



PRIMARY
HEALTH CARE

MAKING OUR COMMITMENTS HAPPEN

Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region



REGIONAL OFFICE FOR

World Health
Organization

Europe

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Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region



HANS KLUGE

*WHO Regional Director
for Europe*

Some of the lessons of the pandemic are painful and others timely or eye-opening — but many have in common an obvious remedy — stronger primary health care. Now we need primary health care more than ever to be foundation of equitable recovery and development.

We have received an inspiring mandate from the 71st session of the WHO Regional Committee for Europe to support Member States in realizing the potential of primary health care based on the lessons learned from the pandemic. We are ready to accept this awesome responsibility and make our commitments happen.

I am honoured to launch our new strategy on primary health care, which is at the heart of the European Programme of Work, United Action for Better Health, the vision document of the WHO European Region for 2020–2025 to improve health and well-being. Implementing our new strategy in partnership with our Member States and other partners, we will accelerate our journey to towards the vision outlined in the Declaration of Alma-Ata and Declaration of Astana.



NATASHA AZZOPARDI-MUSCAT

Director, Division of Country Health Policies and Systems

Although countries in the European Region have some of the strongest health systems in the world, none were fully prepared or resilient enough to prevent the wide-ranging effects this emergency has brought.

Our citizens and patients deserve better; health systems need to deliver better, and this means that we need to do better as a public health community. An important way we can do better is to learn from experience — frameworks and strategies will take us only so far.

I am very pleased to launch our new strategy on primary health care, which was developed in this spirit and reflects the lessons learned from the pandemic. I am delighted to guide our teams to ensure that we make our commitments happen.



MELITTA JAKAB

Head of Office, WHO European Centre for Primary Health Care

The pandemic has not only shown the importance of primary health care but has also revealed just how rapidly it can transform, adjust and accelerate change to serve people, including those who are vulnerable.

We have been inspired by this transformation for our new strategy on primary health care and felt that our duty is to learn, analyse and synthesize lessons. We hope that our new vision, way of working, products and services will enable us to inspire change and demonstrate tangible results.

I am honoured to lead our multidisciplinary primary health care team in the WHO Regional Office for Europe to realize the vision of the Declaration of Alma-Ata and Declaration of Astana with renewed energy and pragmatism.

PRIMARY HEALTH CARE IS AT THE CENTRE OF OUR COMMITMENTS AND AMBITIONS



Declaration of Alma-Ata

The Declaration of Alma-Ata, signed by 134 countries in 1978, placed primary health care at the centre of “attainment by all peoples of the world by the year 2000 a level of health that will permit them to lead a socially and economically productive life”. It stressed that primary health care should be “the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work”.



Sustainable Development Goals

Primary health care constitutes a key area of investment for making progress on the health-related Sustainable Development Goals. Strengthening primary health care is directly linked to Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. This is a comprehensive goal, including but not limited to preventing noncommunicable diseases, promoting mental health and well-being, achieving universal health coverage and reducing the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination. With effective primary health care, countries are able to reach many targets in this goal.



Operational Framework for Primary Health Care Transforming Vision Into Action

The Operational Framework for Primary Health Care serves as a practical guide to implement the vision outlined in the Declaration of Astana, with the ultimate goal of demonstrably improving health for all. It lists strategic and operational levers to accelerate progress in strengthening primary health care-oriented systems such as political commitment and leadership, models of care, purchasing and payment systems, monitoring and evaluation.



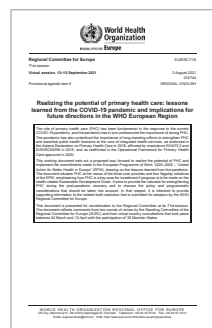
Declaration of Astana

The Declaration of Astana, signed by 120 countries in 2018, renewed political commitment to primary health care as the foundation for moving towards universal health coverage and the Sustainable Development Goals. It was motivated by the recognition that fragmented approaches focusing on single diseases do not deliver on the goal of improving health for all. The Global Conference on Primary Health Care in Astana showcased inspiring experiences demonstrating that comprehensive, integrated, people-centred primary health care is feasible and achievable.



United Action for Better Health — the European Programme of Work

Primary health care is at the heart of the European Programme of Work, the vision document of the WHO European Region for 2020–2025 to improve health and well-being. Strengthening primary health care is critical for each of its three core priorities: moving towards universal health care; protecting against health emergencies; and promoting health and well-being. Primary health care is also an excellent platform to advance the four flagship initiatives: Mental Health Coalition; Empowerment through Digital Health; European Immunization Agenda 2030; and Healthier Behaviours: Incorporating Behavioural and Cultural Insights.



