World Health Organization

REGIONAL OFFICE FOR Europe

Strengthening people-centred health systems: a European framework for action on integrated health services delivery

This document 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.

The document has benefited from input provided by the Twenty-third Standing Committee of the Regional Committee for Europe at its second session, held in Paris, France, in November 2015. Its contents are coherent with other technical agenda items that will be presented at the 66th session of the WHO Regional Committee for Europe in September 2016, specifically those on noncommunicable diseases, women's health, reproductive health and disease-specific (HIV and hepatitis C) action plans in an effort to coordinate and complement actions proposed for the WHO European Region.

The framework for action is 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, to be considered by the Sixty-ninth World Health Assembly in May 2016, in adapting these policies to the context of the European Region.

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Conceptual 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 the population, reduce health inequalities, guarantee financial protection and ensure an efficient use of societal resources, including through intersectoral 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 primary health care approach *(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 an individual's needs, delivered by a coordinated team of providers working across settings and levels of care, effectively managed to ensure the appropriate use of resources based on the best available evidence and to tackle upstream causes of ill health and well-being by intersectoral action.

Priority areas of action

Domain one: People

- Identifying health needs
- Tackling the determinants of health
- Empowering populations
- Engaging patients
- *Change management:* strategizing change with people at the centre

Domain two: Services

- Reorienting the model of care across the care continuum
- Organizing providers and settings
- Managing services delivery
- Improving performance
- *Change management*: implementing transformations

Domain three: System

- Rearranging accountability
- Aligning incentives
- Preparing a competent health workforce
- Promoting the rational use of medicines
- Innovating health technologies
- Rolling out e-health
- *Change management:* enabling sustainable system-wide change

Contents

Background

Policy context

1. WHO recognizes that well-performing health systems are critical if population health and well-being are to be achieved. This priority is made explicit in the WHO Twelfth General Programme of Work *(3)* for 2014–2019 with a cluster of technical activities and corporate services concentrated on strengthening health systems. A global framework has been developed in line with this priority, putting forth a compelling vision for people-centred and integrated services delivery *(4)*.

2. 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 *(5)*. More recently, health systems strengthening 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.

3. 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 is a result of the proven usefulness of a primary health care approach both worldwide and in the WHO European Region, as strong and equitable primary health care has been critical for health systems that have made significant progress towards universal health coverage, contributing to improved health outcomes, economic and social development *(6)*, and wealth creation *(5,7–9)*.

4. In line with this collective priority and the implementation of Health 2020, the 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, the document Priorities for health systems strengthening in the European Region 2015–2020: walking the talk on people centredness *(10)* was endorsed, making transforming health services delivery one of the two priority areas of work.

5. To date, the realization of this priority area of work has included a number of dedicated activities, specifically: establishing a forum of appointed technical representatives on health services delivery in all Member States; numerous reviews and studies of health services delivery;[1] generating country case studies covering all Member States; and convening Member State technical correspondents, experts, partners, patient representatives, health and social care providers, special interest groups, and staff from WHO offices in countries and from various technical units at

[1] These include the following publications: a concept note on health services delivery, topic-specific reviews (on topics such as population engagement and patient empowerment, accountability arrangements for services delivery, and health workforce competencies) and reports of technical meetings and consultations. A full list of available publications is available at: http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/a-z-list-of-all-publications.

events held between 2013 and 2015 in Istanbul (Turkey), Brussels (Belgium), Boston (United States) and Copenhagen (Denmark).

Achievements in strengthening health services delivery

6. Across the European Region, people are living longer than ever before. With increasing longevity has come greater susceptibility to disease and disability, multimorbidities and chronicity due, in particular, to noncommunicable diseases, but also to persistent and re-emerging infectious diseases such as tuberculosis (TB). These changes have placed new demands on health systems to provide services that are 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.

7. In this context, countries have shown an impressive ability to react and adjust. There is evidence for this across the Region, with the management of illness in the community and at home, the uptake of innovative drug treatments and therapies, as well as new technologies making possible e-health, m-health[2] and other remote applications for the personalization of services in ways previously unimaginable. Through the widespread implementation of initiatives, from local, facility-specific efforts to regional or nationwide reforms, outdated, conventional, disease-specific models of care have been transformed to respond to the changing context *(11)*.

