Report on the public consultation to inform development of the

Framework on integrated people-centred health services

Service Delivery and Safety department

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1. Background

At the 62nd Session of the World Health Assembly (WHA), WHO Member States adopted a resolution aimed at developing plans to put people at the centre of service delivery. The WHO Programme Budget for 2014-2015 requested the development of a global strategy on integrated, people-centred service delivery, to achieve universal health coverage in a continuum from health promotion to palliation. Following the WHA resolution and in response to this request, WHO drafted a global strategy on integrated people-centred health services (IPCHS).

The final draft of the strategy is the result of input gathered through peer reviews and technical consultations involving more than 140 experts representing research organizations, ministries of health and academia, among others. The strategy has been further enriched and enhanced through additional contributions from stakeholders. Two kinds of consultations were undertaken. On the one hand, Member States made contributions through the Regional Committees of their WHO regional offices. On the other hand, the wider public representing a variety of entities (both individuals and organizations) with an interest in people-centredness and integrated health services were invited to join a public consultation process through the website of the Service Delivery and Safety (SDS) department. Over 800 individuals/organizations were targeted through an e-mail invitation. Additionally, given existing language and technological barriers in the WHO African Region, an offline consultation process involving individuals and organizations from this region also took place. The input resulted from this consultation process has been used to improve the document that was finally submitted for discussion at the 138th meeting of the Executive Board and the 69th session of the World Health Assembly in 2016.

Among the relevant changes that resulted from the consultation period, the name of the document was modified to “Framework on integrated people-centred health services”. This title will be used hereinafter.

This report contains a summary of the public consultation process, an overview of participation in the consultation, and of the major themes that emerged from it.

2. The public consultation process

As far as the online consultation process is concerned, the SDS department launched a web page in English. This web page described the context of the Framework, contained a link to the full draft and provided access to a questionnaire to be completed. Contributions to the online consultation were received over a six-week period, from 8 June to 13 July 2015.

Regarding the offline consultation in the WHO African Region, the questionnaire was translated into French in order to encourage contributions from Francophone countries. A database with individuals and organizations with a potential interest in IPCHS was created, potential respondents were approached by the WHO Regional Office, and questionnaires were gathered during a six-week period, from 7 September to 12 October 2015.

In both cases, participants were encouraged to focus on the following areas:

- Agreement with the proposed vision
- Agreement with definitions of “people-centred health services” and “integrated health services”
- Relevance of the proposed five strategic directions
- Agreement with the implementation approach
- Barriers to implementation
- The role of key stakeholders
- Relevance of the monitoring and evaluation approach
- Proposals to successfully sustain implementation

The survey questionnaire is attached in Annex 1.

3. Participation

A total of 136 contributions were received: 83 responses from the online consultation and the remaining 53 from the offline consultation developed by the African Region. The consultation was successful in receiving input form a broad range of constituencies (see Figure 1), including ministries of health, health providers, civil society organizations, nongovernmental organizations, scientific and academic institutions, professional associations and networks. Submissions were received from all WHO regions, and from individuals in 38 different countries (see Table 1).

