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Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana

This document puts forward 10 evidence-based policy accelerators for strengthening primary health care in the WHO European Region. The policy accelerators, based on the best available research and practice, highlight high-impact entry points for rapidly advancing progress in primary health care.

In the European Region, all Member States have worked to advance the implementation of primary health care. Nonetheless, today's health and health system challenges require continued policy efforts to ensure system alignment so as to enable the expansion of coverage of quality services and financial protection for the strengthening of primary health care.

The aim of the policy accelerators is to provide guidance in prioritizing evidence-based innovations for implementation and scale up. Importantly, these policy accelerators include the use of performance intelligence. They are accompanied by "digital pointers", which briefly describe relevant information technology solutions.

The policy accelerators for strengthening primary health care build on the European Framework for Action on Integrated Health Services Delivery, endorsed by the WHO Regional Committee for Europe in 2016. The Framework proposes outcome-oriented transformations in the delivery of services by putting people first, adapting models of care and aligning system conditions (governance, financing and resourcing). It also provides strategic priorities for the integration of primary health care with public health, hospitals and the social sector.

In 2018 WHO Member States renewed their commitment to strengthening primary health care with the endorsement of the Declaration of Astana. This commitment, which builds upon the principles of the Declaration of Alma-Ata, emphasizes the critical role of primary health care in the pursuit of universal health coverage and calls for political leadership to achieve the Sustainable Development Goals by 2030.

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Background

1. Relevance of a primary health care approach: Forty years have passed since countries adopted the Declaration of Alma-Ata at the International Conference on Primary Health Care. The Declaration called for "urgent and effective national and international action to develop and implement primary health care throughout the world". Since then much progress has been made, yet many countries have yet to develop well-functioning primary health care systems, leading to unnecessary hospitalizations, premature mortality and disability, and persistent inequalities, as well as high treatment costs and productivity losses.

2. Current European challenges: The world is a very different place today than it was 40 years ago. Countries in the WHO European Region have gone through a demographic transition that has led to the ageing of populations and, concomitantly, to an epidemiological transition that has resulted in the burden of disease being dominated by noncommunicable diseases (NCDs). At the same time, globalization, new technologies and rising incomes have led to an increased demand for health services and to rising expectations for universal access to health care, while the 2008 global financial crisis has led to slower economic growth and reduced public investments in health in most countries in the Region.

3. Global response: WHO and the international development community have sought to respond to these challenges in a variety of ways. *The world health report 2008: primary health care – now more than ever*, reframed the original vision of primary health care as a set of values and principles to guide health system development. In 2012 United Nations General Assembly resolution 67/81 on universal health coverage was adopted, foreshadowing the adoption in 2015 of the Agenda for Sustainable Development and the 17 Sustainable Development Goals (SDGs) in resolution 70/1.

4. Spotlight on primary health care: In 2018 the Global Conference on Primary Health Care took place in Astana, Kazakhstan, and led to the adoption of the Astana Declaration on Primary Health Care: from Alma-Ata towards Universal Health Coverage and the Sustainable Development Goals. The Declaration reaffirms the commitment of countries to strengthening primary health care as an essential platform for achieving universal health coverage and the SDGs. Moreover, primary health care has recently been recognized as an accelerator of progress towards universal health coverage in the framework of the Global Action Plan for Healthy Lives and Well-being for All. This agenda is also being taken forward at the United Nations General Assembly, including through the development of an operational framework to implement the Declaration of Astana entitled "Primary health care: transforming vision into action".

5. Primary health care focus in WHO's current and upcoming priorities: WHO's Thirteenth General Programme of Work, 2019–2023, which aims to promote health, keep the world safe and serve the vulnerable, with its triple billion targets, makes health systems based on primary health care the underpinning focus across all outcomes.

6. Health system principles in the European Region: Member States in the Region have demonstrated leadership through their long-term commitment to implementing policies for strengthening health systems. In 2008 the Tallinn Charter was adopted, reinforcing the commitment of countries to a health systems approach. In 2012 Member States adopted Health 2020, the European health policy framework, which included people-centred health systems as one of its four pillars. In 2015 the WHO Regional Committee for Europe adopted

resolution EUR/RC65/R5, on priorities for strengthening people-centred health systems, which called on Member States to transform health services delivery to achieve integrated services delivery. This priority was again taken forward in the European Framework for Action on Integrated Health Services Delivery, endorsed by the Regional Committee in 2016 in resolution EUR/RC66/R5. This policy framework is closely aligned with resolution EUR/RC67/R5, Towards a sustainable health workforce in the WHO European Region: framework for action, adopted by the Regional Committee in 2017. In 2018 Member States reaffirmed their commitment to the strengthening of health systems in the context of the 10th anniversary of the Tallinn Charter, at the high-level regional meeting, Health Systems for Prosperity and Solidarity: Leaving No One Behind (13–14 June 2018, Tallinn, Estonia) and at the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region (16–18 April 2018, Sitges, Spain), by committing to the priorities established in resolution EUR/RC68/R3.