8. Adopting a system perspective to tackle pertinent health problems and risk factors – in relation to tobacco control, obesity and TB, for example – has proved that more robust interventions have the potential to account for the determinants of health and improve outcomes. These targeted programmes are rich in insights and experience, and when taken together, offer practical guidance for prioritizing actions in transforming services.

Challenges for sustainable transformations

9. Despite this activity and the documented successes, putting people first is not a trivial principle and often requires significant, even if often simple, departures from business as usual. Similarly, the insights of successes in thematic areas have huge and untapped potential. There have been limited efforts to specify and explain the common denominator actions required to strengthen health services delivery and ensure its alignment with the broader health system.

10. Efforts to transform health services are hard-pressed to systematically activate core areas for managing change. Often with pre-set time frames and funding limits, these efforts are not treated as core business from the outset, leaving many attempts small in scale and context specific.

[2] **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 *(70)*.

11. The common challenges in transforming services delivery have been identified 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 stalled transformations, given the difficulty of identifying and getting to the root causes of poor performance.
- **Unpacking the key components of health services delivery** – identifying the root causes of poor health system 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 health 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.
- **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, accountability arrangements are increasingly ambiguous, with key actors lacking the mandates and resources to be meaningfully engaged in the process of transformations.

The European framework for action on integrated health services delivery

Vision

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

Strategic approach

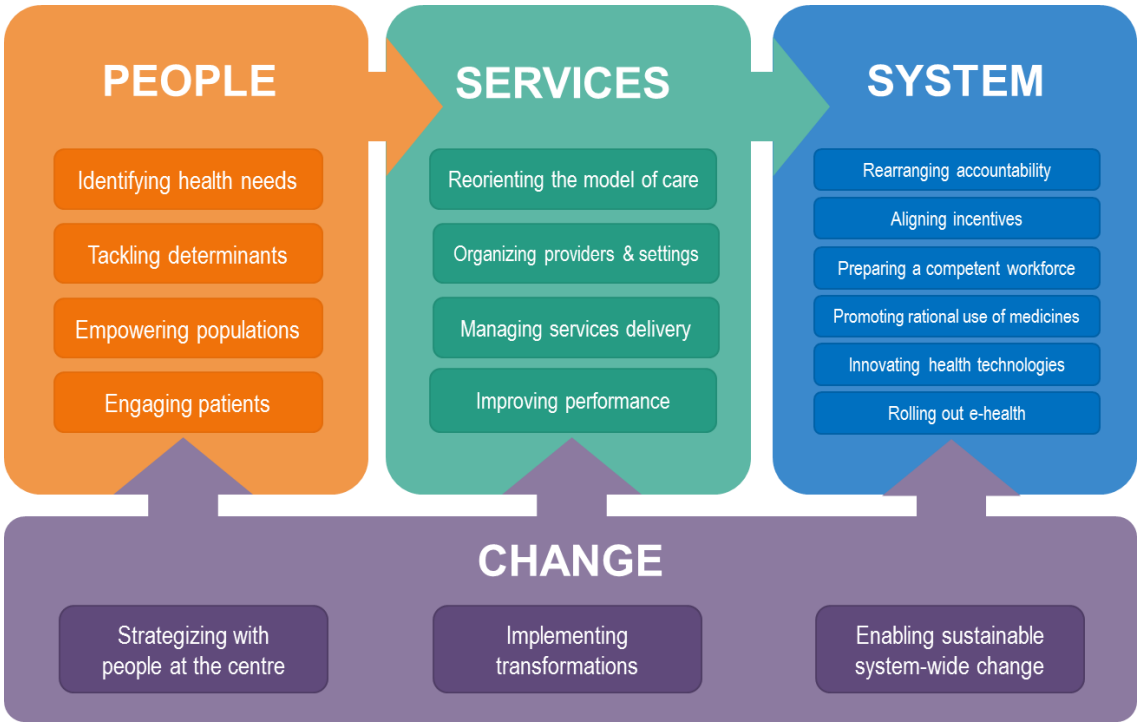
13. Integrated health services delivery, anchored in the same principles as first set out in the health-for-all agenda and primary health care approach of the Declaration of Alma-Ata, adopted in 1978 *(2)*, is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people-centred health systems: comprehensive delivery of quality services across the life-course, designed according to an individual's needs, delivered by a coordinated team of providers working across settings and levels of care, effectively managed to ensure the appropriate use of resources based on the best available evidence and to tackle upstream causes of ill health and well-being by intersectoral action.

