World Health Organization

WHO global strategy on integrated people-centred health services 2016-2026

Executive Summary

Placing people and communities at the centre of health services

Draft for consultation

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This executive summary is based on two documents, one on the strategy itself and the other on the evidence supporting it. These background documents can be found at: http://www.who.int/servicedeliverysafety/areas/people-centred-care/en.

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Glossary of key terms

Accountability: the obligation to report, or give account of, one's actions – for example, to a governing authority through scrutiny, contract, management, regulation and/or to an electorate.

Care coordination: a proactive approach in bringing care professionals and providers together around the needs of service users to ensure that people receive integrated and person-focused care across various settings.

Case management: a targeted, community-based and proactive approach to care that involves case-finding, assessment, care planning and care coordination to integrate services around the needs of people with long-term conditions.

Community health worker: people who provide health and medical care to members of their local community, often in partnership with health professionals. Alternatively known as a: village health worker; community health aide/promoter; lay health advisor; expert patient; and/or community volunteer.

Continuity of care: the degree to which a series of discrete health care events is experienced by people as coherent and interconnected over time, and consistent with their health needs and preferences.

Continuous care: care that is provided to people over time across their life course.

Co-production of health: care that is delivered in an equal and reciprocal relationship between professionals, people using care services, their families and the communities to which they belong. Co-production implies a long-term relationship between people, providers and health systems where information, decision-making and service delivery become shared.

E-health: information and communication technologies that support the remote management of people and communities with a range of health care needs through supporting self-care and enabling electronic communications between health care professionals and patients.

Empowerment: the process of supporting people and communities to take control of their own health needs resulting, for example, in the uptake of healthier behaviours or the ability to self-manage illnesses.

Engagement: involving people and communities in the design, planning and delivery of health services that, for example, enable them to make choices about care and treatment options or to participate in strategic decision-making on how health resources be spent.

High quality care: care that is safe, effective, people-centred, timely, efficient, equitable and integrated.

Integrated health services: the management and delivery of health services such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course.

Intersectoral action: the inclusion of several sectors, in addition to health, when designing and implementing public policies that seek to improve health care and quality of life.

Mutual accountability: the process by which two (or multiple) partners agree to be held responsible for the commitments that they have made to each other.

People-centred care: an approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care also requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.

Person-centred care: care approaches and practices that see the person as a whole with many levels of needs and goals, with these needs coming from their own personal social determinants of health.

Population health: an approach to health care that seeks to improve the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Primary care: first-contact, accessible, continued, comprehensive and coordinated care to people and communities.

Primary health care: refers to the concept elaborated in the 1978 Declaration of Alma-Ata, which is based on the principles of equity, participation, intersectoral action, appropriate technology and a central role played by the health system.

WHO global strategy on integrated people-centred health services: an overview

Vision

"A future in which all people have access to health services that are provided in a way that responds to their life course needs and preferences, are coordinated across the continuum of care and are safe, effective, timely, efficient and of acceptable quality"

Strategic Goal 1: Empowering & engaging people	Strategic Goal 2: Strengthening governance & accountability	Strategic Goal 3: Reorienting the model of care	Strategic Goal 4: Coordinating services	Strategic Goal 5: Creating an enabling environment
Strategic Objectives				
1.1 Empowering and engaging individuals and families 1.2 Empowering and engaging communities 1.3 Reaching the underserved & marginalized	2.1 Bolstering participatory governance 2.2 Enhancing mutual accountability	3.1 Defining service priorities based on life-course needs and preferences 3.2 Revaluing promotion, prevention and public health 3.3 Building strong primary care-based systems 3.4 Shifting towards more outpatient and ambulatory care 3.5 Innovating and incorporating new technologies	4.1 Coordinating care for individuals 4.2 Coordinating health programmes and providers 4.3 Coordinating across sectors	5.1 Strengthening leadership and management for change 5.2 Striving for quality improvement and safety 5.3 Reorienting the health workforce 5.4 Aligning regulatory frameworks 5.5 Reforming payment systems
Potential policy options and interventions				
• Health education • Shared clinical decision making • Access to personal records • Self-management • Personalized care plans • Patient satisfaction surveys • Civil society, user and patient groups • Peer support and expert patient groups • Outreach services • Community-based care and CHWs • Equity goals in sector objectives	• Rights and entitlements • Community participation in policy formulation and evaluation • Country-owned national health plans • Donor harmonization and alignment with national health plans • Decentralization • Patient charters • Provider report cards • Patient reported outcomes • Performance evaluation • Performance based contracting • Population registration with accountable providers	• Population-based services • Local health needs assessment • Comprehensive package of services • Gender and cultural sensitivity • Health technology assessment • Surveillance and control of risks and threats to public health • Health promotion and disease prevention • Primary care with family and community-based approach • Home and nursing care • Repurpose hospitals for acute complex care only • Outpatient surgery and day hospital • E-health and m-health technologies	• District-based health service delivery networks • Shared electronic medical record • Care pathways • Referral guidelines • Case management • Integrate vertical programmes into national health system • Intersectoral partnerships • Public-private partnerships • Integrate traditional medicine into modern health systems • Coordination with preparedness and response to health crises	• Transformational and distributed leadership • Secure dedicated resources for reform • Systems research and knowledge sharing • Clinical governance • Quality assurance and continuous quality improvement • Workforce training • Multi-disciplinary teams • Improve working conditions and compensation • Align regulatory framework • Mixed payment models based on capitation

