



World Health  
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REGIONAL OFFICE FOR **Europe**

# Frequently asked questions (FAQ)

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The European Framework for Action  
on Integrated Health Services Delivery

Working Document





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Organization**

REGIONAL OFFICE FOR **Europe**

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on Integrated Health Services Delivery

September 2016

Health Services Delivery Programme  
Division of Health Systems and Public Health

## About this document

What is the European Framework for Action on Integrated Health Services Delivery (EFFA IHSD)? What *is* integrated health services delivery? How is it related to primary health care? This document sets out to answer these and other frequently asked questions (FAQ) in the context of the EFFA IHSD. On the occasion of **the framework's** presentation at the 66th meeting of the European Regional Committee, this document was developed to clarify concepts, processes and findings and support readers in navigating the volume of material available in relation to the EFFA IHSD. The questions listed here are not exhaustive but aim rather to address those more common questions and concerns raised since the launch of this work in 2012. For updates on activities and to access similar resources developed in line with the EFFA IHSD, visit the health services delivery webpage of the WHO Regional Office for Europe at <http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery>.

## Keywords

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DELIVERY OF HEALTH CARE, INTEGRATED  
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## Table of Contents

Abbreviations .....	ii
List of figures, tables and boxes .....	ii
<b>The European Framework for Action on Integrated Health Services Delivery .....</b>	<b>1</b>
1. What is the EFFA IHSD? .....	1
2. What is meant by <i>domains</i> and <i>areas for action</i> ? .....	2
3. What makes the EFFA IHSD <i>actionable</i> ? .....	2
4. What makes the EFFA IHSD systems-oriented and results-based? .....	3
5. What are the specific goals the EFFA IHSD puts forward? .....	4
<b>Integrated health services delivery and outcomes .....</b>	<b>5</b>
6. How does integrated health services contribute to health outcomes? .....	5
7. How integrated health services delivery addresses inequities in health? .....	6
8. Is integrated health services delivery cost-effective? .....	6
9. How does integrated health services delivery contribute to people-centredness? .....	6
10. How integrated health services delivery is measured? .....	7
<b>Health services delivery .....</b>	<b>8</b>
11. What is health services delivery? .....	8
12. What is meant by <i>integrated</i> health services delivery? .....	9
13. What is different between integrated health services delivery and disease-management? .....	9
14. What is the role of primary health care in the integration of health services? .....	10
15. Why is health services delivery dependent on health systems? .....	10
<b>Alignment with other health and development policies .....</b>	<b>12</b>
16. How does the EFFA IHSD relate to the global framework on integrated, people-centred health services? .....	12
17. How health services delivery contribute to people-centred health systems? .....	13
18. How does the EFFA IHSD link to the global strategy Health Workforce 2030 .....	14
19. How does the EFFA IHSD link to the European Action Plan for Strengthening Public Health Capacities and Services? .....	14
<b>Implementation .....</b>	<b>15</b>
20. How does the EFFA IHSD apply for strengthening the integration of public health and primary care? .....	15
21. How does the EFFA IHSD apply for strengthening the integration of primary care and hospitals? .....	15
22. How does the EFFA IHSD apply for strengthening the integration of health and social care? .....	15
23. What are key lessons learned from existing initiatives on integrated health services delivery? ..	16
24. What do we actually mean by transforming health services delivery? .....	18
25. How do I actually apply the EFFA IHSD? .....	18
26. What are the resources available? .....	19
References .....	20

## Abbreviations

ACSCs	ambulatory care sensitive conditions
EFFA IHSD	European Framework for Action on Integrated Health Services Delivery
EPHOs	essential public health operations
HSD	health services delivery
PHC	primary health care

## List of figures, tables and boxes

### List of figures

	Page	
Fig. 1	Overview of the EFFA IHSD	1
Fig. 2	People-centred health systems	3
Fig. 3	Health systems results-chain	3
Fig. 4	Health systems results-chain	5
Fig. 5	Disease-management programmes	9
Fig. 6	Integrated health services	9
Fig. 7	Health system enablers	10
Fig. 8	Strategic directions to support people-centred and integrated health services delivery	12
Fig. 9	Strategic priorities of the WHO Regional Office for Europe for strengthening people-centred health systems 2015-2020	13

### List of tables

	Page	
Table 1	Health services delivery described	8
Table 2	Examples of priority areas for action for strengthening integration of services delivery	17
Table 3	Characteristics of health services delivery by developmental stage	19

### List of boxes

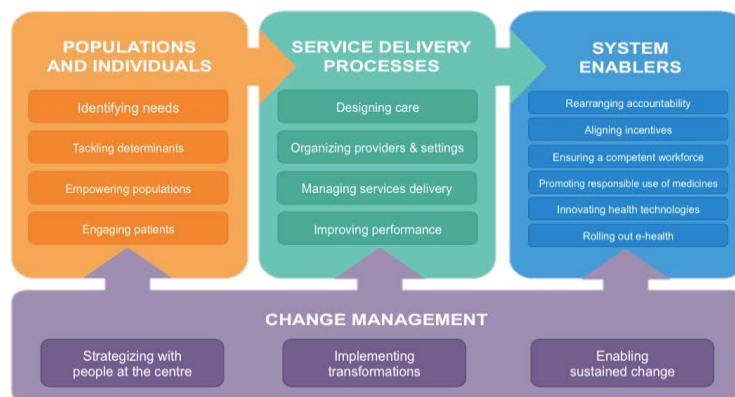
	Page	
Box 1	Ten lessons from transforming health services delivery	18

