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POLICY BRIEF 58

Transforming health service delivery

What can policy-makers do to drive change?

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Implementation

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A policy brief is a short publication specifically designed to provide policy makers with evidence on a policy question or priority. Policy briefs

- Bring together existing evidence and present it in an accessible format
- Use systematic methods and make these transparent so that users can have confidence in the material
- Tailor the way evidence is identified and synthesised to reflect the nature of the policy question and the evidence available
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Key messages

- **The transformation of health service delivery is about achieving large-scale change to meet population health needs and people's expectations, despite resource constraints.** Innovative ways of delivering health services, such as new models of care and technology-based solutions, can improve the quality and efficiency of care if they are widely and appropriately implemented.
- **Health systems are so complex that change cannot be imposed from the top.** Transforming service delivery means engaging with multiple actors, their different interests and interactions. Combining top-down and bottom-up initiatives throughout the process helps.
- **The main role of policymakers** in the transformation of health service delivery is
 - **Providing leadership**, by setting out a clear vision and strategy for change; aligning governance mechanisms; and cultivating shared commitment; and
 - **Ensuring sufficient resources** for transformation, by combining enablers at the system level and support to organizations and people within the system.
- **Developing a clear vision and strategy for change** includes
 - **Identifying transformation targets**, by leveraging tools such as health system performance assessment, surveys and stakeholder consultation.
 - **Choosing possible solutions** that are effective, affordable, equitable and implementable using tools such as
 - Horizon scanning mechanisms and dedicated funding streams (national and international) to identify and/or test potential options.
 - Health Technology Assessment, to make a compelling case for change and help ensure solutions are good for patients and add value.
 - Analysis of the political economy around change to anticipate and address resistance.
- **Governance mechanisms need to be adapted and aligned to facilitate change** which means
 - Deciding what entities are involved in the change process and clarifying their relationships, the processes for making and implementing decisions and accountability.
 - Adapting relevant regulatory elements (formal legislation, professional standards etc.).
 - Adjusting payment and accountability mechanisms so they are geared towards transformation and its context.
- Generating **the commitment to implement change** is critical, because transformation requires substantial buy-in from stakeholders to succeed. Policy makers need the right skills to achieve this. A system level strategy informed by stakeholder analysis and articulating all the elements of stakeholder engagement, as well as coalition building with civil society, professional associations and others are essential.
- **The resources for transformation at the local level must be aligned with its objectives.** This means that policymakers must
 - Put in place sufficient funding channelled through tailored payment mechanisms.
 - Use multi-professional and intersectoral workforce planning to put the right staff and skill-mix in the right place.
 - Nurture organizational and clinical leadership by supporting training opportunities and empower frontline staff by ensuring opportunities for skills development and the space to implement changes on the ground.
 - Support the necessary technical infrastructures, such as health information systems.
 - Foster the availability of robust information on good practice and progress on transformation goals, and its communication.
- **Transformation is not a 'one-off' or a quick thing.**
 - Transformation takes time so expectations need to be managed to sustain momentum.
 - Effective change requires ongoing monitoring and adaptation, and good communication of successes and challenges.
 - Success is very context specific so while international lessons and good practices can be shared, initiatives will always need to be tailored to local circumstances.

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Acronyms

CPD	continuing professional development
DHS	Demographic and Health surveys
ECHI	European Core Health Indicators
EU	European Union
GDP	gross domestic product
GMB	group model building
GOEG	Gesundheit Österreich GmbH
HSPA	health system performance assessment
HTA	health technology assessment
IHME	Institute for Health Metrics and Evaluation
IHSI	International Horizon Scanning Initiative
IPE	interprofessional education
IT	information technology
KCE	Belgian Health Care Knowledge Centre
NEED	Needs Examination, Evaluation and Dissemination project
OECD	Organisation for Economic Cooperation and Development
PCORI	Patient-Centered Outcomes Research Institute
PHC	primary health care
PHIRI	Population Health Information Research Infrastructure
THCS	Transforming Health and Care Systems
USAID	United States Agency for International Development
WHO	World Health Organization

Executive summary

Why is health service delivery transformation essential?

Policy-makers are continuously faced with the need to ensure that health service delivery evolves to match health needs; and to do so against the backdrop of health system challenges, such as workforce constraints and rising health care costs. They need to find innovative solutions to transform health service delivery from reactive hospital and acute care to a health system which can anticipate and ensure person-centred care, leveraging the opportunities afforded by new technologies.

What does service delivery transformation actually entail?

The transformation of health service delivery affects multiple stakeholders. It aims to improve population health outcomes by enhancing quality of care and efficiency. Successfully **changing service delivery** requires an understanding of the problems, identifying effective, affordable and equitable solutions, testing and implementing them, monitoring their implementation, and identifying areas for further adaptation. This includes enabling and harnessing innovative service delivery approaches and **embracing the need for a combination of top-down and bottom-up initiatives**. Policy-makers need to be able to recognize and seize windows of opportunity, and understand how to harness and sustain **political will, while providing grassroots support** to see implementation through to a successful conclusion.

Policy-makers need to:

- provide **leadership** on aims and shared commitment; in fostering a culture that is open to change; and in adapting and aligning governance mechanisms; and
- ensure sufficient **resources** for transformation, by combining enablers at the system level and support to organizations and people within the system.

What does this brief add?

Transformation processes are complex and time-consuming, and cannot be dictated from the top down. Health systems are complex systems with a multitude of actors and different and evolving interests. This policy brief aims to support system-level policy-makers in understanding how they can shape the conditions in which transformation will flourish by providing a practical overview of policy actions and the tools to support them.

Leadership: vision and strategic direction, governance and stakeholder engagement

Providing leadership for change at the system level entails setting out a clear vision and a compelling case of what change is needed, and generating understanding and motivation to bring about that change. For transformation to succeed, substantial buy-in from stakeholders is required, which depends on their engagement throughout the process of change.

Having a clear vision for change means identifying the challenges and potential solutions

There are different instruments that enable health policy-makers to identify targets for transformation by monitoring how well their health systems function and how population health trends evolve, including health system performance assessment (HSPA), international and national surveys, and stakeholder consultation processes.

Health systems also require reliable information on effective solutions that have the potential to be widely implemented. Horizon scanning, national and international dedicated funding streams for the development and piloting of new approaches, and participatory platforms can all help with this.

A key consideration must also be ensuring that solutions are beneficial for patients as well as the system as a whole (or come with a positive, evidence-based 'value proposition') and here mechanisms such as health technology assessment (HTA) can contribute.

Governance is about adapting and aligning mechanisms to facilitate change

Policy-makers provide the setting for all health systems transformation, deciding who is involved and on what basis, and shaping decision-making, implementation and accountability. Adapting the governance framework to support transformation requires a good understanding of the **political economy** of service delivery to overcome resistance to changing norms. Mechanisms such as payment models also need to be aligned and geared towards transformation. **Regulation** is one of the key governance tools to achieve this (whether formal legislation or requirements such as professional standards) and will need to be adapted appropriately.

Building collective commitment for transformation requires stakeholder engagement

Leaders must ensure that **stakeholder engagement** permeates all stages of transformation. Analysis of relevant stakeholders (the groups involved, the benefits and costs for each) is essential and there are useful tools available. Participatory approaches to needs identification, to the co-design of system-level mechanisms and to implementation are also key. A system-level strategy incorporating all these elements of engagement increases the chances of success.

Coalition building and the engagement of popular leaders sympathetic to the transformation can be fundamental to generating **political will**. This can entail working with civil society organizations, professionals' associations, researchers and knowledge-brokers, and can also assist policy-makers with sustaining the (political) will for transformation over time.

Resources for transformation: money, people, technology, information

To operationalize transformation efforts and achieve their strategic vision, policy-makers must ensure that service delivery is sufficiently and appropriately resourced. This means creating time and space for those implementing changes on the ground to successfully drive transformation at the local level.

Financing transformation efforts must consider organizational needs

Policy-makers may find it difficult to ringfence additional funds for transforming service delivery in the 'backlash' to spending in the pandemic. Different arguments can be used to make the case, and collaborative governance and a collective commitment to change can support the allocation of scarce resources.

Channelling these resources to the actors involved must reflect both transformation goals and the needs of the professionals and organizations implementing the change. Traditional payment mechanisms for service delivery may not be conducive to change, especially towards more integrated models of care, but the evidence on newer mechanisms is still developing. Ideally, payment models would be tailored to the specifics of the transformation and the context, and factor in the cost of the change process itself (managerial costs, local stakeholder engagement, opportunity costs).

Sufficient staff with the right skills, time and power to implement change is necessary

Having sufficient health professionals with the right skills and capacity is a vital resource for transformation that can be achieved by strategic, multiprofessional and intersectoral workforce planning. It should consider necessary skill-mix changes and link with the educational system.

Ensuring that professionals at the organizational level can successfully adapt and implement change is of crucial importance for the sustained implementation of transformation. This means developing organization-level leadership and providing options for tailored skills development for the workforce. Policy-makers can organize and/or foster leadership programmes, motivating system actors and promoting standards for skills development and workforce empowerment.

The available infrastructure must allow for introducing and monitoring changes

Technological resources, such as data infrastructures or laboratories (to enable personalized medicine, for example), may take longer to put in place than funding for transformation, and here policy-makers can provide standards and roll-out support (in addition to funding). Both the European Union (EU) and World Health Organization (WHO) are actively pursuing ways in which to assist their Member States with digitalizing health systems.

Appropriate digital systems are key for the delivery of health services, but also for collecting and analysing data to support transformation. Policy-makers would do well to

ensure the establishment, interoperability, maintenance and adaptation of information technology (IT) systems by enacting system-level measures and by providing support to local implementers. They can also assist with data analytics, both directly and by incorporating relevant skills in their overall approach to training and development.

The right information communicated properly can be a powerful tool for transformation

Information can be a powerful policy mechanism for motivating change, especially within a complex health system. Providing data about trends, publishing performance information and benchmarking, and programmes for the development of evidence-based resources, such as care guidelines, all help. Sustaining progress and building momentum at the service level must be supported by continuous measurement of outcomes and exchange. Policy-makers can help with establishing platforms for the exchange of experiences and in identifying good practice.

Communication strategies are important both at the system level (led by policy-makers to reach health system actors) and at the local level, where decision-makers need to motivate their respective constituencies. Communication strategies must ensure that the audience is aware of the need for change (problem recognition) and understands the options. Communication plans must take different audiences and types of engagement into account as well as providing options for feedback. Combining approaches can significantly expedite the adoption of new approaches.

Policy implications

- Success in transforming health service delivery means implementing substantial changes in complex systems, and depends not only on the availability of effective solutions but, crucially, on the system's willingness and ability to change.
- Policy-makers can drive this type of transformation in a multitude of ways but only if they accept that their main role is to enable rather than impose change, and only if they understand the health service delivery context and political economy.
- Change takes time, implementation is rarely linear, and results may not be visible quickly. Policy-makers need to factor this in so as not to be discouraged and so that they can communicate effectively with politicians, health system actors and the public to sustain momentum.
- Leadership capacity for transformation is vital at all levels of the system. Leaders must be able to understand and engage with the relevant actors to drive forward change and building these skills is sometimes neglected.
- Strong health information systems identify areas for action and monitor the progress of implementation. They support the transformation of service delivery and are pivotal in ensuring that changes have the desired effects and serve to advance health system goals.
- Cross-country learning can support transformation. However, every health system creates its own unique context, so insight from elsewhere needs to be adapted in light of the local system.

POLICY BRIEF

1. Introduction

Why is health service delivery transformation essential?

Policy-makers are continuously faced with the need to ensure that health service delivery evolves to match population health needs in line with changing disease and demographic patterns; and to do so against the backdrop of health system challenges (such as workforce constraints and rising health care costs) as well as contextual factors (such as economic downturn, armed conflict or the ramifications of climate change). The health service delivery disruptions caused by the COVID-19 pandemic have caused considerable backlogs with which many countries continue to grapple (Arseneault et al., 2022; van Ginneken et al., 2022).

