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**By: Health
Services
Delivery
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Division of
Health
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and Public
Health**

Strengthening people-centred health services delivery in the WHO European Region: concept note

Working document



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ABSTRACT

Provision of people-centred health services is a desired core function of strong, equitable, and responsive health systems. Despite its potential to improve health outcomes, increase quality of care, and reduce waste of societal resources in the WHO European Region, many challenges surrounding its design and implementation remain. These challenges have risen to the top of the Health 2020 agenda and are increasingly becoming a focus of policy dialogue on health system reform. The aim of this document is to present a concise guide to the underlying philosophy, working definitions, and practical aspects of people-centred health services delivery that might assist Member States with the formulation of strategic policy directions and the modernization of care management processes.

Keywords

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Outline

This concept note provides an overview of the critical aspects of people-centred health services delivery as an element of overall strengthening health systems in the European Region. It includes the following six sections:

1. Rationale for moving towards people-centred health services delivery.
2. Working definitions of people-centred health services delivery and related concepts Core values underpinning people-centredness.
3. Discussion of the relevance of the concept to WHO Europe's strategic objectives and policy priorities embedded in Health 2020.
4. Recommendations on the minimum actions a jurisdiction, organization, or country might initiate to implement and manage the concept in practice.
5. Concluding remarks.

1. Rationale

Health systems in the European region, like the countries they represent, are at different stages of development and responsiveness to people's needs. Many service delivery models have outlived their usefulness in relation to the current disease burden, but linger on, despite being built around fragmented processes for acute diseases rather than comprehensive care for people living with chronic illness. This focus on reactive interventions, which often are triggered by patients' self-referrals, leads to missed opportunities for early diagnosis that can substantively improve health outcomes. Health services based on curative medicine not only plays down the value of preventive measures, but also impedes patients' recovery from illness due to inadequate wraparound mechanisms for guidance on self-management of disease and social support.

By contrast, people-centred health services build on the idea that isolated interventions are a major barrier to optimal health gain. In practice, even when auxiliary services such as rehabilitation or home health visits are available, they are not routinely extended as a complement to clinical encounters or they exist outside the health sector altogether. Therefore, reorienting health services delivery away from fragmentation and towards greater integration is urgent in the context of growing rates of chronic illness and the ageing of the populations in the European Region. Within this people-centred approach, the provision of preventive, community-based, and social services as part of the continuum of care is a fundamental feature of health care systems that regard health as a measure of individuals' total well-being and not merely as the absence of disease.

At the population level, people-centred service delivery reforms have the potential to reduce health inequities between and within countries. For example, effective responses to the momentum for change have already occurred at the policy level in several western and northern European countries and are advancing experimentally in others, including in the newly independent states. Overall this is a positive trend, which signals that the Region is moving in the same direction. However, because of differences in the political commitment, availability of human, technological and financial resources and, overall, sufficient knowledge about these issues, improvements to service delivery models will likely remain uneven among countries. To close the health divide, policymakers must arrive at a shared vision of the value of people-centred health systems and a shared commitment to develop, implement, and manage these transformations.

Nonetheless, even the most advanced people-centred health service delivery systems can go only so far in driving positive health outcomes without active participation from individuals. Patient engagement with

the tools and processes of health protection, disease prevention, and self-management of disease adds value to system changes, particularly in the context of rising demand for institutional care under the status quo. Thus, moving towards people-focused health services delivery ought to include a plan for empowering individuals to take an active role in their own health journey.

These goals and challenges suggest an urgency to cultivate a more nuanced understanding of the concepts and the vision for people-centred health service delivery as one of the key messages of Health 2020.

Momentum for change

The motivation for pursuing a people-centred approach to health services delivery is fuelled by a global and regional “reawakening” to the fact that many factors beyond the scope of the health system impact individual health, yet services that aim to maintain or restore good health are mostly managed and financed in a fragmented fashion. People are living longer, in large part due to the diffusion of new medical technologies that can cure or delay the onset of diseases once thought untreatable. At the same time, applying state-of-the-art innovations without taking into account individuals’ continuous needs for health and social support – for example, a hospital patient’s need for follow-up care after a complex procedure – could amount to ineffective or even harmful treatment if recovering patients get readmitted for lack of proper follow-up care, to say nothing of wasted resources in applying the innovation in the first place. Yet, with the exception of a few countries with advanced strategies and delivery models for people-centred care, most national health systems continue to rely on separate management and financing arrangements for different types of health services, despite abundant evidence that integrating stand-alone services into a spectrum of care benefits patients.