## The European Framework for Action on Integrated Health Services Delivery

### 1. What is the EFFE IHSD?

The European Framework for Action on Integrated Health Services Delivery (EFFA IHSD) is a policy framework put forward to the European Member States at the 66th meeting of the Regional Committee to streamline and accelerate efforts to transform health services delivery in alignment with other agreed commitments. It takes forward the Region's priority to transform health services delivery to meet the health challenges of the 21st century. The EFFE IHSD is intended as a resource for Member States, setting out a shortlist of essential areas for undertaking services delivery transformations that are results-oriented and adopt health systems thinking to reason relevant interactions. In this way, the EFFE IHSD serves as a checklist to ensure key factors for transformations are considered, appropriately sequence and strategically managed throughout.

**Fig. 1** Overview of the EFFE IHSD



Source: (1)

#### Relevant resources

- Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery.** Copenhagen: WHO Regional Office for Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/315787/66wd15e\\_FFA\\_IHSD\\_160535.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0004/315787/66wd15e_FFA_IHSD_160535.pdf?ua=1)).
- Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Draft resolution: EUR/RC66/Conf.Doc./11.** Copenhagen: WHO Regional Office for Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/316125/66cd11e\\_IHSD\\_160605.pdf?ua=](http://www.euro.who.int/__data/assets/pdf_file/0018/316125/66cd11e_IHSD_160605.pdf?ua=)).

## 2. What is meant by *domains* and *areas for action*?

**Domains** cluster the identified areas for taking action in transforming health services delivery to capture important dynamics or interactions that underpin and influence each. The EFFA IHSD identifies four domains: populations and individuals; services delivery processes; system enablers; and change management. Their sequence attempts to reason key decisions to be taken for finding alignment. For example, the *system enabler* domain follows the *health services delivery processes* domain in order for efforts to match and support the health services delivery function as best possible. **Areas for action** describe specific ways to focus strategic efforts in undertaking transformations within each domain itself. For example, in the *populations and individuals* domain, areas for action include: identifying needs; tackling determinants; empowering populations; engaging patients. These are made ‘actionable’ by breaking down each according to key strategies and by linking up to various resources including tools, guides, frameworks cases and databases, among others, that can be applied to support efforts.

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### Relevant resources

- Catalogue of resources to support health services delivery transformations.** Copenhagen: WHO Regional Office for Europe: 2016.

## 3. What makes the EFFA IHSD *actionable*?

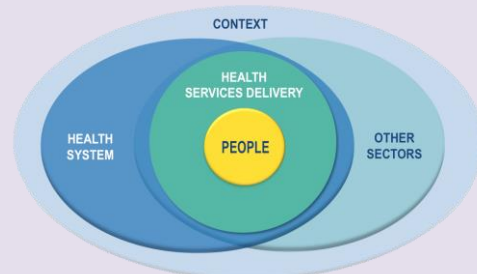
The EFFA IHSD was first conceived in response to the call of Member States for a *how-to* instrument to put health services delivery transformations into practice. With this focus, the development of the EFFA IHSD has worked to take stock of the volume of literature and practical experiences on health services delivery across the Region, in order to provide a resource that translate these findings into a shortlist of areas for action. The EFFA IHSD takes the vision of integrated health services delivery as a means to achieve people-centred health systems and puts a spotlight on those most critical areas for change, organized as domains and areas for action (see Question 2). At the same time, the EFFA IHSD does not stand alone. It is backed by a volume of resources – from case examples, to background documents and how-to-guides – to put transformations in practice.



#### 4. What makes the EFFA IHSD systems-oriented and results-based?

**Systems-oriented.** System-thinking attempts to understand and appreciate the different connections and relations of key elements in order to first decipher these dynamics and apply this understanding to design and evaluate interventions. The EFFA IHSD has worked to put a spotlight on the most crucial interactions for the success of health services delivery transformations. These have been flagged at the interface of health services delivery with populations and individuals as well as health systems, other sectors, and the underpinning context. The EFFA IHSD maps these dynamics according to the four domains it identifies in working towards people-centred health systems (Fig. 2).

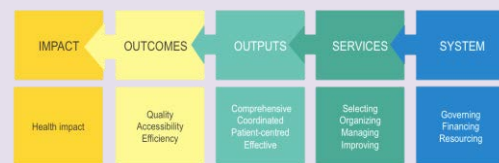
**Fig. 2** People-centred health systems



Source: (2)

**Results-based or problem-based.** A results-based approach means starting from problems and working backwards to disentangle their root causes. In doing so, actions can be assured to be guided by a focus on improving outputs and ultimately, have an impact on health outcomes (Fig. 3).

**Fig. 3** Health systems results-chain



Source: (2)

#### Relevant resources

- Tello, J and Barbazza, E. **Health services delivery: a concept note**. Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1)).

