Managing and not just preventing noncommunicable diseases in primary care

Noncommunicable diseases have claimed a front-and-centre priority for all countries in the WHO European Region. The strain noncommunicable diseases pose on health systems and the quality of life of our populations has reached a critical point in term of increasing demands for public health interventions and individual health and social services in relation to budget constraints; an intensive intersectoral response and new modalities of integrated and team-oriented work are needed that guarantee the overall sustainability of health systems.

In many countries, the health systems have responded to these challenges by strengthening primary care, improving coordination between providers, avoiding unnecessary and expensive hospitalization, equipping patients with tools for awareness of self-care and intensifying population-based and individual public health interventions for protecting and promoting health and preventing disease. These efforts, despite being in the right direction, remain insufficient and sometimes inadequate. Getting primary care to provide responsive (to be continued)
and high-quality services and gain the trust of the population as the first point of care and to contribute to the overall sustainability of health systems requires first-line health practitioners to not only diagnose but also to treat and follow up common chronic diseases and conditions. From a services delivery perspective, too many efforts focus only on prevention, disregarding the needs of patients for prompt and effective diagnosis and treatment in primary care. A balance must be found in primary care between health promotion and disease prevention and the diagnosis, treatment and management of noncommunicable diseases.

A primary-care strategy for preventing and managing noncommunicable diseases and conditions needs to embrace three key elements: (1) identifying and addressing modifiable risk factors; (2) screening for common noncommunicable diseases; and (3) diagnosis, treatment, follow-up and coordinating patient referrals. Such a strategy should provide a structured, integrated programmatic approach to existing health and social services and has the potential to deliver high-quality primary care for people with noncommunicable diseases. Experience and research is desperately needed to improve the package of diagnostic and therapeutic tools required for primary care and to adapt models of delivery that are integrated and people-centred.

With this issue of Crossroads, the WHO European Centre for Primary Health Care hopes to share some of the measures being taken in this direction and to remind readers that these are some of the important reasons to get people, patients, providers, managers and policymakers to meet at the crossroads!

## REGIONAL STRATEGIC VISION

### New WHO advisory group launched in Almaty to shape the future of primary health care

**Almaty, Kazakhstan**

June, 2017

Experts convened in Almaty, Kazakhstan, on 20–21 June 2017 for the inaugural meeting of the Primary Health Care Advisory Group. The WHO Regional Director for Europe launched the Advisory Group to advance primary health care in the WHO European Region.

At its first meeting, the Advisory Group engaged in discussions on the readiness and responsiveness of primary health care to embrace future health and social needs.

### The need for transformation and new relationships

In her opening remarks, WHO Regional Director for Europe Dr Zsuzsanna Jakab thanked the Government of Kazakhstan for its generosity and leadership, which has made possible unique platforms such as the Advisory Group. The WHO European Centre for Primary Health Care, which is hosted in Almaty by the Government of Kazakhstan, is the Secretariat of the Advisory Group.

Dr Jakab reminded participants of the essence of the visionary Alma-Ata Declaration of 1978, which emphasized the need to bring a holistic perspective to health while organizing services close to people’s homes.

In her speech, Dr Jakab reflected on the needs and context of primary health care over the 40 years since
the Declaration. “One thing is certain: transformation is needed. This transformation demands intersectoral action. It calls for partnerships and new relationships, as patients and populations become increasingly engaged. It also calls for new forms of relationships among health providers, and between communities and local, regional and national authorities,” she explained.

“Marginal changes are not enough,” she continued. “Our countries have adopted policies including Health 2020 and the Sustainable Development Goals, setting targets that do not allow for business as usual.”

Minister of Health Dr Yelzhan Birtanov, who attended the meeting, remarked that WHO’s role in health systems strengthening is highly valued. “This inaugural meeting is a unique opportunity to hear from other countries, and to share opinions with international experts in primary care,” he said.

The Minister stressed that primary care clinics are key to tackling noncommunicable diseases. He added that Kazakhstan is working towards bringing primary care closer to populations, and improving polyclinics to better serve patient needs.

