During 2020 and 2021, the WHO European Centre for Primary Health Care underwent a significant transformation. The Centre developed a new strategy to strengthen PHC in the WHO European Region fully aligned with the European programme of work and based on lessons learned from the pandemic. European Member States reaffirmed their commitments to strengthening PHC in the wave of the pandemic at the 71st session of the WHO Regional Committee for Europe in 2021 and gave a new mandate to WHO to implement its new strategy. The Centre has been actively implementing its regional and country-level commitments. This report provides an overview of the key achievements of the WHO European Centre for Primary Health Care for 2020 and 2021.

Abbreviations
CEI – Central European Initiative
CIS – Commonwealth of Independent States
EPW – European Programme of Work
GDO – Geographically Dispersed Office
GIZ - Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (The German Agency for International Cooperation)
NDC – non-communicable disease
RC – Regional Committee for Europe
SDG – Sustainable Development Goals
UHC – Universal Health Coverage
WHA – World Health Assembly
WHO ECPHC – World Health Organization European Centre for Primary Health Care
WONCA - World Organization of Family Doctors

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>4</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>4</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>5</td>
</tr>
<tr>
<td>Preface</td>
<td>11</td>
</tr>
<tr>
<td>The historical evolution of primary health care: from the Declaration of Alma-Ata to the present</td>
<td>12</td>
</tr>
<tr>
<td>Renewed WHO work programme on primary health care: making our commitments happen</td>
<td>14</td>
</tr>
<tr>
<td>Primary health care at RC71: renewed political commitment and new mandate</td>
<td>16</td>
</tr>
<tr>
<td>COUNTRY WORK</td>
<td>18</td>
</tr>
<tr>
<td>Policy advocacy and building political commitment</td>
<td>22</td>
</tr>
<tr>
<td>Diagnosing and analyzing performance</td>
<td>23</td>
</tr>
<tr>
<td>Developing strategies and policies</td>
<td>24</td>
</tr>
<tr>
<td>Policy dialogue and executive consultations</td>
<td>25</td>
</tr>
<tr>
<td>Supporting implementation</td>
<td>26</td>
</tr>
<tr>
<td>Spotlight: Universal Health Coverage Partnership</td>
<td>28</td>
</tr>
<tr>
<td>REGIONAL AND GLOBAL PRODUCTS</td>
<td>30</td>
</tr>
<tr>
<td>High-level events to maintain the political momentum</td>
<td>32</td>
</tr>
<tr>
<td>Knowledge generation and translation</td>
<td>33</td>
</tr>
<tr>
<td>Cross-country dialogue platforms</td>
<td>36</td>
</tr>
<tr>
<td>Capacity building</td>
<td>38</td>
</tr>
<tr>
<td>Spotlight: actionable primary health care performance measurement and management: tailored training and mentorship programme</td>
<td>39</td>
</tr>
<tr>
<td>Demonstration platforms</td>
<td>40</td>
</tr>
<tr>
<td>Communication products</td>
<td>41</td>
</tr>
<tr>
<td>Partnerships</td>
<td>42</td>
</tr>
<tr>
<td>Team</td>
<td>43</td>
</tr>
<tr>
<td>References</td>
<td>44</td>
</tr>
<tr>
<td>The year in detail</td>
<td>45</td>
</tr>
</tbody>
</table>
I welcome you to read our annual report, which highlights the activities of the WHO European Centre for Primary Health Care during 2020–2021.

These two years were marked by the COVID-19 pandemic causing tremendous suffering and requiring an unprecedented public health response. As our Regional Director says: “Some of the lessons of the pandemic are painful, others timely or eye-opening – but what many have in common is an obvious remedy — stronger primary health care”. Indeed, the pandemic has not only shown the importance of primary health care (PHC) but has also revealed just how rapidly it can transform, adjust and accelerate change to serve people, including vulnerable people.

We have been inspired by this transformation and consider it our duty to turn lessons learned into commitments and action. We prominently included PHC in the agenda of the 71st session of the Regional Committee in September 2021. Member States reaffirmed their political commitment to strengthen PHC by adopting a new resolution marking inspiring new directions for strengthening PHC for the coming decade. The resolution gave WHO and our Centre an inspiring mandate to renew our efforts to realize the vision of the Declaration of Alma-Ata and Declaration of Astana. Regional commitments to PHC were paralleled at the global level with endorsement of the new Primary Health Care Operational Framework at the World Health Assembly in 2020 and a ministerial side event at the World Health Assembly in 2021.

We have revamped our strategy and work programme in response to the lessons learned from the pandemic and to the accelerating political momentum to strengthen PHC. We hope that our new vision, way of working, products and services will enable us to inspire change and demonstrate tangible results to deliver on the three core priorities and four flagships set out in the European Programme of Work for 2020–2025.

Despite the challenges and disruptions in our traditional ways of working, we continued to provide technical assistance to strengthen primary health to more than 20 countries during these past two years. We supported our Member States in operationalizing a dual-track delivery of PHC services, launched new PHC task forces for stronger governance, revised policy frameworks based on lessons learned from the pandemic, engaged in analytical and diagnostic work and monitored and measured impact. We launched a talk show series Let’s Talk Primary Health Care and our newsletter to regularly connect us in dialogue, learning and inspiration. We launched our succinct yet content-rich country vignette series capturing the transformation of PHC during the pandemic.

We look forward to continuing to accelerate over the coming years on this journey together to realize the visions in the Declaration of Astana and Declaration of Alma-Ata. We will solidify our gains, expand the reach of our country work, produce high-quality evidence and continue to connect all of us in a dialogue for continued inspiration and learning. Thank you for taking the time to read our annual report and stay in touch with us!

Melitta Jakab
Head of Office
WHO European Centre for Primary Health Care
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”.

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

1996

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”.

THE HISTORICAL EVOLUTION OF PRIMARY HEALTH CARE:
FROM THE DECLARATION OF ALMA-ATA TO THE PRESENT

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.

EUROPEAN FRAMEWORK FOR ACTION ON INTEGRATED HEALTH SERVICES DELIVERY

UNIVERSAL 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.”

UNITED 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.”