Resolution

“Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region”

This resolution sets out a vision for reaching the potential of primary health care and implementing the commitments made in the European Programme of Work, 2020–2025 — United Action for Better Health in Europe. It reflects on the crucial role of primary health care during the pandemic and situates it at the nexus of three core priorities and four flagship initiatives. It provides arguments for the continued strengthening of primary health care and discusses policy considerations.

MOTIVATION

This document sets out a vision for transforming primary health care in the WHO European Region based on the lessons learned from the COVID-19 pandemic. This vision was inspired by the transformative action of Member States before and during the pandemic. The 53 Member States of the Region endorsed this vision at the 71st Session of the WHO Regional Committee for Europe in September 2021 (pages 26–29).

The document also serves as a guide to WHO's products and services to Member States to strengthen primary health care, implementing the visionary commitments in the European Programme of Work 2020–2025 — United Action for Better Health and the Regional Committee resolution. Primary health care stands at the nexus of the core priorities of the European Programme of Work and is an important platform to advance each of its flagships.

As an integral part of the WHO Regional Office for Europe, the WHO European Centre of Primary Health Care is ready to support Member States to realize the potential of primary health care to build resilience health systems and contribute to equitable recovery post-pandemic under the priorities and strategies of the European Programme of Work.





PART 1

REALIZING THE POTENTIAL OF PRIMARY HEALTH CARE: LESSONS LEARNED FROM THE COVID-19 PANDEMIC IN THE WHO EUROPEAN REGION

PRIMARY HEALTH CARE DURING THE PANDEMIC

TRANSFORMATION OF

Azerbaijan

Engaged health professionals and community representatives in designing a stronger delivery model in remote rural areas

Czechia

Shifted to a community-based approach to deliver mental health services close to people's homes through a multidisciplinary people-centred approach

France

Strengthened coordination between its multidisciplinary primary health care teams and municipal social services to support people in complex vulnerable situations

Georgia

Accelerated the development of comprehensive primary health care reform processes amid the COVID-19 pandemic

Greece

Introduced paperless, remote ePrescription and eDiagnostic test referrals which proved to be a game-changer for maintaining the accessibility of primary care services

Ireland

Implemented a structured programme to safeguard the health and well-being of the health and care workforce amid the COVID-19 pandemic

Kazakhstan

Strengthened its multidisciplinary approach with rapid scale up of mental health services and social services in primary health care settings and strengthened mobile services for continued face-to-face delivery in people's homes

Lithuania

Improved access to the multi-disciplinary primary health care during the COVID-19 pandemic through remote consultations with multi-profile teams

Netherlands

Improved access to meaningful services for older people through better integrating out-of-hours primary care with social services

North Macedonia

Used the COVID-19 response as an opportunity for expanding the role of primary health care physicians and nurses for the diagnosis and management of chronic conditions and COVID-19 cases

Norway

Scaled up the use of eConsultations, health self-management portal, and digital mental health services in primary health care during the COVID-19 pandemic to provide a person-centred dual-track approach

Russian Federation

Showcased that management innovation can enhance efficiency and patient experience, which were key to rapidly put in place a dual-track response in primary health care during the pandemic

Slovenia

Adapted the role of its network of multidisciplinary community health centres to provide an effective dual-track approach during the pandemic with surge capacity and essential health services to vulnerable people

Spain

Accelerated multidisciplinary teamwork to address emerging primary care needs in three Spanish regions

United Kingdom

Quickly tapped into their Population Health Management teams as a resource to meet the needs of people in a wide range of vulnerable situations during COVID-19, in collaboration with voluntary sector, social care and local services



LESSONS LEARNED FROM THE COVID-19 PANDEMIC

1 CONTEXTUALIZE AND TAILOR THE MODEL OF CARE. Population needs vary across communities. One size does not fit all in designing primary health care service delivery. Contextualization and tailoring require reflecting population well-being needs through adapting state-of-the-art population health management tools, anticipatory service design and priority setting approaches, and goal-oriented care tailored to individuals.

2 STRENGTHEN MULTIDISCIPLINARY APPROACHES. The pandemic magnified the interconnectedness of health and broader notions of well-being. Meaningful primary health care services need to address not only physical health needs but also their upstream determinants, especially mental and social. Integrated multidisciplinary primary health care teams are better positioned to provide holistic solutions to the health and well-being challenges of the 21st century. The most immediate priorities are to strengthen collaboration between public health and primary health care services at the community level, scale up mental health services in primary health care and more closely integrate with social care.

