Service Packages, People-centered Health Services, and Integrated Care
The Accessible Quality Healthcare project

The Accessible Quality Healthcare (AQH) project is designed to support the implementation of the national reform agenda and complement other donor-supported programmes with a focus on the Primary Health Care (PHC) level and non-communicable diseases (NCDs). With its three outcomes the project aims to stimulate use of quality primary health care services by all Kosovo citizens, with particular attention to the needs and inclusion of socially vulnerable populations.

AQH Selected Municipalities are: Fushë Kosovë, Gjakovë, Glogoc, Graçanicë, Junik, Lipjan, Malishevë, Mitrovicë, Obiliq, Rahovec, Skenderaj, Vushtri.

Objective:
The health of the population of Kosovo has improved, with strengthened healthcare providers and managers able to meet the needs of the patients (especially vulnerable groups), who are more aware of their rights and needs.

3 project outcomes are:

**Outcome 1**
Primary Health Care providers in project municipalities deliver quality services that respond better to communities’ needs, including those of vulnerable groups

**Outcome 2**
Health managers in project municipalities improve their performance in guiding service delivery towards continuous quality improvement that responds to communities’ needs

**Outcome 3**
Health awareness and care seeking behaviour of the population in project municipalities (in particular of vulnerable groups) and communities are empowered to demand the right to quality services and better access to care

Project phase duration: 01.01.2016 – 31.12.2019
AQH project is supporting Municipalities to develop service packages for Primary Health Care (PHC) that are people-centered, and deliver integrated care services to improve the quality of care.

**Service packages**

Following the 2010 WHO framework “Package of Essential Non-communicable (PEN) Disease Interventions for PHC” a service package includes prioritised essential interventions required by a specific disease to improve patients’ quality of life.

The development of service packages will ensure a continuum of care reaching from:

- community awareness (e.g. risk associated with cardiovascular diseases)
- improving health seeking behaviour
- ambulatory care in PHC
- referral to higher levels of care and back to community care (e.g. outreach)

with the family physician in a gatekeeper role and coordinating all services based on quality of life parameters of the client (person-centred).
People-centered health services

An approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants, as well as beneficiaries, of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care 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.

Conceptual framework for people-centred and integrated health services

WHO (2015) Global strategy on people-centred and integrated health services
Integrated care

“Integrated care seeks to close the traditional division between health and social care. It imposes the patient’s perspective as the organizing principle of service delivery and makes redundant old supply driven models of care provision. Integrated care enables health and social care provision that is flexible, personalized and seamless.”


Accountability relationships in health

Integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course.

(WHO (2015) Global strategy on people-centred and integrated health services)