WORLD HEALTH ASSEMBLY RESOLUTION WHA72.2 ON PRIMARY HEALTH CARE
“Urges Member States to take measures to share and implement the vision and commitments of the Declaration of Astana according to national contexts.”

WORLD HEALTH ASSEMBLY RESOLUTION WHA72.2 ON PRIMARY HEALTH CARE
“Urges Member States to take measures to share and implement the vision and commitments of the Declaration of Astana according to national contexts.”

2016

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.

2018

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.”

2019

2020

WORLD HEALTH ASSEMBLY ENDOREMENT 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.”

2021
RENEWED WHO WORK PROGRAMME ON PRIMARY HEALTH CARE: MAKING OUR COMMITMENTS HAPPEN

In 2020, our Centre developed a new strategy and work programme to support Member States in strengthening primary health care (PHC). Entitled Making Our Commitments Happen, the strategy outlines focused and pragmatic products to support Member States in closing the implementation gap between our vision and reality (1).

The strategy builds on lessons learned from the pandemic to realize the potential of PHC and is aligned to advance the commitments of the European Programme of Work United Action for Better Health 2020–2025 (2). PHC stands at the nexus of the core priorities of the European Programme of Work and is an important platform to advance each of its flagship initiatives.

The new strategy received overwhelming support at the 71st session of the Regional Committee, and our Centre received a renewed mandate for implementation.

The Regional Committee 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 implementors;

(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 new geographically dispersed office strategy has pragmatic product lines to provide contextualized support to Member States to realize the vision set in the Declaration of Alma-Ata and Declaration of Astana. It also has high-impact regional and global products to maintain and build political momentum, facilitate cross-country exchange and generate high-quality evidence.
PHC featured prominently in the agenda of the Regional Committee session in September 2021.

Member States reaffirmed their political commitment to strengthen PHC by adopting a new resolution (3) marking inspiring new directions for strengthening PHC for the coming decade.

Our Centre led the preparations for this important session starting in autumn 2020 and throughout most of 2021.

- **Carried out analytical work for a solid foundation.** We carried out analytical work on lessons learned from the pandemic with a joint team from our Centre and the European Observatory for Health Systems and Policies. We analysed the Health System Response Monitor to COVID-19 (4) to capture cross-country trends (5) and synthesized our country vignettes (6) to learn from action.

- **Drafted working document for synthesis of promising strategies.** We developed the working document (7) that lays the foundation for the resolution and sets out a proposed way forward to realize the potential of PHC.

- **Supported Member State champions to draft resolution.** Five Member States have championed putting forward a resolution on PHC, including Denmark, Georgia, Greece, Kazakhstan and Slovenia. We supported their teams in producing a draft resolution for consultation and input from others.

- **Organized Member State consultations throughout.** In spring 2021, we organized three rounds of virtual consultations with the participation of 35 Member States to ensure that the working document and resolution capture the priorities of all countries. In summer 2021, we created online opportunities to provide input on the final text of the working document and resolution and followed up individually with all Member States that wanted to provide further input.

- **Organized the PHC session on 14 September.** We contributed to the development of the programme, preparing and aligning interventions, moderating a live high-level panel, polling the audience, replying to Member States’ comments and taking note of the passing of the resolution.
“Strengthening primary health care is our priority of priorities. COVID-19 has underlined the importance of sustained efforts, and the past year has only magnified the urgency of our commitments and our determination to live up to them.”

Dr Hans Henri P. Kluge,
WHO Regional Director for Europe

“We have witnessed the delivery of PHC in many different ways and platforms; we have seen PHC serving the needs of the vulnerable, and we have observed the creation and growth of multidisciplinary teams of PHC workers. Now we need to focus on investing in the workforce, allocating resources where they’re needed the most and promoting leadership at all levels.”

Dr Natasha Azzopardi-Muscat,
Director of the Division of Country Health Policies and Systems

“Pragmatic country experiences inspire. As a foundation for today’s discussion and all the materials, we invested in documenting trends in the transformation of primary health care over the past year and launched a new series of country vignettes.”

Dr Melitta Jakab,
Head of the WHO European Centre for Primary Health Care

Illustrations ©WHO
We provided tailored policy advice to European Member States to address the implementation barriers in realizing the vision of the Declaration of Alma-Ata and Declaration of Astana. We emphasized strong PHC governance arrangements as critical levers to improve PHC. Our approach has been through multidisciplinary missions, with the engagement of local and international experts. Our missions spanned the diverse geography of our region, and we visited rural, semi-rural and urban regions and their health facilities.
Albania
Provided technical assistance on strengthening the model of care, held an intercountry round-table with Montenegro on transforming PHC in the COVID-19 pandemic context in collaboration with the Central European Initiative, one of the largest subregional forums for country cooperation.

Armenia
Developed recommendations on strengthening the role of PHC in the COVID-19 response.

Azerbaijan
Supported the development of a new model of care for rural areas and offered a capacity-building workshop on building health system resilience by revitalizing PHC.

Belarus
Optimized the scope of practice of PHC professionals in pilot projects, finalized guidance for nurses on motivational counselling, capacity building on distance counselling by PHC workers and public health for health system leaders and managers.

Georgia
Reviewed PHC reform implementation strategies and plans, including aligning telemedicine solutions and refining a PHC technical assistance activity plan for the coming year.

Greece
Provided support to PHC reform by reviewing a legislative package, identifying implementation risk and mitigation measures and providing actionable recommendations.

Italy
Organized the first intercountry and -area workshop on PHC priority-setting for implementation of the Roadmap for Health and Well-being in the Western Balkans, with participation from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo.

Kazakhstan
Carried out rapid assessment of the PHC multidisciplinary teams in Zhambyl region; held a round-table on strengthening PHC governance at the national and regional levels; and captured a transformation towards multidisciplinary team delivery in PHC.

Kyrgyzstan
Assessed readiness of the pilots with expanded PHC teams; organized a high-level policy dialogue with the WHO Regional Director for Europe to set the priorities for developing PHC; provided support to the national PHC task force towards accelerating PHC reform; and proposed priority actions for enhancing the PHC service delivery model.

