



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

# PAHO

# REACH



**Regional Office of World Health Organization**

**Specialized agency of the United Nations**

PAHO works with its 52 member countries and territories to advance toward "Health for All."

PAHO also promotes technical cooperation between countries and works with other partners such as civil society organizations, other international agencies, universities, social security agencies, community groups and others.

## Member States

Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay and Venezuela.

## Associate Members Participating States

Aruba  
Curaçao  
Puerto Rico  
Sint Maarten

France  
Netherlands  
United Kingdom

## Observer States

Spain  
Portugal

**PAHO**



# PAHO and Dutch Entities

- PAHO has been providing technical cooperation (TC) to these Entities for over 60 years.
- In February 2018, the provision of TC was moved from PAHO Venezuela to the PAHO Trinidad and Tobago Office.
- Curacao, Aruba and Sint Maarten are **Associate Members** of PAHO but remain part of the delegation of the Kingdom of the Netherlands for WHO.
- PAHO also provides TC to Bonaire, Sint Eustatius and Saba in prevention and control of diseases.

# TECHNICAL COOPERATION

## Communicable Diseases & Environmental Determinants

infectious, neglected & vector-borne diseases, climate change & environmental health



## Noncommunicable Diseases & Mental Health

chronic diseases & their risk factors, disabilities, tobacco control, healthy lifestyles, mental health, substance use



## Health throughout the Life Course

immunization, child & adolescent health, maternal & reproductive health, healthy aging, health promotion & social determinants



## Health Systems & Services

integrated health services, human resources for health, essential medicines & health technologies, drug regulatory issues



## Health Emergencies & Preparedness

health needs in emergencies, emergency preparedness, epidemic alert & response, safe hospitals, risk reduction



## Health Information & Evidence

health analysis, metrics & evidence, information systems & platforms for health



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# INTEGRATED HEALTH SERVICE DELIVERY NETWORKS

**PAHO**



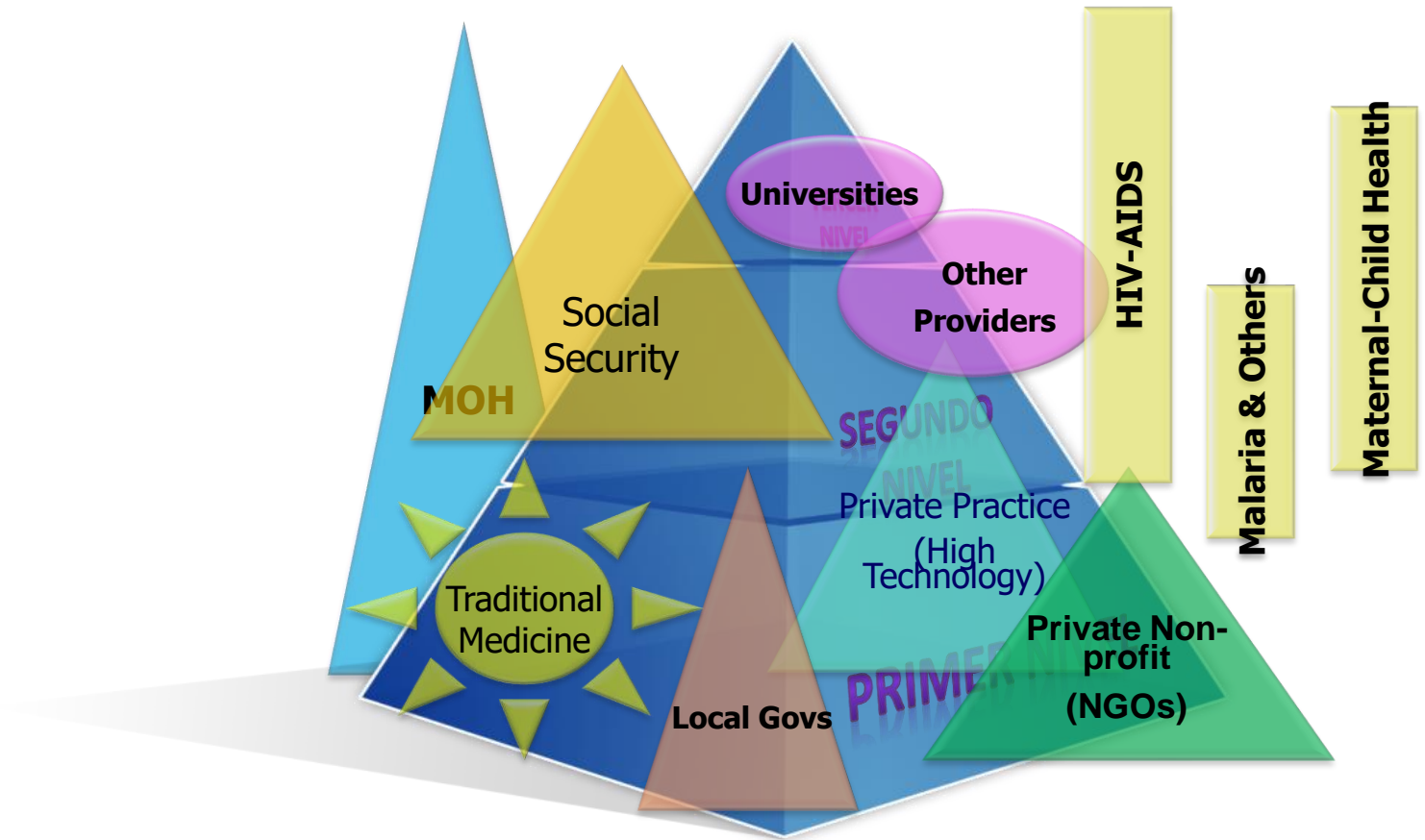
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# Fragmentation in Healthcare Delivery





