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2019
WHO European
Centre for Primary
Health Care
annual report



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

WHO European Centre for Primary Health Care: annual report of activities 2019

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

Abstract

In 2019, the WHO European Centre for Primary Health Care worked closely with the WHO Regional Office for Europe, other programmes, partners and, most importantly, the countries, to advance primary health care work along three pillars – direct country support, analysis and policy development and knowledge management. Key achievements in 2019 include supporting close to 20 countries across the Region in assessing primary health care, measuring performance and developing policies on health services delivery, designing a country assessment framework for the delivery of long-term care, and developing a list of 10 policy accelerators for strengthening primary health care. This report details all the activities in 2019 according to the three pillars of work and provides insight into the Centre’s new strategic direction for the future.

Abbreviations

BELMED	preventing noncommunicable diseases, promoting healthy lifestyle and support for modernization of the health system in Belarus 2016–2019
OECD	Organisation for Economic Co-operation and Development
PHC-IMPACT	Primary Health Care Impact, Performance and Capacity Tool

Acknowledgements

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Yelzhan Birtanov, Minister of Health of Kazakhstan, and Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, at the Global Conference on Primary Health Care in Astana, 2018

Preface

This annual report presents the results of an exciting year with many changes for the WHO Centre for Primary Health Care (Almaty Centre). It has been a true privilege to continue the Centre's engagement in advancing the primary health care agenda in the WHO European Region and to support some of the many countries that have begun to operationalize their commitments to the 2030 Agenda for Sustainable Development, the 2018 Declaration of Astana and other regional and global action plans and policy frameworks.

The year began with the launch of WHO's 13th General Programme of Work 2019–2023, which articulates WHO's mission – to promote health, keep the world safe and serve vulnerable people – and three overarching goals to be achieved jointly by WHO and its Member States: (1) 1 billion more people benefiting from universal health coverage, (2) 1 billion more people better protected from health emergencies and (3) 1 billion more people enjoying better health and well-being. The triple billion targets are to be achieved through a variety of strategic and organizational shifts that are transformational in nature. A fourth goal – an effective WHO – is intended to facilitate the achievement of the triple billion targets while also responding to calls from Member States for WHO reform.

Among the key strategic and operational shifts, three have had transformational impact on the Almaty Centre. The first is an emphasis on greater drive for public health impact in countries, which has led to a strategic shift in the nature of the work carried out by the Almaty Centre towards greater emphasis on direct country support with clear potential for public health impact and less on stand-alone assessments carried out without explicit follow-up to support implementation of recommendations. The second is the importance of achieving measurable outcomes, which now serves as a goal for all the Almaty Centre's work. The third shift focuses on fostering a people-centred culture and working environment within WHO in recognition of the importance of such a culture if WHO is to achieve more and better results.

To align the work with the 13th General Programme of Work, the Almaty Centre began 2019 by launching a series of initiatives with the aim of establishing a more people-centred culture and working environment internally. Since the Almaty Centre is working with Member States to establish people-centred primary health care, it is only right that the Almaty Centre also embodies this value internally.

In addition to the strategic and operational shifts, the Almaty Centre also saw considerable turnover among its staff. Several staff members and long-term consultants departed for new and exciting opportunities, including Juan Tello, who as Head of Office was instrumental in establishing the Almaty Centre in 2016. We thank him for his leadership during the past three years.

Transformational changes are never easy, since by definition they require people to venture outside their comfort zones, but the team has shown remarkable resilience and is committed to walking the talk of WHO's new strategic vision. They have worked exceedingly hard to deliver measurable results for the countries we support. I am therefore very proud to present to you the achievements of 2019. None of this would have been possible without the generous support of the Government of Kazakhstan. I would like to extend a special thank you to Minister of Health, Dr Birtanov Yelzhan Amantayevich, whose global leadership in promoting primary health care as an important tool to accelerate progress on universal health coverage is visible throughout the European Region and beyond. Dr Birtanov's commitment to primary health care inspires our work and is instrumental in enabling us to further the primary health care agenda and support countries in the European Region.

Anne S. Johansen
Acting Head of Office
WHO European Office for Primary Health Care

2019 Highlights

DIRECT COUNTRY SUPPORT

Building capacity for quality of care and integrated service delivery in Belarus

The Almaty Centre continued to support an integrated service delivery pilot project, organizing a multidisciplinary training course on improving clinical pathways for people with noncommunicable diseases. Preliminary data from reviews of the first phase of the project – currently being analysed and prepared for publication – shows an improvement in outcomes.

The Almaty Centre also held a national workshop to build the capacity of national stakeholders and policy-makers working on quality of care and facilitated a follow-up study tour for a high-level delegation from Belarus to Kazakhstan.

Supporting pilot projects in Kazakhstan

Using a participatory approach, the Almaty Centre developed a proposal for revising the scopes of practice of primary health care professionals in two primary health care pilot projects in the Medeo district of Almaty, aiming to enhance the role of nurses, social workers and psychologists in disease prevention activities and to empower the community. To assist the project in improving the prevention and management of hypertension and diabetes, the Almaty Centre also analysed the current surveillance system of hypertension and diabetes in primary health care and developed an outcome-oriented monitoring and evaluation framework based on the results.

Supporting primary health care development in Kyrgyzstan

The Almaty Centre presented the key findings and recommendations from a mission in 2018 that assessed the country's vision and priority policies for the future of primary health care and organized a follow-up study tour to Kazakhstan to enable a delegation from Kyrgyzstan to learn from the positive steps Kazakhstan has made to improve its model of care. The study tour led to a request for additional support by the Almaty Centre and from key primary health care leaders from Kazakhstan to expand primary health care teams to include social and psychological services.

Assessing primary health care in Slovenia

The WHO European Office for Primary Health Care (Almaty Centre) assessed Slovenia's primary health care system in depth (1) to highlight its primary health model of care, which evidence suggests comes close to that envisioned by the Declaration of Alma-Ata and Declaration of Astana, providing people-centred, integrated primary health care through the life-course and (2) to identify the root causes of the health system challenges that are threatening the sustainability of its achievements.

Assessing a business planning initiative in Tajikistan

The Almaty Centre rigorously assessed a project that uses a business planning tool at the facility level to strengthen the managerial capacity of primary health care, focusing on budgeting and human resources. The assessment found that business planning increased both managerial capacity and the transparency of the health facilities' activities and resources. It also improved health outcomes, especially those of vulnerable groups.



2019 Highlights

ANALYSIS AND POLICY DEVELOPMENT

Ten policy accelerators – adopted at the 69th session of the WHO Regional Committee for Europe

16–19 September, Copenhagen, Denmark

The 69th session of the WHO Regional Committee for Europe in 2019 unanimously adopted 10 evidence-based policy accelerators for strengthening primary health care in the WHO European Region, which the Almaty Centre put forward to provide guidance in giving priority to evidence-based innovations for implementing and scaling up primary health care interventions.

Primary health care and social services for long-term care

The Almaty Centre developed a stream of work investigating integrating the health and social sectors for the delivery of long-term care. It developed a country assessment framework and applied this to a series of country studies.



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

The Almaty Centre furthered its work on the PHC-IMPACT series, the stream of work that aims at leveraging primary health care's potential to accelerate universal health coverage through health performance intelligence. In addition to expanding data collection efforts and working to build an electronic platform to display the data, the first country assessment, on Montenegro, was published.

KNOWLEDGE MANAGEMENT

First Anniversary of the Declaration of Astana on primary health care: from vision to action

25 October, Nur-Sultan, Kazakhstan

The Almaty Centre participated in a policy dialogue to celebrate the first anniversary of the Declaration of Astana, which Kazakhstan's Ministry of Health held to bring together key primary health care actors to identify challenges at the country and regional levels related to implementing the Declaration.

Primary Care towards Universal Health Coverage and the Sustainable Development Goals: official side event of the United Nations High-level Meeting on Universal Health Coverage

23 September, New York

At the invitation of Kazakhstan's Ministry of Health, the Almaty Centre attended an official side event, Primary Care towards Universal Health Coverage and the Sustainable Development Goals, organized by Kazakhstan and the United States at the United Nations High-level Meeting on Universal Health Coverage held on 23 September 2019 during the United Nations General Assembly.

Developing communication products

Aiming to communicate its key technical and analytical work to wide audiences, the Almaty Centre strengthened its efforts to share its most important content through multimedia in 2019. The products included a series of short videos and photo stories on the 10 policy accelerators and a video story on the health train in the Aktau and Mangistau regions of Kazakhstan.



About the Almaty Centre – meeting the primary health care challenge



International Conference on Primary Health Care, Alma-Ata, 1978

The enduring call for primary health care

The seminal Declaration of Alma-Ata in 1978 called for urgent and effective action to implement primary health care throughout the world. Although much has been achieved, the world has changed in ways that make the need for effective primary health care greater than ever. Thanks to demographic and epidemiological transitions, Europeans today live considerably longer lives, but increasingly have one or more chronic noncommunicable diseases that often require expensive treatment and lead to productivity as well as economic losses.

The 2030 Agenda for Sustainable Development (1) and the 2018 Declaration of Astana (2) have given new impetus to the primary health care agenda. The commitment to universal health coverage (Sustainable Development Goal 3.8) by 2030 means that countries need to ensure that all people have access to a range of promotive, preventive, curative, rehabilitative and palliative health services when they need it without suffering from financial hardship. Further, the services must be of sufficient quality to be effective (3).

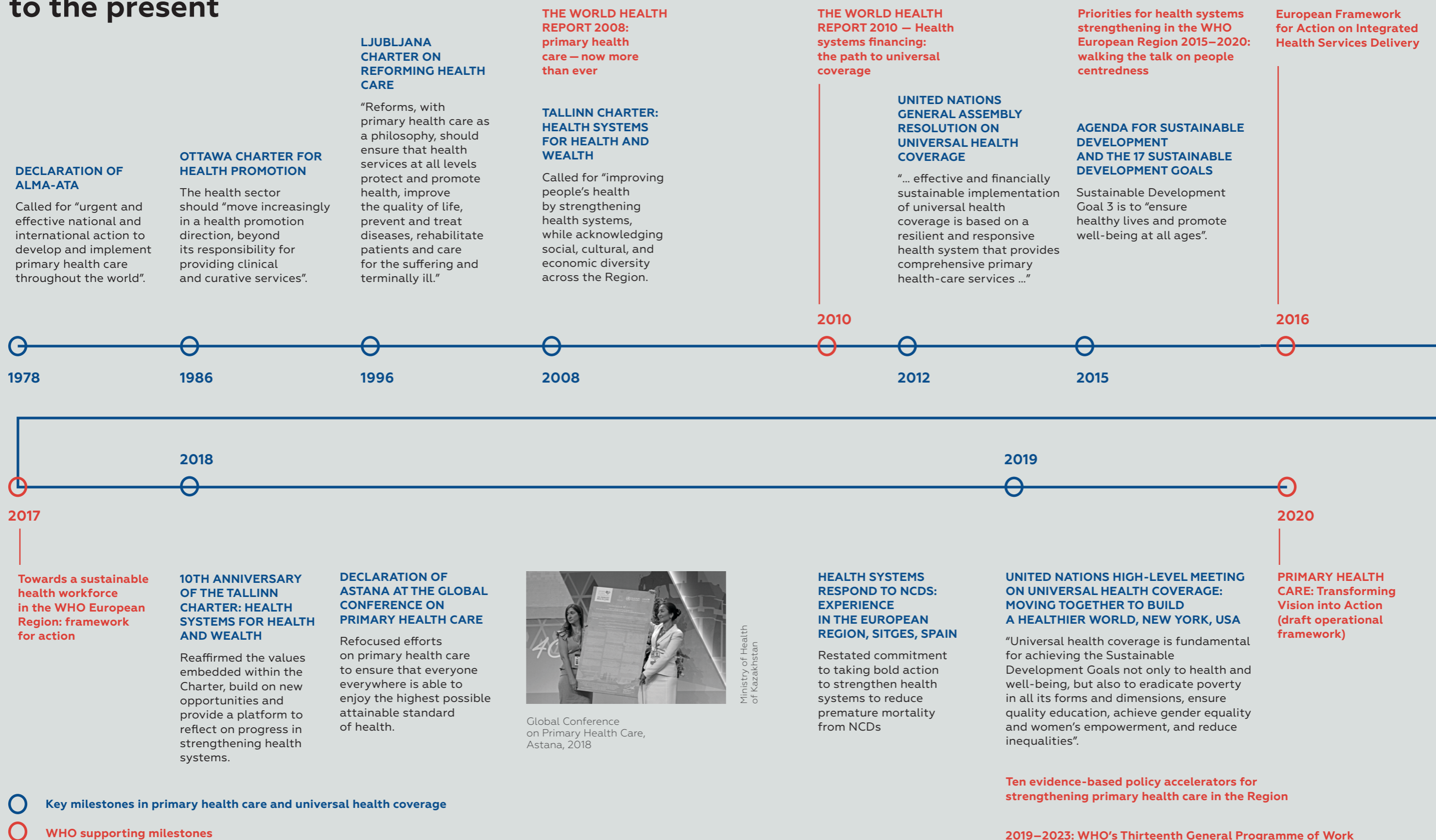
Despite a growing body of literature documenting that primary health care remains “the most inclusive, effective and efficient approach to enhancing people’s physical and mental health” (1), most countries need to strengthen their primary health care systems if they are to achieve its full potential. Thus, the call for primary health care is more urgent than ever.