3 INVEST IN EMERGENCY PREPAREDNESS FOR PRIMARY HEALTH CARE SETTINGS. Primary health care services made an invaluable contribution to the pandemic response by contributing to surveillance, testing, diagnosing, contact tracing, case management and rehabilitation. The rapid expansion of functions and workload has stretched primary health care provision to its limits. Rethinking emergency preparedness and the role and surge capacity of primary health care is important to make appropriate investment decisions for future resilience.



SIX STRATEGIES TO STRENGTHEN THE MODEL OF PRIMARY HEALTH CARE

4

ALIGN MULTIPLE SERVICE DELIVERY PLATFORMS. During the pandemic, the modalities of primary health care service delivery have diversified. In-facility face-to-face consultations have been complemented by at-home delivery of services through mobile teams and phone-based or digital delivery of services. These alternative modalities bring services closer to the people and provide the opportunity to bridge access gaps. To optimize services for different populations and different health conditions, careful priority-setting is required, with parallel investment in the digital health literacy of the population and digital health competencies of health-care workers.

5

APPLY A NETWORKED APPROACH. Networks can sustain a wider range of services with greater continuity across the full spectrum of care than stand-alone facilities. This is especially relevant for responding to the closely linked health and social needs of an ageing population. Foster organizational development, apply good practices in change management and improve the skills of health care managers to enable transition from single-facility to more complex networked operations.

6

SCALE UP CAPACITY TO IDENTIFY AND REACH VULNERABLE PEOPLE. The pandemic provided a reality check on the capacity and tools of primary health care providers to identify and reach vulnerable people with timely services. The digital age provides leapfrogging opportunities to strengthen this capacity at the practice level. The pandemic showed, however, that a move is needed from disease-centric definitions of vulnerability towards holistic definitions that include both determinants of health and social determinants.



ENABLING HEALTH SYSTEM STRATEGIES TO TRANSFORM THE MODEL OF

1 REVIEW GOVERNANCE ARRANGEMENTS at the national and subnational levels to ensure that they are well defined; explore the possibility of and the potential benefits of establishing multidisciplinary primary health care task forces with a clear mandate and activate local governments and communities to give priority to health action.

2 WORK IN PARTNERSHIPS IN UNITED ACTION FOR SOLIDARITY. Diverse civil society organizations can help to balance interests and can be engaged in policy advocacy, priority-setting, participatory service delivery design, monitoring and delivering services beyond the reach of mainstream health service delivery arrangements. Partnerships build trust and increase the accountability of governments to the public.

3 INVEST IN HEALTH AND GIVE PRIORITY TO PUBLIC HEALTH AND PRIMARY HEALTH CARE services as a driver of an equitable social and economic recovery. This will ensure that comprehensive primary health care services are available free of charge and will expand coverage of the costs of outpatient medicines for primary health care-sensitive conditions, which are the main cause of catastrophic and impoverishing payments for households in the Region.

4 ADDRESS THE CRITICAL SHORTFALL IN THE HEALTH AND SOCIAL CARE WORKFORCE by focusing on attracting, protecting and retaining health and social care workers by enhancing labour market policies; carrying out long-term planning of the health-care workforce and competency needs based on health priorities; rethinking financial and non-financial incentives; providing attractive and safe working environments; and offering health and well-being support and monitoring for health-care workers.

5 RETHINK THE TRAINING OF HEALTH CARE WORKERS at all levels to support readiness for the realities of multi-disciplinary primary health care practice focusing on clinical and non-clinical competencies including patients' needs, continuity, coordination of care, teamwork and interpersonal communication.



PRIMARY HEALTH CARE SERVICES

6 INVEST IN INFRASTRUCTURE DEVELOPMENT AND RENEWAL to ensure that primary health care facilities provide a dignified setting in which to seek care, an attractive workplace and an effective space for multidisciplinary team-based engagement — for delivering both biomedical and psychosocial services.

7 ACCELERATE THE UPTAKE OF DIGITAL SOLUTIONS and user-friendly integrated data systems for remote consultations to bridge access gaps, for interprofessional health records to support multidisciplinary teamwork, for population health risk assessment to identify and reach vulnerable people and for self-diagnosis and management tools for engaging and activating people.

8 CREATE STRONGER FINANCIAL INCENTIVES for services to be provided in primary health care settings and financially reward the delivery of health promotion, disease prevention, early detection, team-based disease and condition management and rehabilitation services for primary health care—amenable conditions while simultaneously reducing incentives to access such services at the specialist and/or hospital levels.

9 DEVELOP PRIMARY HEALTH CARE PERFORMANCE MONITORING, BENCHMARKING AND MANAGEMENT to create learning systems in alignment with national policy frameworks and strategies by strengthening data collection mechanisms, setting up performance dashboards and benchmarks, and creating feedback loops so that any findings can be turned into action.

