Proposal for the Development of a
Regional Agenda for Hospitals in Integrated
Health Service Delivery Networks
EXPERTS MEETING
Barbados, October 24 – 25, 2012

Integrated Health Services Towards Universal Coverage

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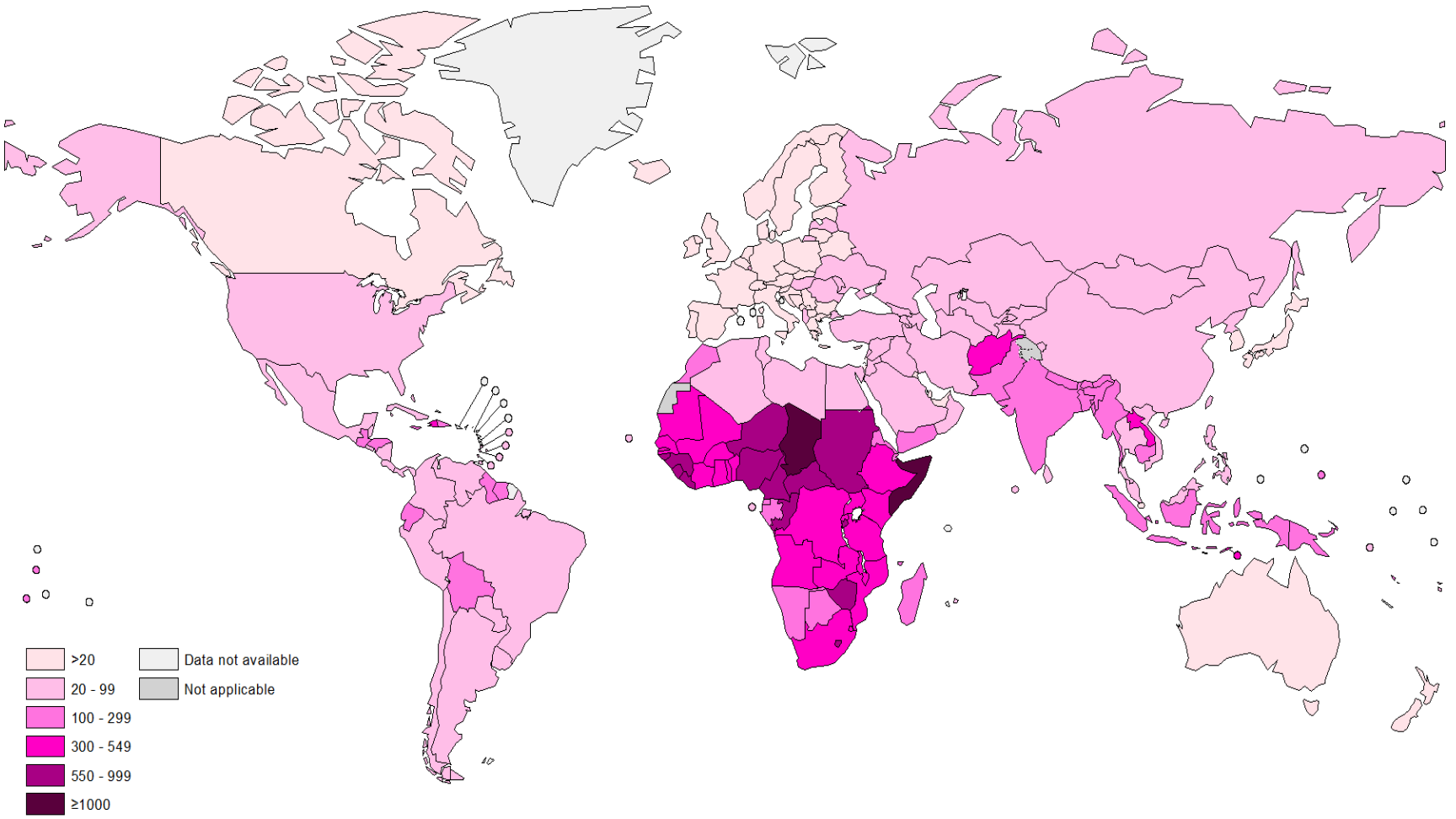
World Health Organization

World Health Organization

Content

- Coverage challenges around the world
- The problem of fragmented health care
- The renewal of PHC, including the push for UHC, people-centered and integrated care
- Hospitals: challenges and importance in supporting the above agenda

Maternal mortality ratio (per 100 000 live births), 2010



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
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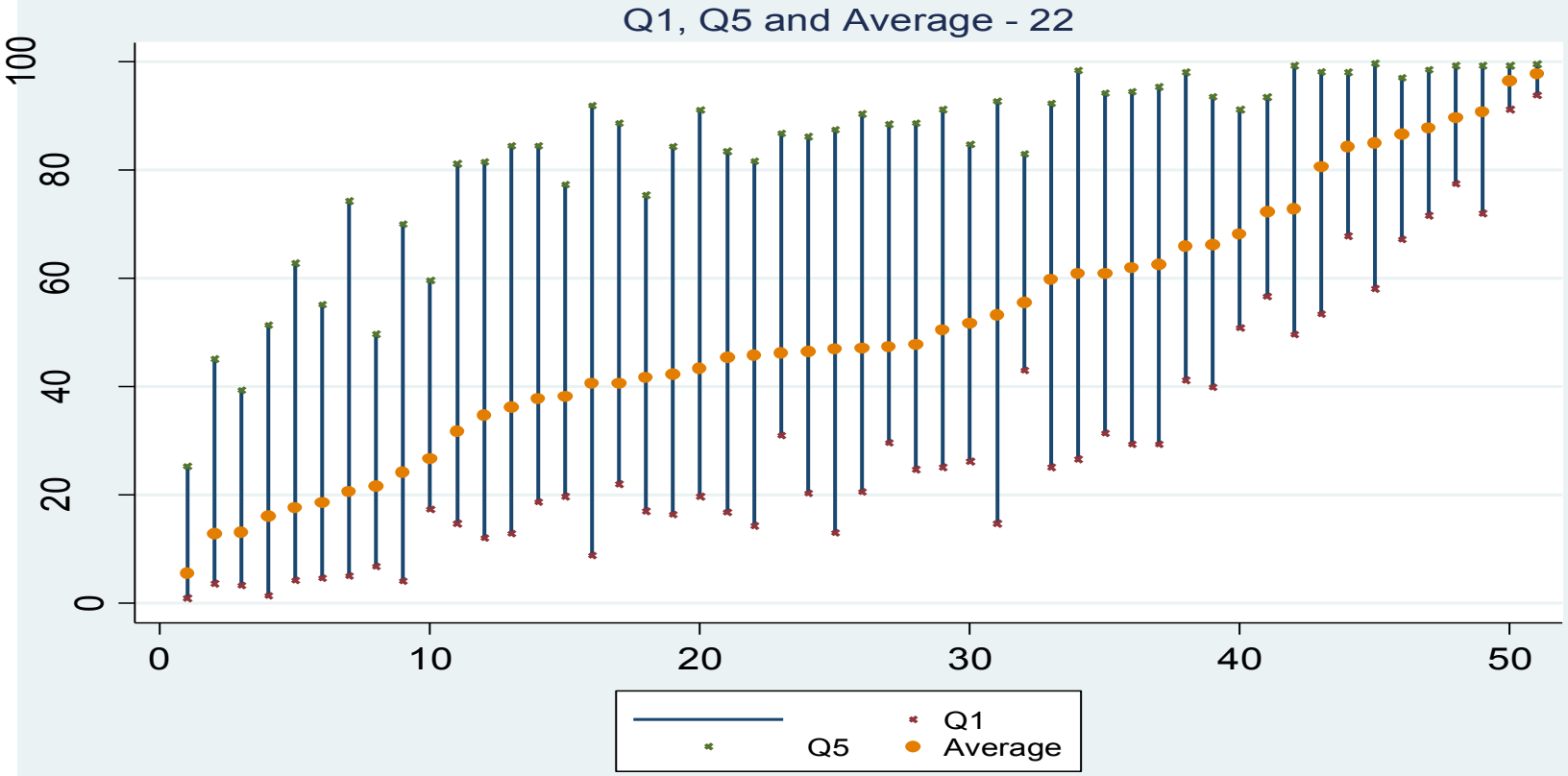
One view of the challenge: millions miss out on needed health services