About the WHO European Centre for Primary Health Care

The WHO European Centre for Primary Health Care in Almaty, Kazakhstan, is one of five specialized geographically dispersed offices of the WHO Regional Office for Europe. Organizationally, it is part of the Division of Health Systems and Public Health and is its flagship for country assistance on delivering people-centred health service delivery in the WHO European Region. Since 2016, the Government of Kazakhstan has hosted the Almaty Centre in the city of Almaty – the birthplace of primary health care – where the historic Declaration of Alma-Ata was signed in 1978.

The Almaty Centre supports countries wanting to make primary health care the “cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals” (1). Its portfolio of services for direct country support is adapted to the local context and range from policy dialogue and strategic guidance to technical assistance and capacity building. The Almaty Centre also carries out analysis and policy development on issues related to reforming and strengthening health services delivery in general and primary health care in particular.

The historical evolution of primary health care: from the Declaration of Alma-Ata to the present



Global Conference on Primary Health Care, Astana, 2018

Ministry of Health of Kazakhstan

THE ALMATY CENTRE WORKS TO MEASURABLY IMPROVE THE PERFORMANCE OF PRIMARY HEALTH CARE SYSTEMS IN COUNTRIES AS A MEANS TO ACHIEVING UNIVERSAL HEALTH COVERAGE, REDUCING INEQUITIES AND LEAVING NO ONE BEHIND.

THE ALMATY CENTRE WORKS THROUGH THREE PILLARS

01 / Direct country support

Aim

To directly support countries to assess, design and implement effective primary health care strategies, interventions and reforms to measurably improve primary health care systems and outcomes.

How

Reviews and assesses country systems to generate evidence.

Supports designing and implementing effective and efficient interventions in service delivery and related areas.

Supports the reform, governance, policy development and health system strengthening needed to affect change.

Builds capacity to address health workforce challenges and strengthen institutional capacity, including the use of national and inter-country workshops and study tours.

02 / Analysis and policy development

Aim

To develop a conceptually sound understanding of services delivery and health systems topics and contribute to an up-to-date body of evidence that guides policy decisions in countries and at the regional level.

How

Develops and implements normative tools, guidelines and frameworks for country and regional work.

Conducts expert reviews and assessments in collaboration with other technical programmes.

Develops evidence-informed policies and translates policies into practice.

Facilitates policy dialogue between and among countries, stakeholders and partners.

03 / Knowledge management

Aim

To develop platforms and networks and other opportunities to create, share, use and manage information; to communicate best practices and initiatives; and to foster learning.

How

Holds regional and intercountry workshops, meetings and other events.

Develops networks with experts, academic institutions, collaborating centres and other partners.

Develops communication strategies for the Almaty Centre and for countries.

01 / Direct country support

Aim

To directly support countries to assess, design and implement effective primary health care strategies, interventions and reforms to measurably improve primary health care systems and outcomes.

How

Reviews and assesses country systems to generate evidence. Supports designing and implementing effective and efficient interventions in service delivery and related areas. Supports the reform, governance, policy development and health system strengthening needed to affect change. Builds capacity to address health workforce challenges and strengthen institutional capacity, including the use of national and inter-country workshops and study tours.

01 / Direct country support

Assessment of primary health care



ALBANIA

Taking forward one of the main recommendations from the rapid assessment conducted in January 2018, the Almaty Centre carried out a more comprehensive study on the capacity and performance of primary health care in Albania. The data have been collected and analysed, and the report with actionable recommendations to strengthen the current model of primary health care and optimize performance is being finalized.

Further technical support was provided in 2019 to strengthen the planned reforms to the health system through a series of remote consultations.

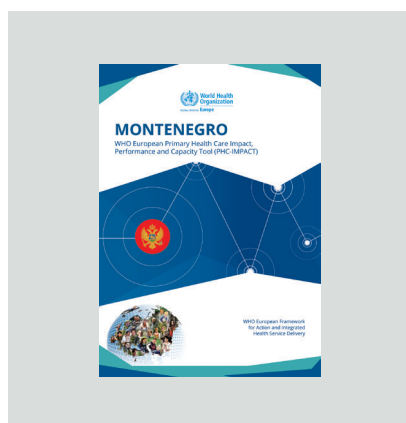


MONTENEGRO

Montenegro was one of the countries where PHC-IMPACT was first applied, and the report of the Montenegro country assessment has now been published. The assessment highlighted a high burden of cardiovascular diseases and cancer, with an important role for primary health care in early detection and risk factor management. The results also showed high rates of avoidable hospitalizations for conditions that could be managed in primary health care.

The report makes several key recommendations, including extending the range of services in primary health care and strengthening the quality of care by increasing the use of clinical guidelines and protocols, to support the management of hypertension, diabetes and related complications and bacterial infections.

The Ministry of Health agrees with the findings and has requested further technical support on quality of care.



Box 1.
Montenegro – WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT)

<https://bit.ly/MontenegroPHC-IMPACT>



POLAND

Recent health system reforms in Poland have placed a sharp focus on primary care. A series of measures introduced during 2016 and a primary care law passed in 2017 proposed transformative changes to the way primary care is delivered, with greater emphasis to be placed on health promotion, population health management, care coordination and multidisciplinary teams. Implementation requires developing new nursing skills and for the existing nursing skills to be used more efficiently.

The Department of Nursing and Midwifery at the Ministry of Health requested technical assistance from the WHO Regional Office for Europe on how to accelerate and strengthen the role of nurses in supporting multidisciplinary teams to provide integrated primary care.

An assessment was organized in 2018, and the findings were published in a comprehensive report in 2019. The report describes the current policy situation, summarizes major health system challenges and posits policy options, focusing on a more prominent role of the nursing workforce in primary care and in multidisciplinary teams, supported by enabling education, accountability arrangements and financing mechanisms.



Box 2.
Strengthening nursing in primary care in Poland (2019)

<https://bit.ly/PolandNursing>



SLOVENIA

The Government of Slovenia hosted the High-level Conference on Health Equity – Accelerating Progress Towards Healthy and Prosperous Lives for All in the WHO European Region in Ljubljana on 11–13 June. Before the Conference, the Almaty Centre worked with Slovenia to conduct an assessment and develop a case study to highlight their primary health model of care, which is highly effective and features innovative approaches to ensure that services are delivered in an integrated, people-centred manner that reflects the needs of the population. These have resulted in strong health outcomes, such as a decline in the burden of noncommunicable diseases and a rapid increase in life expectancy. Inequalities in self-reported health status across both income and education groups have declined. The case study highlights Slovenia’s model as a champion for the vision of the Declaration of Astana. Two journal articles are currently under review.

The assessment also identified key system challenges straining the primary health care system, identified root causes and put forward a series of pragmatic and actionable recommendations for addressing them.

Building on this work, in 2020, the Almaty Centre will hold a six-day Flagship Course on Strengthening and Reorienting Primary Health Care in Ljubljana, Slovenia, enabling participants from other countries to learn from and discuss Slovenia’s model.



TAJKISTAN

Business planning in primary health care facilities in Tajikistan was started as a donor-funded project in 2005 in two districts. Over time, the project has evolved, expanding to 24 districts. The project uses a business planning tool at the facility level to strengthen the managerial capacity of primary health care. The Ministry of Health has now taken on business planning as a core activity and will be rolling it out nationally. In preparation for this, Tajikistan asked the Almaty Centre to rigorously assess business planning.

The Almaty Centre conducted this assessment, which is in final stages of publication. The results showed improved health outcomes, increased transparency at facilities, greater trust and satisfaction among the community and improved managerial capacity. The assessment was well received by the Ministry of Health, which has now requested the Almaty Centre’s assistance in implementing its recommendations, focusing on integrating vertical programmes into primary health care and ensuring the continuity of the programme’s success as it transitions from being donor funded to government funded and led.

Support for primary health care reform



ARMENIA

Armenia has one of the highest rates of premature mortality in the WHO European Region, with a 22% chance of dying prematurely from one of the four main noncommunicable diseases compared with the European Region average of 16% (4). To address this, the Almaty Centre worked with the Ministry of Health to develop recommendations for a medium-term health system development strategy that would clearly articulate a vision with strategic priorities to move towards a more people-centred, efficient and responsive health care system.

The Almaty Centre will work with the WHO Country Office in Armenia and participate in a policy dialogue on primary health care reform in Armenia, reviewing the recommendations for the strategy.



GEORGIA

Georgia is one of six countries in the European Region that is benefitting from the WHO-EU Universal Health Care Partnership. This enables the WHO Regional Office for Europe to scale up its support over the next 2–3 years as the Government of Georgia seeks to move towards universal health coverage. The focus is mainly on developing the capacity of the purchasing agency and assessing the latest developments in primary health care, with the main focus on organization and financing aspects.

In 2019, the Almaty Centre participated in a multidisciplinary mission on strategic purchasing, implementing diagnosis-related groups and primary health care reform that aimed to rapidly assess the country's primary health care and plans to revise its organization and financing and provide recommendations to the Ministry of Health on its concept for reforming the primary health care system and plans to introduce innovative methods to improve access to and the responsiveness of primary health care services.

In addition, the Almaty Centre also contributed to a global health diplomacy course for public health experts in Georgia, delivering a presentation on universal health coverage.