Goals

14. The framework sets out a minimum number of areas for strengthening people-centred health systems by undertaking transformations for integrated health services delivery. These are put forward as areas for action. The areas are organized in four domains, sequenced as shown in Fig. 1, and are guided by the following goals:

- **people** – to identify health needs and work in partnership with populations and individuals, as patients, family members, carers and members of their communities, towards realizing their greatest health potential;
- **services** – to ensure that the processes of selecting, designing, organizing, managing and improving services optimize the performance of health services delivery in alignment with the health needs of those populations and individuals it aims to serve;
- **system** – to align the other health system functions of governing, financing and resourcing, in order to establish the conditions required to allow services delivery to perform optimally and to enable sustainable system-wide change;
- **change** – a cross-cutting property that facilitates the process of managing health services delivery transformations.

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



Source: WHO Regional Office for Europe.

15. For each goal, areas for action have been identified and further subdivided into key strategies and possible actions. The framework is supplemented by a series of relevant resources, including tools, instruments and examples from practical experiences to support activities across the key strategies for taking action. These

resources form an arsenal of know-how that can be called upon by change agents in the process of managing transformations.

Putting the framework for action into practice

Target audience

16. 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 *(12)*. 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 engagement *(11)* rather than individuals or institutions singlehandedly managing change.

17. Key actors united as change agents for transforming health services delivery include the following:

- **individuals** – as patients, family members, carers and members of their community, individuals are active partners in taking care of their own health and shaping their health services;
- **providers** – as front-line health professionals providing services targeted at patients and populations, providers are vital to efforts to understand the performance of services, adopt new processes and evolve professional cultures;
- **managers of services** – with managerial responsibilities for services delivery, managers are vital to ensuring the day-to-day delivery of services, while aligning their colleagues in taking action;
- **regional health authorities** – as decision-makers sub-nationally, regional authorities put policy into practice by interpreting and operationalizing aims and objectives in the context of their jurisdictions;
- **national health authorities** – as overarching policy-makers, with oversight of the health system, the engagement of national authorities ensures a unified direction and the necessary institutional conditions.

How to apply the framework

18. To illustrate an application of the framework, the strategic objectives and priorities from selected thematic strategies and action plans in the Region have been mapped across the framework's domains and areas for action (see Table 1 in the Annex).

19. The application illustrates the framework's use as a resource in undertaking transformations in services delivery. For example, this scoping exercise across the selected policy documents affirms that a comprehensive approach is taken in each. Nevertheless, there are instances where gaps in areas for action consistently appear, in particular with regard to the engagement of patients and specificities of services delivery. Similarly, while the selected policy documents show coverage in their

objectives across the framework's domains, the associations between areas have not been considered.

20. In a similar way, the framework can be applied to other thematic areas and policy priorities by using it as a checklist of the areas for action and their key strategies, while also clarifying the associations and feedback loops between factors changed in the process (see Table 2 in the Annex).

Implementation package

21. The framework is accompanied by an implementation package of resources developed to support Member States in the implementation of transformations in health services delivery. This package is intended to continuously evolve with the finalization and roll-out of the framework led by the Health Services Delivery Programme and the Centre of Excellence for Primary Health Care in Almaty, Kazakhstan, under the oversight of the Division of Health Systems and Public Health at the Regional Office.

22. The core components of the implementation package are envisaged as: background documents (such as concept and briefing notes, meeting reports and topic-specific reporting); evidence (such as documented initiatives to transform health services delivery and a situation analysis of the performance of health services delivery); advocacy (such as journal articles, conferences, feature stories and infographics); training courses (such as subregional courses, webinars and study tours); tools (such as a step-by-step guide to developing case studies, glossaries of terms and measures for monitoring and evaluation); and technical assistance (such as focal points for Member States, a pool of experts and accredited consultants).

Managing the process of change

23. Lessons from implementation signal that initiatives to transform services often fail due to weak 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 step-wise process along a continuum rather than as immediate and large-scale, sweeping changes.

24. The change domain guides this delicate process by offering strategies to overcome challenges and face new circumstances with the know-how obtained from practical experience. These lessons are put forth as change management areas for action. The areas propose key strategies for change agents at the different stages of transformations, namely: strategizing with people at the centre; implementing transformations; and enabling sustainable system-wide change.

