30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

POLICY ON INTEGRATED CARE FOR IMPROVED HEALTH OUTCOMES

Introduction

1.   Fragmentation in all its forms is a pervasive problem in health systems and affects the organization, management, and provision of care in almost all Member States of the Pan American Health Organization (PAHO).[1] Fragmentation impedes equitable access to health. It can take the form of health services that do not cover the range of promotion, prevention, care, rehabilitation, and palliative care services, resulting in a lack of continuity of care over time; this is known as fragmented care. In another form of fragmentation, health providers, organizations, or units do not ensure coordinated, seamless transitions for persons through different levels of the continuum of services; this is known as fragmented services *(1)*.

2.   Integrated care is a broad strategy that combines clinical, social, organizational, and policy changes aimed at gaining efficiency in health care delivery, ensuring effective outcomes, and, in particular, improving people experience and satisfaction *(2)*. This policy seeks to address fragmentation in all its forms and enable better communication, coordination, and continuity of care. This is an essential step in constructing a people-centered model of care, building health systems based on primary health care, and advancing toward universal access to health and universal health coverage *(3)*. This document is intended to provide guidance on policy options, based on evidence and experiences, for addressing fragmentation in all its modalities (including the integration of priority program objectives in health service delivery), improving integrated care, and strengthening the health services overall.

Background

3.   Fragmentation of care greatly affects health outcomes as well as people's experiences of care and their satisfaction with health systems. It limits access to health

---

[1] In countries where, in addition to the ministry or secretariat of health, social security institutions or private entities provide health services to the population, there is usually a fragmentation of the health system among the various institutions.

services and their capacity to respond to people's needs, both in normal conditions and, especially, during health emergencies, as the COVID-19 pandemic has shown. Integrated care constitutes a strategy for improving care through better coordination of providers and services across the continuum of services, organized around the principle of person-centered care and taking account of the specific and differentiated needs of people.

4.   A number of resolutions and strategies approved by PAHO Member States include definitions of and recommendations for integrated care. These instruments formally express Member States' commitments to reorient health systems so as to better respond to people's health needs, including the needs of populations living in conditions of vulnerability. They include, among others, Resolution CD59.R12, Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains *(4)*; Resolution CD55.R8, Resilient Health Systems *(5)*; Document CD53/5, Rev. 2, Strategy for Universal Access to Health and Universal Health Coverage *(3)*; Resolution CD49.R22, Integrated Health Services Delivery Networks Based on Primary Health Care *(6)*; Document CD57/12, Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025 *(7)*; Resolution CSP29.R15, Strategy on Human Resources for Universal Access to Health and Universal Health Coverage *(8)*; and Resolution CD56.R5, Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 *(9)*.

5.   This policy on integrated care aligns with the Sustainable Health Agenda for the Americas 2018-2030 *(10)* and the PAHO Strategic Plan 2020-2025 *(11)*.

Situation Analysis

6.   In the Region of the Americas, the COVID-19 pandemic has put health systems to the test. It has challenged their capacity to integrate all levels of care and services in response to the pandemic while ensuring continuity of care for people who need other essential services, particularly people living with chronic conditions *(12, 13)*.

7.   The pandemic has also tested the resilience of health systems in dealing with prolonged emergencies *(14)*. Over the past two years, countries with highly fragmented health services have fared poorly despite greater access to technology and higher levels of health investment than in the past. Provision of essential services, especially services for people with chronic conditions or requiring continuous care, has been significantly reduced and in many cases completely interrupted for many months, putting patients at greater risk. Immunization and other key prevention programs have also seen important reductions in coverage *(15-18)*. The widespread and increasing dissemination of health-related disinformation and misinformation via social media has also impaired the ability of health systems to provide effective, integrated services to people in vulnerable situations *(19)*.

8.   In the early phases of the pandemic crisis, response plans focused on hospital care, especially intensive care, and on technology-based measures. Prioritizing biomedical approaches, countries invested billions of dollars in upgrades to hospitals and intensive care units, including the creation of new critical care units of varying design and

complexity *(20, 21)*. Since then, however, the pandemic has confirmed valuable but often ignored lessons from previous crisis events, namely that integrated approaches and early interventions at the first level of care are more effective in controlling the spread of disease, and that control of epidemic outbreaks requires strong system-wide strategies and interventions based on primary health care *(22)*. The pandemic has shown the importance of coordination and integration in the provision of services and the management of patients at all levels of the health delivery continuum.