AZERBAIJAN

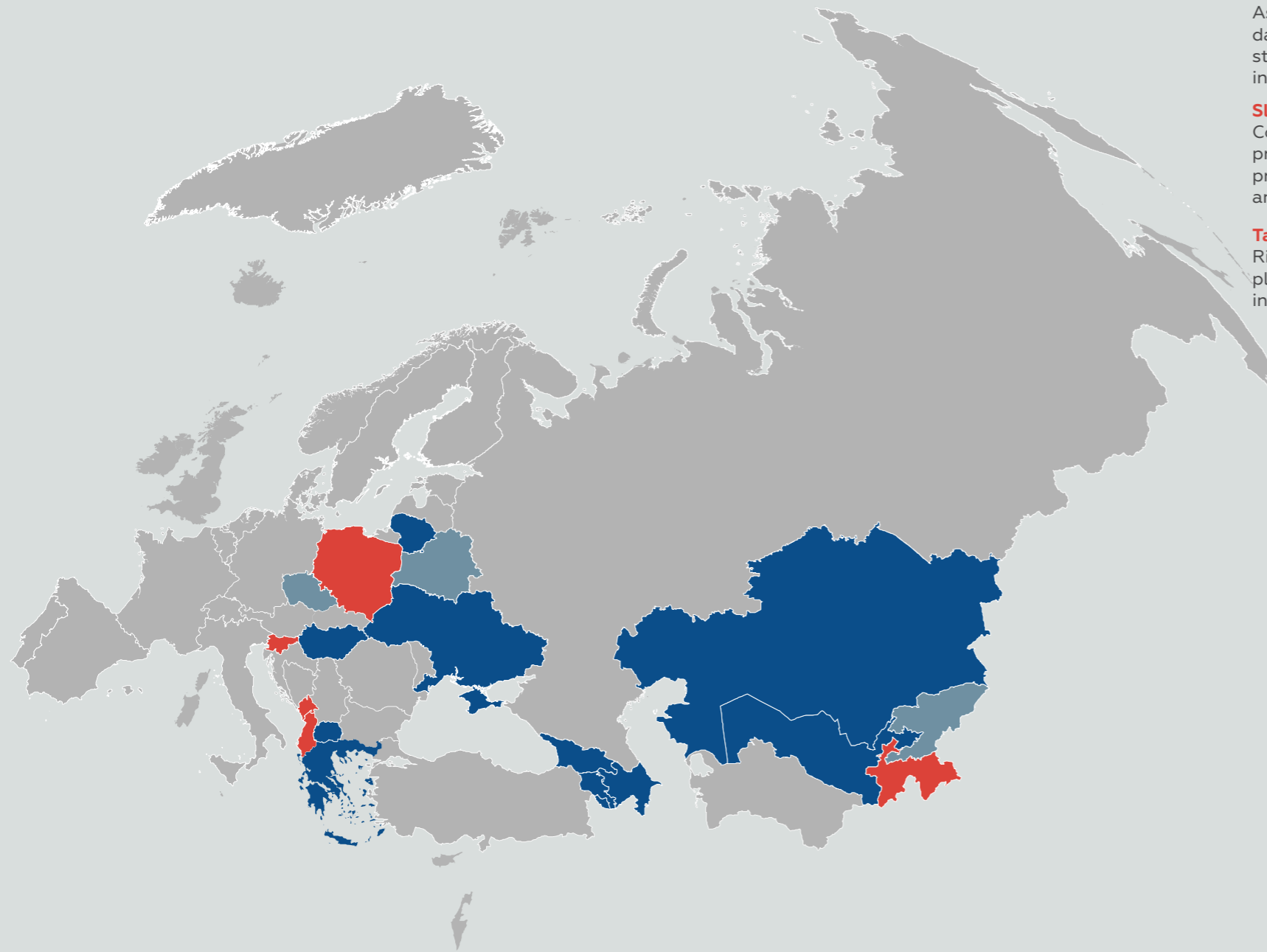
Extensive reforms have been carried out in the past three years in Azerbaijan focusing on improving the quality of health-care services and increasing financial protection. A pilot project testing the establishment of mandatory health insurance has been implemented in three regions, and the government is seeking to establish an expanded benefit package as part of the health insurance reform. The Almaty Centre provided technical support as part of a multidisciplinary team of WHO and external experts to design a pilot project to expand and improve the provision of primary health care services.



GREECE

Following a mission earlier in the year on health financing and contracting for primary health care, which aimed to support the Ministry of Health in developing policy options for a continual and sustainable increase of public funding and improving contracting arrangements for primary health care services, the Almaty Centre participated in a follow-up mission to provide its technical expertise for preparing a policy brief. After visiting a new primary health care centre, a round-table was held in which the Almaty Centre provided input to the policy brief and gave a presentation arguing that the next steps in further developing primary health care should focus on outcomes at the facility level. Ministry officials explained that upgrades to the clinical information system would soon be installed that would enable facilities to analyse data on outcomes.

Where we worked



ASSESSMENTS OF PRIMARY HEALTH CARE

Albania

Produced assessment report; consulted to support health reform

Montenegro

Assessed primary health care impact and assisted in using clinical guidelines and protocols

Poland

Assessed and made recommendations on accelerating and strengthening role of nurses in primary health care

Slovenia

Comprehensively assessed primary health care system; produced case-study brochure and two journal articles

Tajikistan

Rigorously assessed business planning for primary health care initiative

SUPPORT FOR PRIMARY HEALTH CARE REFORM

Armenia

Contributed to new medium-term health system development strategy to strengthen primary health care

Azerbaijan

Reviewed and designed primary health care pilot to complement the social health insurance reform

Georgia

Conducted multidisciplinary review of strategic purchasing, implementation of diagnosis-related groups and primary health care reform

Greece

Provided technical support to the Strengthening Capacity for Universal Coverage project

Hungary

Supported the implementation of a pilot project to improve the management of people with chronic obstructive pulmonary disease

Kazakhstan

Supported pilot projects in Medeo, Almaty, including revising the scopes of practice of primary health care professionals

Kosovo

Supported the development of a legal framework for the system for delivering primary health care services

Lithuania

Supported a health systems governance programme with a scoping mission on dedicated health-related governance of quality fellowship

North Macedonia

Finalized a review of primary health care systems that was used to inform a roadmap for a primary health care strengthening programme

Ukraine

Prepared a policy dialogue and concept note to support the redesign of system for delivering health services

Uzbekistan

Assessed urban and rural services delivery models to inform the design of a pilot for a new model

CAPACITY BUILDING FOR PRIMARY HEALTH CARE

Belarus

Held a workshop on quality of care and a study visit to Kazakhstan and supported the BELMED project on noncommunicable disease management

Czechia

Launched a resource package on strengthening the role of nurses

Kyrgyzstan

Initiated a round-table discussion of key findings a and study tour of Kazakhstan



HUNGARY

The latest data available show that Hungary has the highest rate of hospital admissions for chronic obstructive pulmonary disease across all Organisation for Economic Co-operation and Development (OECD) countries (5). This is partly because it lacks a specific programme to provide integrated care for people with chronic obstructive pulmonary disease, resulting in fragmented care and inadequate case or patient pathway management

Continuing its past support to Hungary's Korányi Institute of TB and Pulmonology, the Almaty Centre in 2019 supported the first phase of a pilot project to strengthen the integration of chronic obstructive pulmonary disease services in hospitals and the community. In its first year, the project has developed a comprehensive database with baseline data. The team has produced a collection of educational materials, such as a video and written guide for home respiratory training exercises. Several interventions have also been introduced to the delivery of care for people with chronic obstructive pulmonary disease, including improving the discharge procedure, a patient coordinator arranging outpatient pulmonologist appointments, training patients to properly use inhalation devices and adding consultations with dietitians and physiotherapist. Finally, several training courses for staff have been carried out. The Almaty Centre will continue to support the implementation of the pilot project in 2020.



“The Almaty Centre gives us strong technical support on how to design, organize, manage and improve primary health care services. But the Almaty Centre also provides us the opportunity to meet primary health care professionals from many other countries in the European Region at training and conferences on various crucial topics.”

Roza Abzalova,
Chair of the Board
of the Primary Health Care
Association, Kazakhstan



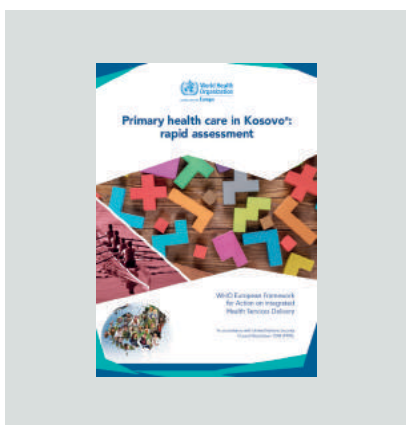
KAZAKHSTAN

In light of the Global Primary Health Care Conference in Astana, Kazakhstan's Ministry of Health give priority to developing a more people-centred primary health care model that is tailored to the health needs of the population. The Almaty Centre worked with the Ministry of Health and provided technical support to developing the Framework for the Development of People-centred Primary Health Care in Kazakhstan, 2018–2022.

In 2018, the Almaty Centre collaborated with the Asfendiyarov Kazakh National Medical University to implement two pilot projects on a community approach to primary health care in the Medeo district of Almaty. The pilot projects aimed at enhancing the capacity of multidisciplinary primary health care teams for preventive work in the community, empowering the community and engaging patients in self-managing their own health. Over time, this pilot highlighted the need for better definitions of scope of practice of general practitioners and better organization of social workers and psychologists to reduce fragmentation.

In 2019, the Almaty Centre developed a proposal for revising the scope of practice of primary health care professionals, aiming to enhance preventive activities and empower the community in the Medeo district. A round-table organized to discuss the proposal also recommended that outcomes of the pilot interventions be measured by using the outcomes of treatment of patients with hypertension and type 2 diabetes as tracer indicators. To assist the pilot facilities with this, the Almaty Centre analysed the current surveillance system of hypertension and diabetes in primary health care and developed a monitoring and evaluation framework based on the results. Implementation of the framework is beginning in 2020.

This initiative is a collaboration between the Department of Health of the City of Almaty, representatives from Medeo, the Asfendiyarov 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.



Box 4.
Primary health care in Kosovo:
rapid assessment

<https://bit.ly/KosovoPHCAssessment>



KOSOVO

(In accordance with United Nations security council resolution 1244 (1999))

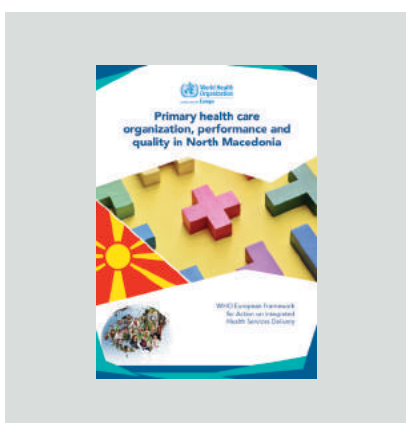
The Central Health Authorities of Kosovo requested WHO's support in developing a family medicine model for primary health care with an emphasis on enhancing the coordination role and gatekeeping function of family doctors. The Almaty Centre conducted an assessment and, after the key findings (which have been published) were presented, the Central Health Authorities requested assistance with finalizing the new primary health care legal framework and the development of a roadmap with priority actions for strengthening primary health care. The Central Health Authorities also created a primary health care working group, and the Almaty Centre has been working with them to establish short-term plans for introducing free choice of primary health care providers.



LITHUANIA

Lithuania has implemented several reforms to address its high burden of noncommunicable diseases and main health system challenges, aiming to better target people's health-care needs and to increase the system's efficiency. Despite some improvements, however, notably widespread insurance coverage and wider access to health services, especially primary health care, significant challenges persist, especially excessive reliance on inpatient care.

