



Primary Health Care  
in the European Region of  
WHO

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# WHO European Region: 53 Member States



The future of  
health care?



# Outline



## Primary Health Care and .....

Policy makers

Professionals

Patients



But first.....

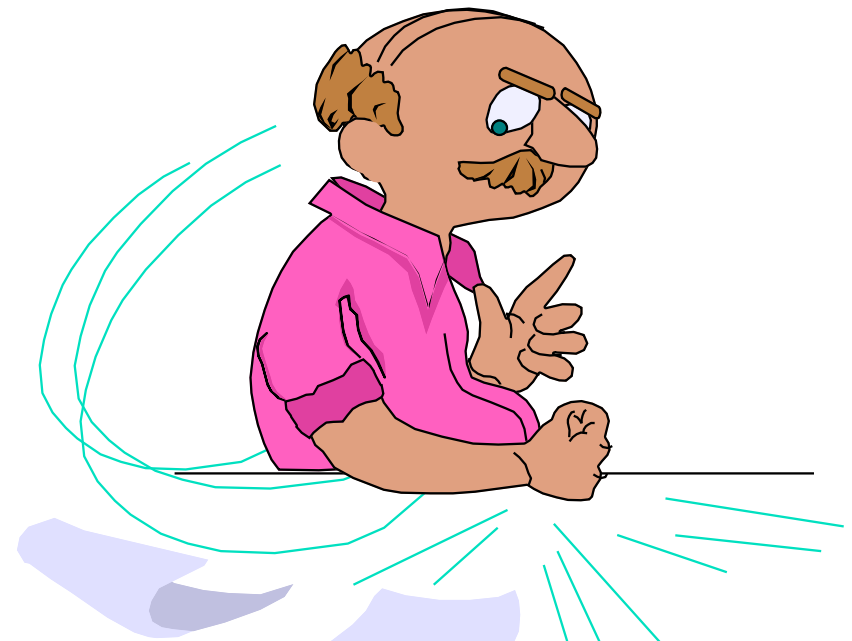
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What is primary health care?

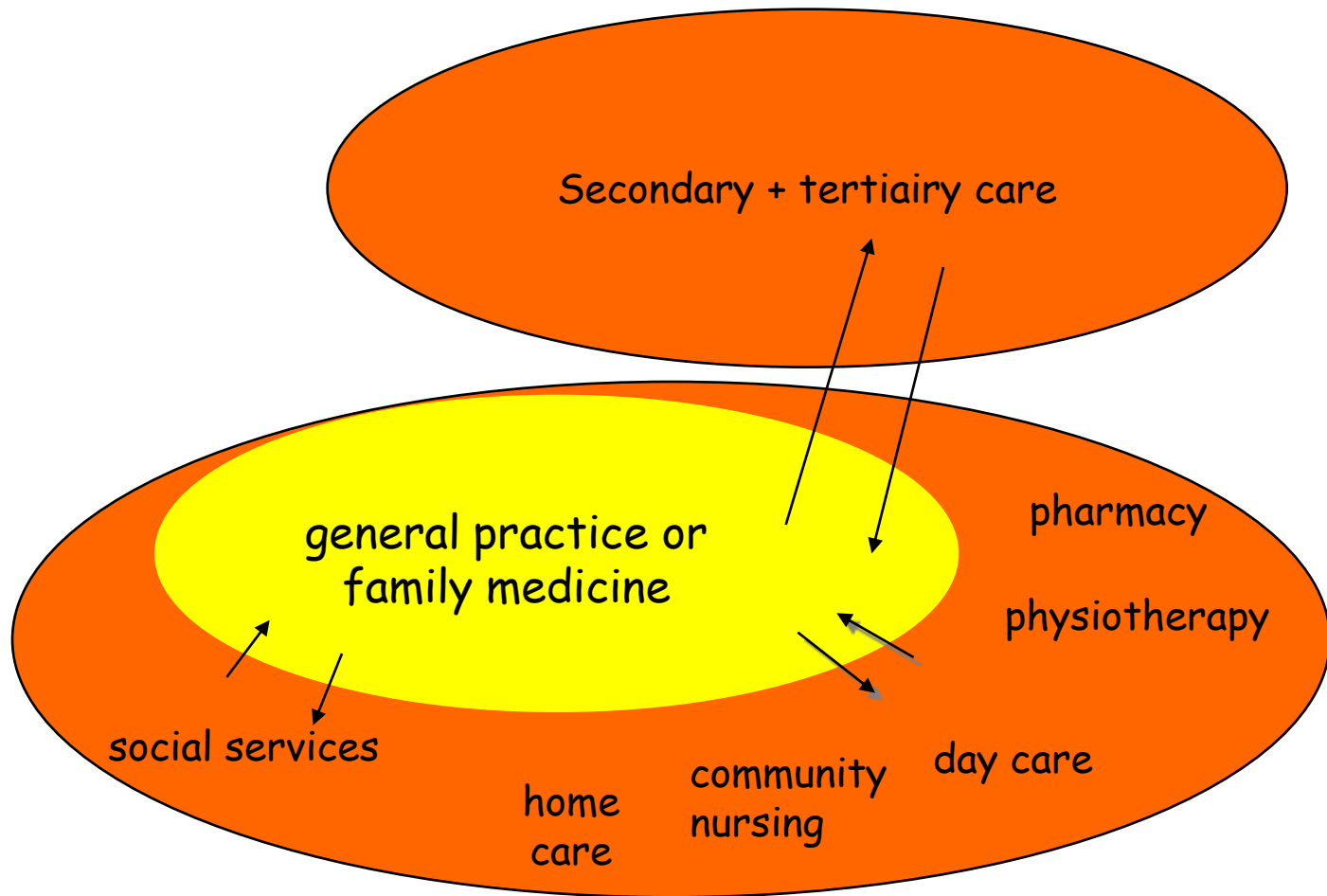
What is PHC?



