Our journeys as patients, practitioners, services managers and policy makers converge at crossroads. It is these kinds of crossroads, these encounters where we are faced with the potential of improving people’s health, our health. Making these encounters meaningful is the core of our business. When these encounters are meaningful, real transformation of health services occur. To assist in making these encounters more meaningful we bring you a summary of some of the crossroads other colleagues have reached in the WHO European Region.

Whether it be our story from the field, experiences from policy support, multi-country dialogues, examples of implementation or technical trainings we hope these encounters trigger reflection, disseminate practice and promote the benefits of bringing stakeholders together.

It is at these crossroads, after all, one encounter at a time, that we will manage to transform health services delivery in line with one of the Region’s two priority areas of strengthening people-centred health systems and the vision of Health 2020.

As patients, practitioners, managers, policy advisers and trainers, we, at the WHO European Centre for Primary Health Care, hosted by the Government of Kazakhstan, welcome you at this crossroad event here in Almaty!

REGIONAL STRATEGIC VISION

Member States of the WHO European Region endorse the European Framework for Action on Integrated Health Services Delivery

Copenhagen, Denmark
September, 2016

At the 66th session of the WHO Regional Committee for Europe, countries of the Region took an important step towards transforming health services delivery and strengthening people-centred health systems – one of 4 priorities of the Health 2020 policy framework – by unanimously endorsing the European Framework for Action on Integrated Health Services Delivery (EFFA IHSD).
The EFFA IHSD

The EFFA IHSD was developed over 3 years of collaboration and with the involvement of European Member States. The consultation process engaged patient organizations, practitioners, researchers, experts and policy-makers. The EFFA IHSD contributes to the Region’s vision of Health 2020, which focuses on efforts across government and society and underpins a primary health care approach for people-centred health systems.

In its endorsement, Denmark praised the EFFA IHSD as “relevant and inspirational”. Estonia emphasized that the alignment of the EFFA IHSD with the primary health care approach and the Tallinn Charter on health systems will guide countries in implementing integrated care, no matter their starting point.

It is closely aligned with the values, principles and strategies developed in the global Framework on Integrated, People-Centred Health Services and the Global Strategy on Human Resources for Health: Workforce 2030, adopted at the Sixty-ninth World Health Assembly in May 2016. The EFFA IHSD is also fundamental to Sustainable Development Goal 3: ensure healthy lives and promote well-being for all at all ages.

The EFFA IHSD calls for actions across 4 domains:

- working to identify people’s multidimensional health needs and to partner with populations and individuals;
- ensuring that services-delivery processes are responsive to the needs identified;
- aligning to other health-system functions to support services delivery to perform optimally; and
- facilitating the strategic management of transformations.
Breathe in the knowledge: Hungary seeks to integrate services for patients with COPD

Budapest, Hungary
November, 2016

Chronic obstructive pulmonary disease (COPD) is an under-diagnosed, life-threatening lung ailment that interferes with normal breathing. On the occasion of the COPD World Day events, under the slogan Global Initiative for Chronic Obstructive Lung Disease “Breathe in the knowledge”, Hungary’s National Koranyi Institute of TB and Pulmonology called for patients, practitioners, health managers and policy-makers to raise awareness, improve population health literacy and adopt a person-centred approach for integrated COPD services.

Hungary’s national register reports that at least 2% of the country’s adult population suffers from COPD. However, based on the high prevalence of smoking and the fact that many people suffering from latent COPD remain unregistered, national experts estimate that actual numbers are higher. Progressive anti-smoking legislation has curbed risk factors, but high rates of COPD hospitalizations suggest opportunities for improving services delivery performance.

In the days prior to the event, a technical mission of the WHO Regional Office for Europe worked with members of a national working group to redesign COPD patient pathways. These pathways aimed to ensure smooth transitions of multimorbid patients through a comprehensive continuum of services including prevention, detection, diagnosis, treatment, rehabilitation and palliative care.

In order to strengthen the role of primary care physicians and ensure the provision of services closer to people, WHO Regional Office for Europe will facilitate the exchange of experience with other countries and work closely with Hungary’s Ministry of Human Capacities to apply these new concepts to local demonstration practices.

Strengthening family medicine in Tajikistan

Dushanbe, Tajikistan
October, 2016

Gains in population health outcomes show alignment with improvements in family medicine across Tajikistan, with the roll-out of the family medicine model contributing to greater coverage of services in priority health areas including the prevention and control of tuberculosis and antenatal care. In recent years, achievements to strengthen family medicine have included a number of new or improved practices, such as updating methods for developing evidence-based clinical guidelines, implementing business planning in primary care facilities and piloting performance-based financing as a mechanism for performance improvement.

At present, Tajikistan continues to prioritize health services delivery transformations, signaled by the development and approval of the new strategic plan for family medicine-based primary health care 2016–2020. The strategic plan, in alignment with the new EFFA IHSD, puts focus on four priority areas: care, services delivery, health system enablers and policy.
Intersectoral high-level policy dialogue in Belarus
Minsk, Belarus
July, 2016

A high-level policy dialogue was held on 12 July 2016 in Minsk, Belarus, to discuss the main obstacles to, and the optimal strategies for, increasing the efficiency and effectiveness of primary health care services in addressing noncommunicable diseases (NCDs).