The Ministry of Health requested support from the WHO Health Systems Governance Programme in designing a roadmap to improve the quality of care and efficiency of acute services delivery. The Almaty Centre supported the Health Systems Governance Programme and participated in a mission to scope the potential for a dedicated health-related quality fellowship. The Ministry of Health hopes to use this fellowship to help introduce and manage changes to hospital infrastructure design and the governance of the health services provided.



Box 5.
Primary health care
organization, performance
and quality in North
Macedonia (2019)

<https://bit.ly/NorthMacedoniaPHC>



NORTH MACEDONIA

The Ministry of Health of North Macedonia is committed to rebuilding responsive primary health care with a strong focus on integrated services along with much needed population-based and social interventions.

In 2018, WHO convened a team of experts to review the organization, performance and quality of the primary health care system. This was followed by a national expert consultation. The findings of the consultation were published in a report in 2019 and were used to inform the vision and strategic roadmap for a programme to strengthen primary health care in North Macedonia. The Almaty Centre helped to organize a national primary health care forum in February 2019 where the findings were presented and a national policy dialogue was held on revitalizing primary health care in the country.



UKRAINE

Ukraine is undertaking a major transformation of its health-care system, and considerable progress has been made since 2015. New financing mechanisms have been introduced, an eHealth system has been launched and primary care has been strengthened. However, challenges remain, and Ukraine is now focusing on designing a high-quality, affordable, equitable system for delivering health services that is patient-centred.

In response to a request from Ukraine's National Health Service, WHO supported the formation of this design in 2019. The Almaty Centre, along with a team of WHO experts from other programmes, aided in drafting technical documents to help guide the vision for delivering services in Ukraine until 2030.

The Almaty Centre facilitated policy dialogues with the Ministry of Health, the National Health Service and other development partners. These discussions and consultations led to a concept note, which provides a framework for action for the short- and medium-term transformation of Ukraine's delivery of health services and outlines potential accelerators for strengthening primary care capacity and services.



UZBEKISTAN

Uzbekistan is working to accelerate health reforms with the development of a new Concept of Health Sector Development 2019–2021. In addition to plans to reform the health financing system by introducing mandatory health insurance, a key strategic direction of the new Concept is developing a new model for delivering services that is better able to address the burden of disease of the population of Uzbekistan, which is dominated by noncommunicable diseases.

During a mission in August 2019 involving a team of WHO experts to review the plans to reform the country's health insurance, it was agreed to mobilize support to Uzbekistan for designing a pilot project on services delivery, human resources and information technology. To fulfil this commitment, the Almaty Centre embarked on a mission to Uzbekistan in September to visit selected health-care facilities in the Syrdarya region, where the pilot project will be implemented, and to meet with key stakeholders engaged in reforming the health financing system and health services delivery. The team also visited Polyclinic No. 1 in Tashkent to follow up on a previous visit in August 2018 and explore the possibility of developing an additional pilot project in this clinic specifically focused on improving quality using outcome-focused quality indicators.

A follow-up report summarizing the mission findings and recommendations related to the mission's objectives was shared with the Ministry of Health, and support will continue for organizing and implementing the pilot project in 2020.

Capacity building for primary health care reform



BELARUS

BELMED project

The Almaty Centre is working with Belarus to develop a people-centred, integrated primary health care model that addresses the burden of disease and needs of the population. Similar to most countries in the European Region, the burden of disease in Belarus is dominated by noncommunicable diseases, which accounted for 91% of all deaths and 84% of years of life lost in 2017 (6). Addressing this issue is a priority for the Ministry of Health.

“Facing the stereotypes of health care both from the health workforce and from the patients was difficult, but with the help of the Almaty Centre, we managed to reorient the work of the primary health care practitioner and improve the effectiveness and access to health care for the population.”

Olga Yesmanchik,
Head of polyclinic
39 in Minsk – pilot
site of the BELMED
project



Primary health care still provides a rather limited contribution to managing people at risk of developing noncommunicable diseases, and the limited ability of primary care professionals to identify risk factors, support behaviour change and coach people in effective treatments has been identified as a key bottleneck. The Almaty Centre worked with the Ministry of Health to develop the BELMED¹ project to address this bottleneck. In 2019, it continued to support the project and organized a multidisciplinary training course on improving clinical pathways for people with noncommunicable diseases at the primary health care centre in Mogilev, Belarus, where the BELMED project is currently being piloted. A review of the first phase of the project (in Minsk and Gorki) showed a doubling in the number of physician assistants providing noncommunicable disease counselling, an increase in the proportion of visits to physician assistants and nurses and greater efficiency in the work of family doctors through reduced patient flows and fewer acute, unplanned visits. Preliminary data – currently being analysed and prepared for publication – also show improved outcomes. A report documenting the lessons learned from the pilots has been developed and will be published in 2020.

Quality of care workshop and study tour

Improving quality of care is a high priority for the Ministry of Health in Belarus, which requested WHO's support in developing a comprehensive system of improving the quality of health services across the continuum of care. Following scoping work done in 2018, the Almaty Centre held a national workshop in Belarus in 2019 to build the capacity of national stakeholders and policy-makers working on the quality of care by sharing international evidence and best practices in this area. The workshop established the next steps for developing and implementing the national strategy as well as a list of appropriate regulatory arrangements needed at the country level to update the current system of quality management and align it with international evidence-informed recommendations. The Almaty Centre also facilitated a follow-up study tour for a high-level delegation from Belarus to Kazakhstan to learn from and discuss the quality assurance and quality improvement mechanisms in place there.

¹ 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 was funded by the European Union and implemented by Belarus' Ministry of Health in collaboration with WHO, the United Nations Development Programme, United Nations Children's Fund and the United Nations Population Fund.

Kazakhstan – destination for study tours on integrated and people-centred primary health care models



CZECHIA

Like the rest of the European Region, Czechia is facing a rapidly ageing population whose needs are not being served adequately. Czechia is seeking to modernize and optimize the organization of its primary care and to improve the integration of its health services. Czechia's health workforce is also affected by the demographic changes and by the migration of Czech workers to other European countries, resulting in a shortage of health professionals available to take care of the ageing population.

To address the challenge of ensuring a sustainable health workforce, the Ministry of Health invited experts from WHO, the Almaty Centre and the International Council of Nurses to a workshop to identify ways in which strengthening the role of nurses could support the country in its efforts to implement integrated care. Following this, WHO prepared a resource package for Czechia, including a policy brief, a document outlining proposed competencies for nurses working in primary health care and three case studies from Ireland, Poland and Slovenia, in which nurses' roles have been scaled up in various ways to expand and support their contributions to primary care. This package was launched on 4 December 2019 at an internationally attended event in Prague co-hosted by WHO and Czechia's Ministry of Health. It will also be launched as part of a compendium on nursing in primary health care during the celebrations marking the International Year of the Nurse and Midwife in 2020.

Kazakhstan was chosen as the destination for the two study visits the Almaty Centre organized in 2019 because of the commitment it has shown to developing a more people-centred primary health care model that is tailored to the health needs of the whole population.

Seventeen primary health care centres of excellence were launched in 2018 and 2019 to help to build an integrated and people-centred health services delivery model in primary health care. These were developed based on the Framework for the Development of People-centred Primary Health Care in Kazakhstan for 2018–2022, which articulates a vision for primary health care that is consistent with the Declaration of Astana.

The primary health care centres of excellence focused on introducing multidisciplinary teams and improving the quality of care through innovative new quality assurance and quality improvement mechanisms. In a short period of time, they were able to transform the primary health care approach from disease-centric to being more holistic and people-centred.



KYRGYZSTAN

The strengthening of primary health care has long been and still is a priority for Kyrgyzstan. The Almaty Centre has been supporting the Ministry of Health in pursuing a people-centred model of primary health care since 2017, when work began to consolidate the available evidence base on health services delivery through a scoping exercise to review cross-cutting messages and policy recommendations in existing reporting. In 2018, the Almaty Centre conducted a mission to discuss the country's vision and priority policies for the future of primary health care. The mission developed a report on key findings and recommendations, with three key priority themes: populations and individuals; service delivery processes; and system enablers. The findings of this report were presented at a round-table on the development of people-centred primary health care in Kyrgyzstan, chaired by the Minister of Health in October 2019. A study visit to Kazakhstan was arranged for delegations from Kyrgyzstan, and the Ministry of Health now plans to develop a working group on transforming primary health care. The study tour led to a request for additional support by the Almaty Centre and from key primary health care leaders from Kazakhstan to expand primary health care teams to include social and psychological services.

02 / Analysis and policy development

Aim

To develop a conceptually sound understanding of services delivery and health systems topics and contribute to an up-to-date body of evidence that guides policy decisions in countries and at the regional level.

How

Develops and implements normative tools, guidelines and frameworks for country and regional work. Conducts expert reviews and assessments in collaboration with other technical programmes. Develops evidence-informed policies and translates policies into practice. Facilitates policy dialogue between and among countries, stakeholders and partners.

02 / Analysis and policy development

Implementing the European Framework for Action on Integrated Health Services Delivery

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

**Regional Committee for Europe 66th Session
Copenhagen, Denmark, 12–15 September 2016**

Integrated health services delivery, anchored in the same principles as first set out in the health-for-all agenda and vision of primary health care, is an approach to transforming services delivery and designing the optimal conditions conducive to strengthening people-centred health systems.

In 2016, the Regional Committee for Europe endorsed the European Framework for Action on Integrated Health Services Delivery (EFFA IHSD), which continues to serve as the overarching guide for health services delivery work at the Regional Office and the approach of the Almaty Centre in working with countries and providing policy advice.

THE EUROPEAN FRAMEWORK FOR ACTION ON INTEGRATED HEALTH SERVICES DELIVERY

Priority areas of action

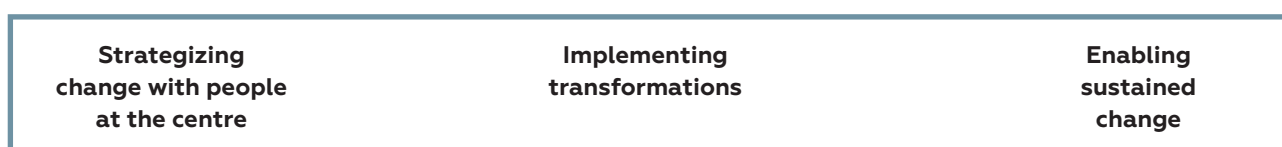
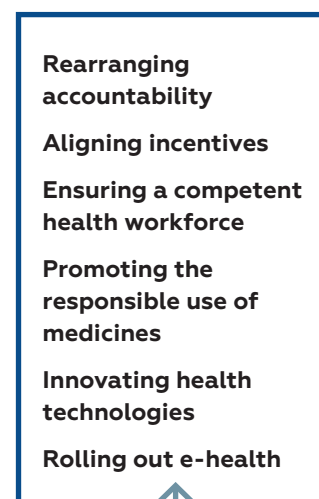
POPULATIONS AND INDIVIDUALS



SERVICE DELIVERY PROCESSES



SYSTEM ENABLERS



CHANGE MANAGEMENT

NONCOMMUNICABLE DISEASES (NCDs) IN THE EUROPEAN REGION



90% of deaths are caused by NCDs (6)



1 in 6 people die from one of the four major NCDs between the age of 30 and 70 (4)



The average person consumes 8 L of pure alcohol each year (7)



59% of the adult population (15+) are overweight (7)



30% of the adult population currently smoke (7)

Integrating public health services into the primary health care infrastructure

Given the high and increasing burden of noncommunicable diseases in the European Region, integrating public health services and health promotion into the primary health care infrastructure is a high priority. Two out of three years of life lost from noncommunicable diseases could be prevented by tackling their major risk factors (6).

