



**World Health
Organization**

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

Denis Porignon [WHO HQ]

**Modern Health care delivery systems
and the role of hospitals**

21-22 November 2011, Brussels, Belgium

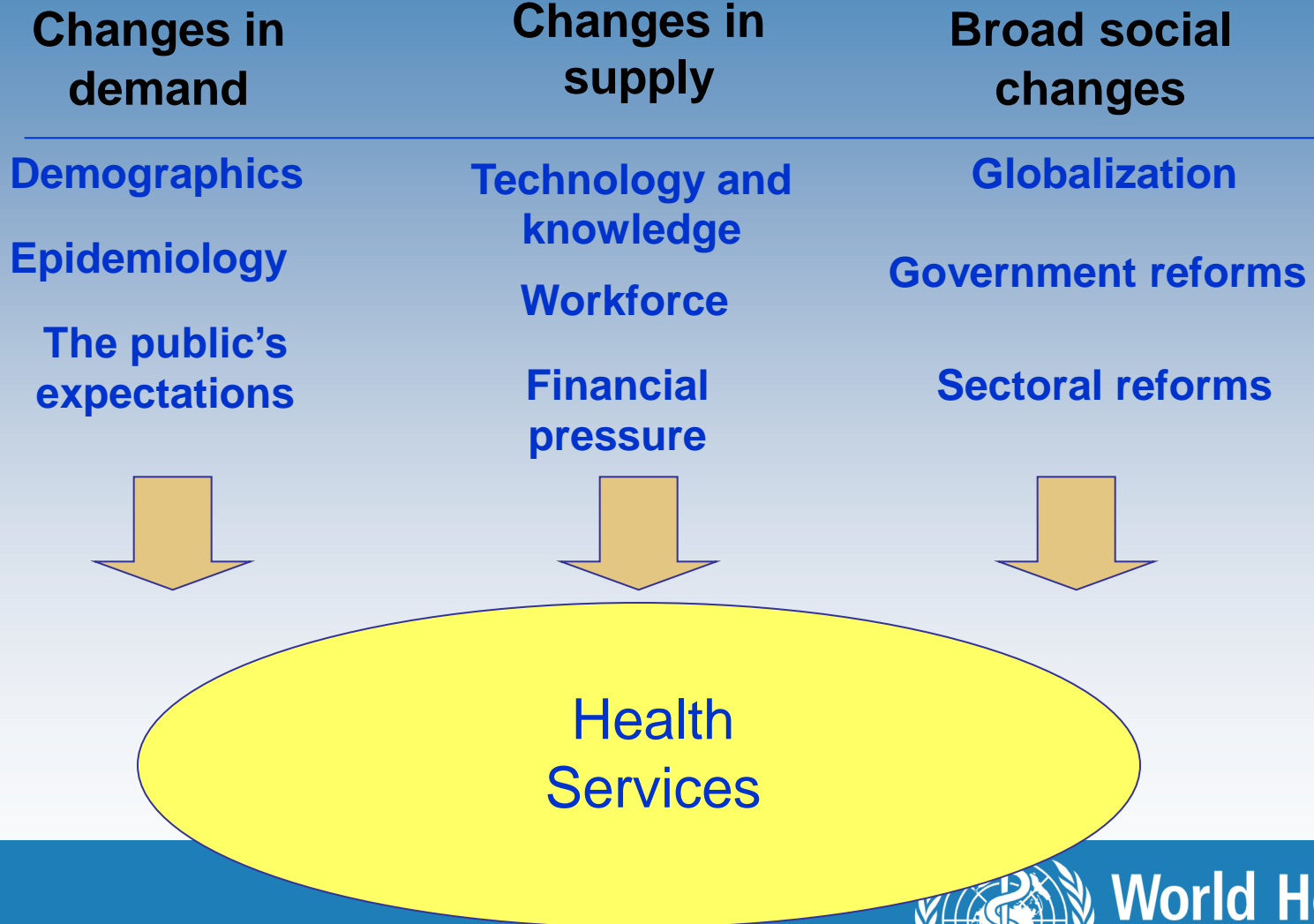
Introduction

- The pressure for change
- Major issues for the future
- A focus on Primary Care?
- What will be the role of hospitals?
- Identified gaps...