9.   Most countries in the Region of the Americas have formally adopted PAHO's strategies for universal health and integrated health services delivery networks in policy documents, but implementation has fallen short. The current pandemic crisis has produced ample evidence of the weaknesses of health systems in the Region and the urgent need to move forward boldly to more integrated forms of health care and service delivery. Furthermore, system-wide interventions are proving to be more cost-effective in controlling the pandemic and in extending immunization coverage against COVID-19 when compared with hospital-focused and curative strategies *(3)*.

10.   As noted above, fragmentation of care has negative impacts on the experiences of service users and on health outcomes *(23)*. Underlying systemic causes of fragmentation include institutional segmentation, disease-focused models of care with predominance of acute episodic and hospital-centered care, vertical programs that are not integrated, fragmented health financing practices, and fragile leadership of the national health authorities. The consequences include limitations in access, lost opportunities, poor continuity of care processes, and inability to fulfill people's differentiated needs and expectations. These limitations directly affect the capacity of health systems to respond to existing complex epidemiological profiles.

11.   The Region of the Americas is experiencing major demographic and epidemiological changes. Populations are living longer than before, but with an increasing toll of chronic disease, multimorbidity, and disability. Noncommunicable diseases (notably cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and mental health conditions now account for the greatest burden of disease, while persistent and reemerging infectious diseases also remain a public health problem. Existing inequities in health have been exacerbated by the COVID-19 pandemic *(17, 18)* and by other health emergencies and disasters *(24)*. This situation drives the need for health systems to adapt and evolve in order to meet the differentiated health needs of the population, especially people in vulnerable situations.

12.   The growing number of people living with chronic conditions and their increased demand for health services is forcing health providers, both individuals and organizations, to radically change their approaches to the delivery of care. Current modalities of care for people with chronic conditions continue to be, in most cases, fragmented and disease-centered. Fragmented care, with lack of coordination among providers of different professional disciplines, can lead to patients missing needed services as well as to duplication, conflicting treatment regimens, and over- or under-prescribing. This situation begins with the training institutions that graduate physicians, nurses, and other health

professionals from biomedically oriented programs. It continues with in-service training in health services based on curative and technology-intensive models, with an emphasis on subspecialties and on hospital care. There is growing evidence that this model of professional health education needs to change *(25-27).*

13.　　Extensive evidence on the implementation of integrated care demonstrates that no one model fits all circumstances and that context is a key factor in determining which strategies and interventions will be successful *(28).* The Regional Forum "Expanding Equitable Access to Health Services: Experiences and Key Interventions," organized by PAHO on July 13, 2015, reviewed experiences and advances in some countries toward people-centered, integrated health services. The Forum report presented several case studies describing approaches, key results, and lessons for the future. They include, among others, case studies on integrated health and social services centers in Quebec, Canada; chronic disease management in Alberta, Canada; integration of aging into the national Family Health Strategy in Brazil; development of comprehensive physical and mental health services in the Bahamas; integration of mental health in Intermountain Healthcare in the United States of America; Brazil's Family Health Strategy; promotion of integrated people-centered care through the creation of decentralized multidisciplinary teams in Peru, with integrated health service networks; and strengthening the first level of care with new technologies in Panama *(29).*

14.　　In many countries of the Region, the lack of relevant legislation and regulation hinders the implementation, development, and sustainability of transformations toward integrated care. Often these transformations are launched without the appropriate legal framework in place, and thus they are easily abandoned or interrupted by changes in government or shifts in leadership. Sustainability in action requires policies and transformative processes that are built by consensus, anchored in policies, laws, and regulations, and closely aligned with development goals in order to promote successful implementation.

15.　　Strategies for integrated care are an essential step toward building resiliency in health systems and achieving universal health. They will also contribute to the achievement of the Sustainable Development Goals (SDGs), in particular SDG 3 (ensure health and well-being for all) and SDG 10 (reduce inequality). The lack of national strategic frameworks and proactive approaches to implementation of integrated care will continue to limit the transformation of health systems and their capacity to achieve the SDGs.

