office for Europe.

The session made the case that adopting a people-centred approach helps to build trust, contributes to health system transformation, and is crucial to the fight against AMR.

The adoption of a people-centred approach is one of the four guiding principles of the newly adopted Roadmap on Antimicrobial Resistance for the WHO European Region 2023–2039. AMR is eroding trust in health systems and affecting our “medical arsenal” to treat infections. Over the years, more complications have been observed in minor and routine procedures, undermining the previously common expectation that recovery from surgery would be smooth and without major complications. AMR is a complex issue with blurred lines of responsibility and accountability. Ensuring the public understand the problem, the evidence and the need for change – and the nature and scale of that change – is critical to maintaining public trust in health systems and their confidence that transformations are being implemented in their best interests. Addressing AMR will require multifaceted and concerted efforts by all health system stakeholders to adopt and promote antimicrobial stewardship programmes and to ensure that such efforts are sustained, for instance through the appointment of a national AMR champion. This requires collaboration based on trust to realize the changes that are needed and to secure ongoing adherence and commitment. It is necessary to adapt approaches to suit different contexts, based on appropriate engagement and an understanding of who the public trusts to disseminate effective messaging.

A people-centred approach acknowledges the role of individuals and communities in tackling AMR, which will help to address weaknesses and gaps in AMR efforts to date. It can facilitate the co-creation of the health system transformation that is ultimately needed to combat AMR. Health-care professionals are the stewards of antimicrobials and play a paramount role in ensuring their effectiveness through appropriate treatment and high-quality care. They are also key in building trust among patients and the public. Policy-makers must prioritize and invest in implementing high-impact interventions using a people-centred lens and be bold when setting national targets. AMR does not recognize borders, so regionally and globally coordinated efforts will be needed, alongside public trust in such international efforts.
Plenary IV. Investing more and investing better

Before the second set of parallel sessions, a fourth plenary was held focusing on the role of investment in the context of health system transformation. The main idea underpinning this plenary was that both adequate financial investment and better use of these resources are needed – more investment must be partnered with better investing.

A keynote presentation was delivered by Ashish K. Jha, Dean, School of Public Health, Brown University, followed by a panel session moderated by Jon Cylus, London Hub Coordinator, European Observatory on Health Systems and Policies/Senior Health Economist, WHO Barcelona Office for Health Systems Financing. The panellists included Riina Sikkut, Minister of Health, Ministry of Social Affairs, Estonia; Kaisa Juuso, Minister of Social Affairs and Health, Finland; David Wilson, Programme Director, Health, Nutrition and Population Practice, World Bank; and Reinhard Busse, Professor of Health Care Management, Berlin University of Technology.

The session’s discussions highlighted that investing in health care can lead to better health outcomes, but this is not inevitable – more money and technology alone will not ensure health or effective and equitable health systems. Measures must be taken to ensure better spending and effective and efficient use of technology. Similarly, investing in health systems does not mean funding can be cut elsewhere or that investing in other areas means health systems do not require more investment. Many policy-makers have the misperception that social spending can be a substitute for health spending, or that spending more on one means less spending on the other. In fact, the evidence suggests that countries which spend more on health also spend more on social services. There is an intimate relationship between the provision and funding of all forms of public services as well as with the economy – the logic underpinning the well-being economy. Thus, ensuring the health of populations involves investment across multiple areas – from health to education, for example – at the right time and in the right way. This is challenging as policy-makers often see social sectors as consumptive rather than as areas for investment, and it takes effort to operationalize investing in the social determinants of health, which involves identifying how to drive change and who should be held accountable for effectively delivering such change. Making the case for investing in health can be much more challenging than making the case for other forms of investment, such as bridges, roads and electricity grids. It is imperative to make the intangible tangible and to highlight the value that health for all brings to all sectors. There are also many opportunities for better spending and better utilization of the resources at hand – for reforming how much is paid and what is paid for within health systems.

Given the need for health systems transformation that delivers resilience and sustainability, it is critical to identify how investments in health can achieve better outcomes for all. This will include identifying how to enable shifts away from old models of care, rethinking the places where care is delivered and who is delivering it. Health systems that are fit for the future need to be efficient and nimble. This will involve adapting to the leaps and bounds in technologies that are on the horizon (as well as some that are already here) and to the changes in patient expectations that these bring.
Parallel sessions 5–8
Parallel session 5. Climate-resilient and environmentally sustainable health systems

The fifth parallel session was dedicated to the theme of building climate-resilient and environmentally sustainable health systems. As with the parallel session on AMR, this was the first time that climate change featured as a standalone session in a Tallinn conference. The inclusion of a parallel session dedicated to the issue signals its importance from a health perspective: climate change represents both a current and a future threat to health, but the health system itself also plays a significant role as a major contributor to carbon emissions.

The session started with presentations delivered by Dorota Jarosinska, Programme Manager, Living and Working Environments, European Centre for Environment and Health, WHO Regional Office for Europe, and Oliver Schmoll, Programme Manager, Water and Climate, WHO European Centre for Environment and Health, WHO Regional Office for Europe. These were followed by a panel discussion involving Breda Smyth, Chief Medical Officer, Department of Health, Ireland; Andra Migur, Head of Sustainability, North Estonian Medical Hospital, Estonia; Gabriella Abruzzo, Climate Officer, Health Care Without Harm Europe; Caroline Costongs, Director, EuroHealthNet; and Francisco Ribeiro Mourão, Executive Board Member, European Junior Doctors Association.

The session reiterated the threat that the climate crisis poses to health, now and in the future, and to the sustainability of health systems. The impacts of climate change affect everyone, but the burden is disproportionately experienced by vulnerable and disadvantaged groups. Climate change cuts across all health domains and comprehensive action is needed to respond to this crisis. Embedding a green agenda is supported by intersectoral partnerships (with sectors such as transport and the built environment) and a whole-of-government approach, with oversight exercised through an overarching governance structure. The health sector has a special role in driving climate action, for various reasons. It has a moral obligation, duty of care and strong commitment to promote and safeguard health.

At the same time, health systems contribute to global greenhouse gas emissions, and there is also substantial room for improvement when it comes to greening health systems’ supply chains. Actions are needed to address different dimensions to make health-care facilities more resilient and better able to provide high-quality care, while simultaneously reducing carbon emissions and becoming environmentally sustainable – for example, resources should be used more efficiently, materials and devices should be chosen that are free of hazardous chemicals, and waste should be adequately managed. Action is needed at the level of both health system and individual health-care facility, targeting different building blocks of the health system and involving the people at its core. This is a difficult task that requires the involvement of many actors. However, a range of experience in this area already exists, which is why it is crucial to work in partnerships and seek alliances at all levels. Working together across sectors and building a community of practice to exchange experiences, insights and support are key to accelerating action across health systems and translating commitment into change on the ground. Linking health and sustainability actions can generate co-benefits across sectors and contribute towards creating health systems that serve both people and the environment.
planet. Health-care professionals have a key role to play as champions and co-creators of change; however, they must be empowered to do so through adequate training opportunities, engagement, and health and climate literacy – they must have the tools they need to be agents of change.

Parallel session 6. Can people afford to pay for health care?

The sixth parallel session focused on the theme of health-care affordability, building on the Tallinn Charter’s statement that it is unacceptable that people experience financial hardship and poverty because of ill health. The session introduced the new WHO report on financial protection, which is defined as affordable access to health care (9); this captures the latest evidence from 40 countries in Europe and offers practical guidance on how countries can reduce financial hardship and unmet need by considering five policy choices that have been effective in countries with strong financial protection. The session also introduced a new online platform, UHC watch, which tracks progress on affordable access to health care in Europe and central Asia (10).

Sarah Thomson, Senior Health Financing Specialist, WHO Barcelona Office for Health System Financing, and Tamás Evetovits, Head of Office, WHO Barcelona Office for Health System Financing, gave introductory presentations on the topic of financial protection. These were followed by a panel discussion involving Andres Võrk, Health Economist, Faculty of Social Sciences, University of Tartu; Alona Goroshko, Consultant, WHO Barcelona Office for Health Systems Financing; and Kenneth Grech, Co-Chair, Health System Performance Assessment Expert Group, European Commission. The discussion was moderated by Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe, and Triin Habicht, Senior Health Economist, WHO Barcelona Office for Health System Financing.