The good news is that all this is beginning to change, as policymakers and health managers come to terms with the potential health gains of creating conditions for more seamless interactions between individuals, the health system and social services.

Examples of common barriers to seamless services include for instance onerous referral processes between that shift responsibility to the patient; under-provision or discontinuity of health services before or after acute treatment; absence of social services or community-based care from the process of health prevention and the cycle of care.

Where we are today

The provision of health services is advanced or impeded in its central role – to enable and support people in achieving their full health potential and well-being – through the dynamic processes, relationships and incentives between health providers, health managers, patients and policymakers. Across national boundaries and over time, other priorities and budgetary constraints may further “crowd out” decision-makers’ interest in committing political capital to the people-centred agenda. From the perspective of health managers, expecting their organizations to keep up with the evolving health technology and innovation without providing adequate incentives and leadership at high leverage points may simply be unreasonable.

In such uncertain landscapes, which realistically describe the challenges that many countries’ health leaders face today, reorienting health service delivery towards people-centredness can be a massive undertaking though a converging focus to bring together stakeholders and ensure access to high quality comprehensive health services through the life course.

Insofar as the provision of health services represents the interface between the population and the rest of the health system, we believe this is the strategic lever to act on if the aim is to move systems towards people-centredness.

2. Guiding concepts for people-centred health services delivery

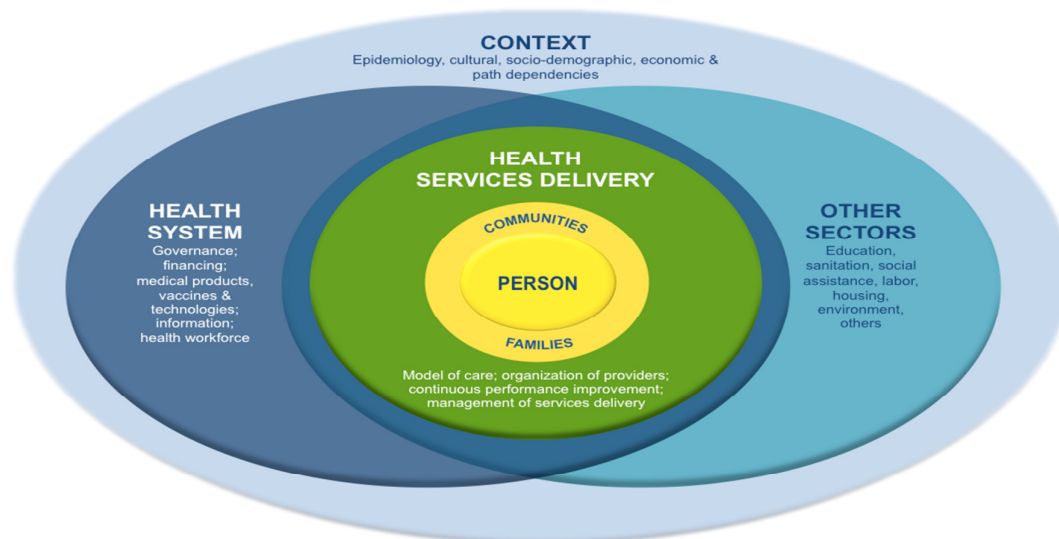
How are people-centred health services determined

Health services delivery is a core function of the health sector enmeshed in a web of interdependencies with other functions of the health system, other sectors of the economy and the broader cultural, social and political context of each country (Figure 1).

The model below is illustrative of the determining factors and their inter-relations, reinforcing the importance of multifaceted approaches to transform health services delivery. Beyond the layering of their interactions, how can the determinants of people-centred health services delivery be specified? As the figure depicts, at the centre dictating the content and arrangement of services is the individual, their families and their communities. People – both before and after they become patients – interface with the health system through the contact with the services. The content, organization, quality and management of this process has a defining (determining) hold on the performance of the services delivery and on the extent to which the services purposefully considers and adopts a person-facing perspective. The context to this is given by the health system. Its core functions of financing, resourcing and steering are determining of the conditions in which the process of services delivery takes place.

