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# Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery



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## **Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery**

The European framework for action on integrated health services delivery takes forward the priority of transforming health services delivery to meet the health challenges of the 21st century. It adopts the vision of Health 2020 to place the focus firmly on efforts across government and society and anchors actions in the same principles of a primary health care approach for people-centred health systems. It calls for actions across four domains, working to identify people's health and multidimensional needs and to partner with populations and individuals; ensure that services delivery processes are responsive to needs identified; align other health system functions to support services delivery to perform optimally; and facilitate the strategic management of transformations.

The framework for action is closely aligned with the values, principles and strategies developed in the global Framework on Integrated, People-Centred Health Services and the Global Strategy on Human Resources for Health: workforce 2030 adopted at the Sixty-ninth World Health Assembly in May 2016. These policies have been adapted to the context of the WHO European Region. The contents of the framework for action have also been aligned with other commitments in the WHO European Region to be presented at the 66th session of the Regional Committee for Europe for improving noncommunicable disease outcomes, women's health, reproductive health and disease-specific (HIV and hepatitis C) strategies in an effort to coordinate and complement actions and accelerate the implementation of these commitments.

## Overview and main elements

### Vision

Strengthening people-centred health systems, as set out in Health 2020 (1), that strive to accelerate maximum health gains for populations and individuals, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources through intersectoral and multisectoral actions consistent with whole-of-society and whole-of-government approaches.

### Strategic approach

Integrated health services delivery, anchored in the same principles as first set out in the health-for-all agenda and vision of primary health care (2), is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people-centred health systems: comprehensive delivery of quality services across the life-course, designed according to a population's and the individual's multidimensional needs, delivered by a coordinated team of providers working across settings and levels of care, effectively managed to ensure optimal outcomes and the appropriate use of resources based on best available evidence, with feedback loops to continuously improve performance and to tackle the upstream causes of ill health and to promote well-being through intersectoral action.

### Priority areas of action

#### Domain one: populations and individuals

- Identifying health needs
- Tackling the determinants of health
- Empowering populations
- Engaging patients

#### Domain two: service delivery processes

- Designing care across the life-course
- Organizing providers and settings
- Managing services delivery
- Improving performance

#### Domain three: system enablers

- Rearranging accountability
- Aligning incentives
- Ensuring a competent health workforce
- Promoting the responsible use of medicines
- Innovating health technologies
- Rolling out e-health

#### Domain four: change management

- Strategizing change with people at the centre
- Implementing transformations
- Enabling sustained change

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## Background

### ***Policy context and alignment***

1. Globally, health and development priorities converge on the critical importance of well-performing health systems for population health and well-being. This is made explicit in the United Nations Sustainable Development Goal (SDG)3 (Ensure healthy lives and promote well-being for all at all ages), specifically SDG target 3.8 on achieving universal health coverage, where making progress calls for access to quality, essential health services that are safe and acceptable to all people and communities (3).
2. WHO has long recognized this link between well-performing health systems and population health and well-being.<sup>1</sup> It is underscored in the WHO Twelfth General Programme of Work (8) for 2014–2019 with a cluster of technical activities and corporate services concentrated on health systems strengthening. In 2016, at the Sixty-ninth World Health Assembly, the commitment of Member States in line with this priority was reaffirmed by the adoption of a framework for strengthening integrated, people-centred health services in resolution WHA69.24 (9) and the Global Strategy on Human Resources for Health: workforce 2030 in resolution WHA69.19 (10). These policies further emphasize the integral role of health services delivery and the health workforce for strong and resilient health systems globally.
3. In the WHO European Region, Member States share a timeless commitment to strengthen health systems for health and development. This commitment was marked by the 1996 Ljubljana Conference on Reforming Health Care and reaffirmed by the 2008 Tallinn Charter (11). More recently, strengthening people-centred health systems,<sup>2</sup> including revitalized public health functions and capacity (13), was recognized as one of four priority areas in the European policy framework, Health 2020 (1), which set out a course of action for achieving the Region's greatest health potential by the year 2020. The importance of people-centred health systems has also been echoed in the priorities of development partners, as well as professional associations and civil society organizations across the Region.
4. The vision put forward by Health 2020 for people-centred health systems extends the principles of equity, social justice, community participation, health promotion, the appropriate use of resources and intersectoral action, as outlined in the 1978 Declaration of Alma-Ata (2). The continuity of these principles reflects the fact that a primary health care approach is critical for health systems to make significant progress towards universal health coverage, while contributing to improved health outcomes, economic and social development (2), and wealth creation (11, 14–16).

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<sup>1</sup> This is illustrated, for example, in World health reports and documents looking in-depth at health system functions of governing (4), financing (5), resourcing (6) and delivering services (7), as well as relevant resolutions of the World Health Assembly and summits on health systems strengthening, such as the international conferences dedicated to the 30th and 35th anniversaries of the Alma-Ata Declaration on Primary Health Care, Almaty, Kazakhstan.

<sup>2</sup> **People-centred health systems** are defined as the design of core health system functions that prioritize the needs of individuals, their families and communities, both as participants and beneficiaries for high-quality comprehensive and coordinated services delivered in an equitable manner and involving people as partners in decision-making (12).

5. In line with this collective priority and the implementation of Health 2020, the WHO Regional Office for Europe has worked to highlight specific entry points for strengthening people-centred health systems. At the 65th session of the WHO Regional Committee for Europe, Member States endorsed the document *Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness (12)* in resolution EUR/RC65/R5, making health services delivery transformations one of the two priority areas of work.

6. Over the past three years, the Regional Office has worked to respond to the call of Member States for evidence-based policy options on how to transform services delivery (17). A process to accelerate this work was launched in 2013 at a commemoration event on the fifth anniversary of the Tallinn Charter in Estonia, setting out a number of dedicated activities for gathering evidence and conducting analytical work. Opportunities for regular discussion and input were organized, bringing together a forum of appointed Member State technical focal points, along with international experts and representatives from patient, provider and practitioner associations, development partners and other special interest groups, as well as WHO staff from offices in countries and from various technical units. These events took place across the Region, including in Istanbul (Turkey), Brussels (Belgium) and Copenhagen (Denmark).

7. The framework for action presented here is the result of these activities and participatory processes. Earlier drafts were reviewed and improved upon with the input of governing bodies, an online consultation with Member States and a final multi-stakeholder consultation meeting in May 2016. The Regional Office has worked to respond to the relevant input and continuously update and align the framework for action with recently approved and forthcoming policies in an effort to coordinate and complement actions. This includes, in particular, parallel work on improving noncommunicable disease outcomes, women's health, reproductive health and disease-specific (HIV and hepatitis C) strategies.

## **Health services delivery drivers for change**

8. Health systems must continuously adapt and evolve according to their contexts (18). At present, the cumulative effect of changes drives the need for transformations. Across the European Region, for example, people are living longer than ever before. As a result of increasing longevity, there is greater susceptibility to disease and disability, multimorbidity and chronicity due not only to noncommunicable diseases but also to persistent and re-emerging infectious diseases such as tuberculosis (TB) and hepatitis C. These changes have placed new demands on health services for delivery of care that is proactive, rather than reactive, comprehensive and continuous, rather than episodic and disease-specific, and founded on lasting patient-provider relationships, rather than incidental, provider-led care.

9. Other trends calling attention to health services delivery include raising public expectations about quality and safety that have followed the increased use of media, overall health literacy and awareness of health-related rights. In addition, societal changes where the traditional gender divide is being transformed, changing lifestyle and behavioural risk factors, new amplified and worsened environment-associated risk

factors and a growing demand for access to health services across borders have added further impetus for transformations.

10. Other trends catalysing the evolution of health services delivery are those advancements in research, design and manufacturing that have made possible drastic changes in the way in which we alleviate pain, restore health and extend life. For example, innovative drug treatments and therapies have allowed the treatment and management of illness in the community and at home. Similarly, new technologies have facilitated the use of e-health, m-health<sup>3</sup> and other remote applications for the personalization of services in previously unimaginable ways.