Latvia
Delivered a capacity-building activity on organizing primary care services in collaboration with the WHO Regional Office for Europe technical team on palliative care and supported the development of PHC performance monitoring.

Lithuania
Supported the development of performance monitoring and evaluation of mental health indicators in PHC, moderated an intercountry discussion with Slovenia on community health centres and organized a workshop on integrated PHC at the community health centres.

Montenegro
Held an intercountry round-table with Albania on transforming PHC in the COVID-19 pandemic context and organized a workshop on digital solutions and management of people with chronic conditions in PHC – both in collaboration with the Central European Initiative.

North Macedonia
Supported the introduction of a new PHC model.

Republic of Moldova
Provided technical assistance on service delivery and health-care financing arrangements to support primary care in delivering essential health services.

Slovenia
Provided support for developing a new PHC strategy and created a cross-country learning opportunity with Spain for knowledge exchange and experience.

Tajikistan
Monitored the ongoing PHC reform implementation and aligned it to the current needs and future priorities, held policy discussions to synergize work between national and international partners on PHC development and reviewed the health-care strategy.

Turkmenistan
Held a round-table on developing PHC in Turkmenistan: from needs to performance.

Ukraine
Supported the development of a vision to strengthen PHC and supported the development of performance indicators for cardiovascular disease and diabetes care in PHC.

Uzbekistan
Provided ongoing technical assistance to roll out new models of care and health-care financing reforms, including testing the new model in Syrdarya region, supported the strengthening of PHC performance indicators, provided an assessment and policy recommendations on the quality and accessibility of PHC services in the Aral Sea region, primarily in Nukus-Munyaq region.

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)
COUNTRY SUPPORT

POLICY ADVOCACY AND BUILDING POLITICAL COMMITMENT

We engage in policy advocacy and building political commitment to giving priority to PHC in policy agendas. In this context, we provide support to making the case for investing in PHC for improving population health and well-being. We engage with various stakeholders at all government levels within and beyond the health system and with non-state actors. The following are examples from 2020 and 2021.

KYRGYZSTAN: reaffirming political commitment and strengthening governance

We have engaged with Kyrgyzstan to reinvigorate political commitment for strengthening PHC in the wake of the pandemic. With the participation of the WHO Regional Director for Europe, Hans Henri P. Kluge, our mission in March 2021 made the case for investing in PHC at the highest government levels, emphasized the return on investment for health and well-being and encouraged the establishment of a multidisciplinary task force with a clear mandate for design, implementation and monitoring. The mission also had the opportunity to meet with important national and international stakeholders for coordination and alignment. As a result of this effort, a multidisciplinary task force was established in 2021 and has accelerated policy development and implementation for PHC.

UKRAINE: linking political commitment, vision and performance management

Our support in Ukraine helped to link political commitment, vision and performance management. We supported the finalization of the new PHC strategy developed by the PHC task force through a two-day virtual mission. The strategy outlined a 10-year vision for PHC development, focusing on strengthening the model of PHC services to address the main health challenges of Ukraine. Our work built on first-phase reforms that focused on new financial mechanisms to trigger changes in the delivery of PHC services. The second-phase reform aimed at refining the vision for the model of PHC services and developing a more comprehensive set of health system levers complementing financial incentives. We discussed the plan of action, refined it based on international experiences and discussed the next steps and WHO support. Based on the strategy, we supported Ukraine in reviewing its framework for monitoring and managing PHC performance.
COUNTRY SUPPORT

DIAGNOSING AND ANALYSING PERFORMANCE

We provide 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 engage in issue-specific analytical work and reviewing policies and legislation considering international evidence and experience. The following are examples from 2020 and 2021.

GREECE: legislative review

In 2020–2021, Greece’s Ministry of Health put together a package of legislative documents outlining the next stage of the PHC reform and requested a review to assess this package aimed at further strengthening PHC in Greece. At the request of the Ministry, we convened an international expert team to analyse the proposed policies, focusing not only on design features but also on feasibility and challenges of implementation. Our team assessed whether the policies addressed key challenges and implementation barriers, made recommendations on how to ensure alignment with the 35 recommended actions in the previous WHO rapid assessment, identified implementation risks and proposed potential mitigation measures.

TAJIKISTAN: leveraging analytical work to accelerate implementation

We supported the design and implementation of a nationwide survey on PHC focusing on infrastructure and human resources to document gaps in availability, accessibility and quality. This nationwide representative survey covered 28 of the 62 districts in the country and included health facilities at all levels of the PHC network: district and city health centres, rural health centres and health homes. The survey results will inform the development at the district level of a model for integration of vertical services into family medicine. This will require revising the district-level PHC governance, reviewing the composition, skills and competencies of the health care workforce and introducing new health care financing approaches.

UZBEKISTAN: improving access to PHC in the Aral Sea region

We provided technical assistance to review the quality and accessibility of PHC services in the area of the Aral Sea in the Republic of Karakalpakstan, Uzbekistan, primarily in the Nukus-Munyaq corridor. In addition to engaging key stakeholders, we visited PHC facilities in diverse settings in urban, semi-urban and remote rural areas affected by ecological challenges. The WHO team provided an assessment and policy recommendations on aligning health services with the population’s health needs and health outcomes, the scope of PHC services and potential expansion paths, the distribution of the network of PHC, current and anticipated human resource challenges, access to high-quality diagnostic and laboratory services and the potential to use digital solutions to bridge access and quality gaps.
DEVELOPING STRATEGIES AND POLICIES

We support the development of strategies, policies and legislative frameworks for comprehensive PHC policy. The COVID-19 pandemic has prompted countries to turn lessons learned into revised strategies and policy frameworks to strengthen PHC. WHO’s engagement can provide a platform for engaging stakeholders at both the technical and political levels, ensure linkage to performance analysis and diagnosis, reflect high-quality international evidence and experience and consider pragmatic implementation aspects already when reforms are being designed. The following are examples from 2020 and 2021.

