SERVICE DELIVERY

In order to achieve UHC, health services should be based on a primary health care approach that is people-centred, integrated and responsive. To achieve this goal, the availability, quality and safety of health services must be improved. In many countries, health services are poorly organized and managed, understaffed and crowded with long waiting times, and unresponsive to people’s cultural, ethnic or gender preferences. Even when services are accessible, they can be of poor quality, endangering the safety of patients and compromising health outcomes.

TRENDS

There have been significant gains in terms of access to services for infectious diseases, HIV/AIDS, malaria and tuberculosis, as well as marked improvement in MDG-targeted areas such as RMNCH, including immunization.179 These gains have occurred in all population groups and are often largest in the poorest populations.

Despite the growth in quality improvement initiatives, it is difficult to ascertain on a global or even national scale whether and how much the quality and safety of services have improved as comparable data are limited, even for high-income countries. Progress has been made in the implementation of a number of interventions to improve the quality of services, specific improvements in the numbers, distribution and performance of the health workforce,180,181,182 specific interventions such as surgical safety183,184 and combating health-care associated infections,185 and the greater decentralization of services to primary care providers.

POSITIVE DEVELOPMENTS

Increased accreditation: Hospital accreditation has greatly increased since 1995 and is now an integral part of health systems in over 70 countries, with documented impact in some countries.186 Most recently, accreditation has been adopted in a number of low- and middle-income countries, often as a strategy to improve basic health service quality.

Global campaigns to promote quality and safety. There have been a number of global and regional initiatives, including the WHO “Clean care is safer care” and the “Safe surgery saves lives” campaign.187,188 To support widespread recognition of the importance of patient safety, WHO established the World Alliance for Patient Safety in 2004, renaming it the Patient Safety Programme in 2009. The linkage of a global movement and local action on patient safety was pivotal to improvement efforts. In particular, the role of institutional health partnerships in service delivery improvement has been highlighted.

Primary health care emphasis: Many countries have continued or strengthened their efforts to develop better integrated health systems, with primary health care clinics taking a greater role in health care coordination,189 acting as gatekeepers to the specialized health care space.190 In many high-income countries, hospitals are being reorganized, a narrower, specialist role, and being called on to support the systems and are often largest in the poorest populations.

NCDo epidemic with an aging population: An overwhelming challenge facing health services in all countries is the explosion of chronic diseases as the primary driver of health-care utilization and costs. There is a need for continued integration of care over time and for both preventive and long-term treatment interventions. Serving a patient population that is increasingly older with multi-morbidities creates challenges in terms of care, home- or facility-based; requiring new models of care provision.

Persistent disease-oriented approach: The drive to produce results for programme-oriented MDGs led many stakeholders to focus on a single priority. There is broad acknowledgment,191 however, that this approach has limitations and that even these disease-oriented objectives cannot be sustainably achieved without concrete health-care system strengthening and a more integrated approach.192,193

Lack of data: In many countries, data on service delivery are neither captured nor used effectively, either to inform patient care or to underpin service management and resource allocation. There is need for investment in service delivery metrics to complement disease-oriented indicators with clearly defined service delivery targets so that countries can shift their resources towards sustainable improvements in health systems. Measurement of service delivery processes provides a method to monitor progress so that policy-makers, managers and providers may make informed decisions to improve service delivery.

Lack of scaling-up for improvement initiatives: Initiatives for quality improvement have been developed in many countries, but few have achieved their objectives at scale, remaining limited to small-scale and context-specific projects that are usually not embedded in broader health system transformation strategies.

CHALLENGES

Fragmented health services: In all countries, there is room for improvement in how health-care services are organized in order to improve access to primary care and manage patients in the community as to minimize hospital-based treatments. While a number of countries are embracing health services integration as a way to deliver people-centred care,196 many are still relying on hospitals and specialist medicine that have little connection with the health-care system around them or the communities they are supposed to serve.197

Lack of access and infrastructure: In several cases, national intervention coverage already surpasses 60%. However, there is still a long way to go on the road to UHC. It is estimated, for example, that at least 400 million people do not have access to at least one of six essential services such as family planning or child immunization and major inequalities still persist across subgroups within countries (Figure 3.12). Access, to emergency and essential health services is extremely limited in low- and middle-income countries, where surgical care is concentrated in urban centres.198

CHALLENGES cont.

Poor quality of care: This remains a key challenge in all countries. Moving forward with UHC reforms without placing quality as a preconditional will jeopardize outcomes as well as the reputation and utilization of health services. High levels of medical error are reported across the full range of health services.199-201 Investments in information and performance management systems to assess and improve the quality and effectiveness of care have been limited in developed countries and non-existent in developing countries.

STRATEGIC PRIORITIES

The SDG target most relevant to service delivery is Target 3.8 on UHC. Effective delivery of promotive, preventive, curative, rehabilitative and palliative services is also critical for the health goal overall and most of the specific health targets. It is essential to ensure that national health systems provide the UHC position quality of care as integral to expanding population coverage. Aligning global and national efforts to support robust, evidence-based approaches to providing safe, quality health-care services to populations within the context of UHC will thus be critical, including improved measurement of quality and safety of care.

WHO has launched the global strategy on people-centred integrated health services.202 The strategy is designed to help countries progress towards “a future in which all people have access to health services that are provided in a way that responds to their life course needs and preferences, are coordinated across the continuum of care and are safe, effective, timely, efficient and of acceptable quality” and focuses on five strategic directions that each offer evidence-based interventions that countries can consider when seeking to redesign the service delivery model:203

• empowering and engaging people;
• strengthening governance and accountability;
• orienting the model of care;
• coordinating services across the continuum of care;
• creating an enabling environment that supports health services transformation.

To improve the major gap in access and quality of surgical services a resolution was adopted by the World Health Assembly to promote the integration of safe, quality and cost-effective surgical care into the health system as a whole.204 The resolution highlights the importance of both expanding access and improving the quality and safety of services; strengthening the surgical workforce; improving data collection, monitoring and evaluation; ensuring access to safe anaesthetics such as ketamine; and fostering global collaboration and partnerships.