

## TECHNICAL BRIEF

# Organizing health care services to ensure universal health coverage

Ensuring good quality health services for all at every stage of life is at the heart of universal health coverage (UHC). While focusing on increased financial, human and material resources is a legitimate pathway towards UHC, it is insufficient. We cannot simply buy our way towards UHC: we must also consider which services are prioritized and how they are organized and delivered to positively affect health outcomes, trust and cost. More attention to the core components of service delivery is therefore required. These components include service design, prioritization, planning and management and delivery support mechanisms. They drive decisions on how to strengthen structural elements (governance, financing, workforce, physical environment, information systems and other health technologies).

## Key messages

- At the core of service delivery lies the interaction between health care providers and patients, families and relatives. UHC embodies trusted and quality health services for all that are safe, effective, respectful, as well as compassionate, timely, and efficient. The challenge is to ensure that the right care is delivered at the right place, in the right way.
- Numerous common issues that negatively affect how people access and experience health care are deeply rooted in how care is organized and delivered. Conversely, process innovations, at no or limited cost, have resulted in dramatic improvement in quality and safety.
- Hence, service planning and organization should not be an afterthought but rather an entry point for health system strengthening, to get care to people and people to the care they need.
- The conceptualization of how services are delivered (also called “models of care”) must evolve to meet the changing health needs and priorities of populations, integrate new evidence and continuously improve the performance of health systems.
- Prioritizing hard-to-reach and vulnerable populations requires investment in innovative ways of delivering integrated services – building capacity for micro-planning at the local level and engaging with communities.

## Background and challenges

The timely delivery of good quality health care requires a series of actions that decisively impacts patient outcomes. It depends on how the health system is planned (e.g. distances between patients and health care facilities, the referral system, allocation of resources), how the services are organized (e.g. a triage consultation system, the distribution of roles), and on clinical support systems (e.g. standard forms, the availability and visibility of guidelines). It also depends on care-seeking behaviour (i.e. recognizing the need for care, finding information on where to get care, and trusting the system) and the capacities of bystanders to respond quickly to emergencies in the community.

Conversely, numerous common issues that negatively affect how people access and experience health care are also deeply rooted in how care is organized and delivered. These issues include:

- care that is delayed because of a lack of culturally sensitive services;
- treatment that is discontinued because a patient is “lost in the system” without proper information and referral;
- admission to hospital to treat conditions that could be managed in primary care;
- lost opportunities for early identification of serious conditions during routine maternal care visits;
- health care for infections caused by poor prevention and control practices;
- medication errors due to poor communication during patient transfer; and
- duplication of laboratory tests when previous results have been lost or were not shared.

All these issues severely affect health outcomes and health system sustainability and come at a huge cost to society. They also create a lack of confidence in authorities’ ability to deliver public services and can cause health and care workers to quit the profession.

As the global health care response to the COVID-19 pandemic demonstrates, inadequate or minimal investments (the hardware) are only part of the problem. Often, it is also processes for service delivery (the software) that needs to be addressed. In the context of COVID-19, the implementation of innovations was achieved at an accelerated pace. Strategic shifts in how and where services are delivered were tested and are now sustained. For example, increased community and primary care-based services, the use of digital platforms, and infection prevention and control policies and practices all helped prevent the amplification of outbreaks in health care settings.

The COVID-19 pandemic also reinforced the importance of strengthening the capacity to deliver essential health services in routine situations – to enable health care practitioners to prepare for responding to emergencies while continuing to care for the sick at the same time. The importance of this interlinkage between “routine” and “emergency” responses has become more evident over time, as major conflicts and natural disasters have overlapped with the waning pandemic.

## Key actions and policy recommendations

Broadly speaking, countries should:

- build a large consensus on underlying values and principles for service delivery – to guide the conceptualization and operationalization of how services should be delivered;
- set clear directions and national orientations for safe and quality health services;
- strengthen how services are planned and prioritized, defining a package of health services that is universally accessible and monitoring the progressive realization of these services;
- create an operating environment at the point of care that is conducive to the safe delivery of high-quality health services;
- develop mechanisms to strengthen the professionalization of management;
- continuously monitor health service provision, use and performance – to inform policy orientations, increase accountability, and provide a feedback loop for local learning and action;
- incorporate a comprehensive systems perspective in the delivery of health care services at the national and local levels.

At the local level, health and care workers and managers should implement mechanisms at the point of care to ensure that:

- **Families and communities are engaged in shared decision-making.** Engaged patients are better able to make informed decisions about their care options. In addition, resources may be better used if they are aligned with patients’ priorities. This will, in turn, increase trust in health services and improve adequate use of health services.
- **Care is organized to meet people’s comprehensive needs.** This is particularly important for people with multiple chronic conditions, often associated with a low-income or complex circumstances and over-represented in underserved populations.
- **Health workers are equipped with the tools, skills**



**and equipment necessary for providing a good standard of care.** For example, standardized patient forms and processes, clinical guidelines, quality standards, infection prevention and control measures, and clinical audits and feedback – all delivered at the point of care – facilitates the

systematic delivery of safe and high-quality health care. In addition, clinical decision support systems can improve health care delivery by providing targeted clinical knowledge, patient information and other health information.