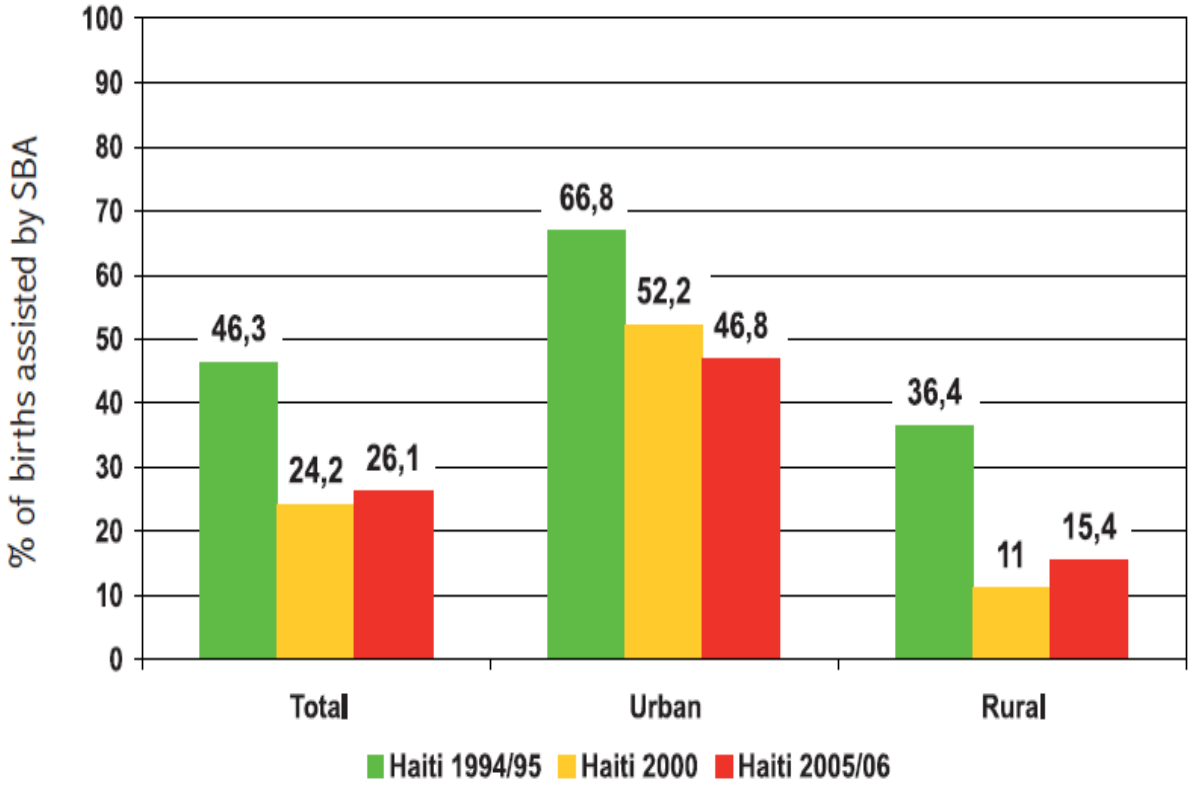
Percentage of Skill Birth Attenddants



Source: Latest available DHS for each country (excl. CIS countries)