### ***Evolution of the model of care***

11. In addition to the context described, health services delivery has adjusted to the model of care<sup>4</sup> as it evolves, depicted by trends towards valuing choice and the preferences of individuals with regard to service providers and personal health goals; de-institutionalizing services for increased out-patient and community-based care and continuous management of needs; increasing the focus on people-centred care for the delivery of services across the life-course that are personalized according to risks and determinants of health; delivering care closer to home, involving individuals and their carers in managing the individual's health and long-term care needs; engaging multiple care disciplines, such as occupational and rehabilitation therapy, for overall health and well-being and by providing options, promoting the exercise of personal choice; and extending services beyond physical limits into virtual modalities that facilitate care along an entirely new dimension.

12. As a repercussion of these changes, the organization of providers, management of services and performance improvement processes must also adapt to respond to new models of care. This includes, for example, establishing new working modalities, administrative structures and information systems that facilitate the model of care. Failure to adapt across services delivery processes poses potential bottlenecks that undermine progress towards optimized care. For example, high, yet variable, rates of avoidable hospitalizations for ambulatory care sensitive conditions,<sup>5</sup> such as asthma, diabetes and chronic obstructive pulmonary disease, are a widely expected symptom of deficiencies in the performance of services delivery processes.

### ***Transformation to integrated health services delivery***

13. Diverse types of services, as well as numbers and profiles of providers and settings of care, are increasingly a result of the trends described, shifting the general architecture of services delivery. In line with these changes, integrated health services

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<sup>3</sup> **M-health** is defined as the use of mobile technologies to support health information and medical practices, often incorporated into services such as health call centres or emergency number services (19).

<sup>4</sup> **Model of care** is defined as an evolving conception of *how* services should be delivered. The evolution of the model of care implies changes to services delivery processes in response, including in the design of care, organization of providers, management of services and continuous performance improvement.

<sup>5</sup> **Ambulatory care sensitive conditions** are defined as those conditions for which hospitalization can be avoided with timely and effective care in ambulatory settings (20).

delivery has emerged as a design principle for complex interventions<sup>6</sup> by promoting alignment to the multifaceted nature of services delivery and health systems in order to optimally manage and respond to the health needs of populations and individuals (21).

14. Integrated care is a vehicle – a means rather than an end in itself – to innovate and implement sustainable services delivery transformations for improving health outcomes (22,23). Giving direction to the process of transforming the provision of services reflects the very essence of integration, coming from the Latin word *integer*, meaning “whole” or “entire”, which in principle reflects a focus on combining parts so that they work together or form a whole.

15. This description recalls earlier definitions of integrated care put forward by WHO, defining it as “a concept bringing together inputs, delivery, management and the organization of services related to diagnosis, treatment, care, rehabilitation and health promotion” (24). More recently, the aims of integrated health services have been described as the management and delivery of care 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, according to their needs throughout the life-course (9).

### ***Achievements in transforming services***

16. Across the European Region, health services delivery has shown an impressive ability to respond and adapt. The past decades have seen pertinent health problems and risk factors tackled in priority areas such as cardiovascular diseases, cancer and maternal and child health. The successes recorded demonstrate first hand that more robust, integrated interventions have the potential to account for the determinants of health and to sustainably improve health outcomes.

17. In recent years, widespread activity across Member States has been observed to uphold the principles of integrated health services delivery, from initiatives implemented as local, facility-specific pilot projects and demonstration sites to regional and system-wide reforms. These efforts are increasingly well-documented and studied, contributing to an ever-expanding evidence base on health services delivery. These real-life experiences provide rich insights into what works in practice, both in terms of technical strategies and process considerations (18).

### ***Challenges for sustainable transformations***

18. Despite this activity and documented successes, putting people first is not a trivial principle and may require significant, even if simple, departures from business as usual. The insights of successes in thematic areas have huge and untapped potential, constrained by frameworks that fall short in reasoning the associations between actions

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<sup>6</sup> **Complex interventions** are defined by their common characteristics, including one or more of the following: various interacting components; targeting groups or organizations rather than, or in addition to, individuals; variety of intended (and unintended) outcomes; amenable to tailoring and learning by feedback loops; and effectiveness impacted by behaviours of those delivering and receiving the intervention (21).

and what to tackle first. Moreover, there have been limited efforts to specify and explain the common denominator actions required to strengthen health services delivery.

19. Moreover, efforts to transform health services struggle to successfully lead and manage change. Often with pre-set time frames and funding limits, such efforts are not treated as core business from the outset, leaving many attempts to transform services small in scale and context specific.

20. Taken together, the common challenges in transforming services delivery can be described as follows.

- **Adopting a results-based approach** – the challenge of defining and measuring the performance of health services delivery and its contribution to improving health outcomes has delayed transformations, given the difficulty of identifying and reaching the root causes of poor performance.
- **Unpacking the key components of health services delivery** – identifying the root causes of poor health systems performance calls for a focus on the processes that are unique to the health services delivery function. For this, a clear understanding of the components of health services delivery is needed. The challenge, in practice, is to identify what to tackle first.
- **Alignment with systems thinking** – health services delivery is an adaptive platform, capable of responding to changes and adjusting its processes to optimize performance. However, there are limits to these adjustments if the interdependencies across all system functions are not addressed and in alignment with other sector systems, such as social services and education.
- **Managing the transformation process** – there is strong evidence to demonstrate that systems must be effectively led and managed in order to achieve changes for integrated health services delivery. With a trend towards decentralized institutional settings and distributed governance for a stronger focus on local needs and tailored resources and services, accountability arrangements face new demands to clarify mandates and distribute resources in order to meaningfully engage across actors in the process of transformations.

### ***The economy of integration***

21. The momentum garnered by integrated health services delivery reflects in large part the continuously growing evidence base on its contribution to outcomes. There is now strong evidence that integrated health services delivery, as a complex intervention, contributes to improved measures of quality of care, access, decreased unnecessary hospitalization and re-hospitalization and increased adherence to treatment (25–28). There is also some evidence that, as a complex intervention, integrated care contributes to the effectiveness of services and to improved health status (29–30).

22. To date, while there is some evidence of the cost-effectiveness of integrated care from evaluations of single interventions, it is inconclusive for complex interventions (22). Clear-cut evidence as to the effectiveness of diverse and complex changes has proved difficult due to the methodological limitations to define, to measure and to evaluate integrated care. Nevertheless, in the absence of strong evidence, based on the principles of allocative efficiency, there is good reason to expect efficiency gains

should follow the better allocation of resources as a result of improvements such as coordination of resources, minimized duplication of procedures, decreased patient discomfort, shorter waiting times and avoided resource waste.

## **Framework for action on integrated health services delivery**

### ***Vision***

23. Strengthening people-centred health systems, as set out in Health 2020 (1), that strive to accelerate maximum health and well-being gains for populations and individuals, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources, including through intersectoral and multisectoral actions consistent with whole-of-society and whole-of-government approaches.

### ***Strategic approach***

24. Integrated health services delivery,<sup>7</sup> anchored in the same principles as first set out in the health-for-all agenda and vision for primary health care (2), is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people-centred health systems.

### ***Goals***

25. The ultimate goal of the framework is to improve health and well-being by transforming health services delivery, applying systems thinking (15) to reason the interactions with other health system functions and the wider context. It sets out essential areas for undertaking transformations for integrated health services delivery, put forward in the section on *areas for action*. For each area, *key strategies* are identified and relate only to those enabling factors that can be acted upon within the purview of micro- and meso-level policy options. In this way, the framework serves as a checklist for ensuring all relevant factors for transformations are considered and activated as called for (see Annex, Table 1).

26. In working to transform services delivery, macro-level, comprehensive system reforms are no less vital, having an integral role in establishing the supportive conditions for complex interventions and transformative change. Broader policy changes are also necessary for ensuring scale, allowing roll out and sustainability of transformations over time.