# Fragmentation of Health Services

- ...of the **health delivery services**: refers to the existence of multiple health facilities and services providing care to a population with no coordination among providers.
- ...of the **delivery of care** defined as:
  - The delivery of non-comprehensive services
  - The lack of continuity of care
  - Individual care that is vertical and does not take into account the multiple and diverse needs of individuals



**Poor performance**

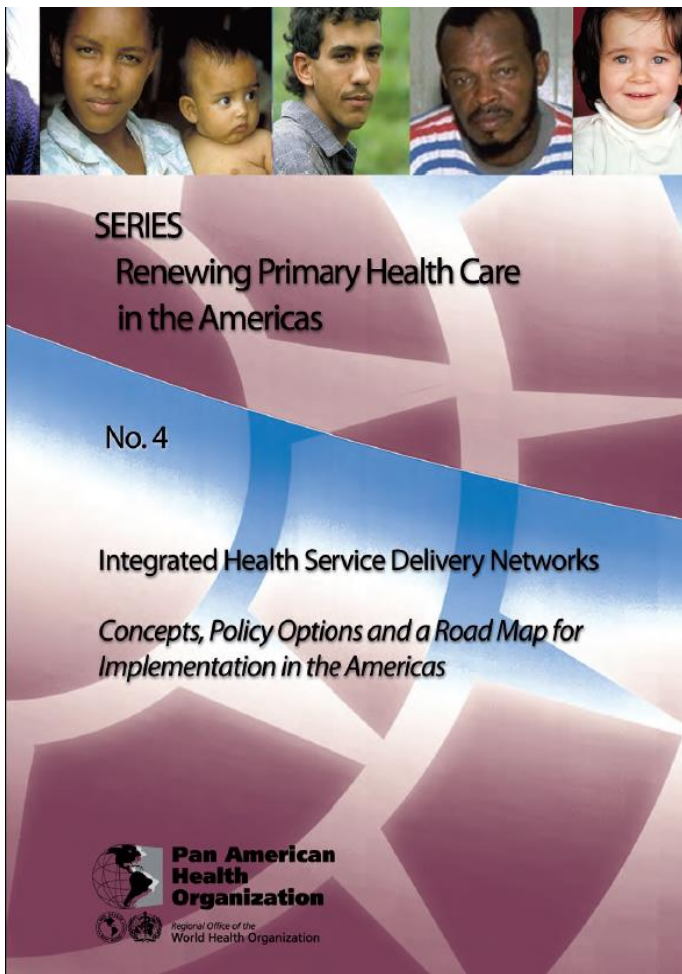
**Access barriers**

**Poor quality**

**Irrational/inefficient use of resources**

**High cost**

**Low satisfaction**



Graph 2. List of essential attributes of IHSDNs according to principal domain

List of essential attributes of IHSDNs

Principal domains	Essential attributes	Number
Model of care	Clear definition of the population/territory covered and extensive knowledge of the health needs and preferences of this population, which determine the supply of health services	1
	An extensive network of health care facilities that offers health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care, and that integrates programs targeting specific diseases, risks and populations, as well as personal and public health services	2
	A multi-disciplinary first level of care that covers the entire population, serves as a gateway to the system, and integrates and coordinates health care, in addition to meeting most of the population's health needs	3
	Delivery of specialized services at the most appropriate location, preferably in non-hospital settings	4
	Existence of mechanisms to coordinate health care throughout the health service continuum	5
	Care that is person-, family- and community-centered and that takes into account cultural and gender-related characteristics and diversity	6
Governance and strategy	A unified system of governance for the entire network	7
	Broad social participation	8
	Intersectoral action that addresses wider determinants of health and equity in health	9
Organization and management	Integrated management of clinical, administrative and logistical support systems	10
	Sufficient, competent and committed human resources for health that are valued by the network	11
	An integrated information system that links all network members with data disaggregated by sex, age, place of residence, ethnic origin, and other pertinent variables	12
	Results-based management	13
Financial allocation and incentives	Adequate funding and financial incentives aligned with network goals	14



# Integration of Health Services

- **...of health service delivery:**

- ✓ New organizational structures:
  - ✧ Integrated Health Care Delivery Networks

- **...of Care:**

- ✓ New model of care
  - ✧ People and Community centered care



**Improved performance**

**Improved access**

**Quality healthcare**

**Rational use of resources**

**Efficiency**

**Improved satisfacción**

RESOLUTION

CD53.R14

STRATEGY FOR UNIVERSAL ACCESS TO HEALTH AND  
UNIVERSAL HEALTH COVERAGE

THE 53rd DIRECTING COUNCIL,

Having considered the Strategy for Universal Access to Health and Universal Health Coverage presented by the Director (Document CD53/S, Rev. 2);

Bearing in mind that the Constitution of the World Health Organization establishes as one of its basic principles that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition";

Recognizing that universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability;

Recognizing that policies and interventions that address the social determinants of health and foster the commitment of society as a whole to promote health and well-being, with an emphasis on groups in conditions of poverty and vulnerability, are an essential requirement to advance towards universal access to health and universal health coverage;

Recognizing that universal access to health and universal health coverage are framed by the values and principles of primary health care in the spirit of Alma-Ata;

# Resolution CD53.R14

- ✓ Resolves to **adopt** the “*Strategy for Universal Access to Health and Universal Health Coverage*”
- ✓ Urges Member States to **take action**, taking into account their own context and national priorities.
- ✓ Requests PAHO’s Director to **develop actions and tools** to support the implementation of the Strategy.



