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GLOSSARY OF TERMS

WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT)

WHO European Framework for Action on Integrated Health Services Delivery

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Glossary of terms

WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT)

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WHO European Framework for Action on Integrated Health Services Delivery

Abstract

This glossary of terms aims to provide clarifying definitions related to the WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). PHC-IMPACT sets out to support the monitoring and improvement of primary health care in the European Region and the measurement of progress towards the services delivery component of global universal health coverage targets. The framework underpinning PHC-IMPACT has been guided by the WHO European Framework for Integrated Health Services Delivery. This glossary of terms accompanies PHC-IMPACT's Indicator Passports – a resource providing detailed information for the use of the full suite of indicators that make up the tool. Importantly, the definitions included here have relied as far as possible on existing international classifications including the International Classification for Health Accounts, International Standard Classification of Occupations and International Standard Classification of Education.

Keywords

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Preface

The Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT) series aims at leveraging primary health care's potential to accelerate universal health coverage through health performance intelligence.

At the 66th session of the WHO Regional Committee for Europe in 2016, Member States endorsed the WHO European Framework for Action on Integrated Health Services Delivery[1]. The Framework sets out a shortlist of essential areas for transforming services delivery adopting a primary health care approach. Importantly, with the Framework's endorsement, Member States tasked the WHO Regional Office for Europe to monitor health services delivery transformations in the region through the intensified measurement of relevant indicators (EUR/RC66/R5).

The high-level political commitment to prioritize services delivery strengthening has continued to gain momentum. In 2018, Member States from around the world signalled their commitment to invest in a primary health care approach with the endorsement of the Declaration of Astana[2]. Over the course of 2019, the WHO European Regional Committee[3], World Health Assembly[4] and UN General Assembly[5] members were each called to act on this commitment. Resolutions at these assemblies urged countries to take concrete measures to implement the Declaration of Astana and ensure progress towards the 2030 Sustainable Development Goal.

In order to work towards the 2030 targets at country-level, primary health care performance measurement has a fundamental role. Without primary health care performance measurement, countries often lack, in practice, the necessary information to monitor and evaluate their options for improvement.

[1] Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery (2016). Regional Committee for Europe 66th session.

[2] Declaration of Astana (2018). Global Conference on Primary Health Care. Astana: Kazakhstan (https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf).

[3] Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana (2019). Regional Committee for Europe 69th session.

[4] Primary health care WHA72.2 Agenda item 11.5 (2019). Seventy-second World Health Assembly. (http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R2-en.pdf).

[5] Moving together to build a healthier world (2019). UN high-level meeting on universal health coverage. New York: United States of America.

The *PHC-IMPACT* series is the WHO Regional Office for Europe's response to increasing the availability of primary care performance data collected and analysed in an approach that is sensitive to European models, policy priorities and information systems. As part of this series, a range of resources, in English and Russian, are available to support the tailored use of the tool in countries.

- Technical tools. The classification of primary care's impact, performance and capacity according to a set of core domains, features and indicators has been developed through a range of reviews guided by the approach of the WHO European Framework for Action on Integrated Health Services Delivery[6]. To support the standardized use of the indicators/questions, two key resources are available: i) individual indicator passports and ii) a glossary of terms. The development of these core technical tools has benefited from close engagement with country and technical experts, acknowledged in the respective publications.

- Data collection tools. To support data collection, instruments in the form of online surveys and excel-based data collection tools have been developed. These instruments are available on request for their adapted use in countries.

- Country reports. Individual country reports describe findings and policy recommendations following the use of PHC-IMPACT in countries. The reports follow a consistent structure to facilitate the comparability across studies, however, the areas of focus and scope of each country study may vary. Country reports are developed in collaboration with country experts and ministry appointed focal points. Each follows a standard process of data collection, triangulation of findings and expert consensus.

This work is led by the WHO European Centre for Primary Health Care, Almaty, Kazakhstan – the WHO Regional Office for Europe's technical hub and resource centre for countries on health services delivery. For more information and to continue to follow the work in this series, visit the WHO Regional Office for Europe's health services delivery web page (http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery) or contact the Almaty Centre at eurocphc@who.int.

[6] A detailed description on this review process has been published elsewhere. See: Barbazza E, Kringos D, Kruse I, Klazinga NS, Tello JE (forthcoming). Creating performance intelligence for primary health care strengthening in Europe.

Overview

Monitoring primary health care is a challenge. In Europe, multiple factors continue to limit primary health care performance intelligence for decision-making. This includes the lack of an international system of classification for the organization and delivery of primary care in countries across Europe, weak links between most primary care monitoring frameworks and routine national information systems, and outdated approaches that fail to capture current health trends and priorities, including the delivery of people-centred services.

With the 2030 Sustainable Development Goals on the horizon and a renewed focus on primary health care across countries, the WHO European Centre for Primary Health Care has worked to advance a new monitoring tool for primary health care in Europe. This work was launched following the endorsement of the WHO European Framework for Action on Integrated Health Services Delivery in 2016, which called for intensifying health services delivery monitoring (EUR/RC66/R5) *(1,2)*.

What is PHC-IMPACT?

The Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT) is a resource for creating robust performance intelligence for primary health care strengthening in Europe. The development of the tool has been guided by the pursuit of a framework and suite of indicators that are sensitive to European models of primary care, policy priorities and information systems.

The broad suite of indicators mapped to the framework underpinning PHC-IMPACT is intentional in order to allow for the tailored use of the indicator set on the basis of a country's policy priorities. This customization is found an important feature to increase the tool's responsiveness to countries and transferability through a modular approach.

The suite of indicators draws from existing international databases, surveys and country reporting. In this way, the tool aims to consolidate available information and facilitate linkages for the purpose of analysis. Resources like this glossary of terms are part of a series of tools available to support the use of PHC-IMPACT in countries for quality data collection processes.

About this document

This glossary defines key terms of PHC-IMPACT. The terms are organised in three sections in alphabetical order by section: i) health workforce–terms relating to the types and profiles of health workers specific to primary care; ii) settings of health

services delivery–terms relating to the types and profile of settings and providers of primary care services; and iii) other general terms–spanning the full range of PHC-IMPACT's domains to clarify the intended meaning of terms used in the indicators/questions of the tool.

Related documents

It is suggested this document is used in combination with the following.

Indicator Passports: WHO European Primary Health Care Impact, Performance and Capacity Tool *(3)*

This document provides a full listing of indicators included in PHC-IMPACT. For each, the following details are specified: alignment to the framework (domain, subdomain, feature), indicator/question title, indicator/question definition, numerator/denominator or answer choices, unit of measurement, rationale, relevant definitions, disaggregation, known limitations and possible data sources. Key terms underlined in the passports are found in this glossary.