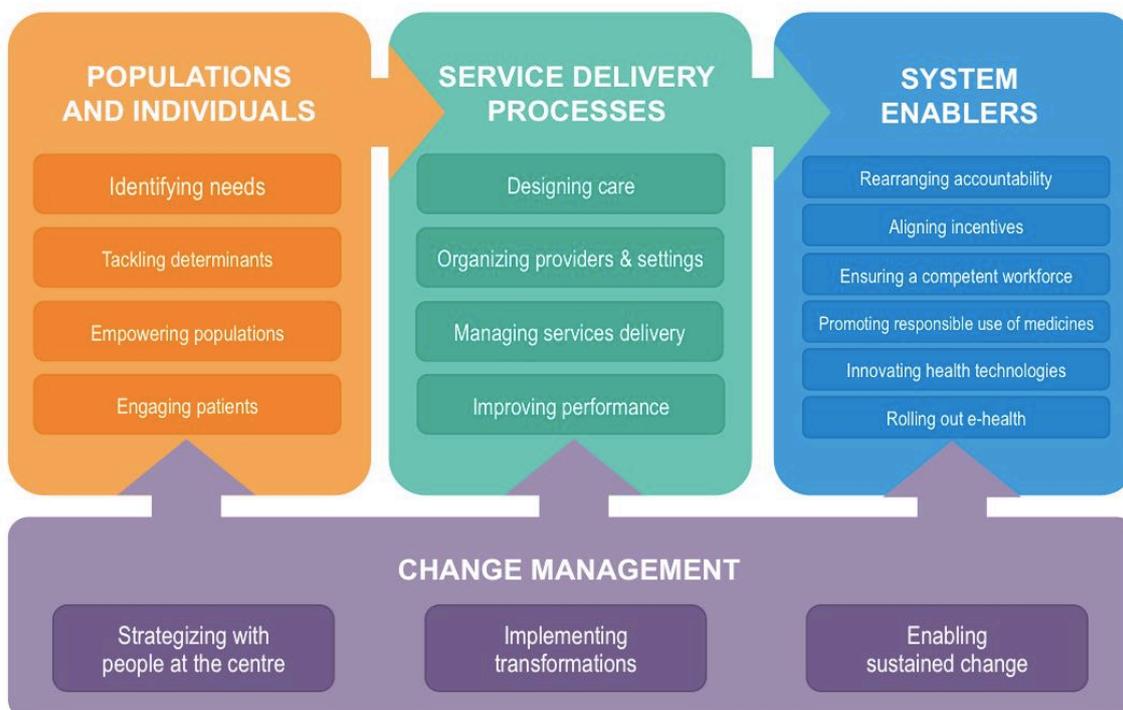
27. All identified areas are organized in four domains, sequenced as shown in Fig. 1, and are guided by the following goals:

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<sup>7</sup> **Integrated health services delivery** is defined as an approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care. It should be effectively managed to ensure optimal outcomes and the appropriate use of resources based on the best available evidence, with feedback loops to continuously improve performance and to tackle upstream causes of ill health and to promote well-being through intersectoral and multisectoral actions.

- **populations and individuals** – to identify health needs and work in partnership with populations and individuals, as patients, family members, carers and members of communities, civil society and special interest groups, to support health-promoting behaviours, skills and resources in order to ensure that people have the potential to take control of their own health, while also working to tackle the determinants of health and improve health across the life-course without discrimination by sex, gender, ethnicity and religion;
- **services delivery processes** – to ensure that the processes of designing care are matched by organizing, managing and improving services accordingly in order to optimize the performance of health services delivery in alignment with the health needs of those populations and individuals it aims to serve;
- **system enablers** – to align the contributions of other health system functions in order to support the conditions required for services delivery by arranging accountability mechanisms, aligning incentives, preparing a competent workforce, promoting the responsible use of medicines, innovating health technologies and rolling out e-health; and
- **change management** – to lead and manage the process of change strategically at the different stages of transforming health services delivery by setting a clear direction, developing and engaging partners and piloting innovations to ensure transformations are tailored to the needs of the population and rolled out and sustained over time.

Fig. 1. Overview of the European framework for action on integrated health services delivery



Source: WHO Regional Office for Europe.

## Areas for action

### ***Domain one: populations and individuals***

28. Putting people first means holistically considering multidimensional population and individual health needs when designing and tailoring the provision of services and assigning them a role so that they not only are involved in that process but also are an active partner in efforts to improve their health and well-being.<sup>8</sup> Fostering the behaviours, skills and resources needed for people to be articulate and empowered partners in health has found strong support (32–34). This is increasingly the case, since a greater number of health decisions and behaviours for health and well-being are taking place outside the health system, occurring instead in homes and communities.

29. This domain sets out a course for action that roots transformations according to priority improvements in health. Supporting health-promoting behaviours, skills and resources in order to ensure that people have the knowledge and motivation to take control of their own health and engaging patients to become active partners in accessing services are also key areas for strategizing transformations with people at the centre.

30. Activating transformations with people at the centre challenges conventional reforms, focused rather on input optimization, to put health outcomes first and foremost. This challenge should not be underestimated in practice, taking time, trust and a sound, evidence-based case for change (18). Generating the required momentum demands a compelling narrative for change, supported by the alignment of actors across the health system and a clear, unifying vision and plan of action (see Domain four: Change management).

### **Identifying health needs**

31. Focusing on critical population health challenges, such as cardiovascular diseases, diabetes, cancers, dementia, HIV/AIDS and TB, along with lifestyle-related risk factors, including tobacco, alcohol, sugar and salt consumption, has demonstrated the link between robust services delivery interventions and accelerated improvements in health outcomes.<sup>9</sup> Clearly identifying priority health improvement areas is vital for designing and planning services based on critical epidemiological, demographic and social challenges and known risks, minimizing waste through the prioritization of relevant services (40,41).

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<sup>8</sup> **Well-being** can be defined subjectively as an individual's experience of his or her life, comprising a person's overall sense of well-being and psychological function, as well as affective stress, and objectively as a comparison of life circumstances with social norms and values, such as health, education, employment, social relationships and the built environment (31).

<sup>9</sup> The critical role of services delivery is signaled in current regional strategies and action plans, including the European Mental Health Action Plan 2013–2020 (35); Action plan for the prevention and control of noncommunicable diseases in the WHO European Region (document EUR/RC66/11); European Vaccine Action Plan 2015–2020 (36); Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020 (37); Strategy on women's health and well-being in the WHO European Region (document EUR/RC66/14); European Food and Nutrition Action Plan 2015–2020 (38); and Tuberculosis Action Plan for the WHO European Region 2016–2020 (39).

32. This area aims to ensure that transformations are driven by the pursuit of specific and measurable gains in health and well-being by first identifying health needs and risk factors. The approach works to establish a well-founded understanding of the population in order to ensure that there is a proactive and equitable response to health needs.

33. Key strategies for taking action are:

- (a) stratifying health needs and risks of the population by epidemiological, demographic, socioeconomic and/or geographical variables; and
- (b) planning actions based on evidence for focused health plans with achievable results in priority health improvement areas.

### **Tackling the determinants of health**

34. Tackling the determinants of health has proved to directly contribute to increased healthy life expectancy, as well as enhanced well-being and quality of life, all of which can yield important economic, societal and individual benefits (1). Coordination within and beyond the health sector has shown to be critical for expanding access to services and improving responsiveness by extending choice (42) and successfully addressing the wider determinants of health and development (43–46).

35. This area aims to systematically assess the effects of socioeconomic status, the environment, gender, education, and political, commercial, cultural and societal factors affecting health in order to tailor health services and work meaningfully in collaboration with other sectors in the delivery of health services. The approach recognizes the intersections between the different determinants of health and seeks to tackle the root causes of ill health and inequities in order to uphold a whole-person-facing perspective for services delivery.

36. Key strategies for taking action are:

- (a) identifying the determinants of health influencing critical population and individual health challenges in order to appropriately tailor services; and
- (b) mapping support needed beyond health services for taking action that overcomes sectoral boundaries and enables an integrated approach to be taken to health services delivery.