"Poor care  
for  
poor people"

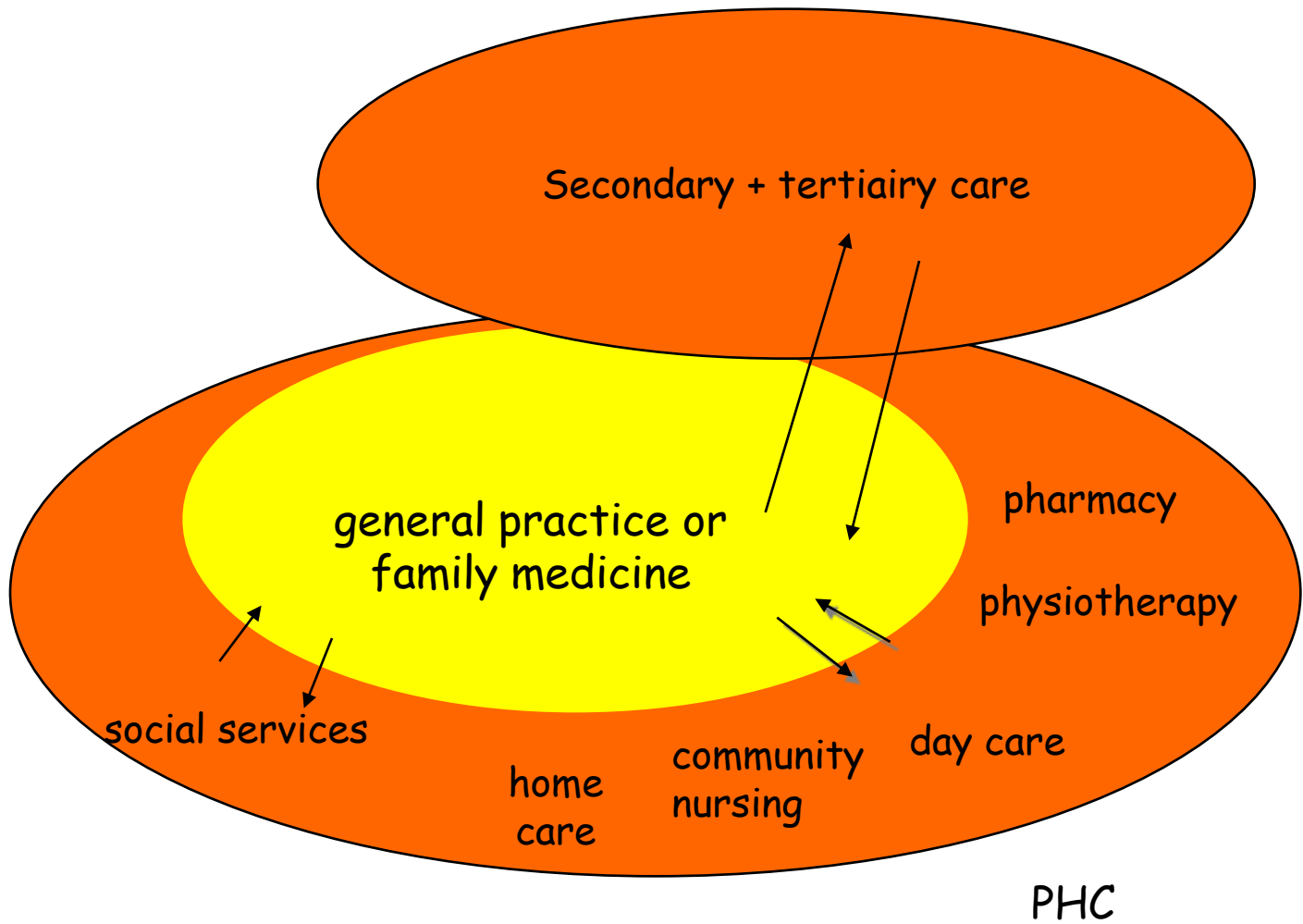


**President of the  
International Hospital  
Federation**



PHC: responds to multiple needs  
offers multi services,  
done by multiprofessionals

PHC





# What is good Primary Care ?

- ❑ **Accessibility** provides accessible care without barriers: distance, financial, cultural or other
- ❑ **Comprehensiveness** provides a wide range of services, not just one or a few; includes curative care, long term care, home care, prevention + promotion;
- ❑ **Coordination** ensures that different services are provided in coordination, helps the patient to navigate through the health system
- ❑ **Continuity** ensures that information is generated, and kept over time, on the patient's health history; personal continuity

Professionals' + policymakers' perspective

## DELIVERY of CARE



### function

### dimension

#### ACCESSIBILITY

Geographical access  
Organizational access  
Responsiveness -

#### CONTINUITY

Informational continuity  
Longitudinal continuity  
Interpersonal continuity

#### COORDINATION

Cohesion within PC  
Coordination with other care levels

#### COMPREHENSIVENESS

Practice conditions  
Facilities and equipment  
Services delivery  
**Community orientation**  
Professional skills

## DELIVERY of CARE



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#### COMMUNITY ORIENTATION





## What policy makers want

care that :

1. satisfies the needs and demands of people,
  2. is affordable and helps to keep costs low
- contributes to preservation of health > prevention + promotion



## The good news

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Policy makers are convinced that primary health care is essential to achieve their ambitions

Tallinn declaration



## The Tallinn Charter: Health Systems for Health and Wealth

### Preamble

1. The purpose of this Charter is to commit Member States of the World Health Organization (WHO) in the European Region to improving people's health by strengthening health systems, while acknowledging social, cultural and economic diversity across the Region. The Tallinn Charter reaffirms and adopts the values embodied in earlier charters, conventions and declarations.<sup>1</sup>
2. Within the political and institutional framework of each country, a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.
3. All countries in the WHO European Region have to address major health challenges in a context of demographic and epidemiological change, widening socioeconomic disparities, limited resources, technological development and rising expectations.
4. Beyond its intrinsic value, improved health contributes to social well-being through its impact on economic development, competitiveness and productivity. High-performing health systems contribute to economic development and wealth.

<sup>1</sup> The WHO European Ministerial Conference on Health Systems is taking place as we mark the thirtieth anniversary of the Alma-Ata Declaration on Primary Health Care, whose recommendation that health systems should be centred around citizens, communities and primary health care is as relevant today as it was 30 years ago. The Charter also acknowledges the importance of other charters and declarations on health promotion (1986 Ottawa, 1997 Jakarta, 2005 Bangkok), the 1996 Ljubljana Conference on Reforming Health Care, the 2004 Mexico Statement on Health Research, and the 2005 update of the Health for All policy framework for the WHO European Region. The right to enjoyment of the highest attainable standard of health is also expressly included in the WHO Constitution, the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the United Nations-sponsored Millennium Development Goals.



