

WHO European Centre for Primary Health Care: annual report of activities 2018



Forty Years of Primary
Health Care in the
WHO European Region

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WHO European Centre for Primary Health Care
Health Services Delivery Programme
Division of Health Systems and Public Health



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Abstract

The year 2018 was an exciting period for the WHO European Centre for Primary Health Care. From new technical collaborations on topics including antimicrobial resistance, after-hours care and men's health, to supporting more than 20 countries across the Region to assess primary health care, measure performance and develop health services delivery policies, the year was rich with technical explorations and policy advice to advance integrated health services delivery, people-centred systems and universal health coverage. The Centre brought together country representatives, renowned experts and civil society to share their expertise and firsthand insights in transforming health services delivery through numerous workshops, events and consultations. Importantly, in 2018 we also celebrated the 40th anniversary of the Declaration of Alma-Ata. In commemoration of this landmark event, the Centre supported yearlong technical preparations to publish a special issue of Public Health Panorama, host a regional scientific conference on primary health care, disseminate key messages through various media channels across the Region and, ultimately, convene the Global Conference on Primary Health Care in Astana, Kazakhstan. Now in its third year at its premises in Almaty, the WHO European Centre for Primary Health Care has consolidated a diverse network of local partners. This annual report highlights the activities of the Centre in 2018 across its core areas of work—analysing, advising, and sharing. The report also highlights events related to the 40th anniversary of primary health care and the Centre's plans for 2019.

Keywords

HEALTH SERVICES
DELIVERY OF HEALTH CARE, INTEGRATED
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Abbreviations

AMR	antimicrobial resistance
BELMED	preventing noncommunicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus 2016–2019
COPD	chronic obstructive pulmonary disease
NCDs	noncommunicable diseases
PHC-IMPACT	Primary Health Care Impact, Performance and Capacity Tool

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Acknowledgments

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Input was provided by the Centre's technical and administrative staff members, namely: Erica Barbazza, Juan Tello, Arnoldas Jurgutis, Laurentino Marti, Anne Johansen and Rakhat Baibolotova. Camilla Peterson edited the text and Jakob Heichelmann designed the publication. 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. The work of the Centre has also benefited from the financial support of the Government of Germany and Government of Japan.

The team

The WHO European Centre for Primary Health Care has a multidisciplinary core team of professional and administrative staff based in Almaty, Kazakhstan. As an extension of the Division of Health Systems and Public Health, the Centre works closely with staff based at the Regional Office in Copenhagen, Denmark, and fellow WHO colleagues across technical units, centres of excellence and country offices. The Centre also engages an extensive network of consultants and contractors, hosts interns and supervises student placements. In 2018, the team of professionals at the Centre included the following (alphabetical order by profile).

Senior management

Juan Tello, Head of Office

Hans Kluge, Director^a

Technical staff and consultants

Erica Barbazza, Technical Officer

Ellie Bahirai, Consultant*

Anne Johansen, Senior Adviser

Arnoldas Jurgutis, Consultant*

Laurentino Marti, Technical Officer

Ioana Kruse, Consultant*

Pavlos Theodorakis, Senior Adviser^b

Aizhan Meirambayeva, Consultant*

Evgeny Zheleznyakov, Technical Officer^b

Zhamin Yelgezekova, Contractor*

Communications

Sampreethi Aipanjiguly, Communications Officer^a

Assel Jabassova, Communications Consultant

Administration

Susan Ahrenst, Administrative Officer^a

Renata Brunner, Secretary^a

Rakhat Baibolotova, Finance Assistant

Connie Petersen, Programme Assistant*

Bakir Beleshev, Logistician

* Consultant or contractor assignments completed at the Centre in Almaty.

^a Based in Copenhagen.

^b Undertook temporary secondments over the course of 2018.

Collaborators

The work of the WHO European Centre for Primary Health Care is possible with the support of representatives from ministries of health across the Region, as well as a consolidated network of partners lending their expertise, experience and time. In 2018, the activities of this report have benefited from collaborations with the following offices of WHO, development partners, universities and think tanks, associations, and partnerships in Kazakhstan.

WHO

WHO headquarters
 WHO Regional Office for Europe
 WHO Offices in Countries
 WHO European Office for the Prevention and Control of NCDs
 WHO Barcelona Office on Health Systems Strengthening
 Alliance for Health Policy and Systems Research
 European Observatory on Health Systems and Policies

Development partners

Asian Development Bank
 European Commission
 Organisation for Economic Co-operation and Development
 United Nations Children's Fund
 United Nations Economic and Social Commission for Asia and the Pacific
 United States Agency for International Development
 World Bank Group

Universities and think tanks

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
 Imperial College London
 Netherlands Institute for Health Services Research
 WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht University
 WHO Collaborating Centre for Primary Healthcare Systems, University of Amsterdam

Associations and special interest groups

AGE Platform Europe
 American Chamber of Commerce in Kazakhstan
 Care Research Network
 European Association of Hospital Managers
 European Forum for Primary Care
 European Forum of Medical Associations
 European Forum of National Nursing and Midwifery Associations
 European Health Management Association
 European Patients' Forum
 European Public Health Association

International Council of Nurses
 International Foundation for Integrated Care
 International Hospital Federation
 South-eastern European Health Network
 World Organization of Family Doctors Europe

Partnerships in Kazakhstan

Ministry of Health of Kazakhstan
 Republican Centre for Healthcare Development
 Republican e-Health Centre
 City of Almaty
 Al-Farabi Kazakh National University
 Department of Health of Almaty
 Kazakh Medical Student Association
 Kazakh National Medical University
 Kazakh School of Public Health
 Kazakhstan Association of Family Physicians
 National Association for Primary Health Care

Preface

In this annual report of the WHO European Centre for Primary Health Care we recount another historic moment for primary health care. In 2018, exactly 40 years on from the Declaration of Alma-Ata, the global health community convened in Kazakhstan once again. The year shone a spotlight on the tremendous advancements over the past four decades—from the accumulation of research and policy know-how to the technological progress that has transformed services delivery—while highlighting the work still to be done to achieve the original aspirations of health for all.

In this report we present key activities and achievements of the WHO European Centre for Primary Health Care over the course of 2018. Our dedicated team of staff and wide network of partners tackled topics spanning the integration of the health and social sector, performance measurement of health services delivery and the governance of quality of care, among others. We worked to provide direct technical assistance in more than 20 Member States, conducting primary health care assessments, supporting performance measurement, delivering training courses, and providing input on the development of policies and implementation of pilots. We also contributed to a record number of publications and international events and, importantly, these were predominantly in both English and Russian.

Looking back on 2018, we also note the impressive collaborations with national stakeholders in Kazakhstan that were integral to the success of the activities described. This includes close collaboration with the Kazakh National Medical University that hosts the Centre at its premises in Almaty, which brought new joint initiatives and further strengthened the local presence of the Centre.

The work described in this report has been made possible thanks to the leadership of Kazakhstan and its enduring commitment to primary health care. The vision put forward in the Astana Declaration illustrates this commitment that has inspired policy momentum worldwide. The work described has also benefited from the support of the Government of Germany and Government of Japan prioritizing health system strengthening for long-term term care and universal health coverage.

In 2019, our attention turns to implementation. As WHO embarks on a new global programme of work, health systems based on primary health care are at the forefront of policy priorities to achieve global targets and accelerate progress toward universal health coverage. As the Centre enters its fourth year, we are committed to continuing our joint efforts at the crossroads of analysing new evidence, supporting countries, and creating opportunities to share, learn and connect.

Juan Tello

On behalf of the WHO European Centre for Primary Health Care
Division of Health Systems and Public Health
WHO Regional Office for Europe



Highlights from 2018

We analysed

We worked to synthesize country experiences on integrated health services delivery, tailor international performance measures to the European context, catalogue mechanisms for governing quality, highlight opportunities to accelerate primary health care and apply concepts to priority areas such as men's health and NCDs.

We explored three avenues of integrated health services delivery: the integration of health and social sectors through country cases, the role of hospitals for person- and community-centred services in a global position paper, and the integration of public health services and primary care as a policy accelerator for primary health care.

We advanced measuring the performance of health services delivery with the development of the Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT) for monitoring in the WHO European Region, including modules on policy priorities like out-of-hours primary care. We also reported on findings following a health services delivery data scan in the Region and developed platforms for storing and analysing data.

We reviewed the governance of quality of care and quality of care mechanisms, cataloguing and mapping these in a framework from the perspective of health system stewards, supporting stewards to scan the use of mechanisms in their system, identify gaps and explore options for prioritizing action.

We prioritized strengthening primary health care by exploring universal health coverage concepts from a services delivery perspective, reviewing and cataloguing primary health care policy accelerators, developing a rapid assessment tool from a population health perspective, and unpacking the critical role of primary health care in tackling antimicrobial resistance.

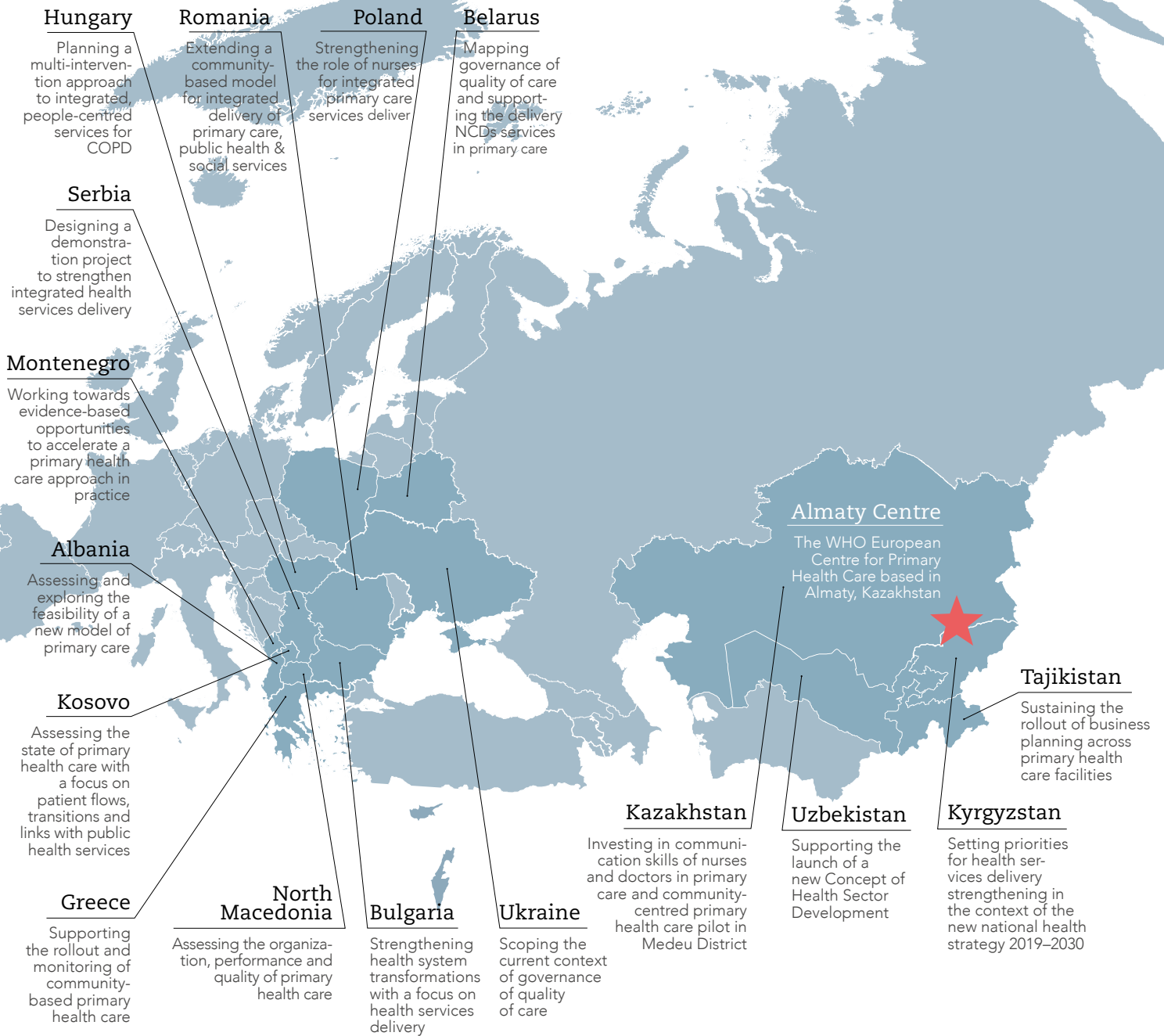
We applied a health services delivery perspective to investigate the crossroads of services delivery and men's health and well-being and noncommunicable diseases (NCDs), as well as the intersection of health services delivery and the health workforce—looking to the role of professional stakeholders in advancing team-based primary care.

We advised

We worked closely with more than 20 Member States, conducting assessments, strengthening performance measurement, delivering training courses, and supporting policy development and implementation of health services delivery and primary care reforms.

We conducted rapid primary health care assessments to explore the feasibility of new primary health care models in Albania and assess the current state of primary health care in Kosovo, helping to inform priority setting and policy development.

We delivered quality of care technical assistance in a number of countries including Belarus, Kyrgyzstan, North Macedonia and Ukraine, where efforts centred on mapping the current quality of care and supporting priority setting. In others, like



Tajikistan, we focused on supporting the rollout of quality improvement initiatives in primary care.

We supported performance measurement in countries to identify opportunities to accelerate primary health care strengthening, for example conducting a comprehensive assessment of primary health care in Albania and exploring the performance of primary health care from the perspective of practitioners in Montenegro.

We leveraged trainings and twinnings for capacity building in Belarus to advance professional competencies in primary care to respond to NCDs; in Hungary to develop a pilot

for the delivery of integrated, people-centred services for chronic obstructive pulmonary disease (COPD); and in Kazakhstan to support primary care nurses and doctors to explore and apply communication skills.

We supported integrated health services delivery policies and pilots in countries including Greece, Kazakhstan, Romania and Serbia where efforts are underway to plan and implement pilot projects and demonstration sites, and in Poland and Uzbekistan where policy dialogues explored opportunities to invest in the primary care workforce and transform the model of care.

We shared

We published and contributed to nearly 40 publications including reports, chapters and peer-reviewed articles; hosted five international events bringing more than 300 international visitors to our Centre in Almaty; and attended more than 30 international conferences and workshops to deliver keynote speeches and lectures and facilitate seminars and panel discussions.

We organized joint technical events in coordination with technical units of the WHO Regional Office for Europe and a wide network of partners, bringing together country representatives, experts and civil society for consultations on topics including men's health, antimicrobial resistance and integrated delivery of long-term care.

We attended regional events, including the high-level Health Systems Respond to NCDs meeting in Sitges, Spain, the 10th anniversary of the Tallinn Charter in Tallinn, Estonia, and the WHO European Health Cities Summit of Mayors in Kazakhstan. We shared our health services delivery expertise in these events through contributing to background documents, facilitating sessions and speaking on panels.

We participated in international conferences, workshops and consultations throughout 2018, including international conferences of professional associations on health management and primary care as well as global, European and subregional workshops and consultations on topics including patient safety and quality of care, sexual and reproductive health and primary health care.

We disseminated publications, newsletters and multimedia in English and Russian, including the release of full-length country reports, working documents, chapters and scientific articles; publication of the Centre's biannual newsletter; and the development of multimedia products such as informative videos on primary health care and long-term care services as well as photo stories of services delivery in practice.

We delivered training and capacity building through lectures, seminar schools, workshops and other courses. We promoted more effective communication on primary health care through media training as well as in services delivery through training health professionals. We also hosted students at the Centre and sponsored Member States to attend trainings courses.

We celebrated

On the 40th anniversary year of the Declaration of Alma-Ata, we celebrated primary health care at regional events and contributed to the yearlong development of the Global Conference on Primary Health Care, including contributing to background document and hosting media trainings, and partnering with Public Health Panorama in a dedicated special issue of the journal on primary health care.

We coordinated Regional events commemorating the official anniversary of the Declaration of Alma-Ata, including joining celebrations on its official birthday on 12 September and organizing a scientific conference bringing together more than 200 participants from the European Region as a pre-conference event bridging between policy and practice.

We contributed to the Global Conference on Primary Health Care on 25–26 October that convened country delegates in Astana, Kazakhstan. Participants renewed commitments to primary health care, which were marked by the adoption of the Astana Declaration.

We partnered in the development of a *Public Health Panorama* special issue on primary health care in December 2018 after year long preparations including a well-responded to public call for articles, extensive peer-reviews and collaborative editorial process resulting in the synthesis of 10 key policy accelerating opportunities for transforming primary health care.