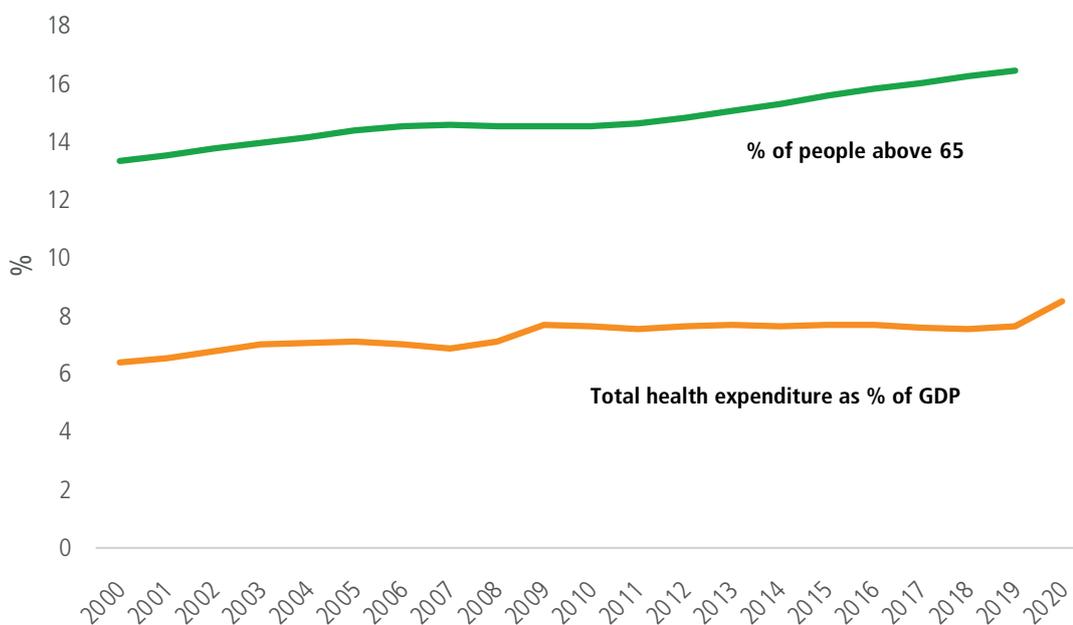
The population in the WHO European Region is ageing rapidly, with the proportion of people aged 65 and over projected to make up one quarter of the population by 2050 (WHO, 2022a), which corresponds to a much steeper increase in this age group compared to previous years (Figure 1). This trend is accompanied by changes in disease patterns and health care needs. Non-communicable diseases are on the rise and a larger share of the global disease burden is caused by disability rather than premature mortality (IHME, 2019). These shifts underscore the growing need for chronic

disease management and long-term care, and rethinking the way care is delivered to better meet people's expectations and contribute to wellbeing for all.

At the same time, health expenditure in the WHO European Region is increasing, largely due to rising costs linked to technological progress and an overall greater demand for health care (Figure 1). In 2020, countries in the WHO European Region spent an average of 8.5% of their gross domestic product (GDP) on health. For many countries, this represented the culmination of progressive increases in health spending in the past decade, while GDP as a whole fell as a result of the COVID-19 pandemic (Eurostat, 2023). Many countries are experiencing critical workforce shortages, a trend that is expected to lead to a global gap of 10 million health and care workers by 2030 (WHO, 2023b).

In an interconnected and globalized world, pandemic events, war, economic decline and climate change further intensify the pressures that are already placed on health systems and health care delivery (van Daalen et al., 2022). Combined with the increasing and evolving need for delivering services and the sustainability challenges described above, these problems drive home the need for transforming health service delivery so that it makes the best use of available resources while maximizing outcomes and remaining resilient. Care models adopted in the past are no longer fit to meet the health care needs and expectations of today. This calls for a transition from health systems that have long been reliant on reactive hospital and acute care to those that can anticipate and manage the needs of an older

Figure 1: Share of older people and health expenditure across the WHO European Region



Sources: WHO, 2023a (% of people above 65); WHO Regional Office for Europe, 2023c (total health expenditure as % of GDP).

demographic and ensure continuity of care for patients affected by multiple and chronic conditions, starting at the community and primary care level (Carroll, Stokes & Darley, 2021). At the same time, new technologies are becoming increasingly available that may facilitate such a shift to more integrated and person-centred health systems able to provide both preventive and curative care, while also overcoming the issues of fragmented services and empowering patients to participate in clinical processes (van Ginneken et al., forthcoming).

What does service delivery transformation actually entail?

The changes described above are in line with calls for health system transformation that had begun long before the COVID-19 pandemic (Halfon et al., 2014). In 2015, the WHO Regional Office for Europe initiated a Health System Transformation project that has delivered important insights about the crucial factors that can contribute to large-scale change in health systems (Hunter & Bengoa, 2023), wherein transformation entails interventions that affect multiple stakeholders and aim at improving population health outcomes by positively impacting on the quality of patient care and the efficiency of health care delivery (Best et al., 2012). A prerequisite for such transformation is the wide adoption of effective solutions.

For the 2018 Tallinn Conference, the European Observatory on Health Systems and Policies published a policy brief looking at the key strategies for ensuring that innovation in service delivery is implemented, sustained and spread (Nolte, 2018). Already at that point, the realization was clear that promising examples of innovative changes in service delivery often fail to be adopted more widely and instead remain time-limited pilots or localized projects. Not much has changed since then in that respect, although the COVID-19 pandemic delivered a sobering reality check about both the need to change and the potential scope for rapidly implementing new ways of delivering care when there is a pressing need to do so. However, there is a real risk that learnings from the pandemic are not harnessed and practice returns to the status quo ante (Fahy et al., 2021). It is therefore timely to consider how innovative ideas can be leveraged to enable service delivery transformation in a manner that enables access to good quality health care for all.

Successfully changing health service delivery for the better requires understanding how and which problems emerge, identifying solutions that are effective, affordable and equitable, potentially testing and implementing these solutions, and monitoring their implementation to calibrate support and identify areas for further adaptation. To drive the widespread transformation of service delivery, policy-makers need to be able to recognize and seize windows of opportunity, and understand how to harness and sustain political will to support the implementation of intended changes, which takes place at the local level, and to provide grassroots support for these processes. They need to provide leadership, both in terms of the aims to be achieved and attaining shared commitment around those aims, as well as fostering a culture that is open to embracing change. They

also need to ensure sufficient resources (financial, human, technological and evidentiary) for transformation and engage relevant stakeholders to (co-)develop and sustainably implement effective solutions. This includes enabling and harnessing innovative approaches that come from the context of service delivery itself, i.e. embracing the need for a combination of top-down and bottom-up initiatives.

Transforming complex systems: striking a balance between top-down and bottom-up approaches

Health systems are dynamic, complex systems: they encompass a multitude of actors with different and evolving interests and varying, interconnected networks. Because of their complexity, the way actors within the system will react to change is not always easy to predict, and the behaviour of the system as a whole is often non-linear and disorderly (Carroll, Stokes & Darley, 2021). Implementing even relatively simple changes in health service delivery can be challenging because of the complexity of context, for instance if the envisioned change challenges established norms and/or the financial or reputational interests of health professionals; what is more, the changes needed to transform service delivery are often complex in themselves.

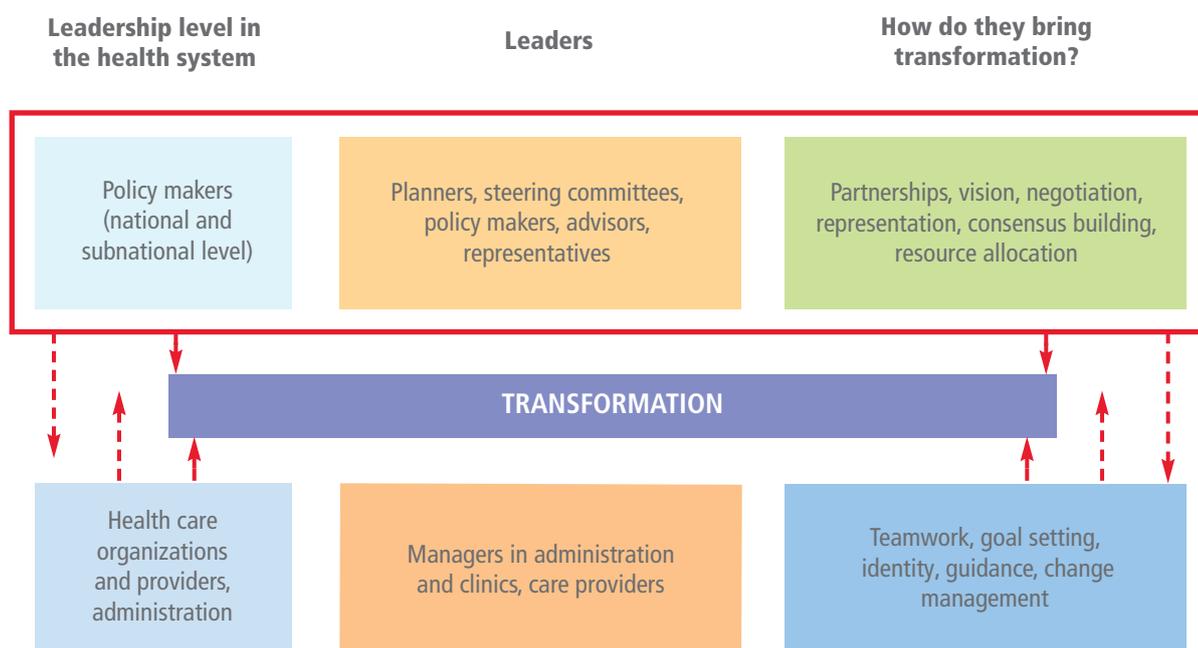
For policy-makers aiming to drive forward the transformation of health service delivery, this is the first fundamental realization: complex systems are resistant to rigid, top-down changes. In what seems like a catch-22, the system must change from within, but large-scale implementation is vital for its overall transformation. The role of policy, therefore, is primarily that of creating the right conditions in which transformation will flourish; these can be shaped by, but are not limited to, regulatory changes. This means setting the right direction; clearing the way, by making system-level factors as supportive as possible and removing obstacles; and providing the resources and support to facilitate service-level change and manage adaptation.

Aim, target audience and structure of this brief

Other policy briefs in this series for the 2023 Tallinn Health Systems Conference focus on: how policy-makers can build trust by harnessing stakeholder involvement (McKee, Greenley & Permanand, 2024); how to diagnose the main areas in service delivery where change might be necessary (Karanikolos et al., 2024, Rajan et al., 2024); and how to secure and deploy financial resources for service delivery transformation (Forman, Permanand & Cylus, 2024). This brief brings these dimensions together and puts them in context with the other ingredients policy-makers must have in their arsenal to successfully catalyse health service delivery transformation.

The target audience for this brief are policy-makers who determine how service delivery is organized; depending on the health system, this may include decision-makers at the national, regional and/or local levels. This brief is not primarily addressed to decision-makers at the organizational or service levels (i.e. those responsible for the operational side of service delivery). However, evidence from major service delivery reconfigurations shows that a combination of system (top-down) and distributed (bottom-up) leadership

Figure 2: Leadership for health service delivery transformation and focus of this brief (red box)



Source: Authors' compilation based on West, Armit & Loewenthal, 2015; Figueroa et al., 2019; AdventHealth University, 2020; Sims et al, 2021).

is important in enabling change (Turner et al., 2016); this brief therefore also reflects on how system-level policy-makers can foster and support leadership at other levels (see Figure 2).

The structure of the brief rests on the fundamental perspective that because health systems are complex systems, bringing about change depends on the beliefs, motivations and actions of a wide range of actors across all levels within the system. These actors form their own judgements and make their own decisions, which means that how change unfolds within the system is not directly within the control of policy-makers, whether at the local, national or international levels. Consequently, the aim of policy should not be to control change directly but rather to support implementation by improving the system's capacity to change.