Progress Indicators

Overall progress: Number of countries implementing integrated services

Progress by Strategic Goal:

Strategic Goal 1	Strategic Goal 2	Strategic Goal 3	Strategic Goal 4	Strategic Goal 5
Proportion of countries in which patient satisfaction surveys are carried out on a regular basis	Proportion of countries whose national health policies, strategies and plans are aligned with the WHO global strategy on IPCHS	Proportion of countries that allocate at least 20% of government total health expenditure to primary care	Proportion of countries with formal systems for referring patients and/or accepting referred patients	Proportion of countries that have decreased hospital readmission rates on acute myocardial infarction to 10% or less

Implementation principles

Country-led | Equity-focused | Participatory | Systems strengthening | Iterative learning & action cycles | Goal-oriented

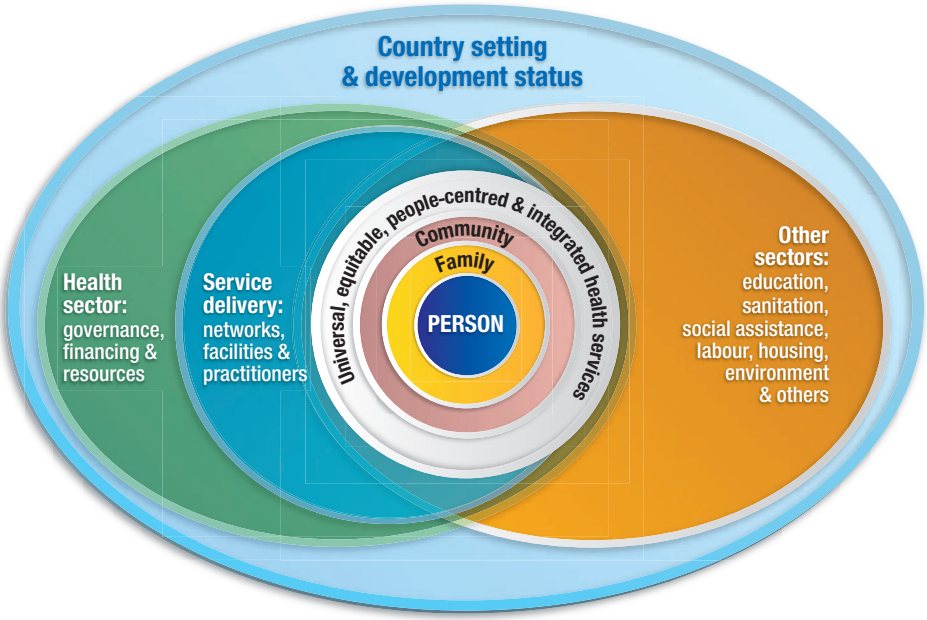
Introduction

The World Health Organization (WHO) global strategy on integrated people-centred health services (IPCHS) is a call for a fundamental paradigm shift in the way health services are funded, managed and delivered. These changes are urgently needed to meet the challenges being faced by health systems around the world. Despite significant advances in people's health and life expectancy, relative improvements have been deeply unequal both between countries and within them. Still more than 1 billion of the world's citizens remain without any access to health care whilst satisfaction with health services remains low in many countries. The nature of health care problems, which were once focused on the management of infectious diseases, has shifted. Health is increasingly shaped by ageing populations, urbanization and the globalization of unhealthy lifestyles, resulting in a transition in the burden of health care towards noncommunicable diseases, mental health and injuries. Many of these conditions are chronic, requiring long-term care, with patients commonly suffering from multi-morbidities, all of which adds to escalating health care costs.