Technical notes

The definitions included here draw from existing glossaries, namely: the glossary of terms of the WHO European Framework for Action on Integrated Health Services Delivery and the WHO systems strengthening glossary. It has also relied on international classifications as far as possible. Specifically:

- **International Classification for Health Accounts** (ICHA), A System of Health Accounts, OECD, WHO and Eurostat (2011).
- **International Standard Classification of Occupations** (ISCO-08), International Labour Organization (2010).
- **International Standard Classification of Education** (ISCED), United Nations Educational, Scientific and Cultural Organization (2011).

Health workforce terms[1]

Allied health professionals refers to a diverse group of health care professionals who provide necessary services to patients in addition to, or in place of, services provided by physicians, nurses and paramedical practitioners *(4)*. Examples include medical technicians, speech therapists, physical therapists, etc.

Carers (family carers) refer to individuals who provide unpaid care for a member or members of their family, friends or community *(5)*. They can be any relative (spouse, children, daughter- and son-in-law), friend or neighbour who provides a broad range of assistance with personal care or basic activities of daily living to people with functional limitations. They may provide regular, occasional or routine, 'hands-on' care or be involved in organizing care delivered by others, sometimes even at-distance. Carers can live with or separately from the person receiving care. Carers are in contrast with providers associated with a formal service system, whether paid or on a volunteer basis (formal caregiver) *(6, 7)*.

Dentists refers to a health professional that diagnoses, treats and prevents diseases, injuries and abnormalities of the teeth, mouth, jaws and associate tissues by applying the principles and procedures of modern dentistry. Occupations included in this category require the completion of university-level training in theoretical and practical dentistry or a related field *(8)*.

Dieticians and nutritionists (ISCO-08 2265) are health professionals who assess, plan and implement programmes to enhance the impact of food and nutrition on human health. Part of this subgroup are clinical dieticians, nutritionists, public health nutritionists, etc. *(8)*.

District paediatric doctors (part of ISCO-08 2211) are a type of generalist medical practitioners often found in countries of the Commonwealth of Independent States. *See also* **generalist medical practitioners**.

Feldschers (part of ISCO-08 2240) are a type of paramedical practitioners. In countries of the Commonwealth of Independent States, feldschers provide primary care services in many rural medical centres. *See also* **paramedical practitioners**.

General medical practitioners/family medicine doctors/primary care doctors (part of ISCO-08 2211) are a type of generalist medical practitioners.

Generalist medical practitioners (ISCO-08 2211) are physicians including family and primary care doctors, who do not limit their practice to certain disease categories or methods of treatment and may assume responsibility for the provision of continuing and comprehensive medical care to individuals, families and

[1] Note: ISCO–refers to the International Standard Classification of Occupations and the affiliate codes.

communities *(4, 9)*. Occupations included in this category require completion of a university-level degree in basic medical education plus postgraduate clinical training or equivalent for competent performance. Medical interns who have completed their university education in basic medical education and are undertaking postgraduate clinical training are included here. Although in some countries 'general practice' and 'family medicine' may be considered as medical specializations, these occupations should always be classified here *(8)*. In Commonwealth of Independent States, district paediatric doctors and district therapeutists are included in this category.

Health associate professionals (ISCO-08 32) are part of the wider occupational group of technicians and associate professionals. They support the diagnosis and treatment of illness, disease, injuries and impairments; as well as the implementation of health care plans typically established by medical, nursing and other health professionals. The types of tasks usually performed by health associate professionals include: testing and operating medical imaging equipment; administering radiation therapy; performing clinical tests on specimens of bodily fluids and tissues; preparing medications and other pharmaceutical compounds under the guidance of pharmacists; designing, fitting, servicing and repairing medical and dental devices and appliances; providing nursing and personal care and midwifery support services; and using herbal and other therapies *(10)*. This category includes medical and pharmaceutical technicians (ISCO-08 321), nursing and midwifery associate professionals (ISCO-08 322).

Health professionals (ISCO-08 22) are professionals who establish and undertake research and develop and apply scientific knowledge in a range of health and related fields including: medicine, complementary medicine, dentistry, optometry, environmental health and occupational health. Specific occupations within the classification of health professionals include: physicians, nursing and midwifery professionals; paramedics; opticians; dentists; speech therapists; dieticians; psychiatrists; and, other health professionals. The tasks undertaken by health professionals involve: conducting research and obtaining scientific knowledge through the study of human and animal disorders; diagnosing illnesses and ways of treating them; the planning, management and evaluation of the care of patients; advising on or dispensing and applying preventive and curative measures; promoting health; and, preparing scientific papers and reports *(11)*. This category includes medical doctors (ISCO-08 221), nursing and midwifery professionals (ISCO-08 222) and paramedical professionals (ISCO-08 224).

Midwife (associate professionals) (ISCO-08 3222) implement care, treatment and referral plans already established by medical, midwifery and other health professionals.

Midwife (professionals) (ISCO-08 2222) plan, manage, provide and evaluate midwifery care services before, during and after pregnancy and childbirth. They provide delivery care for reducing health risks to women and newborn children, working autonomously or in teams with other health care providers.

Narrow specialists are specialized physicians in countries of the Commonwealth of Independent States and eastern Europe often working in polyclinics and outpatient departments of hospitals. They typically have less clinical training than specialist medical practitioners, such as a brief training course for initial specialization. They primarily provide medical treatment following an initial diagnosis, while the generalist medical practitioner performs follow-up services with the patient *(12)*.

Nurse practitioners/advanced practice nurses are nurses (professionals) (part of ISCO-08 2221) who have acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he has the credentials to practise. A master's degree is recommended for entry-level *(4, 13)*.

Nurses (associate professionals) (ISCO-08 3221) provide basic nursing and personal care for people in need of nursing care such care due to the effects of ageing, illness, injury or other physical or mental impairment. They generally work to support treatment and referral plans established by medical, nursing and other health professionals. The distinctions between nursing and midwifery professionals and associate professionals should be made on the basis of the nature of the work performed in relation to the tasks specified in this definition and in the relevant unit group definitions. The qualifications held by individuals or that predominant in the country are not the main factor in making this distinction, as training arrangements for nurses and midwives vary widely between countries and have varied overtime within countries *(8)*.

Nurses (professionals) (ISCO-08 2221) provide treatment, support and care services for people who are in need of nursing care due to the effects of ageing, injury, illness or other physical or mental impairment, or potential risks to health. They assume responsibility for the planning and management of care of patients, including the supervision of other health care workers, working autonomously or in teams with medical doctors and others in the practical application of preventive and curative measures *(8)*. Nurses (professionals) include general practice nurses, district nurse, specialist nurse and nurse practitioners.

