

Updates and future reporting: strengthening integrated, people-centred health services

Report by the Director-General

1. In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.24 on strengthening integrated, people-centred health services (IPCHS). The present report provides an overview of the main activities and achievements since then and describes ongoing challenges. In line with decision WHA74(17) (2021), it constitutes the final progress report to be submitted in 2024. It is also submitted in response to decision WHA74(17) in the context of the WHO governance reform process related to specifying end dates for reporting on governing bodies resolutions with unspecified reporting requirements and providing the governing bodies with an opportunity to decide on future reporting requirements.

2. The WHO Framework on IPCHS aims to help countries meet their commitment to introduce a primary health care approach involving effective planning, implementation and monitoring of health services, as set out in resolution WHA72.2 (2019). The framework's five interdependent strategies support the delivery of the three core components of a primary health care approach (integrated services, community and people empowerment, and multisectoral action). Similarly, implementing a primary health care approach promotes IPCHS at country level. The two resolutions mentioned above are thus complementary.

CONTEXT

3. Despite improvements in people's health and life expectancy since 1950, large differences remain among and within countries. Globally, progress in expanding health service coverage slowed after 2015 and has stalled since 2019. In 2021, an estimated 4.5 billion people were not covered by essential health services; in 2019, two billion people faced financial hardship in accessing services.¹ While the most significant improvements in service coverage since 2000 were observed for infectious diseases, coverage in other key areas, such as noncommunicable diseases, and reproductive, maternal, newborn and child health, saw only gradual increases before 2015, followed by minimal or no improvement in recent years. Where care is accessible, it is often fragmented or of poor quality, and consequently the responsiveness of the health system and satisfaction with health services remain low in many countries.

4. Developing more integrated, people-centred care systems has the potential to generate significant benefits for the health and health care of all people, including improved access to care, increased patient satisfaction and perceived quality of care, improved health and clinical outcomes, and reduced costs. Over the last decade, the conceptual core of IPCHS has evolved into a broad whole-of-society approach

¹ Tracking universal health coverage: 2023 global monitoring report. Geneva: World Health Organization and International Bank for Reconstruction and Development/The World Bank; 2023 (<https://www.who.int/publications/i/item/9789240080379>, accessed 9 February 2024).

centred on integrated health services and complemented by community engagement and intersectoral policy and action.¹ A primary health care approach is also important to the development of health systems that can respond to emerging and varied health challenges, including ageing populations, the dual burden of communicable and noncommunicable diseases, multimorbidity, rising health care costs and disease outbreaks.

KEY ACTIVITIES AND ACHIEVEMENTS

5. **Adoption of the framework and associated principles.** The framework on IPCHS and its associated principles have been widely adopted and adapted to national contexts, health policies and strategic plans. The Political Declaration of the High-level Meeting on Universal Health Coverage, which was adopted by the United Nations General Assembly in 2019, aimed to accelerate progress towards universal health coverage globally by emphasizing IPCHS and recognizing that universal health coverage ensures that all people receive the health services they need without incurring financial hardship.² The WHO Global Competency Framework for Universal Health Coverage was published in 2022 and emphasizes the importance of designing and delivering health services that are centred on people's needs, preferences and values as one of six domains.³ WHO has provided direct technical support for the development and implementation of road maps to accelerate the delivery of IPCHS in all six WHO regions.

6. **Reorienting models of care towards primary health care.** The Secretariat, in collaboration with international experts, has developed guidance on the constituent elements of models of care and has outlined how to reorient them towards primary health care. In 2022, it developed the WHO UHC Service Package Delivery and Implementation Platform,⁴ which operationalizes the UHC Compendium of Health Interventions database to help countries to develop well-designed national health service packages, a key element for effective models of care. The Secretariat is developing the Local Engagement, Assessment and Planning Toolkit, which helps subnational health authorities identify opportunities for the delivery of integrated services, including by reorienting models of care. Technical documents and practice briefs have been drafted to provide evidence-informed recommendations on a variety of related topics, including continuity and coordination of care, referrals and care pathways. Overall, WHO has supported the development, implementation and scaling of specific elements of integrated, people-centred models of care in over 100 countries.