Next steps

Over the next years, members of the Advisory Group will use their expertise to advocate for the strengthening of primary health care. They will facilitate collaboration with relevant sectors, partners and stakeholders, and provide a forum for sharing technical experience and knowledge.

The Advisory Group’s work will focus on the following 3 key areas outlined in the European Framework for Action on Integrated Health Services Delivery, which countries of the WHO European Region, including Kazakhstan, endorsed:

1. seeking innovative models to integrate primary health care with public health services;
2. improving coordination between primary health care and other health services, including hospitals and specialized services; and
3. integrating primary health care and social care, particularly due to the rising needs of the growing elderly population.

POLICY SUPPORT

Strengthening the quality of primary health care for the people of Georgia

Tbilisi, Georgia
August, 2017

Georgia has made important strides with its new Primary Health Care Development Strategy 2016–2023, which was developed within the context of the 2014–2020 State Concept of Healthcare System of Georgia for Universal Health Care and Quality Control for the Protection of Patients’ Rights. Such initiatives in primary health care are important in placing people at the centre of public interventions and in driving an upstream response to the increasing burden of noncommunicable diseases in Georgia. At present, noncommunicable diseases alone account for an estimated 93% of total deaths in Georgia, of which 69% are related to cardiovascular diseases. From 2005 to 2015, the types of noncommunicable diseases with the greatest increases as causes of deaths were hypertensive heart disease (146% increase) and diabetes (66% increase).

The WHO European Centre for Primary Health Care conducted a recent review at the request of the Ministry of Labour, Health and Social Affairs, reporting that enhancing existing mechanisms to assure a continuum of quality across system inputs, services processes, outputs and health outcomes will be important in making meaningful improvements in clinical practice and in defining accountability lines along defined care pathways.

The review proposes piloting a disease management programme to shape new scopes of practice for primary care practitioners and gradually aligning system incentives to support a clear role for primary health care while also accelerating the fight against noncommunicable diseases. This type of services organization requires implementing continuous learning loops to maintain professional competencies that are aligned with national clinical guidelines for primary health care and helping to form new patient care pathways defined further by clear accountability and financial arrangements.

The 2014–2020 State Concept of Healthcare System of Georgia for Universal Health Care and Quality Control for the Protection of Patients’ Rights has focused attention on transforming services delivery. The Concept presents an opportunity for aligning and consolidating vertical efforts into a horizontally integrated platform of high-quality services. A model of care based on strengthening primary health care can facilitate this and improve the quality of services, achieving universal health coverage while ensuring sustainability in the long term.

Georgia endorsed the European Framework for Action on Integrated Health Services Delivery in 2016 at the 66th session of the WHO Regional Committee for Europe in Copenhagen, Denmark.

Kazakhstan intensifies policy actions to respond to noncommunicable diseases

Astana, Kazakhstan
August, 2017

Health officials from regional health institutions and public health councils in Kazakhstan met with senior managers from arm’s-length institutions in a 1-day workshop in Astana. The workshop took place in the context of policy and institutional reforms working to instil a population health management approach for public health services. Led by the Minister of Health, Dr Yelzhan Birtanov, the workshop drew upon results of a health system assessment conducted by WHO/Europe in 2016, focusing on strengthening the system’s response to noncommunicable diseases (NCDs).
The workshop aimed to validate results of the assessment, to take stock of the country’s advancements on health system strengthening and to identify future areas of collaboration between WHO and the Ministry of Health. Following the event, the WHO delegation discussed priority areas of collaboration with the Republican Centre for Health Development and visited the Republican Centre for e-Health.

Priority areas to accelerate progress in responding to the burden of NCDs include reviewing early-detection and screening programmes; addressing the disproportionate rates of avoidable deaths among men of working age, especially from cardiovascular diseases; developing public health capacity to tackle tobacco, alcohol, salt and transfats consumption; as well as strengthening surveillance of NCD risks factors; monitoring and evaluation; identifying and addressing health inequalities; integrating the management of hypertension and cardiovascular risk stratification in primary care; advancing the e-health agenda; empowering patients to manage their chronic conditions; and implementing continuous learning processes to ensure a competent health workforce.