### **Empowering populations**

37. Health systems have the responsibility to establish the necessary behaviours, skills and resources needed to ensure that people have the potential to take control of their health (47). There is strong evidence that interventions that support individuals, their families and communities to be articulate and empowered partners in health have a positive impact on a range of outcomes, including improved patient experience and service utilization (48–50), improved health literacy (51) and increased uptake of healthier behaviours (34).

38. This area aims to empower populations<sup>10</sup> to have the potential to take control of their health and health services by playing an active role in defining problems, decision-making and actions to manage their own health. The approach is founded on the Region's shared values of protecting and promoting the fundamental rights of the population and patients (2,53). It recognizes the need to overcome existing barriers to empowerment caused by gender inequalities and other forms of inequalities based on migration status, sexual orientation and gender identity, ethnicity, religion, age or disability.

39. Key strategies for taking action are:

- (a) protecting rights and fostering shared responsibilities by establishing transparent, respectful and accountable relationships between populations, the health workforce, regional authorities, insurance providers and policy-makers, safeguarding entitlements and fostering patient responsibility for their health and utilization of health services;
- (b) enabling informed choice<sup>11</sup> by providing access to information to support people to have control over the choices in decision-making and in the formulation of needs and desires that affect their health and health services, including, among others, choices regarding health providers, care pathways, behaviours and lifestyles, and advanced care planning and living wills;
- (c) enhancing health literacy<sup>12</sup> through health education to develop the knowledge and skills of people which influence their motivation, attitudes and ability to gain access to understand and use information in ways that promote and maintain health and well-being; and
- (d) supporting the development of community health, including the activation and engagement of people to organize themselves and work together to identify their own health needs and aspirations, taking action to exert influence over the decisions that affect their lives, thereby improving the quality of their own lives and that of their communities.

## Engaging patients

40. Engaging patients, their families, carers<sup>13</sup> and extended support groups can improve patient experience and satisfaction with services, establishing trust, better compliance (54–56) and ultimately, improved health outcomes (57). The active involvement and cooperation of patients also plays a crucial role in coordinating services during transitions to ensure continuity of care (34,58,59).

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<sup>10</sup> **Population empowerment** is defined as the process of developing partnerships, valuing oneself and others, and mutual decision-making, as well as freedom to make choices and accept responsibilities (52).

<sup>11</sup> **Informed choice** is defined as the information and support provided to people to think decisions through and to understand what reasonable expected consequences may result from making those choices (52).

<sup>12</sup> **Health literacy** is defined as the achievement of a certain level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions (52).

<sup>13</sup> **Patient engagement** is defined as the degree of active involvement people have in taking care of their own health and shaping health systems (52).

41. This area aims to establish the conditions required for patients to play an active role in decision-making, care planning, management of their chronic conditions and maintenance of their health and that of their dependents, ensuring that their understanding of their health and health goals informs health services delivery. The approach is rooted in patient activation for the co-development of services for care that is delivered as a partnership between providers and patients.

42. Key strategies for taking action are:

- (a) supporting patient self-management<sup>14</sup> by providing the tools to help patients to participate in the process of utilizing health services and self-care and to control the safety of market solutions by developing the knowledge, skills and confidence to manage their own health and self-care for a specific condition and when recovering from an episode of ill health;
- (b) supporting patients' shared decision-making<sup>15</sup> about their health and well-being, in considering options, including the choice of taking no action, in weighing risks and benefits and in analysing how the available options suit their values and preferences;
- (c) strengthening patient peer-to-peer support for providing help to and receiving it from other people in similar situations, based on mutual and shared understanding; and
- (d) supporting patients' families and carers to develop the knowledge, skills and actions required to care for themselves and for others while promoting transformative approaches that reduce the burden of unpaid care on women and engage men.

### ***Domain two: service delivery processes***

43. Health services delivery has been described as a composite of core, interlinked processes, depicting the unique, adjustable properties of the function and closely linked to its overall performance. These include the processes of designing care, organizing providers, managing services and continuously improving performance (60). The framework leverages these as key areas for the optimization of services across types of care<sup>16</sup> (such as health protection, health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and long-term care) and settings<sup>17</sup> (such as primary, community, home, in-patient, secondary, out-patient and tertiary care). The

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<sup>14</sup> **Self-management or self-care** is defined as the knowledge, skills and confidence to manage one's own health, to care for a specific condition or to recover from an episode of ill health (52).

<sup>15</sup> **Shared decision-making** is defined as an interactive process in which patients, their families and carers, in collaboration with their health provider(s), choose the next action(s) in their care path following an informed analysis of possible options, their values and preferences (52).

<sup>16</sup> **Types of care** refers to the varied aim of services, such as health protection, health promotion, disease prevention, diagnosis, treatment, management, long-term care, rehabilitation, and palliative care, with the specific population intervention and individual services delivered accordingly (60).

<sup>17</sup> **Settings of care** describe the varied types of arrangements for services delivery, organized further into different facilities, institutions and organizations that provide care. Settings include ambulatory, community, home, in-patient and residential services, whereas facilities refer to infrastructure, such as clinics, health centres, district hospitals, dispensaries or other entities, for example, mobile clinics and pharmacies (60).

areas for action are guided by the focus on people, as set out in the framework's domain one and rely on the health system to develop the supporting institutional structure for rolling out, scaling up and sustaining transformations.

44. Managing change calls for adjustment of daily practices. The discomfort of doing things differently can often be made easier through strategies such as the gradual roll-out of change through pilot projects, efforts to develop a shared sense of ownership and accountability and new or enhanced modalities for continuous dialogue and feedback (see Domain four: change management).

### **Designing care across the life-course**

45. The benefits of selecting a comprehensive package of services for health outcomes are well documented (7,61), including greater success of treatment (62,63) increased uptake of preventive care and improved care-seeking behaviours (64). In the context of changing patterns of ill health and disability and the resulting increased use of multidrug regimens and parallel treatment plans, the ability to provide a range of services, while also tailoring care to the needs of the population and the individual, is of particular relevance.

46. This area aims to configure the design of services in order to facilitate the model of care for the delivery of population and individual services<sup>18</sup> based on a well-founded understanding of the population and its multidimensional needs in order to equitably promote, preserve and restore health, and respectively well-being, throughout the life-course. The approach is guided by the perspective of the individual rather than adopting an illness- or disease-specific focus and adaptations to delivery processes that support the continuous evolution of the model of care.

47. Key strategies for taking action comprise:

- (a) including services across a broad continuum and over the lifespan for health protection, health promotion, disease prevention, diagnosis, treatment, long-term care, rehabilitation and palliative care according to the vision of a primary health care approach;
- (b) standardizing practices using instruments such as clinical guidelines and protocols to inform clinical decisions that promote the delivery of interventions of proven effectiveness;
- (c) designing care pathways, including transitions, referrals and counter-referrals, to map optimal routes for patients according to their individual needs in order to maximize coordination and avoid duplication; and
- (d) tailoring patient care in order to promote the optimal provision of services over time and according to the individual's multidimensional needs.

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<sup>18</sup> **Core services** are defined as population interventions and individual services that are evidence-based, high-impact, cost-effective, affordable, acceptable, feasible services critical to achieving expected health gains (23).

## **Organizing providers and settings**

48. Coordinating providers has been linked with marked improvements in intermediary outcomes related to disease control and quality of service delivery (26,28,65–69). Improvements in service provision have been attributed to gains in skill mix and expanded scopes of practice, providing complementary, coordinated services while minimizing duplication and fragmentation (26).

49. This area aims to organize providers in settings, scopes of practice and working environments that correspond to the model of care. The approach seeks ultimately to address, and to remove, organizational barriers that compromise coordination, such as fragmented information exchange, and to foster optimal interdisciplinary collaboration for achieving better health outcomes, thereby improving continuity of care.