10 INVEST IN PRESTIGE AND ENHANCE TRUST. Primary health care teams deliver more than ever in all countries of the WHO European Region. Investing in the prestige of primary health care services will enable health systems to keep up with the growing demands of an ageing population. Enhancing the trust of the population by demonstrating results and considering their views will create popular support for continuing the transformation and increased resourcing of primary health care.



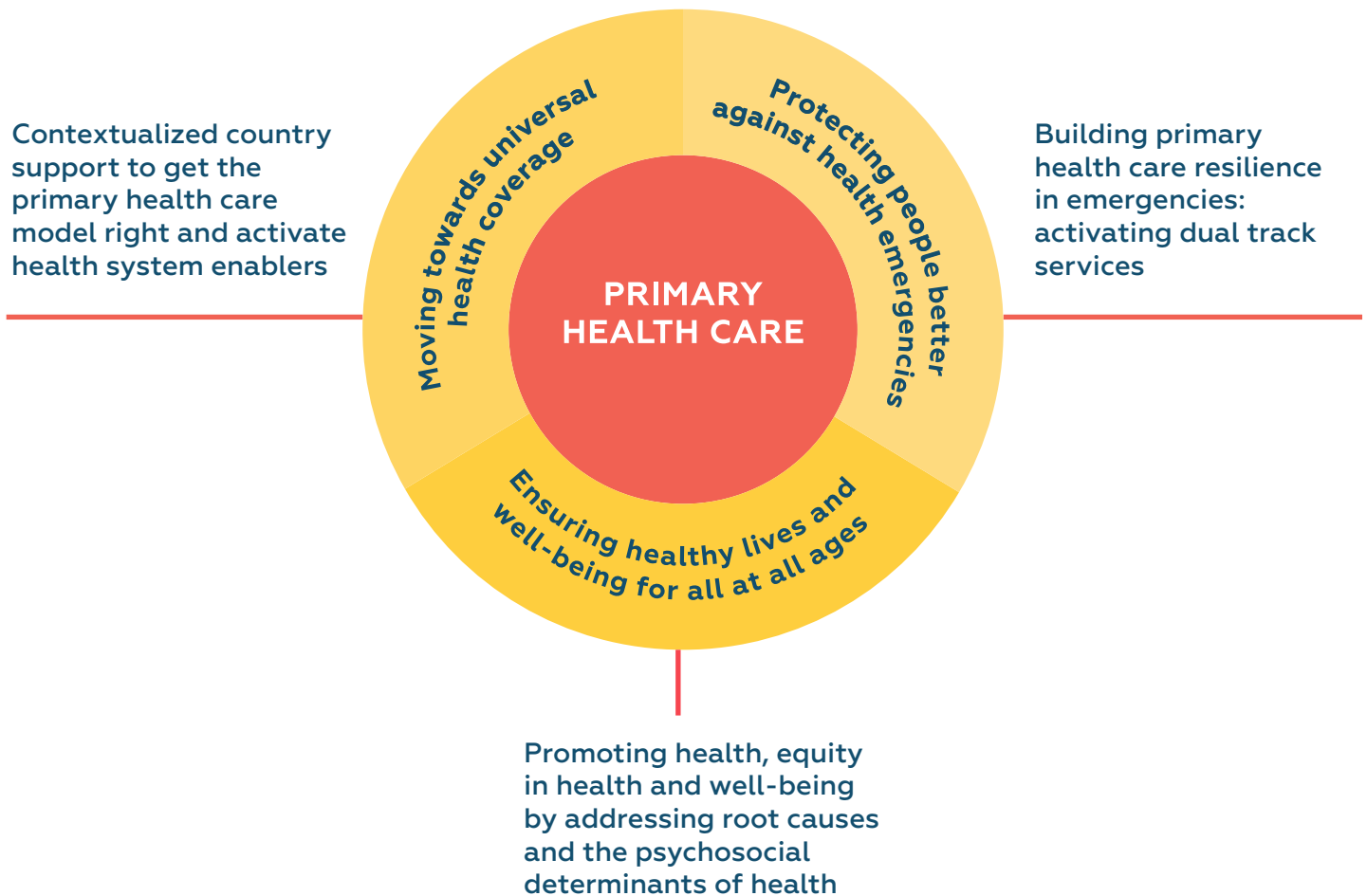


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PART 2

PRIMARY HEALTH CARE IN THE WORK PROGRAMME OF THE WHO REGIONAL OFFICE FOR EUROPE: PRODUCTS AND SERVICES

PRIMARY HEALTH CARE STANDS AT THE NEXUS OF THE CORE PRIORITIES OF THE EUROPEAN PROGRAMME OF WORK...