7. Regional initiatives on primary health care: At regional level, the existing Issue-based Coalition on Health and Well-being offers a platform to collaboratively define a joint agenda focusing on countries. In 2018 the regional directors of the participating United Nations agencies established a workstream dedicated to primary health care, given its paramount importance for accelerating progress in advancing the universal health coverage agenda.

Challenges to achieving universal health coverage

8. Pursuing universal health coverage: Achieving universal health coverage[1] will require progress towards ensuring that all population subgroups have timely access to essential health care services without incurring catastrophic or impoverishing health expenditures. Conceptually, this means: (a) extending coverage of and access to quality health services, with particular emphasis on population subgroups that are currently excluded; (b) expanding a country's benefit package to ensure that it covers all essential health care services; and (c) reducing the key sources of out-of-pocket payments, both formal and informal, to reduce the risk of financial hardship.

9. Addressing European priorities: In the European Region, this translates into the need to focus on: (a) coverage for particular subgroups, such as rural inhabitants, elderly, unemployed, poor, disabled and homeless people, migrants, undocumented migrants, prisoners, minorities and other vulnerable groups; (b) responding to the expectations of an increasingly health literate population with access to information; (c) accounting for cultural, societal and gender factors that influence care-seeking behaviours; (d) working upstream on risk factors and determinants, particularly those that are commercial and environmental; (e) intensifying work on tackling resilient diseases and health issues, such as tuberculosis, antimicrobial resistance, outbreaks, dementia, and low coverage of vaccination in many countries; (f) ensuring access to essential quality medicines, for example those needed to treat NCDs, sexual and reproductive health services, cancer screening, rehabilitation, palliative care and mental health services; (g) designing user-friendly services on the basis of a life-course approach, respectively ensuring the health of children, adolescents, women, men and older people; and (h) reducing out-of-pocket payments through policies that promote solidarity.

[1] Universal health coverage is defined by WHO as "ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship".

10. Addressing the performance of health systems: From a services delivery perspective, expanding coverage implies ensuring entitlements for public health and social services, overcoming fragmentation of sectors, moving away from an episodic care model and investing in the continuity and coordination of services in the overall context of a high-performing primary health care system. Aside from the issue of coverage, deficiencies in the quality of care continue to act as a barrier to universal health coverage. Moreover, the Region continues to experience high levels of out-of-pocket payments and the misalignment of incentives that undermine the utilization of primary health care and the prestige of the health workforce.

11. Innovating in primary health care: Despite these challenges, there is a critical mass of evidence and practice on the positive effects of strengthening primary health care in the Region. In 2018 the regional report, *From Alma-Ata to Astana: primary health care – reflecting on the past, transforming for the future*, described many innovations across Member States. Country experiences are wide-ranging and include innovations in organizational design and governance, decentralized decision-making for managers, enhancement of local accountability and management, and innovations in the financing of provider payment schemes. These initiatives have led to improvements in performance, health outcomes and equity in access. Good practices in training, education and continuous professional development, clearer definition of the roles and responsibilities of health workers and the use of technology are testament to the strong evidence and knowledge that has accumulated in Europe.

The way forward: accelerators for strengthening primary health care

12. Primary health care-based health systems: The Declaration of Astana and the global endeavours described above provide a great opportunity to position primary health care at the core of the health sector and to identify the specific health system reforms needed to deliver services in a timely, efficient and effective manner, thereby yielding improved health outcomes. A system approach is needed to scale up and roll out transformations and "leapfrog" over some stages of reforms to accelerate the pace of innovation.

13. High-impact policy actions: Ten evidence-based policy accelerators have been identified to support organizational and technological innovations for strengthening primary health care. These are cross-cutting, interconnected and compelling high-impact entry points for policy action. They are the best buys for allocating time and resources to the transformation of services delivery. Most importantly, tested research and practice show that they improve performance and, ultimately, health outcomes.