## Tallinn charter ...

- Effective primary health care is essential for promoting these aims, providing a platform for the interface of health services with communities and families, and for intersectoral and interprofessional cooperation and health promotion.
- Health systems should integrate targeted disease-specific programmes into existing structures and services in order to achieve better and sustainable outcomes.
- Health systems need to ensure a holistic approach to services, involving health promotion, disease prevention and integrated disease management programmes, as well as coordination among a variety of providers, institutions and settings, irrespective of whether these are in the public or the private sector, and including primary care, acute and extended care facilities and people's homes, among others.





PHC 30 years

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Alma Ata declaration 1978

World Health Report in 2008

# *Bellagio Model*

*'Population-oriented & Integrated' Primary Care*



**Improving primary care in Europe and the US:  
Towards patient-centered, proactive and coordinated systems of care**  
The Rockefeller Foundation Bellagio Study and Conference Center, Italy  
April 2 to 6, 2008

## *Bellagio Model*

### *'Population-oriented & Integrated' Primary Care*



*Health systems must become more pro-active, helping individuals to stay healthy and avoid the development of (additional) chronic conditions. Primary care as first contact care, accessible by all, guaranteeing a sustained and trustworthy partnership between providers and patients, comprehensive, coordinated care for a predetermined population, activated by patient choice plays an essential role in improving health care systems altogether*

# *Bellagio Model*

## *'Population-oriented & Integrated' Primary Care*



1. Shared leadership
2. Public trust
3. Population-oriented management
4. Integration
5. Professional networks
6. Infrastructure
7. Payment mix
8. Measurement
9. Change management

*Active programme for practice change at many levels:*

- *Medical and inter-professional education;*
- *Professional development*
- *Use of improvement methodology to formulate goals, undertake action, measure and evaluate outcomes and seek continuous improvement*



## Role of EU

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No authority on health systems

Regulation of professions, information to patients,  
pharmaceuticals

Funding of research



What is situation of PHC in Slovakia?

Is PHC      recognized?  
                 regulated?  
                 supported?



What is expected from GP' s?

- Medical quality
- Organisational quality
- Collaboration with other professionals
- Prevention + promotion

