



WHO European Centre for Primary Health Care

Annual report of activities 2016



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WHO European Centre for
Primary Health Care

Health Services Delivery Programme

Division of Health Systems
and Public Health

ABSTRACT

The WHO European Centre for Primary Health Care (WECPHC) of the WHO Regional Office for Europe has the overarching goal of supporting integrated health services delivery transformations for people-centred health systems towards the Region's greatest health and well-being potential. The WECPHC is one of four specialized centres of the European Regional Office. It works as an extension of the Division of Health Systems and Public Health and in collaboration with other technical units in Copenhagen and country offices across the Region. The Centre's work aligns to four pillars of activity: knowledge synthesis; country support; policy analysis; and alliances and networking. This report highlights key activities and achievements across these pillars from the 2016 calendar year.

Keywords

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HEALTH CARE SYSTEMS
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Abbreviations

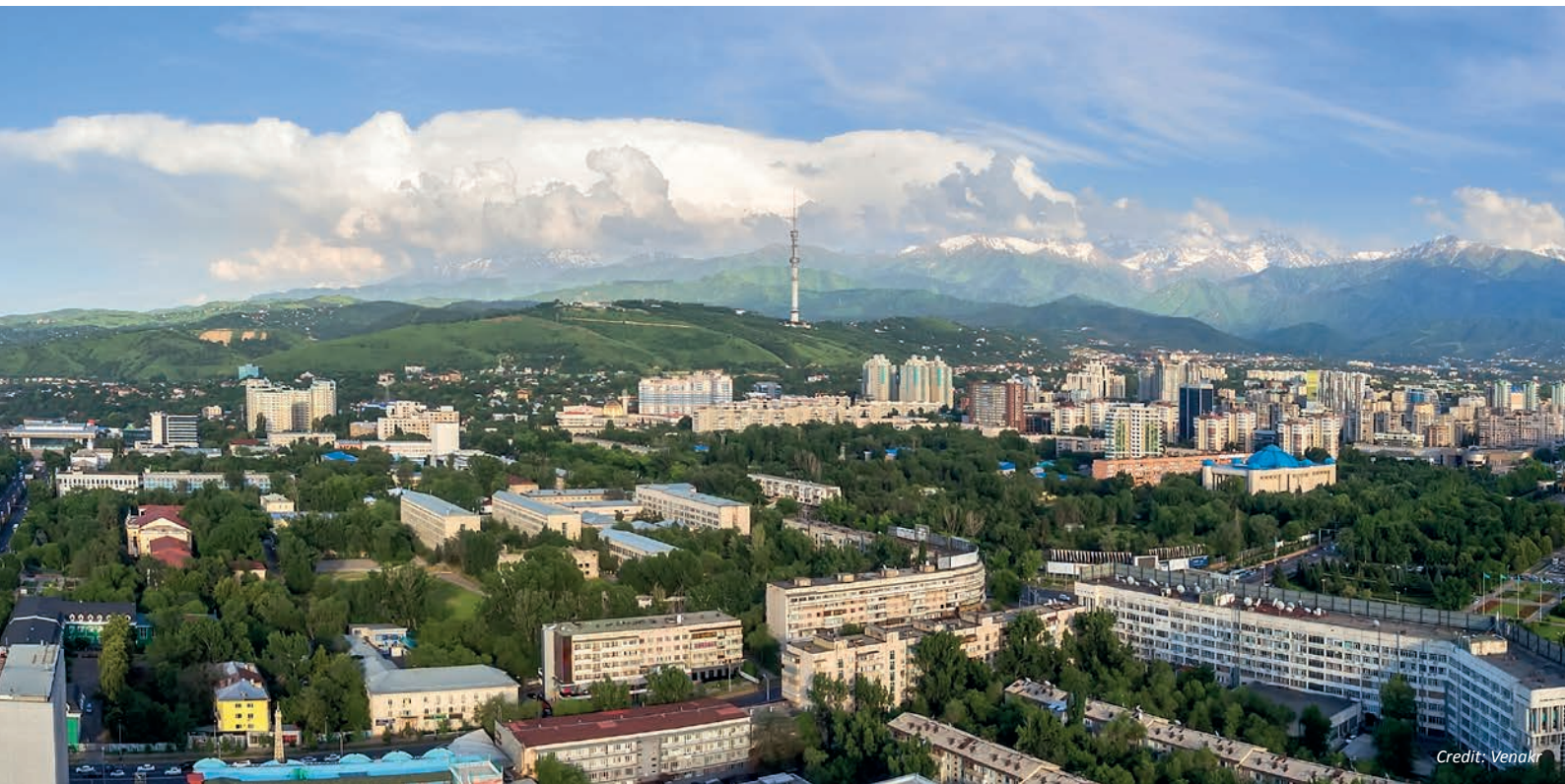
ACSCs	ambulatory care sensitive conditions
AmCham	American Chamber of Commerce in Kazakhstan
COPD	chronic obstructive pulmonary disease
ECDC	European Centre for Disease Prevention and Control
EFFA IHSD	European Framework for Action on Integrated Health Services Delivery
FAQ	frequently asked questions
GDO	geographically dispersed office
HSD	health services delivery
HSPA	health systems performance assessment
IFIC	International Foundation for Integrated Care
IHSD	integrated health services delivery
KSPH	Kazakhstan School of Public Health
LTC	long-term care
NCDs	noncommunicable diseases
NDPHS	Northern Dimension Partnership in Public Health and Social Well-being
NTP	national TB programme
PEN	Package of essential NCD interventions
PHC	primary health care
PHC-AG	Primary Health Care Advisory Group
SCRC	Standing Committee of the Regional Committee
SCUC	strengthening capacity for universal coverage
SDG	Sustainable Development Goal
SRH	sexual and reproductive health
TB	tuberculosis
TB-REP	TB Services Delivery Models for the Eastern European and Central Asian Region Project
WECPHC	WHO European Centre for Primary Health Care
WONCA	World Organization of Family Doctors

Acknowledgements

This report has been prepared by staff of the WHO European Centre for Primary Health Care, Almaty Office in Kazakhstan. The Centre is a geographically dispersed office of the Health Services Delivery Programme, Division of Health Systems and Public Health of the WHO Regional Office for Europe.

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Preface

The WHO European Centre for Primary Health Care (WECPHC) was first established in 2013 following approval at the sixty-third session of the WHO Regional Committee for Europe for a new geographically dispersed office (GDO) on primary health care (PHC). The Centre follows Decision EUR/RC62(2) on strengthening the role of the Regional Office's GDOs in programme areas geared to the particular needs and priorities of the its Member States.

In the WHO European Region, Member States have long signaled their commitment to health and development and shared recognition of the critical link between well-performing health systems and population health and well-being. This commitment was marked by the 1996 Ljubljana Conference on Reforming Health Care and reaffirmed by the 2008 Tallinn Charter. More recently, strengthening people-centred health systems was recognized as one of four priority areas in the European policy, Health 2020,

which set out a course of action for achieving the Region's greatest health potential by year 2020.

Kazakhstan has been a long-time partner of WHO in strengthening health systems and services delivery. As a hub of excellence in PHC and services delivery, the new Centre sets out to ensure that the WHO Regional Office for Europe is equipped to work closely with Member States in their efforts to transform services delivery.

The WECPHC is one of two specialized centres of the Division of Health Systems and Public Health; the other, situated in Barcelona, Spain, being focused on health financing. The Centre works in collaboration with other technical programmes of the WHO Regional Office for Europe and its country offices. Since 2016, the Centre began its activities at its premises at the Kazakh National Medical University in Almaty, Kazakhstan.

“The launch of the Centre, almost four decades after the 1978 Declaration of Alma-Ata marks Almaty not only the birthplace of primary health care; but also its home.”

Zsuzsanna Jakab, WHO Regional Director for Europe
Inauguration of the WHO European Centre for Primary Health Care, 11 February 2015

HIGHLIGHTS: THE YEAR IN BRIEF

Endorsement of the European Framework for Action in Integrated Health Services Delivery (EFA IHSD) by European Member States, country-specific technical support and policy advice across the Region, launch of new work streams on PHC, long-term care and the application of the EFA IHSD and monthly events including international conferences, policy dialogues and high-level events, are some among the many highlights that have made 2016 a successful and productive year for the WECPHC operating from its premises in Almaty, Kazakhstan.

KNOWLEDGE SYNTHESIS

Publication of final background documents as part of the EFA IHSD implementation package

Launch of two new research collaborations on long-term care and primary health care

Applications of concepts to areas including nutrition, tuberculosis, HIV and women's health

