The WHO Strategy on People-Centered and Integrated Health Services
Content

• Key health and health system challenges

• WHO policy framework

• WHO global strategy on People-centered and Integrated Health Services

• Five Strategic Directions:
  1. Empowering and engaging people
  2. Strengthening governance and accountability
  3. Reorienting the model of care
  4. Coordinating services
  5. Creating an enabling environment
Ongoing challenges for health

- **Access** – 1/3 of people with mental health disorders in HICs receive treatment, as low as 2% in LMICs

- **Availability** – 58% of countries have any palliative care program

- **Acceptability** – delivering women experience verbal abuse, condescension, intimidation and even physical abuse

- **Quality of care** – international survey of clinical practice for heart failure found only 59% of quality of care indicators achieve, under clinical trial conditions
Emerging challenges and opportunities

- Demographic and Epidemiological Transition
- Socio-political factors:
  - concerns about health care costs, and cost-efficiency
  - Increasingly active and organized consumers
- Technological advances:
  - Patient self-monitoring and self-management
  - Linkages between health care providers (e.g. electronic medical records)
- Globalization:
  - Export of unhealthy lifestyles
  - Medical tourism
Figure 19: Rating of public sector health facilities by locality

WHO AFRO, 2012
<table>
<thead>
<tr>
<th>Dimension</th>
<th>Public (n=1928)</th>
<th>Private (n=5051)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prompt attention</td>
<td>50.1</td>
<td>72.6</td>
<td>66.2</td>
</tr>
<tr>
<td>Dignity</td>
<td>63.9</td>
<td>82.3</td>
<td>77.4</td>
</tr>
<tr>
<td>Clarity of information</td>
<td>63.7</td>
<td>81.3</td>
<td>76</td>
</tr>
<tr>
<td>Autonomy</td>
<td>62.6</td>
<td>78.8</td>
<td>73.9</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>61.0</td>
<td>79.3</td>
<td>73.9</td>
</tr>
<tr>
<td>Choice</td>
<td>63.6</td>
<td>81.8</td>
<td>76.6</td>
</tr>
<tr>
<td>Quality of Basic amenities</td>
<td>59.5</td>
<td>82.7</td>
<td>76.4</td>
</tr>
</tbody>
</table>

Source: [54]
**Figure 21:** Rating of involvement of communities in decision-making in Central, East and Southern, and West subregions

WHO AFRO, 2012
Figure 1.10 How health systems are diverted from PHC core values

Health systems

- Health equity
- Universal access to people-centred care
- Healthy communities

Current trends

- Hospital-centrism
- Commercialization
- Fragmentation

UNIVERSAL COVERAGE REFORMS
to improve health equity

SERVICE DELIVERY REFORMS
to make health systems people-centred

LEADERSHIP REFORMS
to make health authorities more reliable

PUBLIC POLICY REFORMS
to promote and protect the health of communities
WHO Global Strategy on People-centered and Integrated Health Services
# Potential Benefits of PCIHS

## To individuals and their families

- Increased satisfaction with care and better relationships with care providers
- Improved access and timeliness of care
- Improvements in health literacy and decision-making skills that promote independence
- Shared decision making with professionals with increased involvement in care planning
- Increased ability to self-manage and control long-term health conditions
- Better continuity of care across different care settings

## To health professionals and CHWs

- Improvements in job satisfaction
- Improved workloads and reduced burnout
- Role enhancement that expands workforce skills so they can assume a wider range of responsibilities
- Education and training opportunities to learn new skills, such as working in team-based healthcare environments

## To communities

- Improved access to care, particular for marginalized groups
- Improved health outcomes and healthier communities, including greater levels of health-seeking behavior
- Greater influence and better relationships with care providers that build community awareness and trust in care services
- Greater engagement and participatory representation in decision-making about the use of health resources
- Clarification on the rights and responsibilities of citizens to health care
- Care that is more responsive to community needs

## To health systems

- Enables a shift in the balance of care so resources are allocated closer to needs
- Improved equity and enhanced access to care for all
- Improved patient safety through reduced medical errors and adverse events
- Increased uptake of screening and preventive programmes
- Improved diagnostic accuracy and appropriateness and timeliness of referrals
- Reduced hospitalisations and lengths of stay through stronger primary and community care services and the better management and co-ordination of care
- Reduced duplication of health investments and services
- Reduced overall costs of care per capita
- Reduced mortality and morbidity from both infectious and non-communicable disease
Proposed analytical framework

Country setting & development status

- Health sector: governance, financing & resource generation
- Service delivery: networks, facilities & providers
- Other sectors: education, sanitation, social assistance, labour, housing, environment & others

Universal, equitable, people-centered & integrated health services

Person -> Family -> Community

[Diagram showing concentric circles representing different levels and sectors related to health and development.]
## Core principles guiding People-Centered and Integrated Care

1. Comprehensive
2. Equitable
3. Sustainable
4. Co-ordinated
5. Continuous
6. Holistic
7. Preventative
8. Empowering
9. Co-produced
10. Respectful
11. Rights and responsibilities approach
12. Collaborative care
13. Shared accountability
14. Evidence-informed
15. Whole-systems thinking
Examples of interventions for each Strategic Action

- **Empowering and engaging people**
  - Health literacy
  - Access to personal health records
  - Self-management & care
  - Patient/family involvement in clinical decision making
  - Development of community organizations, etc.