Introduction

About the WHO European Centre for Primary Health Care

Who we are

A hub of technical excellence on health services delivery and primary health care

The WHO European Centre for Primary Health Care was established in 2013 with the support of the Government of Kazakhstan. Since 2016, the Centre has operated in Almaty—the city where the Declaration of Alma-Ata was signed in 1978, marking it the birthplace of primary health care.

The Centre is one of five geographically dispersed technical offices of the main WHO Regional Office for Europe in Copenhagen. The five offices work as hubs of technical expertise and implementation support for the Region's 53 Member States. In 2018, these centres of excellence comprised: Almaty, Kazakhstan, for primary health care and health services delivery; Barcelona, Spain, for health systems strengthening; Bonn, Germany, for environment and health; Moscow, Russian Federation, for the prevention and control of NCDs; and Venice, Italy, for health and development.

The WHO European Centre for Primary Health Care works as an extension of the Division of Health Systems and Public Health, serving as a hub of technical expertise on transforming health services delivery toward people-centred health systems across the Region. Our work bridges other technical programmes of the WHO Regional Office for Europe and its country offices, bringing rich technical insights to the unique systems, context and history of the Region.

What we do

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

In spite of progress made across the Region to uphold the principles of a primary health care approach, in 2018 Member States were confronted with the work still to be done to achieve the 2030 Sustainable Development Goals. Challenges include increasing inequities and gender differences for NCD outcomes, the substantial burden of mental illness, rapid population ageing and the global threat of antimicrobial resistance. The Region also faces persisting quality deficiencies, increasing vulnerable groups and impoverishing out-of-pocket health payments.

Health services delivery has the unique challenge to continually decode and adapt to changing health needs. The Centre aims to support countries with the technical expertise and policy advice to transform health services delivery. The work of the Centre is guided by the approach of the WHO European Framework for Action on Integrated Health Services Delivery—the European health policy devised to transform services delivery for population health needs, align health system structures and enable sustained changes. European Member States endorsed the Framework at the 66th session of the Regional Committee in 2016, continuing their enduring commitment to health systems strengthening affirmed by the adoption of the Tallinn Charter (2008) Health 2020 (2012), and priorities for strengthening people-centred health systems (2015).

How we do it

The Centre provides valuable technical analysis and country-specific advice, while sharing knowledge through efforts to disseminate results, connect countries and partners, and hold training courses and events. As such, its activities flow through the core work streams—analysing, advising, and sharing.

We analyse

Countries, their health systems and services delivery research is continuously changing and innovating, and we want to capture the evidence that is behind this movement. We gather the best available evidence by consolidating and reviewing key literature, engaging experts and a wide network of partners, and exploring best practices across countries to synthesize high-impact best buys and accelerate policy opportunities for transforming services delivery. The Centre's work translates this know-how into policy-relevant frameworks, toolkits and approaches, among other resources that bridge best-available research and evidence with practice.

We advise

We provide technical support to the WHO European Region's 53 countries at all stages of transforming health services delivery. Our policy advice includes generating evidence for priority setting and decision-making, applying frameworks to map and describe the current context of services delivery, assessing performance, supporting training and providing advice for the development of integrated health services delivery policies and their implementation.

We share

We create opportunities for countries to learn from one another through events including technical workshops, scientific conferences and policy consultations, as well as through alliances bringing together international stakeholders. We work in close collaboration with other technical programmes and country offices of the WHO Regional Office for Europe. We engage with policy-makers, professional organizations and practitioners. We also partner with universities, academies, think tanks, professional associations, private funds, international organizations and non-state actors, among others.





We analyse

Avenues of integrated health services delivery

Advancing the integration of the health and social sectors

Population ageing is more advanced in Europe than anywhere else in the world. In 2017, one in five people were aged 60 or over and, in 2050, older adults are expected to account for 35% of the population in Europe, ahead of North America (28%) and Latin America (25%).¹ The scale and pace of current population ageing in Europe, paralleled by the changing burden of disease, has called urgent attention to the status of current models of care and their capacity to respond to these demands.

In 2016, the WHO European Centre for Primary Health Care launched a stream of work to investigate the integration of the health and social sector through a series of country studies. Applying the approach of the WHO European Framework for Action on Integrated Health Services Delivery, this work set out to capture the particularities of long-term care services through a health services delivery lens. This work set out to explore the different practices of countries to identify needs, define entitlements, select a range of health and social services, design care pathways and organize services delivery. Gender equality was also prioritized as a crosscutting theme underpinning country studies.

To date, six country studies have been developed: Croatia, Denmark, Germany, Portugal, Romania, and Turkey. Each study was developed over three phases: preparatory data collection and literature review, in-country data collection

(expert interviews, focus groups, site visits) and final analysis and country reporting. Going deeper, in 2018 follow-up data collection was also conducted in select countries like Romania. In December, key findings from this work were presented at a first consultation on long-term care in Almaty, Kazakhstan (see section: *We share*).

In 2019, the first set of country studies will be published. The WHO European Centre for Primary Health Care also plans to conduct a horizontal analysis looking across key messages from the six country cases. This work has been developed in collaboration with the European Centre for Social Welfare Policy and Research as well as with technical units on healthy ageing and gender of the WHO Regional Office for Europe. This work has also benefited from financial support of the Government of Germany.

Rethinking the role of hospitals: a vision for people-centred hospitals towards universal health coverage

People-centred hospitals have the potential to ensure systems better meet the needs of all their users, including the underserved, the elderly and the chronically ill. They cater not only to patient outcomes and experiences, but also look beyond their walls to improve population health by working with teams at lower levels of care and local communities to create a culture of health.

This is the vision put forward by the WHO inter-regional taskforce on hospitals: a group established by WHO headquarters in 2016 to work toward a fresh view on the position of hospitals in health systems. The WHO European Centre for Primary Health Care, as a core member of this group, has

¹ World Population Ageing: 2017 Highlights. United Nations, Department of Economic and Social Affairs, Population Division; 2017 (http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf).

participated in its meetings over the course of 2017, including hosting the group in June 2017 in Almaty, Kazakhstan. The taskforce has continued to advance a position paper on transforming the role of hospitals. Its work was also described in a 2018 article in *Public Health Panorama*,² and was among the background documents of the Global Conference on *Primary Health Care*.³ Taskforce members also participate regularly in key events, including a consultation on hospital planning and management in Asian countries in May 2018 in Manila, Philippines.

Integrating public health services and primary health care

Public health works best when anchored in the health system, giving it a clear foundation to extend across the system and to other sectors. Primary health care has been highlighted as an obvious ally in achieving this; as an anchor for public health services, it optimizes both perspectives and allows them to continually learn from each other.⁴ This integration is particularly powerful for individual health promotion and prevention services, early detection of health conditions, and condition management such as for hypertension, tuberculosis and mental health, among others.

Realizing a population health management approach via integrated public health and primary health care has been a key area of focus in 2018. It was among the 10 policy accelerators highlighted in the special issue of *Public Health Panorama* on primary health care and a core topic at the Global Conference on Primary Health Care;⁵ both of which the WHO European Centre for Primary Health Care contributed to from a services delivery perspective. On 30–31 August in Copenhagen, Denmark, the Centre also participated in a workshop on the integration of public health services and primary health care. This work will be taken forward in the scope of the primary health care accelerators in 2019. The Government of Kazakhstan continues to support this technical area of work through a secondment

to the Public Health Services Programme at the WHO Regional Office for Europe.

Performance of health services delivery

Developing a new tool for monitoring primary health care

Monitoring primary health care is a challenge. In Europe, multiple factors continue to limit primary health care performance intelligence for decision-making. These include 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 renewed focus on primary health care, 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.

During 2018, the Framework and an initial set of indicators were further developed. This included additional topic-specific reviews, development of indicator passports and a glossary of terms, and translation of materials into Russian. In 2018, the indicators underwent a first pilot application in Kazakhstan (Box 1).

The tool, coined the Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT), has since been adapted to and applied in Albania, Montenegro and North Macedonia. In 2019, the process of developing the framework and review of indicators will be documented and country

² Interview with the WHO inter-regional taskforce on hospitals. *Public Health Panorama*; 2018, 4(4): 526–530.

³ The transformative role of hospitals in the future of primary health care. Geneva: World Health Organization; 2018 (https://www.who.int/docs/default-source/primary-health-care-conference/hospitals.pdf?sfvrsn=5d7e8137_2).

⁴ Barbazza et al. Ten evidence-based policy accelerators for transforming primary health care in the WHO European Region. *Public Health Panorama*; 2018, 4(4): 507–514.

⁵ Primary health care: closing the gap between public health and primary care through integration. Geneva: World Health Organization; 2018 (https://www.who.int/docs/default-source/primary-health-care-conference/public-health.pdf?sfvrsn=2ca0881d_2).

Box 1 Piloting a new tool for primary health care monitoring in Kazakhstan

In 2018, following a nearly two-year development process, Kazakhstan became the first country to pilot PHC-IMPACT. Application of this tool aimed to validate its indicators in the context of a Russian-speaking country and a health system characteristic of central Asia and Caucasus countries, while developing a 360° snapshot of primary health care in Kazakhstan.

Working closely with the Ministry of Health and Republican Centre for Healthcare and Development, the pilot was designed for gradual rollout. Stages included an initial kick-off meeting in December 2017 with partners to familiarize the tool. A further one-day preparatory meeting was held in early 2018 to identify available national data sources, relevant centres and departments, and key informants. A team from the WHO European Centre for Primary Health

Care conducted two data collection missions in Astana. For quantitative data, the team worked closely with the Republican e-Health Centre of the Ministry of Health. For qualitative data, a wide range of actors were engaged, including from the Social Health Insurance Fund; ministerial committees on public health, family and human resources; and polyclinics from representative regions of the country.

Through final expert consensus workshops, estimate ranges were agreed upon where an alternative data source was not available. Findings of the full tool underwent a first analysis in 2018 and will be summarized in a first country report of PHC-IMPACT in 2019. This pilot exercise proved critical for the further development and refinement of PHC-IMPACT, including the translation of terms and concepts into Russian-language.

reports on initial applications are foreseen. Wider application of the tool will be supported based on requests from countries. Topic-specific modules are also planned, such as a module on out-of-hours services in primary care. This work has been developed in close collaboration with the WHO European Office for the Prevention and Control of NCDs and WHO Collaborating Centre for Primary Healthcare Systems at the University of Amsterdam.

Focusing on topic-specific modules: developing survey on out-of-hours services in primary care

Use of emergency departments for non-urgent conditions arising outside regular primary care office hours is a major threat to the quality and overall efficiency of health systems. Ensuring primary care services are a viable option for patients in need of out-of-hours care has been found to improve access and continuity as well as reduce unnecessary visits to emergency departments.

As countries prioritize health system sustainability and efficiency in health spending, increasing attention has been placed on exploring the role of primary care and out-of-hours services. In 2018, building on earlier work of the OECD⁶ and EurOOHnet⁷ research initiatives, the WHO European Centre for Primary Health Care embarked on the development of a tool to capture the status

of various organizational models of out-of-hours primary care services within and across countries. The Centre worked to adapt existing instruments to the context of the European Region as well as to align with the approach of PHC-IMPACT and its focus on describing the structures, performance and impact of delivery models.

In late 2018, a working version of the tool was prepared as a survey and piloted in Russian in across Kazakhstan. The tool also underwent a series of expert technical reviews. In 2019, the survey will be further reviewed and advanced in an online format for wider application as a standalone module of PHC-IMPACT for use in central Asian countries to enhance out-of-hours primary care.

In 2018, the WHO European Centre for Primary Health Care also supported country assessments on the readiness of emergency services in partnership with WHO headquarters. Assessments were completed in Kyrgyzstan and Tajikistan.

Scanning health services delivery data in the European Region

As part of the development of PHC-IMPACT, the WHO European Centre for Primary Health Care conducted a study on the availability of health services delivery data in the Region. The process of scanning available data began by surveying

⁶ Berchet C, Nader C. The organization of out-of-hours primary care in OECD countries [Internet]. Paris; 2016. (OECD Health Working Papers #89). Available from: https://www.oecd-ilibrary.org/social-issues-migration-health/the-organisation-of-out-of-hours-primary-care-in-oecd-countries_5jlr3czbqw23-en.

⁷ European research network for out-of-hours primary health care [Internet]. Available from: <http://euroohnet.eu/>.

country-nominated health services delivery focal points at the annual meeting of this network in June 2017. The focal points completed a two-page questionnaire exploring information on the existence of three potential data sources: (i) national databases; (ii) organized groups of professionals and patients; and (iii) available data on patient experience, population health and prescription medicines. An existing study by the OECD served as a basis for this scan and an additional data source of country responses⁸.

The scan confirmed the existence of primary care data in health information systems, health workforce registries and national social or health accounts in almost all responding countries. Information on equipment and infrastructure at the health facility level was less readily available and, for regional monitoring purposes, likely needs to be supplemented by survey data. Data on patient experience was reported in only a few responding countries and often on an ad-hoc basis not linked to other databases. The scan concluded informants to supplement information on performance and capacity of primary care could be identified from existing associations of patients and health professionals, as these were found available across countries. In 2018, the full results of this survey were published in a summary report available in English and Russian (Box 2).

Advancing data collection tools and platforms for analysis

Improving the availability of internationally comparable data on health services delivery requires having the tools to make data collection and analysis possible. In 2018, in partnership with the WHO European Office for the Prevention and Control of NCDs, the Centre undertook initial steps toward developing a data processing system that build links to existing databases and creates a common platform for storing data. This endeavour is in full alignment with existing data available through the Regional Office's platform: Health Information Gateway.

In 2018, the Centre also worked to develop electronic questionnaires to serve as data collection tools for qualitative indicators of PHC-IMPACT. Using special software, the electronic questionnaires allow for multiple informants with different profiles—from policy-makers to health managers and practicing

Box 2 Scanning survey on the availability of national health services delivery across the WHO European Region

This document presents the results of a scanning survey on the availability of data on health services delivery. The survey explored three main sources of data: national databases and existing assessments; existence of professional and patient groups; and topic-specific data sources such as patient experience data.



http://www.euro.who.int/__data/assets/pdf_file/0003/374925/hsd-scan-survey-eng.pdf?ua=1

clinicians—to complete country-specific surveys online through a secure link. The electronic questionnaires also allow for data collection in multiple languages and improve the accuracy of storing and analysing results. These tools were tested in the initial pilot in Kazakhstan and were adapted for use in Montenegro. In 2019, these electronic tools for collecting, storing and analysing data will continue to be advanced for further use.

Governance for quality of care

Reviewing and mapping quality of care mechanisms for a fit-for-use approach to governing quality of care

Quality of care is central to universal health coverage as poor quality independent of access can be a barrier to intended health gains. In 2018, a series of reports including a joint report by WHO, OECD and the World Bank; a special commission of the Lancet on quality and health systems; and a study by the National Academies of Sciences in the United States called attention to the critical link between quality of care and global health.

⁸ Strengthening health information infrastructure for health care quality governance, in OECD Health Policy Studies. Paris: OECD: 2013.

Taken together, these and other recent studies have created a critical mass of evidence and know-how for taking concerted action and tackling deficits in health care quality. Yet, countries of the WHO European Region have signalled practical challenges that stand in the way. At a kickoff workshop on quality of care in April 2017, organized by the WHO European Centre for Primary Health Care, country representatives presented and discussed quality of care mechanisms used in their countries. The meeting concluded the need and relevance for developing an overarching framework to systematize quality of care mechanisms for use in health systems strengthening.

In 2018, the Centre catalogued 141 quality of care mechanisms and evidence on their effectiveness, mapping these in a framework from the perspective of a health system steward. This revealed a services delivery quality of care continuum capturing ways in which the mechanisms cluster. The catalogue and framework applied have the potential to support system stewards to scan mechanisms in their system, identify gaps and prioritize actions. This work will be submitted in 2019 for publication in a peer-reviewed journal and testing the framework in countries is a foreseen next step to continue developing this tool for governance of quality of care.

With a focus on implementation, the WHO European Centre for Primary Health Care has also published a global handbook for national quality policy and strategy and overseen translation of this into Russian (Box 3). English and Russian versions are available online.

In partnership with WHO headquarters, the Centre has also supported work to elevate patient safety on the agenda of ministries of health. Work in countries including Malta, Portugal and the Russian Federation has explored topics including the

development of reporting and learning systems, use of data for improving patient safety, and opportunities to instil a patient safety culture across the health system.

Strengthening primary health care

“Primary health care is a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals”

Declaration of Astana, Global Conference on Primary Health Care, 25–26 October 2018, Astana, Kazakhstan

Universal health coverage

Despite progress made, the 40th anniversary of the Alma-Ata Declaration called attention to the critical link between primary health care and universal health coverage and the work still to be done to reach the 2030 Sustainable Development Goals.