The fragmented nature of today's health systems means that they are becoming increasingly unable to respond to the demands placed upon them. For example, fragile and poorly integrated health systems were key contributors to the Ebola crisis in West Africa and continued lack of connection between health systems and strengthening capacities within the International Health Regulations leaves other countries vulnerable. Poorer countries still face significant problems of unequal geographical access to health services, shortages of health workers and weak supply chains. The focus on hospital-based, disease-based and self-contained "silo" curative care models undermines the ability of health systems to provide universal, equitable, high-quality and financially sustainable care. Service providers are often unaccountable to the populations they serve and therefore have limited incentive to provide the responsive care that matches the needs and preferences of their users. People are often unable to make appropriate decisions about their own health and health care, or exercise control over decisions about their health and that of their communities.

Universal health coverage (UHC) will not be achieved without improvements in service delivery so that all people are able to access high quality health services that meet their needs and preferences. This strategy calls for reforms to reorient health services, shifting away from fragmented supply-oriented models, towards health services that put people and communities at their centre, and surrounds them with responsive services that are coordinated both within and beyond the health sector, irrespectively of country setting and development status.

Figure. Conceptual framework for integrated people-centred health services



Developing more integrated people-centred care systems has the potential to generate significant benefits to the health and health care of all people, including improved access to care, improved health and clinical outcomes, better health literacy and self-care, increased satisfaction with care, improved job satisfaction, improved efficiency of services, and reduced overall costs.

The strategy sets forth a compelling vision of "a future in which all people have access to health services that are provided in a way that responds to their life course needs and preferences, are coordinated across the continuum of care and are safe, effective, timely, efficient and of acceptable quality". The strategy is based on experience gained in different countries over the last few years, as well as on wide-ranging consultation with experts at the global, regional and national level, informed by a number of related global policy commitments, regional strategies and initiatives in the area of UHC, primary health care, health systems strengthening and social determinants of health.

For the development of this strategy, four different types of country settings have been analysed: low, middle and high income countries, as well as countries facing special circumstances such as conflict-affected and fragile states, small island states and large federal states. Recognizing that health systems are highly context specific, this strategy does not propose a single model of people-centred and integrated health services. Instead, it proposes five interdependent strategic goals that need to be adopted in order for health service delivery to become more integrated and people-centred.

Strategic goals, objectives, policy-options and interventions

To meet the fundamental challenges faced by today's health systems, this strategy proposes the following five interdependent strategic goals:

1. **Empowering and engaging people**
2. **Strengthening governance and accountability**
3. **Reorienting the model of care**
4. **Coordinating services**
5. **Creating an enabling environment**

Action on each of these strategic goals 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. Several strategic objectives, as well as potential policy options and interventions are described further below for the attainment of each strategic goal. Some of these potential policy options and interventions are cross-cutting for several strategic objectives. This non-exhaustive reference list has been drafted on the basis of literature reviews, input from technical consultation meetings and expert opinion and does not constitute a set of evidence-based guidelines for reform as evidence on many of these policies and interventions is still weak. Moreover, the appropriate mix of policies and interventions to be used at the country level will need to be designed and developed taking into account the local context, values and preferences.

Strategic Goal 1: Empowering and engaging people

Empowering and engaging people is about providing the opportunity, skills and resources that people need to be articulate and empowered users of health services. It is also about reaching the underserved and marginalized groups of the population in order to guarantee universal access to services. This goal seeks to unlock community and individual resources for action at all levels. It aims at empowering individuals to make effective decisions about their own health and at enabling communities to become actively engaged in co-producing healthy environments, providing care services in partnership with the health sector and other sectors, and contributing to healthy public policy.