The prioritization of individuals, their families and communities thus weighs on the realization of people-centred services delivery in practice. Importantly, an adequate response to an individual's needs is subject to the interactions between the system and other sectors, seeing for example, social needs, employment or housing, as deterministic of health but beyond the health system itself. These dynamics are contextualized according to prevailing cultural norms, economics and the development status of any given nation.

Figure 1 – The interacting determinants of people-centred health services



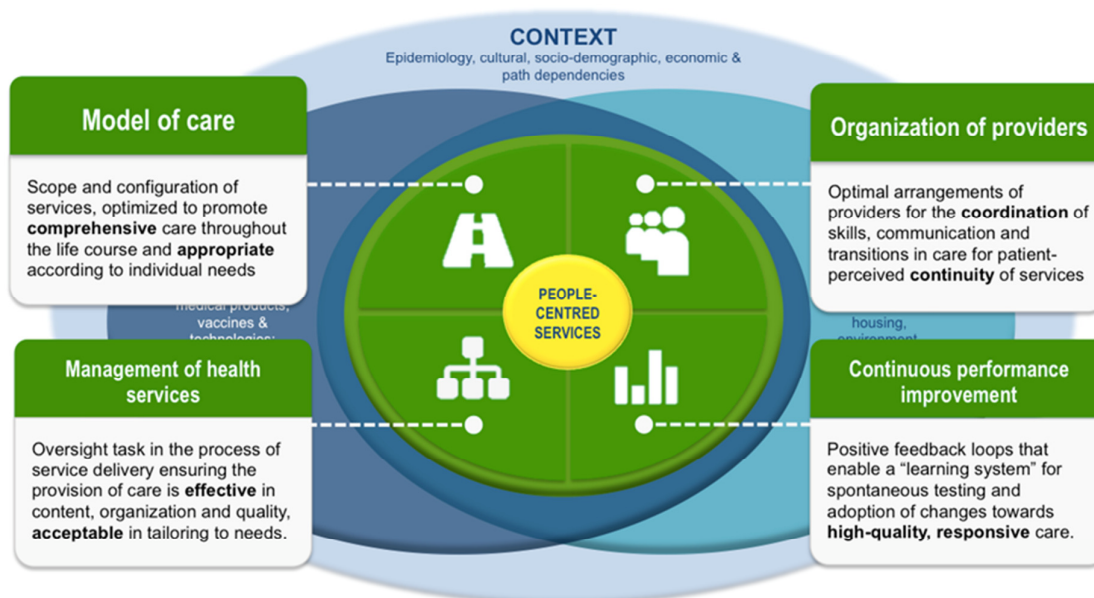
Moving forward in the WHO European Region

Current efforts by World Health Organization Regional Office for Europe to develop a pan-European framework for coordinated and integrated health services delivery are grounded in the belief that the processes of health promotion, disease prevention, medical care, rehabilitative, home and social care, among others, should be aligned to an overarching philosophy of people-centredness.

World Health Organization Regional Office for Europe is prepared to assist countries in strengthening their health systems from the vantage point of people-centredness and to partner with them towards strategic reorientation of their health service delivery networks. The mindset is that how countries ultimately move forward and the extent to which they choose to factor in the person's needs in their new arrangements will have a direct impact on whether improvement from the status quo is people-centred, transformative, scalable, and sustainable (Figure 2).

Accounting for people's holistic needs is an important step in the planning and designing of health service delivery. Provider-driven models of care populate the current landscape in many countries. While patients may not be interested or be able to capture all clinical details that require their health care be transferred from the primary to the secondary or even tertiary setting, they generally don't appreciate being dispatched without someone explaining the journey, which from the perspective of a worried patient helps make it less intimidating and more acceptable. At the other end of the spectrum, people also don't generally enjoy being told to follow instructions that don't make an effort to respond to and accommodate potential health preferences or limitations.

Figure 2 – Core components and attributes of people-centred health services delivery



Source: Barbazza & Tello (2014). Review of the health services delivery function: areas for action, measurable factors, proxies and attributes [working document]. Copenhagen: WHO Regional Office for Europe.

These viewpoints have not traditionally ranked high on health planners and managers' radar, but the vast demographic, epidemiological and technological transitions taking place in the European Region today and in the foreseeable future demonstrate that health service delivery reforms ought to re-imagine patients and their families as partners with valuable inputs rather than as passive recipients of tests and treatments.