Areas for action

Domain one: People

25. Putting people first means holistically considering 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 they are also an active partner in efforts to improve their health. Fostering the behaviours, skills and resources needed for people to be articulate and empowered partners in health has found strong support *(13–15)*. This is increasingly so as 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.

26. The people 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 potential to take control of their own health and engaging patients to become active partners in services are also key areas for strategizing transformations with people at the centre.

Identifying health needs

27. Focusing on critical population health challenges, such as cardiovascular diseases, cancers, HIV/AIDS and TB, along with lifestyle-related risk factors, including tobacco and alcohol consumption, has demonstrated the link between robust services delivery interventions and accelerated improvements in health outcomes.[3] Clearly identifying priority health improvement areas is vital for planning services that target the population based on critical health challenges and known risks *(21,22)*.

28. This area aims to ensure that transformations are driven by the pursuit of specific and measurable health gains 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 health needs are proactively and equitably responded to.

29. Key strategies for taking action:

(a) stratifying the health needs and risks of the population according to epidemiological, demographic, and/or geographical variables;

(b) planning actions based on evidence for focused health plans with achievable results in priority health improvement areas.

Tackling the determinants of health

30. Tackling the determinants of health has been proved to directly contribute to increased healthy life expectancy as well as enhanced well-being and enjoyment of life, all of which can yield important economic, societal and individual benefits *(1)*.

[3] The critical role of services delivery is signaled in current regional strategies and action plans including: the European Mental Health Action Plan *(16)*; the action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025; the European Vaccine Action Plan 2015–2020 *(17)*; the strategy and action plan for healthy ageing in Europe, 2012–2020 *(18)*; the women's health strategy 2017–2021; the European Food and Nutrition Action Plan 2015–2020 *(19)*; and the TB action plan for the WHO European Region 2016–2020 *(20)*.

Coordination within and beyond the health sector has been shown to be critical for expanding access to services and improving responsiveness by extending choice *(23)* and successfully addressing the wider determinants of health and development *(24–27)*.

31. This area aims to systematically assess the effects of socioeconomic status, the environment, gender, education and political and commercial factors affecting health in order to tailor collaborations with other sectors in the delivery of health services. The approach works to tackle the root causes of ill-health and inequities in order to uphold a whole-person-facing perspective for services delivery.

32. Key strategies for taking action:

(a) identifying the determinants of health influencing critical population and individual health challenges in order to appropriately tailor services;

(b) mapping supports 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

33. 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 *(28)*. 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 *(29–31)*, improved health literacy *(32)* and increased uptake of healthier behaviours *(15)*.

34. This area aims to empower populations[4] 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 public and patients *(2,34)*.

35. Key strategies for taking action:

(a) protecting rights and fostering shared responsibilities by creating transparent, respectful and accountable relationships between populations, providers and policy-makers, safeguarding entitlements and fostering patient responsibility for their health and utilization of health services;

(b) enabling informed choice,[5] supporting people to have control over the choices that affect their health and health services, including, among others, choices regarding health providers, care pathways, behaviours and lifestyles;

[4] **Population empowerment** is defined the process of developing partnerships, valuing oneself and others, mutual decision-making, as well as freedom to make choices and accept responsibilities *(33)*.
[5] **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 *(33)*.

(c) enhancing health literacy[6] to develop people's knowledge and social skills that determine their motivation and ability to gain access to understand and use information in ways which promote and maintain health and well-being;

(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 which affect their lives, thereby improving the quality of their own lives and that of their communities.

Engaging patients

36. Engaging patients, their families, carers[7] and extended support groups can improve their experience and satisfaction with services, establishing trust, better compliance *(35–37)*, and ultimately, improved health outcomes *(38)*. The active involvement and cooperation of patients also plays a crucial role in coordinating services during transitions to ensure continuity of care *(15,39,40)*.

37. This area aims to establish the conditions required for patients to play an active role in decision-making, care planning, the management of their chronic conditions and the 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.

38. Key strategies for taking action:

(a) supporting patient self-management[8] by developing the knowledge, skills and confidence to manage one's own health and self-care for a specific condition and when recovering from an episode of ill-health;

(b) supporting patients' shared decision-making[9] about their health, 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 and receiving help from others in similar situations, based on mutual and shared understanding;

(d) supporting patients' families and carers to develop the knowledge, skills and actions required to care for themselves and for others.