- The WHO Regional Office for Africa has supported nine countries in revising and reorienting their essential health service packages and helped develop clinical guidelines, patient-reported

¹ Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and UNICEF; 2020 (<https://apps.who.int/iris/handle/10665/337641>); Web Annex. Technical specifications. In: Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens. Geneva: World Health Organization and UNICEF; 2022 (<https://apps.who.int/iris/bitstream/handle/10665/352201/9789240044234-eng.pdf>); Primary health care: closing the gap between public health and primary care through integration. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/326458>) (all accessed 9 February 2024).

² Political Declaration of the High-level Meeting on Universal Health Coverage. New York: United Nations General Assembly; 2019 (<https://www.un.org/en/observances/universal-health-coverage-day/resources>, accessed 9 February 2024).

³ Global Competency Framework for Universal Health Coverage. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240034686>, accessed 9 February 2024).

⁴ UHC Packages: WHO UHC Service Package Delivery and Implementation (SPDI) Platform. World Health Organization (<https://uhcc.who.int/uhcpackages>, accessed 9 February 2024).

measurement systems and referral guidelines in three other countries for health service delivery reorientation.

- The WHO Regional Office for the Americas has provided capacity-building activities and continued operational support to optimize the Integrated Networks of Health Services in several countries and technical support to reorient models of care in Brazil, Chile and Uruguay.
- The WHO Regional Office for South-East Asia has provided support for ongoing reform of IPCHS delivery in 10 countries, including Indonesia, where a national primary health care integration initiative was launched to promote an integrated approach across more than 300 000 health units.
- The WHO Regional Office for Europe has actively supported almost 40 countries through a variety of activities, including country assessments and training courses on integrated primary health care to strengthen service delivery models.
- The WHO Regional Office for the Eastern Mediterranean has supported the systematic design, costing and delivery of essential health service and intersectoral packages of policy interventions in eight countries. Its initiative to develop primary health care-oriented models of care in select countries at the subnational level started with three countries, with four more joining in 2024.
- The WHO Regional Office for the Western Pacific has collaborated with Member States on a range of service delivery reforms with models of care at their core, providing technical guidance to health ministries on regulations, packages of services for universal health coverage, hospital planning and performance indicators. Capacity-building for strategic purchasing and evidence-based policy-making has been provided in countries such as Mongolia, where capitation payment has been reviewed and redesigned to better account for vulnerable and nomadic populations and geographical sparsity.

7. **Integrated delivery platforms for acute illness and injury.** The Secretariat has worked with 58 Member States to strengthen integrated emergency care, ensuring that health systems can respond to people's needs by delivering accessible, quality and timely health services for acute illness and injury across the life course. This same emergency care capacity addresses everyday population health needs and is the substrate for effective response to health emergencies.

8. **Community engagement.** In 2017, the Secretariat developed, validated and tested the WHO community engagement framework for quality, people-centred and resilient health services. At the regional level, the Regional Office for the Western Pacific has provided technical support to strengthen community engagement in several countries, including the Lao People's Democratic Republic, where the Community Network Engagement for Essential Health Care and COVID-19 Responses through Trust (CONNECT) initiative resulted in an increase in births at health care facilities, higher uptake of antenatal care and three times higher vaccination rates.¹ The Regional Office for Africa has helped countries promote and establish participative community structures to ensure that populations in vulnerable situations have access to health services.

¹ Connecting Communities to Transform Local Health. World Health Organization; 2024 (<https://www.who.int/laos/our-work/connecting-communities-to-transform-local-health>, accessed 9 February 2024).

9. **Building the evidence base and monitoring progress.** The WHO/UNICEF primary health care measurement framework identifies 14 indicators for monitoring global progress on IPCHS and 19 indicators for measuring national and subnational improvements in this area.¹ In addition, the framework's 15 indicators on models of care have been reviewed and strengthened.

10. **Knowledge exchange.** Two web platforms have supported knowledge exchange on IPCHS: IntegratedCare4People² and a dedicated WHO webpage (active between 2016 and 2020), with the former hosting 15 communities of practice. Both platforms attracted over 173 000 visitors during the reporting period.