# Universal health: 4 strategic lines of action

**1. Expanding equitable access to comprehensive, quality people- and community centered health services**

**2. Strengthening stewardship and governance**

**3. Increasing and improving financing, with equity and efficiency and advancing toward the elimination of direct payment**

**4. Strengthening intersectoral coordination to address SDH**

# Health financing challenges

## Revenue raising

Mainly public, aim at a 6% of GDP in a sustainable and equitable manner

## Pooling of funds

Financial risk protection and access to services leaving no one behind

## Allocation of resources

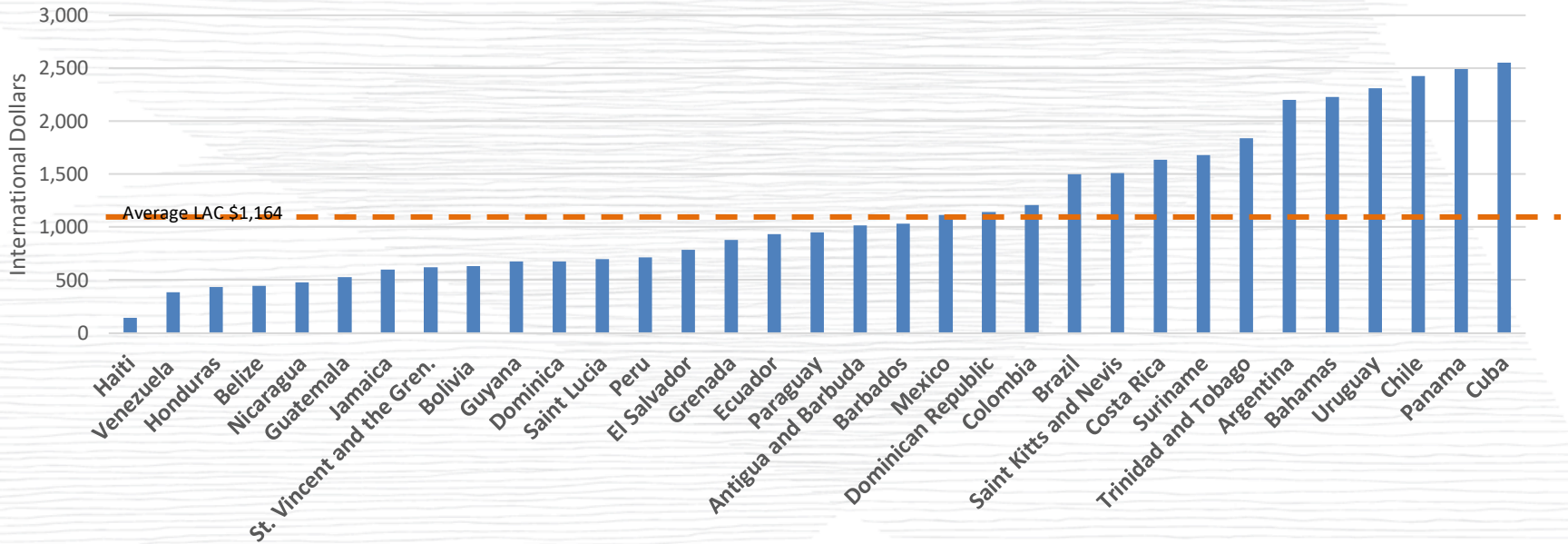
Aligned payment mechanisms and prioritization of the first level of care

## Definition of benefits

Life course approach, progressive expansion, defined clinical pathways

# Revenue raising

Current Health Expenditure (CHE) per Capita in PPP, 2019



Source: official National Health Accounts Data, from WHO Global Health Expenditure Database (retrieved 2022)

