



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

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World Health Organization

7th Global Patients Congress
9-11 April 2016, London, UK



World Health Organization (WHO)



WHO HQ, Geneva, Switzerland

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 Executive Board (EB) is the "policy-maker"



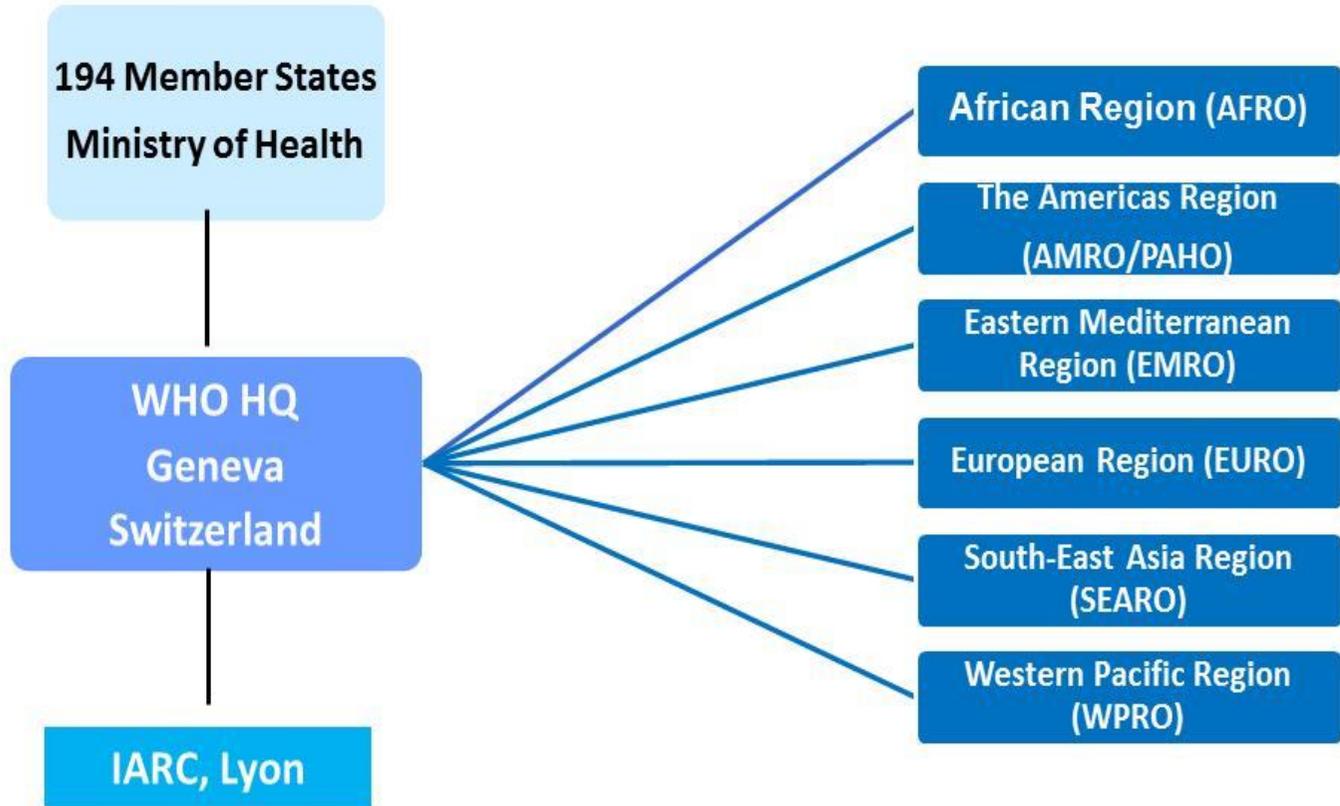
The World Health Assembly (WHA) is the supreme decision-making body for WHO