Evidence shared during the session demonstrates that, despite the Tallinn Charter’s aspiration of ensuring accessible health care for all, 1–12% of people across Europe are driven into poverty, or become even poorer when they already are, because they face impoverishing health spending. This means that health systems may contribute to increasing poverty, rather than alleviating it. Moreover, people in the poorest households (lowest consumption quintile) are most at risk of experiencing catastrophic spending. Paradoxically, in most health systems in Europe, inpatient medicines are covered as part of the statutory benefits package, but medicines usually prescribed in primary care settings are often not. As a result, financial hardship is mostly driven by services available in primary care, as coverage in primary care is often limited to a visit to the doctor and diagnosis, while treatment comes at a cost that is not affordable for many. The data strongly suggest that financial hardship is higher in health systems that rely more heavily on out-of-pocket payments. Health systems need to transform to make affordable health care available to everyone and fulfil the vision articulated in the Tallinn Charter.

Transformation can be informed by evidence from analysis of which policies undermine financial protection and which have worked in countries to keep catastrophic spending at low levels. Financial protection can be strengthened through a set of policy mechanisms. These include:

- delinking entitlement to publicly financed health care from payment of contributions and making sure coverage is based on residence and includes refugees, asylum-seekers and undocumented migrants;
abolishing user charges or keeping them as fixed fees at low levels, and making sure there are protection mechanisms (such as exemptions and caps); and

extending coverage to primary care treatments, in addition to visits and diagnostics. Health systems need to reduce their reliance on out-of-pocket payments. This can be achieved when coverage policy is redesigned to prioritize protection for people with low incomes and chronic conditions and supported by an adequate level of public spending on health.

Countries with low out-of-pocket payments tend to see much lower levels of financial hardship. Public spending on health is much more effective at reducing out-of-pocket payments than voluntary health insurance. Financial protection is not always seen as a political priority, but context-specific monitoring can change this perception. Not all countries grasp the importance of reducing their reliance on out-of-pocket payments. Financial protection analysis provides solid evidence about the role of health systems in aggravating financing hardship and offers countries concrete recommendations on strengthening financial protection and universal health coverage. Financial protection is an essential component of HSPA. Country experience from Estonia, Malta and Ukraine shows that context-specific monitoring of financial protection can be a catalyst for reforms aimed at overall strengthening of health systems and improving their performance and resilience. Communicating evidence on what does and does not work in a compelling way to engage policy-makers has been important in achieving positive transformation in relation to financial protection.

**Parallel session 7. Precision medicine for person-centred care**

The seventh parallel session focused on exploring the role of precision medicine in person-centred care. Precision medicine is an emerging medical practice, and the session aimed to highlight the need to build public trust and co-create solutions for transformation of the health system in response to such advances in technology and practice.

The session began with presentations from Matt Bolz-Johnson, Mental Health Lead and Healthcare Advisor, EURORDIS – Rare Diseases Europe, and Sander Pajusalu, Head, Genetics and Personalized Medicine Clinic, Tartu University Hospital. Dimitra Panteli, Programme Manager, European Observatory on Health Systems and Policies, then moderated a panel discussion. The panellists included Ingrid Schmidt, Programme Officer, Ministry of Health and Social Affairs, Sweden; Helen Brandstorp, Division Director, Health Intelligence and Policy, Directorate of Health, Norway; and Thomas Allvin, Executive Director, Strategy and Healthcare Systems, European Federation of Pharmaceutical Industries and Associations.

The session highlighted that precision medicine represents cutting-edge technologies and that such advances require different models of health care – ones that connect expert centres to support the dissemination of knowledge and allow care to be accessed through local centres. To ensure that such advances in care benefit people, strong relationships with affected communities and building of public trust are critical, as successful implementation and delivery of precision medicine require large-scale collection and use of genomic data. Such approaches can only be delivered, and delivered at scale, if people trust the processes that oversee their delivery and trust in the motives that underlie their development and provision.
Precision medicine cannot be delivered in silos, as no one stakeholder can deliver it alone – leadership and multistakeholder collaboration are vital. For true patient-centred care, we need to embed precision medicine within the health-care system, adopting an equity-based approach. With precision medicine, we need both to zoom in and consider diagnostics, design of clinical trials, and pricing and reimbursement mechanisms, and also to zoom out to the whole care continuum from screening to treatment. We need investment in diagnostic testing, data infrastructure including computational power, software such as artificial intelligence, and data safety/security. Knowledge needs to be translated from academia to health systems and policies for implementation, and support is also needed from industry, especially in the form of start-ups for medical devices.

Capacity-building in health systems transformation and upskilling of a diverse health-care workforce are required to facilitate sharing of good practices among countries and to improve communication and awareness among populations. Investing now may lead to savings later, but a realistic approach with attainable goals is needed. Raising awareness, strengthening communication, sharing learning and strategy across countries, and developing new regulatory standards will be essential moving forward.

**Parallel session 8. Delivering health service transformation in an emergency (Ukraine)**

The eighth and final parallel session explored the topic of delivering health service transformation in an emergency, using the conflict in Ukraine as a case study. Ukraine represents an important example as the health system has continued to provide essential services despite extreme stress and challenges following the Russian Federation’s invasion of the country in February 2022, attacks on health and civilian infrastructure, population migration and greater health needs resulting from the war. While the public health services are functioning in a dynamic and complex context, disease outbreaks have been kept under control. At the same time, discussions on how to ensure improvements in health-related regulation continue, and the authorities are working towards European Union accession.

An opening presentation was given by Viktor Liashko, Minister of Health of Ukraine. This was followed by a panel discussion involving Riina Sikkut, Minister of Health, Ministry of Social Affairs, Estonia; Isabel de la Mata, Principal Advisor for Health and Crisis Management, European Commission; Danguolė Jankauskiene, Vice Minister of Health, Republic of Lithuania; and Adrianna Murphy, Co-Director, Centre for Global Chronic Conditions, London School of Hygiene and Tropical Medicine. The discussion was moderated by Jarno Habicht, WHO Representative, WHO Country Office, Ukraine.

The discussions explored what had allowed health system transformation to continue despite the impacts of the COVID-19 pandemic and the onset of war. This included recognizing the heightened concern for personal safety and security among the Ukrainian people. Transformations needed to adapt to reflect people’s needs, such as expanding the medicine reimbursement programme to rural areas and introducing e-prescriptions for antibiotics to mitigate the risks of AMR and improve infection prevention and control. Other achievements include the launch of an electronic blood management system, adoption of NATO standards for blood transfusion, expansion of transplantology with a record number of organ transplants since 1991, and the evolution of the National Health Service system.
These transformations show the importance of continuing reforms even in the context of conflict and the importance of partnership and investment, including with international stakeholders. Transformation needs to respond to immediate needs as well as to consider the longer-term implications of current events; a key example of this is the longer-term rehabilitative needs of a large population of people who have undergone amputations as a result of the conflict. Other countries have similarly gained experience in continuing and adapting health system transformation in the context of crisis, and opportunities to share such experiences, such as that offered by the Tallinn conference, are valuable. The lessons of these country experiences include the importance of rapid adaptation, comprehensive crisis management, and integration of innovative health solutions. The focus should extend beyond immediate health-care needs to broader support systems, emergency preparedness, mental health, and leveraging technologies such as telemedicine. Furthermore, transformation in emergency preparedness and response is needed to reverse and overcome the tendency for the treatment of noncommunicable diseases to be compromised or neglected. Maintaining focus on the importance of prevention will be key in this regard as well. Finally, health emergency preparedness and health system transformation should progress hand in hand, and it will be important to incorporate emergency preparedness in national health systems’ transformation agendas.

Plenary V. Making transformation a reality

The fifth and final plenary of the conference was dedicated to the topic of making transformation a reality. Policy-makers are constantly faced with the task of ensuring that health systems transform to meet evolving health needs and of doing so in the context of health system challenges such as workforce constraints and rising health-care costs. They are required to identify innovative solutions to transform health service delivery from a model of hospital treatment that is essentially reactive and focused on acute care to one that can anticipate and ensure person-centred care, leveraging the opportunities afforded by new technologies. This plenary explored how policy-makers can promote and achieve the transformation of health service delivery, drawing on the experience of Member States to explore further how transformative change can foster trust in health systems; in this way, it aimed to move beyond discussing what needs to be done and to focus rather on how to do it.