Occupational therapists (part of ISCO-08 2269) are health professionals who provide diagnostic, preventive, curative and rehabilitative health services. Among other tasks they can develop and implement treatment plans for injuries, illnesses and other physical and mental impairments; administer therapeutic care and treatment to patients; recommend environmental adaptations in the home, leisure, work and school environments on an individual or group basis to enable individuals with functional limitations to perform their daily activities and occupations *(8)*.

Paediatricians/district paediatricians/district paediatric doctors are considered generalist medical practitioner (ISCO-08 2211) only when they are the first point of contact for children, for example, in countries of the Commonwealth of Independent States. In other cases when they consult as a specialist, they are considered specialist medical practitioners (ISCO-08 2212). *See also* **generalist medical practitioners**.

Paramedical practitioners (ISCO-08 2240) are health professionals who provide advisory, diagnostic, curative and preventive medical services more limited in scope and complexity than those carried out by medical doctors. They work autonomously or with limited supervision of medical doctors and apply advanced clinical procedures for treating and preventing diseases, injuries and other physical or mental impairments common to specific communities *(14)*. Examples of occupations: feldscher, advanced care paramedic, clinical officer (paramedical) and primary care paramedic.

Pharmaceutical technicians and assistants (ISCO-08 3213) are health associate professionals who perform a variety of tasks associate with dispensing medicinal products under the guidance of a pharmacist or other health professional.

This category includes dispensing technicians, pharmaceutical assistants, pharmaceutical technicians, etc. *(8)*.

Pharmacists (ISCO-08 2262) are health professionals who store, preserve, compound and dispense medicinal products and counsel on the proper use and adverse effects of drugs and medicines following prescriptions issued by medical doctors and other health professionals. This category includes dispensing chemist and retail pharmacists but is to the exclusion of pharmaceutical technician and assistant *(8)*.

Physicians/medical doctors study, diagnose, treat and prevent illness, disease, injury and other physical and mental impairments in humans through the application of the principles and procedures of medicine *(15)*. This category includes generalist medical practitioners, specialist medical practitioners and in countries of the Commonwealth of Independent States, narrow specialists.

Physiotherapists (ISCO-08 2264) assess, plan and implement rehabilitative programmes that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments *(8)*.

Physiotherapist technicians (part of ISCO-08 3255) are health associate professionals who provide physical therapeutic treatments to patients in circumstances where functional movement is threated by injury, disease or impairment. Therapies are usually provided according to rehabilitative plans established by a physiotherapists or other health professional *(8)*.

Practising health professionals are health professionals who are actively practising medicine in public and private institutions and provide services for individual patients *(16)*. In cases where data is not available for practising health professionals, data closest to practising (professionally active health professionals, health professionals with active license) can be used.

Primary care health professionals are a sub-group of health professionals who provide services in primary care.

Public health professionals (ISCO-08 2212) are specialists working to improve the public health deficits by providing health surveillance through promoting the development of indicator-based comprehensive health monitoring systems, promoting health behaviour and lifestyles, and reducing risk factors, working to help reduce inequity in health, and helping to decision-making in health care among different players *(17)*.

Social workers (part of ISCO-08 2635) provide advice and guidance to individuals, families, groups, communities and organizations in response to social and personal difficulties. They assist clients to develop skills and access resources and support services needed to respond to various issues arising from unemployment, poverty, disability, addiction, etc. *(8)*.

Specialist medical practitioners are physicians who diagnose, treat and prevent illness, disease, injury and other physical and mental impairments using specialized testing, diagnostic, medical, surgical, physical and psychiatric techniques by applying the principles and procedures of modern medicine. They plan, supervise and evaluate the implementation of care and treatment plans by other health care providers. They specialize in certain disease categories, types of patients or

methods of treatment, and may conduct medical education and research activities in their chosen areas of specialization *(8)*. This category includes specialist medical doctors, specialist doctor, etc. *(18)*.

Speech therapists (part of ISCO-08 2266) is a health professional who evaluates, manages and treats physical disorders affecting human speech, communication and swallowing. They prescribe corrective devices or rehabilitative therapies for speech disorders and related sensory and neural problems and provide counselling on communication performance. This category includes language therapists, speech pathologists, speech therapists, etc. *(8)*.

Settings of services delivery terms[2]

Ambulatory multi-profile (specialty) group practices/polyclinics (HP.3.4.9) comprise establishments that are engaged in providing a wide range of outpatient services, by medical and paramedical staff (and often support staff too) usually bringing together several specialities and/or serving a specific function of primary care and/or secondary care *(19)*.

Dental practices (HP.3.2) comprise independent establishments of health professionals who hold a university-level degree in dental medicine or a qualification at a corresponding level and are primarily engaged in the independent practice of general specialised dentistry. These practitioners operate a private or group practices in their own offices and either provide comprehensive preventive, reconstructive or emergency care or specialise in a single field of dentistry *(19)*.

Facilities providing ambulatory health care/providers of ambulatory health care (HP.3) comprise establishments that are primarily engaged in providing health care services directly to patients on an outpatient basis rather than as inpatient services *(19)*. This includes both offices of general medical practitioners and medical specialists and establishments specializing in the treatment of day-cases and in the delivery of home care services. Health professionals in ambulatory care primarily provide services to patients who visit a health professional's office, or the practitioners visit the patients at home. Consequently, these establishments do not usually provide inpatient services. This item has five subcategories, including: medical practices, dental practices (HP.3.2), other health care practitioners, ambulatory health care centres and providers of home health care services (HP.3.5).

Networks of primary care facilities are collaborative networks that include a large variety of teams and health professionals who together provide a broad, integrated set of health services *(20)*.

Nurses and midwives offices (e.g. health post) (part of HP.3.3) are providers of ambulatory care and comprise independent health professionals, in this case nurses and midwives, that operate in their own office without generalists or specialist physicians *(19)*.

Offices of general medical practitioner (HP.3.1.1) comprise establishments of health professionals who hold the degree of Doctor of Medicine or a corresponding qualification and are primarily engaged in the independent practice of general/family medicine. Although in some countries 'general practice' and 'family medicine' may be considered as medical specialisations, these occupations should always be classified here *(19)*. Generalist medical practitioner solo practice refers

[2] Note: HP refers to the System of Health Accounts classification of health providers grouped under six categories (HP.1-HP.6). HP.3 refers to ambulatory care providers.

to offices held by a single practitioner. Ambulatory group practice refers to centres of multiple general medical practitioners.