Proposal

16.　　As Member States emerge from the COVID-19 pandemic, the main challenge will be to transform and strengthen health systems to improve the provision of care, ensuring better responses to people's differentiated needs and expectations and upgrading the quality of health services. This will help countries build resilience, improve health literacy, and prepare adequately for future contingencies.

17.   This document aims to provide a general strategic framework and wide-ranging policy options to assist Member States in the implementation of integrated care. The term may have different meanings in different contexts, depending mostly on the objectives of policymakers *(30)*. Therefore, the proposed policy is not a one-size-fits-all framework but a guide for coherent decision making with respect to initiatives for the implementation of integrated care.

18.   Member States have made significant progress over the past decade in their efforts to strengthen the capacity of health systems to tackle public health challenges, improve access to and coverage of health services, and increase the quality of care while ensuring equity. This document sets out policy options at all three levels of health systems (macro, meso, and micro) and encompassing interventions in all four health systems functions.[2]

19.   In strengthening integrated care, national health authorities (NHA) are called on to promote policies and establish strong regulations based on a primary health care approach. They should advance transformations to people-centered health systems that provide culturally and linguistically appropriate, accessible services with quality, equitable, efficient, and effective health care through integrated health services. Universal access to health and universal health coverage should be an overarching objective. Legislation and regulation should allow for the adaptation of integrated care models for populations living in remote rural areas as well as for Indigenous and Afro-descendant populations, taking into account cultural specificities.

20.   The policy promotes actions guided by four strategic lines: *a)* strengthen the capacity of the national health authorities to lead and manage system-wide transformations for integrated care; *b)* transform the organization and management of health services to improve people's experience, population health, and the quality, equity, efficiency, and effectiveness of health care delivery; *c)* move from theory to practical implementation; and *d)* empower and engage people and communities to improve their health, and enhance organizational learning.

Strategic Line of Action 1: Strengthen the capacity of the national health authorities to lead and manage system-wide transformations for integrated care

21.   Integrated care requires a solid regulatory base and stable policies at the macro, meso, and micro levels to ensure the sustainability of transformations and implementation of reforms that outlast government cycles. It requires building system-wide frameworks based on the values of universal health. The objective is to ensure the successful implementation of progressive transformations in health and social systems, considering the individual throughout their entire life course. This should be grounded in regulatory changes for the integration of all actors in the system; the performance of the essential public health functions; and the implementation of research for health, health financing mechanisms, human resources policies, and information systems to improve decision

---

[2] According to the World Health Report 2000 *(31)*, the four health systems functions are governance and stewardship, financing, creating resources, and service delivery.

making. Above all, it requires setting clear strategic priorities with strong monitoring and evaluation frameworks, transparency, and accountability *(32).*

22. This will require the NHA to promote and lead cross-sector collaboration and partnerships for the development of new laws and regulations to integrate the different institutional actors (in sectors such as education, social protection, law, etc.) with health professionals, hospitals, services, and levels of care, among others. The objective of such collaboration is to strengthen the commitment to change and avoid interruptions in ongoing reform processes before their expiration and without adequate evaluation.

23.   Steps should be taken to establish new training programs with emphasis on integrated, comprehensive, quality care. These should center the provision of integrated care as part of health professions education in institutions of higher education as well as training for aspiring health managers. In addition, the NHA should promote and lead transformations of professional training programs to ensure core competencies for integrated care with a life course approach and changes in the regulatory frameworks for professional accreditation.

24.   Emphasis should also be given to the development of competencies for managing change and leadership at all levels of the health system: training new leaders, creating and guiding coalitions, building capacity to collaborate, providing support for change, and designing change management plans, among others.

Strategic Line of Action 2: Transform the organization and management of health services to improve people's experience, population health, and the quality, equity, efficiency, and effectiveness of health care delivery

25.   At the meso level, the successful implementation of integrated care requires a transformation of the organization, management, and provision of health services. Strategies should focus on moving toward integrated networks for the provision of health services; establishing policies and legal frameworks designed for governance and the intersectoral coordination of actions; redefining network configurations; strengthening mechanisms and protocols for the integration of providers and care; ensuring the adequate allocation of resources and incentives; and supporting research, monitoring, and evaluation.