## 5. What are the specific goals the EFFA IHSD puts forward?

The ultimate goal of the EFFA IHSD is to improve health and well-being by transforming health services delivery. The areas for action put forward by the EFFA IHSD are articulated in four domains. The domains themselves signal the specific goals of the EFFA IHSD, working to put integrated health services delivery into practice, as a means to contribute to people-centred health systems.

These goals, in brief, call for the following:

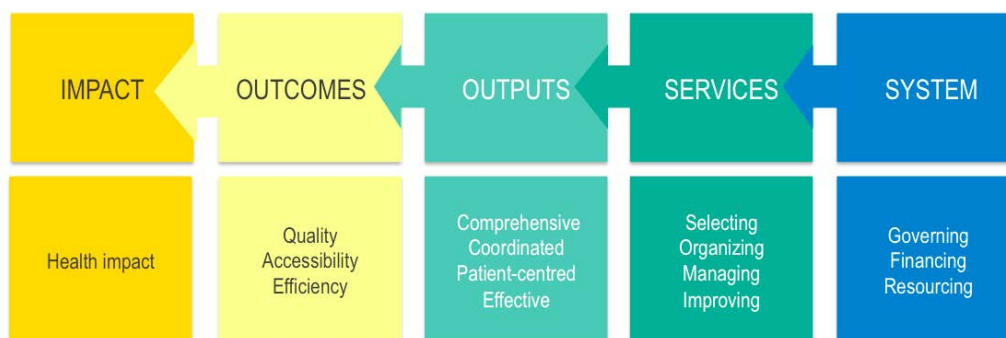
1. **To put people first**, ensuring transformations set out with a whole-population focus to improving health and its determinants across the life course, and that transformations strive to support populations and individuals to be engaged and empowered to take control of their own health.
2. **To adapt and evolve services delivery process**, ensuring the design, organization, management and improvement of services adopt a whole-person focus in order to respond to the population and individuals it aims to serve;
3. **To align the other health system functions**, ensuring the inputs of governing, financing and resourcing processes adopt a whole-of-government and whole-of-society focus in order to equip health services delivery with the relevant resources needed.
4. **To manage change strategically**, ensuring the process of transformations is planned, implemented and sustained overtime.

## Integrated health services delivery and outcomes

### 6. How does integrated health services contribute to health outcomes?

There is now strong evidence that integrated health services delivery, as a complex intervention, contributes to improved measures of quality of care, access, decreased unnecessary hospitalization and re-hospitalization and increased adherence to treatment. There is also some evidence that, as a complex intervention, integrated care contributes to the effectiveness of services and to improved health status. *How* it does so can be described by linking up health systems with priority health improvement areas for improvements that are guided by the pursuit of specific and measurable health gains. This breakdown, linking health systems to services delivery, to outputs of services and outcomes of health systems contributing to overall health impact, is depicted in Fig. 4.

**Fig. 4** Health systems results-chain



Source: (2)

#### Relevant resources

- **People-centred and integrated health services: an overview of the evidence.** Geneva: World Health Organization; 2015 (<http://www.who.int/serviceeliverysafety/areas/people-centred-care/evidence-overview/en/>).
- **Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region.** Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2016/lessons-from-transforming-health-services-delivery- compendium-of-initiatives-in-the-who-european-region-2016>).

## 7. How integrated health services delivery addresses inequities in health?

Integrated health services delivery is equity-enhancing by design. For example, it encourages the selection of services based on the needs and determinants of populations and extends across a broad continuum of types of care, from health protection, health promotion and disease prevention, to diagnosis, treatment, disease-management, long-term care and rehabilitation and palliative care. Working to unpack population risks and needs can advocate for equity by targeting undue differences in health caused, for example, by socioeconomic status, gender, education and societal factors. Tackling these determinants of health has proved to directly contribute to improve the distribution of health outcomes, as well as enhanced well-being and quality of life; all of which can yield important economic, society and individual benefits.

## 8. Is integrated health services delivery cost-effective?

To date, while there is some evidence of the cost-effectiveness of integrated care from evaluations of single interventions, it is inconclusive for complex interventions. Clear-cut evidence as to the effectiveness of diverse and complex changes has proved difficult due to the methodological limitations to define, to measure and to evaluate integrated care. Nevertheless, in the absence of strong evidence, based on the principles of allocative efficiency, there is good reason to expect efficiency gains should follow the better allocation of resources as a result of improvements such as coordination of resources, minimized duplication of procedures, decreased patient discomfort, shorter waiting times and avoided resource waste.

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### Relevant resources

- Nolte E, Pitchforth E. **What is the evidence on the economic impacts of integrated care?** Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2014 (Policy summary, No. 11; <http://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries/what-is-the-evidence-on-the-economic-impacts-of-integrated-care>).

## 9. How does integrated health services delivery contribute to people-centredness?

Progress towards people-centred health systems is made possible by integrated health services delivery by way of promoting a shift away from reactive, disease-based and episodic means of delivering services, towards a proactive approach; better coordinating individual and population-based services, primary and community care; linking to specialist networks and social services; intensifying prevention and focus on engaging patients to be actively involved in the management of their health. By design, integrated health services delivery recognizes the importance to adapt and evolve services according to people's needs. At present, this calls for particular focus to health threats like noncommunicable diseases, chronic conditions, multimorbidity and multidrug- and extensively drug-resistant tuberculosis – challenging services delivery to respond to the multidimensional, often overlapping needs and continuous and coordinated health services they call for.