Slovenia has made impressive progress in this area by establishing evidence-informed screening programmes for preventing and managing noncommunicable diseases through introducing a registered nurse into primary health care practice teams and establishing health promotion centres in its highly accessible network of community-based primary health care centres. These efforts have led to improved health outcomes and reduced inequalities in self-reported health status across both income and education groups. The Almaty Centre developed a brief case-study brochure that was distributed to participants at the High-level Conference on Health Equity – Accelerating Progress Towards Healthy and Prosperous Lives for All in the WHO European Region held in Ljubljana on 11–13 June 2019, generating much interest in Slovenia’s primary health care model and demand for study visits to Slovenia.

The Almaty Centre also developed an in-depth analysis of the root causes of persistent challenges facing Slovenia’s primary health care system and threatening the sustainability of its achievements. The Government of Slovenia has taken steps to implement some of the recommendations from the comprehensive primary health care assessment report. An upcoming special issue of the *WHO Bulletin* dedicated to universal health coverage will feature Slovenia’s continuing efforts to reform and strengthen its primary health care system.

Primary health care and hospitals

The European Region has identified the need to reprofile local hospitals to help them better address the needs of all users and to improve the people-centredness and continuity of care from the primary to secondary levels of care. As a first step in identifying trends, key challenges and policy options for optimizing resources at the local level, the Almaty Centre co-sponsored the 16th Baltic Policy Dialogue on transforming hospitals to better serve local communities: options, challenges and strategies for integrated care networks in the Baltics, which took place 10–11 October 2019 in Viljandi, Estonia (see more below).

Primary health care and social services for long-term care

Low fertility rates and higher life expectancy are leading to a rapidly ageing European population, affecting the burden of disease and the causes of mortality and morbidity. Comprehensive long-term care is needed to address the diverse needs of older people, covering both health and social services, but a multiplicity of providers and settings has often led to fragmentation of services.

To understand the cause of this fragmentation and to offer options for alleviating it, the Almaty Centre, in collaboration with the European Centre for Social Welfare Policy and Research and WHO’s Healthy Ageing Programme, and with support from the Government of Germany, developed a stream of work investigating the integration of the health and social sectors for delivering long-term care through a series of country studies. So far, six country studies have been carried out: Croatia, Denmark, Germany, Portugal, Romania and Turkey, four of which have now been published and the remaining two in press. The Almaty Centre also developed a country assessment framework for studying the integrated delivery of long-term care.

Primary health care and the role of nurses in integrated services delivery

To highlight the key role that nurses play in integrated services delivery, the Almaty Centre produced a document outlining key competencies necessary for nurses in primary health care, to provide guidance and resources for policy-makers, instructors, managers and clinicians seeking to develop and secure competencies among their nursing workforce in primary care. The Almaty Centre also developed three case studies from countries with success stories in this area: Ireland, Poland and Slovenia, where the scope of services delivered by nurses has been expanded significantly, increasing their contributions to primary care. These case studies will be published (in English) as part of a compendium on nursing in primary health care during the celebrations marking the International Year of the Nurse and Midwife in 2020.

Value-driven integrated health services: exploring the perspectives of users and patients across European countries

Both the European Framework for Action on Integrated Health Services Delivery and the interim report WHO global strategy on people-centred and integrated health services stress the need for a unifying values framework in which the goals and aspirations of integrated health services delivery are grounded. The Almaty Centre supported the launch of a two-year study to examine the set of values underpinning integrated health services delivery from an international service user perspective to better understand the factors that drive behaviour, decision-making, collaboration and governance processes in integrated care networks. The study has been carried out in collaboration with the Services Delivery and Safety Department of WHO headquarters, and a report on the results of the value framework will be disseminated in 2020.

Coordination of care: a comparative analysis of the degree of clinical coordination in Spain

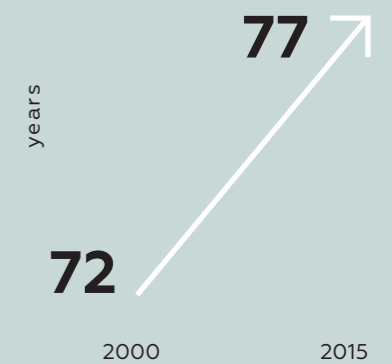
Since improving the integration of health services and systems in countries requires evaluating clinical coordination across health providers and settings, the Almaty Centre supported a study to comparatively analyse the coordination of care across Spain’s 17 autonomous communities using the COORDENA questionnaire: a structured questionnaire developed to analyse care coordination from the perspective of health professionals first developed in Latin America.



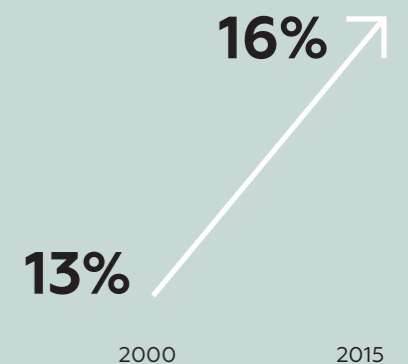
Box 6. Country assessment framework for the integrated delivery of long-term care <https://bit.ly/FrameworkLTC>

POPULATION AGEING IN THE EUROPEAN REGION (7)

Life expectancy



% of population >65



Developing tools for assessing primary health care performance

PHC-Impact Series

a. Using PHC-IMPACT for developing country assessments

Following the endorsement of the WHO European Framework for Action on Integrated Health Services Delivery, which sets out a shortlist of essential areas for strengthening services delivery through a primary health care approach and makes clear the need to monitor health services delivery transformations in the Region, the Almaty Centre launched the Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT) series. The series aims at leveraging primary health care's potential to accelerate universal health coverage through health performance intelligence.

An article presenting the development of the tool was published in a scientific journal, and an overview of the framework, glossary of terms and indicator passports were released. Two countries have piloted this tool to date: Kazakhstan and Montenegro. Montenegro's country assessment has been published; the other is in press.

This work has been developed in close collaboration with the WHO European Office for the Prevention and Control of Noncommunicable Diseases and WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems, Academic Medical Centre Amsterdam.

b. Using PHC-IMPACT to develop an electronic platform for primary health care intelligence

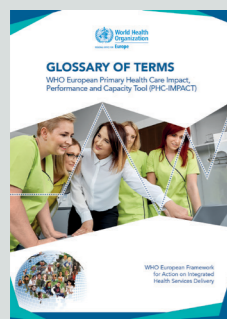
As part of the PHC-IMPACT series of work, the Almaty Centre partnered with the countries of the South-Eastern Europe Health Network to launch an expanded study with a focus on developing a comprehensive overview of primary health care, comparable evidence and actionable findings. Three products are planned: (1) an electronic data presentation platform with indicators for monitoring health services delivery at the primary and secondary levels; (2) summary country profiles displaying core findings in a visual and easy-to-read way; and (3) a synchronization with the WHO European Health Information Gateway to display core indicators of health system performance.

c. Using PHC-IMPACT to collect hospitalization data

In collaboration with the WHO European Office for the Prevention and Control of Noncommunicable Diseases, the Almaty Centre launched an initiative to collect data on hospitalization for ambulatory-sensitive conditions – a key indicator of primary health care performance – for countries in the European Region that currently lack such data.

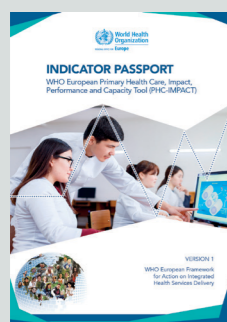
Out-of-hours survey

The quality and overall efficiency of health systems is threatened when patients are forced to use emergency departments for non-urgent conditions that arise outside of regular primary care office hours. As such, providing out-of-hours primary care has been found to improve access and continuity and to reduce unnecessary visits to emergency departments. The Almaty Centre developed a tool to capture the status of various organizational models for out-of-hours primary care services within and across countries. In 2019, the survey was applied to three countries in central Asia: Kazakhstan, Kyrgyzstan and Tajikistan. The main findings were presented at a cross-programmatic meeting on people-centred emergency care at the Regional Office in Copenhagen in December.



Box 7.
PHC-IMPACT:
Glossary of terms

<https://bit.ly/PHC-IMPACTGlossaryOfTerms>



Box 8.
PHC-IMPACT:
Indicator passport

<https://bit.ly/PHC-IMPACTIndicatorPassport>

Developing policies, guidelines and frameworks on primary health care

After the WHO European Region launched the European Framework for Action on Integrated Health Services Delivery at the 66th session of the WHO Regional Committee for Europe in 2016, the Regional Director requested that additional work be done to guide countries wanting to strengthen their primary health care systems. In response, the Almaty Centre identified 10 policy accelerators that evidence and best practices indicate are essential for implementing and scaling up primary health care interventions. The Member States unanimously adopted a resolution on the 10 evidence-based policy accelerators for strengthening primary health care in the Region at the 69th session of the WHO Regional Committee for Europe in 2019 (EUR/RC69/13).

The 10 policy accelerators will serve as input into the operational framework for primary health care which is currently being prepared for the 73rd session of the World Health Assembly in May 2020.

PRIMARY HEALTH CARE CAN MEET MORE THAN 70% OF PEOPLE'S HEALTH NEEDS THROUGHOUT THEIR LIFETIME, FROM HEALTH PROMOTION AND DISEASE PREVENTION TO TREATING AND MANAGING LONG-TERM HEALTH CONDITIONS. IT IS ONE OF THE SMARTEST WAYS TO DELIVER HEALTH FOR ALL.

By bringing health services closer to people's homes and partnering with them to manage their health needs, primary health care also embodies people-centred care.

Following on from the European Framework for Integrated Health Services Delivery, the Almaty Centre developed 10 policy accelerators for countries to focus on to improve the performance of their primary health care systems, boost health outcomes and ensure equitable access to health services. This list draws on the considerable volume of evidence and best-practice studies from across the WHO European Region. The European Member States adopted the policy accelerators at the 69th session of the WHO Regional Committee for Europe.

THE 10 POLICY ACCELERATORS FOR STRENGTHENING TRANSFORMING PRIMARY HEALTH CARE:

- | | | | | |
|---|---|---|---|--|
| 01
Provide comprehensive services that deliver continued care from birth to old age | 02
Create conditions for patients and their carers to manage chronic conditions | 03
Establish multi-profile health-care teams | 04
Invest in the competencies of general practitioners and nurses | 05
Integrate public health and primary health care |
| 06
Integrate primary health and social care | 07
Establish learning loops to improve the quality of primary care | 08
Empower health managers to govern locally and across sectors | 09
Upgrade facilities | 10
Align accountability and incentives |



WHO/Jerome Flayosc

Policy dialogues

16th Baltic Policy Dialogue – transforming hospitals to better serve local communities: options, challenges and strategies for integrated care networks in the Baltics

10–11 October, Viljandi, Estonia

Since 2004, WHO has organized the Baltic Policy Dialogue series, a yearly meeting of a select group of senior-level decision-makers in the health sector of the three Baltic countries. Jointly organized by the European Observatory on Health Systems and Policies and the Health Services Delivery Programme of the WHO Regional Office for Europe, these subregional meetings strive to foster sharing experience and best practices and to build cross-border links and networks. At the 16th Baltic Policy Dialogue in 2019, the Almaty Centre presented experience from other countries in the Region in identifying trends, key challenges and policy options for transforming the role of local hospitals and health centres towards more people-centred and integrated services delivery.

The policy dialogue also led to Slovenia being a centre for study visits. Azerbaijan conducted a study visit to Slovenia in 2019.

