ABSTRACT

This report describes the activities of the WHO European Centre for Primary Health Care in 2022. The Centre accelerated face-to-face country support after the wake of the COVID-19 pandemic to support countries in engaging in analysis and diagnosis, developing strategies and policies, building capacity and tracking implementation progress and impact. The Centre delivered intensive support in the countries of the Universal Health Coverage Partnership. The Centre continued to develop policy guidance, publish good practices, have capacity-building activities and policy dialogues and solidified its signature product Let’s Talk Primary Health Care talk show platform. The highlight of 2022 was the launch of two WHO Primary Health Care Demonstration Platforms to facilitate cross-country experience exchange.
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The activities presented in this report were carried out under the leadership and guidance of Hans Henri P. Kluge, WHO Regional Director for Europe and Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe. These activities highlighted in this report were implemented under the new strategy of the WHO European Centre for Primary Health Care under the leadership of Melitta Jakab, Head of Office.

The report has been prepared by Melitta Jakab, Zhamin Yelgezekova, Assel Jabassova, Liesbeth Borgermans and Rakhat Baibolotova, and reviewed by Aigul Kuttumuratova, Arnoldas Jurgutis, José Cerezo, Toni Dedeu, Zulfiya Pirova.

The work and activities described in this report have been made possible by the generous support of the Republic of Kazakhstan and the European Union under the Universal Health Coverage Partnership.

**Abbreviations**

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<th>Abbreviation</th>
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<tr>
<td>PHC</td>
<td>primary health care</td>
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<td>WONCA</td>
<td>World Organization of Family Doctors</td>
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Taking stock of our work, I am delighted to present our annual report for 2022, highlighting our activities to move the primary health care agenda forward in the WHO European Region to deliver on commitments made in the European Programme of Work 2020–2025: United Action for Better Health\(^1\).

At the 71st session of the WHO Regional Committee for Europe in 2021, Member States of the WHO European Region renewed their commitment through a resolution to realize the potential of primary health care as a foundation of strong and resilient health systems based on lessons learned from the COVID-19 pandemic.

Building on this political momentum and our new mandate, we rolled up our sleeves in 2022 to deliver state-of-the-art technical assistance through our country engagement and to launch new innovative products that facilitate cross-country experience sharing.

The highlight of 2022 was the launch of the WHO Primary Health Care Demonstration Platforms. The purpose is to provide an opportunity to showcase how implementation bottlenecks in primary health care transformation can be overcome and to harness the experience of change agents at the national, regional and local levels. We launched two Demonstration Platforms: one in Kazakhstan to demonstrate multidisciplinary primary health care in action and one in rural Sweden to showcase the integration of digital and face-to-face service delivery for rural remote populations.

As country borders reopened, we accelerated country support missions in person to provide tailored policy advice to countries. At a personal level, it has been inspiring to visit primary health care facilities throughout the Region and engage with health-care workers and patients alike. Their continued motivation and commitment provide fuel for our engines, and their views shape the diagnosis and recommendations of our multidisciplinary teams.

Our report highlights our many exciting activities in 2022. I already look forward to 2023, with even more country engagement, interesting dialogue opportunities and launch of key knowledge products. I am certain that we will have many successes to celebrate at the high-level October conference commemorating 45 years of the Declaration of Alma-Ata and five years of the Declaration of Astana. I look forward to delivering results that can be measured to showcase how continuous investment in primary health care improves coverage, health outcomes and ultimately overall health and well-being.

Melitta Jakab
Head of Office
WHO European Centre for Primary Health Care
OUR WORK IN NUMBERS

35 activities
18 countries
4 visits to the WHO Primary Health Care Demonstration Platforms
44 delegates
<table>
<thead>
<tr>
<th>Count</th>
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<tr>
<td>6</td>
<td>episodes in Let’s Talk Primary Health Care talk show season 2</td>
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<tr>
<td>38</td>
<td>audience from 38 countries</td>
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<tr>
<td>1067</td>
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<tr>
<td>915</td>
<td>views on the YouTube channel of the WHO Regional Office for Europe</td>
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<tr>
<td>6</td>
<td>teams in the Strengthening Actionable Primary Health Care Performance Measurement and Management: Tailored Training and Mentorship Programme</td>
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<tr>
<td>31</td>
<td>participants in the Programme</td>
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THE HISTORICAL EVOLUTION OF PRIMARY HEALTH CARE

DECLARATION OF ALMA-ATA
Called for “urgent and effective national and international action to develop and implement primary health care throughout the world”.

OTTAWA CHARTER FOR HEALTH PROMOTION
The health sector should “move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services”.

LJUBLJANA CHARTER ON REFORMING HEALTH CARE
“Reforms, with primary health care as a philosophy, should ensure that health services at all levels protect and promote health, improve the quality of life, prevent and treat diseases, rehabilitate patients and care for the suffering and terminally ill.”

1978 → 1986 → 1996

2008 → 2010 → 2015

TALLINN CHARTER: HEALTH SYSTEMS FOR HEALTH AND WEALTH
Called for “improving people’s health by strengthening health systems, while acknowledging social, cultural, and economic diversity across the Region”.

UNITED NATIONS GENERAL ASSEMBLY RESOLUTION ON UNIVERSAL HEALTH COVERAGE
“...effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services ...”

AGENDA FOR SUSTAINABLE DEVELOPMENT AND THE 17 SUSTAINABLE DEVELOPMENT GOALS
Sustainable Development Goal 3 is to “ensure healthy lives and promote well-being at all ages”.

FROM THE DECLARATION OF ALMA-ATA TO THE PRESENT

**EUROPEAN FRAMEWORK FOR ACTION ON INTEGRATED HEALTH SERVICES DELIVERY**

**UNIFIED NATIONS HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE: MOVING TOGETHER TO BUILD A HEALTHIER WORLD**

“Universal health coverage is fundamental for achieving the Sustainable Development Goals not only to health and well-being, but also to eradicate poverty in all its forms and dimensions, ensure quality education, achieve gender equality and women’s empowerment, and reduce inequalities.”

**DECLARATION OF ASTANA AT THE GLOBAL CONFERENCE ON PRIMARY HEALTH CARE**

Refocused efforts on primary health care to ensure that everyone everywhere is able to enjoy the highest possible attainable standard of health.

**WORLD HEALTH ASSEMBLY RESOLUTION WHA72.2 ON PRIMARY HEALTH CARE**

“Urge Member States to take measures to share and implement the vision and commitments of the Declaration of Astana according to national contexts.”

**EUROPEAN PROGRAMME OF WORK (2020–2025): UNITED ACTION FOR BETTER HEALTH IN EUROPE**

Sets priorities for the WHO Regional Office for Europe and provides a strong context and positioning for primary health care.

**LANDMARK RESOLUTION ON PRIMARY HEALTH CARE AT THE 71ST SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE**

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

**LAUNCH OF THE WHO-UNICEF PRIMARY HEALTH CARE MEASUREMENT FRAMEWORK AND INDICATORS: MONITORING HEALTH SYSTEMS THROUGH A PRIMARY HEALTH CARE LENS**

“The first-ever globally normative and endorsed primary health care measurement and monitoring framework and the official measurement framework in support of the Declaration of Astana and Operational Framework for Primary Health Care.”

