



Global framework on people-centred and integrated health services

Future Health Systems research into empowering communities to demand and shape health services has informed the development of a WHO strategy on service delivery. The strategy reflects a paradigm shift towards an increased emphasis on preventive public health, as well as curative strategies, to address current and future health challenges.

Background

People are living longer. The increasing burden of treating long-term chronic conditions and preventable illnesses, which often require multiple complex interventions, means that pressure on health systems continues to grow. Moreover, Universal Health Coverage (UHC) will not be achieved without improvements in the delivery of health services. Unless a people-centred and integrated health services approach is adopted, health care will become increasingly fragmented, inefficient and unsustainable (WHO 2014).

Dr Edward Kelley, Director of Service Delivery and Safety at the World Health Organization (WHO), was interested in developing a service delivery strategy to guide WHO's work and to galvanise countries into action. A Terms of Reference for technical assistance to develop the strategy was issued by WHO. Johns Hopkins University (JHU) responded because of its interest in the area and also because it was felt that Future Health Systems' (FHS) experience could contribute to and help to inform the service delivery strategy.

The process to develop the strategy included a literature review looking at key concepts, including: people-centred, integrated, and high quality health services. Literature was identified for each of these key concepts, but it was found that there was little synthesis across the concepts. Much of the available literature was from high-income countries on people-centred services, with a small amount of literature from low- and middle-income countries

(LMICs). Two WHO regional offices – Western Pacific Region (WPRO) and the Pan American Health Organization (PAHO) – already had strategies covering part of the concepts. After the literature review, the team developed a rough outline and the WHO hosted consultative meetings (in October 2013 and March-April 2014), which generated many comments. A draft was presented at the [Global Symposium on Health Systems Research in October 2014](#), with a further draft made available via an online public consultation and consultation with WHO Regional Offices in 2015.

What changes took place?

Following the support of the WHO Executive Board, the WHO Framework on Integrated People-Centred

Health Services (IPCHS) was [adopted with overwhelming backing by Member States at the World Health Assembly \(WHA\) in May 2016](#). The IPCHS framework calls for a fundamental shift in the way health services

are funded, managed and delivered. It supports countries' progress towards UHC by shifting away from health systems designed around diseases and health institutions towards health systems designed for people. It was written with a focus on country-led implementation with a learning and supporting role for WHO.

Work is underway to support Member States to implement the IPCHS. At a WHA 2017 side event convened by the "BRICS countries" – which includes Brazil, the Russian Federation, India, China and South Africa – governments, professional, academic

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and financial institutions shared experiences and innovations on people-centred reforms as a cornerstone to making progress towards UHC through the IPCHS. In Kazakhstan in June 2017, the Global Service Delivery Network was launched to support IPCHS implementation through knowledge exchange, advocacy and collaboration – both in countries and globally. These are amongst a number of global, regional and national initiatives to rebalance health systems through strengthening the central role of primary health services and promoting care integration and coordination.

How did FHS contribute to the changes?

The final version of the IPCHS framework is informed by various FHS experiences:

strengthening community accountability (Afghanistan scorecards), empowering communities (Uganda participatory research, India photo voice), strategies for unlocking community capabilities, and conversations between providers and communities. This is evident in the five strategies that WHO recommends for the implementation of the IPCHS:

- 1 Engaging and empowering people and communities
- 2 Strengthening governance and accountability
- 3 Reorienting the model of care
- 4 Coordinating services within and across sectors
- 5 Creating an enabling environment

The framework also included monitoring and evaluation which drew on learnings from implementation science, and learning and adaptation approaches informed by FHS.

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What next?

The success of the IPCHS will be measured on the scale of adoption and implementation by WHO Member States. This will require effective mutual learning, advocacy and

support between governments and with WHO and partners.

FHS continues to work on issues directly relevant to reorienting health systems to place people's needs at the centre, including work with communities in Bangladesh and Uganda to enhance understandings of how community accountability mechanisms can strengthen health service quality.

CREDITS

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