The WHO Regional Office for Europe is fully committed to supporting countries in progressing

Box 3 WHO Handbook for National Quality Policy and Strategy released in Russian

This handbook outlines an approach for the development of national policies and strategies to improve quality of care. It outlines eight essential elements for consideration in the development process.

https://www.who.int/service-delivery-safety/areas/qhc/nqps_handbook/en/



toward the Sustainable Development Goals. In 2018, the WHO European Centre for Primary Health Care worked to support efforts to strengthen primary health care monitoring. The Centre also began developing a factsheet on primary health care services and the Sustainable Development Goals. This factsheet is among the core technical resources developed by the Regional Office developed in a standard template across thematic areas to highlight key facts, commitments to act and ways to monitor progress. The factsheet will be finalized in 2019.

Further to this, in 2018 a multiagency coalition on primary health care in the Region was established as a coordinating mechanism for working toward regional and global targets. It will act as a pan-European enabler to facilitate and promote implementation of Sustainable Development Goal 3. The WHO European Centre for Primary Health Care will act as a resource centre and hub for technical expertise and policy advice to take forward a joint monitoring framework in partnership with UNICEF.

Primary health care policy accelerators

The 40th anniversary of the Declaration of Alma-Ata brought with it renewed political will and a critical mass of evidence and know-how on strengthening primary health care. The result is a critical window of opportunity for getting primary health care right and at pace to meet global health targets.

In response, the WHO European Centre for Primary Health Care set out to facilitate the priority-setting process of health system stewards through shortlisting evidence-based, high-impact policy options for accelerating primary health care strengthening. In 2018, an initial review of policy accelerators was launched. This work was informed by the findings of a special issue of the peer-reviewed journal *Public Health Panorama*⁹ and validated at a scientific conference in Almaty, Kazakhstan, in October. A refined shortlist of primary health care policy accelerators is expected to be put forward during the 69th session of the European Regional Committee in September 2019 in the context of implementing the Declaration of Astana in the European Region.

Tool for rapid assessment of people-centred primary health care

Evidence for decision-making is often time-sensitive. As systems face increasing pressure to ensure sustainability and agility to adapt to changing population health needs, there is increasing demand for quickened cycles of data collection, analysis and priority-setting based on actionable short- and medium-term recommendations.

Further to the development of PHC-IMPACT as a comprehensive monitoring approach to primary health care, the WHO European Centre for Primary Health Care has also embarked on the development of a rapid assessment tool that is responsive to time-bound decision-making. Importantly, as a resource for decision-makers, the tool adopts a population perspective and puts focus on the links between primary health care, population empowerment and patient engagement.

The rapid assessment tool adopts the approach of the WHO Framework for Action on Integrated Health Services Delivery, with focus on the Framework's first of four domains that looks specifically to populations and individuals. Its questions draw from several recent primary health care tools and surveys looking to explore the alignment of services to priority health needs and underlying determinants of health, as well as to empower communities and engage patients. The rapid assessment tool is intended to serve as a guide for key informant interviews, document reviews and/or site visits to primary health care facilities in countries. Earlier versions of the tool have been piloted in Albania and Kosovo (see section: *We advise*). Insights from these applications, together with input from technical reviews in 2019, are expected to inform the refinement and further advancement of this resource for its wider use.

Antimicrobial resistance in primary health care

Highlighting the critical role of primary health care in addressing antimicrobial resistance

Antimicrobial resistance (AMR) is a global health challenge that has been driven in large part by the overuse of antibiotics, uncontrolled over the-

⁹ Barbazza et al. Ten evidence-based policy accelerators for transforming primary health care in the WHO European Region. *Public Health Panorama*; 2018, 4(4): 507–514.

counter sales and self-prescription. The consequences of AMR are significant, including complicating the treatment of infections, jeopardizing the ability to perform complex medical interventions, and potentially leading to longer hospital stays and increased mortality. Combating AMR is a global priority. Importantly, as nearly 90% of all antibiotic prescriptions are issued by general practitioners, it is of critical importance efforts responding to AMR are rooted in communities and focused on engaging practitioners, patients, parents and the public through primary care.

In 2018, the WHO European Centre for Primary Health Care, in partnership with the Health Technologies and Pharmaceutical Programme of the WHO Regional Office for Europe, kicked off a new stream of work at the cross-section of primary care and AMR. This culminated in a first consultation on the topic, with country representatives, experts and colleagues of other technical units and offices of WHO brought together in Almaty, Kazakhstan (see section: *We share*). Discussions highlighted the importance of policies (and their enforcement) to prohibit over-the-counter sales of antibiotics, the expansion of the role of pharmacists, and the use of simple yet effective tools like flow charts for clinical guidelines and the use of delayed prescribing strategies, among others.

This work will continue to be explored in the scope of monitoring efforts related to PHC-IMPACT. The Centre continues to work with relevant technical units of the Regional Office and WHO headquarters to advance indicators and survey questions that can capture the status of prescribing practices in primary care. In 2019, this work will be taken forward through the application of tools and instruments in countries in line with strengthening the role of primary health care to address antimicrobial resistance.

Applications of a health services delivery perspective

Gender and health

Exploring men's health from a services delivery perspective and adopting a gender approach to work on long-term care

Men in the WHO European Region are living healthier and longer lives than before. Yet the high level of premature mortality among men, primarily due to cardiovascular disease, cancers and unintentional injuries—particularly in the eastern part of the Region—has called policy-makers' attention to men's health.

In 2018, the WHO Regional Office for Europe published a first comprehensive look into the health and well-being of men in the Region from a gender perspective.¹⁰ The report provides a snapshot of the evidence on the health issues men face and the underlying social determinants of health. Its development included a multi-year consultation process including multiple expert meetings, one of which was hosted by the Centre in Almaty in early 2018 (see chapter: *We share*).

The WHO European Centre for Primary Health Care was among the key contributors to this work, putting focus on gender-responsive health system approaches for men's health. In a dedicated chapter on this topic, patterns of men's health-seeking behaviour, a services delivery response to address so-called missing men, and the case for a focus on health promotion were explored.

The findings of this report informed the strategy on the health and well-being of men in the WHO European Region that was endorsed by the Regional Committee in September 2018.¹¹ In 2019, the WHO European Centre for Primary Health Care will continue to explore a gender approach to health services in partnership with the Gender and Human Rights Programme of the Regional Office in the scope of ongoing work on long-term care services.

¹⁰ The health and well-being of men in the WHO European Region: better health through a gender approach. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0007/380716/mhr-report-eng.pdf?ua=1).

¹¹ Strategy on the health and well-being of men in the WHO European Region. EUR/RC68/12. Regional Committee for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0003/378165/68wd12e_MensHealthStrategy_180480.pdf?ua=1).

Health systems respond to NCDs

Taking stock of achievements and calling for further ambition in strengthening health systems for better NCD outcomes

The burden of NCDs is one of the major health and development challenges of the 21st century. The health impact of major NCDs in the European Region is alarming: diabetes, cardiovascular diseases, cancer and chronic respiratory disease account for 89% of deaths and 85% of years lived with disability in the Region¹². While the development and treatment of NCDs is well understood, pragmatic and actionable guidance for a health system response to NCDs was not available at the start of the decade.

In 2012, the WHO Regional Office for Europe embarked on a new work programme to address this gap entitled “Strengthening the Health System Response to NCDs.” This has included development of a country assessment guide and its application in over 12 multidisciplinary country studies documented in country assessment reports; a series of good practice briefs and training courses; and, in 2018, finalization of a Regional synthesis report and high-level meeting to celebrate progress and call for ambition in taking forward key findings (see section: *We share*).

Since the launch of this work, the WHO European Centre for Primary Health Care has contributed to country assessment reports from a services delivery perspective. In 2018, this included finalizing country assessments in Kazakhstan and Serbia and launching a country assessment in Turkmenistan. For a multicountry analysis in 2018, the Centre supported work on multiprofile primary care (chapter 8) and the role of information solutions for NCDs (chapter 14) published in a final synthesis report (Box 4). Taken together, the resources developed in this stream of work offer the evidence and know-how for strengthening health systems sustainably and at pace to achieve global NCD targets by 2030.

Box 4 Synthesis report of country assessments – health systems respond to noncommunicable

This report captures the conclusions of a six-year work programme in the WHO European Region to strengthen the response of health systems to NCDs.



http://www.euro.who.int/__data/assets/pdf_file/0009/380997/hss-ncd-book-eng.pdf

Health workforce

Sustaining team-based primary care through the involvement of professional stakeholders

Primary care professionals are increasingly organized in teams or networks to overcome the limitations of individual practices and doctor-nurse tandems. Working in teams has several advantages and has shown positive health-related outcomes. Teams can offer a more comprehensive range of services plus after-hours options, speed up the delivery of care and reduce waste. In 2018, these and other findings on the design and impact of multiprofile primary care were explored in a multi-country analysis supported by the WHO European Centre for Primary Health Care.¹³

The Centre has also worked to gain insight into the implementation of primary care teams, investigating their setup and continual improvement in partnership with professional associations. In 2017, the Centre set out to explore the insights of professional associations in five countries of the WHO European Region:

¹² Jakab M, Farrington J, Borgermans L, Mantingh F. Health systems respond to noncommunicable diseases: time for ambition. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0009/380997/hss-ncd-book-eng.pdf?ua=1).

¹³ De Maesseneer J, Borgermans L, Beran D, Tello J. Chapter 8: transforming individual health services: towards integrated multidisciplinary primary health care, In Jakab M, Farrington J, Borgermans L, Mantingh F (eds). Health systems respond to noncommunicable diseases: time for ambition. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0009/380997/hss-ncd-book-eng.pdf).

Germany, Kazakhstan, Latvia, Spain and Sweden. The case studies took shape through a series of in-person key informant interviews with representatives from professional associations, exploring the vision and role of associations in strengthening team-based primary care in their respective countries.

The study highlights a number of innovative practices. For example, in Germany, a physiotherapy association's pursuit to collaborate and build networks with other associations has contributed to the development of a joint education programme with other therapists (occupational and speech) and plans to develop an interprofessional academic campus for nurses and therapists. In 2018, the findings of the country case studies were analysed and common policy-accelerating opportunities for strengthening the role of professional associations were identified. These findings will be published in a policy brief as guidance for decision-makers.



We advise

Rapid primary health care assessments



Albania

Exploring the feasibility of a new primary health care model in Albania

The Government of Albania continues to work towards universal health coverage targets with a focus on the role of quality primary health care services. Recent efforts include a national preventive checkup programme launched in 2015 to improve access to annual checkups for 35–70 year olds. Further to this, in January 2017, free preventive services for the entire population, including uninsured people, were introduced.

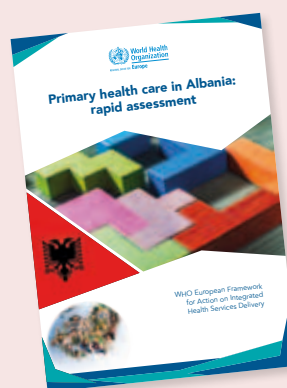
Building on these initiatives, the Government of Albania set out to continue extending access by introducing new models of care responsive to urban and rural population needs. In early 2018, the Ministry of Health and Social Protection requested the support of the WHO European Centre for Primary Health Care to assess the current conditions of primary health care and explore the feasibility of new models of care.

In January 2018, a rapid assessment focusing on the network of services provided was conducted in the capital city of Tirana and rural municipality of Fier. Public health and health insurance authorities were consulted to assess current constraints and opportunities to create an enabling environment for the practice of family medicine. Findings highlighted the need for further feasibility studies, including the development of a tool for a comprehensive, in-depth assessment that also looks to existing standards and other normative regulations. The use of pilots as an approach to test a network model of primary health care was

also put forward. For the remainder of 2018, the WHO European Centre for Primary Health Care took forward the need for an in-depth review of primary health care in the scope of measuring primary health care performance (see subsection: *performance measurement*). The results of this first rapid assessment have been published in a summary report (Box 5).

Box 5 Primary health care in Albania: rapid assessment

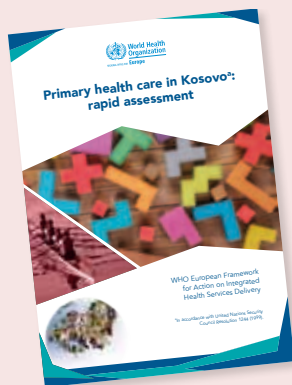
This report describes the main findings and recommendations of a rapid assessment of the current conditions of primary health care in Albania. It captures the status of health outcomes, the model of primary health care services, and alignment of system enablers. The report highlights recommendations on each of these areas.



http://www.euro.who.int/__data/assets/pdf_file/0011/373718/alb-phc-ra-eng.pdf

Kosovo¹⁴**Assessing the state of primary health care with a focus on patient flows, transitions and links with public health services****Box 6 Primary health care in Kosovo: rapid assessment**

This report summarizes findings of a rapid assessment of primary health care in Kosovo. It explores the status of three areas: population health needs and primary health care performance; organization and scope of practice of primary health care; and health system enablers. Opportunities to accelerate primary health care strengthening are highlighted.



<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications>

As part of the strategy for 2017–2021, the Central Health Authorities of Kosovo have prioritized a family medicine model for primary health care, with an emphasis on enhancing the coordination role and gatekeeping function of family doctors. To identify and sequence an approach to strengthening primary health care, a status assessment was requested by the Central Health Authorities.

In August 2018, the WHO European Centre for Primary Health Care conducted a rapid assessment mission. One key finding was the mismatch between the capacity of primary health care (in terms of team composition, competencies and available equipment) and the population's health needs and expectations. This and other factors were found to contribute to low levels of patient

satisfaction, lack of prestige and subsequent bypassing of primary care services.

Findings of this rapid assessment are available in a report (Box 6). The report highlights a series of opportunities to accelerate strengthening the model of primary health care, including improving the reporting and feedback system to measure performance, and improving patient choice and clinical governance to optimize patient pathways, among other recommendations. These policy recommendations are expected to inform continued efforts to strengthen primary health care and integrated health services delivery in Kosovo.

Quality of care**Belarus****Mapping governance of quality of care in Belarus**

In Belarus, the Ministry of Health has prioritized modernizing primary health care to enhance its role in responding to NCDs. This priority has been advanced in the national BELMED Project 2016-2019¹⁵ on the improved prevention and management of NCDs. In parallel to the implementation of this project and ongoing digitalization of the health sector, the Ministry of Health has focused on quality of care. Specifically, understanding the processes currently in place, identifying links between these, and developing an overview of opportunities for improving quality of care were identified as priority areas for reflection.

To accelerate work on quality of care in Belarus, a horizon-scanning workshop was organized in September 2018 setting out to explore the system currently in place to support quality of care in Belarus, which actors are involved, and how processes and plans related to quality of care mechanisms are identified.

The two-day workshop brought together a wide range of representatives including policy-makers, senior officials, health facility managers, practitioners and representatives of professional associations. Workshop participants called for

¹⁴In accordance with United Nations Security Council resolution 1244 (1999).

¹⁵BELMED refers to the project on preventing NCDs, promoting healthy lifestyle and supporting the modernization of the health system in Belarus 2016–2019. The project is funded by the European Union and implemented by the Ministry of Health of Belarus in collaboration with WHO, the United Nations Development Programme, UNICEF and the United Nations Population Fund.

a focus on empowering health practitioners for quality improvement, bringing patients and the public on board for setting priorities and monitoring performance, and capitalizing on the potential information system and use of indicators. The resulting recommendations were put forward to the Ministry of Health and opportunities for a study visit to regions that have embarked on similar information system-enabled governance reforms were proposed as a next step for the Centre's ongoing technical assistance in Belarus.



Kyrgyzstan

Setting priorities for health services delivery strengthening in the context of the new national health strategy 2019–2030

In the context of preparations for a new national health strategy in Kyrgyzstan, the WHO European Centre for Primary Health Care contributed to policy-oriented studies on services delivery and quality of care. In 2017, work began to consolidate the available evidence base on health services delivery through a scoping exercise to review crosscutting messages and policy recommendations in existing reporting. At a weeklong thematic meeting on health services delivery in December 2017, review findings were discussed and 11 priority areas for accelerating health services delivery were identified. In 2018, the Centre finalized this study in a report available in English and Russian (Box 7). In addition to supporting development of the national strategy, the report has been used as course material for undergraduate studies on health services and public health.

Over the course of 2017–2018, a study on national quality policies was conducted to establish a comprehensive overview of the existing quality of care system. Through bilateral meetings and interviews, document reviews and facility visits, a snapshot of the quality of care system was developed. Recent progress to establish quality committees at the facility level was explored, highlighting the untapped potential of this mechanism to support quality improvement. The limitations of existing external assessments and inspections were also flagged, as well as the limited public reporting on routinely collected data.