SLOVENIA: revising the PHC strategy in the wake of the pandemic

We supported Slovenia in revising its PHC strategy. Slovenia has advocated multidisciplinary PHC, with integration of health promotion and disease prevention and involving local government. The pandemic has highlighted the challenges of the system as in many countries. Together with Slovenia’s Ministry of Health, our multidisciplinary team provided a platform to engage all key stakeholders to ensure that their voice is captured in formulating the new vision and strategy. Our team provided technical advice, in particular, on key health system levers, including governance, financing, human resources and digital solutions. We shared international experiences and facilitated a study tour and structured virtual exchanges with the Autonomous Community of Catalonia, Spain for cross-country learning on strategic purchasing, information systems, quality of care and monitoring and managing performance.

GEORGIA: tailoring implementation of a new model of PHC

We supported Georgia in developing its road map for accelerating PHC reforms in the wake of the pandemic. A realistic and implementable road map for PHC required navigating the complexities of coverage policy and health-care financing. In particular, the scope of governance levers for PHC differ significantly in urban and rural areas and require different implementation mechanisms. Working within a comprehensive health system team to ensure synergy, we provided technical assistance on key features of the new PHC model and potential implementation arrangements, including expanded scope towards noncommunicable diseases: multi-platform, multidisciplinary and equity-sensitive. We ensured alignment of the model with two key enablers: the health-care workforce and digital health, with a particular focus on bridging access and quality gaps in rural areas.
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 considering national contexts and country-specific needs. Depending on the context, we can provide a neutral platform of stakeholder participation and dialogue and, when relevant, take 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 2020 and 2021.

ALBANIA AND MONTENEGRO: learning in real time how to respond better to COVID-19

The series of two-country round-tables facilitated cross-country learning to support national stakeholders in Albania and Montenegro for PHC transformation. This bridged the technical expertise of the WHO European Centre for Primary Health Care, the WHO Regional Office for Europe and the Central European Initiative to the country level. The facilitated intercountry dialogue focused on reflecting on the experiences of the capacity of PHC to resist, respond and adapt to the shock caused by COVID-19. We mobilized the latest evidence and expertise from WHO to support the countries’ transformations of PHC delivery systems and acceleration of the long-standing reforms. The regional health stakeholders from Italy (Friuli Venezia Giulia region) have also joined the round-tables and shared their relevant experience. The cross-country exchange of experiences between national and regional stakeholders in Albania, Montenegro and Italy will facilitate further learning, provide the opportunity for building synergy in the future, including creating a national PHC task force, and give priority to actions for transforming PHC delivery systems and accelerating long-standing reforms.

BELARUS: strengthening integration of public health and PHC, 15–20 November 2021

This week-long engagement with policy-makers in Belarus facilitated the tailoring and implementation of WHO’s recommendations and evidence-informed approaches in integrating public health and PHC at the community level. Middle-level managers of Belarus’ Ministry of Health, managers of regional health authorities and representatives of academia participated in practical, interactive training on modern public health concepts, evidence-informed national and local public health policies, intersectoral collaboration for public health, managing population health through PHC and evaluating public health interventions. During the course, participants worked in groups on practice-based cases and listened to the country examples in addition to the interactive workshops.

LATVIA: palliative care and PHC

Palliative care is a crucial part of integrated, people-centred health services, at all levels of care, including in PHC. The WHO European Centre for Primary Health Care jointly with the Regional Office programme on palliative care provided focused technical support at the request of Latvia’s counterparts to help them improve understanding of the organization of palliative care services in various countries. We organized a technical webinar by mobilizing international experts and using WHO resources and existing guidance, with selected country examples on palliative care focusing on regulation, workforce, service delivery and financing.
We increasingly engage in providing technical assistance on implementation to identify and remove implementation barriers. We work 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 roll-out strategies, engage in developing model regions with evaluation and support realistic scale-up. The following are examples from 2020 and 2021.

WESTERN BALKANS: PLANNING FOR THE FUTURE OF PHC

Building on the strong cooperation between the Regional Office and the Central European Initiative, we co-organized the first intercountry and -area meeting for the Western Balkans hosted in November 2021 in Trieste, Italy. Public health authorities and representatives from six Western Balkan countries and areas joined the meeting with an operational purpose to discuss implementation priorities for strengthening PHC in 2022–2023, to deliver on the action areas of the Roadmap for Health in the Western Balkans (2021–2025). Based on intercountry and -area technical dialogue, common challenges, priorities, synergy and areas for subregional technical support were identified, and country-specific implementation priorities were formulated. The recommendations and proposals made by country and area teams provide excellent feedback to WHO for shaping and planning its technical support for the Western Balkans in 2022 and beyond.
KAZAKHSTAN: STRENGTHENING GOVERNANCE ARRANGEMENTS FOR EFFECTIVE IMPLEMENTATION

We provided support to Kazakhstan’s Ministry of Health to strengthen governance arrangements for effective implementation by establishing a PHC coordination centre. Kazakhstan has been a champion of multidisciplinary PHC teams providing services tailored to people’s needs and expectations. To accelerate and systematize implementation nationwide, a PHC coordination centre was established to provide national governance and guidance for implementing the reform and working closely with PHC centres of excellence at the regional level. We organized a virtual round-table to share international experiences in supporting PHC development at the national and regional levels and to discuss their relevance for Kazakhstan and especially for the functions of the PHC coordination centre and regional PHC excellence centres.
The Universal Health Coverage Partnership is a global platform within WHO that helps to 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 the work of country-based policy advisers to accelerate implementation. Through the Partnership, we strengthen health systems to move towards universal health coverage by providing intensified technical assistance to national counterparts.

**UHC-P TECHNICAL PRIORITIES**

**PRIMARY HEALTH CARE**
Inclusive, multi-platform, multi-disciplinary, integrated

**SUSTAINABLE FINANCING**
Financial protection through better coverage, quality and efficiency through better purchasing

**FIT-FOR-PURPOSE HEALTH WORKFORCE**
Numbers, distribution, composition, competencies, well-being

**DIGITALIZATION**
Step-wise, coordinated, integrated into the model of care

**GOVERNANCE**
For transparency and accountability

**MEDICINES POLICIES**
Access to affordable, safe and quality medicines
7 countries supported
6 of them with a full time international policy advisor
4 missions to strengthened PHC
4 live monitoring events to show implementation
4 stories from the field highlighting country impact
2 country vignettes on PHC

PHC-RELATED COUNTRY HIGHLIGHTS

**Azerbaijan:** Design and implementation of a PHC strengthening pilot in Shamaki District with health workforce training and community engagement.

