

WHO European Centre for Primary Health Care: annual report of activities 2017



WHO European Centre
for Primary Health Care

Division of Health Systems
and Public Health

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WHO European Framework for Action
on Integrated Health Services Delivery

Abstract

Based in Almaty, Kazakhstan, the WHO European Centre for Primary Health Care is the technical hub on health services delivery for the WHO European Region. This report summarizes the activities of the Centre in 2017 in working with the Region's Member States and contributing to priorities for strengthening health systems in accordance with guiding regional and global commitments. Key achievements in 2017 include conducting research for policy action on the integration of services across levels and sectors of care, developing frameworks for rethinking quality of care and primary health care performance, providing technical assistance to countries, including assessing services delivery and mapping quality of care governance, providing support for planning and implementing services delivery policies through pilot projects and launching new collaborations and partnerships, training and learning resources. This report details these achievements by the Centre's four core pillars of work while highlighting activities locally in Kazakhstan and plans looking forward to the landmark 40th anniversary of the Declaration of Alma-Ata in 2018.

Keywords

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Cover photo: Medical students of the Kazakh National Medical University attending a guest lecture coordinated by the WHO European Centre for Primary Health Care as part of the local activities organized by the office.

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Abbreviations

BELMED	Preventing noncommunicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus 2016–2019
CIS	Commonwealth of Independent States
IMCI	Integrated Management of Childhood Illness
OECD	Organisation for Economic Co-operation and Development
STEPs	WHO STEPwise approach to surveillance
TB	tuberculosis
TB-REP	Tuberculosis Regional Eastern Europe and Central Asia Project

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Input was provided by the Centre's technical and administrative staff members. David Breuer edited the text and Jakob Heichelmann designed the publication. Russian translation and layout was completed by TAIS. Photos were taken by Jerome Flayosc. All photos are copyright to WHO unless otherwise stated.

The work and activities described here have been made possible by the generous support of the Government of Kazakhstan together with the support of representatives from health ministries across the Region as well as the numerous partners, advisers and staff members of WHO and its country offices.

The team

In 2017, the WHO European Centre for Primary Health Care benefited from the efforts of a core group of individuals brought to Almaty, Kazakhstan from different corners of the world and locally, from Kazakhstan itself. As former clinicians, health economists, social scientists, data specialists and academics, the team is a diverse mix of profiles, specializations, languages and cultures.

The work described here reflects the collective efforts of this team and their shared passion for primary health care, dedication to providing technical support to the Region's Member States and curiosity to explore and enjoy their home base surrounded by the Tian Shan mountains in the beautiful city of Almaty.

The year's achievements are also credited to the Centre's larger team made up of colleagues of the Division of Health Systems and Public Health based at the WHO Regional Office for Europe in Copenhagen, Denmark.

Senior management

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Preface

In 2017, in anticipation of the 40th anniversary of the Declaration of Alma-Ata, the level of global attention to primary health care reached new heights. Whether countries are responding to trends including the growing burden of noncommunicable diseases or increasing multimorbidity, anticipating population ageing or addressing large-scale emergencies – a primary health care approach clearly continues to be relevant and important.

The WHO European Centre for Primary Health Care has assumed an important role in this dialogue, renewing a focus on primary health care. In 2017, the Centre continued its close work with countries to develop evidence, strategize reforms and work through implementation. The volume of country-focused efforts in 2017 testifies to the core group of staff members – both national and international – who have accelerated the momentum of the Centre, further supported by a continually growing and diverse network of partners, including international organizations, universities and think tanks, patient and professional associations and other special interest groups.

Now in its second year at its premises in Almaty, Kazakhstan, the Centre has worked diligently to establish a credible voice and perspective on services delivery that reflects the characteristics of services delivery unique to this part of the region. Important steps have been made to evolve concepts, terms and measures to reflect local realities yet also relate to the European Region's diverse 53 Member States.

Much work lies ahead. Given the scale and pace of changes, there is increasing need for reforms that are forward-looking: that anticipate rather than react to future health needs. At the first meeting of the Primary Health Care Advisory Group, Zsuzsanna Jakab, the WHO Regional Director for Europe, recognized just that, in challenging the group to tackle the question: "What does primary health care of the future look like, and what do we need to get there?"

Nevertheless, the WHO European Region continues to show great leadership in anticipating needs and advancing our services delivery systems. As our Director, Hans Kluge, recognized in the context of the Global Coordination Team preparing for the 40th Anniversary of the Declaration of Alma-Ata, "[The present] is a fantastic opportunity in history for primary health care." The Ministry of Health of Kazakhstan has set a global example, showing vision and foresight in calling for a commitment to primary health care at the highest level of governments. It is thanks to the leadership of Kazakhstan that the work of the Centre is made possible.

Together, in 2017 we paved the way towards the landmark year 2018 and showed progress in meeting at the crossroads as patients, providers, managers and policy-makers in our joint efforts to transform services delivery across the Region.

We thank everyone who contributed to the activities described in this report. We look forward to our continued efforts and what will truly be an important moment in history for primary health care.

Juan Tello

*on behalf of, WHO European Centre for Primary Health Care
Division of Health Systems and Public Health
WHO Regional Office for Europe*

The year in brief

In 2017, the main activities of the WHO European Centre for Primary Health Care included the following.

Knowledge synthesis

Avenues of integrated health services delivery

- **Transforming hospitals.** Exploring hospital transformations with the WHO interregional hospital task force for the development of a joint position paper on the future role of hospitals and series of country case studies including Germany, Portugal and Sweden from the European Region.
- **Integration of health and social sectors.** Adapting the WHO European Framework for Action on Integrated Health Services Delivery to capture the specificities of long-term care and applying this framework to country cases in Germany, Romania and Turkey.
- **Integrated public health services and primary care.** Initiating discussions to unpack models, accountability arrangements and other pertinent topics in working towards a framework for strengthening the integration of public health services and primary care.

Performance of health services delivery

- **Framework for health services delivery performance and capacity.** Transforming the WHO European Framework for Action on Integrated Health Services Delivery from a policy to a monitoring framework and conducting an in-depth review of existing indicators and data sources.

- **Tools and instruments for collecting data on services delivery.** Developing and applying resources for assessing avoidable hospitalizations from the patient perspective, measuring patient reported experience and assessing coordination from the provider perspective.

Governance for quality of care

- Revisiting quality of care concepts and mechanisms for improving quality of care at a first brainstorming, review and planning meeting and workshop with country delegates from Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine, experts and WHO staff members.

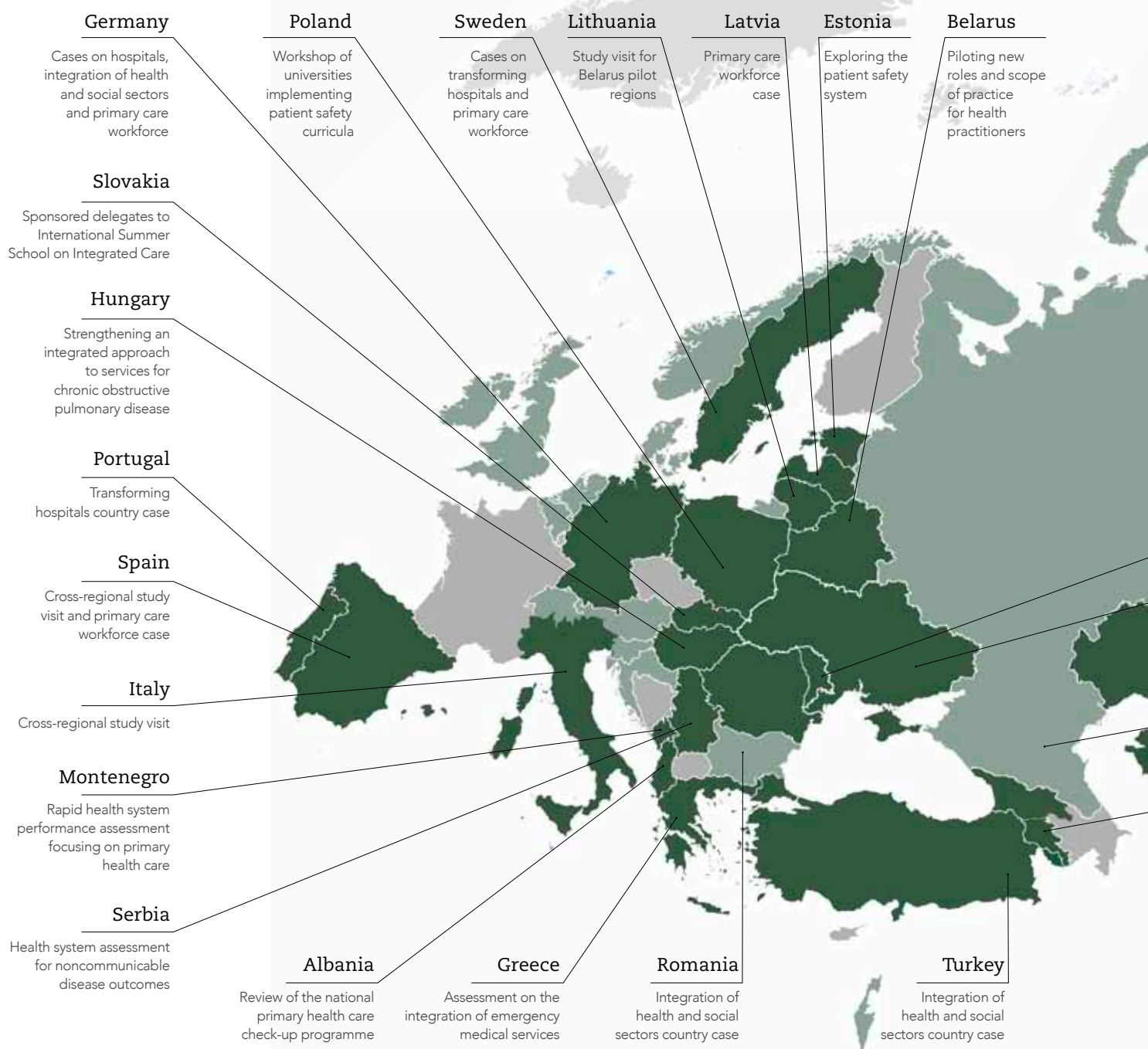
Applications

- Applying services delivery concepts to explore health workforce competencies as well as health outcomes through the lens of men's health, noncommunicable diseases, tuberculosis and child health.

Country support

Assessing primary health care and services delivery

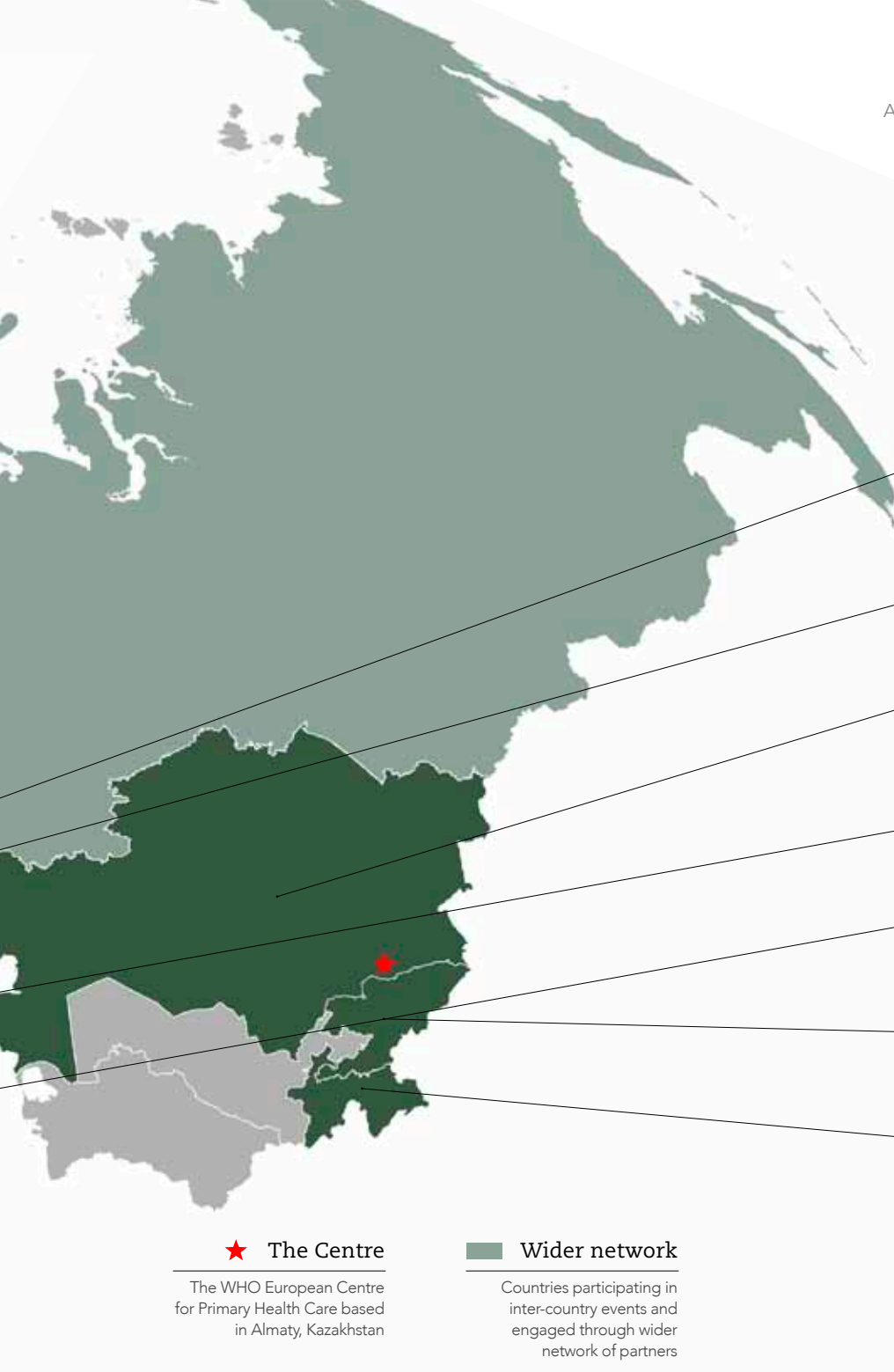
- **Albania.** Reviewing the national primary health care check-up programme as part of continued support to on going primary health care reforms.