**WORLD HEALTH ASSEMBLY ENDORSEMENT OF THE WHO-UNICEF OPERATIONAL FRAMEWORK FOR PRIMARY HEALTH CARE**

“The Operational Framework proposes 14 levers needed to translate the global commitments made in the Declaration of Astana into actions and interventions.”
HIGHLIGHT OF THE YEAR: LAUNCH OF THE WHO PRIMARY HEALTH CARE DEMONSTRATION PLATFORMS

We launched two WHO Primary Health Care Demonstration Platforms in 2022. This is an innovative product in its approach in the WHO European Region. It showcases well-functioning PHC in action. It provides an opportunity for policy-makers to engage with change-makers and build expertise on overcoming implementation bottlenecks and apply their vision in practice.

The first country to launch and host a WHO Primary Health Care Demonstration Platform was Kazakhstan, to demonstrate its PHC transformation towards multidisciplinary team approach. Kazakhstan has impressive results in expanding the scope of work for noncommunicable diseases, integrating mental health and social services. The Platform, launched in March, hosted delegations from Kyrgyzstan, Tajikistan and Uzbekistan in 2022.

The second Platform was launched in rural Sweden to demonstrate that providing effective PHC services bridges access gaps in rural, remote and sparsely populated areas. Sweden has an impressive track record establishing integrated multplatform delivery — seamless integrated face-to-face, digital and mobile services. This year the Platform, launched in October, hosted a delegation from Georgia.

“We are honoured to host the first WHO Primary Health Care Demonstration Platform. It is very important that we not only show our guests our approach to reforming PHC but also focus on feedback from them. This is the most important thing – live practical communication in the real context of our work in our community and in our PHC centre.”

Zhamilya Abeuova
Director, Enbekshikazakh Multiprofile Interdistrict Hospital, Esik, Kazakhstan

“We are impressed that today the population is served by a multidisciplinary team, including a psychologist, a social worker and nurses. In our country, we would like to adopt this particular model of a multidisciplinary team in the form of a social worker and a psychologist. This, of course, would lead to an improvement in the quality of services provided at the level of PHC.”

Munira Sodikova
Director, Regional Educational and Clinical Centre of Family Medicine of Sughd Region, Tajikistan
"We are here, in a rural environment, with many citizens living in remote and isolated areas. Västerbotten County has one of the best examples of PHC adapted to the population needs and context. One of the priorities in the WHO European Region is how to move from vision to action on health service transformation, and my key messages are: Nothing inspires like success stories. This is why we are here today."

_Hans Henri P. Kluge_
WHO Regional Director for Europe, during the launch of the WHO Primary Health Care Demonstration Platform in Sweden

"We are committed to PHC for universal health coverage in Georgia. We can learn from the WHO Primary Health Care Demonstration Platform how PHC works in other countries to find new solutions to improve services in Georgia."

_Tamar Gabunia_
First Deputy Minister, Georgia

"What distinguishes the work in rural areas from the work in cities is that you live close to your patients. I know them and they know me. All municipalities are different. And you need local leaders grounded in context they operate. Our Centre currently serves as an innovation milieu and a test bed for new digital tools and solutions. We live in Swedish wilderness in a sparsely populated area. With an important part of the older population, we felt that we were in the forefront of the demographic transformation in western Europe. So, if we could build good systems and technology for the care of older people, it should be interesting for others. In addition, if these innovations work in the sparsely populated areas, they can be scaled up to the urban areas."

_Peter Bergren_
Founder, Centre for Rural Medicine, Sweden
We engaged with countries of the WHO European Region to strengthen PHC in a variety of ways. We accelerated our country missions as borders reopened. We worked with our counterparts on diagnosing and analysing performance, developing strategies and policies and planning implementation. Our approach has been through multidisciplinary missions with the engagement of local and international experts. Our missions spanned the diverse geography of the Region, and we visited rural, semirural and urban regions and their health facilities.
Albania
Engaged in training on PHC performance measurement and management, convened a policy dialogue on PHC strengthening in the western Balkans and provided executive consultation on PHC networks in rural and remote areas (jointly with the Central European Initiative and the Friuli Venezia Giulia region of Italy) and provided technical consultations on mental health and refugee health in PHC.

Armenia
Organized technical consultations on Armenia’s new PHC strategy being developed, including on PHC models of care and governance, financing and health workforce, and provided executive consultations on PHC strategy with a national task force.

Azerbaijan
Engaged with key health-care stakeholders to put PHC back on the health agenda during a multidisciplinary joint mission.

Bosnia and Herzegovina
Engaged in training on PHC performance measurement and management, convened a policy dialogue on PHC strengthening in the western Balkans (jointly with the Central European Initiative and the Friuli Venezia Giulia region of Italy) and provided technical consultations on mental health and refugee health in PHC.

Georgia
Provided technical assistance on building PHC networks in rural areas and organized a visit to the WHO Primary Health Care Demonstration Platform.

Kazakhstan
Launched first-ever WHO Primary Health Care Demonstration Platform on multidisciplinary teams in PHC, engaged in talk shows on leadership in PHC and motivating working environment in PHC.

Kyrgyzstan
Organized a visit to the WHO Primary Health Care Demonstration Platform and provided a report on PHC assessment with policy recommendations.

Lithuania
Carried out a multidisciplinary mission to develop implementation strategies for creating municipal PHC networks and further strengthen PHC for the coming decade.

Montenegro
Engaged in training on PHC performance measurement and management, convened a policy dialogue on PHC strengthening in the western Balkans (jointly with the Central European Initiative and the Friuli Venezia Giulia region of Italy), provided executive consultation on a PHC model in the process of development of the Montenegro Health Strategy Development as well as technical consultations on mental health and refugee health in PHC.

North Macedonia
Engaged in training on PHC performance measurement and management, convened a policy dialogue on PHC strengthening in the western Balkans and provided executive consultation on an e-appointments system in PHC and social determinants of health in disease prevention and health promotion (jointly with the Central European Initiative and the Friuli Venezia Giulia region of Italy) and provided technical consultations on mental health and refugee health in PHC.

Republic of Moldova
Assessed country needs in PHC service delivery to refugees and built an assessment tool with WHO headquarters for efficient use of resources and capacity and setting priorities for needs in PHC.

Serbia
Engaged in training on PHC performance measurement and management, convened a policy dialogue on PHC strengthening in the western Balkans and provided executive consultation on palliative services delivery (jointly with the Central European Initiative and the Friuli Venezia Giulia region of Italy) and provided technical consultations on mental health and refugee health in PHC.

Slovenia
Organized and facilitated a series of bilateral consultations with the Catalan Health Institute in Spain on PHC performance measurement and improvement and PHC workforce practices to shape Slovenia’s efforts in these areas.

Spain
Began to document successful PHC transformation and engaged in discussions about present challenges in the post-pandemic period.

Sweden
Launched a WHO Primary Health Care Demonstration Platform on the use of multiphase service delivery in rural, remote and sparsely populated areas.