50. Key strategies for taking action comprise:

- (a) introducing new and/or re-profiling settings of services delivery to correspond to the model of care and to the design of care pathways, such as assisted living and home care, acute care centres, rehabilitation centres, repurposing of hospitals and care provided in pharmacies;
- (b) structuring practices and teams for a multidisciplinary approach to services delivery to facilitate regular communication and information exchange across specialities within and between levels of care;
- (c) adjusting the roles and scope of practice of providers, including role expansion and substitution; and
- (d) facilitating information exchange through communication mechanisms such as remote consultations by email or telephone; vertical information platforms, for example, shared medical records; and team redesign, including for liaison and care coordinator positions.

## **Managing services delivery**

51. The day-to-day delivery of services requires skilful management to coordinate processes with optimal efficiency and effectiveness (62,70,71). A results-oriented approach to services delivery is critical to promoting quality and accountability. Managing services is also a key process for translating policies into practice and is therefore of critical importance to the overall performance of the system (72).

52. This area sets out to ensure that managerial processes are executed to maximize efficiency, maintaining consistency of operations while also supporting problem solving and troubleshooting as needed. The approach is rooted in the principles of management, which should provide practical guidance and oversight of operations so as to deal with complexity in the production process of health services delivery.

53. Key strategies for taking action are:

- (a) ensuring that appropriate resources are in place to promote access to core services selected according to the defined model of care and used in the most efficient way;

- (b) linking meaningfully across actors to address the wider determinants of health and to collaborate with the public sector, the private sector and civil society organizations, including community, nongovernmental and faith-based organizations, as well as the education, labour, housing, food, environment, water and sanitation, and social protection sectors; and
- (c) adopting a results-oriented approach, setting targets or goals for the future and establishing the processes required to achieve plans and to optimize efficiency and effectiveness in the delivery of health services.

### **Improving performance**

54. Optimizing services delivery is an iterative process that relies on feedback loops to identify and prompt modifications. A non-punitive environment is a key contributor to encouraging adjustments and innovation over time, backed by substantive evidence that investments in improving clinical practice are effective for improving outcomes, in particular quality of care, including safety (6,73).

55. This area sets out to establish regular testing and modifications of services delivery through systematic review of, and feedback on, clinical processes and performance improvement opportunities. The approach acknowledges the dynamic nature of health, calling for services to continuously adjust and evolve not only with changing needs and circumstances but also in pace with the relevant sciences.

56. Key strategies for taking action are:

- (a) strengthening clinical governance in order to systematically examine clinical processes, identify gaps in performance and analyse causes of variations from defined standards; and
- (b) creating a system of lifelong learning to ensure that the workforce is equipped with the skills necessary to respond to the population's needs.

### ***Domain three: system enablers***

57. Other health system functions, namely, governing, financing and resourcing, can be described according to their unique processes.<sup>19</sup> It is the collective improvement of each of these functions that describes health systems strengthening. When focused on improving services delivery, actions are concentrated instead at the intersection between the services delivery and the other health system functions.

58. This system-facing domain calls for actions at the intersection between services delivery and other health system functions. The areas for action identified prioritize the inputs of health systems that have shown in practice to be directly linked to services delivery performance (18).

59. To enable sustained reforms, this domain calls for actions across sectors and long-term planning processes with feedback on changes in order for the necessary conditions to be systematically adjusted and aligned (see Domain four: Change management).

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<sup>19</sup> Health services delivery: a concept note (60) provides a summary of the processes most commonly used to depict each function.

## Rearranging accountability

60. Accountability is an essential component of services delivery, setting out clear arrangements and making explicit the ways in which actors are expected to perform and interact (74,75). The decentralization of decision-making to local authorities under the appropriate conditions, such as skilled authorities and optimal level of autonomy, can improve the responsiveness of health services to local needs in order to improve health outcomes, enhance local accountability, increase equity and improve the allocation of resources (75).

61. Moreover, there is growing recognition of the need to strengthen accountability arrangements for the institutional conditions that can support engagement with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions. For integrated health services delivery, these public–private partnerships offer meaningful ways to leverage the strengths of multiple disciplines to catalyse reforms, leading to new information and technical systems, as well as innovative products and delivery capacity (76).

62. This area sets out to facilitate the necessary adjustments for accountability arrangements<sup>20</sup> that are clear and well-resourced and guided through regular supervision. Aligning accountability arrangements aims ultimately to set a basis for actions both within the health sector and in partnership with other sectors.

63. Key strategies for taking action are:

- (a) assigning clear mandates according to the expected roles of actors to ensure that the institutional and organizational arrangements fit with overarching goals while minimizing overlaps, duplication or fragmentation;
- (b) ensuring the necessary resources and tools for the implementation and enforcement of goals, including the time, space and capacity for actors; and
- (c) generating evidence on performance that includes patient input and providing feedback on findings to ensure evidence-based decision-making.

## Aligning incentives

64. Payment of providers and the alignment of incentives has proven intricately linked to the type, quality and quantity of services provided (77,78). Increasingly, provider payment mechanisms combine capitation, fee-for-services and pay-for-performance to incentivize quality of care and the provision of health promotion and disease prevention services, as well as the management of chronic illness (79).

65. This area calls attention to the importance of finding alignment between the desired performance and rewards or deterrents for purchasers, providers and patients in order to ensure that these are optimally designed for integrated health services delivery.

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<sup>20</sup> **Accountability** is defined according to its necessary elements: a clear mandate, with the necessary resources and adequate incentives for its fulfilment, as required.

66. Key strategies for taking action are:
- (a) steering the allocation of resources, particularly in the context of a purchaser–provider split and/or the presence of various purchasers, towards outcome-oriented strategic purchasing;
  - (b) linking provider payment mechanisms to performance improvements based on the model of care, including quality and integration; and
  - (c) implementing incentives for patients, in particular with respect to individual compliance with national preventive programmes and healthy lifestyle campaigns and patient compliance with treatment plans and medication that take the impact of the broad determinants on individual health into account.

### **Ensuring a competent health workforce**

67. Ensuring a competent<sup>21</sup> health workforce, capable of applying taught knowledge and skills, is critical for improving outcomes for patients and populations (81–83). A workforce with the knowledge and skills to optimally respond to the needs of the population has been shown to address potential shortages and maldistribution and to increase productivity, job satisfaction, recruitment and retention, helping to improve the quality of care in general (6,84).

68. This area calls for actions to support the health workforce in consolidating competencies, including non-clinical competencies such as communication skills and capacities to address the impact of the wider determinants of health. It also calls for a focus on establishing the supportive practice environment necessary to deliver integrated health services while working to gradually change professional cultures for more interdisciplinary modalities of work. The approach shifts the focus from initial education to view the strengthening of health workforce competencies as a process requiring continuous investment over time, with feedback cycles to inform the education of future human resources for health. It acknowledges the gendered nature of the paid and unpaid health workforce, which should be addressed across the actions.

69. Key strategies for taking action comprise:
- (a) recruiting and orienting the health workforce on the basis of competencies in order to ensure selection of candidates with the optimal potential to attain the desired competencies;
  - (b) enabling a supportive multidisciplinary practice environment with the built-in physical and social infrastructure required to safeguard time and resources, which also promotes mentoring and coaching to strengthen competencies in the workplace; and
  - (c) establishing continuing professional development, lifelong learning and career development opportunities to promote new, or the advancement of existing, knowledge and skills.

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<sup>21</sup> **Health workforce competencies** are defined as the essential, complex, knowledge-based acts that combine and mobilize knowledge, skills and attitudes with the existing and available resources to ensure safe and quality outcomes for patients and populations. Competencies require a certain level of social and emotional intelligence so that they are as flexible as they are habitual and judicious (80).

## **Promoting the responsible use of medicines**

70. Medicines are critical for effective treatment and management of health needs and diseases (85,86). The rapidly evolving field of medicines has made treatment more focused, effective and affordable,<sup>22</sup> ultimately improving the management of illness in the community and at home. Ensuring the responsible use of medicines in services delivery is vital not only to take stock of such advancements and achieve improved outcomes but also to avoid threats, such as antimicrobial resistance, to effective prevention and treatment through inadequate practices (60).