This policy brief therefore looks at the following ways in which policy-makers can act to drive the transformation of health service delivery:

- First, providing leadership at the system level: this entails offering clear direction around the intended change, engaging stakeholders to create a collective commitment to transformation and adapting the regulatory framework accordingly if needed (Section 2).

- Second, ensuring that sufficient resources are available to make transformation possible (Section 3); this encompasses financial, human, technological and evidentiary resources, and combines both:
 - o enablers at the system level; and
 - o support to organizations and people within the system (at the service delivery level) to take their own actions to implement changes in their daily work and practice, i.e. to drive transformation at the local level.

Actions in all these areas are necessary to successfully transform health service delivery. After examining each area separately, the brief highlights policy implications across the spectrum and revisits how different actions fit together (Section 4) to better illustrate options for policy-makers, specific examples presented in boxes throughout the brief map onto priority areas, such as digitalization, workforce strategies, care integration and the greening of health care to provide tangible insights of what it takes to implement service delivery transformations in practice. Blue boxes highlight important elements in the transformation process, while green boxes zoom in on case studies from specific settings.

It is important to note that the brief focuses on the transformation of *service delivery* rather than that of health systems as a whole. It does not attempt to prescribe which actions or policies are necessary for transformation, as it assumes different health systems will need to focus on different areas to address their specific transformation needs; the focus is rather on the transformation process.

2. Leadership and governance for transformation

Providing leadership for change at the system level entails setting out a clear vision and a compelling case of what change is needed, and generating the necessary understanding and motivation by the actors within the system to act to bring about that change. That motivation typically depends on acceptance that there is a problem with the current situation, acceptance of the vision for the desired future, and recognition of the proposed solutions to that problem (in particular, their relative advantage over the current situation and feasibility to put into practice). For transformation to succeed, substantial buy-in from stakeholders is required; stakeholder involvement along the phases of the process of change is key for achieving this, including at system level in the policy formulation stage, and at service level as part of implementation. Understanding the power dynamics among these stakeholders is, in turn, crucial for organizing this effectively and for generating and sustaining the necessary will to drive transformation forward (see Box 1). The following paragraphs discuss these issues in detail; because of the pivotal role of stakeholder engagement, it is discussed where appropriate; approaches to stakeholder engagement to forge collective commitment for transformation are subsequently presented in more detail.

Box 1: The political economy of health service delivery transformation

Much like health systems, policy-making processes are fluid, complex and subject to some degree of randomness and uncertainty; policy actions are possible only when a problem has been recognized, actionable policy options are available, and the political conditions are aligned (these three elements represent the three streams in the 'multiple streams approach' of John Kingdon, which is a pivotal reference point in public policy analysis; see Kingdon 1984, 2002). Therefore, an important prerequisite for successful policies to enable health care delivery transformation is understanding and navigating the **political economy** of the context in which transformation is to take place.

Discussions around **the political economy of health** in general (as opposed to that of service delivery) recognize it as a broad concept which tries to capture how power, economic and political forces interact and influence the distribution of health and population health outcomes in societies (Lynch, 2023). Political economy models seek to explore and explain the political, institutional and environmental conditions under which decisions are made and to facilitate understanding of what happens in real-world conditions (Goddard et al., 2006).

When it comes to the **political economy of health service delivery**, stakeholder groups such as patient associations, provider networks, health professional associations, the product industry (e.g. the pharmaceutical or medical devices industries), as well as public and private payers, represent strong and often conflicting interests, having the capacity both to influence political will accordingly and to facilitate or hinder the implementation of changes on the ground. In many settings, governments are heavily involved in the organization, regulation and provision of health services (Lynch, 2023) and public institutions, political and economic forces influence how health systems are organized and care is delivered.

Leadership: forging a clear vision for change

To develop a clear vision for transformation, policy-makers need to identify and prioritize the challenges to be addressed, and then set a strategic direction on how they will be addressed.

Identifying targets for transformation

While health systems pursue similar goals, they display different gaps and unmet needs on the way to achieving them, and transformation needs will therefore vary. There are different instruments that enable health policy-makers to monitor how well their health systems function, how population health trends evolve, and how these measures intersect and are impacted by the implementation of policies and interventions. These can include formalized national or regional HSPA programmes, regular or ad hoc national surveys, supranational initiatives for data collection (such as by the EU, WHO or Global Burden of Disease study) and stakeholder consultation processes (see Box 2). Unfavourable changes over time, a disadvantaged position compared to international peers or jointly set targets can provide impetus for action.

Box 2: Identifying targets for transformation – where can information come from?

Health System Performance Assessment aims to comprehensively monitor how different components in a health care system perform in pursuit of the system's final goals (health improvement, people-centredness and financial protection) (Papanicolaos et al., 2022; Rajan et al., 2022). Different methodologies for setting up an HSPA system have been developed for different settings (European Commission, 2017, 2018), but they share the key characteristic of adopting a certain understanding of health systems (for instance, by using established health system frameworks, such as the one in the *World Health Report 2000*) and linking the components of the health system to be studied to a defined set of indicators, most commonly (but not exclusively) quantitative in nature. HSPA initiatives aim to identify areas where the system does not work as intended and to inform the development of remedial interventions and policies. On the occasion of the 2023 Tallinn conference, two policy briefs in this series provide guidance on HSPA: one (Rajan et al., 2024) introduces an updated version of the HSPA framework for universal health coverage, while the other (Karanikolos et al., 2024) presents a blueprint for selecting key tracer indicators of health system performance to address the challenge of performing whole-of-system exercises, which can be cumbersome and very resource-intensive to undertake in real-world settings.

HSPA exercises are frequently based on those indicators for which data are available, rather than those that would be most useful and informative for health policy decision-makers. Data gaps are a challenge particularly in low- and middle-income countries, where national statistics offices and health systems have limited data collection and analysis capacities. **National surveys** can represent complementary sources of information on key population health indicators. Such surveys are sometimes conducted by national governments, although many are funded through multilateral organizations and international development funding agencies. A notable example are the Demographic and Health surveys (DHS), a collection of nationally representative household surveys funded by the United States Agency for International Development (USAID), which monitor a wide range of population and health indicators over time across more than 90 countries, including some in the WHO European Region (ICF, a, b).

At global scale, the **Global Burden of Disease study** is currently led by the Institute for Health Metrics and Evaluation (IHME) in the United States and aims to quantify changing health trends at the population level, with a focus on mortality and disability, and to inform health policy on the most important risk factors and causes of ill health across countries and worldwide (IHME, 2019). This freely accessible data spans close to 200 countries and allows for comparisons over time and across populations for the past 30 years. The study produces a range of comprehensive publications, data visualizations and mappings, including individual country profiles and thematic publications exploring specific dimensions of health, including life expectancy and mortality, fertility, universal health coverage and a broad range of the most prevalent diseases worldwide.

At the **European level**, the collection of comparable health and health system indicators through the EU's statistical office Eurostat and complementary initiatives, such as the European Core Health Indicators (ECHI) and ongoing Population Health Information Research Infrastructure (PHIRI), as well as the WHO's Core Health Indicators in the WHO European Region (WHO, 2023c) can facilitate the identification of population health needs and existing health system gaps. Periodic country monitoring activities conducted by the European Observatory on Health Systems and Policies (*State of Health in the European Union Country Health Profiles*, *Health Systems in Transition series*, *Health Systems Policy Monitor*) and the Organisation for Economic Cooperation and Development (OECD) can further contribute to this goal. **National projects** can complement and feed into such initiatives. For example, a brief summary of a relevant project currently emerging in the context of Belgium, which seeks to establish a dedicated research infrastructure for needs-based analysis and policy, is presented in Box 3.

Stakeholder consultation can also provide inputs for the identification of challenges in contexts where quantitative data is limited and the capacities for more comprehensive approaches are not available; however, both representativeness of participating stakeholders and their potential conflicts of interest must be taken into account.

Box 3: Case study – The 'Needs Examination, Evaluation and Dissemination (NEED)' project

Within the scope of the Belgian Presidency of the Council of the European Union, the Belgian Health Care Knowledge Centre (KCE) is launching a new proof-of-concept project to facilitate the movement towards needs-based health systems that are able to learn, adapt and change to address unmet needs. At the root of the NEED project lies the belief that the process of understanding needs should guide decision-making throughout the policy process. In the context of health service and product development, this means from the development to reimbursement and post-marketing surveillance of health care interventions. These different stages remain largely uncoordinated at present, calling for the establishment of a dedicated research infrastructure to collect evidence on unmet needs in different areas (and at different levels) and to make this information accessible to relevant stakeholders, including researchers, research funders, regulators, reimbursement funds, patient associations, public and government services, industry, and health care providers.

The goals of the project are to develop an evidence database to inform research efforts into areas of unmet need and solutions on how to tackle them, to feedback research outcomes into the system, and to proactively disseminate results to stakeholders. Ongoing work to pilot and validate the NEED concept focuses on the identification of unmet medical needs for Crohn's Disease and melanoma. The framework is also currently being studied for applicability to rare diseases (KCE, 2023).

Identifying possible solutions

Beyond a comprehensive picture of a population's health status and disease burden, health systems require reliable information on effective solutions that have the potential to be widely implemented to address existing gaps in service delivery. A number of different approaches can be leveraged to achieve this, including horizon scanning initiatives, dedicating funding streams to the development and piloting of innovations at the country level and as part of supranational collaborative efforts, as well as co-creation platforms that actively engage stakeholders (see Box 4).

Building structures that enable stakeholders from within the system to propose and shape ideas for changing health service delivery is an important component in the process of health service delivery transformation. A **'co-creation' approach** can help to improve the technical content of potential changes, as well as promote their acceptability (see also McKee, Greenley & Permanand, 2024). An example from Austria, where young physicians were invited to provide insights to shape how the new primary care delivery model would be set up together with policy-makers, showcases how such approaches can be put into practice. More formalized participatory approaches to leveraging and building stakeholder capacity for understanding and addressing health system challenges, such as group model building (GMB), may require support from methodological experts in the academic setting but can provide a solid basis for policy and its communication. An example from Singapore showcased the usefulness of such methods for understanding the complexity of chronic disease care and providing policy recommendations (Ansah et al., 2018). Policy-makers can also motivate organizations at the service delivery level to institutionalize programmes, such as innovation contests that actively incentivize clinicians to development and/or adapt ideas for change based on their daily practice (Jung et al., 2022, 2023), and to ensure that these ideas are fed back centrally to assist with strategy building. In particular for the development of digital health solutions, the participatory model of 'living labs' is increasingly leveraged to ensure meaningful patient involvement from the early stages of innovation (see Box 5).

A key component of all these options is ensuring that identified solutions are beneficial for patients and the system as a whole (or come with a positive, evidence-based 'value proposition'; see Nolte, 2018). This is not only fundamentally in line with health system goals but also a prerequisite for creating collective commitment to change. In many countries, **HTA programmes** aim to summarize all relevant, high-quality evidence on the comparative benefit of different interventions across a number of domains (including patient health outcomes, costs, ethical and organizational implications) (Kristensen, Nielsen & Panteli, 2019). Here too, involving stakeholders (and in particular, patients and citizens) is crucial to ensuring that the evidence and its analysis are aligned with the goal of improving health and wellbeing, and that potential solutions are adapted to the context of the setting in which they are to be introduced.