WHO supports Kazakhstan in its endeavours to transform services delivery towards a more people-centred approach.

Belarus: training course develops competencies in person-centred, coordinated and integrated primary health care service delivery

Minsk, Belarus
October, 2017

A multidisciplinary training course to strengthen the competencies of health professionals in delivering person-centred health services and in managing and effectively preventing key noncommunicable diseases at the primary care level was conducted in Belarus in October 2017.

By focusing on shared tasks and responsibilities and a more person-centred, coordinated and integrated care, doctors, physician assistants and nurses who attended the training will be better prepared for preventing and managing the most common noncommunicable diseases.

As patient and population needs have become more complex and specialized, health professionals are being pressed to respond more quickly and efficiently while maintaining quality. Primary care especially faces the challenge of responding to ageing, multimorbidity and increased complexity in ways that support the patients in remaining in their communities and avoiding hospitalization. Stepping up to this challenge involves exploring expanded scopes of practice for health professionals and promoting more interprofessional practice in primary care.

The four-day course therefore focused on developing the participants’ essential knowledge and skills to better respond to these challenges.

Specialists from the WHO European Centre for Primary Health Care designed the programme in close collaboration with the WHO Country Office in Belarus and local experts and tailored it to the needs of general practitioners, physician assistants and nurses from two pilot sites in Belarus – Polyclinic No. 39 of Minsk and the polyclinic and rural ambulatories of Gorki Central District Hospital.

Participatory training methods, such as case discussions, role play and problem-solving sessions, enabled participants to model communication with patients and communication and collaboration with each other. During the training, participants identified new roles for physician assistants and nurses in preventing and managing noncommunicable diseases. More specifically, they emphasized their new roles in the motivational counselling of patients with noncommunicable diseases and their risk factors and in providing leadership in addressing the health needs of individuals and families related to noncommunicable diseases through home care.

The preliminary feedback from trainees has been positive. The participants emphasized the value of obtaining new knowledge and skills and the benefits of being supported in expanding their scope to improve patient experiences and health outcomes.

**BELMED is an overarching project entitled Preventing Noncommunicable Diseases, Promoting Healthy Lifestyle and Support to Modernization of the Health System in**
Embarking in new directions: primary health care in Armenia

Yerevan, Armenia
August, 2017

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

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

The main challenges currently affecting the provision of health services in Armenia include the current narrow scope of work assigned to primary health care, the lack of population-based interventions, the large number of hospitals without clear specialization and the overuse of emergency medical services.

To further advance the reform agenda but also build the public’s trust in primary health care, investment is required to upgrade the competencies of the health workforce to diagnose, treat and manage noncommunicable diseases, reorganize hospitals according to the hub-and-spoke model and enhance the strategic contractual capacity of the public health authorities.

CONVENCING MEMBER STATES

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

Vilnius, Lithuania
November, 2017

At a Baltic policy dialogue held on 15–16 November for senior-level delegates from the three Baltic countries (Estonia, Latvia and Lithuania), including the health ministers of Lithuania and Latvia, representatives from all three health ministries met in Vilnius to exchange experiences in improving quality of care and ensuring patient safety.

In addition to the challenge of guaranteeing access to health care that is provided in the right place and at the right time, ensuring that these services are of high quality is also critical. Focus on quality in health care goes back to the signing of the Declaration of Alma-Ata (incorporated in WHO European Health for All Target 31). Strategies to manage and improve quality are a frequently cited principle and justification for health policy reform, and yet these strategies
are quite diverse and fragmented. This is partly because this process requires engaging so many different dimensions of the health system: not only regulating and organizing the inputs of the health system (providers, technologies and financial resources) but also managing people-centred health services delivery and monitoring the outcomes.

