
Framework on integrated, people-centred health services

Report by the Secretariat

1. The Executive Board at its 138th session in January 2016 noted an earlier version of this report,¹ and adopted resolution EB138.R2. The report has been updated (particularly paragraphs 15, 16 and 18–20) in the light of comments made during the Board’s discussion.

2. Despite significant advances in people’s health and life expectancy in recent years, relative improvements have been unequal among and within countries. Globally, more than 400 million people lack access to essential health care.² Where it is accessible, care is too often fragmented or of poor quality, and consequently the responsiveness of the health system and satisfaction with health services³ remain low in many countries. For example, fragile and poorly integrated health systems were crucial contributors to the Ebola virus disease outbreaks in West Africa, and continued lack of connection between health systems and strengthening capacities within the International Health Regulations (2005) leaves other countries vulnerable.

3. Many countries still face significant problems of unequal geographical access to health services, shortages of health workers and weak supply chains. Even for high priority conditions such as maternal and child health, coverage of basic services (for example, antenatal care and presence of a skilled birth attendant at delivery) remains low in many countries.⁴ Continuity of care is also poor for many health conditions owing to weak referral systems. The focus on hospital-based, disease-based and self-contained “silo” curative care models further undermines the ability of health systems to provide universal, equitable, high-quality and financially sustainable care. Service providers are often unaccountable to the populations they serve and therefore have limited incentive to provide the responsive care that matches the needs of their users. People are often unable to make appropriate decisions about their own health and health care, or exercise control over decisions about their health and that of their communities.

¹ See document 138/37 and the summary record of the Executive Board at its 138th session, tenth meeting, section 2 (document EB138/2016/REC/2).

² WHO, The World Bank. Tracking universal health coverage: first global monitoring report. Geneva: World Health Organization; 2015, available online at: http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf?ua=1, accessed 4 April 2016.

³ **Definition: health services:** health services include all services dealing with the promotion, maintenance and restoration of health. They include both personal and population-based health services.

⁴ Countdown to 2015: maternal, newborn and child survival. Country profiles. Available at: <http://www.countdown2015mnchcountdown2015mnch.org/country-profiles>, accessed 4 April 2016.

4. Making progress towards the United Nations' Sustainable Development Goal 3 (Ensure health lives and promote well-being for all at all ages), including target 3.8 on universal health coverage, requires countries to move towards ensuring that all people and communities have access to health services that are high quality, safe and acceptable. Cost-efficient, effective approaches to service delivery must be maximized for this to be attainable and sustainable. An integrated,¹ people-centred² approach is crucial to the development of health systems that can respond to emerging and varied health challenges, including urbanization, the global tendency towards unhealthy lifestyles, ageing populations, the dual disease burden of communicable and noncommunicable diseases, multi-morbidities, rising health care costs, disease outbreaks and other health-care crises.

5. Developing more integrated people-centred care systems has the potential to generate significant benefits to the health and health care of all people, including improved access to care, improved health and clinical outcomes, better health literacy and self-care, increased satisfaction with care, improved job satisfaction for health workers, improved efficiency of services, and reduced overall costs.

6. In 2009, the Health Assembly adopted resolution WHA62.12, urging improvements in primary health care and health system strengthening and requesting the Director-General to prepare implementation plans for the four broad policy directions, including putting people at the centre of service delivery, and to ensure that these plans span the work of the entire Organization. In addition, resolution WHA64.9 (2011) on sustainable health financing structures and universal coverage, adopted in 2011, urges Member States to continue, as appropriate, to invest in and strengthen the health-delivery systems, in particular primary health care and services, in order to ensure that all citizens have equitable access to health care, and to ensure that overall resource allocation strikes an appropriate balance between health promotion, disease prevention, rehabilitation and health-care provision. United Nations' General Assembly resolution 64/265 in 2010 on prevention and control of non-communicable diseases and the subsequent high-level meeting on the prevention and control of non-communicable diseases (New York, 19–21 September 2011)³ recommended a focus on primary care to deliver “prioritized packages of essential interventions”. Moreover, the General Assembly in its ensuing Political Declaration inter alia encouraged the supporting of primary health care and the empowerment of people for self-care.