The meeting was hosted by the Ministry of Health of Belarus. The participation of representatives from other ministries – including the Ministry of Finance and the Ministry of Labour and Social Protection – and the Parliamentary Commission on Health resulted in a comprehensive, intersectoral approach to this important matter.

The meeting also provided a platform for launching the new WHO report, “Better noncommunicable disease outcomes: challenges and opportunities for health systems: Belarus country assessment (2016)”.

A constructive discussion was held on individual and population interventions for effective control of NCDs, with a focus on existing risk factors and modernization of primary health care. The discussion emphasized increasing the quality, effectiveness and efficiency of interventions and moving from outdated practices towards evidence-based, patient-oriented primary care services.

Participants agreed on the next steps, which will be coordinated by the recently established Intersectoral Coordination Council under the chairmanship of the Deputy Prime Minister of Belarus.

The event was conducted within the framework of the project “Preventing noncommunicable diseases, promoting healthy lifestyles and support to the modernization of the health system of Belarus.” The project is implemented by four UN agencies (UNDP, WHO, UNICEF and UNFPA) and financed by the European Union.

Strengthening primary care to tackle non-communicable diseases in Denmark
Copenhagen, Denmark
August, 2016

Ageing populations, increased chronicity and multimorbidities challenge health services to continuously evolve and adapt. Today 80% of the disease burden is due largely to preventable NCDs in the WHO European Region, while the average of preventable hospitalizations for diseases such as hypertension and diabetes has reached 73% in some countries. These changes place new demands on primary care in terms of engaging patients, designing comprehensive flow of care, organizing providers in multidisciplinary teams to secure qualifications and competencies, and aligning incentives while ensuring access to quality health and social services.

To discuss these topics, delegates from the Ministry of Health of Denmark, local government, National Health Board, Health Data Authority, Danish regions and the Ministry of Finance visited the WHO Regional Office in Copenhagen, Denmark, on 17
August 2016. With the development of its new cancer and dementia plans, Denmark is now accelerating its efforts to tackle these and other NCDs.

During the meeting, the health services delivery programme of the Division of Health Systems and Public Health shared country experiences that informed the new EFFA IHSD, and explained the services perspective to strengthening a competent primary care workforce. The use of databases and performance measurement of ambulatory care sensitive conditions were also discussed.

CONVENING MEMBER STATES

Strengthening primary care in the Baltic countries

Tallinn, Estonia
November, 2016

Member States in the WHO European Region and around the world are challenged with managing the growing double burden of disease, longer life expectancies, and persistent but also re-emerging communicable diseases. This September Member States endorsed the EFFA IHSD to address these challenges strategically and systematically. Central to implementing integrated health services delivery is strengthening primary care.

As a first point of contact, primary care will need to be scaled up to move from traditional, acute and episodic models of care to ensuring accessible, continued, comprehensive and coordinated care to individuals and communities. Many countries have begun to explore new and innovative approaches in primary care. The Baltic countries – Estonia, Latvia and Lithuania- are among those countries who have undertaken reforms to transform their primary care services.

From November 3-4, 2016 the Estonian Ministry of Social Affairs, hosted the 13th Baltic Policy dialogue in Tallinn, Estonia to explore approaches to effectively strengthen the role of primary care. Building on previous meetings, this policy dialogue was focused on achieving better integration of primary care and coordination with hospital, social care and public health services.

The meeting, which was organized jointly by the European Observatory of Health Systems and Policies and the Division of Health Systems and Public Health, was attended by senior level decision makers in the health sector of the three Baltic countries. Participants included Ministers of Health, their senior advisers and representatives from various health authorities and stakeholder organizations. Participants discussed the importance of engaging stakeholders in developing the narrative of reform and implementing national policies and strategies to support the goals of integrated health services. Participants shared different approaches towards achieving lasting transformation in primary care and the levers for change. The sharing of experiences in operational aspects, implications of new service models, provider arrangements, accountability mechanisms, and payment schemes marked an important opportunity for the Baltic countries to share knowledge and bring evidence to their primary care reforms.

IMPLEMENTATION

New implementation package to support countries’ efforts for transforming health services delivery

To support countries in their efforts to put the EFFA IHSD into action, the WHO WECPhC in Almaty, Kazakhstan, launched a new implementation package designed for a range of audiences. The package consists of policy documents, background briefs, a catalogue of tools, examples of applications and lessons learned, as well as a glossary of key terms in both English and Russian. Its intended users include patients, health professionals, facilities managers, officials and associations.

This implementation package will be key in strategically and effectively shaping the political narratives required to move integrated health services delivery forward across the Region and to support decision-makers, managers and officials with evidence, experiences and tools in this area.
Enhancing people-centred health services through strategic facility planning in the region of Kyzylorda, Kazakhstan
Kyzylorda, Kazakhstan
October, 2016

Strategic planning of health facilities that applies a people-centred approach can mitigate the effect of NCDs and environment-driven diseases. To achieve this, it is argued that health facility managers are vital to translating national and regional priorities while ensuring their services remain responsive to the specific needs of the communities they serve. This involves a stepwise approach to facility strategic planning that stratifies the population, adapts services to patient needs and manages financial and human resources with a primary health care approach.