- **Armenia.** Conducting a rapid assessment of primary health care and the integration of services to support transformations with a focus on revising entitlements, improving quality of care and clinical practice and strengthening primary care and hospital services overall.
- **Greece.** Assessing the integration of emergency medical services to strengthen the potential of primary care to effectively manage and treat the growing burden of chronic diseases while also preventing the need for acute care services.
- **Montenegro.** Exploring priority health system improvement areas through a rapid assessment with a focus on primary health care, including the interface between primary care and the hospital sector.

Mapping the governance of quality of care

- **Estonia.** Exploring the existing patient safety system with regards to reporting, learning and improvement processes in place, linking in illustrative country cases from Denmark, Poland and Sweden to inform policy recommendations.



★ The Centre

The WHO European Centre for Primary Health Care based in Almaty, Kazakhstan

■ Wider network

Countries participating in inter-country events and engaged through wider network of partners

Republic of Moldova

Developing a primary health care strategy towards an integrated services delivery model

Ukraine

Developing a renewed vision for primary health care

Kazakhstan

Integrating two regional pilot projects and primary care workforce case

Georgia

Reviewing mechanisms for quality of care in primary health care

Armenia

Rapid assessment of primary health care and the integration of services

Kyrgyzstan

Reviewing quality of care and scoping health services delivery reporting

Tajikistan

Supporting the implementation of the 2016–2020 Strategic Plan for the Development of Family Medicine-based Primary Health Care

- **Kyrgyzstan.** Reviewing the current system for quality of care as a basis for discussing future national actions.
- **Georgia.** Reviewing mechanisms for quality of care in primary health care across a continuum of mechanisms to assure quality inputs, processes, outputs and outcomes.

Policy analysis

Implementing the WHO European Framework for Action on Integrated Health Services Delivery

- **Framework for monitoring health services delivery.** Detailing a process for the development and implementation of a monitoring framework from present to the first reporting back to Member States in 2020 on the status of health services delivery in the region.

- **4th annual meeting of Integrated Health Services Delivery Focal Points.** Convening the network of focal points for its annual meeting including a full day focused on hospitals from a global perspective.

Planning and implementation of health services delivery reforms

- **Kyrgyzstan.** Scoping available health services delivery reporting to identify key issues and pertinent policy recommendations to inform the 2017 thematic week dedicated to services delivery.
- **Republic of Moldova.** Supporting the development of a primary health care strategy towards an integrated services delivery model.
- **Tajikistan.** Supporting the implementation of the 2016–2020 Strategic Plan for the Development of Family Medicine-based Primary Health Care with a focus on the development of a health workforce registry and system of quality of care in primary health care.
- **Ukraine.** Developing a renewed vision for primary health care with focus on the importance of multidisciplinary teams, increasing the role of nurses and the delivery of preventive care.

Supporting pilot projects

- **Belarus.** Defining new roles and scope of practice for health practitioners to improve noncommunicable disease outcomes in primary health care, implemented in two pilot sites.
- **Hungary.** Supporting the development of a pilot project proposal to implement an integrated approach to services for chronic obstructive pulmonary disease.
- **Kazakhstan.** Finalizing the three-year implementation of two regional pilot projects with an external assessment and reporting to document lessons learned.

Policy dialogues and other conferences

- Participating as a presenter, moderator, coordinator or panellist in events including the 14th Baltic Policy Dialogue, intercountry meeting on improving antenatal care and 27th meeting of the CIS Healthcare Cooperation Council, among other country-level and international events.

Alliances and networking

Primary Health Care Advisory Group

- Launching the first meeting of the Primary Health Care Advisory Group with a first two-day meeting reflecting on the readiness of primary health care for the future.

Networking events

- **Joint meeting of the Northern Dimension Partnership in Public Health and Social Well-being.** Organizing a one-day workshop on primary health care performance jointly with the Northern Dimension Partnership members and invited country delegates.
- **Launch of the Global Service Delivery Network for Universal Health Coverage.** Hosting the first meeting of the network, setting out to serve as a platform to strengthen knowledge exchange, collaboration and advocacy on integrated people-centred health services.

New collaborations in 2017

- Establishing new partnerships to work across geographically displaced offices in Almaty and Moscow and collaborate with the Academic Medical Centre, University of Amsterdam as a new WHO Collaborating Centre, and the European Centre for Social Welfare Policy and Research.

Other partners and stakeholders

- Engaging more than 40 partners and stakeholders including international development partners, universities, think tanks, associations and special interest

groups including representatives of health professionals and patients through joint projects, country missions and events.

Training and learning resources

- **Launch of the Learning Hub.** Launching a health services delivery portal on the website of the WHO Regional Office for Europe to house a series of lectures in English and Russian with the aim to reach a wide public audience on relevant topics for transforming services delivery.
- **Courses and placements.** Delivering an annual guest lecture at Imperial College London, facilitating sessions at the European Observatory Venice Summer School, sponsoring delegates from Slovakia to the International Summer School on Integrated Care and hosting students of the Harvard Doctor of Public Health Programme, among other lecture and training opportunities.
- **Study visits.** Coordinating the opportunity for cross-regional study visits to Italy, Spain and Lithuania for select country delegates engaged in pilot projects.

Introduction

About the WHO European Centre for Primary Health Care

The WHO European Centre for Primary Health Care, established in 2013, operates as a centre of excellence on health services delivery in the WHO European Region. The Government of Kazakhstan hosts the Centre in the city of Almaty – the birthplace of primary health care, where the historic Declaration of Alma-Ata was signed in 1978.

The Centre is the technical unit of the Division of Health Systems and Public Health responsible for health services delivery. It works in close collaboration with other technical programmes of the WHO Regional Office for Europe and its country offices.

The work of the Centre aims to support Member States across the Region's 53 countries in transforming health services towards people-centred health systems and, ultimately, improved health outcomes. Its technical support is based on a primary health care approach and includes analytical work, direct country support, policy advice, capacity-building and collaboration. The Centre benefits from its location in central Asia, with this context bringing relevant insights for services delivery from the perspective of Russian-speaking countries and the systems of the countries of the former Soviet Union.

The WHO European Framework for Action on Integrated Health Services Delivery

Globally, health and development priorities are clear on the link between services delivery and population health. This is made explicit in the 2030 agenda of the Sustainable Development Goals in which health occupies a central place. The case for services delivery transformation is especially clear in Sustainable Development Goal 3 Target 3.8 on achieving universal health coverage, where making progress requires access to essential health services (indicator 3.8.1).

In the WHO European Region, Member States have set ambitious targets not only on improving the coverage of services but also on the quality and equity of the services provided. Member States have consistently affirmed this commitment by adopting Health 2020 (2012), the Tallinn Charter (2008) and priorities for strengthening people-centred health systems (2015) and, most recently, by endorsing the WHO European Framework for Action on Integrated Health Services Delivery (2016). The work of the Centre is guided by the approach of the WHO European Framework for Action on Integrated Health Services Delivery and a commitment to support its implementation.

The Centre's four core pillars of work

The Centre's activities span four core pillars of work.

- **Knowledge synthesis**
Analytical and applied research for evidence-informed policy action
This pillar sets out to contribute to a conceptually sound understanding of services delivery topics in response to the continually 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.
- **Country support**
Country-specific reviews and assessments of health services delivery
This pillar aims to respond to requests for technical assistance by Member States. Activities include conducting rapid reviews, mapping actors, performing in-depth assessments and other data-driven exploratory work.

- **Policy analysis**
Support for strategic planning and policy implementation
This pillar translates concepts into practice. Key areas of activity include supporting countries in developing policies for services delivery and their implementation, including rolling out pilot projects. This pillar also includes platforms for facilitating policy dialogues that convene countries, relevant stakeholders and partners.
- **Alliances and networking**
Meaningful partnerships and capacity-building efforts
This pillar aims to generate synergy 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 engaging in and coordinating training and workshops and regularly collaborating with advisers and key stakeholders.

These pillars inform the main sections of this annual report. The report also describes local activities and anticipates the 40th anniversary of the Declaration of Alma-Ata to be celebrated in 2018.





Working to rejuvenate quality of care in the WHO European Region, in the context of the Sustainable Development Goals and with view to the continued evolution of the concept overtime, the Centre hosted a first brainstorming, review and planning meeting on quality of care 3–6 April 2017. Pictured here, country delegates participating in the one-day workshop held following the event, to explore the meeting's topics in practice and coordinate next steps with the Centre's staff.

Knowledge synthesis

Avenues of integrated health services delivery

Transforming hospitals

While working towards integrated health services delivery built on a primary health care approach, a change of paradigm for all actors in the health system is needed. Transforming hospitals is a key part of these ambitions, since hospitals have a vital role to play as key actors in services delivery and in society.

Working towards a fresh view on the position, role and functioning of hospitals, WHO headquarters established an interregional hospital task force. The group set out with the aim to explore this topic in a joint WHO position paper on the role of hospitals and universal health coverage. On 21–22 June 2017, the Centre hosted an interregional meeting of the task force in Almaty, Kazakhstan as an opportunity for exchange between WHO regions towards a shared vision of hospitals of the future. Following this meeting, the discussion was extended to the 4th Annual Meeting of Integrated Health Services Delivery Focal Points, with the day dedicated to hospitals from a global perspective (see the section on policy analysis).

In addition to the position paper, a series of illustrative country cases on hospital transformations was launched in 2017. In the European Region, case studies on Germany, Portugal and Sweden are being prepared. The cases aim to provide concrete examples of how countries are progressing towards integrated and people-centred services and the unique role of transforming hospitals in this agenda.

Integration of health and social sectors

Changing demographics and the burden of disease in the WHO European Region anticipate both future demands but also opportunities for primary health care to support new activities such as dementia care, end-of-life care and long-term care for older people. Working to explore this synergy has highlighted the scope and role of primary health care in long-term care services and differentiating the services, providers and delivery settings for health services and social care.

In 2016, the Centre partnered with the European Centre for Social Welfare Policy and Research to develop a framework based on the WHO European Framework for Action on Integrated Health Services Delivery that captures the specificities of long-term care. Through a series of country applications, this initiative set out to describe the national and subnational models in place. Country case studies have been conducted in Germany, Romania and Turkey, with plans for cases in Denmark and Portugal in 2018. Based on these country cases, horizontal analysis is planned to identify factors influencing the integration of health and social sectors.

Integrated public health services and primary care

Where do the boundaries between primary care and public health services lie? What public health services should primary care deliver? How is a population health approach best achieved? These are some of the key questions Member States have asked the Regional Office as countries work to improve the organization

of primary care and public health services and address the often-parallel structures in place.

In response to this priority avenue for the integration of services in countries, the Centre and the Public Health Services Programme of the Division of Health Systems and Public Health set out to jointly unpack this topic. On 4 July 2017, a joint virtual discussion was organized to explore pertinent topics. In this discussion, key points of consensus included: public health and primary care should be integrated based on shared accountability for health outcomes; integrating delivery systems at local levels requires addressing fragmentation in governance; and primary care should not deliver all public health services, requiring that the capacity of primary care be clearly considered.

Taking this agenda forward, the two technical programmes agreed to explore a framework for strengthening the integration of public health services and primary care. Its preparation is expected to include a joint workshop with partners and literature review of the existing evidence.

Performance of health services delivery

Framework for services delivery performance and capacity

Efforts to conceptualize and measure health services delivery have surged in the past two decades. This effect can be largely credited to consensus on the importance of services delivery as a core function of health systems and the link between health system performance and population health outcomes. Although this level of activity signals the interest and importance of measuring health services, the WHO European Region has critical shortcomings that hinder the extent and utility of existing measures. These include gaps in the availability of data across countries on indicators of services delivery, the limited scope of largely input-based measures and the lack of specificity of frameworks to capture the status of countries in the Region.

In this context, the Centre has worked to revisit existing performance frameworks for services delivery in the approach of current policy commitments and guided by the question: what is the responsive capacity of primary health care to efficiently deliver quality and equitable services for improving health outcomes?

The proposed framework for measuring the performance and capacity of services delivery draws from familiar aspects of measurement, such as the commonly used logic of input, process, output and outcomes but also a novel focus at the intersection between services delivery and health systems by making explicit the capacity of primary care according to a description of the model of care. The framework additionally offers a unique look at outcomes from the perspective of patients, considered integral to a people-centred approach to services delivery.

This work is being taken forward in the scope of monitoring the WHO European Framework for Action on Integrated Health Services Delivery and, in 2018, will further review the indicators and questions aligned with the framework and its first application as country pretests (see section on policy analysis).

Tools and instruments for collecting data on services delivery

- **Assessing ambulatory care avoidable hospitalizations from the patient perspective.** Ambulatory care sensitive conditions are a well-established proxy for assessing health services delivery performance¹. Since 2013, the Regional Office has worked to develop an approach and country cases for measuring ambulatory care sensitive hospitalization. In 2017, this included initial exploratory data collection efforts in Montenegro. These country studies have informed an understanding of the determinants of preventable hospitalization from a policy perspective.

Little research has been conducted to capture the patients' perspectives on the main causes of ambulatory care sensitive hospitalization and what can be done to

¹ Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions.

avoid it. In response, the Centre, in partnership with the Escola Nacional de Saúde Pública of the Universidade Nova de Lisboa, launched a study to develop and validate an instrument to capture the patients' perspectives on the causes of ambulatory care sensitive hospitalization. This work aims to complement what is available through provider-centred data and offer more holistic insight into the factors that contribute to hospitalization.