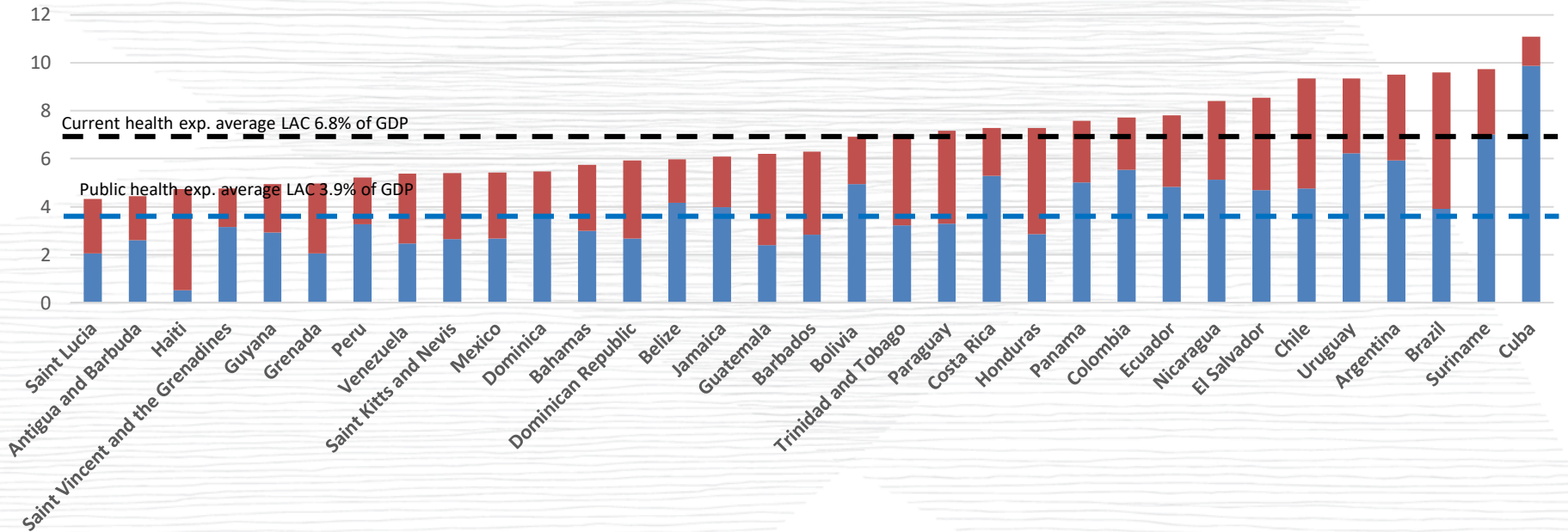
Note: United States: \$10,921; Canada: \$5,521



# Revenue raising

Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)

■ Public



Source: official National Health Accounts Data, from WHO Global Health Expenditure Database (retrieved 2022)