A report summarizing the findings (Box 8) served as an input to further priority-setting discussions in 2018 on quality of care. In July 2018, a workshop to develop a roadmap for quality of care was organized, building on the report's recommendation to establish a common vision on the dimensions of quality improvement. Discussions also included setting up clinical audits in alignment with other ongoing pilot initiatives. In late 2018, as attention pivoted to support implementation of the new strategy, an exploratory mission to accelerate the development of primary health care was organized.

Box 7 A scoping review on health services delivery in Kyrgyzstan: what does the evidence tell us?

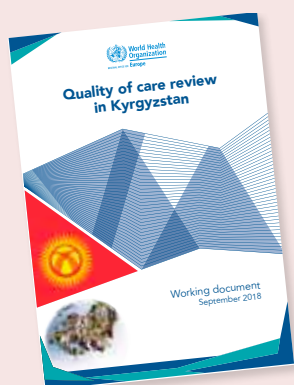
What are the key issues facing health services delivery in Kyrgyzstan? What are relevant policy options to accelerate the health services delivery agenda? This scoping review summarizes findings from more than 150 documents related to health services delivery to highlight consistencies in their themes, findings and recommendations.



http://www.euro.who.int/__data/assets/pdf_file/0005/378842/ENG_09_Kyrgyzstan-HSD_final-web.pdf

Box 8 Quality of care review in Kyrgyzstan

Many policies, institutions and mechanisms for improving quality of care are present in Kyrgyzstan. This review set out to establish a comprehensive overview of the current quality of care system, the actors engaged and state of implementation.



http://www.euro.who.int/__data/assets/pdf_file/0004/383890/kgz-qoc-eng.pdf

Over the course of 2018, the WHO European Centre for Primary Health Care convened a team of experts to review the organization, performance and quality of primary health care. This review built on a comprehensive health systems assessment of NCDs by the WHO Regional Office for Europe.¹⁷ Putting a spotlight on primary health care, this follow-up study consolidated data from the national integrated health information system, experts, and other available reporting.

In the context of this assessment, a national expert consultation meeting was held in Skopje on 14–15 November 2018 to define strategic priorities and actions for the Primary Health Care Strengthening Programme in North Macedonia. Participants identified activities to strengthen primary health care that can be implemented in the current context, including establishing an appropriate regulatory framework; providing adequate funding for the model of care; and integrating primary health care with public health services, secondary and tertiary care, and social services.

**North Macedonia****Assessing the organization, performance and quality of primary health care**

Like many countries in the WHO European Region, North Macedonia faces a growing burden of NCDs, which account for an estimated 95% of total deaths (61% from cardiovascular diseases and 20% from cancer alone)¹⁶. In the current system, primary health care does not hold a priority status, contributing to fragmented services between health and social care providers and unnecessary pressure on secondary and tertiary care.

In this context and backed by the global momentum for primary health care reinvigorated by the Astana Declaration, North Macedonia has prioritized primary health care strengthening. Specifically, the Ministry of Health has called attention to improving the competencies and roles of family doctors and nurses, as well as exploring models of care based on multiprofile primary care teams.

Box 9 Organization, performance and quality of primary health care in North Macedonia

This report presents the findings of a multipronged assessment toward integrated health services delivery with a focus on the organization, performance and quality of primary health care.



<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications>

¹⁶ Noncommunicable disease country profile: mortality structure, the former Yugoslav Republic of Macedonia. Geneva: World Health Organization; 2016 (http://www.who.int/nmh/countries/2018/mkd_en.pdf?ua=1, accessed 1 February 2019).

¹⁷ Better noncommunicable disease outcomes: challenges and opportunities for health systems: the former Yugoslav Republic of Macedonia country assessment. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0016/301183/Better-NCD-outcomes-challenges-opportunities-HSS-Macedonia.pdf?ua=1, accessed 1 February 2019).

Further to this, quality of primary health care was explored through a review of the current scope of practice, clinical knowledge and skills of primary health care nurses and doctors (family doctors, general practitioners, paediatricians and gynaecologists) conducted in November 2018. An additional exercise to analyse available hospitalization data for ambulatory care sensitive conditions was also conducted. Findings of these investigations have been consolidated in a final assessment report (Box 9). Outcomes and recommended priority areas will inform the Primary Health Care Strengthening Programme in North Macedonia, which will be presented at the National Primary Health Care Forum on 13–14 February 2019, in Skopje.



Tajikistan

Sustaining the rollout of business planning across primary health care facilities

By 2018, business planning in primary health care had been practiced for more than a decade in Tajikistan. The mechanism of business planning aims to support managers of primary health care centres to ensure quality, efficient and community-oriented services. It also helps increase transparency, awareness of resource use and information to respond to population needs through an annual process of priority setting, regular monitoring and improvement.

Business planning was first introduced in the country with support from the Swiss Agency for Development and Cooperation through the Health Reform and Family Medicine Support Project. Beginning as early as 2003 with gradual implementation in pilot districts, business planning has since expanded across the country with additional support from the Aga Khan Foundation. In 2014, a ministerial decree called for the rollout of business planning across the country and the establishment of a dedicated business planning department at the national Republican Centre for Family Medicine.

In 2018, in the context of the continued rollout of business planning, a new phase of consolidation was initiated. The WHO European Centre for Primary Health Care began to support the Republican Centre for Family Medicine to strategize next steps in this process. Priority was

placed on identifying ways to link to other ongoing quality-oriented initiatives, for example aligning the monitoring component of business planning with the indicators of HEARTs—a WHO global initiative to improve cardiovascular health. Other opportunities identified included twinning experienced facilities with those just initiating this process to provide peer support. In 2019, continued support to business planning and its monitoring, in alignment with the strategic plan for family medicine-based primary health care, is foreseen.



Ukraine

Scoping the current context of governance of quality of care in Ukraine

Recognizing the critical link between quality of care and universal health coverage, the Ministry of Health of Ukraine has placed attention on quality of care. In late 2018, at the request of the ministry, a first scoping mission was conducted to explore strengths and weaknesses of quality of care in the country, map key stakeholders and identify high-impact opportunities to strengthen quality of care.

An expert team including staff of the WHO European Centre for Primary Health Care was convened to conduct a first scoping assessment. Drawing from a document review, facility visits, and seminar with national officials, a range of topics were explored including accountability, quality assessments, quality measurement, benchmarking and reporting, standardization of clinical practice, integration and alignment of services, financing reforms, and patient engagement. The team observed momentum for action on quality of care in Ukraine, extending from health professionals to ministry officials. The recent establishment of the National Health Service emerged as an important catalysing opportunity for improving quality across the system. The development of a medium- to long-term quality strategy was a key recommendation put forward, which will be explored in the scope of the WHO European Centre for Primary Health Care's technical assistance on services delivery in Ukraine for 2019.

Box 10 New report on quality of primary health care in Georgia

Georgia's Primary Health Care Development Strategy 2016–2023 and Health System State Concept 2014–2020 have set a clear direction for working toward universal health coverage through primary health care strengthening. These policy priorities have put focus on quality of care and optimizing governance of quality of care for best alignment and learning across ongoing initiatives and their respective actors.

In 2018, the WHO European Centre for Primary Health Care finalized a report describing the primary health care delivery system, including the organization and governance of primary health care, accountability arrangements and feedback loops. The report also maps mechanisms currently in use for ensuring quality processes, outputs and outcomes. The findings highlight the importance of clearly defining the scope of practice of primary health care and performance targets to improve accountability as well as opportunities to consolidate quality of care mechanisms for a more comprehensive, systems-oriented approach to quality. In 2019, the Centre will put focus to support the measurement of an ongoing pilot initiative to increase performance monitoring and feedback for improvement.



http://www.euro.who.int/__data/assets/pdf_file/0003/373737/geo-qocphc-eng.pdf?ua=1

The assessment applied the approach and adapted measures of PHC-IMPACT. Data collection was organized in two questionnaires: one facility-level questionnaire completed by practitioners and a second key informant questionnaire completed by stakeholders at national, regional and district levels. A representative sample of four geographic areas was included in the study: urban, suburban, rural plain and rural mountainous. Eight primary health care centres were surveyed in total and more than 70 physicians and nurses were engaged as expert informants. An additional 25 key informants were selected to complete the second questionnaire.

Data collection for this comprehensive assessment was completed during 2018. The analysis aims to provide actionable recommendations to strengthen the current model of primary health care and optimize performance. Short and medium-term quick wins for accelerating primary health care strengthening in Albania are expected to be published in a summary report in 2019.



Montenegro

Working toward evidence-based opportunities to accelerate primary health care

In Montenegro, in the context of the continued implementation of the master plan for the development of the health system 2015–2020, data-driven transformations of primary health care have been prioritized. Hospitalizations for ambulatory care sensitive conditions have caught the attention of the Ministry of Health as a key indicator for the overall performance of primary health care.

To further explore the causes of hospitalization rates, an assessment was launched in November 2017. Over the course of 2018, hospitalization data was collected and analysed and a series of key informant interviews with policy-makers were conducted. This data was complemented by a survey of health practitioners in Montenegro. An electronic survey was designed by the WHO European Centre for Primary Health Care in partnership with the WHO Country Office in Montenegro to apply indicators from the Centre's tool for monitoring impact, performance and capacity of primary health care. The themes

Performance measurement



Albania

Conducting a comprehensive assessment on primary health care

Taking forward one of the main recommendations from the rapid assessment on primary health care in January 2018, the WHO European Centre for Primary Health Care launched a comprehensive study on the capacity and performance of primary health care in Albania.

highlighted included mapping the primary health care model, describing primary care capacity, assessing performance, reviewing tobacco cessation services and surveying opinions on the performance of services for ambulatory care sensitive conditions.

Nearly 35 experts were engaged in completing the survey. To validate the results a one-day workshop was organized in December 2018 to discuss crosscutting survey response themes. The workshop highlighted opportunities to accelerate primary health care transformations, for example through enhancing the role of general practitioners to increase the response capacity of first-contact care and increasing diagnostic capacity in primary care especially for diabetes and respiratory conditions. The results of the survey and workshop will be further analysed as part of continued work with the health ministry to support evidence-based policy reforms in Montenegro.

Trainings and twinnings



Belarus

Spotlight on professional competencies with a focus on NCDs in primary care

The incidence of NCDs in Belarus is among the highest in the WHO European Region, accounting for 89% of all deaths and 77% of total mortality in the country.¹⁸ NCDs are also the primary cause of high mortality rates among the working-age population in Belarus. Earlier studies have found the current model of primary health care does not adequately coordinate the activities of primary and secondary care specialists, integrate public health programmes with primary care, or involve patients in services delivery.¹⁹ The limited ability of primary care professionals to identify risk factors for NCDs, support behaviour change and coach patients in effective treatments has been

identified as a key bottleneck in primary care contributing to the status of NCD outcomes.

The WHO European Centre for Primary Health Care has worked closely with the health ministry to support the implementation of activities to strengthen the competencies of the health workforce in the scope of BELMED Project.²⁰ In 2018, this included the launch of evidence-based interventions in two pilot regions: Minsk and Gorki (in Mogilev Oblast). The pilots aim to improve the continuity of care and optimize patient pathways for three main NCDs: diseases of the circulatory system, type 2 diabetes and COPD.

In both pilots, health professionals have participated in multidisciplinary training programmes on person-centred health services delivery, including the prevention and management of key NCDs at the primary care level. The course was developed by the WHO European Centre for Primary Health Care and included participatory learning methods such as roleplaying and team problem-solving. Emphasis was placed on new functions such as motivational counselling for patients with NCDs.

To monitor progress in the pilot regions and track changes in services delivery, a field mission was organized in March 2018 to both sites. The main finding of the mission revealed positive changes in both areas, mainly in the form of revised patient pathways and new roles for primary health practitioners. Doctors' assistants and nurses were shown to have expanded their fields of responsibility, consulting patients independently from doctors and providing motivational counselling for patients with NCDs and related risk factors.

Follow-up training sessions and additional monitoring visits to primary health care pilots were also conducted in June and October in 2018. Over the course of the BELMED Project, the WHO European Centre for Primary Health Care also facilitated activities including study visits to Lithuania, supporting the review of reporting forms and their alignment with the health information

¹⁸ Noncommunicable diseases progress monitor, 2017. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/258940/9789241513029-eng.pdf?sequence=1>).

¹⁹ Better noncommunicable disease outcomes: challenges and opportunities for health systems: Belarus country assessment. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/__data/assets/pdf_file/0014/301181/Better-NCD-outcomes-challenges-opportunities-HSS-Belarus.pdf?ua=1).

²⁰ BELMED refers to the project on preventing noncommunicable diseases, promoting healthy lifestyle and supporting the modernization of the health system in Belarus 2016–2019. The project is funded by the European Union and implemented by the Ministry of Health of Belarus in collaboration with WHO, the United Nations Development Programme, UNICEF and the United Nations Population Fund.

system and reviewing indicators and approaches for incentive schemes. A recent article in *Public Health Panorama* summarized the full range of initiatives and their implementation.²¹



Hungary

Planning a multi-intervention approach to integrated, people-centred services for COPD in Hungary with insights from Denmark

Across OECD countries, Hungary has the highest rate of hospital admissions for COPD. In 2015, hospital admissions in adults for asthma and COPD combined totalled 428 per 100 000 people, nearly double the OECD average of 237 per 100 000²². Fragmented care pathways from hospital to home and lack of mechanisms to support patient follow-up after hospitalization by their regular primary care provider have been identified as key contributors to suboptimal outcomes for COPD patients by health professionals.

In this context, health professionals of Hungary's Koranyi Institute for TB and Pulmonology began work to set up a pilot to strengthen the integration of COPD services between the hospital and the community, with the goal of reducing hospitalizations among COPD patients. In partnership with the WHO Country Office in Hungary and the WHO European Centre for Primary Health Care, work began in 2017 to better understand the context and care pathways for COPD services.

As part of the project's protocol and activity development in 2018, the WHO European Centre for Primary Health Care facilitated a peer-review of experts from Denmark. At the University of Aalborg in the north of Denmark, researchers had conducted an earlier initiative to strengthen COPD services using a multi-intervention programme including home monitoring by patients and telerehabilitation services. Through a series of at-distance meetings, the design of the Hungarian pilot was refined drawing on lessons from the Danish experience to include four core

interventions. In late 2018, a draft protocol was submitted for ethical clearance. Implementation of the first phase of the pilot is expected in 2019.



Kazakhstan

Investing in communication skills of nurses and doctors in primary care

Moving towards people-centred care in practice requires a shift in the relationship between providers and patients. Communication plays a foundational role in this relationship, weighing on levels of trust, patient satisfaction and service utilization. Communication skills can be learned by health providers but, to become people-centred in a way that fosters trust and leads to improved health outcomes, this requires more than simply disseminating skills or best practices. Applied training courses should first persuade providers on the benefits of improving their communication skills and then challenge them to demonstrate new communication skills for practice.

This method of applied learning for improved communication skills of primary health care professionals has been piloted in Kazakhstan with the support of the WHO European Centre for Primary Health Care. Following an earlier pilot, a needs assessment and curriculum development were launched. A communication skills training course was designed to develop skills including active and empathic listening, conflict resolution and managing aggressive patients, establishing relationships with patients, and motivating patients for health behaviour changes. The training course features modifications for the context of Kazakhstan, including a greater emphasis on provider introductions and nonverbal communication with patients, demonstrating listening and understanding through verbal and nonverbal behaviours, responding to and preventing aggressive behaviour, checking for patient understanding and adherence, and self- and peer-assessments to improve communication practices over time. The implementation of training courses in this context and their impact has been reported on²³.

²¹ Famenka A, Migal T, Berdyklychev B, Rusovich V, Jurgutis A. Strengthening primary health care to better address NCDs: piloting new models of patient-centred care in Belarus. *Public Health Panorama*; 2018 4(4): 638–644.

²² Health at a Glance 2017: OECD indicators. Paris: OECD; 2017 (https://dx.doi.org/10.1787/health_glance-2017-en).

²³ Craig BJ, Kapysheva A. Tailoring communication training for health care providers: a case study in translating research into practice. *Public Health Panorama*; 2018, 4(4): 564–573.



In May 2018, a communication skills training workshop was organized for general practitioners and nurses at the Kazakh School of Public Health in Almaty, Kazakhstan. The WHO European Centre for Primary Health Care aims to continue developing this curriculum with partner communication experts, adding focus on communication skills for working in teams and providing constructive feedback as part of continuous learning and quality improvement.

Integrated health services delivery policies and pilots



Bulgaria

Supporting health system transformations with a focus on health services delivery

Bulgaria has achieved significant population health gains in recent years. However, several indicators still lag behind Regional averages. The growing burden of NCDs and high level of risk factors expose limitations of the current delivery system. Combined with the substantial decline in the public share of total health spending and the rise in people who have lost their entitlement to publicly financed health coverage, this burden poses serious challenges to the health system. Pursuing universal health coverage is further challenged by the 12% of the population who are uninsured and the highest out-of-pocket spending (48%) in the European Union.