1.1 Empowering and engaging individuals and families: individuals and families need to be harnessed to achieve better clinical outcomes through co-production of care, particularly for noncommunicable and chronic diseases. This 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 or care for their dependents. Empowerment is also about care that is delivered in an equal and reciprocal relationship between clinical and non-clinical professionals and the individuals using care services, their families, and communities, improving their care experience.

Policy options and interventions:
- Health education
- Shared clinical decision making between individual, families and providers
- Self-management including personal care assessment and treatment plans
- Patient satisfaction surveys

1.2 Empowering and engaging communities: enables communities to voice their needs and so influence the way in which care is funded, planned and provided. It helps build confidence, trust, mutual respect and the building 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.

Policy options and interventions:
- Community delivered care and community health workers
- Development of civil society, user and patient groups
- Peer support and expert patient groups

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

Policy options and interventions:
- Health equity goals integrated into health sector objectives
- Outreach services for the underserved including mobile units, transport systems and telemedicine
- Contracting out services when warranted
- Expanding primary care-based systems

Strategic Goal 2: Strengthening governance and accountability

Strengthening governance and accountability involves improving policy dialogue as well as policy formulation and evaluation together with citizens, communities and other stakeholders. It is about promoting transparency in decision-making and generating robust systems for the collective accountability of policy-makers, managers, providers and users through aligning governance, accountability and incentives.

2.1 Bolstering participatory governance: robust governance mechanisms are required to achieve a coherent and integrated approach in health care policy and planning. This is 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. Governments need to take responsibility for protecting and enhancing the welfare of their populations and build trust and legitimacy with citizens through effective stewardship. The stewardship role is the essence of good governance and involves the identification and participation of community stakeholders so that voices are heard and consensus is achieved.

Policy options and interventions:
- Community participation in policy formulation and evaluation
- National health policies, strategies and plans promoting integrated people-centred health services
- Harmonization and alignment of donor programmes with national policies, strategies and plans
- Decentralization, where appropriate, to local level

2.2 Enhancing mutual accountability: is essentially about answerability, and encompasses both the "rendering of the account", that is providing information about performance, and the "holding to account", meaning the provision of rewards and sanctions. Strengthening accountability of health systems requires joint action by health and non-health sectors, public and private sectors, and citizens, towards a common goal.

Policy options and interventions:
- Health rights and entitlements
- Provider report cards, patient reported outcomes and balanced scorecards
- Performance based financing and contracting
- Population registration with accountable care provider(s)

Strategic Goal 3. Reorienting the model of care

Reorienting the model of care means ensuring that efficient and effective health care services are purchased and provided through 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. 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 requires both gender and cultural sensitivity. Reorienting models of care is also about creating new opportunities for intersectoral action at a community-level to address the social determinants of health and make the best use of scarce resources, including, at times, partnerships with the private sector.

3.1 Defining service priorities based on life-course needs and preferences: means appraising the package of health services offered at different levels of the care delivery system, covering the entire life-course. It uses a blend of methods to understand both the particular needs and preferences of the population and how decisions fit within a holistic approach to health care. It also includes health technology assessment.

Policy options and interventions:
- Local health needs assessment
- Comprehensive package of services for all population groups
- Gender and cultural sensitive services
- Health technology assessment

3.2 Revaluing promotion, prevention and public health: 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 (EPHF) within a defined territory.

Policy options and interventions:
- Monitoring health status of the population
- Surveillance, research and control of risks and threats to public health
- 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. It involves ensuring adequate funding, appropriate training, and connections to other services and sectors. It promotes coordination and continuous care over time for people with complex health problems, facilitating intersectoral action in health. It employs inter-professional teams to ensure the provision of comprehensive services for all. It prioritizes community and family-oriented models of care as a mainstay of practice.

Policy options and interventions:
- Primary care services with a family and community-based approach
- Multidisciplinary primary care teams
- 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 objective is to find the right balance between primary care, other specialized outpatient care and hospital inpatient care, recognizing that each has an important role in the health care delivery ecosystem.

Policy options and interventions:
- Home care, nursing homes and hospices
- Repurposing hospitals for acute complex care only
- Outpatient surgery, day hospital and 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 and sharing. When used appropriately, they can assure continuity of information, track quality, and reach geographically isolated communities.