Introductory presentations were given by Ewout van Ginneken, Programme Manager, European Observatory on Health Systems and Policies; Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe; and Dimitra Panteli, Programme Manager, European Observatory on Health Systems and Policies. These were followed by a panel discussion involving Acko Ankarberg Johansson, Minister for Health Care, Ministry of Health and Social Affairs, Sweden; Dirk Ramaekers, Secretary General of Federal Public Service Health, Safety Food Chain and Environment, Belgium; Stefan Eichwalder, Director of Health Systems, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria; and Hosams Abu Meri, Minister of Health, Latvia.

Policy-makers at all levels have critical roles in the transformation of health systems by creating the conditions in which such transformation can flourish, fostering system willingness and the ability to change. This encompasses two main areas: (1) providing leadership with a clear
vision and strategy for change; and (2) ensuring systems have sufficient resources to implement change at the local level. However, in addition to leadership and resources, it is important to recognize that transformation is a continuous process of learning. Hearing the experiences of Member States, it is apparent that trust is central to transformation and cannot be taken for granted. Transformation and the trust-building that underpins it involve listening to patients, the public and health workers, and this requires mechanisms through which their voices can be shared and acknowledged. Co-creation must be meaningful and accompanied by a clear vision of what the problems and solutions are and by transparent and two-way communication. Technology can play a role, particularly as an enabler to enhance the involvement of different policy actors and reduce the distance between patients and the system. Policy-makers need to confront the paradoxical nature of the problem – that trust is needed to transform, but transformation is needed to build trust. Understanding the context and current failures of the system is key to building a clear vision of what needs transforming and how this is going to be achieved.

This vision can be communicated on the basis of evidence, and trust can be built by using evidence to show that transformation is being delivered in the interests of the public – and never forgetting the need for long-term thinking and change. Being open about what has worked but also about what has failed is key to effective communication. Core to transformation is the commitment to creating systems that are designed with people for people and shifting away from designing systems around diseases and institutions. This can only be achieved by listening to people and by valuing and acting upon their expertise and experiences.

**Closing ceremony**

The conference was brought to a close by Marc Danzon, Regional Director Emeritus, WHO Regional Office for Europe; Riina Sikkut, Minister of Health, Ministry of Social Affairs, Estonia; and Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe. Each provided their reflections on the conference, the progress made since the first signing of the original Tallinn Charter, and the challenges that lie ahead; and each expressed their thanks to one another and to those they represent, those who had helped to organize and deliver the conference, and the conference participants. Reflecting the context in which the conference had been delivered – a situation in which the reality of the environmental emergencies facing health systems is becoming ever more apparent – Riina Sikkut announced that Estonia would be planting a number of native trees on behalf of all those who had participated in the conference.
Key messages

It is not possible to capture the full richness of the discussions, experiences and ideas shared during the conference in a single summary section, so readers are encouraged to refer back both to the sections above and to the various films, publications and recordings that are available on the conference webpage (6). However, reflecting especially on the themes of trust and transformation, some key messages were shared after the conference had come to an end and are reproduced below.

• **We must go further:** *we must add the mortar – TRUST – to the bricks that the Tallinn Charter laid* in 2008.

• **Change is never easy,** and uncertainty about the motivations underlying change and what lies ahead can fuel mistrust.

• **Everyone,** no matter their ability to pay, **must be able to trust that they will receive the right care,** at the right time, in the right place, from the right person.

• **Health-care workers should be able to trust that their health system will enable them to deliver the care** they want to provide to their patients, even in challenging and demanding circumstances.

• **Health systems need to be trustworthy and, when trusted, they foster the wider societal trust** that is needed to counter the growing spread of misinformation and those who seek to undermine science and societal cohesion.

• To transform health systems, we need to **understand the context that we are working in.** Who trusts their health system to meet their needs? Who doesn’t, and why? What can be done about this?

• **We need to start by recognizing patients as people.** As Stacie Broek stressed, “Recovery begins with a survivor taking their passion to a health professional.”

• **We must listen to people and learn** from their experiences and from their expertise.

• **We must all work together** – health workers, patients, the public and health leaders – **as equal partners** to build trust and bring about the transformation that is required to meet people’s needs now and in the future.

• To truly transform, **we need to have a vision of what we want to achieve and how to get there;** this requires having a clear and detailed picture of how our health systems are performing to tell us if we are on the right path to reaching our goals.

• As we heard from one of our speakers, patients rightly question “black boxes,” and it is our duty to **be transparent** and explain the processes that are being adopted to bring about change in partnership with patients and the public.

• **Trust and transformation are ongoing projects:** building trust is a long-term journey – it takes time.

• We need to continuously make the case for transformation, which must be based on collaboration, not on fragmented and disconnected actions.

• As Natalia Dobrynina eloquently stated: *"We must go slowly, but never stop."*
References


4. Forman R, Permanand G, Cylus J, editors. Financing for health system transformation: spending more or spending better (or both)? Policy brief 61. European Observatory on Health Systems and Policies. Copenhagen: WHO Regional Office for Europe; 2023 (https://eurohealthobservatory.who.int/publications/i/financing-for-health-system-transformation-spending-more-or-spending-better-(or-both)).


1. All references were accessed on 22 April 2024.
### Annex 1. Conference programme

#### Day 1 / TRUST
12 December 2023

<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00–09:00</td>
<td>Registration and coffee</td>
</tr>
</tbody>
</table>
| 09:00–10:15 | **Hall: BLACK BOX**  
**SESSION 1**  
**Opening**  
**Moderators**  
Natasha Azzopardi Muscat | Director, Country Health Policies and Systems, WHO Regional Office for Europe  
Kristina Köhler | Liaison Officer, WHO Country Office, Estonia  
**Welcome and opening remarks**  
Sirje Karis | First Lady of Estonia  
Hans Henri Kluge | Regional Director, WHO Regional Office for Europe  
Riina Sikkut | Minister of Health, Ministry of Social Affairs, Estonia  
**Keynote speakers**  
Stacie Broek | Stroke survivor and advocate  
Rachel Clarke | Palliative care doctor and writer |
| 10:15–10:45 | Health break                                                            |
| 10:45–12:15 | **Hall: BLACK BOX**  
**PLENARY I**  
**Trust for transformation: a virtuous cycle**  
**Moderators**  
Martin McKee | Research Director, European Observatory on Health Systems and Policies  
May van Schalkwyk | Public Health Registrar, Department of Population Health, London School of Hygiene and Tropical Medicine  
**Keynote speakers**  
Jon Clifton | Chief Executive Officer, Gallup, Inc.  
Margaret Kruk | Professor of Health Systems, Harvard T.H. Chan School of Public Health  
**High-level panel**  
Timur Sultangaziyev | First Deputy Minister of Healthcare, Kazakhstan  
Ala Nemerenco | Minister of Health, Republic of Moldova  
Popi Nikolaidou Kanari | Minister of Health, Republic of Cyprus  
Manuel Pizarro | Minister of Health, Portugal  
Bruce Aglward | Assistant Director-General, Universal Health Coverage and Life-Course, World Health Organization  
Antanas Montvila | Vice-President, European Junior Doctors Association |
## Annex 1. Conference programme

<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.15–14:00</td>
<td><strong>Hall: ATRIUM / CAULDRON HALL</strong>&lt;br&gt;Lunch for Participants&lt;br&gt;(12:15 – 14:00)</td>
</tr>
<tr>
<td></td>
<td><strong>Hall: SMALL HALL</strong>&lt;br&gt;Closed Ministerial Lunch: “Emergency services under pressure”&lt;br&gt;(what keeps ministers of health up at night?)&lt;br&gt;(12:15 – 13:30)</td>
</tr>
<tr>
<td></td>
<td><strong>Welcome</strong>&lt;br&gt;Hans Henri Kluge</td>
</tr>
<tr>
<td></td>
<td><strong>Moderator</strong>&lt;br&gt;Melitta Jakab</td>
</tr>
<tr>
<td></td>
<td>Tomas Zapata</td>
</tr>
<tr>
<td></td>
<td><strong>Speaker</strong>&lt;br&gt;Nigel Edwards</td>
</tr>
<tr>
<td></td>
<td><strong>Respondents</strong>&lt;br&gt;Farrukh Rakhimovich Sharipov</td>
</tr>
<tr>
<td></td>
<td>Breda Smyth</td>
</tr>
<tr>
<td></td>
<td>Ronald Lavater</td>
</tr>
<tr>
<td></td>
<td>Dierdrik Aarendonk</td>
</tr>
<tr>
<td></td>
<td><strong>Closing</strong>&lt;br&gt;Natasha Azzopardi Muscat</td>
</tr>
<tr>
<td>14:00–15:15</td>
<td><strong>CASE STUDY SESSIONS</strong>&lt;br&gt;Co-creating for change&lt;br&gt;Keynote presentation followed by moderated panel</td>
</tr>
<tr>
<td></td>
<td><strong>Hall: BLACK BOX</strong>&lt;br&gt;<strong>CS1 — Transforming diabetes care (Kyrgyzstan)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Moderators</strong>&lt;br&gt;Jill Farrington</td>
</tr>
<tr>
<td></td>
<td>Marge Reinap</td>
</tr>
<tr>
<td></td>
<td><strong>Speakers</strong>&lt;br&gt;Chynara Ablesova</td>
</tr>
<tr>
<td></td>
<td>Natalia Dobrynina</td>
</tr>
<tr>
<td></td>
<td>Asel Adamalieva</td>
</tr>
<tr>
<td></td>
<td><strong>Technical intervention</strong>&lt;br&gt;João Raposo</td>
</tr>
<tr>
<td>TIMING</td>
<td>SESSION</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td><strong>Commentators</strong>&lt;br&gt;Judit Bidió</td>
</tr>
<tr>
<td></td>
<td>Hall: SMALL HALL&lt;br&gt;<strong>CS2 — “EN AF OS (One of us)”- combating stigma around mental health (Denmark)</strong>&lt;br&gt;<strong>Moderators</strong>&lt;br&gt;Natasha Azzopardi Muscat</td>
</tr>
<tr>
<td></td>
<td>Hall: STALKER HALL&lt;br&gt;<strong>CS3 — Reducing cervical cancer incidence (Slovenia)</strong>&lt;br&gt;<strong>Moderators</strong>&lt;br&gt;Allison Ekberg</td>
</tr>
<tr>
<td>TIMING</td>
<td>SESSION</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>15:15–15:45</td>
<td>Health break</td>
</tr>
<tr>
<td>15:45–17:00</td>
<td><strong>Hall: BLACK BOX</strong>&lt;br&gt;PLENARY II&lt;br&gt;Patients and professionals as agents of transformation&lt;br&gt;<strong>Moderators</strong>&lt;br&gt;Natasha Azzopardi Muscat</td>
</tr>
<tr>
<td>17:00–17:20</td>
<td><strong>Hall: BLACK BOX</strong>&lt;br&gt;ADOPTION OF THE CONFERENCE STATEMENT and “canvas” signing</td>
</tr>
<tr>
<td>18:00–19:30</td>
<td>Ministerial visit to PHC facility (by invitation only) arranged by the Ministry of Social Affairs, Estonia</td>
</tr>
<tr>
<td>19:30–22:00</td>
<td><strong>Hall: CRUISE TERMINAL</strong>&lt;br&gt;RECEPTION DINNER</td>
</tr>
</tbody>
</table>
Day 2 / TRANSFORMATION
13 December 2023

<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45–8:30</td>
<td>Informal Ministerial Joint Breakfast (by invitation only) arranged by the Ministry of Social Affairs, Estonia</td>
</tr>
<tr>
<td>8:30–10:00</td>
<td>Hall: BLACK BOX&lt;br&gt;&lt;br&gt;&lt;strong&gt;PLENARY III&lt;br&gt;Navigating transformation&lt;/strong&gt;&lt;br&gt;Moderator&lt;br&gt;Matthias Wismar</td>
</tr>
<tr>
<td>10:00–10:30</td>
<td>Health break</td>
</tr>
<tr>
<td>10.30–11.30</td>
<td><strong>PARALLEL SESSIONS 1</strong></td>
</tr>
<tr>
<td></td>
<td>Hall: BLACK BOX&lt;br&gt;&lt;br&gt;&lt;strong&gt;PS1 — Launch of the Estonian Health Systems in Transition (2023) review: a journey of trust and transformation&lt;/strong&gt;&lt;br&gt;Moderators&lt;br&gt;Kristina Köhler</td>
</tr>
</tbody>
</table>
### Annex 1. Conference programme

<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
</table>
|        | **Reflections**  
|        | Riina Sikkut | Minister of Health, Ministry of Social Affairs, Estonia  
|        | Natasha Azzopardi Muscat | Director, Health Systems and Policies, WHO Regional Office for Europe |
|        | **Formal handover of HiT report**  
|        | Riina Sikkut | Minister of Health, Ministry of Social Affairs, Estonia  
|        | Josep Figueras | Director, European Observatory on Health Systems and Policies  
|        | **Hall: SMALL HALL**  
|        | **PS2** — Civil society and youth participation for trust and health systems transformation  
|        | **Moderators**  
|        | Kerstin Vesna Petrič | Head, Office for Collaboration with WHO, Ministry of Health, Slovenia |
|        | **Speakers**  
|        | Kira Koch | Technical Officer, Special Programme on Primary Health Care, World Health Organization  
|        | Rachel Greenley | Research Fellow, Department of Population Health, London School of Hygiene and Tropical Medicine |
|        | **Commentators**  
|        | Henrique Barros | Vice-President of the Association of Schools of Public Health in the European Region  
|        | Entela Ramosacaj | Deputy Minister of Health, Albania  
|        | Mia Zupančič | Secretary General, Youth Network No Excuse, Slovenia |
|        | **Hall: STALKER HALL**  
|        | **PS3** — Public health leadership - driving trust and transformation  
|        | **Moderators**  
|        | Heli Laarmann | Head of Public Health Department, Ministry of Social Affairs, Estonia  
|        | João Breda | Head of Office, WHO Athens Quality of Care Office |
|        | **Speakers**  
|        | Sonia Dias | Dean, National School of Public Health, NOVA, Portugal |
|        | **Commentators**  
|        | Katharina Reich | Chief Medical Officer, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Austria  
|        | Ute Teichert | Director-General, Directorate-General for Public Health, Federal Ministry of Health, Germany  
|        | Breda Smyth | Chief Medical Officer, Department of Health, Ireland  
|        | Gahraman Hagverdiyev | Director, Public Health and Reforms Center of the Ministry of Health, Azerbaijan  
|        | Lars Münter | Director, International Projects, Danish Committee for Health Education, Denmark |
|        | **Hall: BIG TRAFOROOM**  
|        | **PS4** — Does antimicrobial resistance undermine trust in the health system  
|        | **Moderators**  
<p>|        | Robb Butler | Director, Communicable Diseases, Environment and Health, WHO Regional Office for Europe |</p>
<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker</td>
<td>Danilo Lo Fo Wong</td>
</tr>
<tr>
<td></td>
<td>Maria Goreti Silva</td>
</tr>
<tr>
<td>Commentators</td>
<td>Ingrid Schmidt</td>
</tr>
<tr>
<td></td>
<td>Claudia Louati</td>
</tr>
<tr>
<td></td>
<td>Nicolae Dragoș Garofil</td>
</tr>
<tr>
<td></td>
<td>Vojislav Šimun</td>
</tr>
</tbody>
</table>

11:30–11:45 Transfer to plenary room

11:45–13:00 Hall: BLACK BOX

PLENARY IV
Investing more and investing better

Moderator
Jon Cylus | London Hub Coordinator, European Observatory on Health Systems and Policies/Senior Health Economist, WHO Barcelona Office for Health Systems Financing

Keynote speaker
Ashish K Jha | Dean, School of Public Health, Brown University

High-level panel
Riina Sikkut | Minister of Health, Ministry of Social Affairs, Estonia
Kaisa Juuso | Minister of Social Affairs and Health, Finland
David Wilson | Programme Director, Health, Nutrition and Population Practice, World Bank
Reinhard Busse | Professor of Health Care Management, Berlin University of Technology

13:00–14:00 Lunch

14:00–15:00 Hall: STALKER HALL

PARALLEL SESSIONS 2

PS5 — Climate-resilient and environmentally sustainable health systems

Moderators
Dorota Jarosinska | Programme Manager, Living and Working Environments, WHO European Centre for Environment and Health
Oliver Schmoll | Programme Manager, Water and Climate, WHO European Centre for Environment and Health

Commentators
Caroline Costongs | Director, EuroHealthNet
Breda Smyth | Chief Medical Officer, Department of Health, Ireland
Gabrielle Abruzzo | Climate Officer, Health Care Without Harm Europe
Francisco Ribeiro Mourão | Executive Board Member, European Junior Doctors Association
Andra Migur | Head of Sustainability, North–Estonian Medical Hospital, Estonia
<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
</table>
|        | **Hall: BLACK BOX**  
**PS6 — Can people afford to pay for health care?**  
**Moderators**  
Natasha Azzopardi Muscat | Director, Country Health Policies and Systems, WHO Regional Office for Europe  
Triin Habicht | Senior Health Economist, WHO Barcelona Office for Health System Financing  
**Speakers**  
Sarah Thomson | Senior Health Financing Specialist, WHO Barcelona Office for Health System Financing  
Tamás Evetovits | Head of Office, WHO Barcelona Office for Health System Financing  
**Commentators**  
Andres Võrk | Health Economist, Faculty of Social Sciences, University of Tartu  
Alona Garoshko | Consultant, WHO Barcelona Office for Health Systems Financing  
Kenneth Grech | Consultant Public Health Medicine, Ministry of Health, Malta |
|        | **Hall: BIG TRAFOROOM**  
**PS7 — Precision medicine for person-centred care**  
**Moderators**  
Dimitra Panteli | Programme Manager, European Observatory on Health Systems and Policies  
**Speakers**  
Matt Bolz-Johnson | Mental Health Lead and Healthcare Advisor, EURORDIS – Rare Diseases Europe  
Sander Pajusalu | Head, Genetics and Personalized Medicine Clinic, Tartu University Hospital  
**Commentators**  
Thomas Allvin | Executive Director, Strategy and Healthcare Systems, European Federation of Pharmaceutical Industries Association  
Arne-Petter Sanne | Senior Advisor, Ministry of Health and Care Services, Norway  
Ingrid Schmidt | Programme Officer, Ministry of Health and Social Affairs, Sweden |
|        | **Hall: SMALL HALL**  
**PS8 — Delivering service transformation in an emergency (Ukraine)**  
**Moderators**  
Jarno Habicht | WHO Representative, Ukraine  
**Speaker**  
Viktor Liashko | Minister of Health, Ukraine  
**Commentators**  
Riina Sikkut | Minister of Health, Ministry of Social Affairs, Estonia  
Isabel de la Mata | Principal Advisor for Health and Crisis Management, European Commission  
Odeta Vitkūnienė | Director, Personal Health Department, Ministry of Health, Lithuania  
Adrianna Murphy | Co-Director, Centre for Global Chronic Conditions, London School of Hygiene and Tropical Medicine |
<table>
<thead>
<tr>
<th>TIMING</th>
<th>SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:00–15:30</td>
<td>Health break</td>
</tr>
</tbody>
</table>
| 15:30–16:30| Hall: BLACK BOX  
PLENARY V  
Making transformation a reality  
Moderators  
Ewout van Ginneken | Berlin Hub Coordinator, European Observatory on Health Systems and Policies  
Natasha Azzopardi Muscat | Director, Country Health Policies and Systems, WHO Regional Office for Europe  
Opening  
Hans Henri Kluge | Regional Director, WHO Regional Office for Europe  
Speaker  
Dimitra Panteli | Programme Manager, European Observatory on Health Systems and Policies  
High-level panel  
Acko Ankarberg Johansson | Minister for Health Care, Ministry of Health and Social Affairs, Sweden  
Dirk Ramaekers | Secretary General of FPS Public Health, Safety Food Chain and Environment, Belgium  
Hosams Abu Meri | Minister of Health, Latvia  
Stefan Eichwalder | Director, Health Systems Division, Ministry of Health, Austria  |
| 16:30–17:00| Hall: BLACK BOX  
FINAL SESSION  
Closing  
Closing remarks  
Riina Sikkut | Minister of Health, Ministry of Social Affairs, Estonia  
Natasha Azzopardi Muscat | Director, Country Health Policies and Systems, WHO Regional Office for Europe |
Annex 2. List of participants

Member States

Albania
Entela Ramosacaj
Deputy Minister
Ministry of Health and Social Protection
Jona Dervishalia
Adviser
Ministry of Health and Social Protection

Armenia
Lena Nanushyan
First Deputy Minister
Ministry of Health
Inessa Asmangulyan
Ministry of Health

Austria
Stefan Eichwalder
Director, Health Systems Division
Federal Ministry of Social Affairs, Health, Care and Consumer Protection
Katharina Reich
Chief Medical Officer, SVII
Federal Ministry of Social Affairs, Health, Care and Consumer Protection

Azerbaijan
Gahraman Oktay Hagverdiyev
Director, Public Health and Reforms Center
Ministry of Health

Belgium
Sabine Stordeur
Director General, Directorate General for Healthcare
Federal Public Service Health, Food Chain Safety and Environment
Benoit Collin
Administrator General
National Institute for Health and Disability Insurance (NIHDI)

Bulgaria
Mihail Okoliyski
Deputy Minister of Health
Ministry of Health

Cyprus
Popi Nicolaidou Kanari
Minister of Health
Ministry of Health
Georgios Savva
Public Health Officer
Ministry of Health

Czechia
Helena Rögnerova
Director General for Economics and Health Insurance
Ministry of Health
Dana Lupačová
Officer, Department of International Affairs and the EU
Ministry of Health

Denmark
Kirstine Bang
Specialist in Public Health Medicine
Danish Health Authority
Louise Lauridsen
Chief Physician, Primary Healthcare
Danish Health Authority
Anja Kare Vedelsby
Program Manager, “ONE OF US” – Danish anti-stigma program
Danish Health Authority

Estonia
Riina Sikkut
Minister of Health
Ministry of Social Affairs
Margus Arm
Director General
Health and Welfare Information Systems Centre (TEHIK)

Rain Laane
Chief Executive Officer
Tervisekassa / EHIF

Heli Laarmann
Head of Public Health Department
Ministry of Social Affairs
Anniki Lai
Head of Mental Health Department
Acting Deputy Secretary General of Health
Ministry of Social Affairs
Birgit Lao
Director General
Health Board
Maarjo Mändmaa
Secretary General
Ministry of Social Affairs
Tanel Ross
Head of Financial Unit, State Budget Department
Ministry of Finance
Raili Sillart
Adviser, Innovation Department
Ministry of Social Affairs
Triin Uusberg
Head, European Union and International Cooperation Department
Ministry of Social Affairs
Annika Veimer
Director
National Institute for Health Development

Finland
Kaisa Juuso
Minister of Social Affairs and Health
Ministry of Social Affairs and Health
Nuutti Hyttinen
Special Adviser to the Minister
Ministry of Social Affairs and Health

Taru Koivistio
Deputy Director General, Department for Communities and Functional Capacity
Ministry of Social Affairs and Health

Pasi Korhonen
Director, International Affairs
Ministry of Social Affairs and Health

Outi Kuivasniemi
Deputy Director for International Affairs
Ministry of Social Affairs and Health

Marjo Lindgren
State Secretary
Ministry of Social Affairs and Health

Sirkku Pikkujämsä
Senior Ministerial Advisor, Medical Affairs Department for Clients and Services in Healthcare and Social Welfare
Ministry of Social Affairs and Health

Liisa-Maria Voipio-Pulkki
Senior Adviser, International Affairs
Ministry of Social Affairs and Health

France
Jérôme Weinbach
Deputy Director, European and International Affairs Division
Ministry for Health and Prevention

Valentine Bekka
Policy Officer, European and International Affairs Division
Ministry for Health and Prevention

Germany
Ute Teichert
Head, Division 6 (Departmental Research, Research Coordination and Science Policy Analyses)
Federal Ministry of Health

Philip Wahlster
Policy Advisor, General Aspects of Health Policy
Federal Ministry of Health

Hungary
Judit Bidló
Deputy State Secretary, Professional Healthcare Management
Ministry of Interior

Ireland
Breda Smyth
Chief Medical Officer
Department of Health

Jennifer Greene
Principal Officer
Department of Health

Breda Rafter
Principal Officer
Ministry of Health

Italy
Alice Borghini
Medical Officer
National Agency for the Regional Health Services (AGENAS)

Elettra Carini
Medical Doctor, Telemedicine Project Unit
National Agency for Regional Health Services (AGENAS)

Modesta Visca
Health Economist, Directorate General Healthcare Planning
Ministry of Health

Kazakhstan
Timur Sultangaziyev
First Vice Minister of Healthcare
Ministry of Health

Latvia
Hosams Abu Meri
Minister of Health
Ministry of Health

Alga Balode
Acting State Secretary
Ministry of Health

Eliza Berzina
Director, Department of European Affairs and International Cooperation
Ministry of Health

Kristīne Kļaviņa
Head, Sectoral Human Resources Development Division
Ministry of Health

Lithuania
Odeta Vitkūnienė
Director, Personal Health Care Department
Ministry of Health

Simona Adamkevičiute
Head, Economics Department
Lithuanian National Health Insurance Fund
Annex 2. List of participants

Raimonda Janoniene
Head, Strategic Management Department
Ministry of Health

Luxembourg
Jean-Claude Schmit
Director of Health and chief medical officer
Ministry of Health

Malta
Kenneth Grech
Consultant, Public Health Medicine
Ministry of Health

Montenegro
Vojislav Šimun
Minister of Health
Ministry of Health
Milena Cojic
State Secretary
Ministry of Health
Mirjana Djuranovic
Head, Department for International Cooperation
Ministry of Health

Norway
Helen Brandstorp
Division Director, Health Intelligence and Policy
Norwegian Directorate for Health
Arne-Petter Sanne
Senior Advisor for International Cooperation
Ministry of Health and Care Services

Poland
Ewa Nowacka
Deputy Director, Department of International Cooperation
Ministry of Health
Ministry of Health

Portugal
Manuel Pizarro
Minister of Health
Ministry of Health
Romana Santos
Adviser, Health Minister’s Office
Ministry of Health
João Pedro Vieira
Adviser, Health Minister’s Office
Ministry of Health

Republic of Moldova
Ala Nemerenco
Minister of Health
Ministry of Health
Ion Prisacaru
State Secretary
Ministry of Health
Andrei Cazacu
Head, Foreign Assistance Department
Ministry of Health

Romania
Teodor Cristian Blidaru
Advisor, Minister’s Cabinet
Ministry of Health
Nicolae Dragoș Garofil
Honorary Advisor, Medical Specialist in General Surgery
Ministry of Health

San Marino
Claudio Muccioli
Director
Health Authority

Slovenia
Kerstin Vesna Petrič
Head, Office for collaboration with WHO
Ministry of Health

Sweden
Acko Ankarberg Johansson
Minister for Health Care
Ministry of Health and Social Affairs
Fatima Azerkan
Program Officer, Department of Evaluation and Analysis
National Board of Health and Welfare
Maria Hilberth
Head, Unit of Integrated Care, Department for Systematic Healthcare Development
National Board of Health and Welfare
Martin Premmert
Political Advisor, Healthcare Ministry of Health and Social Affairs

Switzerland
Tabea Kappeler
Policy Advisor, International Affairs Division
Federal Office of Public Health

Turkmenistan
Azat Ovezov
Deputy Minister of Health and Medical Industry and Head, State Sanitary-epidemiologic Service
Ministry of Health and Medical Industry
Muhammet Ergeshov
Head, Department of Treatment and Prevention
Ministry of Health and Medical Industry

Ukraine
Viktor Liashko
Minister of Health
Ministry of Health
Taras Grytsenko
Advisor to the Minister, Health Recovery Office
Ministry of Health
Maryna Slobodnichenko
Deputy Minister for European Integration
Ministry of Health
Danylo Zuiiev
Chief Specialist, Department for International Cooperation and European Integration
Ministry of Health

United Kingdom
Eleanor Matheret
Global Health Analyst
Department of Health and Social Care

David Ylitalo
Head of Section, EU and International Affairs
Ministry of Health and Social Affairs
Ziba Zareie
Deputy Head, Division for EU and International Affairs
Ministry of Health and Social Affairs
Ingrid Tersman
Ambassador
Swedish Embassy in Estonia
Salina Siddiqi  
International Pandemic Projects  
Policy Advisor  
Department of Health and Social Care

Uzbekistan  
Nigorakhon Murotova  
Minister Secretary for International Relations and Investments  
Ministry of Health

Special Guests  
Sirje Karis  
First Lady of Estonia  
Mia-Ly Läänesaar  
Youth Representative  
Estonian Union for Child Welfare  
Agu Laius,  
Head of Advocacy  
Golden League NGO, Estonia

Temporary advisers  
Chinara Ablesova  
Chairperson, Chui Diabetes Society  
Kyrgyzstan  
Asel Adamalieva  
Deputy Director, Regional Centre for Family Medicine Alamedin District  
Kyrgyzstan  
Tit Albreht  
Head of Centre / Senior Researcher and Analyst, Centre for Health Care  
National Institute of Public Health of Slovenia  
Stacie Broek  
Stroke survivor and advocate  
Switzerland  
Rachel Clarke  
Specialty Doctor in Palliative Medicine  
Great Western Hospitals NHS Foundation Trust  
United Kingdom  
Jon Clifton  
Chief Executive Officer  
Gallup, Inc.  
United States of America  
Sónia Dias  
Dean & Full Professor  
National School of Public Health, NOVA University Lisbon  
Portugal

Natalia Dobrynina  
Chief Endocrinologist, Ministry of Health and Director, National Centre for Endocrinology  
Kyrgyzstan  
Nigel Edwards  
Nuffield Trust  
United Kingdom  
Rachel Greenley  
Research Fellow, Centre for Global Mental Health/Public Health Policy  
London School of Hygiene and Tropical Medicine/King’s College London  
United Kingdom  
Urška Ivanuš  
Head, Slovenian Cervical Cancer Screening Programme (ZORA)  
Slovenia  
Ashish K Jha  
Dean, School of Public Health  
Brown University  
United States of America  
Isabel de la Mata  
Principal Advisor for Health and Crisis Management, Directorate General for Health and Food Safety  
European Commission  
Martin McKee  
Research Director, European Observatory on Health Systems and Policies and Professor of European Public Health, London School of Hygiene & Tropical Medicine  
United Kingdom  
Adrianna Murphy  
Associate Professor, Health Services Research and Policy  
London School of Hygiene and Tropical Medicine  
United Kingdom  
Špela Smrkolj  
Specialist for Gynecology and Obstetrics, Department for Gynecology and Obstetrics  
University Medical Centre Ljubljana  
Slovenia  
Walter Ricciardi  
Full Professor of Hygiene and Public Health  
Università Cattolica del Sacro Cuore  
Italy

Troels Flyvholm Torp  
Ambassador, “ONE OF US” – Danish anti-stigma program  
Danish Health Authority

Consultants  
Alona Goroshko  
Consultant  
WHO Barcelona Office for Health Systems Financing  
Jason Maurer  
Communications Consultant, Mental Health Flagship  
WHO Regional Office for Europe  
May van Schalkwyk  
Conference rapporteur, Division of Country Health Policies and Systems  
WHO Regional Office for Europe  
Elke Jakubowski  
Consultant, Division of Country Health Policies and Systems  
WHO Regional Office for Europe  
Naomi L Nathan  
Consultant, Policy and Governance for Health through the Life Course  
WHO Regional Office for Europe  
Kajia Kasekamp  
Consultant, Barcelona Office for health system financing  
WHO Barcelona Office for Health System Financing

Observers  
Mari Amos  
Advisor, Pharmaceuticals  
Estonian Ministry of Social Affairs  
Taavi Audo  
Head of Department of Communications  
Estonian Ministry of Social Affairs  
Irena Bartels  
Vice-President of the Board  
Estonian Midwife Association  
Kersti Esnar  
Head, Department of Health System Development  
Estonian Ministry of Social Affairs  
Maris Jesse  
Independent Consultant on Health Policies and Systems
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renate Jõul</td>
<td>PA to the First Lady</td>
</tr>
<tr>
<td></td>
<td>Office of the President of the Republic of Estonia</td>
</tr>
<tr>
<td>Kristīne Našeniece</td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Ramon Nahkur</td>
<td>Adviser, Public Health</td>
</tr>
<tr>
<td></td>
<td>Department</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Katrin Nuga</td>
<td>Policy Officer</td>
</tr>
<tr>
<td></td>
<td>Estonian Chamber of Disabled People</td>
</tr>
<tr>
<td>Elen Ohov</td>
<td>Adviser, Department of European Union and International Co-operation</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Anna-Kaisa Oiderma</td>
<td>Clinical Psychologist and Chief Executive Officer</td>
</tr>
<tr>
<td>Peasi</td>
<td></td>
</tr>
<tr>
<td>Arko Olesk</td>
<td>Science Adviser to the President</td>
</tr>
<tr>
<td></td>
<td>Office of the President of the Republic of Estonia</td>
</tr>
<tr>
<td>Sander Pavusalu</td>
<td>Medical Geneticist and Head of the Genetics and Personalized Medicine Clinic</td>
</tr>
<tr>
<td></td>
<td>Tartu University Hospital</td>
</tr>
<tr>
<td>Heli Paluste</td>
<td>Head of Health Care Policy Unit</td>
</tr>
<tr>
<td></td>
<td>Health System Development</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Ingrid Põldsaar</td>
<td>Advisor, Public Health</td>
</tr>
<tr>
<td></td>
<td>Sotsiaalministeerium</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Liisa Pääske</td>
<td>Counselor, Social Welfare</td>
</tr>
<tr>
<td></td>
<td>Department</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Epp Reedik</td>
<td>Lecturer/Board member</td>
</tr>
<tr>
<td></td>
<td>Tallinn Health Care College / Health Promotion Union of Estonia</td>
</tr>
<tr>
<td>Andra Reinomägi</td>
<td>Adviser, Children’s and Youth Rights</td>
</tr>
<tr>
<td></td>
<td>Department</td>
</tr>
<tr>
<td></td>
<td>Office of the Chancellor of Justice</td>
</tr>
<tr>
<td>Kerli Reintamm</td>
<td>Advisor, Department of Public Health</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Ly Rootslane</td>
<td>Member of the Management Board</td>
</tr>
<tr>
<td></td>
<td>Estonian Pharmacies Association</td>
</tr>
<tr>
<td>Susanne Rosenberg</td>
<td>Advisor, Department of Communications</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Tanel Ross</td>
<td>Head of Financial Unit and Advisor, State Budget Department</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Finance</td>
</tr>
<tr>
<td>Elle-Mall Sadarak</td>
<td>Chairman, Family Medicine</td>
</tr>
<tr>
<td></td>
<td>Estonian Society of Family Doctors</td>
</tr>
<tr>
<td>Raili Sillart</td>
<td>Adviser, Innovation</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Kaily Susi</td>
<td>Advisor, Health System</td>
</tr>
<tr>
<td></td>
<td>Development</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Elina Tanne</td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Katre Trofimov</td>
<td>Head, Human Resources for Health, Health System Development</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Neeme Tõnisson</td>
<td>President Elect, Management Board</td>
</tr>
<tr>
<td></td>
<td>Estonian Medical Association</td>
</tr>
<tr>
<td>Rein Vaabel</td>
<td>Aide-de-camp</td>
</tr>
<tr>
<td></td>
<td>Office of the President of the Republic of Estonia</td>
</tr>
<tr>
<td>Merilin Varsamaa</td>
<td>Science and Business Park Tehnopol</td>
</tr>
<tr>
<td>Arvi Vask</td>
<td>Member of the Governing Board</td>
</tr>
<tr>
<td></td>
<td>Estonian Hospital Association</td>
</tr>
<tr>
<td>Hanna Vseviov</td>
<td>Deputy Secretary General on Social Affairs</td>
</tr>
<tr>
<td></td>
<td>Estonian Ministry of Social Affairs</td>
</tr>
<tr>
<td>Andres Võrk</td>
<td>Health Economist, Faculty of Social Sciences</td>
</tr>
<tr>
<td></td>
<td>University of Tartu</td>
</tr>
<tr>
<td>Epp-Triin Võsu</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td></td>
<td>Estonian Hospitals Association</td>
</tr>
</tbody>
</table>
Representatives of other organizations

Association of Schools of Public Health in the European Region (ASPHER)
Henrique Barros
President
Robert Otok
Director of the Brussels Office

Catalan Hospitals Association (La Unió)
Rosa Vidal
Director, Economic Affairs

Council of European Dentists
Nikoleta Arnaudova
Senior Policy Officer
Daniela Timus
Policy Officer

Danish Committee for Health Education
Lars Münter
Director International Projects

DG SANTE (Directorate General for Health and Food Safety), European Commission
Maya Matthews
Head of Unit C2: State of Health, European Semester, Health Technology Assessment

Diabetes Portugal (APDP)
João Filipe Raposo
Medical Director

Estonian Medical Students Association
Doris Poolamets

European Network on Smoking and Tobacco Prevention ENSP
Hani AL Gouhmani
Director of Operations

EuroHealthNet
Caroline Costongs
Director
Dorota Sienkiewicz
Policy Platform Manager

European Cancer Organisation
Riccardo Moschetti
Policy Officer for Prevention, Early Detection and Screening

European Diabetes Forum (EUDF)
Bart Torbeys
Executive Director

European Junior Doctors Association
Francisco Ribeiro Mourão, Executive Board Member

European Federation of Pharmaceutical Industries and Associations
Thomas Allvin
Executive Director for Strategy and Healthcare Systems

European Forum for Primary Care
Diederik Aarendonk
Coordinator

European Forum of National Nurses and Midwives Associations / International Council of Nurses
Karen Bjoro
Vice President of the Board of Directors

European Junior Doctors Association
Antanas Montvila
Vice-President

European Health Management Association (EHMA)
George Valliotis
Executive Director
Jacob Levi
Policy Officer

European Hospital and Healthcare Federation
Urmas Sule
Past President

European Organisation for Rare Diseases (EURODIS)
Matt Bolz-Johnson
Mental Health Lead and Healthcare Advisor

European Patients’ Forum
Claudia Louati
Head of Policy

European Public Health Alliance (EPHA)
Jasmina Cunmulaj
Leadership Support

European Public Services Unions (EPSU)
Razvan Gae, Vicepresident
Health and Social Services Committee

Gallup, Inc.
Kiki Papachristoforou
Strategic Partnerships Senior Consultant

Great Health Company n.1 of Sardinia, ASL Sassari (Italy)
Flavio Sensi
Chief Executive Officer

Health Care Without Harm Europe
Gabriella Abruzzo
Climate Officer, Climate-smart Healthcare

International Diabetes Federation Europe
Elisabeth Dupont
Regional Manager

International Hospital Federation
Ronald Lavater
Chief Executive Officer

International Pharmaceutical Federation
Tracey Thornley
Member of Executive Committee - Community Pharmacy Section

Mental Health Europe
Catherine Brogan
President

Northern Dimension Partnership in Public Health and Social Well-being (NDPHS)
Ülla-Karin Nurm
Director

Organisation for Economic Co-operation and Development (OECD)
Mark Andrew Pearson
Deputy Director, Employment, Labor and Social Affairs
Oslo University Hospital
(International Hospital Federation)
Anders Frafjord
CEO/President

Standing Committee of European Doctors (CPME)
Indrek Oro
Board Member, Head of Estonian Delegation

Slovenian Youth Network
“No Excuse”
Mia Zupančič
Secretary General

World Bank
David Wilson
Program Director, Health Nutrition Population

World Diabetes Foundation
Mette Skar
Senior Programme Manager: Care, Europe & Asia

Union Européenne de Médecins Spécialistes
Marc M.H. Hermans
Child and Adolescent Psychiatrist

World Health Organization
Regional Office for Europe
Hans Henri P. Kluge
WHO Regional Director

Marc Danzon
WHO Regional Director Emeritus

Natasha Azzopardi Muscat
Director, Division of Country Health Policies and Systems

Robb Butler
Director, Division of Communicable Diseases, Environment and Health

Gauden Galea
Strategic Adviser to the Regional Director, Special Initiative on Noncommunicable diseases and Innovation (SNI)

Susan Ahrenst
Administrative Officer, Office of the Regional Director

Yana Andersen
Technical Officer, Health Workforce and Service Delivery

Emilia Aragón de León
Technical Officer, Public Health Policy

Ndandula Astrup
Team Assistant, Division of Country Health Policies and Systems

Natalia Chertoyanova
Project Management Officer, Country Support and Partnerships

Moredreck Chibi
Technical Officer, Public Health Innovation

Uugangerel Davaasuren
Communications Assistant

Lucia Dell Amura
Administrative Officer, Division of Country Health Policies and Systems

Oxana Domenti
WHO Permanent Representative to the EU

Allison Ekberg
Technical Officer, Special Initiative on Noncommunicable diseases and Innovation (SNI)

Tamás Evetovits
Head of Office, WHO Barcelona Office for Health Systems Financing

Jill Farrington
Regional Medical Officer, Cardiovascular Diseases and Diabetes, Special Initiative on Noncommunicable diseases and Innovation (SNI)

Benedicte Galichet
Strategic Desk Officer, Country Support and Partnerships

Triin Habicht
Senior Health Economist, WHO Barcelona Office for Health Systems Financing

Clayton Hamilton
Regional Technical Officer, Data and Digital Health

Gabrielle Jacob
Regional Advisor for Governance, Executive Director’s Division

Melitta Jakab
Head of Office, WHO European Center for Primary Health Care

Yana Andersen
Technical Officer, Health Workforce and Service Delivery

Dorota Jarosinska
Programme Manager, European Centre for Environment and Health

Ketevan Kandelaki
Technical Officer, Control of Antimicrobial Resistance Programme

Anna Keller
Information and Communication Officer, Corporate Communication

Maggie Langins
Nursing and Midwifery Policy Adviser, Health Workforce and Service Delivery

Danilo Lo Fo Wong
Regional Adviser, Communicable Diseases, Environment and Health

Maria Lasierro Losada
Technical Officer, NCD Management

Bettina Menne
Senior Policy Advisor, WHO European Office for Investment for Health and Development

Lazar Nikolic
Programme Assistant, European Office for Investment for Health and Development

David Novillo Ortiz
Regional Adviser, Data and Digital Health

Kathryn Ochieng
Regional Human Resources Manager

Gabriele Pastorino
Technical Officer, Health Systems Governance Policy and Governance for Health through the Life-course

Ihor Perehinets
Programme Area Manager, Country Health Emergency Preparedness and IHR (CPI)

Olga Pettersson
Programme Assistant, Policies and Governance for Health Through the Life Course
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marge Reinap</td>
<td>Technical Officer, Policy and Governance for Health through the Life Course</td>
</tr>
<tr>
<td>Oliver Schmoll</td>
<td>Programme Manager, Water and Climate, WHO European Centre for Environment and Health</td>
</tr>
<tr>
<td>Cris Scotter</td>
<td>Technical Officer, Human Resources for Health</td>
</tr>
<tr>
<td>Tarang Sharma</td>
<td>Technical Officer, Access to Medicines and Health Products</td>
</tr>
<tr>
<td>Ramy Srour</td>
<td>Communications Officer, Division of Country Health Policies and Systems</td>
</tr>
<tr>
<td>Mary Ann Stewart</td>
<td>Programme Assistant, Data and Digital Health</td>
</tr>
<tr>
<td>Lihong Su</td>
<td>Regional Administrative Services Manager, Business Operations</td>
</tr>
<tr>
<td>Tyrone Reden Sy</td>
<td>Technical Officer, Performance and Knowledge Management, Data and Digital Health</td>
</tr>
<tr>
<td>Sarah Thomson</td>
<td>Senior Health Financing Specialist, WHO Barcelona Office for Health Systems Financing</td>
</tr>
<tr>
<td>Elena Tsoy</td>
<td>Technical Officer, Special Initiative on Noncommunicable diseases and Innovation (SNI)</td>
</tr>
<tr>
<td>Vini Vaid</td>
<td>Communications Officer, Division of Country Health Policies and Systems</td>
</tr>
<tr>
<td>Andrei Volkau</td>
<td>Technician, Information and Communications Technology</td>
</tr>
<tr>
<td>Faith Kilford Vorting</td>
<td>Senior Communications Adviser, Regional Director’s Division</td>
</tr>
<tr>
<td>Rob Whittle</td>
<td>Technical Assistant (Web)</td>
</tr>
<tr>
<td>Tomas Zapata</td>
<td>Regional Advisor, Health Workforce and Service Delivery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO Headquarters</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce Aylward</td>
<td>Assistant Director-General, Universal Health Coverage and Life Course</td>
</tr>
<tr>
<td>Kira Koch</td>
<td>Technical Officer, Special Programme on Primary Health Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>European Observatory on Health Systems and Policies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinhard Busse</td>
<td>Research Director, Berlin Hub</td>
</tr>
<tr>
<td>Jon Cylus</td>
<td>London Hubs Coordinator/Senior Health Economist</td>
</tr>
<tr>
<td>Michelle Falkenbach</td>
<td>Technical Officer</td>
</tr>
<tr>
<td>Johra Ferrah</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>Rebecca Forman</td>
<td>Technical Officer</td>
</tr>
<tr>
<td>Ewout Van Ginneken</td>
<td>Hub Coordinator, Berlin Hub</td>
</tr>
<tr>
<td>Marina Karanikolos</td>
<td>Technical Officer</td>
</tr>
<tr>
<td>Suszy Lessof</td>
<td>Coordinator</td>
</tr>
<tr>
<td>Yulia Litvinova</td>
<td>Research Fellow, Berlin Hub</td>
</tr>
<tr>
<td>Nicole Mauer</td>
<td>Technical Officer</td>
</tr>
<tr>
<td>Débora Miranda</td>
<td>Communications and Dissemination</td>
</tr>
<tr>
<td>Dimitra Panteli</td>
<td>Programme Manager, Brussels</td>
</tr>
<tr>
<td>Kate Polin</td>
<td>Research Fellow, Berlin Hub</td>
</tr>
<tr>
<td>Dheepa Rajan</td>
<td>Health System Advisor</td>
</tr>
<tr>
<td>Matthias Wismar</td>
<td>Programme Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO Country Offices</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Erwin Cooreman</td>
<td>WHO Special Representative, WHO Country Office, Bosnia and Herzegovina</td>
</tr>
<tr>
<td>Irshad Ali Shaikh</td>
<td>WHO Special Representative, WHO Country Office, Cyprus</td>
</tr>
<tr>
<td>Zsofia Pusztai</td>
<td>WHO Representative, WHO Country Office, Czechia</td>
</tr>
<tr>
<td>Kristina Köhler</td>
<td>Liaison Officer, WHO Country Office, Estonia</td>
</tr>
<tr>
<td>Gerli Sirk</td>
<td>Business Operations Associate, WHO Country Office, Estonia</td>
</tr>
<tr>
<td>Silviu Domenite</td>
<td>Representative, WHO Country Office, Georgia</td>
</tr>
<tr>
<td>Liviu Vedralasco</td>
<td>WHO Representative, WHO Country Office, Kyrgyzstan</td>
</tr>
<tr>
<td>Uldis Mitenberg</td>
<td>Acting Liaison Officer, WHO Country Office, Latvia</td>
</tr>
<tr>
<td>Miljana Grbic</td>
<td>WHO Representative, WHO Country Office, Moldova</td>
</tr>
<tr>
<td>Mina Brajovic</td>
<td>Head of Country Office, WHO Country Office, Montenegro</td>
</tr>
<tr>
<td>Anne Staehr Johansen</td>
<td>WHO Special Representative, WHO Country Office, North Macedonia</td>
</tr>
<tr>
<td>Ilker Dastan</td>
<td>Health Policy Advisor, WHO Country Office, Tajikistan</td>
</tr>
<tr>
<td>Jarno Habicht</td>
<td>WHO Representative, WHO Country Office, Ukraine</td>
</tr>
<tr>
<td>Nazokat Kasymova</td>
<td>NPO for Public Health, WHO Country Office, Uzbekistan</td>
</tr>
<tr>
<td>Asheena Khalakdina</td>
<td>WHO Representative, WHO Country Office, Uzbekistan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpreters</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Denis Mironov</td>
<td></td>
</tr>
<tr>
<td>Tatjana Suurkask</td>
<td></td>
</tr>
<tr>
<td>Alexandre Tchehkov</td>
<td></td>
</tr>
</tbody>
</table>
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.

**Member States**
Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands (Kingdom of the)  
North Macedonia  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
Türkiye  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

World Health Organization  
Regional Office for Europe  
UN City, Marmorvej 51,  
DK-2100 Copenhagen Ø, Denmark  
Tel.: +45 45 33 70 00  Fax: +45 45 33 70 01  
Email: eurocontact@who.int  
Website: www.who.int/europe