Figure 1. Respondents’ profiles

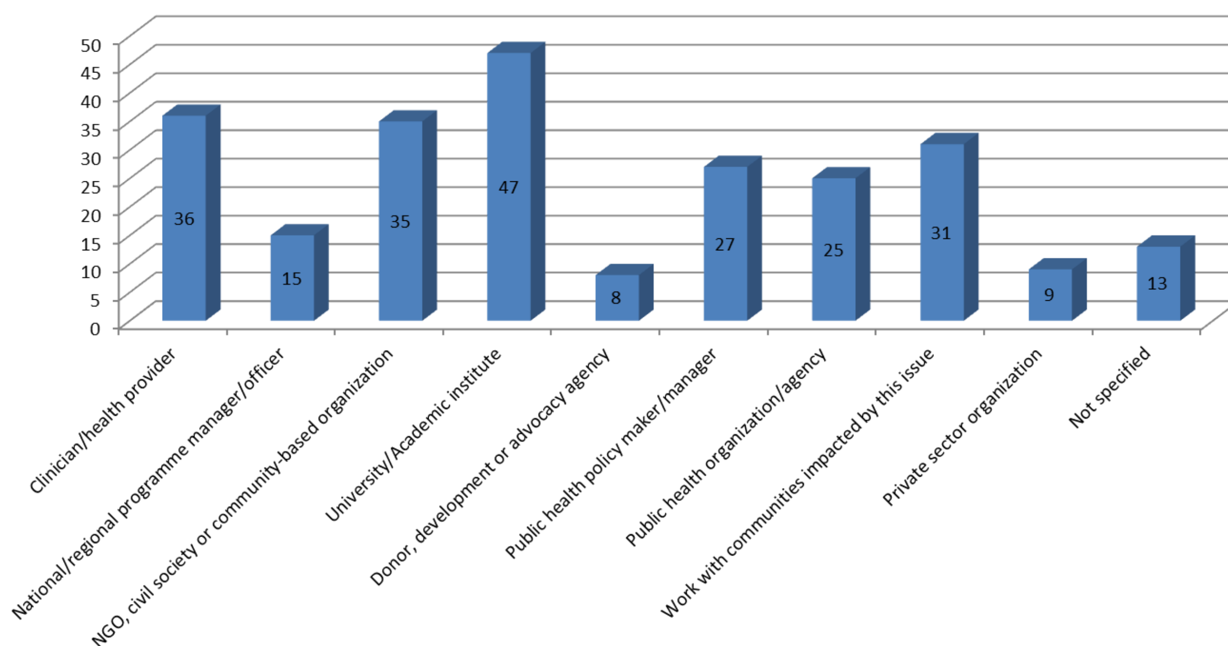


Table 1. Countries of participants

Country	#	%	Country	#	%	Country	#	%
Madagascar	18	13%	Canada	2	1%	Gabon	1	1%
UK	12	9%	Denmark	2	1%	Gambia	1	1%
Cote d'Ivoire	11	8%	India	2	1%	Georgia	1	1%
USA	10	7%	Italy	2	1%	Greece	1	1%
Comoros	9	7%	Sweden	2	1%	Guinea	1	1%
Netherlands	6	4%	Turkey	2	1%	Indonesia	1	1%
Spain	5	4%	Argentina	1	1%	Ireland	1	1%
Switzerland	5	4%	Austria	1	1%	Jordan	1	1%
Burkina Faso	4	3%	Cabo Verde	1	1%	Philippinnes	1	1%
Ethiopia	4	3%	Germany	1	1%	Romania	1	1%
Australia	3	2%	Egypt	1	1%	South Africa	1	1%
Nigeria	3	2%	Finland	1	1%	Thailand	1	1%
Belgium	2	1%	France	1	1%	Not specified	13	10%

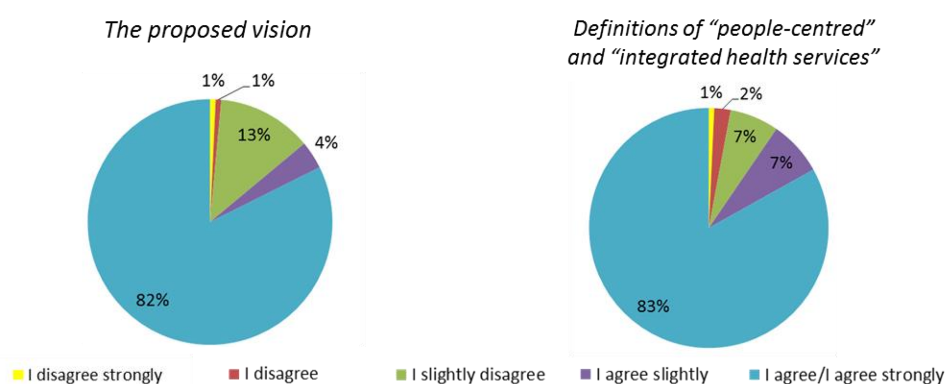
4. Summary of participant input

In providing their contributions, participants were asked to focus on a set of specific questions. WHO received a wide range of insightful responses to the questions posed, which can be classified into two groups: direct questions regarding the level of agreement with specific statements stemming from the Framework, and open questions where respondents were asked to provide opinions and comments.

4.1. Level of agreement with proposed statements

The level of agreement with the proposed vision and the definitions of “people-centred” and “integrated health services” was tested. As Figure 2 shows, there was a high level of agreement with these.

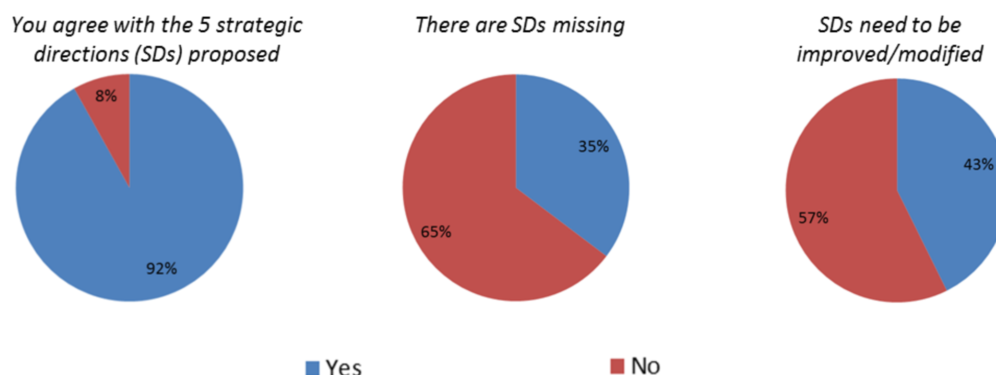
Figure 2. Level of participants’ agreement with proposed statements



4.2. Level of agreement with strategic directions

As indicated in Figure 3, the vast majority of respondents showed a high level of agreement with the proposed strategic directions of the Framework. However, although the five strategic directions were largely supported by participants, almost one out of three respondents felt that some strategic directions were missing and should be included, and almost half of them stressed the need to improve the proposed ones.