Box 4: Identifying possible solutions towards building a strategy for change

So-called **horizon scanning** approaches have become increasingly embedded in decision-making processes in different systems and also involve the participation of a broad range of stakeholders. While their origin can be traced back to product innovations (such as pharmaceuticals and medical devices) and the necessity to prepare health care budgets for particularly cost-intensive technologies – see for instance, Euroscan (Euroscan International Network e.V., 2022) and the International Horizon Scanning Initiative (IHSI, 2023) – initiatives that adopt a horizon scanning lens and focus on models of service delivery have also emerged. The Health Care Horizon Scanning System of the Patient-Centered Outcomes Research Institute (PCORI) in the United States and its database provide an inventory of interventions that might change patient outcomes, health disparities, care delivery, infrastructure, access, and/or costs (PCORI, 2023). Such an approach for the WHO European Region is also conceivable, potentially building on that already adopted for the WHO's horizon scan for global public health published in 2022 (WHO, 2022b).

Substantial funding for research into health care innovations is provided both by individual countries and at the European level, and is often geared towards biomedical and technological solutions. This frequently leaves research on innovations in service delivery and their implementation underfunded and unrealized. To bridge this gap, some countries have piloted and established **funding programmes** (often labelled 'innovation funds') with a very targeted applicability to health care systems and challenges of an organizational nature, such as care integration or the adoption of novel payment models to incentivize the improvement of health outcomes or promote efficiency. These dedicated funding programmes have different set-ups and scopes, but they invariably bring together public (national and/or regional) funding to support the development and piloting of innovations in health service delivery (Venema, Fahy & Panteli, 2021). These programmes are still relatively young, particularly in the European setting, and require continuous evaluation of their priorities and effectiveness when it comes to supporting innovation that actually brings about positive change.

Several initiatives at the European level, including the TO-REACH project and its successor, the European Partnership for Transforming Health and Care Systems (THCS), aim to foster collaborative research into areas of unmet health care needs and the transferability and scalability of corresponding pilots and solutions across different health systems (Hansen et al., 2021; Nolte & Groenewegen, 2021; THCS, 2023a). The latter only recently launched its first transnational call for collaborative research proposals ('Healthcare of the Future') to generate knowledge and scalable solutions to optimize patient care pathways with a view to alleviating some of the pressures faced by health and care systems (THCS, 2023b). WHO also supports a range of initiatives for knowledge exchange and has (co)-produced guidance documents and frameworks, including the WHO Innovation Scaling Framework, to support the identification and scale-up of innovations in health systems. For example, the Social Innovation in Health initiative aims to generate knowledge on social innovations in the area of health, including service delivery, and to spread successful innovations across health systems in low- and middle-income countries (WHO, 2009, 2023d; Social Innovation in Health Initiative, 2021; TDR, 2021; Yale Jackson Institute for Global Affairs, 2022). Through its country offices, WHO can also assist countries on the ground with identifying and matching their health needs to ready-to-scale innovations for implementation and in convening relevant stakeholders to facilitate implementation (Yale Jackson Institute for Global Affairs, 2022).

Box 5: Case study – Living labs for the co-development of digital health solutions

Involving patients in the process of designing, developing and implementing digital health innovations has been shown to improve their acceptance of and willingness to engage with new technologies. In addition, it can improve the credibility and accelerate the implementation of innovations, while also empowering their users to take ownership of them (Baines et al., 2022; Fotis et al., 2023). Commonly reported barriers in the co-creation process include limited time or misaligned timelines (between developers and patients), resource constraints, competing perceptions, needs and priorities, flawed designs (with regards to methodology, bias, sampling), issues with patient trust and data privacy, as well as the late involvement of patients in the development process (Baines et al., 2022). Patients are commonly included in the innovation process at a very late stage of development. This usually entails garnering their opinions on the usability of a product, a stage at which there is little room left for change. In addition, the use of surveys and questionnaires limits their potential to provide input proactively. For this reason, involvement at the early stages of planning and designing digital health innovations can increase the success of engagement processes. Further key facilitators include instilling equal partnerships, tailoring approaches to the needs of patients and the cultural context, establishing effective communication channels, as well as allocating sufficient resources, including time and space, to the patient involvement process (Baines et al., 2022).

Numerous so-called 'living labs' have recently emerged across Europe and globally. These initiatives aim to bring together different stakeholders, including potential users (patients), researchers, public organizations and private developers, to cooperate on creating, testing, validating and evaluating innovative products and services in a safe, yet real-world, environment (Fotis et al., 2023). These act as testbeds that embed the development process into real-life settings and communities, ensuring that digital health innovations are validated under controlled settings before being rolled out to patients. An example of a living lab testing digital health technologies to potentiate self-management practices among older adults suffering from multiple chronic diseases and living in assisted accommodation comes from a collaboration between the University of Brighton and Brighton and Hove City Council (Fotis et al., 2023). Key lessons learnt from this project related to the importance of performing the co-creation experience under real-world conditions. Embedding this in an existing community setting can also lower costs of implementation and reduce the need for human resources to supervise residents, thereby enhancing the sustainability and self-sufficiency of the project (Fotis et al., 2023).

Governance: adapting and aligning mechanisms to facilitate change

To successfully drive transformation, policy-makers must engage and align other relevant stakeholders around a shared understanding of the underlying need, the desired outcome and what change is necessary to achieve it (see also next paragraph). By deciding what entities are involved in the change process, what their relationships are, what processes must be followed in making and implementing decisions, how accountability is ensured and the potential consequences of non-adoption, policy-makers provide the setting for all the activities of transformation within the health system as a whole (Greer et al., 2019).

Developing or adapting the necessary **governance framework** to support transformation requires a good understanding of the political economy of service delivery (see Box 1), as changes inevitably challenge established norms and interests within the system and create resistance and delays. Furthermore, relevant mechanisms, such as payment models, must be aligned and geared towards supporting transformation as much as possible. For example, if seeking to increase care integration, it is essential to align system-level mechanisms such as budgets, payment mechanisms and accountability in a similarly integrated way for the change to be successful (Struckmann et al., 2016).

Regulation is one of the key governance tools to achieve this, be it in the form of formal legislation or other types of mandatory requirement. Depending on the changes involved in the transformation process, different regulatory elements will need to be adapted. For instance, if the goal is to transform delivery towards more patient-centred care leveraging digital health solutions, mechanisms for data governance and the licensing and evaluation of digital health applications might need to be introduced or adapted (see Fahy et al., 2021; WHO Regional Office for Europe, 2023a); these changes might need to be accompanied by changes to the standards around which services can be delivered (and financed) in the outpatient versus the inpatient setting as well as changes to the scope of practice of the clinicians involved; new regulation might need to be introduced to facilitate new components that have not previously been part of service delivery, such as the introduction of e-prescriptions.

Professional standards are a powerful tool in shaping what happens during the provision of services along with clinical practice guidelines (see also Section 3). Enabling health professions to set or shape their own standards and expectations about how professionals should carry out their work is key for health service delivery transformation. Experiences from the United States in using a concept mapping approach for stakeholder engagement in this area have shown that it allows policy-makers to streamline improvements (Newlon et al., 2023). Indeed, active stakeholder engagement to ensure a consistent regulatory landscape is crucial, because these different sources of regulation open up the possibility of inconsistency and tension between the requirements of government policy-makers and the health professions themselves.

Building collective commitment for transformation: stakeholder engagement

Previous paragraphs have highlighted the key role of stakeholder involvement for the identification of health system needs and the possible solutions to address them. Indeed, generating and retaining motivation for transformation is closely linked to engagement; the more relevant stakeholders in the system are engaged in both understanding and defining the problems that exist, and in shaping the solutions to address them, the more likely they are to be committed to making the necessary changes

(Horton, Illingworth & Warburton, 2018). Consequently, leaders must ensure that **stakeholder engagement** permeates the different stages of transformation, from participatory approaches to identify needs, to the co-design of system-level mechanisms and their implementation. A system-level strategy for engagement that incorporates all these components is advisable to increase the chances of success for transformative change; early engagement with relevant stakeholders can preempt future problems and challenges faced during implementation. Pathways to engage stakeholders can differ depending on the purpose, availability of resources, time and actors to be involved (see Box 6) and the extent and configuration must be chosen carefully (Stewart, 2013; Greer et al., 2021).

Box 6: Stakeholder engagement: purpose and key modalities

The overarching aims of stakeholder engagement are to provide valuable inputs on the feasibility of innovations or ideas and to create a better operational environment for transformation. Beyond that, stakeholder engagement can also serve different purposes, specifically to:

- develop plans and ideas for service delivery transformation
- understand priorities, what works and does not work, and gather feedback
- help design specific strategies or innovations and their implementation
- understand the progress of transformation
- build successful partnerships
- provide early opportunities for active, open dialogue to allow service users, carers and other stakeholders to input into and be involved in the transformation of community services (Franco-Trigo, 2020).

There are various stakeholder engagement methods that aim to enable stakeholders to express their views in the decision-making and planning processes. The non-exhaustive list below depicts possible stakeholder formats/modalities that can be used for all types of stakeholders (citizens, experts, practitioners, etc.):

- **Large in-person, open-for-all forums:** citizen assemblies, citizen forums, health panels, public hearings, open-microphone events, townhall meetings, public consultations.
- **Consultative meetings:** policy dialogues, stakeholder consultations, focus groups, patient advisory councils, online conversations, world cafés, neighbourhood committee meetings.
- **Smaller, selective groups for deliberative engagement:** citizen panels, citizen juries, planning cells, consensus conferences, deliberative mapping, scenario workshops.
- **Feedback surveys:** explore views of stakeholders via online surveys and telephone interviews.
- **Concept mapping:** a participatory approach that uses both focus groups and a survey; the qualitative information from the focus groups form the basis for quantitative data collection.

Sources: Rajan et al., 2021; Data Science to Patient Value Initiative, 2022; United Kingdom Faculty of Public Health, undated; WHO 2022c; Newlon et al., 2023.

Figure 3: Stakeholder mapping for family planning services

Name of organization	Name of Contact person/s (Title and level)	Level of influence	Type of influence (examples)	Priority of engagement	Role and Type of engagement (examples)
Ministry of Health	Family Planning Office	High	<ul style="list-style-type: none"> Develops national family planning plans Develops policy 	Important (Inform, consult, collaborate, ...)	<ul style="list-style-type: none"> Leading the process Continuous engagement Feedback Loop
Ministry of Finance	Budget disbursement level	High	Determines level and timing of funding	Important (Inform, collaborate)	Through the Ministry of Health
Ministry of Education	Director	High	Provides training	Important (Inform, collaborate)	Through the Ministry of Health
Family Planning Providers	Physician, Nurse, Community Health Worker, Midwives	High	<ul style="list-style-type: none"> Adoption of the guidance Direct service and implementation influence Policy influence 	Important (Inform, collaborate, involve)	Continuous engagement
Non-governmental organizations	Program Officer	High	<ul style="list-style-type: none"> Budget influence Level of supply of commodities 	Important (Inform, collaborate, involve)	Continuous engagement
Professional Societies	President or Executive member	Moderate to High	<ul style="list-style-type: none"> Dissemination Direct service and implementation influence 	High (Inform, consult, involve)	<ul style="list-style-type: none"> Early engagement Presentation at Society meetings ...
WHO and WHO Country Offices	WHO Country office focal point	Moderate	Resource for tools, templates and guidance	Important (Inform, consult, collaborate, involve)	<ul style="list-style-type: none"> Continuous engagement Part of the implementation
Individual Advocate	<ul style="list-style-type: none"> First Lady, Mayors' offices, ... 	Moderate	Catalytic	Somewhat important (Advocate)	Launch meeting