World Health
Organization

Pressure for Change on Health Services



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



World Health
Organization

Why PHC?

- Evolving health needs and challenges
- Meeting MDGs
- Revival of values-based approaches
- Fragmentation and inequity
- Unmet expectations
- Financial crisis

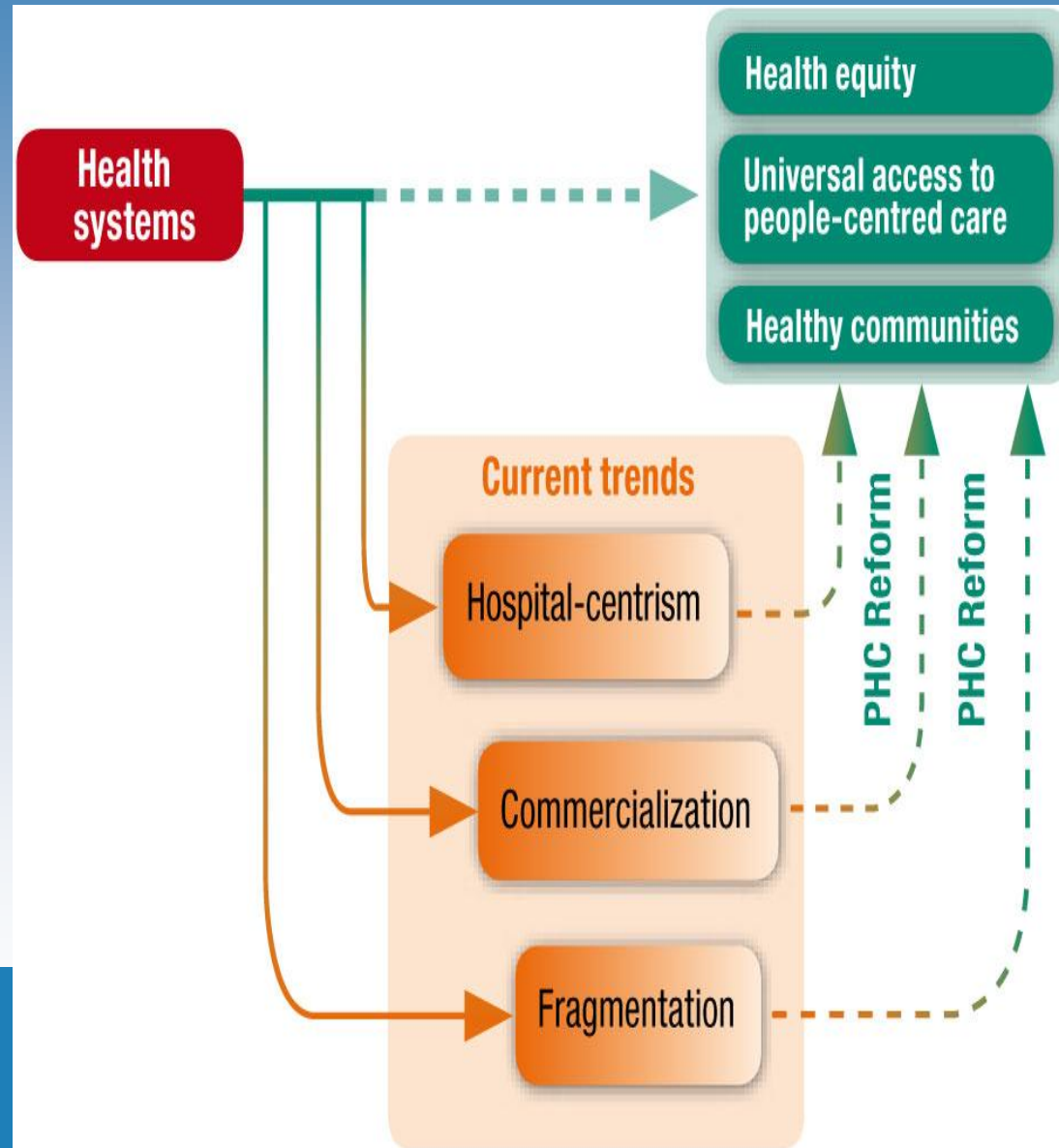
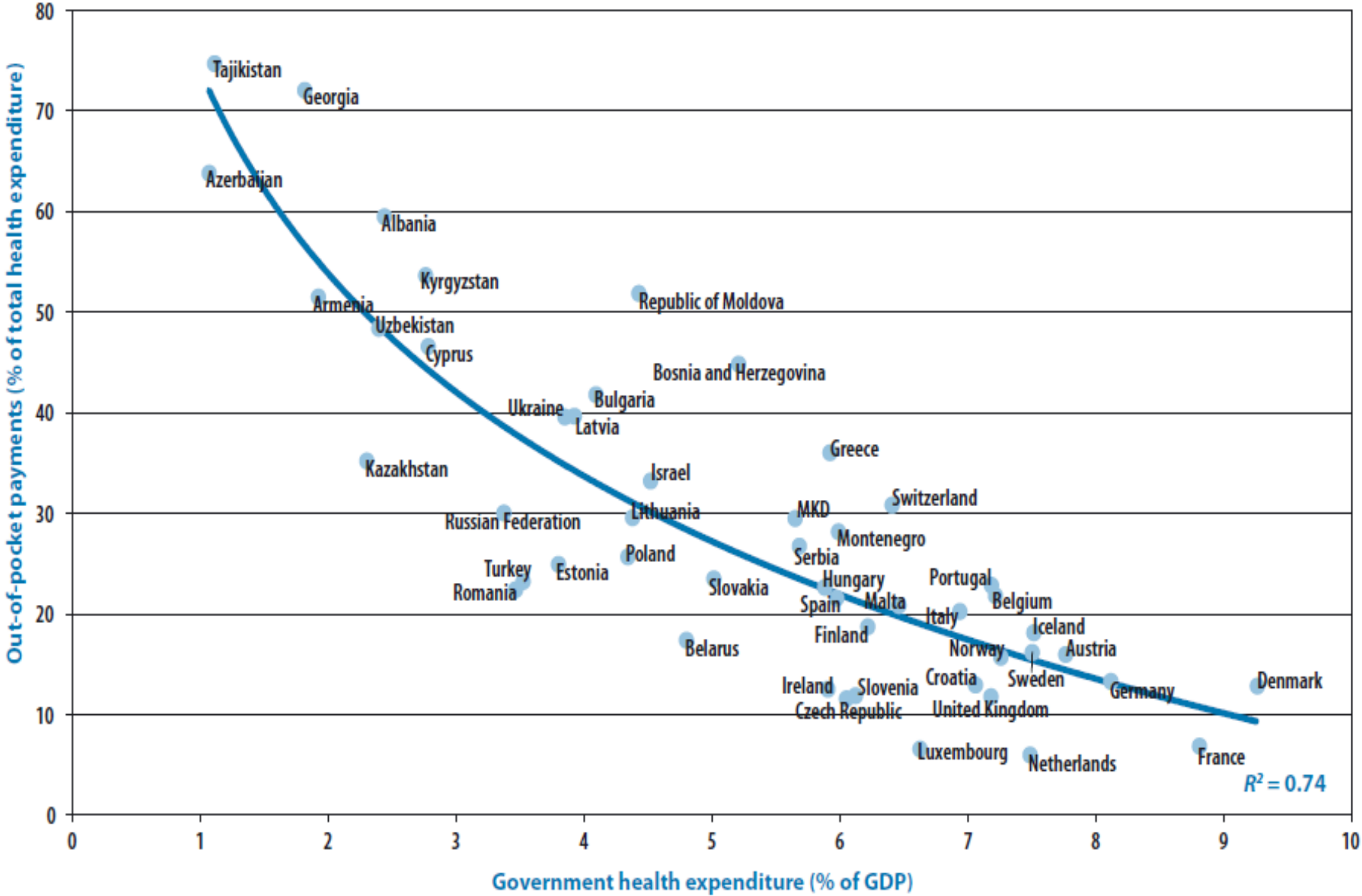


Fig. 2.33. Relationship between the level of government health spending and the share of total health expenditure from out-of-pocket payments, WHO European Region, 2006



Note. MKD is the International Organization for Standardization (ISO) abbreviation for the former Yugoslav Republic of Macedonia.
 Source: National health accounts. Country information [web site] (211).