Note: United States: 16 and 8.5%; Canada: 11 and 8%

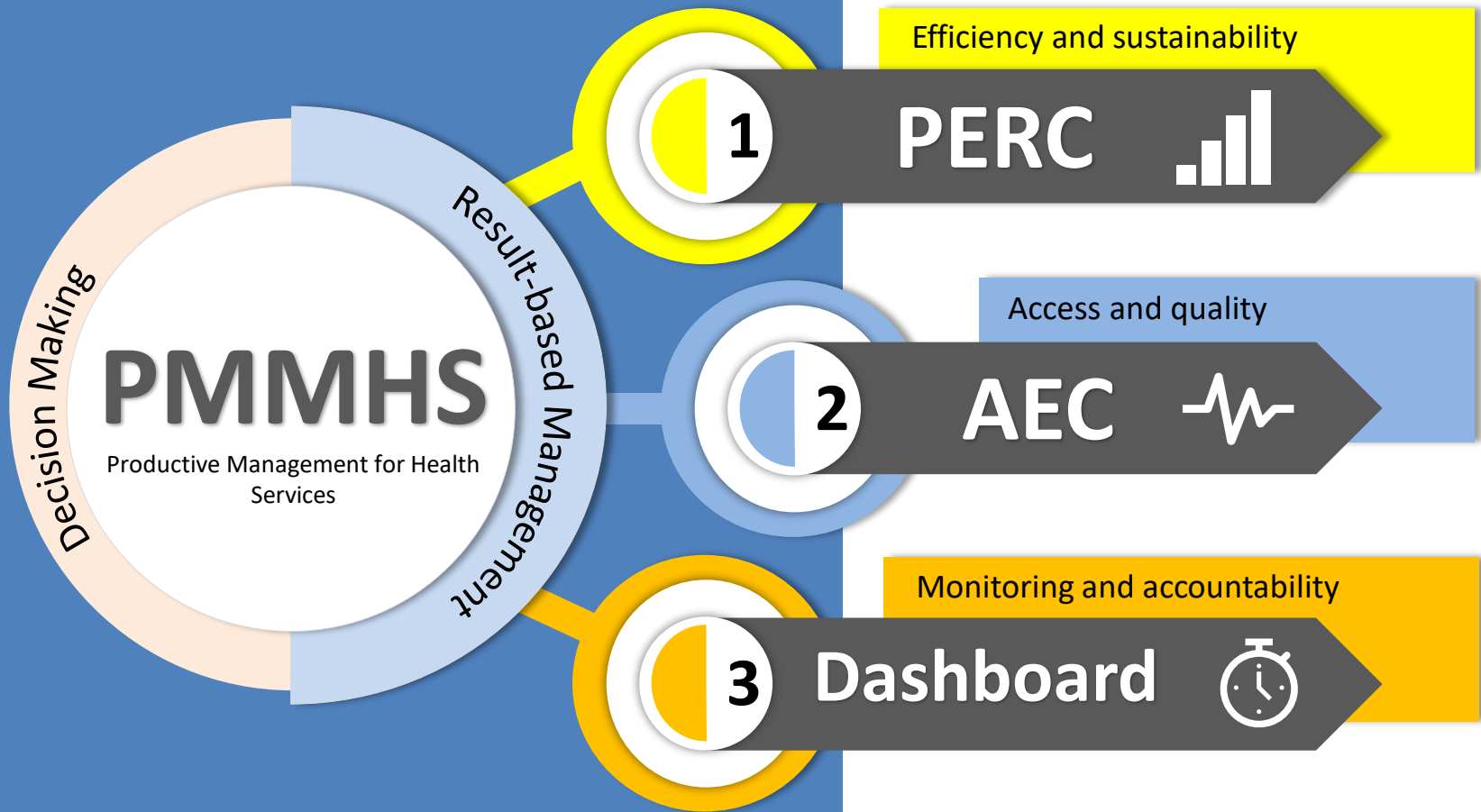
## Allocation of resources and payment mechanisms

- Resource allocation should reflect national health priorities and strategic objectives (what, how and from who to buy)
- Should aim to allocate at least **30%** of public expenditure on health to the **first level of care**
- The design of payment mechanisms should provide the **adequate incentives** in terms of equity, efficiency, quality and access to care
- No single payment mechanism can solve all problems: balance the undesirable incentives of a single payment method and harmonize the range of incentives
- Overall: move **from passive to strategic purchasing** of health services (price maker, clear definition of benefits, right incentives, quality, monitoring and accountability)

# PMMHS



The ***Productive Management Methodology of Health Services - PMMHS*** is a management method developed by PAHO / WHO to respond to emerging approaches and practices in the management of health services and services and is oriented towards organization and optimal management and in the construction of health systems based on Primary Health Care



# Implementation model

1

## Training to managers

Knowledge transfer: virtual courses and in-person workshop

2

## Assessment of needs

Identification of technical cooperation scenarios based on the conditions themselves of the user

3

## Tools

Use of tools of the technical cooperation portfolio conformed to the needs of the users.

4

## Dashboard command

Development of own capacity for control and audit of hospital and health services network performances.





# PERC 2.0

Tool of development and strengthening of management information systems. Makes it possible to draft based managerial reports in:

- **Productivity**
- **Efficiency**
- **Performances**
- **Costs**

Design of table command for performance control and audit, adapted to the characteristic condition of the Health Services Network.