Although the understanding of the term quality varies not only between countries but also between stakeholders, at least three dimensions have been agreed on: effectiveness, patient safety and people-centredness. At the Baltic policy dialogue, delegates from the health ministries, the payer institutions and provider institutions presented their specific experience in regulating and certifying health-care providers, using indicators to monitor and measure quality and promoting quality through incentives. Supported by international experts from Belgium, Denmark, WHO, OECD and the European Observatory on Health Systems and Policies, the policy dialogue also explored the potential for more collaboration within and between countries as well as international support that could help further build capacity for high-quality governance. All national stakeholders acknowledged the need to develop an integrated national approach to quality in health care that can integrate these efforts coherently. Creating a strong and shared culture of quality and safety among all stakeholders (patients, providers, payers and government) is considered a key to success.

The policy dialogue has been a valuable opportunity to share experiences and sharpen thinking within national teams in the Baltic countries. This was the 14th Baltic policy dialogue. The series started in 2004 and is held annually in one of the Baltic countries. This year’s Baltic policy dialogue will be held in Riga, Latvia.

**IMPLEMENTATION**

**Strengthening of health services delivery monitoring in the Region**

* Moscow, Russia  
* October, 2017

Teams from the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office), based in Moscow, Russian Federation, and the WHO European Centre for Primary Health Care (WECPHC), based in Almaty, Kazakhstan, met in Moscow in September to share experiences and brainstorm ways to enhance the monitoring of health services delivery in the WHO European Region. The collaboration between the 2 offices aims to strengthen availability of data for policy, planning and research on services delivery across the Region, while capitalizing on existing surveillance infrastructure and expertise.

**A need to strengthen the monitoring of health services delivery**

People-centred and integrated health services are essential for the achievement of universal health coverage and the Sustainable Development Goals. People-centred care focuses and is organized around the health needs of people and their communities. It recognizes that people play a crucial role in shaping health policy and the delivery of health services. Integrated care focuses on the management and delivery of good quality and safe health services, and ensures that people receive the continuum of affordable and accessible health care according to their needs throughout the life-course.

With the endorsement of the European Framework for Action on Integrated Health Services Delivery in 2016, Member States of the Region highlighted the need to strengthen the monitoring of health service delivery, as well as the need to develop a set of indicators to measure its effectiveness, quality and equity.

**Close collaboration within WHO/Europe**

Strengthening the monitoring of health services delivery is a group effort involving several divisions and programmes at WHO/Europe. The hub for noncommunicable disease (NCD) surveillance in the Region is based at the NCD Office in Moscow, which leads a number of activities, including the WHO NCD Country Capacity Survey and the WHO STEPSwise approach to surveillance (STEPS) survey. The WECPHC, provides support to Member States of the Region in reforming systems to deliver people-centred, integrated health services based on a primary health care approach.

This brainstorming and planning meeting enabled the teams from the 2 offices to exchange experiences, review ongoing and future monitoring efforts and explore opportunities for collaboration in the areas of data collection, analysis and dissemination. The tools and existing platforms used and developed by the offices will jointly allow further strengthening of surveillance in the areas of integrated health-care services and NCDs in the Region. From this meeting, a plan for intensifying monitoring of health services delivery will be taken forward in a roadmap.

**Establishing a baseline**

The meeting of the 2 offices was part of the process of developing a roadmap for establishing a baseline study on health services delivery in the Region – a process that is also supported by the WHO Division of Information, Evidence, Research and Innovation.
This collaboration represents the extension of ongoing work in the improvement of health systems strengthening for better NCD outcomes. This work is jointly conducted by the NCD team within the Division of Noncommunicable Diseases and Promoting Health through the Life-course, the Division of Health Systems and Public Health and the WHO Barcelona Office for Health Systems Strengthening.

Launch of the Global Change Management Community of Practice

Geneva, Switzerland
November 2017

WHO has launched the Global Change Management Community of Practice (COP) to support Member States in working through change and innovation initiatives with experts and practitioners around the world. In November, the WHO European Centre for Primary Health Care sat down to discuss the reasons and plans for the COP with Michelle Kearns of CAREDOC, a general practitioner cooperative providing health-care services in Ireland that is tasked with leading the web-based platform.

What problem are you and your colleagues trying to address?

One of the greatest challenges for health care is transforming services to suit the needs of patients and to improve the delivery of care. Change management is a key skill required for any individual trying to improve and change the way health services currently operate.