In 2018, a team of WHO experts, together with officials from the Ministry of Health and the National Health Insurance Fund, set out to



develop a detailed review on the current challenges and opportunities for improving the system of services delivery and purchasing. Together, policy-makers and experts analysed the existing model of care and the types of services delivery settings including primary care, polyclinics and hospitals, as well as the alignment of incentives introduced by the current payment arrangements.

Optimizing the strategic purchasing of the National Health Insurance Fund and aligning incentives were highlighted as priority areas for improving the responsiveness and integration of primary and ambulatory care services, with the potential to support the re-profiling and networking of hospital care. These and other key findings informed a one-day National Roundtable Discussion on the Future of Health Care in Bulgaria in October 2018, which was joined by staff of the WHO European Centre for Primary Health Care.



Greece

Supporting the rollout and monitoring of community-based primary health care

Greece has initiated a series of ambitious health reforms since 2016, the most significant of which have been securing health care for uninsured people and rolling out a community-based primary health care network that is free at the point of access. Almost 100 new primary health units have been established since December 2017, with the aim of covering the whole population in a few years.

Greek health authorities, in close collaboration with the WHO Regional Office for Europe and



other stakeholders, have worked to analyse the progress of health reforms nationally and support continual improvement. In 2018, this process of reflecting on implementation included a one-day consultation in July with representatives from the Ministry of Health, European Union, health professional associations, WHO and other stakeholders. Another important part of the process was describing the impact of the actions undertaken to date, highlighting major challenges faced, discussing immediate and potential longer-term results, and providing options and recommendations for future action.

In addition to monitoring the implementation of reforms, other services delivery priority areas included supporting the integration of services, notably the coordinated delivery of health and social services according to local population needs. On emergency medicine, building on earlier work of the WHO European Centre for Primary Health Care in Greece, an emergency medicine curriculum and triage guidelines were developed for stakeholder consultation, where a specialization in emergency medicine will be advocated. In 2019, hospital performance will be prioritized with plans to kick off a policy dialogue on improving the performance of public hospitals in Greece.



Kazakhstan

Developing a community-centred primary health care pilot in Medeu District

Home to the Declaration of Alma-Ata, the city of Almaty has a long tradition of practicing primary health care. However, as the burden of disease has continued to evolve so has the need to transform the city's model of care. In response, and supported by the national momentum for the development of people-centred primary health care, a group of concerned stakeholders came together in 2018 to create a bottom-up pilot to transform primary health care in the city's Medeu District.

Early development of the pilot included a review of the existing model of primary health care with

visits to polyclinics and hospitals. An analysis of statistical data on morbidity and mortality of the catchment population confirmed the high burden of NCDs. Semi-structured interviews were used to study gaps in the current delivery model.

In November, a first interactive workshop to identify priority health needs was organized in Almaty by the WHO European Centre for Primary Health Care. A second interactive workshop was held in December. From this, the priorities and design of the planned pilot of community-centred primary health care in Medeu District has taken shape. This initiative has been made possible through collaborations with the Department of Health of the City of Almaty, representatives from Medeu, the Kazakh National Medical University, the Committee on Public Health of the Ministry of Health and leaders of primary health care in the community and staff of the health centres.



Poland

Strengthening the role of nursing for integrated primary care services delivery

In the context of the global renewal of commitments to strengthening primary health care, the Ministry of Health of Poland has embarked on several reforms including the introduction of integrated primary care. The ministry has intensified its focus on integrated primary care to emphasize prevention and community-based management of the rising burden of noncommunicable and communicable diseases. In 2013, this included the development of three models of population-based integration, one of which was selected by the government as the focus of reforming the organization of services toward multidisciplinary primary care services delivery. By 2018, the National Health Fund had engaged 42 existing primary care practices to pilot this new model, increasing the volume of prevention and education activities for 11 agreed upon chronic diseases. Based on the results of the pilot, the ministry aims to roll out the model to the entire country.

In this context, the WHO Regional Office for Europe was requested to provide technical assistance to the Department of Nursing and Midwifery at the Ministry of Health on how to accelerate and strengthen the role of nurses in supporting

multidisciplinary teams to provide integrated primary care. In November 2018, a two-day mission was organized bringing together an expert team with representation from nursing associations, academia, think tanks and WHO. A workshop with representatives of national professional associations and training and education centres was organized. Bilateral interviews were also organized with representatives from the health ministry and national centres responsible for the delivery of services.

The team highlighted the impressive advancement of the nursing workforce over the past decade, including raising the level of basic training, scope of practice, and introduction of nursing specialties (e.g., family and palliative nursing) and nurse-led practices. Factors found to hinder the full potential of the nursing profession included the threat of an ageing nursing workforce and financial models failing to incentivize interdisciplinary collaboration. A series of short-term actions were recommended, including ensuring full alignment of the development of a nursing strategy with the overarching health policies; establishing a catalysing taskforce on nursing for integrated care; and linking to global campaigns to keep pace with ongoing efforts, evidence and good practices. The findings of this first consultation will be articulated in a comprehensive report and are expected to inform further technical assistance as Poland works towards integrated health services delivery.



Romania

Extending a community-based model for integrated delivery of primary care, public health and social services

Since 2010, Romania has worked to adopt a community care model to services delivery to improve access for specific segments of the population, including those living in remote areas, children, pregnant women, elderly people and the Roma population. Progress has included the development of approximately 60 community centres with financial support from Norway, Switzerland, the European Commission and UNICEF. Community centres span 10 districts of Romania's northern and southern counties. The development of community centres has been supported by the strong political will of local mayors as well as the commitment of community

nurses and health mediators, the active engagement of family doctors and the interest of the public to discuss health and social issues.

In 2018, building on lessons from this initial implementation, establishment of an additional 200 centres across the country was proposed. In June 2018, a team from the WHO European Centre for Primary Health Care facilitated an initial workshop to discuss the proposed expansion and explore critical topics such as sustainability and the extent to which services meet the needs of vulnerable populations. In September 2018, in follow-up to these first discussions, a mission was organized to explore the necessary system conditions to support the model at scale. In 2019, focus will turn to implementation, for which WHO plans to support technical activities such as the development of monitoring instruments and capacity building efforts for district and central public health authorities.



Serbia

Designing a demonstration project to strengthen integrated health services delivery

In 2018, a report on the findings of a comprehensive assessment on NCDs in Serbia was published.²⁴ This report was developed in the scope of the Regional Office's work on health systems strengthening for better NCD outcomes. Staff of the WHO European Centre for Primary Health Care were among the multidisciplinary team of experts that contributed to the study. The findings highlighted the need for strengthening coordination between national and local health authorities as a key factor for improving integration in the provision of services, particularly for strengthening primary care.

Based on these findings and at the request of the Ministry of Health, a scoping mission took place in June 2018 to explore designing a demonstrative project to improve health services integration in the pre-selected cities of Belgrade and Sombor. The mission investigated the scope of population and individual services, model of care, and system conditions including for local health governance arrangements, payment of

services and providers, the health workforce, and health information. The findings of this review highlighted the importance of: (i) ensuring an outcome-orientation to the selection of services with a focus on vulnerable groups; (ii) designing the model of care for a people-centred approach to services delivery; (iii) establishing built in quality improvement processes to strengthen clinical governance; and (iv) enhancing public awareness of risk factors linked to NCDs.

The project is expected to be implemented over the course of 2019. The WHO European Centre for Primary Health Care, through the WHO Country Office in Serbia, will continue to provide technical support to this initiative and its monitoring.



Uzbekistan

Supporting the launch of a new Concept of Health Sector Development

Uzbekistan is working to accelerate health reforms with the development of a new Concept of Health Sector Development: an ambitious long-term strategic plan seeking to advance comprehensive national health reforms and meet health-related Sustainable Development Goals by 2030. The Concept was launched at a national high-level intersectoral conference on 20 November 2018, titled: Uzbekistan health reform in the Sustainable Development Goals era. WHO Regional Director for Europe Zsuzsanna Jakab made an official visit to Uzbekistan and participated in the event, joined by staff of the Regional Office and WHO European Centre for Primary Health Care.

The one-day conference aimed to map implementation of the reform, focusing on primary health care development, health financing and strengthening governance for health and well-being at the intersectoral level. Further to this, bilateral meetings between the WHO delegation and national officials covered a range of issues including: health information systems, a national influenza centre, the International Health Regulations, the case for investing in addressing NCDs, the importance of the national pharmaceutical regulatory system and further collaboration opportunities with WHO.

²⁴ Better noncommunicable disease outcomes: challenges and opportunities for health systems: Serbia country assessment. Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0008/367487/hss-ncds-ser-eng.pdf).

For health services delivery, the planned reforms highlight the importance of exploring task shifting, integrated public health and primary care services, and the need to improve the delivery of NCD preventive services in primary care. These areas of focus will be taken forward with the strategic development of new a services delivery model. Developing the system of governance of quality was also underscored as a priority for 2019, with a focus on the continued development of feedback loops, continuous learning and improvement. In 2019, the WHO European Centre for Primary Health Care, together with the technical units of the Regional Office and under the guidance of the WHO Country Office in Uzbekistan, will support the initial implementation phase of this important reform.



We share

Joint technical events

Second expert meeting on men's health in the WHO European Region

20–21 February 2018
Almaty, Kazakhstan

The Agenda 2030 provides a strong framework to move men's health forward by taking an explicit gender approach when addressing Sustainable Development Goal 3 and engaging men to achieve Sustainable Development Goal 5 targets. In this context, and as part of the implementation of the European policy Health 2020, the Regional Office embarked on the development of a strategy on men's health and well-being to support countries.

In February 2018, as part of the development of this strategy, a second meeting of experts was jointly organized by the Gender and Human Rights Programme, WHO European Office for the Prevention and Control of NCDs and WHO European Centre for Primary Health Care. The event was hosted at the Centre in Almaty, Kazakhstan, bringing together leading experts on men's health from European countries with partners from WHO collaborating centres, nongovernmental organizations, other United Nations agencies and academia. The discussions of this event directly informed the finalization of the European report and strategy on men's health published and endorsed by Member States in September 2018.



Cross-programmatic consultation on the role of primary care in the responsible use of medicines and reduction of antimicrobial resistance

30 October–1 November 2018
Almaty, Kazakhstan

In the context of growing public concern on the rise of antimicrobial resistance and its threat to achieving the Sustainable Development Goals, and given the 40th anniversary of primary health care, a consultation on the role of primary health



care in the responsible use of medicines was organized in Almaty, Kazakhstan.

The consultation brought together participants from 16 countries around the agenda of responsible use of antibiotics and the role of primary health care in tackling antimicrobial resistance. Discussion topics included the use of data on antimicrobial medicine consumption, country experiences in enforcing legislation for prescription-only access to antibiotics, the role of primary health care in tackling antimicrobial resistance, strategies for improving competencies of practitioners using evidence-based clinical protocols, and public engagement in the responsible use of medicines.

Discussions highlighted the need to continue efforts to align clinical guidelines and protocols with essential medicine lists, the importance of developing closely monitored procurement and production systems, and investing in the prescription competencies of primary care practitioners. Experts also underscored that tackling antimicrobial resistance will require a whole-of-government approach and investments that will yield returns many years from now. It was also noted that many causes and drivers of antimicrobial resistance lie outside the health sector. For example, antimicrobials are widely used to treat livestock.

The Health Technologies and Pharmaceuticals Programme and the WHO European Centre for Primary Health Care jointly organized this event. The proceedings of the consultation were published in an open-access journal that summarizes key country experiences and discussion points (Box 11).

Leapfrogging the integration of long-term care for older people in the WHO European Region: getting it right, fast

11–13 December 2018
Almaty, Kazakhstan

In December 2018, international experts, government officials, representatives of professional associations and observers from 27 countries came together in Almaty, Kazakhstan for a three-day workshop on integrated delivery of health and social services for older people. The meeting was the first of its kind, bringing together streams

Box 11 Cross-programmatic consultation on the role of primary care in the responsible use of medicines and the reduction of antimicrobial resistance

This article summarizes the proceedings of the 30 October-1 November 2018 consultation on the intersection of the responsible use of medicines, reduction of antimicrobial resistance and primary health care.



<https://www.tandfonline.com/doi/full/10.1080/14787210.2018.1563482>

of work on health services delivery, healthy ageing and gender. The meeting reviewed trends in long-term care reforms in Europe, discussed preliminary results of country assessments and shared innovative country practices.

Discussions signalled concerns and trends shared by many countries, such as lack of coordination between primary care and social care, differences in quality of care across sectors, gender disparity in the health and social care workforces, lack of training for informal caregivers, low prestige and salary for social care workers, and financial hardship of ill health in old age.

Experts and countries raised common concerns that medical advancements will fail to optimally benefit older people without enabling social environments. This key message underscored the guiding event theme, calling for urgency and strategic policy decisions to leapfrog transformations, building on good practices to intensify health and social care integration for mutually beneficial results.

More than 35 policy innovations and good practices from firsthand country experiences were presented. Taken together, these policy innovations are the accelerators or so-called leapfrogging opportunities to ensure transformations for long-term care at pace with health and demographic

needs and trends. In 2019, a meeting report will be published summarizing the proceedings and key messages from the event are expected to inform the finalization of long-term care country studies. This work is completed by the Centre in partnership with the WHO Regional Office for Europe's technical unit on Healthy Ageing, Disability and Long-term Care Programme of the Division of Noncommunicable Diseases and Promoting Health through the Life-course.



Regional events

High-level regional meeting: health systems respond to NCDs – experiences in the WHO European Region

16–18 April, Sitges, Spain

Over the past five years, the WHO Regional Office for Europe has worked with Member States and a network of experts to mobilize a comprehensive health systems response to reducing the burden of NCDs. By 2018, country assessments in 12 countries, a series of good practice briefs to highlight effective instruments, capacity building efforts, and various platforms for regional exchange and experience sharing are tangible achievements of this effort.

To synthesize this country work and envision a way forward, a high-level regional meeting was organized: Health systems respond to NCDs: Celebrate, Share, Inspire. The event brought together more than 200 delegates from 39 Member States, nonstate actors and other United Nations agencies. The dynamic programme, including plenary presentations, panel discussions, spotlights on country interventions and a series of parallel sessions allowed for a wide range of topics including a focus on equity and people-centeredness, learning from good examples, and identifying opportunities and challenges to accelerate a health systems response.

The WHO European Centre for Primary Health Care was a key contributor to this event. Centre staff co-organized policy workshops on topics including multiprofile primary care and information solutions for NCDs. The Centre also supported the design and organization of a plenary session on working toward people-centred integrated services. The event culminated with the endorsement of an outcome statement that was put as a recommendation to Regional Committee members in September 2018.²⁵ The Centre continues to support this work from a health services delivery perspective.



²⁵ Resolution – reaffirming commitment to health systems strengthening for universal health coverage, better outcomes and reduced health inequalities. Regional Committee for Europe (EUR/RC68/R3); 2018 (http://www.euro.who.int/__data/assets/pdf_file/0009/382239/68rs03e_HS_180667.pdf).

High-level technical meeting on the 10th anniversary of the Tallinn Charter

13–14 June, Tallinn, Estonia

The Tallinn Charter has served as an important point of reference for Member States for the past decade, calling for investment in health systems and monitoring of health system performance to improve transparency and accountability. On the 10th anniversary of the Tallinn Charter in 2018, Member States and a range of international partners gathered to reaffirm its values and renew commitments toward universal health coverage.

The meeting showcased a recent study of 25 countries in the WHO European Region led by the WHO Barcelona Office for Health Systems Strengthening.²⁶ The study found the share of households impoverished or further impoverished due to out-of-pocket payments ranged from 0.3% to 8.2%. In Europe, medicines are a major driver of financial hardship; they are also an integral part of primary care. This finding is of particular relevance to the WHO European Centre for Primary Health Care.

A meeting outcome statement highlighted clear policy directions on the three overarching themes of the meeting: include, invest, and innovate. These key messages were put to the European Regional Committee members in September 2018.

WHO European Healthy Cities Summit of Mayors

23–24 October 2018, Almaty, Kazakhstan

A primary health care approach is the foundation of universal health coverage and central to attaining the Sustainable Development Goals. To put a primary health care approach into practice, cities, urban areas and local governments have an essential role. Cities contribute to the pursuit of health for all by creating environments that facilitate improved health, by supporting primary health care and local services, and by creating

platforms at the local level that connect people and engage them in decision-making that affects their health and health services.

On 24 October 2018, as a pre-conference event to the Global Conference on Primary Health Care, the WHO European Healthy Cities Network met in Almaty, Kazakhstan. The WHO European Centre for Primary Health Care participated in the event, contributing to a panel discussion with a focus on the different angles to universal health coverage and the links between universal health coverage, primary health care and cities. The event concluded with the adoption of the Almaty Acclamation of Mayors: cities at the frontline of health and well-being for all.²⁷ Local action is a key component to the Astana Declaration and its implementation.

