Where are we on the journey towards universal health coverage?:
Engaging for integrated, people-centred, quality UHC

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Lead, Global Patient, Family and People Engagement initiative
Service Delivery and Safety Department
World Health Organization

7th Global Patients Congress
9-11 April 2016, London, UK
World Health Organization (WHO)

**Function:** act as the UN directing and coordinating authority on international health work

**Objective:** attainment by all peoples of the highest possible level of health

**Definition:** "HEALTH is a state of COMPLETE physical, mental and social well-being and not merely the ABSENCE of disease or infirmity" (Constitution, 1948)
WHO Structure

The World Health Assembly (WHA) is the supreme decision-making body for WHO

The Executive Board (EB) is the "policy-maker"
WHO Structure

- The United Nations
- Engagement with non-State Actors
- Partnerships
- WHO collaborating centres
- WHO Expert Advisory Panels and Committees

194 Member States
Ministry of Health

WHO HQ
Geneva
Switzerland

IARC, Lyon

African Region (AFRO)
The Americas Region (AMRO/PAHO)
Eastern Mediterranean Region (EMRO)
European Region (EURO)
South-East Asia Region (SEARO)
Western Pacific Region (WPRO)
WHO Headquarter

- Director-General Office (DGO)
- Health Security (HSE)
- Noncommunicable Diseases and Mental Health (NMH)
- Health Systems and Innovation (HIS)
- Service Delivery and Safety (SDS)

- General Management (GMG)
- HIV/AIDS, TB, Malaria and Neglected Tropical Diseases (HTM)
- Family, Women's and Children's Health (FWC)
- Polio and Emergencies (PEC)
Service Delivery and Safety Department

Service Delivery & Safety (SDS)

IPC  QHC  TCM  SCI  PSQ

Measure  Improve  Engage  Spread

Credits: Shams Syed
UHC – Where are we now?
Universal health coverage means that all people have access to the health services they need (prevention, promotion, treatment, rehabilitation and palliative care) without the risk of financial hardship when paying for them." (www.who.int/healthsystems/ Accessed: 9 April 2016)

Universal coverage is firmly based on the WHO Constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma-Ata declaration in 1978.
UHC – Where are we now?

- 400 million people lack access to one or more essential health services.
- 32% of total health expenditure worldwide comes from out-of-pocket payments.
- Every year 100 million are pushed into poverty and 150 million people suffer financial catastrophe because of out-of-pocket expenditure on health services.

Challenges

- Advanced, but complex health processes and systems
- Rational use of resources
- Increasing demand
- Meeting the needs of older population
- Inequity and Inequality
Health System?

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

OVERALL GOALS / OUTCOMES

ACCESS

COVERAGE

QUALITY

SAFETY

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

Credits: S Syed
Health system challenges

**EMERGING DEMANDS**

- Double-burden of disease and multimorbidity
- Unhealthy behaviours & lifestyle choices
- Greater citizens expectations
- Increased need to self-manage care
- Need for cost efficiency and accountability

**SYSTEM CONSTRAINTS**

- Lack of community empowerment and engagement
- Insufficient and misaligned financing
- Sub-optimal health workforce
- Service fragmentation and inappropriate service delivery model

Credits: N Toro & H Montenegro
The burden of patient safety

www.who.int/patientsafety/

1 in 10!

- Clinical problem
- Human problem
- Economic problem
- System problem
- Community problem
Use of injections worldwide

16.7+ billion/year

Immunization injections
5% to 10%

Therapeutic injections
90 to 95%

Over 70% of injections are unnecessary in some regions

Credits: B Allegranzi
Inequality

- Life expectancy – a girl born in 2012 in Japan, life expectancy 87 years, in Sierra Leone 46 years.

- % people with access to improved sanitation increased from 54% in 1990 to 68% in 2015, there are still about 2.4 billion people with no access to toilets.