- **Strengthening governance & accountability**
  - Decentralization & devolution
  - Performance based-contracting & financing
  - Provider report cards, patient reported outcomes & surveys
  - Registration with specific provider(s)
  - Patient charters, etc.

- **Reorienting the model of care**
  - Strengthening primary care through family/community practice models
  - Expand ambulatory, community & home-based care
  - Comprehensive benefits plans
  - Health technology assessments
  - Outreach services for marginalized communities, etc.

- **Coordinating services**
  - Integrating vertically oriented services into primary care services
  - Information systems
  - Inter-professional collaboration
  - Referral systems
  - Inter-sectoral partnerships, etc.

- **Creating an enabling environment**
  - Leadership and development of shared vision
  - Inclusion into national health policies, strategies & plans
  - Dedicated resources
  - Changing organizational culture
  - Reorienting the health workforce, etc.
Strategy implementation

Country context

- **Low income** countries
- **Middle income** countries
- **High income** countries
- **Some special cases:**
  - Fragile/conflict affected states
  - Small island states
  - Large federal states
Strategy implementation

- Country-led
- Equity-focused
- Ensuring that people’s voices are heard
- Recognizing interdependence
- Sharing knowledge
- Learning/action cycles
# Key concepts

| **Empowerment** | Supporting people and communities to take control of their own health needs resulting, for example, in the uptake of healthier behaviors, the ability to self-manage their own illnesses, and enabling changes to be made to people’s living environments |
| **Engagement** | People and communities being involved in the design, planning and delivery of health services that, for example, enable them to make choices about care and treatment options or to participate in strategic decision-making on how, where and on what should health resources be spent; Engagement is also related to the community’s capacity to self-organize and generate changes in their living environments |
| **Co-production** | Care that is delivered in an equal and reciprocal relationship between clinical and non-clinical professionals, individuals using care services, their families, carers, and the communities to which they belong. Co-production therefore goes beyond models of engagement since it implies a long-term relationship between people, providers and health systems where information, decision-making and service delivery become shared |
Key strategies for community empowerment and engagement and shared accountability

<table>
<thead>
<tr>
<th>Empowerment and engagement</th>
<th>Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improving health literacy</td>
<td>• Decentralization or devolution</td>
</tr>
<tr>
<td>• Shared decision-making between people and health care professionals</td>
<td>• Patient charters</td>
</tr>
<tr>
<td>• Giving people access to personal health records</td>
<td>• Collecting and acting upon patient and user experiences</td>
</tr>
<tr>
<td>• Supported self-management</td>
<td>• Contracting for services with explicit agreements</td>
</tr>
<tr>
<td>• Personal care assessments and planning</td>
<td>• Collecting and acting upon patient and user experiences</td>
</tr>
<tr>
<td>• Community participation</td>
<td>• Registering with a specific care provider/having one</td>
</tr>
<tr>
<td>• Community delivered care</td>
<td>person clearly responsible for coordinating care</td>
</tr>
<tr>
<td>• Patient and user groups</td>
<td>• Performance based financing</td>
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<tr>
<td>• Addressing structural factors that marginalize at risk communities</td>
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<tr>
<td>• Conditional cash transfers linked to health education and/or behavior change</td>
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FROM THE FOURTH GENEVA CONFERENCE ON PERSON CENTERED MEDICINE: MAKING PROGRESS IN PEOPLE-CENTERED CARE: COUNTRY EXPERIENCES

Making progress in people-centred care: country experiences and lessons learnt

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\textsuperscript{h} Coordinator, Health Systems, Health System Governance and Service Delivery, World Health Organization, Geneva, Switzerland
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\textsuperscript{k} Director, Health System Governance and Service Delivery, World Health Organization, Geneva, Switzerland
Table 1 Key features of case studies on people-centered care [12]

<table>
<thead>
<tr>
<th>KEY FEATURES</th>
<th>Case Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basque Region of Spain</td>
</tr>
<tr>
<td>Income per capita</td>
<td>High</td>
</tr>
<tr>
<td>(World Bank, 2011)</td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td>Regional</td>
</tr>
<tr>
<td>Main focus</td>
<td>Chronic diseases</td>
</tr>
<tr>
<td>Beneficiaries</td>
<td>Persons, families and community in general</td>
</tr>
<tr>
<td>Approach</td>
<td></td>
</tr>
<tr>
<td>Drivers</td>
<td></td>
</tr>
<tr>
<td>Scope</td>
<td></td>
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</table>
Table 2: Main Aspects of PCC Addressed by each Case Study [12]