We are trying to address this area of change management and to encourage people to share their experiences with colleagues globally. The same problems in change management in health care arise and are solved by many different people throughout the world. We would like people to share their knowledge of what has worked, and what has not worked, to facilitate learning and understanding throughout global health care.

Tell us briefly about the initiative. How it will bridge that gap?

The COP is a platform for members to share experiences and challenges they have worked through to implement change. The vision for the initiative is that the forum will become a support tool for implementing change, a place to celebrate the success of members and a place for people to share their learning outcomes. Eventually we would like it to become a reservoir of knowledge for change management sharing: journal articles, interest pieces and experiences, both good and bad.

What will be the focus of the COP?

The community of practice will explore at least six key areas, including: service selection (changes to a package of benefits, changes to types of services offered or changes to criteria for providing a service); delivery of care (links across services, design of pathways and use of evidence); organization of providers (changes in scopes of practice, responsibilities, team members and settings for care); management of service (changes in oversight of care, decision-making and problem-solving and operations); improving performance (changes in learning processes, for reviewing performance and engaging staff feedback); and engaging patients, their families and communities (changes in engagement or the resources available to help patients, families and communities participate in decisions and service delivery).

We hope the community grows and encompasses people from all different health-care backgrounds, such as primary care, hospitals and the community. We want to bring people from all areas within health care who have implemented projects and new services to discuss their change management experiences, such as front line staff, management and information and communication technology.

What sort of activities will the COP run?

Initially it will be a virtual forum to identify the people interested in changing practice and an online discussion group for people to start sharing their experiences. We would like people to share journal articles or stories they think are relevant and would like the community members to be aware of.

We hope to follow up on these online discussions with webinars and then eventually conduct face-to-face meetings.

Who can join the COP?

Initially we will target individuals and groups we hope will contribute to the COP. Nevertheless, it is open to everyone who works with change management. We would like to get some discussions started initially so that people can join and contribute to their areas of interest.

Where can people sign up to join the COP?

To join the COP, please sign up at http://www.integratedcare4people.org/communities/cmcop or contact michelle.kearns@caredoc.ie for further information.

Learning hub: Improving the quality of care in Kyrgyzstan

Almaty, Kazakhstan
December 2017

The latest addition to the learning hub is now online. In this lecture, Barton Smith speaks about improving the quality of care with stakeholders at the service level in Kyrgyzstan.
The lecture was delivered at the Quality of Care Kick-off Workshop and Country Coordination Meeting on 3–5 April, 2017 in Almaty, Kazakhstan, which gathered a group of policy-makers and practitioners from across central Asia.

Please stay tuned as the Centre continues to post lectures to the learning hub relating to all domains of the European Framework for Action on Integrated Health Services Delivery. These learning hubs aim to support countries in their efforts to put the European Framework for Action on Integrated Health Services Delivery into action. The learning hubs are available in both English and Russian. Find the learning hub here: http://bit.ly/2hDZ7fW.

WHO launches Global Service Delivery Network for universal health coverage

Almaty, Kazakhstan
June 2017

A global network aimed at supporting the implementation of the WHO Framework on integrated people-centred health services (IPCHS) has been established by the WHO Service Delivery and Safety Department. The WHO Global Service Delivery Network (GSDN) was launched on 20 June in Almaty, Kazakhstan, alongside the first Primary Health Care Advisory Group meeting to the WHO Regional Director/EURO and WHO inter-regional hospitals meeting.

The first meeting of the GSDN took place on 22 June and convened an initial group of network members representing professional associations, civil society groups and other non-governmental organizations including:

- International Council of Nurses (ICN)
- International Foundation for Integrated Care (IFIC)
- International Patients Alliance Organization (IAPPO)
- International Hospital Federation (IHF)
- Primary Health Care Performance Initiative (PHCPI)
- World Family Doctor (WONCA)
- World Public Health Association (WPHA)

Network members had the opportunity to meet, discuss and provide input on ways of moving the network forward.