MEMBER STATE ENGAGEMENT

Member States engaged in policy consultation **37**

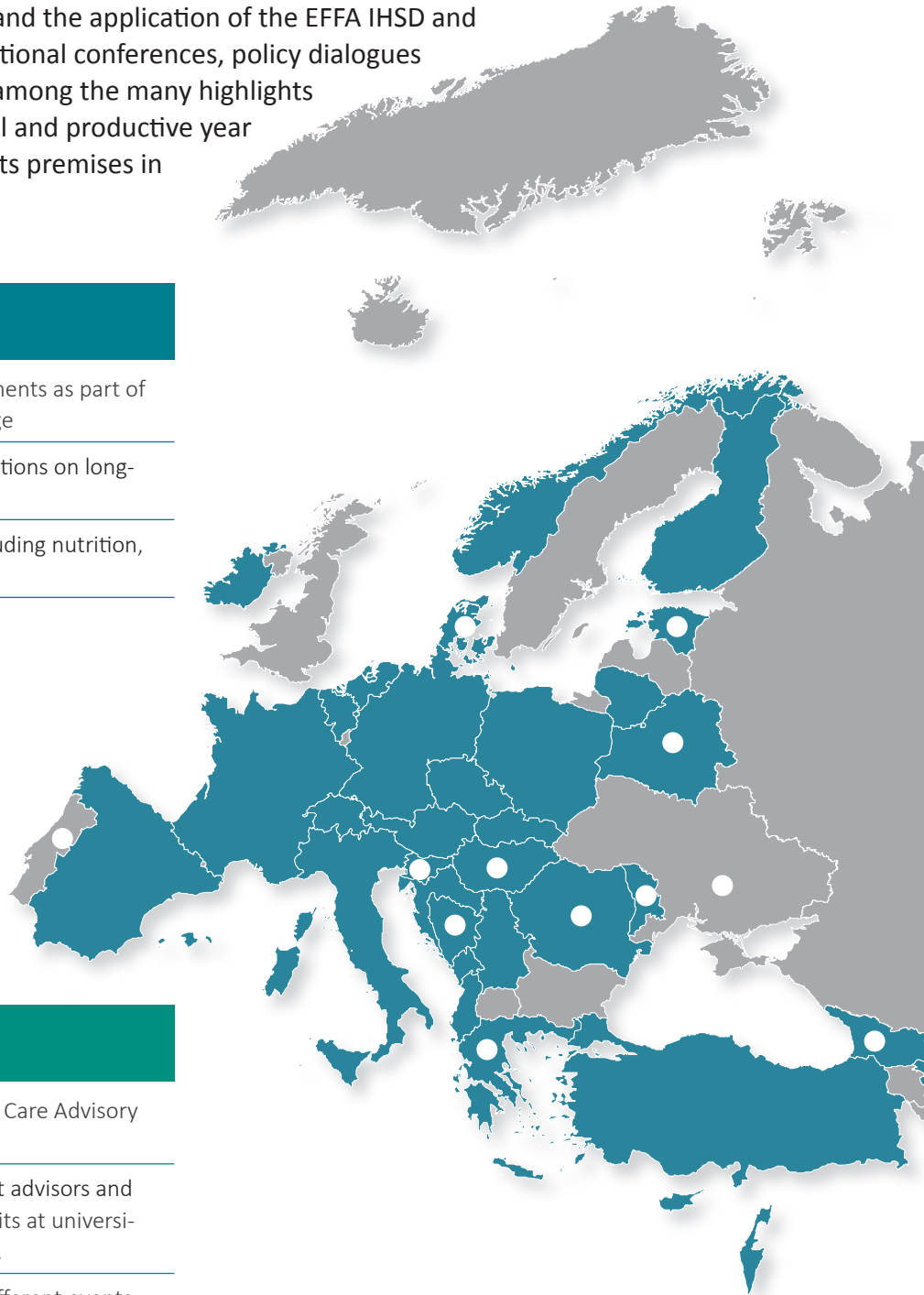
Percentage of Member States engaged **70%**

ALLIANCES AND NETWORKING




Set up of a prestigious Primary Health Care Advisory Group to the Regional Director.

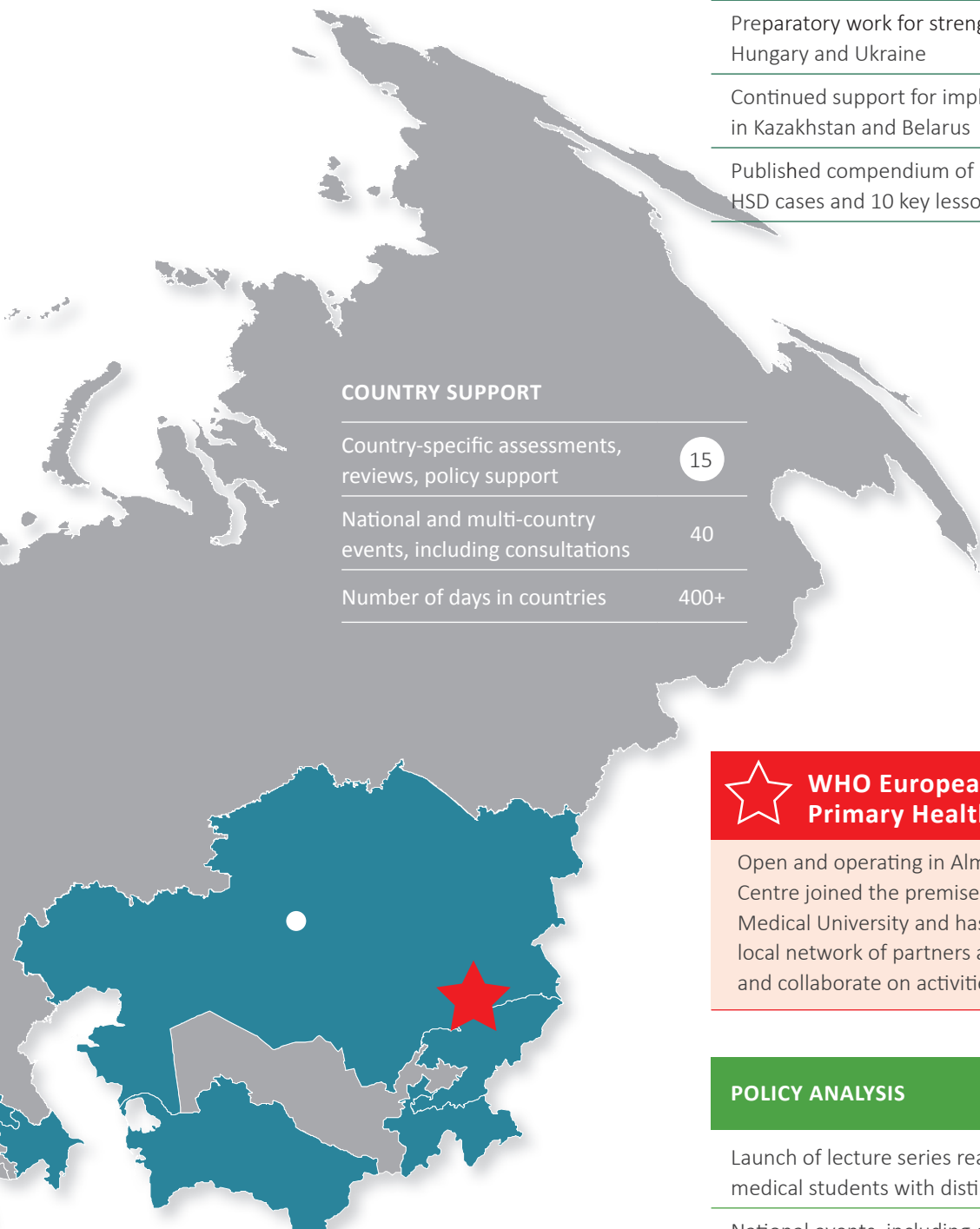
Collaborations with nearly 60 different advisors and partnerships with leading research units at universities and think tanks across the Region.

Lecturers and facilitators in over 20 different events including trainings including study tours, summer courses and workshops.



LEGEND

	WHO European Member State
	Member States engaged in policy consultation
	Country-specific assessments, reviews, policy support



COUNTRY SUPPORT

Missions to 27 Member States, nearly 50 percent of the Region’s countries, by staff, consultants and advisors of the WECPHC

Completed services delivery assessments in Estonia, Kazakhstan, Moldova, Tajikistan and Portugal

Preparatory work for strengthening HSD in Georgia, Hungary and Ukraine

Continued support for implementation of HSD reforms in Kazakhstan and Belarus

Published compendium of 53 descriptive integrated HSD cases and 10 key lessons learned

COUNTRY SUPPORT

Country-specific assessments, reviews, policy support	15
National and multi-country events, including consultations	40
Number of days in countries	400+

 **WHO European Centre for Primary Health Care**

Open and operating in Almaty, Kazakhstan, the new Centre joined the premises of the Kazakh National Medical University and has worked to establish a local network of partners and suppliers to support and collaborate on activities.

POLICY ANALYSIS

Launch of lecture series reaching over 1,000 Kazakh medical students with distinguished guest lecturers.

National events, including one-day innovative approaches to integrated PHC conference bringing health sector actors, international experts, neighbouring countries to Almaty.

Increased visibility of the WECPHC and its work online and in print, in both English and Russian language.



INTRODUCTION

The WHO European Centre for Primary Health Care (WECPHC) in Almaty has the overarching goal to support health services delivery transformations, strengthening people-centred health systems to accelerate maximum health gains for populations and individuals¹. This report summarizes the 2016 activities of the WECPHC in working with the Region's Member States and contributing to health system strengthening priorities in line with guiding regional and global commitments.

¹ Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013(<http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>).

Guiding policies

The work of the WECPHC applies the framework of the European Framework for Action on Integrated Health Services Delivery (EFA IHSD)¹. Endorsed by Member States at the sixty-sixth session of the Regional Committee for Europe (EUR/RC66/15), it calls for actions across four domains, informing the specific themes of the Centre's work: populations and individuals, health services delivery processes, health systems enablers and change management.

The EFA IHSD is well-aligned with the global framework for strengthening integrated, people-centred health services adopted in resolution WHA69.24² and supports the Global Strategy on Health Human Resources for Health: workforce 2030 adopted in resolution WHA69.19³. These policies emphasize the integral role of HSD and the health workforce for strong and resilient health systems globally. This critical link between health and development priorities is also made explicit in the United Nations Sustainable Development Goals (SDG), specially SDG three target 3.8 on achieving universal health coverage calling for quality, essential health services that are safe and acceptable to all people and communities⁴.

In the WHO European Region, strengthening people-centred health systems was recognized as one of four priority areas in the European policy framework, Health 2020⁵. This vision recalls the earlier commitment of Member States for health system strengthening, signalled by the 1996 Ljubljana Charter on Reforming Health Care and reaffirmed by the 2008 Tallinn Charter.

Core pillars of work

The Centre's activities cover four core pillars.

1. Knowledge synthesis. This pillar of work sets out to contribute to a conceptually sound understanding of services delivery topics in response to the continuously evolving evidence base. Activities related to this pillar typically include consolidating and reviewing existing literature, engaging expert review teams and external research bodies to weigh-in on burning challenges, and

joint efforts with other technical programmes of the Regional Office to explore areas of interest through a services delivery-lens.

- 2. Country support.** This pillar of work aims to respond to requests for technical assistance by Member States. Activities include conducting rapid reviews, in-depth assessments and other data-driven exploratory work through a HSD lens, supporting strategic planning processes for transformations including the design of pilot projects, and facilitating the exchange of relevant practices from other countries as policy options and design considerations for strengthening services delivery.
- 3. Policy analysis.** Work within this pillar aims to translate concepts into practical 'know-how'. Key areas of activity include leading and managing services delivery transformations, support and review of strategic policy documents and facilitating platforms for policy dialogues that convene relevant stakeholders and partners.
- 4. Alliances and networking.** This pillar aims to generate synergies with other global health initiatives, to foster meaningful partnerships with leading academic institutions, think tanks, donors and international organizations and to collaborate with development partners and other actors working with and across Member States. Related activities include engagement in and coordination of trainings and workshops, regular collaboration with advisors and key stakeholders.

