

## Framework for action on resilient and sustainable health systems in the WHO European Region, 2025–2030

Building on the legacy of the 2008 Tallinn Charter for Health Systems for Health and Wealth, this document offers an updated vision for health systems in the WHO European Region. It is based on the health systems work of the WHO Regional Office for Europe under the European Programme of Work, 2020-2025, leading up to, and including the outcomes of, a high-level health systems conference held in Tallinn, Estonia 12-13 December 2023.

Presented here as a ‘Framework for action on resilient and sustainable health systems in the WHO European Region’, the document identifies eight (8) priority action areas which build on health system priorities agreed by previous Regional Committees. These areas are brought together in an overarching manner to reflect a more systems-oriented perspective to address the contemporary challenges facing health systems in the European Region.

The framework recognizes that health systems are key to the future health and cohesion of our societies. It introduces in an explicit manner the role of health systems resilience in relation to broader contextual issues affecting the WHO European Region, including climate change, social fragmentation, demographic shifts, complex multi-morbidities, a volatile social and economic landscape, rapid societal digitalization, and the health impacts of conflict. In this challenging context, health systems must transform to meet the physical and mental health needs of individuals and populations.

The aim of the proposed framework is captured in the following vision statement: **For everyone to be able to trust that they will receive the right care, at the right time, in the right place, from the right person, without experiencing financial hardship.** High-performing health systems, available to all people throughout life, and fit for a changing world, is the enactment of this vision.

## BACKGROUND AND RATIONALE

1. In 2008, Member States in the WHO European Region endorsed the Tallinn Charter on Health Systems for Health and Wealth. Informed by the 1996 Ljubljana Charter on Reforming Health Care in Europe<sup>1</sup>, the Tallinn Charter acknowledged that there are differences between health systems in the Region and sought to coalesce Member States around the shared values of equity, solidarity, and participation for delivering health services to their populations. These values remain significant today, as does the Charter's definition of a health system as "the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health [which] encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address social, environmental and economic determinants of health".
2. The Charter set out a shared vision for health systems and, over the past 15 years, has served as a touchpoint for action by both the WHO Regional Office for Europe (WHO/Europe) and its Member States. The interim report<sup>2</sup> and the final report on implementation of the Tallinn Charter<sup>3</sup> point to a number of policies and decisions taken by WHO/Europe and the Member States in the context of enacting the Charter's commitments.
3. The regional context for health systems has changed dramatically since 2008. Health systems have not 'bounced back' since COVID-19 (Coronavirus disease 2019) pandemic. Further, many legacy health system challenges remain, including the burden posed by noncommunicable diseases (NCDs), the unfinished communicable disease agenda, and the cost of access to medicines and health technologies. Health systems across the Region are now struggling to respond to a series of additional or worsened crises, many of which are interlinked, as well as emergent trends that require new policy responses. Among these are:
  - growing numbers of patients presenting with progressively complex multi-morbidities, in the context of an increasingly older population cohort;
  - a growing mental health burden, particularly among younger persons (the full impact of which has yet to be understood);
  - a health and care workforce in crisis due to a manifest shortage in both the current and future context of care in relation to increased needs;
  - outdated models of care, in view of changing patient needs and the rapid increase in technological advances, including the role of artificial intelligence;
  - the direct and indirect impacts of the climate emergency on individual and population health, and the health system's own contribution to climate change;
  - the rise in antimicrobial resistance; and
  - crowding out of fiscal space for health due to competing pressures, such as the impact of conflict, along with a humanitarian and migrant and refugee health crisis.
4. The COVID-19 pandemic did not just affect health systems. It has negatively impacted our societies, damaging economies and livelihoods, and contributed to a growing lack trust in science and expert opinion<sup>4</sup>. The result is a loss of confidence in health systems across the Region – among

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<sup>1</sup> [The Ljubljana Charter on Reforming Health Care in Europe](#). Copenhagen: WHO Regional Office for Europe; 1996.

<sup>2</sup> See: [https://who-sandbox.squiz.cloud/\\_data/assets/pdf\\_file/0008/147725/wd11E\\_InterimTallinnCharter\\_111356.pdf](https://who-sandbox.squiz.cloud/_data/assets/pdf_file/0008/147725/wd11E_InterimTallinnCharter_111356.pdf).

<sup>3</sup> [Implementation of the Tallinn Charter: final Report](#).