Offices of medical specialists (e.g. practices of independent psychiatrists, offices of psychotherapists, offices of cardiologists, ophthalmologists, ear, nose and throat doctors, paediatricians of specialised care, etc.) (HP.3.1.2 and HP.3.1.3) comprise establishments of health professionals holding a degree of Doctor of Medicine with a specialisation, a corresponding qualification or a medical doctor with a specialisation other than general medicine (equivalent to ISCO-08 Code 2212) *(19)*.

Other ambulatory health care centres (HP.3.4) (e.g. family planning centers, free-standing ambulatory surgery centers, dialysis care centres) comprise establishments that are engaged in providing a wide range of outpatient services by a team of medical and paramedical staff, often along with support staff, that usually bring together several specialities. They differ from offices of medical specialists (HP.3.1.3) by their multi-specialisations, the complexity of the medical-technical equipment used and the range of types of health professionals involved *(19)*.

Outpatient departments of hospitals (part of HP.1) (general hospitals providing out-patient, day care services) comprise licensed establishments that are primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing and other health services that provide day care, outpatient and home health care services as secondary activities *(19)*.

Pharmacies, retailers and other providers of medical goods (HP.5) refers to specialised establishments where the primary activity is the retail sale of pharmaceuticals and other medical goods to the general public for individual or household consumption or utilisation. Pharmaceuticals include both prescribed and non-prescribed medicines, either manufactured or prepared by onsite pharmacists *(19)*.

Polyclinics (HP.3.4.9) see ambulatory multi-profile (speciality) group practice/ polyclinic.

Practice is understood as a provider with more than one generalist medical practitioner.

Primary care facilities refer to ambulatory care facilities such as primary care centre, office of generalist health professional, ambulatory health care centre, family planning centre, home health care centre, nursing home, and polyclinic; other settings such as walk-in treatment centre, outpatient department of a district/ general hospital, ambulance, mobile clinic, laboratory, pharmacy, and palliative care establishment; and, rural-specific facilities such as rural physician ambulatory, feldscher assistance point, midwifery post and rural health house *(21)*.

Provider groups bring together all organization arrangements of health professionals (practices with more than one health professional, solo practices, etc.).

Providers of ancillary services (HP.4) include establishments that provide a specific ancillary type of service directly to outpatients under the supervision of health professionals and are not included within the episode of treatment by other providers. They include medical and diagnostic laboratories such as diagnostic imaging centres, medical x-ray laboratories, medical pathology laboratories and clinical laboratories *(19)*.

Providers of home health care services (HP.3.5) comprise establishments that are primarily engaged in providing skilled nursing services in patients' homes, along with a range of the following: personal care services, medical social services, support in medications, use of medical equipment and supplies, counselling, 24-hour home care, occupational and vocational therapy, dietary and nutritional services, speech therapy, audiology, and high-tech care, such as intravenous therapy *(19)*.

Providers of preventive care (HP.6) comprise organisations that primarily provide preventing programmes and campaigns/public health programmes for specific groups of individuals or the population-at-large, such as health promotion and protection agencies or public health institutes as well as specialised establishments providing primary preventive care as their principal activity *(19)*.

Residential long-term care facilities (HP.2), also known as high dependency care facilities, are establishments primarily engaged in providing inpatient nursing and rehabilitative services to individuals requiring nursing care *(22)*.

General terms

Accessibility (of health services) include aspects of health services or health facilities that enhance the ability of people to reach a health professional in terms of location, time and ease of approach *(23, 24)*.

Accountability is defined according to its necessary elements: a clear mandate, with the necessary resources and adequate incentives for its fulfilment, and tended to through regular supervision, monitoring and feedback *(25, 26)*.

Accountability arrangements make explicit the ways in which actors are expected to perform and interact according to their mandated roles and responsibilities *(25)*.

Accreditation (facilities) is a process by which an authorized body, usually non-governmental organization, assesses and recognizes an organization as achieving pre-determined and published standards demonstrated through an independent, external, periodic, on-site peer assessment of that organization's level of performance. Accreditation standards are usually regarded as optimal and achievable and are designed to encourage continuous improvement efforts within the accredited organizations. Accreditation is often a voluntary process in which organizations choose to participate *(23, 27, 28)*. *See also* **certification**.

Actors are broadly characterized as those individuals, organizations, groups or coalitions that have the capacity to exert influence over policy or decision-making or are mandated with the responsibility to carry out a particular aspect of a given health system function *(29)*.

Ambulatory care comprise those health services provided to patients who are not confined to an institutional bed as inpatients during the time the services are rendered *(31)*. Ambulatory care includes medical services of general *(32)* and specialized (secondary) nature. Examples of facilities that provide ambulatory services are: primary care clinics and physician offices, hospital-based outpatient clinics, ambulatory surgical centres, public health clinics, imaging centres, ambulatory behavioural health and substance abuse clinics and physical therapy and rehabilitation centres *(33)*.

Ambulatory care sensitive conditions are defined as those conditions for which hospitalization can be avoided with timely and effective care in ambulatory settings (26) (25). Lists of ambulatory care sensitive conditions are country-specific though typically include conditions such as chronic obstructive pulmonary disease, asthma, hypertension, influenza and pneumonia *(30)*.

Assessment defines a formal evaluation of a process or system, either quantitative or qualitative *(23, 34)*.

Budgeting defines a process of elaborating a detailed plan for the future showing how resources will be acquired and used during a specific time period, expressed in formal, measurable terms *(23)*.

Capital expenditure are costs for resources that last more than one year, such as buildings, vehicles or computers *(23)*. *See also* **recurrent expenditure**.

Cardiovascular disease risk assessment refers to a comprehensive risk assessment in adults with no known cardiovascular disease using simple risk-scoring tools. This can help identify those at high risk and initiate early preventive interventions. The level or risk can help guide decisions about whether to initiate preventive interventions and treatment intensity. WHO guidelines for primary care are detailed in the HEARTS: Technical package for cardiovascular disease management in primary health care *(35)*.

Cardiovascular disease risk stratification consists of the categorization and management of people according to their likelihood or chance for a cardiovascular event (heart attack or stroke). WHO guidelines are detailed in the HEARTS Technical package published by WHO *(35)*. *See also* **cardiovascular disease risk assessment**.

Cardiovascular disease risk prediction charts are used to determine the level of risk for developing cardiovascular diseases over a defined period (e.g. 10 years). Calculations consider the combined effect of multiple risk factors, including age, gender, smoking status, blood pressure and total cholesterol or body mass index. WHO guidelines are detailed in the HEARTS Technical package published by WHO *(35)*. *See also* **WHO/ISH cardiovascular risk prediction charts**.

Care coordinator is a health professional who acts as the key point of contact, from health promotion and disease prevention to targeted referral for specialist care. The care coordinator organises a patient's care throughout the entire continuum of care *(23, 36)*. *See also* **case manager**.