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[6] **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 (*33)*.

[7] **Patient engagement** is defined as the degree of active involvement people have in taking care of their own health and shaping health systems *(33)*.

[8] **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 *(33)*.

[9] **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 *(33)*.

Change management: strategizing change with people at the centre

39. Lessons from transformations offer guidance on the first steps required for making change happen, highlighting the coupling of a clearly defined and articulated problem based on the needs of the population with a solution: a shared vision strategizing change. The support of all actors, from the micro to the macro level – including health professionals, health managers and administrators, patients, their family members and caregivers, health decision- and policy-makers – is vital at this stage for putting ideas into action.

40. This area sets out to build the momentum for change by packaging and communicating the problem to motivate and inspire others about the importance of the required changes. The approach is rooted in a whole-of-government and whole-of-society approach for taking action *(1)*.

41. Key strategies for taking action:

(a) creating a burning platform and developing a narrative for change to advocate for improvements and generate interest and buy-in, allowing initiatives to emerge;

(b) convening and engaging actors in strategizing changes to channel a sense of ownership and involvement across levels of the health system and establish a high involvement culture needed to put change into practice, garnering political and social support by aiming at early wins;

(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.

Domain two: Services

42. Health services delivery is closely woven into and heavily determined by other health system functions of governing, financing and resourcing. Nevertheless, a number of explicit choices can be made in strengthening health services delivery. These opportunities include the selection of services, design of care, organization of providers, management of services delivery and processes for performance improvement *(41)*.

43. The framework applies these principal processes of health services delivery and identifies key areas for optimizing services. Importantly, this applies across types of care (such as health promotion, diagnosis, treatment, disease management) and settings (such as primary, community, home, in-patient and secondary care). The areas for action are guided by the focus on people as set out in the people domain and rely on the health system to develop the supporting institutional structure for sustaining transformations put in place.

Reorienting the model of care across the care continuum

44. The benefits of selecting a comprehensive package of services for health outcomes are well documented *(42,43)*, including greater success of treatment *(44,45)*, increased uptake of preventive care and improved care-seeking behaviours *(46)*. 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 an individual's needs, is of particular relevance.

45. This area aims to reorient the model of care[10] for the selection and design of core population interventions and individual services[11] based on a well-founded understanding of the population and its needs in order to equitably promote, preserve and restore health throughout the life-course. The approach is rooted in upholding the perspective of an individual rather than adopting an illness- or disease-specific focus.

46. Key strategies for taking action:

(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;

(b) standardizing practices using instruments including clinical guidelines and protocols to inform clinical decisions that promote the delivery of interventions of proven effectiveness;

(c) designing service pathways, including transitions, referrals and counter-referrals, to map optimal routes for patients according to their individual needs in order to maximize coordination.

Organizing providers and settings

47. Coordinating providers has been linked with improvements in health status, levels of coverage and quality of services *(48–51).* Improvements in care processes have also been attributed to gains in skill-mix and expanded scopes of practice, providing complementary, coordinated services while minimizing duplication and fragmentation.

48. This area aims to organize providers in settings, roles and practice environments that correspond to the model of care and thus establish the necessary arrangements for the envisaged provision of services. The approach seeks ultimately to address organizational barriers compromising coordination and to foster optimal interdisciplinary collaborations for achieving better health outcomes, improving patient experience and gaining efficiency in the allocation of resources.

49. Key strategies for taking action:

(a) introducing new and/or re-profiling settings of services delivery to correspond to the model of care and design of service pathways, such as assisted living and home care, acute care centres, re-profiling hospitals and care planning in pharmacies;

(b) structuring practices for a multidisciplinary approach to services delivery to facilitate regular exchanges across specialities throughout the provision of services;

(c) adjusting the roles and scope of practice of providers, including role expansion, substitution and supplementary roles, to facilitate alignment with the model of care.

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[10] **Model of care** is defined as the scope of services as defined by the package of interventions along a continuum of care and their configuration as specified in protocols, pathways and guidelines, promoting comprehensive care throughout the life-course and according to an individual's needs.