26.   The policy objectives seek to improve the organization and management of service provision to respond to the differentiated needs and expectations of the population assigned to each integrated network, including by addressing the social determinants of health *(33).* This entails:

a)   Robust policies for the allocation of human resources for health within interprofessional teams and with capacities and competencies adjusted to network context and population needs, using gender, intercultural, and life course approaches.

b) Policies centered on health situation analysis, strengthening management capacity through a strategic organizational approach centered on the care of individuals, families, and communities. This approach should bridge the divide between the first level of care and specialized services, and between health and social services.

c) Investments in technology requirements for transforming the first level of care, including availability, regulation, and rational use of medicines and other health technologies. It is also crucial to invest in digital transformation[3] of the delivery of health services in order to follow individuals through the health care system, assess quality of care, share information across levels of care, and reduce loss to follow-up.

d) Decisive new policies and strategies for financial allocation and provider payment mechanisms that encourage performance improvement, ensure quality and safety of care, and focus on network objectives.

e) Intersectoral action to expand resolution capacity and enable the involvement of partners that can help identify possible obstacles in the development of programs, thus increasing the scope of action.

27. Delivery of integrated care depends on the proactive actions of interprofessional teams. Toward this end, steps should be taken to develop permanent training programs, with gender, intercultural, and life course approaches, for new capacities and competencies; reshape mechanisms and professional roles to provide integrated, collaborative care; reward/incentivize providers to deliver integrated care over disease-specific care *(34)*; and train caregivers, among other interventions.

28. Emphasis should be given to strengthening capacities at the first level of care to provide individual-, family-, and community-centered care that is inclusive and responsive across the life course, taking into consideration diverse cultural and gender issues. It is likewise important to improve the management of care for people with complex health needs. They include, among others, older, migrant, and LGBTQ+ populations as well as people who have chronic and mental health conditions, disabilities, or individual risk factors, or who experience gender-based violence.

Strategic Line of Action 3: Move from theory to practical implementation

29. Moving proactively from fragmented, acute, individualized care to people-centered, comprehensive, continuous, quality, and equitable care is one of the central goals of the universal health strategy. In most Member States there is clarity on what needs to be done; the challenge is to translate concepts and principles into actionable work programs at the national level *(35)*, with financial resources and regulatory frameworks that make them feasible.

---

[3] Digital transformation in health includes telehealth, telemedicine, and teleradiology, as well as the implementation of electronic health records, among other digital solutions.

30.   Establishing integrated care throughout the health services continuum requires:

a)   The practical implementation of evidence-based policies aimed at ensuring the right to the highest attainable standard of health, promoting people's access to equitable health care and services, emphasizing health promotion, and empowering persons for self-care and active participation in making decisions about their own health, with due attention to diverse gender and ethnic considerations.

b)   Implementation of digital health strategies to integrate information between the different levels of management for decision making, including about the clinical and psychosocial care of individuals with multiple chronic conditions. These strategies should address the involvement of multiple providers and the impact of treatment recommendations that could have cumulative risk, including the need to control polypharmacy.

c)   Implementation of policies that promote functional and clinical integration and multidisciplinary collaboration among health care providers in the delivery of care to individuals, families, and communities, with policies clearly articulated to ensure wide stakeholder participation and acceptance.

d)   Visible and proactive implementation of policies and strategies tailored to differentiated needs, living conditions, and contexts of communities and populations, to improve people's experiences and ensure continuity, quality, and safety of care. This should include routine monitoring and public reporting on health performance indicators.

31.   Without strong leadership focused on action to establish integrated care, deficiencies observed within health systems prior to the COVID-19 pandemic will not be addressed, and the lessons of the pandemic will not be learned. This will leave many health systems poorly prepared for future public health emergencies and the delivery of essential health services.

Strategic Line of Action 4: Empower and engage people and communities to improve their health, and enhance organizational learning

32.   This strategic line embraces interventions, with gender, intercultural, and life course approaches, to improve communication and facilitate participation of individuals and communities within a people-centered, primary health care-oriented model of care. This requires formal mechanisms for community participation and informed decision making; support for self-management; training of caregivers; and the adoption of effective social media strategies for health promotion, and of policies to ensure organizational learning in integrated health services.

33.   "Empowerment" seeks to enable people to better understand the social determinants of health and their own health conditions (for example, through health education programs) and to take control of their health (for example, through health-related

behaviors). This requires developing strategies for strengthening health literacy and better countering health disinformation.

