15. Action towards each strategy is intended to have an influence at different levels – from the way services are delivered (to individuals, families and communities) to changes in the way organizations, care systems and policy-making operate. Strategic approaches, potential policy options and interventions are detailed in the Table for the attainment of each strategy. Some of these potential policy options and interventions are cross-cutting for several strategic approaches. This non-exhaustive list has been drafted on the basis of literature reviews, input from technical consultations and expert opinion; it does not constitute a set of evidence-based guidelines for reform, as the evidence base for some of these policies and interventions is not fully established. Moreover, the appropriate mix of policies and interventions to be used at the country level will need to be designed and developed according to the local context, values and preferences.

Table. Strategies, policy options and interventions for the framework on integrated, people-centred health services

**Strategy 1: Empowering and engaging people and communities**

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<th>Strategic approach</th>
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| 1.1 *Empowering and engaging individuals and families.* In order to achieve better clinical outcomes through co-production of care, particularly for noncommunicable and chronic diseases, individuals and families need to be active participants. This step is fundamental because people themselves will spend the most time living with and responding to their own health needs and will be the ones making choices regarding healthy behaviours and their ability to self-care. Empowerment is also about care that is delivered in an equal and reciprocal relationship between, on the one hand, clinical and non-clinical professionals and, on the other, the individuals using care services, their families, and communities, thereby improving their care experience. | • health education<sup>1</sup>  
• informed consent  
• shared clinical decision making between individual, families, carers and providers  
• self-management including personal care assessment and treatment plans  
• knowledge of health system navigation |
| 1.2 *Empowering and engaging communities.* This approach will enable communities to voice their needs and so influence the way in which care is funded, planned and provided. It will help to build confidence, trust, mutual respect and the creation of social networks, because people’s physical and mental well-being depends on strong and enduring relationships. It strengthens the capacity of communities to organize themselves and generate changes in their living environments. | • community delivered care  
• community health workers  
• development of civil society  
• strengthened social participation in health |

<sup>1</sup> **Definition: health education:** any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.
1.3 Empowering and engaging informal carers. Family members and other care-givers play a critical role in the provision of health care. Carers must receive adequate training in order to be able to provide high quality interventions, and to serve as advocates for the recipients of care, both within the health system and at the policy level. Additionally, carers have their own needs for personal fulfilment and require emotional support to sustain their role.

- training for informal carers
- informal carer networks
- peer support and expert patient groups
- caring for the carers
- respite care

1.4 Reaching the underserved and marginalized. This approach is of paramount importance for guaranteeing universal access to quality health services. It is essential for fulfilling broader societal goals such as equity, social justice and solidarity, and helps to create social cohesion. It requires actions at all levels of the health sector, and concerted action with other sectors and all segments of society, in order to address the other determinants of health and health equity.

- integration of health equity goals into health sector objectives
- provision of outreach services for the underserved including mobile units, transport systems and telemedicine
- outreach programmes for disadvantaged/marginalized populations, who may not receive effective coverage owing to barriers linked to factors that include income, education, residence, gender, ethnicity, working conditions or migrant status
- contracting out of services when warranted
- expansion of primary care-based systems

Strategy 2: Strengthening governance and accountability

Strengthening governance requires a participatory approach to policy formulation, decision-making and performance evaluation at all levels of the health system, from policy-making to the clinical intervention level. Good governance is transparent, inclusive, reduces vulnerability to corruption and makes the best use of available resources and information to ensure the best possible results. Good governance is reinforced by a robust system for mutual accountability among policy-makers, managers, providers and users and by incentives aligned with a people-centred approach. Establishing a strong policy framework and a compelling narrative for reform will be important to building a shared vision, as well as setting out how that vision will be achieved.