[11] **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 *(47).*

Managing services delivery

50. The day-to-day delivery of services requires skilful management to orchestrate processes with optimal efficiency and effectiveness *(44,52,53)*. In services delivery, a results orientation is critical for promoting quality and accountability. Managing services is also a key process for translating policies into practice and is thus of critical importance to the overall performance of the system *(54)*.

51. This area sets out to ensure that managerial processes are executed to maximize efficiency, maintaining consistency in 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 to cope with complexity in the production process of health services delivery.

52. Key strategies for taking action:

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

(b) linking meaningfully across actors to address the wider determinants of health and 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;

(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

53. 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.

54. 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 with changing needs and circumstances but also in pace with the relevant sciences.

55. Key strategies for taking action:

(a) strengthening clinical governance in order to systematically examine clinical processes and identify gaps and causes of variations;

(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.

Change management: implementing transformations

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

57. 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.

58. Key strategies for taking action:

(a) implementing pilots, experiments and/or demonstration cases to test ideas and establish transformations from the bottom-up 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;

(c) facilitating communication and open dialogue through regular discussions and platforms for open dialogue to allow for continuous conversations, networking, idea sharing and support throughout the process.

Domain three: System

59. The changes required for sustainable transformations demand action on multiple fronts, including alignment across the health system and putting in place the required policy, institutional and regulatory conditions, financing arrangements and resources. Failing to do so may lead to aspects of governance, financing and resource generation becoming bottlenecks that cause underperformance of health services delivery and/or limit the sustainability of the transformations.

60. The system domain accounts for the interdependencies between health services delivery and the other health system functions. The areas for action identified aim to overcome the common barriers to change found at the system level, based on the experiences of countries in scaling up transformations *(11)*.

Rearranging accountability

61. Accountability is an essential component of governance, setting out a framework and making explicit the ways in which actors in the health system are expected to perform and interact *(55,56)*. The decentralization of decision-making to local authorities can improve the responsiveness of health services to local needs in order to improve health outcomes, enhance local accountability, increase equity and improve allocation of resources *(56)*.

62. This area sets out to facilitate the necessary adjustments for accountability arrangements[12] that are clear, well-resourced and managed through supervision, as a vital input for integrated health services delivery, especially in the context of

[12] **Accountability** is defined according to its necessary elements: a clear mandate; resources to carry out that mandate; and adequate incentives to promote the fulfilment of that mandate as required.

increasingly diverse actors, both in terms of numbers and sectors. The area is founded on the principal accountability arrangements for establishing and scaling up integrated health services delivery of financial, performance, professional and public accountability.

63. Key strategies for taking action:

(a) assigning clear mandates according to the roles expected of actors in the health sector and in alignment with other sectors, to ensure that the institutional and organizational arrangements fit with overarching goals while minimizing overlaps, duplication or fragmentation in processes;

(b) ensuring that there are the resources and tools needed for the implementation and enforcement of goals, including the time, space and capacity for actors to see defined roles and responsibilities through;

(c) generating evidence on performance and providing feedback on findings to ensure evidence-based decision-making.

Aligning incentives

64. Health systems financing takes the lead in processes of collecting revenue, pooling and purchasing *(57,58)*. In effect, it plays a critical role in efforts to move towards universal health coverage by ensuring financial protection and enhancing equity *(10,52,58)*. Increasingly, mixed provider payments with financial incentives and performance-related pay have been used to provide comprehensive services oriented towards health promotion, disease prevention, the management of chronic illness and to improve the quality of services provided *(59)*.

65. This area aims to ensure that incentives for purchasers, providers and patients are optimally designed for integrated health services delivery in order to sustain changes by finding alignment between the desired performance and rewards/disincentives.

66. Key strategies for taking action:

(a) steering the allocation of resources, particularly in the context of a purchaser – provider split and/or the presence of various purchasers, to incentivize population-based payment and person-facing services;

(b) linking payment schemes for providers to incentivize performance improvements, including quality, according to the model of care;

(c) designing incentives for patients, in particular with respect to patient compliance with treatment plans and medication.