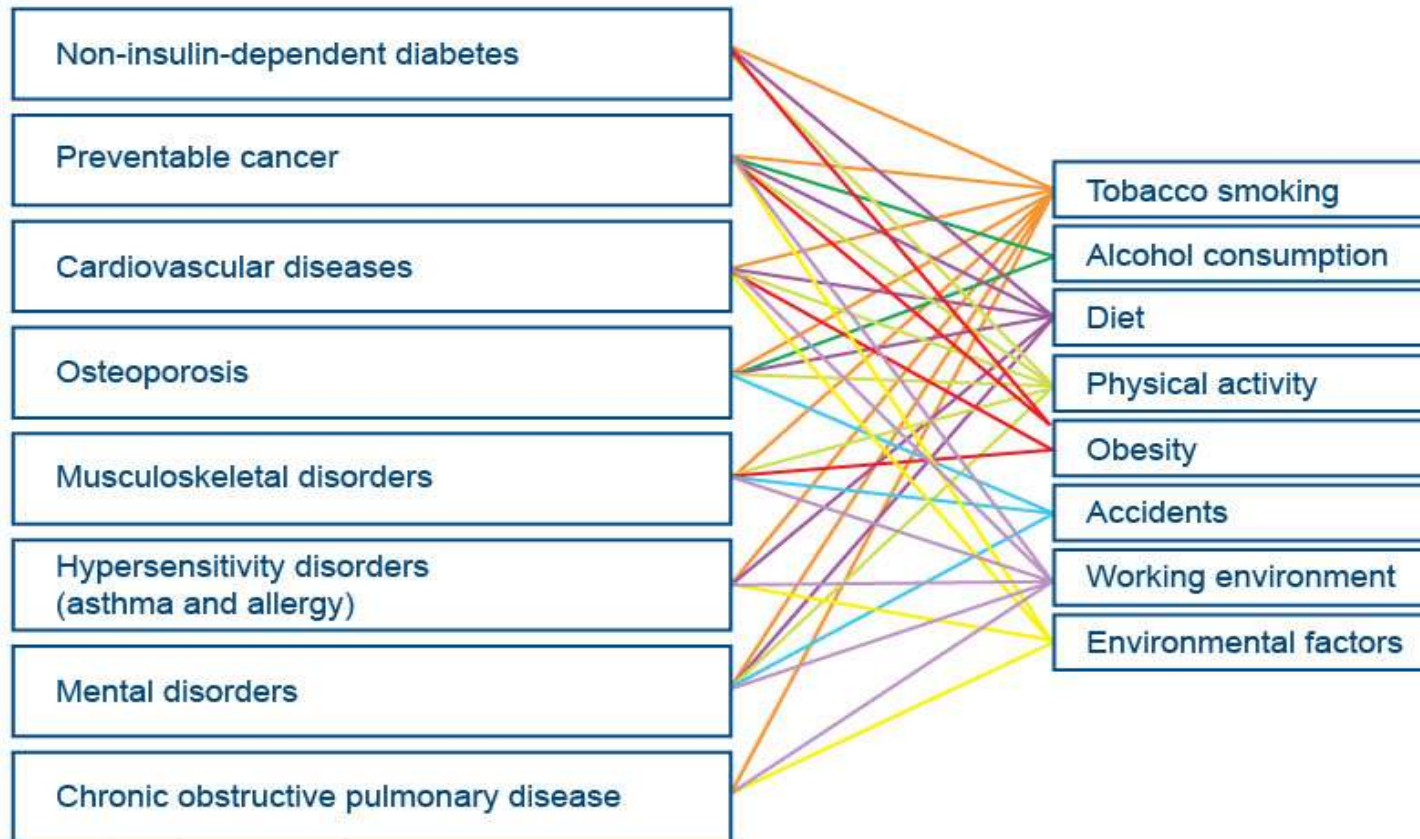


Is there a culture of quality among GP's in Slovakia?

