



Reforming Health Service Delivery for UHC

Integrated people-centred health services (IPCHS) are a key feature of robust and resilient health systems and are critical for progressing towards universal health coverage (UHC) and the Sustainable Developmental Goals (SDGs). Why are they so vital? What does it mean in practice? How can you take action? This brief builds on evidence from countries demonstrating how IPCHS supports progress towards UHC and the SDGs.

IPCHS and the path to universal health coverage

Universal health coverage is a global priority for WHO, and the linchpin of the health-related SDGs. It's the one target that, if achieved, will help to deliver all others. For health care and coverage to be truly universal, it requires a shift from health systems designed around *diseases* and *health institutions* towards health systems designed for *people, with people*. A renewed focus on service delivery through an integrated and people-centred lens is critical to achieving this, particularly for reaching underserved and marginalized populations to ensure that no one is left behind.

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BILLION

People cannot obtain essential health services ⁽ⁱ⁾



Globally, up to **40%** of all health care spending is wasted through inefficiency. ⁽ⁱⁱ⁾



Of 421 million hospitalizations globally each year, about **1 in 10** results in harm to the patient. ⁽ⁱⁱⁱ⁾



Photo: Christina Banluta/WHO

A people-centred approach is needed for:

Equity in access: For everyone, everywhere to access the quality health services they need, when and where they need them.

Quality: Safe, effective and timely care that responds to people's comprehensive needs and is of the highest possible standard.

Responsiveness and participation: Care is coordinated around people's needs, respects their preferences, and allows for people's participation in health affairs.

Efficiency: Ensuring that services are provided in the most cost-effective setting with the right balance between health promotion, prevention, and inpatient and outpatient care, avoiding duplication and waste of resources.

Resilience: Strengthening the capacity of health actors, institutions and populations to prepare for, and effectively respond to, public health crises.

The problem we face

Today's health services are not fit for 21st century challenges. Approximately half the world's population lacks access to essential health services. Where health care is accessible, it is often fragmented and of poor quality. Continuity of care is hampered by poor coordination across providers and a lack of integration with other critical sectors such as social services. The predominance of curative care models based on hospitals, donor-driven vertical programmes and single diseases further compounds the problem, making service provision costly, inefficient and difficult to steer.



Photo: Sergey Volkov/WHO

Ageing populations and changing disease patterns are causing people to live longer, but often with multiple diseases and conditions that require complex care over many years. Many people and communities lack the information and opportunities they need to make decisions about their own health and participate in the health system. Health care workers feel disempowered and frustrated with the quality of care they are able to provide, and are under stress.



In the Americas, only **22%** of primary care providers rate their referral systems with specialized services as good or very good. (iv)



45% of people in Africa rate their level of involvement in decision-making about health services as "poor". (v)

The vision we share

In 2016 the World Health Assembly adopted the **Framework on Integrated people-centred health services (IPCHS)**, giving WHO the official mandate to work with Member States and other key stakeholders to support implementation of the Framework.

The vision for this Framework is a future where:

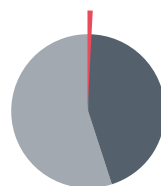
- all people have equal access to quality health services, supporting the achievement of universal health coverage;
- services are produced and provided in a way that meets people's life course needs and respects their preferences;
- services are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable; and
- all health workers are motivated, skilled and operate in a supportive environment.



Service delivery reforms should re-organize health services around people's needs and expectations so as to make them more socially relevant and more responsive to the changing world, while producing better health outcomes."

(World Health Report, 2008)

IPCHS is an evolution of the primary health care (PHC) movement embedded in the Alma Ata Declaration of 1978. It also builds on the World Health Report 2008 'PHC - Now more than ever' which recommended service delivery reforms to make health systems people-centred.



In 2009, noncommunicable diseases accounted for **45%** of the burden of disease, **but only 1%** of donor funding for health. (vi)



The world is facing a projected shortfall of **18 million** health workers to achieve and sustain UHC. (vii)

The change we need

Health systems are at a breaking point and doing business as usual is no longer an option. WHO recommends five strategies to implement integrated people-centred health services that require local adaptation.

1. Engage and empower people and communities to take an active role in their health and health services.

2. Strengthen governance and accountability to build legitimacy, transparency and trust, and to achieve results.

3. Reorient the model of care to ensure that care is provided at the right time, in the right place, and in the right way, while striving to keep people healthy and free of illness.

4. Strengthen the coordination of care across providers, organizations, care settings and beyond the health sector to include social services and others.

5. Create an enabling environment to facilitate transformational change through enhanced leadership and management, information systems, financial incentives and reorientation of the health care workforce.

The Framework on IPCHS promotes cross-cutting collaboration and integration across sectors, organizations, health care settings, providers and users. It helps national governments, development partners and communities plan and set priorities for system reform, irrespective of country setting or development status. It guides provider organizations and system leaders in organizing, managing and delivering care to better meet people's needs.