## Figures/tables

### Box 1. Summary of key actions on health care services

#### **Commit to strategic (re)orientation that will guide service design, prioritization and planning by:**

- putting primary care at the centre of service delivery systems;
- creating unified/integrated service delivery systems, ensuring coordination and continuity of care;
- defining strategic orientations towards safety and quality; and
- prioritizing and planning health services, including specifying which services will be delivered and where (to facilitate implementation within a service package for universal health coverage).

#### **Organize service delivery and manage delivery platforms with:**

- clearly defined functional roles and set objectives linked to incentives and accountability;
- professionalized management;

- community engagement; and
- micro-planning and innovative processes for reaching the most vulnerable populations.

#### **Implement mechanisms at the point of care for the integrated delivery of safe and high-quality care through, for example:**

- integrating health programmes, and where culturally relevant traditional and complementary medicine, to deliver as one at the point of care;
- providing clinical support tools at the point of care (standardized forms, guidelines, etc.);
- providing patient/family support tools and mechanisms to ensure voices are heard; and
- addressing relational aspects between health care providers (e.g. referral and counter-referral systems).

#### **Monitor progress in service delivery and embed learning opportunities.**

### Box 2. Key challenges for the delivery of health care services

- Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries, representing up to 15% of overall deaths in these countries (1).
- High-quality health systems could prevent 2.5 million deaths from cardiovascular disease, 900 000 deaths from tuberculosis, 1 million newborn deaths and half of all maternal deaths each year (2).
- In high-income countries, around one in every 10 patients is harmed while receiving hospital care (3). This harm can be caused by a range of adverse events, with nearly 50% being preventable (4).
- Out of every 100 patients in acute-care hospitals, seven patients in high-income countries and 15 patients in low- and middle-income countries will acquire at least one health care-associated infection during their hospital stay (5).
- According to a 2019 WHO global survey involving 4440 health care facilities in 81 countries across all six WHO regions and at all income levels, no facility in any low-income country had in place the

minimum requirements for infection prevention and control (IPC), and only 18.9% of tertiary specialized health care facilities in high-income countries had implemented all IPC requirements. Even where IPC programmes are in place, they can often not function appropriately and sustainably in an enabling environment (5).

- The inappropriate use of antimicrobials is perhaps one of the most threatening forms of wasteful clinical care because it encourages the development of antimicrobial resistance. Inappropriate use represents about 50% of all antimicrobial consumption by humans, but may be as high as 90% in general practice (6).
- Only 22% of primary care providers in the Americas rate their referral systems with specialized services as good or very good (7).
- In Africa, 45% of people rate their level of involvement in decision-making about health services as poor (8).



# References and resources

## References

- (1) Crossing the global quality chasm: improving health care worldwide. Washington, DC: National Academies of Sciences, Engineering, and Medicine; 2018.
- (2) Kruk ME, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018;6(11): e1196–252.
- (3) Slawomirski L, Aaraaen A, Klazinga N. The economics of patient safety: strengthening a value-based approach to reducing patient harm at national level. Paris: Organisation for Economic Co-operation and Development; 2017 (<http://www.oecd.org/els/health-systems/The-economics-of-patient-safety-March-2017.pdf>).
- (4) De Vries EN, Ramrattan MA, Smorenburg SM, Gouma DJ, Boermeester MA. The incidence and nature of in-hospital adverse events: a systematic review. *Qual Saf Health Care*. 2008;17(3):216–23 (<https://www.ncbi.nlm.nih.gov/pubmed/18519629>).
- (5) WHO Global report on infection prevention and control. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/354489>).
- (6) Tackling wasteful spending on health. Highlights. Paris: Organisation for Economic Co-operation and Development; 2017 (<https://www.oecd.org/els/health-systems/Tackling-Wasteful-Spending-on-Health-Highlights-revised.pdf>).
- (7) Renewing primary health care in the Americas: a position paper of the Pan American Health Organization/World Health Organization (PAHO/WHO). Washington, DC: Pan American Health Organization; 2007.
- (8) Health systems in Africa: community perceptions and perspectives. The report of a multi-country study, June 2012. Brazzaville: WHO Regional Office for Africa; 2012.

## Selected further reading

- Continuity and coordination of care. A practice brief to support implementation of the WHO Framework on integrated people-centred health services. Geneva: World Health Organization (<https://apps.who.int/iris/handle/10665/274628>).
- Strengthening community engagement for health and well-being [Explainer video]. World Health Organization Regional Office for the Western Pacific (<https://www.youtube.com/watch?v=Rfsu5Fz2qTA>).
- Quality health services [WHO fact sheet]. Geneva: World Health Organization; 20 July 2020 (<https://www.who.int/news-room/fact-sheets/detail/quality-health-services>).
- Resolution WHA72.6. Global action on patient safety. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019. Resolutions and decisions, annexes. Geneva: World Health Organization; 2019:19–24 (WHA72/2019/REC/1; [https://apps.who.int/gb/ebwha/pdf\\_files/WHA72-REC1/A72\\_2019\\_REC1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf)).
- Global Patient Safety Action Plan 2021-2030. Geneva: World Health Organization; 2021 (<https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>).

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July 2023

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Organizing health care services to ensure universal health coverage  
ISBN 978-92-4-007736-2 (electronic version)  
ISBN 978-92-4-007737-9 (print version)

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