The hypothetical patient experiences mentioned above describe some of the most typical reactions people have when interacting with the health service delivery system. While they paint an incomplete picture of the complex emotional responses that disjointed services or poorly thought-through transitions of care may trigger, they can be used as guides to foresee what a more people-centred, intuitive service delivery system may look like.

In the forthcoming Framework for Action towards Coordinated/Integrated Health Services Delivery (CIHSD), we adopt an action-oriented approach to health services delivery transformations calling attention to the selection of interventions, their organization in the system's network of providers, the processes in place for the maintenance and continuous improvement of performance and the managerial oversight of these processes in accordance to the population's needs. The impact of these efforts on the provision of care can uniquely be viewed both from the perspective of the person (that interventions are appropriate, continuous responsive, and acceptable according to their needs) and the system (that the approach to services provision ensures comprehensive care, that is coordinated, of high-quality and efficiently/effectively delivered).

The key to reconciling these two perspectives in the demanding context of health services delivery and across the diversity of country contexts is to envision models of care and health management with sufficient flexibility such that they can anticipate and accommodate an array of individual needs.

People-centredness is, therefore, the resultant of the interactions between and the "culture of care" the health service delivery eventually adopts. Possible approaches to implementation are reviewed in the final section of this paper.

Attributes for people-centred health services

Viewed from the perspective of the individual these include the provision of health interventions that are continuous, appropriate, responsive, and acceptable, matching services delivery to the needs of the person and the interplay of the broader determinants of their health. Viewed from the system – and as those measures that can both be observed and acted upon – people-centred services characteristic in any well-functioning health system can be said to share the common attributes of coordination, comprehensiveness, quality, and efficiency/effectiveness (Figure 2).

These attributes importantly recall the nature of health services delivery that would exist in a strong health system based on primary health care, as set out in the 2008 World Health Report.

- **Comprehensiveness.** Interventions meet the needs of the entire population, extending across a continuum, from prevention to diagnosis, treatment, long-term care, rehabilitation, palliative and social care services, for services delivery that is whole-person-focused, facilitating the provision of services according to the complexity of interactions between biological, behavioural and psychosocial factors over the lifetime and according to an individual's needs in the context of other needs.
- **Appropriateness.** Appropriate services are those which meet the health needs of the population, with interventions defined such that care provided does not cause harm or suffering and are allocated and organized for the individual.
- **Coordination.** A service characteristic resulting from the well-aligned interface at different cross-sections in the provision of services, ensuring various processes are arranged and evolve to the optimum benefit of the whole. Cross-sectional coordination considers alignment within an episode of care and longitudinal coordination, those qualities are considered over a longer episode of treatment and throughout the life course.

- **Continuity.** *Informational continuity* relates to an organized body of medical and social history about each patient, accessible to any health care professional caring for the patient; *longitudinal continuity*, which points to a specific locus where a patient customarily receives health care from an organized team of providers in an accessible and familiar environment; *interpersonal continuity*, which is defined as an ongoing personal relationship between the patient and the care provider, is characterized by personal trust and respect.
- **Quality.** The provision of services that is of a high-standard, continuously considering best-available evidence, minimizing risk and harm to service users for the optimal performance of service provision.
- **Responsiveness.** The provision of services that are directly and permanently attuned to an individual's needs and ensure that these are addressed accordingly.
- **Effectiveness/efficiency.** Health services are well managed so as to achieve the core elements described above with a minimum wastage of resources. Managers are allocated the necessary authority to achieve planned objectives and held accountable for overall performance of results. Assessment includes appropriate mechanisms for the participation of the target population and civil society.
- **Acceptability.** The overall provision of services which takes into account the individual service users, to match the provision of care with the persons' needs.

3. Core values underpinning people-centredness

Implementing people-centred health services delivery as a means to strengthening people-centred health systems (Priority area 3 in Health 2020) is anchored in the same universally held values that permeate other global and regional commitments to strengthening health systems. The common thread that runs through these principles is the recognition that people – both before and after they become patients – should become partners in their health journeys.

Global policy priorities also converge on the importance of advancing good health in its full cycle, including promotion, protection, prevention, and provision. These two components – a focus on persons instead of diseases and on well-being during and between health states instead of clinical encounters – define the mutually reinforcing relationship between people-centred health services delivery and other strategies for reorienting health systems.

