1. Introduction: the WHO Regional Office for Europe’s work on health-service delivery
The WHO European Region comprises 53 Member States, representing over 900 million people, extending from the most western countries of Europe into central Asia. Considerable diversity across countries with regards to demographics and epidemiological contexts, as well as variability in past health-care reforms and current political and economic contexts, are some of the many factors contributing to the richness of the Region.

While variable in their context, all Member States share the common value for the highest attainable standard of health as a fundamental human right. This commitment to health for all as first articulated in the Declaration of Alma-Ata (1978) still prevails, with a primary-health-care led-approach remaining equally relevant in the 21st century to ensure people-centred care that offers universal coverage, social equity and financial protection.

Now, 35 years on from the landmark Declaration, the WHO Regional Office for Europe has reinvigorated its commitment to support Member States in strengthening the delivery of health services founded on the principles of primary health care. This commitment has been conveyed in the guiding European policy, Health 2020, and its call for strengthening health systems across the Region. Moreover, at the sixty-third session of the WHO European Regional Committee in late 2013, the final approval to establish a new satellite unit on the core values of primary health care, to be based in Almaty, Kazakhstan (the WHO European Centre for Primary Health Care) signalled continued investment to strengthen health-services delivery in the WHO European Region.
A primary-health-care approach to strengthening health-services delivery

1978

The Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care in 1978 calling for the global community to protect and promote health for all people.

2008

The world health report 2008 repeated the call for a primary-health-care approach, ensuring health systems ‘put people at the centre of health care’.

2008

That same year in the European Region, Member States adopted the Tallinn Charter calling for strengthening of health system enshrined in the values of primary health care to promote solidarity, equity and participation.

2013–2016

Adopted at the sixty-second session of the Regional Committee, Health 2020 calls for Member States to prioritize people-centred health systems towards Europe’s greatest health gains.

2012

Officially launched at the conference making the fifth anniversary of the Tallinn Charter, this roadmap sets out the path to developing a Framework for Action towards Coordinated/Integrated Health Services Delivery in the Region. (CIHSD) Work continues.
“To strengthen health systems, Health 2020 puts forward a vision to improve health-system performance through innovative approaches that strengthen core functions, with renewed efforts to implement people-centred solutions and to stay resilient to economic downturns.”

Zsusanna Jakab
WHO Regional Director for Europe

The Regional Office for Europe’s programme on health-service delivery aims ultimately to enhance the support provided to Member States in their efforts to optimize the provision of people-centred, coordinated/integrated health-service delivery for improved health outcomes. The programme works to develop the Framework for Action towards Coordinated/Integrated Health Services Delivery – a comprehensive, action-oriented workplan to support Member States with the resources needed (tools, instruments and competencies) for leading and managing the transformation of service delivery.

2. What are the Health Services Delivery Programme core technical areas of work?
What is the health-service delivery function? Subsidiary functions towards people-centred service delivery

Although there are no universal models for good service delivery, there are some well-established requirements. The Regional Office’s programme on health-service delivery has worked to identify these common attributes and anchor the service-delivery function according to the key processes and components that have consistently called for attention. Importantly, the programme avoids a description of what services ought to be (e.g. high, efficient, safe, etc.) and has rather focused its work on the factors that are more actionable or adjustable, with related processes that can be carried out.

The four core components of the health-service-delivery function that serve as a common platform for work have been summarized as: (1) the management of service delivery; (2) people-centred models of care; (3) the organization of providers; and (4) the continuous improvement of performance.

Importantly, taking the perspective of the health system, the function of service delivery is framed according to its behaviour within the broader system context – the governance, financing and resource-generation functions – as well as any given country’s sociodemographic, epidemiological, political and cultural landscape. This ultimately determines the population’s health needs, to which the system aims to respond. Working across these levels, a number of different areas can be called on for a systems approach to strengthening health-service delivery.
The core areas of action, across the delivery system, for strengthening the provision of services

Strengthening the health-service delivery function through the management of services delivery towards available/accessible services, the comprehensiveness of services provided across the life-course, coordination/integration among providers, and the realization of continuous performance improvement towards high-quality service delivery.
Models of care

What services are provided
Articulating a pathway for population-based, personal, and social care services, ensuring patient flows are made common and known and that referrals along the full continuum of service delivery are clear; promoting comprehensive coverage of core services according to acute care episodes and throughout the life-course, modelled in accordance with an individual's clinical risk, health and sociohealth needs, in contrast to illness or disease-specific orientations

Sample core tasks of the Centre
✓ Synthesizing experiences and resources for preparing, approving and implementing modern, evidence-based clinical protocols, decision supports and/or algorithms for standardized services
✓ Pooling resources, tools and practices for engaging patients and raising public knowledge
✓ Identifying methods and mechanisms for strengthening the coordination/integration of services
Organization of providers

The structure and arrangement of the hardware of the system – the who and where in the production of services – looking specifically to the mix of providers in the health sector, their scope of practice, and how they operate as a collective profession, in both the public and private sector towards the optimal coordination/integration of services delivery and the continuity in the delivery of services as perceived by the individual.