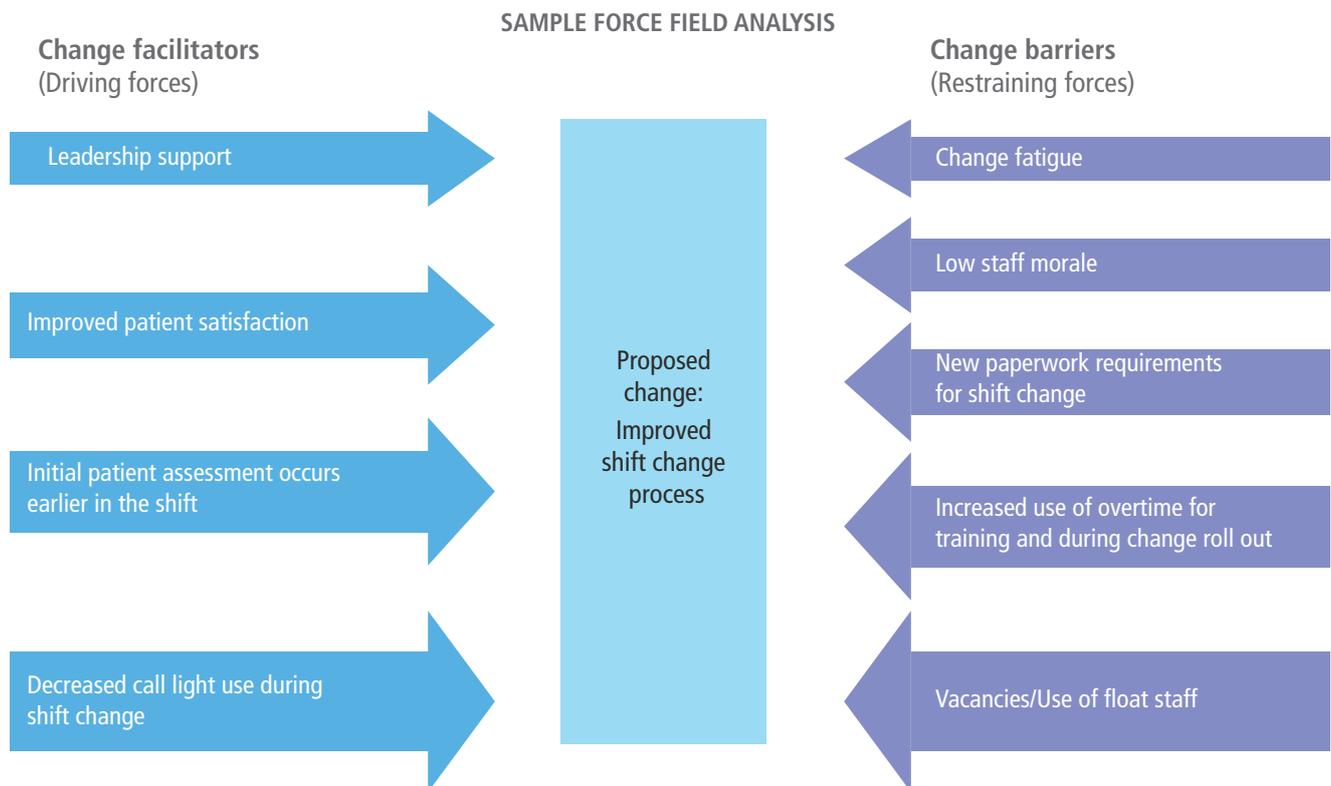
Source: WHO, undated.

Stakeholder analysis: understanding who to engage (and how)

A prerequisite for successful stakeholder engagement is an analysis of all relevant stakeholders, including both the identification of the groups involved and the benefits and costs of intended changes (the likely stakes) for each of them. Their estimated positions, along with their level of power, expected interest in the intended change and potential avenues for engagement are key to consider. Several tools have been developed to facilitate stakeholder mapping and analysis in the delivery of health services (see, for instance, Judice et al., 2013; Reich et al., 2023). Figure 3 shows an example on reproductive health from the WHO.

Approaches such as force field analysis can help with the visualization of these insights and, subsequently, with the formulation of strategies to engage with stakeholders towards serving the purpose of the intended change (see Figure 4). Strategies to achieve this typically aim to influence four strategic levers, often labelled in political analysis as the four 'Ps' (Reich, 2002; Roberts, 2003): 1) recruiting new **players** into or dissuading existing players from participating in the policy process; 2) increasing or decreasing the **power** and resources of players in the system (e.g. by allocating money, staff, facilities to supporters of a change); 3) exerting influence to change the **position** of players in the system (e.g. through deals, promises or threats); and 4) steering public **perception** of a problem and possible solutions, for example through policy advocates.

Figure 4: Example of force field analysis for a plan to improve shift change processes



Source: Barrow, Annamaraju & Toney-Butler, 2023.

Coalition building and the engagement of popular thought leaders who are sympathetic to the envisioned transformation agenda can be fundamental to generating political will, as politicians are motivated to influence public opinion in their favour (Cairney, 2019; Weintraub & McKee, 2019; Baum et al., 2020). This can entail working with civil society organizations, professionals' associations, researchers and knowledge-brokers. McKee and colleagues offer a detailed analysis about how engaging with people within the health system can advance trust and transformation (McKee, et al., 2024).

Sustaining political will for transformation is essential and hinges on stakeholder support

The sustained existence of political will is a critical contributor to the success of transformation efforts, given their scope and duration. Indeed, transforming the delivery of health services is a process that does not happen overnight but requires sustained political commitment to negotiate, create, monitor and adapt the relevant policy measures that enable it. For service-level change, sustained effort is likely to be needed for a year or more to 'hold' the change before it starts to become business as usual (Brewster et al., 2015). Multiplied by different sites of service change across the system, this means that sustained

leadership for several years is a key component, which further underlines the importance of continuously fostering commitment around the intended change: coalitions supporting the transformation agenda are likely to persist over time, while political leadership may change more quickly.

To anchor a transformation agenda onto the political agenda, sustained leadership at the policy level, combining technical evidence and a clear narrative of what change is needed, and why, is crucial (see an example from Austria in Box 7). Technical evidence of benefits, harms and costs, or the precise changes envisioned, as well as implementation considerations (such as acceptability, feasibility and equity) is essential in the technical field of health. However, a clear story about the need, value of and possibility for change that both professional and lay audiences can understand is equally important. An example of how system-level leadership can successfully engage stakeholders to ensure the success of a transformation process is the establishment of an interagency taskforce to propel sustainable change in primary health care in Uzbekistan (WHO Regional Office for Europe, 2023b). Box 8 summarizes lessons learned from this initiative supported by the WHO Regional Office for Europe.

Box 7: Case study – Political will and technical expertise for greening the health sector in Austria

A political window of opportunity

Since 2020, Austria has had a coalition government formed between the conservative People's party, *Österreichische Volkspartei* and the Green party, *die Grünen*. Within the scope of a broader health promotion agenda (*Agenda Gesundheitsförderung*), Austria's then health minister, Wolfgang Mückstein, a general practitioner from the Green party, called for the institution of a new Competence Centre for Climate and Health at the Austrian national Public Health Institute (*Gesundheit Österreich; GOEG*) in 2021 (Kurier, 2021; GOEG, undated, a). His successor, Johannes Rauch, also a member of the Green party, has demonstrated continued support for the Competence Centre, which was inaugurated in 2022 (Salzburger Nachrichten, 2023). A steady representation of the Green party in government has allowed environmental and climate issues to make their way up the country's political agenda over the past three years.

Competence Centre for Climate and Health: Addressing the needs of health care facilities

Austria's health system is responsible for a considerable proportion (around 7%) of the country's total CO₂ footprint (Weisz et al., 2020). The Competence Centre for Climate and Health has been entrusted with the role of generating evidence on and promoting the adoption of sustainable strategies to transition the Austrian health care system towards climate neutrality (GOEG undated, b). Shortly after being established, the Competence Centre launched the pilot project '*Consulting for climate-friendly health care facilities*' (GOEG, undated, a). The project's aim is to assist health care facilities of different scopes and sizes – from primary care and specialist practices to pharmacies, long-term care facilities and large tertiary centres – with planning and implementing environmentally friendly and sustainable measures to mitigate the health care system's impact on the environment. In a first instance, participating facilities could access advisory services, which were set up by the Competence Centre, and subsequently develop action plans tailored to their specific needs and capacity for change. A range of possible measures across different areas of intervention were identified, which ranged from infrastructural changes to energy efficiency measures and the institution of green spaces within health care facilities, but also foresaw interventions impacting the daily work and roles of the people operating within these facilities. Such measures included changes to how resources and products used within the facility are procured, how waste is managed, and which types of food are made available to staff and patients, but also aimed to raise awareness and instill new management approaches at the leadership level to create a supportive environment for change.

Sustained support at the national and EU levels

Following sustained and reinforced political and financial support, the project has been able to recruit additional participating facilities, having to date already supported more than 120 facilities across Austria (GOEG undated, a). Most recently, a climate manager training programme was launched to equip the workforce in participating facilities with the necessary skills to implement changes on the ground and take ownership of the organizational change process (GOEG, undated, c). Beyond obtaining substantial financial support at the national level, Austria's greening agenda and the consulting project are also being promoted by the Austrian Ministry of Health abroad within the scope of an EU multicountry project (EU Health Resources Hub) implemented by the European Commission's Directorate-General for Structural Reform Support with partners Belgium and Slovenia (European Commission, 2022; Mauer et al., 2023). Participating health care facilities can receive support with applying for EU funding to implement some of the above-mentioned measures, demonstrating that leadership mobilized across the board can maximize the momentum for a given issue and create the supportive conditions that drive a transformation process.

Box 8: Case study – Interagency taskforce to ensure strong leadership throughout health service transformation in Uzbekistan

To take the reform agenda in primary health care (PHC) forward, Uzbekistan established an interagency PHC task force with representatives of the health insurance, regional health authorities, managers and professionals. This created a platform of strong leadership at different levels.

The main learnings from this experience include:

- roles and responsibilities of different members of the task force should be clearly defined
- the task force should ensure collaboration between the Ministry of Health, payers and between central and regional health authorities
- throughout implementation and scale-up, new members from other areas and/or regions should be included to facilitate cross-learning and implementation
- the task force should oversee the rollout process and ensure sustainability of the transformations through the alignment of all health system enablers (financing, workforce strategies, support of digital technologies)
- the task force should identify the elements that need to be improved/adjusted as the implementation progresses and should ensure that common core elements are respected while there is flexibility to account for context-specific characteristics
- the task force should ensure evaluation and monitoring of implementation and change.

Source: WHO Regional Office for Europe, 2023b.

Building capacities for stakeholder engagement at the system and service levels is crucial for transformation to succeed

The simplified description of stakeholder analysis provided in this section might suggest that mapping stakeholders and developing strategies to engage and manage them is easy to implement; however, this requires technical skills in policy analysis that are frequently not available at health ministries or other health authorities, who might be more focused on recruiting staff that can provide technical solutions (Reich, 2002). Therefore, this is one of the necessary elements of capacity building towards service delivery transformation in which health policy-makers should invest.

Stakeholder engagement is crucial not only at the system level, but also for the implementation of transformative changes on the ground at the local level. Engagement processes at the service level follow similar principles to those described above but are by definition closer to service users and may therefore leverage different modalities, such as more face-to-face formats like neighbourhood committee meetings (see an example from the United Kingdom in Box 9). Both methodological guidance and financial support from the system level can help implementers at the service level introduce and manage these processes.

Box 9: Case study – Stakeholder engagement at the local level: the Public Partnership Forum of the Hillingdon Hospital in the United Kingdom

The vision for the redevelopment of the Hillingdon Hospital in northwest London was to create a new fit-for-purpose local hospital by working with partners and the communities with the core objective of fostering and improving collaboration, integration and efficiency.

To support this process, the Hospital Redevelopment Public Partnership Forum of the Hillingdon Hospital ensures that the public voice is a central part of shaping the plans to build a new hospital. Members are assigned to working groups based on interest and lived experience as a patient, carer or relative. In 2021/2022, the Forum was held three times and included various activities such as patient involvement in the development of an equality, diversity and inclusion booklet for staff. Working groups cover emergency care, maternity and neonatal care, planned care, digital and technology, other non-clinical areas (e.g. hospital appointments, wayfinding), and communications and engagement (NHS England, 2020).