International conferences, workshops and consultations

In 2018, the WHO European Centre for Primary Health Care participated to more than 30 international conferences, workshops and consultations.

From Azerbaijan to Greece to Spain, the Centre furthered its mission to share information while widening its ever growing network of partners. Over the course of the year, the WHO European Centre for Primary Health Care participated in more than 30 international events, delivering keynote presentations, facilitating workshops, and sharing its expertise on panels.

Importantly, using videoconferencing or pre-recorded videos, the Centre was able to engage invited international experts at-distance for nearly 10 of the events this year (in addition to its daily work that relies heavily on virtual meetings with colleagues and partners). Optimizing the use of technology for meaningful participation at events will continue to be prioritized in 2019 for its financial, environmental and time-saving benefits. Some event highlights are listed below and the complete list is provided in section *Month-by-month*.

²⁷ Almaty Acclamation of Mayors: cities at the frontline of health and well-being for all; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0003/376833/almaty-acclamation-mayors-eng.pdf?ua=1).

²⁶ Can people afford to pay for health care? New evidence on financial protection in Europe. Regional Committee for Europe (EUR/RC68/11); 2018 (http://www.euro.who.int/__data/assets/pdf_file/0005/378293/68wd11e_CanPeopleAffordHealthCare_180443.pdf?ua=1).

International conference highlights

- **European Forum of Medical Associations Annual Conference**
31 May–1 June 2018, Baku, Azerbaijan

The European Forum of Medical Association represents more than 60 national medical associations and 10 international organizations across Europe. The Centre was invited to speak at and participate in its annual meeting, where topics included workforce shortages, continuing medical education, accreditation of health facilities and primary health care.

- **European Health Management Association Annual Conference**
20–22 June 2018, Budapest, Hungary

This conference brings together policy-makers, health managers, health professionals and academics to share their work and exchange experiences. This year, a dedicated panel spoke on primary health care in the context of the 40th anniversary of the Declaration of Alma-Ata, and reviewed advancements, challenges and opportunities. The Centre shared experiences of Member States relating to transforming the model of primary care.

- **European Forum for Primary Care Annual Conference**
24–25 September 2018, Crete, Greece

In Europe, the link between primary care, vulnerable populations and compassionate services is particularly relevant at present as societies face unprecedented economic hardship, political unrest, democratic breakdown and global migration. The relation between primary care, vulnerability and compassionate care was explored at this conference and the Centre was invited to deliver a keynote presentation and host a workshop. For the workshop, the Centre brought together illustrative country transformations, with firsthand experiences shared from Albania, Romania, Slovenia and Spain.

International workshops and consultations

In 2018, the Centre was engaged in nearly 10 different policy consultations and workshops on topics including patient safety and quality of care, sexual and reproductive health, and primary health care.

- **Globally.** The Centre actively participates in policy consultations on behalf of the European Region. In 2018, this included engagement around priority topics relating to quality of care, including workshops on sepsis, patient safety assessments and building capacity for the development of national quality policies and strategies.
- **In the WHO European Region.** The Centre is continuously engaged in policy development consultations, providing insights from the services delivery perspective. In 2018 this included supporting the development of strategies and action plans around men's health and sexual and reproductive health. Bridging with other technical units, the Centre contributed to workshops on the economic case for primary health care, integration of primary health care and public health services, and the first interprogramme Regional-office wide consultation on primary health care.
- **Across subregions and networks.** The Centre contributes to policy discussions with the exchange of evidence and lessons from countries. In 2018, this included participating in a meeting of the South-eastern European Health Network on strengthening primary health care systems.

Publications, newsletters and multimedia

Contributing to nearly 40 publications in 2018

Contributing to publications—including full-length reports, working documents, chapters and scientific articles—is one of the main ways in which the Centre shares country findings, event outcomes and analytic exercises. In 2018, the Centre contributed to nearly 40 publications as an author, contributor or

reviewer. All publications are open access and the Centre makes it a priority to ensure all documents are available in English and Russian. See the section Publications in 2018 for a full list of documents.

Keeping up with the Centre: biannual newsletter and online news

In addition to its annual report, the Centre publishes a biannual newsletter: Crossroads. Now in its third year of publication, Crossroads showcases recent activities, upcoming events, new publications and stories from the field. The newsletter is available in English and Russian and is circulated to the Centre's network of health services delivery focal points and partners (Box 12).

In 2018, the Centre teamed up with the Kazakh National Medical University to develop an affiliate webpage to the Centre's primary page on the website of the WHO Regional Office for Europe. The new webpage allows the Centre to disseminate ongoing activities, country work and new reporting to university students, staff and the public. The webpage is available in English and Russian. Visit it here: <https://wecphc.kaznu.kz/en/>

Box 12 Crossroads: biannual newsletter of the WHO European Centre for Primary Health Care

Crossroads is the biannual newsletter of the WHO European Centre for Primary Health Care. Interested in receiving the newsletter? Write to the Centre at eurocphc@who.int to join the mailing list.



Box 13 Examples of multimedia resources produced in 2018

Video

Primary health care throughout the life course



View online

https://youtu.be/uVNlez_lgdl

Video

Long-term care in the WHO European Region



View online

<https://vimeo.com/305408271>

Photo story

Community nurses in Romania



View online

<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/multimedia>

Sharing work through multimedia: videos and photo stories

How does primary health care support individuals throughout the life-course? What are long-term care services and how do they contribute to healthy ageing? In 2018, the Centre worked to tackle these and other key questions through short and informative videos that can be watched online (Box 13). The Centre also developed a series of photo stories showcasing, for example, a typical day for community nurses in Romania. Using the art of storytelling, these forms of multimedia aim to share primary health care models and practices from across the Region—connecting individuals, health professionals, facility managers, regional health authorities and policy-makers, and sparking conversations around new ideas and good practices in primary health care.

Delivering trainings and capacity building initiatives

From seminars to summer schools, the Centre actively contributes to capacity building efforts at the crossroads of research and practice. In 2018, this included delivering a range of guest lectures, developing courses on communication, supporting others to attend technical training and hosting students at the Centre in Almaty, Kazakhstan.

Lectures at courses, seminars and summer schools

- **Guest lecture at health systems development master seminar at Imperial College London**
15 March 2018, London, United Kingdom (virtual)
For the fourth consecutive year, the Centre continued its tradition of delivering a seminar on international health services delivery for master-level students at Imperial College London. The lecture included a series of country cases that challenged participants to think through real-world problems and devise feasible solutions.
- **Spring school on whole-of-society approaches and the role of primary health care**
23–25 April, Ljubljana, Slovenia
School in Slovenia brought together regions from across Europe (including Wales in the United Kingdom, Catalonia in Spain, Veneto in Italy and Flanders in Belgium) to share approaches in transforming models of care and responding to

the needs of their local populations. The Centre participated in the event, highlighting region-led initiatives including the use of population stratification techniques and expanding the role of nurses for better managing chronic conditions.

- **International comparison of health care systems course, Netherlands Institute for Health Services and Erasmus University Rotterdam**
13 November, Rotterdam, the Netherlands
This week long course was designed to introduce master-level students to approaches for developing a descriptive and comparative analysis of health systems and services delivery. The work of the WHO European Centre for Primary Health Care to describe and measure services delivery as well as country cases illustrating these transformations were among the core modules of the course presented in partnership with the WHO Collaborating Centre at the University of Amsterdam.

Trainings: a focus on communication

- **Training on primary health care for journalists and media specialists.** In the context of 40th anniversary celebrations of the Declaration of Alma-Ata, the Centre directed attention to the important role of the media in sharing information on and bringing public attention to topics like primary health care. In partnership with communication colleagues, the Centre embarked on the development of a curriculum for the media, including journalists of local and national newspapers and staff of ministerial press offices. Initial media training took place in August 2018, followed by a condensed version in the days leading up to the Global Conference on Primary Health Care (see section: *We celebrate*). The Centre plans to further develop this content for wider use as national and multicountry trainings.
- **Communication training for health professionals.** Effective communication between health professionals and patients is critical to delivering people-centred services and enhancing teamwork and quality improvement processes among health professionals. Recognizing this, the Centre has worked closely with health professionals and communication specialists to develop training courses focused on improving communication that are tailored to health professionals working in primary care. Communication-focused training has

been applied in Belarus and Kazakhstan and will be extended to other countries within the scope of improving quality of care.

Studentships

- **Hosting summer research students.** The Centre has a tradition of hosting summer research placements for students studying locally in Almaty and abroad. In 2018, in partnership with Imperial College London and its public health master's programme, the Centre supervised a summer student from June to September. These fruitful placements, bridging the policy and practice work of the Centre with the academic pursuits of early-stage researchers, are expected to continue in 2019.
- **Sponsoring participants to attend training courses.** Each year, the Centre supports representatives from Member States to attend the numerous available training courses available on health services delivery. Working closely with WHO country offices, the Centre aims to connect national representatives with available courses, supporting the logistics and expenses for their participation. In 2018, this included sponsoring participants to attend summer schools hosted by the International Foundation for Integrated Care and the Venice Summer School of the European Observatory on Health Systems and Policies.



We celebrate

40 years of primary health care

Regional events

Celebrating the 40th birthday of primary health care

12 September 2018

Almaty, Kazakhstan

On 12 September 1978, the landmark Declaration of Alma-Ata on primary health care was signed at the International Conference on Primary Health Care at the Palace of the Republic—a mere few blocks from where the WHO European Centre for Primary Health Care is situated.

In honour of this historic event and in celebration of its legacy, the WHO European Centre for Primary Health Care brought together national and city officials, representatives of United Nations agencies, development partners, allied universities and professional associations.

At the celebration, Professor Toregeldy Sharmanov—Kazakhstan’s Minister of Health in 1978 and a core organizer of the International Conference on Primary Health Care—shared memories of the remarkable 1978 conference, its importance to Kazakhstan and its continued relevance to primary health care today. Other addresses included representatives from the Ministry of Health, City of Almaty, WHO Regional Office for Europe and WHO Country Office in Kazakhstan. To commemorate this special anniversary, a recognition award was presented to the City of Almaty for its significant contribution to primary health care.

The Centre also celebrated the occasion online,



sharing widely on social media to engage practitioners, professional and patient associations, academia and the public on why primary health care matters.

Scientific conference: crossroads of policy, research, education and practice in primary health care

23–24 October 2018

Almaty Kazakhstan

Two days prior to the Global Conference on Primary Health Care, a dynamic group of more than 200 medical students and representatives from associations of medical students, primary health care professionals and managers, academics and WHO experts gathered in Almaty to explore multiple facets of primary health care. This pre-

Box 14 The Regional Committee for Europe celebrates 40 years of primary health care and launches a taskforce on the economic case for primary health care

In 2018, the 68th session of the Regional Committee for Europe was hosted in Rome, Italy on 17–20 September. Each September, the event convenes health ministers and high-level representatives of the 53 Member States in the Region as well as partner organizations and civil society in a four-day meeting.

Taking place in the days immediately following the official 40th anniversary of the Declaration of Alma-Ata—marked by the official closing of the International Conference on Primary Health Care on 12 September 1978—delegates of the European Regional Committee were given the opportunity to also pay tribute to this historic moment. A card of wishes for continued primary health care strengthening in the Region was displayed throughout the event. The board, now full of signatures from delegates of the European Regional Committee, is symbolic of the impressive commitment of countries across the region to primary health care.

The WHO Regional Committee for Europe also marked the launch of a European taskforce set up to highlight and strengthen the economic case for primary health care. In August 2018, experts from across the region met in Copenhagen, Denmark to discuss the scope of the taskforce and priority areas of work. The work of the taskforce aims ultimately to support decision-making and policy development.



conference event explored policy discussions taking place in Astana, with a focus on implementation and the integral links between policy, research, education and practice. The event was organized with dedicated sessions to each of these themes.

- **Policy: accelerating primary health care.** This first session put a spotlight on evidence and know-how for primary health care transformations, calling for acceleration in practice. Ten policy options, as leapfrogging opportunities or policy accelerators, were highlighted based on the findings of the special issue of *Public Health*



Panorama (Box 17). Panelists, including WHO Regional Director for Europe Zsuzsanna Jakab, reflected on the policy accelerators identified and highlighted investing in the competencies of general practitioners and nurses, coordinating with social care and integrating public health functions with primary health care as three priority reforms to initiate transformations.

- **Research: connecting research for evidence-based policy-making.** This session brought together four different WHO knowledge hubs from Almaty, Moscow, London and New Delhi. Representatives from these centres for excellence reflected on policy cycles and the need for timely, contextually relevant research in their respective fields. Panelists acknowledged the need to improve research methods to generate more evidence on implementation, including better documentation of pilot and demonstration projects.

- **Education: linking policies to transform medical education.** This session explored opportunities to enhance the primary care workforce across the professional competency cycle —from initial training to post-graduate education to certification, and the continued pursuit of innovation, excellence and practice. Panelists included representatives from professional associations and academia as well as medical students. Discussions emphasized the need to embrace innovative learning opportunities, multiprofessional training and teamwork.
- **Practice: marketplace of country experience.** This event showcased poster presentations from 10 countries of the WHO European Region, sharing innovative pilot projects, research or ongoing activities to strengthen primary health care in their countries. Topics included medical education reforms and use of e-learning as a component of testing in Kyrgyzstan, introduction of screening and preventive counselling in primary care on the harmful use of alcohol in the Russian Federation, and practice-based quality improvement mechanisms to strengthen cardiovascular risk management in Uzbekistan.

Box 15 Primary health care museum at the Kazakh National Medical University

The campus of the Kazakh National Medical University, where the WHO European Centre for Primary Health Care is situated, is also home to a medical museum with a dedicated exhibit to primary health care. It includes the original flag from the International Conference on Primary Health Care in 1978 as well as photos and memorabilia from the event. Contact the Centre to organize a tour: eurocphc@who.int.



At the event, WHO Regional Director for Europe Zsuzsanna Jakab received an honorary degree from the Kazakh National Medical University in recognition

of her contributions to public health. Professor Toregeldy Sharmanov was also presented with a recognition award for his significant contributions to primary health care. This event was hosted by the Kazakh National Medical University, in partnership with the Ministry of Health of Kazakhstan and WHO European Centre for Primary Health Care.

Global Conference on Primary Health Care

On 25–26 October 2018, 1200 delegates from more than 120 countries came together at the Global Conference on Primary Health Care in Astana, Kazakhstan, to renew commitments to primary health care in pursuit of achieving universal health coverage and the Sustainable Development Goals. The Conference was held at the Palace of Independence and was co-hosted by the Government of Kazakhstan, WHO and UNICEF.

At a high-level session on day one, WHO Member States unanimously endorsed the Declaration of Astana,²⁸ committing to making health for all a reality and calling for action on four key areas: making bold political choices for health across all sectors; building sustainable primary health care; empowering individuals and communities; and aligning stakeholder support to national policies, strategies and plans.

Also at the event, the WHO European Centre for Primary Health Care, together with the Services Delivery and Safety Department, WHO headquarters and UNICEF, co-organized a ministerial parallel session on integrated primary health care-based services delivery. This session explored how primary health care can effectively integrate the delivery of health services to ensure that populations receive optimal services in accordance with their needs and the local context.

The Conference was the culmination of more than a year of preparations. Staff of the Centre were closely involved in the development of the conference, with secondments to support teams in WHO headquarters in Geneva and the WHO Country Office in Astana, Kazakhstan. The Centre also contributed to multiple background documents for the event,

²⁸ Declaration of Astana. Global Conference on Primary Health Care: from Alma-Ata towards universal health coverage and the Sustainable Development Goals; 2018 (<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>).



including technical briefs on integrated health services delivery, the transformative role of hospitals and the integration of public health and primary care; the interim report from the WHO European Region on primary health care; and numerous editorials and commentaries (see section: *Publications in 2018*). The Centre also supported the finalization of the English version of Professor Sharmanov's historical account of the 1978 conference, which was released in three languages during the global conference (Box 16).

The adoption of the Astana Declaration was an important milestone and outcome of this event. To keep the momentum and hold international attention on primary health care in the context of the Sustainable Development Goal targets, the Declaration is expected to inform discussions at the 2019 United Nations General Assembly high-level meeting on universal health coverage.

Media training

First media training on primary health care

23–24 August 2018

Almaty, Kazakhstan

The media plays a critical role in the effective delivery of key messages on health and health

Box 16 Special release of a memoir on the 1978 International Conference on Primary Health Care

On the 40th anniversary of the International Conference on Primary Health Care, Professor Toregeldy Sharmanov published a historical account of the Declaration of Alma-Ata. The book details the lead up to and proceedings of the 1978 conference, analysing key factors determining its success. It offers unique, firsthand insights from Professor Sharmanov, creating a detail-rich account of the health and sociopolitical landscape at the time.