- **Measuring patients' experiences.** In 2017, the Centre embarked on developing a tailored module of the WHO STEPwise approach to surveillance (STEPS) survey on patient experience. This optional module aims to capture individuals' perception of their experience with primary health care services. The module is based on a set of standardized questions developed by the Organisation for Economic Co-operation and Development (OECD). The optional module will be put to countries implementing the STEPs survey to validate the tool and ultimately, to improve the availability of comparable patient experience data in the Region.
- **Coordination of services from the provider perspective.** The Centre partnered with the Catalan Health and Social Care Consortium to explore the application of the COORDENA² questionnaire for measuring coordination between primary and secondary care in the WHO European Region. The tailoring and validation of the questionnaire was applied in the context of the Catalan health system. This study set out to analyse the coordination of information and clinical management, levels of knowledge and use of coordination mechanisms. The findings offer insight into the differences between areas (rural versus urban) and management models as well as organizational and individual factors related to coordination between levels of care.

Governance for quality of care

The concept of quality of care has evolved over the past two decades from a notion of human error and negligence to an understanding that it arises as a result of well performing health systems. Over time, multiple approaches have contributed to the discourse on quality of care and the recognition of its importance to improving health outcomes. National and regional health authorities are renewing their focus on quality of care, system performance and health outcomes, while stakeholders – including professional and patient representatives – are assuming new roles in this area.

On 3–6 April 2017, the Centre hosted a first brainstorming, review and planning exercise for rejuvenating quality of care in the WHO European Region in the context of the Sustainable Development Goal target on universal health coverage and services delivery. The event convened country delegations from Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine, experts and WHO staff members.

Discussions over the three days revealed that countries have made enormous progress in developing and implementing mechanisms for improving quality. Links between initiatives to improve quality and the actors carrying this out are less clear, however, and big gaps exist in understanding of the feedback processes necessary to ensure that learning loops are established for continual quality improvement in health facilities and professional development. The participants agreed that work is needed to developing an overarching accountability framework to manage development in this area.

A background document for the Region will discuss renewing a framework for quality of care that supports countries in organizing actors and in aligning quality mechanisms. As a resource for advancing quality of care at the national level, the document will include an assessment guide for countries to reflect the

² The COORDENA questionnaire assesses the degree of care coordination between levels of care, associated factors and knowledge and use of coordination mechanisms from the viewpoint of health professionals. The questionnaire has been adapted and applied in several Latin American countries.



actors, roles and mechanisms for quality of care in place.

Applications

Primary care workforce

Ensuring a competent health workforce is a core area for action of the WHO European Framework for Action on Integrated Health Services Delivery. The various stakeholders, including health practitioners, professional associations, researchers and policy-makers, and their unique roles in the cycle of consolidating competencies, were first described in 2015 (Box 1). In the context of primary care, this cycle is especially relevant, recognizing the high variation of workforce models and the range of stakeholders involved across countries.

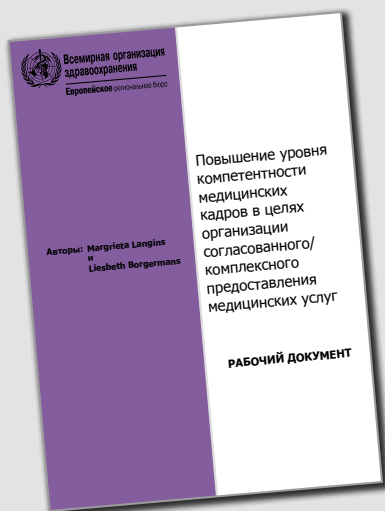
To further unpack the development of a competent primary care workforce, the Centre designed a study in 2017 to explore at the country level the various roles of stakeholders in primary care and forms of engagement in the cycle of consolidating competencies. Five countries were selected as illustrative cases: Germany, Kazakhstan, Latvia, Spain and Sweden. The case studies were developed in a two-part process of literature reviews and semistructured exploratory interviews.

The emerging themes from this work further underscore the case for strong stakeholder involvement. Specifically, the roles of professional associations emerged in the areas of policy development, workforce training, quality of care, resource allocation, innovation and developing a primary care identity and culture. Good examples of policy levers for strengthening stakeholder involvement in each were also identified. On 13–17 November 2017, this work was presented at the Fourth Global Forum on Human Resources for Health in Dublin, Ireland. A new report will capture these findings and a description of country cases conducted as part of this study.

Men's health

Men's health has drawn increasing attention in the European health agenda. The high level of premature mortality among men in the eastern

Box 1 Strengthening a competent health workforce for the provision of coordinated/integrated health services



This report proposes a list of health workforce competencies in working towards transformation for integrated health services delivery. It proposes a cycle for the process of consolidating competencies and key strategies for the actors involved in the process. It is available in both English and Russian.

 Download

part of the Region has been one of the key triggers for this. Although premature mortality is slowly declining, the gaps between the eastern and western parts of the Region remain high³. Men's health has also been highlighted within the gender equality agenda, calling for policies and actions that engage men in transforming roles and norms for better and more equal health for all. This follows the growing body of evidence supporting gender-responsive approaches to promoting men's health and well-being.

Agenda 2030 provides a strong framework to move men's health forward by taking an explicit gender approach in addressing the Sustainable Development Goal 3 targets. In this context, the Regional Office is preparing a strategy on

men's health and well-being that will inform the actions of Member States and WHO for improving men's health and well-being and for achieving gender equality.

In this effort, the Centre is a key partner and member of the regional expert group on men's health, bringing a health services delivery lens to address issues of accessing and using services and engaging men in services delivery and self-care. On 4–6 September 2017, the expert group met for the first time to discuss these topics. The Centre continues to support the development of the health system component of the strategy and is expected to host the second meeting of the expert group in Almaty, Kazakhstan in early 2018.

Health systems respond to noncommunicable diseases

Noncommunicable diseases are the leading cause of death, disease and disability in the WHO European Region. Fortunately, they are largely preventable, and early detection and good case management can contribute to improving quality of life and reducing morbidity and mortality. This requires a comprehensive, systemic approach combining large-scale population interventions with effective individual services.

In the scope of the interdivisional work programme on better noncommunicable disease outcomes: challenges and opportunities, health services delivery plays an integral role in scaling up core noncommunicable disease services. Working in multidisciplinary teams, the Centre has contributed to several country case studies by bringing a services delivery focus to these assessments. In 2017, this included support for policy dialogues to discuss the outcome of studies conducted in Kazakhstan and a review mission to Serbia for gathering information.

Country reports were analysed in preparation for the April 2018 high-level regional meeting Health Systems Respond to Noncommunicable Diseases: Celebrate, Share, Inspire. The Centre has supported this analysis with a focus on

³ Towards a Europe free of avoidable noncommunicable diseases: the future course of premature mortality in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0008/340865/Report-1-2.pdf, accessed 23 February 2018).

integrated multi-profile primary health care for noncommunicable diseases.

Strengthening health systems for improving tuberculosis outcomes

Despite notable progress in the past decade, tuberculosis (TB) remains a public health concern in the WHO European Region. Importantly, the emergence and persistence of drug-resistant TB is a direct consequence of failures of health systems, including delivering inappropriate or interrupted treatment, especially for those who are most vulnerable.

In the framework of the Tuberculosis Regional Eastern European and Central Asian Project (TB-REP) on Strengthening Health Systems for Effective Tuberculosis and Drug-resistant Tuberculosis Control, a people-centred model of TB care was designed and put forward in a blueprint of policy options. The model of care described calls for shifting to outpatient services that are organized around the needs and expectations of people and communities⁴. With the support of the Centre, the blueprint has applied the approach of the WHO European Framework for Action on Integrated Health Services Delivery, adapted to the specificities of TB services to differentiate policy options for supporting individuals, adapting services delivery processes and aligning health system enablers. The blueprint guides the country technical assistance provided to the 11 TB-REP countries. In October 2017, the Centre supported the week-long training course delivered in Barcelona, Spain on health system strengthening for better TB outcomes by facilitating the health services delivery module of this intensive training programme (see the section on alliances and networking).

Integrated Management of Childhood Illness

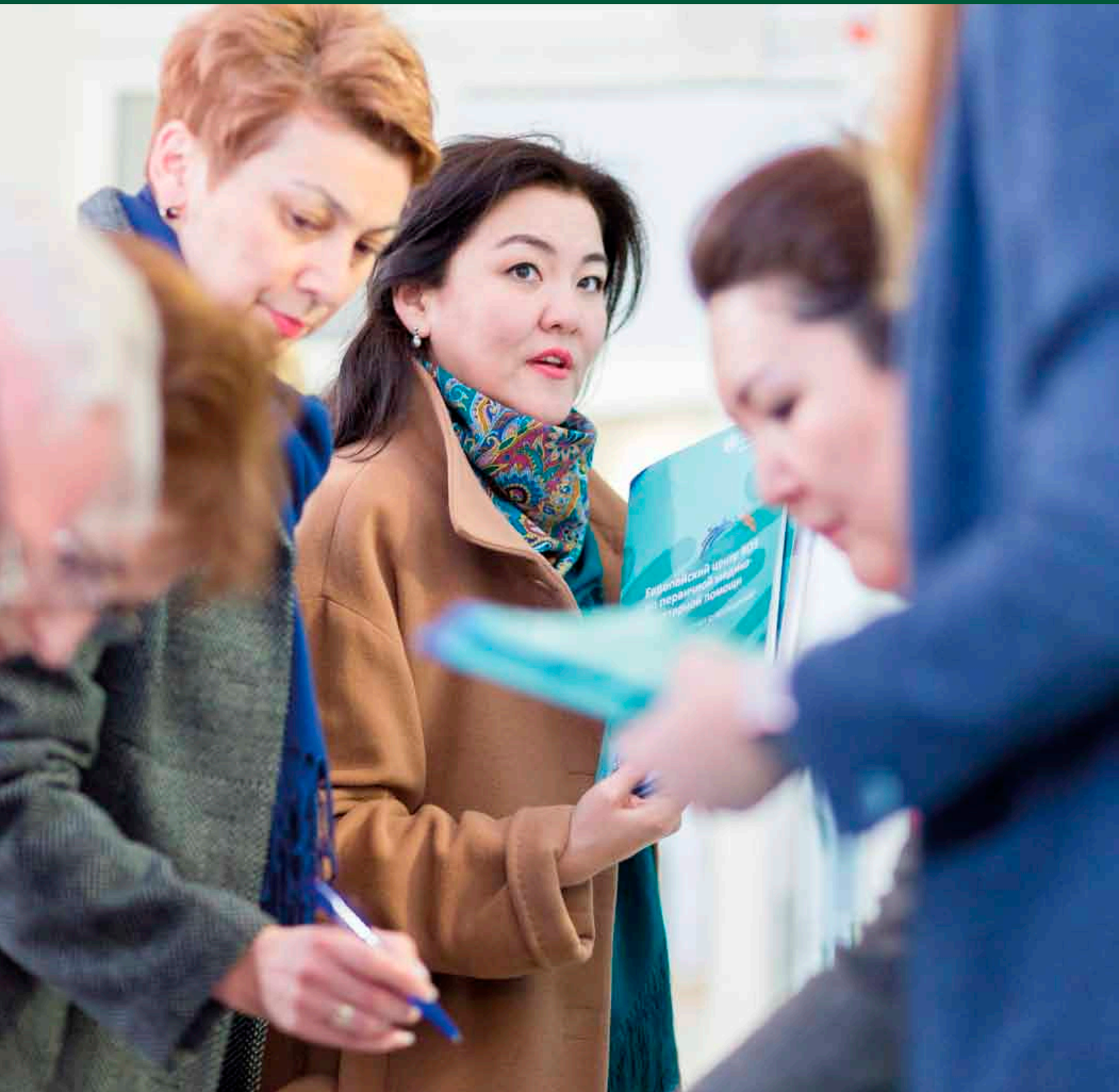
To complement the global Integrated Management of Childhood Illness (IMCI) review, the WHO

Regional Office for Europe conducted an in-depth review of the status of IMCI implementation in 16 European countries applying the approach. Country studies began in 2016 and included desk reviews of available reporting and in-country missions to carry out key informant interviews and focus groups. The Centre has supported this effort from the initial design of the study through data collection during country assessments and most recently, in 2017, by analysing the findings.

A summary meeting was held from 26 February to 2 March 2017 in Chisinau, Republic of Moldova, to present the findings from the 16 country reviews and draw common themes. This included exploring new models of outpatient care for children based on IMCI and building on the existing skills and competencies of health practitioners. The findings are being taken forward in a new global initiative on redesigning child health aimed at supporting the revision of guidelines for children and adolescents in the upcoming years. In this context, a regional meeting was held from 31 October to 2 November 2017 in Copenhagen, where the Centre participated to continue to find synergy in the approach and strategies identified for strengthening the integration of health services delivery.

A regional report with case vignettes will be published in 2018, capturing the key findings on the implementation of the IMCI strategy in the 16 European countries studied.

⁴ A people-centred model of tuberculosis care: a blueprint for eastern European and central Asian countries, first edition. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0004/342373/TB_Content_WHO_PRO_eng_final.pdf?ua=1, accessed 23 February 2018).



The Centre's country support aims to respond to requests for technical assistance by Member States. In 2017, activities included a focus on assessing primary health care and services delivery and exercises to map the governance of quality of care. Pictured here, workshop participants arriving to begin discussions on measures to improve the quality of primary health care services.

Country support

Assessing primary health care and services delivery

Albania

Review of the national primary health care check-up programme

In 2015, the Government of Albania launched a National Programme for Health Check-ups with the aim of improving the population's access to the preventive services offered in primary health care. As a result of this programme, everyone 35–70 years old can receive free annual check-ups. To facilitate this, the government has provided special training to nurses to deliver this service, which includes routine blood tests and patient interviews to screen for depression and noncommunicable disease risk factors.