Skilled Birth Attendant (SBA) at delivery

Utilization of services

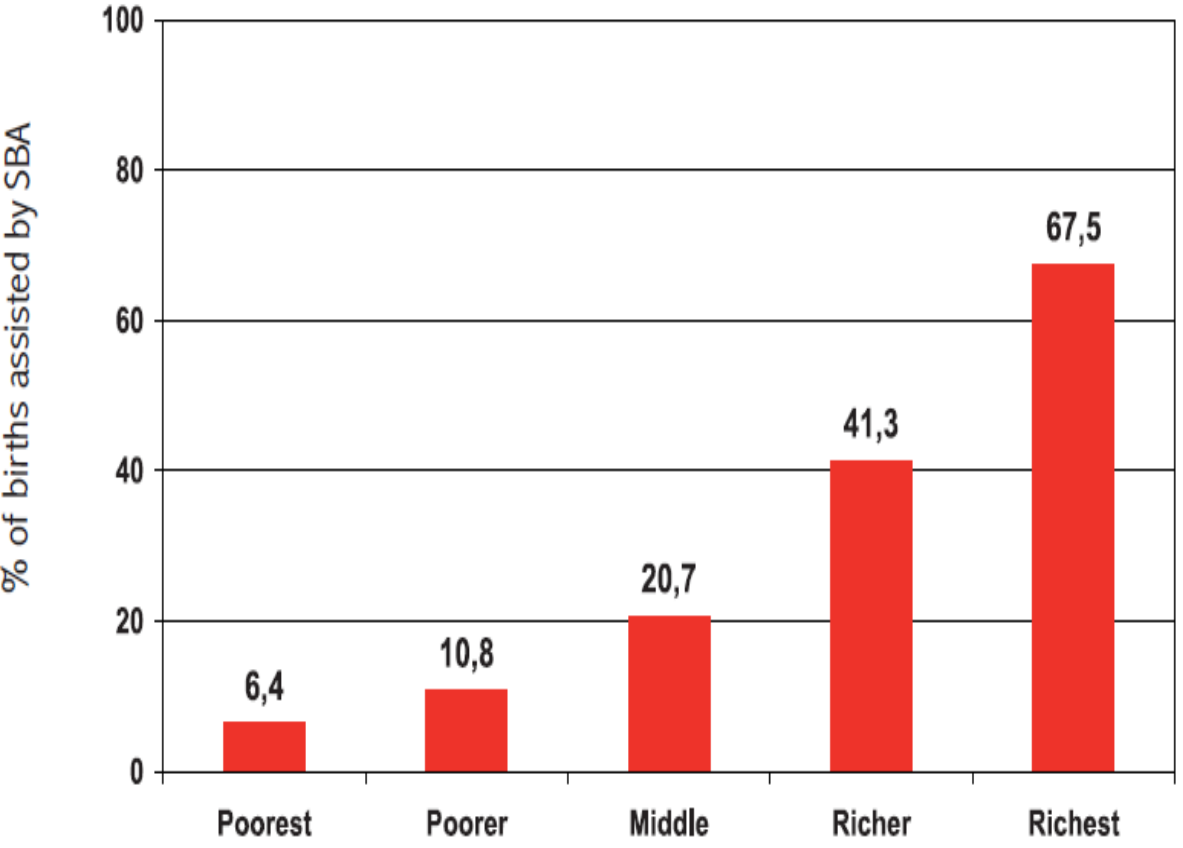


Source: ORC Macro, 2007. MEASURE DHS STATcompiler. http://www.measuredhs.com, October 8 2007.

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. One of the critical interventions for safe motherhood is to ensure skilled care provided by skilled professionals during pregnancy and childbirth.

In Haiti, the latest survey in 2005 showed that approximately 26% of births were assisted by SBA. While 66% of births were reported to occur in rural areas, of those, approximately 15% of births were assisted by SBA.

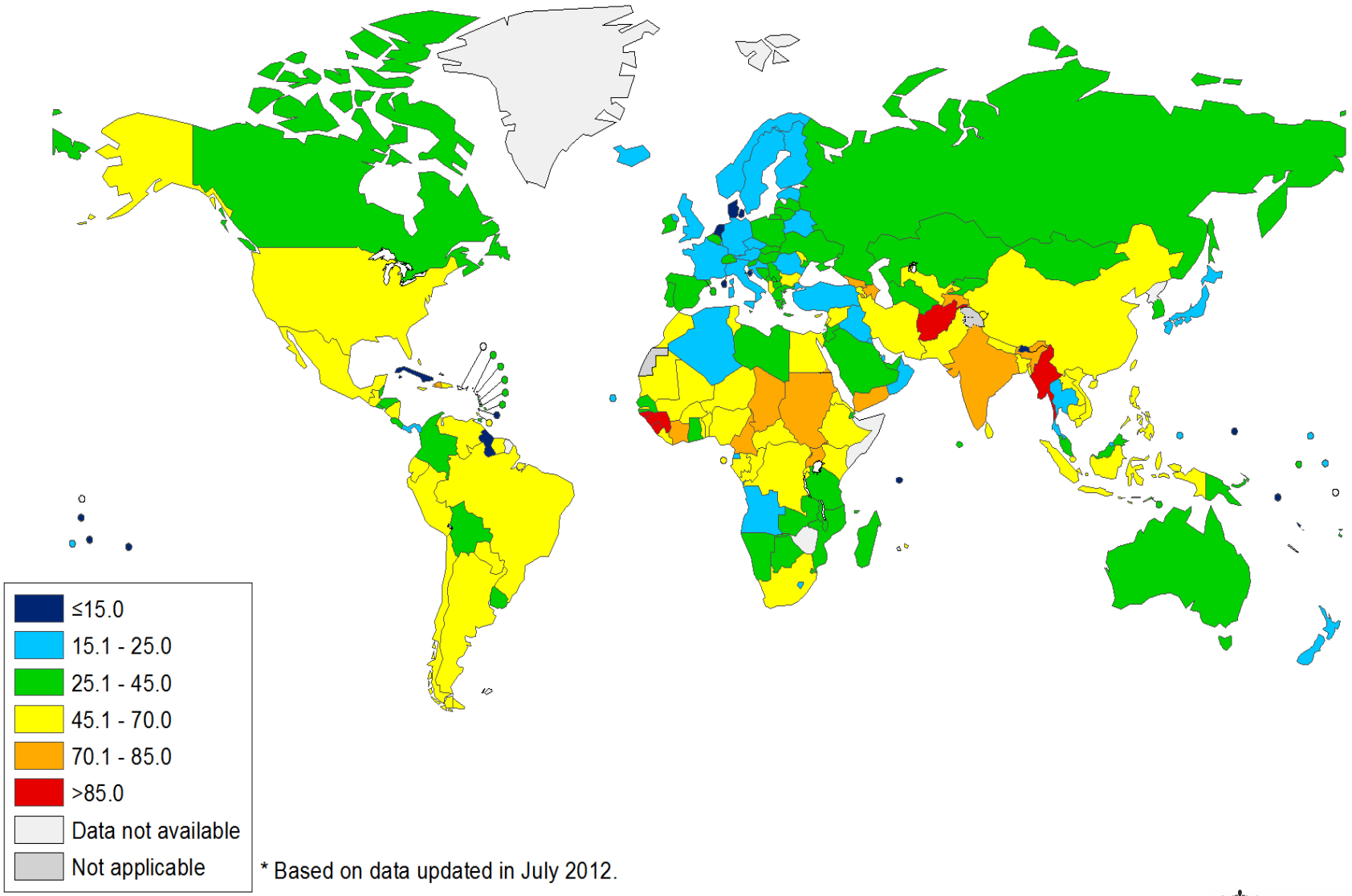
Utilization of services by wealth quintile (2005/06)



Women's wealth status is one of the determinants of receiving skilled care. Women at the poorest situation had apprimately 10 times less access to skilled care compared to their richest counterparts.

Source: Cayemittes, Michel, Marie Florence Placide, Soumaïla Mariko, Bernard Barrère, Blaise Sévère, Canez Alexandre. 2007. Enquête Mortalité, Morbidité et Utilisation des Services, Haïti, 2005-2006. Calverton, Maryland, USA : Ministère de la Santé Publique et de la Population, Institut Haïtien de l'Enfance et Macro International Inc.

Private expenditure on health as a percentage of total expenditure on health, 2010 *



* Based on data updated in July 2012.