First anniversary of the Declaration of Astana on primary health care: from vision to action

25 October, Nur-Sultan, Kazakhstan

To celebrate the first anniversary of the Declaration of Astana, Kazakhstan's Ministry of Health organized a round-table event in Nur-Sultan, bringing together key actors on primary health care to identify challenges at the country and regional levels related to implementing the Declaration. WHO co-sponsored the event, and along with representatives from headquarters and the WHO Country Office in Kazakhstan, the Almaty Centre contributed to the discussions. It also was responsible for organizing and delivering a special session on digitization of primary health care: opportunities and challenges with international experts on eHealth and the digitization of health systems.

The objectives of the meeting focused on implementing the Declaration of Astana and reaffirming its vital role as the driver of primary health care in achieving universal health coverage and health-related Sustainable Development Goals. The event was organized in tandem with a conference on digital health in Nur-Sultan, and as such, one of the specific objectives of the meeting was to highlight the role of innovations, especially digitization, in strengthening primary health care. More than 200 participants attended, including representatives from UNICEF, the World Bank, Partnership for Health and the health ministries of Kazakhstan and other countries in Central Asia.

KAZAKHSTAN CONTINUES ITS GLOBAL LEADERSHIP TO PROMOTE THE PRIMARY HEALTH CARE AGENDA

At the First Anniversary of the Declaration of Astana roundtable, the Government of Kazakhstan commits to:

- | | | | | |
|---|--|--|--|--|
| <p>01</p> <p>finalize the development of the Operational Framework on primary health care;</p> | <p>02</p> <p>discuss the additional support needed to enable the Almaty Centre to take on certain global functions;</p> | <p>03</p> <p>include primary health care in the global agenda of the United Nations by organizing a high-level meeting on it during 75th or 76th sessions of the United Nations General Assembly;</p> | <p>04</p> <p>create a Fund on Primary Health Care supported by Kazakhstan, other countries and stakeholders and to contribute to the Fund through the Kazakhstan Association of Medical Universities;</p> | <p>05</p> <p>launch a Taskforce on Digitalization of Primary Health Care (one of the levers of the Operational Framework on primary health care).</p> |
|---|--|--|--|--|

Strengthening the quality of primary health care

Quality of care is a critical component of strengthening primary health care. The Almaty Centre continued work started in 2018 on developing a framework for the quality of care, with 128 indicators (8). In 2019, the framework was published in *Health Policy*. It supports system stewards to map the quality of care mechanisms used in their systems and to uncover opportunities for optimization backed by systems thinking.

Continued support of patient safety, including medication, in collaboration with WHO headquarters

Patient harm from adverse events is one of the top 10 causes of death and disability in the world. An estimated 64 million disability-adjusted life-years are lost every year – two thirds of which occur in low- and middle-income countries – from patient harm resulting from adverse events (9). The leading sources of patient harm include: medication errors, health care-associated infections, unsafe surgical care, unsafe injection practices, diagnostic errors, unsafe transfusion practices, radiation errors, sepsis, venous thromboembolism and unsafe care in mental health settings.

To address the patient safety issues, WHO has developed several initiatives – most recently, in 2017, a Global Patient Safety Challenge: Medication Without Harm, with the overall goal to reduce the avoidable harm by unsafe medications by 50% worldwide over the next five years. The Almaty Centre collaborated with WHO headquarters to support its implementation, which included developing guidance to countries for implementing the Challenge, creating and managing a network of international medical, nursing and pharmacy professional societies and conducting a study assessing the current state of medication safety. In addition, it supported the launch of the first World Patient Safety Day on 17 September 2019, intended to raise awareness about this important but frequently overlooked public health issue.

03 / Knowledge management

Aim

To develop platforms and networks and other opportunities to create, share, use and manage information; to communicate best practices and initiatives; and to foster learning.

How

Holds regional and intercountry workshops, meetings and other events. Develops networks with experts, academic institutions, collaborating centres and other partners. Develops communication strategies for the Almaty Centre and for countries.

03 / Knowledge management

WHO meetings and events

One of WHO's key roles is as a convening body, and multiple technical meetings and high-level events are held throughout the year to ensure the exchange of ideas and opportunity for stakeholders to network.

TECHNICAL MEETINGS

The Almaty Centre participated in and/or contributed to several technical meetings convened by WHO. The following are highlights; for details of all, please see the month-by-month section of Annex 2.

WHO Mental Health Gap Action Programme (mhGAP) subregional training workshop on the management of childhood and adolescent mental health disorders in non-specialized care settings for central Asian countries

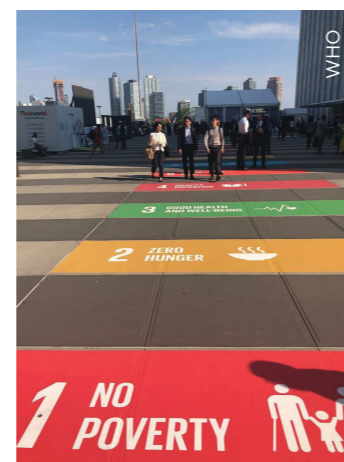
16–18 January 2019, Almaty, Kazakhstan

WHO, in collaboration with the Government of Kazakhstan and UNICEF, organized a training workshop for central Asian countries on managing mental disorders among children and adolescents in non-specialized care settings. Young people in central Asia have an alarmingly high rate of suicide, which was a concern for the participants. The training helped to develop health professionals' capacity to identify and manage mental health conditions among children and adolescents.

Meeting on the results of the assessment of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries of the WHO European Region

28–29 November 2019, Copenhagen, Denmark

Sexual, reproductive, maternal, newborn, child and adolescent health was assessed in six countries (Albania, Azerbaijan, Kazakhstan, Kyrgyzstan, Republic of Moldova and Romania) to evaluate barriers to availability and access. It identified three major challenges: strengthening primary health care; expanding health benefit packages; and addressing specific sexual, reproductive, maternal, newborn, child and adolescent health areas and interventions. A meeting was held in Copenhagen to review and discuss these findings and agree on future actions to address the identified health system barriers.



United Nations High-Level Meeting on Universal Health Coverage, New York



Yelzhan Birtanov, the Minister of Health of Kazakhstan; Dr Hans Henri P. Kluge, WHO Regional Director for Europe, Anne S. Johansen, Acting Head of the Almaty Centre; and the delegation of the Ministry of Health of Kazakhstan at the United Nations High-Level Meeting on Universal Health Coverage, New York

HIGH-LEVEL EVENTS

The Almaty Centre contributed to or participated in several high-level events in 2019. The following are highlights; for details of all, please see the month-by-month section of Annex 2.

High-level Conference on Health Equity – Accelerating Progress Towards Healthy and Prosperous Lives for All in the WHO European Region 11–13 June 2019, Ljubljana, Slovenia

The call to address health equity, gender equality and the right to the highest attainable standard of health has become more urgent. Across the WHO European Region, average life expectancy is increasing, and infant mortality is falling, yet health inequities within countries persist.

In this context, in 2019, the WHO European Region brought together Member States, international organizations and civil society in Ljubljana, Slovenia to identify and discuss ways to accelerate progress towards health equity. The Almaty Centre prepared a brochure to showcase Slovenia's achievements on primary health care and health equity to act as a background resource for the event. The brochure was well received, and several participants indicated that they wanted to expand the role of nurses in diagnosing and managing people with noncommunicable diseases following Slovenia's example.

69th session of the WHO Regional Committee for Europe 16–19 September, Copenhagen, Denmark

Sexual, reproductive, maternal, newborn, child and adolescent health was assessed in six countries (Albania, Azerbaijan, Kazakhstan, Kyrgyzstan, Republic of Moldova and Romania) to evaluate

barriers to availability and access. It identified three major challenges: strengthening primary health care; expanding health benefit packages; and addressing specific sexual, reproductive, maternal, newborn, child and adolescent health areas and interventions. A meeting was held in Copenhagen to review and discuss these findings and agree on future actions to address the identified health system barriers.

The 69th session of the WHO Regional Committee for Europe took place at the offices of the Regional Office for Europe in Copenhagen, Denmark, convening health ministers and high-level representatives of the 53 Member States in the Region as well as partner organizations and civil society.

The Almaty Centre put forward a resolution on accelerating primary health care in the WHO European Region, which presents 10 evidence-based policy accelerators for strengthening primary health care. It was unanimously adopted by Member States and welcomed by civil society bodies, professional associations and international organizations (EUR/RC69/13).

United Nations High-Level Meeting on Universal Health Coverage 23 September, New York, USA

At the invitation of Kazakhstan's Ministry of Health, the Almaty Centre attended an official side event on primary care towards universal health coverage and the Sustainable Development Goals organized by Kazakhstan and the United States at the United Nations High-Level Meeting on Universal Health Coverage held on 23 September 2019 during the United Nations General Assembly. Other events focused on primary health care organized in connection with the United Nations General Assembly, connecting with other key stakeholders actively engaged in primary health care at the global level.

External meetings and events

In 2019, the Almaty Centre participated in and contributed to 11 international conferences, workshops and consultations, sharing its knowledge and widening its ever-growing network of partners along the way. From Copenhagen to Astana to Nairobi, the events were wide reaching both geographically and in terms of their focus, with topics ranging from sustainable food systems and nutrition governance to strengthening frontline services for universal health coverage. Some highlights are listed below; the complete list is provided in the month-by-month section in Annex 2.

Annual Meeting of the Antimicrobial Consumption Network 27–29 May 2019 Copenhagen, Denmark

The Antimicrobial Consumption Network, which consists of 18 non-EU countries, focused its 2019 annual meeting on antimicrobial use in primary health care. It included sessions on methods for measuring antimicrobial medicine consumption in primary care and principles of behaviour change, focusing on primary care. The Almaty Centre prepared a presentation with a focus on the role of primary health care in ensuring the responsible use of medicines.

European Forum for Primary Care conference 2019: primary care and local communities – health equity for everyone, everywhere 30 September – 1 October 2019, Paris, France

In partnership with the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems, Academic Medical Centre Amsterdam, a presentation was delivered at a workshop at this year's conference. The presentation shared findings from the review of primary health care tools and instruments informing the development of PHC-IMPACT.

Country consultations on measuring progress towards universal health coverage in Kazakhstan 14 June 2019, Almaty, Kazakhstan

The meeting was organized by UNAIDS and Kazakhstan's Ministry of Health in preparation for the United Nations High-level Meeting on Universal Health Coverage. The Almaty Centre delivered a presentation on moving towards universal health coverage, highlighting Kazakhstan's progress.

Alliances with academic institutions

In addition to the international events, workshops and consultations in which the Almaty Centre shares its technical expertise, the Almaty Centre also seeks to build capacity among the next generation of public health experts by developing alliances with academic institutions. In 2019, this involved delivering a lecture to students on the Health Systems Development programme at Imperial College London for the fifth consecutive year, giving a presentation on universal health coverage at a school in Almaty to celebrate World Health Day and hosting two interns from Brazil and the United Kingdom, respectively, as well as a student from the Almaty Centre's collaborating institution at the University of Amsterdam.

Communication

Communication is an essential part of the work on transforming primary health care, both for the Almaty Centre's work but also to help countries communicate their strategies, plans and achievements in primary health care. Strong communication also helps countries learn from each other's experiences and enables people to access the Almaty Centre's work in a more user-friendly way.

