Unpacking the service delivery function: COVID-19 provides an opportunity for some reverse thinking

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All forms of service delivery are being scrutinized during the COVID-19 pandemic

The rapid spread of coronavirus disease 2019 (COVID-19) has threatened to overwhelm health systems worldwide. In some countries, the COVID-19 crisis has shown the urgent need for more effective population-based services as well as personal care. Countries’ responses to COVID-19 have also shown that some health systems can be agile and develop innovative approaches, implementing strategic shifts1 to respond to the pandemic effectively while maintaining other essential health services. The pandemic has accelerated changes in what health and social services are delivered where and how, such as with the use of telemedicine and through fostering partnerships between public and private care providers. However, COVID-19 has also exposed and exacerbated persistent inequalities in risks to health and health outcomes, despite decades of commitment to health for all. While we are still learning, many changes introduced as responses to the crisis deserve to be sustained as we aim for more equitable and resilient health systems. The COVID-19 crisis has firmly reinforced the need for health systems that are based on a primary health care (PHC) approach that includes robust community-based services and reinforced public health functions.

A PHC approach includes three components: meeting people’s health needs throughout their lives; addressing the broader determinants of health through multisectoral policy and action; and empowering individuals, families and communities to take charge of their own health. Health systems aim to improve health and health equity in ways that are responsive and financially fair. To achieve these goals, health systems must fulfil four core functions: service delivery, stewardship/governance, financing and generation of resources.2 PHC is a policy mechanism for executing the four core health system functions in the most effective way. The pandemic has provided an impetus to revisit the service delivery function so that we can gain a clearer and more shared understanding of what it encompasses and its interactions with the other health system functions. This is not just a theoretical exercise; this understanding is required to optimize what services are delivered to communities and to individuals, and how.

Unpack and optimize the service delivery function

Commonly described shortcomings in health systems point to specific failures in service delivery. These include but are not limited to patients feeling lost in the system as they try to find their way to and among health providers; people postponing care seeking, not completing their treatment, or not accessing services at all because of a range of informational, organizational, financial or cultural barriers; irrational use of medicines; professionals under stress due to congestion in some facilities while other facilities lie almost empty; and unnecessarily repeated diagnostic tests because results were not shared between providers.3

Health services can be classified in a multitude of ways. They can be described by their purpose, such as health promotion and prevention, resuscitation, curative care, rehabilitation or palliative care.4 They can be categorized by place of delivery – in the community, at home, at a health centre, in a hospital or at a long-term care facility. Other classifications include by target, population versus personal services and whether the service delivery was by a public or private provider. These are all descriptions of the elements of service delivery. These elements require actions with regard to critical processes, including priority setting, planning, organization and quality of health services, and management of service delivery facilities.4 Together, these processes constitute the function of service delivery, which is influenced by, but distinct from, the other health system functions.

Make service delivery the cornerstone of action to strengthen a health system

Regardless of whether changes in health service provision are attempted at the facility (micro) level, the district/municipality (meso) level, or the national or state (macro) level, a process built on agreed models of care is essential to achieve desired changes. Models of care refer to a set of service principles that broadly define good practice in the way health services are delivered for an individual, a patient cohort or a population group.5 A model of care aims to deliver the right care at the right time and in the right place. Models of care are not static or universal; they are adapted to local health care needs.
Service delivery is the confluence where health care users and providers interact most directly. More reverse thinking can increase awareness of the dynamic roles individuals play in shaping health service provision and use across different levels of the health system. Looking through a service delivery lens highlights the processes and nuances of people-centred care: co-creation of a personal care plan; interactions between facility managers and staff in shaping organizational processes and culture; local health authorities engaging local communities and health care providers to prioritize services and supervise implementation; and decision-makers at national, state or district level exercising stewardship of these processes. Experience shows that the definition and revision of models of care require safe spaces for community engagement, along with reliable information on communities’ needs and assets, and assessment of service access, coverage and quality. A service-delivery-anchored approach to the design of PHC-oriented health systems further reinforces the importance of empowering people to engage in shaping service delivery processes, strengthening the quality of services and increasing their use as a result.

Conclusion

The COVID-19 pandemic has highlighted the need for a coherent approach to strengthening the delivery of high-quality individual and population-based health services through a range of delivery platforms. The dual challenge of responding to the emergency while protecting other essential services, as well as considering future prevention and response, has put the spotlight back onto primary care. The three components of PHC are widely recognized as the foundation of successful efforts towards universal health coverage and health security. It is time to recognize that the service delivery function is not simply an inevitable consequence of the performance of the other three functions or a passive stepping stone towards improved personal and population health; rather, it can and must be actively and directly managed to ensure impact. Service delivery has its own distinct processes involving the planning, organization and management of services. It will also be useful if more of us – policy-makers, programme implementers and policy analysts – can reverse our thinking about strengthening health systems and view health system dynamics through a service delivery lens, keeping the implications for service delivery squarely in our analysis as we work to strengthen any of the four interconnected health system functions. Country endorsement of service principles and models of care that are aligned to PHC will further bolster successful outcomes of reverse thinking.

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