The WHO Global Service Delivery Network aims to strengthen knowledge exchange, collaboration and advocacy on integrated people-centred health service delivery for universal health coverage. The GSDN will have a crucial role in raising global awareness about, and advocating for, IPCHS by actively engaging and leveraging relevant global efforts, initiatives, organizations and other key stakeholders. In order to achieve its aim, the GSDN will focus on four interrelated objectives:

1. To play an active role in facilitating and advocating for integrated and people-centred health services.
2. To support exchange of information and knowledge among key stakeholders building on existing knowledge platforms, especially through the IntegratedCare4People web platform.
3. To help mobilize financial and non-financial resources to support IPCHS implementation.
4. To strengthen collaboration on integrated people-centred health service delivery, with eventual linkage to networks focused on specific areas of service delivery.

The WHO Global Service Delivery Network is a member of the UHC2030 International Health Partnership – a multi-stakeholder platform that aims to promote collaborative working in countries and globally on health systems strengthening. One of this year’s milestone events will be the Universal Health Coverage Day taking place on 12 December.

Stories from the field

Leaving no one behind: Sweden makes services safer for LGBTQ people

Stockholm, Sweden
September, 2017

A core principle of the 2030 Agenda for Sustainable Development is to “ensure that no one is left behind” and to “reach the furthest behind first”. The WHO European health policy, Health 2020, also aims to reduce inequalities in health for all people living in the WHO European Region.

Despite these goals, many people across the Region
and the rest of the world remain excluded from accessing high-quality health services. One of these groups is the lesbian, gay, bisexual, transgender and queer (LGBTQ) population. Studies across the Region have shown that LGBTQ people are less likely to seek health care because they do not feel that they can openly and safely disclose their sexual orientation or gender identity to health services or health professionals. When they do, they experience neglect, judgemental questions or simply have to deal with health professionals who lack the necessary professionalism and competencies to respond to LGBTQ needs. Such substandard services perpetuate societal exclusion and directly affect health outcomes for this population. LGBTQ people have poorer health outcomes and increased rates of mental health issues and disorders, including depression and substance abuse, higher rates of suicide and poorer survival rates.

Introducing training for LGBTQ-friendly health services

Ida Gulbrandsen, educator at the Swedish Federation for Lesbian, Gay, Bisexual, Transgender and Queer Rights (RFSL), knows this reality all too well.

Seeing that their members were missing opportunities to seek health care, the Stockholm branch of the RFSL decided to design a certification programme to accredit institutions that undergo special training on how to provide LGBTQ-friendly services. The programme was developed in 2007 in collaboration with the local Abrahamsbergs Vårdbcentral primary health care clinic.

Since its inception, the initiative has been established as a national programme and has accredited 350 organizations across Sweden. The programme involves 4 days of education, workshops and meetings, with management focusing on increasing awareness among the health workforce about how to provide safe and respectful care to LGBTQ people, and promoting inclusion and equal rights for all its employees.

The main approach of the 4-day training is to engage personnel in self-reflective discussions about the norms and assumptions that exist in society and at the workplace and how they can improve services. These discussions are not easy. According to Ida, “This is often challenging work for me, for my colleagues, and for the participants in our training, who are asked to take in new knowledge, reconsider their societal norms and reflect on how they work”.

With the guidance of educators like Ida, however, organizations have made a series of improvements. Small but important changes include changing the choice of words (not assuming that people have wives or husbands but referring to them as partners), introducing patient-directed questions (“Who is part of your family?”), introducing gender-neutral toilets, displaying rainbow and trans symbols, and making sure that health information not only addresses and shows heterosexual couples but also depicts and addresses same-sex couples.

A role for managers and policy-makers

Of the people who have participated in the RFSL training, 95% would recommend it. When asked what has been important in this success, Ida explains that Sweden has adopted a Discrimination Act that protects individuals from discrimination based on age, disability, ethnicity, sex, sexual orientation, religion or other beliefs, or gender identities. In 2017, the Act was amended, requiring employers to assume responsibility for proactively preventing discrimination.