Three years after this Programme was launched, visits to primary health care centres have increased, and providers report that people's attitudes are changing, accepting that both primary health care doctors and nurses can provide valuable information and help in preventing noncommunicable diseases. By improving the capacity of primary health care staff members, improving access to laboratory facilities countrywide and targeting vulnerable and at-risk populations, primary health care centres in Albania are becoming more proactive in preventing disease.

WHO conducted a mission on 13–20 April 2017 in Tirana, Albania to explore these developments. The assessment was guided by reviewing the health improvements achieved and services delivery processes at the interface between primary and secondary care services and the

alignment of health system enablers. Based on this assessment, the key policy recommendations urged increasing the autonomy of nurses in providing education and counselling to patients with noncommunicable diseases, improving population health monitoring and integrating individual-based interventions with public health interventions to address priority health problems. These findings have informed continued discussions on primary health care reforms, including plans to explore the feasibility of a new model of primary health care at the request of Albania's Ministry of Health.

Armenia

Rapid assessment of primary health care and the integration of services

Armenia's Government Plan 2017–2022 has defined the course for structural reforms in services delivery to tackle noncommunicable diseases. These transformations include revising entitlements, improving quality of care and clinical practice and strengthening primary care and hospital services overall.

In this context, a WHO mission visited Armenia on 3–7 July 2017 to conduct a rapid health system assessment. The expert team aimed to assess the overall directions of the planned and ongoing reforms but focused on primary health care to provide concrete advice on strengthening its interface with public health services, hospitals (including emergency medical services) and long-term care (specifically, palliative care).

The main challenges currently affecting the provision of health services in Armenia identified

include the current narrow scope of work assigned to primary health care, the lack of population-based interventions, the large number of hospitals without clear specialization and the overuse of emergency medical services. To further advance the reform agenda but also build the public's trust in primary health care, investment is required to upgrade the competencies of the health workforce in diagnosing, treating and managing noncommunicable diseases, to reorganize hospitals according to the hub-and-spoke model and to enhance the strategic contractual capacity of the public health authorities. The Ministry of Health has requested that the Centre provide further technical assistance to continue to support taking forward these recommendations for reforming primary health care.

Greece

Assessment on the integration of emergency medical services

In January 2016, the WHO Regional Office for Europe and the Ministry of Health of Greece initiated the implementation of a 5-year reform plan: Greece's health sector beyond austerity: the 100 actions plan for universal coverage. In December 2017, this initiative reached an important milestone, with the inauguration of 3 local health units. These units, called Topikes Monades Ygias are key elements of the newly designed primary health care system and will serve as the first point of contact and main coordinator of care for people in the catchment areas. In the context of the second phase of this collaboration for strengthening capacity for universal coverage and ongoing primary care reforms, the strength of emergency medical services in Greece has also been given priority. This priority area recognizes the potential for primary care to effectively manage and treat the growing burden of chronic diseases while also preventing the need for acute care services, including emergency medical services.

In early 2017, the Centre launched work to assess emergency medical services in Greece. The assessment focused on services dedicated to managing acute care needs in terms of services

provided, the role of practitioners and the settings in which the services are delivered. A country mission was carried out with a multidisciplinary team of professionals and included meetings with leads from the Ministry of Health and key professional groups as well as field visits to the National Centre for Emergency Medical Services and a sample of regional health centres, clinics and hospital emergency departments. A workshop was also held with relevant stakeholders to share good practices from Italy and the Netherlands.

This assessment found that emergency medical services in Greece face a large influx of patients as a result of weak management of chronic conditions in primary care. In effect, emergency departments are challenged to differentiate urgent care needs from less time-sensitive interventions. Priority areas of focus for strengthening services were signalled to include: managing chronic diseases in primary care; strengthening the primary care workforce through

Box 2 Re-profiling emergency medical services in Greece



This report presents the results of an assessment of emergency medical services in Greece. It details the methods of the assessment, including the conceptual framework applied and field visits and interviews conducted, findings and key policy recommendations for addressing acute diseases in primary care.

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primary care networks; establishing networks of out-of-hours providers in primary care; reprofiling emergency departments as specialized services; reinforcing various connectors and interfaces to increase communication and coordination between primary care and emergency medical services; and reorganizing hospitals to support primary care.

The findings of this initial assessment are available in a report (Box 2). This priority area will continue to be taken forward in the medium-term reform plan of the Ministry of Health of Greece in the wider context of its collaborations with the WHO Regional Office for Europe to strengthen the health system in Greece.

Montenegro

Rapid health system performance assessment focusing on primary health care

The master plan for the development of the health system in Montenegro 2015–2020 places the accessible provision of comprehensive health services as a main priority. Working towards this goal, the master plan highlights the critical role of primary health care and the aim of improving the capacity of primary health care through an integrated health services delivery approach.

To explore priority improvement areas, a rapid assessment was conducted with a focus on primary health care, including the interface between primary care and the hospital sector, noncommunicable disease management, the rational use of medicines and improving health information. Information was collected through key informant interviews and site visits to primary care centres. From this initial exploratory study, further analysis of ambulatory care sensitive conditions using existing hospital discharge data was proposed. This recommendation was taken forward in a preparatory mission in November 2017 and is expected to be finalized in 2018.

Mapping the governance of quality of care

Estonia

Exploring the patient safety system in Estonia

Patient safety and reporting systems aim to prevent harm by identifying risks, responding to those risks and acting on lessons learned to improve safety and the quality of care provided to patients. At the request of Estonia's Ministry of Social Affairs, the Centre organized a technical team to review the existing patient safety system in Estonia with regard to these core components of reporting, learning and improvement.

Box 3 Technical assistance for establishing a patient safety system in Estonia



This report describes the approach and findings to explore the current status of the patient safety system in Estonia. It details the experiences of Denmark, Poland and Slovenia in establishing patient safety systems that were found relevant to Estonia's context.

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An assessment mission was first held in late 2016. Based on the findings, examples from the experiences of Denmark, Poland and Slovenia were drawn on to inform a series of

recommendations found relevant for establishing a patient safety system in Estonia. The recommendations signal action items across actors of the health system, including policy-makers, health providers and patients. At the policy level, these include enacting clear legislation for reporting to ensure a blame-free system of learning, defining the classification of types of adverse events and clarifying lines of accountability for monitoring and mechanisms for aggregating and feeding back on data. A mission report details the findings of this review and examples from the country cases illustrating the recommended actions (Box 3).

Kyrgyzstan

Reviewing quality of care in Kyrgyzstan

Kyrgyzstan's national strategic plans have consistently driven health reform and progress towards improving quality of care. The importance given to quality of care remains high in the current phase of planning the new national Health Sector Strategy and Development Strategy 2030.

In this policy context, the Centre supported work aimed at assessing the current status of quality of care in Kyrgyzstan as a basis for discussing the development of future national actions. The review process included periods of in-country missions for bilateral meetings with key quality of care actors and participation in national policy events (specifically, the Joint Annual Review and Health Services Delivery Thematic Week in 2017). Visits to hospitals and primary health care facilities to observe local quality structures in place were also conducted as well as detailed reviews of information from existing reporting.

A report maps the findings of this review, covering topics including current national quality of care policies, structures and accountability for quality and mechanisms and methods for improving quality in Kyrgyzstan. Priority areas of focus are proposed by theme as well as possible areas for technical support, focusing on training for quality improvement, strengthening information systems, developing performance indicators and facilitating the exchange of information.

The findings intend to inform the development of the first five-year implementation plan of the new Health Sector Strategy. This document underwent stakeholder reviews, is currently being revised and will be made available at the Centre's website once published.

Georgia

Reviewing mechanisms for quality of care in primary health care

Georgia has made important strides with its new Primary Health Care Development Strategy 2016–2023 developed in the context of the 2014–2020 State Concept of Health Care System of Georgia for Universal Health Care and Quality Control for the Protection of Patients' Rights. In the scope of implementation of these policies, the Ministry of Labour, Health and Social Affairs requested technical assistance with a focus on the quality and governance of primary health care. This is in accordance with the scale-up of support to Georgia of the EU-Luxembourg-WHO Universal Health Coverage Partnership.

In response, in 2017 the Centre led an assessment focused on the network of governance for primary health care, including services, settings and points of care and actors in primary health care and existing mechanisms for quality of care: inputs, service processes, outputs and health outcomes. The governance mapping identified a diverse, multi-profile network of actors that are involved in delivering primary health care services. A stepwise plan to develop a model of governance for primary health care was proposed for further consideration that would include defining a clear identity for primary health care, establishing a network of services and actors, upgrading and expanding the role of a virtual primary health care team, consolidating a clinical practice model and designing and implementing an accountability framework.

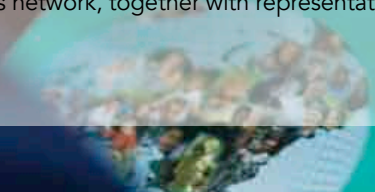
On quality of care, this assessment found several mechanisms in place and innovative practices working to improve quality. Viewing quality of care as a continuum, the policy recommendations signalled a need for focusing on strengthening mechanisms to assure quality inputs, improving

and consistently applying mechanisms for quality processes, continuing piloting and standardizing mechanisms for assuring quality outputs and establishing mechanisms for assuring quality outcomes.

These policy recommendations have informed the continued technical assistance of the WHO Regional Office for Europe and the further development of a conceptual framework for the governance of quality of care. The findings will be published in a summary report made available at the Centre's website.



In 2017, the 4th annual meeting of Integrated Health Services Delivery Focal Points took place for the first time in Almaty, Kazakhstan. The event brought together this network, together with representatives from all six WHO regions for a global day on hospitals.



Policy analysis

Implementing the WHO European Framework for Action on Integrated Health Services Delivery

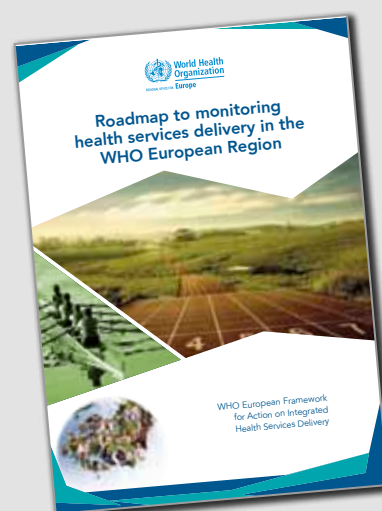
Framework for monitoring health services delivery

With the endorsement of the WHO European Framework for Action on Integrated Health Services Delivery, Member States tasked the Regional Office to monitor the transformation of health services delivery, specifically by intensifying the measurement of all relevant and existing indicators. Doing so is well aligned with efforts to track progress on the health services component of Sustainable Development Goal target 3.8 on universal health coverage (indicator 3.8.1), calling for monitoring on the coverage of essential health services and the regional targets set with the adoption of Health 2020.

As part of implementing the WHO European Framework for Action on Integrated Health Services Delivery, the Centre prepared a roadmap detailing the processes from the adoption of the WHO European Framework for Action on Integrated Health Services Delivery to the first reporting back to Member States at the 70th session of the WHO Regional Committee for Europe in 2020 (Box 4). In 2017, these processes included adapting the WHO European Framework for Action on Integrated Health Services Delivery from a policy to a monitoring framework, an exploratory study of data availability in the Region and an initial technical review of indicators and questions by topic-specific domains. Importantly, the framework aims to draw on existing secondary data sources and national data as far as possible.

This work will be taken forward in a first pretesting and piloting at the country level to further refine indicators and questions and country tools as well as wider reviews to continue to refine and

Box 4 Roadmap to monitoring health services delivery in the WHO European Region



This report details a roadmap for transforming the WHO European Framework for Action on Integrated Health Services Delivery from an action-oriented policy framework to a framework for monitoring capacity and performance. The roadmap provides an overview of the steps from the initial phases of designing, reviewing and preparing a monitoring tool to collecting and analysing data and reporting findings. The report also describes the various partnerships and their envisaged functions throughout the process of developing this work.

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set priorities for measures to be presented as the monitoring framework.

4th Annual Meeting of Integrated Health Services Delivery Focal Points

22–23 June, Almaty, Kazakhstan

To advance the implementation of the WHO European Framework for Action on Integrated Health Services Delivery, participants from nearly 30 European countries and experts from around the world convened in Almaty, Kazakhstan, on 22–23 June 2017. This annual two-day meeting of integrated health services delivery focal points serves as a unique opportunity to bring together representatives appointed by health ministries to update on new initiatives undertaken by the Centre and for country representatives to exchange practices and network.

A key topic at the 2017 event was updating the efforts to develop a monitoring framework for the WHO European Framework for Action on Integrated Health Services Delivery. Past and current initiatives for monitoring services delivery were presented as well as the case for a renewed approach and framework for the Region. Countries agreed on the need for establishing a baseline as well as recommendations for the process, including expressions of interest to pilot the approach. A meeting report captures the event's key discussion points (Box 5).

Global hospitals day

This 4th Annual Meeting highlighted the role of hospitals in integrating health services, with one day of the two-day event being dedicated to this topic. This topic was co-organized with the Department of Service Delivery and Safety of WHO headquarters, bringing a global perspective to the discussion. All six WHO regions participated, with representatives sharing their experiences from Egypt; Ghana; Kenya; Hong Kong Special Administrative Region, China; Japan; Oman; Singapore; and Thailand. The discussions from this event will inform the ongoing development of a hospital position paper being led by WHO headquarters (see the section on knowledge synthesis).

Box 5 4th Annual Meeting Report of Integrated Health Services Delivery Focal Points



This report summarizes the proceedings of the 4th Annual Meeting of Integrated Health Services Delivery Focal Points according to its two main topics: the status of primary health care in the Region and the integration of hospitals from the global perspective. The report captures the key messages from presentations made and main discussion points.

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Planning and implementation of health services delivery reforms

Kyrgyzstan

Scoping health services delivery reporting for the annual thematic week

In Kyrgyzstan, the importance of the link between health services delivery and outcomes is well recognized. This is clear in the volume of activity in recent years to introduce and expand pilot projects as well as the intensified analysis and reporting on the status of services delivery.