34.   "Engagement" seeks to involve people (individuals, families, and caregivers) in the design, planning, and delivery of health services, in decision making about care and treatment options, and in the assessment of unpaid health care within the home, all with a multisectoral approach. The digital transformation of health services offers an opportunity to strengthen people's engagement in health, for example through the use of apps that support the management of their chronic conditions.

35.   Change processes require organizations to learn from both their successes and their failures. Implementation of mechanisms for comprehensive monitoring and evaluation, communities of practice, and documentation of policy implementation must ensure constant analysis and evaluation of organizational actions and practices for continuous improvement and adoption of lessons learned. These processes will enhance sustainability of transformations and reform initiatives and avoid repetitions of mistakes or interventions that do not work.

Monitoring and Evaluation

36.   This policy will contribute to achievement of the objectives of the PAHO Strategic Plan 2020-2025 and the Sustainable Health Agenda for the Americas 2018-2030. The monitoring and evaluation of this policy will be aligned with the Organization's results-based management framework and with its performance monitoring and evaluation processes. Every five years, an evaluation will be conducted to identify strengths and weaknesses in the policy's overall execution and factors contributing to its successes and failures. A progress report with the results of the evaluation will be presented to the Governing Bodies.

Financial Implications

37.   It is expected that Member States will prioritize the allocation of resources toward the implementation of this policy for a post pandemic recovery with a focus on integrated care. No additional financial resources are required by the Pan American Sanitary Bureau (PASB) for the implementation of this policy (see Annex B).

Action by the Pan American Sanitary Conference

38.   The Conference is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

References

1. Pan American Health Organization. Integrated health service delivery networks: concepts, policy options and a road map for implementation in the Americas. Washington, DC: PAHO; 2011. Available from: https://iris.paho.org/handle/10665.2/31216.

2. Hughes G, Shaw SE, Greenhalgh T. Rethinking integrated care: a systematic hermeneutic review of the literature on integrated care strategies and concepts. Milbank Quarterly 2020;98(2):446-492. Available from: https://www.milbank.org/quarterly/articles/rethinking-integrated-care-a-systematic-hermeneutic-review-of-the-literature-on-integrated-care-strategies-and-concepts/.

3. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/5, Rev. 2). Available from: https://iris.paho.org/bitstream/handle/10665.2/28276/CD53-5-e.pdf.

4. Pan American Health Organization. Strategy for building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 2021 Sep 20-24; virtual session. Washington, DC: PAHO; 2021 (Resolution CD59.R12). Available from: https://www.paho.org/en/documents/cd59r12-strategy-building-resilient-health-systems-and-post-covid19-pandemic-recovery.

5. Pan American Health Organization. Resilient health systems. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Resolution CD55.R8). Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-R8-e.pdf.

6. Pan American Health Organization. Integrated health services delivery networks based on primary health care. 49th Directing Council of PAHO, 61st Session of the Regional Committee of WHO for the Americas; 2009 Sep 28-Oct 2; Washington, DC. Washington, DC: PAHO; 2009 (Resolution CD49.R22). Available from: https://www.paho.org/en/documents/cd49r22-integrated-health-services-delivery-networks-based-primary-health-care.

7. Pan American Health Organization. strategy and plan of action to improve quality of care in health service delivery 2020-2025. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sept 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Resolution CD57.R13). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=50641-cd57-r13-e-strategic-poa-quality-care&category_slug=cd57-en&Itemid=270&lang=en.

8. Pan American Health Organization. Strategy on human resources for universal access to health and universal health coverage. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Resolution CSP29.R15). Available from: https://iris.paho.org/bitstream/handle/10665.2/34413/CSP29.R15-e.pdf.

9. Pan American Health Organization. Plan of action on human resources for universal access to health and universal health coverage 2018-2023. 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23-27; Washington, DC. Washington, DC: PAHO; 2018 (Resolution CD56.R5). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias= 46573-cd56-r5-e-poa-hr&category_slug=56-directing-council-english-9964&Itemid=270&lang=en.

10. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Resolution CSP29.R2). Available from: https://iris.paho.org/handle/10665.2/49170.

11. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020-2025. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Official Document 359). Available from: https://iris.paho.org/handle/10665.2/51599?locale-attribute=es.