WHO Structure



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



WHO Headquarter



**Director-General
Office (DGO)**

**Health Security
(HSE)**

**General
Management
(GMG)**



**Noncommunicable
Diseases and Mental
Health (NMH)**

**HIV/AIDS, TB, Malaria
and Neglected Tropical
Diseases (HTM)**

**Health Systems and
Innovation (HIS)**

**Family, Women's
and Children's
Health (FWC)**

**Polio and
Emergencies (PEC)**

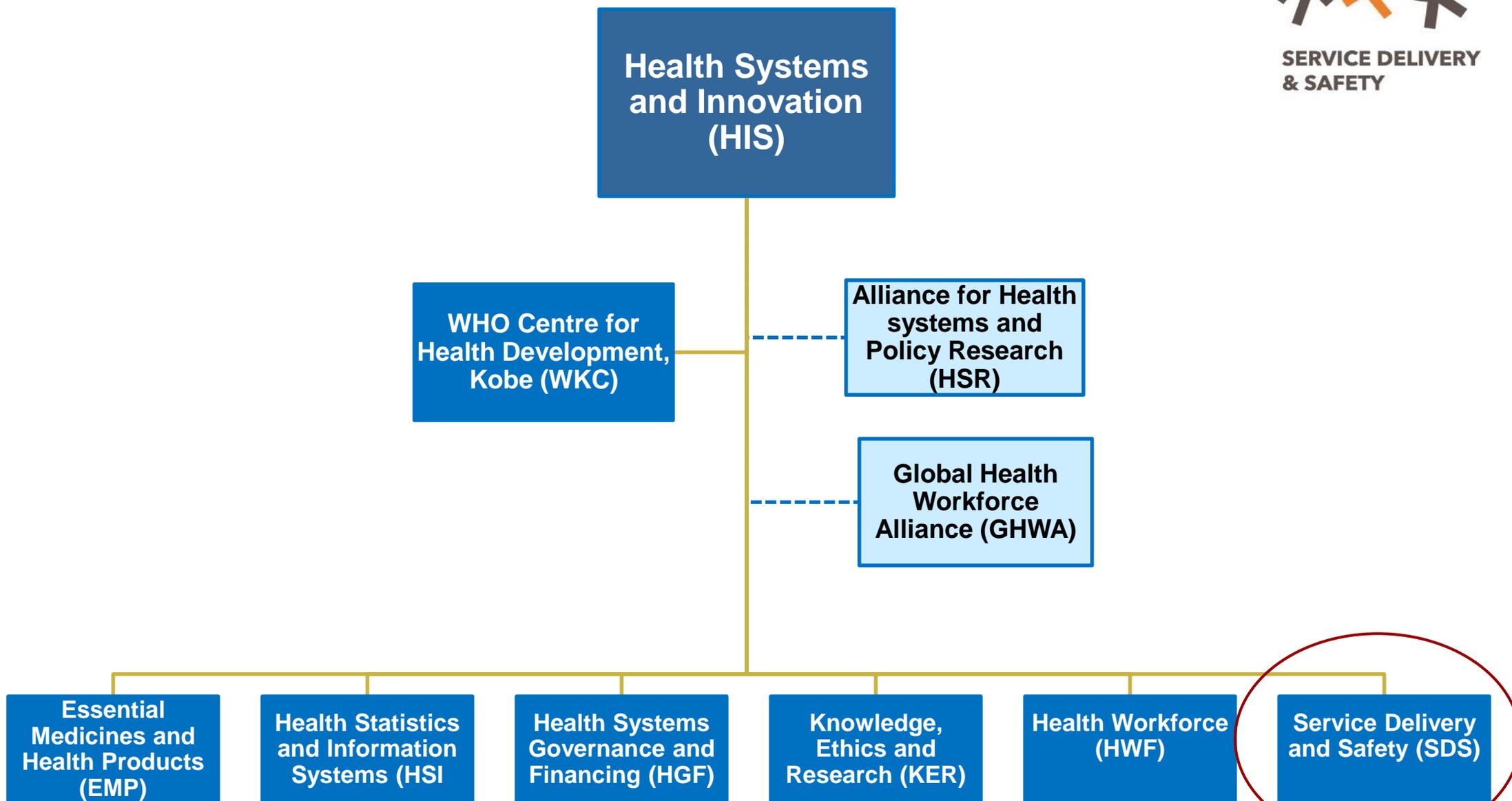


**Service Delivery
and Safety (SDS)**



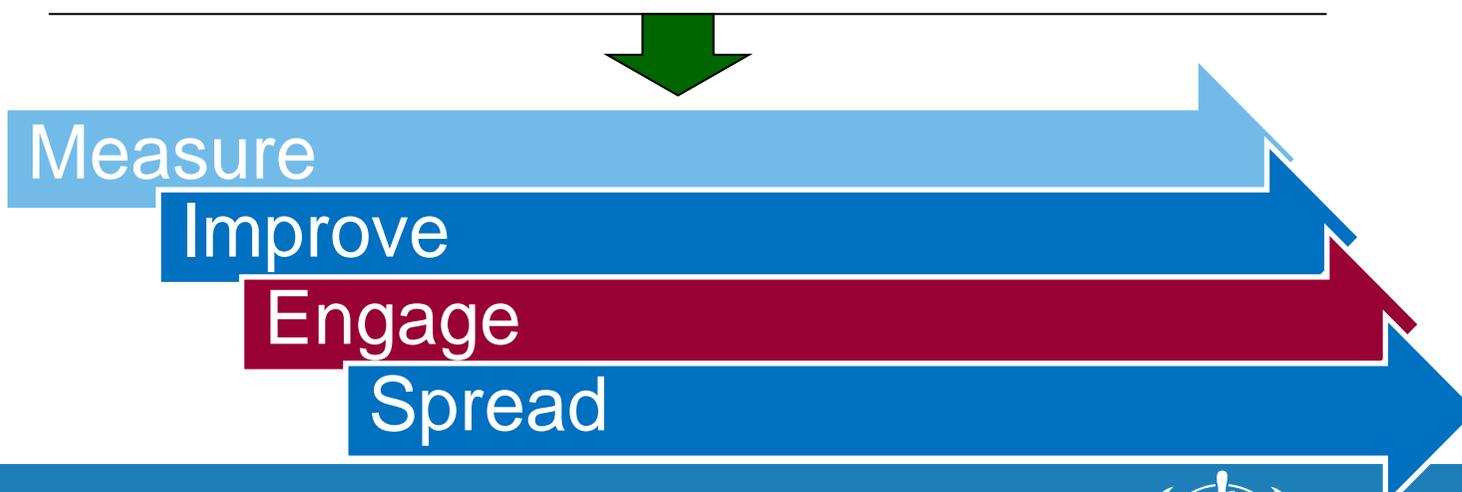
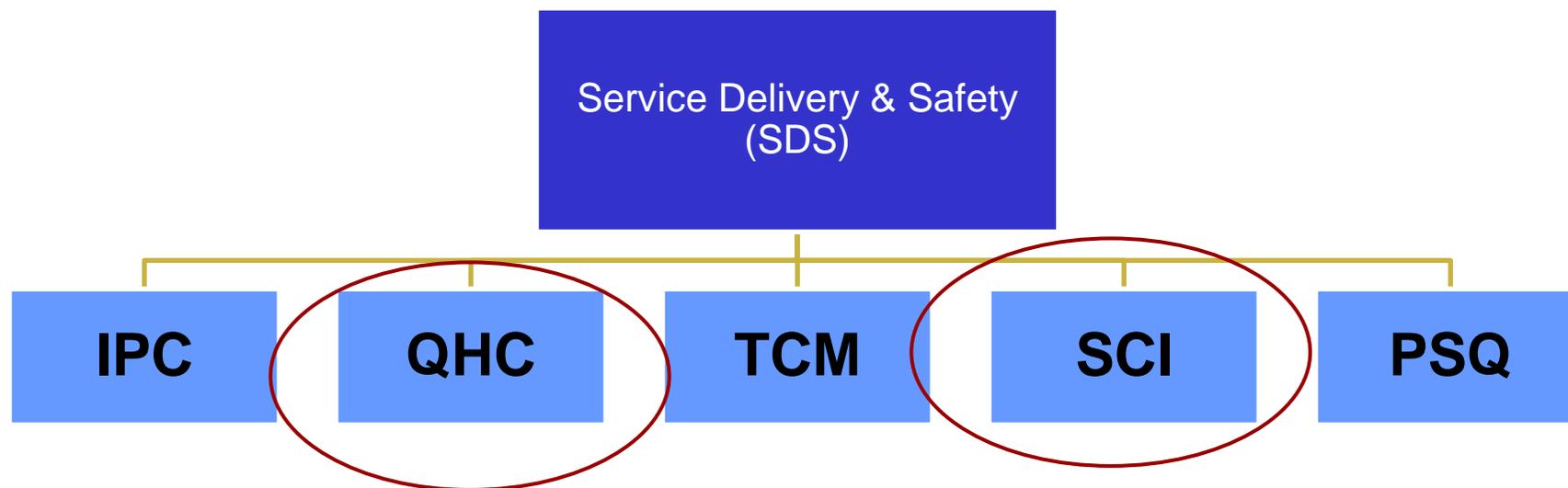