About this report

This report is an account of activities over the 2016 calendar year. It has attempted to be comprehensive in its reporting of WECPHC-funded technical activities, to the exclusion of efforts supported by other means.

The document is organized according to the Centre's core pillars of work. Throughout, new publications and events are described. A further focus is put to describe advantages of the new Centre to Kazakhstan and planned areas of work for the coming year. Supplementary sections provide an at-a-glance overview of events, staff, and resources that the report describes.

¹Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/315787/66wd15e_FFA_IHSD_160535.pdf?ua=1).

²Framework on integrated, people-centred health services. Geneva: World Health Organization; 2016 (A69/39; http://apps.who.int/gb/e/e_wha69.html).

³Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2016 (A69/38; http://apps.who.int/gb/e/e_wha69.html).

⁴Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations Sustainable Development; 2015 (<https://sustainabledevelopment.un.org/?menu=1300>).

⁵Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>).



KNOWLEDGE SYNTHESIS

The WECPHC has worked to explore those most pertinent research topics on HSD for the WHO European Region. In 2016, this called for a focus on integrated health services delivery (IHSD) including the integration of primary health care (PHC) services, public health services and health and social care sectors. Work has also included a focus on measurement of services delivery performance applying ambulatory care sensitive conditions hospitalization rates as well as applications of an IHSD approach to topics including nutrition, tuberculosis, HIV and women's health.

Integrated health services delivery

Integrated models of care

Over the past decade a seemingly endless number of definitions, concepts and theories have emerged explaining and defining what integrated care is and what the main building blocks are for the successful integration of services. In the context of the development of the EFA IHSD, the WECPHC has conducted a number of literature reviews, document analyses and studies to consolidate and align this thinking and explore common themes.

The report *Integrated care models: an overview*, by means of a scoping study, reviews integrated care models in a cross-cutting analysis of their key components. Among the different definitions and taxonomies identified for describing integrated care, including types, levels or intensity of integration, the findings identify three varieties or clusters of models: individual models of integrated care (e.g. case-management, individual care plans), group and disease-specific models (e.g. the chronic care model, integrated care models for the elderly and frail) and population-based models (e.g. Kaiser Permanente, Veterans Health Administration).

Integration of primary health care

Committed to maintaining momentum for strengthening PHC, the WECPHC has partnered with Amsterdam Medical Centre of the University of Amsterdam in an effort to continuously advance PHC research, measurement and policy options. At a joint workshop 31 October, Amster-

SPOTLIGHT PUBLICATION

Integrated care models: an overview



This report set out to consolidate the current understanding on the integration of services according to widely cited integrated care models making it a resource for easy access to these models and an aid for interpreting their similarities and differences.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf?ua=1

dam, Netherlands, a review process to explore measures for assessing PHC was kicked-off, looking to update existing frameworks according to the further elaboration of measures and key topics in the years that have followed their development. The measures identified intend to be applied in a Region-wide assessment towards a baseline on the status of PHC.

Preparatory work with view to the 40th anniversary conference of the Declaration of Alma-Ata in 2018 was also launched in 2016.

SPOTLIGHT

Primary health care workforce

Based on the 2015 publication, *Strengthening a competent health workforce for the provision of coordinated/integrated health services*, six key processes were further developed to improve the quality of IHSD: recruitment; orientation; supportive practice environments; continuing professional development and in-service activities; performance evaluation and improvement planning; and competency based promotion and leadership.

Over the course of 2016, this included the identification of processes and relevant activities that need to take place for their implementation at the system and services level through interviews with experts.

In line with this further exploratory work, a panel discussion was organized during the 16th International Conference on Integrated Care, 23–25 May, Barcelona, Spain with patient, clinician, researcher and government representatives to share and discuss experiences from their perspectives on the key processes identified. Ongoing work is needed to test these processes in the WHO European Region but also to identify the roles of stakeholders in facilitating each at the country level and across different health systems. This will be the focus of our work in 2017.

In the context of the WECPHC's efforts to support systems in strengthening responsive health services, work was started to develop and test a tool to assess the readiness or pre-conditions for supporting quality improvement initiatives among nurses.

Integration of primary care and public health services

Acknowledging the challenges posed by chronic diseases, population ageing, rising public expectations and financial constraints, fostering integration between public health and primary care services has been signalled as a key priority among countries. In an effort to survey the current context, a scoping review was launched in 2016, exploring the barriers to the integration of public health and PHC services and relevant policy options for strengthening integration across services delivery processes from the perspective of primary care. Strategies to be further explored include population-based planning and services delivery design and coordination.

Strengthening the link between health services and public health services has also been applied in practice at events, including a technical workshop on human resources for public health services for the South-eastern Europe Health Network in Banja Luka, Bosnia and Herzegovina.

Integration of health and social sectors

Population ageing, the increasing gap in the availability of informal care and fiscal imbalances has put long-term care (LTC) high on the political agenda of policy-makers in both the health and social sector.

By nature of the interdependencies and interactions between LTC with hospital care, primary care and social welfare, LTC faces unique challenges to ensure the delivery of services around persons' needs.

In 2016, the WECPHC devised a multi-staged, multi-country assessment, based on the EPHA IHSD, to explore LTC models in countries. The basis of this proposal took shape through a preliminary review of the LTC landscape, including exploratory work to identify key policies, publications and partners. Following a public bidding process, the work will be taken forward by the European Centre for Social Welfare Policy and Research, a hub for social policy research specializing in LTC, together with partnered experts on gender and equity for a multidimensional approach to the study of LTC services.

Measurement of integrated health services delivery performance

Ambulatory care sensitive conditions

Measuring IHSD presents methodological challenges. To date there is no consensus on a specific indicator for its measurement. In the WHO European Region, ambulatory care sensitive hospitalizations rates (ACSHs) have been widely used for measuring services delivery performance, including the quality and efficiency of care, resolute capacity of primary care, coordination of services. The WECPHC has investigated the link between ambulatory care sensitive conditions (ACSCs) and HSD performance and outcomes.

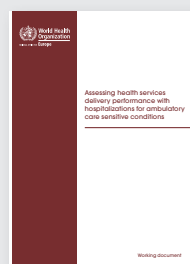
In 2016, a further review of terminology, measures and methods for reporting on ACSCs was conducted. Included in the document *Assessing health services delivery performance with hospitalizations from ambulatory care sensitive conditions* are the findings of this assessment and tool for the study of ACSHs in countries.

The WECPHC has also conducted a series of country studies applying this framework for assessing ACSCs. In 2016, this included the finalization of an ACSC assessment in Portugal with support from the National School of Public Health. Policy recommendations for strengthening HSD identified included expanding and aligning the PHC service package

to population needs and reinforcing the care coordinating role of general practitioners.

SPOTLIGHT PUBLICATION

Assessing health services delivery performance with hospitalizations from ambulatory care sensitive conditions



This work explores the different approaches to measuring ACSCs, investigating: how have ACSHs been used as a measure of HSD performance and which HSD performance outcomes are captured in reporting on ACSHs? It includes a self-assessment tool that can be applied to study HSD performance.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0010/305875/Assessing-HSD-performance-with-ACSH.pdf?ua=1

In 2016, a preliminary horizontal analysis of the findings from five completed country case studies was conducted. This comparative analysis has worked to review the percentage for avoidable hospitalizations identified, ranging from 40 percent to 80 percent for selected ACSCs, and study trends in services delivery bottlenecks.

At the 16th Annual International Conference on Integrated Care, 23–25 May, Barcelona, Spain, findings from a related study on indicators for monitoring and evaluating integrated care was presented at a session on performance measurement. Taking a stepwise approach beginning with a systematic review of scientific and grey literature, this work explored the classifications, clusters, domains and attributes used for measuring integrated care. Nearly 300 indicators were recorded and organized into seven domains that depict integrated care: care coordination, continuity of care, patient-centre care, user experience, community-based services, access to care, and management and organization.

Applications

Nutrition

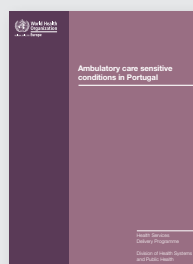
Europe is severely affected by noncommunicable diseases (NCDs), which account for 77 percent of the burden of disease and nearly 86 percent of premature mortality⁶. Global recommendations for halting the NCD epidemic include a comprehensive set of population level and individual activities and services to reduce common risk factors. Primary care plays a crucial role in the delivery of these services, aiming to promote healthy diets, engage individuals in physical activity and assist patients in weight management.

In a review of services to promote diet, physical activity and weight management, evidence on the effectiveness of services delivered in primary care was assessed. The report *Integrating diet, physical activity and weight management services into primary care* consolidates the findings of this review, illustrating the effectiveness of services offered in primary care in reducing weight, increasing levels of physical activity and facilitating a shift to a healthier diet. The findings underscored important design principles, including ensuring the comprehensiveness of services and coordination across health practitioners for optimal effectiveness. In June 2016, the results of this study were presented at the International Conference on Nutrition and Pregnancy, Riga, Latvia.

⁶Integrating diet, physical activity and weight management services into primary care. Copenhagen: WHO Regional Office for Europe (2016) http://www.euro.who.int/__data/assets/pdf_file/0016/324304/Integrating-diet-physical-activity-weight-management-services-primary-care.pdf?ua=1

SPOTLIGHT PUBLICATION

Ambulatory care sensitive conditions in Portugal



The study set out to identify which elements of PHC need strengthening to avoid unnecessary hospitalizations of ACSCs in Portugal.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0007/307195/Ambulatory-care-sensitive-conditions-Portugal.pdf?ua=1

Tuberculosis

Working towards improved tuberculosis (TB) health outcomes has called for a focus to reorient TB detection and diagnosis, treatment and support and prevention services towards a patient-centred model of care. The WHO Re-

SPOTLIGHT PUBLICATION

Integrating diet, physical activity and weight management services into primary care



This document sets out to review the available evidence on the effectiveness of services for diet, physical activity and weight management delivered in primary care. The findings offer guidance on transformations to strengthen the integration of diet, physical activity and weight management into primary care.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0016/324304/Integrating-diet-physical-activity-weight-management-services-primary-care.pdf?ua=1

gional Office for Europe in the joint programme Effective and efficient people-centred models of care for TB for the EECA Region (TB-REP) have worked with partners to apply the framework of the EFA IHSD and its approach to structures services around a TB patient's journey across different types of care.