71. This area aims to promote the responsible use of medicines to minimize the overuse, underuse or misuse of medicines, which otherwise contribute to wastage and health hazards. The approach recognizes the increasing importance of personalized drug plans for enhancing the effectiveness in patients taking multiple medicines (polypharmacy).

72. Key strategies for taking action are:

- (a) ensuring that clinical practice guidelines promote the optimal provision of quality and affordable medicines;
- (b) addressing prescription, dispensing and medicine administration processes through improved behavioural practices of health professionals and patients; and
- (c) supporting the personalization of drug regimens for the responsible use and effectiveness of individual treatment plans that reflects the different biological needs of women and men across their life.

## **Innovating health technologies**

73. The importance of health technology and medical devices and equipment has accelerated in recent years with advances in science and biomedical engineering. Such advances include rapid diagnostic tests, self-monitoring tools for diet and exercise and devices that enable blood pressure measurements to be taken at home (88,89). Innovations have allowed services delivery new means to focus on ways in which it can better manage needs while also assisting services delivery processes, for example, through interprofessional communication across organizational boundaries (90).

74. This area aims to support continuous innovation in the uptake and use of health technologies within services delivery. It underscores the optimization of health services delivery by improving gaps in procedures and processes. The focus recognizes evidence and research as critical inputs for innovations in health services delivery.

75. Key strategies for taking action are:

- (a) supporting the ethical and responsible application of new technologies in services delivery to facilitate new services delivery processes, including the harmonization of user-friendly platforms or systems to support integration across settings and providers; and

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<sup>22</sup> The high cost of new medicines is also recognized, posing challenges for sustainable access and calling for critical priority-setting in order to improve efficiency in spending while maintaining an appropriate balance between access and cost-effectiveness (86,87).

- (b) contributing to health services and system research and applying the evidence on new health technologies while keeping pace with this evolving field.

### **Rolling out e-health**

76. The delivery of health services is information intensive. Across the Region, innovative communication platforms, including electronic health records,<sup>23</sup> telehealth<sup>24</sup> and m-health, have already been introduced and incorporated into health services delivery (91,92). The application of these tools in services delivery has accelerated the exchange of information on prevention, diagnostics and treatment, as well as the use of data in the management of patients, coordination of providers and administration of health institutions (70). The customization of electronic health data allows innovative ways of prescribing medicines, billing services and documenting communications with patients, streamlining the work of team members while also identifying opportunities for intervention across broad populations of patients (93).

77. This area aims to develop the expanded use of e-health in services delivery as a tool for communication, facilitating care coordination, administrative and managerial processes and transparency. The approach recognizes the varied purposes for which data are required, including service information for patients, clinical information for providers, process information for management and health systems information for health planning.

78. Key strategies for taking action comprise:

- (a) facilitating the interoperability and user-friendly interface of electronic platforms to enhance the flow and use of information made possible by e-health; and
- (b) granting access to health data for individuals and providers while protecting confidentiality and the secure and safe flow of information for its appropriate use in health services delivery and in research.

### **Domain four: change management**

79. Lessons from implementation signal that initiatives to transform services often fail due to weak change management rather than technical content. This emphasizes the importance of the contribution of the process of change to the overall success of initiatives in terms of its capacity to sustain health services delivery transformations at scale and over time. Viewing health services delivery transformations as a process also recognizes that changes are more likely to occur as incremental adjustments in a stepwise process along a continuum rather than as immediate and large-scale, sweeping changes.

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<sup>23</sup> **Electronic health records** are defined as real-time, patient-centred records that provide immediate and secured information to authorized users and that play a vital role in universal health coverage by supporting the diagnosis and treatment of patients through provision of rapid, comprehensive and timely patient information at the point of care (19).

<sup>24</sup> **Telehealth** is defined as the delivery of distance health services, such as remote clinical diagnosis and monitoring, as well as non-clinical functions, including prevention and promotion of health and curative services (19).

80. The change domain guides this delicate process by providing strategies to overcome challenges and to face new circumstances with the know-how obtained from practical experience. These lessons are put forward as change management areas for action. The areas propose key strategies for change agents at the different stages of transformations, namely, strategizing change with people at the centre; implementing health services delivery transformations; and enabling sustained change.

### **Strategizing change with people at the centre**

81. A shared vision for strategizing change, coupling a clearly defined and well-articulated problem with a solution, is the first step in making change happen (18). At this stage, the support of all actors, from the micro to the macro level – including health professionals, health managers<sup>25</sup> and administrators, patients, their family members and carers, and health decision- and policy-makers – is vital for putting ideas into action.

82. This area sets out to build the momentum for change by presenting and communicating the problem in order to motivate and inspire other parties concerning the importance of the required changes. This is rooted in whole-of-government and whole-of-society approaches (1).

83. Key strategies for taking action are:

- (a) creating a platform and developing a narrative for change to advocate for improvements and to generate interest and buy-in, allowing initiatives to emerge;
- (b) engaging actors across the health system and establishing a high involvement culture that includes patients and their families in strategizing changes in order to promote ownership, as well as garnering and ensuring political and social support; and
- (c) developing a planned approach to reason changes in terms of systems thinking and to unify actions within a common vision and direction for the future aiming at early wins to ensure sustainability.

### **Implementing transformations**

84. Implementing services delivery transformations means doing things differently. However, challenging the status quo requires some level of creative disruption; skilful change management strategies are therefore needed to initiate the process and keep it on track.

85. This area sets out to accelerate the implementation of transformations in order to activate changes across areas effectively and in a timely manner. Adopting a bottom-up, grass-roots approach builds trust, interest and a shared sense of responsibility for a team dynamic to underpin the process.

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<sup>25</sup> **Health managers** are defined as the authorities responsible for overseeing the operations and day-to-day delivery of services, including processes of planning and budgeting, aligning resources, managing implementation and monitoring results (60).

86. Key strategies for taking action are:

- (a) implementing pilots, experiments and/or demonstration cases to test ideas and to establish transformations using a bottom-up approach to ensure context-specific solutions;
- (b) developing a high involvement culture, delegating tasks and engaging across actors to foster a shared sense of ownership in the success of transformations; and
- (c) facilitating communication and open dialogue through regular discussions and platforms to allow for continuous conversations, networking, sharing of ideas and support throughout the process.

### **Enabling sustained change**

87. Transforming health services delivery takes time. The process is often far from linear, with new priorities competing for attention, unanticipated obstacles developing and a turnover in key actors naturally occurring. Each unanticipated obstacle can present both challenges and opportunities for the continuously evolving processes of health services delivery transformations.

88. This area aims to sustain transformations by bringing alignment between health services delivery and the other health system functions. This alignment is needed for the widespread uptake and sustainability of health services delivery transformations initiated on a smaller scale.

89. Key strategies for taking action are:

- (a) building coalitions to expand access to the ideas and talents needed to sustain transformations and bring people from different backgrounds, settings and sectors together to work towards a common purpose;
- (b) fostering resilience and persevering against time pressures in order to see through transformations by balancing day-to-day changes and short-term decisions with long-term adjustments in order to achieve the original overarching goals; and
- (c) activating levers across the various areas for action to ensure alignment of changes throughout the health system.

## **The framework for action in practice**

### **Target audience**

90. This work places the focus firmly on actions across government and society, recognizing that everyone has a role to play in integrated health services delivery (94). The importance of a whole-of-government and whole-of-society approach derives from the diversity of areas for action proposed by the framework. Moreover, the framework recognizes that health services delivery transformations are a product of multi-actor, multisectoral engagement rather than individuals or institutions singlehandedly managing change.