**SERVICE DELIVERY
& SAFETY**



World Health Organization

Service Delivery and Safety Department



UHC – Where are we now?



Universal health coverage (UHC)

"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.



(<http://www.who.int/mediacentre/factsheets/fs395/en/>. Accessed 9 April 2016)

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

ACCESS
COVERAGE

QUALITY
SAFETY

OVERALL GOALS / OUTCOMES

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

Health system challenges

EMERGING DEMANDS

SYSTEM CONSTRAINTS



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

The screenshot shows the WHO website with the following content:

- WHO logo and name at the top right.
- Navigation menu: Health topics, Data and statistics, Media centre, Publications, Countries, Programmes and projects.
- Search bar.
- Section: **10 facts on patient safety**
- Text: "Patient safety is a serious global public health issue. Estimates show that in developed countries as many as one in 10 patients is harmed while receiving hospital care."
- Text: "In developing countries, the risk of health care-associated infection in hospitals is higher than in developed countries. Estimates show that the risk of health care-associated infection in developing countries is as much as 20 times higher than in developed countries."
- Text: "In recent years, the burden of health care-associated infection has increased significantly. The WHO is working to improve patient safety through various initiatives."
- Image of a nurse attending to a patient in a hospital bed.
- Thumbnail for a report: "Report on the Burden of Endemic Health Care-Associated Infection Worldwide".
- Text: "Patient safety in developing and transitional countries".
- Text: "New insights from Africa and the Eastern Mediterranean".

Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis

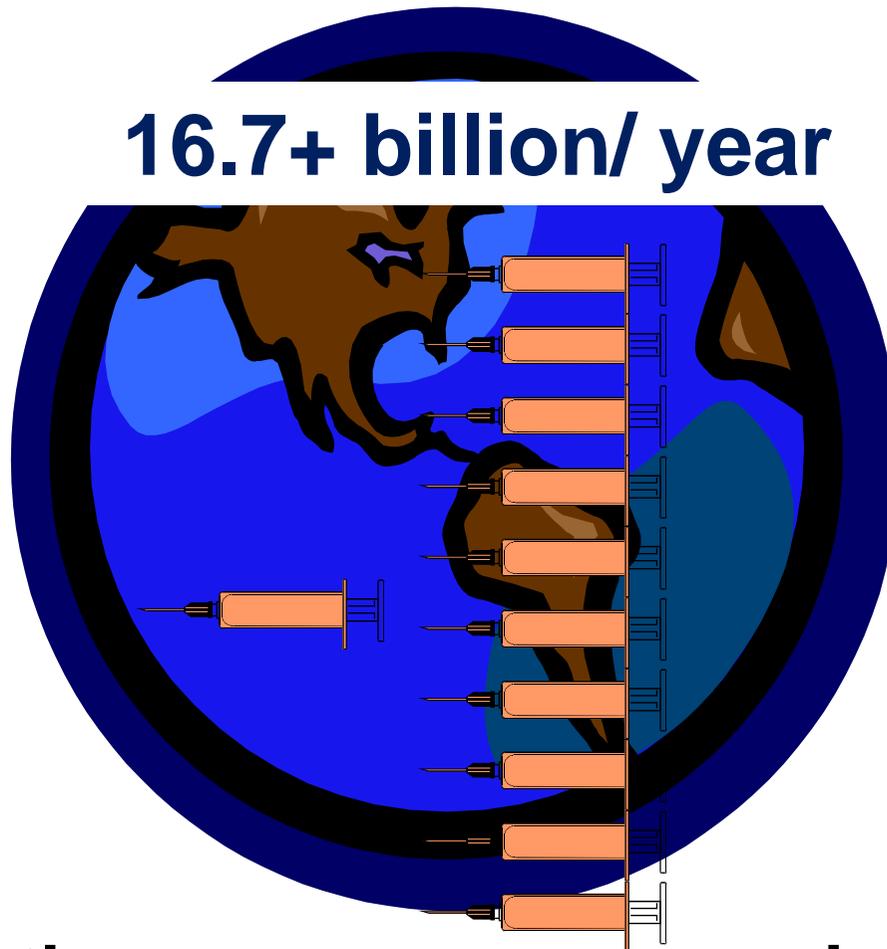
Benedetta Allegrante, Sepideh Bagheri Nejad, Christophe Combesare, Wilco Graafmans, Homa Attar, Liam Donaldson, Didier Pittet