Care pathway (or care map) refers to an aid (in addition to clinical guideline) that maps the patient pathway through the care system. It plans for the management of patient care that set goals for the patients and provide the sequence of interventions that physicians, nurses and other health professionals should carry out in order to reach the desired goals in a given time period *(23, 37)*. *See also* **clinical guidelines and clinical protocols**.

Care plans are a personalised record (written and/or electronic form) of the outcome from care planning discussions and decisions taken with the aim to address an individual's full range of needs *(5)*.

Case manager arranges for the provision of continuous care across different services through the integration and coordination of services based on individual needs and system resources. The fundamental difference with a care coordinator is that the case manager not only ensures the continuum of care by focusing on the transition between levels of care, but also ensures the integration and utilization of system resources (e.g. insurance, payment schemes, social care arrangements etc.) *(23, 38, 39)*. *See also* **care coordinator**.

Catchment area refers to a geographic area defined and served by a health programme or facility which is delineated based on population distribution, national geographic boundaries, and transportation accessibility *(22)*.

Certification of an organization/facility, or part of an organization/facility, refers to a process by which an authorized body, either governmental or nongovernmental organization, evaluates and recognizes an organization/facility as meeting pre-determined requirements or criteria. It usually implies that the organization/facility has additional services, technology, or capacity beyond those found in similar organizations/facilities *(23, 28, 36)*. *See also* **accreditation and licensure**.

Certification of individual practitioners refers to a process by which an authorized body, either governmental or nongovernmental organization, evaluates and recognizes the individual as meeting pre-determined requirements or criteria. It implies that the individual has received additional education and training and demonstrated competence in a specialty area beyond the minimum requirements set for licensure *(23, 28, 36)*. *See also* **licensure**.

Clinical practice guidelines refer to systematically developed, evidence-based recommendations that support health professionals and patients to make decisions about the most appropriate, efficient care in specific clinical circumstances *(22, 23, 26, 40)*. *See also* **care pathway** and **clinical protocols**.

Clinical protocols are defined as an agreed framework outlining the care to be provided to patients according to a type of care, describing why, where, when and by whom the care is to be given *(26)*. *See also* **care pathway** and **clinical guidelines**.

Co-insurance is a cost-sharing requirement whereby the insured person pays a share of the cost of the medical service (e.g. 10% of the total) *(41)*.

Consumer groups include associations and organizations that represent the rights of consumers and advance their interests.

Consumer health related group include consumer groups with a specific focus/ special interest on health-related activities and topics.

Consumption-based reimbursement scheme adjusts the level of reimbursement with a patients expenses for medicines within a time period (increasing reimbursement with rising consumption) *(42)*.

Continuous professional development refers to learning opportunities during a health professional's career, ideally designed as inquiry-based, practice-based and problem-based learning opportunities to promote reflection, problem-solving, self-directed learning, and professional responsibility, as well as being focused on relevant issues faced by the workforce. It includes continuing medical education, continued professional education and in-service training *(26, 43)*.

Controlled blood pressure is defined as a blood pressure of 120 mm Hg systolic and a blood pressure of 80 mm Hg diastolic. When systolic blood pressure is equal or above 140 mm Hg and/or diastolic blood pressure equal to or above 90 mm Hg the blood pressure is considered to be raised or high *(44)*.

Co-payment is a fixed sum (e.g. $15) or a percentage of the tariff (e.g. 10%) paid by an insured individual for the consumption of itemized health care services (e.g. per hospital day, per prescription item) *(41)*.

Coordination is defined as the extent to which services in a specific episode of care and the provision of services at intervals overtime and across the lifespan promote the best results *(21, 45)*.

Discharge letter refers to the form completed by a provider for the release of a patient, containing information regarding procedures undertaken, diagnosis and treatment.

Discharge planning refers to the process by which an admitted patient's needs on discharge are anticipated, planned for or arranged *(22)*.

Disease specific reimbursement scheme determines eligibility and reimbursement rate based on the underlying disease treated. A medicine may be reimbursed at different rates for the treatment of different diseases *(42)*.

Dispensarization is a method for monitoring the health of selected population groups through screening (case-detection) and systematic treatment and follow-up. It is prevalent in countries of the Commonwealth of Independent States.

District level refers to a second level administrative division that has jurisdiction over an urban/rural area that can cover several municipalities.

Domains (of PHC-IMPACT) capture the dynamics between areas for action to optimally reason and sequence strategic efforts to transform health services delivery. In the WHO European Framework for Action on Integrated Health Services Delivery, the domains cluster areas for action according to: populations and individuals, services delivery processes, system enablers, and change management *(25, 26)*. When translated into a monitoring framework of health services delivery, the domains reflect the capacity of primary care in terms of structures and model of care, the performance of primary care in terms of care contact, outputs and health system outcomes, and health outcomes in terms of impact *(21)*.

Effectiveness is defined as the extent to which services are delivered in line with the current evidence-base, for the optimal delivery of services for desired outcomes *(26, 46)*. It measures the extent to which a specific intervention, procedure, regimen or service, when deployed in the field in routine circumstances, does what it is intended to do for a specified population *(23)*.

Efficiency is the capacity to produce the maximum output for a given input *(23)*.

Electronic health records are defined as real-time, patient-centred records that provide immediate and secured health information to authorized users. Electronic health records play a vital role in universal health coverage by supporting the diagnosis and treatment of patients through provision of rapid, comprehensive and timely patient information at the point of care *(26, 47)*.

Eligibility for reimbursement coverage are criteria based on which expenses of medicines are fully or partially paid for by a public payer. Four schemes are considered: product-specific, disease-specific, population-groups-specific and consumption-based *(42)*.

Essential medicines list is developed by WHO and serves as a guide for the development of national and institutional essential medicine lists. It is updated and revised every two years by the WHO Expert Committee on Selection and Use of Medicines. The latest update, published on 6 June 2017, marks the 40th anniversary of this flagship WHO tool *(48)*.

Evaluation is defined as the systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions,

in relation to objectives and taking into account the resources and facilities that have been deployed *(23)*.

Facility/institution ownership type is a classification for ownership. There are three types: publicly owned facilities owned or controlled by a governmental unit or another public corporation (where control is defined as the ability to determine the general corporate policy); not-for-profit privately owned facilities that are legal or social entities created for the purpose of producing goods and services, whose status does not permit them to be a source of income, profit or other financial gain for the unit(s) that establish, control or finance them; and, for-profit privately owned facilities that are legal entities set up for the purpose of producing goods and services and are capable of generating a profit or other financial gain for their owners *(4)*.