91. Key actors and their contributions to transforming health services delivery include the following.

- **Individuals and communities** – as patients, family members, carers and members of communities, civil society and special interest groups, individuals are active partners in the overall design and planning of health services, setting their health goals and managing their own health.
- **Providers and practitioners** – as front-line health professionals providing services targeted at patients and populations, providers and practitioners are vital to efforts to optimize the performance of services, adopt new processes and evolve a professional culture that is directed towards delivering patient-centred care.
- **Managers of services** – with managerial responsibilities for services delivery, managers are vital to oversee the day-to-day delivery of services, while aligning the health workforce in taking action towards the agreed health agenda.
- **Regional authorities** – as decision-makers at the subnational level, regional authorities put policy into practice by interpreting and implementing aims and objectives in the context of their jurisdictions and by ensuring availability to adequate resources and competencies on the ground.
- **Insurers** – with responsibility for securing the remuneration of health services, insurers guarantee access to comprehensive and quality care within the scope of services according to the needs of all insured individuals.
- **National authorities** – as the ultimate guarantor of equitable access to quality health services as a human right and as overarching policy-makers, with oversight of public systems, the engagement of national authorities ensures a unified direction and changes to remove, simplify and introduce new institutional conditions and intersectoral actions.

### **Priority avenues for integration**

92. Avenues for initiating integrated health services delivery transformations provide ways to focus practically on high-leverage entry points in order to accelerate achievement of the desired health and efficiency gains.

93. While their prioritization and dynamics are ultimately context specific, priority avenues for the European Region can be described as underscoring the following areas.

- **Integration between primary care and public health** – responding to unhealthy lifestyles, environmental risk factors and the determinants of health, population health management calls for integration between individual health protection and promotion and disease prevention services and population-based interventions.
- **Integration between levels and settings of health care** – while traditionally an avenue pursued to deal with increasing chronicity and multimorbidity in a context of fragmentation as a result of multi-providers, multi-settings and multi-levels, strengthening the integration of primary and secondary health care remains of great importance. This avenue focuses on integrating the delivery of services across levels, providers and care settings. It includes the intersections of primary care and hospitals and other types of institutionalized care, rehabilitation and

therapeutic and support services, as well as day care and home-based, daily nursing regimens.

- **Integration between health and social care** – disabilities, ageing and chronicity call for strengthening the integration of services at the intersection of health and social care. Priorities along this avenue include, among others, integration to provide long-term, home-based and community care.

### **Adaptation to specific contexts**

94. Transforming health services delivery has been described as a multistage process often occurring in a stepwise manner along a continuum of development (95,96). The continuum itself is non-linear, given the multimodal character of services delivery. Moreover, the starting point for transformations is context specific, just as the optimal stage of development of services delivery may vary along a continuum from conventional care to integrated services.

95. Tailoring the key strategies and tools of the framework for action to a specific context is a practical requisite for implementation. Four core stages in the context of the framework are defined. A self-assessment tool is available to consider each stage and to identify priority policy and change management actions accordingly (see Annex, Box 1).

96. These stages can be characterized as the following.

- **Conventional care** denotes the delivery of selective primary health care based on family medicine and focused on illness and cure for a narrow selection of services targeted at the health impact or according to the needs of subgroups. It is delivered through distinct levels of care and managed through centralized, top-down decision-making and resource allocation with a focus on ensuring quality inputs through the licensing of the health workforce, rational use of medicines and accreditation of health facilities.
- **Disease-oriented care** denotes the delivery of a targeted package of services centred on disease management and delivered with a focus on linkages between transitions from primary to secondary care, applying patient-specific information exclusively for clinical purposes. Disease-oriented care characteristically focuses on the management of resources and budgets by programme-specific measures and the quality of outputs through clinical supervision, the standardization of services, auditing and peer-to-peer reviews in order to meet predefined targets.
- **Coordinated services** denotes the delivery of services focused on health needs through horizontal actions across types of care, facilities and providers working together, including the expanded role of nurses and regular exchange of information for patient needs. Coordinated services can be characterized as managing the performance of service delivery outputs and working to improve established processes through regular review of and feedback on clinical and patient management measures.
- **Integrated services** denotes the delivery of comprehensive, continuous, whole-person-facing services enabled by aligning all levels of services delivery, including coordination with social services, and provided by teams of health professionals supported with timely and reliable access to information. It involves

managing resources and processes with a focus on attaining optimal health outcomes and on the patient experience.

### **Implementation package**

97. The framework for action is accompanied by a package of resources developed to support Member States in the implementation of health services delivery transformations. Included in the implementation package are analytical background documents and knowledge synthesis reports, such as a concept note on health services delivery (60), as well as topic-specific documents, including on health workforce competencies (80), patient engagement and population empowerment (52) and accountability arrangements for integrated health services delivery (74). Consolidating practical, first-hand experiences as field evidence from countries has also been documented through descriptive profiles of initiatives to transform health services delivery in a compendium of case profiles and lessons learned (18) and assessments of avoidable hospitalizations for ambulatory care sensitive conditions (ACSC) (97–101).

98. The framework for action is also accompanied by a catalogue of resources, including models, guides, toolkits, standards, databases and handbooks available, organized by the areas for action and key strategies identified. An English and Russian glossary of key terms provides accessible descriptions of concepts. An inventory of indicators for measuring integrated care also supports country implementation of the framework.

### **Monitoring impact**

99. Measuring complex interventions such as integrated health services delivery presents methodological challenges (18,22,102). To date, there is no consensus on a specific indicator or framework for its measurement (9). Nevertheless, there is a tremendous volume of activity and reporting on health services delivery and health outcomes in the context of monitoring frameworks set out within commitments. This includes SDG3, Health 2020 and the recently adopted global framework on integrated, people-centred health services,<sup>26</sup> as well as international initiatives led by development partners, including efforts to measure the performance of primary health care (103), health care quality (104) and health systems (105).

100. This framework intends to encourage reporting of the measures agreed upon in these commitments and relevant works in order to align with existing efforts while avoiding duplication. In addition, the framework implementation package seeks to advance earlier work of the Regional Office on measuring hospitalizations from ACSCs as a composite measure of health services delivery performance. To date, the development of this measure has included an assessment framework (20) and country-specific studies (97–101). Importantly, close monitoring of hospitalizations from ACSCs in the European Region relies solely on existing indicators to be regularly reported by Member States. Intensified measurement calls therefore not for additional reporting but for diligence to ensure that relevant indicators are reported and updated accordingly (see Annex, Table 2).

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<sup>26</sup> The global framework, adopted in resolution WHA69.24, proposes further research and development to identify appropriate metrics for monitoring progress.

101. Furthermore, progress in transforming health services delivery across the framework's four domains will be complemented by other reported data, ad hoc surveys and assessments using measures such as patient-reported outcomes and experiences and the distribution of health-related resources allocated over time.

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## Annex. Application of the framework for action

