

All for Health, Health for All

**Optimizing service delivery, the driving force for
primary health care and universal health coverage**

Thematic brief



**World Health
Organization**



Armenia: Addressing
antimicrobial resistance
(AMR) - 2021

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Background

Universal health coverage (UHC) is vital for ensuring that everyone can achieve their highest attainable standard of health, contributing to stronger economies, healthier societies and a more equitable world. At the core of UHC is the commitment to ensuring that health services are accessible, affordable, safe, effective, and centred around people's needs.

Improving how services are designed, delivered, and measured is critical to placing quality at the heart of UHC, providing the full

range of care—from prevention to palliative services, removing barriers to access and reaching marginalized populations. This means a shift is needed from health systems designed around diseases and institutions to health systems designed by people, for people.

By reimagining health services provision, health outcomes and trust in health systems improve, gender equality, human rights, and health equity advance, and resilient health systems are built.



Hungary: the population in the WHO European Region is ageing rapidly - 2021

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Global targets and current progress

In the past five years (2019-2023), an estimated 477 million additional people have been covered by essential health services without experiencing financial hardship (1). However, progress has stalled. More than half the world's population is still not covered by essential health services and, when accessible, poor-quality care puts patients and health and care workers at risk, erodes people's trust and comes at an unbearable cost (Box 1).

Improving access to quality health services is, therefore, not just a moral imperative, it is a strategic necessity for achieving UHC and fostering healthier, more prosperous societies.

Recognizing this, the World Health Assembly (WHA) has consistently prioritized quality of care and patient safety, with most resolutions since 2002 addressing these issues. In 2019, the UN High-Level Declaration identified primary health care (PHC) as the most inclusive, equitable and efficient approach to achieving UHC (2). PHC prioritizes primary care as the first point of contact, integrates services around people's needs, and ensures continuity of care. In 2020, the Assembly called on WHO Member States to adopt PHC-oriented models of care to strengthen health systems and accelerate progress toward UHC.

Global strategies and action plans (Box 2) provide countries with clear policy and implementation pathways to reorient and strengthen health services and systems.

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Box 1

Key facts and figures

The proportion of the global population not covered by essential health services decreased by about 15% between 2000 and 2021, though with only limited progress made from 2015 onwards. This indicates that in 2021, about 4.5 billion people (ranging from approximately 14–87% of the population at the country level) were not fully covered by essential health services (1). Moreover, since 2000, financial hardship resulting from accessing health services has continuously increased, with an estimated 2 billion people experiencing catastrophic health spending, impoverishing health spending or both (1).

The lack of access to health services and unmet health care needs among older persons is concerning. In countries where rapid population ageing is projected over the coming decades, alongside the rise of concurrent chronic conditions, most health systems are not prepared to manage multimorbidity. Survey data show that the median percent of adults aged 60+ reporting unmet health care needs is nearly 40% in lower-middle-income countries, compared to 20% in upper-middle income countries and under 5% in high-income countries (1).

Barriers to accessing health services exist in all countries, often exacerbating existing inequalities. Using household survey data from low- and middle-income countries, the most commonly cited barriers to accessing services among women aged 15–49 were the distance to a health facility (45% in rural versus 19% in urban areas), getting money for treatment (66% from the poorest wealth quintile versus

29% from the richest), and permission to go for treatment (20% of women with no education versus 8% of women with at least some higher education) (1).

Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries. 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 (3). It is also estimated that in OECD countries, approximately 15% of hospital expenditure can be attributed to treating patient safety failures (4).

Health care-associated infections (HAIs) are among the most frequent adverse events occurring in the context of health service delivery. In acute care facilities in the European Union and European Economic Area, HAIs affect 8% of patients, on average. HAI frequency is significantly higher in low- and middle-income than in high-income countries, ranging from about 10% in the Americas and Eastern Mediterranean regions to up to 27% in Africa (5).

According to the results of a WHO global survey in 2023–24, just 6% of countries met all the WHO minimum requirements for infection prevention and control (IPC) programmes and 14% met 90% of them, at the national level. Among 5537 health care facilities participating in the survey, only 15.8% of them met all WHO IPC minimum requirements and 34% met 90% of them (5).



Ukraine: 11-month-old Jasmin with congenital heart condition. © WHO



Sierra Leone: Boosting efforts to transform care for NCD - 2024

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WHO's unique value-add: how we drive impact

WHO aims to improve what and how health care is delivered and experienced, in the encounter between the person receiving health care and the provider. To do this, the Organization provides global thought leadership on integrated health services and

quality primary care; supports countries to strengthen their service delivery systems; and equips health and care workers and patients with invaluable clinical support tools, so that the right care is delivered at the right time, in the right place and in the right way.

More specifically, we play a crucial leadership role in ensuring that quality of care and patient safety are central tenets for UHC, strongly anchored in countries' national policies, so that all individuals receive safe, effective and respectful care. This includes IPC policies and programmes to protect both patients and health workers from infections and antimicrobial resistance acquired during health care delivery. We assist countries in articulating policy options that place people and their comprehensive needs at the heart of health services reforms and UHC/PHC roadmaps. We also facilitate the alignment of partners on countries' "One plan, one budget, one monitoring system", by spearheading a common monitoring and evaluation of PHC-oriented health systems.