EUROPEAN PROGRAMME OF WORK CORE PRIORITY

WHAT?

The WHO Regional Office for Europe will provide policy guidance and technical assistance in the following areas to strengthen the primary health care model of service delivery

MOVING TOWARDS UNIVERSAL HEALTH COVERAGE

Tailor services to reflect the burden of disease and socioeconomic risks in the population served

Strengthen the foundations in general practice and family medicine

Implement multi-profile, integrated, networked and team-based primary health care organization

Implement multilevel quality improvement systems

Leverage multimodal delivery to make services more accessible: face-to-face, mobile and digital

PROTECTING PEOPLE BETTER AGAINST HEALTH EMERGENCIES

Develop multi-hazard emergency response plans specifying the role for primary health care and enhance capacity

Strengthen capacity for emergency responses including such areas as surveillance, contact tracing, first response, case management, rehabilitation and follow-up

Give priority to, adequately fund and monitor the delivery of essential health services during emergencies

Enhance policy and managerial capacities for priority setting and demand management to operate a dual track

ENSURING HEALTHY LIVES AND WELL-BEING FOR ALL AGES

Ensure accountability for population health and its determinants by building bridges between primary health care and public health and social services

Strengthen capabilities and systems to identify and contact people with health and social vulnerabilities in real time at the level of primary health care practice

Engage civil society in united action to promote solidarity

HOW?

The WHO Regional Office for Europe will provide policy guidance and technical assistance in the following areas of health system levers to strengthen primary health care

ENHANCED HEALTH WORKFORCE COMPOSITION, COMPETENCIES AND SKILLS

RENEWAL OF PHYSICAL AND DIGITAL INFRASTRUCTURE

LEVERAGING OF ORGANIZATIONAL INNOVATION AND HEALTH MANAGEMENT

GOOD GOVERNANCE, FULL COVERAGE, GREATER FUNDING AND ALIGNED INCENTIVES

...AND IS AN IMPORTANT PLATFORM TO ADVANCE EACH OF ITS FLAGSHIPS



MENTAL HEALTH

MENTAL HEALTH COALITION

Delivering mental health services in primary health care address the root causes of ill health and is a key approach to improving health, equity in health and well-being. The WHO Regional Office for Europe will provide policy guidance on key strategies to scale up mental health services in primary health care settings. While promoting an approach driven by population need, our work programme will focus on the role of primary health care in addressing the mental health needs of adolescents and older people, who have disproportionately suffered during the pandemic.



IMMUNIZATION 2030

EUROPEAN IMMUNIZATION AGENDA 2030

Primary health care as a first point of contact is best positioned to provide equitable population coverage with essential and evidence-informed immunizations that prevent avoidable infectious diseases. The Regional Office's work programme will focus on primary health care-based strategies to maintain and achieve high vaccination rates, address system barriers and address vaccine hesitancy.



DIGITAL HEALTH

DIGITAL HEALTH

Digital tools have the potential to accelerate the transformation of primary health care. The Regional Office will focus on policy guidance and tools in four priority areas: (1) strengthening the remote delivery of primary health care services within a multi-platform context to bridge access gaps; (2) investing in capacity to identify and reach people at higher risk and vulnerable people; (3) strengthen integrated interprofessional health records to improve the quality of care in a multidisciplinary context; and (4) scale up self-diagnostic and self-management tools to improve engagement and outcomes.



BEHAVIOURAL INSIGHTS

HEALTHIER BEHAVIOURS: INCORPORATING BEHAVIORAL AND CULTURAL INSIGHTS

Incorporating cultural and behavioural insights can help in tailoring primary health care policies and service delivery models to population needs. The Regional Office will carry out analytical work and provide policy guidance related to low uptake of services, poor adherence to treatment and weak engagement in self-care for specific population groups. Considering the large avoidable health gap between men and women in many countries of the Region, improving men's health through primary health care will in focus.

FOR PRIMARY HEALTH CARE

THE WHO EUROPEAN CENTRE

The principles and importance of primary health care on a political level were first laid out in the Declaration of Alma-Ata. The Government of Kazakhstan generously extended its support to the work of the WHO European Centre for Primary Health Care. The Centre is also hosted in Almaty, along with the other organizations under the United Nations umbrella.

OUR MISSION

The WHO European Centre for Primary Health Care aims to become a European reference point on contextualized primary health care policies. Through pragmatic and actionable policy advice to Member States, we aim to realize the vision set out in the Declaration of Alma-Ata and Declaration of Astana for demonstrated impact.