During a hands-on training from 5 to 6 October in the city of Kyzylorda, Oblast Health Department officials and local health facilities directors and managers discussed and practised areas for strategically guiding the work of health facilities towards meeting their population health needs. This approach is in line with the “Densaulyk” State Health Programme for the Republic of Kazakhstan and the EFFA IHSD.

The workshop was supported by the WECPHC in Almaty, Kazakhstan. The WECPHC is providing Member States across the WHO European Region new opportunities to strengthen primary care. The workshop is the second of two workshops delivered this year on strategic planning in Kazakhstan. The first workshop was delivered in Aktau city, in the Mangystau region. Pilot sites have been identified in both regions and are working to develop strategic management plans for the health facilities.

Lectures for public health students to strengthen integration of primary care in Almaty, Kazakhstan
Almaty, Kazakhstan
November, 2016

On November 17th, the WECPHC in Almaty, Kazakhstan, launched the first of a series of lectures aimed at strengthening the links between public health and primary care. The Centre intends to equip doctorate and master students of the Kazakhstan School of Public Health (KSPH), in Almaty, with a global health perspective to population-based interventions and how these...
complement individual services before their placement in key positions across the country.

Ninety-six master of public health and doctorate students will participate in interactive two-hour sessions consisting of a lecture and followed by one hour of discussion. Through a historical perspective, topics discussed include models of primary health care services delivery across the WHO European Region Member States, their key features and system-enabling conditions for progress.

Kazakhstan has a long-standing tradition of championing a primary health care approach to services provision, dating back to the Declaration of Alma-Ata in 1978, which called for national and international action to protect and promote health for all. The integration of services through the modernization of primary care while promoting inter-sectoral collaboration, public health and equity is high on the agenda of the Government of Kazakhstan which launched, in 2016, the National Programme of Health Development “Densaulyk”.

Hosting the Centre, Kazakhstan seeks also to contribute to the provision of people-centred, integrated health services delivery across the WHO European Region.

The KSPH is working with the Centre to assess the degree of integration between primary care and public health applying the EFFA IHSD. The Framework was approved by the WHO Regional Committee for Europe early in September this year.

STORIES FROM THE FIELD

Meet Dr Roza Abzalova and the Demeu Primary Health Care Centre

Meet Dr Roza Abzalova. Trained as a cardiologist, Dr Abzalova became a convert to primary health care when she started to see the struggles for patients in their day to day lives to maintain and manage their health.

In describing the challenges faced, she explained, “Times change, people’s needs change as well, we face new social and economic challenges but also new diseases. We have to move along with these changes and treat every person, every individual as quite unique, with unique individual and family needs that are also constantly changing. Only truly integrated services can achieve this.”

Over the past 10 years, Dr Abzalova and her colleagues at the Demeu Primary Health Care Centre in Astana have been inspiring providers and managers across Kazakhstan on how to design, organize, manage and improve their services to meet current patient, individual and population needs. Expanding the scope of practice and professional autonomy of patronage nurses to secure more comprehensive and timely maternal child health care and the introduction of rehabilitation services for the growing number of patients requiring physiotherapy after being discharged from hospitals are some of the innovative services recently implemented by Demeu Centre to adopt a people-centred approach. In order to achieve this level of excellence, Demeu Centre supports staff continuous learning, promotes opportunities for multidisciplinary collaboration, provides education for patients, links to the community, proactively informs communities about their services, and monitors their satisfaction to trigger improvements.

But Dr Abzolva cautions that “transformation of health services should not be limited to primary care, but include all levels of care as the introduction of new services impacts the entire health system and all levels of care have a role to play.”

When we inquired into which supports enabled these changes, Dr Abzalova emphasized the importance of the Regional Health Department of Astana that provided the legal mandate to reorganize services. These services are now included in the benefit package for all patients. She also acknowledged the extra funds received by the Government. Dr Abzalova explained that, “it is also very important to involve and empower primary health care professionals, i.e. those practitioners that will, in practice, deliver those services”.

Finally, when we asked what advice Dr. Abzalova had for the Region’s future leaders? Her response “courage, conviction that the work is relevant, continuous self-improvement and perseverance.”
FEATURED PUBLICATIONS

Framework for Action on Integrated Health Services Delivery

The European Framework for Action on Integrated Health Services Delivery takes forward the priority of transforming health services delivery to meet the health challenges of the 21st century.

To download this publication, please click here.

Glossary of Terms. The European Framework for Action on Integrated Health Services Delivery. English-Russian version

This glossary defines key terms found in the European Framework for Action on Integrated Health Services Delivery and in related documents of its implementation package.

To download this publication, please click here.

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

This document sets out to review evidence related to ambulatory care sensitive condition hospitalizations (ACSHs) as a proxy indicator of health services delivery (HSD) performance.

To download this publication, please click here.


This document is a review of Tajikistan’s National Programme on the Development of Family Medicine 2011-2015.

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