<sup>4</sup> European Observatory on Health Systems and Policies & McKee M (editor). [Drawing light from the pandemic: a new strategy for health and sustainable development: a review of the evidence](#). Copenhagen: WHO Regional Office for Europe; 2021.

individuals, health and care workers, and policy-makers<sup>5</sup> – with some countries now backsliding on UHC and earlier health gains being reversed<sup>6</sup>.

5. WHO/Europe and the Government of Estonia convened a high-level health systems conference on 12–13 December 2023 in Tallinn<sup>7</sup>. The outcome statement<sup>8</sup> recognized the need for a transformational agenda to promote more resilient and sustainable health systems in the Region, also in support of more equitable and healthy societies. In keeping with the directions set out in the outcome statement [FORTHCOMING], and as approved via concept-noted (document EUR/SC31(2)/6) at the second session of the thirty-first Standing Committee of the Regional Committee<sup>9</sup>, the current document proposes a framework for action on resilient and sustainable health systems in the Region for the period 2025–2030.

## VISION STATEMENT

6. The vision underpinning the proposed framework for action on health systems is: **For everyone to be able to trust that they will receive the right care, at the right time, in the right place, from the right person, without experiencing financial hardship.** High-performing health systems, available to all people throughout life, and relevant for a changing world, is the enactment of this vision.

7. This vision is based on several elements. The first is trust – in health systems, in health professionals, and in quality services. Second, to ensure quality outcomes care should be appropriate, person-centred, and delivered in a timely fashion in the right setting as close to individuals as possible. Third is that this care is delivered by trained, motivated and supported professionals. Fourth is that no one should have to choose between healthcare or other basic needs. And fifth is that a transformation in thinking, planning and implementing health systems is required for this vision to become a reality.

8. While this vision expresses the role of health systems towards serving the health needs Region's individuals, its starting-point is that health systems cannot simply be static dispensers of healthcare services. The myriad challenges outlined earlier necessitate a move away from a purely clinical, siloed, or reactive view of healthcare delivered by outdated service models and health professional roles. Health systems are part of national socio-economic fabrics, operating in a context of constant change and uncertainty, and must be able to fulfil their potential as complex adaptive systems.<sup>10</sup> A transformation in policy and practice to address current and future challenges is thus needed, including: changing the roles and interfaces of primary health care and hospitals; managing the health-social care overlap; adopting innovations in practice and technology (e.g., AI, big data, and genomics, which themselves alone necessitate a shift in health systems thinking); and a wider recognition of the contribution of well-functioning systems to social cohesion and economic prosperity.

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<sup>5</sup> see: <https://eurohealthobservatory.who.int/publications/i/trust-the-foundation-of-health-systems>

<sup>6</sup> [Can people afford to pay for health care? Evidence on financial protection in 40 countries in Europe](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>7</sup> [Tallinn Charter 15th Anniversary Health Systems Conference: Trust and transformation – resilient and sustainable health systems for the future](#). Copenhagen: WHO Regional Office for Europe; 2008.

<sup>8</sup> see: <https://iris.who.int/bitstream/handle/10665/375032/TC-15-Health-systems-conference-Tallin-statm-2023-eng.pdf>

<sup>9</sup> see: [https://iris.who.int/bitstream/handle/10665/376480/31s2e00\\_REP\\_240051.pdf](https://iris.who.int/bitstream/handle/10665/376480/31s2e00_REP_240051.pdf)

<sup>10</sup> see: [https://iris.who.int/bitstream/handle/10665/44204/9789241563895\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/44204/9789241563895_eng.pdf)

## PRIORITY ACTION AREAS

9. The eight interlinked priority action areas are proposed from a systems-thinking perspective, seeking to strike a balance between the need to be aspirational versus realistic, and to consolidate versus itemize.

**(a) *advancing primary health care (PHC) as the anchor for health systems across the Region through integrated and patient-centered care models, and rethinking the role of hospitals and how specialist care is delivered, while ensuring a commitment to public health, prevention, and quality of care across all settings;***

The 2018 Astana Declaration on Primary Health Care<sup>11</sup> extended the definition of PHC beyond the narrow biomedical remit of health services to engage with the wider social determinants of economic and social development. The COVID-19 pandemic underscored the importance of PHC in addressing not only physical health needs but also mental and social health determinants. Integrated multidisciplinary primary health care teams have emerged as better positioned to address current health and well-being challenges.