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



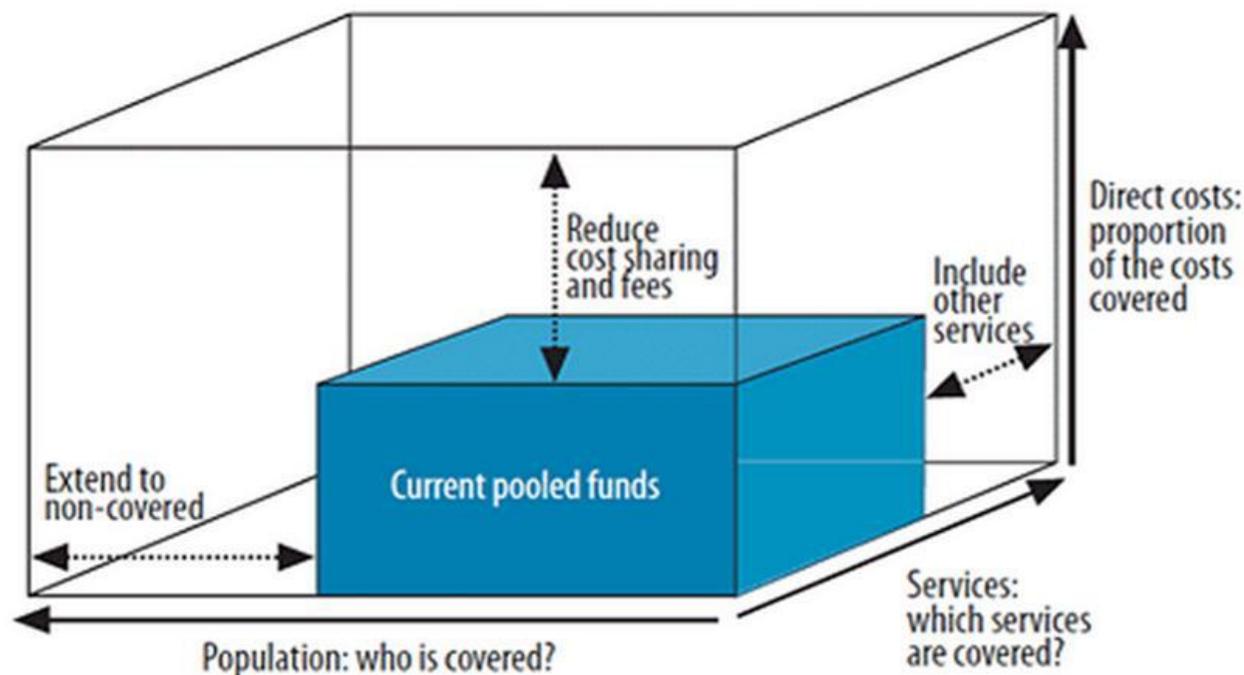
Seek to make improvement in all dimensions of health-care quality