On 8th June, representatives of the WECPHC participated in a first TB-REP coordination meeting in London, United Kingdom, on the design of a people-centred TB model of care. This was followed by further follow-up discussions and in-house workshop to apply the EFA IHSD areas for action to TB services, including the settings and facilities relevant to TB care across ambulatory, community, home and inpatient services.

HIV

In an application of IHSD principles, an assessment on the status of HIV treatment and care services was conducted in February 2016, in a joint effort with HIV-specialists. Through a services delivery lens, this work looked to explore design challenges to the comprehensive, coordinated delivery of

HIV prevention, diagnosis, treatment and care. Mapped according to the service stages of first contact, diagnostic testing, referral and treatment decision, constraints including the reactive approach to services and pattern of patient self-referral, were identified.

Women's health

Health systems are slowly adapting to address women's health issues beyond reproduction. This progress, however, is varied across the Region and within countries, with some women facing inequities including the range of determinants of health and well-being and health system responses to women's needs.

In line with the development of the European strategy for women's health and well-being, a review on the status of women's health was conducted. Applying the EFA IHSD, key actions for strengthening people-centred health systems were identified including efforts to improve health literacy among women and extending the range of services for women across the life course.



COUNTRY SUPPORT

In 2016, the WECPHC worked diligently to accelerate country support for IHSD with view to the finalization of the EFA IHSD and its endorsement sought at the 66th session of the Regional Committee for Europe. The Centre and its staff, together with consultants and advisors, have aimed to provide support to countries through the tailored application of concepts and tools and exchange of relevant country practices according to HSD priorities. Key areas of work include direct, country-specific support as well as inter-country capacity building.

Country specific technical assistance

Tajikistan

Tajikistan continues to prioritize HSD transformation. The National Programme on the Development of Family Medicine 2011–2015 in Tajikistan was established with the goal of ensuring the sustainable development of PHC according to the principles of family medicine. In the context of the family medicine programme's final year, the Ministry of Health, together with the WHO Regional Office for Europe, set out to review the achievements of the programme and opportunities and next steps to accelerate the pace, scale and sustainability of changes.

In 2016, the findings of this review were published in a report *Review of the National Programme on the Development of Family Medicine 2011–2015 in Tajikistan*. Gains in population health outcomes showed alignment with improvements in family medicine across country, with the roll-out of the family medicine model contributing to greater coverage of services in priority health areas including the prevention and control of tuberculosis and antenatal care.

In the context of this review and reflection period for the continued development of family medicine, on 27 September, in Dushanbe, Tajikistan, a one-day national conference was organized. Convening over 200 participants,

the event served to showcase the varied activities and innovative practices across the country. WECPHC staff and representatives from the Regional Office joined this discussion, sharing experiences from other countries in the Region.

In July 2016, a strategic plan for the development of family medicine-based on PHC was approved by the government of Tajikistan for the 2016–2020 period (Decree No. 317) and is accompanied by an implementation plan approved by the Ministry of Health. Working with the Ministry and Republican Centre for Family Medicine, priority areas for technical assistance by the WECPHC were identified and include strengthening the quality of care system in PHC, including internal and external quality improvement processes, and the continued development of accountability arrangements and overall governance of PHC, looking in particular to the role of regions and facility health managers.

Kazakhstan

In the context of the National Programme of Healthcare Development Densaulyk 2016–2019, the Ministry of Health of Kazakhstan has prioritized, among other objectives, the development of the health system and improved prevention and disease management.

The WECPHC has worked to support this national programme across a number of activity lines. In 2016 this included regular technical support for strengthening PHC in the regions of Kyzylorda and Mangystau. Working with the Ministry of Health and responsible local authorities and stakeholders, activities have been tailored to these sites, including workshops with facility managers to strengthen population-based strategic planning and trainings for health practitioners on patient-centred communication strategies. At a one-day event on the 7 December, in Almaty, Kazakhstan, the different organizational models employed for strengthening PHC in these regions were shared and discussed towards the continued innovation of PHC.

The WECPHC has also supported a multidisciplinary assessment of health system strengthening for better NCD outcomes. During a week-long, insensitive exercise of data collection and preliminary analysis, WECPHC staff led HSD-related components of the assessment. This work built upon the findings of a study the previous year on ACSCs in Kazakhstan, highlighting the need to enhance PHC's first contact response capacity and the management and coordination role of PHC through multi-profile teams of practitioners.

SPOTLIGHT PUBLICATION

Review of the National Programme on the Development of Family Medicine 2011–2015 in Tajikistan



This report reviews achievements, reflects on opportunities for improvement and identifies possible next steps for strengthening family medicine. An integrated PHC model is put forward, focusing on outcomes, services delivery processes, key system factors and policy, including accountability arrangements and regulatory structures.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0018/314433/Review-of-the-National-Programme-on-the-Development-of-Family-Medicine-2011-2015-in-the-Republic-of-Tajikistan-rev1.pdf

SPOTLIGHT

Enhancing people-centred health services through strategic facility planning in the region of Kyzylorda, Kazakhstan

October 2016, Kyzylorda, Kazakhstan

Strategic planning of health facilities that applies a people-centred approach can mitigate the effect of NCDs and environment-driven diseases. To achieve this, it is argued that health facility managers are vital to translating national and regional priorities while ensuring their services remain responsive to the specific needs of the communities they serve. This involves a stepwise approach to facility strategic planning that strategies the population, adapts services to patient needs and manages financial and human resources with a PHC approach.

During a hands-on training from 5 to 6 October in the city of Kyzylorda, Oblast Health Department officials and local health facilities directors and managers discussed and practised areas for strategically guiding the work of health facilities towards meeting their population health needs. This approach is in line with the “Densaulyk” State Health Programme for the Republic of Kazakhstan and the EFA IHSD.

The workshop was conducted as part of the WHO Biennial Collaborative Agreement 2016–2017, and implemented under the WHO component of a Kazakhstan Government funded, joint project of 6 UN agencies. The UN Joint Programme aims to achieve more sustainable and equitable progress in social, health and economic development of the Kyzylorda oblast. This includes achieving better patient experience, better health outcomes and better quality of services.

This workshop was the second of two workshops delivered this year on strategic planning in Kazakhstan. The first workshop was delivered in Aktau city, in the Mangystau region. Pilot sites have been identified in both regions and are working to develop strategic management plans for the health facilities.

Taking the findings of these assessments forward, the WECPHC continues to support the Ministry of Health to review and plan the further development of the model of HSD, working to modernize PHC to best respond to the population needs.

Hungary

Chronic obstructive pulmonary disease (COPD) is an under-diagnosed, life-threatening lung ailment that interferes with normal breathing. On the occasion of the COPD World Day events, 17–18 November in Budapest, Hungary, the National Koranyi Institute of TB and Pulmonology called for patients, practitioners, health managers and policy-makers to raise awareness, improve population health literacy and adopt a person-centred approach for integrated COPD services.

Hungary’s national register reports that at least 2 percent of the country’s adult population suffers from COPD. However, based on the high prevalence of smoking and the fact that many people suffering from latent COPD remain unregistered, national experts estimate that actual numbers are higher. Progressive anti-smoking legislation has curbed risk factors, but high rates of COPD hospitalizations suggest opportunities for improving services delivery performance.

In the days prior to the event, a technical mission of the WHO Regional Office for Europe worked with members of a national working group to redesign COPD patient pathways. These pathways aimed to ensure smooth transitions of multimorbid patients through a comprehensive continuum of services including prevention, detection, diagnosis, treatment, rehabilitation and palliative care.

In order to strengthen the role of primary care physicians and ensure the provision of services closer to people, WHO Regional Office for Europe will facilitate the exchange of experience with other countries and work closely with Hungary’s Ministry of Human Capacities to apply these new concepts to local demonstration practices.

Georgia

In support of ongoing health financing reforms and priority HSD transformations, in July 2016, a joint mission to Georgia was organized with the aim to explore the feasibility of a HSD assessment based on ACSCs. This preparatory period worked to map available sources of data on hospitalizations, and identify the key institutions reporting on services. This work is intended to inform a broader forthcoming assessment led by the WECPHC, together with a multidisciplinary team of services delivery experts, looking to explore the organization and provision of services.

Republic of Moldova

Working to accelerate gains in population health outcomes, a rapid assessment of PHC in the left bank of the Nistru River in the Republic of Moldova, was conducted 22–26 August, with the aim to identify and assess key areas of PHC for improvement and to produce pragmatic and actionable policy options. The assessment explored strengths and weaknesses across areas of the EFA IHSD on population and individuals, services delivery, health system enablers and change management.

The findings stressed critical areas including a comprehensive approach to tackling NCDs, enhancing the role of PHC, local communities and patients, updating of PHC clinical guidelines and protocols, review and alignment of payment and the introduction of financial incentives. A series of policy recommendations were put forward as part of this assessment exercise.

Ukraine

The Ministry of Health of Ukraine has prioritized the review of HSD, seeking technical support for the process of formulating a renewed model of PHC that is in alignment with parallel health financing reforms. Financing reforms to establish a single National Health Purchasing Agency have underscored the importance of alignment between

the model of care and payment mechanisms to safeguard access, quality and efficacy of care.

The WECPHC together with a multidisciplinary team of experts have worked to advance a concept note on PHC with focus to address issues related to the organization and payment of providers. This work will continue to be taken forward in 2017.

Belarus

With the aim of improving population health, tackling NCDs through disease prevention and promotion of health lifestyles has risen to a top priority in Belarus. This priority has been put forward in a national project, BelMed, where strengthening of PHC is among the project's core components.

The WECPHC is a key partner in the planning and set up of the PHC area, working across four objectives to improve policy guidance, standards and protocols, provider competencies and the coordination and continuity of care. In July 2016, a high-level policy dialogue hosted by the Ministry of Health allowed for debate on key priority areas as well as new activities and evidence.

Taking the project's PHC objectives forward, one technical working group was established per objective. Two pilot

SPOTLIGHT

Intersectoral high-level policy dialogue in Belarus focuses on increasing efficiency and effectiveness of primary care services for NCDs

July 2016, Minsk, Belarus

A high-level policy dialogue was held on 12 July 2016 in Minsk, Belarus, to discuss the main obstacles to, and the optimal strategies for, increasing the efficiency and effectiveness of primary care services in addressing NCDs.

The meeting was hosted by the Ministry of Health of Belarus. The participation of representatives from other ministries, including the Ministry of Finance and the Ministry of Labour and Social Protection, as well as the Parliamentary Commission on Health, resulted in a comprehensive, intersectoral approach to this important matter. The meeting also provided a platform for launching the new WHO report: Better noncommunicable disease outcomes: challenges and opportunities for health systems: Belarus country assessment.