14. Integrated health services delivery: The policy accelerators respond to the need of public health leaders to strategically implement system reforms that allow scale up and roll out of evidence-based actions that improve health outcomes. They are drawn from the areas for action set out in the European Framework for Action on Integrated Health Services Delivery. The Framework places people at the centre of the health system by focusing on: (a) identifying health needs and tailoring service delivery interventions to proactively and equitably respond to these health needs; (b) engaging the population and individuals to ensure that they have the potential to take control of their own health; (c) integrating the provision of services to ensure continuity of care, uptake of innovations and improved performance of the health system; and (d) aligning system enablers to ensure larger scale and sustainability.

15. Change management: The policy accelerators provide a generic model that needs prioritization and sequencing according to context and political priorities. When reform processes are ongoing, countries can use these accelerators as entry points to build consensus and accelerate progress. Some policy accelerators can be implemented within current system conditions but, in the long run, they all require the alignment of key drivers at system level to ensure the consolidation of achievements and the overall sustainability of the transformations. The essential conditions for sustainable health system reforms require a receptive context for change which includes: quality and coherence of policy; political and environmental pressures; key people leading change; collective leadership; supportive organizational culture; and managerial–clinical relations. The implementation of changes through the policy accelerators described below should address the digital inequalities created by the different levels of literacy on and access to digitalization, especially for vulnerable groups.

16. The 10 policy accelerators are described below, each accompanied by "digital pointers".[2]

(1) Adopt a population health management approach to accelerate the integration of public health and primary health care: This policy accelerator consists of assigning people to primary health care teams based on their residence, enrolment or registration. It includes regularly carrying out needs assessments and population risk stratification to inform the design and organization of delivery systems based on primary health care. Population- and individual-based services should be aligned to these identified needs and be comprehensive throughout the life course. This policy accelerator also calls for working on the determinants of health, taking action across sectors and empowering communities. A population health management approach contributes to the efficient allocation of resources and to reducing inequalities by facilitating access to services according to needs.

Digital pointers: software for risk stratification (widely used in population health management); health services design and clinical management; surveillance systems, particularly for communicable diseases; and predicting scenarios.

(2) Adopt a community care model to accelerate the integration of health and social care: An increasing number of patients require additional services to meet their complex needs and, therefore, well-functioning cooperation between the health and social sectors at operational and strategic levels is needed to address the provision of high-quality services. Primary health care is at the crossroads of both sectors and strategically placed to boost care that is close to where people live and work. A community care model allows for the development of a network of providers to ensure the continuum of care throughout the life course, and, with primary health care at its centre, to ensure access to long-term care, palliative care, rehabilitation services, mental health services and outreach services. This model also contributes to the efficient allocation of resources and to reducing inequalities by facilitating access to services according to health and social needs.

Digital pointers: unique patient identifiers; records shared between health and social services to support more effective purchasing and oversight and to enable more preventive approaches to the delivery of health services; interoperable information systems.

[2] "Digital pointers" refer to opportunities to couple advances in the digitization of health services (including electronic processes, resources, and their design) with primary health care strengthening efforts, to optimize technological innovations and their potential to accelerate reforms.

(3) Deliver a comprehensive array of services to ensure a broad continuum of care throughout the life course: Selecting a comprehensive package of services has well-documented benefits that lead to improved health outcomes. In line with the approach that takes health and health care to be a human right, people are entitled to access services throughout the life course. This policy accelerator includes providing a clear definition of entitlements and of the basket of services to be delivered by providers. A comprehensive basket of services along the continuum of care balance diagnosis and treatment with increased provision of protective, promotive and preventive services that address risk factors and behavioural change in primary health care settings. Access to and responsible use of medicines should be ensured as part of these services.

Digital pointers: new technologies enable a wider use of diagnostic imaging, genomics and molecular profiling as well as environmental and lifestyle information, to better understand diseases and thus to predict, prevent, diagnose and treat them. Advancement of research in this direction creates the conditions for delivering the right care at the right time.

(4) Establish networks of multi-profiled providers to optimize integrated delivery systems: Multi-profiled primary health care teams are expected to be increasingly connected to patients, specialists, hospitals and social teams, creating networks of providers that optimize care transitions, ensure the continuity of care and deliver integrated care. This is particularly important for patients with multimorbidity and social needs. These teams should also ensure the provision of after-hours services to reduce the number of unnecessary visits to emergency departments. Specialist and hospital services are essential for providing timely urgent and emergency care. Establishing networks of providers requires the redefinition of the role of primary health care teams, specialists and hospitals in the context of integrated delivery systems, which are based on intraoperative information platforms.