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### Relevant resources

- **Priorities for health systems strengthening in the European Region 2015-2020: walking the talk on people centredness.** Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6513-priorities-for-health-systems-strengthening-in-the-who-european-region-20152020-walking-the-talk-on-people-centredness>).
- **Health 2020: a European policy framework supporting action across government and society for health and well-being.** Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>).

## 10. How integrated health services delivery is measured?

Measuring complex interventions such as integrated health services delivery presents some challenges. To date, there is not a specific indicator or framework widely accepted for its measurement. Nevertheless, there is a tremendous volume of activity and reporting on health services delivery and health outcomes in the context of monitoring frameworks set out within global, regional and national commitments. There is also growing recognition of the potential for one specific measure – assessing preventable hospitalizations for ambulatory care sensitive conditions (ACSCs) – to serve as a proxy measure for overall health services delivery performance. ACSCs include those acute, chronic, or vaccine-preventable conditions where it is possible, to a large extent, to prevent acute exacerbations and reduce the need for hospitalizations through strong PHC-based services delivery. Measuring ACSCs is then a useful measure to gauge the status of primary care and other settings, for properties of coordination, effectiveness, comprehensives and patient-centredness, to then focus improvement efforts on identified bottlenecks.

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### Relevant resources

- **Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions.** Copenhagen: WHO Regional Office for Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/305875/Assessing-HSD-performance-with-ACSH.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/305875/Assessing-HSD-performance-with-ACSH.pdf)).

## Health services delivery

### 11. What is health services delivery?

Health services delivery can be described by its different properties (Table 1). For one, it can be depicted as the *types of care* delivered, such as health promotion, health protection or disease prevention services, or diagnosis, treatment, or disease management services. Alternatively, *settings of care* can be used to describe where services are provided, typically classified by levels of care, such as ambulatory or primary care and secondary or in-patient care. The health workforce – private or public, for-profit or not-for-profit, formal or informal, professional or non-professional – can also be used to distinguish the different profiles of providers involved in delivery. From a health system perspective, health services delivery can be classified by its unique processes that contribute directly to performance. These have been identified to include: selecting services; designing care; organizing providers; managing delivery and improving performance.

**Table 1** Health services delivery described

What?	Where?	Who?	How?
Types of care	Settings	Health workforce	Processes
Health protection	Ambulatory	Allied health	Selecting services
Health promotion	Community	professional	Designing care
Disease prevention	Home	Family provider	Organizing providers
Diagnosis	In-patient	General practitioner	Managing delivery
Treatment	Residential	Informal caregiver	Improving
Management		Pharmacist	performance
Long-term care		Physician	
Rehabilitation		Manager	
Palliative care		Nurse	
		<i>Etc..</i>	

Source: (2)

#### Relevant resources

- Tello, J and Barbazza, E. **Health services delivery: a concept note**. Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1)).

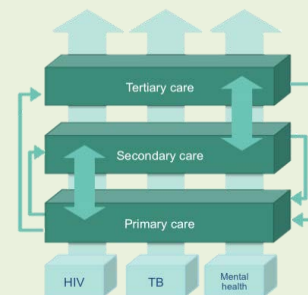
## 12. What is meant by *integrated health services delivery*?

Integrated health services delivery is a vehicle – a means rather than an end in itself – to innovate and implement sustainable services delivery transformations for improving health outcomes. Integration comes from the Latin word *integer*, meaning “whole” or “entire”, which in principle reflects a focus on combining parts so that they work together or form a whole. By its very essence, integrated health services delivery gives direction to the process of transforming the provision of services by taking direction from the health needs and providing direction to other health system functions. Thought to in this way, integrated health services delivery is not the intended end-goal itself. The end goal being ultimately, the achievement of greatest potential performance improvements.

## 13. What is different between integrated health services delivery and disease-management?

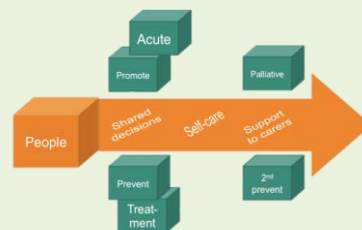
Managed care, coordinated care, collaborative care, disease management, case management, seamless care, service-user-centred care – for over a decade now these and other terms have been used to describe ‘integrated health services’ as opposed to fragmented, isolated, non-coordinated, discontinued health interventions. While they generally share a similar sentiment – that services are delivered with greater alignment – there are important distinctions. Simply put, disease management programmes focus on the coordination of care for a whole clinical course of a disease, from diagnosis to treatment to long-term management of an individual’s needs. This perspective to *link-up* services overtime and across levels of care is depicted in Fig. 5, tracing the services for specific health needs (e.g. HIV, tuberculosis, mental health, etc). By design, integrated health services delivery adopts the perspective of the individual, seeing their multi-dimensional needs and working to respond to these collectively (6). While related terms, integrated health services delivery and disease management programmes should not be used synonymously.