A constructive discussion was held on individual and population interventions for effective control of NCDs, with a focus on existing risk factors and modernization of PHC. The discussion emphasized increasing the quality, effectiveness and efficiency of interventions and moving from outdated practices towards evidence-based, patient-oriented primary care services.

Participants agreed on the next steps, which will be coordinated by the recently established Intersectoral Coordination Council under the chairmanship of the Deputy Prime Minister of Belarus. The event was conducted within the framework of the project "Preventing noncommunicable diseases, promoting healthy lifestyles and support to the modernization of the health system of Belarus." The project is implemented by four UN agencies (UNDP, WHO, UNICEF and UNFPA) and financed by the European Union.

SPOTLIGHT PUBLICATION

Strengthening the model of primary health care in Estonia



This document reports the findings of an assessment exploring the organization of primary care in Estonia and proposing relevant organizational models and other policy options for strengthening the model of PHC.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0007/321946/Strengthening-model-primary-health-care-Estonia.PDF?ua=1

sites, one region and one facility, were selected for implementation of the proposed changes and the WECPHC will continue to work with group members to support the launch of these efforts.

Estonia

Faced with increasing rates of chronic conditions, multi-morbidities and a growing elderly population, strengthening the PHC model in Estonia is of critical importance. Building on the findings of earlier reports, including the WHO Regional Office for Europe country assessment, *Better noncommunicable disease outcomes: challenges and opportunities for health systems*, in March, 2016, an assessment mission was conducted with the aim to provide technical advice on options for strengthening PHC.

Policy options identified were highlighted across the domains of the EFA IHSD and included recommendations such as: collecting a comprehensive set of population health data, shifting from single to group-practice, extending hours with out-of-hours services and streamlining patient transitions, referrals and discharge. These options, together with eight policy recommendations were put forward in the published report: *Strengthening the model of primary health care in Estonia*.

Inter-country capacity building

IHSD practices

Countless initiatives across the WHO European Region to develop, pilot or roll-out efforts to strengthen the integration of services are a testament to the momentum for strengthening IHSD. In late 2013, a mixed-method, multi-stage process in an effort to extend the coverage of reported cases, broaden the scope of transformations studied, and sophisticate the components of transformations captured, was launched.

Published in 2016, the documented cases were consolidated in a report: *Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region*. Through a systematic review across cases, common lessons learned were identified and summarized as ten key lessons for transforming IHSD.

Package of essential NCD interventions (PEN)

WHO Regional inter-country meeting on PEN for 9 Central Asia and Eastern Europe countries, and Turkey
17–19 May 2016, Samarkand, Uzbekistan

This workshop provided a platform for sharing experience and strategies based on the implementation of PEN in participating countries. Focus was put to topics including clinical guideline implementation, quality systems, training

and education, and monitoring and evaluation of impact. WECPHC participants contributed to discussions from the perspective of IHSD, finding alignment between PEN and the core domains of the EFA IHSD.

SPOTLIGHT PUBLICATION

Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region



This compendium of initiatives to transform HSD describes examples of efforts from all 53 Member States in the Region. The examples vary greatly in their scope and stages of implementation, yet when taken together, offer unique insights on setting-up, implementing and sustaining transformations.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0014/303026/Compendium-of-initiatives-in-the-WHO-European-Region-rev1.pdf?ua=1

Tuberculosis

Joint national TB Programme managers and ECDC TB surveillance focal point meeting

21–22 June 2016, Bratislava, Slovakia

At this meeting of national TB programme managers, staff of the WECPHC joined discussions to review of the TB action plan for the WHO European Region 2016–2020. Contributing expertise from the perspective of services delivery, discussions aimed to explore the progress and challenges in TB prevention, control and care in the Region. This event also served as an opportunity to improve a common understanding of people-centred TB care.

Immunizations

Joint mission WHO, GAVI and UNICEF on health systems portfolio for Kyrgyzstan

29 October–4 November 2016, Bishkek, Kyrgyzstan

This joint mission was set in the context of the implementation of GAVI, the Vaccine Alliance, Health System Strengthening Cash Support programme for the 2016–2020 period in Kyrgyzstan. Convening relevant partners working nationally, discussions focused on strengthening collaborations and identifying priority areas among development partners. WHO's areas of focus were identified as strengthening PHC access for people in hard-to-reach rural areas and urban migrants, updating guidelines and training and improving data collection systems on immunizations.



POLICY ANALYSIS

The 2016-year was an important milestone for the WECPHC with the final review of the EFFA IHSD and its successful endorsement by the Regional Committee for Europe. This policy document serves as the overarching guide for HSD work at the Regional Office and the approach of the WECPHC in working with countries and providing policy advice. Key areas of work have included the finalization of background documents as part of an implementation package of the EFFA IHSD, seeing this as an evolving platform of resources to be continually expanded and evolving based on request from countries, as well as country-specific policy advice and support to the development of other Regional policies.

European Framework for Action on Integrated Health Services Delivery

The EFA IHSD was developed over three years of collaboration and with the involvement of European Member States. Consultation processes engaged patient organizations, practitioners, researchers, experts and policy-makers. The EFA IHSD contributes to the Region's vision of Health 2020, which focuses on efforts across government and society and underpins a PHC approach for people-centred health systems.

This year, in line with the Regional Office's governing bodies and other review procedures, the EFA IHSD was the subject of a series of final consultations. This included:

- Online consultation with Member States. In March, an online consultation with IHSD and health system focal points in countries was launched, inviting comments to an advanced draft of the EFA IHSD. Constructive input was received from nearly 20 different Member States. These comments were responded to in the process of final revisions.
- Final consultation meeting with countries and stakeholders. On May 2–3 in Copenhagen, Denmark, a final consultation event with over 170 participants, including 30 different Member States, was held at the UN City.
- Reviews of the Standing Committee of the Regional Committee (SCRC). The 3rd and 4th meeting of the SCRC was held in March in Copenhagen, Denmark, and in May in Geneva, Switzerland. Importantly, the 4th meeting of the SCRC was followed by the Sixty-ninth World Health Assembly, where approval was received for the global Framework on Integrated, People-Centred Health Services and Global Strategy on Human

Resources for Health: workforce 2030 was adopted. The EFA IHSD is closely aligned with the values, principles and strategies of these policies.

- Regional Committee for Europe. The EFA IHSD was enthusiastically received by Member States at the 66th session of the Regional Committee for Europe. In its endorsement, Denmark praised the EFA IHSD as "relevant and inspirational". Estonia emphasized that the alignment of the EFA IHSD with the PHC approach and the Tallinn Charter on health systems will guide countries in implementing integrated care, no matter their starting point.

SPOTLIGHT PUBLICATION

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery



The EFA IHSD document depicts the framework's four core domains and corresponding areas for action, with relevant key strategies identified for each. A summary of these items is intended as a checklist in thinking to IHSD transformations.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0004/315787/66wd15e_FFA_IHSD_160535.pdf?ua=1

SPOTLIGHT EVENT

Final consultation meeting of the EFA IHSD

2–3 May 2016, Copenhagen, Denmark

On 2–3 May 2016, the WHO Regional Office for Europe hosted a final consultation meeting of the EFA IHSD at UN City in Copenhagen, Denmark. The event convened over 170 participants from more than 30 Member States in the WHO European Region, and representatives from professional associations, patient organizations and other special interest groups, as well as international experts, development partners and WHO staff.

Over the two-day meeting, the Framework's four domains focusing on populations and individuals, health services delivery, other health system enablers and change management were discussed in detail. Each domain was explored through expert presentations, country cases, panel discussions and comments from participants. A meeting report provides an overview of the event and related discussions. These discussions informed the final review and revisions to the EFA IHSD for presentation at the 66th session of the Regional Committee for Europe in September 2016.

Implementation package

To support countries in their efforts to put the EFFA IHSD into action, the WECPHC launched an implementation package of relevant resources. The package consists of policy documents, background briefs, a catalogue of tools, examples of applications and lessons learned, as well as a glossary of key terms in both English and Rus-

sian. Its intended users include patients, health professionals, facilities managers, health officials and civil society associations. This implementation package will be key in strategically and effectively shaping the political narratives required in order to move IHSD forward across the Region and to support decision-makers, managers and officials with evidence, experiences and tools in this area.

SPOTLIGHT PUBLICATION

Final consultation meeting of the European Framework for Action on Integrated Health Services Delivery



This report documents key topics of presentations, country cases, panel discussions and comments from participants over the two-day final consultation meeting on the EFFA IHSD in Copenhagen, Denmark. .

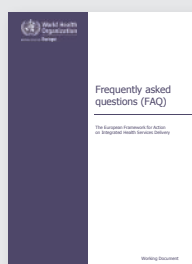


This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0004/316228/Final-consultation-EFFA-IHSD-report.pdf?ua=1

SPOTLIGHT PUBLICATION

Frequently asked questions (FAQ): the European Framework for Action on Integrated Health Services Delivery



What is the EFFA IHSD? What is integrated health services delivery? How is it related to primary health care? This document sets out to answer these and other FAQs on the EFFA IHSD and IHSD in general.

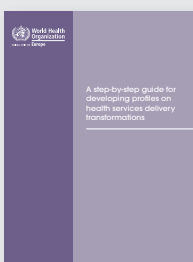


This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0020/318323/FAQ-FFA-IHSD.pdf?ua=1

SPOTLIGHT PUBLICATION

A step-by-step guide for developing profiles on health services delivery transformations



This guide sets out to describe a structure and process for developing profiles on initiatives to transform IHSD from identifying an initiative, preparing the logistics, collecting evidence, analysing the findings, drafting a profile.

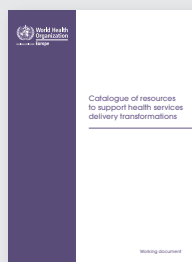


This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0010/298297/Step-by-step-guide-developing-profiles-HSD-transformations.pdf?ua=1

SPOTLIGHT PUBLICATION

Catalogue of resource to support health services delivery transformations



This document catalogues over 500 resources identified to support putting IHSD transformations into practice. The resources include tools, guides, frameworks, cases and databases, among others, that can be applied to support transformations.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0010/317791/Catalogue-resources-support-HSD-transformations.pdf?ua=1

Policy support to countries

Slovenia

In Slovenia, a series of workshops over the course of 2016 took place for the development of a new National Primary Health Care Strategy for 2016–2025. These events served as a platform for exchanging insights and practices on the types of services delivered in PHC and varied organizational arrangements for their delivery. Other important milestones of 2016 included a two-day national conference on the Slovenian PHC strategy on 14–15 June, and celebrations marking the 20th anniversary of the Ljubljana Charter on Reforming Health Care in Europe, marked by a formal event and roundtable discussions on 16 June 2016 in Ljubljana, Slovenia.