11. **An enabling environment.** A series of regional mandates has significantly contributed to the wide adoption of IPCHS by providing frameworks and guiding principles to facilitate service delivery reform.

- In 2016, the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC63/R.2, “Scaling up family practice: progressing towards universal health coverage”, which emphasized the incorporation of the family practice approach into primary care services to advance towards universal health coverage.
- The Regional Framework on the Future of Primary Health Care in the Western Pacific, adopted in 2022, outlines five key attributes for a health system based on integrated, people-centred approaches: community-centred, continuous, high quality and equitable, integrated and innovative.
- The Regional Office for the Americas approved the Strategy and Plan of Action to improve quality of care in health service delivery 2020–2025 in 2019 and the Policy on integrated care for improved health outcomes in 2022. Both have led to significant advances in the delivery of high-quality services in the Region of the Americas.
- In 2021, the WHO South-East Asia Region launched the South-East Asia Regional Strategy for Primary Health Care: 2022–2030, with people-centredness as an explicit and core value.

MAIN CHALLENGES

12. Despite the progress achieved since the adoption of resolution WHA69.24, many challenges remain. These include persistent siloes in delivering specific health services and limitations in the strategic understanding of integrated health service delivery as a mechanism to reach programme-specific goals; substantial capacity gaps in first-contact primary and emergency care services; a shortage of health care workers with the skills needed to deliver essential packages of health services; mounting financial hardship and inadequate financial protection for the poorest and most vulnerable; lack of financial coordination across levels of care; insufficient private sector engagement and regulation; weak structures for formal dialogue with communities and partners; lack of commitment and resources for ongoing monitoring and evaluation; and political instability, which can undermine the sustainability of service delivery reforms.

¹ Web Annex. Technical specifications. In: Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens. Geneva: World Health Organization and UNICEF; 2022 (<https://apps.who.int/iris/bitstream/handle/10665/352201/9789240044234-eng.pdf>, accessed 3 April 2024).

² WHO Framework on integrated people-centred health services. World Health Organization (<https://www.integratedcare4people.org/ipchs-framework>, accessed 9 February 2024).

THE WAY FORWARD

13. Harnessing the full potential of IPCHS is central to achieving the triple billion targets of the Thirteenth General Programme of Work, 2019–2023, the targets of the draft fourteenth general programme of work, 2025–2028, universal health coverage and the health-related Sustainable Development Goals. The Secretariat will continue to provide sustained policy and technical support to Member States to improve the way health services are selected, funded, managed and delivered. This will include support for the assessment and monitoring of performance along the full continuum of integrated health services.

14. Given the comprehensive and interdisciplinary nature of IPCHS, effective delivery requires strong linkages with key activities to: (i) strengthen health systems, for example by accelerating action on the education, employment and retention of the health and care workforce,¹ and improving health financing, governance, medicines and health products, information systems and digitalization; and (ii) improve technical programme areas, including but not limited to life course and ageing, patient safety and quality of care, rehabilitation, hearing and vision, communicable and noncommunicable diseases, gender, equity and human rights, emergency, critical and operative care, and primary health care. Implementation of the relevant resolutions will boost Member State capacities to deliver the right care, at the right place and at the right time to all.

15. Primary health care provides an approach to strengthening health systems that encompasses strategies and operational processes that promote IPCHS. Furthermore, principles and strategies to foster IPCHS informed the 2018 Declaration of Astana and will continue to support the realization of the primary health care vision. As IPCHS will continue to be promoted through the implementation and scale-up of primary health care, future progress can be included in reporting on resolution WHA72.2.

ACTION BY THE HEALTH ASSEMBLY

16. The Health Assembly is invited to note the report and to consider the following draft decision:

The Seventy-seventh World Health Assembly, having considered the report by the Director-General,

Decided to request the Director-General to continue to report to the Health Assembly on WHO activities to strengthen integrated, people-centred health services as part of biennial reporting on progress made towards implementation of resolution WHA72.2 (2019) on primary health care until 2030.

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¹ Resolutions WHA75.17 (2022), WHA74.14 (2021), WHA74.15 (2021), WHA72.3 (2019), WHA69.19 (2016) and WHA63.16 (2010).