12. Pan American Health Organization. Pan American Health Organization response to COVID-19 in the Americas: 17 January to 31 May 2020. Washington, DC: PAHO; 2020. Available from: https://www.paho.org/en/documents/pan-american-health-organization-response-covid-19-americas-17-january-31-may-2020f.

13. Institute for Clinical Effectiveness and Health Policy. COVID-19 health system preparedness and response in Latin America and the Caribbean. Buenos Aires: IECS; 2020. Available from: https://www.iecs.org.ar/en/portfolio/covid-19-health-system-preparedness-and-response-in-latin-america/.

14. Bryce C, Ring P, Ashby S, Wardman JK. Resilience in the face of uncertainty: early lessons from the COVID-19 pandemic. Journal of Risk Research 2020;23(7-8):880887. Available from: https://www.tandfonline.com/doi/full/10.1080/13669877.2020.1756379.

15. Chiriboga D, Garay J, Buss P, Sáenz Madrigal R, Rispel LC. Health inequity during the COVID-19 pandemic: a cry for ethical global leadership. Lancet 2020;395(10238): 1690-1691. Available from: https://doi.org/10.1016/S0140-6736(20)31145-4.

16. Coates A, Castro A, Marmot M, Mújica OJ, Eijkemans G, Victora CG. Sociedades justas: una nueva visión de la equidad en la salud en la Región de las Américas después de la COVID-19. Rev Panam Salud Publica 2021;45:e99. Available from: https://pubmed.ncbi.nlm.nih.gov/34484312/.

17. Pan American Health Organization. Gendered health analysis: COVID-19 in the Americas. Washington, DC: PAHO; 2021. Available from: https://iris.paho.org/bitstream/handle/10665.2/55432/PAHOEGCCOVID-19210006_eng.pdf.

18. Pan American Health Organization. Round two of the National Survey on the Continuity of Essential Health Services During the COVID-19 Pandemic: February-March 2021. Washington, DC: PAHO; 2021. Available from: https://iris.paho.org/bitstream/handle/10665.2/55060/PAHOHSSHSCOVID-19210012_eng.pdf.

19. Pan American Health Organization. Understanding the infodemic and misinformation in the fight against COVID-19. Digital transformation toolkit. Washington, DC: PAHO; 2020 (PAHO/IMS/EIH/COVID-19/20-0006). Available from: https://iris.paho.org/handle/10665.2/52052.

20. Schwartz K, Neuman T. A look at the $100 billion for hospitals in the CARES Act. Kaiser Family Foundation (KFF) Policy Watch; 2020 Mar 31. Available from: https://www.kff.org/policy-watch/a-look-at-the-100-billion-for-hospitals-in-the-cares-act/.

21. Chickering P. The investment needed in our healthcare systems. Konzept 13. Deutsche Bank Research. Available from: https://www.dbresearch.com/PROD/RPS_EN-PROD/PROD0000000000507961/The_investment_needed_in_our_healthcare_systems.pdf.

22. Qijia Chua A, Al Knawy B, Grant B, et al. How lessons of previous epidemics helped successful countries fight covid-19. BMJ 2021;372:n486. Available from: https://www.bmj.com/content/bmj/372/bmj.n486.full.pdf.

23. Frandsen BR, Joynt KE, Rebitzer JB, Jha AK. Care fragmentation, quality, and costs among chronically ill patients. American Journal of Managed Care 2015;21(5). Available from: https://cdn.sanity.io/files/0vv8moc6/ajmc/b9f19758965ec83b2b134baf4de9872e29be97dd.pdf/AJMC_5_15_Frandsen_has_eApx_355to362.pdf.

24. Centre for Research on the Epidemiology of Disasters. The International Disaster Database (EM-DAT) [Internet]. Brussels: School of Public Health, Université Catholique de Louvain [cited 2022 Feb 22]. Available from: www.emdat.be.

25. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet 2010;376(9756):1923-1958. Available from: https://pubmed.ncbi.nlm.nih.gov/21112623/.

26. Thibault GE. The future of health professions education: emerging trends in the United States. FASEB BioAdvances 2020;2(12):685-694. Available from: https://doi.org/10.1096/fba.2020-00061.