It has also been important that managers recognize that their services need such improvement and take the initiative to approach the RFSL. In Sweden, an important step was taken in 2014, when the government launched a national strategy on LGBTQ rights to make long-term efforts, including in education, to promote equal rights and opportunities regardless of sexual orientation, gender identity or gender expression. Health, care and social services were among the focus areas in this strategy.

Ida recognizes that these managers are really committed to creating inclusive and non-discriminatory health services in ways that do not merely involve verbal support but also include allocating resources and time for personnel to work with these questions and monitor progress in this area.

Finally, it is important that managers be given the mandate and budget to select the necessary continuous learning opportunities for their personnel to meet the needs of patients.

WHO and the Joint United Nations Statement on Ending Discrimination in Health Care Settings

In July 2017, WHO joined the heads of 12 United Nations agencies in endorsing the Joint United Nations Statement on Ending Discrimination in Health Care Settings. The statement reinforces that no group should face discrimination at the point of care based on their age, sex, race or ethnicity, health status, disability or vulnerability to ill health, sexual orientation or gender identity, nationality, asylum or migration status, or criminal record.
Putting patients first – Setting the patient at ease is the first priority for primary care providers. A patient visiting Polyclinic No.1 in Almaty, Kazakhstan initially meets with a nurse for a full body assessment making sure not only to discuss their physical health but also their social well-being.

The RFSL is a non-profit organization founded in 1950. RFSL works locally, nationally and internationally.

LGBTQ individuals encompass all races and ethnicities, religions and social classes.

Photo story

Kazakhstan is on track to achieve the global target of a 25% reduction in premature mortality from NCDs by 2025. Currently, however, it has one of the highest rates of premature mortality in the WHO European Region.

To tackle this burden of non-communicable diseases, Kazakhstan is investing in the transformation of its primary care services to become more people-centred and integrated.

Putting patients first – Setting the patient at ease is the first priority for primary care providers. A patient visiting Polyclinic No.1 in Almaty, Kazakhstan initially meets with a nurse for a full body assessment making sure not only to discuss their physical health but also their social well-being.

Seemingly straight forward clinic visits to the polyclinic are important moments to opportunistically assess patients for a range of health concerns.

Primary care providers in Kazakhstan are being called upon to take a more active role in monitoring and managing noncommunicable diseases, including cardiovascular diseases, hypertension and diabetes.
The integration of health services requires that primary care providers build relationships with professionals from other different disciplines and specialties.

Primary care providers in polyclinic No. 1 are linking up with psychologists and social workers to develop responsive care plans for their patients.

Primary health services are also being scaled up in rural areas and brought directly to patients through innovative models of care like the mobile health unit.
Primary Health Care Advisory Group First Meeting Report

On 20–21 June 2017, the WHO European Centre for Primary Health Care hosted the first meeting of the Primary Health Care Advisory Group in Almaty, Kazakhstan. The event convened appointed members of the Primary Health Care Advisory Group as well as temporary advisers and guests. The themes of these discussions are consolidated in a summary statement providing guidance towards a renewed vision for primary health care in the WHO European Region and will inform themes for the international conference celebrating the 40th anniversary of the Declaration of Alma-Ata in 2018.

Strengthening a competent health workforce for the provision of coordinated/integrated health services. Now in Russian!

The paper proposes a list of competencies to be consolidated by the health workforce in order to realize coordinated/integrated health services delivery. To this end, the paper proposes a cycle for the process of competencies consolidation, identifying strategies required at the services delivery level and possible tools for implementation as well as describing the enabling conditions at the health system level and providing an overview of roles and responsibilities of key stakeholders involved.

Re-profiling emergency medical services in Greece

This report presents the results of an assessment of emergency medical services in Greece. Acute care requires a coordinated response that involves a continuum of services that begin with primary care. In accordance with the European Framework for Action on Integrated Health Services, this report proposes focusing efforts on managing chronic diseases in primary care, strengthening the primary care workforce through primary care networks, establishing networks of out-of-hours providers in primary care, re-profiling emergency departments as specialized services, reinforcing the various connectors and interfaces to increase communication and coordination between primary care and emergency medical services and reorganizing hospitals to support primary care.