



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe
65th session

Vilnius, Lithuania, 14–17 September 2015

Provisional agenda item 3

EUR/RC65/Inf.Doc./5

2 September 2015

150682

ORIGINAL: ENGLISH

Global Strategy on Integrated, People-centred Health Services

Global Strategy on Human Resources for Health: Workforce 2030

The attached document, submitted to the 65th session of the Regional Committee by WHO headquarters, provides background information for the discussion on two draft strategies: the Global Strategy on Integrated, People-centred Health Services and the Global Strategy on Human Resources for Health: Workforce 2030. These two draft strategies are consistent with Outcome 4.2 of the Twelfth General Programme of Work 2014–2019, which calls for policies, financing and human resources in place to increase access to integrated, people-centred health services. This document provides background information for the discussion on this topic under agenda item 3.



Global Strategy on Integrated, People-centred Health Services

Global Strategy on Human Resources for Health: Workforce 2030

Following support from Member States at the Sixty-second World Health Assembly to develop plans to put people at the centre of service delivery and at the Sixty-eighth World Health Assembly in 2015 confirming the centrality of the health workforce to accomplishing the programmatic work of WHO, including the discourse on universal health coverage, resilient health systems and the resolutions on surgical care and the global emergency health workforce, the Secretariat has drafted a *Global Strategy on Integrated, People-Centred Health Services (IPCHS)* and a *Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH)*. These draft strategies are consistent with the 12th General Programme of Work 2014-2019, Outcome 4.2 which calls for policies, financing and human resources in place to increase access to integrated, people centred health services.

The draft strategies are built upon global evidence and experience, as well as broad-based consultation in the period 2013-2015 with experts at the global, regional and national level, and have been informed by thematic papers, related global guidelines, policy commitments, regional strategies and initiatives. Inputs from WHO regional committee meetings will be incorporated before these strategies are submitted to the 138th Session of the Executive Board in January 2016. This information note summarizes the key objectives and targets of the draft strategies. The Regional Committee for Europe is invited to review this note and make additional comments to further develop the draft strategies.

BACKGROUND

1. Making progress on universal health coverage (UHC) requires that countries move toward all people and communities having access to high-quality, safe and integrated health services throughout the life course: promotion, prevention, care (including long term care) rehabilitation, and palliation, with strong links to social services, and that the use of these services will not expose users to financial hardship.
2. Specific priorities, strategies and implementation plans to move towards UHC will differ from one country to another. However, an *integrated, people-centred* approach is critical to the development of health systems to provide people with the well-planned, integrated health services that result in increased delivery efficiency, decreased costs, improved equity in uptake of service, better health literacy and self-care, increased satisfaction with care, improved relationships between patients and their care providers, and an improved ability to respond to outbreaks and other health-care crises. The **Global Strategy on Integrated, People-Centred Health Services (IPCHS)** in support of quality UHC proposes a future where all people have access to health services that respond to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality; a *vision* where the services available to people are better able to provide a continuum of care that meets all their health needs, in an integrated way, throughout their life course.
3. Among other health system inputs, the effective implementation of IPCHS requires appropriately trained and distributed health workers in sufficiently adequate numbers and responsive skill mix to provide care. Improving health service coverage and consequently health outcomes is dependent upon the availability, accessibility, acceptability and quality of health workers and the services they provide. The foundation for a strong and effective health workforce able to respond to 21st century health priorities requires matching effectively the supply and skills of health workers to population needs now and in the future. The **Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH)** outlines the medium-term *vision* of accelerating progress toward UHC and the Sustainable Development Goals by ensuring equitable access to a skilled and motivated health worker within a performing health system.
4. These two strategies are being proposed to the WHO governing bodies as companion strategies, outlining key health services and workforce priorities for WHO and Member States. Strategic documents and/or resolutions from all WHO Regions have informed the development of the IPCHS and GSHRH. This includes “Health 2020” and “Towards people-centred health systems: an innovative approach for better health systems” in the European Region. Wider examples include: the “Strategy for Universal Access to Health and UHC” in the Region of the Americas, the “Framework for Action on Advancing UHC” in the Eastern Mediterranean Region and the resolution on a “Regional strategy on UHC” in the South East Asia Region, which place an integrated people-centred health services approach at the core of the transformation and the health systems strengthening efforts; the “Road map for scaling up the human resources for health for improved health service delivery in the African Region 2012-2025”; the “Action Framework for the Western Pacific Region 2011-2015”.

Key objectives and targets

5. Copies of the draft strategies are available for information as Annexes 1 and 2. A summary of the key objectives and indicative targets for measurement and accountability are provided below.