Universal Health Coverage

"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

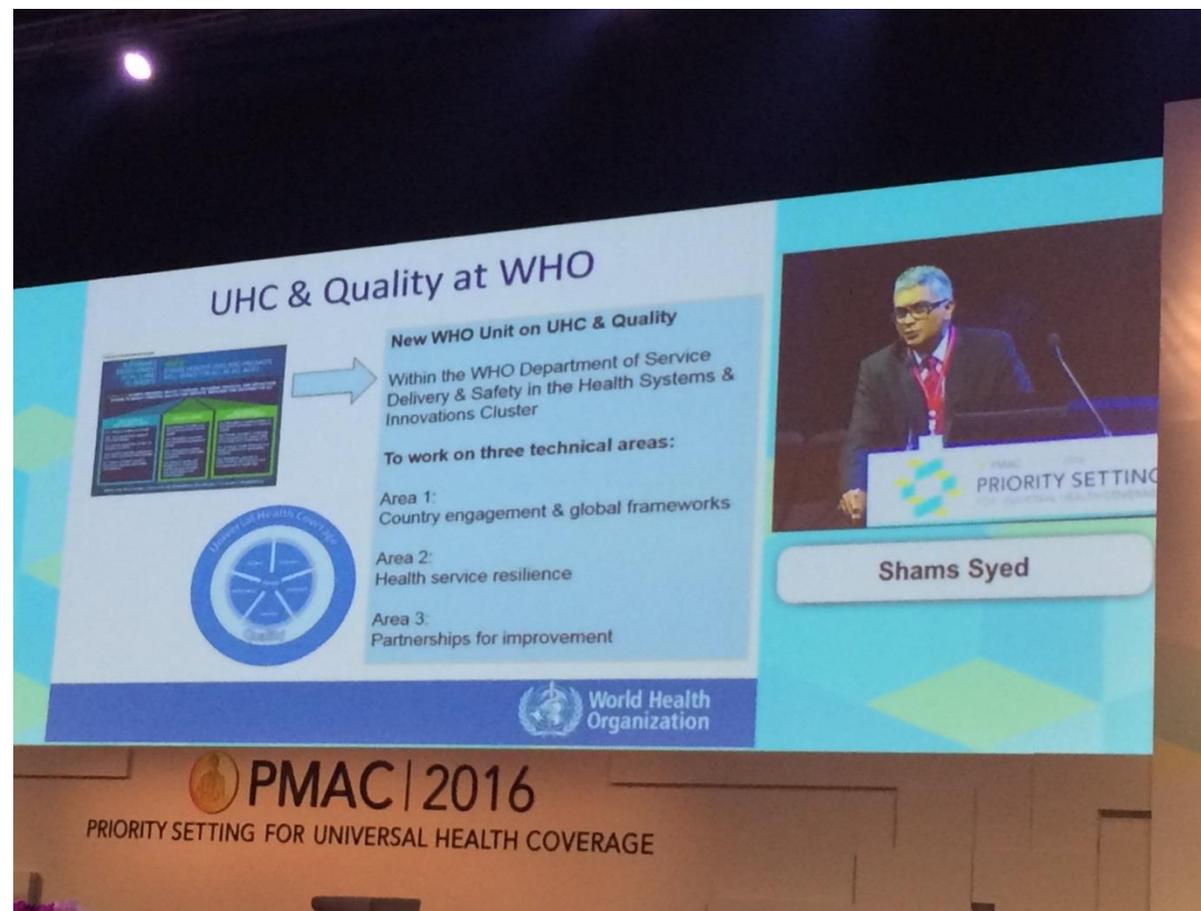


Three dimensions to consider when moving towards universal coverage

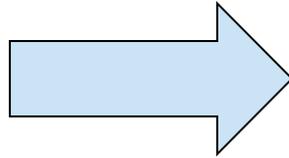
UHC & Quality Unit, WHO/SDS

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.



UHC & Quality at WHO



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



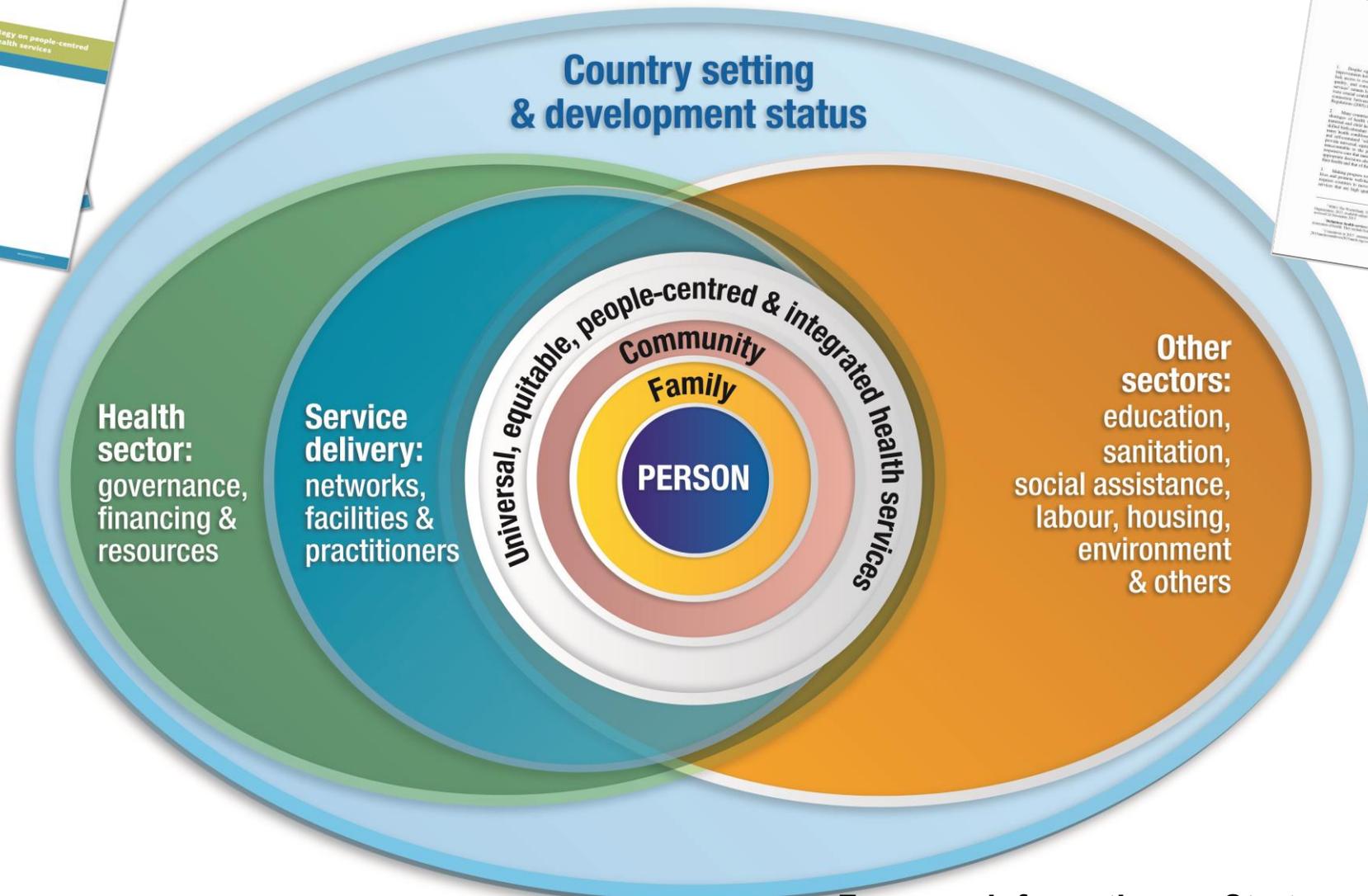
Universal health coverage (UHC)