For more information on the strategic approaches, policy options and interventions, please visit www.who.int/servicedeliverysafety/areas/people-centred-care and our knowledge platform, www.integratedcare4people.org.

IPCHS is based on strong primary care

Primary care^{viii} is the foundation of the health system and where people go first for most new health problems. It is also where people continue to seek care for their ongoing health needs, enabling enduring and trusted relationships between providers and people. When appropriately resourced and planned, primary care can effectively meet the vast majority of health needs people encounter throughout their lives. If additional services are needed, primary care facilitates coordination across providers and care settings.



Photo: Dominic Chavez/World Bank

Hospitals and other care settings also play a vital role in IPCHS

Hospitals of the future need to cater to patients' outcomes and experience, look beyond their walls to improve population health, make services more accessible, and coordinate care with primary care, long-term care, social, home and community-based services in a holistic way.

CASE 1: Engaging and empowering for better health in Nepal

In Nepal, health providers engaged with local women's groups to identify the major maternal and newborn health problems and to develop community-driven strategies to address them. There was significant success with a 30% reduction in newborn deaths and an 80% reduction in maternal deaths compared to control areas^{ix}.

CASE 2: Coordinating services within and across sectors in Lithuania

In 2004, Lithuania launched a programme to coordinate and integrate cardiovascular services to break down the hospital-centric delivery of care, reduce inefficiencies and reduce inequality between urban and rural services. This boost to the role of primary care and coordination of services has meant a drop in mortality from heart attack and stroke. The prevention and management of risk factors such as high blood pressure, cholesterol and diabetes has also been stepped up, including better availability of medicines^x.

The action we can take

As a policy-maker, here's how you can take action on IPCHS now.

- 1. Embed IPCHS** into national health policy, and advocate and raise awareness among other stakeholders.
- 2. Put together a team with dedicated resources** to prepare the ground and develop a measurable implementation plan, that draws on experiences and learning within your own country and from others.
- 3. Balance top-down and bottom-up** approaches to reform, and pilot innovations at the sub-national level, choosing among the Framework's multiple policy levers and entry points to best fit your local context.
- 4. Establish meaningful and trusting relationships** among policy-makers, managers, providers, researchers, users and other stakeholders to build consensus around the reform programme.
- 5. Strengthen the institutional and individual capacity** of key leaders and managers to drive the reform process.



Photo: Quinn Mattingly/WHO

What support can you expect from WHO?

- Advocacy and partnerships for change providing leadership on matters critical to service delivery.
- Knowledge generation and sharing of resources, case studies and communities of practice.
- Capacity-building tools and training based on evidence-informed policy options and practices.
- Direct technical assistance for service delivery reform in countries around the world.
- Indicators and measurement for monitoring and evaluation, and to drive performance improvement.

CASE 3: Reorienting the model of care for better coverage in Mali

In Mali, government district health teams and referral units supported the development of community-owned, community-operated primary care centres. This increased access to health services, expanded the range of services offered and improved the quality of care. A rapid growth in service coverage occurred: between 1998 and 2007 coverage rose from 5.5 million to just over 10 million people (World Health Report, 2008).



World Health Organization

WHO Service Delivery and Safety Department
Universal Health Coverage and Health Systems, World Health Organization
<http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>

- WHO, International Bank for Reconstruction and Development/The World Bank. Tracking universal health coverage: 2017 global monitoring report. Geneva: World Health Organization; 2017.
- Osborn R, Moulds D, Squires D, Doby MM, Anderson C. International survey of older adults finds shortcomings in access, coordination, and patient-centered care. *Health Aff.* 2014;33(12):2247–55.
- Jha AK, Larizgoitia I, Audera-Lopez C, Prasopa-Plazier N, Waters H, Bates DW. The global burden of unsafe medical care: analytic modelling of observational studies. *BMJ Qual Saf.* 2013;22(10):809–15.
- Pan American Health Organization, World Health Organization. Renewing primary health care in the Americas: a position paper of the Pan American Health Organization/World Health Organization (PAHO/WHO). Washington: Pan American Health Organization; 2007.
- Health systems in Africa: community perceptions and perspectives. The report of a multi-country study, June 2012. Brazzaville: WHO Regional Office for Africa; 2012.
- Misaligned stakeholders and health system underperformance: Industry Agenda Council on the future of the health sector. Geneva: World Economic Forum; December 2016.
- World Health Organization. Final report of the expert group to the High-Level Commission on Health Employment and Economic Growth. Geneva: World Health Organization; 2016.
- In this case primary care refers to first-level care, which is only one component of comprehensive primary health care (PHC) as envisioned in the Alma Ata Declaration of 1978.
- Blomfield M, Cayton H. Community engagement: a report for the Health Foundation. London: The Health Foundation; 2009.
- Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016.