**Georgia:** Development of a Roadmap of phased implementation of the revised PHC Basic Package, focusing on priority NCD services and integration of vertical programs.

**Kyrgyzstan:** Establishment of a new PHC task force responsible for taking PHC transformation forward and Improvement of the quality of Care for heart attack, stroke and diabetes.

**Tajikistan:** Development and approval of the “PHC Development Plan Based on Family Medicine Principles in the Republic of Tajikistan for 2021–2025”

**Ukraine:** Development of PHC Strategy and Action plan, with focus on expanding the role of nurses, PHC performance indicators, and update of the Program of Medical Guarantees.

**Uzbekistan:** Design, approval of the legal backbone for far reaching health system reforms in service delivery and health financing with PHC strengthening at its core and a pilot implementation support.

**Moldova:** New National Health Sector Development Strategy 2030 through a participatory process with key stakeholders.

“In the spirit of collaboration embodied by the UHC-P, intersectoral action led by the President’s Administration has been key to the adoption of a comprehensive reform in service delivery and health financing and now, its implementation.”

Dr Lianne Kuppens, Representative of the WHO Country Office for Uzbekistan
GLOBAL PRODUCTS

REGIONAL AND
HIGH-LEVEL EVENTS TO MAINTAIN THE POLITICAL MOMENTUM

Our Centre has 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 from 2020 and 2021.

WHAT CAN PARLIAMENTARIANS DO TO STRENGTHEN PRIMARY HEALTH FOR UNIVERSAL HEALTH COVERAGE?

1. PARLIAMENTARIANS CAN RAISE PHC AS A POLITICAL PRIORITY. The pandemic has shown that, when there is a will, there is a way. During the pandemic, PHC transformation was accelerated in many countries. We need to continue on this path and remind ourselves of the critical role of PHC as a foundation of health systems.

2. PARLIAMENTARIANS CAN PROVIDE A CLEAR LEGISLATIVE FRAMEWORK. A clear legislative basis is needed to guarantee universal coverage of all PHC services free of charge, including outpatient medicines for PHC-sensitive conditions. Even small financial barriers reduce the utilization of these cost-effective and equity-enhancing services.

3. PARLIAMENTARIANS CAN SUPPORT INVESTMENTS IN REFORMS FOR PHC. The development of PHC requires investment in physical and digital infrastructure, human resources, transforming models of care, evaluating outcomes and so on.

4. PARLIAMENTARIANS CAN CHANNEL THE VOICES OF POPULATION NEEDS. Although indicators capturing public health and social needs provide important guidance for designing service delivery, considering the views and preferences of people and communities will lead to more responsive and thus effective PHC services.

5. PARLIAMENTARIANS CAN RAISE THE PRESTIGE OF PHC. 80% of health problems can be solved at the primary level. However, the population does not always trust PHC. PHC is still not the most attractive area for young professionals, which will lead to the reduction in the accessibility to and quality of care. Promoting the principles of PHC at the political level will raise its prestige.
WORLD HEALTH ASSEMBLY VIRTUAL SIDE EVENT — LAUNCH OF THE OPERATIONAL FRAMEWORK FOR PRIMARY HEALTH CARE, 14 DECEMBER 2020

Our Centre contributed to the public launch of the Operational Framework for Primary Health Care (8) as a virtual high-level side event following its endorsement by Member States at the Seventy-third World Health Assembly. The Operational Framework outlines a series of strategic and operational levers to move from vision to action to build people-centred, resilient and sustainable PHC-based health systems. WHO, UNICEF and the Government of Kazakhstan co-organized the virtual public launch. The high-level virtual plenary included a ministerial panel with the Democratic Republic of the Congo, Mongolia, Paraguay and Sri Lanka, moderated by the WHO Regional Director for Europe, Hans Henri P. Kluge. It was followed by dynamic parallel sessions on governance and policy frameworks, models of care, health-care workforce, digital technologies and health-care financing.

33RD MEETING OF THE CIS HEALTH COUNCIL, 19 MAY 2021

Our Centre contributed to the 33rd meeting of the CIS Health Council, dedicated to the role of PHC during the COVID-19 pandemic. The participating countries presented their main efforts to strengthen and position PHC in the pandemic response while maintaining essential health services. Our Centre presented the Operational Framework for Primary Health Care and lessons learned at the European Region level for the coming decade of PHC transformation.

WORLD HEALTH ASSEMBLY VIRTUAL SIDE EVENT — THE ROLE OF PRIMARY HEALTH CARE IN THE COVID-19 PANDEMIC RESPONSE AND LEADING EQUITABLE RECOVERY, 22 JUNE 2021

Our Centre contributed to preparing and delivering this global virtual high-level event to emphasize the role of PHC in emergency situations, such as the COVID-19 pandemic, in prevention, preparedness, response and recovery and in ensuring the continued access to essential health services. WHO, UNICEF and the Government of Kazakhstan co-organized the event. It included a high-level plenary, a ministerial panel focusing on the role of PHC in the pandemic and a third panel on the role of PHC in vaccine roll-out.

71ST SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE, 13–15 SEPTEMBER 2021

Our Centre led the preparations for the PHC session at the session of the Regional Committee in September 2021. Member States reaffirmed their political commitment to strengthening PHC by adopting a new resolution (3) marking inspiring new directions for strengthening PHC for the coming decade. The Resolution gave WHO and our Centre an inspiring mandate to renew our efforts to realize the vision of the Declaration of Alma-Ata and Declaration of Astana.

COMMONWEALTH OF INDEPENDENT STATES INTERPARLIAMENTARIAN COUNCIL, 25 NOVEMBER 2021

Our Centre contributed to a lively session on universal health coverage and the Sustainable Development Goals at the Interparliamentary Assembly of Member Nations of the Commonwealth of Independent States. Our keynote speech focused on the central role of PHC in moving towards universal health coverage in our post-pandemic world. We highlighted pragmatic ways in which parliamentarians can play an important role in promoting PHC as the basis for highly performing health systems on the path to universal health coverage.
We engage in knowledge generation and translation to provide high-quality evidence for key policy issues related to the transformation of PHC. We aim to provide policy guidance with pragmatic and actionable recommendations. Key products include policy papers and country vignettes.
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 16 countries in the WHO European Region to strengthen PHC during the pandemic. Our vignettes highlight motivation of countries to engage in transformative action, the key policy instruments, preliminary results, sustainability concerns and lessons learned for other countries.