Digital pointers: electronic records; implementation of assistive technological devices to ensure responsiveness and continuity of care; embedding telehealth into clinical consultations to enable timely access, early diagnosis and early interventions.

(5) Invest in the competencies[3] of generalist medical practitioners and nurses and expand their scope of practice to increase the response capacity of primary health care: Tasks are already being redistributed from specialists to generalists, from physicians to nurses and from nurses to care managers and social workers, to highlight some examples. This requires that the regulatory frameworks, public health laws and accountability and responsibilities of health professionals be reviewed. Strengthening the competencies of the primary health care workforce hinges upon the application of evidence-based clinical guidelines, protocols and algorithms; the responsible use of medicines; the development of robust continuous medical education and professional development; and the development of competencies to place people at the centre of care. Evidence shows that focusing on matching professional competencies to population needs increases productivity, job satisfaction, recruitment and retention of the health workforce as well as helping to improve the quality of care and health outcomes. Ensuring the responsible use of medicines is vital for achieving improved health outcomes and

[3] Competencies include knowledge, skills and behaviours.

for avoiding threats such as antimicrobial resistance and health hazards due to overuse, underuse or misuse of medicines. Guidelines, protocols and algorithms should be aligned to the basket of services to be provided (see accelerator (3)) and detail the recommended medicines and their dosage. This policy accelerator calls for the creation of conditions for the establishment and development of professional associations.

Digital pointers: clinical decision aids; rapid diagnostic tests; remote consultation (including teleconsultation); telemonitoring of patients; e-prescription; artificial intelligence; electronic health worker registries.

(6) Establish learning loops to improve quality of care: This includes establishing quality improvement mechanisms at practice level, setting up feedback loops and promoting effective and decentralized clinical governance. The implementation and proper utilization of clinical guidelines, protocols and algorithms promotes the standardization of clinical practice, the use of effective therapies and the improvement of diagnostic accuracy, as well as discouraging ineffective and potentially unsafe interventions. This policy accelerator also aims at improving management, accountability and quality of care through a continuous iterative process of identifying gaps, finding solutions and creating a non-punitive environment to encourage changes and adjustments over time. An optimal process would consist of establishing objectives, measuring results, reviewing and providing feedback on identified improvement opportunities, adopting subsequent modifications and re-assessing performance.

Digital pointers: predictive-tool-based programmes to reduce readmission rates; case-finding tools based on adjusted clinical groups that generate high-risk case management lists.

(7) Empower health managers to take effective actions in order to meet health needs and improve performance: Improving equity, responsiveness and allocative efficiency requires a degree of autonomy in the management of inputs and resources to adapt to local contexts and needs. When properly implemented, decentralizing decision-making to local authorities and facility managers, enhancing local accountability and improving management processes, including implementing loops for monitoring and evaluating progress, have positive effects on performance, allocation of resources and health outcomes. This policy accelerator includes providing mandates for intersectoral actions.

Digital pointers: integrated information platforms and indicator dashboards; digital solutions for measuring performance and benchmarking.

(8) Upgrade facilities to improve patient and workforce experiences: Working conditions and physical environments have a significant impact on safety, quality of care, patient satisfaction and adherence to treatment. They also affect the performance of the workforce by contributing to the causes of or reduction in human errors. This policy accelerator promotes primary health care facilities that are free of hazards, accessible and designed to minimize human error, infections and falls. It also implies that tools, technology and equipment are functional, safe and support the provision of services that place people at the centre of care. This policy accelerator also calls for a better work-life balance for the health workforce, greater consideration of occupational physical and mental health, and the establishment of workplace assessment and certification programmes.

Digital pointers: unified appointment systems; applications for patient reminders; waiting list management.

(9) Empower patients and their carers to improve health outcomes: Evidence confirms that empowering individuals, their families and communities has a positive impact on health literacy, patient experience, service utilization, compliance with treatments, uptake of healthier behaviours and, overall, on health outcomes. This policy accelerator calls for creating conditions for the self-management of health and health conditions and joint decision-making between patients and health professionals. Joint decision-making in clinical settings comprises consideration of the risks and benefits of different treatment options, including the choice of taking no action, and accounting for patients' values and preferences. It also calls for the implementation of peer-to-peer support platforms so that patients, based on a mutual and shared understanding, can provide help to, and receive help from, others in similar situations. This policy accelerator additionally calls for investing to support families and carers by developing their competencies to care for others and establishing a supportive system to take care of the carers themselves. In implementing this policy accelerator, a gender perspective must be applied in order to capture underpinning social and cultural patterns. Lastly, this accelerator calls for the creation of conditions for the establishment and development of patient associations.