Tajikistan
Worked closely with the Ministry of Health and Social Protection of the Population and development partners to develop a strategic joint statement on the priorities of PHC reform and commitment to its realization, convened a policy dialogue to strengthen collaboration on PHC strengthening and organized a visit to the WHO Primary Health Care Demonstration Platform in Kazakhstan.

Ukraine
Assessed the development of the PHC indicators and the proposal of the PHC basic package of health care; contributed to the National Health Service 2030 strategic priorities and objectives and a report on PHC prepared by the WHO Country Office in Ukraine.

Uzbekistan
Provided implementation support on a new PHC model pilot in Syrdarya region and organized a visit to the WHO Primary Health Care Demonstration Platform.

Kosovo
Engaged in training on PHC performance measurement and management, convened a policy dialogue on PHC strengthening in the western Balkans (jointly with the Central European Initiative and the Friuli Venezia Giulia region of Italy) and provided technical consultations on mental health and refugee health in PHC.

¹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
We engaged in policy advocacy and building political commitment to giving priority to PHC in policy agendas. In this context, we provided support for making the case for investing in PHC for population health and well-being. We engaged with various stakeholders at all government levels within and beyond the health system and with non-state actors. This section provides examples from 2022.

**AZERBAIJAN:** engaged key health-care stakeholders to put PHC back on the health-care agenda

During the joint mission with our colleagues in the human resources team, we engaged in discussions with the Ministry of Health, Administration of the Regional Medical Divisions (TABIB), Azerbaijan State Advanced Training Institute for Doctors (ASATID), Azerbaijan Medical University (AMU), two medical colleges, seven public and private hospitals, two PHC facilities and one polyclinic. We put forward a set of recommendations, such as retaining the established PHC Working Group at the ministerial level and expanding representation from other institutions, including the concept and definition of PHC in legislation, developing an education strategy for the PHC workforce, aligning future strategies on digital health, mental health and essential medicines with the national health plan, which includes PHC, assessing the current situation and improving service delivery.

**TAJIKISTAN:** galvanized PHC policy agenda with a joint statement

We supported the preparation and endorsement of a strategic joint statement between the Ministry of Health and Social Protection of the Population and development partners. More than 18 development partners, including the European Union, Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH, World Bank and United Nations agencies, co-signed the joint statement to confirm their commitment to PHC strengthening, to enhance strategic collaboration and better align financial support. The actions agreed on aim at strengthening governance mechanisms, giving priority to financing, addressing the shortage of the health workforce and rethinking the PHC service delivery model around people’s needs. The signing ceremony with the high-level policy dialogue generated renewed enthusiasm and greater clarity on the next steps. As immediate implementation support, we, jointly with international partners (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH and World Bank), organized two study visits to begin mapping out implementation steps, including to Türkiye and to the WHO Primary Health Care Demonstration Platform in Kazakhstan.
We provided technical assistance for analysing and diagnosing PHC performance at the national and regional levels. In-depth root cause analysis of performance problems lays the foundation for developing appropriate and context-sensitive policy frameworks. We also engaged in issue-specific analytical work and reviewed policies and legislation considering international evidence and experience. The following are examples from 2022.

**REPUBLIC OF MOLDOVA:** assessed country needs in the context of the refugee crisis

We supported the development of a PHC assessment tool together with WHO headquarters to identify the country’s needs in addressing the refugee crisis. Our team assessed the current situation in PHC, defining key priorities and critical issues in PHC in the context of the refugee crisis. The PHC assessment tool will improve the efficiency of donors’ resources provided by the Ministry of Health. The tool aims to collect information on the capacity of various facilities and essential PHC services and can be used by organizations supporting services in facilities and in the field. It will contribute to improving services and setting priorities for population needs.

**SPAIN:** engaged in diagnosis and policy dialogue of how to retain strong PHC performance in the aftermath of the COVID-19 pandemic

We are working with Spain to jointly document the successful transformation of the PHC system since it was introduced in the late 1970s until the present. We are taking the opportunity to identify current challenges and provide policy recommendations to preserve the model’s core pillars while making the necessary changes to meet present and future demands. The first face-to-face engagement of this work was the participation in the International Conference on Primary and Community Care in Madrid. The conference, hosted by Spain’s Ministry of Health, aimed at raising the attention to PHC in the political agenda. Drawing on international experience and jointly with our colleagues at the European Observatory on Health Systems and Policies, we delivered keynote presentations on the performance of PHC in Spain in a comparative perspective for its further development.
DEVELOPING STRATEGY AND POLICY

We supported the development of strategies, policies and legislative frameworks for comprehensive PHC policy. The COVID-19 pandemic has prompted countries to turn lessons learnt into revised strategies and policy frameworks to strengthen PHC. WHO’s engagement can provide a platform for stakeholder engagement at both the technical and political levels, ensure linkage to the analysis and diagnosis of performance, reflect high-quality international evidence and experience and consider pragmatic implementation aspects already in the reform design phase. The following are examples from 2022.

ARMENIA:

supported a national task force in developing the PHC evidence-informed strategy and action plan

Armenia is highly committed to strengthening PHC reforms. Jointly with the WHO Country Office and in collaboration with our health systems colleagues, we organized three technical online consultations with a national task force. They covered key PHC operational layers such as models of care, health workforce and health financing for PHC and payment mechanisms, focusing on the overview of the current context, discussion of practical country experiences from the Region and what can be adopted in Armenia. The next steps of technical collaboration such as PHC scoping country mission and policy dialogue were defined during the country visit of the Director of the Division of Country Health Policies and Systems of the WHO Regional Office for Europe.
GEORGIA: provided support in developing rural PHC networks

We provided support in addressing current inequities between rural and urban areas in PHC to develop a more responsive and people-centred PHC services. We looked for the best practices in transition from heavy reliance on costly specialized and inpatient services towards a comprehensive PHC model, providing equitable and timely access to evidence-informed preventive, diagnostic, curative, rehabilitation and palliative services. We recommended a mechanism for PHC networks that connects single rural practices for better resource sharing to include more preventive services and population health management tools. In country missions and executive consultations, we supported the revision of governance and management mechanisms for rural networks. We convened key PHC stakeholders to develop a phased reform implementation mechanism and a road map. We developed a policy paper that provides key policy actions, including for the system levers to strengthen the PHC service delivery model in a staged transformation process over four years.

SLOVENIA: facilitated a bilateral exchange between Slovenia and the Catalan Health Institute, Spain

The work initiated in 2021 through executive consultations and study visits to Catalonia, Spain has been continued into organization and facilitation of a series of bilateral discussions between the Ministry of Health of Slovenia and stakeholders of the Catalan Health System in Spain. Catalan Health Institute representatives shared their experience of PHC performance mechanisms and accountability processes, including the stewardship function. They also showed the ecosystem of the support tools for improving performance at the micro, meso and macro levels. They also shared their experience of human resources policy and strategies, and specifically, PHC workforce competencies, teamwork, multidisciplinary teams and payment mechanisms for health-care professionals. Slovenia has used the experience to strengthen its own PHC strategy.
POLICY DIALOGUE AND EXECUTIVE CONSULTATIONS

We hold policy dialogues and executive consultations, ranging from comprehensive strategic approaches to issue-specific topics. We mobilize international experience to inform the discussion while being mindful about national contexts and country-specific needs. Depending on the context, we can provide a neutral platform of stakeholder participation and dialogue and, where relevant, we use a subregional approach. For executive consultations to facilitate decision-making, we offer the opportunity to consult with experts in smaller settings. The following are examples from 2022.

