As our journeys as patients, practitioners, services managers and policy-makers converge, the single most strategic way to improve health outcomes is to invest in primary health care. What does primary health care mean? Is it merely primary care delivered by general practitioners or family doctors in one place on whom all responsibility falls?

No. Primary health care is an approach not limited to one provider or one setting. Primary health care as an approach makes the first point of contact matter, regardless of where that encounter takes place – a primary care clinic, a hospital, at school or at work – the advice, prescription or treatment given is responsive to the individual’s needs.

Strong relationships between providers, patients and their families are key to making this response successful: relationships that embrace trust and aim to improve each individual’s well-being through shared decision-making, networking patient engagement and empowerment.

Primary health care – as related to health services delivery – therefore means ensuring that services are designed, organized, managed and continually improved to improve health outcomes through strong relationships: relationships between each patient and his or her provider, relationships among providers and relationships between providers and other relevant sectors that affect the health of individuals, such as education, environment, labour and transport.

Here at the crossroads at which we find ourselves today, almost 40 years after the Declaration of

(to be continued...)}
Alma-Ata, the WHO Centre for Primary Health Care is committed to contribute to advancing primary health care in the WHO European Region. The WHO Centre for Primary Health Care supports countries in developing services with multidisciplinary provider teams, consolidated networks, innovative technologies, optimized information-sharing between all stakeholders and financially sustainable and supportive mechanisms. This scope of work requires that all of us – individuals, patients, practitioners, managers and policy-makers come together … here at the crossroads.

To this end, we mark this month with the momentous launch of the Regional Director’s Advisory Group on Primary Health Care. The Primary Health Care Advisory Group comprises experts from across the European Region who represent different interests and will meet at a crossroads to share their experiences and visions for innovating primary health care to meet population and individual needs by 2030. At this juncture, here in Almaty on 20 and 21 June 2017, the Advisory Group on Primary Health Care will inspire us in making the best investments for strengthening primary health care to significantly improve health and well-being.

REGIONAL STRATEGIC VISION

Focusing on quality of care to advance the Sustainable Development Goals in the European Region

Almaty, Kazakhstan
April, 2017

Global policies have recognized quality as essential being to the pursuit of universal health coverage, target 3.8 of the Sustainable Development Goals (SDGs). Quality is not a static concept, however.

The concept of quality of care has evolved over the past two decades from a notion of human error and negligence to an understanding that it arises
as a result of well performing health systems. Over time, multiple approaches have contributed to the quality-of-care discourse and the recognition of its importance to improving health outcomes.

This evolution has been paralleled by the ever-changing context of health and demographics in a context of increasing patient expectations, data-mining and new technologies and medicines. National and regional health authorities are renewing their focus on quality of care, system performance and health outcomes while stakeholders – including professional and patient representatives – are assuming new roles in this area.

The WHO European Centre for Primary Health Care (WECPHC) of the Division of Health Systems and Public Health hosted a first brainstorming, review and planning exercise for rejuvenating quality of care in the context of the SDG agenda on 3–6 April. Country delegations from Georgia, Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine, experts and WHO staff participated.

The event revealed that countries have made enormous progress in developing and implementing mechanisms for quality improvement, with new actors contributing to the agenda. Links between quality improvement initiatives and actors are less clear, however, and big gaps exist in understandings of the feedback processes necessary to ensure that learning loops are established for continuous quality improvement in health facilities and professional development. Participants agreed that work towards developing an overarching accountability framework to steer development in this area is needed.

**POLICY SUPPORT**

**Seeking an integrated approach to re-profiling emergency medical services in Greece**

*Athens, Greece
January, 2017*

Strong primary care offers important opportunities to manage and treat the growing burden of chronic diseases. In doing so, primary care prevents the need for acute care services, including emergency medical services (EMS). Furthermore, strengthened primary care can treat a significant proportion of the acute care demands otherwise placed on EMS.

Without primary care that takes the lead in managing chronic conditions and preventing acute care demands on EMS, emergency departments become unnecessarily congested and unsafe, and admit patients to hospitals unnecessarily.

Managing the current congestion of EMS in Greece and across the WHO European Region means understanding that strong primary care requires a network of health providers and settings that are equipped, supported, incentivized and trained to manage chronicity, polypharmacy and multimorbidity.