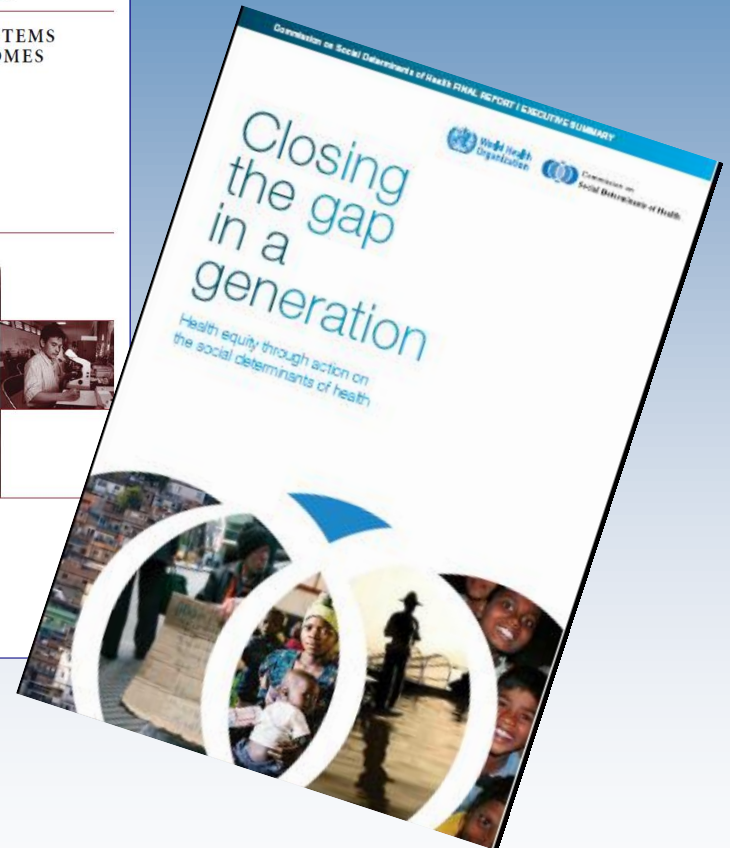
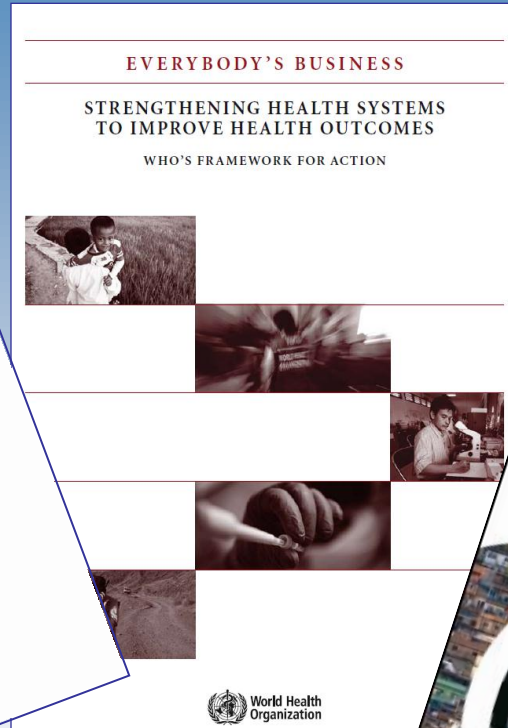
Major issues for the future

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



World Health
Organization

Convergence of equity and health systems agendas



World Health Organization

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*.