7. Strategic documents and resolutions from all WHO regions and regional committees also call for a more integrated, people-centred approach to health service delivery. These include the “Road map for scaling up the human resources for health for improved health service delivery in the African Region 2012–2025” endorsed by the Regional Committee for Africa in resolution AFR/RC62/R3;

¹ **Definition: integrated health services:** health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.

² **Definition: people-centred care:** an approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people rather than individual diseases, and respects social preferences. People-centred care also requires that patients have the education and support they need to make decisions and participate in their own care and that carers are able to attain maximal function within a supportive working environment. People-centred care is broader than patient and person-centred care, encompassing not only clinical encounters, but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services.

³ Report of the Secretary-General, document A/66/83 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/66/83&Lang=E, accessed 4 April 2016).

resolution CD49.R22 on integrated health service delivery networks based on primary health care and resolution DC52/5 on social protection as well as the “Strategy for universal access to health and universal health coverage” in the Region of the Americas; the regional strategy for universal health coverage endorsed by the Regional Committee for South-East Asia in resolution SEA/RC65/R6; “Health 2020” (adopted in resolution EUR/RC62/R4) and “Towards people-centred health systems: an innovative approach for better health systems”¹ in the European Region; resolution EM/RC60/R.2 on universal health coverage, which calls for the expansion of the provision of integrated people-centred health services that address the major burden of ill-health and are based on primary health care, and the “Framework for action on advancing universal health coverage in the Eastern Mediterranean Region”;² and resolution WPR/RC58.R4 which endorsed the policy framework on people-centred health care as a guide for Member States to develop and implement people-centred health care policies and interventions according to their national contexts and the action framework on human resources for health in the Western Pacific Region 2011–2015.³

8. In response, the Secretariat began an organization-wide collaboration in 2013 to produce a framework on integrated, people-centred health services. A consortium of leading research institutions was commissioned to produce a draft which was reviewed by Member States and experts from the donor community, civil society representatives, representatives from research institutions and the Secretariat in October 2013, resulting in the completion of a second draft by end of April 2014. The interim framework on integrated, patient centred health services report was published in March 2015, after further consideration in the light of the draft global strategy on human resources for health: Workforce 2030.⁴

9. The interim report was reviewed through an extensive consultation process, including: a web-based public consultation open to individuals and organizations and regional and Member State consultations. The Secretariat has collated the relevant input in order to update the framework. Respondents have shown extensive support for the proposed vision, the strategies and the implementation approach.

10. Pursuant to resolution WHA62.12 on primary health care, including health system strengthening and other related resolutions, this framework proposes five interdependent strategies for health services to become more integrated and people-centred. It calls for reforms to reorient health services, putting individuals, families, carers and communities at their centre, supported by responsive services that better meet their needs, and that are coordinated both within and beyond the health sector, irrespective of country setting or development status. These reforms also incorporate a human rights approach, enshrining access to health care as a basic right, without distinction of ethnicity, religion, gender, age, disability, political belief, and economic or social condition.

¹ WHO Regional Office for Europe. Towards people-centred health systems: an innovative approach for better health systems. Copenhagen, Regional Office for Europe available at http://www.euro.who.int/__data/assets/pdf_file/0006/186756/Towards-people-centred-health-systems-an-innovative-approach-for-better-health-outcomes.pdf, accessed 4 April 2016.

² http://applications.emro.who.int/docs/Technical_Notes_EN_16287.pdf, accessed 4 April 2016.

³ http://www.wpro.who.int/hrh/documents/HRH_Action_Framework.pdf, accessed 4 April 2016.

⁴ The full draft framework along with its accompanying “overview of the evidence” document can be accessed on the WHO website, at <http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/> (accessed 4 April 2016).

FRAMEWORK ON INTEGRATED PEOPLE-CENTRED HEALTH SERVICES IN BRIEF¹

11. The draft framework sets forth a compelling vision in which “all people have equal access to quality health services that are co-produced² in a way that meets their life course needs, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment”. The framework is based on experience and evidence gained recently in different countries and wide-ranging consultation with experts at the global, regional and national levels, informed by related global policy commitments, regional strategies and initiatives in the area of universal health coverage, health systems strengthening, social determinants of health, and the core values and principles of primary health care: the right to health, social justice, solidarity and participation.