When acute care cannot be prevented, strong primary care can effectively stabilize chronic patients, provide behaviour counselling, perform basic diagnostics and minor surgeries, provide community-based palliative care, and handle minor injuries. Out-of-hours primary care networks, when co-located with emergency departments and hospitals, can provide primary care to treat these acute care demands on evenings and weekends.

Integrated hospital networks that concentrate highly specialized services and treat lower-complexity cases in medium to small hospitals can also help decrease the strain on emergency departments. Supporting people and their families in navigating these health services is a key component of high-quality, people-centred integrated services.

These challenges and opportunities related to re-profiling EMS in Greece were discussed during a visit organized by WHO/Europe in collaboration with the Ministry of Health of Greece on 23–27 January 2017. Over the course of the week, visits were made to the National Centre for Emergency Medical Services (EKAV) and its Elefsina Helicentre, the Psachna Health Centre, the Regional Clinic of Drosia in Evia, the Chalkida Hospital Emergency Department and the Ippokrateio General Hospital Emergency Department.

The aim of the visit was to identify priorities for the reorganization of EMS in the context of upcoming primary care reform in Greece. It included meetings with leaders from the Ministry of Health and key
professional groups. A workshop was also held with relevant stakeholders to share good practices from Italy and the Netherlands.

The Ministry of Health of Greece is committed to implementing its medium-term reform plan, which includes reorganizing the country’s EMS, and recently initiated a collaboration with WHO/Europe in this strategic area. The visit, which was part of this collaboration, took place within the Strengthening Capacity for Universal Coverage (SCUC) initiative.

**About the SCUC initiative**

The SCUC initiative is funded by the European Union through a grant agreement between the European Commission and WHO/Europe. Its general objective is to contribute to improving health and health equity in Greece, especially among the most vulnerable in the crisis-stricken population, by helping Greek authorities move towards universal coverage and strengthen the effectiveness, efficiency and resilience of their health system.

**Improving the role of primary health care in early detection and management of noncommunicable diseases in Albania**

_Tirana, Albania
April, 2017_

In 2015, aiming to improve the population’s access to preventive services offered by primary health care (PHC), the government of Albania launched a preventive check-up programme. As a result of this programme, all individuals aged 35–70 years can now get free annual check-ups. To facilitate this, the government has provided special training to nurses to provide these check-ups, which include routine bloodwork and patient interviews to screen for depression and noncommunicable disease (NCD) risk factors.

Two years after this intervention, visits to PHC centres have increased and providers reported that people’s attitudes are changing, accepting that both PHC doctors and nurses can provide valuable information and help in preventing NCDs. Through improvements in PHC staff capacity, better access to laboratory facilities countrywide and targeting vulnerable and at-risk populations, PHC centres in Albania are becoming more proactive in disease prevention.

A WHO mission was conducted on 13–20 April 2017 to discuss these developments. Experts are now working to improve the competencies of PHC providers to manage NCDs and modify NCD risk factors after detection. This will require reviewing the range of examinations provided during check-ups, but also increasing access to follow-up tests, designing new clinical pathways for the most common NCDs and continuously improving the performance of health providers. Albania has also been urged to work towards increasing the autonomy of nurses in providing education and counselling to patients with NCDs, improving population health monitoring, and integrating individual-based interventions with public health interventions to address priority health problems.

**Efforts to define new roles for primary health care in Ukraine**

_Kyiv, Ukraine
April 2017_

The Ministry of Health of Ukraine has embarked on a sector-wide reform reorienting health services delivery towards stronger primary health care. The country is planning to allow primary health care doctors to establish private practices to deliver services included in the universal benefit package by establishing individual contracts with the government. This reform is expected to give primary health care practitioners greater autonomy to reach out to patients by improving quality.
To support the implementation of this reform, the Ministry of Health will ensure the delivery of a core basket of individual and community primary health care services such as early prevention and diagnosis of noncommunicable diseases. The Ministry of Health is also discussing the importance of multidisciplinary teams and to increase the responsibilities of nurses in delivering specific services such as screening, follow-up and educating patients.

With the aim of developing a shared vision for primary health care and ensuring the sustainability of the reforms, the Ministry of Health has been holding discussions with key national and local level stakeholders. In this context, staff members of the WHO European Centre for Primary Health Care supported these discussions with technical feedback and recommendations during one of the missions that took place from 3 to 7 April 2017.

CONVENING MEMBER STATES

Measuring primary health care performance: what’s new?

