WHO global approach to strengthening health systems, towards universal access to quality and safe health care services

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Modern health care delivery systems and the role of hospitals
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Introduction

• The pressure for change
• Major issues for the future
• A focus on Primary Care?
• What will be the role of hospitals?
• Identified gaps…
Pressure for Change on Health Services

Changes in demand
- Demographics
- Epidemiology
- The public’s expectations

Changes in supply
- Technology and knowledge
- Workforce
- Financial pressure

Broad social changes
- Globalization
- Government reforms
- Sectoral reforms

Health Services

Adapted from Mc Kee, M.; Healy, J. 2002
What do people want?

- To live long healthy lives
- To be treated fairly and equitably
- To have a say in what affects their lives and that of their families
- To be regarded as human beings and not just "cases"
- Reliable health authorities
- Reduced risk of disease
- Effective medicines and technologies
- Efficient services
Why PHC?

- Evolving health needs and challenges
- Meeting MDGs
- Revival of values-based approaches
- Fragmentation and inequity
- Unmet expectations
- Financial crisis
Fig. 2.33. Relationship between the level of government health spending and the share of total health expenditure from out-of-pocket payments, WHO European Region, 2006

Note. MKD is the International Organization for Standardization (ISO) abbreviation for the former Yugoslav Republic of Macedonia.
Major issues for the future

1. Increase incidence of chronic conditions and co-morbidities
2. Lifestyle changes influencing diseases patterns
3. Co-existence of unsolved preventable, emerging, and neglected diseases
4. Increase in the quantity and quality of the demand
5. Technological drivers
6. Population changes
Convergence of equity and health systems agendas
PHC–based health system

- a **PHC–based health system** entails an *overarching approach* to the organization and operation of health systems that makes the *right to the highest attainable level of health* its main goal while maximizing *equity and solidarity*. 
The benefits of PHC

- Improved health outcomes at the population level
- Improved equity in health outcomes and access to health services
- Better efficiency of the health system as a whole, less costs
- More satisfaction of users with health services
<table>
<thead>
<tr>
<th>Conventional ambulatory medical care in clinics or outpatient departments</th>
<th>Disease control programmes</th>
<th>People-centred primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on illness and cure</td>
<td>Focus on priority diseases</td>
<td>Focus on health needs</td>
</tr>
<tr>
<td>Relationship limited to the moment of consultation</td>
<td>Relationship limited to programme implementation</td>
<td>Enduring personal relationship</td>
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<tr>
<td>Episodic curative care</td>
<td>Programme-defined disease control interventions</td>
<td>Comprehensive, continuous and person-centred care</td>
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<tr>
<td>Responsibility limited to effective and safe advice to the patient at the moment of consultation</td>
<td>Responsibility for disease-control targets among the target population</td>
<td>Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health</td>
</tr>
<tr>
<td>Users are consumers of the care they purchase</td>
<td>Population groups are targets of disease-control interventions</td>
<td>People are partners in managing their own health and that of their community</td>
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</tbody>
</table>
**Table 1 How experience has shifted the focus of the PHC movement**

<table>
<thead>
<tr>
<th>EARLY ATTEMPTS AT IMPLEMENTING PHC</th>
<th>CURRENT CONCERNS OF PHC REFORMS</th>
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<tbody>
<tr>
<td>Extended access to a basic package of health interventions and essential drugs for the rural poor</td>
<td>Transformation and regulation of existing health systems, aiming for universal access and social health protection</td>
</tr>
<tr>
<td>Concentration on mother and child health</td>
<td>Dealing with the health of everyone in the community</td>
</tr>
<tr>
<td>Focus on a small number of selected diseases, primarily infectious and acute</td>
<td>A comprehensive response to people’s expectations and needs, spanning the range of risks and illnesses</td>
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<tr>
<td>Improvement of hygiene, water, sanitation and health education at village level</td>
<td>Promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards</td>
</tr>
<tr>
<td>Simple technology for volunteer, non-professional community health workers</td>
<td>Teams of health workers facilitating access to and appropriate use of technology and medicines</td>
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<th>Primary care as the antithesis of the hospital</th>
<th>Primary care as coordinator of a comprehensive response at all levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC is cheap and requires only a modest investment</td>
<td>PHC is not cheap: it requires considerable investment, but it provides better value for money than its alternatives</td>
</tr>
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</table>
Primary care as a hub of coordination with hospitals roles and services

1. What implications for hospitals?

Hospitals should:

- contribute to improving health and reducing inequalities, as part of the wider health systems

- provide a highly valued ‘rescue’ function for life-threatening conditions, and can improve outcomes from treatment by concentrating technology/expertise where necessary [IPPR, 2007]

- will no longer be the centre of the system or stand alone, most likely part of a “one stop shop” that includes primary care, specialized out-patient care, and diagnostic services (network)

- will be more open to the community and to the other members of the network including social services.
Organization of services

• Hospital as part of health care networks to fill the availability gap of complementary referral care: giving primary-care providers the responsibility for the health of a defined population, in its entirety

• Hospital should not be an entry point: relocating the entry point to the health system from hospitals and specialists to close-to-client generalist primary-care centres;

• Strengthening primary-care providers’ role as coordinators of the inputs of other levels of care by giving them administrative authority and purchasing power
Organization of services

Integration:

- integrated care: complementarities with requirements of specialized programmes [HIV/Aids, tuberculosis, maternal & child health,…]

- no gap and no overlap between first and second level of care

- in many settings primary care professionals are working in isolation and… so are doing the doctors in hospitals
Organization of services

“The importance of hospital-based care will not diminish in the future”

Joint Commission International, 2008

But, delicate balance:
- between people centeredness and technological requirements
- over and under spending [risk of error repetition]
- between equipment and pharmaceutical industry and social aspects of equity and inclusiveness/participation
Improved intersectoral actions

• Hospitals are responsible for household catastrophic health expenditure ➔ effective health insurance

• New [commercial] arrangements that make additional financial resources available (private sector, China, India, Brazil, …)
  ➔ new policy dialogue and increased intersectoral role for MoH and WHO
2. Reconsider role and functions

Importance of **flexibility** for provision of service:

- usefulness of hospital-centered health systems
- should end user perspective be dominant?
- responses must be adapted to financing models
- responses may vary in format within and across countries

Multiplicity of ways to provide services but unique objectives:

- accessibility
- efficiency
- quality of care
- responsiveness
- fairness in financing

Adapted from De Roodenbeke, 2009
3. What do we need for the future?

- Define functions of hospitals (specialized services)
- Redefine the role of hospitals in a better balanced health system
- Are there successes to be reported on hospital reforms throughout the world?
- What is the potential role of WHO?
- What is the role national/sub-national authorities and international community?
WHO Expert Consultation
Major issues & Challenges for Hospitals

- Role and functions of hospitals
- Political dimensions
- Blurred demarcations and hospital isolation
- Other levels of the health system
- Technological progress
- Measuring hospital performance
- Universal coverage and accessibility

- Hospital financing
- Hospital governance/autonomy
- Legal framework
- Human resources
- The private actors
- Global health market place
- Hospital in the wider economy
- Donors and partners

Geneva, October 2010
Thank you very much