Preparing a competent health workforce

67. A health workforce[13] in sufficient numbers is a necessary condition for services delivery *(61)*. Moreover, ensuring a competent[14] health workforce, capable of applying

[13] **Health workforce** is defined as those front-line health professionals providing services targeted at patients and populations, and including, but not limited to, physicians, doctors, nurses, midwives, pharmacists, lay health workers, community health workers, managers and allied health professionals *(60)*.

taught knowledge and skills, is critical for improving outcomes for patients and populations *(62,63)*. At the front line of care, the health workforce is intimately familiar with the needs and realities of services and their ability to decode demands and appropriately respond to needs is at the crux of the performance of the workforce and a measure of its competence *(61,64,65)*.

68. This area calls for actions to equip the health workforce with the competencies necessary to deliver integrated health services while working to gradually change the organizational and professional culture in order to sustain transformations. The approach shifts the focus from initial training and education to view the consolidation of competencies as a process requiring continuous investment over time, with feedback cycles to optimally inform such training, consolidation of competencies and continuing improvement of those competencies for the future workforce.

69. Key strategies for taking action:

(a) recruiting and orienting the health workforce on the basis of competencies in order to ensure the selection of candidates with the optimal potential to attain sought-after competencies;

(b) enabling a supportive 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;

(c) establishing continuing professional development, lifelong learning and career development opportunities to promote new, or the advancement of existing, knowledge and skills.

Promoting the rational use of medicines

70. Medicines are critical to effective treatment and management of health needs and diseases *(57,66)*. The appropriate use of medicines in services delivery is vital to efforts to improve outcomes and avoid threats to effective prevention and treatment that are brought on by inadequate practices, such as antimicrobial resistance *(41)*.

71. This area aims to promote the rational use of medicines by standardizing practices through policies, standards, guidelines and regulations on health services delivery and by enhancing the effectiveness of regimens with a focus on patients. The approach recognizes the link between health system inputs and the performance of services delivery and, ultimately, health outcomes.

72. Key strategies for taking action:

(a) standardizing practice to optimize the provision of medicines, including prescription, transcription, preparation, dispensing and administration, to minimize the overuse, underuse or misuse of medicines;

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[14] **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 much flexible as they are habitual and judicious *(60)*.

(b) generating awareness and supports for patients on the appropriate use of drug regimens to manage their needs towards personalized and effective treatment plans.

Innovating health technologies

73. The importance of medical devices, health technology and medical equipment has accelerated in recent years with advances in science and biomedical engineering. Such advances include self-monitoring tools for diet and exercise and devices that enable blood pressure measurements to be taken at home *(67,68)*. Innovations have enabled the system as a whole to focus on the various ways in which it can better manage needs, while also assisting interprofessional communication across organizational boundaries *(69)*.

74. This area aims to enable continuous innovation in the development and use of health technologies towards the optimization of health services delivery by addressing gaps and improving processes. The approach recognizes evidence and research as critical inputs in the testing of innovations in health services delivery against the realities of the needs of patients.

75. Key strategies for taking action:

(a) assessing new devices to evaluate the properties, effects and impact of health technologies in order to select the most effective resources for use in health services delivery;

(b) researching for the optimization of medical devices, keeping pace with this continuously evolving field and health services delivery research.

Rolling out e-health

76. The delivery of health services is information intensive. Across the Region, innovative communication platforms, including electronic health records,[15] telehealth[16] and m-health, have already been introduced and incorporated into health services delivery *(71,72)*. Doing so 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 *(52)*.

77. This area aims to develop the infrastructure and software required to introduce or further expand the use of e-health in health services delivery. The approach recognizes the varied purposes for which data are needed, 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:

[15] **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 through supporting the diagnosis and treatment of patients by providing rapid, comprehensive and timely patient information at the point of care *(70)*.

[16] **Telehealth** is defined as the delivery of health services at distance, including remote clinical diagnosis and monitoring, and non-clinical functions, including preventive, promotive and curative services *(70)*.

(a) investing in e-health by setting standards and facilitating the interoperability of platforms to enhance information systems;

(b) establishing laws and regulations around confidentiality for the reliable, transparent and protected flow of information in health services delivery and research.

Change management: enabling sustainable system-wide change

79. 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.

80. This area aims to sustain transformations by bringing alignment between health services delivery processes and health system functions. This alignment is needed for the widespread uptake and sustainability of health services delivery transformations started by local initiative and commitment.