Final diagnosis refers to the confirmation of a diagnosis, not just the preliminary diagnosis, that requires the patient to visit another physician.

First contact visit refers to when a when the patient is visiting the physician for the first time for the particular health problem and the visit was not by referral. In this case the physician is acting as the entry point into the care system.

Follow-up consultations/visits include services offered to manage a condition after diagnosis.

Foot vibration perception by tuning fork measures the sensitivity to vibration and is important for early diagnosis of diabetic neuropathy and prevention of diabetic foot amputation.

Formulary refers to a list of drugs, usually by their generic names, and indications for their use. A formulary is intended to include a sufficient range of medicines to enable medical practitioners to prescribe all medically appropriate treatment for all reasonably common illnesses *(22)*.

Full-time equivalent (FTE) employment is defined as total hours worked divided by average annual hours worked in full-time jobs. Depending on data availability on working hours, full-time equivalent level may also be calculated in the following ways: i) a worker with a full-time employment contract should be counted as 1 FTE. Concerning workers who do not have a full-time employment contract, full-time equivalent should be measured by the number of hours of work mentioned in each contract divided by the normal number of hours worked in full-time jobs; ii) a worker with a full-time employment contract should be counted as 1 FTE. Concerning workers with part-time contracts, the practice in many countries is simply to consider that 2 part-time workers = 1 FTE *(4)*.

Gatekeeper is a primary care health professional who has responsibilities for the provision of primary care as well as for the coordination of specialized care and referral *(23, 49)*.

General practice/family medicine is the discipline of medicine for the provision of comprehensive and continuing care to individuals in the context of their family and community. The scope of family medicine encompasses all ages and both sexes. Providers often include generalist medical practitioners, physician's assistants, family nurses *(26, 50)*.

HbA1c is the glycated haemoglobin test used in the diagnosis of diabetes mellitus as recommended by WHO *(51)*.

HEADSS assessment (Home Education Eating Exercise Ambition Activities Drug-use Sexuality Suicide) is a check-list used by health workers in consultation with adolescents *(54)*. The rapid assessment includes questions that provide information on the psychological and social dimensions of the adolescent's life including: family life, interests and education performance, eating and exercise habits, hopes for the future, social and recreational activities, whether they smoke or use psychoactive substances, thoughts and feelings about their sexual activity, and how they feel and whether they have thought of hurting themselves.

Health benefits package refers to the type and scope of health services that a national purchaser buys from providers on behalf of its beneficiaries *(52)*.

Health information systems provide the underpinnings for decision-making and have four key functions: i) data generation, ii) compilation, iii) analysis and synthesis, and iv) communication and use. The health information system collects data from health and other relevant sectors, analyses the data, ensures their overall quality, relevance and timeliness, and converts the data into information for health-related decision-making *(4, 53)*.

Health insurance is a contract between an individual and the insurer to the effect that in the event of specified events (determined in the insurance contract), the insurer will pay compensation either to the insured person or the health service provider. There are two major forms of health insurance. One is private health insurance, with premiums based on individual or group risks. The other is social security, whereby in principle, society's risks are pooled, with contributions by individuals usually dependent on their capacity to pay *(19, 23)*.

Health literacy is defined as the achievement of a certain level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions *(5, 26)*.

Health needs refers to objectively determined deficiencies in health that require health services, such as health protection, health promotion, disease prevention, diagnosis, treatment, management, long-term care, rehabilitation and palliative care *(23, 26)*.

Health needs assessment refers to a systematic procedure for determining the nature and extent of problems experienced by a specified population that affect their health, either directly or indirectly. Health needs assessments make use of epidemiological, sociodemographic and qualitative methods to describe health problems and their environmental, social, economic and behavioural determinants *(22)*.

Health professional association represents the interests of health professionals and specialties by supporting national health policy development, engaging in negotiations on pay and working conditions of members, supporting continuous professional development, developing undergraduate and post-graduate education curricula and/or the development of clinical practice guidelines. This role is distinguished from health professional regulators, representing the interests of patients *(43)*.

Health promotion refers to any combination of health education and related organizational, political and economic interventions designed to facilitate behavioural and environmental adaptations that will improve or protect health *(22)*.

Health services refers to any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of individuals *(23)*.

Health services delivery processes are defined as the unique processes inherent to the health services delivery function that contribute to the performance of health services delivery. These processes include: selecting services, designing care, organising providers, managing services and improving performance *(26, 55)*.

Health technology assessment is the systematic evaluation of the properties, effects or other impacts of health care technology. It is intended to inform decision-makers about health technologies and may measure the direct or indirect consequences of a given technology or treatment *(22)*.

Health workforce registry refers to a national registry with individual data on the health workforce. It is meant to provide a count of and information on all health personnel that either have worked or are currently working at national or sub-national levels, including private sector *(56)*.

Incentives refer to rewards reinforcing positive performance and removing barriers that perversely effect desired performance to inspire and motivate health professionals, organizations and patients to work towards defined objectives *(26, 57)*.

Incident reporting refers to a quality of care mechanisms for reporting undesirable clinical outcomes resulting from some aspect of diagnosis or treatment, and not an underlying disease. It may also be referred to as Critical Incident Report/adverse event reporting *(58)*.

Integrated health and social care plans are a dynamic document based on an assessment which outlines the types and frequency of care services that a client receives. It may include strategies, interventions, continued evaluation and actions intended to help a person to achieve or maintain goals *(22)*. Integrated health and social care plans facilitate coordination of care across the system's different functions, activities and operating units. It encompasses horizontal and vertical integration including discharge management and rehabilitation arrangements, a transfer letter to primary/community care services/rehabilitation, etc. *(59, 60)*.

Legally recognized groups refer to organizations/associations that are formalized as a registered agent according to the country's bylaws of incorporated business or non-profit entities.

Licensure defines the process by which a governmental authority grants permission, usually following inspection against minimal statutory standards, to an individual practitioner or healthcare organization to operate or to engage in an occupation or profession. Licensure to individuals is usually granted after some form of examination or proof of education and maybe renewed periodically. Licensure to organizations is granted following an on-site inspection to determine if minimum health and safety standards have been met *(23, 27, 28)*. *See also* **accreditation** and **certification**.

Maintenance programmes in the scope of medical equipment, can be implemented in a number of ways including establishing service contracts with device manufacturers, independent service organizations, carrying out maintenance activities by employees of the facility, service contractors or other external service providers. A comprehensive maintenance programme includes identifying an

inventory, choosing a methodology and allocating financial, physical and human resources to the programme *(61)*.

Managing facilities is defined as the process of planning and budgeting, aligning resources, overseeing implementation and monitoring of results to maintain a degree of consistency and order in the delivery of services and act upon observed deviations from plans, problem-solving and troubleshooting as needed *(26, 55, 62, 63)*.