<table>
<thead>
<tr>
<th>ASPECTS OF PEOPLE-CENTREDNESS</th>
<th>Case Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on health &amp; wellbeing (Attending to needs and expectations, ill-health &amp; positive health, wider determinants of health)</td>
<td>Basque Region of Spain</td>
</tr>
<tr>
<td>Whole-person care, care of all people (Bio, psycho, social, spiritual &amp; population health)</td>
<td>✓</td>
</tr>
<tr>
<td>Sensitivity to social/cultural diversity &amp; context (Values, beliefs, ethnic &amp; cultural background, language, gender, environment)</td>
<td>✓</td>
</tr>
<tr>
<td>Partnership &amp; participation (Shared decision-making &amp; responsibility)</td>
<td>✓</td>
</tr>
<tr>
<td>Quality of relationship &amp; communication between the system &amp; users (Enduring, close &amp; direct, empathy, trust)</td>
<td>✓</td>
</tr>
<tr>
<td>Tailored personal and population-based care</td>
<td>✓</td>
</tr>
<tr>
<td>Responsiveness (Respect for dignity, confidentiality, autonomy, prompt attention, amenities, access to support networks &amp; choice)</td>
<td>✓</td>
</tr>
<tr>
<td>Comprehensive, integrated, continuous care (Life course approach, personal, public health &amp; social welfare services)</td>
<td>✓</td>
</tr>
<tr>
<td>Rights and responsibilities approach (entitlements, charters)</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Table 3 Case studies: summary of PCC efforts grouped by type of policy instrument and intervention level [12]

<table>
<thead>
<tr>
<th>Policy Instrument</th>
<th>Macro policy</th>
<th>Organizations</th>
<th>Intervention Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal regulatory</td>
<td>Development of national policies and strategies that create a PCC friendly policy environment (CH), (NZ) (UG). Enactment of laws that support sector-wide reforms (NZ).</td>
<td>Reorganization of healthcare aimed at strengthening primary care, integrating all levels of care, minimizing hospital care, emphasizing promotion and prevention, integrating personal care with population-based care and coordinating with social services (BRS) (CH) (NZ). Investments in new technologies such as telemedicine, single electronic medical record, e-prescription (BRS).</td>
<td>Training of health personnel (BRS) (CH) (UG). Incorporation of case managers (NZ) (BRS).</td>
</tr>
<tr>
<td>Service provision</td>
<td></td>
<td></td>
<td>Enactment of laws and regulations that guarantee rights and responsibilities of individuals such as service entitlements and patient charters (CH) (NZ) (UG).</td>
</tr>
<tr>
<td>Bureaucratic reforms</td>
<td>Changes to the governance of the system to ensure broad community participation (NZ) (UG). Establishment of multi-sectoral collaboration at all levels of the system, including shared financing of joint programmes (BRS) (CH). Decentralization to the district level (NZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building capacity of others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financing and contracting</td>
<td>Increased funding for primary care (NZ). Prioritizing funding for the neediest and at risk populations (BRS) (CH) (NZ). Implementation of new payment mechanisms such as capitation (BRS) (NZ). Implementation of performance-based contracting with providers (BRS) (CH).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information/ extortion</td>
<td>Stratification of population information according to risk (BRS). Creation of research center for chronicity (BRS).</td>
<td></td>
<td>Empowering families / communities with health education, access to information (BRS) (CH) (UG).</td>
</tr>
</tbody>
</table>

Legend: (BRS) Basque Region of Spain; (CH) Chile; (NZ) New Zealand; (UG) Uganda
Framework for analyzing the implementation of health care reform

Context

Players
  individuals
  Groups

Content

Processes

Walt & Gilson 1994
## Lessons learnt from PCC case studies

<table>
<thead>
<tr>
<th>Context</th>
<th>Actors</th>
<th>Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• PCC implemented in the context of broader sectoral reforms including changes in the sector’s financing</td>
<td>• Policy-makers, providers and users are important actors in implementing PCC</td>
<td>• Long-term processes that require sustained political will and leadership as well as consistency over time</td>
</tr>
<tr>
<td>• PCC part of comprehensive national health policy &amp; strategy supported by changes in legislation and regulation</td>
<td>• Users, patients and community-based organizations play a key role in pushing PCC forward</td>
<td>• Top-down, supply-driven reforms need to be complemented with bottom-up, demand-driven measures</td>
</tr>
<tr>
<td>• PCC linked to other major drivers of change such as improving equity in health, establishing rights and entitlements or addressing chronic diseases</td>
<td>• Health service providers should be involved in all stages of the process to ensure accountability, transparency and ownership</td>
<td>• Need of system-wide approaches that make use of multiple policy instruments intervening at different levels</td>
</tr>
<tr>
<td></td>
<td>• Participation of other sectors is fundamental for multisectoral collaboration</td>
<td>• Importance of guaranteeing sustainable financing and alignment of financial incentives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Require strong primary care services that integrate individual healthcare with population healthcare (responsibility over defined population)</td>
</tr>
</tbody>
</table>