Greece

In the context of national PHC reforms and initiative “Strengthening capacity for universal coverage” (SCUC), a broad policy dialogue took place on 9–10 May 2016 in Athens, Greece. Engaging over 200 participants, the event aimed to share the government’s vision for PHC services and discuss different directions for reforms, exchange experiences of European countries.

Discussions signaled important consensus on issues including the right to universal, free health care, a focus on delivering more people-centred care and working to ensure a sustainable and integrated PHC system. The WECPHC supported this and similar activities of SCUC with technical advice and expertise on IHSD and PHC models and country experiences as part of the initiative’s overarching objective to contribute to improving health and health equity in Greece.

Denmark

Ageing populations, increased chronicity and multimorbidities challenge traditionally reactive, disease, rather than prevention-oriented, models of care. These changes have placed new demands on primary care in terms of engaging patients, designing a comprehensive range of care, organizing providers in multidisciplinary teams to secure qualifications and competencies, and aligning incentives while ensuring access to quality health and social services.

To discuss these topics, delegates from the Ministry of Health of Denmark, local government, National Health Board, Health Data Authority, Danish regions and the Ministry of Finance visited the WHO Regional Office in Copenhagen, Denmark, on 17 August 2016. With the development of its new cancer and dementia plans, Denmark is now accelerating its efforts to tackle these and other NCDs. During the meeting, WHO experts on HSD shared country experiences that informed the new EFA IHSD, and explained the services perspective to strengthening a competent primary care workforce. The use of databases and performance measurement of ambulatory care sensitive conditions were also discussed.

These preliminary discussions allowing an exchange of ideas for strengthening IHSD in Denmark continued into the national event: Week of Health Innovation. Over the course of the first week of October, events across the country including conferences, exhibitions and activities were held to share and inspire on the newest research and international trends. On the 5 October in Odense, Denmark, the WECPHC shared findings and country experiences with a focus on the integration of health and social care.

Inter-country policy dialogues and consultations

Strengthening primary care in the Baltic countries

3–4 November 2016, Tallinn, Estonia

As a first point of contact, primary care delivery systems across the Region are challenged to move from traditional, acute and episodic models of care to ensuring accessible, continued, comprehensive and coordinated care to individuals and communities. Many countries have begun to explore new and innovative approaches in primary care. The Baltic countries – Estonia, Latvia and Lithuania – are among those countries that have undertaken reforms to transform their primary care services.

From November 3–4, 2016 the Estonian Ministry of Social Affairs, hosted the 13th Baltic Policy dialogue in Tallinn, Estonia to explore approaches to effectively strengthen the role of primary care. Building on previous meetings, this policy dialogue was focused on achieving better integration of primary care and coordination with hospital, social care and public health services.

The meeting, which was organized jointly by the European Observatory of Health Systems and Policies and the Division of Health Systems and Public Health, was attended by senior level decision makers in the health sector of the three Baltic countries. Participants included Ministers of

Health, their senior advisers and representatives from various health authorities and stakeholder organizations.

Participants discussed the importance of engaging stakeholders in developing the narrative of reform and implementing national policies and strategies to support the goals of integrated health services. Participants shared

different approaches towards achieving lasting transformation in primary care and the levers for change. The sharing of experiences in operational aspects, implications of new service models, provider arrangements, accountability mechanisms, and payment schemes marked an important opportunity for the Baltic countries to share knowledge and bring evidence to their primary care reforms.

Policy alignment across WHO

Regions for Health Network 23rd annual meeting

22–23 September 2016, Kaunas, Lithuania

Transforming IHSD naturally takes shape sub-nationally, through the work of regions and local health authorities, decoding health needs and adjusting the delivery of services accordingly. The challenge facing key actors at this meso-level are the limits of their roles and authority that form the often grey areas of intersection between services and health systems.

At the 23rd annual meeting of the Regions for Health Network, a WECPHC-led session explored the boundaries and tensions unique to the role of regions in services delivery transformations.⁷ In a panel discussion with meeting participants, focus was put to debate key factors that require the support of systems for enabling sustained change.

Regional consultation on sexual reproductive health action plan

14–15 March 2016, Tbilisi, Georgia

On 14–15 March, policy-makers from 17 countries in eastern Europe, the Caucasus and central Asia, together with staff of WHO and representatives of the United Nations Population Fund, met in Tbilisi, Georgia, to discuss further improvement of national sexual and reproductive health (SRH) policies and draft European Action Plan for Human-rights Based SRH.

Taking a health system's perspective, WECPHC participants challenged the identified priority areas to focus on system enabling factors for ensuring access and quality of SHR services. Finding this alignment between the goal and approach of reforms, as well as a clear understanding of the types of services to be delivered, were signalled as important areas for harmonizing with system policies including the EFA IHSD.

Global framework on integrated, people-centred health services implementation workshop

7–8 July, Geneva, Switzerland

The WECPHC and WHO headquarters have worked closely throughout the development of recent global and regional services delivery policies. Following the approval of the global framework on integrated, people-centred health services, staff of the Regional Office joined a first workshop focused on implementation covering issues related to monitoring, policy-oriented resources and advancing the global platform on communities of practice. The *IntegratedCare-4People Global Learning Platform* serves as a resource globally, offering examples of initiatives to transform HSD, including many from the WHO European Region.

Policy roundtable on people-centred integrated services, WHO Western Pacific Region

24–28 September 2016, Singapore

At a policy dialogue in the WHO Western Pacific Region, participants debated key design questions for transforming health services around the needs of people. Reflections from the WECPHC on 'how to get the supply side right?' explored the European Regional Office's approach to transform services delivery and examples of introducing new settings of care, structuring practices in multi-disciplinary teams and adjusting the roles and scope of practice for providers.

WHO global consultation setting priorities for global patient safety

25–28 September 2016, Florence, Italy

This two-day consultation explored pertinent topics on patient safety following the development of the concept from

⁷Annual meeting reports are available at: <http://www.euro.who.int/en/about-us/networks/regions-for-health-network-rhn/publications>

a notion of human error to system failure. Topics included the set up and design of learning organizations, systems of patient safety incident reporting and safety of medicines and technology, among others. Participants from the

WECPHC worked to find linkages with activities of the European Regional Office, with regards to improving services delivery performance in particular.



ALLIANCES AND NETWORKING

In 2016, the WECPHC collaborated with nearly 60 different advisors from leading research units at universities, think tanks and organizations across the Region. This year, the prestigious Primary Health Care Advisory Group to the Regional Director was first established, set to bring together a dedicated group of experts to debate and discuss pertinent topics for continued innovation in PHC. The Centre worked to extend its reach with participation in over 20 different lectures, trainings, summer courses and international conferences.

Advisors and collaborations

Primary Health Care Advisory Group

Committed to the continued advancement of PHC, the Primary Health Care Advisory Group (PHC-AG) to the Regional Director was founded in 2016 to engage leading professionals from academia, policy and research institutes, professional and patient associations, and development partners to share perspectives, experiences and expertise for evidence-based policy advice towards a vision of PHC that is fit for the future.

The set up of this prestigious group has included the development of detailed terms of reference including the scope of the assignment and general formalities and logistics for membership. With over 20 confirmed members, the PHC-AG is set to hold its first annual meeting in spring of 2017, where key topics are expected to include the renewal of PHC principles in response to the most pertinent challenges in the Region.

Collaborating institutes

The WECPHC collaborates with a number of external organizations, to support the technical work of the Centre by providing evidence, new research from the field and other innovative pieces of work. These collaborations are extremely productive and fruitful for both the Centre and its partners and have included some of the following activities.

- **Collaborating Centre on Primary Health Care, Amsterdam Medical School**, Amsterdam, Netherlands, on the review of PHC measures and development of a Regional assessment on PHC with view to the 40th anniversary conference of the Declaration of Alma-Ata.
- **Consortium for Health and Social Care Services of Catalonia**, Barcelona, Spain, on the development of concepts and evidence related to the EPHA IHSD and its analytical underpinnings.
- **Ecorys**, Rotterdam, Netherlands, on research and development of ACSC country case studies.
- **Escola Nacional de Saude Publica**, Lisbon, Portugal, on the performance of ACSCs and development of IHSD country cases.
- **European Centre for Social Welfare Policy and Research**, Vienna, Austria, on LTC research and the development of country case studies on the model of care for integrated health and social services.
- **Kazakhstan School of Public Health, Kazakhstan Medical University**, Almaty, Kazakhstan, on research to review the integration of health and public health services in Kazakhstan in the framework of the EPHA IHSD.

Trainings

Health Systems Development Master's seminar at Imperial College

14 March 2016, London, United Kingdom

The Health System Development module of Imperial College's Master's of Public Health Programme aims to prepare health professionals with the communication and decision-making skills to take on leadership roles in the health sector. The WECPHC continues to be a partner in this module, delivering one of its ten sessions. Focused on international health systems, the lecture provides students with an overview of the Centre's approach to transforming HSD, including group work exercises to apply concepts from the perspective of a minister of health.

Workshop on transforming health services delivery

4 May 2016, Copenhagen, Denmark

This workshop aimed to apply health system strengthening concepts viewed through the HSD function, towards an understanding of the following: how can HSD be transformed? How is the performance of services delivery determined and measured? How do transformations rely on other health system functions for sustaining changes towards realizing people-centred systems?

Concepts were supplemented with a range of country case examples from Ireland, Lithuania, Belarus and Kyrgyzstan.

Working in groups, participants were tasked to apply the principles of a root cause analysis for an identified priority area. Rich discussions and elaborated action plans demonstrated the workshop served as a fruitful exercise for getting country participants to activate the EFA IHSD and explore its strategies in their work.

Three country international study tour on integrated care

May 2016, Veneto, Italy and Lisbon, Portugal study visits

The International Foundation for Integrated Care study tour is designed for senior clinicians, care professionals, and policy-makers with an interest in the successful implementation of integrated care policy and practice. In 2016, the three-country study tour included Italy, Portugal and Spain. WECPHC staff joined participants for study visits to Veneto, Italy and Lisbon, Portugal, sharing work of the Regional Office and integrated care policies of WHO.