12. Realization of integrated people-centred health services will depend on health system inputs, including the availability, accessibility and quality of health workers and the services they provide. The draft global strategy on human resources for health outlines the medium-term actions needed to ensure equitable access to a skilled and motivated health workforce within a fully functioning health system. As such, efforts have been made to form firm links between the framework on integrated, people-centred health services and the global strategy, including aligning human resources for health investment frameworks at national and global levels to future needs of health systems. Integrated, people-centred health services require particular health workers with relevant skills. In addition to the benefits to communities and populations, the benefits of an integrated people-centred care approach also extend to health workers, including: improved job satisfaction; more balanced workloads and fewer instances of burnout; and education and training opportunities to learn new skills, such as working in team-based health care environments.

13. For the development of this framework, four different types of country settings have been analysed: low-, middle- and high-income countries, and countries facing special circumstances, such as conflict, and fragile States, small island States and large federal States. Given that health systems are highly context-specific, the framework does not propose a single model of people-centred and integrated health services. Instead, it proposes five interdependent strategies that need to be adopted.

STRATEGIES, POLICY OPTIONS AND INTERVENTIONS

14. The five interdependent strategies are: (1) empowering and engaging people and communities; (2) strengthening governance and accountability; (3) reorienting the model of care; (4) coordinating services within and across sectors; and (5) creating an enabling environment. Attainment of these five strategies cumulatively will help to build more effective health services; lack of progress in one area will potentially undermine progress in other areas.

¹ See <http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/> (accessed 4 April 2016).

² **Definition: co-production of health:** care that is delivered in an equal and reciprocal relationship between professionals, people using care services, their families and the communities to which they belong. It implies a long-term relationship between people, providers and health systems where information, decision-making and service delivery become shared.

15. Action towards each strategy is intended to have an influence at different levels – from the way services are delivered (to individuals, families and communities) to changes in the way organizations, care systems and policy-making operate. Strategic approaches, potential policy options and interventions are detailed in the Table for the attainment of each strategy. Some of these potential policy options and interventions are cross-cutting for several strategic approaches. This non-exhaustive list has been drafted on the basis of literature reviews, input from technical consultations and expert opinion; it does not constitute a set of evidence-based guidelines for reform, as the evidence base for some of these policies and interventions is not fully established. Moreover, the appropriate mix of policies and interventions to be used at the country level will need to be designed and developed according to the local context, values and preferences.

Table. Strategies, policy options and interventions for the framework on integrated, people-centred health services

Strategy 1: Empowering and engaging people and communities

Empowering and engaging people is about providing the opportunity, skills and resources that people need to be articulate and empowered users of health services and advocates for a reformed health system. This strategy seeks to unlock community and individual resources for action at all levels. It aims to empower individuals to make effective decisions about their own health and to enable communities to become actively engaged in co-producing healthy environments, and to provide informal carers with the necessary education to optimize their performance and support in order to continue in their role. Empowering and engaging people is also about reaching the underserved and marginalized groups of the population in order to guarantee universal access to and benefit from quality services that are co-produced according to their specific needs.	
Strategic approach	Policy options and interventions
1.1 <i>Empowering and engaging individuals and families.</i> In order to achieve better clinical outcomes through co-production of care, particularly for noncommunicable and chronic diseases, individuals and families need to be active participants. This step is fundamental because people themselves will spend the most time living with and responding to their own health needs and will be the ones making choices regarding healthy behaviours and their ability to self-care. Empowerment is also about care that is delivered in an equal and reciprocal relationship between, on the one hand, clinical and non-clinical professionals and, on the other, the individuals using care services, their families, and communities, thereby improving their care experience.	<ul style="list-style-type: none"> • health education¹ • informed consent • shared clinical decision making between individual, families, carers and providers • self-management including personal care assessment and treatment plans • knowledge of health system navigation
1.2 <i>Empowering and engaging communities.</i> This approach will enable communities to voice their needs and so influence the way in which care is funded, planned and provided. It will help to build confidence, trust, mutual respect and the creation of social networks, because people's physical and mental well-being depends on strong and enduring relationships. It strengthens the capacity of communities to organize themselves and generate changes in their living environments.	<ul style="list-style-type: none"> • community delivered care • community health workers • development of civil society • strengthened social participation in health

¹ **Definition: health education:** any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