OUR PARTNERS

We work with government agencies, non-state actors and lead academic institutions in Europe to effect change in primary health care policies.

OUR PLACE IN WHO

The Centre is a geographically dispersed office of the WHO Regional Office for Europe located in Almaty, Kazakhstan.

The Centre leads the implementation of the primary health care programme of the Regional Office.

The Centre is an integral part of the Division of Country Health Policies and Systems, with an aligned work programme and harmonized implementation arrangements.

The Centre works in a coordinated manner with all Regional Office divisions, programmes and geographically dispersed offices to develop specific joint products that can be implemented through agile delivery mechanisms and multidisciplinary teams.

The Centre also works closely with the Special Programme on Primary Health Care established at WHO headquarters and is engaged in specific joint activities, such as designing a new capacity-building programme on primary health care.



OUR WAY OF WORKING

We work in integrated multidisciplinary teams and partnerships. We believe that we need to learn from action to eliminate implementation barriers in primary health care policy. We seek to channel the voice of practice to policy. We identify good practices and build on them as foundations of learning and inspiration for action. No primary health care system is identical – we must tailor and contextualize. We focus on results and invest in performance measurement and management.

PRODUCTS

OUR COUNTRY SUPPORT

Well-functioning primary health care adjusts to the unique composition and needs of its population. Cross-country learning provides powerful inspiration, but copy-and-paste approaches are unlikely to work. Contextualization is key.

We provide tailored policy advice to WHO European Member States to address implementation barriers in realizing the vision of the Declaration of Alma-Ata and Declaration of Astana.

Our approach is through multidisciplinary missions engaging local and international experts. We create neutral platforms of exchange, engaging a wide range of professionals to connect the voice of policy with that of practice and communities.

ADVOCACY

We support making the case for investing in primary health care for population health and well-being at all government levels.

POLICY DIALOGUE

We host tailored policy dialogue events and executive consultations bringing diverse stakeholders together to reflect jointly on evidence and international experiences.

PERFORMANCE DIAGNOSTICS

We provide technical assistance to primary health care performance diagnostics, root cause analysis and issue-specific analysis and review.

GOVERNANCE ADVISORY

We guide the establishment of effective governance arrangements reflecting multidisciplinary needs of the 21st century, connecting various levels of government and channelling the voice of communities and practice.

POLICY DEVELOPMENT

We support the development of strategies, policies and legislative frameworks for comprehensive primary health care policy.

IMPLEMENTATION SUPPORT

We support the development of realistic implementation strategies, including phasing and sequencing within the context of a holistic health system approach.



AND GLOBAL PRODUCTS

OUR REGIONAL

Through our multicountry activities, we aim to connect policy-makers and influencers to share experiences, learn from each other and inspire action.

We channel evidence to policy and practice on the “what” and “how” of primary health care policy.

We emphasize effective implementation strategies.

We facilitate the exchange of experiences in leadership and transformation.

COMMUNICATION

We translate our knowledge and experiences in communications products to connect, engage, and inspire action.

HIGH-LEVEL EVENTS FOR POLITICAL MOMENTUM

Contribute to high-level events and for a to maintain political momentum for investing in and strengthening primary health care for health and social development.

DEMONSTRATION SITES

We showcase well-performing primary health care in action through our demonstration sites hosting structured country team visits to highlight how implementation barriers can be removed.