“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/>



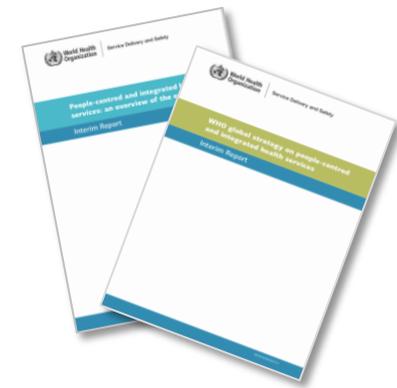
The vision

“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”

Credits: N Toro & H Montenegro

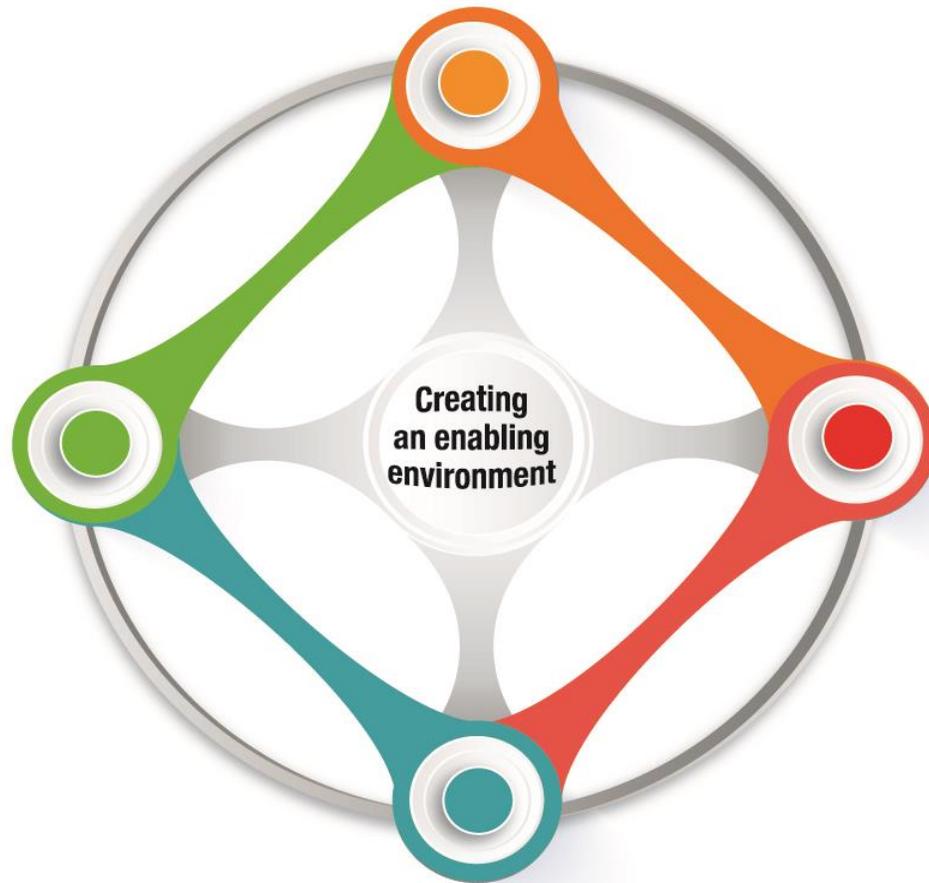


The WHO Strategy on People-Centered and Integrated Health Services: Five strategic directions



Empowering and engaging people

Coordinating services



Strengthening governance accountability

Credits: H Montenegro & N Toro Polanco



Strategy 1. Empowering & engaging people



Examples of interventions



Credits: N Toro & H Montenegro

Strategies, Policy Options & Interventions (WHO, 2016)

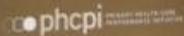
Empowering and engaging people	Strengthening governance and accountability	Reorienting the model of care	Coordinating services within and across sectors	Creating an enabling environment
<p>1.1 Empowering and engaging individuals and families</p> <p>1.2 Empowering and engaging communities</p> <p>1.3 Empowering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



IMPROVING QUALITY PRIMARY HEALTH CARE

From measurement to improvement: a roadmap

Primary Health Care Improvement
Global Stakeholder Meeting
6-8 April 2016



Strong primary health care is key for achieving quality UHC

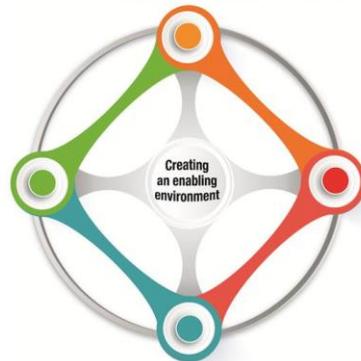
<http://www.who.int/servicedeliverysafety/events/PHCmeeting/en/>