World Health
Organization

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






World Health
Organization

Table 3.1 Aspects of care that distinguish conventional health care from people-centred primary care

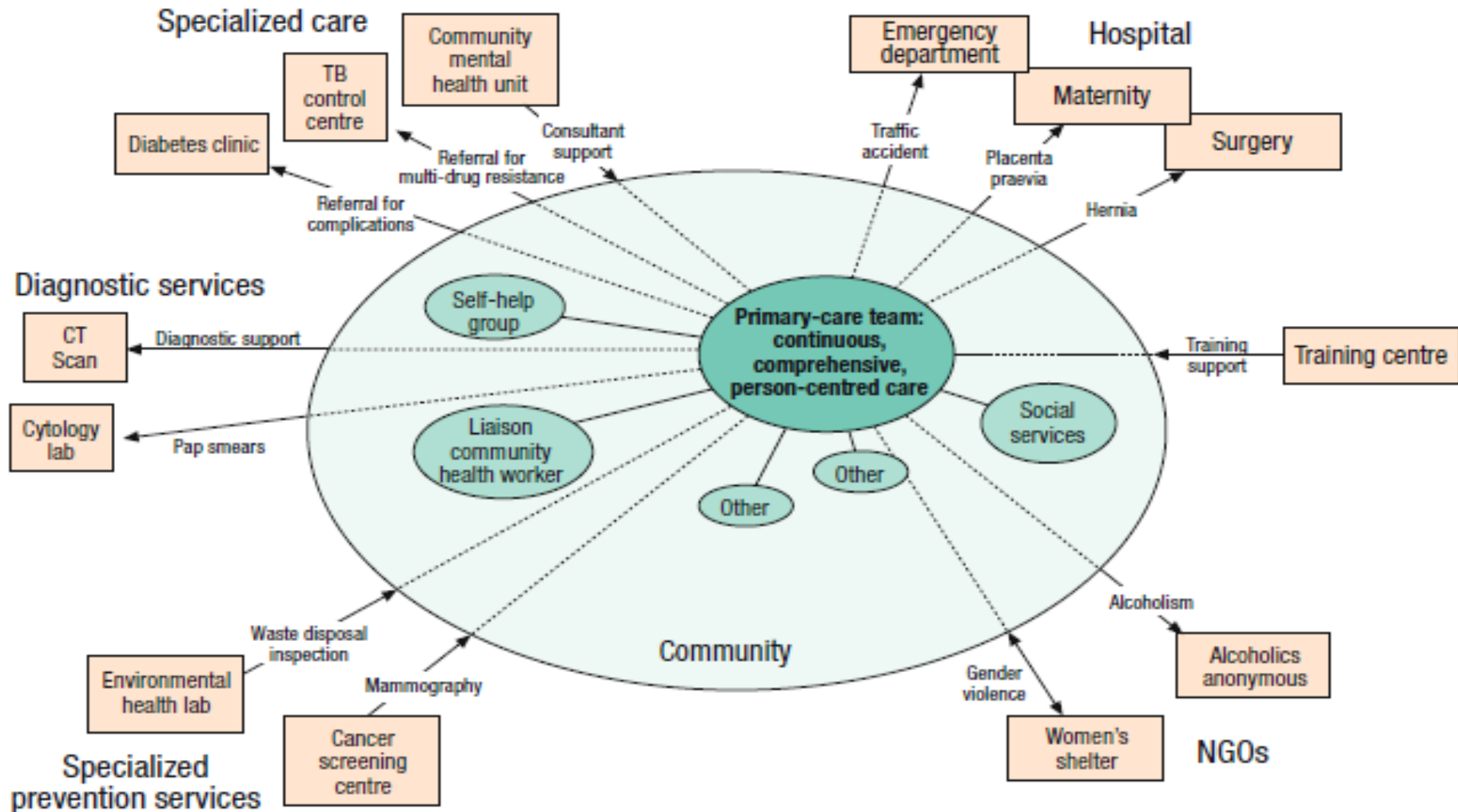
Conventional ambulatory medical care in clinics or outpatient departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community



Table 1 How experience has shifted the focus of the PHC movement

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

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.



World Health
Organization

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



World Health
Organization

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



World Health
Organization

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



World Health
Organization

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

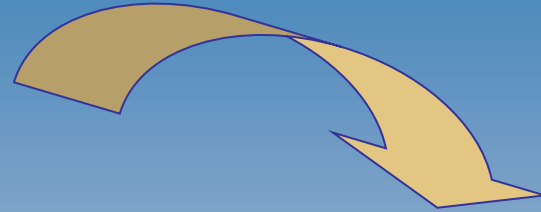


World Health
Organization

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?



World Health
Organization

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



World Health
Organization



**World Health
Organization**

Thank you very much