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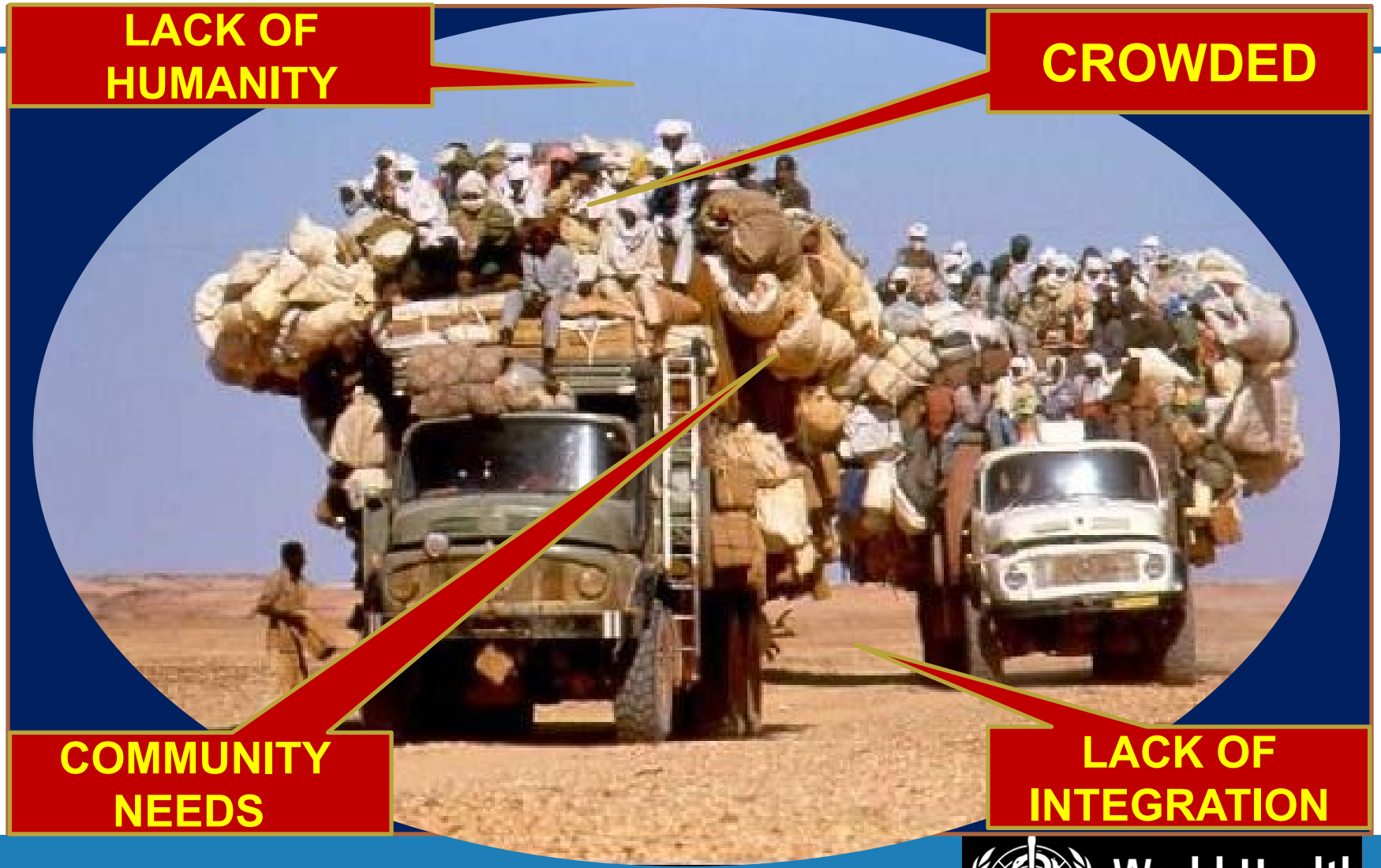