The most immediate priorities for PHC across the Region, therefore, are to strengthen collaboration between public health and primary health care services at the community level, to scale up mental health services in primary health care, and to more closely integrate with social care. In the area of NCDs<sup>12</sup>, increasing capacity at the primary care level to engage in brief lifestyle interventions, provide personalized and patient-centered advice on behavioural change, manage risk-factors and disease with affordable effective medicines (referring to specialized care when appropriate), all enable PHC to play a leading role in increasingly complex NCD management and care. Redefining the model of care in this way brings dividends not just in terms of health outcomes, but also in cost-savings and more efficient health systems.

**(b) *strengthening and expanding community-based interventions, including working closely and effectively with civil society organizations, the public and underserved groups;***

The COVID-19 pandemic underlined the ability of civil society and other community-based organizations to reach underserved and vulnerable populations, providing an important support to health authorities across the Region. Such organizations are also well-positioned to provide feedback on the acceptability of public health measures and policies in general, allowing health authorities to adapt and improve interventions and health system decision-making. Their importance has been recognized through a first-ever resolution on social participation during the 77 World Health Assembly (WHA)<sup>13</sup>

Social participation is key to ensuring that people have a health system that they trust and regard as responsive to their needs<sup>14</sup>. It can help support UHC, as national health policies, strategies and plans are more likely to be implemented effectively if their development and negotiation is inclusive of all relevant stakeholders. And it is central to support health system transformation, particularly to generate trust and to reach vulnerable and underserved groups and communities.

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<sup>11</sup> [Declaration of Astana](#). Copenhagen: WHO Regional Office for Europe Copenhagen: WHO Regional Office for Europe; 2019.

<sup>12</sup> see: <https://iris.who.int/bitstream/handle/10665/365318/WHO-EURO-2022-6620-46386-67147-eng.pdf>

<sup>13</sup> see: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA77/A77\\_ACONF3-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf)

<sup>14</sup> see: <https://iris.who.int/bitstream/handle/10665/375276/9789240085923-eng.pdf>

**(c) *protecting and promoting the health and well-being of the health and care workforce, and addressing not just workforce numbers, but also where and how care is delivered and the quality of care received;***

All countries in the European Region face multiple challenges to their health and care workforce, with a consequent impact on the quality of health service provision. There is a projected shortfall of 4.1 million health and care workers across the Region by 2030<sup>15</sup>.

The delivery of quality health services does not depend just on workforce numbers, but also their skills and competencies, their incentives and sense of being valued. WHO/Europe's Framework for Action on the Health and Care Workforce<sup>16</sup> brings together five pillars of action to address the multitude of health and care workforce challenges facing Member States today. Importantly, it put the needs of workers at the centre of planning and policy.

Ensuring that the health and care workforce is fit-for-purpose is a pre-requisite for ensuring a high standard of care and quality services, but it is not sufficient. Quality health services are also a product of the wider health systems environment. At its simplest, quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. This involves the provision of services that are effective, safe, and people-centered, and these services must be timely, equitable, integrated, and efficient<sup>17</sup>. Context matters, but poor-quality care leads to adverse outcomes and a lack of trust and confidence in the health system. While quality improvement efforts continue across the Region, Member States struggle against persistent gaps in financing, workforce, and healthcare infrastructure. Addressing so-called 'medical deserts' and working to ensure that persons in underserved and rural communities receive quality care, including through the leveraging of new digital solutions, must be a priority across countries.

The relationship between a strong health and care workforce and good quality care is clear and must be an area of renewed focus as Member States look to transform their health systems.

**(d) *investing in high-end health technologies with proven cost-effectiveness, and developing robust and ethical digital policy and digital governance for equitable and safe access to new health technologies that support better and more efficient and timely care;***

Investing in health technologies and robust digital solutions with proven cost-effectiveness is key to health system transformation. The Regional Office's regional report on digital health found that many countries report technological advancements, especially in data analytics and artificial intelligence, offering significant opportunities for health-care improvements<sup>18</sup>. But there is insufficient evaluation of the impacts (including benefits), especially regarding resource allocation decisions in many countries. Additionally, new technologies must be accompanied by the development of ethical digital policies and governance frameworks.