3. Ensuring sufficient resources for transformation

The previous sections have illustrated how policy-makers can provide direction for transformation and shape governance mechanisms to introduce or enable the implementation of changes. To operationalize transformation efforts in line with their strategic vision, they also need to ensure that service delivery is sufficiently and appropriately resourced. This does not only entail providing the necessary funds, staffing mix and technologies at the system level for new care pathways to be delivered; an additional dimension for possible policy action – one that frequently gets less attention than it should – is the creation of space within the system for those implementing changes on the ground to successfully drive transformation at the local level. Service-level change must reconcile the general ambitions of the policy change with the context-specific character of local problems, stakeholders, options and processes. What is more, service-level actors are typically focused on exactly that, service delivery, and change processes are not part of their core skills – therefore, support is needed not only for the content of the desired changes (e.g. resources for a different care pathway), but also for those processes of change themselves (e.g. training and time for managing change). The following sections highlight key considerations around the necessary resources for transformation, taking possible policy-maker actions that enable implementers at the service level into account.

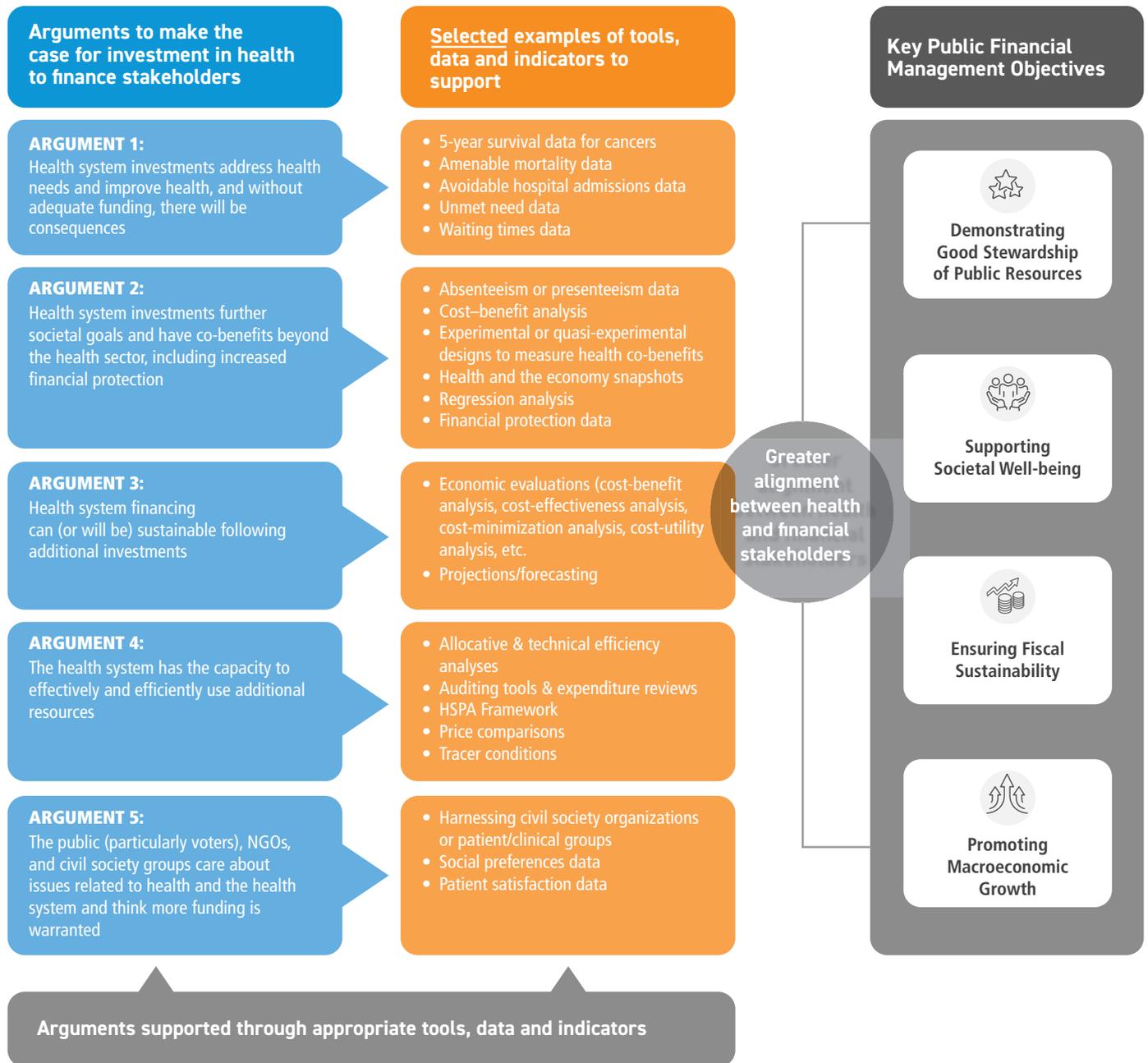
Money: securing and distributing funding for transformation

Because the transformation of service delivery is a process that takes time, it requires commitment to sustained **financial resources**. In the aftermath of the COVID-19 pandemic, some believe that an unsustainable amount of funds was spent on health in recent years. This may be true in absolute terms with regard to health expenditure, but this funding was not necessarily invested in ways that strengthen health service delivery as a whole (Sagan et al., 2021). Therefore, the current juncture may provide additional challenges for policy-makers in securing sufficient funding for health in general and the transformation of service delivery in particular.

Securing the funds for transformation: what resources do policy-makers have?

In a separate brief for this series, Forman, Permanand & Cylus (2024) identify five key cross-cutting lines of argumentation for **additional funding for health**, which satisfy public financial management objectives and are therefore more likely to be successful (see Figure 5). Depending on tradition and the health system set-up, different options might be more or less appropriate. Making the business case for the proposed changes requires information, which mechanisms described earlier in the brief can provide (such as HTA or testing in the context of dedicated innovation testing). The necessary financial support for ensuring health systems are resourced

Figure 5: Making the case for investment in service delivery transformation



Source: Forman, Permanand & Cylus, 2024.

appropriately to enable change and improvement usually comes from within the health systems themselves. However, in the European context, the EU also provides different types of support that can help with service delivery transformation (see Fahy, Mauer & Panteli, 2021 and an example from Estonia in Box 10).

Unless substantial additional funding has been made available, allocating available funds to the changes required for transformation can be challenging, as it usually entails

taking funds away from elsewhere in the system. Policy-makers can be supported in such efforts by collaborative governance and the collective commitment to transformation achieved through stakeholder involvement and the availability of robust evidence on benefit. Given that transformation efforts take time, this should also be reflected in the duration of financing contracts to enhance predictability and motivate change.

Box 10: Case study – Driving the implementation of personalized medicine in Estonia

A new centre for personalized medicine research will be created in Estonia, with partners from Finland and the Netherlands, supported by the EU and the Estonian government (including an award in total of 30 million euros). The core focus of this centre of excellence will be on studying all stages of implementing personalized medicine, including the development of scientific methods and new data tools, clinical trials, and assessment of the impact of personalized medicine services on society, the economy and public health.

The centre builds on the work of the Estonian biobank of the University of Tartu, one of the consortium leaders, which has a cohort representing about 20% of the Estonian adult population with information on genetic material. It is one of the largest biobanks in the world and enables insights into the role of genetic, lifestyle and environmental factors in health and disease. Coupled with the well-established electronic health record system in Estonia, the consortium aims to create a data-sharing and analysis system, and to translate genomic and electronic health data into personalized medicine tools. Moreover, the centre will pilot the use of new polygenic risk scores, which can be used to identify, for example, women with a higher risk of developing breast cancer, which, in turn, could inform routine screening. The excellence centre will also stimulate a site for start-ups/companies to jointly develop new clinical innovations. One company has already started work on developing a series of cancer risk prediction tests.

Overall, the consortium aims to make people's health data in Estonia more digitally usable and to play an advisory role in the future, providing valuable information to policy-makers about how best to provide oversight of new clinical innovations.

Sources: Petrone, 2023; University of Tartu, 2023.

Payment mechanisms: how can resource allocation support transformation efforts?

Resource allocation can help to steer transformation, in particular by seeking to encourage certain actions through **payment mechanisms**. Traditional payment mechanisms for service delivery, such as fee for service, capitation or programme budgets, may not be conducive to change, especially towards more integrated models of care. Taking a shift towards integrated care for multimorbid patients as an example, van Ginneken et al. (forthcoming) argue that payment models that cover a large patient group (eventually all patients in a catchment area), encompass care delivery by multiple sectors (primary, secondary, social care) and include a long-term view are presumed to incentivize integration, as are models that feature pooled budgets, shared savings/loss agreements, and some way of tracking and rewarding quality. However, evidence on newer payment models, such as pay-for-performance schemes and bundled payments, is still evolving. Ideally, payment models would be tailored depending on the specifics of the transformation effort and the context of implementation.

Finally, **factoring in the costs** of service-level transformation processes when deciding on the financing of service providers is an important facilitator of transformation. Securing investment for transformation and leveraging payment mechanisms to drive change are

important policy actions at the system level; however, it is important to recognize that: a) the necessary managerial processes within service delivery organizations and stakeholder engagement processes in the local context (both fundamental for transformation success across settings) entail substantial costs; b) insufficient resources for transformation may carry substantial opportunity costs (such as the erosion of an organization's other functions while the focus is on change management); and c) fear or uncertainty about the costs of implementing change might discourage service-level actors from going ahead. Offsetting these costs when reimbursing providers is an important dimension of support.

People: planning for transformation and empowering health professionals

Obviously, money is not the only key resource for service delivery transformation. Having sufficient **health professionals** with the right skills and sufficient capacity is also a vital resource and one that cannot be changed as quickly, given the long time it takes to train skilled health professionals. Strategic, multiprofessional and intersectoral workforce planning that takes into account any necessary skill-mix changes included in the transformation plans is the foundation for securing the necessary workforce. This should also entail a link with the educational system and updating relevant curricula (Kreutzberg et al., 2019; Maier et al., 2022). Arguably, strengthening the health workforce as a whole is a foundational prerequisite for enabling health service delivery transformation; in 2022, the WHO Regional Office for Europe took stock of the situation of health professionals across the Region and came up with ten key actions for policy-makers that can support this goal (Box 11).

Box 11: Ten actions to strengthen the health workforce in the WHO European Region

1. Align education with population health needs and health service requirements.
2. Strengthen continuing professional development to equip the workforce with new knowledge and competencies.
3. Expand the use of digital health tools that support the workforce.
4. Develop strategies that attract and retain health workers in rural and remote areas.
5. Create working conditions that promote a healthy work-life balance.
6. Protect the health and mental wellbeing of the workforce.
7. Build leadership capacity for workforce governance and planning.
8. Strengthen health information systems for better data collection and analysis.
9. Increase public investment in workforce education, development and protection.
10. Optimize the use of funds through innovative workforce policies.

Source: WHO Regional Office for Europe, 2022d.

Leadership development for service delivery transformation: supporting organizational and clinical leaders to drive transformation

Beyond workforce planning at the macro level, ensuring that professionals at the organizational level can successfully adapt and implement the necessary changes towards achieving transformation goals within their local context is of crucial importance for the sustained implementation of transformative change. This entails both support for the development of organizational level leadership and empowering the workforce, inter alia by providing options for tailored skills development. It also means allowing for time within professionals' working hours to consider, embrace and tailor the practice changes necessary for transformation. In addition to enabling the operational side of change, giving professionals the time and power to engage with implementation can foster their motivation to contribute to the transformation effort.