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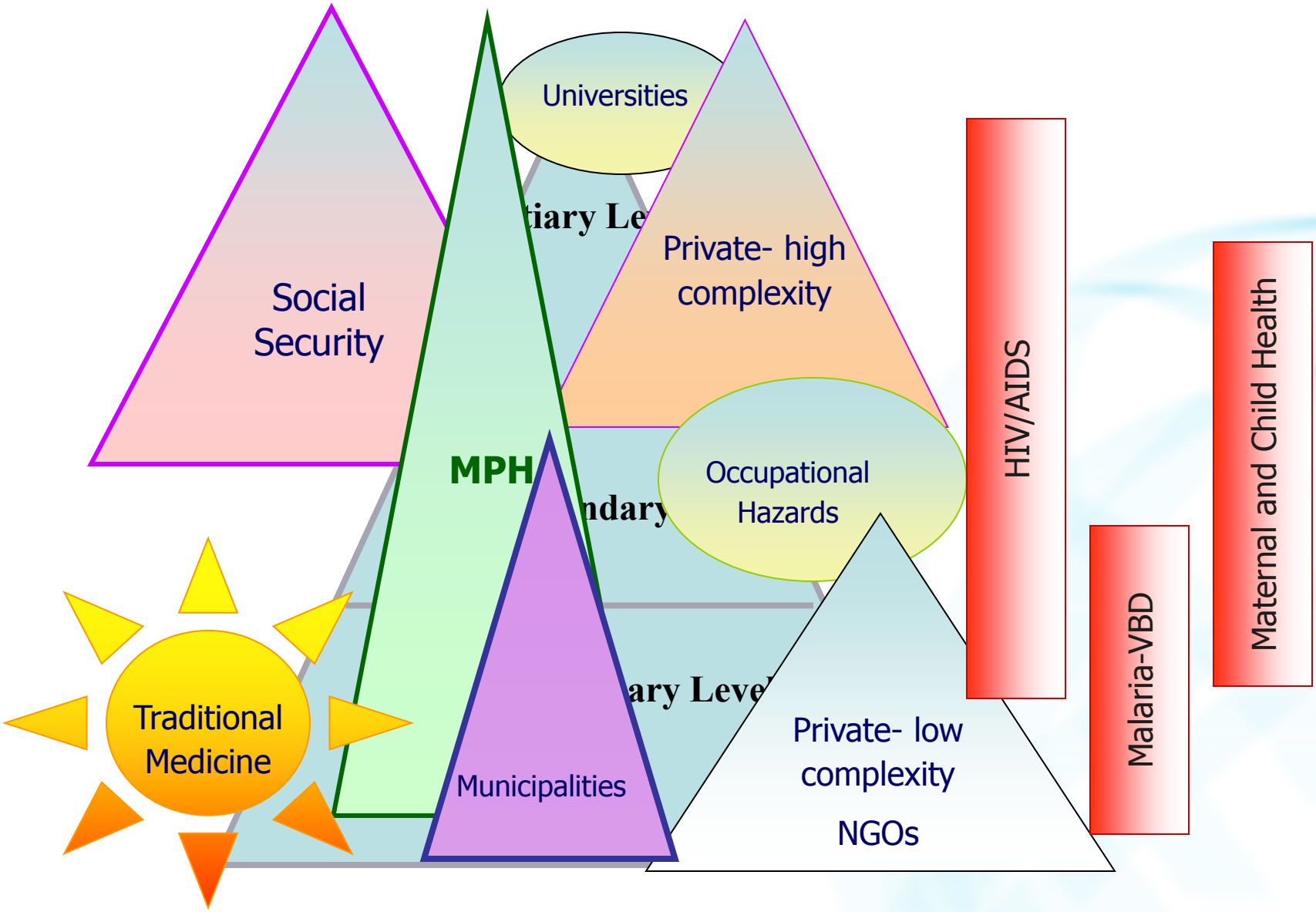
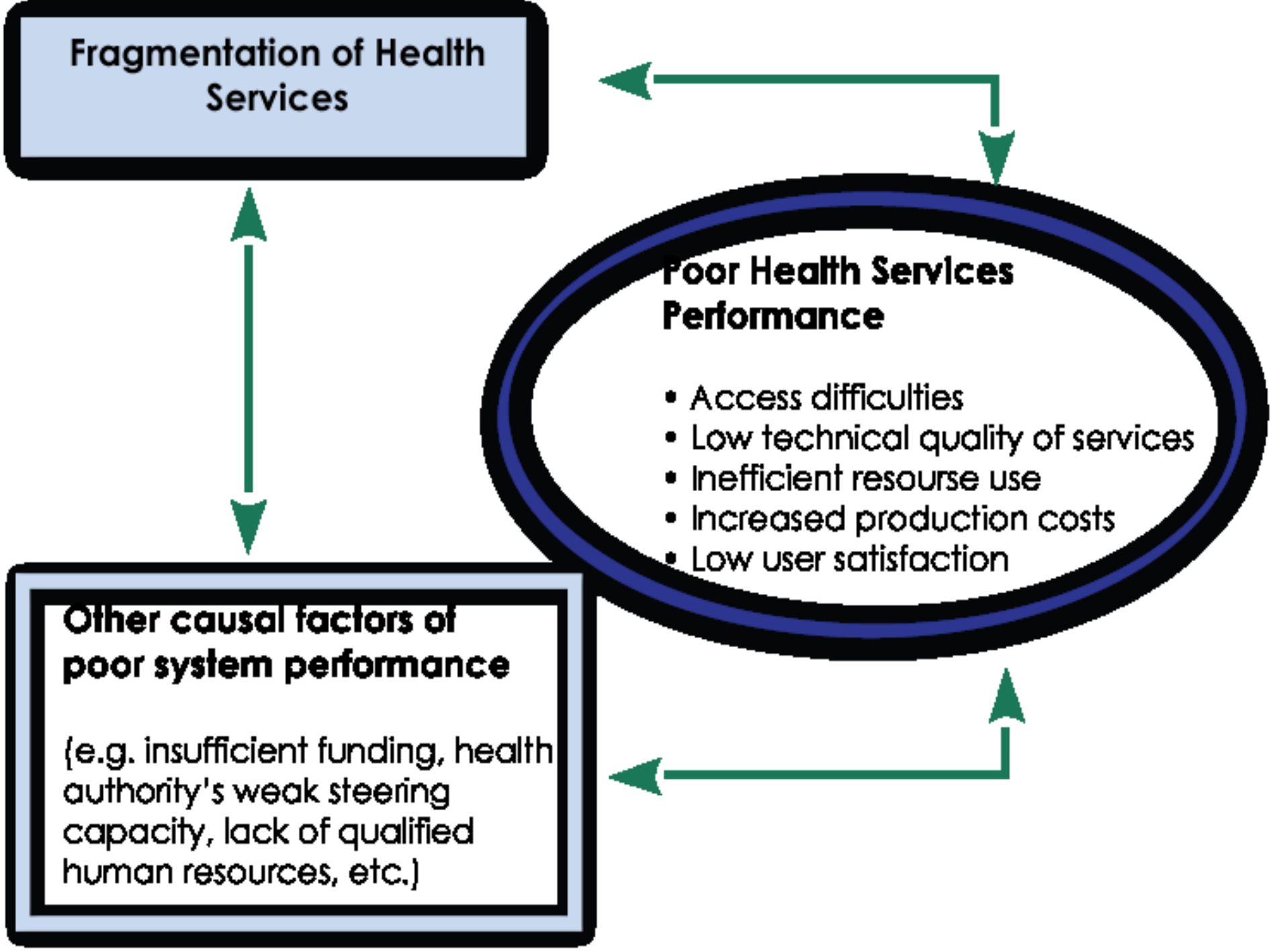
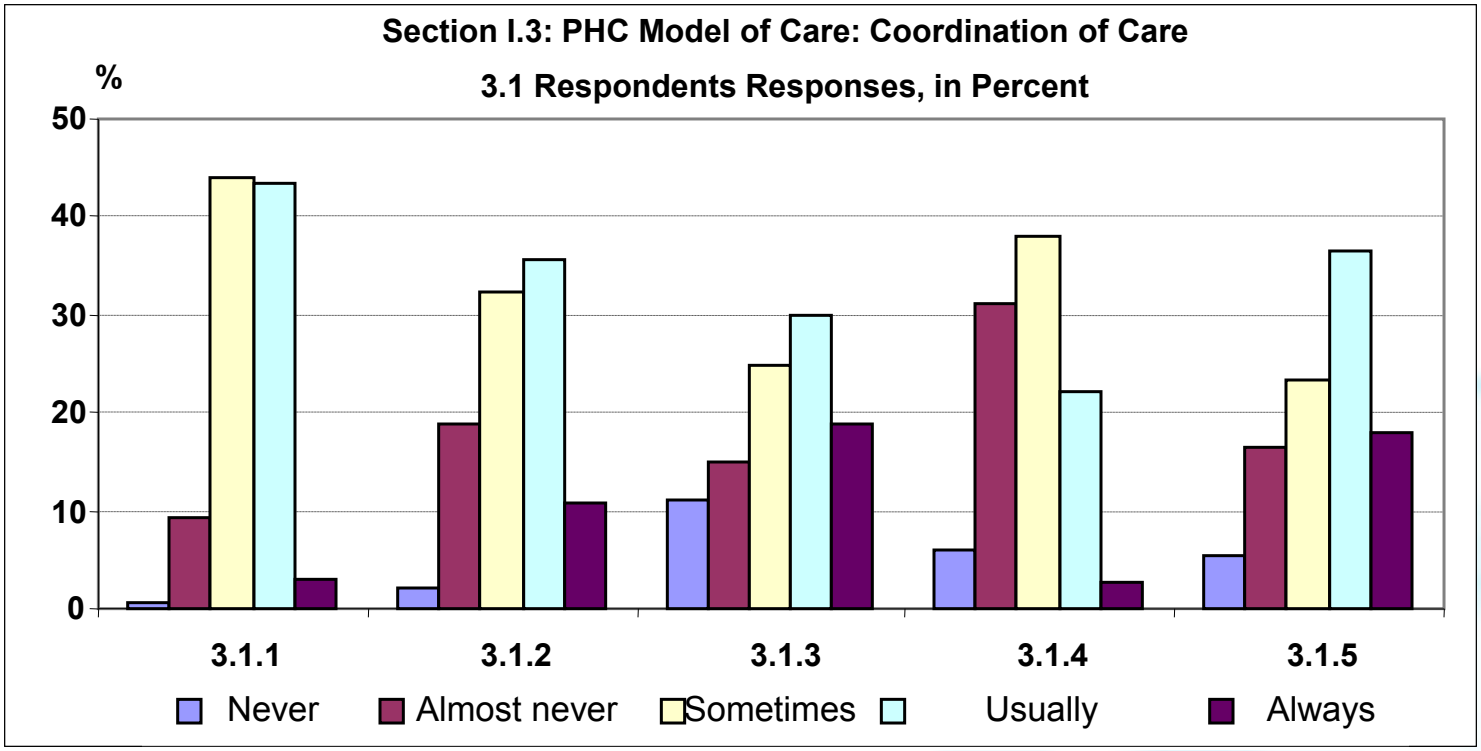
Fragmentation of Health Services




Fragmentation of Health Services
Poor Health Services Performance
• Access difficulties
• Low technical quality of services
• Inefficient resourse use
• Increased production costs
• Low user satisfaction
Other causal factors of poor system performance
(e.g. insufficient funding, health authority's weak steering capacity, lack of qualified human resources, etc.)