WHO Strategy on Integrated People-Centered Health Services

Empowering and engaging people

Coordinating services

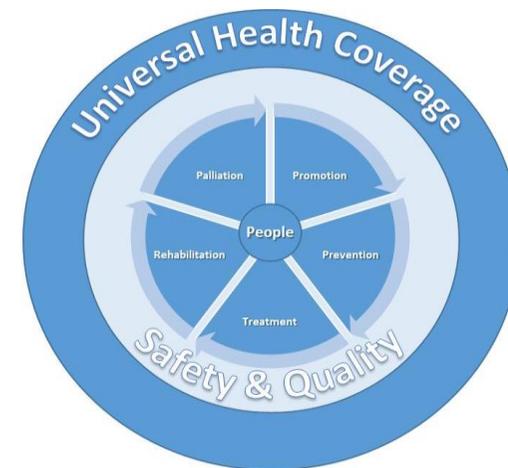
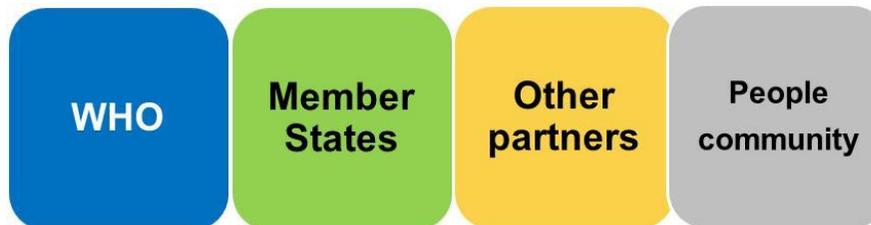


Strengthening governance accountability

Reorienting the model of care

Credits: H Montenegro & N Toro Polanco

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Health-care quality



Engage, collaborate, partner, empower

COMMUNICATING RADIATION RISKS IN PAEDIATRIC IMAGING

Information to support healthcare discussions about benefit and risk



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



Patients: the final frontier...

Editor's Choice

US Editor's Choice

Patients: the final frontier

BMJ 2013 ; 346 doi: <http://dx.doi.org/10.1136/bmj.f2075> (Published 02 April 2013)

Cite this as: *BMJ* 2013;346:f2075

Article

Related content

Metrics

Responses

Edward Davies, US news and features editor, BMJ

edavies@bmj.com

“...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

Patient...the game changer

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



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in mind - both

“She went where no other lecturer had been before. 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

Individual factors

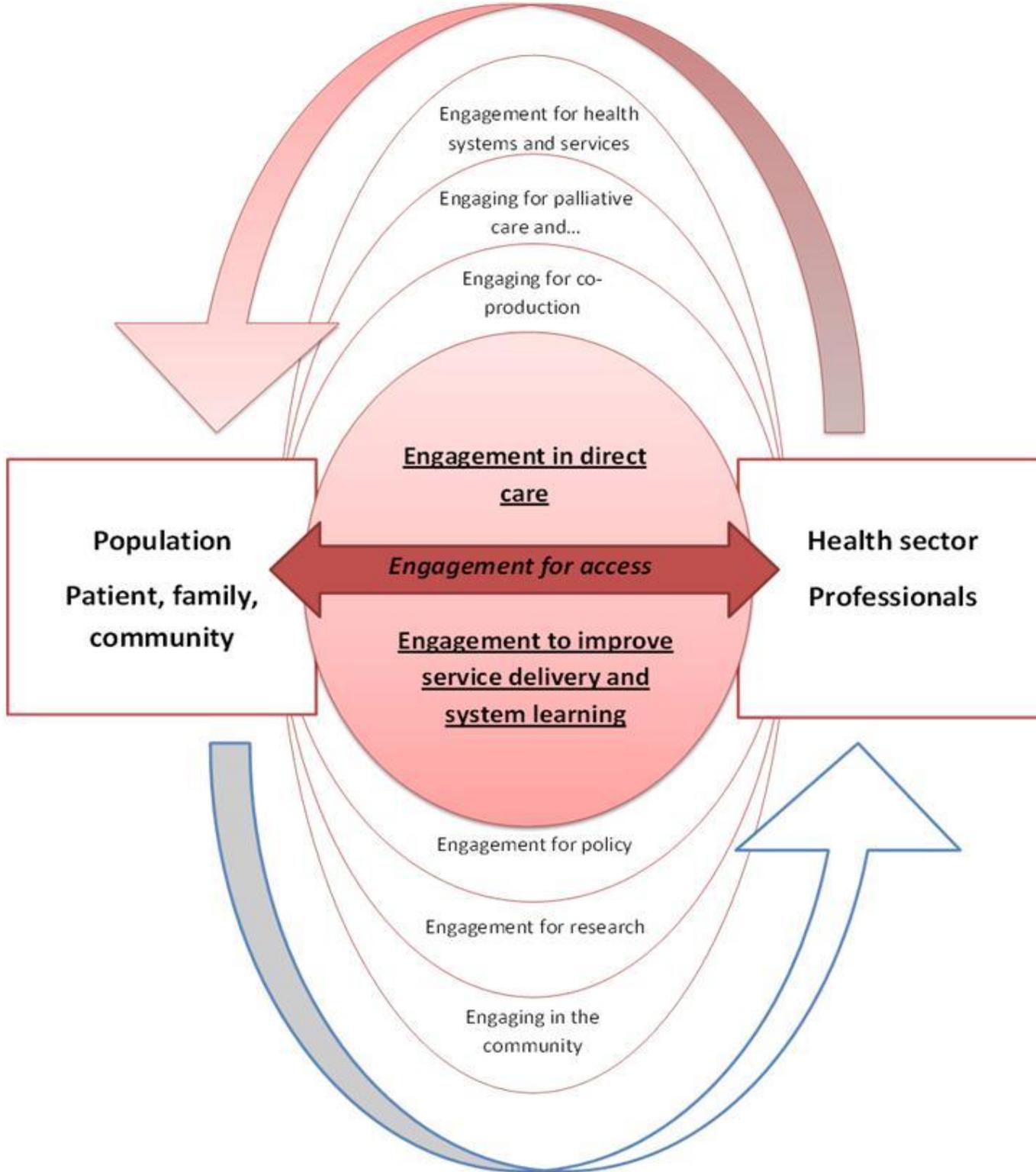
Education
Health literacy

Individual factors

Professional training
Culture
Attitudes
Belief

Interventions

Interventions



Structural factors

Social determinants
Cultural norms
Socio-economic factors
Laws
Regulation
Politics