Leaders at the service delivery level are important for setting specific goals within the transformation process, identifying and promoting new priorities, directing multiple stakeholders towards these priorities, and aligning systems and stakeholders at the local level (Gilbert, 2016; Boguslavsky Gutierrez & Holschneider, 2019). This requires strong individuals who promote and implement change across the health sector and who possess certain leadership skills (such as systems thinking) to keep an eye on the larger picture and balance short-term risks with long-term rewards (see also Figure 2 in Section 1). An effective tool for strengthening leadership at all levels is leadership programmes, which can be introduced or supported by system-level policy-makers. Such programmes often aim to build an understanding of how change can happen in complex systems and to develop skills around electing, aligning and orchestrating the various elements of change processes; they can target organizational leaders or clinical leaders, such as physicians and nurses (Frich et al., 2014; West, Armit & Loewenthal, 2015; Ferguson et al., 2016; Heinen et al., 2019; Lyons et al., 2020; Bard et al., 2022). They have been shown to improve organizational performance and, ultimately, patient outcomes (Geerts, Goodall & Agius, 2020; Debets et al., 2023).

Ensuring that the workforce is empowered and has the necessary skills and time to implement change

One of the key qualities of leaders at the organizational level, which must be nurtured for transformation to succeed, is their ability to **empower frontline staff delivering services** (Boguslavsky, Gutierrez & Holschneider, 2019; Debets et al., 2023). This necessitates targeting both structural and psychological empowerment, and ensuring that clinicians have the necessary agency and autonomy to interact with and implement change in their daily practice (Boamah, 2018; Andersson, Eriksson & Müllern, 2022; Bard et al., 2022; Fragkos, Makrykosta & Frangos, 2022; Gottlieb, Gottlieb & Bitzas, 2022). Transformational leadership principles can contribute to this goal (West, Armit & Loewenthal, 2015). Along with ensuring that leadership development programmes take these components into

account, policy-makers can advocate for multidisciplinary options that bring different professions together (Frich & Spehar, 2018). What is more, they can ensure that skills development options for frontline staff are available and in line with contributing to implementing change.

Indeed, **skills development** programmes that entail on-the-job training are often implemented at the organizational level; however, policy-makers can support such initiatives by motivating and engaging system-level actors, such as professional councils and associations, to provide standards for content and format. This requires cross-sectoral collaboration between regulators from the education and health sectors; for instance, competency-based training of health professionals benefits from collaborations between regulatory bodies and health education and training institutions (Cometto, Buchan & Dussault, 2020). There are promising initiatives in continuing professional development (CPD), interprofessional education (IPE) and competency-based education to respond to the changing skill needs and competencies in service delivery (see Box 12) (Batenburg & Kroezen, 2022; Maier et al., 2022). The content of such programmes will differ in line with the transformation agenda, but based on current trends, is likely to include working in multidisciplinary teams, realizing patient-centred care and leveraging the potential of digital health solutions (van Ginneken et al., forthcoming). For instance, an ongoing project funded by the EU, BeWell, aims to promote the upskilling and reskilling of the European health workforce by developing a green and digital skills strategy for the health ecosystem that can be implemented at a local, regional, national and, ultimately, the European level.

Box 12: Continuing professional development, interprofessional education and competency-based education

Netherlands: curricula development fosters competency-based education

In the Netherlands, curricula for medical specialists and nurses have changed in response to the need for more coordination- and competency-based health professional roles. 'The Medical Specialist 2025' programme emphasizes individualization of training duration and a competency-based curriculum, with the latter including interprofessional collaboration, patient safety, medical leadership, shared decision-making, substitution and efficiency. The programme recognizes that training needs to transcend the boundaries of individual medical specialties and that professionals' requirements should encompass flexibility of medical positions and roles (including substitution, changing hierarchies, patient orientation, and team or group collaboration). For nurses, in the curricula for the newly created nurse profession 'Coordinating nurse', competency areas have been developed which include support of self-management for patients/clients, their relatives and social network, initiating and developing quality systems, innovation, research and evidence-based professionalism, and coordinating the full-care processes for patients and clients into an interdisciplinary and integrated care provision (Batenburg & Kroezen, 2022).

France: new bodies coordinate CPD and IPE

Since 2009, a mandatory CPD system exists for all health professionals in France, and since 2016, a National Agency for CPD oversees the CPD system for all health professions at the national level. An advisory to this Agency, involving high-level stakeholders

from the health care field, including professional councils, unions and learned societies recognized the importance of promoting interprofessional learning to sustain coordination of care and the development of innovative and collaborative organizations. A nationwide initiative is in progress to establish a programme for interprofessional practice and education. This programme will involve the direct commissioning of CPD programmes, with a specific focus on fostering skill-mix innovation within primary care. The National Agency for CPD will be responsible for the selection and financing of CPD initiatives that are tailored to multiprofessional primary care teams or networks. These programmes will employ team-based and interprofessional learning approaches to enhance care coordination (Batenburg & Kroezen, 2022).

Time is perhaps the factor most neglected when it comes to supporting the workforce in implementing service delivery transformation on the ground. Both managers and frontline clinicians need time in their everyday work for adapting to changes, both in the practical sense (e.g. because of the need to adhere to new procedural protocols or learn how to navigate a new digital health system) and in terms of headspace to figure out how their practice needs to adapt. What is more, as transformation progresses, these adjustments will need to be re-evaluated – just like skills and leadership development, securing time within working hours to engage with transformation should be viewed as a continuous approach.

Technology: providing the right infrastructures

Technical resources, such as data infrastructures or the laboratories needed to enable the system-wide rollout of personalized medicine, may also take longer to put in place than securing the necessary financial resources. Depending on the aim and focus of transformation, the technical resources required will differ. However, in recent years, substantial investment has gone into the development of digital health infrastructures across the European Region, although scope and progress vary (see Box 13). It is important to note that new infrastructures will not contribute to transformation in a vacuum and require those who operate them to have the necessary skillset and time to do so (see also previous paragraphs and McKee, Greenley & Permanand, 2024).

For EU Member States, targeted support to advance the digitalization of health care is provided through a number of instruments, notably the Recovery and Resilience Facility, the Cohesion Policy Funds (primarily the European Regional Development Fund), and Digital Europe, which offer funding and are complemented by loans and investment services offered through InvestEU and the European Investment Bank (Fahy, Mauer & Panteli, 2021; Mauer, Panteli & Eichwalder, 2022). In 2022, the WHO Regional Office for Europe signed an agreement with the Healthcare Information and Management Systems Society, a global non-profit advisor on advancing the reform of the health ecosystem through information and technology to further support Member States achieve digitalization goals.

Box 13: Progress and gaps in digital health uptake in the WHO European Region

In September 2023, the WHO Regional Office for Europe launched the report *The ongoing journey to commitment and transformation: Digital health in the WHO European Region 2023*, which provides a snapshot of current trends in the uptake of digital health applications across the region (WHO Regional Office for Europe, 2023a). The report builds on the regional priorities presented in the Digital Health Action Plan for 2023–2030 and the results of the 2022 Survey on Digital Health, which collected information on a set of critical digital health indicators across all 53 Member States of the WHO European Region.

The report showcases the progress made, including specific country examples, but also highlights areas in which targeted interventions are warranted to close existing gaps. The regional uptake of digital health (and what remains to be done) is explored and rests on six pillars of transformation, which reflect the main areas of policy action described in this brief:

1. **Leaders (national digital health governance)** – building national digital health strategies and adequate governance structures, including dedicated agencies to supervise the implementation of digital health policies.
2. **Lifelines (electronic health records)** – developing appropriate strategies and legislation for the widespread, integrated and interoperable implementation and use of electronic health records at different levels of health systems.
3. **Bridging distances (telehealth)** – developing telehealth strategies and intersectoral collaboration, as well as monitoring and evaluation frameworks to ensure telehealth services are effectively implemented and contribute to achieving health objectives.
4. **Health in your hands (mHealth)** – ensuring appropriate oversight and evaluation of mHealth to guide investment and implementation of applications with added value for care within national health systems.
5. **Power of knowledge (big data and advanced analytics)** – establishing data standards and creating an adequate regulatory environment and supportive infrastructure for the use of big data and analytics.
6. **Sharing is caring (data sharing)** – establishing a safe and adaptive data governance and regulatory environment, which engages people, promotes data sharing, and responds to technological change.

The report also identifies enablers for transformation related to the need to strengthen existing and establish new governance structures for digital health, including: dedicated institutions at the national level; the implementation of cross-sectoral policies; and dedicated sustainable funding for the uptake of digital health solutions. On a technical level, common standards for the interoperability of data and evidence-based methods for evaluating the usefulness and safety of digital health applications should go hand in hand with these processes. Lastly, uptake may be bolstered by strengthening digital health literacy and engagement among both patients and health care workers to ensure digital inclusion and ownership of new technologies among the people working and being cared for on the ground (WHO Regional Office for Europe, 2023a).

Having the appropriate digital systems in place is not only key for the delivery of health services, but also for collecting and analysing data that can support transformation. Technical support to ensure the establishment, interoperability, maintenance and adaptation of IT systems goes beyond system-level mechanisms. System-level policy-makers can support local implementers both by providing overall standards and the possibility for technical support. Furthermore, they can provide assistance with data analytics, both directly and by incorporating relevant skills in their overall approach to fostering skills development (see previous paragraphs).

Information: ensuring that evidence is produced and communicated properly

Regulation and the allocation of resources are important tools to compel changes; however, **information** can be a powerful policy mechanism for bringing about motivated change, especially within a complex health system. One reason why information and evidence can be such powerful tools supporting implementation is that they are suited to bringing about change within a complex system. Whereas regulation and resource allocation provide external reasons to do something (an extrinsic motivation), information can change minds and create motivation that provides an internal reason for action by the people who need to make the relevant changes. Intrinsic motivation is more sustained over time and leaves space for people to act on that belief in ways that they see as best suited to their local circumstances.

Ensuring that those delivering health services have access to robust information is crucial for achieving transformation goals

Fostering the availability of robust information to support practices at the local level can include both mechanisms that can help organizations and individual professionals evaluate their practice in light of transformation goals (such as providing data about trends at the system level: for example, data about comparative cancer outcomes through the EURO-CARE projects drove system-level change in cancer care; or publishing performance information and benchmarking, e.g. about prescribing patterns for antibiotics, or levels of MRSA infections in hospitals), and tools that can support implementers in shaping how they deliver care, such as establishing or strengthening programmes for the development of care guidelines (see Box 14). Clinical guidelines are not the only tool that aims to enable evidence-informed decisions in health and health care. HTA has been mentioned earlier in this brief as a key tool for weighing different options and can substantially influence the delivery of services, especially when informing coverage or procurement decisions; in fact, different mechanisms within the evidence ecosystem must be aligned for optimal effect (see Schünemann et al., 2022).

Box 14: Clinical guidelines as a tool for transformation

A typical example of how system-level policy-makers can support evidence development for health care delivery is through **clinical guideline programmes**. Clinical (practice) guidelines are one of the key vehicles for informing practitioner choices in health care. They are “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options” (IOM, 2011). If developed and implemented according to international standards, clinical guidelines have the potential to reduce unwarranted practice variation and to improve health care quality and safety. They can be used not only to provide best practice recommendations for the treatment and care of people by health professionals, but also serve as the basis to develop standards and indicators for evaluating the clinical practice of individual health professionals and health care organizations (see for instance, Piggott et al. 2021), to educate and train health professionals and to help patients make informed decisions.

Many countries in the European Region have guideline development programmes that are centrally supported, although leadership for content remains with the relevant professionals’ associations (Panteli et al., 2019). While clinical guidelines per se are not usually considered binding regulatory norms, they have been used to determine the appropriateness of clinical actions ex post during litigation processes; in some settings, clinicians can deviate from guidelines supported by the organization they work for, but they need to document the decisions and reason to do so (Panteli et al., 2019). This means that guidelines can be closer either to information tools or regulatory rules depending on the setting.

Along with other system-level mechanisms to foster transformation, the development of clinical guidelines would also need to reflect broader transformation goals; for example, a shift towards more integrated care models would require guidelines that consider intersectoral transitions and multidisciplinary teams.