Public funding for digital health programmes is key. Establishing national partnerships between civil society, the civil service, and private-sector entities could be a useful approach to mobilize resources and accelerate the acceptance and implementation of digital health strategies and new technologies.

Cultivating leadership competencies, crafting policies that bolster innovation, and supporting the scaling of evidence-based innovations, are all crucial to promote emerging technologies that have a

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<sup>15</sup> [Health and care workforce in Europe: time to act](#). Copenhagen: WHO Regional Office for Europe; 2022.

<sup>16</sup> [Framework for action on the health and care workforce in the WHO European Region 2023–2030](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>17</sup> see: <https://www.who.int/news-room/fact-sheets/detail/quality-health-services>

<sup>18</sup> see: [https://cdn.who.int/media/docs/librariesprovider2/data-and-evidence/english-ddh-260823\\_7amcet.pdf](https://cdn.who.int/media/docs/librariesprovider2/data-and-evidence/english-ddh-260823_7amcet.pdf)

longer-term sustainable (including environmental considerations) impact on health systems and patient outcomes,

**(e) *strengthening health information systems to facilitate data sharing, interoperability, and real-time information exchange, with the aim of promoting health, preventing disease, and ensuring the best outcomes;***

A strong health information system (HIS) is the backbone of an effective health system and an important part of health system governance. Its functioning goes well beyond collecting data, and includes analysis, knowledge-generation, and the active application of evidence into policy and practice. Member States stand to benefit from improved health information systems. Advanced techniques that help measure and attribute impacts on NCD mortality, morbidity and risk including the use of new sources of data (such as the integration with electronic health records) and the adoption of new techniques such as personalized predictive analytics can bring considerable dividends in terms of health system resource utilization and improved health outcomes.

Based on the last WHO/Europe Health Information Assessment exercise, sharing and interoperability of data is a strategic policy priority cited by most Member States. Data governance challenges around lack of resources or complexity of processes for data access for secondary purposes are common to many countries and need to be tackled as part of new health systems resilience and emergency preparedness thinking.

**(f) *financing policy to ensure equitable access to high-quality and cost-effective services, including medicines and medical products, without compromising the financial stability of health systems or pushing people into financial hardship, and recognizing the imperative of addressing unmet needs;***

The continuing effects of the COVID-19 pandemic, ongoing global economic uncertainty, and widening health inequalities (also due to inequitable access to new therapies and technologies) mean that it is unlikely the European Region will achieve the hoped-for progress around UHC. WHO/Europe's 2023 report on the state of financial protection in the European Region finds that too many people are still struggling to access health care because of out-of-pocket payments for health, resulting in rising unmet need and catastrophic health spending – particularly so for people with low incomes.<sup>19</sup> Without financial protection, people may be forced to choose between health care and other basic needs, which can deepen poverty, erode health and well-being, and increase inequalities.

Outpatient medicines (along with medical products and dental care) are the main driver of out-of-pocket payments in the Region. But wider access to medicines challenges prevail as well, in the form of shortages of essential medicines, or the unaffordability of many effective, novel, high-cost medicines and therapies.

Progress in improving UHC and financial protection, along with the need to ensure that people can access (and afford) life-saving therapies and medicines remain key areas of concern. The proposed framework supports this focus and emphasizes the need to ensure that people do not experience financial hardship when accessing health care and the need for closer collaboration in the area of medicines to ensure health system financial sustainability.

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<sup>19</sup> [Can people afford to pay for health care? Evidence on financial protection in 40 countries in Europe](#). Copenhagen: WHO Regional Office for Europe; 2023.

**(g) *ensuring up-to-date, agile, and evidence-informed health system emergency preparedness plans that leave no one behind as part of strengthened health systems; and***

One of the key health systems lessons from the COVID-19 pandemic was the necessity of ensuring a health (care) system that can operate in a dual-track mode i.e., providing uninterrupted care and essential services alongside the capacity to scale up and down as needed in response to emergencies. Strengthening health systems for health security, with a focus on building a flexible health and care workforce, and providing new modes of service delivery through a renewed PHC approach, will be key to addressing challenges across all phases of the emergency management cycle and developing resilience.