In the context of this rich evidence base, the Centre, in partnership with the WHO Country Office in Kyrgyzstan and the World Bank Group, conducted a rapid review of available reporting

on health services delivery. The review explored the following questions. What are the key issues facing health services delivery at present? What are pertinent policy considerations to accelerate the health services delivery agenda?

The report served as background material for the Den Sooluk Thematic Meeting on Health Services Delivery on 4–8 December 2017 in Bishkek, Kyrgyzstan. The findings informed the setting of priorities for topics for the sessions, which convened representatives from the Ministry of Health, Mandatory Health Insurance Fund, development partners and international organizations. Four themes were explored over the week: selecting services for improved health outcomes; designing care and organizing providers for integrated delivery; strengthening strategic purchasing for quality and care integration; and governance and other system enablers. A series of recommendations was presented according to the themes at the closing of the week and will serve as input for developing the health strategy for 2019–2030. Establishing working groups on each of the four themes to address the recommendations was agreed as a next step.

Republic of Moldova

Developing a primary health care strategy towards an integrated services delivery model

In the Republic of Moldova, reforming health services delivery is high on the political agenda. Three priority streams include ongoing regionalization of hospitals, detailed in a hospital master plan pending further discussion and government approval, the development of a primary health care strategy for 2018–2021 and continued public health reforms to reorganize public health services in accordance with the existing national strategy (2014–2020).

In this context, the Ministry of Health requested technical support to facilitate linking these priority streams with a reflection on the overarching vision and direction of reforms of health services delivery in the country. This vision for services delivery has the dual agenda of unifying these streams and anticipating future demands and needs for a

service delivery model that is fit for purpose.

During the year, the Centre provided regular support for developing a primary health care strategy. This included a two-day policy dialogue in July 2017 with ministry officials, national and international experts, family doctors, medical specialists and representatives of the Association of Family Doctors and of patients' associations and academia.

Tajikistan

Supporting implementation of the 2016–2020 Strategic Plan for the Development of Family Medicine–based Primary Health Care

In Tajikistan, establishing family medicine–based primary health care as the foundation for services delivery is among the main reform priorities of the current strategy plan for the continuing development of family medicine. The Centre's work aims to support the implementation of this strategic plan. In 2017, this took focus in two of the four priority areas: developing a competent family medicine workforce and improving the governance of the quality of care.

In the scope of developing a competent health workforce, developing a system for registering the family medicine workforce is highlighted as a primary objective for 2016–2020. Building on earlier efforts to advance health workforce regulations, in 2017, the Centre jointly coordinated with the Human Resources for Health Programme an exploratory study on the technical items and measures of a registry, institutional conditions in terms of governance and policies in place and practicalities with regard to information systems and data collection to support an initial phase of working towards a registry for the family medicine workforce.

On quality of care, the Centre continued its close collaboration with the Republican Centre for Family Medicine by engaging representatives in the work programme on the quality of care (see the section on knowledge synthesis). This included a joint effort with the Division of Noncommunicable Diseases and Promoting Health through the Life-Course to support

Tajikistan as it begins piloting the WHO and United States Centre for Disease Control and Prevention Global Hearts Initiative. Tajikistan is one of five countries globally to participate in the pilot. By reviewing existing pilot initiatives and quality of care efforts, such as business planning in primary health care facilities, the Centre provided evidence for consideration in identifying pilot sites.

Ukraine

Developing a renewed vision for primary health care

Ukraine's Ministry of Health has embarked on a sector-wide reform reorienting health services delivery towards primary health care. The country is planning to allow primary health care doctors to establish private practices to deliver services included in the universal benefit package by establishing individual contracts with the government. This reform is expected to give primary health care practitioners greater autonomy to reach out to patients by improving quality.

To support the implementation of this reform, the Ministry of Health will ensure the delivery of a core basket of individual and community primary health care services such as early prevention and diagnosis of noncommunicable diseases. The Ministry of Health is also discussing the importance of multidisciplinary teams and increasing the responsibilities of nurses in delivering specific services such as screening, follow-up and educating patients.

With the aim of developing a shared vision for primary health care and ensuring the sustainability of the reforms, the Ministry of Health has been holding discussions with key national and local stakeholders. In this context, the Centre supported these discussions with technical feedback and recommendations during one of the missions that took place on 3–5 April 2017.

Supporting pilot projects

Belarus

Defining new roles and scope of practice for health practitioners to improve noncommunicable disease outcomes in primary health care

The Government of Belarus places a high priority on health, as shown by the relatively high public sector expenditure on health as a proportion of total government expenditure. However, the growing prevalence of noncommunicable diseases and increasing noncommunicable disease-related hospitalization rates, which are among the highest in the WHO European Region, significantly burden the health system. The Government has addressed this by committing to modernize primary health care to play a more prevalent role in preventing, diagnosing and managing noncommunicable diseases.

In the context of the national BELMED Project⁵, the Centre has worked to support the Ministry of Health in implementing activities to improve the prevention and management of noncommunicable diseases in pilot primary care facilities. During 2017, this has included work to design a new services delivery model for primary care that focuses on people-centred care pathways and self-management, rethink the scope of practice of primary care practitioners for shared tasks and responsibilities and improve coordination between doctors, physician assistants and nurses for delivering services as a primary health care team.

To support the development of new competencies for health practitioners, a multidisciplinary training course was designed and tailored to the two pilot sites identified to apply the reformed model of care. Through participatory training methods, such as case discussions, role-playing and problem-solving sessions, participants were tasked with modelling new communication techniques with patients and with each other. During the training, participants identified new roles for physician assistants and nurses in

⁵ BELMED refers to the project on preventing noncommunicable diseases, promoting healthy lifestyles and supporting the modernization of the health system in Belarus 2016–2019. It is funded by the European Union and implemented by the Ministry of Health of Belarus in collaboration with WHO, the United Nations Development Programme, the United Nations Children's Fund and the United Nations Population Fund.

preventing and managing noncommunicable diseases. More specifically, they emphasized their new roles in the motivational counselling of patients with noncommunicable diseases and their risk factors and in providing leadership in addressing the health needs of individuals and families related to noncommunicable diseases through home care.

Hungary

Strengthening an integrated approach to services for chronic obstructive pulmonary disease

Building on work started in 2016, Hungary's Koranyi Institute of TB and Pulmonology and the Centre, together with the WHO Country Office in Hungary, continued collaborating towards integrated services for chronic obstructive pulmonary disease. This effort aims to pilot the approach of the WHO European Framework for Action on Integrated Health Services Delivery to services for people with chronic obstructive pulmonary disease to demonstrate the model of integrated health services in the context of Hungary.

In preparation for the pilot exercise, a background document was drafted: A concept note on people-centred, integrated health services delivery in Hungary: the case for piloting integrated chronic obstructive pulmonary disease services. It includes an analysis of the current context and mapping of a patient pathway, a look to the available evidence on integrated health services delivery, and a proposal for transforming the model of care in Hungary and the transformations called for.

In 2017, the Centre provided an in-depth technical review of the document with a focus on aligning with regional and global policies, further applying the approach of the WHO European Framework for Action on Integrated Health Services Delivery and linking in country case examples to illustrate transformations proposed. Once finalized, this background resource will serve as a platform for launching a first pilot of selected sites delivering services for people with chronic obstructive pulmonary disease.

Kazakhstan

Improving clinical practice in primary care by implementing two regional pilot projects

Following a three-year implementation period, August 2017 marked the end of two joint pilot projects for development in Kyzylorda Region and Mangystau Region in Kazakhstan. The projects shared a common aim of sustainable social, health and economic development. In the scope of working towards sustainable health gains for both joint programmes, WHO was the lead responsible agency.

After the pilot projects ended, an external evaluation was conducted. The final evaluation aimed to identify and analyse the strengths and weaknesses of the projects against specific objectives and the overall aim of strengthening primary health care. This evaluation drew on a range of documentation, including baseline studies, implementation plans, curricula and other pilot-related material, the results of the midway joint implementation meeting in December 2016 and topic-specific evaluations as well as key informant interviews and direct observation at pilot facilities.

The evaluation and further review of the pilot projects observed several changes. These included some improvements in cardiovascular disease and diabetes services such as increases in newly detected cases of circulatory disease and diabetes, progress in developing a shared understanding of the quality of care across actors as well as the complementarity of roles in working towards improving population health and shifting towards a culture of exchanging ideas and practices.

The approach and findings of this work were submitted by invitation to *Cardiovascular Diagnosis and Therapy* journal and will be published in 2018 in a special issue on addressing cardiovascular diseases and other noncommunicable diseases in the context of the Sustainable Development Goals.

Policy dialogues

14th Baltic policy dialogue

15–16 November, Vilnius, Lithuania

In the tradition of the annual policy dialogue for the Baltic countries – Estonia, Latvia and Lithuania – on 15–16 November 2017, senior-level delegates from all three Baltic countries, including the health ministers of Lithuania and Latvia, met in Vilnius, Lithuania to exchange experiences on this year's topics: improving quality of care and ensuring patient safety.

This year's theme underscored the critical importance of quality services to universal health coverage and the growing recognition that poor quality of care can be a barrier to universal health coverage independent of access. Making progress towards the Sustainable Development Goals thus requires moving towards access that also gives priority to quality health services.

At the Baltic policy dialogue, delegates discussed topics covering developing national quality strategies, regulating inputs to ensure quality, monitoring and measuring the quality of care and using incentives and programmes for implementing quality and patient safety. A representative of the Universal Health Coverage and Quality Unit at WHO headquarters participated, bringing links with ongoing work, including the WHO national quality policy and strategy initiative.

All national stakeholders acknowledged the need to develop an integrated national approach to quality in health services that can integrate these efforts coherently. Creating a strong and shared culture of quality and safety among all stakeholders (patients, providers, payers and government) is considered a key to success.

Intercountry meeting on improving antenatal care

26–27 April, Tbilisi, Georgia

Antenatal care is delivered differently across countries. Exploring these varied models of care is

considered highly relevant in working to improve the quality of maternal health services but also, and importantly, primary health care in general.

In Tbilisi, Georgia, on 27–28 April 2017, representatives from 12 countries in eastern Europe and central Asia together with international experts and development partners met to discuss antenatal care services in the context of implementing the renewed WHO recommendations on antenatal care. These recommendations have been developed based on new evidence collected during the past 15 years and aim to provide a positive pregnancy experience for all pregnant women and to reduce pregnancy complications and stillbirths.

The Centre joined this event to facilitate a discussion on adopting a primary health care approach to implementing new antenatal care guidelines. This presentation reflected on the varied roles of actors for an integrated approach, including patients, health professionals, managers and policy-makers, and aligning health system enablers, including the system of incentives and regulation and the competencies of the health workforce. This session included also presentations by country delegates on the main challenges for antenatal care in eastern Europe and central Asia.

Other conferences and policy events

In 2017, staff members and temporary advisers worked extensively to engage in policy discussions on related topics to primary health care across the Region. These efforts aimed to facilitate the implementation of the WHO European Framework for Action on Integrated Health Services Delivery while bringing visibility to the work of the Centre.

- **Pristina conference on integrated people-centred care**

15–16 February, Pristina, Kosovo⁶

This conference aimed to support transformations of primary health care in Kosovo to better manage noncommunicable

⁶ In accordance with United Nations Security Council resolution 1244 (1999)

diseases through an integrated approach. The Centre was invited to participate and deliver a presentation reflecting on people-centred care, the role of various actors in integrated health services delivery and key areas for action in transforming services.

- **Integrated Health Care Seminar for the Russian Federation**

25 April, Moscow, Russian Federation

This high-level seminar brought together representatives of the Federal Government, Ministry of Health and Ministry of Finance, regional health authorities, academia and development partners in the Russian Federation on the topic of strengthening health services for patients with noncommunicable diseases. Organized by the World Bank, the seminar aimed to present the concept and framework for people-centred health services delivery, with a focus on global best practices and innovative approaches. The Centre was an invited key speaker at the event, presenting on European policies and the case for a new model of care.

- **27th meeting of the CIS Healthcare Cooperation Council**

28 April, Bishkek, Kyrgyzstan

This event aimed to discuss priority areas of cooperation in health services for member countries in the framework of the CIS Healthcare Cooperation Council. The Centre was invited to present on the role of integrated health services delivery and discuss on promoting alignment with regional and global policies for services delivery.

- **Second Congress of General Practitioners and Family Physicians of Kyrgyzstan**

18–19 May, Osh City, Kyrgyzstan

This event followed the First Congress on General Practitioners and Family Physicians held in 2015. At this year's event, the Centre

participated as a key speaker on perspectives on developing primary health care in central Asia. The Congress aims to advocate for support to family medicine training and its continued development in Kyrgyzstan.

- **Meeting of universities implementing patient safety curricula**

29 May, Krakow, Poland

Organized by the National Centre for Quality Assessment in Health Care in Poland, this workshop aimed to convene focal points from medical universities implementing patient safety curricula in a joint discussion on their development and current status. The Polish Centre for Accreditation organized the event in collaboration with the WHO Country Office in Poland. The workshop provided resources to educators to help them integrate patient safety in their educational programmes. A temporary adviser participated on behalf of the Centre to contribute to these discussions.



The WHO Primary Health Care Advisory Group to the Regional Director held its inaugural meeting 20–21 June in Almaty, Kazakhstan. Pictured here (left to right), Anna Staudal, meeting chair and President of the World Organization of Family Doctors Europe, Yelzhan Birtanov, Honorary Permanent Member of the Primary Health Care Advisory Group and Minister of Health of Kazakhstan, and Zsuzsanna Jakob WHO Regional Director for Europe.