<p>1.3 <i>Empowering and engaging informal carers.</i> Family members and other care-givers play a critical role in the provision of health care. Carers must receive adequate training in order to be able to provide high quality interventions, and to serve as advocates for the recipients of care, both within the health system and at the policy level. Additionally, carers have their own needs for personal fulfilment and require emotional support to sustain their role.</p>	<ul style="list-style-type: none"> • training for informal carers • informal carer networks • peer support and expert patient groups • caring for the carers • respite care
<p>1.4 <i>Reaching the underserved and marginalized.</i> This approach is of paramount importance for guaranteeing universal access to quality health services. It is essential for fulfilling broader societal goals such as equity, social justice and solidarity, and helps to create social cohesion. It requires actions at all levels of the health sector, and concerted action with other sectors and all segments of society, in order to address the other determinants of health and health equity.</p>	<ul style="list-style-type: none"> • integration of health equity goals into health sector objectives • provision of outreach services for the underserved including mobile units, transport systems and telemedicine • outreach programmes for disadvantaged/marginalized populations, who may not receive effective coverage owing to barriers linked to factors that include income, education, residence, gender, ethnicity, working conditions or migrant status • contracting out of services when warranted • expansion of primary care-based systems

Strategy 2: Strengthening governance and accountability

<p>Strengthening governance requires a participatory approach to policy formulation, decision-making and performance evaluation at all levels of the health system, from policy-making to the clinical intervention level. Good governance is transparent, inclusive, reduces vulnerability to corruption and makes the best use of available resources and information to ensure the best possible results. Good governance is reinforced by a robust system for mutual accountability among policy-makers, managers, providers and users and by incentives aligned with a people-centred approach. Establishing a strong policy framework and a compelling narrative for reform will be important to building a shared vision, as well as setting out how that vision will be achieved.</p>	
Strategic approach	Policy options and interventions
<p>2.1 <i>Bolstering participatory governance.</i> Robust governance mechanisms are needed in order to achieve a coherent and integrated approach in health care policy, planning and delivery at all levels of the health system. Governments need to take responsibility for protecting and enhancing the welfare of their populations and to build trust and legitimacy with citizens through effective stewardship. The stewardship role of the health ministry is essential for good governance in health, and involves the identification and participation of community stakeholders so that voices are heard and consensus is achieved. It is also needed to ensure that the different goals of donor agencies and vertical programmes tackling specific diseases do not hinder the ability of health systems to focus on community health and well-being for all.</p>	<ul style="list-style-type: none"> • community participation in policy formulation and evaluation • community representation at health care facilities' boards • national health policies, strategies and plans promoting integrated people-centred health services • strengthened health services governance and management at subnational, district and local levels • harmonization and alignment of donor programmes with national policies, strategies and plans • decentralization, where appropriate, to local levels • comprehensive planning across the public/private sector

	<ul style="list-style-type: none"> strengthened stewardship role of the health ministry in respect of non-State actors clinical governance
<p>2.2 <i>Enhancing mutual accountability.</i> Essentially, this means answerability of decision-making, and encompasses both the “rendering of the account” (that is, providing information about performance) and the “holding to account” (namely, the provision of rewards and sanctions). Strengthening accountability of health systems requires joint action at all levels to improve services organization and delivery, health policy in health and non-health sectors, public and private sectors, and people, towards a common goal.</p>	<ul style="list-style-type: none"> health rights and entitlement provider report cards patient satisfaction surveys patient reported outcomes and balanced scorecard performance based financing and contracting population registration with accountable care provider(s)