Sample core tasks of the Centre

✓ Synthesizing experiences and advising on the strategic alignment of payment and incentives to optimize performance
✓ Consolidating and reviewing organizational principles for the provision of more coordinated and collaborative services across providers (e.g. gate keeping, triage)
✓ Consolidating coordination mechanisms for enhanced synergies in the scope, breadth, depth and range of services provided
✓ Synthesizing and sharing experiences for the support of informal care networks
Continuous performance improvement

Those efforts to safeguard **quality** in the delivery of services, creating a learning system through regular monitoring of the provision of services and feedback loops allowing a continuous critique of processes, with opportunities and resources (skills, time, authority) for improvement, optimizing the **responsiveness** of services and assurance of a highly competent health workforce.

**Sample core tasks of the Centre**
- Pooling learning resources and disseminating the best available evidence on practices and platforms for improving the performance of health professionals
- Developing diagnostic tools to assess the state of competences, education and training of the health workforce
- Developing process resources for the integration of new competencies into practice
- Identifying methods and mechanisms for strengthening engagement of patients
Management of service delivery

The oversight of operations in the delivery of services calls attention to **how** services are produced and delivered; putting a spotlight on the **availability/accessibility** of care. The task of management comprises the thoughtful planning, resourcing and oversight of services, ensuring, for example, that departments within a region (facility, health centre) are running smoothly, that the right people are in the right jobs, that people know what is expected of them, that resources are used efficiently and that all partners in the production of services are working together to achieve a common goal, promoting the **acceptability** of services as perceived by the individual.

**Sample core tasks of the Centre**

- Supporting training of national leadership and subnational managers
- Pooling resources, tools and regulatory mechanisms for organizational arrangements
- Consolidating resources, guides and methodologies for planning facility renewal
- Developing methods for analysing managerial capacity nationally and sub-nationally
3. Activities of the Health Services
Delivery Programme: four cross-cutting pillars of work
The process of knowledge synthesis is an anchoring pillar of work, ensuring an evidence-based foundation that is both conceptually sound and continuously evolving. The most conceptual of the pillars defined, work within this area should lend well to more practical considerations.

Activities related to this pillar may include applying robust methodological processes for consolidating and reviewing existing literature and for enabling support structures such as task forces and expert review teams to weigh in on burning challenges and gaps in knowledge. Outputs should systematize innovative thinking and evidence, organizing this according to a common narrative, messaged to align with the vision and priorities of Regional Office technical units. Seeing the Regional Office as the central hub for technical expertise and oversight of the Region, the programme on health-service delivery is better positioned to lead the synthesis of knowledge and should retain the task of shaping more conceptual thinking on health-service delivery.

Country support is envisioned to include activities such as:

1. documenting and collocating practices to optimize service delivery according to guiding conceptual platforms;
2. leveraging these experiences to support transformations across Member States; and
3. providing country-specific assistance for strengthening the delivery of services.

Linking more conceptual knowledge (Pillar I) with real-world experiences (Pillar II), this third stream of work aims to translate findings into practical know-how. Deciphering priority lists of actions, policy options, mechanisms and tools, work under this pillar includes universal principles of leadership and management and the skills and resources needed to ultimately produce change. Similar to Pillar II, this work calls for close contact with countries and a sound understanding of the context and available options.

Informed by WHO’s defining mandate to lead in the coordination on health and health care in the Region, the programme on health-service delivery works to identify synergies with global health initiatives, foster partnerships with leading academic institutions and think tanks, and collaborate with development partners and other actors working with and across Member States.

4.  Suggested further reading
Suggested further reading

Strategic documents on health systems and health-service delivery from WHO headquarters and the Regional Office for Europe

WHO strategy on people-centred and integrated health services

(In press) This strategy seeks to contribute to a vision of people-centred and integrated health services calling for: empowering people; strengthening engagement and accountability; setting and managing system priorities; and coordinating services.

European health policy, Health 2020

One of four priority areas for policy action set out in Health 2020 is strengthening people-centred health systems and public health capacity with new approaches and innovations for improving the delivery of health services.

Operational approach for strengthening health systems

This document sets out an operational approach to revitalize health-system strengthening for greater health gain, applied to strengthen core health-system functions with renewed efforts to implement people-centred solutions.

Roadmap for Framework for Action towards CIHSD

This planning document defines the key phases and partnerships for its development, leading up to the 66th session of the Regional Committee in 2016.
Suggested further reading

Examples of publications and on-going series on health-service delivery at the Regional Office for Europe; visit http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery

Primary care evaluation tool (PCET)

PCET: assessing the characteristics of primary care has been applied in over 10 countries from across the Region towards a comprehensive, evidence-based approach to strengthening primary care.

Country specific technical support – hospital systems

This report examines the next steps in planning changes to the hospital system in the Republic of Moldova, setting out recommendations for the next steps in the reform process, in particular the risks and benefits of public–private partnerships.

Modernizing hospitals and coordinated care

Reporting on the first event in the European Region towards a modernized hospital agenda within the wider context of coordinated care, this document details a shared understanding of the state of health care delivery systems and priority areas for research.

Patient empowerment

This report presents an overview of legal aspects influencing patient safety and describes examples of patient involvement, highlighting the need to strengthen a continuum of information, including patient experiences, health literacy and engagement.
CONTACT INFORMATION

Dr Juan Tello
Programme Manager, Health Services Delivery
Head of Office a.i., WHO European Centre for Primary Health Care
Division of Health Systems and Public Health
WHO Regional Office for Europe

Tel: +45 45 33 68 68
Email: telloj@who.int

UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

For more information on health-service delivery, see the WHO Regional Office for Europe website (http://www.euro.who.int) or contact the health-service delivery team (email: CIHSD@euro.who.int).