Structural factors

Laws
Regulation
Politics

The WHO Framework on Patient, Family & Community Engagement

Editor's Choice

US Editor's Choice

Patients: the final frontier

BMJ 2013 ; 346 doi: <http://dx.doi.org/10.1136/bmj.f2075> (Published 02 A

Cite this as: *BMJ* 2013;346:f2075



Compassion in Practice

Nursing, Midwifery and Care Staff
Our Vision and Strategy



[See more information about this Policy p](#)

Compassionate care:



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

Policy paper

2010 to 2015 government policy: compassionate care in the NHS

Updated 8 May 2015

Contents

Issue

Actions

Background



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

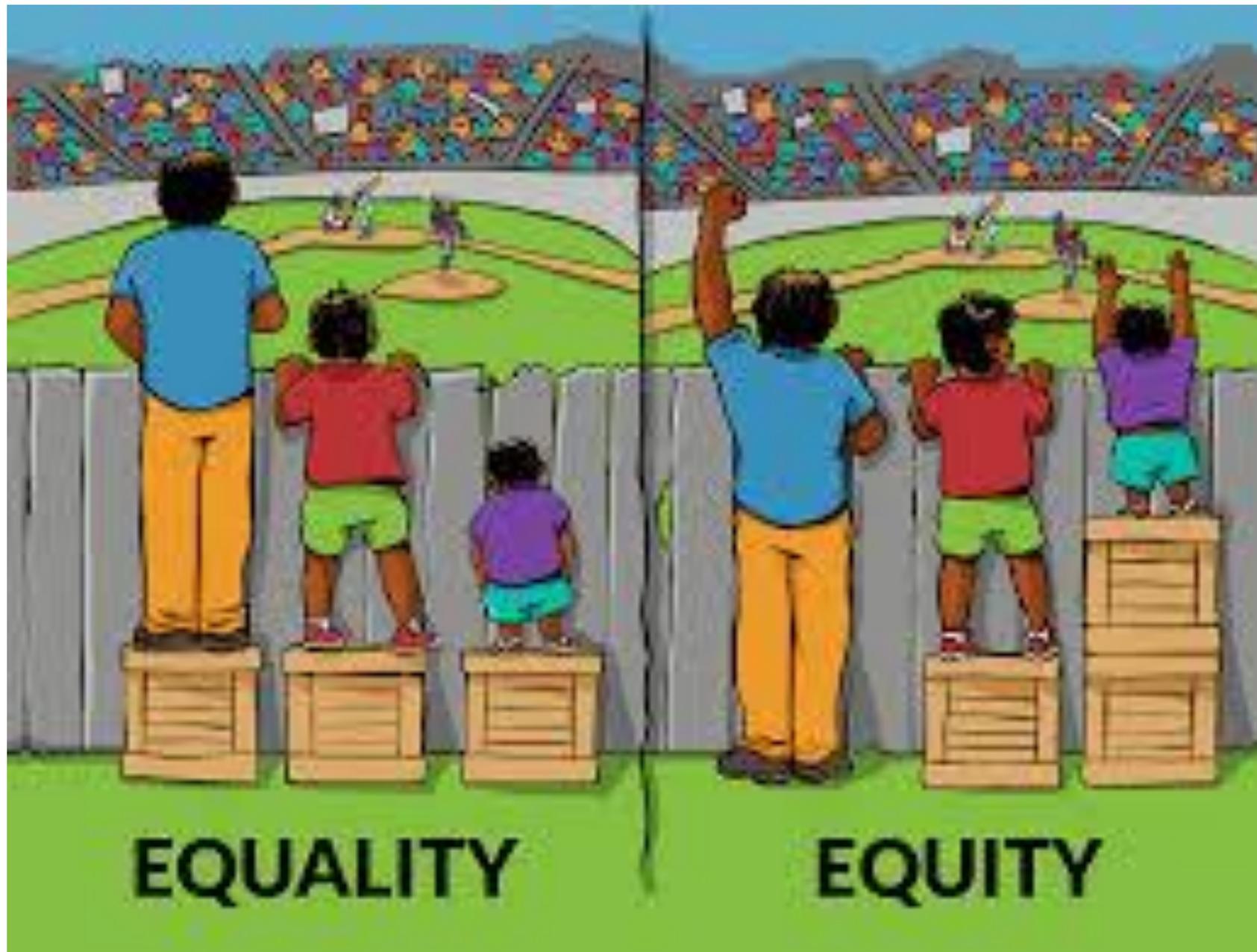


Catalyse changes

- Local expertise & global contribution
- People and systems capacity
- Research agenda
- Policy dialogues
- Accountability



Rights, dignity, values, needs
...human, a person...



Engage, collaborate, partner, empower



WHO HQ

PFPS Network	Strengthen capacity, communication, advocacy
Policy-makers	Collaborate with WHO, national, international organisations
Academic institutions	Create and share knowledge through research, education and training
Health-care providers	Facilitate patient-engagement at hospitals and health-care facilities
Civil society and NGOs	Collaborate with NGOs and professional organisations





Let's work together with CARE



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