At the service level, sustaining progress of change and building momentum must be supported by continuous **measurement of the outcomes of service delivery and exchange** on the issues that require attention. Monitoring the progress and effects of transformation efforts is vital for implementers (managers and frontline clinicians) to evaluate the achievement of milestones; several of the tools presented in Box 2 in Section 2 can support this process if they are sufficiently granular and readily available. Those implementing the changes necessary for service delivery transformation do not benefit just from exchange with stakeholders in their local context; exchanging experiences with others who are implementing similar changes elsewhere can be very useful for knowledge transfer and the identification of good practice. System-level policy-makers can help with establishing (and providing resources for) **networks and platforms for exchange** across settings within the health system. One step further, knowledge exchange with relevant counterparts from other countries can further provide impetus for transformation.

Strong, responsive communication is essential for successful transformation efforts and continuous improvement

An important component in providing evidence for health system actors is **communication** – the best evidence is likely to be ignored unless it is properly disseminated.

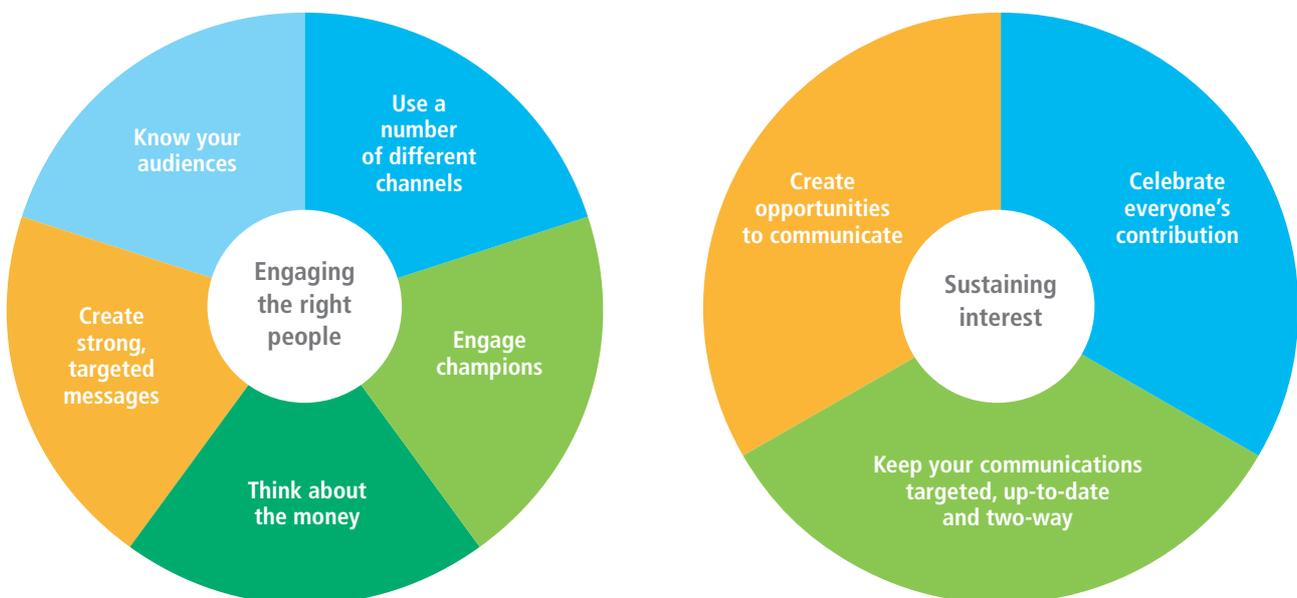
Communication is not only important in making the need for transformation understood by health system actors, communities and individuals; communication strategies around health service delivery transformation must ensure that the audience is both aware of the need for change (problem recognition) and understands the options that can help address this need (best practices/successful implementation in the local context). A communication plan with a stepwise approach and integrated feedback loops is helpful for developing an effective communication strategy to convey these ideas to different target audiences (see Figure 6).

Communication strategies are important both at the system level (led by policy-makers to reach health system actors; see Section 2) and at the local level, where decision-makers can tailor the approaches presented to motivate their respective constituencies. On both levels, the aim of communication strategies is to achieve widespread support for the

envisioned changes in the transformation process across different groups and to provide technical support to those ready to adopt the new. Communication strategies have to strike a balance between breadth and depth of engagement. In-depth engagement can help to maximize commitment to the change, but with large-scale change this is simply not feasible, so a combination of methods balancing forms of engagement, time and resources is required. For example, opinion leaders from patient organizations and professional associations can both influence priority audiences and help to sharpen the message. Prioritizing the audience with the greatest stakes in the change can be helpful.

Key messages need to be formulated clearly and concisely; information should include the expected benefits, harms, costs and implications of changes, and be tailored to specific target groups (Health Foundation, 2015; WHO, 2017). Using real-life stories and personal narratives can be very powerful in conveying the impact of the transformation. Moreover, showing the gap between current practice and an ideal scenario, or using messages from successful implementation examples, i.e. by showing how people have benefited from change, can propel the case for the transformation (Institute for Healthcare Improvement, 2018).

Figure 6: Key components of building successful communication strategies for transformation



Source: Health Foundation, 2015.

Health systems are also social systems, with different communications channels suited to different types of engagement. For example, utilizing mass media to introduce a new practice initially, followed by leveraging opinion leaders to disseminate these messages among their peers, can expedite the adoption rate significantly (Albright et al., 2022). Health systems are quite distinctive in their communication channels, with overlapping systems of professions, organizations, care networks and personal networks. Communication methods and channels should match the objective and target audience of the information to be communicated. For example, presentations at large meetings may help to build awareness of the change, while one-to-one conversations may be more effective in moving people closer to the decision to adopt. Once the communication strategy has been rolled out, it is important to sustain interest, enthusiasm and commitment by celebrating people's contribution to the achievement of milestones and sharing this widely (Health Foundation, 2015).

For leaders in service delivery, communicating findings on the progress of transformation efforts in the community can help maintain the motivation to adhere to introduced changes or flag areas where (further) adaptation to the local context might be needed. A crucial element throughout the transformation process is **maintaining a two-way channel of communication**, i.e. listening to the target audience and being open to receiving feedback; this can be done in a variety of ways, both direct and indirect (Health Foundation, 2015; WHO, 2017). Stakeholder engagement processes described in Section 2, are one of the ways for actively receiving feedback and subsequently communicating how this has been considered in the evolution of changes on the ground.

Each of the mechanisms discussed in this section can contribute to enabling change for service delivery transformation. However, they need to be aligned under an overarching strategic framework to ensure that they can exercise their influence as intended. What is more, a particular challenge for health is that there are also levers that influence the implementation of change in service delivery that are under the control of actors other than policy-makers, such as guidelines and standards produced by professional bodies. This is another area where stakeholder engagement is vital to ensure a coherent approach, both in terms of individual instances of implementation, and ideally structurally, to ensure a coherent system-level approach to transformation for the system as a whole.

4. Policy implications

Transforming health service delivery to achieve health system goals requires the implementation of substantial changes in complex systems. Its success depends not only on the availability of effective solutions, but crucially on the system's willingness and ability to change. The nature of a health system does not respond well to top-down, tightly defined change; a different paradigm is needed for effective transformation. Policy-makers must therefore embrace the realization that a strong policy vision and the introduction of relevant policy measures must come hand in hand with supporting the change process on the ground and facilitating the creation of an ecosystem wherein transformation can be successfully enacted.

Previous sections have showcased the different dimensions on which policy-makers can take action to drive the transformation of health service delivery by:

- providing clear direction on the intended changes and leadership at the system level and taking all relevant stakeholders on board;
- using the tools at their disposal to enable change and remove barriers (mainly through adapting governance mechanisms; introducing necessary regulatory changes; ensuring sufficient human, financial and technical resources; and providing or enabling the development and communication of high-quality information around the change process and effects of transformation); and
- ensuring that actors implementing change on the ground are supported to do so within their local context.

The range of the different possible actions described along these dimensions makes it clear that policy-maker support is needed throughout the change process which is inherent in the transformation of health service delivery. Figure 7 maps the actions described in this brief onto the change process to further highlight this and to provide a simplified way for policy-makers to consider where they may want or need to focus their attention first.

However, it is crucial to realize that service delivery transformation does not simply necessitate different policy actions impacting different dimensions or stages of the change process; it requires an overall strategic plan that encompasses all of these elements. This, in turn, presupposes leadership with a long-term vision and commitment: **change takes time**. Implementation will likely not be linear and results may not be visible quickly; policy-makers need to factor this in so as not to be discouraged themselves and in order to be able to communicate effectively with politicians, health system actors and the public to sustain momentum. Importantly, active stakeholder engagement throughout the process also provides the necessary conditions for health system actors to feed back both the successes and challenges of implementing changes on the ground to policy-makers, and to contribute further to shaping transformation efforts at the system level.

Building leadership capacities for transformation at all levels within the system is vital, and the ability for leaders to

Figure 7: Process of change underpinning health service delivery transformation and key areas for policy-maker action



Source: author compilation.

understand and engage with the relevant actors to drive forward change is a necessary skill that is sometimes neglected. Beyond leadership capacities, ensuring that there are enough technical personnel with both analytical and engagement skills for policy development, that the skills development of health professionals includes elements that support a culture of transformation, and that patients and the public are engaged in the process to enhance their understanding of and contribution to the implementation of positive change should also be part of policy aspirations.

Beyond building the necessary capacities in terms of skillset, health systems need to be sufficiently resourced in terms of money, people, infrastructures and time for transformative ideas to emerge and flourish. Importantly, investing in the transformation of service delivery goes beyond paying for personnel, facilities and products. It entails accounting for and financing all the necessary mechanisms described in this brief, from dedicated funding streams to develop and test

service delivery innovations, to the different components of stakeholder engagement and the possibility for frontline clinicians to develop or implement new approaches during their paid working time.

Strong health information systems that can support the transformation of service delivery both in terms of identifying areas for action and monitoring the progress of implementation are pivotal to ensuring that changes have the desired effects and serve to advance health system goals (see also Rajan et al. 2024 and Karanikolos et al. 2024 in this policy brief series). The WHO Regional Office for Europe’s recent report *The ongoing journey to commitment and transformation: Digital health in the WHO European Region 2023* (WHO Regional Office for Europe, 2023a) provides important guidance for policy-makers on how to leverage digitalization for this purpose (see Box 13). Ideally, such systems should be integrated within a broader evidence ecosystem that can facilitate the generation of robust evidence and its dissemination in tailored formats.

Cross-country learning can support transformation. However, as every health system creates its own unique context, insight from elsewhere needs to be adapted in combination with knowledge of the distinctive local system:

- innovations from elsewhere can help to identify potential for change, as well as possible options for implementing such a change
- the barriers and facilitators of change in different systems can help to illuminate how policy tools can be used, even if they will inevitably require adaptation for that specific setting; and
- insight from transformation initiatives elsewhere can help to demonstrate the possibility of change and provide examples of how to achieve it in practice; policy-makers and service-level implementers can draw on this knowledge.

Finally, transformation efforts must balance on the one hand the degree of change the policy is seeking to achieve and on the other the capacity and capability of the system to absorb and act on this. Limitations of resources or staff, for instance imposed by the workforce constraints currently experienced by countries in the WHO European Region, will of course also limit the overall capacity of the system to make the desired changes. Policies for health service delivery transformation thus need to be carefully planned in collaboration with all relevant stakeholders to ensure that they do not unduly disadvantage the system and, in so doing, further jeopardize people's trust in its ability to meet their needs.

5. Conclusions

To address changing population health needs against the backdrop of long-term and emerging challenges, health systems need to do better with less. The transformation of health service delivery towards person-centred models that aim to improve outcomes and minimize the burden for patients and the health system is vital to achieving this goal. Policy-makers have the ability to drive this type of transformation in a multitude of ways. Fundamental prerequisites for all of them are: the realization that their main role is to enable rather than impose change; and a good understanding of the political economy around health service delivery in their own setting. Cross-country collaboration can help to inspire and shape transformation efforts, but adaptation to the particularities of each system is necessary and can only be successful if it is based on meaningful stakeholder engagement.

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