Model of Care: Coordination of Care



3.1.1 Are patients seen by the same provider (doctor/ health team) whenever they consult?

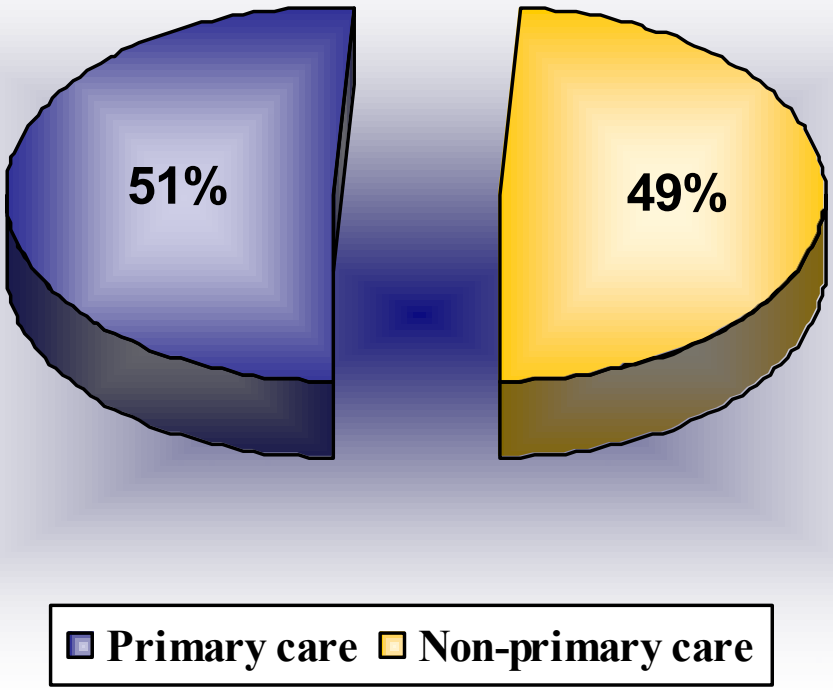
3.1.2 Is there an appointment and follow-up system, including arranging home visits by the health team?

3.1.3 Is assigning people from a geographical area to lists or registries with a specific PHC provider or provider group encouraged?

3.1.4 Does a good referral and counter-referral system based on case complexity normally function for patients?

3.1.5 Is there a policy that enables ensuring that PHC facilities are regularly covered by physicians or nurses?

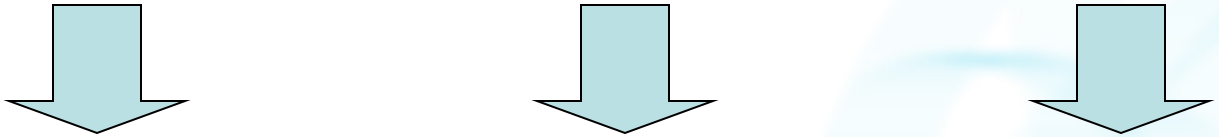
% of hospitalized patients according to most appropriate site of care



PAHO, 2004

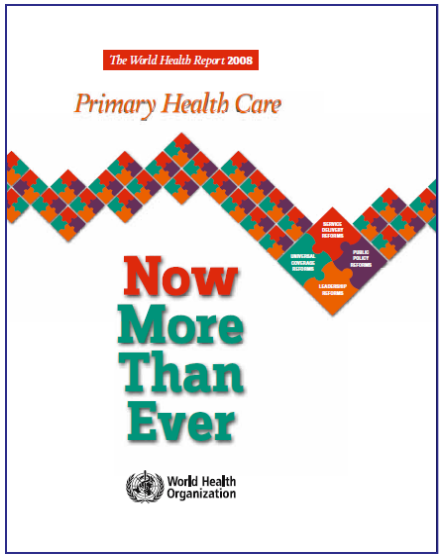
Pressure for Change on Health Systems

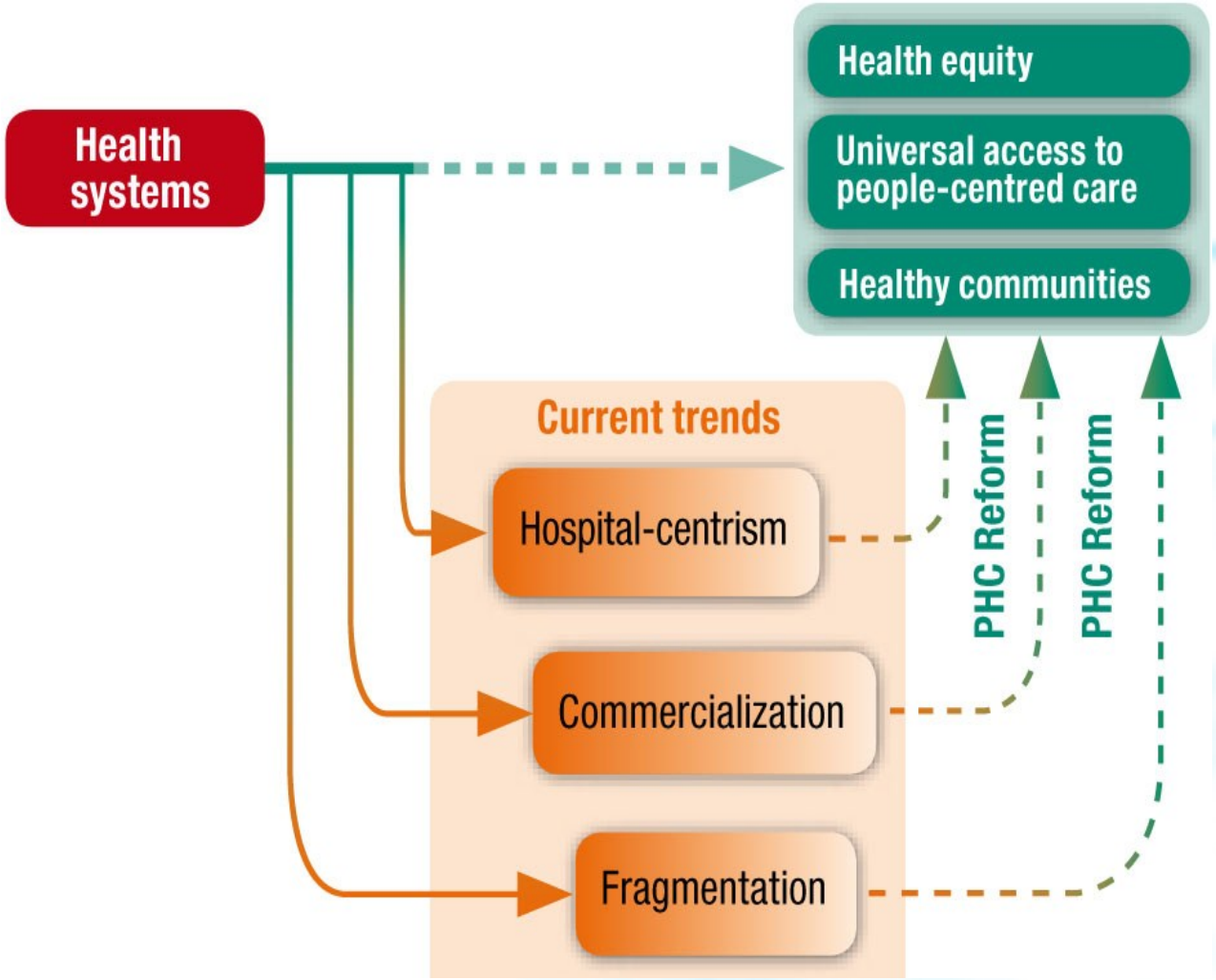
Changes in demand	Changes in supply	Broad social changes
Demographics	Technology and knowledge	Globalization
Epidemiology	Workforce	Government reforms
The public's expectations	Financial pressure	Sectoral reforms