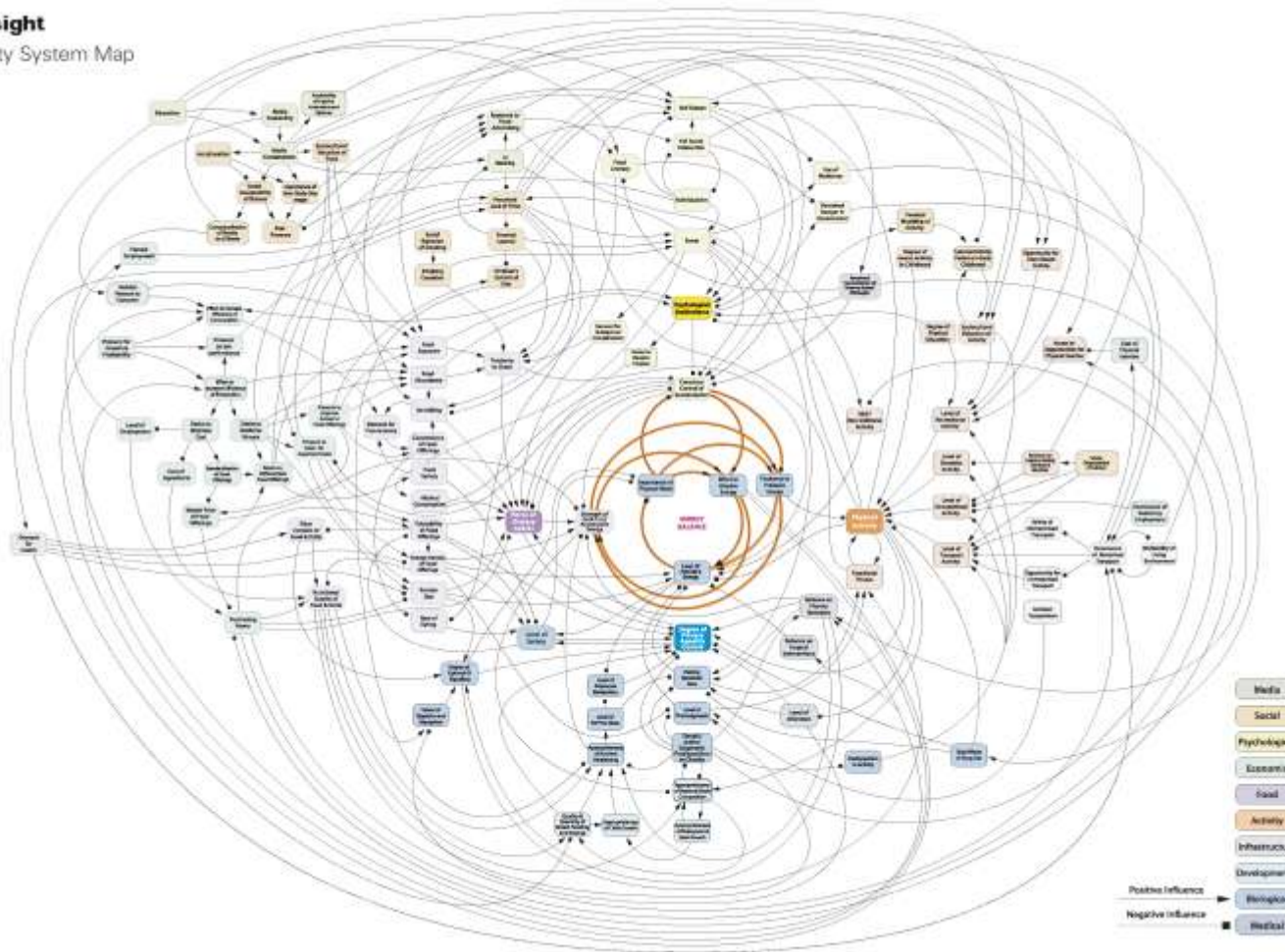
What percentage of GP's are good GP's ?