POLICY PAPERS AND COUNTRY VIGNETTES

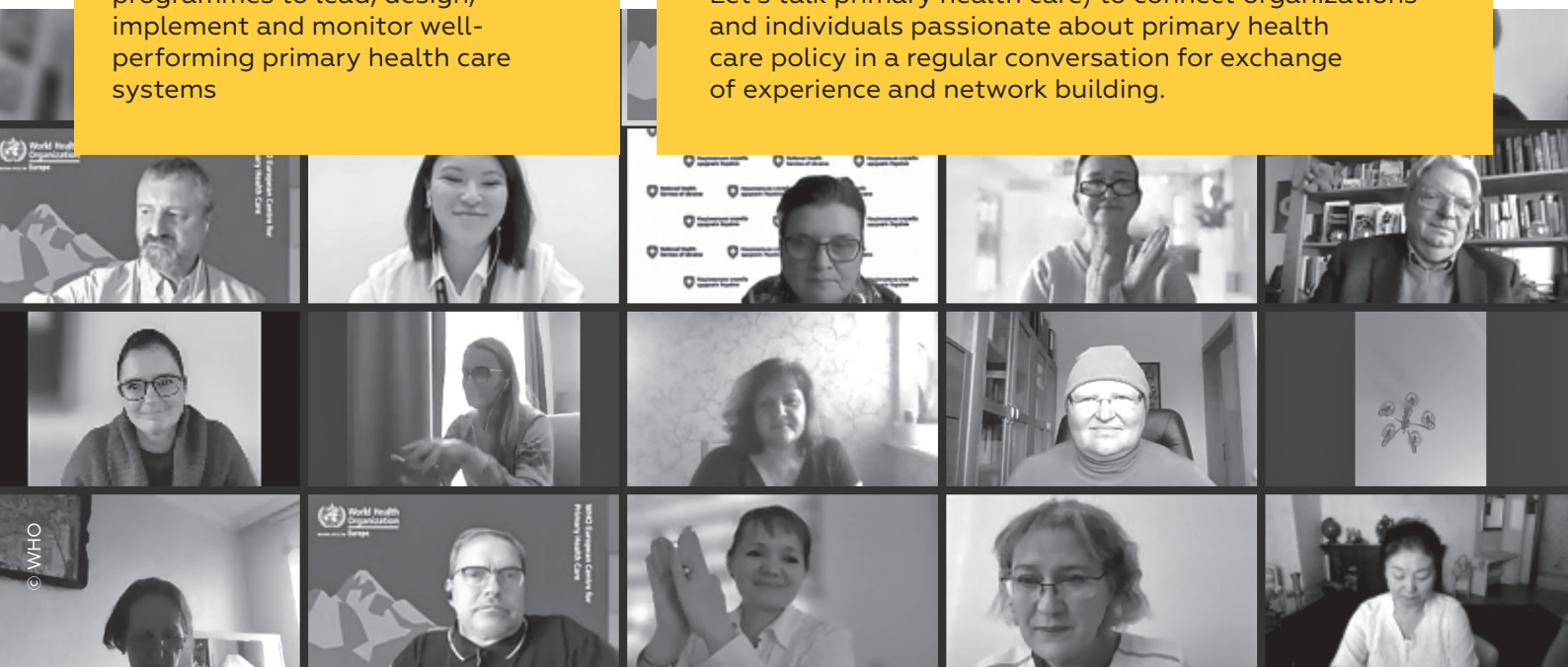
We share state-of-the-art knowledge and experience through our policy paper series, which provides policy guidance with pragmatic and actionable recommendations, and our country vignettes series, which documents good practices to inspire.

TRAINING PROGRAMMES

We organize capacity-building programmes to lead, design, implement and monitor well-performing primary health care systems

CROSS-COUNTRY POLICY DIALOGUES

We host cross-country dialogue platforms (such as Let's talk primary health care) to connect organizations and individuals passionate about primary health care policy in a regular conversation for exchange of experience and network building.



WHETHER WE HAVE SUCCEEDED?

HOW DO WE KNOW

15

countries have revisited policy frameworks and strategies on primary health care, turning lessons learned from the pandemic into strategic action for strengthening the model of primary health care, addressing not only physical but also psychosocial needs

15

countries have strengthened their governance arrangements for primary health care and established a multilevel, multidisciplinary task force with a clear mandate that is regularly in touch with regional dialogue platforms and peer-to-peer networks for exchanging experiences

15

countries are able to identify and reach at least 80% of their vulnerable populations in real time

15

countries have implemented fit-for-purpose and contextualized primary health care performance monitoring and management approaches aligned with key strategic objectives



RESOLUTION

Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region

This resolution sets out a vision for reaching the potential of primary health care and implementing the commitments made in the European Programme of Work, 2020–2025 – United Action for Better Health in Europe. It reflects on the crucial role of primary health care during the pandemic and situates it at the nexus of three core priorities and four flagship initiatives. It provides arguments for the continued strengthening of primary health care and discusses policy considerations.

Regional Committee for
Europe, 71st session, virtual,
13–15 September 2021

EUR/RC71/R3

14 September 2021 211008
ORIGINAL: ENGLISH





The Regional Committee,

Recalling the **Declaration of Alma-Ata** (1978) and the **Astana Declaration** (2018) on primary health care (PHC), and the commitments affirmed in World Health Assembly resolution WHA72.2, and Regional Committee resolutions EUR/RC66/R5, EUR/RC67/R5, EUR/RC68/R3, EUR/RC69/R8, as well as the political declaration on universal health coverage adopted by the General Assembly of the United Nations at its 74th session;

Recognizing that PHC has major potential to enhance people's physical and mental health, as well as social well-being, and that PHC is the cornerstone of the sustainable health and social systems needed for attaining the **Sustainable Development Goals**;