Almaty, Kazakhstan
March, 2017

In their pursuit to meet global commitments, countries of the WHO European Region are renewing their commitment to primary health care (PHC) as a means of improving responsiveness and bringing cost-effective health services closer to individuals, their families and communities.

In order to increase transparency and public accountability, selecting appropriate dimensions for measuring PHC performance remains pivotal to creating systems that enable the development of conditions for improving health, while tackling the social determinants of health upstream. No consensus currently exists, however, on which PHC performance dimensions should be included, rendering assessments partial, context-dependent and unable to be used for comparison purposes.

A few ongoing initiatives have nevertheless sought to create platforms for discussion among experts and countries. Among them are the Expert Review Group set up by WHO headquarters in the context of the WHO Framework on integrated and people-centred health services, the Primary Health Care Performance Initiative, which arose from the alliance between the Bill & Melinda Gates Foundation, the World Bank Group and WHO, and the European Commission Expert Group on Health Systems Performance Assessment.

The Primary Health Care Expert Group of the Northern Dimension Partnership for Public Health and Social Well-being (NDPHS) has also started a reflection process on assessing PHC performance by sharing experiences of Baltic and Nordic countries, Poland and the Russian Federation.
To support this initiative and expand the reflection process to other countries, the WHO European Centre for Primary Health Care of the Division of Health Systems and Public Health organized a workshop on “PHC performance in the context of changing health needs” on 30 March 2017. Representatives from Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine joined NDPHS delegates at the event to discuss first-hand experiences of measuring PHC performance to inform policies at local, regional and national levels.

Participants concluded that dimensions such as person-centeredness, integration and quality need to be further developed in terms of analytical definitions and be captured in information systems. These dimensions are vital for strengthening people-centred health systems and supporting progress towards universal health coverage.

IMPLEMENTATION

Learning lab is launched

Almaty, Kazakhstan
June 2017

To support countries in their efforts to put the European Framework for Action on Integrated Health Services Delivery into action, the WHO European Centre for Primary Health Care in Almaty, Kazakhstan has devoted a corner of the primary health care website to a series of lectures that will cover various topics related to the Framework.

The first set of lectures introduce people-centred health systems, the importance of stakeholder engagement in developing people-centred integrated health services and key findings from a project focusing on improving the skills of health providers in communicating with patients in Kazakhstan.

Stay tuned as the learning lab posts more lectures relating to all domains of the European Framework for Action on Integrated Health Services Delivery. The lectures are delivered by experts visiting the

Improving communication between practitioners and patients in Kyzylorda and Mangystau

Kyzylorda, Mangystau, Kazakhstan
May 2017

Effective communication with patients is important as a vehicle for ensuring high-quality health services. Not only is patient communication important for improving patients’ satisfaction with services, but it is also important for improving health outcomes by improving adherence to care plans and treatments and gathering relevant health information that can help practitioners in providing people-centred care. This responsibility lies with all practitioners and other personnel.

Since 2016, WHO has collaborated with the Government of Kazakhstan in implementing a series of initiatives to improve patient centredness, including a series of workshops on patient-centred communication. The workshops have been organized in the Kyzylorda and Mangystau oblasts, including the six rayons of Karmakshy, Zhalagash, Syrdarya, Zhanaozen, Karakiya and Munaily.

The workshops allow doctors to learn how their communication can be more patient-centred, with the aim of improving health outcomes. Through reflective discussions, role play and peer-to-peer feedback, participants in these workshops are able to fine-tune their skills in patient communication.
Previous studies have already shown that these techniques improve people-centredness but must be frequently updated and tested at the service level.

The WHO Country Office in Kazakhstan and the WHO European Centre for Primary Health Care engaged experts from Saint Louis University and Columbia University to provide these workshops.

Creating lifelines – integrating mental health services into primary care

People diagnosed with chronic conditions suffer from high rates of depression. Depression, for example, occurs in up to 20% of patients with diabetes and coronary heart disease – 2 of the most common conditions diagnosed, treated and managed in primary care. Despite being associated with significant disability and an excess rate of mortality, depression comorbidities often remain undiagnosed.

Furthermore, despite the relatively high prevalence of depression in the population at large, including the elderly and youth, its diagnosis and treatment remain a challenge due to the fact that patients do not always present to their primary care doctor with depression as their primary complaint. This, in turn, can lead to inadequate treatment and poor patient care.