- Antenatal care at least once during pregnancy for the recommended minimum of 4 or more around 64%.
The improvement continuum... from focused clinical interventions to broader health systems

1. Improved **hand hygiene** in health facilities
2. Enhanced infection prevention & control (IPC)
3. **Safe** health care delivery
4. Improved **quality** of health care
5. Robust people-centred health **service delivery**
6. **Strong** health system

Seek to make improvement in all dimensions of health-care quality:

- **Safe**
- **Effective**
- **Timely**
- **Efficient**
- **Equitable**
- **Patient-centred**
"What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?"

Margaret Chan,
World Health Assembly - May 2012
UHC & Quality Unit, WHO/SDS

UHC

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
New WHO Unit on UHC & Quality

Within the WHO Department of Service Delivery & Safety in the Health Systems & Innovations Cluster

To work on three technical areas:

**Area 1:**
Country engagement & global frameworks

**Area 2:**
Health service resilience

**Area 3:**
Partnerships for improvement
Engaging for quality UHC

Universal Health Coverage & Quality: Ensuring quality care for all! Part 2

27 January 2016
“Universal health coverage is the single most powerful concept that public health has to offer” (Dr Margaret Chan, Address to the 65th WHA 2012)

The fundamental step a country can take to promote health equity is to move towards universal coverage (World Health Report 2008)

People-centred and integrated health services are critical for reaching universal health coverage.

(http://www.who.int/healthsystems/topics/financing/uhc_qa/en/)
For more information on Strategy visit
http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/
“All people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment”
The WHO Strategy on People-Centered and Integrated Health Services: Five strategic directions

Empowering and engaging people

Coordinating services

Strengthening governance accountability

Creating an enabling environment

Credits: H Montenegro & N Toro Polanco

© World Health Organization 2015
Strategy 1. Empowering & engaging people

Examples of interventions

- Improving health literacy
- Sharing decision making between people & health professionals
- Giving people access to personal health records
- Supporting self-management
- Promoting personal care
- Fostering community participation
- Boosting community awareness
- Enhancing community delivered care
- Harnessing patient and user groups
- Addressing structural factors that marginalize at-risk communities

Credits: N Toro & H Montenegro
<table>
<thead>
<tr>
<th>Empowering and engaging people</th>
<th>Strengthening governance and accountability</th>
<th>Reorienting the model of care</th>
<th>Coordinating services within and across sectors</th>
<th>Creating an enabling environment</th>
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</thead>
<tbody>
<tr>
<td>1.1 Empowering and engaging individuals and families</td>
<td>2.1 Bolstering participatory governance</td>
<td>3.1 Defining service priorities based on life-course needs, respecting people’s preferences</td>
<td>4.1 Coordinating care for individuals</td>
<td>5.1 Strengthening leadership and management for change</td>
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<td>1.2 Empowering and engaging communities</td>
<td>2.2 Enhancing mutual accountability</td>
<td>3.2 Revaluing promotion, prevention and public health</td>
<td>4.2 Coordinating health programmes and providers</td>
<td>5.2 Strengthening information systems and knowledge management</td>
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<td>1.3 Empowering and engaging informal carers</td>
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<td>3.3 Building strong primary care-based systems</td>
<td>4.3 Coordinating across sectors</td>
<td>5.3 Striving for quality improvement and safety</td>
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<td>1.4 Reaching the underserved &amp; marginalized</td>
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<td>3.4 Shifting towards more outpatient and ambulatory care</td>
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<td>5.4 Reorienting the health workforce</td>
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<td>3.5 Innovating and incorporating new technologies</td>
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<td>5.5 Aligning regulatory frameworks</td>
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<td>5.6 Reforming payment systems</td>
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Strong primary health care is key for achieving quality UHC

http://www.who.int/servicedeliverysafety/events/PHCmeeting/en/
Health-care quality

- Safe
- Effective
- Efficient
- Timely
- Equitable
- Patient-centred

WHO Strategy on Integrated People-Centered Health Services

- Empowering and engaging people
- Coordinating services
- Strengthening governance accountability
- Reorienting the model of care

Credits: H Montenegro & N Toro Polanco

Engage, collaborate, partner, empower

Universal Health Coverage

WHO
Member States
Other partners
People community
Department of Service Delivery and Safety, in collaboration with the Department of Public Health, Environmental and Social Determinants of Health