LITHUANIA: engaged with stakeholders to discuss strengthening PHC in Lithuania and connected diverse perspectives

We reviewed and discussed implementation strategies for the proposed reorganization of health services at the municipal level based on the community PHC networks that incorporate public health, primary care, ambulatory specialist care, day surgery and long-term and social care services. We engaged with all key stakeholders to understand their diverse perspectives, the opportunities and risks they see in the proposed directions and to propose implementation mechanisms for the government in a realistic and dialogue-based manner.

NORTH MACEDONIA: conducted consultations on an e-appointment system in PHC

An e-appointment system in PHC is one of the quick wins of the implementation of the PHC national action plan in North Macedonia. In a policy dialogue we hosted, key national stakeholders discussed implementing digital solutions for PHC based on good international practices from the Region, including Kazakhstan, Serbia and Spain. The policy dialogue facilitated exchange of ideas on effective ways of managing patient bookings and addressed major barriers to developing a digital appointment system and organization of PHC. This policy and practices dialogue defined clear planning steps for implementing e-appointments in a national PHC system.
We are increasingly engaged in providing technical assistance on implementation to identify and remove implementation barriers. We worked closely with governments to create a realistic implementation plan for PHC strategies within a comprehensive health system approach, advise on governance arrangements, provide advice on phasing and rollout strategies, engage in developing model regions with evaluation, and support a realistic scale-up. The following are examples from 2022.

**ALBANIA:**
provided technical consultations on PHC network of urban and rural facilities and integration of mental and social services

We provided technical assistance on reconfiguring the network of urban and rural PHC facilities and integrating social and health-care services. We provided consultations bringing international expertise on approaches and criteria for reconfiguring PHC services and the geographical distribution of PHC with the goal of improving care efficiency and ensuring PHC access. Jointly with the Central European Initiative and the Friuli Venezia Giulia region, we tailored the country’s needs and co-organized a webinar on PHC networks in rural and marginal areas. Finally, we developed a report on reorganizing PHC services in Albania, including proposed standards and scope of services of different types of PHC facilities and actions needed for integrating mental health and social services into PHC.

**UZBEKISTAN:**
assessed progress and proposed new steps for the new PHC model pilot in Syrdarya region before nationwide implementation

Through a joint mission with our health financing team, we assessed reform progress by engaging with key national and regional stakeholders and visiting rural and urban facilities in the pilot region. The WHO team identified achievements and priority next steps to move the reform agenda forward. A joint review of the first year of the health system reform is being finalized and will be published in 2023. We also hosted a delegation from Uzbekistan in the WHO Primary Health Care Demonstration Platform in Kazakhstan to engage with change-makers on practical ways to overcome implementation barriers.
Our Centre co-organized several events to discuss how to strengthen PHC as an integrative platform to address the key burden of disease in the Region with great focus on noncommunicable diseases, mental health and selected infectious diseases. This is an important area to ensure that horizontal strengthening of PHC leads to results and impact on key health outcomes.

Scaling up innovative PHC models and digital solutions in the western Balkans to better address noncommunicable diseases and mental health

Addressing preventable noncommunicable diseases provides the greatest opportunity to improve health outcomes in the Region, and PHC plays a great role. This is the case in the countries of the western Balkans, which give priority to reducing premature mortality from noncommunicable diseases through more effective PHC. Hosted by our partner, the Central European Initiative, we organized a workshop with the countries of the western Balkans to rethink traditional models of PHC services delivery with a focus on strengthening PHC to better address noncommunicable diseases, scaling up mental health services in PHC settings and enhancing digital technologies for a more responsive PHC. The meeting was preceded by a high-level presidency event for Member States of the Central European Initiative, with a keynote on PHC as the platform to advance and improve health outcomes for noncommunicable diseases and mental health. The event brought together public health authorities and representatives from the western Balkans to support the implementation of initiatives under the High Impact Action Area 3 of the Roadmap for Health and Well-being in the Western Balkans and to promote intercountry and area collaboration.

Joint launch of a manual for noncommunicable disease risk factors in primary care

Continuing with noncommunicable diseases, a key area to strengthen in many PHC systems is to expand health promotion and disease prevention in PHC settings for the four main risk factors: alcohol, smoking, unhealthy nutrition and lack of physical activity. Evidence shows that brief interventions in PHC settings have an impact as part of a larger health behaviour change strategy. Supporting our colleagues in the WHO European Office for the Prevention and Control of Noncommunicable Diseases, we co-hosted their launch of a new manual: Integrated brief interventions for noncommunicable disease risk factors in primary care: the manual: BRIEF project. The new manual offers ways to deliver brief, patient-centred interventions in primary care settings that help people change their exposure to risk factors. Inspiring country examples from Albania, Kazakhstan, Lithuania, Türkiye and Uzbekistan were presented and discussed. This hybrid event was organized for in-person attendees in Kazakhstan and online participants from the entire WHO European Region.
2nd Meeting of the WHO Pan-European Mental Health Coalition: Local Action, Regional Transformation

We have been working on developing policy guidance for Members States on scaling up mental health services in PHC settings. We have been testing the key strategies with Members States at different levels and synthesizing country experiences. We actively contributed to the 2nd Meeting of the WHO Pan-European Mental Health Coalition, co-hosted by WHO and Türkiye (Ankara, November 2022). We moderated a panel session and presented four strategies to scale up mental health in PHC, mental health coverage gaps, mental health outcome indicators and effective interventions to address those outcomes. Country examples from Bosnia and Herzegovina, Kazakhstan and Türkiye provided impetus to discuss critical success factors to scaling up mental health in PHC. Our policy paper on this subject will be published in 2023 together with country vignettes, and we are already integrating the lessons into our country work.

Subregional meeting on decentralization of HIV testing services and simplification of testing algorithms

Integration of HIV diagnostics into PHC through a simplified testing algorithm was the other priority area in 2022. We worked jointly with the Joint Infectious Diseases Unit, Division of Country Health Programmes, WHO Regional Office for Europe. We supported organizing a subregional meeting on the decentralization of HIV testing services and simplification of testing algorithms. During the event, WHO introduced the new WHO consolidated guidelines on HIV testing services. Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Uzbekistan participated in the meeting and shared their country examples of how HIV testing is organized. All countries have outlined solutions for enhancing access to HIV testing by integrating HIV testing services into PHC. Joint work is planned for 2023 to deliver technical support to countries in implementing the simplified testing algorithms in PHC practice.
SPOTLIGHT: UNIVERSAL HEALTH COVERAGE PARTNERSHIP

The Universal Health Coverage Partnership is a global platform within WHO that helps deliver WHO’s support and technical expertise in advancing universal health coverage through a PHC approach in 115 countries.