POLICY PAPERS
We started to prepare a policy paper series in 2021, with several papers to be completed and published in 2022–2023. The topics for our policy papers are based on demand from our Member States for pragmatic and actionable guidance. The policy papers will 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 our 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. The policy paper topics being developed are:
• multidisciplinary, integrated, networked and team-based PHC;
• strategies to scale up mental health services in PHC settings;
• digital health solutions to strengthen PHC;
• population health management in PHC practice;
• PHC networks; and
• mobile PHC services in a multi-platform post-COVID-19 context.
CROSS-COUNTRY DIALOGUE PLATFORMS

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 during the biennium was our talk show–style webinar series Let’s Talk Primary Health Care (9). We have hosted six talk shows reaching more than 1200 participants from over 40 countries in the Region and beyond. Each talk show comprises a moderated panel discussion on a burning policy issue related to transforming PHC. Our panels bring together topic experts and national and subnational decision-makers and always keep a spot for the voice of PHC practice. Our six episodes have drawn on the experience of more than 12 countries so far. Panellists share experiences on key issues, transformative changes and encountered implementation barriers and ways of overcoming them. Our team hosts break-out sessions following the main panel to provide an opportunity for all countries to share experiences.

1. Talk show 1
   Delivering PHC on a dual track: emergency response or real transformation?
   — 15 December 2020

2. Talk Show 2
   Priority setting of PHC services during the pandemic: what impact on health outcomes?
   — 24 February 2021

3. Talk Show 3
   How to support the health and well-being of our primary health care workforce
   — 17 March 2021

4. Talk Show 4
   From words to action reaching those in need: population health management in PHC
   — 21 April 2021

5. Talk Show 5
   Responding to post-COVID-19 conditions: what role for multidisciplinary primary health care?
   — 4 May 2021

6. Talk Show 6
   Shaping the future of PHC: what do young professionals have to say?
   — 23 June 2021
PHC DUAL-TRACK
How can primary health care simultaneously contribute to the COVID-19 response and maintain essential health services while leaving no one behind?

ДВОЙНОЙ ПОТОК ПМСП
Как первичная медико-санитарная помощь может одновременно способствовать реагированию на COVID-19 и предоставлять основные медицинские услуги, никого не оставляя без внимания?

JOIN POST-TALK-SHOW CONVERSATIONS in English or Russian!

Parallel session 1 (Russian)
Emergency response or sustainable transformation?
Moderator: Arnoludas Jurgutis, Technical Officer, WHO European Centre for Primary Health Care

Parallel session 2 (Russian)
Innovation without access barriers
Moderator: Evgeny Zhelzinyakov, Technical Officer, WHO European Centre for Primary Health Care

Parallel session 3 (English)
Emergency response or sustainable transformation?
Moderator: Jose Cerezo, Policy Analyst, WHO European Centre for Primary Health Care

Parallel session 4 (English)
Innovation without access barriers
Moderator: Toni Dedeu, CEO of the International Network for Integrated and Personalized Care

Copenhagen 12.00–12.45
Nur-Sultan 17.00–17.45
We organize 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.

**PRIMARY HEALTH CARE PERFORMANCE MEASUREMENT AND MANAGEMENT**
We launched our first capacity-building programme: 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 University of Amsterdam, Netherlands. The Programme is designed to provide tailored support to selected countries to advance PHC performance measurement and management in their systems. Participating countries enter the course with a multidisciplinary team and a relevant project. Through two workshops and coaching sessions, participants get a comprehensive understanding of approaches to PHC performance monitoring and management, diverse country examples and support to their projects. The year-long programme engages cohorts of six countries annually. The first cohort of countries in 2021 included Georgia, Kazakhstan, Latvia, Lithuania, Ukraine and Uzbekistan.

**STRENGTHENING THE ROLE OF PHC IN EMERGENCIES**
Our Centre is contributing to designing and implementing a learning programme on strengthening the role of PHC in emergencies. It will use a multi-hazard framework and simulation-based exercises to enable countries to enhance their emergency preparedness framework with clear mandate and capacity identified for PHC.

**LEADING PHC TRANSFORMATION**
We began to design a comprehensive capacity-building programme on strengthening PHC policy. The overall goal is to use innovative approaches to expand the knowledge, skills and attitudes of key stakeholders in policy development, implementation and evaluation to strengthen PHC through a comprehensive mixed-methods capacity-building programme in the six regions of WHO. The course has two modules. Module 1 is a global online module part of the WHO Academy platform. We contribute to an exciting large international team developing the online content. Module 2 is a face-to-face learning opportunity to be held in Almaty, Kazakhstan once pandemic conditions permit.
The Programme is designed to provide tailored support to selected countries to advance PHC performance measurement and management in their systems. Participating countries enter the course with a multidisciplinary team and a relevant project. Through two workshops and coaching sessions, participants obtain comprehensive understanding of approaches to monitoring and managing PHC performance, diverse country examples and support for their projects. The year-long programme engages cohorts of six countries annually. The first cohort of countries in 2021 included Georgia, Kazakhstan, Latvia, Lithuania, Ukraine and Uzbekistan. The programme is delivered jointly with our Collaborating Centre at the University of Amsterdam, Netherlands.

**PHC PERFORMANCE PROJECT OF THE 2021 COHORT**

- **Georgia**: Measuring PHC performance for detecting and managing noncommunicable diseases
- **Kazakhstan**: Access and effectiveness of PHC: dashboard of implementation
- **Latvia**: Assessing the quality of cardiovascular disease care pathways in PHC settings
- **Lithuania**: Developing mental health indicators for PHC settings
- **Ukraine**: Measuring improvement in cardiovascular disease and diabetes care in PHC
- **Uzbekistan**: Measuring PHC for detecting and managing noncommunicable diseases, with a focus on cardiovascular disease, hypertension and diabetes

**QUOTES FROM PARTICIPANTS**

“At the end of the programme, we had a detailed and concrete tool for assessing PHC performance.”

