



The Tallinn Charter: Health Systems for Health and Wealth

Draft, 13 June 2008

Preamble

1. The purpose of this Charter is to commit Member States of the World Health Organization (WHO) in the European Region to improving people's health by strengthening health systems, while acknowledging social, cultural and economic diversity across the Region. The Tallinn Charter reaffirms and adopts the values embodied in earlier charters and declarations.¹
2. Within the political and institutional framework of each country, a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.
3. All countries in the WHO European Region have to address major health challenges in a context of demographic and epidemiological change, widening socioeconomic disparities, limited resources, technological development and rising expectations.
4. Beyond its intrinsic value, improved health contributes to social well-being through its impact on economic development, competitiveness and productivity. High-performing health systems contribute to economic development and wealth.
5. Therefore we, the Member States and partners, believe² that:
 - investing in health is investing in human development, social well-being and wealth;
 - today, it is unacceptable that people become poor as a result of ill-health;
 - health systems are more than health care and include disease prevention, health promotion and efforts to influence other sectors to address health concerns in their policies;

¹ The WHO European Ministerial Conference on Health Systems is taking place as we mark the thirtieth anniversary of the Alma-Ata Declaration on Primary Health Care, whose recommendation that health systems should be centred around citizens, communities and primary health care is as relevant today as it was 30 years ago. The Charter also acknowledges the importance of other charters and declarations on health promotion (1986 Ottawa, 1997 Jakarta, 2005 Bangkok), the 1996 Ljubljana Conference on Reforming Health Care, the 2004 Mexico Statement on Health Research, and the 2005 update of the Health for All policy framework for the WHO European Region. The right to enjoyment of the highest attainable standard of health is also expressly included in the WHO Constitution, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the United Nations-sponsored Millennium Development Goals.

² This belief is based on evidence, particularly the background material produced by WHO for the European Ministerial Conference on Health Systems.

- well-functioning health systems are essential to improving health: strengthened health systems save lives; therefore,
- health systems need to demonstrate good performance.

Commitment to act

6. We, the Member States, commit ourselves to:
 - **promote shared values of solidarity, equity and participation** through health policies, resource allocation and other actions, ensuring due attention is paid to the needs of the poor and other vulnerable groups;
 - **invest in health systems and foster investment across sectors that influence health**, using evidence on the links between socioeconomic development and health;
 - **promote transparency and be accountable** for health system performance to achieve measurable results;
 - **make health systems more responsive** to people's needs, preferences and expectations, while recognizing their rights and responsibilities with regard to their own health;
 - **engage stakeholders** in policy development and implementation;
 - **foster cross-country learning and cooperation** on the design and implementation of health system reforms at national and subnational levels; and
 - **ensure that health systems are prepared and able to respond to crises**, and that we collaborate with each other and enforce the International Health Regulations.
7. WHO will support its European Member States in the development of their health systems and will provide cross-country coordination in implementation of the Charter, including the measurement of performance and the exchange of experiences on the above commitments.
8. We, WHO, the World Bank, the United Nations Children's Fund and the Council of Europe, commit ourselves to working with Member States on the implementation of this Charter, in accordance with the provisions of our statutes and mandates, to help improve the performance of health systems. We invite the European Commission and related institutions to take the objectives of this Charter into account in developing their activities on health systems. The European Investment Bank will seek to work with Member States and to cooperate with involved institutions, in accordance with and within the limits established by its mandates and statutory provisions, to support the implementation of this Charter. We, the Member States, invite other willing partners to join.

Strengthening health systems: From values to action

9. All the Member States of WHO in the European Region share the common value of the highest attainable standard of health as a fundamental human right; as such, each country shall strive to enhance the performance of its health systems to achieve the goal of improved health on an equitable basis, addressing particular health needs related to gender, age, ethnicity, and income.
10. Each country shall also seek to contribute to social well-being and cohesiveness by ensuring that its health system:

- distributes the burden of funding fairly according to people's ability to pay, so that individuals and families do not become impoverished as a consequence of ill-health or use of health services; and
- is responsive to people's needs and preferences, treating them with dignity and respect when they come in contact with the system.

11. Countries shall pursue these broad performance goals to the greatest extent possible given their means. This requires efficiency: making the best use of available resources.

12. The practical application of these broad goals in each country requires the identification of objectives that are linked to the goals and "actionable" by policy, and that are relevant in the context of the country's sociopolitical priorities and economic and fiscal means. Improving access to high quality health care and enhancing people's knowledge of how to improve their own health are examples relevant to all countries. The objectives should be specified in a measurable way to enable explicit monitoring of progress. This approach orients the design, implementation and assessment of health system reforms.

13. Health systems are diverse, yet share a common set of functions under which can be identified the aims and actions laid out below.

- **Delivering health services** to individuals and to populations
 - Policy-makers throughout the Region value and strive to make possible the provision of quality services for all, particularly for vulnerable groups, in response to their needs, and to enable people to make healthy lifestyle choices.
 - Patients want access to quality care, and to be assured that providers are relying on the best available evidence that medical science can offer and using the most appropriate technology to ensure improved effectiveness and patient safety.
 - Patients also want to have a relationship with their health care provider based on respect for privacy, dignity and confidentiality.
 - Effective primary health care is essential for promoting these aims, providing a platform for the interface of health services with communities and families, and for intersectoral and interprofessional cooperation and health promotion.
 - Health systems should integrate targeted disease-specific programmes into existing structures and services in order to achieve better and sustainable outcomes.
 - Health systems need to ensure a holistic approach to services, involving health promotion, disease prevention and integrated disease management programmes, as well as coordination among a variety of providers, institutions and settings, irrespective of whether these are in the public or the private sector, and including primary care, acute and extended care facilities and people's homes, among others.
- **Financing the system**
 - There is no single best approach to health financing; distinctions between "models" are blurring as countries develop new mixes of revenue collection, pooling and purchasing arrangements according to their needs, their historical, fiscal and demographic context, and their social priorities and preferences.
 - Financing arrangements should sustain the redistribution of resources to meet health needs, reduce financial barriers to the use of needed services, and protect against the financial risk of using care, in a manner that is fiscally responsible.

- Financing arrangements should also provide incentives for the efficient organization and delivery of health services, link the allocation of resources to providers on the basis of their performance and the needs of the population, and promote accountability and transparency in the use of funds.
 - The overall allocation of resources should strike an appropriate balance between health care, disease prevention and health promotion to address current and future health needs.
- **Creation of resources**
 - In a rapidly globalizing world, generation of knowledge, infrastructure, technologies, and, above all, human resources with the appropriate skills and competence mix requires long-range planning and investment to respond to changing health care needs and service delivery models.
 - Investment in the health workforce is also critical, as it has implications not only for the investing country but for others due to the mobility of health professionals; the international recruitment of health workers should be guided by ethical considerations and cross-country solidarity, and ensured through a code of practice.³
 - Fostering health policy and systems research and making ethical and effective use of innovations in medical technology and pharmaceuticals are relevant for all countries; health technology assessment should be used to support more informed decision-making.
 - **Stewardship**
 - While each Member State has its own way of governing its health system, ministries of health set the vision for health system development and have the mandate and responsibility for legislation, regulation and enforcement of health policies, as well as for gathering intelligence on health and its social, economic and environmental determinants.
 - Health ministries should promote inclusion of health considerations in all policies and advocate their effective implementation across sectors to maximize health gains.
 - Monitoring and evaluation of health system performance and balanced cooperation with stakeholders at all levels of governance are essential to promote transparency and accountability.
14. Health system functions are interconnected; therefore, improving performance demands a coherent approach involving coordinated action on multiple system functions. Experience suggests that action on one single function or programme is unlikely to lead to substantial progress or the desired results.
15. We, the Member States of WHO in the European Region, commit ourselves to using this Charter as a basis to transform our shared values into action and as a milestone to catalyse implementation of the above commitments on strengthening health systems.

³ In line with the World Health Assembly's resolution on International migration of health personnel: a challenge for health systems in developing countries (WHA57.19) and with the WHO Regional Committee for Europe's resolution on Health workforce policies in the European Region (EUR/RC57/R1).