Klaipeda University summer school

29–30 June 2016, Klaipeda, Lithuania

The weeklong Klaipeda University summer school, Introduction to health economics, aims to provide participants

an overview of key health system financing concepts and approaches. Importantly, one module within this course looks to the services delivery function, exploring financing implications on access to services, performance improvement and provider incentives. WECPHC staff joined for this module of the course, introducing the framework underpinning the EFA IHSD and illustrative country examples.

European Observatory Venice Summer School

24–30 July, Venice, Italy

The Observatory Venice Summer School is an annual one-week intensive course aimed at senior and mid-level policy-makers, civil servants and professionals. The 2016 course, *Primary care: innovative for integrated, more effective care*, aimed to promote innovation in primary care for better integrated, more effective care. WECPHC staff joined the summer school as a core lecturer, guiding participants through country experiences, sharing approaches and tools for the integration between health and social care and public health services.

Partners

Across the activities described, the WECPHC has worked to engage a wide range of partners, finding opportunities for regular input, bringing partners together in forums for discussion and creating a common platform for exchanging ideas.

In the spirit of Health 2020, the network of partners established extends across sectors and a wide range of perspectives. In 2016, representatives on behalf of nearly 50 different organizations were engaged in efforts organized by the WECPHC.

These included:

- international development partners;
- networks, as topic-specific or region specific technical groups;
- universities and think tanks; and
- associations and special interest groups, including representatives of health professionals and patients.

International conferences

World Health Professions Regulation Conference

21–22 May 2016, Geneva, Switzerland

This 1.5-day event aimed to provide participants with insights, perspectives and discussion on current challenges in health professional regulation amid widespread reform and policy initiatives by governments to ensure sustainable, efficient and effective HSD.

International Congress on Quality in Healthcare Accreditation and Patient Safety

11–14 May 2016, Antalya, Turkey

This 7th international congress focused on the topics of rules and regulations of finance and insurance in health care, including accreditation for organizational excellence. The congress was attended by representatives from Turkey, Russia, Azerbaijan and Kazakhstan.

16th International Conference on Integrated Care

23–25 May 2016, Barcelona, Spain

This annual conference brings together the international research community and integrated care agents in practice to share and discuss new findings and experiences. At this 16th annual event, the WECPHC presented findings on a review of integrated care indicators and coordinated a session on health workforce competencies from varied perspectives in services delivery.

WONCA Europe Conference

15–18 June, Copenhagen, Denmark

The theme “Family Doctors with Heads and Hearts” guided the 2016 annual conference of WONCA Europe held in Copenhagen, Denmark. Key conference topics included themes such as the future primary care consultation and diagnostics as a vital task for family practice. The work of the WECPHC was shared in a plenary presentation.

International Conference on Nutrition and Pregnancy

26–28 June 2016, Riga, Latvia

Participants on behalf of the WECPHC shared findings from a review of diet, physical activity and weight management services delivered in primary care (see section: Knowledge synthesis).



WAY FORWARD

The achievements of this past year have paved the way for 2017, calling for a focus on areas including: technical support for the implementation of the EFA IHSD into policies and practice, the continued development of work integrated PHC including LTC and measurement of HSD, together with new areas of focused activities on quality of care and hospitals. Across each, working with countries, advancing policy recommendations and networking with key partners remain guiding pillars of work and will be further accelerated backed by an fully operational team of staff at the WECPHC.

Knowledge synthesis

Building on the achievements of this year, work on IHSD with focus on integrated PHC will continue to be advanced. Taking a common approach to review the literature and available evidence, these topic specific areas will be explored applying the framework of the EFA IHSD. Tools to describe and assess the model of care by these topics are also envisaged.

Other areas of research and development are planned to include:

- Reviewing the overall governance of quality of care for an updated manual;
- Developing a horizontal analysis of health and social sectors integration;
- Strengthening of the integration of primary care with hospitals and public health;
- Exploring the model of care for TB and NCDs as part of cross-divisional work programmes.

Country support

The office is now fully operational to support the increasing call of Member States for technical assistance in strengthening services delivery. It will continue to support countries on activities initiated in 2016, while also expanding inter-country work through a series of case studies on health workforce competencies.

A baseline study on the status of PHC is also planned in the context of the forthcoming 40th anniversary conference of the Declaration of Alma-Ata. This work will engage the existing network of IHSD focal points across the

Region and will be a key resource for further monitoring of HSD in the European Region.

Policy analysis

Based on planned and completed studies, the increasing volume of evidence on HSD will be applied in a series of horizontal analysis to develop policy pointers and recommendations for priority work streams (quality, long-term care, health workforce). These analyses include consultations and policy dialogues with key partners, including representatives from countries, advisors, and partnered international organizations, networks, academia and think tanks as well as special interest organizations of providers, patients among others.

The annual meeting of IHSD focal points is also set to take place for the first time in Almaty in the spring. Staff of the WECPHC will continue to contribute to consultations of regional and global policies, with increasing requests to participate in these efforts and strengthen the component on services delivery and its alignment with health systems.

Alliances and networking

Building on established partnerships, in 2017, the PHC-AG will be launched with a first meeting of the group, in parallel to planned consultations with advisors and partners. Amsterdam Medical Centre of the University of Amsterdam, is expected to become a new WHO Collaborating Centre on strengthening primary care.



ADVANTAGES FOR KAZAKHSTAN

Kazakhstan has a long-standing tradition of championing a PHC approach to service provision, dating back to the Declaration of Alma-Ata in 1978. The integration of services through the modernization of primary care while promoting inter-sectoral collaboration, public health and equity is high on the agenda of the Government of Kazakhstan following the launch in 2016 of the National Programme of Health Development “Densaulyk”.

Hosting the WECPHC, Kazakhstan continues to find itself at the centre of international activity working to evolve and transform a PHC approach that is fit for purpose in the 21st century. The buzz of activity surrounding the Centre has attracted a number of new opportunities and visibility to the role of Kazakhstan on this international agenda, including national events, high-level guest lecturers for Kazakh medical students, visits by leading experts on services delivery and an increasing amount of new publications available in English and Russian.

Lecture series

In November, the WECPHC launched the first of a series of lectures aimed at strengthening the links between public health and primary care. The Centre hopes to support doctorate and master students of the Kazakhstan School of Public Health, in Almaty, with a global health perspective to population-based interventions and how these complement individual services before their placement in key positions across the country. Ninety-six master of public health and doctorate students participated in interactive two-hour sessions consisting of a lecture and followed by one hour of discussion.

In December, the Director of the Division of Health Systems and Public Health and senior staff of the WECPHC spoke to about 1,000 medical students at a special lecture event on the importance of people-centred health services. The speakers also called attention to opportunities for redefining the model of care at present. In advocating for new driving forces to support Kazakhstan's health reforms, students were encouraged to embrace innovation, quoting the phrase of Albert Einstein: "problems cannot be solved with the same mindset that created them."

National events

American Chamber of Commerce Economic Policy Forum Conference

29 September 2016, Astana, Kazakhstan

The American Chamber of Commerce in Kazakhstan (AmCham) is a unique forum for the exchange of ideas, experiences and social policy in practice nationally. Staff of the WECPHC participated in this event, presenting an overview of the EFA IHSD and priority work streams of the new Centre.

Innovative approaches to integrated PHC conference

7 December 2016, Almaty, Kazakhstan

On 7 December 2016, a national conference took place in Almaty, Kazakhstan, to reflect on possible organizational models of PHC in the country. The event also served as a platform to discuss lessons that emerged from the implementation of innovative approaches to strengthening

PHC in the WHO European Region, and to showcase first-hand experience in Kazakhstan.

The event was hosted by Kazakh National Medical University and sponsored by the Almaty Health Department. It brought together officials from the Ministry of Health and Social Development, oblast health department delegates from across Kazakhstan, health facility managers, health officials from the neighbouring countries of Kyrgyzstan and Tajikistan, international experts from across Europe, and representatives of development partners including the United Nations Children's Fund and the United Nations Population Fund.

The conference called for inclusion of key stakeholders in health decisions and to enhance communication between patients and doctors, practitioners and managers, and policy-makers and partners as a business model to health care. These innovative processes to improving services in PHC are part of the collaborative between the Government of Kazakhstan, WHO and other United Nations agencies in the regions of Kyzylorda and Mangystau.

Visibility online and in print

New WECPHC webpage

In 2016, the WECPHC webpage on the WHO Regional Office for Europe website was redesigned and updated by WHO communication experts. Updates have expanded

the webpage to include easy access to EFA IHSD material. Other changes include an increased frequency of reporting of news stories following events and continued uploading of new publications in English and Russian.



Communication in Russian

Improving access to new material in both the English and Russian language has been a priority component of work in 2016. Importantly, this investment has included establishing collaborations with translators and Russian-speaking experts to identify relevant terms for key concepts.

This work has included a first HSD English-Russian glossary as a quick reference guide for key services delivery

The WECPHC locally

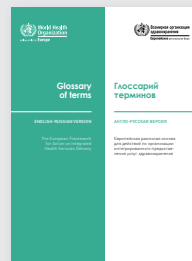
At home in Almaty, Kazakhstan, 2016 saw the first year of the WECPHC operating from its premises at the Kazakh National Medical University. Over the course of the year, frequent visits by WHO administration and technical support staff ensured the smooth start up of the office and its facilities (see Month-by-Month WECPHC start up activities). This included a number of efforts to improve facilities, establish secure online networks, and secure a range of local contractors for services including translation, printing, catering, and other support services.

The set up and roll out of activities of the Centre over the course of the year has benefited from the presence of a number of dedicated staff and consultants, each with a well-developed area of expertise that contributed to the

terms. The Centre continues to invest in the updating of web and print material in both languages for improved access to HSD-related material across the European Region.

SPOTLIGHT PUBLICATION

Glossary of terms: English-Russian version



This glossary defines key terms found in the EFA IHSD and in related documents of its implementation package. The glossary is meant to serve as a resource for readers in both English and Russian. A Russian-English version of the glossary is also available online.



This report is available at:

http://www.euro.who.int/__data/assets/pdf_file/0020/318152/Glossary-of-terms-AIHS-E-R-versions.pdf?ua=1

multidisciplinary nature of the team.