PUBLICATIONS

Producing and contributing to publications – including full-length reports, working documents, chapters and scientific articles – is one main way in which the Almaty Centre shares country assessment findings, technical support outcomes and analytic exercises. In 2019, the Almaty Centre contributed to 22 publications as an author, contributor or reviewer. Another 14 publications are being finalized. All publications are open access, and the Almaty Centre makes it a priority to ensure that all are available in English and Russian.

Some of these are presented in boxes in this annual report; a full list is available in Annex 1.

MULTIMEDIA

With the aim of communicating its key technical and analytical work to wide audiences, in 2019, the Almaty Centre strengthened its efforts to share its most important content through multimedia. It produced several videos and photo stories that have been made available on the Regional Office website and its various social media channels. Using the art of storytelling, these aim to share best practices in primary health care across the Region to facilitate shared learning.

NEWSLETTERS AND ONLINE NEWS

The most noteworthy of the Almaty Centre's activities are shared online through the WHO European Health Services Delivery news website and the Head of Office's Twitter page, so that up-to-date information on the Almaty Centre's key work is available.

Moreover, in addition to the annual report of activities, the Almaty Centre publishes a biannual newsletter – *Crossroads*. Now in its fourth 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 Almaty Centre's network of health services delivery focal points and partners.



Box 9. Crossroads, 2019 editions

Ten evidence-based policy accelerators for strengthening primary health care series

A series of short videos and photo stories were produced to highlight the policy accelerators through a case study. These included:

- | | | | |
|---|---|---|--|
| establishing multi-profile teams: Spain case study (video); | invest in the competencies of doctors and nurses in primary health care: Poland case study (photo story); | integrating public and primary health care has improved health for all in Slovenia (photo story); and | community health centres – 50 years of primary health care in Belgium (photo story, to be released in 2020). |
|---|---|---|--|

Other material

In addition to the 10 evidence-based policy accelerators for strengthening primary health care series, the Almaty Centre also shared two videos telling stories of how health services are delivered in a person-centred and integrated way in Kazakhstan.



Video story on the health train in the Aktau and Mangistau regions of Kazakhstan.

Kazakhstan is the largest landlocked country in the world, spanning nearly 3 million km². Its geographical size means that much of the population lives in rural settings, far from the country's main medical centres. In 2010, Kazakhstan launched the network of Health Trains, three mobile clinics aboard trains that travel up to 19 000 kilometres each calendar year to deliver health services to some of the country's most isolated communities. The Almaty Centre developed a video story to showcase this innovative approach to people-centred health services delivery.



Nagima Plokhikh, head of the Centre for Palliative Care for Children, Kazakhstan

A cancer survivor, Nagima, tells her personal story that inspired her to establish the Centre for Palliative Care for Children with cancer with a mobile multi-profile team helping more than 350 children in the Almaty region. She shares her experiences on questions of life and death and on helping children live with and defeat cancer while providing hope and inspiration.



Photo story on telemedicine in Kazakhstan

In 2004, Kazakhstan also launched a telemedicine network, which helps rural populations access specialized health care, with general practitioners and specialists providing teleconsultation. The Almaty Centre produced a photo story to document the project's achievements.

Going forward

The year 2019 saw the Almaty Centre focus its efforts on advancing the primary health care agenda in the European Region, actively working in 19 countries while also developing normative guidelines for the Region. The Almaty Centre continued to build a robust body of evidence and intelligence on the status of primary health care systems in the European Region with its focus on in-depth assessments with its flagship PHC-IMPACT series. In total, the Almaty Centre was active in some way in 34 of the Region's 53 countries.

2019 was a pivotal year for WHO, with WHO's Thirteenth Global Program of Work 2019–2023 following on from the Declaration of Astana in 2018 and emphasizing the need for strong health systems based on primary health care. With the new General Programme of Work and its emphasis on improving measurable performance of primary health care in countries, the Almaty Centre will be focusing on supporting reforms and initiatives in countries to help them measurably improve their primary health care systems and outcomes.

The following are some of the activities the Almaty Centre plans to support in 2020.

Pillar 01 / Direct country support

Focusing on implementation. The Almaty Centre will use the normative products developed to work on initiatives, policies and reform programmes in countries to measurably improve the performance of their primary health care systems.

Providing guidance and support to the health services delivery components of the EU/Luxembourg-WHO Universal Health Coverage Partnership. Seven countries in the European Region are part of this Partnership, which enables the WHO Regional Office for Europe to scale up its support over the next 2–3 years as they seek to move towards universal health coverage. The Almaty Centre, in collaboration with other geographically dispersed offices, programmes and country offices, will take an active role in this support.

Pillar 02 / Analysis and policy development

Supporting the preparation of the operational framework for primary health care for the 73rd World Health Assembly in May 2020.

The Almaty Centre will work with Kazakhstan's Ministry of Health and WHO headquarters to finalize a framework that will help countries to operationalize the vision set out in the Declaration of Astana and to develop a set of indicators to monitor progress on its implementation.

Developing normative products for in-country implementation.

The Almaty Centre plans to produce a series of products that will enable it to more directly affect change in countries. This will include an updated rapid tool for assessing primary health care performance; a framework for defining and mapping essential primary health care services; developing primary health care roadmaps in countries; and primary health care country profile templates.



WHO/Jerome Flayosc

Pillar 03 / Knowledge management

Organizing a flagship course on reorienting and strengthening primary health care. The course will take place in Slovenia and will cover conceptual, policy and methodological issues for enabling teams of policy-makers, system managers and leading primary health care experts from European Region countries to understand the rationale for the primary health care agenda and will equip them with the basis to design and implement a primary health care model tailored to the health needs of their respective countries' populations.

Communication. The Almaty Centre will continue to share its work through multimedia channels and plans to develop communication tools to assist countries in developing their own communication strategies to accompany their primary health care reforms.

Participating in critical meetings and events on primary health care.

The Almaty Centre will continue to participate in both WHO and external high-level events, such as the European Primary Health Care Forum in Ljubljana in September, and will be actively contributing to efforts to celebrate the International Year of the Nurse and Midwife by launching a series of publications on strengthening the role of nurses in primary health care.

The team

The WHO European Centre for Primary Health Care has a multidisciplinary team of technical 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, geographically distributed offices, headquarters and country offices. The Centre also engages an extensive network of consultants and contractors, hosts interns and supervises student placements.

In 2019, the team included the following:

ALMATY-BASED CENTRE STAFF

Juan Tello^b *Head of Office (January–August 2019)*

Anne S. Johansen *Senior Adviser,
Acting Head of Office (September 2019–)*

Arnoldas Jurgutis *Technical Officer*

Ayesha de Lorenzo^a *Technical Officer*

Zulfiya Pirova^a *Technical Officer*

Laurentino Marti^a *Technical Officer*

Evgeny Zheleznyakov *Technical Officer*

Olga Fradkina^a *Administrative Officer*

Rakhat Baibolotova *Finance Assistant*

Indira Toichina^a *Logistician*

ALMATY-BASED FULL-TIME CONSULTANTS AND INTERNS

Assel Jabassova^a *Communication Consultant*

Aizhan Meirambayeva^a *Consultant*

Robert West^a *Consultant*

Joao Victor Rocha^a *Intern*

NON-RESIDENT STAFF AND CONSULTANTS

Susan Ahrenst^b *Administrative Officer*

Sampreethi Aipanjiguly^b *Communication Officer*

Hector Pardo Hernandez^{a,b} *Consultant*

Erica Barbazza^b *Consultant*

Ioana Kruse^{a,b} *Consultant*

Margrieta Langins^b *Consultant*

Connie Petersen^{a,b} *Programme Assistant*

^aPart of 2019.

^bPart time.

Collaborators

The support of representatives from health ministries across the Region and a consolidated network of partners lending their expertise, experience and time enable the work of the WHO European Centre for Primary Health Care. In 2019, the Centre has benefited from collaboration with the following offices of WHO, development partners, universities and think tanks, associations and partnerships in Kazakhstan.

WHO

Alliance for Health Policy and Systems Research
European Observatory on Health Systems and Policies
WHO Barcelona Office on Health Systems
WHO European Office for the Prevention and Control of Noncommunicable Diseases
WHO headquarters
WHO offices in countries
WHO Regional Office for Europe

DEVELOPMENT PARTNERS

European Commission
International Organization for Migration
Organisation for Economic Co-operation and Development
Joint United Nations Programme on HIV/AIDS
United Nations Children's Fund
United Nations Development Programme
United Nations Environment Programme
United Nations Population Fund
United States Agency for International Development
World Bank Group
World Food Programme

UNIVERSITIES AND THINK TANKS

Escola Nacional de Saúde Pública
European Centre for Social Welfare Policy and Research
Imperial College London
National Institute of Public Health of Slovenia
Netherlands Institute for Health Services Research
WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht University
WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems, Academic Medical Center Amsterdam

ASSOCIATIONS AND SPECIAL INTEREST GROUPS

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
Primary Health Care Performance Initiative
South-Eastern Europe Health Network
World Organization of Family Doctors Europe

PARTNERSHIPS IN KAZAKHSTAN

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

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Annex 1. Publications

POLICY

Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana. Copenhagen: WHO Regional Office for Europe; 2019 (EUR/RC69/13 Rev.1; http://www.euro.who.int/_data/assets/pdf_file/0003/409107/69wd13e_Rev1_AcceleratingPrimaryHealthCare_190302.pdf?ua=1).

PHC-IMPACT SERIES

Glossary of terms – WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2019/glossary-of-terms-who-european-primary-health-care-impact,-performance-and-capacity-tool-phc-impact-2019>).

Indicator passports: WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2019/indicator-passport-who-european-primary-health-care,-impact,-performance-and-capacity-tool-phc-impact-2019>).

Overview: WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). Copenhagen: WHO Regional Office for Europe; 2019.

Montenegro: WHO European Primary Health Care Impact, Performance and Capacity Tool (PHC-IMPACT). Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2020/montenegro-who-european-primary-health-care-impact,-performance-and-capacity-tool-phc-impact-2020>).

INTEGRATED DELIVERY OF LONG-TERM CARE SERIES

Country assessment framework for the integrated delivery of long-term care. Copenhagen: WHO Regional Office for Europe; 2019 (http://www.euro.who.int/_data/assets/pdf_file/0011/419357/Country-assessment-framework-integrated-delivery-care.pdf?ua=1).

Denmark: country case study on the integrated delivery of long-term care. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2019/denmark-country-case-study-on-the-integrated-delivery-of-long-term-care-2019>).

Germany: country case study on the integrated delivery of long-term care. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2020/germany-country-case-study-on-the-integrated-delivery-of-long-term-care-2020>).

Portugal: country case study on the integrated delivery of long-term care. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2020/portugal-country-case-study-on-the-integrated-delivery-of-long-term-care-2020>).

Romania: country case study on the integrated delivery of long-term care. Copenhagen: WHO Regional Office for Europe; 2020 (<http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2020/romania-country-case-study-on-the-integrated-delivery-of-long-term-care-2020>).

COUNTRY REPORTS

Strengthening nursing in primary care in Poland. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2019/strengthening-nursing-in-primary-care-in-poland-2019>).

Primary health care in Kosovo: rapid assessment. Copenhagen: WHO Regional Office for Europe; 2019 (http://www.euro.who.int/_data/assets/pdf_file/0013/402250/KOS-PHC-Report-WEB-090519.pdf),

Primary health care organization, performance and quality in North Macedonia. Copenhagen: WHO Regional Office for Europe; 2019 (http://www.euro.who.int/_data/assets/pdf_file/0009/403020/MKD-PHC-report-160519.pdf).

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WHO European Centre for Primary Health Care: annual report of activities 2018. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/Health-systems/health-services-delivery/publications/2019/who-european-centre-for-primary-health-care-annual-report-of-activities-2018-2019>).