# Risk factors and their consequences



**Foresight**  
Obesity System Map



Media  
Social  
Psychological  
Economic  
Food  
Activity  
Infrastructure  
Developmental  
Biological



Obesity,  
More in lower socio-economic groups

# PHC and prevention + promotion



Lifestyle or behavioral factors - that can be influenced by PHC

- Smoking
- Alcohol
- Eating habits
- (Lack of) physical exercise
- (Lack of) social relations

Life style relates to feeling well = well being

He cannot do it alone, needs support







The evidence that this has a positive impact on health and well being is developing



Also, more and more evidence exists on how to organise these events, so that people continue to exercise and do not get demotivated after a few weeks



We do  
not need  
to do this,  
all of us ....





# What needs to be done to strengthen PHC ?

Show that General Practice is something different:

## Specialists

disease oriented  
care during disease episode  
isolated from context

patient is ill until  
proven otherwise

## General Practitioners

person oriented  
lifetime care  
community oriented

patient is healthy until  
proven otherwise



## Professionals in PHC ... General Practitioners

- Medical quality needs to be improved, all the time
- Continuity can be organised: practice organisation, EPF
- Collaboration needs to be intensified: teams





# Your patients are changing



# perspective of which patient?

- Child of 2 years old with a rash
- Teenager with acné or a need for contraceptive advice
- Young mother with feeding problems for her newborn
- Young people, holidays across Europe
- Business man, travelling across Europe
- Obese woman in her forties
- The person with a rare disease
- The person with a disability
- The healthy not-so-old, pension time in southern Europe
- Elderly with diabetes or multiple conditions
- The very old and frail, with multiple conditions

# Who's perspective ?

- ❑ Child of 2 years old with a rash
- ❑ Teenager with acné or a need for contraceptive advice
- ❑ Young mother with feeding problems for her newborn
- ❑ Young people, holidays across Europe
- ❑ Business man, travelling across Europe
- ❑ Obese woman in her forties,
- ❑ The healthy not-so-old, pension time in southern Europe
- ❑ Elderly with diabetes or multiple health problems
- ❑ The very old and frail, with multiple conditions



## Patients and citizens

1. Individuals taking responsibility for their own health: self care, life style; citizens
2. Recipients of care - patients, clients, users;
3. Consumers of health services and insurance



4. Citizens involved in community action for health
5. The public at large, voters
6. Informal carers and other forms of volunteerism

Participation is the key word:

How patients and citizens can participate

Choice: individual involvement in decisions that reflect personal preferences

Voice: collective involvement in shaping health policy and influencing service design

Representation: formalized participation in steering health organisations