Medical device is an article, instrument, apparatus or machine that is used in the prevention, diagnosis or treatment of illness or disease, or for detecting, measuring, restoring, correcting or modifying the structure or function of the body for some health purpose. Typically, the purpose of a medical device is not achieved by pharmacological, immunological or metabolic means *(61)*.

Medical equipment is a medical device requiring calibration, maintenance, repair, user training, and decommissioning – activities usually managed by clinical engineers. Medical equipment is used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury; it can be used either alone or in combination with any accessory, consumable, or other piece of medical equipment. Medical equipment excludes implantable, disposable or single-use medical devices *(61)*.

mHealth (mobile health) is defined as the use of mobile technologies to support health information and medical practices, often incorporated into services such as health call centres or emergency number services *(26, 47)*.

Model of care is defined as an evolving conception of how services should be delivered. The evolution of the model of care implies changes to services delivery processes in response, including in the design of care, organization of providers, management of services and continuous performance improvement *(25, 26)*.

Multidisciplinary teams (multi-profile team) in primary care consist of various primary care professionals working together to provide a broad range of services in a coordinated approach. Multidisciplinary teams may include generalist medical practitioners, nurses, feldschers, specialist nurses, managers, support staff, family medicine and other primary care specialists *(64)*.

Municipal level refers to a local administrative subdivision of the government that administers a city.

National cancer screening programme refers to a government-endorsed programme whereby cancer screenings are offered. NGO-let programmes or national recommendations for screening at the patient's cost, do not qualify as a national screening programme *(65)*.

Out-of-hours primary care (OOHs primary care) refers to the organization and provision of primary care services outside the regular office hours of primary care facilities on weekdays (e.g. 5 pm to 8 am or 6 pm to 9 am) and all day on weekends and holidays for urgent/acute conditions that can be safely managed in primary care. *See also* **urgent/acute conditions**.

Out-of-pocket payments (OOP) are payments for goods or services that include: i) direct payments: payments for goods or services that are not covered by any form of insurance; ii) cost sharing: a provision of health insurance or third-party payment

that requires the individual who is covered to pay part of the cost of health care received; and iii) informal payments as unofficial payments for goods and services that should be fully funded from pooled revenue *(23)*.

Outpatient consultations/visits include consultations/visits at the physician's office, consultations/visits in the patient's home, consultations/visits in outpatient departments in hospital, but excludes telephone contacts, visits for prescribed laboratory tests, visits to perform prescribed and scheduled treatment procedures e.g. injections, physiotherapy, etc. visits to dentists, visits to nurses *(4)*.

Patient complaint system is a formal, systematic and transparent process for receiving, investigating and resolving patients' expressions of grievances or disputes with the care they received.

Patient groups include associations and organizations that provide organised insight and represent patient experiences as potential, current and past recipients of health services on general health topics or disease-specific areas *(43)*.

Patient list refers to a list of records for each individual registered/assigned to or regularly seen by a provider. The list includes identification information, patient characteristics and may include information on current medical problems and on-going treatments. The list may exist in paper or electronic form.

Patient registries collect information over time on patients who are diagnosed with a particular disease or who receive particular treatments.

Peer review meetings (teams, committees, circles) are small groups of health professionals based on voluntary participation and concerned with activities aimed at continuously improving the quality of patient care.

Peer support groups (peer-to-peer support) are patient-driven groups on specific topics that encourage individuals to be in direct control of managing their conditions through group work and mutual support allowing them to draw on each other's experiences.

Periodic health audits and feedback refers to any summary of clinical performance of health care over a specified period of time aimed at providing information to health professionals to allow them to assess and adjust their performance.

Population group-specific reimbursement scheme selects specific population groups (e.g. children, elderly, pensioners) for higher reimbursement rates or free medicines *(42)*.

Population stratification (based on needs and risks), refers to the assessment of health needs for a given population, segmenting for epidemiological, demographic or geographic variables, for the planning and targeting of services to manage needs and proactively address known risk factors *(26, 66)*.

Positive list/reimbursement list refers to the list of medicines that may be prescribed at the expense of the third-party payer.

Post-natal care check is understood as visits for the care of the mother (not the infant). It includes visits by a primary care health professional either at home or in a facility.

Postgraduate education programme is part of tertiary education and corresponds to ISCED level 7. It typically varies from 1 to 4 years when following an undergraduate/bachelor's programme (ISCED level 6), or from 5 to 7 years when directly following secondary education, ISCED level 3 *(67)*.

Primary care describes a type of care and setting for health services delivery that supports first-contact, accessible, continued, comprehensive and coordinated care to individuals and communities *(21, 25, 26)*. *See also* **primary health care**.

Primary care performance assessment includes publications (on paper or online) that systematically report on the performance of primary care in general, or important parts of the primary care system. These performance assessments may be used for monitoring, target setting and/or accountability. The focus of assessments is rather broad than detailed. Assessments do not include studies that evaluate specific interventions or programmes or studies that were solely done for academic purposes. A primary care assessment may also be part of an assessment of the health system in general. In replying to this question, please consider not only specific assessments dedicated to primary care, but also exercises that are part of larger reports or reports on specific forms of care (e.g. general practitioners, paediatricians, dentists, etc.). *See also* **assessment**.

Primary health care refers to the approach elaborated in the 1978 Declaration of Alma-Ata based on the principles of equity, participation, intersectoral action, appropriate technology and a central role played by the health system for the delivery of services that are made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination *(21, 25, 26)*. *See also* **primary care**.

Primary health care expenditure is defined to include: all expenditures for providers who only provide primary health care services; expenditures for primary health care preventive services provided by additional providers; a proportion of overall capital costs; and, a proportion of administrative expenditures. The classification of primary health care expenditure applied is according to WHO's Global Health Expenditure Database.

Product specific reimbursement schemes determine eligibility based on the medicine in question; a medicine is either considered as reimbursable or as non-reimbursable *(42)*.

Provider payment : bundled payments combine otherwise separate payments to providers into a single fee covering the care required for a person or defined population with multimorbidity for a predefined period. Payments can be bundled across providers and services and the price for the bundle can be set or negotiated *(68)*.

Provider payment : capitation refers to a payment in which all providers in the payment system are paid, in advance, a predetermined fixed rate to provide a defined set of services for each individual enrolled with the provider for a fixed period *(69)*.

Provider payment: fee-for-service refers to the payment of providers for each individual service delivered. Fees are fixed in advance for each service or group of services *(69)*.