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Barbazza E, Kringos D, Kruse I, Klazinga N, Tello J. Creating performance intelligence for primary health care strengthening in Europe. *BMC Health Serv Res.* 2019;19:1006.

Tello J, Barbazza E, Waddell K. Review of 128 quality of care mechanisms: a framework and mapping for health system stewards. *Health Policy.* 2020;124:12–24.

REVIEWED REPORTS

Mapping the health system response to childhood obesity in the WHO European Region. An overview and country perspectives. Copenhagen: WHO Regional Office for Europe; 2019 (<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/publications/2019/mapping-the-health-system-response-to-childhood-obesity-in-the-who-european-region.-an-overview-and-country-perspectives-2019>).

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Annex 2.

The year, month by month

JANUARY

16–18 January

Almaty, Kazakhstan
Held a WHO Mental Health Gap Action Programme (mhGAP) subregional training workshop on the management of childhood and adolescent mental health disorders in non-specialized care settings for Central Asian countries.

17–18 January

Brest region, Belarus
With the aim of supporting the development and implementation of a national strategy for improving the quality of health care in Belarus, a two-day workshop was held to share international evidence and best practices in this area with national stakeholders and policy-makers.

FEBRUARY

6–8 February

Copenhagen, Denmark
Participated in the WHO Symposium on the Future of Digital Health Systems in the European Region.

February 13

Skopje, North Macedonia
Co-organized the National Health Forum, where the new programme for strengthening primary health care was presented.

MARCH

20 March

London, United Kingdom
Delivered a guest lecture at Imperial College London to students on the Health Systems Development Masters Programme.

25–27 March

Prague, Czechia
Responding to Czechia's ageing population by strengthening the role of nurses in integrated services delivery – workshop.

25–28 March

Athens, Greece
Carried out a mission to support the Government of Greece in its efforts to develop multi-profile, patient-centred, integrated primary health care as part of Greece's Universal Health Coverage Country Action Plan 2018–2019.

APRIL

2–4 April

Pristina, Kosovo (in accordance with United Nations Security Council Resolution 1244 (1999))
Carried out a mission to Kosovo for round-table discussions on preliminary recommendations for strengthening primary health care and to plan the next steps for technical assistance.

3–5 April

Ljubljana, Slovenia
Carried out a mission to Slovenia to work with the Ministry of Health to prepare a case study on Slovenia's successful expansion of primary health care.

4–5 April

Copenhagen, Denmark
Endorsement of primary health care into the two-year work plan of the United Nations interagency Issue-based Coalition on Health and Well-being to promote coordination on primary health care initiatives among United Nations agencies in selected countries.

7 April

Almaty, Kazakhstan
To celebrate World Health Day 2019, the Almaty Centre gave a presentation on universal health coverage and the work of the Almaty Centre to the students of Haileybury School in Almaty.

7–12 April

Almaty, Kazakhstan
The second geographically dispersed office retreat took place, giving the team the opportunity to take stock of progress so far and to partake in an effective communication workshop.

8–11 April

Kyiv, Ukraine
Carried out the first technical assistance mission to Ukraine with the team of WHO consultants responsible for supporting the development of a white paper on services delivery in Ukraine until 2030.

19 April

Minsk, Belarus
Attended a seminar on preventing and managing noncommunicable diseases in primary health care in Belarus.

21 April

Almaty, Kazakhstan
Joined 17 000 runners from 53 countries for the Almaty Marathon 2019.

19–20 April

Almaty, Kazakhstan

Supported the Kazakh National Medical University by delivering a presentation on people-centred primary health care as an arena for universal health coverage at the International Scientific and Practical Conference of Young Scientists.

24–26 April

Nur-Sultan, Kazakhstan

Delivered a presentation at the Regional Symposium on Sustainable Food Systems and Nutrition Governance for Healthy Diets in Central Asia and the Caucasus.

MAY**6–9 May**

Nairobi, Kenya

Participated in the country partner workshop of the primary health care performance initiative.

7–8 May

Kyiv, Ukraine

Carried out a follow-up mission to finalize the Concept note for health service delivery reform in Ukraine.

16–17 May

Bishkek, Kyrgyzstan

Delivered a presentation on 10 evidence-based primary health care accelerators in the context of Kyrgyzstan at the Third Congress of Family Doctors and General Practitioners of Kyrgyzstan.

18–19 May

Copenhagen, Denmark

Presented and discussed the primary health care policy accelerators paper at the Standing Committee of the Regional Committee.

20–28 May

Geneva, Switzerland

Participated in the 72nd session of the World Health Assembly and delivered a side event on primary health care.

22 May

Aktobe, Kazakhstan

Participated in the international scientific and practical conference Public Health Protection: Policy, Science, Education, Practice in Primary Health Care and delivered a keynote presentation on accelerating people-centred primary health care in the WHO European Region.

27–29 May

Copenhagen, Denmark

Delivered a presentation on the role of primary health care in the responsible use of medicines at the Antimicrobial Medicines Consumption Network meeting.

29 May

Nizhny Novgorod, Russian Federation

Gave a virtual guest lecture on primary health care in the context of the Declaration of Astana and the Sustainable Development Goals at the Second International Forum of General Practitioners of the Russian Federation

JUNE**7 June**

Copenhagen, Denmark

Carried out an inter-programmatic meeting on PHC-IMPACT and sexual, reproductive, maternal, newborn, child and adolescent health monitoring tools in the European Region

11–13 June

Ljubljana, Slovenia

Participated in the High-level Conference on Health Equity – Accelerating Progress Towards Healthy and Prosperous Lives for All in the WHO European Region

14 June

Almaty, Kazakhstan

Gave a presentation highlighting Kazakhstan's progress towards achieving universal health coverage at an interorganizational meeting organized by UNAIDS and Kazakhstan's Ministry of Health in preparation for the United Nations High-level Meeting on Universal Health Coverage.

JULY**10–12 July**

Nur-Sultan and Karaganda, Kazakhstan

Organized a study visit for a delegation of high-level representatives from Belarus to Kazakhstan.

15–19 July

Almaty, Kazakhstan

The third geographically dispersed office retreat took place, giving the team the chance to take stock of its culture change.

25 July

New Delhi, India

Participated in the South-East Asian regional consultation on strengthening frontline services for universal health coverage.

29 July–2 August

Baku, Azerbaijan

Carried out a mission to Azerbaijan to review and design a primary health care pilot project to complement the country's social health insurance reform.

AUGUST

11–14 August

Yerevan, Armenia

Carried out a mission to provide input for developing a people-centred, primary health care-led health services delivery concept as part of a more detailed national health system strategy.

26–30 August

Ljubljana, Slovenia

Attended meetings with Slovenian decision-makers and other key stakeholders to discuss the results of the assessment and the proposed actions to move forward with strengthening primary health care.

SEPTEMBER

16–19 September

Copenhagen, Denmark

Participated in the 69th session of the WHO Regional Committee for Europe. On day three, Member States adopted a resolution on 10 evidence-based policy accelerators for strengthening primary health care in the Region, which was welcomed by civil society bodies, professional associations and international organizations.

23–27 September

New York City, USA

Attended the United Nations High-level meeting on Universal Health Coverage and the official side event on primary health care for universal health coverage, upon invitation by the Government of Kazakhstan.

25 September

Bucharest, Romania

Supported the organization of and participated in a conference on enhancing patient safety by safe and non-punishable reporting and learning from the failures of the health-care system – international experience versus Romanian reality

30 September–1 October

Paris, France

Presented at the European Forum for Primary Care Conference 2019: primary care and local communities – health equity for everyone, everywhere.

30 September–3 October

Vilnius, Lithuania

Carried out a mission to scope the potential for a dedicated health-related governance of quality fellowship, led by the Health Systems Governance Programme.

OCTOBER

2–7 October

Aktau and Mangistau regions, Kazakhstan

Embarked on a filming trip to Aktau and Mangistau region to make a video story on the health train in Kazakhstan.

3 October

Nur Sultan, Kazakhstan

Met with the Republican Centre for Health Development representatives.

4 October

Karaganda, Kazakhstan

Participated in the International Conference on Integration of Social Work and Psychology into Primary Health Care in Karaganda and delivered two presentations: "Accelerating primary health care development in the WHO European Region" and "The role of multidisciplinary primary health care teams in noncommunicable disease managing".

7–11 October

Dushanbe, Tajikistan

Followed up on business planning assessment: presentation and validation of the business planning assessment results at a round-table and participation in discussions on the new health strategy development at the National Health Service development round-table.

10–11 October

Viljandi, Estonia

Co-sponsored and contributed to the 16th annual Baltic Policy Dialogue on transforming hospitals to better serve communities.

24–25 October

Nur Sultan, Kazakhstan

Attended the conference and exhibition on digital health – Digital Bridge to the Future – organized by Kazakhstan.

25 October

Nur-Sultan, Kazakhstan

Participated in the first anniversary of the Astana Declaration Round-table: first anniversary of the Declaration of Astana on primary health care: from vision to action.

25 October

Bishkek, Kyrgyzstan

Participated in a roundtable on primary health care, organized by Ministry of Health of Kyrgyz Republic, and presented the results and recommendations of the rapid primary health care assessment.

28 October–1 November

Tashkent, Uzbekistan

Carried out a mission to support the Government's efforts to implement the primary health care-related activities of the new health concept in the context of the broader health reform agenda as well as the Declaration of Astana and the Sustainable Development Goals.

29 October–1 November

Tbilisi, Georgia

Carried out a mission to revise the primary health care organization and financial incentives, as part of a comprehensive mission on strategic purchasing, implementing diagnosis-related groups and primary health care reform.

NOVEMBER**18–21 November**

Almaty, Kazakhstan

Organized a Kyrgyz study visit to Kazakhstan and round-table on patient-oriented approaches in primary health care.

20–23 November

Marseille, France

Contributed to the poster presentation “Building bridges between community, primary health care and academia for solidarity in health outcomes”.

22 November

Dushanbe, Tajikistan

Contributed to the Republican Research-to-Practice Conference on the Current State and Development Perspectives of the Family Medicine in the Republic of Tajikistan dedicated to the 20th anniversary of the introduction of family medicine in the country.

28 November

Copenhagen, Denmark

Contributed to an interdivisional meeting on sexual, reproductive, maternal, neonatal, child and adolescent health and health system challenges.

29 November

Copenhagen, Denmark

Contributed to an interdivisional meeting on emergency health services (prehospitalization and out-of-hours care).

DECEMBER**3–6 December**

Mogilev, Belarus

Delivered a multidisciplinary training course for primary health care professionals, with participation of regional primary health care chief specialists.

2–6 December

Copenhagen, Denmark

Organized a workshop on the Almaty Centre’s communication strategy.

4 December

Prague, Czechia

Launched products to support Czechia’s Minister of Health in strengthening the role of nursing in accelerating gains in integrated care.

4–6 December

Copenhagen, Denmark

Attended the meeting People-centred Emergency Care System: Initiative for Developing a Cross-

programmatic Conceptual Framework and gave a presentation on the out-of-hours assessment.

9–11 December

Tbilisi, Georgia

Led a session on health financing for universal health coverage at the two-day WHO Global Health Diplomacy Course.

12 December

Almaty, Kazakhstan

Participated in a round-table on the proposal for revised scope of practices of primary health care professionals in the pilot projects in the Almaty region.

20 December

Moscow, Russian Federation

Participated in discussions in Moscow on the future of long-term care in the Russian Federation.

The WHO Regional Office for Europe

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

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