Alliances and networking

Primary Health Care Advisory Group

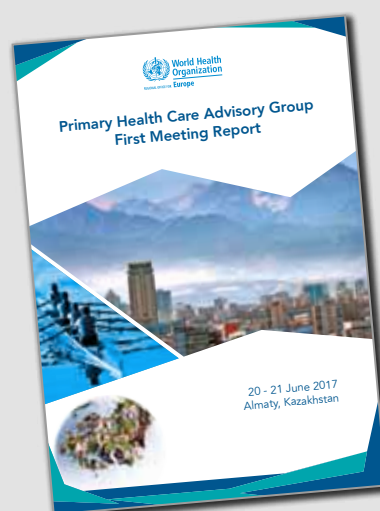
In 2016, following the approval of the WHO European Framework for Action on Integrated Health Services Delivery, the WHO Regional Director for Europe established the Primary Health Care Advisory Group to support the continued advancement of primary health care. Through its annual meetings, the Primary Health Care Advisory Group intends to bring together renowned experts on primary health care and other relevant topics, alongside representatives of special interest groups, to share their technical knowledge, experiences and perspectives to inform a future vision for primary health care.

On 20–21 June 2017, the Centre hosted the inaugural meeting of the Primary Health Care Advisory Group in Almaty, Kazakhstan. At the first meeting, the members as well as temporary advisers and guests reflected on two critical considerations. What should primary health care look like in 2030? What do health systems need to do to get there?

Following the discussions over the two-day meeting, there was clear agreement on the continued relevance of the Declaration of Alma-Ata yet also on the need for a renewed vision in which the original aspirations are reinterpreted in the context of modern health needs and systems. In this regard, the Primary Health Care Advisory Group members highlighted five key points.

1. The future of primary health care is realizing an approach based on population health.
2. Primary health care plays a pivotal role in strengthening accountability for outcomes.
3. Primary health care is part of an integrated health services delivery system.
4. Incremental yet transformative changes are needed in services delivery.
5. Policy foresight and the system's commitment to primary health care capacity and

Box 6 Primary Health Care Advisory Group first meeting report



This report provides an overview of the meeting proceedings and discussions from the first meeting of the Primary Health Care Advisory Group 20–21 June 2017 in Almaty, Kazakhstan. The topics included exploring changing demands for acute and chronic care needs in primary health care and priority avenues as gateways for transforming services in practice: primary health care and hospitals, long-term care and public health services.

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performance are necessary to realize sustained transformation.

These themes are elaborated in a meeting report (Box 6) and will inform topics for the international conference celebrating the 40th anniversary of the Declaration of Alma-Ata in 2018.

Networking events

Joint meeting of the Northern Dimension Partnership in Public Health and Social Well-being

The Northern Dimension Partnership in Public Health and Social Well-being is a partnership between countries ranging from the European Arctic and sub-Arctic areas to the south of the Baltic Sea, including the north-west part of the Russian Federation and Iceland. Together with its partnered international organizations, including the WHO Regional Office for Europe, it aims to intensify cooperation, capacity-building and coordination of health initiatives within this geographical region.

The Centre is an associate partner of this network and member of its Health Care Expert Group and InnoHealth Initiative⁷. At the second meeting of the Health Care Expert Group in 2016, the shared priority of members to discuss the methods and indicators used in their countries for monitoring and analysing primary health care was identified. Members expressed an awareness of different approaches but were challenged to compare these to appreciate their differences. It was agreed to start a reflection process on assessing primary health care performance by sharing the experiences of Baltic and Nordic countries, Poland and the Russian Federation.

In support of this reflection process, the Centre organized a one-day workshop on 30 March 2017 on primary health care performance. Representatives from Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine joined Northern Dimension Partnership in Public Health and Social



Well-being delegates at the event to discuss first-hand experiences of measuring primary health care performance to inform policies at the local, regional and national levels. Participants concluded that such dimensions as person-centeredness, integration and quality need to be further developed in terms of analytical definitions and be captured in information systems. These dimensions are vital for strengthening people-centred health systems and supporting progress towards universal health coverage.

Launch of the Global Service Delivery Network for Universal Health Coverage

The Global Service Delivery Network was launched on 20 June 2017 in Almaty, Kazakhstan at the first meeting of the Primary Health Care Advisory Group. This global network aims to support the implementation of the WHO Framework on Integrated People-centred Health Services adopted by Members States at the World Health Assembly in 2016. The Network is envisaged as a platform to strengthen knowledge exchange, collaboration and advocacy on integrated people-centred health services delivery and to engage and leverage relevant global efforts, initiatives and organizations and

⁷ The Centre is also an associate partner of the InnoHealth initiative. This project is supported by the European Union Baltic Sea Region Programme, comprising eight countries: Estonia, Finland, Latvia, Lithuania, Poland, the Russian Federation and Sweden. In January 2017, the Centre participated in a planning workshop for an initiative focusing on preventing hospitalization in the Baltic Sea region through structural and organization reforms supported by information and communication technology in primary care.

other key stakeholders working in relevant areas. The Global Service Delivery Network is a member of the International Health Partnership for UHC 2030 – a multistakeholder platform that aims to promote collaborative working in countries and globally on strengthening health systems.

The Centre hosted the first meeting of the Global Service Delivery Network on 22 June 2017. This meeting convened an initial group of network members representing professional associations, civil society groups and other nongovernmental organizations. The participants included representatives from the International Council of Nurses, International Foundation for Integrated Care, International Alliance of Patients' Organizations, International Hospital Federation, Primary Health Care Performance Initiative, World Organization of Family Doctors and World Public Health Association. Members had the opportunity to meet, discuss and provide input on ways of moving the Network forward.

New collaborations in 2017

Working across geographically dispersed offices: Almaty and Moscow

WHO European Office for the Prevention and Control of Noncommunicable Diseases

Strengthening the monitoring of health services delivery is a joint effort working across divisions and programmes at the WHO Regional Office for Europe. The hub for noncommunicable disease surveillance in the Region is based at the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow, which leads several activities, including the WHO Noncommunicable Disease Country Capacity Survey and the WHO STEPs survey. These data feed into the network of databases made available through the Regional Office. Synergizing the approach, measures and processing of data is a key area in which the WHO European Office for the Prevention and Control of Noncommunicable Diseases and the Centre can collaborate.

In a first brainstorming and planning meeting, the teams from the two offices met in Moscow to share experiences and brainstorm ways to enhance the monitoring of health services

delivery in the WHO European Region. The collaboration between the two offices aims to strengthen the availability of data for policy, planning and research on services delivery across the Region while capitalizing on existing surveillance infrastructure and expertise. The WHO European Office for the Prevention and Control of Noncommunicable Diseases is a core member of the Advisory Group for the monitoring framework for health services delivery, together with the WHO Division of Information, Evidence, Research and Innovation. This collaboration will continue to be taken forward in the context of rolling out the phases of the roadmap for monitoring health services delivery in the WHO European Region.

New WHO Collaborating Centre

Academic Medical Centre, University of Amsterdam

After being designated as the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems, the Department of Public Health at the Academic Medical Center of the University of Amsterdam and the Centre have embarked on a series of evidence-generating activities to support the implementation of the WHO European Framework for Action on Integrated Health Services Delivery.

The main streams of work include measuring and assessing the performance of primary health care and the integration of services, developing methods for data collection and defining an index for the overall responsiveness of services.

Intersectoral research: the health and social sectors

European Centre for Social Welfare Policy and Research

To support the implementation of the WHO European Framework for Action on Integrated Health Services Delivery, the Centre partnered with the European Centre for Social Welfare Policy and Research to explore health services delivery at the interface with social care. The Austria-based hub for research and evidence at the intersection

between governments and organizations has supported the Centre in taking forward this avenue of integration through an adapted conceptual framework and series of country case studies (see the section on knowledge synthesis).

Other partners and stakeholders

Across the activities described, the Centre has worked to engage a wide range of partners and stakeholders, including:

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

More than 40 partners and stakeholders engaged in activities with the Centre in 2017. The opportunities for collaboration included the varied events hosted at the Centre, research and technical support, training opportunities and as members of the various groups (see the annex for a full list of partners and stakeholders engaged in 2017).

Training and learning resources

Launch of the Learning Hub

In 2017, the Centre launched the Learning Hub on the health services delivery page of the WHO Regional Office for Europe website. The Learning Hub aims to support countries in their efforts to put the WHO European Framework for Action on Integrated Health Services Delivery into practice with video recordings of lectures by international experts on pertinent topics for services delivery.

This corner of the health services delivery website hosts a series of lectures ranging from 10 to 30 minutes in length. Available lectures cover such topics as strengthening effective provider communication through training, mechanisms for improving the quality of care and an integrated approach to pilot projects in Kazakhstan. These

lectures are available in both English and Russian and aim to reach a wide public audience.

Courses and placements

- **Guest lecturer at the Health Systems Development master seminar at Imperial College London**
9 March, London, United Kingdom (virtually)

For the third consecutive year, the Centre has partnered with Imperial College London in the Health System Development module of the university's Master of Public Health. This session supports the Centre to bridge policy and academia, to test new ideas and to engage the students in the use of tools and resources available through the Regional Office.

Lecturer at the European Observatory Venice Summer School

24–28 July, Venice, Italy

The annual summer school targets national and regional policy-makers and civil servants from Member States. In 2017, the weeklong event adopted the theme of person-centred care. The Centre supported the organization of this event and four panel discussions on topics including person-centred health systems in practice, unintended consequences of person-centred services, system enablers and person-centred measurement.

- **Sponsored Member State participants at the International Summer School on Integrated Care**
2–7 July, Oxford, United Kingdom

This intensive one-week training programme aims to strengthen participants' understanding of integrated care theory and practice. In 2017, the Centre sponsored the participation of two representatives from Slovakia in this programme. The participants were appointed through the Centre's network of Integrated Health Services Delivery Focal Points.

- **Host organization for Harvard Doctor of Public Health Programme field immersion placement**
July–August, Almaty, Kazakhstan

The Centre has partnered with the Harvard T.H. Chan School of Public Health and its Doctor of Public Health programme as a host organization for the field immersion component of the three-year programme. In 2017, the Centre hosted one year-two Doctor of Public Health candidate who was fully engaged for an eight-week period in the technical work and country support of the Centre.

- **Facilitator at health system strengthening course for improving TB outcomes 14–20 October, Barcelona, Spain**

Jointly with the International Foundation for Integrated Care and in collaboration with the WHO Barcelona Office for Health Systems Strengthening and the Joint Tuberculosis, HIV/AIDS & Hepatitis programme of the WHO Regional Office for Europe, the Centre supported one module of the weeklong health system strengthening course for improving TB outcomes. In this module dedicated to improving services delivery, the facilitators described the Regional Office's approach and policies on services delivery, the evidence for defining new models of care and examples from Belarus, Finland, New Zealand and Sweden.

Study visits

Cross-regional study visit to Veneto, Italy and Catalonia, Spain

3–7 July 2017, Venice, Italy and Barcelona, Spain

The Centre organized a study visit for a delegation of senior health management and policy-makers from Kazakhstan to Venice, Italy and Barcelona, Spain to share good practices for organizing population-based, integrated health services delivery and innovative ways of using health information for this purpose. This delegation drew specifically from two regional (oblast)-level pilot projects in Kazakhstan aimed at improving outcomes for the noncommunicable diseases

cardiovascular diseases and diabetes⁸. Meetings with regional health authorities and visits to hospitals and primary care facilities provided an opportunity to learn about good regional practices in primary health care and innovative tools for promoting integration between primary, hospital and social care, as well as community health strategies, population health management tools and examples of pooling district-population data to inform health planning. The study visit demonstrated the role of indispensable elements for constructing an integrated services delivery model in Kazakhstan, including using stratification models, developing a shared outcome framework, aligning incentives and a shared vision about the use of resources and developing a shared electronic health and social record.

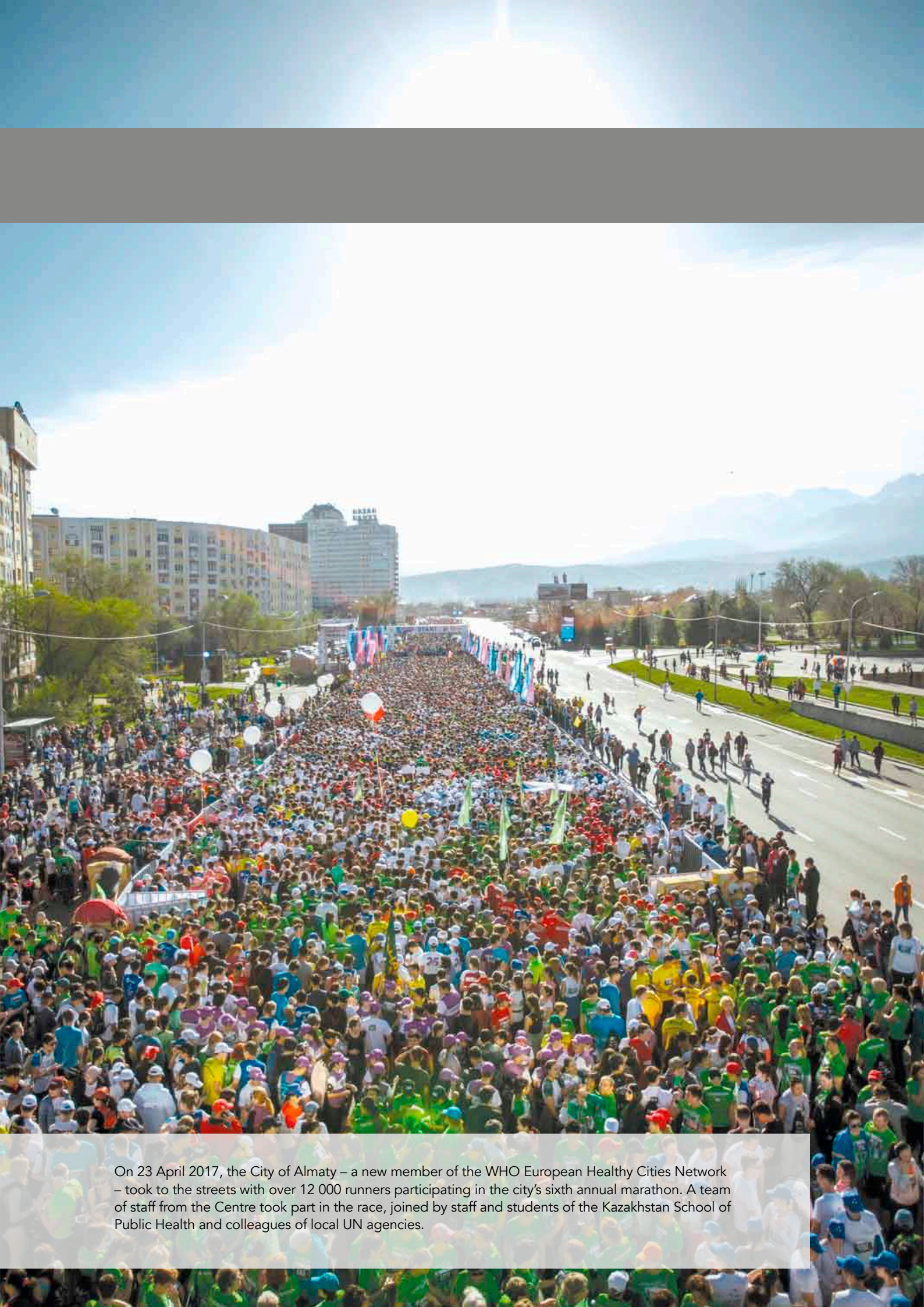
Study visit to Lithuania for Belarus pilot regions

10–14 July 2017, Vilnius, Lithuania

In the context of implementing the BELMED Project, representatives from pilot primary health care facilities in Belarus took part in a study visit to explore first hand the model of primary health care and role of nurses as well as interventions used to improve the response to noncommunicable diseases in Lithuania.

