Framework on Integrated, People-centred Health Services

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3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
One in eight people worldwide live in extreme poverty in 2012, with poverty remaining widespread in sub-Saharan Africa, where more than 40% of people lived on less than US$ 1.90 a day (UN, 2016).

Thirty four (34) countries are facing fragile situations, which means 17% of Member States (World Bank, 2016).

Nearly 800 million people worldwide still lack access to adequate food (UN, 2016).

In 2013, there were still 757 million adults unable to read and write, of whom two-thirds were women (UN, 2016).
Globally, over 400 million people lack access to essential health services that could be delivered through primary care (WHO, 2016).

Worldwide, only about 14% of people who need palliative care receive it. Seventy-eight percent of people who need palliative care live in low- and middle-income countries (WHO, 2015).

Of 421 million annual global hospitalizations, 42.7 million result in adverse events, which represents 23 million DALYs, 66% of which occur in low and middle-income countries (BMJ, 2013).

From 20% to 40% of all health spending is currently wasted through inefficiency (WHO, 2010).
Strengthening a global commitment to people centred integrated health services delivery
Integrating HIV/AIDS and TB in Mali

Mobilizing communities to reduce maternal and neonatal deaths in Malawi

Promoting service coordination in Lithuania

Integrated care in South Karelia, Finland

Balanced scorecard to promote accountability, Afghanistan

Promoting HIV/AIDS literacy in Angola

Integrated health care networks in Brazil

Integrated health care networks in Chile

Social participation in Tupiza, Bolivia

Integrating HIV/AIDS and TB in Mali

Mobilizing communities to reduce maternal and neonatal deaths in Malawi

Family medicine in Thailand as part of UHC

Community-owned primary care networks in Mali

What are the experiences to date?
Integrated People-centred Health Services

http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/
Integrated People-centred Health Services

Vision

“All people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects social preferences, 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.”

Strategic approaches

1.1 Engaging and empowering individuals and families
1.2 Engaging and empowering communities
1.3 Engaging and empowering informal carers
1.4 Reaching the underserved & marginalized

2.1 Bolstering participatory governance
2.2 Enhancing mutual accountability

3.1 Defining service priorities based on life course needs
3.2 Revaluing promotion, prevention and public health
3.3 Building strong primary care-based systems
3.4 Shifting towards more outpatient and ambulatory care
3.5 Innovating and incorporating new technologies

4.1 Coordinating care for individuals
4.2 Coordinating health programmes and providers
4.3 Coordinating across sectors

5.1 Strengthening leadership and management for change
5.2 Strengthening information systems and knowledge management
5.3 Striving for quality improvement and safety
5.4 Reorienting the health workforce
5.5 Aligning regulatory frameworks
5.6 Improving funding and reforming payment systems

Implementation principles

Country-led  Equity-focused  Participatory  Evidence-based  Results-oriented  Ethics-based  Sustainable
Systems strengthening
PHC is the foundation of integrated, people-centred health services

- **First contact**
  - Care is first sought from the primary care provider when a new health or medical need arises.

- **General**
  - Addresses unselected health problems of the whole population; takes care of a defined practice population

- **Person-centred**
  - Care that is respectful of and responsive to individual preferences, needs, and values, whole-person care: biological, emotional, social and cultural

- **Continuous/Longitudinal**
  - Long-standing personal relationship between the person and the practitioner; care over substantial periods of their lives

- **Comprehensive**
  - Provides integrated health promotion, disease prevention, curative care, rehabilitation, and physical, psychological, and social support

- **Coordinated**
  - Whenever necessary, ensures appropriate and timely referral of the person to specialist services or to another health professional

- **Collaborative**
  - Works with other medical, health and social care providers, whenever appropriate; part of functioning multidisciplinary care team

- **Family-oriented**
  - Addresses the health problems of individuals in the context of their family circumstances, their social and cultural networks

- **Community-oriented**
  - Addresses the health problems of individuals in the context of his or her life in the local community
# Hospital have a key role to play

<table>
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<tr>
<th>Is organized around users’ needs</th>
<th>Responds to the health needs of community</th>
<th>Is a driver for local development</th>
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<tbody>
<tr>
<td>Engages and empowers patients/users to take an active role in their health</td>
<td>Redefines to different care delivery models (i.e. more ambulatory)</td>
<td>Leaves no one behind</td>
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<td>Informs patients/users about their rights and gives them a voice</td>
<td>Partners for vertical / horizontal integration</td>
<td>Embraces social responsibility principles</td>
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<tr>
<td>Is organized around people’s needs instead of “organ-silos”</td>
<td>Engages in health promotion activities</td>
<td>Is an economic driver for local development</td>
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<td>Smoothes process of care and admin/logistics</td>
<td>Demonstrates social accountability</td>
<td>Recognizes its symbolic symbol to reassure population</td>
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<td>Engages its community in strategic decisions</td>
<td>Leads by example for sustainable development (“green” hospital)</td>
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Critical success factors and key steps

• Focus on key priorities and prefer a staged approach
  – Prepare for change
  – Assess and understand causation

• Strategy for change: Balance bottom up and top down approach
  – Sub-national (local) level matters: Foster a culture of experimentation and pilot demonstration projects
  – Act on key policy levers

• Track progress and share knowledge
Nine policy levers

- Models of care fostering continuity and co-production of health
- Explicit benefit package fostering primary care
- Practice population (rosters/registration)
- Strategic purchasing
- HR policy fostering team-based multidisciplinary approach
- Information systems and technologies
- "Smart" capacity planning
- Awareness raising and building people's capacity
- Clinical governance for quality and safety
Indicators and Measurement

- Guide to IPCHS performance assessment process at subnational level
  - Includes suggested indicators & existing WHO tools
  - Phased approach

- 20-30 indicators
  - Snapshot of subnational performance
  - Rapid identification of successes & problem areas

- 5 indicators
  - Track global progress
Our global community

RESOURCES
Support information such as articles, reports, management models, studies and legislation related to PCIHs.

PRACTICES
Virtual space devoted to stimulate, spread and share innovative management experiences and initiatives across the Regions.

COMMUNITIES
Virtual communities of practice and work collaboratively combining efforts.

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New Report Recommends People-Centered Integrated Care as Focus of China’s Health Reform

High-Level Commission on Health Employment and Economic Growth

WORKING FOR HEALTH AND GROWTH
Investing in the health workforce

2 / SERVICES

People-Centered Services, Quality and Multisectoral Action
- Establish people-centered health services to improve quality of services and patient safety
- Prioritize investments in community and primary care services within the framework of viable local governance systems
- Partner with civil society and non-state providers to expand access to key services and interventions
- Invest in pre-service education, particularly in underserved areas
- Engage in multisectoral action to address determinants of health

4 / HEALTH SERVICE DELIVERY AND ORGANIZATION
Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.

Health systems organized around clinical specialities and hospitals will need to shift towards prevention and primary care. There is no prescription for a perfect mix of public and private health-care provision. Governments should adopt policies that cover the performance of the whole sector. Social business models are emerging as a private-sector, socially oriented solution to serve the underserved. Public policies and regulatory bodies must protect the interests of the public and ensure that professional interests do not dominate.

IPCHS: Most recent achievements
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For more information on health services delivery visit
http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/