The WHO European Centre for Primary Health Care supported the review and editing of the English version. The book is now available in Kazakh, Russian and English and was launched at the Global Conference on Primary Health Care in October 2018.

care to the public. On this anniversary year of primary health care, engaging the public in a conversation on this important topic was a priority. The resulting communication campaign around primary health care is testament to this effort. The campaign included a series of infographics, videos and news stories, made possible through the shared efforts of Conference organizers, the Government of Kazakhstan, WHO and UNICEF.

The Centre, together with communication colleagues from the WHO Regional Office for Europe, engaged media experts in a first-of-its-kind workshop on primary health care. Taking a subregional focus, the workshop brought together more than 20 journalists and media experts from Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation and Tajikistan.

The two-day workshop introduced participants to primary health care, including its evolution, impact and central role toward universal health coverage. A session on data presented reliable sources of comparable information as well as tips for interpreting findings. Participants also explored examples of primary health care in their countries and had the opportunity for a question-and-answer period with Juan Tello, Head of Office for the WHO European Centre for Primary Health. During additional group discussions, participants brainstormed innovative ways to target the public and effectively deliver messages on primary health care. Feedback from these first participants will be used to refine the training programme for wider use by the Centre to deliver capacity building training for national media and health ministry press officers.



Media training for the Global Conference on Primary Health Care

15 October 2018

Astana, Kazakhstan

In the days immediately preceding the Global Conference on Primary Health Care, journalists and editors from major Kazakh media outlets along with Ministry of Health press secretaries convened in Astana for a one-day media training session, which was organized by the Ministry of Health, WHO European Centre for Primary Health Care, and WHO Country Office. Key messages of the Conference were presented and discussed, together with the programme and available resources.

Public Health Panorama: special issue on primary health care

In December 2018, a special issue of *Public Health Panorama* dedicated to primary health care was released. *Public Health Panorama* is a peer-reviewed, bilingual (English-Russian) open-access journal published by the WHO Regional Office for Europe. The WHO European Centre for Primary Health Care was a publishing partner and guest editor for this special issue.

The issue published three editorials; interviews

on topics including the future of hospitals, role of professional associations and an innovative crowdsourcing campaign to improve polyclinics in the Russian Federation; case studies from Germany, Kazakhstan, Slovenia and Tajikistan; short communications on integrated health and social care; research on using survey tools to assess coordination; and a review on primary health care in Greece.

The need to accelerate primary health care was a key message and theme throughout. The editorials proposed 10 policy accelerators drawn from the other published articles and made the case that research and practice have minimized uncertainty and provided a clear action agenda (Box 17). The second technical editorial adopts a unique approach to bring on board varied perspectives to start a conversation on implementation with actors at different levels of engagement and illustrate the cross-sectorial action required to see through bold policy choices.

Preparations for this special issue began in early 2018 with a call for articles. The Centre supported the dissemination of this call through its network, receiving a record number of submissions. A systematic technical review process by the Centre and further review by the journal's editorial board was followed by a standard peer-review process.

Box 17 Public Health Panorama Volume 4, Issue 4, December 2018 – Primary health care: time to accelerate

This issue of *Public Health Panorama* is on primary health care. All articles are open-access and available in English and Russian.



http://www.euro.who.int/__data/assets/pdf_file/0011/389648/php-4-4-eng.pdf?ua=1



Advantages to Kazakhstan

Centre of excellence in the WHO European Region

The WHO European Centre for Primary Health Care is one of five centres of excellence in the WHO European Region supporting region-wide technical expertise and country advice while bringing international recognition to their respective host countries.

Geographically dispersed offices of the WHO Regional Office for Europe are centres of technical excellence on priority technical areas in the European Region. The offices are fully integrated in the activities of the Regional Office and enhance its capacity to tackle priorities through additional expertise and resources, while leveraging their dispersed locations to work closely with countries.

In accordance with the strategy of the WHO Regional Office for Europe with regards to geographically dispersed offices (EUR/RC54/9), the Regional Director is expected to report every five years to the Regional Committee on the work of the offices. In September 2018 at the 68th session of the WHO Regional Committee for Europe, reporting on geographically dispersed offices for the five-year period from 2014–2018 was presented. This marked the first reporting cycle for the WHO European Centre for Primary Health Care. A progress report with dedicated sections for each centre of excellence highlighted their achievements over the course of the reporting period, lessons learned and upcoming priorities.

International partnerships, collaborations and visitors

The WHO European Centre for Primary Health Care hosted more than

300 international visitors in 2018 representing countries, leading academic institutions, professional associations and other special interest groups.

From participating in informal workshops, large-scale technical events and consultations, to conducting joint missions and collaborating on reports or other technical products, the Centre continuously engages its diverse network to source expertise and wide variety of perspectives to shape health services priorities.

Over the course of 2018, the Centre engaged nearly 50 different stakeholders, including:

- local, regional and national authorities in Kazakhstan;
- international development partners;
- universities and think tanks;
- associations and special interest groups; and
- different offices of WHO and its centres of excellence.

Local presence

Extending partnerships to a wide range of national and local partners in Kazakhstan and joining more than 10 national events in 2018

In its third year at its premises in Almaty, the Centre widened its network and deepened its engagement to participate in more events across Kazakhstan than any year prior. From the Ministry of Health and its affiliate centres (including the Republican Centre for Healthcare Development and e-Health Centre) to national associations for primary health care, family physicians and medical students to local universities, the Centre joined more than 10 national events in 2018. Key events included national consultations on primary health care, annual meetings of professional

associations, and multiple training programs and workshops. Highlights from 2018 local collaborations are highlighted below.

Collaborations with the Kazakh National Medical University

Situated on the premises of the Kazakh National Medical University, over the past three years the Centre has worked closely with the university's administration to identify areas of collaboration and launch initiatives such as an international lecture series and internship programme for students. In 2018, with the support of the university's rector, several areas of partnership were diversified and strengthened. Among other initiatives that continue to enrich this important collaboration, joint initiatives included: organizing a pre-event to the Global Conference on Primary Health Care; developing a community-centred primary health care pilot in Medeu; running the Almaty marathon; and developing a website hosted by the Kazakh National Medical University to showcase activities of the Centre in English and Russian.

First open house for Almaty-based United Nations and development organizations

On 12 September 2018, the WHO European Centre for Primary Health Care opened its doors to welcome local partners in a first open house on its premises at the Kazakh National Medical University. Organized for the 40th anniversary of the Declaration of Alma-Ata, the event served as a unique opportunity to celebrate and exchange work across organizations related to primary health care. The open house brought together local public health authorities, academia, locally based development partners (including the World Bank, American Chamber of Commerce in Kazakhstan and United States Agency for International Development), and was attended by nine different United Nations agencies, as well as practitioners, students and experts working closely with the Centre. The WHO Representative to Kazakhstan and Vice-Minister of Health welcomed participants to the Centre, and speeches and displays around the office showcased the Centre's different areas of work.



Events across Kazakhstan

Centre staff engaged closely in more than 10 events organized by national authorities, professional associations and development partners. Examples of engagements included: delivering the opening speech at the III Congress of Family Physicians; participating in the national consultation on women and babies; delivering a keynote address at a conference for young researchers at the Kazakh National Medical University; and participating in events organized by development partners including the International Federation of the Red Cross and Red Crescent Societies.

The Almaty Marathon

Keeping with tradition, on 22 April 2018 the WHO European Centre for Primary Health Care joined 14,000 runners to participate in the annual Almaty marathon—one of the largest sporting events in central Asia. In 2018, the Centre teamed up with the Kazakh National Medical University, encouraging staff, students and their families to join the run. At this year's race the finish line had dedicated stations to measure blood pressure and heart rates, with a team of nurses to provide advice based on readings. The Centre aims to continue to expand its team of runners each year.

Highlights from news features

The 40th anniversary of primary health care garnered a wide range of media attention on the subject as well as the work of WHO and the Centre. Highlights from news stories in 2018 include:

- **Health for all: how to achieve it [Russian] 12 December 2018, Life Online Magazine, Ukraine**
On Universal Health Coverage Day, describes what universal health coverage is and the role of primary health care in achieving it.
Read it online here:
<https://life.pravda.com.ua/columns/2018/12/12/234592/>
- **WHO's alarm: In Europe too many men die from preventable causes [Italian] 17 September 2018, Italy**
Following the endorsement of the strategy on men's health and well-being, this article highlights the critical role of primary health care in improving access to first-contact preventive care.



Read it online here:
https://www.repubblica.it/salute/medicina-e-ricerca/2018/09/18/news/troppi_uomini_muiono_giovani_per_cause_prevenibili-206697840/?ref=search&refresh_ce

- **Former minister of health 40 years later tells about the document that wrote Almaty into history [Kazakh and Russian] 12 September 2018, Kazakhstan**

Celebrations for the official 40th anniversary of the Declaration of Alma-Ata were featured in local news articles like this.

Read it online here:
<https://www.zakon.kz/4936835-eks-ministr-zdravoohraneniya-40-let.html>

- **The role of primary health care in combating antibiotic resistance [Russian] 20 November 2018, Kazakhstan**

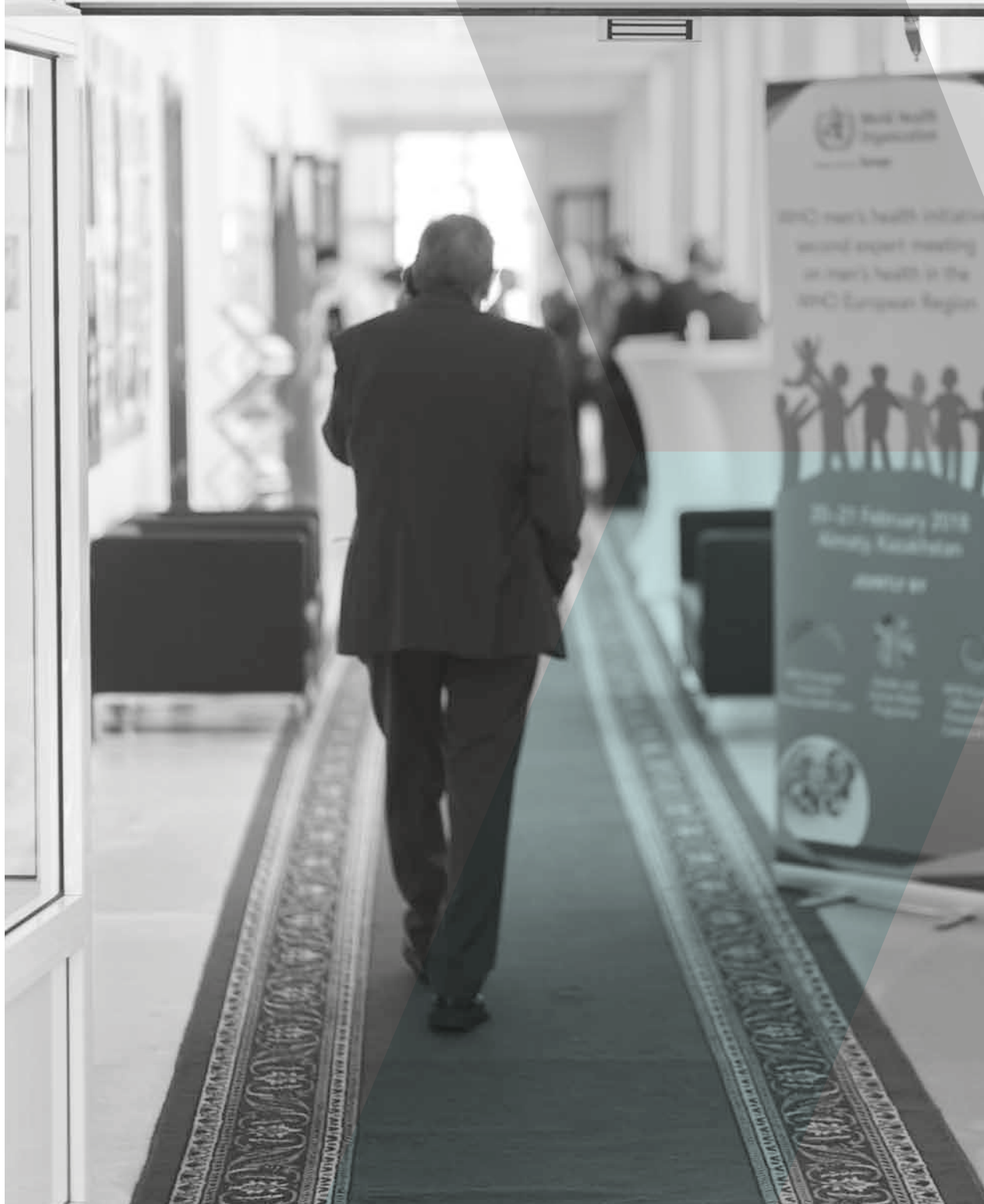
This article by the Kazakhstan Pharmaceutical Bulletin highlights key discussion points from the three-day consultation on the role of primary health care in the proper use of medicines and reducing antimicrobial resistance.

Read it online here:
http://pharmnews.kz/ru/article/rol-pmsp-v-borbe-s-antibiotikorezistentnostyu_14490

Geographically
dispersed office
(GDO)
for primary
health care
WHO Europe



Географически
удаленный
офис (ГУО)
по первичной
медико-санитарной
помощи
Европейское
региональное
бюро ВОЗ



The way forward

“Today, instead of health for all, we have health for some. We all have a solemn responsibility to ensure that today’s Declaration on primary health care enables every person, everywhere to exercise their fundamental right to health.”

Declaration of Astana, Global Conference on Primary Health Care, 25–26 October 2018, Astana, Kazakhstan

The year 2018 marked a new era of intensified implementation of a primary health care approach toward 2030 global health targets. From documenting decades of evidence and experience in primary health care, to working closely with

countries on reforms, to convening Member States and partners to celebrate the legacy of primary health care, 2018 will be remembered as a pivotal moment in regaining commitment and momentum for strengthening primary health care.

In 2019, attention now turns to sustaining this momentum and prioritizing implementation. The year also marks the beginning of WHO’s 13th General Programme of Work for 2019–2023,²⁹ which has been shaped by the ambitious vision set out in the aspirational Triple Billion targets:

- 1 billion more people benefiting from universal health coverage
- 1 billion more people protected from health emergencies
- 1 billion more people enjoying better health and well-being

This organization-wide Programme is guided by a focus on achieving impact for people at the country level. It has the potential to transform the way WHO works by anchoring technical assistance in measurable results, implementing the Sustainable Development Goals and, ultimately, increasing the likelihood that the Triple Billion targets will be met.

In pursuit of promoting health, keeping the world safe and serving the vulnerable, primary health care-based health systems underpin all outcomes of the new Programme. By weaving together multisectoral policy and action, empowered people and communities, and primary care services at population and individual levels, a primary health care approach has the potential to accelerate access to and uptake of quality,

²⁹ Thirteenth General Programme of Work, 2019–2023: proposed programme budget 2020–2021 – WHO Impact Framework. World Health Organization Executive Board 144 session (EB144/7); 2018 (http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_7-en.pdf?ua=1).

affordable health services. This potential has earned primary health care the status of being a key Sustainable Development Goal accelerator.

30,31

In 2019, transformative action will begin with the implementation of key elements set out in the Astana Declaration. The WHO European Centre for Primary Health Care is taking up the task to support its implementation and WHO's new Programme of Work in the scope of transforming the delivery of high-quality, people-centred health services across the WHO European Region. The work of the Centre remains fully aligned to and guided by European health policies including the WHO European Framework for Action on Integrated Health Services Delivery. It also builds upon existing mechanisms, like the Issue-based Coalition for Health, offering a platform to collaboratively define a joint agenda in countries.

We will analyse

- **Enabling integrated, people-centred health services.** Building on country case studies developed on long-term care, the Centre aims to consolidate findings in country reports and summarize lessons learned to identify policy levers to leapfrog the integration of health and social sectors in practice.
- **Strengthening primary health care.** At the 69th session of the Regional Committee for Europe in September 2019, a shortlist of primary health care policy accelerators will be put forward in the context of discussions on the implementation of the Astana Declaration in the European Region. The Centre continues to lead the technical development of this work as well as the further refinement of tools such as a rapid assessment guide on primary health care from a population perspective.
- **Ensuring effective governance of quality of care.** Keeping the momentum generated by flagship reports on quality of care in 2018, the Centre will continue to advance resources focused on strengthening quality of care from a steward's perspective. Applying the framework of a quality of care continuum, the use of quality

of care mechanisms in countries will be explored and mapped to expand and contextualize the catalogue of quality of care mechanisms developed in 2018.