Dr Paul Giesen, a primary care physician in the Netherlands, says, “I have seen many of my patients not recognize they have depression. Rather they present with somatic complaints, alcohol or drug abuse issues or complain about problems at home and at work.”

As the first point of care in most countries, primary care doctors and nurses are well positioned to prevent, diagnose, manage and care for patients struggling with depression. They can achieve this in ways that are tailored to the daily realities of the patient’s life, family and community, and can act as the main convenors of the patient’s other health providers. This can ensure timely, accessible and person-centred care as well as reduced stigma.

Training to screen, prevent, treat and prescribe

While screening for depression is one of the first ways that primary care doctors and nurses can help, it is important that they are also equipped with resources to follow up on the results of these screenings; primary care teams require adequate training to screen and prevent, but also to treat and prescribe.

Essential resources include evidence-based clinical guidelines that take into consideration the roles of primary and specialized care, such as the WHO Mental Health Gap Action Programme (mhGAP) intervention guide. These tools help guide and delegate decision-making among providers across the continuum of care and the patient’s life-course. They also advise primary care providers on how to manage and monitor their patients over time to ensure quality of care.

Collaboration across primary and specialized care, the use of health care plans, the introduction of new professional roles such as clinical educators and case managers, and the promotion of self-management have also been shown to be of key importance in the effective management of depression. When needed, for example, primary care teams can engage other health providers such as physiotherapists, psychiatrists, psychologists, social workers and other mental health specialists to contribute their expertise and reinforce or adjust care plans.

Dr Giesen says, “As a general practitioner, I am supported by national guidelines that help me recognize depression and differentiate it from other disorders, suicidal ideation, psychosis and bipolar disorder. With guidelines addressing the role of primary care and my training, I am able to take a more proactive approach in supporting my patients with self-help tools, providing psychological counseling, intensive psychotherapy and prescribing antidepressants more appropriately. I prepare action plans and care plans together with the patient and my primary care team so that there is a shared problem definition and we can better
support patients to assume personal responsibility in their recovery process.”

He continues, “Next door to my clinic I have psychologists that I can reach out to for help in getting longer term support for complicated and chronic cases of depression but most problems we treat in our primary care team. I only send about 20% of our patients who have severe and present high risk to hospital for psychiatric treatment.”

Equipping primary health care facilities with the means to diagnose and treat depression has clear benefits: better health for the patient, reduced burnout for practitioners and diminished costs.

**STORIES FROM THE FIELD**

**Keeping fit as 12 000 runners race for health and well-being in the 2017 Almaty Marathon**

*Almaty, Kazakhstan*

*April, 2017*

The benefits of regular physical activity are well known. Walking, cycling and running have significant advantages for health, including reducing the risk of cardiovascular disease, diabetes and some cancers, while also helping to control weight and contributing to mental well-being. No less important, physical activity has proven to promote social interaction and community engagement, increasing opportunities for meeting others and feeling part of a community.

On 23 April 2017, the City of Almaty – a new member of the WHO European Healthy Cities Network – took to the streets, with over 12 000 runners participating in the city’s sixth annual marathon. This initiative is well aligned with Kazakhstan’s ‘Densaulyk’ state programme, which prioritizes an enabling environment for the preservation and promotion of health. The marathon also resonates with the vision of a primary health care approach detailed in the Declaration of Alma-Ata, signed in Almaty in 1978, which calls for proactive approaches to health promotion and disease prevention through local action and community engagement.
At the 2017 Almaty Marathon, the commitment to health and well-being – the very essence of primary health care – as well as the local enthusiasm for physical activity, was contagious among walkers and runners. For the first time at their new local premises, a team of staff from the WHO European Centre for Primary Health joined the race. The team was formed in collaboration with staff and students of the Kazakhstan School of Public Health (KSPH) showing a collective commitment to Almaty’s growing health-conscious community. This team also included colleagues from local United Nations (UN) agencies, as well as family members and friends. The Centre, together with the KSPH and local UN agencies, aim to make this event an annual tradition.

Meet Dr Paul Giesen and Radboud University’s Institute for Quality of Health Care in the Netherlands

Meet Dr Paul Giesen, a general practitioner (GP) and senior research lead at Radboud University’s Institute for Quality of Health Care in the Netherlands. It does not take long for Dr Giesen to start talking about how much he loves his work as a GP.