Strategy 3: Reorienting the model of care

<p>Reorienting the model of care means ensuring that efficient and effective health care services are designed, purchased and provided through innovative models of care that prioritize primary and community care services and the co-production of health. This encompasses the shift from inpatient to outpatient and ambulatory care and from curative to preventive care. It requires investment in holistic and comprehensive care, including health promotion and ill-health prevention strategies that support people’s health and well-being. It also respects gender and cultural preferences in the design and operation of health services.</p>	
Strategic approach	Policy options and interventions
<p>3.1 <i>Defining service priorities based on life course needs.</i> This approach means appraising the package of health services offered at different levels of the care delivery system based on the best available evidence, covering the entire life course. It uses a blend of methods to understand both the particular health needs of the population, including social preferences, and the cost-effectiveness of alternative health interventions, guiding decision making on allocation of resources to health care. It also includes health technology assessment.</p>	<ul style="list-style-type: none"> local health needs assessment based on existing patterns of communicable and noncommunicable diseases comprehensive packaging of services for all population groups defined by means of a participatory and transparent process strategic purchasing gender, cultural and age-sensitive services health technology assessment
<p>3.2 <i>Revaluing promotion, prevention and public health.</i> This approach means placing increased emphasis and resources on promotive, preventive and public health services. Public health systems include all public, private, and voluntary entities that contribute to the delivery of essential public health functions within a defined geographical area.</p>	<ul style="list-style-type: none"> monitoring population health status population risk stratification surveillance, research and control of risks and threats to public health improved financial and human resources allocated to health promotion and disease prevention public health regulation and enforcement
<p>3.3 <i>Building strong primary care-based systems.</i> Strong primary care services are essential for reaching the entire population and guaranteeing universal access to services. Building such services involves ensuring adequate funding, appropriate training, and connections to other services and sectors. This approach promotes coordination and continuous care over time for people with complex health problems, facilitating intersectoral action in health. It calls for interprofessional teams to ensure the provision of comprehensive services for all. It prioritizes community and family-oriented models of care as a mainstay of practice with a focus on disease prevention and health promotion.</p>	<ul style="list-style-type: none"> primary care services with a family and community-based approach multidisciplinary primary care teams family medicine gatekeeping to access other specialized services greater proportion of health expenditure allocated to primary care

<p>3.4 <i>Shifting towards more outpatient and ambulatory care.</i> Service substitution is the process of replacing some forms of care with those that are more efficient for the health system. The approach means finding the right balance between primary care, specialized outpatient care and hospital inpatient care, recognizing that each has an important role within the health care delivery system.</p>	<ul style="list-style-type: none"> • home care, nursing homes and hospices • repurposing secondary and tertiary hospitals for acute complex care only • outpatient surgery • day hospitals • progressive patient care
<p>3.5 <i>Innovating and incorporating new technologies.</i> Rapid technological change is enabling the development of increasingly innovative care models. New information and communication technologies allow new types of information integration. When used appropriately, they can assure continuity of information, track quality, facilitate patients' empowerment and reach geographically isolated communities.</p>	<ul style="list-style-type: none"> • shared electronic medical record • telemedicine • mHealth

Strategy 4: Coordinating services within and across sectors

<p>Services should be coordinated around the needs and demands of people. This result requires integration of health care providers within and across health care settings, development of referral systems and networks among levels of care, and the creation of linkages between health and other sectors. It encompasses intersectoral action at the community level in order to address the social determinants of health and optimize use of scarce resources, including, at times, through partnerships with the private sector. Coordination does not necessarily require the merging of the different structures, services or workflows, but rather focuses on improving the delivery of care through the alignment and harmonizing of the processes and information among the different services.</p>	
Strategic approach	Policy options and interventions
<p>4.1 <i>Coordinating care for individuals.</i> Coordination of care is not a single activity, but rather a range of strategies that can help to achieve better continuity of care and enhance the patient's experience with services, particularly during care transitions. The focus for improvement is on the delivery of care to the individual, with services coordinated around their needs and those of their families. This approach also covers improved information flows and maintenance of trustworthy relationships with providers over time.</p>	<ul style="list-style-type: none"> • care pathways • referral and counter-referral systems • health navigators • case management • improved care transition • team-based care
<p>4.2 <i>Coordinating health programmes and providers.</i> This approach includes bridging the administrative, informational and funding gaps between levels of care and providers. This involves sector components such as pharmaceutical and product safety regulators, information technology teams working with disease surveillance systems, allied health teams delivering treatment plans in collaboration with each other, disease-specific laboratory services linked to broader services improvement, and provider networks focused on closer relationships in patient care.</p>	<ul style="list-style-type: none"> • regional or district-based health service delivery networks • purchasing integrated services • integrating vertical programmes into national health systems • incentives for care coordination
<p>4.3 <i>Coordinating across sectors.</i> Successful coordination in health matters involves multiple actors, both within and beyond the health sector. It encompasses sectors such as social services, finance, education, labour, housing, the private sector and law enforcement, among others. It necessitates strong leadership from the health ministry to coordinate intersectoral action, including coordination for early detection and rapid response to health crises.</p>	<ul style="list-style-type: none"> • health in all policies • intersectoral partnerships • merging of health sector with social services • working with education sector to align professional curriculum towards new skills needed • integrating traditional and complementary medicine with modern health systems • coordinating preparedness and response to health crises