The Centre welcomes a continuously increasing number of visitors, with a series of high-level events, workshops, trainings, and policy dialogues planned. The Centre aims to host visitors with attention to ensure all participants have the opportunity to explore and experience Almaty. The WECPHC plans to host experts from other programmes of the Regional Office and its Country Offices, as well as research students from universities locally, Europe and the United States. These networks bring a volume of new research and expertise to the Centre in its pursuit of excellence on PHC and services delivery.



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Publications

Policy

Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0004/315787/66wd15e_FFA_IHSD_160535.pdf).

EUR/RC66/R5 Resolution: strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0016/319111/66rs05e_IHSD_160764.pdf).

Background documents

Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0014/303026/Compendium-of-initiatives-in-the-WHO-European-Region-rev1.pdf).

Integrated care models: an overview. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf?ua=1).

Integrating diet, physical activity and weight management services into primary care. Copenhagen: WHO Regional Office for Europe; 2016

(<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2016/integrating-diet,-physical-activity-and-weight-management-services-into-primary-care-2016>).

Tools

A step-by-step guide for developing profiles on health services delivery transformations. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0010/298297/Step-by-step-guide-developing-profiles-HSD-transformations.pdf).

Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0010/305875/Assessing-HSD-performance-with-ACSH.pdf).

Catalogue of resources to support health services delivery transformations. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0010/317791/Catalogue-resources-support-HSD-transformations.pdf).

Frequently asked questions. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0020/318323/FAQ-FFA-IHSD.pdf).

Glossary of terms: English-Russian version. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0020/318152/Glossary-of-terms-AIHSD-E-R-versions.pdf).

Applications

Ambulatory care sensitive conditions in Portugal. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0007/307195/Ambulatory-care-sensitive-conditions-Portugal.pdf).

Review of the National Programme on the Development of Family Medicine 2011-2015 in Tajikistan. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0018/314433/Review-of-the-National-Programme-on-the-Development-of-Family-Medicine-2011-2015-in-the-Republic-of-Tajikistan-rev1.pdf).

Strengthening the model of primary health care in Estonia. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0007/321946/Strengthening-model-primary-health-care-Estonia.PDF?ua=1).

Meeting reports

Final consultation meeting of the European Framework for Action on Integrated Health Services Delivery. Meeting Report. Copenhagen: WHO Regional Office for Europe; 2016

(http://www.euro.who.int/__data/assets/pdf_file/0004/316228/Final-consultation-EFFA-IHSD-report.pdf).

Month-by-month

January

8 January

European Brain Council expert workshop, Brussels, Belgium

February

22–27 February

Joint mission on the evaluation of HIV treatment and care services delivery in Kyrgyzstan, Bishkek, Kyrgyzstan

29 February–5 March

Finalization of the family medicine review and technical support for the development of a new strategic plan, Dushanbe, Tajikistan

March

9–10 March

Review of the EFA IHSD at the third session of the Twenty-third Standing Committee of the Regional Committee for Europe, Copenhagen, Denmark

14 March

Health Systems Development Masters seminar at Imperial College, London, United Kingdom

14–15 March

Regional consultation on sexual reproductive health action plan, Tbilisi, Georgia

28–31 March

Training in communication for better compliance and health outcomes, Kyzylorda and Mangystau, Kazakhstan

29–31 March

Assessing the model of PHC in Estonia, Tallinn, Estonia

April

17–26 April

Health systems strengthening for better NCD outcomes country assessment, Kazakhstan

May

2–3 May

Final consultation meeting of the EFA IHSD, Copenhagen, Denmark

4 May

Workshop on transforming health services delivery: applied concepts, tools and processes, Copenhagen, Denmark

9–10 May

Policy dialogue on PHC Reform, Athens, Greece

9–13 May

Health systems strengthening for NCDs course, Barcelona, Spain

11–12 May

Policy dialogue for the development of Slovenian PHC strategy, Ljubljana, Slovenia

11–14 May

Quality and Accreditation Congress, Antalya, Turkey

17–19 May

WHO Regional inter-country meeting on Package of essential NCD interventions (PEN) for 9 Central Asia and Eastern Europe countries, and Turkey, Samarkand, Uzbekistan

19 May

Three country study tour, IFIC, Lisbon, Portugal

21–22 May

World Health Professions Regulation Conference, Geneva, Switzerland

21–22 May

Reporting back on the EFA IHSD, at the fourth session of the Twenty-third Standing Committee of the Regional Committee for Europe, Geneva, Switzerland

23–25 May

16th International Conference on Integrated Care, Barcelona, Spain

June

8 June

TB-REP coordination meeting at the LSE, London, United Kingdom

15–18 June

WONCA Europe Conference, Copenhagen, Denmark

16 June

Launch of new Slovenian PHC strategy at 20th anniversary conference of the Ljubljana charter, Ljubljana, Slovenia

26–29 June

High-level discussions with MOH re EU structural funds, Bucharest, Romania

26–28 June

International Conference on Nutrition and Pregnancy, Riga, Latvia

21–22 June

Joint national TB Programme managers and ECDC TB surveillance focal point meeting, Bratislava, Slovakia

29–30 June

Introduction to health economics, Klaipeda University summer school, Klaipeda, Lithuania

July**7–8 July**

Internal workshop on implementing the global Framework on Integrated, People-centred Health Services, Geneva, Switzerland

11–13 July

Policy dialogue to support the modernization of health systems with a focus on PHC, Minsk, Belarus

17–21 July

Joint mission on health services delivery and ACSC workshop, Tbilisi, Georgia

25–27 July

European Observatory Venice summer school on PHC, Venice, Italy

August**17 August**

Informal technical meeting on IHSD with representatives from the Danish Ministry of Health, Copenhagen, Denmark

22–26 August

Rapid assessment on PHC and roundtable in Transnistria, Tiraspol, Republic of Moldova

31 August –7 September

Workshop and implementation of PHC pilots with oblast health department authorities, Mangystau, Kazakhstan

September**12–15 September**

Presentation of the EFA IHSD at the sixty-sixth session of the WHO Regional Committee for Europe, Copenhagen, Denmark

22–23 September

Regions for Health Network 23rd annual meeting, Kaunas, Lithuania

22–23 September

HSPA expert group and policy focus group on integrated care, Brussels, Belgium

24–28 September

Policy roundtable on people-centred integrated health services, Singapore

25–28 September

WHO global consultation setting priorities for global patient safety, Florence, Italy

29 September

AmCham Economic Policy Forum Conference, Astana, Kazakhstan

29–30 September

Keynote on ACSCs in the context of the Merit in Hospital Administration, Maragarida Bentes Award, Lisbon, Portugal

25 September – 1 October

National family medicine conference, Dushanbe, Tajikistan

October**4–6 October**

Strategic planning for PHC institutions, Aktau, Kazakhstan
5 October

Week of health innovation 2016, integrating health and social care, Odense, Denmark

16–20 October

Technical mission to support to the PHC development, Astana, Kazakhstan

17–19 October

Workshop on interface management of pharmacotherapy, Barcelona, Spain

20–21 October

2nd meeting of the expert group on PHC, NDPHS, Stockholm, Sweden

23–30 October

Implementation mission for BelMed project PHC component, Minsk, Belarus

24–25 October

Meeting on promoting and managing change towards environmentally sustainable health systems, Bonn, Germany

25–27 October

Technical workshop on human resources for public health services in the SEEHN and BIH, Banja Luka, Bosnia and Herzegovina

26 October

5th meeting of the Baltic Sea Region PHC Network for applied research and development, Malmo, Sweden

31 October

Collaborating Centre on Primary Health Care, Amsterdam Medical School, Amsterdam, Netherlands

29 October – 4 November

Joint mission WHO GAVI and UNICEF on health systems portfolio for Kyrgyzstan, Bishkek, Kyrgyzstan

November

1–3 November

Mission on PHC design and reform, Kiev, Ukraine

3–4 November

13th Baltic Policy dialogue on strengthening primary care towards better coordination and more multi-professional working, Tallinn, Estonia

17–18 November

National COPD day activities, Budapest, Hungary

21–30 November

Local work with pilot projects, Aktau and Kyzylorda, Kazakhstan

December

7 December

Innovative approaches to integrated primary health care conference, Almaty, Kazakhstan

9–14 December

Quality improvement system mission, Dushanbe, Tajikistan

16 December

20th anniversary of the Health Policy Research Unit of the Consortium for Health Care and Social Services of Catalunya, Barcelona, Spain

WECPHC start up activities

January

10–13 January

Support to administration of the Centre by DSP staff

February

9–12 February

Support of technical staff to start up of GDO activities

May

16–19 May

Testing of potential admin staff by DSP and WHO Country Office in Kazakhstan

August

1–5 August

Support of DSP administrative staff for staff induction, meetings with university and appointed technical staff

1–11 August

Support of HSD to technical staff

July

12–17 July

Start up activities and support to staff

September

5–10 September

Planning and alignment of activities with WECPHC staff on health workforce stream

12–16 September

Assistance to capacity building of administrative staff

Partners

International organizations

- European Commission
- European Observatory
- Organization for Economic Co-operation and Development (OECD)
- WHO headquarters
- WHO Regional Offices
- World Bank

Networks

- Baltic Sea Region PHC Network
- European Brain Council
- Northern Dimension Partnership in Public Health and Social Well-being

Universities and think tanks

- Agency for Healthcare Quality and Evaluation of Catalonia
- Berlin University of Technology
- Columbia University
- Consortium for Health and Social Care Services of Catalonia
- Escola Nacional de Saude Publica
- European Centre for Social Welfare Policy and Research
- Ghent University
- Goethe-University Frankfurt
- International Foundation for Integrated Care
- Kazakhstan Medical University
- Netherlands Institute of Primary Health Care (NIVEL)
- Royal College of Surgeons in Ireland
- St Louis College of Pharmacy
- Swiss Centre for International Health
- University of Amsterdam
- Vilans Centre of Expertise for Long-term Care
- Vrije Universiteit Brussels

Associations and Special Interest Groups

- Caredoc
- Centre of Family Medicine “Demeu” Kazakhstan
- Council of Occupational Therapists from European Countries
- Eurocarers
- EuroHealthNet
- European Consumer Organization
- European Federation of Nurses Associations
- European Federation of Pharmaceutical Industries and Associations
- European Forum for Primary Care
- European Forum of National Nursing and Midwifery Associations
- European Health Futures Forum
- European Network of Occupational Therapists in Higher Education
- European Patients’ Forum
- International Hospital Federation
- National Health Fund Poland
- Pharmaceutical Group of the European Union
- World Organization of Family Doctors (WONCA)

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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