Global Strategy for Integrated, People-Centred Health Services

6. Strategic Goal 1: Empowering and engaging people - through providing opportunity, skills and resources. It seeks to unlock community and individual resources for action on health, empowering individuals to make effective decisions about their own health and become co-producers of health services, while enabling communities to become actively engaged in co-producing healthy

environments, providing care services in partnership with the health sector and contributing to healthy public policy.

- *Proportion of countries in which patient satisfaction surveys are carried out on a regular basis*
7. Strategic Goal 2: Strengthening governance and accountability - by promoting transparency in decision-making and creating robust systems for the collective accountability of health providers and health system managers that align governance, accountability and incentives.
 - *Proportion of countries whose national health policies, strategies and plans are aligned with the WHO global strategy on IPCHS*
 8. Strategic Goal 3: Reorienting the model of care - efficient and effective health care services are purchased and provided through models of care that prioritize primary and community care services and the co-production of health. This encompasses the shift from inpatient to ambulatory and outpatient care, and the need for a fully integrated and effective referral system. It requires investment in holistic care, including health promotion and ill-health prevention strategies that support people's health and well-being. It will create new opportunities for intersectoral action at a community level to address the social determinants of health and make the best use of scarce resources.
 - *Percentage of countries that allocate at least 20% of total health expenditure to primary health care*
 9. Strategic Goal 4: Coordinating services - at every level of care, as well as promoting activities to integrate different health care providers and create effective networks between health and other sectors. It seeks to overcome the fragmentations in care delivery that can undermine the ability of health systems to provide safe, accessible, high quality and cost-effective care in order to improve care experiences and outcomes for people. It entails the integration of key public health functions including surveillance, early detection and rapid emergency response capacity into the health service delivery system to address emergencies due to any hazard faced by the system.
 - *Proportion of countries with formal systems for referring patients and/or accepting referred patients*
 10. Strategic Goal 5: Creating an enabling environment - brings together the different stakeholders to undertake the transformational change needed. This involves making changes in legislative frameworks, financial arrangements and incentives, and the reorientation of the workforce and public policy-making.
 - *Percentage of countries that decrease hospital readmission rates on acute myocardial infarction to 10% or below*

Global Strategy on Human Resources for Health: Workforce 2030

11. **Objective 1:** To implement evidence-based HRH policies to optimize the impact of the current health workforce, ensuring healthy lives, effective UHC, and contributing to global health security
 - *By 2030, 80% of countries have halved disparity in health worker distribution between urban and rural areas.*
12. **Objective 2:** To align HRH investment frameworks at national and global levels to future needs of the health systems and demands of the health labour market, maximizing opportunities for employment creation and economic growth
 - *By 2030, 80% of countries allocate at least [xx]% of their GDP to health worker production, recruitment, deployment and retention, within a balanced allocation taking into account other health and social development priorities.*
 - *By 2030, all high and middle-income countries meet at least 90% of their health personnel needs with their own human resources for health, in conformity with provisions of the WHO Code of Practice on International Recruitment of Health Personnel.*

- *By 2030, to create, fill and sustain at least 10 million additional jobs in the health and social care sectors in low- and middle-income countries to address unmet needs for the equitable and effective coverage of health services*
 - *To ensure that by 2030 all OECD countries can demonstrate allocating at least 25% of all development assistance for health to HRH*
13. Objective 3: Build the capacity of national and international institutions for an effective leadership and governance of HRH actions
- *By 2030, 80% of all countries have institutional mechanisms in place to effectively steer and coordinate an inter-sectoral health workforce agenda*
14. Objective 4: To ensure that reliable, harmonized and up-to-date HRH data, evidence and knowledge underpin monitoring and accountability of HRH efforts at national and global levels
- *By 2030, 90% of countries have established mechanisms for HRH data sharing through national health workforce accounts, and report on a yearly basis core HRH indicators to WHO Secretariat and publish them*

PUTTING THE STRATEGIES INTO ACTION

15. The draft strategies provide evidence-based policy options and interventions to be tailored to each region and country in accordance with context as well as regional, national, and subnational priorities and responsibilities.

ACTION PROPOSED

16. The Regional Committee is invited to review this information note and make additional comments to further develop the draft strategies. In particular, feedback on 1) their content 2) monitoring progress, and 3) support required from the Secretariat will be appreciated. This will inform the next iterations of the draft strategies to be discussed at the 138th Session of the Executive Board in January 2016.

Annex 1

WHO global strategy on people-centred and integrated health services:

<http://www.who.int/servicedeliverysafety/areas/people-centred-care/global-strategy/en/>

Annex 2

Global Strategy on Human Resources for Health: Workforce 2030:

<http://www.who.int/hrh/resources/globstrathrh-2030/en/>