Ensuring that the Region's health systems develop these capacities requires a coordinated effort across all levels of governance, involving the harmonization of policies and practices. Legislative and ethical frameworks must clearly define accountability, enabling effective coordination, collaboration, funding, and information-sharing. Moreover, these frameworks should empower decision-makers with the authority and information needed to respond swiftly and effectively to emergencies. Understanding health systems resilience as more than being able to withstand an emergency or shock is crucial, as is the use of a resilience testing toolkit for preparedness purposes<sup>20</sup>. These calls are at the core of the Regional Office's proposed new regional strategy and action plan<sup>21</sup>, which aims to strengthen health emergency preparedness, response, and resilience in the Region.

PHC services generated real world evidence around the epidemiology of the disease and the nature and transmission of the virus. A further lesson of the pandemic, therefore, is the need for Member States – and the international community at large – to be better able to act on emerging evidence, in timely fashion, towards enabling improved clinical and public health practice.

**(h) *recognizing better health system spending as an investment – in disease prevention, health promotion, action on social determinants, and sustainable living environments – and the importance of public financing for health, which reflects the central contribution of people's health to wealth and societal cohesion.***

COVID-19 underlined the extent to which social inequalities and inequities affect and define individuals' health status, and some 600,000 excess deaths in the Region were attributable to low human development and health system investment<sup>22</sup>. Addressing the health impacts of social inequities at policy level involves strategies to tackle economic exclusion – which drives poverty and in turn poor physical and mental well-being – and governments must work inter-sectorally, including with health authorities and local communities. At health system level, it underlines the imperative for PHC and public health to be better integrated in order to address prospective health issues earlier in individuals' lives.

The implementation of stronger regulations to protect public health policy and population health from commercial influences and other negative determinants must be part of the vision for healthier societies and health systems resilience.

Attending to the impacts of climate change and the need to ensure healthy living environments are also key to promoting healthier and fairer societies. In the European Region it is estimated that some

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<sup>20</sup> see: <https://iris.who.int/bitstream/handle/10665/376809/9789289059596-eng.pdf>

<sup>21</sup> see: <https://iris.who.int/bitstream/handle/10665/372629/73wd13e-HealthEmergs-230637.pdf>

<sup>22</sup> see: <https://iris.who.int/bitstream/handle/10665/370945/WHO-EURO-2023-7761-47529-69924-eng.pdf>



1.4 million deaths per year are attributable of environmental risk factors,<sup>23</sup>. Further, with Europe the quickest warming of the WHO Regions, heat illness and heat-related deaths are rising, challenging health systems. More environmentally-friendly and sustainable living spaces are crucial and involving a health (systems) lens in urban planning and in ensuring – through digital solutions as appropriate – that rural populations are served is required.

Investing in health systems towards promoting healthier and thriving societies and economies, including addressing environmental risk factors, is part of the economy of well-being vision being pursued by several Member States.

## ALIGNMENT WITH REGIONAL AND GLOBAL AGENDAS

10. The eight priority action areas set out in this document are not exhaustive. They draw on the health systems work of the Regional Office since the Pan-European Commission on Health and Sustainable Development delivered its findings in 2021<sup>24</sup>. They also align with Member State priorities under ongoing agendas, most of which have been recognized by the Regional Committee over the same period. For more detail on the eight priority action areas, Member States are invited to consult the various workstreams across the Regional Office, including the relevant technical and governance documentation. Most notably, these agendas include: non-communicable diseases<sup>25</sup>; health in the well-being economy;<sup>26</sup> environment and health;<sup>27</sup> primary health care;<sup>28</sup> health and care workforce;<sup>29</sup> antimicrobial resistance and One Health<sup>30</sup>; vaccines and immunization;<sup>31</sup> behavioural and cultural insights;<sup>32</sup> refugee and migrant health<sup>33</sup>; health emergencies and preparedness;<sup>34</sup> digital health<sup>35</sup>; and now, health innovation more broadly [Ref to INNOVATION STRATEGY, FORTHCOMING]. Forthcoming agendas around healthy ageing and child and adolescent health are also relevant to several of the priority action areas. These have provided the evidence-base for, and have informed the development of, the proposed framework.

11. Managing and monitoring change at national level to pursue these priority action areas will be essential. Member States are encouraged to consult the updated global HSPA framework produced

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<sup>23</sup> See: <https://iris.who.int/bitstream/handle/10665/368160/WHO-EURO-2023-7588-47355-69518-eng.pdf>

<sup>24</sup> European Observatory on Health Systems and Policies & McKee M (editor). [Drawing light from the pandemic: a new strategy for health and sustainable development: a review of the evidence](#). Copenhagen: WHO Regional Office for Europe; 2021.