- **Universal health coverage** – The main principles of universal coverage, increasing the number of people with regular access to quality health services and providing them with protection from catastrophic and impoverishing out-of-pocket health expenditures, are embedded into the practice of people-centred health services. What the latter concept adds to this set of values is a further emphasis on enhancing the way people experience their passage through the health system. Universal health coverage is achieved through improvements in the provision of service that put people and their needs at the centre.
- **Primary health care** – Since Alma Ata Declaration in 1978, efforts have concentrated on building capacity within primary health care to coordinate individuals' journey through the system. Health professionals can further serve as people's agents by delivering, for instance, ambulatory and

community care close to their homes and throughout the course of their lives, contextualizing health information for individuals, and supporting patients with self-management of chronic conditions.

- **Revitalized public health capacities and services** – A strong public health ecosystem advances people-centred service delivery because it creates and maintains conditions for improved population health status at baseline, thereby reducing the individual need for health and social care. Examples of people-centred public health action include assertive targeting of immunization programmes to marginalized populations and enhanced medical screening initiatives for early detection of disease in high-risk groups. Leveraging public health capacities to reverse or reduce the ill effects of social and environmental determinants on health can facilitate the transition to people-centred health services delivery.
- **Healthy ageing** – Policies and initiatives that help people stay active as long as possible strengthen people-centred health services delivery by way of promoting increased awareness of multi-morbidity, which affects many elderly patients; putting mechanisms in place to improve medication adherence and use of assistive devices, reducing private cost-sharing for long-term care, designing supportive and friendly environments for elders.
- **Prevention and control of noncommunicable diseases** – Actions aimed at improving prevention and control of noncommunicable diseases complement people-centred health service delivery because positive health gain in both areas is a function of caring for people over the life course and across domains (promotion and protection, health care, rehabilitative services, and social care). Embedded in both is also the new social premium placed on patient empowerment, which adds value to both noncommunicable diseases control strategies and people-centred service delivery by way of involving people in looking after their own health, engaging effectively with health services and technologies (mHealth, telehealth, information and communication technologies), and self-managing their health between physician visits. Sometimes alternatively referred to as “social mobilization for health,” patient empowerment can take the form of increasing one’s level of comprehension of health information; this is an important phase towards attaining a health system with people at the centre of health promotion and disease management.

4. Principles of people-centred health services advanced by Health 2020

The values embedded in people-centred health services delivery – putting individuals at the centre of health policy and practice and replacing the focus on treating diseases with a holistic approach to enabling them stay in good health – are supported not only through global commitments to strengthening health systems, such as universal health coverage and primary health care, but also within Health 2020. As such, efforts towards Coordinated/Integrated Health Services Delivery fit within and further advances the vision set out in Health 2020.

Health 2020 acknowledges that intensifying efforts in the Region towards implementation of people-centred health services delivery are in part a response to a collective sense that what is urgently needed is to shift the mindset of policy-makers and health providers from seeing health in terms of combating illness to seeing it as a valuable human and national resource that requires continuous positive action that promotes and sustains it.

Further supporting the rationale for people-centred health services delivery are two strategic objectives outlined in Health 2020: to reduce health inequalities within and between countries, and to improve leadership and participatory governance for health. The strategy proposed here is to advance both objectives simultaneously by making explicit the role of governments in fostering mechanisms that engage people as partners in their own health care.

This is necessary because despite expectations of accountability, responsibility, and leadership on the part of health managers and service providers, the shift towards people-centred health services is unlikely to occur through provider-driven efforts alone. For instance, individuals must also see themselves as partners in their own health care, including through the use of information and communication technologies (ICT), which are increasingly available for home-based self-management support. However, in some contexts doing so may require an evolution of social attitudes such that the patient's experience is no longer seen as a passive process, but rather as participatory. One way to encourage this shift is by emphasizing the potentially negative consequences of neglecting to take advantage of ICT [i.e. virtual physician visits]. At the same time, providers should exercise caution not to over-rely on technology alone and to encourage patient activation through culturally appropriate policies and motivational interviewing at the time of service delivery. This approach is compatible with the desire to reorient health services in such a way that they are acceptable to people

The vision for people-centred health services delivery as a crucial link between health policies and health gains in the population underlies all strategic objectives and priority interventions set out in Health 2020. Importantly, it represents a tangible and scalable area for action that policymakers and health managers can begin to act on almost immediately. While the growing interest in these activities comes not a moment too soon, without actually initiating sustainable improvements in health service delivery, many of the other priorities outlined in Health 2020 may be at risk of not being acted upon with sufficient resolve, either.