Adapted from Mc Kee, M.; Healy, J. 2002

Need for PHC reforms

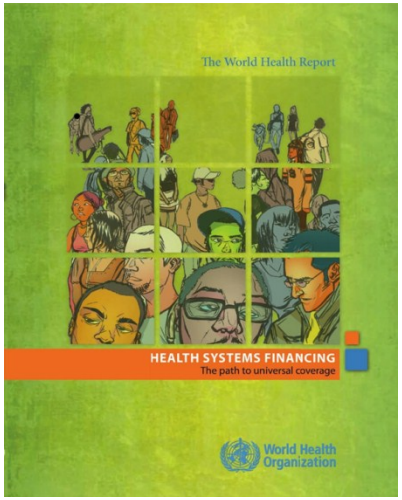


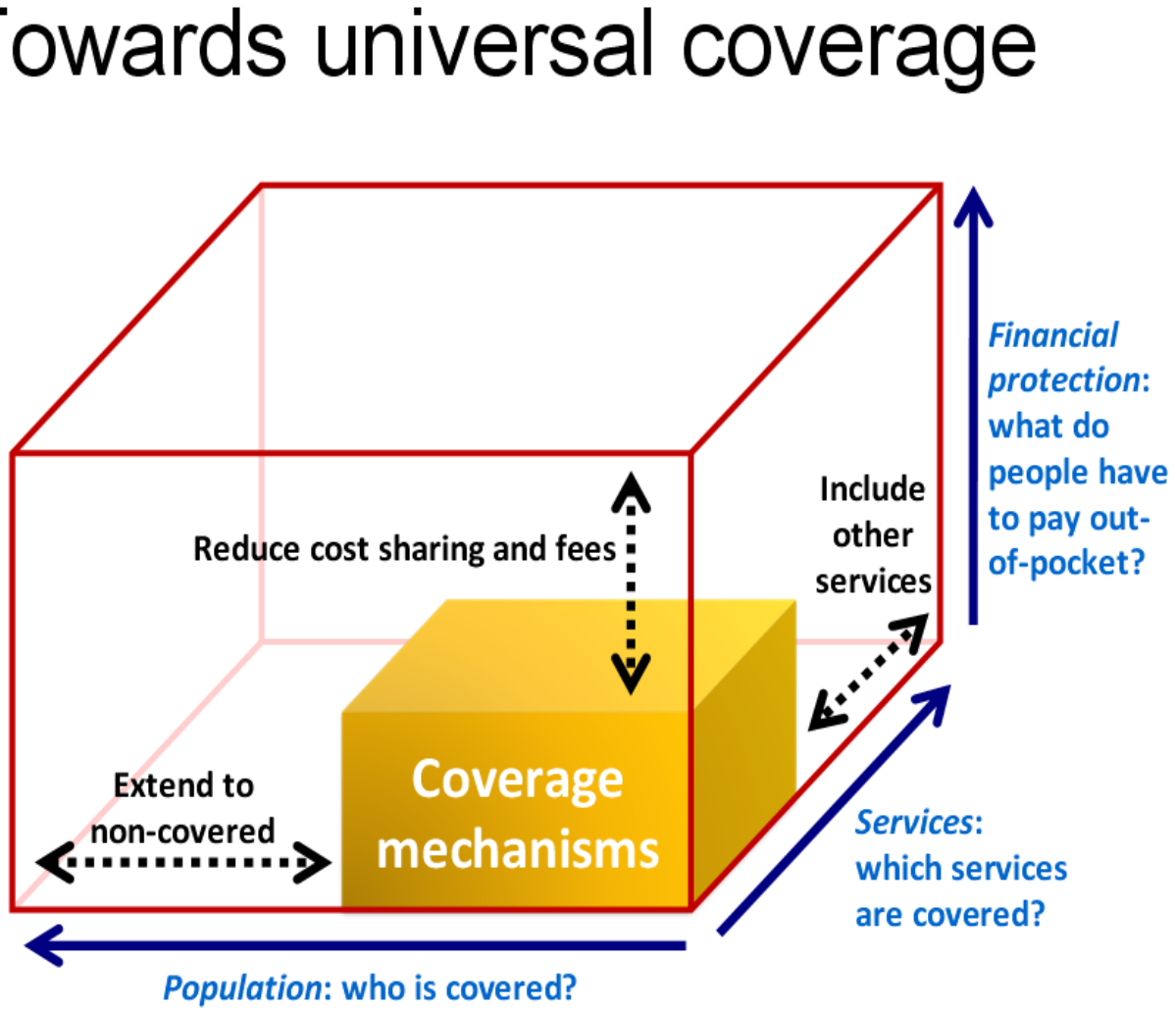


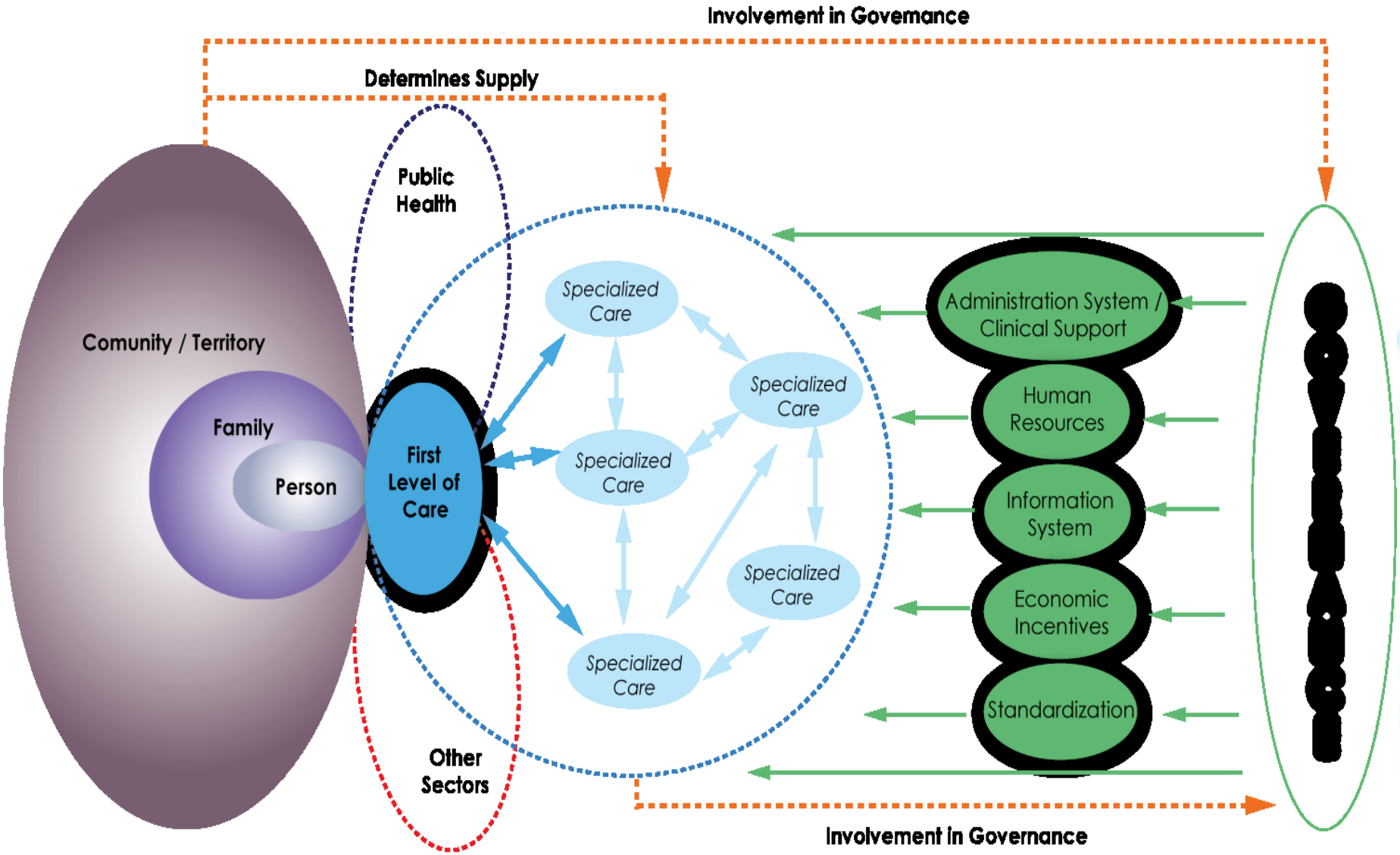
Source: WHO, Primary Health Care- Now More than Ever, World Health Report, 2008

UNIVERSAL COVERAGE REFORMS
to improve health equity
SERVICE DELIVERY REFORMS
to make health systems people-centred
LEADERSHIP REFORMS
to make health authorities more reliable
PUBLIC POLICY REFORMS
to promote and protect the health of communities

Three dimensions (policy choices) of Universal Coverage as portrayed in WHR







Context: type of health system, funding level, legal and regulatory framework, health authority's steering capacity, availability of human, physical and technological resources, etc.

Hospital Functions

Patient Care:
- Inpatient care, ambulatory & day-admission
- Emergency & elective
- Rehabilitation

Teaching:
- Vocational
- Pre-graduation
- Post-graduation
- Continuing education

Research:
- Basic research
- Clinical research
- Health services research
- Educational research

Support to rest of services network:
- Referrals
- Professional leadership

Employment:
- Hospital personnel
- Hospital providers of goods & services

Social:
- Legitimacy of State
- Political symbol
- Provider of social assistance
- Basis of medical professional power
- Community pride

Public Hospitals: key challenges

- Poor performance in terms of access, efficiency, clinical effectiveness, safety & user satisfaction
- High costs
- Under funded, high debt
- No accountability for results
- Hospital-centrism: inpatient, curative & fragmented care
- Weak coordination with rest of service providers
- Inappropriate admissions
- Directors/managers lack leadership & managerial competencies

Hospital reforms: Consistent with UHC, PCC and ISD?

- Governance:
  - Management autonomy*
  - Decentralization to local government
  - Differentiating executive from advisory functions
  - Community & health personnel participation
  - Professionalization of executive function
- Financing:
  - Separation of functions
  - Management agreements
  - Contracting out with the private sector
  - New payment systems*
  - Market competition, simulation*