- **Monitoring health services delivery.** In 2019, the Centre aims to document the process of developing the framework and suite of indicators underpinning PHC-IMPACT. The continued advancement of this tool is expected to include collection of hospitalization data for ambulatory care sensitive conditions, the wider piloting of the instrument and use of modules like on out-of-hours primary care, and the further development of electronic platforms to profile country-specific findings for decision-makers.
- **Strengthening health systems to respond to NCDs and other disease-specific services.** The Centre will continue to prioritize collaborations across technical units of WHO and its centres of excellence for health systems strengthening from a services delivery perspective, adopting a gender approach for better NCD outcomes and disease-specific services for key areas such as adolescent mental health.
- **Strengthening the health workforce.** To support integrated, people-centred services, the Centre will continue to focus on multidisciplinary teams, skill mix and ongoing efforts to develop tools and training curricula for improving communication skills.
- **Responsible use of medicines in primary care.** Working to tackle the global threat of AMR, the Centre plans to further explore policy options including the advancement of guidelines and professional competencies to improve dispensing and use of antibiotics in primary care as well as the development of indicators that capture prescribing practices and safeguard quality.

We will advise

- **Technical assistance to support the setup and piloting of new models of care.** Providing technical assistance to introduce new models

³⁰ Global action plan for healthy lives and well-being for all: uniting to accelerate progress towards the health-related SDGs. Geneva: World Health Organization; 2018 (https://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf).

³¹ Accelerator discussion frame: accelerator 2: primary health care [draft]. Geneva: World Health Organization; 2019 (<https://www.who.int/docs/default-source/global-action-plan/accelerator2.pdf>).

of care is a core component of the Centre's work. This includes providing support from the early design phases of pilot initiatives like in Poland, Serbia and Uzbekistan, through to starting implementation such as in Kazakhstan's Medeu pilot, Hungary's COPD integrated care pilot or Romania's community-based model of care initiative. The Centre also provides ongoing technical and monitoring guidance for initiatives like those in Belarus, Georgia and Tajikistan.

- **Strategic support to countries embarking on reforms.** The Centre provides strategic advice to countries embarking on large-scale health reforms. In 2019, the Centre will continue to support countries including Albania, Greece, Kyrgyzstan, and North Macedonia that are in the process of implementing system-wide reforms, as well as priority-setting processes in countries like Montenegro.
- **Facilitating policy dialogues.** In 2019, the Centre will continue to facilitate policy dialogues on pertinent topics, generating evidence on the capacity, performance and impact of primary health care and exploring different models of care in practice.

We will share

- **Joint technical events.** The Centre will continue to participate in and contribute to joint technical events over the course of the year, beginning with a joint technical workshop on mental health services in early 2019.
- **Participating in international conferences.** The Centre will continue to share and provide updates on advancements in technical areas of its work throughout 2019, including the development of PHC-IMPACT.
- **Continuing to increase dissemination efforts in English and Russian.** In 2019, the Centre aims to expand its online presence, including new videos and web content in English and Russian, as well as web and print resources including the publication of country reports, peer review articles, and briefs for decision-makers in both languages.
- **Capacity building efforts.** Capacity building efforts such as lectures and studentships are expected to be a continuing priority, as well as continuing to extend the engagement of the Centre's staff at events across the Region through virtual interventions where possible.



Annexes

Publications in 2018

Reports and chapters

A scoping review on health services delivery in Kyrgyzstan: what does the evidence tell us? Copenhagen: WHO Regional Office for Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0005/378842/ENG_09_Kyrgyzstan-HSD_final-web.pdf?ua=1).

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Month- by-month

JANUARY

15 January

Copenhagen, Denmark

Participated in a meeting with the Danish Health Authority on strengthening primary health care in Denmark

15–18 January

Tirana, Albania

Conducted an assessment mission and field visits on the feasibility of primary health care in Albania

15–17 January

Geneva, Switzerland

Participated in a global workshop on improving the prevention, diagnosis and management of sepsis

22–23 January

Almaty, Kazakhstan

Attended a United Nations Operational Management Team retreat

29 January–1 February

Lisbon, Portugal

Conducted a data collection mission for study on long-term care in Portugal

30 January–2 February

Copenhagen, Denmark

Participated in the annual office-wide retreat of the Division of Health Systems and Public Health of the WHO Regional Office for Europe

FEBRUARY

5–8 February

Copenhagen, Denmark

Participated in the annual Head of Office retreat of the WHO Regional Office for Europe

12–14 February

Geneva, Switzerland

Participated in the global coordination meeting in preparation for the Global Conference on Primary Health Care

16 February

Almaty, Kazakhstan

Participated in a national consultation – Women and babies in places of deprivation of liberty in Kazakhstan

20–21 February

Almaty, Kazakhstan

Jointly coordinated the second expert meeting on men's health and well-being with the Gender and Human Rights Programme and WHO European Office for the Prevention and Control of NCDs of the WHO Regional Office for Europe

28 February

Toledo, Spain [virtual]

Spoke at the launch of the Integrated Care Implementation Plan for Castilla in La Mancha Region, Spain

MARCH

1–2 March

Almaty and Astana, Kazakhstan

Conducted a logistics assessment mission in preparation of the Declaration of Alma Ata 40th anniversary events in October 2018

2 March

Kent, United Kingdom

Presented at the European Symposium on Integrating Primary and Community Care organized by the European Forum for Primary Care and hosted at the University of Kent

5–6 March*Copenhagen, Denmark*

Participated in preparatory working meetings on the communication strategy for the Global Conference on Primary Health Care

12–16 March*Brest and Minsk, Belarus*

Participated in a meeting on the TB-REP³² project in Brest and follow-up monitoring of BELMED pilots in Minsk

15 March*London, United Kingdom [virtual]*

Delivered annual lecture for health systems development course at Imperial College London

20–22 March*Geneva, Switzerland*

Presented at the global capacity building workshop organized by WHO on the National Quality Policy and Strategy Handbook

APRIL**12 April***Astana, Kazakhstan*

Participated in a roundtable on the development of the primary health care concept for Kazakhstan

16–18 April*Sitges, Spain*

Facilitated parallel sessions and plenary at high-level regional meeting – Health systems respond to NCDs: experience in the European Region

16–20 April*Almaty, Kazakhstan*

Organized a working meeting on LimeSurvey software in partnership with the WHO European Office for the Prevention and Control of NCDs

16–20 April*Bishkek, Kyrgyzstan*

Organized a meeting with national stakeholders and partners to discuss a quality of care framework and pilots for clinical audits in Kyrgyzstan

19 April*Almaty, Kazakhstan*

Delivered a keynote at the International Conference of Young Researchers Akanov

Reading: Recent Actualities of Medicine and Health Care Organization

22 April*Almaty, Kazakhstan*

Ran the annual Almaty city marathon in partnership with the Kazakh National Medical University

23–25 April*Ljubljana, Slovenia*

Presented at the spring school in Slovenia on whole-of-society approaches and the role of primary health care in population health, prevention, and intersectoral action for health equity and well-being

25–26 April*Almaty, Kazakhstan*

Delivered the opening speech and presentation at III Congress of Family Physicians in Kazakhstan

30 April*Astana, Kazakhstan*

Conducted a one-day preparatory mission in advance of a data collection workshop for PHC-IMPACT pilot in Kazakhstan

MAY**2–4 May***Almaty, Kazakhstan*

Participated in the 10th European Regional Conference of the International Federation of the Red Cross and Red Crescent Societies

14–17 May*Astana, Kazakhstan*

Conducted a data collection mission and key informant workshop for PHC-IMPACT pilot in Kazakhstan

6–18 May*Tirana, Albania*

Conducted a technical mission to complete a rapid primary health care assessment in Albania

14–18 May*Skopje, North Macedonia*

Conducted a scoping mission to meet with health authorities and visit health facilities

³² Tuberculosis Regional Eastern Europe and Central Asia Project.

15–18 May*Manila, Philippines*

Sponsored participants for a consultation on hospital planning and management in Asian countries and international taskforce management

23–26 May*Riga, Latvia*

Participated in a WHO workshop on implementation of safe surgery checklist in Latvia

27–31 May*Podgorica, Montenegro*

Conducted a preparatory mission to discuss data sources and approach for assessing ambulatory care sensitive conditions

28–31 May*Sofia, Bulgaria*

Reviewed the performance of health services delivery and commissioning toward quality improvements and potential efficiency gains of a large health system transformation

28–31 May*Almaty, Kazakhstan*

Facilitated a communication training workshop for general practitioners and nurses at the Kazakh School of Public Health

30 May–1 June*Baku, Azerbaijan*

Presented at the annual meeting of the European Forum of Medical Associations

JUNE**3–7 June***Minsk, Belarus*

Conducted follow-up training for primary health care pilots of the BELMED project and presented the role of primary health care teams in NCD prevention at the International Family Medicine Conference in Belarus

6–7 June*Riga, Latvia*

Participated in an international conference on improving patient safety and service quality

13–14 June*Tallinn, Estonia*

Participated in the 10th anniversary of the Tallinn

Charter – Health systems for prosperity and solidarity: leaving no one behind

18–20 June*Bucharest, Romania*

Facilitated a workshop for project development – Strengthening the Network of Primary Health Care Providers in Romania

18–19 June*Copenhagen, Denmark*

Participated in a Global Coordination Team retreat for the Global Conference on Primary Health Care

20–22 June*Budapest, Hungary*

Presented in a parallel session of the European Health Management Association 2018 annual conference: Making it happen

25–28 June*Belgrade, Serbia*

Conducted a joint mission on primary health care and integrated health services in Serbia

24–29 June*Oxford, United Kingdom*

Sponsored Member State participants in the International Summer School on Integrated Care

28 June*Venice, Italy [virtual]*

Presented to participants on a study tour to Italy organized by WHO Country Office based in Jerusalem

JULY**2–4 July***Astana, Kazakhstan*

Conducted an expert consensus workshop as part of the final data collection process for PHC-IMPACT

2 July*Bishkek, Kyrgyzstan*

Presented on behalf of the Centre at the WHO Country Office in Kyrgyzstan retreat

3 July*Bishkek, Kyrgyzstan*

Presented at a workshop on the development of a roadmap for quality of care for Kyrgyzstan

12 July*Almaty, Kazakhstan*

Collected final expert inputs for the PHC-IMPACT pilot in Kazakhstan with Almaty-based representatives

16–17 July*Bishkek, Kyrgyzstan*

Conducted a data collection mission on the readiness of emergency services in Kyrgyzstan

16–20 July*Skopje, North Macedonia*

Conducted a context assessment to explore the health services information system and its potential to generate evidence for decision-making in North Macedonia

22–28 July*Venice, Italy*

Sponsored Member State participants to the Venice Summer School: Quality of care – Improving effectiveness, safety, and responsiveness

23–27 July*Tirana, Albania*

Participated in a primary health care assessment mission in Albania

25–26 July*Geneva, Switzerland*

Participated in a global WHO expert consultation on the development of tools and methods for patient safety assessments

AUGUST**6–10 August***Pristina, Kosovo³³*

Conducted a rapid assessment on the status of health services delivery in primary health care in Kosovo

23–24 August*Almaty, Kazakhstan*

Facilitated a regional media capacity building workshop on primary health care

29 August*Copenhagen, Denmark*

Participated in the workshop – Making the economic case for primary health care

29–30 August*Dushanbe, Tajikistan*

Conducted an emergency care system assessment in Tajikistan

30–31 August*Stockholm, Sweden*

Participated in a meeting on the implementation of the Action Plan for Sexual and Reproductive Health Towards Achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

30–31 August*Copenhagen, Denmark*

Participated in a workshop of the WHO Regional Office for Europe on the integration of public health services and primary health care

SEPTEMBER**2–6 September***Bucharest, Romania*

Conducted a mission on the development of a community care model to overcome health system barriers and the implementation of telemedicine in Romania

4–5 September*Minsk, Belarus*

Facilitated a workshop on governance of quality of care in Belarus

12 September*Almaty, Kazakhstan*

Celebrated the 40th birthday of primary health care and the first open house of the WHO European Centre for Primary Health Care

13 September*Apulia, Italy [virtual]*

Welcomed participants at the Forum Mediterraneo Santia: 40th universal of the declaration of Alma-Ata – the reform of community medicine

14–18 September*Skopje, North Macedonia*

Participated in a cancer impact mission to assess cancer control in North Macedonia to provide a health system perspective

³³ In accordance with United Nations Security Council resolution 1244 (1999)

17–19 September*Dushanbe, Tajikistan*

Conducted planning meeting on the development and rollout of business planning with the Republican Centre for Family Medicine in Tajikistan

18 September*Astana, Kazakhstan*

Participated in the opening of the Primary Health Care Association of Kazakhstan

16–20 September*Rome, Italy*

Participated in the 68th session of the Regional Committee for Europe meeting, including breakfast briefing on geographically dispersed offices

24–25 September*Crete, Greece*

Delivered a keynote address and facilitated a workshop at the 13th European Forum for Primary Care: Vulnerability and Compassion: the role of Primary Care in Europe – how to overcome the austerity period?

26–29 September*Skopje, North Macedonia*

Conducted an assessment on health services delivery and information systems in North Macedonia

OCTOBER**2 October***Sofia, Bulgaria*

Contributed to the National Round Table Discussion on the Future in Health Care in Bulgaria

2–5 October*Minsk, Belarus*

Delivered a multidisciplinary training of primary health care professionals on people-centred primary health care BELMED project activities in Belarus

8–12 October*Dushanbe, Tajikistan*

Participated in an interdivisional mission to plan the implementation and evaluation of WHO HEARTs project for improved management of hypertension in services and the extension of business planning for quality improvement in primary health care

10 October*Copenhagen, Denmark*

Facilitated an inter-programmatic consultation: the future of primary health care in the WHO European Region

15 October*Astana, Kazakhstan*

Conducted a media training in advance of the Global Conference on Primary Health Care

18–19 October*Kiev, Ukraine*

Participated at the International Conference on NCDs: lessons learned from international experiences

22–23 October*Krakow, Poland*

Participated in a patient safety workshop in Poland

23–24 October*Almaty, Kazakhstan*

Coordinated the regional event: Scientific conference: crossroads of policy, research, education and practice in primary health care in Almaty, Kazakhstan

24 October*Almaty, Kazakhstan*

Supported the WHO Healthy Cities Summit of Mayors: cities at the frontline of health and well-being for all

25–26 October*Astana, Kazakhstan*

Participated in and facilitated a session at the Global Conference on Primary Health Care

30 October – 1 November*Almaty, Kazakhstan*

Coordinated the event: Cross-programmatic consultation on the role of primary care in the responsible use of medicines and reduction of antimicrobial resistance

NOVEMBER**5–8 November***Bishkek, Kyrgyzstan*

Conducted an exploratory mission to assess recent priorities for primary health care development

6–7 November*Ljubljana, Slovenia*

Presented at the South-eastern European Health Network meeting: strengthening primary health care systems

12–16 November*Skopje North Macedonia*

Organized a National Expert Consultation on the development of the primary health care strengthening programme in North Macedonia

13 November*Rotterdam, the Netherlands*

Lectured at International Comparison of Health Care Systems course, Netherlands Institute for Health Services in collaboration with WHO Collaborating Centre, University of Amsterdam

16 November*Almaty, Kazakhstan*

Conducted first interactive workshop on setting priority health needs for community-centred primary health care

18–21 November*Tashkent, Uzbekistan*

Participated in a mission on the development of a new concept of health sector development in Uzbekistan

21 November*Barcelona, Spain [virtual]*

Presented at the technical session of the Health and Social Consortium of Catalonia on Primary Health Care in Catalonia: 40 years of Alma-Ata

21–23 November*Warsaw, Poland*

Conducted expert consultation on opportunities to strengthen the role of nursing in integrated primary care services delivery in Poland

22 November*Prague, Czech Republic [virtual]*

Presented at the conference on primary health care of the Ministry of Health of the Czech Republic

26–30 November*Ashgabat, Turkmenistan*

Joined the country assessment of health systems strengthening for better noncommunicable disease outcomes in Turkmenistan

26–28 November*Copenhagen, Denmark*

Participated in face-to-face planning meetings with heads of country offices and regional office programme managers on the Global Programme of Work 13 and Programme Budget 2020–2021

DECEMBER**4–7 December***Kiev, Ukraine*

Participated in a scoping mission on the governance of quality of care in Ukraine

5 December*Almaty, Kazakhstan*

Conducted a second interactive workshop on defining priorities and strategic actions for community-centred primary health care in Kazakhstan

11–13 December*Almaty, Kazakhstan*

Coordinated an event jointly organized with the Programme on Healthy Ageing, Disability and Long-term Care: Leapfrogging the integration of long-term care for older people in the European Region: getting it right, fast

17 December*Podgorica, Montenegro*

Facilitated a consensus workshop on the survey of health practitioners in Montenegro

21 December*Virtual*

Public Health Panorama special issue launched: Primary health care: time to accelerate

The WHO Regional Office for Europe

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