“I like to work closely with my patients and their families – to share their moments of joy, but also their daily struggles and see how this all shapes their health behaviours,” he says. “From this angle, I also have a clear oversight of the challenges and opportunities facing my community at large and can advocate not only for individuals, but also for the community. I love working with the nurses and social workers who are part of my team. All of this makes my work so beautiful.”

This motivation and enthusiasm is supported in the Netherlands by high government commitment to primary care, complemented by high professional involvement, and an extensive range of comprehensive primary care national guidelines to help primary care teams address the growing complexities they face in their communities. Enthusiasm has not always been evident, however, particularly for care after normal working hours and on weekends.

Previously, GPs in the Netherlands had been organized in groups of 10–15 to address patient needs after hours. The groups shared responsibilities during evenings and on weekends, caring for each other’s patients. GPs found it difficult to manage the patient load when organized in this way and on this scale: they had limited clinical support and poor financial, non-financial and personal support, saw increasing numbers of patients bypassing primary care services for emergency departments, and experienced exhaustion from busy day-time hours.

Dr Giesen and a team of colleagues, concerned about the consequences this had on people’s access to 24-hour primary care and the frustrations it created for GPs, decided it was time to rethink the ways in which GPs delivered care.

The group proposed organizing GPs into larger cooperatives that would share responsibility for patients after hours. The cooperatives now include from 50 to 400 GPs and cover populations of up to half a million. On this scale, cooperatives can be supported by diagnostics like X-ray and laboratory services, special medical and non-medical equipment (including cars and trained drivers), triage nurses, a sophisticated telephone triage system and a range of information and communication technologies that, among other things, allow the cooperatives to share patient information with hospital specialists.

As satisfaction among GPs and patients has been high with this new model, Dr Giesen and his research team at Radboud University have begun to document how services are not only increasing patient and GP satisfaction, but are also improving the quality and safety of primary care.

The cooperatives matured have also started moving closer to, and in some cases directly next to, emergency departments – today, approximately 60% are co-located with emergency departments, allowing GP cooperatives to demonstrate value by catching self-referral patients who present at the departments.
Key factors in the cooperatives’ success, Dr Giesen says, are increased compensation for primary care nurses and other personnel, on-site and continuous training opportunities for GPs and nurses, close monitoring of the quality of care in terms of time, patient experiences and reasons for visits, and financial incentives that stimulate interprofessional and team-based care. To sustain the resulting increase in demand for primary care services, the cooperatives have been helped by expansion of nurses’ scope of practice to manage some degrees of acuity. Close collaboration between the government and professional associations, including those for GPs and nurses, has also been important.

Dr Giesen believes that thanks to this initiative, there is now increased recognition of the role of primary care by hospitals, specialists and policymakers.

“By seizing an active and collaborative role in transforming primary health care services to better serve after-hours needs in the Netherlands and documenting their achievements, GPs have increased their own credibility among policymakers,” he says.

Dr Giesen’s research team and a team from Arhus University established the European Research Network for Out-of-Hours primary health care (EuroOOHnet) in 2009 to establish a platform for identifying best practices and priority research areas across Europe.

Dr Giesen is a GP with the GP cooperative in Nijmegen, “CHN, Cooperative Huisartsendienst Nijmegen”.

Nurse champions hand hygiene in Latvia

Meet Agita Melbarde-Kelmere, an infection control nurse at Latvia’s Eastern University Hospital and a champion for hand hygiene in primary care clinics and hospitals across the country.

In 2007, the hospital where Agita worked was identified as having one of the highest rates of nosocomial infections in the country. Infection with multidrug-resistant organisms, such as methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant Enterococci (VRE) and highly resistant Enterobacteriaceae (HRE), occur with increasing frequency in hospitals worldwide, especially in intensive care units (ICUs). Yet, hand hygiene is generally low in ICUs. The resulting health care-acquired infections can have a significant economic impact at the patient and population level due to increased length of hospital stay or frequent visits and expensive treatments for antibiotic-resistant pathogens.

In response to observed low rates of hand hygiene, Agita’s colleague, Professor Dumpis, head of the Department of Infection Control and Surveillance, invited her to take a leadership role in monitoring and managing infection control within the hospital. Given this opportunity, Agita was quick to demonstrate passion, commitment and leadership in this area, which is so vital to securing positive patient outcomes. It was immediately clear to Agita that the problem was not that staff didn’t care about improving hand hygiene practice; rather, staff members were extremely busy and were not equipped with information on the extent of infection rates in their work setting. Moreover, the working environment was not set up to support the WHO five moments of hand hygiene – a set of five recommended points at which health-care workers should clean their hands.