**Fig. 5** Disease-management programmes



Source: WHO Regional Office for Europe

**Fig. 6** Integrated health services



Source: WHO Regional Office for Europe

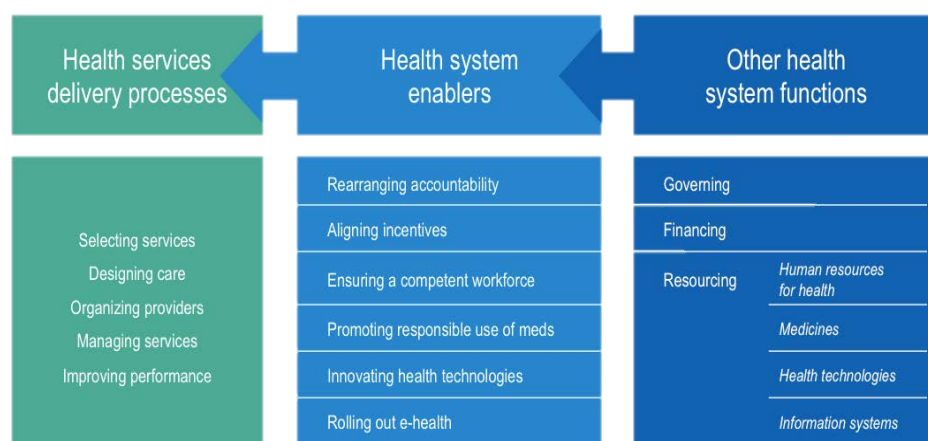
#### 14. What is the role of primary health care in the integration of health services?

Primary health care (PHC) is an approach to health development. The Alma-Ata Declaration of 1978 stressed the critical role of a PHC approach to achieve health for all, setting out a vision for PHC as the “first level of contact of individuals, the family and community, with the national health system bringing health services as close as possible to where people live and work, and constitutes the first element of a continuing health care process.” Nearly four decades later, the relevance of a PHC approach has not lost momentum; with health systems based on PHC more likely to achieve improved health outcomes with reduced health inequities. Integrated health services delivery is critical for realizing the potential of PHC, since without its design principles to steer services delivery development in practice, the delivery of health services is unlikely to achieve its optimal performance. It does so by facilitating primary care as the hub of services delivery, providing a comprehensive package of proactive, first contact care while also enabling patients to navigate the health system by creating critical linkages with other services delivered.

#### 15. Why is health services delivery dependent on health systems?

The processes of selecting services, designing care, organizing providers, managing services and improving performance describe the unique role of services delivery. The processes of services delivery are closely weaved into and heavily determined by factors beyond the provision of services itself. Other health system components make an important contribution to health services delivery, serving as key enablers for the provision of care. Transforming health services delivery puts a spotlight at the interactions of services delivery and the other health system functions of governing, financing and resourcing. The extent to which changes in services delivery are supported by the other health system enablers, allows for the alignment across each in order to sustain transformations.

**Fig. 7** Health system enablers



Source: (2)



### Relevant resources

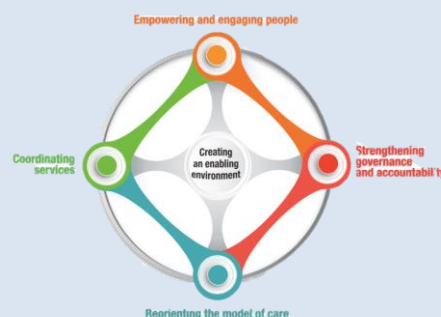
- Tello, J and Barbazza, E. **Health services delivery: a concept note.** Copenhagen: WHO Regional Office for Europe; 2015  
([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf?ua=1)).
- Suter, E, Mallinson S. **Accountability for coordinated/integrated health services delivery.** Copenhagen: WHO Regional Office for Europe; 2015  
([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/286149/Accountability\\_for\\_coordinated\\_integrated\\_health\\_services\\_delivery.pdf](http://www.euro.who.int/__data/assets/pdf_file/0003/286149/Accountability_for_coordinated_integrated_health_services_delivery.pdf)).
- Langins M, Borgermans L. **Strengthening a competent health workforce for the provision of coordinated/integrated health services.** Copenhagen: WHO Regional Office for Europe; 2015  
([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf)).

## Alignment with other health and development policies

### 16. How does the EFFE IHSD relate to the global framework on integrated, people-centred health services?

This year is a landmark moment for health services delivery in the WHO European Region but also globally. The EFFE IHSD has sought full alignment with the vision put forward in the global framework on integrated, people-centred health services, adopted by Member States at the Sixty-ninth World Health Assembly. The global framework identified five interconnected strategic directions to support people-centred and integrated health services delivery (Fig. 8). The EFFE IHSD is seen as an extension of this work for application in the context of the European Region and the health needs and priorities of its Member States.