Policy options and interventions:
- E-health and m-health

Strategic Goal 4: Coordinating services

Coordinating services involves coordinating care around the needs and preferences of people at every level of care, as well as promoting activities to integrate different health care providers and create effective networks between health and other sectors. 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 of the different services.

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 focal point for improvement is the delivery of care to the individual, with services coordinated around their needs and those of their families. It is also about improved information flows and maintaining trustworthy relationships with providers over time.

Policy options and interventions:
- Shared electronic medical record
- Care pathways
- Referral and counter-referral systems
- Case management

4.2 Coordinating health programmes and providers: includes bridging the administrative, informational and funding barriers between health care sectors and between 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.

Policy options and interventions:
- Regional or district-based health service delivery networks
- Integrating vertical programmes into national health systems
- Incentives for care coordination

4.3 Coordinating across sectors: successful coordination involves multiple actors, both within and beyond the health sector. It encompasses sectors such as social services, education, labour, housing, traditional and complementary medicine, and the private sector, among others. It also entails coordination for early detection and rapid response to health crises.

Policy options and interventions:
- Intersectoral partnerships
- Merging of health sector with social services
- Integrating traditional and complementary medicine with modern health systems
- Coordinating with preparedness, detection and response to health crises

Strategic Goal 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 the different stakeholders to undertake transformational change. This is a complex task involving a diverse set of processes to bring about the necessary changes in legislative frameworks, financial arrangements and incentives, and the reorientation of the workforce and public policy-making.

5.1 Strengthening leadership and management for change: strong leadership and vision are critical to successful change management within a health system. 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. Development of an organizational culture that supports monitoring and evaluation, knowledge sharing and a demand for data in decision-making is also a prerequisite for transformational change.

Policy options and interventions:
- Transformational and distributed leadership
- Dedicating resources for reform
- Systems research and knowledge sharing

5.2 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.

Policy options and interventions:
- Clinical governance
- Quality assurance and continuous quality improvement

5.3 Reorienting the health workforce: special attention needs to be given to reorienting the health workforce to meet the requirements of service delivery reforms. It requires health workers to approach patients, users and communities differently, be more open to working in teams, use data more effectively and be willing to innovate in their practice.

Policy options and interventions:
- Health workforce training
- Multi-professional teams working across organizational boundaries
- Improving working conditions and compensation mechanisms

5.4 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.

Policy options and interventions:
- Aligning regulatory framework

5.5 Reforming payment systems: changes in the way care is funded and paid for are also needed to promote the right mix of financial incentives in a system that supports the integration of care between providers and settings.

Policy options and interventions:
- Mixed payment models based on capitation
- Bundled payments

Implementation principles

In moving forward with a strategy of this nature, it is important to acknowledge the lessons of history: the successful reorientation of health services will most likely be a long journey requiring sustained political commitment. Ultimately, each country or local jurisdiction needs to set its own goals for integrated and people-centred health services, and develop its own strategy for achieving these goals. The goals must respond to the local context, existing barriers and the values held by people within the state or area, and should be achievable given the current health service delivery system, and the financial and political resources available to support change. The implementation principles therefore of this strategy are the following:

Country-led: strategies for pursuing integrated people-centred health services should be developed and led by countries, with external support where necessary, and should respond to local conditions and contexts.

Equity-focused: efforts to enhance equity are a necessary part of people-centred and integrated health care strategies. Efforts can target immediate factors driving inequitable service utilization, but may also address more fundamental social determinants.

Participatory: the notion of people-centred and integrated health services puts informed and empowered people at the centre of the health system. Therefore, processes to develop national strategies for such services should ensure accountability to local stakeholders and, especially, to disadvantaged populations.

Systems strengthening: service delivery depends on effective information and financing systems, and the availability of skilled and motivated health workers. Changes made to service delivery will inevitably have ramifications across the entire health system.

Iterative learning/action cycles: success is most likely when there are iterative learning and action cycles that track changes in the service delivery system, identify emerging problems and bring stakeholders together to solve problems.

Goal-oriented: a key focus of the strategy should be on the ongoing monitoring of progress within a framework that includes specific and measurable objectives.