So Agita set off for various European and international trainings to learn about the dynamics of infection by multidrug-resistant organisms. These opportunities also allowed her to join cross-country studies, such as the MOSAR study from the Netherlands. Along the way she gathered ideas for how to develop learning strategies – particularly...
from the PROHIBIT study – that brought reflective practice and hands-on learning closer to staff. Taking the WHO Hand Hygiene Monitoring Tool and paying attention to the learning needs and settings in which she worked, Agita began to develop a learning package for her hospital.

**Efforts to boost hand hygiene yield impressive results**

The impact was enormous. In just six months, Agita and her team showed how infection rates could be decreased by 50%. The work by Agita and her colleagues reinforces the findings that effective infection prevention control programmes lead to a more than 30% reduction in health care-acquired infection rates and active surveillance itself may contribute to a 25–57% reduction. These rates, however, cannot be sustained or improved without continuously maintaining the interventions.

Word spread quickly about the success of Agita’s work and before she knew it she was receiving demands from across the country to bring her learning strategies to both primary care and hospital settings. Learning strategies encompassed both theoretical and practical training of medical staff, including reporting the results of passive observation in the clinical setting in question, the use of hand washing training using ultraviolet lights, video presentations, group development of reminder systems, and group analysis that brings together all medical staff – not only nurses and nurse assistants, but also doctors, interns and administrative staff. Not only did Agita bring new learning strategies and information to staff in a way that was applied and relevant, she also offered insights into the importance of setting up practice-based research to document and continuously improve practice. This method of applied training has been well received by staff, she says, and she hopes her colleagues can also adapt these new strategies to a range of problems that are challenging clinical settings.

When asked what really made this work successful, Agita responds, “Where this initiative has been most successful is where both physicians and nurses have joined to collaborate on seeing the problem, but also the solutions, as belonging to them as a team – it never works when just one group in the clinical setting is trying to change something”.

This year, WHO hopes to see the number of facilities committed to improving hand hygiene increase from the already 19,000 facilities across 177 countries. Health facilities can sign up using the following link for the Clean Your Hands campaign: http://bit.ly/1hX1wu7

**PARTNERSHIPS**

**WHO European Centre for Primary Health Care joins forces with the Academic Medical Center of the University of Amsterdam**

Following its appointment as WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems, the Department of Public Health at the Academic Medical Center of the University of Amsterdam and the WHO European Centre for Primary Health Care have embarked on a series of evidence-generating activities to support the implementation of the European Framework for Action on Integrated Health Services Delivery approved at the 66th session of the WHO Regional Committee for Europe in September 2016.

The main streams of work include measuring and assessing the performance of primary health care and its integration across health services. Understanding quality, equity and efficiency challenges but also documenting best practices in countries are extremely relevant to the WHO European Centre for Primary Health Care in providing tailored policy advice to Member States.

The collaboration with the Academic Medical Center also includes specific involvement in the preparations for the 40th anniversary of the conference on the Declaration of Alma-Ata that will take place in November 2018.

The WHO European Centre for Primary Health Care warmly welcomes this new collaboration.
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, visit: http://bit.ly/2rfP9V4

WHO European Centre for Primary Health Care – 2016 Annual report of activities

This report highlights key activities and achievements across these pillars from the 2016 calendar year.

To download this publication, visit: http://bit.ly/2rfRf7x

Catalogue of resources to support health services delivery transformations

This document catalogues over 500 resources available to support putting health services delivery transformations into practice. The resources include tools, guides, frameworks, cases and databases, among others.

To download this publication, visit: http://bit.ly/2rZ7fxl

Three-part series of background documents: Engaging patients, Strengthening a competent health workforce and Accountability

This series of background documents presents lessons learned and best practices intended to inspire governments and societies in their implementation of the EFFA IHSD.

To download this publication, visit: http://bit.ly/2smAdYu

Integrating diet, physical activity and weight management services into primary care

Drawing on the conceptual guidance of the European Framework for Action on Integrated Services Delivery, this document provides guidance on the transformations required in health services delivery to integrate diet, physical activity and weight management services into primary care.

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