During the five-day study tour, the participants visited city family medicine centres, clinics, district facilities, polyclinics and public health bureaus in Vilnius and the surrounding districts. The site visits allowed participants to discuss with facility staff and observe the expanded scope of practice of nurses to work independently and counsel patients with noncommunicable diseases. The observations and good practices identified during this visit informed the continuing work in Belarus to revise clinical pathways, develop new arrangements in facilities (such as working stations for nurses and equipment placement) and review job descriptions in the pilot projects.

⁸ Barbazza E, Yegeubayeva S, Akkazieva B, Tsoyi E, Zheleznyakov E, Tello JE. Improving clinical practice in primary care for the prevention and control of noncommunicable diseases: a multi-actor approach to two regional pilot projects in Kazakhstan. *Cardiovasc Diagn Ther*. 2018. doi: 10.21037/cdt.2018.01.07



On 23 April 2017, the City of Almaty – a new member of the WHO European Healthy Cities Network – took to the streets with over 12 000 runners participating in the city's sixth annual marathon. A team of staff from the Centre took part in the race, joined by staff and students of the Kazakhstan School of Public Health and colleagues of local UN agencies.

Advantages to Kazakhstan

Building local technical capacity

Internship initiative

In 2017, the Centre, as part of its partnership with the Kazakh National Medical University, established five-week placements for doctoral students of the Public Health Department to be hosted as interns at the Centre. The Centre hosted two doctoral students, each working under the supervision of technical staff members and contributing to research on topics related to developing the health workforce and patient choice in Kazakhstan and selected country cases. At the end of each internship, the students delivered a final presentation on their findings. The Centre aims to continue this initiative with the university and host research students annually.



Lecture series and presentations

The Centre launched a lecture series in 2016 with the aim of strengthening the links between policy and academia. The lectures are geared towards master and doctoral students as well as professors at the Kazakh National Medical University. These well-attended sessions enable students to gain access to some of the Centre's renowned visitors, sharing their experience and expertise in their respective fields of work.

Guest lectures and other presentations made locally in 2017 include the following.

- Guest lecture with Charles Shaw: academic issues and quality in health services
6 April, Almaty, Kazakhstan
- Primary health care: integration of services and education around health needs University Days 2017: transforming medical education by strategic partnership
18–19 May, Almaty, Kazakhstan



- Presentation on the WHO European Centre for Primary Health Care at United Nations Week at Suleyman Demirel University 22–26 May, Almaty, Kazakhstan
- Presentation at a panel session on health care in Kazakhstan at the Astana Economic Forum 14–15 June, Astana, Kazakhstan
- Opening presentation by the WHO Regional Director for Europe and parallel session presentation by Hans Kluge, Director, Division of Health Systems and Public Health, with WHO colleagues at 5th International Congress on Health for All: integrating services for the health of the nation based on modernizing medicine and public health 21 June, Almaty, Kazakhstan

Box 7 Video: Working towards primary health care in the European Region



The video profiles recent developments supported by the Government of Kazakhstan to accelerate progress in primary health care from the birthplace of the Declaration of Alma-Ata in Almaty, Kazakhstan.

[Click to watch](#)

Raising primary health care visibility globally

Film series on primary health care

In 2017, the Centre partnered with AYU Cinema – an Almaty-based film and TV production company – to develop a two-part film series with the aim of showing the diverse activities of the Centre to a wide public audience. The first film set out to inform on the work of the Centre. This included a series of interviews with key stakeholders and participants engaged in the Centre’s work as well as site visits to showcase active pilot projects (Box 7). The second film was designed to elaborate the importance of primary health care and the implementation of the WHO European Framework for Action on Integrated Health Services Delivery, focusing on the role of health providers in securing relationship-based primary health care.

Updating the health services delivery website

The Centre has worked to ensure that the health services delivery webpage of the WHO Regional Office for Europe website is regularly updated with technical content that reflects the Centre’s ongoing work. Key pages include web news, which captures country missions as well as events, new collaborations and initiatives, and the multimedia page, which is updated with new videos and lectures. In 2017, this included launching the Learning Hub short video lecture series (see the section on training and learning resources). All web content is available in English and Russian.

Biannual newsletter: Crossroads

Initiated in 2016, Crossroads is a biannual summary of activities of the Centre, targeting both practitioners and policy-makers. The publication is also used to give voice to patients, civil society and health practitioners who have introduced important changes in their communities and to initiate a discussion with policy-makers on identifying key areas needing support from governments. The paper-based and online publication also helps to direct readers to new publications by the Centre (Box 8).

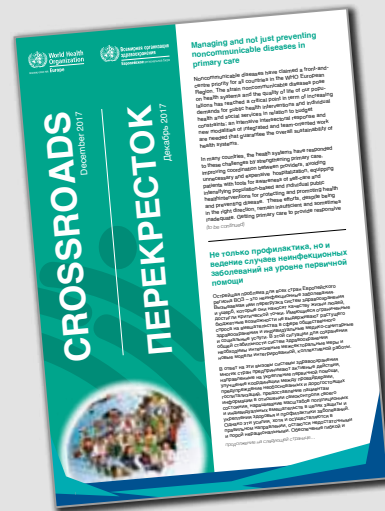
Local contracting

In 2017, the Centre contracted more than 30 local service providers to support the work and activities of the office. Establishing a reliable and quality network of local contractors has enabled streamlined processes and the possibility to locally complete tasks related to the following:

- English and Russian language interpretation and translation services;
- logistics, administrative and information technology support for the Centre;
- support for events, including accommodation, catering and meeting equipment;
- office equipment and resources, including telecommunication, stationery and other office supplies;
- printing of reports, banners and other office and event materials;
- multimedia materials, including videos, recordings and event photography; and
- training for staff members, including communication, teamwork and emergency first aid.

The Centre also worked locally to support participants of meetings and other events in exploring the Almaty region. Through preorganized tourist arrangements, the Centre connected local companies and participants for their independent use. On average, one quarter of meeting participants opted to extend their visits for the chance to tour the city or join day trips to nearby sites.

Box 8 December 2017 issue of Crossroads



This issue of Crossroads showcases events of the Centre, including the first meeting of the Primary Health Care Advisory Group and policy advice in countries. It includes a question-and-answer segment on the new Global Change Management Community of Practice. This issue's story from the field highlights Sweden's experience in delivering inclusive services for the lesbian, gay, bisexual and transgender population.

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Communication skills, teamwork and creativity – these key attributes to a successful and respectful workplace were worked upon intensively at the Centre’s two-day 2017 office retreat in June 2017. Workshops guided by a communication specialist, a representative from WHO’s Office of the Ombudsman, and local mountaineers offered interactive sessions to build the Centre’s capacity to effectively and efficiently work as a newly consolidated team. The retreat tested the staff’s teamwork and coordination skills, as well as endurance, with a final paddle down Turgen Valley, pictured here.

The way forward

In 2017, the Centre accelerated efforts to take forward the Region's commitment for people-centred health systems and advancing integrated approaches to health services delivery based on primary health care with the implementation of the WHO European Framework for Action on Integrated Health Services Delivery. Building on this momentum, important milestones lie ahead in 2018 across the Centre's core pillars of work. These and other priority areas include the following

Knowledge synthesis

- **Continued focus on quality of care.** An important step was made in 2017 to revisit quality of care concepts and assess the progress made as well as changes since earlier work. The Centre aims to keep this momentum, recognizing the importance of quality in meeting Sustainable Development Goal target 3, indicator 3.8.1 on services delivery. Priority will be given to continuing to strive for a practical, country-focused approach and policy options tackling quality by improving governance.
- **Advancing a regional approach to measuring the performance of services delivery.** Building on work done in 2017, focus will be placed on continuing to technically review and refine indicators and questions adapted to the European Region. Plans for taking this forward include pretesting the approach in countries and developing country-level resources such as tools and methods for data collection. In 2018, the Centre plans to continue to work with countries in studying avoidable ambulatory care sensitive hospitalization and its underlying causes.

- **Hospitals.** Building on previous country cases developed during 2017, the Centre's work will now focus on drawing lessons learned in the context of global trends on integrating hospitals for integrated delivery with the first level of care and across the life-course.
- **Long-term care.** Findings from country assessment will be horizontally analysed to draw policy recommendations on the integration of long-term care and primary health care.
- **Public health services.** Drawing from initial discussions in 2017, the Centre aims to continue to work jointly to explore a framework for strengthening the integration of public health services and primary health care.

Country support

- **A consolidated team enables intensified country support.** Backed by a diverse team of professionals, in 2018 the Centre will continue to give priority to direct technical assistance to countries. Focus countries include Albania, Armenia, Belarus, Georgia, Greece, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Montenegro, Republic of Moldova, Romania, Serbia, Tajikistan, Turkey and Ukraine.

Policy analysis

The year 2018 will be important for health systems in the European Region. At least three events will provide exceptional platforms for developing, presenting and discussing policy options with a large and varied audience, including the public,

practitioners, managers and policy-makers. Background documents on achievements, current status and the future of primary health care, integrated health services delivery and response to noncommunicable diseases will be developed to contribute to these events.

- **40th anniversary conference of the Declaration of Alma-Ata**
25–26 October 2018, Kazakhstan

The milestone of the 40th anniversary presents a unique opportunity to reinvigorate political commitment globally for primary health care. On this occasion, a global conference is planned in October 2018. Hosted by the Government of Kazakhstan, this event aims to engage a range of actors, from high-level political officials, ministerial and subnational representation from Member States and non-state actors, a wide range of stakeholders, including patients, providers, associations and academia as well as international agencies and development partners.

In addition to supporting preparations for this landmark event, the Centre will continue to work closely at the global level with the Global Coordination Team put in place in 2017. This work is carried out jointly with WHO headquarters and is guided by a roadmap developed to detail plans and key milestones over the next two years.

- **Other key events in 2018.** In addition to preparations and celebrations for the 40th anniversary of the Declaration of Alma-Ata, the following key events are set to take place.

- **High-level regional meeting: health systems respond to noncommunicable diseases**

16–18 April 2018, Sitges, Spain

This high-level regional meeting will bring together evidence and experience of how governments can adapt their health systems to effectively meet the growing challenge of noncommunicable diseases.

- **Celebrating the 10th anniversary of the Tallinn Charter**

13–14 June 2018, Tallinn, Estonia

On the occasion of the 10th anniversary of the Tallinn Charter, this conference presents an opportunity to celebrate the contribution of the Charter and an opportunity to look forward to specific challenges facing health systems in Europe and to anticipate others on the horizon.

Alliances and networking

- **Continued development of training and learning resources.** New platforms and modalities launched in 2017, including the Centre's Learning Hub, courses and placements and study visits, offer an exciting range of resources and approaches for taking forward capacity-building efforts in the Region. The Centre aims to continue to explore and develop these resources in 2018.
- **Expanding partnerships locally and sub-regionally.** Reinvigorating a commitment across countries for primary health care presents an opportunity for new and intensified partnerships. The Centre aims to harvest this interest and momentum, including focusing on exploring these opportunities locally and subregionally.