The role of key stakeholders

Countries: moves towards people-centred and integrated health services need to be country-led in a process of co-production between governments, providers and the people that they serve. The role of countries is therefore essential in overcoming some of the key challenges to implementation. Countries committed to this path should be sure to develop and communicate a clear vision and strategy for what they wish to achieve. They also need to secure adequate funding for reform and implementation research.

Development partners: should, except under exceptional circumstances where very rapid or unique action is required, seek to integrate their support to health service delivery into countries' own health systems. They can also help to share technical knowledge about different approaches to promoting more people-centred and integrated services.

Citizens' groups: various networks have an important role to play in advocating for more people-centred and integrated health services, as well as in empowering their members to be able to better manage their own health concerns and engage with the health system.

Academics and researchers: have an important role to play in providing analytical, educational and implementation skills. Understanding of strategies to support people-centred and integrated health services needs to be enhanced through health systems research and implementation research efforts.

Provider associations: can play important roles in adopting and endorsing new practices, and in providing support to their members.

WHO: the role of WHO will be to drive policies that can support the development of people-centred and integrated health services across the world. The adoption of integrated people-centred health services, and the five key strategic goals identified in this strategy, will therefore require sustained advocacy and technical cooperation efforts.

Progress monitoring

In order to track overall progress in the implementation of this strategy, and the progress of each one of its five strategic goals, the below set of six indicators is being proposed. After agreement is reached on their usefulness to track implementation progress, specific baselines for 2016 and targets for 2026 will be developed.

Table. Strategy monitoring indicators

Strategic Goal	Indicator	Definition	Disaggregation	Comments/ limitations	Primary data source
Overall progress	Number of countries implementing integrated services	It reports on Member States that are either piloting and/or scaling-up service delivery reforms aimed at improving the co-production of care; care over time; and the comprehensiveness and coordination of care, including public-private partnerships and/or intersectoral collaboration	Region, national	Data collection on annual basis	Collection of information with national authorities and WHO Country Offices by Regional Offices and transmitted to headquarters
1	Proportion of countries in which patient satisfaction surveys are carried out on a regular basis	It measures the level of satisfaction with the health services of the population age 18 and older, within the past 12 months, every year	Gender, age, socioeconomic status, sub-national	Perceived quality may not reflect true quality of services. Satisfaction in some settings has been shown to be poorly correlated to quality and varies broadly with setting and timing of survey	SPA, CIHI, Balanced Score Card Afghanistan, European Primary Care Monitor
2	Proportion of countries whose national health policies, strategies and plans are aligned with the WHO global strategy on IPCHS	It considers Member States whose national health policies, strategies and plans are aligned with at least two of the following four strategic goals: empowering and engaging people, strengthening governance and accountability, reorienting the model of care, and coordinating services	Region, national, socioeconomic status	Data are not available for all Member States	Country Planning Cycle Database [online database]

Strategic Goal	Indicator	Definition	Disaggregation	Comments/ limitations	Primary data source
3	Proportion of countries that allocate at least 20% of government total health expenditure to primary care	It measures proportion of government total health expenditure spent in primary care	Region, financing source institutional unit, main type of care, main type of provider, disease, sub- national level, socioeconomic status	Data not currently collected broadly, differing service delivery models have differing costs	Administrative data (European Primary Care Monitor, PAHO Strategic Plan 2014-2019, WHO SHA 2011)
4	Proportion of countries with formal systems for referring patients and/or accepting referred patients	It considers primary care facilities that have a formal system for referring patients or accepting referred patients	Health facility type, sub-national level	Does not assess the completion of referrals or the proportion of referrals appropriately initiated. It does not assess the counter-referral completion either	Health Facility Assessment, HMIS (SARA, SPA)
5	Proportion of countries that have decreased hospital readmission rates on acute myocardial infarction to 10% or less	It measures unplanned and unexpected hospital readmissions for acute myocardial infarction	Age, sex	Data are not available for all Member States	Hospital registers linked to routine facility information systems

Acronyms:

CIHI - Canadian Institute for Health Information

HMIS - Health Management Information System

SARA - The Service Availability and Readiness Assessment (SARA) is a health facility assessment tool designed to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system

SPA - The Service Provision Assessment (SPA) survey is a health facility assessment that provides a comprehensive overview of a country's health service delivery

WHO SHA 2011 - WHO's System of Health Accounts (SHA) 2011

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