81. Key strategies for taking action:

(a) building coalitions to widen access to ideas and talents needed for sustaining transformations and bringing together people from different backgrounds, settings and sectors to work towards a common purpose;

(b) developing resilience and persevering against time pressures by balancing day-to-day changes and short-term decisions with long-term adjustments to achieve overarching goals as first set out;

(c) activating many levers for adjustments to avoid change silos, orchestrating the alignment of all functions of governing, financing and resourcing to fully embed changes within the health system.

Next step: consultative events to finalize the framework

82. Two consultative events will take place prior to the fourth session of the Twenty-third Standing Committee of the Regional Committee for Europe, with the discussions and feedback received to inform the final document that will be submitted to the Regional Committee for Europe in September 2016. These events include:

- a web-based consultation with WHO national counterparts in Member States, foreseen for April 2016.
- a workshop to review the draft framework presented here, to take place in Copenhagen in early May 2016. The workshop will bring together technical focal points and strategic national counterparts from countries, experts on integrated care and health systems, partners from other agencies, stakeholders from providers and professional associations and representation from WHO headquarters, WHO programmes, and geographically dispersed offices and country offices of the WHO Regional Office for Europe.

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Annex. Application of the framework for action

Table 1. Summary of selected ongoing strategies and action plans in the European Region applied to the framework

Current strategies and action plans in the WHO European Region	People				Services				System						Change		
	Identifying needs	Determinants	Empowerment	Engagement	Model of care	Organization	Management	Improvement	Accountability	Incentives	Competencies	Medicines	Technologies	E-health	Strategizing	Implementing	Sustaining
The European Mental Health Action Plan 2013–2020	X	X	X	X	X		X	X	X	X	X						
European Food and Nutrition Action Plan 2015–2020	X	X	X		X	X	X		X	X	X			X			
European Vaccine Action Plan 2015–2020	X	X	X		X		X	X	X	X	X	X	X	X	X		
TB action plan for the WHO European Region 2016–2020	X	X	X	X	X	X		X	X		X	X	X				
Strategy and action plan for healthy ageing, 2012–2020	X	X	X	X	X	X		X	X		X	X	X	X		X	

Table 2. Checklist of areas for action and their key strategies by domain

Domain	Areas for action	Key strategies
People	Identifying needs	☐ Stratifying health needs and risks
		☐ Planning actions based on evidence
	Tackling the determinants of health	☐ Identifying the determinants of health
		☐ Mapping supports needed beyond health services
	Empowering populations	☐ Protecting rights and fostering shared responsibilities
		☐ Enabling informed choice
		☐ Enhancing health literacy
		☐ Supporting the development of community health
	Engaging patients	☐ Supporting patient self-management
		☐ Supporting patients' shared decision-making
		☐ Strengthening patient peer-to-peer support
		☐ Supporting patients' families and carers
Services	Reorienting the model of care	☐ Including services across a broad continuum
		☐ Standardizing practices
		☐ Designing service pathways
	Organizing providers and settings	☐ Introducing new and/or re-profiling settings
		☐ Structuring practices for a multidisciplinary approach
		☐ Adjusting the roles and scope of practice of providers
	Managing services delivery	☐ Ensuring appropriate resources
		☐ Linking meaningfully across actors
		☐ Adopting a results-orientation
	Improving performance	☐ Strengthening clinical governance
		☐ Creating a system of lifelong learning
System	Rearranging accountability	☐ Assigning clear mandates
		☐ Ensuring resources and tools
		☐ Generating evidence on performance
	Aligning incentives	☐ Steering the allocation of resources for purchasers
		☐ Linking payment schemes for providers
		☐ Designing incentives for patients
	Preparing a competent health workforce	☐ Recruiting and orientation based on competencies
		☐ Enabling a supportive practice environment
		☐ Establishing continuing professional development
	Promoting the rational use of medicines	☐ Standardizing practice to optimize provision of medicines
		☐ Generating awareness and supports for patients
	Innovating health technologies	☐ Assessing new devices
		☐ Researching for optimization of medical devices
	Rolling out e-health	☐ Investing in e-health by setting standards
		☐ Establishing laws and regulations
Change	Strategizing change with people at the centre	☐ Creating a burning platform for change
		☐ Convening and engaging actors
		☐ Developing a planned approach
	Implementing transformations	☐ Implementing pilots
		☐ Developing a high involvement culture
		☐ Facilitating communication
	Enabling sustainable system-wide change	☐ Building coalitions
		☐ Developing resilience
		☐ Activating many levers

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