We build on our unique ability to work across disease- or condition-specific programmes and health systems components to provide guidance and tools that facilitate people's access to their first point of care and their journey through referral care. With WHO

support, countries design PHC-oriented models of care and UHC service packages. They strengthen integrated service delivery networks, community health systems, primary care facilities and hospitals. And they integrate evidence-based traditional, complementary and integrative medicine in health systems.

At the point of care, WHO clinical tools drive measurable improvements in health outcomes. WHO fosters strong alliances for their uptake through a network of WHO collaborating centres and NGOs in official relations with the Organization. WHO's country offices also play an invaluable role in facilitating their adoption and effective implementation uptake. The tools' impact is also amplified through their integration into WHO Academy courses.

As measurement drives improvement and accountability, WHO's Health services monitoring toolbox helps countries and health facilities target their efforts for maximum impact.

Box 2

Featured resolutions, global strategies and global action plans

Resolutions:

- WHA76.2 – Integrated emergency, critical and operative care
- WHA75.5 – Global Strategy on Infection Prevention and Control
- WHA 72.2 – Primary health care
- WHA72.6 – Global Action Plan on patient safety
- WHA69.24 – Strengthening integrated, people-centred health services
- WHA67.18 – Traditional medicine

Global strategies and action plans:

- Global Strategy on Infection Prevention and Control (2023)
- Global Patient Safety Action Plan 2021–2030 (2021)

Forthcoming (submitted to WHA in 2025):

- WHO traditional medicine strategy: 2025–2034
- Global strategy and action plan for integrated emergency, critical and operative care, 2026–2035
- Global action plan and monitoring framework on infection prevention and control (IPC), 2024–2030



Mobile clinics in Ukraine have carried out nearly 200 000 patient consultations since 2015

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What WHO will achieve through its 14th Global Programme of Work (GPW14)

WHO will dramatically step up its country activities, with intensified support to those having achieved least progress on improving coverage and quality, to strengthen service delivery through a primary health care approach, thereby improving preparedness and resilience of health systems to future shocks.

WHO will continue to foster coordination and integration across service delivery platforms and health programmes, and will promote improved access across the continuum of care, from health promotion and prevention, to treatment, rehabilitation and palliation. For instance, the number of countries supported to develop comprehensive essential service packages based on integrated models of care increased from 21 in 2021 to 40 by the end of 2023, and we will have targeted an additional 20 countries by the end of 2025 (6).

Recognizing that countries are at different stages of health system development, WHO promotes tailored, evidence-based approaches to improve and sustain quality of care at scale. Tools like the "Quality of care maturity model", the "Emergency care system assessment", and the "Health system performance assessment toolkit" will continue to help countries assess, identify and implement context-specific strategies informed by global evidence and lessons from other countries.

Recent WHO resolutions, global strategies and action plans to strengthen integrated health services, were unanimously endorsed by WHO Member States (Box 2). In GPW14, WHO will work with partners and bolster its support to countries to ensure their full implementation.

Scaling WHO acute care tools to reduce mortality and advance UHC

Every day, health workers in resource-limited settings face immense challenges in providing care, including the need to make rapid, accurate decisions. WHO has developed a suite of tools, which provide guidance and critical support for first contact health workers. The application of WHO emergency care tools in hospitals in Nepal, Uganda and Zambia led to

a 34%–50% reduction in mortality from acute conditions such as diarrhoea, pneumonia, injury, asthma, diabetic crisis, and maternal conditions (7). These statistics underscore the life-saving potential of providing clear, evidence-based guidance at the point of care.

To address the unique needs in primary care settings, WHO's Integrated Management of Primary and Acute Care Tool (IMPACT) will expand support to first contact health workers with step-by-step instructions for diagnosing and managing the most common acute and chronic conditions encountered in primary care. The Emergency Critical and Operative Care Toolkit complements the primary care resources by providing practical tools for managing emergencies and critical conditions in any setting, from community clinics to hospitals. By scaling these resources, WHO will further equip health workers to provide high-quality care, leading to a reduction in mortality, greater trust in health systems and further progress towards UHC.

The application of WHO emergency care tools in hospitals led to

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Vision in Kenya - 2018. © WHO / NOOR / Sebastian Liste



A community health worker takes a patient to Yasawa-i-Rara Nursing Station for consultation. © WHO / Tom Vierus

Implementing IPC interventions at the point of care pays off by reducing harm and costs resulting from health care-associated infections

Evidence shows that 35–70% of health care-associated infections (HAIs), including those caused by antimicrobial-resistant and epidemic-prone pathogens, can be prevented with improved IPC programmes and practices, such as hand hygiene, environmental cleaning and the safe use of invasive devices (8).