With the key programmes of the Division of Country Health Policies and Systems, the WHO European Centre for Primary Health Care coordinates the work of the Partnership in the WHO European Region. We support and monitor the country work of Universal Health Coverage Partnership policy advisers in bridging regional priorities and country implementation. Through the Partnership, we strengthen health systems to move towards universal health coverage by providing intensified technical assistance to national counterparts.

In 2022, the Universal Health Coverage Partnership supported seven countries in the Region in its current Phase IV. Azerbaijan, Georgia, Kyrgyzstan, Tajikistan, Ukraine and Uzbekistan are supported as full-mode recipients with a full-time international policy adviser based at the country level and the Republic of Moldova is supported in light mode with technical assistance.

From 2023, we have exciting opportunities to scale up our activities under this Partnership—the Republic of Moldova will be scaled up to full mode with a policy adviser, and two new countries will join the Partnership: Armenia and North Macedonia.

SUSTAINED COUNTRY PRESENCE FOR MAXIMUM IMPACT, 2022

Mission to Uzbekistan to document the progress of implementing a new PHC model being piloted in Syrdarya region

Mission to Georgia on the design of rural PHC networks

Tajikistan visit to Türkiye to witness the work of their family medicine model

Mission to the Republic of Moldova to develop a PHC assessment tool and identify needs in tackling the refugee crisis

Mission to Tajikistan to coordinate PHC strengthening efforts between international donor partners in the country and Tajikistan counterparts

PHC networks episode of Let’s Talk Primary Health Care talk show with Georgia as panellist
TECHNICAL PRIORITIES

The thematic areas of support of the Universal Health Coverage Partnership include:

- primary health care: strengthening service delivery through an equity-sensitive multidisciplinary PHC approach integrated with community public health action;
- human resources: revising the numbers, skill mix and composition of human resources for health to strengthen a fit-for-purpose health workforce to support strengthened models of care;
- health financing: promoting sustainable health financing to ensure financial protection through effective coverage policies and boosting quality and efficiency improvements through strategic purchasing;
- accessible medicines: supporting the development and implementation of medicines policies to ensure equitable access to affordable, quality, safe and effective medicines; and
- governance: governance arrangements to ensure transparency and accountability at all health system levels and to enable national health institutions to engage in strategic planning.

Joint mission to Azerbaijan on human resources for health and PHC

Kyrgyzstan visit to WHO Primary Health Care Demonstration Platform in Sweden

Kyrgyzstan visit to WHO Primary Health Care Demonstration Platform in Kazakhstan

Tajikistan visit to WHO Primary Health Care Demonstration Platform in Kazakhstan

Let’s Talk Primary Health Care talk show with CIS countries

Mission to Uzbekistan on health programming

Mission to Georgia on PHC networks
Azerbaijan
A cross-programmatic mission was organized to supported implementation of a service delivery pilot in Shamakhi District focusing on increasing access to essential health-care services through an improved PHC model, health workforce strengthening and community engagement. Assistance was provided to developing a roll-out roadmap for other settings.

Georgia
A high-level policy dialogue was organized to discuss key bottlenecks and next steps on the stepwise integration of noncommunicable diseases into PHC. A delegation from Georgia visited the WHO Primary Health Care Demonstration Platform in Sweden. A case study on PHC transformation is being finalized with focus on improving PHC governance in rural areas. PHC stakeholders from the country also participated in a joint event on noncommunicable diseases BRIEF interventions co-organized with the noncommunicable diseases team.

Kyrgyzstan
Organized a visit to the WHO Primary Health Care Demonstration Platform in Kazakhstan, after which delegates discussed the potential implications for implementation such as multidisciplinary teams, new modes of service delivery, community empowerment and systemic levers to support these changes. A report following the mission in late 2021 with assessment results and recommendations on optimizing PHC services, indicators for assessing performance and PHC services within the state-guaranteed benefits package. PHC stakeholders from the country also participated in a joint event on noncommunicable diseases BRIEF interventions co-organized with the noncommunicable diseases team.

Republic of Moldova
Supported the development of a primary health care assessment tool during the mission on assessing the current situation and critical needs in PHC in the context of a refugee crisis. The tool can be used across PHC facilities and will impact the efficient use of donors’ resources and improve services and efforts to set priorities for needs.

Tajikistan
Convened a High-Level Policy Dialogue with the Ministry of Health and Social Protection of the Population and development partners to co-sign a statement on commitment to PHC strengthening and enhancing collaboration to find synergy in development efforts. Organized a visit to the WHO Primary Health Care Demonstration Platform in Kazakhstan jointly with development partners (Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH and World Bank).

Ukraine
Assessed the development of the PHC indicators in the National Health Service and the proposal of the PHC basic package of health care. Contributed to the NHS2030 strategic priorities and objectives and to a report on primary health care in Ukraine: progress review and way forward led by the WHO Country Office in Ukraine.

Uzbekistan
Progress assessed and implementation support provided to a new PHC team-based model underpinned by expanded roles of nurses and family doctors to addressing better noncommunicable diseases, piloted in the Syrdarya region. Technical assistance was provided in form of cross-programmatic country missions and through the participation of an Uzbek delegation in the WHO Primary Health Care Demonstration Platform in Kazakhstan. PHC stakeholders from the country also participated in a joint event on noncommunicable diseases BRIEF interventions co-organized with the noncommunicable diseases team.
HIGH-LEVEL EVENTS TO MAINTAIN POLITICAL MOMENTUM

We contributed to maintaining and building political momentum for PHC reform through regional and global political events convening Member States at a high level. The following are examples in 2022.

19–22 September 2022
Turkistan, Kazakhstan
SUPPORT FOR THE HEALTHCARE COOPERATION COUNCIL OF THE COMMONWEALTH OF INDEPENDENT STATES AND MINISTERIAL ROUNDTABLE ON HUMAN RESOURCES

Special episode of Let’s Talk Primary Health Care live from Turkistan with Hans Henri P. Kluge, WHO Regional Director for Europe; health ministers from Kazakhstan, Kyrgyzstan and Uzbekistan and other high-level government representatives from Armenia, Belarus, Russian Federation, Tajikistan, Turkmenistan
Live on Kazakh National Turkistan TV Channel
60 spectators in the studio
331 viewers online

We supported the meeting of the Healthcare Cooperation Council of the Commonwealth of Independent States by hosting a special edition of Let’s Talk Primary Health Care series as a ministerial roundtable on human resource issues in Commonwealth of Independent States countries. The topic of the talk show’s special edition was creating a motivating work environment for health workers and overcoming burnout — key for success in PHC reforms. The participants discussed how to attract and retain health-care workers in rural and remote areas, whether the use of digital technologies motivates personnel or creates an additional burden, how to stimulate professional growth and sense of community among health-care workers — all different aspects of a motivating working environment.
“The health workforce is everything to ensure the success of the entire health-care system. Their motivation plays a huge role. In Kazakhstan, 40% of the population lives in rural areas. To retain health professionals in the villages, we raise salaries and provide financial incentives, allocate housing or give interest-free mortgages and have introduced a multidisciplinary team approach in which three nurses, a social worker and a psychologist work in team together with a family doctor.”