Annexes





Partners and stakeholders

Partners and stakeholders engaged in 2017

International organizations

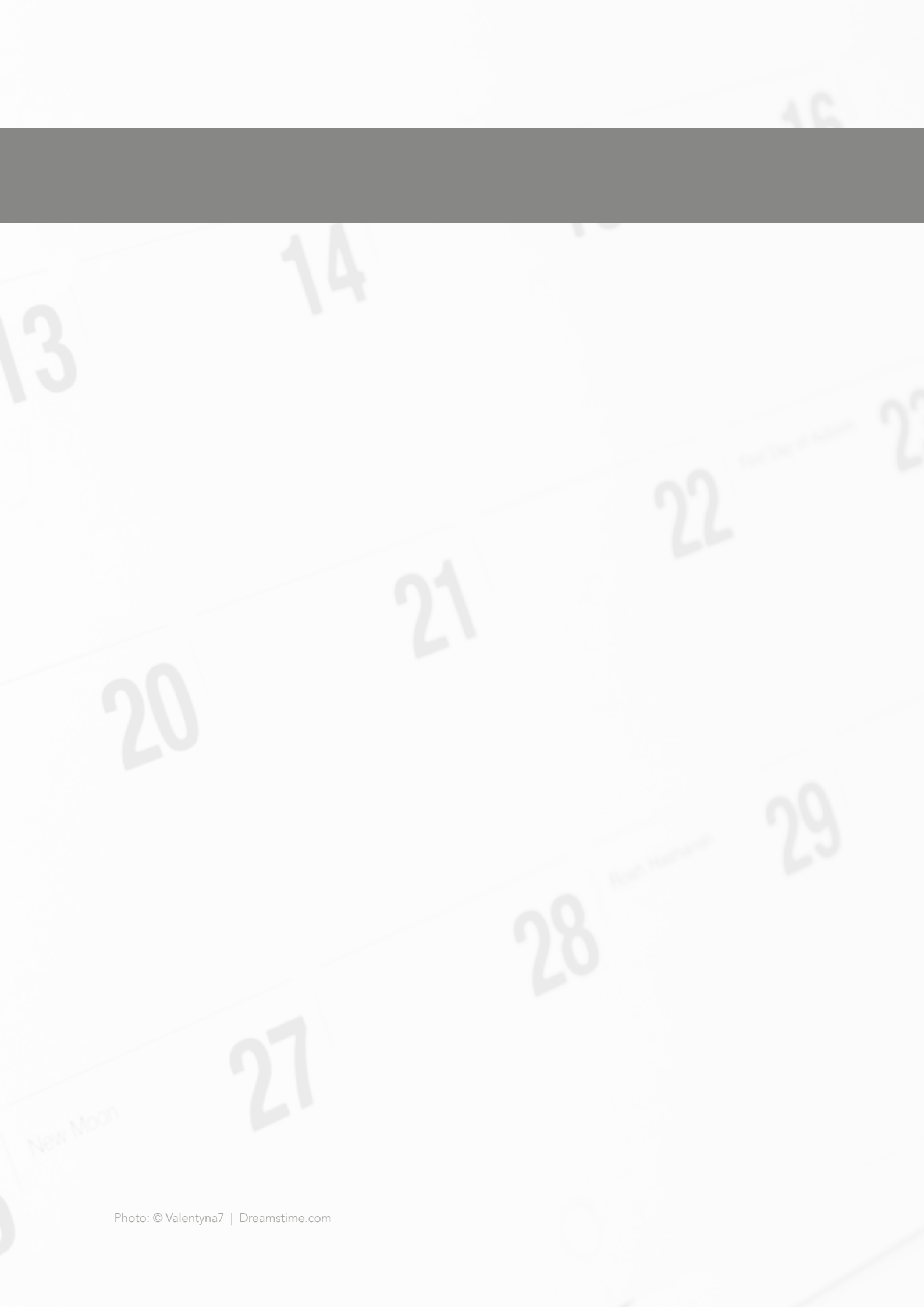
Asian Development Bank
 Bill & Melinda Gates Foundation
 European Commission
 OECD
 WHO headquarters
 WHO regional offices
 World Bank Group

Universities and think tanks

Aceso Global
 Consortium for Health and Social Care Services of Catalonia
 Escola Nacional de Saude Publica
 European Centre for Social Welfare Policy and Research
 European Observatory on Health Systems and Policies
 Goethe University Frankfurt
 Harvard T.H. Chan School of Public Health, Harvard University
 Kazakh National Medical University
 Kazakhstan School of Public Health
 Imperial College London
 Nuffield Trust
 Swiss Tropical and Public Health Institute
 Academic Medical Centre, University of Amsterdam

Associations and special interest groups

Caredoc, Ireland
 Eurocarers
 European Federation of Social Workers
 European Forum for Primary Care
 European Forum of National Nursing and Midwifery Associations
 European Health Management Association
 European Hospitals and Healthcare Federation
 European Patients' Forum
 International Alliance of Patients' Organizations
 International Council of Nurses Foundation
 International Foundation for Integrated Care
 International Hospital Federation
 International Society of Quality in Health Care
 Northern Dimension Partnership in Public Health and Social Well-Being
 Portuguese Association of Hospital Managers
 Swedish Association of Physiotherapists
 World Federation of Public Health Associations
 World Organization of Family Doctors Europe



2017 month by month

January

12–13 January

Klaipeda, Lithuania

Participation at InnoHealth workshop

23–27 January

Athens, Greece

Assessment mission on emergency medical services in Greece

30 January–2 February

Copenhagen, Denmark

Working meeting on concept for reforming services delivery in the Republic of Moldova

February

6–7 February

Copenhagen, Denmark

Kick-off meeting for long-term care project

15–16 February

Pristina, Kosovo⁹

Invited presenter to Pristina conference on integrated people-centred care

20–24 February

Chisinau, Republic of Moldova

Support for developing an integrated approach to reforming health services delivery in the Republic of Moldova

26 February–2 March

Chisinau, Republic of Moldova

Round-table meeting on the results of the European review of Integrated Management of Childhood Illnesses

27 February–3 March

Minsk, Belarus

Technical support for a primary health care subproject in the scope of implementation of the BELMED Project

March

9 March

London, United Kingdom (virtually)

Guest lecturers for a health systems development course, Imperial College London

13–14 March

Berlin, Germany

Exploratory study on the role of health professional associations in strengthening primary health care in Germany

⁹ In accordance with United Nations Security Council resolution 1244 (1999)

20–21 March**Yerevan, Armenia**

Participation in a round-table on preventing and controlling noncommunicable diseases in Armenia

26–31 March**Bishkek, Kyrgyzstan**

Technical support for assessing the quality of care in Kyrgyzstan

27–28 March**Astana, Kazakhstan**

Coordination meetings with Kazakhstan's Ministry of Health and the WHO European Centre for Primary Health Care

27–31 March**Stockholm, Sweden**

Exploratory study on the role of health professional associations in strengthening primary health care in Sweden

30 March**Almaty, Kazakhstan**

Primary health care performance in the context of changing needs: workshop

April**3–5 April****Kyiv, Ukraine**

Technical support for developing new models of primary health care services

3–6 April**Almaty, Kazakhstan**

Kick-off technical workshop and country coordination meeting on the quality of care

3–6 April**Barcelona, Spain**

Exploratory study on the role of health professional associations in strengthening primary health care in Spain

6 April**Almaty, Kazakhstan**

Guest lecture by Charles Shaw: Academic issues and quality in health care

9–12 April**Riga, Latvia**

Exploratory study on the role of health professional associations in strengthening primary health care in Latvia

13–20 April**Tirana, Albania**

Improving the role of primary health care in the early detection and management of noncommunicable diseases in Albania

23 April**Almaty, Kazakhstan**

WHO European Centre for Primary Health Care runs the annual Almaty city marathon

24–28 April**Belgrade, Serbia**

Joint review mission on implementing health system assessment for noncommunicable disease outcomes in Serbia

25 April**Moscow, Russian Federation**

Presentation at a seminar on integrated health care in the Russian Federation

26–27 April**Tbilisi, Georgia**

Inter-country meeting on improving antenatal care in the countries of eastern Europe and central Asia

28 April**Bishkek, Kyrgyzstan**

Presentation at the 27th meeting of the Commonwealth of Independent States Health Care Cooperation Council

May

18–19 May

Paris, France

Participation at a meeting of the OECD Health Care Quality Expert Group

18–19 May

Almaty, Kazakhstan

Presentation at University Days 2017: Transforming medical education by strategic partnership

18–19 May

Osh City, Kyrgyzstan

Second Congress of General Practitioners and Family Physicians of Kyrgyzstan

21–23 May

Kyzylorda, Kazakhstan

Filming of pilot project sites for responsive primary health care for sustainable and equitable health outcomes

22–23 May

Amsterdam, Netherlands

Working meeting with the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems at the University of Amsterdam

25 May

Almaty, Kazakhstan

Presentation on the WHO European Centre for Primary Health Care at UN Week at the Suleyman Demirel University

29 May

Krakow, Poland

Participation in a meeting of universities implementing patient safety curricula

June

14–15 June

Astana, Kazakhstan

Presentation at a panel session on health care in Kazakhstan at the Astana Economic Forum

20–21 June

Almaty, Kazakhstan

First Meeting of the Primary Health Care Advisory Group to the WHO Regional Director for Europe

21 June

Almaty, Kazakhstan

Presentation of the WHO Regional Director for Europe, Director, Health Systems and Public Health, and Head of Office, NCD Office at the 5th International Congress on Health for All

21–22 June

Almaty, Kazakhstan

Interregional meeting on hospitals

22 June

Almaty, Kazakhstan

Launch of a global services delivery network for universal health coverage

22–23 June

Almaty, Kazakhstan

4th Annual Meeting of Integrated Health Services Delivery Focal Points

July

2–7 July

Oxford, United Kingdom

Sponsored Member State participants from Slovakia to the International Summer School on Integrated Care

3–7 July**Veneto, Italy and Barcelona, Spain**

Study visit for responsive primary health care for sustainable and equitable health outcomes

3–7 July**Yerevan, Armenia**

Rapid assessment of primary health care

4 July**Virtual meeting**

Joint discussion on integrating public health services and primary care

10–14 July**Vilnius, Lithuania**

Study visit to Lithuania for representatives from Belarus as part of implementing the BELMED Project

16–19 July**Podgorica, Montenegro**

Rapid assessment of primary health care and technical support for primary health care reform in Montenegro

20–21 July**Chisinau, Republic of Moldova**

Coordination of policy dialogue on implementing health care reform in the Republic of Moldova

21–27 July**Dushanbe, Tajikistan**

Exploratory study on a health workforce registry

24–28 July**Venice, Italy**

Lecturer at the European Observatory Venice Summer School: planning the person at the centre of the health system

24–28 July**Tbilisi, Georgia**

Mission on governance of primary health care and assessing the quality of care in Georgia

August**1–4 August****Astana, Kazakhstan**

Policy dialogue on findings for strengthening health systems to improve noncommunicable disease outcomes in Kazakhstan

September**4–6 September****Copenhagen, Denmark**

Participation at the meeting of an expert group on men's health in the WHO European Region

10–12 September**Moscow, Russian Federation**

Coordination meeting with the WHO European Office for the Prevention and Control of Non-communicable Diseases on monitoring health services delivery

18–26 September**Bishkek and Issyk Kul, Kyrgyzstan**

Preparatory mission for a thematic week on health services delivery in Kyrgyzstan

October**8–13 October****Minsk, Belarus**

Facilitating a multidisciplinary training course in the scope of the BELMED Project

7–14 October**Dushanbe, Tajikistan**

Country mission mapping quality of care initiatives in support of the global HEARTS Initiative

9–13 October**Ankara, Turkey**

Country study on long-term care in Turkey

14–20 October

Barcelona, Spain

Facilitation at a health services delivery session of a course on health system strengthening for improving tuberculosis outcomes

31 October–2 November

Copenhagen, Denmark

Participation at a meeting on redesigning child health in the European Region

November

2–3 November

Stockholm, Sweden

Participation in the 10th European Public Health Conference: Sustaining Resilient and Healthy Communities

6–9 November

Berlin, Germany

Country assessment mission on long-term care

9–10 November

Paris, France

Participation at an OECD Health Care Quality Expert Group meeting

9–10 November

Madrid, Spain

Participation in a preparatory meeting of a synthesis project on health systems strengthening for improving noncommunicable disease outcomes

10–11 November

Berlin, Germany

Participation at the International Symposium on Human Rights in Patient Care

13–14 November

Amsterdam, Netherlands

Working meeting with the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems at the University of Amsterdam

13–17 November

Dublin, Ireland

Presentation at the Fourth Global Forum on Human Resources for Health

15–16 November

Vilnius, Lithuania

Baltic policy dialogue on improving quality of care and ensuring patient safety: strategies, regulation, monitoring and incentives

15–17 November

Podgorica, Montenegro

Preparatory mission for country study on ambulatory care-sensitive conditions in Montenegro

20–24 November

Bucharest, Romania

Country assessment mission on long-term care

21 November

Athens, Greece

Presentation on people-centred health services at the 6th Patients in Power Conference in Greece

24 November

Astana, Kazakhstan

Planning workshop to pretest indicators for monitoring health services delivery in Kazakhstan

December

4 December

Copenhagen, Denmark

First meeting of the Global Coordination Committee in preparation of Alma-Ata 40th anniversary

4–8 December

Bishkek, Kyrgyzstan

Presentation at the Den Sooluk Thematic Meeting on Health Services Delivery in Kyrgyzstan

8 December**Budapest, Hungary**

Presentation at the 2017 Healing Healthcare Conference in Hungary

11–12 December**Paris, France**

Participation at a meeting of the OECD Health Committee

13 December**Thessaloniki, Greece**

Inauguration of three local health units as part of Phase 2 of the Strengthening Capacity for Universal Coverage project in Greece

19–21 December**Minsk, Belarus**

Facilitating the multidisciplinary training of primary health care practitioners in pilot facilities

Operational activities**February****1–3 February****Copenhagen, Denmark**

Retreat of the Division of Health Systems and Public Health

9–11 February**Almaty, Kazakhstan**

Peer information technology support from the WHO Country Office in Kyrgyzstan

May**22–26 May****Almaty, Kazakhstan**

Peer training of divisional administrative officer for the Centre's administrative staff members

29 May–3 June**Almaty, Kazakhstan**

Installation of an information technology system at the WHO European Centre for Primary Health Care

June**7–9 June****Turgen Valley, Kazakhstan**

Office retreat of the WHO European Centre for Primary Health Care

27–30 June**Geneva, Switzerland**

WHO coaching development programme

July**25 July****Almaty, Kazakhstan**

First aid training for United Nations personnel

September**26–27 September****Astana, Kazakhstan**

Peer learning with administrative colleagues of the WHO Country Office in Kazakhstan

October**2–6 October****Copenhagen, Denmark**

Participation at the regional operational planning meeting for 2018–2019

November**21–24 November****Copenhagen, Denmark**

WHO European Region induction programme for new staff members

December**11–13 December****Billund, Denmark**

Third annual meeting of administrative assistants and administrative officers



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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