Other priority areas in Health 2020 that stand to benefit from people-centred health services include:

- **Investing in health through a life-course approach (Priority area 1).** Viewed through the lens of people-centred health services delivery, this means integrating services (promotion, prevention, lifestyle modification counselling, case or disease management, acute treatment, home health care, social support, and palliative care – in any necessary combination thereof) and coordinating providers across settings of care, over long periods of time, and in parallel with evolving health challenges and treatment guidelines.
- **Tackling Europe's major health challenges: noncommunicable and communicable diseases (Priority area 2).** The role for people-focused integrated strategies and interventions cannot be overstated in the case of coping with the rising disease burden attributable to noncommunicable diseases in the European Region. For example, WHO Europe estimates that up to 80% of the increase in prevalence of diabetes is due to modifiable risk factors, which are amenable to people-centred health management approaches; likewise, continuing increases in the incidence of HIV/AIDS in the eastern parts of the region could be reversed through more vigilant coordination and integration of health services, starting at primary care.
- **Creating resilient communities and supportive environments (Priority area 4).** From the perspective of people-centred health service delivery, the levers for action in this area include improving populations' health literacy, reinforcing guidelines for processes that facilitate healthy ageing (e.g. telemedicine), increasing the use of home health care and allied health professionals.

5. Reorienting health systems to people-centred health services delivery

Experimenting with people-centred health services delivery models through pilot programmes can be a good way to “test the waters” of feasibility for larger reforms within national or institutional contexts. Small-scale initiatives can save health reformers precious time, resources and effort through uncovering in a fairly short timeframe missing components, tools, or know-how that would be instrumental to scaling up the innovation into the health system. We acknowledge the value of “starting small” when designing and implementing people-centred health service delivery reforms, which can be especially challenging in countries with fragmented health sector.

However, the perspective from which we believe people-centred health services reform should be approached is that of the system. The reason for this is that achieving “people-centredness” requires a cultural readjustment as well as technical solutions and this consideration permeates our thinking on health reforms. With this in mind, we propose that the coupling of the system- and the person-level perspective discussed above must be present in all areas of action and leverage points for moving health systems towards people-centredness.

A life-course approach to designing a model of care can only claim to be people-centred if it also factors in a diabetic patient’s legitimate expectation that it will also provide comprehensive services, which cover all organ systems that people living with diabetes need to pay special attention to at regular intervals of time. Thus, to be considered “people-centred,” a model of care must include a defined package of interventions that comprise a complete continuum of care, delivered through evidence-based service provision protocols, pathways and guidelines.

Likewise, to merit a “people-centred” distinction, a unit of providers must be organized in such a way that the services they provide to a patient living with cardiovascular disease must be coordinated and integrated in such a way as to anticipate transitions of care (such as between a family doctor and a cardiologist) and have proper referral mechanisms in place to ensure those transitions (care coordinator). Through effective alignment of incentives and communication channels, such coordination would ideally lead to continuity as perceived by the patient.

Another example of people-centredness comes from the field of performance improvement. High quality of services is, naturally, a measure of the degree of excellence most provider organizations and health system strive towards. However, to fit the profile of people-centredness, a drive for excellence must be responsive and matched to the actual needs of patients and their families, to enhance their health in a specific way.

Finally, the management of services delivery has the potential to improve people-centredness from a high leverage point such as strategic decisions to develop capacities in managing population health rather than clinical excellence in individual cases. Still, unless services are conveniently accessible and available to individuals and unless they are delivered in an acceptable form and manner, people-centredness may remain an elusive goal.

6. Concluding remarks

Public health and health care leaders working to align the provision of health services to the ongoing demographic, epidemiological, and technological shifts at times may find the multitude of concepts

surrounding the transformative agenda for health overwhelming. Yet the compelling pressures on societies to adopt more inclusive health services arrangements that span well-designed prevention initiatives and rehabilitative care provided as close to people's homes as possible, in addition to curative services, create a push for people-centred health services reform that is long overdue. As governments around the world engage in the design and implementation of some of the most profound changes to their health systems in decades, managing the shift to people-centred health services delivery is a key phase in this transformation.

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