Azhar Giniyat,
Minister of Healthcare, Kazakhstan

“What is a multiplatform approach? How does it help to improve access to services in rural areas? The pandemic has shown that digital technologies and mobile apps can improve the availability of health services. I see a very big potential in telemedicine. Young, educated people want to be connected; they do not want to live in isolation. I believe that we need to use 21st-century solutions and rely on digitalization.”

Hans Henri P. Kluge,
WHO Regional Director for Europe, during the launch of the WHO Primary Health Care Demonstration Platform in Sweden

“More than 73% of our population lives in rural areas; PHC is the gateway to health promotion and access to health services. Since 2008, 40% of the budget has been allocated to PHC. Thanks to the effective work of family medicine, maternal and child mortality have decreased. Family doctors play a decisive role in preventing infectious diseases and immunization. A continuing medical education project is being implemented in the country to increase the number of family doctors.”

Abdukholik Amirzoda,
Deputy Minister of Health and Social Protection of the Population, Tajikistan
COUNTRY VIGNETTES

In 2021, we launched our series of country vignettes to promote cross-country exchange of information and experiences, inspire action among decision-makers and accelerate ongoing reforms in PHC. So far, we have captured the experiences of 17 countries in the WHO European Region to strengthen PHC during the pandemic. Our vignettes highlight the motivation of countries to engage in transformative action, the key policy instruments, preliminary results and sustainability concerns and lessons learned for other countries.

POLICY PAPERS

We started to prepare a policy paper series in 2021, with several papers completed and published in 2022 and 2023. The topics for our policy papers are based on demand from our Member States for pragmatic and actionable guidance. The policy papers summarize international literature on the topic, synthesize country experiences and provide policy guidance for implementation. The papers will consider the diversity of PHC settings in the Region. For each paper, we aim to put together a diverse team of authors, a sounding board to reflect views throughout and a broader consultation process. Policy paper topics being developed:

- strategies to scale up mental health services in PHC settings
- digital health solutions to strengthen PHC
- population health management in PHC practice
- primary health care networks.

IN-DEPTH COUNTRY CASES

Country cases intend to provide deep insight into PHC transformation at the country level and its results and impact and to provide lessons learned for experience exchange. Some will be retrospective, looking at the implementation of major reforms and their impact; some will be prospective, outlining the rationale and objective for transforming PHC. For example, our forthcoming case study on Kazakhstan will document two decades of PHC transformation towards multidisciplinary team-based PHC. Our forthcoming Georgia case study will be forward looking and set out the country vision for its PHC transformation and how the country intends to tackle the implementation challenges. In our third forthcoming country case on Spain, we look back to document how Spain transformed its PHC to become one of the strongest performing in Europe while also looking forward to identify current challenges and policy recommendations.
We host cross-country dialogue platforms to connect policy-makers, organizations and individuals passionate about PHC policy in a regular conversation for exchange of experience and network building. Our policy dialogue events are both virtual and face to face.

**LET’S TALK PRIMARY HEALTH CARE**

Our most innovative and popular product is our talk show–style webinar series *Let’s Talk Primary Health Care*. Since its launch, we have hosted **12 talk shows** reaching about **2000 participants** from more than **40 countries** in the Region and beyond. Each talk show consists of a moderated panel discussion on a burning policy issue related to PHC transformation. In our panels, we bring together topic experts and national and subnational decision-makers and always keep a spot for the voice of PHC practice. Our **12 episodes** have drawn on the experience of more than 27 countries so far. Panellists share experiences of key issues, transformative changes, encountered implementation barriers and ways of overcoming them. Our team hosts breakout sessions following the main panel to provide an opportunity for all countries to share experiences. **More than 92% on average ranked Season 2 episodes as good or excellent and found them relevant for their country, with more than 70% finding new insights and perspectives.**

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<th>Scaling up mental health services in PHC: strategies to accelerate — 1 March 2022</th>
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**REGIONAL AND GLOBAL PRODUCTS**

**CROSS-COUNTRY DIALOGUE PLATFORMS**

1995 viewers during the livestream for Seasons 1 and 2
2842 total views on YouTube in English and Russian for two seasons
181 livestream viewers gathered on average by each episode

In 2022, we focused on the following hot topics:
We organized capacity-building programmes to provide opportunities to develop skills and competencies to lead, design, implement and monitor well-performing PHC systems. Our target audience is policy-makers at the national and subnational levels, purchasing agencies, PHC managers responsible for population health, non-state actors, international partners and academia.

STRENGTHENING ACTIONABLE PRIMARY HEALTH CARE PERFORMANCE MEASUREMENT AND MANAGEMENT: TAILORED TRAINING AND MENTORSHIP PROGRAMME

13 COUNTRIES, TERRITORIES AND AREAS

For the second year in a row, we delivered the Strengthening Actionable Primary Health Care Performance Measurement and Management: Tailored Training and Mentorship Programme. The Programme is delivered with the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems at the Academic Medical Centre of the University of Amsterdam, Netherlands. The Programme is designed to provide tailored support to selected teams to advance the measurement and management of PHC performance in their contexts. Participating countries, territories and areas enter the course with a multidisciplinary team and a relevant project. Through two workshops and coaching sessions, participants get comprehensive understanding of approaches to monitoring and managing PHC performance, diverse country examples and support for their projects. Since its inception, we have engaged 12 countries, territories and areas from the Region. The Programme is also planned for 2023 and 2024, providing the opportunity for 20 countries, territories and areas to participate.

2021: Georgia, Kazakhstan, Latvia, Lithuania, Ukraine and Uzbekistan
2022: Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo²

First training week
Coaching sessions
Second training week
Finalized projects

² All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)
Team projects of the second cohort

ALBANIA
Integrated PHC with social care

BOSNIA AND HERZEGOVINA
Treatment of type 2 diabetes mellitus

BOSNIA AND HERZEGOVINA
Reproductive health in PHC in the Republika Srpska

NORTH MACEDONIA
Hypertension management

SERBIA
Palliative care in PHC

KOSOVO³
Palliative care in PHC

“What a great experience to get together with other western Balkans, to connect and reflect on PHC strategy, engage with international experts and develop PHC systems for measuring inequalities relating to health and social care service access.” (participant from Albania)

“I liked that we got a lot of new, interesting and, most importantly, practical information. I understood what, why and how to strengthen primary health care in my country.” (participant from Bosnia and Herzegovina)

“It is a privilege to be part of this training. I learned a lot from trainers and from other participants from other countries. There are inspiring good practices that surely enriched my knowledge, which I will use in my work in PHC.” (participant from Bosnia and Herzegovina)

“The future of effective PHC services is people-centred. We thank WHO for this well-organized training, which was very helpful in finding out how to measure patient satisfaction and how to strengthen PHC networks.” (participant from North Macedonia)

“Very well-structured, relevant and up-to-date training covered all current topics. The lectures about organization and quality, including patient experiences in PHC and palliative care, were the most valuable. The training gave us material for improvement.” (participant from Serbia)

THE WHO COLLABORATING CENTRE FOR QUALITY AND EQUITY IN PRIMARY HEALTH CARE SYSTEMS AT THE ACADEMIC MEDICAL CENTRE OF THE UNIVERSITY OF AMSTERDAM, NETHERLANDS

supports the WHO European Centre for Primary Health Care in strengthening PHC in countries by measuring and assessing the performance of PHC. It also focuses on understanding quality, equity and efficiency challenges and documenting best practices in countries to allow for tailored policy advice. The Collaborating Centre is the lead partner of the WHO European Centre for Primary Health Care for the Strengthening Actionable Primary Health Care Performance Measurement and Management: Tailored Training and Mentorship Programme.

³ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)
The WHO Primary Health Care Demonstration Platforms were launched as an innovative product to exemplify features of well-performing PHC systems across the WHO European Region, such as multiprofile, networked, integrated and team-based. The goal of the Platforms is to showcase how to overcome implementation barriers in strengthening PHC. Countries visiting the WHO Primary Health Care Demonstration Platform have learned not only the “what” of transforming PHC but also the “how”. Visitors get to engage with change-makers to exchange experiences in a practical manner.

The hosts of the WHO Primary Health Care Demonstration Platforms in Kazakhstan and Sweden shared their experience on how they were able to realize the vision in practice: how they were able to reorganize the model of care and align system enablers to support that model, such as governance, human resources for health care and others. Visiting delegations spoke with change-makers, people and agencies, the implementation forces of PHC transformation, to understand their experience and apply it in their context.

This year, we organized visits of delegations from Kyrgyzstan, Tajikistan and Uzbekistan to the WHO Primary Health Care Demonstration Platform in Kazakhstan, and a delegation from Georgia to Sweden.

HOST COUNTRIES
The host countries of WHO Primary Health Care Demonstration Platforms hosted three- to five-day structured visits at the facilities and other locations, enabling connection with national and regional policy-makers, practitioners and other actors involved in implementation. PHC stakeholders from the health ministry, academia, local health departments, municipalities, PHC managers and PHC workers all presented their experience of the PHC transformation on all levels.

WHO
WHO facilitated the visits, tailored the programme to the expectations of the visiting country, supported the host country in delivering the programme of the visit, worked with the visiting country after the visit in follow-up consultations to tailor the policy implications to their context and created a roadmap for implementation or other activities to support the PHC strengthening.

VISITING COUNTRY
Visiting countries identified policies and practices they aim to change and selected a multidisciplinary team representing a wide range of stakeholders. During the first day, they presented their current PHC context and envisioned the next steps. During the visit, they drew lessons on how to apply what they saw to their context. It was especially important that stakeholders from the visiting country connected with each other and discussed the policy implications for their own context as the visit was happening. At the end of the visit, delegations in groups worked together on the next steps to take in the nearest future in strengthening PHC.

For more information, see our brochure on the WHO Primary Health Care Demonstration Platform. WHO Regional Office for Europe; 2022 (https://apps.who.int/iris/handle/10665/363477, accessed 13 March 2023).
We built our communication strategy in a way to support the PHC agenda in the WHO European Region: we share high-quality evidence and connect policy enthusiasts to a common platform of exchange. Our two main instruments of communication include producing content for the WHO Regional Office for Europe social media accounts and our PHC newsletter. We also make our communication products available on the PHC webpage on the Regional Office website and its YouTube channel.

**NEWSLETTER**

We reached our audience through our newsletter and shared updates of our work in advancing PHC in countries, talk show announcements, links to resources and other PHC content with PHC enthusiasts in the European Region:

- 8 newsletters disseminated in 2022; and
- 3900 subscribers by the end of 2022.

In the previous issue of this newsletter, we presented a Resolution on Primary Health Care adopted by all 53 Member States of the WHO European Region. We are encouraged by the trust and reinvigorated interest in strengthening primary health care in our diverse region. Our work is now oriented toward following through on our commitments. We have rolled up our sleeves and are ready to support the work on the ground in your countries. We share our news below.

With best wishes from Almaty.

Melitta Jakab
WHO EUROPEAN PRIMARY HEALTH CARE TOPIC PAGE

In 2022, the Regional Office web production team moved the website to the global WHO online platform. Our team worked on updating the PHC topic page and WHO European Centre for Primary Health Care team page.
(https://www.who.int/europe/health-topics/primary-health-care)

MEDIA RELATIONS

In 2022, the WHO European Centre for Primary Health Care activity received wide media support.

- 15 interviews and news videos were screened on national TV-channels featuring WHO representatives and collaborators in 2022, including a full-length deep-dive interview with the Director of the Regional Office’s Country Health Policies and Systems Programme.
- More than 70 publications in news outlets were posted online and appeared in print in Kazakhstan and WHO European Region media during 2022.

SOCIAL MEDIA

We provided the Regional Office social media accounts with PHC content — recent publications, launch events for new initiatives, human interest stories and PHC developments in countries.
The work in as diverse region as WHO European Region is impossible without regional and thematic collaborations. We are grateful to be partnering with organizations around the Region that push the PHC agenda forward. Key partners have included the following.

**WHO COLLABORATING CENTRE FOR QUALITY AND EQUITY IN PRIMARY HEALTHCARE SYSTEMS**

The WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems at the Academic Medical Centre of the University of Amsterdam, Netherlands supports the WHO European Centre for Primary Health Care in strengthening PHC in countries by measuring and assessing the performance of PHC. It also focuses on understanding quality, equity and efficiency challenges and documenting best practices in countries to enable tailored policy advice. The Collaborating Centre is the lead partner of the Centre for the Strengthening Actionable Primary Health Care Performance Measurement and Management: Tailored Training and Mentorship Programme.

**CENTRAL EUROPEAN INITIATIVE**

The Central European Initiative is a regional intergovernmental forum that gathers 17 countries in central, eastern and south-eastern Europe. Our Centre and the Central European Initiative collaborate on hosting joint intercountry policy dialogue events. The Central European Initiative is one of our key implementation partners in the western Balkans, mobilizing and leveraging technical assistance from its members.

**NORTHERN DIMENSION PARTNERSHIP IN PUBLIC HEALTH AND SOCIAL WELL-BEING**

Our Centre contributes to the Expert Group on Primary Health Care for the Northern Dimension Partnership in Public Health and Social Well-being. Following the 71st session of the WHO Regional Committee for Europe, our Centre presented the key dimensions of a resolution, key anticipated reform themes in PHC and our products and services. Expert group members shared their own country experiences. Several cross-cutting areas of interest were explored such as strengthening PHC through digital tools.

**EUROPEAN FORUM FOR PRIMARY CARE**

The European Forum for Primary Care aims to improve the health of the European population by promoting strong primary care, generating data and evidence on primary care and exchanging information between its members. The European Forum for Primary Care provided the platform of its annual conference to share our Centre’s work and test key messages supported by the resolution on PHC adopted at the 71st session of the WHO Regional Committee for Europe together with other non-state actors. Our technical collaboration has focused on mutual information sharing, cross-posting of events and mobilizing expertise. The Centre and the European Forum for Primary Care plan to move towards more clear collaborative product lines in the next biennium.