Strategy 5: Creating an enabling environment

<p>In order for the four previous strategies to become an operational reality, it is necessary to create an enabling environment that brings together all stakeholders to undertake transformational change. This complex task will involve a diverse set of processes to bring about the necessary changes in leadership and management, information systems, methods to improve quality, reorientation of the workforce, legislative frameworks, financial arrangements, and incentives.</p>	
Strategic approach	Policy options and interventions
<p>5.1 <i>Strengthening leadership and management for change.</i> New forms of collaborative leadership that help to bring together multiple stakeholders are needed for successful reform of health services. All health care professionals, and especially clinicians, need to be engaged in management and leadership for change in continuous partnership with local communities. Achieving people-centred and integrated care requires the application of complex processes and service innovations that warrant an underlying change management strategy.</p>	<ul style="list-style-type: none"> • transformational and distributed leadership • change management strategies
<p>5.2 <i>Strengthening information systems and knowledge management.</i> Development of information systems and an organizational culture that supports monitoring and evaluation, knowledge sharing and using data in decision-making is also a prerequisite for transformational change.</p>	<ul style="list-style-type: none"> • development of information systems • systems research • knowledge management
<p>5.3 <i>Striving for quality improvement and safety.</i> Institutions and providers need to strive constantly for quality improvement and safety. These efforts include both technical and perceived quality.</p>	<ul style="list-style-type: none"> • quality assurance • creating a culture of safety • continuous quality improvement
<p>5.4 <i>Reorienting the health workforce.</i> Special attention needs to be given to readying the health workforce with an appropriate skills mix in order equitably and sustainably to meet population health needs. Health workers must be organized around teams and supported with adequate processes of work, clear roles and expectations, guidelines, opportunities to correct competency gaps, supportive feedback, fair wage, and a suitable work environment and incentives.</p>	<ul style="list-style-type: none"> • tackling health workforce shortages and maldistribution • health workforce training • multi-professional teams working across organizational boundaries • improving working conditions and compensation mechanisms • provider support groups • strengthening professional associations
<p>5.5 <i>Aligning regulatory frameworks.</i> Regulation plays a key role in establishing the rules within which professionals and organizations must operate within more people-centred and integrated health systems – for example, in terms of setting new quality standards and/or paying against performance targets.</p>	<ul style="list-style-type: none"> • aligning regulatory framework
<p>5.6 <i>Improving funding and reforming payment systems.</i> Changes in the way care is funded and paid for are also needed to promote adequate levels of funding and the right mix of financial incentives in a system that supports the integration of care between providers and settings and protection of patients against undue out-of-pocket expenditures on health.</p>	<ul style="list-style-type: none"> • assuring sufficient health system financing and aligning resource allocation with reform priorities • mixed payment models based on capitation • bundled payments

IMPLEMENTATION APPROACH

16. The lessons of history need to be acknowledged: the successful reorientation of health services will most likely be a long journey and will need sustained political commitment. Ultimately, each country or local jurisdiction needs to set its own goals for integrated and people-centred health services, and develop its own strategies for achieving these goals. The strategies must respond to the local context, existing barriers and the values held by people within the State or area, and should be achievable given the current health service delivery system and the financial and political resources available. Efforts should primarily concentrate on improving access to services for underserved and marginalized populations, on placing increased emphasis and resources on promotive, preventive and public health services and on strengthening district-level health services, among others. Given that this framework is fundamentally transformative in its implications for the future of health systems, system leaders must adopt strategies for change to ensure the effective alignment of strategies and processes that promote people-centred and integrated care. Delivering high-quality, people-centred care and integrated health services requires the creation and nurturing of collective engagement, commonly-held values, effective communication and transparency. The implementation approach, therefore, of this framework is as follows:

- (a) Country-led: strategies for pursuing integrated people-centred health services should be developed and led by countries, with external support where necessary, and should respond to local conditions and contexts.
- (b) Equity-focused: efforts to enhance equity are a necessary part of people-centred and integrated health care strategies. Efforts can target immediate factors driving inequitable service utilization, but may also address more fundamental social determinants.
- (c) Participatory: the notion of people-centred and integrated health services puts informed and empowered people at the centre of the health system. Therefore, processes to develop national strategies for such services should ensure accountability to local stakeholders and, especially, to disadvantaged populations.
- (d) Systems strengthening: service delivery depends on effective information and financing systems, and the availability of skilled and motivated health workers. Changes made to service delivery will inevitably have ramifications across the entire health system.
- (e) Evidence-based practice with iterative learning/action cycles: decisions at all levels should be based on the best available evidence. Quality improvement methodology shows that success is most likely when there are iterative learning and action cycles that track changes in the service delivery system, identify emerging problems and bring stakeholders together to solve them.
- (f) Results-oriented: a key focus should be on the ongoing monitoring of progress through specific and measurable objectives and results.
- (g) Ethics-based: by making sure that care optimized the risk benefit ratio in all interventions, respects the individual's right to make informed and autonomous decisions, safeguards privacy, protects the most vulnerable, and ensures the fair distribution of resources.
- (h) Sustainable: planning, managing and delivering care that is equitable, efficient, effective and that contributes to long-term development in a sustainable manner.

THE ROLE OF STAKEHOLDERS

17. The role of stakeholders in this framework is as follows:

(a) Member States: countries committed to moving towards people-centred and integrated health services should develop and communicate a clear vision, setting sound strategies and regulatory frameworks that facilitate the way towards their achievement. This process needs to be country-led and involves co-production between all government sectors, providers and the people that they serve. Governments need to secure adequate funding for reform and implementation research. This process has to be replicated at both subnational and local levels.

(b) Individuals, families and communities: They constitute the main focus of attention of the framework. Policy formulation, health services organization and co-production of health services should be developed and implemented in partnership with individuals, families and communities.

(c) Civil society organizations: as representatives of patients, families, communities and carers, these organizations have an important role to play in advocating for more people-centred and integrated health services, as well as in empowering their members to be able to better manage their own health concerns and engage with the health system.

(d) Health service providers: these constitute a fundamental component of the framework. Policy formulation, health services organization and co-production of health services should be developed and implemented in partnership with service providers, as in the case of individuals, families and communities.

(e) Academic, training and research institutions: these bodies have an important role to play in developing new professional curricula for the health workforce, training the health workforce, and conducting health systems and implementation research efforts.

(f) Professional and students associations: these organizations can play important roles in adopting and endorsing new practices, and in providing support to their members.

(g) Private sector: regulatory steps should be taken to assure that reforms to increase care integration and people-centredness apply equally to public and private service providers, including for profit, non-for-profit, and faith-based organizations. Partnerships with private sector industry, such as pharmaceutical and medical device industries, can also be pursued when appropriate.

(h) Health insurers: these entities should guarantee sufficient financing for service delivery reform and reorient payment systems and purchasing practices to incentivise more integrated, people-centred approaches to care.

(i) Development partners: these should, except under exceptional circumstances where rapid or unique action is required, seek to integrate their support to health service delivery into countries' own health systems. They can also help to share technical knowledge about different approaches to promoting more people-centred and integrated services.

- (j) Secretariat: the role of the Secretariat will be to drive policies that can support the development of people-centred and integrated health services across the world. The adoption of integrated people-centred health services, and the five key strategies identified in this framework, will therefore require sustained advocacy and technical cooperation efforts.

PROGRESS MONITORING

18. As the framework represents a new programme of work for WHO, there are no universally utilized indicators to measure progress in establishing integrated people-centred health services. The Global Health Observatory, the monitoring and evaluation frameworks for universal health coverage and the Sustainable Development Goals, and the Global Reference List of 100 Core Health Indicators¹ – none includes measures of integration or people-centredness. Given this situation, the framework proposes performing research and development on indicators to track global progress on integrated people-centred health services. This effort will convene international partners to develop appropriate metrics for these critical, but less frequently measured domains of health care.

19. The elaboration of these indicators will facilitate the development of the medium- and long-term goals and targets that are needed to monitor progress in the implementation of the framework at the global, regional and national levels.

ACTION BY THE HEALTH ASSEMBLY

20. The Health Assembly is invited to adopt the draft resolution recommended by the Executive Board in resolution EB138.R2.

= = =

¹ See <http://www.who.int/healthinfo/indicators/2015/en/>, accessed 4 April 2016.