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Recent data shows that improving IPC and WASH in health care facilities could prevent around 600 000 AMR-associated deaths annually in LMICs (9). In addition, according to estimates from the Organisation for Economic Cooperation and Development (OECD) across 34 OECD members and EU/EEA countries, hand hygiene and environmental hygiene in health care facilities are among the most effective and cost-saving investment for reducing AMR, within a package of 11 One Health interventions (10). Indeed, these two interventions respectively return US\$ 24.6 and US\$ 5 in economic gains for every one US dollar invested (adjusted for purchasing power parity) (10). The most effective approach to reducing specific HAIs at the point of care is to use multimodal improvement strategies (MMIS), which are recommended as a core component of IPC programmes and comprise the following five elements: system change; training and education; monitoring and feedback; reminders and communications; and a safety climate/culture change. MMIS are usually utilized to improve specific practices (for example hand hygiene) and often include bundles (for example, a bundle of measures to reduce infections associated with vascular catheters) and checklists.

Invest in the development and review of comprehensive strategies for quality and safety

The development and implementation of national quality and safety policies and strategic directions represent a forward-thinking health systems intervention, launched at the start of the SDG era. Its aim is to address the coverage–impact gap in health care, with the potential of preventing over 63% of avoidable deaths due to poor quality care (4).

The WHO National quality policy and strategy (NQPS) guidance and the WHO Global patient safety action plan (PSAP) provide a framework for countries to align investments with context-specific health system interventions, fostering an environment that supports the delivery and sustainability of quality care and safety, at scale, in accordance with national health policies and strategic priorities. They highlight key quality and safety interventions across health system components, including safety, clinical care, and patient and community

engagement, as well as the actions required to ensure their successful implementation. They foster national and subnational leadership, coordinate investment strategies, and link health system building blocks with service delivery platforms to achieve measurable outcomes in quality, safety and overall health. The quality and safety organizational structures serve as platforms for ongoing multi-stakeholder dialogue, learning and innovation, allowing for the identification and scaling up of best practices that are embedded within national health systems and their specific contexts.

A number of Member States are currently in the process of renewing and updating their quality and safety frameworks to incorporate lessons learned, including the impact of the COVID-19 pandemic, and to incorporate the PSAP's guidance on actions towards achieving the SDGs through a primary health care approach. WHO will continue and step up its support to countries in developing national quality policies and strategies and to implement them.





Ukraine: 11-month-old Jasmin with congenital heart condition. © WHO

Advancing UHC: practical resources to reorient models of care towards PHC

A rapid expansion of primary health care-oriented models of care is needed to accelerate progress toward UHC. By clearly defining what services are needed, delineating where services are delivered, and defining the needed pathways to care, countries can rapidly improve the efficiency and effectiveness of their health systems. WHO is driving this transformation by supporting countries to design and implement health service packages tailored to their specific contexts. WHO's Service Planning Delivery & Implementation (SPDI) platform is supporting countries to develop and implement service packages, by facilitating a structured assessment of current service delivery and reorienting local models of care towards primary care.

The results, thus far, are tangible. In Somalia, Jordan and Kyrgyzstan, well-designed service packages are shaping national UHC strategies. In humanitarian settings such as the Gaza Strip (in occupied Palestinian territory), Cox's Bazar (in Bangladesh) and Yemen, humanitarian response packages are providing a roadmap for maintaining essential health services, while countries such as Portugal and Türkiye have already modified their policy based on programme-specific packages that address the epidemic of obesity. Further investment in this area will help reorient more health systems to deliver services where and when they are needed and help streamline care via well-defined pathways. This approach will strengthen health systems to meet everyday health needs while also remaining resilient and able to respond to crises.

Strengthening health systems performance assessment to drive action and accelerate impact on UHC

Strengthening health systems performance based on the core principles of PHC, is critical to reinvigorating and accelerating progress towards UHC, alongside other health outcomes. Health systems performance assessment (HSPA) is a priority area for the UHC and life course Division at WHO, within the context of GPW14, since it is a means for promoting health systems accountability and identifying priorities for improvement and investment at country, regional and global levels. WHO specific technical inputs include improving, aligning and streamlining monitoring and evaluation (M&E) approaches through a common set of health system performance metrics and measurement methods, guidance, and tools to rapidly address critical data gaps. Examples include tools for assessing equitable access to services and

medicines, availability, readiness and resilience of health care facilities and settings from primary care to first-level referral hospitals, assessing the key functions of primary care through patient-reported experiences and community perceptions and needs, among others. Support also aims to: strengthen M&E plans of national and subnational health sector strategy plans and review processes; support rapid assessment and analysis of national and subnational/district progress towards orienting health systems based on a PHC approach; strengthen analytical capacities for national and subnational/district health system/sector reviews; and improve the use of data to inform reforms and investment in the context of national and subnational planning and review cycles (e.g., policy dialogues, workshops). This body of work forms part of a broader scope of work that seeks to improve partner alignment behind country-led monitoring, linked to a unified country plan and budget as per the Lusaka Agenda.



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