**WONCA EUROPE**

WONCA Europe is the European regional branch of the World Organization of National Colleges, Academies and Academic Association of General Practitioners/Family Physicians. WONCA Europe represents 47 member organizations and more than 90,000 family doctors in Europe. The European Centre for Primary Health Care supported the 25th WONCA Europe Conference 2020 (Family Medicine at the Forefront of Innovations in the Primary Health Care System).
The WHO European Centre for Primary Health Care has a core multidisciplinary team based on location in Almaty, Kazakhstan. The Centre also engages core consultants both locally and internationally. As an extension of the Division of Country Health Policies and Systems, the Centre works closely with staff members based at the Regional Office in Copenhagen, Denmark, fellow colleagues across technical units, geographically dispersed offices, country offices and headquarters.

ALMATY-BASED STAFF
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José Cerezo (Health Policy Specialist)
USEFUL RESOURCES


Let’s Talk Primary Health Care — talk show series. YouTube. (https://www.youtube.com/playlist?list=PLL4_zLP7J_mQngass4GOrpxMjao3NID8)

WHO European Centre for Primary Health Care, newsletter. Subscribe here: https://tinyurl.com/mr3k8c57

Primary health care country vignettes [website]. Copenhagen: WHO Regional Office for Europe; 2021 (https://www.who.int/europe/teams/centre-for-primary-health-care-(kaz)/primary-health-care-country-vignettes)


THE YEAR IN DETAIL

January
Online round-table discussion on digital health with Sweden

February
Launch of the newsletter of the care centre of the WHO European Centre for Primary Health. Online, more than 2000 recipients
Mission to Uzbekistan to document the progress of implementing a new PHC model being piloted in Syrdarya region
Mission to Sweden to purview the potential demonstration platform on PHC service provision to rural and remote areas with the support of digital solutions in Västerbotten County in southern Lapland
Launch of the Primary Health Care Monitoring Framework and Indicators. Keynote presentation

March
Episode of the Let’s Talk Primary Health Care talk show: Scaling up mental health services in PHC: strategies to accelerate
Webinar for Armenia on models of care and governance for PHC
Webinar for Armenia on human resources for health in PHC
Episode of Let’s Talk Primary Health Care: Leadership for primary health care transformation, with Hans Henri P. Kluge, WHO Regional Director for Europe and Azhar Giniyat, Minister of Health of Kazakhstan as in-person guests
WHO Primary Health Care Demonstration Platform launch in Kazakhstan. High-level event, with Uzbekistan delegation visit

April
First week of the Strengthening Actionable Primary Health Care Performance Measurement and Management: Tailored Training and Mentorship Programme for the western Balkans
Episode of Let’s Talk Primary Health Care: Young PHC professionals ask: we respond, with participation of Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems of the Regional Office to Almaty, Kazakhstan to witness the work of a PHC Centre of Excellence – Polyclinic No. 5 and the Republican Scientific and Practical Centre of Mental Health
Visit of Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems of the Regional Office to Almaty, Kazakhstan to witness the work of a PHC Centre of Excellence – Polyclinic No. 5 and the Republican Scientific and Practical Centre of Mental Health

May
Mission to the Republic of Moldova to provide technical assistance to develop a primary health care assessment tool and identify the country’s needs in addressing the refugee crisis
Mission to Georgia to provide technical support in identifying opportunities for strengthening governance of rural PHC (via medical holding), including principles on how rural PHC facilities will be connected via networks, and to propose models for enhancing multidisciplinary PHC practice and PHC governance through networks
National technical consultation on implementing an e-appointment system in primary health care in North Macedonia
Support for developing the new PHC strategy of Slovenia
Mission to Tajikistan to convene policy dialogue on PHC with high-level participation from the national counterparts and WHO and sign the joint partners’ statement on strengthening PHC, with deep dive on the PHC health workforce

June
Mission to Türkiye to study Türkiye’s experience in developing family medicine to transform the model of family medicine in Tajikistan
Episode of Let’s Talk Primary Health Care: Primary health care networks: benefits and challenges of organization
Universal Health Coverage Partnership mid-year live monitoring event
Webinar for North Macedonia on Social Determinants of Health, Impact on Disease Prevention and Health Promotion: the Experience of the Friuli Venezia Giulia Region, in partnership with the Central European Initiative and the Friuli Venezia Giulia region
Webinar for Albania on Development of Primary Health Care Networks in Rural and Marginal Areas: the Experience of the Friuli Venezia Giulia Region, in partnership with the Central European Initiative and Friuli Venezia Giulia region
Webinar for Serbia on Criteria and Coordination for Palliative Care Service Delivery for Serbia, in partnership with the Central European Initiative and Friuli Venezia Giulia Region
THE YEAR IN DETAIL

August
Publication: WHO European Centre for Primary Health Care: annual report 2020–2021
Mission to Lithuania to convene a policy dialogue on PHC strategy implementation

September
Episode of Let’s Talk Primary Health Care on Digital Solutions to Enhance Multidisciplinary Approach and Patient Experience in PHC
Mission to Astana and Turkestan in the context of a high-level visit of Hans Henri P. Kluge, WHO Regional Director for Europe to discuss policy priorities in health system strengthening, promote the geographically dispersed office activities and discuss the 73rd session of the WHO Regional Committee for Europe and PHC conference
Episode of Let’s Talk Primary Health Care on creating a motivating working environment for health workforce and addressing burnout
Mission to Azerbaijan to overview ongoing PHC pilot project
Second western Balkans meeting in Trieste on scaling up innovative PHC models and digital solutions to better address noncommunicable diseases and mental health

October
Visit of Kyrgyzstan delegation to the WHO Primary Health Care Demonstration Platform in Kazakhstan
Virtual round-table on PHC for Armenia on the new PHC strategy
Publication: country vignette on Sweden: Access to rural services by strengthening primary care with digital tools in remote areas of Sweden
Mission to Uzbekistan on Swiss Restitution Fund 2030 (Ishonch)
Moderated and participated in a round-table at an international conference on innovations in PHC in Taraz, Kazakhstan
Publication: brochure about the WHO Primary Health Care Demonstration Platform

Keynote presentation at the Hellenic Health Services Management Association Conference
Second training week of the Strengthening Actionable Primary Health Care Performance Measurement and Management: Tailored Training and Mentorship Programme Launch of the WHO Primary Health Care Demonstration Platform in Sweden, with Georgia as the first visiting country
Presentation and consultation with western Balkans countries at the mental health meeting in Tirana, Albania
Round-table on mobile PHC services (online)

November
Mission to Georgia to prepare to and implement the policy dialogue aiming bringing together key stakeholders to discuss the implementation of the PHC Roadmap in 2023
Visit of Tajikistan delegation to the WHO Primary Health Care Demonstration Platform
Launch of noncommunicable diseases BRIEF
Belgrade meeting: two-day workshop on addressing the public health challenges of migration and displacement in countries linked by the western Balkans migration
Ankara meeting: 2nd Meeting of the Pan-European Mental Health Coalition — Local Action, Regional Transformation and the Annual Conference of the Social Inclusion of Persons with Mental Disabilities
International PHC conference in Spain
Online workshop on priority setting on the Montenegro health strategy development
Subregional meeting on decentralizing HIV testing services and simplifying testing algorithms

December
Universal Health Coverage Partnership end-of-the-year live monitoring event
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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