COMMUNICATING RADIATION RISKS IN PAEDIATRIC IMAGING

LUNCHTIME SEMINAR (WEBINAR)

Friday 22nd April 2016
12:30 - 14:00 Central Europe Time
“...patient participation is central to all medical practice”...
“It’s the key barrier to the success of evidence based medicine, that patients don’t follow the treatments they are prescribed”

(Brian Haynes, McMaster University, Dept of Clinical Epidemiology)
C – Compassion
A – Accountability
R – Respect
E – Equity
Engage to integrate humanism in medical education

“Dear Dr Doherty,

I wanted to send you an email to thank for arranging Ms Margaret Murphy to speak to our class last week. Ms Murphy's opening words were particularly poignant, as she highlighted the importance of integrity, humility and compassion - factors which are often underestimated and/or quickly forgotten in the world of medicine.

It was an absolute honour to hear Ms Murphy talk. To turn such an unspeakable loss into such powerful words was so touching. As young medical students, our minds are malleable and eager to learn new material. We learn about the human body and diseases which afflict it, but how we care for patients is not taught. Last week, Ms Murphy taught. She went where no other lecturer had been before. She taught us about emotion, about communication and about caring for the patient and their family. She taught us what it takes to become a great doctor.

I won't ever forget Kevin Murphy nor Margaret Murphy - in heart nor in mind - both true inspirations in their own right.

Thanks again for organising this incredible lecture.
Patient...the game changer

I wrote an email to thank for arranging Ms Margaret Murphy to speak. Ms Murphy's opening words were particularly poignant, and one of the most important of integrity, humility and compassion - an underestimated and/or quickly forgotten in the world of doctors.

I was so glad to hear Ms Murphy talk. To turn such a serious and complex subject as mental health, about which we are so little informed and eager to learn new ways to help people who suffer from such distressing illness, was truly inspiring. She spoke about the role of compassion in the work of doctors.

She taught us about emotion, about communication and about caring for the patients and their family. She taught us what it takes to become a great doctor.
WHO and the Patient Care Program of the Gordon and Betty Moore Foundation collaborate to develop the WHO Framework on Patient and Family Engagement:

- guide and facilitate meaningful engagement
- respond to WHO global policy directions on:
  - Patient safety and quality Health Services
  - UHC Quality
  - Integrated People-Centred Health Services

The Advisory Group

Sir Liam Donaldson (Chair)
Susan Baade
Dominick Frosch
Edward Kelley
Vivian Lin
Hernan Montenegro
Margaret Murphy
Nittita Prasopa-Plaizier
Engagement in direct care

Engagement for access

Engagement to improve service delivery and system learning

Population
Patient, family, community

Health sector Professionals

Individual factors
Education
Health literacy

Individual factors
Professional training
Culture
Attitudes
Belief

Interventions

Structural factors
Social determinants
Cultural norms
Socio-economic factors
Laws
Regulation
Politics

Structural factors
Laws
Regulation
Politics
Compassionate care:

- Positive provider-patient relationship & experience
- Better sharing of information
- More effective planning
- More efficient care delivery
- Better health outcomes
Engaging & empowering people for health

Engage & empower people
- Knowledge & Information
- Tools & technologies
- Inclusiveness
- Equity access & participation

Build partnerships
- Local champions
- National leadership
- Personal experience,
- National solution,
- Global learning

Catalyse changes
- Local expertise & global contribution
- People and systems capacity
- Research agenda
- Policy dialogues
- Accountability
Rights, dignity, values, needs
...human, a person...
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<thead>
<tr>
<th>PFPS Network</th>
<th>Strengthen capacity, communication, advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy-makers</td>
<td>Collaborate with WHO, national, international organisations</td>
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<tr>
<td>Academic institutions</td>
<td>Create and share knowledge through research, education and training</td>
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<td>Health-care providers</td>
<td>Facilitate patient-engagement at hospitals and health-care facilities</td>
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<tr>
<td>Civil society and NGOs</td>
<td>Collaborate with NGOs and professional organisations</td>
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Let's work together with CARE

Engage with us:
www.who.int/patientsafety/
Email: pfps@who.int