Digital pointers: patient decision aids; technology-supported self-management; home-monitoring tools for patients suffering from chronic conditions; software and synchronized applications designed to connect providers and patients, transmit data or facilitate monitoring by patients of their conditions and/or risk factors; individual access to personal health data.

(10) Align accountability and incentives with the model of care to roll out and scale up primary health care: Primary health care is a cost-effective investment that improves health outcomes, increases satisfaction and contributes to the sustainability of health systems. For this reason, it should be allocated reasonable levels of public funding. This policy accelerator calls for implementing strategic purchasing and rewarding providers for performance, quality and integrated care. This includes supporting the development of networks that are accountable for the care of populations with incentives that target coordination and transitions across settings of care. Incentives should foster investment in health protection, promotion and prevention. Dedicated financing mechanisms for promoting intersectoral action and strategic purchasing of outcomes across the health and other sectors are needed to accelerate progress towards integrated primary health care. The use of health intelligence on performance[4] to optimize the provision of services can be done by establishing information systems, for example infrastructure, flows, connectivity, interoperability, indicators, and analytics. Using health intelligence on performance fosters accountability for outcomes and decision-making based on evidence, allowing for the more effective scaling up and rolling out of transformations.

Digital pointers: interoperability of information systems; confidentiality of data; data protection; cybersecurity; data ownership; cross-border data transferability; e-procurement; providers' invoicing and payment software, for example in

[4] Health intelligence on performance comprises interactions between the collection and analysis of data on health services and their use in supporting strategic decision-making.

relation to diagnostic related grouping; an adjusted clinical group predictive model used for risk adjustment of per capita payments.

Support from the WHO Regional Office for Europe

17. Strengthening technical support to Member States: The WHO Regional Office for Europe, with the support of the Advisory Group on Primary Health Care, will collaborate with Member States in implementing health service transformations through the WHO European Centre for Primary Health Care in Almaty, Kazakhstan. The Centre is a resource hub for country work, evidence, research and innovation relating to primary health care-based delivery systems. The Regional Office will ensure that the Centre is equipped to respond to country demands, working closely with the other technical programmes and initiatives in the Division of Health Systems and Public Health, including the Health System Transformation Initiative, other divisions at the Regional Office and partners. The Centre's scope of work falls within WHO's Thirteenth General Programme of Work, 2019–2023, and its triple billion targets (particularly outcome 1.1. Improved access to quality essential health services), while also underpinning other outcomes across the general programme of work.

18. Strengthening health intelligence on primary health care impact, performance and capacity: Numerous initiatives to strengthen primary health care measurement are ongoing. Nonetheless, the lack of comparable data on primary health care in the Region continues to limit the health intelligence needed for decision-making. In line with resolution EUR/RC66/R5, the WHO European Centre for Primary Health Care has developed a framework to monitor impact, performance and capacity across countries of the Region. The framework is linked to routine information systems. It is structured in optional modules to enable detailed insight into the perspectives of providers and patients and captures European specificities. This facilitates analysis of information along: (i) a clinical continuum, linking prevention, diagnosis, treatment and disease management of tracer conditions; (ii) a performance continuum in the classical structure-process-outcome sequence; and (iii) a continuum of stakeholders from the micro-level (health professionals and patients), to the meso-level (managers and regional health authorities) and the macro-level (policy-makers and health insurers). The framework has strong potential to improve coherence in measuring primary health care, to signal opportunities for using evidence to accelerate performance gains, and to identify proven policy options that can be shared among countries.

19. Strengthening partnerships, knowledge sharing and learning: Building on existing global commitments and regional strategies, actions plans and resolutions, the Regional Office will: (a) continue to use existing, and establish new, mechanisms for knowledge sharing on good practices and lessons learned, through intercountry work, technical forums and high-level meetings; (b) expand learning networks with the support of WHO collaborating centres, think tanks, internships and seconded staff; (c) facilitate dialogue between professional and patient associations, governments and other stakeholders; (d) ensure alignment with other ongoing and future initiatives aimed at strengthening health systems and overall health outcomes; and (e) work through regional and global platforms to ensure that the Region remains at the front line of work on primary health care-based health systems, including the Issue-based Coalition on Health, the Global Action Plan for Healthy Lives and Well-being for All, and the operational framework to implement the Declaration of Astana entitled "Primary health care: transforming vision into action".

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