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| 2.1 Bolstering participatory governance. Robust governance mechanisms are needed in order to achieve a coherent and integrated approach in health care policy, planning and delivery at all levels of the health system. Governments need to take responsibility for protecting and enhancing the welfare of their populations and to build trust and legitimacy with citizens through effective stewardship. The stewardship role of the health ministry is essential for good governance in health, and involves the identification and participation of community stakeholders so that voices are heard and consensus is achieved. It is also needed to ensure that the different goals of donor agencies and vertical programmes tackling specific diseases do not hinder the ability of health systems to focus on community health and well-being for all. | - community participation in policy formulation and evaluation
- community representation at health care facilities’ boards
- national health policies, strategies and plans promoting integrated people-centred health services
- strengthened health services governance and management at subnational, district and local levels
- harmonization and alignment of donor programmes with national policies, strategies and plans
- decentralization, where appropriate, to local levels
- comprehensive planning across the public/private sector |
2.2 **Enhancing mutual accountability.** Essentially, this means answerability of decision-making, and encompasses both the “rendering of the account” (that is, providing information about performance) and the “holding to account” (namely, the provision of rewards and sanctions). Strengthening accountability of health systems requires joint action at all levels to improve services organization and delivery, health policy in health and non-health sectors, public and private sectors, and people, towards a common goal.

| • strengthened stewardship role of the health ministry in respect of non-State actors  
• clinical governance  
• health rights and entitlement  
• provider report cards  
• patient satisfaction surveys  
• patient reported outcomes and balanced scorecard  
• performance based financing and contracting  
• population registration with accountable care provider(s) |

**Strategy 3: Reorienting the model of care**

Reorienting the model of care means ensuring that efficient and effective health care services are designed, purchased and provided through innovative models of care that prioritize primary and community care services and the co-production of health. This encompasses the shift from inpatient to outpatient and ambulatory care and from curative to preventive care. It requires investment in holistic and comprehensive care, including health promotion and ill-health prevention strategies that support people’s health and well-being. It also respects gender and cultural preferences in the design and operation of health services.

### Strategic approach

#### 3.1 Defining service priorities based on life course needs

This approach means appraising the package of health services offered at different levels of the care delivery system based on the best available evidence, covering the entire life course. It uses a blend of methods to understand both the particular health needs of the population, including social preferences, and the cost-effectiveness of alternative health interventions, guiding decision making on allocation of resources to health care. It also includes health technology assessment.

| • local health needs assessment based on existing patterns of communicable and noncommunicable diseases  
• comprehensive packaging of services for all population groups defined by means of a participatory and transparent process  
• strategic purchasing  
• gender, cultural and age-sensitive services  
• health technology assessment |

#### 3.2 Revaluing promotion, prevention and public health

This approach means placing increased emphasis and resources on promotive, preventive and public health services. Public health systems include all public, private, and voluntary entities that contribute to the delivery of essential public health functions within a defined geographical area.

| • monitoring population health status  
• population risk stratification  
• surveillance, research and control of risks and threats to public health  
• improved financial and human resources allocated to health promotion and disease prevention  
• public health regulation and enforcement |

#### 3.3 Building strong primary care-based systems

Strong primary care services are essential for reaching the entire population and guaranteeing universal access to services. Building such services involves ensuring adequate funding, appropriate training, and connections to other services and sectors. This approach promotes coordination and continuous care over time for people with complex health problems, facilitating intersectoral action in health. It calls for interprofessional teams to ensure the provision of comprehensive services for all. It prioritizes community and family-oriented models of care as a mainstay of practice with a focus on disease prevention and health promotion.

| • primary care services with a family and community-based approach  
• multidisciplinary primary care teams  
• family medicine  
• gatekeeping to access other specialized services  
• greater proportion of health expenditure allocated to primary care |
3.4 **Shifting towards more outpatient and ambulatory care.**

Service substitution is the process of replacing some forms of care with those that are more efficient for the health system. The approach means finding the right balance between primary care, specialized outpatient care and hospital inpatient care, recognizing that each has an important role within the health care delivery system.

- home care, nursing homes and hospices
- repurposing secondary and tertiary hospitals for acute complex care only
- outpatient surgery
- day hospitals
- progressive patient care

3.5 **Innovating and incorporating new technologies.** Rapid technological change is enabling the development of increasingly innovative care models. New information and communication technologies allow new types of information integration. When used appropriately, they can assure continuity of information, track quality, facilitate patients’ empowerment and reach geographically isolated communities.

- shared electronic medical record
- telemedicine
- mHealth

**Strategy 4: Coordinating services within and across sectors**

Services should be coordinated around the needs and demands of people. This result requires integration of health care providers within and across health care settings, development of referral systems and networks among levels of care, and the creation of linkages between health and other sectors. It encompasses intersectoral action at the community level in order to address the social determinants of health and optimize use of scarce resources, including, at times, through partnerships with the private sector. Coordination does not necessarily require the merging of the different structures, services or workflows, but rather focuses on improving the delivery of care through the alignment and harmonizing of the processes and information among the different services.