Provider payment: global budget refers to the allocation of a payment fixed

to a health care provider to cover the aggregate costs over a specific period to provide a set of services that have been broadly agreed on. A global budget may be based on inputs or outputs, or a combination of the two. Typically, providers have flexibility to make decisions about how to allocate funds across expenditure categories *(69)*.

Provider payment–pay-for performance refers to a mechanism where the payment to providers is modified upwards or downwards based on the degree of target achievement reached *(69)*.

Public health services refer to health services targeted at the population as a whole, These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious diseases control, environmental protection and sanitation, disaster preparedness and response, and occupational health *(23)*.

Purchaser of health care refers to financing agents as defined in the System of Health Account, i.e. the 'final payer'. Depending on the country and type of service, purchasers either pay the provider directly or reimburse the patient after he/she receives care *(41)*.

Quality improvement teams/committees refers to a group of individuals within a practice charged with carrying out improvement efforts. The team may report to management. Teams should meet regularly to review performance data, identify areas in need of improvement and carry out and monitor improvement efforts *(58)*.

Quality of care systems refers to health system improvements sought for care that is effective, efficient, accessible, acceptable/patient-centered, equitable and safe *(26, 70)*.

Rapid tuberculosis diagnosis using WHO recommended rapid test refers to the Xpert MTB/RIF assay is the test endorsed by WHO to be used in countries most affected by tuberculosis. The test provides an accurate diagnosis for many patients in about 100 minutes, compared to previous tests which were required up to three months to receive results.

Recurrent expenditures are costs that refer to inputs which last less than one year and are regularly purchased for continuing an activity, such as salaries, drugs and supplies, repair maintenance, and others *(23)*. *See also* **capital expenditure**.

Referral form is a standardized form throughout the network of service providers that ensures that the same essential information is provided whenever a referral is initiated. It is normally designed to facilitate communication in both directions – the initiating facility completes the outward referral, referral letter, and at the end of care, the receiving facility completes the back referral to the original facility, reply letter *(71)*.

Referral guidelines intend to map out the linkages across the different levels of the health system to ensure that health needs are addressed irrespective of the health system level at which care was first sought. It facilitates forward and backwards management of cases across different levels of care.

Referral letter is part of the referral form and can be a standalone document or included on one form with the reply letter. It is filled out by the initiating facility with information on the patient, the reason for referral and any clinical findings. It

is used by the receiving facility to begin a thorough assessment of the patient and begin the management of the case *(71)*.

Regional/oblast level type of first level sub-national administrative division that may include several districts (second level administrative divisions).

Reimbursement list *see* **positive list**.

Reply letter is part of the referral form and can be a standalone document or included on one form with the referral letter. It is filled out by the treating facility and contains information on special investigations, findings, diagnosis and treatment *(71)*.

Rural-urban classification defines or delimits both urban and rural areas, or urban areas first and the latter by default. The classification may be defined on the basis of population in physical spaces with or without access to key services. In many countries, the criterion is population size or density, which are standard determinants of rurality. Rural areas are those with a low population density, i.e. a low number of inhabitants on a given area of land. Local administrative units may contain combinations of urban and rural populations. Several criteria may be combined (cities, municipalities, metropolitan areas) to define urban areas and define rural areas by exclusion *(4)*.

Scenario planning defines a process of strategic planning that allows managers to explore various combinations of interventions to better understand what levels of intervention coverage and resources might be needed to achieve the desired results.

Screening is the presumptive identification of unrecognized disease in an apparently healthy, asymptomatic population by means of tests, examinations or other procedures that can be applied rapidly and easily to the target population *(72)*.

Self-management is defined as the knowledge, skills and confidence to manage one's own health, to care for a specific condition or to recover from an episode of ill-health *(5, 26)*.

Settings of care describe the varied types of arrangements for services delivery, organised further into different facilities, institutions and organizations that provide care. Settings include ambulatory, community, home, in-patient and residential services, whereas facilities refer to infrastructure, such as clinics, health centres, district hospitals, dispensaries, or other entities, for examples, mobile clinics and pharmacies *(26, 55)*.

Shared decision-making is defined as an interactive process in which patients, their families and carers, in collaboration with their health provider(s), choose the next action(s) in their care path following an informed analysis of possible options, their values and preferences *(5, 26)*.

Stakeholders (health) refers to an individual, group or an organization that has an interest in the organization and delivery of health care *(23)*.

Strategy (health) refers to a series of time-bound broad lines of action intended to achieve a set of goals and targets set out within a policy programme *(23, 73)*.

Telephone triage lines refer to phone numbers for which patient can make initial contact with medical professionals when seeking care for acute conditions (in some

countries one telephone line accepts calls for both urgent and emergent care). Triage is the process of determining the level of urgency and type of health care required in requests for help. A triage line is expected to direct a patient to the appropriate type of health care depending on the level of urgency and ensuring patient safety. Triage may be supported by computerized decision support systems. *See also* **out-of-hours primary care**.

Total risk approach identifies individuals for prevention, treatment and referral based on a combined risk evaluation that includes age, sex, blood pressure, smoking status, total blood cholesterol and presence or absence of diabetes mellitus. This approach is considered more effective and less costly than informing treatment decisions based on a single factor, such as high arterial blood pressure or high serum cholesterol *(35)*.

Undergraduate/bachelor's programme is part of tertiary education and corresponds to International Standard Classification of Education (ISCED) level 6 program. It typically varies from 3 to 4 or more years when directly following upper secondary education (ISCED level 3) or 1 to 2 years when following another ISCED level 6 programme *(67)*.

Urgent/acute conditions are those conditions that are severe – though not life-threatening – and sudden in onset and require immediate medical attention, for example, minor injuries and acute exacerbations of noncommunicable diseases that can be managed in primary care, for example, by performing interventions to stabilize the blood pressure or blood sugar of patients. *See also* **out-of-hours primary care**.

Vocational training refers to a short-cycle tertiary education programme corresponding to ISCED level 5. It may be referred to in many ways, for example: (higher) technical education, community college education, technician or advanced/higher vocational training, associate degree, or bac+2. It is designed for learners to acquire the knowledge, skills and competencies specific to a particular occupation or class of occupations. Successful completion of such programmes leads to labour market-relevant, vocational qualifications acknowledged as occupationally-oriented by the relevant national authorities and/or the labour market *(67)*.

WHO/ISH cardiovascular risk prediction charts indicate 10-year risk of a fatal or non-fatal major cardiovascular event taking into consideration age, sex, blood pressure, smoking status, total blood cholesterol and presence or absence of diabetes mellitus. There are specific charts for 14 WHO epidemiological subregions. A separate set of charts are available for settings where blood cholesterol cannot be measured. These can be further calibrated at country-level *(74)*.

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The WHO Regional Office for Europe

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