27. Starr SR, Agrwal N, Bryan M, et al. Science of health care delivery: an innovation in undergraduate medical education to meet society's needs. Mayo Clinic Proceedings 2017;1(2):117-129. Available from: http://dx.doi.org/10.1016/j.mayocpiqo.2017.07.001.

28. Valentijn PP, Schepman SM, Opheij W, Bruijnzeels MA. Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. International Journal of Integrated Care 2013 Jan-Mar;13:e010. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3653278/.

29. Pan American Health Organization. Expanding equitable access to health services: recommendations for transforming health systems toward universal health. Washington, DC: PAHO; 2022. Available from: https://iris.paho.org/handle/10665.2/55659.

30. Oliver-Baxter J, Brown L, Bywood, P. Integrated care: what policies support and influence integration in health care in Australia? Adelaide: Primary Health Care Research & Information Service; 2013. Available from: https://www.researchgate.net/publication/257656673_Integrated_care_What_policies_support_and_influence_integration_in_health_care_in_Australia.

31. World Health Organization. World Health Report 2000: Health systems: improving performance. Geneva: WHO; 2000.

32. Social Care Institute for Excellence and Local Government Association. Achieving integrated care: 15 best practice actions. 2019 Nov. Available from: https://www.scie.org.uk/integrated-care/delivering/15-best-practice-actions.

33. Borgermans L, Devroey D. A policy guide on integrated care (PGIC): lessons learned from EU Project INTEGRATE and Beyond. International Journal of Integrated Care 2017;17(4)8:1-12. Available from: https://www.researchgate.net/publication/320023039_A_Policy_guide_on_integrated_care_PGIC_lessons_learned_from_EU_project_INTEGRATE_and_beyond.

34. Miller R. Delivering integrated care: the role of the multidisciplinary team. Social Care Institute for Excellence-SCIE Highlights No. 4. 2018 July. Available from: https://www.scie.org.uk/integrated-care/workforce/role-multidisciplinary-team.

35. Nicholson C, Hepworth J, Burridge L, et al. Translating the elements of health governance for integrated care from theory to practice: a case study approach. International Journal of Integrated Care 2018;18(1):11,1-13. Available from: https://www.ijic.org/articles/10.5334/ijic.3106/.

30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

CSP30/10
Annex A
Original: English

PROPOSED RESOLUTION

POLICY ON INTEGRATED CARE FOR IMPROVED HEALTH OUTCOMES

THE 30th PAN AMERICAN SANITARY CONFERENCE,

(PP1)   Having reviewed the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10);

(PP2)   Recognizing that inequities in health persist and have been exacerbated by the COVID-19 pandemic, and that reducing inequities has become increasingly challenging in light of major demographic and epidemiological changes experienced in the Region of the Americas, where noncommunicable diseases (notably cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) and mental health conditions now account for the greatest burden of disease;

(PP3)   Considering that fragmentation in all its forms is a pervasive problem in health systems and affects the organization, management, and provision of care in almost all Member States of the Pan American Health Organization (PAHO), and that fragmentation of care greatly affects equitable access, health outcomes, and people's experiences of care and satisfaction with health systems;

(PP4)   Affirming that, in response to these challenges, the Region urgently needs to radically change current approaches to the delivery of care by designing and implementing strategies for integrated care that are clearly linked to building resiliency in health systems and achieving universal health,

RESOLVES:

(OP)1. To approve the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

a)   promote implementation of the policy options set forth in the Policy on Integrated Care for Improved Health Outcomes;

b)   strengthen the capacity of national health authorities to lead and manage system-wide transformations for integrated care, with priority to intersectoral collaboration and partnerships to foster change, implementation of regulatory frameworks, and development of competencies for managing change and leadership (training new leaders, creating and guiding coalitions, building capacity to collaborate, providing support for change, and designing change management plans, among others);

c)   improve and strengthen the organization and management of service provision to advance toward integrated health services delivery networks, establishing the policies and legal frameworks designed for governance, network configurations, provider and care integration mechanisms and protocols, appropriate resource allocation and incentives, and research, monitoring, and evaluation;

d)   strengthen capacities at the first level of care to provide people-centered, inclusive, and responsive care across the life course, taking into consideration cultural and gender issues and improving the management of care for people with complex health needs;