Table 1. Checklist of key strategies by area for action and domain

Domain	Areas for action	Key strategies
<b>Domain 1: populations and individuals</b>	Identifying needs	<input type="checkbox"/> Stratifying health needs and risks <input type="checkbox"/> Planning actions based on evidence
	Tackling the determinants of health	<input type="checkbox"/> Identifying the determinants of health <input type="checkbox"/> Mapping support needed beyond health services
	Empowering populations	<input type="checkbox"/> Protecting rights and fostering shared responsibilities <input type="checkbox"/> Enabling informed choice <input type="checkbox"/> Enhancing health literacy <input type="checkbox"/> Supporting the development of community health
	Engaging patients	<input type="checkbox"/> Supporting patient self-management <input type="checkbox"/> Supporting patients' shared decision-making <input type="checkbox"/> Strengthening patient peer-to-peer support <input type="checkbox"/> Supporting patients' families and carers
<b>Domain 2: service delivery processes</b>	Designing care across the life-course	<input type="checkbox"/> Including services across a broad continuum <input type="checkbox"/> Standardizing practices <input type="checkbox"/> Designing care pathways <input type="checkbox"/> Tailoring patient care
	Organizing providers and settings	<input type="checkbox"/> Introducing new and/or re-profiling settings <input type="checkbox"/> Structuring practices for a multidisciplinary approach <input type="checkbox"/> Adjusting the roles and scope of practice of providers <input type="checkbox"/> Facilitating information exchange
	Managing services delivery	<input type="checkbox"/> Ensuring appropriate resources <input type="checkbox"/> Linking meaningfully across actors <input type="checkbox"/> Adopting a results-oriented approach
	Improving performance	<input type="checkbox"/> Strengthening clinical governance <input type="checkbox"/> Creating a system of lifelong learning
<b>Domain 3: system enablers</b>	Rearranging accountability	<input type="checkbox"/> Assigning clear mandates <input type="checkbox"/> Ensuring resources and tools <input type="checkbox"/> Generating evidence on performance
	Aligning incentives	<input type="checkbox"/> Steering the allocation of resources for purchasers <input type="checkbox"/> Linking provider payment mechanisms to performance <input type="checkbox"/> Implementing incentives for patients
	Ensuring a competent health workforce	<input type="checkbox"/> Recruiting and orientation based on competencies <input type="checkbox"/> Enabling a supportive practice environment <input type="checkbox"/> Establishing continuing professional development
	Promoting the responsible use of medicines	<input type="checkbox"/> Ensuring standardization for responsible use <input type="checkbox"/> Addressing prescription, dispensing and administration practices <input type="checkbox"/> Supporting the personalization of medicines
	Innovating health technologies	<input type="checkbox"/> Supporting the application of new technologies <input type="checkbox"/> Researching for optimization of medical devices
	Rolling out e-health	<input type="checkbox"/> Facilitating interoperability and user-friendly platforms <input type="checkbox"/> Granting access to health data in secure and safe ways
<b>Domain 4: change management</b>	Strategizing change with people at the centre	<input type="checkbox"/> Creating a burning platform for change <input type="checkbox"/> Engaging across actors <input type="checkbox"/> Developing a planned approach
	Implementing transformations	<input type="checkbox"/> Implementing pilots <input type="checkbox"/> Developing a high involvement culture <input type="checkbox"/> Facilitating communication
	Enabling sustained change	<input type="checkbox"/> Building coalitions <input type="checkbox"/> Fostering resilience <input type="checkbox"/> Activating levers for change alignment

**Box 1. Tool for mapping stages of services delivery development**

**Developmental stages of service delivery**

The continuum of services delivery development can be described along four key stages, extending from conventional care to disease-oriented care to coordinated services and, ultimately, integrated services. These stages can be characterized according to the core processes of service delivery defined by the design of care, organization of providers, management of services and continuous performance improvements. While the success of each stage rests ultimately on finding alignment with other health system enabling factors, this mapping of stages takes solely the perspective of health services delivery. Nevertheless, establishing the supporting health system conditions inevitably influences the transition between each stage.

**Characteristics of health services delivery by developmental stage**

<b>Stages of services delivery transformations</b>	<b>Conventional care</b>	<b>Disease-oriented care</b>	<b>Coordinated services</b>	<b>Integrated services</b>
<b>Design of care</b>	<p><b>Selective primary health care</b></p> <p>Family medicine model; narrow package of services; specific health or subgroup needs</p>	<p><b>Disease management</b></p> <p>Focus on priority diseases; package of services dictated by priority diseases</p>	<p><b>Care management</b></p> <p>Focus on health needs, prevention and health promotion</p>	<p><b>Whole person</b></p> <p>Comprehensive, continuous health and social services across life-course</p>
<b>Organization of providers</b>	<p><b>Vertical</b></p> <p>Distinct primary, secondary and tertiary levels of care; centred on practitioner and specialist roles; fragmented health information</p>	<p><b>Linkages</b></p> <p>Vertical organization with attention to linkages at points of transition in care; specialist-centric; patient-specific information applied for clinical purposes</p>	<p><b>Horizontal</b></p> <p>Collaboration within and across levels of care; co-location of providers with expanded role for nurses; exchange of information for patient management</p>	<p><b>Collaborative</b></p> <p>Teamwork between health and other sectors; use of multidisciplinary teams; unified access to health information for providers and individuals</p>
<b>Management of services</b>	<p><b>Management of production</b></p> <p>Centralized, top-down resource allocation and decision-making</p>	<p><b>Management of resources</b></p> <p>Line-item budgeting and programme-specific measures</p>	<p><b>Management for performance</b></p> <p>Results-based focus on efficiency and quality</p>	<p><b>Management for outcomes</b></p> <p>For population-based health improvements</p>
<b>Continuous performance improvement</b>	<p><b>Quality of inputs</b></p> <p>Focus on licensing of workforce, rational use of medicines and accreditation of health facilities</p>	<p><b>Quality of outputs</b></p> <p>Focus on standardization of practice through clinical guidelines, supervision, clinical audits and peer-to-peer reviews</p>	<p><b>Quality of processes</b></p> <p>Focus on mechanisms that facilitate regular review of and feedback on performance for clinical and patient management</p>	<p><b>Quality of outcomes</b></p> <p>Optimizing intermediate and final outcomes; clinical governance and patient experience</p>

**Box 1. (continued)**

**Stages and priority policy actions**

Assigning the different characteristics of services delivery transformations along a continuum from 1 (describing properties of conventional care) to 4 (describing properties of integrated services), a composite value for the stage of development is determined. This combined value for the relative measure of a given context on each characteristic of services delivery can be used to prioritize policy actions and change management.

**Scale for identifying stages and priority policy actions**

Stages	Conventional care	Disease-oriented care	Coordinated services	Integrated services
Values	≤ 4	≥ 5 ≤ 8	≥ 9 ≤ 12	≥ 13
<b>Priority policy actions</b>	<p><b>Redesign the model of care to put people at the centre</b></p> <p>Prioritize efforts to develop an evidence-based understanding of population health needs and risks; work to identify and map the relevant determinants of health and shift the perspective of services from a focus on inputs to put people at the centre of care</p>	<p><b>Optimize core processes of health services delivery</b></p> <p>Prioritize the further expansion of the package of services, standardize practices; redesign pathways around needs; structure the organization of providers and settings of care to facilitate alignment; strengthen clinical governance and a system of life-long learning</p>	<p><b>Aligning other health system enabling functions</b></p> <p>Ensure clear accountability mechanisms, with necessary resources and tools in place at the subnational level; alignment of provider incentives with the design of services; established cycle for development of a competent health workforce; and the rational use of medicines and roll out of e-health</p>	<p><b>Strengthening integration with other sectors</b></p> <p>Prioritize strengthening meaningful collaboration across sectors and accountability arrangements for clear roles and use of evidence on performance, fully engaging patients and empowering populations by measuring individual experiences</p>
<b>Change management</b>	Focus on strategizing changes with people at the centre, convening a wide range of actors from the outset	Focus on implementing transformations that challenge the status quo through pilot projects and a high involvement culture	Focus on aligning system changes to services delivery processes by working across the various areas and building coalitions	Focus on rolling out and sustaining transformation, moving from project-specific change to a new status quo

**Application**

For example, a country with a focus on providing a wide range of services, beyond disease-specific programmes yet not fully covering all social and other care needs, linking across the different levels of care and focused on performance improvements that look to processes rather than outcomes, can be described along the continuum as at the coordinated services stage. Along each property of health services delivery opportunities for further improvement can be identified, such as the further expansion of the model of care, strengthened alignment with other sectors and improvements focused on optimal health outcomes. The assessment suggests a need to prioritize the alignment of the system conditions to consolidate and sustain services transformations.

**Table 2. Health for All database indicators for regular reporting**

<b>Code</b>	<b>Indicator</b>
<b>2450</b>	Hospital discharges, circulatory system disease, per 100 000
<b>2460</b>	Hospital discharges, ischaemic heart disease, per 100 000
<b>2480</b>	Hospital discharges, cerebrovascular diseases, per 100 000
<b>2500</b>	Hospital discharges, respiratory system diseases, per 100 000
<b>2520</b>	Hospital discharges, digestive system diseases, per 100 000

*Source:* European Health for All database (106).

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