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| 4.1 **Coordinating care for individuals.** Coordination of care is not a single activity, but rather a range of strategies that can help to achieve better continuity of care and enhance the patient’s experience with services, particularly during care transitions. The focus for improvement is on the delivery of care to the individual, with services coordinated around their needs and those of their families. This approach also covers improved information flows and maintenance of trustworthy relationships with providers over time. | • care pathways
• referral and counter-referral systems
• health navigators
• case management
• improved care transition
• team-based care |
| 4.2 **Coordinating health programmes and providers.** This approach includes bridging the administrative, informational and funding gaps between levels of care and providers. This involves sector components such as pharmaceutical and product safety regulators, information technology teams working with disease surveillance systems, allied health teams delivering treatment plans in collaboration with each other, disease-specific laboratory services linked to broader services improvement, and provider networks focused on closer relationships in patient care. | • regional or district-based health service delivery networks
• purchasing integrated services
• integrating vertical programmes into national health systems
• incentives for care coordination |
| 4.3 **Coordinating across sectors.** Successful coordination in health matters involves multiple actors, both within and beyond the health sector. It encompasses sectors such as social services, finance, education, labour, housing, the private sector and law enforcement, among others. It necessitates strong leadership from the health ministry to coordinate intersectoral action, including coordination for early detection and rapid response to health crises. | • health in all policies
• intersectoral partnerships
• merging of health sector with social services
• working with education sector to align professional curriculum towards new skills needed
• integrating traditional and complementary medicine with modern health systems
• coordinating preparedness and response to health crises |
Strategy 5: Creating an enabling environment

In order for the four previous strategies to become an operational reality, it is necessary to create an enabling environment that brings together all stakeholders to undertake transformational change. This complex task will involve a diverse set of processes to bring about the necessary changes in leadership and management, information systems, methods to improve quality, reorientation of the workforce, legislative frameworks, financial arrangements, and incentives.

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| 5.1 *Strengthening leadership and management for change.* New forms of collaborative leadership that help to bring together multiple stakeholders are needed for successful reform of health services. All health care professionals, and especially clinicians, need to be engaged in management and leadership for change in continuous partnership with local communities. Achieving people-centred and integrated care requires the application of complex processes and service innovations that warrant an underlying change management strategy. | • transformational and distributed leadership  
• change management strategies |
| 5.2 *Strengthening information systems and knowledge management.* Development of information systems and an organizational culture that supports monitoring and evaluation, knowledge sharing and using data in decision-making is also a prerequisite for transformational change. | • development of information systems  
• systems research  
• knowledge management |
| 5.3 *Striving for quality improvement and safety.* Institutions and providers need to strive constantly for quality improvement and safety. These efforts include both technical and perceived quality. | • quality assurance  
• creating a culture of safety  
• continuous quality improvement |
| 5.4 *Reorienting the health workforce.* Special attention needs to be given to readying the health workforce with an appropriate skills mix in order equitably and sustainably to meet population health needs. Health workers must be organized around teams and supported with adequate processes of work, clear roles and expectations, guidelines, opportunities to correct competency gaps, supportive feedback, fair wage, and a suitable work environment and incentives. | • tackling health workforce shortages and maldistribution  
• health workforce training  
• multi-professional teams working across organizational boundaries  
• improving working conditions and compensation mechanisms  
• provider support groups  
• strengthening professional associations |
| 5.5 *Aligning regulatory frameworks.* Regulation plays a key role in establishing the rules within which professionals and organizations must operate within more people-centred and integrated health systems – for example, in terms of setting new quality standards and/or paying against performance targets. | • aligning regulatory framework |
| 5.6 *Improving funding and reforming payment systems.* Changes in the way care is funded and paid for are also needed to promote adequate levels of funding and the right mix of financial incentives in a system that supports the integration of care between providers and settings and protection of patients against undue out-of-pocket expenditures on health. | • assuring sufficient health system financing and aligning resource allocation with reform priorities  
• mixed payment models based on capitation  
• bundled payments |