e)   establish integrated care throughout the health services continuum through the implementation of policies aimed at empowering people for self-care and active participation in making decisions about their own health, with due attention to gender and ethnic considerations, as well as policies to promote clinical integration and multidisciplinary collaboration among health care providers, including the implementation of clinical guidelines that address the care of individuals with multiple chronic conditions;

f)   build capacities and enabling environments, with an intercultural approach, to empower and engage people and communities to improve their health through modalities such as health education programs, counseling to promote health-related behaviors, support for informed decision making about care and treatment options, and promotion of self-management;

g)   implement mechanisms for comprehensive monitoring, evaluation, and documentation of policy implementation, and foster constant analysis and evaluation of organizational actions and practices for continuous improvement and adoption of lessons learned.

(OP)3. To request the Director to:

a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the Policy on Integrated Care for Improved Health Outcomes and the achievement of its objectives within the framework of integrated health services delivery networks and the Strategy for Universal Access to Health and Universal Health Coverage;

b) report periodically to the Governing Bodies of PAHO on the progress made and challenges faced in implementation of the policy through progress reports every five years.

Report on the Financial and Administrative Implications
of the Proposed Resolution for PASB

1. **Agenda item:** 4.5 - Policy on Integrated Care for Improved Health Outcomes

2. **Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020-2025:**

   Outcome 1: Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health.

   Outcome 2: Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability.

   Outcome 3: Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands.

   Outcome 5: Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.

   Outcome 7: Adequate availability and distribution of a competent health workforce.

   Outcome 9: Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health.

3. **Financial implications:**

   a) **Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):**

Areas	Estimated cost (in US$)
Human resources	6,062,500
Training	1,212,500
Consultants/service contracts	2,425,000
Travel and meetings	1,212,500
Publications	250,000
Supplies and other expenses	1,188,250
Total	**12,350,750**

b) **Estimated cost for the 2022-2023 biennium (including staff and activities):**

Area	Estimated cost (in US$)
Human resources	606,250
Training	121,250
Consultants/service contracts	242,500
Travel and meetings	121,250
Publications	25,000
Supplies and other expenses	118,825
Total	**1,235,075**

c) **Of the estimated cost noted in *b)*, what can be subsumed under existing programmed activities?**
All costs can be subsumed under existing programmed activities.

4. Administrative implications:

a) **Indicate the levels of the Organization at which the work will be undertaken:**
All levels of the Organization will be involved.

b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**
No additional staffing is required.

c) **Time frames (indicate broad time frames for the implementation and evaluation):**
10 years, with progress reports every five years.

Analytical Form to Link Agenda Item with Organizational Mandates

1.	**Agenda item:** 4.5 - Policy on Integrated Care for Improved Health Outcomes

2.	**Responsible unit:** Health Systems and Services/Health Services and Access (HSS/HS)

3.	**Preparing officers:** Amalia Del Riego/James Fitzgerald

4.	**Link between Agenda item and the Sustainable Health Agenda for the Americas 2018-2030:**
	Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.
	Goal 2: Strengthen stewardship and governance of the national health authority, while promoting social participation.
	Goal 3: Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health.
	Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.
	Goal 10: Reduce the burden of communicable diseases and eliminate neglected diseases.
	Goal 11: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.

5.	**Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020-2025:**
	Outcome 1: Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health.
	Outcome 2: Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability.
	Outcome 3: Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands.
	Outcome 5: Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.

Outcome 7: Adequate availability and distribution of a competent health workforce.

Outcome 9: Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health.

6. List of collaborating centers and national institutions linked to this Agenda item:

- Department of Health Planning and Administration (DPAS), Institute of Social Medicine (IMS), University of the State of Rio de Janeiro, Brazil
- Canadian Patient Safety Institute (CPSI), Canada
- Department of Family and Community Medicine, University of Toronto, Canada
- Bruyère Research Institute, Canada
- Comisión Nacional de Arbitraje Médico (CONAMED), Secretaria de Salud, Mexico
- Health Economics Unit, Centre for Health Economics, Department of Health Economics, University of the West Indies at St. Augustine, Trinidad and Tobago

7. Best practices in this area and examples from countries within the Region of the Americas:

Pan American Health Organization. Expanding equitable access to health services: recommendations for transforming health systems toward universal health. Washington, DC: PAHO; 2022. Available from: https://iris.paho.org/handle/10665.2/55659.

- - -