Recalling the **Thirteenth General Programme of Work, 2019–2023** and the European Programme of Work, 2020–2025 — **“United Action for Better Health in Europe”** (EPW) endorsed through resolution EUR/RC70/R3, in which PHC is noted as essential for the pursuit of health and well-being;

Recognizing the need for a comprehensive and aligned health systems-based approach to strengthening PHC, as outlined in the **Operational Framework for Primary Health Care** endorsed by the Seventy-third World Health Assembly in November 2020;

1. RECOGNIZES

the importance of **comprehensive, efficient and accessible PHC** in the pursuit of the three core priorities of the EPW and its four flagship initiatives;

2. EXPRESSES

its commitment to **applying the lessons learned from the COVID-19 pandemic** to take sustained actions aimed at developing PHC services that are fit-for-purpose and leave no one behind, in the pursuit of the three core priorities of the EPW and its four flagship initiatives;

3. URGES Member States:¹

(a) to strengthen governance mechanisms for PHC to ensure greater responsiveness to regional and local needs, including through the participation of different professionals, where appropriate connecting national and subnational levels, and to ensure that they are clearly defined with an explicit mandate to develop policy frameworks, facilitate implementation of change, and monitor progress;

¹And regional economic integration organizations as appropriate.



(b) to prioritize financing and resourcing for PHC, based on country-specific business cases for investing in PHC to accelerate improvement in health and well-being, in order to:

- (i) ensure the **provision of essential or, where relevant, comprehensive PHC services free of charge** and expand the coverage of medicines for PHC-sensitive conditions to reduce financial hardship and unmet needs, as appropriate;
- (ii) **adopt incentives to attract, train and retain health and care workers** in the various disciplines needed, including by redistributing responsibilities, to deliver quality “fit-for-purpose” PHC;
- (iii) **accelerate the uptake of digital solutions** to support multidisciplinary teamwork and telemedicine, and to create virtual networks integrating multilevel care delivery; and
- (iv) invest in the appropriate infrastructure for service delivery;

(c) to improve the quality of PHC by nesting general practice and family medicine within multiprofile PHC teams, thereby addressing wider psychosocial needs and leveraging multimodal delivery that combines face-to-face, mobile and digital platforms to take services to the people;

(d) to adopt strategies to enhance the integration of a comprehensive range of services across care levels for optimal shared care pathways aligned with people’s health needs and ensuring efficient use of resources;

(e) to build partnerships within local communities, including with civil society, as well as with patients and their carers, to support those most in need and leave no one behind;

(f) to ensure that PHC is a core component of strengthening preparedness and response mechanisms for future emergencies, including its role in dual-track service delivery that supports a potentially protracted emergency response, continues to provide essential health services, reaches and protects those most in need, and protects health workers in emergency settings;

(g) to better leverage PHC to promote health and well-being and contribute to addressing the social determinants of health by:

- (i) building bridges between **primary health and public health and social services**;
- (ii) utilizing information and digital solutions to strengthen population health management and risk stratification capabilities at the PHC level **to identify and reach people with health and social vulnerabilities in real time**, while protecting personal data;
- (iii) **incentivizing delivery of health promotion, prevention, early detection and condition management**; and

(iv) investing in **health literacy**, including digital health literacy;

(h) to position PHC as a platform for delivering the regional EPW flagship initiatives by bringing transformed mental health services into the PHC setting; utilizing PHC to deliver effective immunization services including COVID-19 vaccination; anchoring **digitalization** of health services in PHC; and incorporating **behavioural and cultural insights** into PHC design, delivery and evaluation; and

(i) to invest in PHC performance monitoring and management, and engage in national and cross-national research and research networks to document the impact of alternative approaches to strengthening PHC during the pandemic and beyond;

4. REQUESTS the Regional Director:

(a) to continue to make the case for PHC as a core strategy for economic and social development across the WHO European Region;

(b) to support Member States by making the case for investment in PHC, providing policy options to achieve the objectives set out above, and **guiding implementation** of the selected strategies in a contextualized manner;

(c) to invest in international platforms of exchange to inspire change by updating international evidence on PHC through supporting relevant research and publishing policy papers and country-focused case studies to support regional and subregional networks that generate evidence, and to channel evidence to policy-makers and implementers;

(d) to establish a network of national PHC focal points and launch regional and subregional platforms to facilitate the exchange of practical country experiences, with a focus on overcoming implementation barriers;

(e) to design and launch measures to enhance the capacity of PHC policy-makers, managers and providers at national and subnational levels; and

(f) to further develop metrics for the measurement and monitoring of PHC impact, performance and capacity within and, as appropriate, across countries, signal opportunities to accelerate improvements and identify proven policy options that can be shared among countries.





The WHO Regional Office for Europe

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

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