Figure 3. Level of participants' agreement with strategic directions



4.3. Missing strategic directions

Participants stressed the need to improve the strategic directions in several ways, the most frequently cited being:

- Health professionals: in addition to pointing out that there is a lack of focus on the health-care staff performing health services and that health workforce well-being must be enhanced, the need for more emphasis on staff education in new skills, competencies and attitudes was frequently expressed by participants.
- Information systems: a need to stress the relevance of information, information systems and appropriate IT to support person-centred coordinated care.
- Aim to achieve intersectoral action and health in all policies.

4.4. Improvement of the five strategic directions

The majority of respondents indicated that the proposed strategic directions were relevant, but proposals to modify them were nevertheless suggested.

Strategic direction 1. Empowering and engaging people

A frequent comment was the need to include the empowerment and engagement of informal care-givers, and to recognize the significant contribution of unpaid carers.

Strategic direction 2. Strengthening governance and accountability

Several respondents felt that "accountability and governance" should be considered part of strategic direction 5, "creating an enabling environment". In addition, respondents generally stressed the need to include governance structures at ground level.

Strategic direction 3. Reorienting the model of care

The following were major themes that emerged:

- Strategic directions 3 and 4 overlap and could be combined
- More focus on health promotion and disease prevention is needed
- Health-care providers and their role should be explicitly included as part of this strategic direction
- The value of family medicine and the family approach should be more developed

Strategic direction 4. Coordinating services

Comments on this strategic direction mirrored those for strategic direction 3, suggesting that both strategic directions be merged. Furthermore, respondents frequently suggested that the importance of care coordinators and the role of nurses in coordination could be highlighted.

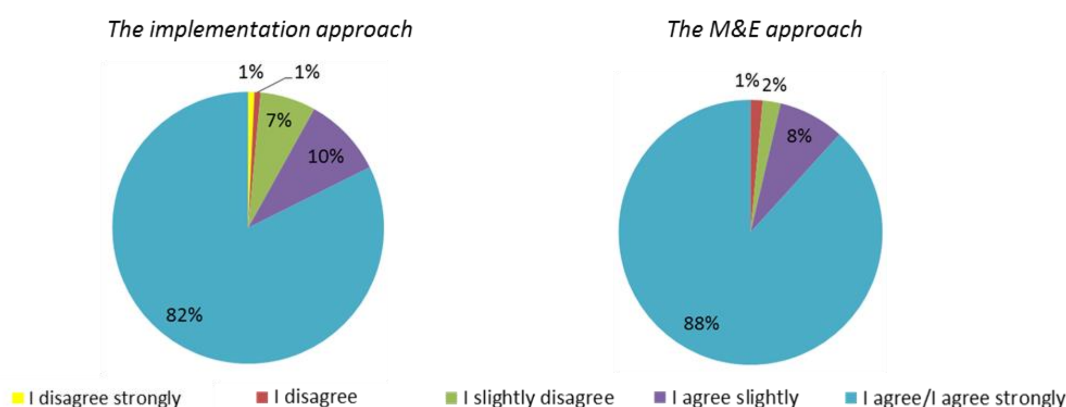
Strategic direction 5. Creating an enabling environment

Consistent with comments on strategic direction 2, respondents requested that strategic directions 2 and 5 be combined. Moreover, a stronger emphasis on health workforce education and motivation was requested, along with an increased focus on improving information systems.

4.5. Level of agreement with proposed approaches

Participants were asked to show their level of agreement with the implementation, and the monitoring and evaluation approaches in the Framework. According to Figure 4, both approaches were supported by the majority of respondents.

Figure 4. Level of participants' agreement with proposed implementation and M&E approaches



4.6. Suggestions of key stakeholders

A significant number of respondents (46%) recognized the need to take into account new key stakeholders in the Framework. Among the most widely stressed proposals were the need to include (1) the private sector, (2) training organizations, (3) civil society organizations, (4) professional organizations of providers, (5) student-based associations, (6) community, (7) regional and local bodies, (8) patients' organizations.

4.7. Barriers to implementation

WHO asked for participants' insights into the barriers to implementation of the Framework. There was an outstanding demand among participants to select "culture" as one of the main barriers to be addressed. Lack of political leadership and commitment along with financial restrictions were other factors mentioned by respondents. Regarding health professionals, concerns about their unwillingness to collaborate, lack of skills and negative attitudes towards change were raised. Other factors included the lack of communication, existing and competing interests among stakeholders, the generally low level of health education among the population and payment models.

4.8. Promoting sustainability

As a supplement to the information provided on barriers to implementation, participants were asked to suggest the best way to promote implementation of the Framework in a sustainable way. A significant number of suggestions were gathered, including: the need to emphasize knowledge generation and dissemination; strengthening monitoring and evaluation; investment in capacity-building and guidance; funding assurance; and the involvement of policy-makers, providers and users at all levels.

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