  - Private financing, cost-recovery*

Hospital reforms: Consistent with UHC, PCC and ISD?

- Service delivery:
  - Building new hospitals, size of hospitals (?)
  - Closing of hospitals, mergers, reducing hospital beds (?)
  - Hospital substitution, diversification:
    - Ambulatory surgery
    - Day hospital (rehabilitation, psychiatry, etc.)
    - Patient Progressive Care
    - Interventionist radiology
    - Accelerated discharge programs
    - Home care, hospice, nursing homes
    - Telemedicine
    - Emergency: Pre-hospital care, Primary care emergency
  - Focus on quality of care and clinical governance
  - Integration of services

The Role of Hospitals in Today's Health Systems, Geneva, 2010: Key Issues:

1. Clarifying the **role and function** of hospitals in the health system
2. **Political dimensions** and expectations towards hospitals
3. **Hospital isolation** in the face of blurring demarcations
4. **Linkage** between hospitals and other levels of the health system
5. Cost and benefit of **technological progress**
6. Data to measure hospital **performance** in relation to population outcomes
7. **Universal coverage** and accessibility
8. Hospital **financing** within overall health spending
9. Hospital **governance** and autonomy
10. The **legal framework** within which hospitals operate
11. **Human resources**
12. Involvement of **private hospital** actors
13. Hospitals in a **global health market** place
14. Hospitals and the **wider economy**
15. Interest by **donors and partners**

Hospitals: Some key themes for the future

- Focus on population health: coverage and equity
- Systemic (Systems) vision
- Integration and coordination of care
- Continuity of care and people-centered care
- Adequate levels of self-management and clinical governance
- Patient and personnel safety
- Results orientation and accountability
- Caring for the environment (Green Hospital)

ISD for UHC Strategy: preparatory work

- Conceptual and analytical Framework
- Database of WHO and other international development agencies production on service delivery
- Drivers of change and future trends
- Future scenarios
- Country settings
- Evidence gathering on policy options
- Case Studies