“There was a real opportunity to work on a real project, with potential to change something.”

“I liked how the instructor gave direction, taking into account the peculiarities of the countries. Also, their feedback on the relevance of indicators and recommendations for creating a sustainable monitoring and evaluation system for measuring PHC performance was appreciated.”

“It was a very good approach to exchange experiences and see opportunities for improvement.”
We aim to launch demonstrate platforms in the WHO European Region over the coming years to showcase well-functioning PHC in action. The demonstration platforms will provide opportunities for countries to understand the transformation process and implementation barriers and strategies to overcome them by meeting with a diverse set of change agents.

The host countries of demonstration platforms will host three- to five-day structured visits from other countries, enabling connection between national and regional policy-makers, practitioners and other actors involved in implementation.

The visiting countries identify policies and practices they aim to change following the study visit and select a multidisciplinary team representing a wide range of stakeholders.

WHO will act a facilitator, help in tailoring the programme to the expectations of the visiting country, support host countries in delivering the demonstration visit and work with visiting countries before and after the visit.
Our communication strategy aims to maintain PHC high on the agenda, 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 recently launched newsletter (10).

We produced PHC-related content for the WHO Regional Office for Europe social media accounts around important events and dates. We used these opportunities to remember and celebrate the Declaration of Alma-Ata and Declaration of Astana on PHC, which continue to inspire. We also used the opportunity of Universal Health Coverage Day to channel the voice of PHC workers.

We launched our newsletter to directly communicate with those interested to be connected about PHC policy (10). We share content, news and event invitations.
"Primary health care has weathered the storm of the pandemic and has demonstrated its value better than any investment case ever could. To realize its potential, we must invest in health workforce, promote digital solutions, resource primary health care transformation and invest in leadership. This is my priority of the priorities in our next two-year work programme."

Hans Kluge, WHO Regional Director for Europe

"Without a psychologist visiting me as part of my primary health care team, I do not know how I would have overcome depression during the pandemic. It is important that people who are especially isolated during a pandemic receive psychological and social support."

Viktoriya Shalamova, patient, Kazakhstan

"The Astana and Alma-Ata Declarations placed primary health care at the heart of delivering health for all. As we celebrate the declarations’ anniversary, it’s time to remember that strong primary health care that includes mental health services is the foundation of resilient health systems."

Nataliya Azzopardi Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe

"My hope is to raise the prestige of family medicine to attract young graduates to this exciting and important profession. We need action by professionals, governments, communities, non-state actors and WHO. Each of us can do something!

Shinta Tempibek Kyzy, family doctor, Kyrgyzstan

"In the Declaration of Astana, countries recognized that primary health care is a cornerstone of a sustainable health system to achieve universal health coverage. The pandemic tested and ultimately reinforced these commitments. This is why the Kazakh government is prioritizing primary health care and accelerating its transformation."

Alexey Tury, Health Minister, Kazakhstan

"To be well equipped for the complex environment of primary care, our training should be more pragmatic and practice should take place in a real community setting and multi-disciplinary team-based practice context."

Stephanie Funder, nurse, Denmark

"The pandemic has taught us that the central role of primary care within communities is essential for effective infection surveillance, treatment and care. Investment in (digital) interprofessional collaboration will make sure that, also in times of crisis, nobody is "left behind"."

Mara van den Hogenbergh, Chief of the European Health for Primary Care

"Post pandemic insights: What the world needs now more than ever is high quality primary care, as a close-to-people health care hub that works in seamless collaboration with social care and public health as well as with hospitals."

Anna Stendal, President Elect, WONCA Europe

"Primary health care of the future will be much more complex. We need to enhance our leadership and management skills to empower, innovate, learn and partner."

Helene Ikhs, Head of Office, WHO European Centre for Primary Health Care

REMEMBERING THE DECLARATIONS ON PRIMARY HEALTH CARE
PARTNERSHIPS

In 2020 and 2021, the Centre has engaged in rebooting its partnerships according to its new strategy. The key partners have included the following.

WHO COLLABORATING CENTRE
The WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems of the University of Amsterdam supports the WHO European Centre for Primary Health Care with the measuring and assessing the performance of PHC. It also focuses on understanding quality, equity and efficiency challenges and documenting best practices in Member States 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. After 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 HEALTH 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 on and test key messages supporting the resolution on PHC (3) together with other non-state actors. Our technical collaboration has focused on mutual information sharing, cross-posting events and mobilizing expertise. The Centre and the European Forum for Primary Care plan to move towards more clear collaborative product lines in 2022 and 2023.

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 based at the Regional Office in Copenhagen, Denmark, fellow colleagues across technical units, geographically dispersed offices, country offices and headquarters.

TEAM MEMBERS

Rakhat Baibolotova
Liesbeth Borgermans
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Toni Dedeu
Ayesha De Lorenzo
Assel Jabassova
Melitta Jakab
Arnoldas Jurgutis
Aigul Kuttumuratova
Margrieta Langins
Zulfiya Pirova
Assel Saduova
Indira Toichina
Robert West
Zhamin Yelgezekova
Evgeny Zheleznyakov
REFERENCES


THE YEAR IN DETAIL

2020

23–31 January 2020
Assessed the readiness of the pilot programmes in designing and implementing the PHC model with expanded PHC teams in Kyrgyzstan

25 January–3 February 2020
Supported the introduction of the new PHC model in North Macedonia

9–16 February 2020
Provided support to the PHC reform; rapid PHC review of the legislative package and provided actionable recommendations in Greece

11–14 February 2020
Optimized a scope of practice of PHC professionals in the BELMED pilot project and finalized guidance for nurses on motivational counselling in Belarus

21 June 2020
Assessed the role of PHC services in addressing COVID-19-related health needs and provided recommendations in Kazakhstan

18 September 2020
Visiting rural PHC medical facilities and mobile clinics in Issyk, Enbekshikazakh district in Kazakhstan