**Fig. 8** Strategic directions to support people-centred and integrated health services delivery



Source: (3)

Alignment between these two documents can be drawn across each of the EFFE IHSD's key domains:

- **Populations and individuals.** The global framework puts forward a vision for people-centred health services. The EFFE IHSD takes this focus as the first step in the process of transforming services, calling for clearly defined understanding of health needs and health determinants affecting the target population of services.
- **Health services delivery processes.** The global framework calls for strengthening integrated health services – for care that is organized and managed around the individual. The EFFE IHSD has worked to identify what are the key processes of services delivery that can be acted upon and improved to this end.
- **Health system enablers.** The EFFE IHSD is firmly rooted in the framework of the WHO functional model to health systems, applied in the prioritization of entry points and in breaking down their interactions with services delivery.
- **Change management.** The global framework recognizes change management as a core property of reforms. The EFFE IHSD has accounted for the role of change management throughout transformations, identifying relevant areas for actions and key strategies for taking on this process.

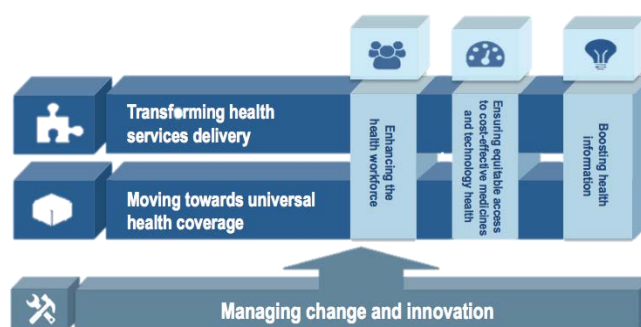
#### Relevant resources

- **Framework on integrated, people-centred health services.** Geneva: World Health Organization; 2016 (A69/39; [http://apps.who.int/gb/e/e\\_wha69.html](http://apps.who.int/gb/e/e_wha69.html)).

## 17. How health services delivery contribute to people-centred health systems?

For the 2015–2020 period, the WHO Regional Office for Europe has identified two strategic priority areas of focus for working with countries to strengthen people-centred health systems: transforming health services delivery to meet the health challenges of the 21st century; and moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments. People-centred health systems requires the provision of care that prioritize the needs of individuals, their families and communities, both as participants and beneficiaries for high-quality, comprehensive and coordinated services delivered in an equitable manner. To make progress in both these areas, a special focus on the health workforce, medicines and other health technologies and health information has also been recognized, along with the cross-cutting importance of managing change and innovation. Importantly, strengthening people-centred health systems calls for alignment across these priority areas. This is illustrated in Fig 9, recognizing for example, the dynamics between health services delivery and the other health system functions playing a critical role to enable services.

**Fig. 9** Strategic priorities of the WHO Regional Office for Europe for strengthening people-centred health systems 2015-2020



Source: (4)

### Relevant resources

- **Priorities for health systems strengthening in the European Region 2015-2020: walking the talk on people centredness.** Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6513-priorities-for-health-systems-strengthening-in-the-who-european-region-20152020-walking-the-talk-on-people-centredness>).
- Ferrer L. **Engaging patients, carers and communities for the provision of coordinated/integrated health services: strategies and tools.** Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2015/engaging-patients,-carers-and-communities-for-the-provision-of-coordinated-integrated-health-services-strategies-and-tools-2015>).

## 18. How does the EFFA IHSD link to the global strategy Health Workforce 2030

The global strategy on human resources for health – Health Workforce 2030 – sets out four strategic objectives that work to ensure the attainment of health goals through an available, accessible, acceptable and quality health workforce. Health systems contribute to developing the health workforce through the continuous investment to the initial education of future cadres. The EFFA IHSD distinguishes between this initial training facilitated by the health system from the continuous development of the health workforce that takes place throughout their career in the workplace. The EFFA IHSD identifies key strategies for this consolidation process of competencies, tightening the link between health services delivery and the health system, as well as the workforce with the needs of the individuals and populations they aim to serve.

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### Relevant resources

- **Global strategy on human resources for health: workforce 2030.** Geneva: World Health Organization; 2016 (A69/38; [http://apps.who.int/gb/e/e\\_wha69.html](http://apps.who.int/gb/e/e_wha69.html)).
- Langins M, Borgermans L. **Strengthening a competent health workforce for the provision of coordinated/integrated health services.** Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf](http://www.euro.who.int/__data/assets/pdf_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf)).

## 19. How does the EFFA IHSD link to the European Action Plan for Strengthening Public Health Capacities and Services?

The European Action Plan for Strengthening Public Health Capacities and Services identifies ten essential public health operations (EPHOs) to inform the development of public health services across the Region. The EPHOs include the provision of core public health services (EPHOs 3-5): health protection, health promotion and disease prevention. Adopting a ‘whole-person’ approach, the EFFA IHSD calls for both an individual and population-based perspective to protective, promotive and preventive services. Taken together, the European Action Plan for Strengthening Public Health Capacities and Services and the EFFA IHSD complement one another, providing the specificities on both the types of services to be delivered and processes to ensure these are realized in practice.

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### Relevant resources

- **European Action Plan for Strengthening Public Health Capacities and Services.** Copenhagen: WHO Regional Office for Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/171770/RC62wd12rev1-Eng.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0005/171770/RC62wd12rev1-Eng.pdf?ua=1))

## Implementation

### 20. How does the EFFT IHSD apply for strengthening the integration of public health and primary care?

Strengthening integration between public health and primary care is critical to effectively respond to public health emergencies and to deliver better occupational and environmental health, food and nutrition services, among other essential health promotion, disease prevention and health protection services. Primary care, as the first point of contact into the health system for all new needs and health problems, providing person-focused care and coordinating further care as needed, is well-positioned to deliver public health services. Primary health care and public health have natural synergies that facilitate their focus on the population, determinants of health, and the delivery of health promotion, health protection and disease prevention services. The EFFT IHSD prioritizes the integration of public health and primary care by adopting a whole-population, whole-person perspective to the design, organization, management and improvement of services; putting a life course approach into practice by ensuring a broad continuum of services are available. Moreover, taking a population approach to health services means also taking responsibility for health outcomes, and thus, putting health-in-all policies and intersectoral actions into practice. Doing so, characteristically calls for a focus on areas including identifying population health needs, tackling the determinants of health, in particular, environmental factors and strengthening system areas, such as, accountability arrangements and the alignment of incentives (see Table 2).

### 21. How does the EFFT IHSD apply for strengthening the integration of primary care and hospitals?

Breaking down boundaries across levels and settings of care calls for strengthened coordination between a wide range of health professionals and services, including primary care physicians, nurses, pharmacists, specialists, informal carers and patients themselves. Prioritizing integrated health services delivery between primary care and hospitals sets out to optimize the delivery of services within and across different settings of care, calling for particular focus on areas for action such as the design of care pathways and transitions of patients, the organization of health providers and settings of care, the flow of information and the engagement of patients in the management of their diseases (see Table 2).

### 22. How does the EFFT IHSD apply for strengthening the integration of health and social care?

In the context of increasing chronicity, multi-morbidities, ageing and mental health needs, ensuring a comprehensive continuum of services calls for strengthening the integration of health services delivery with other sectors and in particular, social care services. The integration between health and social care characteristically calls for a focus on areas for action working to engage individuals, service providers and informal carers to organize

services with tightened linkages to long-term care, home care and community-based care. Strengthening the integration of health services delivery and social care has also underscored the relevance of up-taking new, user-friendly technologies that make possible remote and continuous services, as well as the importance of improving the overall alignment of accountability and financing mechanisms within the health system and together with social care services. Integration between health and social care improves quality of life, even with additional costs, that may nonetheless offer value for money (see Table 2).

### Relevant resources

- **Strategy and action plan for healthy ageing in Europe, 2012-2020.** Regional Committee for Europe, Sixty-second session, EUR/RC62/10 Rev.1. Copenhagen: WHO Regional Office for Europe; 2012 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/175544/RC62wd10Rev1-Eng.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf)).
- **Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health.** Adopted by the 69th WHA, A69/17, Geneva: WHO; 2016 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_17-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_17-en.pdf?ua=1)).

**Table 2** Examples of priority areas for action for strengthening integration of services delivery

Priority areas	Public health and PHC	PHC and hospitals	HSD and social care
<b>Populations and individuals</b> [whole-population approach]	<input checked="" type="checkbox"/> Tackling the determinants of health <input checked="" type="checkbox"/> Empowering populations	<input checked="" type="checkbox"/> Engaging patients in managing disease(s)	<input checked="" type="checkbox"/> Engaging patients, with focus on informal carers
<b>Health services delivery</b> [whole-person approach]	<input checked="" type="checkbox"/> Identifying population health needs	<input checked="" type="checkbox"/> Identifying needs <input checked="" type="checkbox"/> Designing care, with focus on pathways and transitions <input checked="" type="checkbox"/> Organizing providers and settings	<input checked="" type="checkbox"/> Organizing providers and settings closer to home and in the community
<b>System enablers</b> [whole-of-government; whole-of-society approach]	<input checked="" type="checkbox"/> Rearranging accountability for health outcomes <input checked="" type="checkbox"/> Aligning incentives for improving outcomes	<input checked="" type="checkbox"/> Rolling out e-health <input checked="" type="checkbox"/> Promoting the responsible use of medicines	<input checked="" type="checkbox"/> Ensuring a competent health workforce <input checked="" type="checkbox"/> Innovating health technologies

### 23. What are key lessons learned from existing initiatives on integrated health services delivery?

Across the WHO European Region, health services delivery transformations are taking place to transform existing models of care and uptake advancements of the 21<sup>st</sup> century. In late-2013, in an effort to explore these experiences and extend the diversity and coverage of documented examples, an exercise to share and describe initiatives to transform health services delivery in the Region was launched. The initiatives recorded vary greatly in their scope and stages of implementation, from early changes to initiatives at-scale. When taken together, these examples offer unique insights into real-life experiences transforming health services and what it takes in practice to get new ideas up and running. Ten lessons learned were identified through a review across the cases and are described as follows.

**Box 1** Ten lessons from transforming health services delivery

1. Put people and their needs first by making population health the starting point to take action for transformations that work to tackle the root causes of health problems.
2. Reorient the model of care by selecting a broad range of population interventions and individual services and planning pathways and care transitions according to an individual's needs throughout the life course for care designed around individuals, not diseases.
3. Reorganize the delivery of services by structuring care settings, practice environments and provider roles and scope of practice to adopt people-centred models of care with feedback loops on performance for quality services.
4. Engage patients, their families and carers by supporting their active role in the maintenance of their health, management of diseases and shared decision-making to improve processes or outcomes of services delivery.
5. Rearranging accountability mechanisms by assigning clear roles and responsibilities, ensuring necessary resources are available and applying information on performance for effective interactions across actors working to respond to people's needs.
6. Align incentives by strategically purchasing services, designing provider payment mechanisms that reward performance improvement and removing disincentives for individuals to enable and sustain changes.
7. Support the development of human resources for health through relevant trainings and opportunities for professional development to support a competent workforce able to respond to clinical, social and other needs.
8. Uptake innovations in e-health, clinical services and medicines by continuously assessing, researching and investing in new inputs to ensure the supportive resources for the optimization of performance.
9. Partner with other sectors and civil society by creating the conditions to purposefully coordinate with non-health services to take the collective actions necessary for tackling upstream root causes of health inequalities and risk factors.
10. Manage change strategically by setting a clear direction, developing and engaging partners and piloting new ideas to ensure transformations that are tailored to the population's needs, rolled out and sustained.

Source: (6)

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**Relevant resources**

- **Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region.** Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2016/lessons-from-transforming-health-services-delivery- compendium-of-initiatives-in-the-who-european-region-2016>).

## 24. What do we actually mean by transforming health services delivery?

Health services delivery transformations is used to describe efforts to strengthen the processes of services delivery to improve performance. Importantly, transformations do not imply whole system reforms. They may be set in the context of other improvement efforts, and in the long-term may call for broader adjustments. However, services delivery can still be improved upon by strengthening across key processes of designing care, organizing providers and settings, managing services and improving quality. The process of transformations itself has been described as multi-staged, and often non-linear given the multidimensional character of services delivery. The adjustments happen over a continuum, developing services delivery from conventional care to disease-oriented care to coordinated services, and ultimately, integrated services.

**Table 3** Characteristics of health services delivery by developmental stage

Stage	Conventional care	Disease-oriented	Coordinated services	Integrated services
<b>Design of care</b>	Selective primary health care	Disease management	Care management	Whole person
<b>Organization of providers</b>	Vertical	Linkages	Horizontal	Collaborative
<b>Management of services</b>	Management of production	Management of resources	Management for performance	Management for outcomes
<b>Continuous performance improvement</b>	Quality of inputs	Quality of outputs	Quality of processes	Quality of outcomes

Source: (1)

## 25. How do I actually apply the EFA IHSD?

The EFA IHSD has been developed to serve as a resource from the point of starting out transformations, to implementation and efforts to sustain initiatives overtime. The shortlist of priority areas for action and key strategies aim to serve as a checklist of the most critical points of consideration that have surfaced through the literature and firsthand experiences of countries. The organization of areas for action by domains further assists this process by sequencing these points to signal how they interact with one another. For example, change agents are invited to begin their discussion with a focus on identifying priority population and individual needs, asking first: what are the priority health improvement areas (identifying health needs)? And from this, guiding key considerations on how health services delivery should adapt to those needs and what system conditions would enable that alignment.



## 26. What are the resources available?

The EFFA IHSD is accompanied by a package of resources that have been developed to support change agents in the process of implementing health services delivery transformations. The different types of resources include, for example, a catalogue of resources that can support the areas for action put forward by the EFFA IHSD. A glossary providing definitions of key terms for both English and Russian-language readers is also available. As well, a repository of evidence, such as analytical background documents and knowledge synthesis reports published on health services delivery, as well as topic-specific documents, including on health workforce competencies, patient engagement and population empowerment and accountability arrangements for integrated health services delivery has been made available online. First-hand experiences, as field evidence from countries, has also been documented through descriptive profiles of initiatives to transform health services delivery in a compendium of case profiles and lessons learned.

All resources can be found online at the health services delivery webpage of the WHO Regional Office for Europe, by visiting: <http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery>. For more information, contact the Health Services Delivery Team at [EUCHISD@who.int](mailto:EUCHISD@who.int).

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### Relevant resources

- **A step-by-step guide for developing profiles on health services delivery transformations.** Copenhagen: WHO Regional Office for Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/298297/Step-by-step-guide-developing-profiles-HSD-transformations.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0010/298297/Step-by-step-guide-developing-profiles-HSD-transformations.pdf?ua=1)).
- **Glossary of terms: English-Russian version.** Copenhagen: WHO Regional Office for Europe; 2016. (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/a-z-list-of-all-publications>).
- **Catalogue of resources to support health services delivery transformations.** Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/a-z-list-of-all-publications>).

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3. WHO global strategy on people-centred and integrated health services. Geneva: World Health Organization; 2015 (<http://www.who.int/servicedeliverysafety/areas/people-centred-care/global-strategy/en/>).
4. Priorities for health systems strengthening in the European Region 2015-2020: walking the talk on people centredness. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6513-priorities-for-health-systems-strengthening-in-the-who-european-region-20152020-walking-the-talk-on-people-centredness>).
5. European action plan for strengthening public health capacities and services. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services>).
6. Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2016/lessons-from-transforming-health-services-delivery-compendium-of-initiatives-in-the-who-european-region-2016>).

## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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