<sup>25</sup> [Reducing noncommunicable disease: a signature roadmap](#) for the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2022.

<sup>26</sup> [Shifting together to well-being economies: investing in healthy, fairer, prosperous societies today: outcome statement of the WHO European Regional High-level Forum on Health in the Well-being Economy, 1–2 March 2023 Copenhagen, Denmark](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>27</sup> [Declaration of the Seventh Ministerial Conference on Environment and Health: Budapest, Hungary 5–7 July 2023](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>28</sup> [Primary health care policy and practice: implementing for better results: youth-led outcome statement](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>29</sup> [Framework for action on the health and care workforce in the WHO European Region 2023–2030](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>30</sup> [Roadmap on antimicrobial resistance for the WHO European Region 2023–2030](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>31</sup> [European Immunization Agenda 2030](#). Copenhagen: WHO Regional Office for Europe; 2021.

<sup>32</sup> [European regional action framework for behavioural and cultural insights for health, 2022–2027](#). Copenhagen: WHO Regional Office for Europe; 2022.

<sup>33</sup> [Action plan for refugee and migrant health in the WHO European Region 2023–2030](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>34</sup> [Health emergency preparedness, response and resilience in the WHO European Region 2024–2029](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>35</sup> See: <https://iris.who.int/bitstream/handle/10665/360950/72wd05e-DigitalHealth-220529.pdf>



for the Tallinn conference<sup>36</sup> and accompanying dashboard of key health system performance indicators that are tied to policy actions<sup>37</sup> to understand where and how transformational improvements in line with this framework can be made. WHO/Europe and the European Observatory on Health Systems and Policies will support these efforts as needed.

12. The call for health system transformation under the proposed framework (along with the priority action areas themselves) is consistent with the overarching goal of the forthcoming GPW14 “to promote, provide and protect health and well-being for all people, everywhere”.<sup>38</sup> It builds on the commitment to leave no one behind under the EPW, and will be central to the forthcoming programme of work for the Regional Office until 2030.

### ACTION BY THE REGIONAL COMMITTEE

13. This proposed framework for action on health systems is submitted to the WHO Regional Committee for Europe at its 74th session, accompanied by an information document [FORTHCOMING] and a background document [FORTHCOMING].

14. Member States are asked to support the overall health systems transformation agenda reflected in this document, re-affirmed in an updated health systems perspective through the eight priority action areas listed in 11 (a)-(h).

15. Crucial to effective and successful health system transformation, and delivering these eight priority action areas, is the principle of co-creation. The recognition and implementation of policies that place people, communities, and health and care workers at the heart of policy design and delivery is necessary for transformation to become a reality. This is in line with the recently adopted WHA77 resolution on social participation<sup>39</sup>. As co-creation is first dependent on trust, trust and transformation are seen as representing a virtuous cycle. The inverse is a vicious cycle where a lack of trust will inhibit transformation, and insufficient transformation will foster a lack of trust. The framework therefore takes trust as a core value, and Member States are encouraged to undertake actions towards re-building trust in health systems and among stakeholders to accelerate transformation.

16. WHO/Europe will support Member States to pursue these directions and the priority policy areas set out in this document. To guide the work of the Secretariat, the Regional Committee is further invited to provide guidance on the following questions:

- Which of the priority action area(s) are the main priorities for your country?
- Are there additional priority action areas that need to be considered?
- What support should WHO/Europe seek to provide in taking these area(s) forward?
- What opportunities and limitations do you foresee in implementing the action areas?

17. Additionally, Member States are requested to consider the attached Decision [FORTHCOMING] and to advise on next steps for implementation of the framework for action.

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<sup>36</sup> see: [Health system performance framework: A renewed global framework for policy-making](#). Copenhagen: WHO Regional Office for Europe; 2023..

<sup>37</sup> see: [Assessing health system performance: A proof of concept a HSPA dashboard of key indicators](#). Copenhagen: WHO Regional Office for Europe; 2023.

<sup>38</sup> [Draft fourteenth general programme of work](#). Geneva, World Health Organization; 2024

<sup>39</sup> see: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA77/A77\\_ACONF3-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF3-en.pdf)