18 October 2020
Moderated a high-level conference at the Kazakh National Medical University and celebrated the 90th Anniversary of Toregeldi Sharmanov, Kazakhstan

26–28 October 2020
Delivered a presentation at the international conference hosted by Karaganda Medical University (1000 participants) on PHC during times of COVID-19, Kazakhstan

27 October 2020
Contributed to organizing the international scientific and practical conference: COVID-19: Challenges and Lessons for Primary Health Care, Kazakhstan

October–November 2020
Reviewed the strategic plan for the development of family medicine-based PHC in Tajikistan, 2016–2020

11 November 2020
In collaboration with the Central European Initiative, organized a meeting on a dual-track approach for PHC during the pandemic

18 November 2020
Participated in a conference for health system strengthening and universal health coverage during COVID-19 hosted by the Russian Federation

15 December 2020
Hosted the first episode of the Talk Show Let’s Talk Primary Health Care: delivering PHC on a dual track: emergency response or real transformation?

2021

21 February 2021
Provided technical assistance on pilot introduction of distancing counselling by PHC workers in Belarus

24 February 2021
Hosted an episode of the Talk Show: Priority setting of PHC services during the pandemic: what impact on health outcomes?

9–10 March 2021
Reported on progress and agreed on the areas of further technical assistance to primary health care, Kazakhstan

11–12 March 2021
Online mission: towards a vision to strengthen PHC in Ukraine

17 March 2021
Hosted an episode of the Talk Show: How to support the health and well-being of our health-care workforce

23–28 March 2021
High-level policy dialogue with the Regional Director on reinvigorating political commitment towards PHC, Kyrgyzstan

25 March 2021
Delivered a webinar for national counterparts on the organization of PHC services in Latvia, jointly with a palliative care technical team at the Regional Office

25 March 2021
Organized a virtual roundtable on strengthening PHC governance at national and regional levels in Kazakhstan

21 April 2021
Hosted an episode of the Talk Show: From words to action reaching those in need: population health management in PHC

21 April 2021
Delivered a speech at the countries meeting of health ministers of countries in the Commonwealth of Independent States: Moving towards universal health coverage during times of COVID-19

29 April 2021
Carried out a EU4Moldova project (EU-funded project): Service delivery and health financing arrangements to support primary care level in delivering essential health services, Republic of Moldova

4 May 2021
Hosted an episode of the Talk Show: Responding to post-COVID conditions: what role for multidisciplinary primary health care?

4 May 2021
Participated in a roundtable on PHC development in Turkmenistan: from needs to performance

17 May 2021
Participated in a National Family Medicine Conference: Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic in the WHO European Region, Turkmenistan
19 May 2021
Assessed the quality and accessibility of PHC services in the Republic of Karakalpakstan, Uzbekistan, primarily in the Nukus-Munyaq corridor, Uzbekistan

8 June 2021
Organized a first joint intercountry and -area WHO and Central European Initiative round-table on transforming PHC in the COVID-19 pandemic context

14–18 June 2021
Delivered a first part of the Primary Health Care Performance Measurement and Management course, jointly with the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems at the University of Amsterdam

23 June 2021
Hosted an episode of the Talk Show: Shaping the future of PHC: what do young PHC professionals have to say?

30 June 2021
Delivered an online webinar on digital solutions and management of people with chronic conditions in PHC (jointly WHO and the Central European Initiative), Montenegro

1 July 2021
Contributed to the development programme IV Congress of Family Doctors and Family Nurses, leading parallel session on Connection Practice and Policies for PHC development in Central Asia, Kyrgyzstan

14 July 2021
Delivered a webinar on Coordinated and Integrated Delivery of Health and Social Care Services at the Community Level (jointly WHO and the Central European Initiative), Albania

5 September 2021
Delivered a keynote speech at the European Forum for Primary Health Care

13–15 September 2021
Landmark resolution on primary health care adopted at the 71st session of the WHO Regional Committee for Europe

16 September 2021
Participated in a panel discussion on leadership and management at ECHMO

28–30 September 2021
Provided a rapid assessment of PHC multidisciplinary teams in Zhambyl region on experienced changes during the complex capacity-building interventions, Kazakhstan

4–8 October 2021
Provided technical assistance to Slovenia for developing a new PHC strategy

14–24 October 2021
Monitored ongoing PHC reform implementation activities, evaluated the current needs and priorities for future action on PHC development and required support from the Centre, held dialogues with national counterparts and international development partners to synergize efforts towards developing PHC, Tajikistan

14 October 2021
Contributed to designing the programme and implementation of the role of PHC in mental health for International Conference on Mental Health and COVID-19, Kazakhstan

17–24 October 2021
Held a policy dialogue on partners coordination and engagement and provided technical assistance, reviewed PHC reform implementation strategies and plans and refined the PHC technical assistance activity plan for the coming 12 months, Georgia

25–29 October 2021
Delivered a second part of the session of the Primary Health Care Performance Measurement and Management course, jointly with the Collaborating Centre for Quality and Equity in Primary Health Care Systems at the University of Amsterdam

10–12 November 2021
Slovenia representatives visited Spain for knowledge exchange and experience from the health system institutional capacities with the focus on PHC

15–19 November 2021
Delivered the virtual training course for public health managers in Belarus on Public health policy and practice

19–25 November 2021
Organized a first intercountry or -area (sub-regional) PHC workshop for the Western Balkans (for implementing a Roadmap for the Western Balkans), Trieste, Italy, in collaboration with Central European Initiative

25 November 2021
Delivered a speech at the international conference of the Interparliamentary Assembly of Member Nations of the Commonwealth of Independent States on Universal health coverage and Sustainable Development Goals

28 November–3 December 2021
Supported a national PHC task force in identifying opportunities for and obstacles to accelerating PHC reform, and proposed priority actions for enhanced PHC service delivery model, Kyrgyzstan

29–30 November 2021
Organized a workshop on building health system resilience through PHC revitalization, Azerbaijan

10 December 2021
Co-designed a programme and delivered a keynote presentation at the International Conference: Universal Health Coverage: Opportunities and challenges, jointly with Al-Farabi University, Kazakhstan
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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
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Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan