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

The role of primary health care (PHC) has been fundamental in the response to the current COVID-19 pandemic, and the pandemic has in turn underscored the importance of strong PHC. The pandemic has also underlined the importance of long-standing efforts to reform and strengthen PHC, as endorsed in the Astana Declaration on Primary Health Care in 2018, affirmed by resolutions WHA72.2 and EUR/RC69/R8 in 2019, and as reaffirmed in the Operational Framework for Primary Health Care approved in 2020.

This working document sets out a proposed way forward to realize the potential of PHC and implement commitments made in the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe" (EPW) based on lessons learned from the pandemic. The paper positions PHC at the nexus of the three core priorities and four flagship initiatives of the EPW. It aims to provide the rationale, and policy and programmatic considerations needed to strengthen PHC in the COVID-19 recovery period and provides background to the related draft resolution to be submitted for the consideration of the WHO Regional Committee for Europe.

Evidence supporting this paper is currently being collated by WHO/Europe and the European Observatory on Health Systems and Policies.

This document is presented to the Standing Committee of the Regional Committee for Europe for review and comments, in anticipation of submission to the Regional Committee at its 71st session in September 2021.

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Introduction

1. The COVID-19 pandemic has resulted in a dramatic loss of life, health and well-being in the WHO European Region. It has brought suffering to all and has adversely impacted the physical and mental health and the social and economic conditions of the people of Europe. The role of primary health care (PHC) has been and will remain fundamental in the response to the current pandemic to mitigate this adverse impact on health and well-being and alleviate human suffering.

2. PHC has played a dual role during the pandemic and has experienced significantly increased responsibilities and demands that have required rapid adaptation and transformation. First, PHC has continued to deliver essential health services. Secondly, in many countries, PHC has also supported the pandemic response through community surveillance, testing and contact tracing efforts, management of asymptomatic and mild COVID-19 cases, and rehabilitation of long-haul COVID-19 cases. These roles have translated into a dual reality for health care providers on the ground that entails balancing the continued provision of essential health services with the pandemic response. Overall, this has led to a dramatic increase in responsibilities and workload at the PHC level and has prompted rapid adaptations and transformation (for example, rapid uptake of remote consultation platforms and an unprecedented increase in mental-health-related consultations), often accelerating planned and already initiated policies.

3. The pandemic has challenged our approaches to achieving solidarity, which is at the heart of the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe" (EPW). On the one hand, a wide range of creative approaches to achieving solidarity has been documented at community, regional and national levels that goes beyond state-led approaches and harnesses community spirit and volunteerism. On the other hand, practical barriers have been identified to providing more effective delivery of services to the vulnerable. The pandemic thus provides an opportunity for learning and for translating these lessons into actions for stronger PHC services that truly leave no one behind.

4. The pandemic has provided new impetus to long-standing reforms and policies to strengthen PHC, as endorsed in the Astana Declaration on Primary Health Care in 2018, affirmed by resolutions WHA72.2 and EUR/RC69/R8 in 2019, and reaffirmed in the Operational Framework for Primary Health Care approved in 2020. The pandemic has magnified the importance of these commitments. Country experiences reveal the potential of PHC in action and demonstrate the ability of providers, patients and systems to adapt to new approaches and ways of delivering and receiving PHC services. While recognizing the challenges many countries continue to face after decades of underinvestment in public health capacity and PHC, emerging experiences give cause for optimism that change is possible to close the implementation gap between ambitions and commitments on the one hand and actual progress on the ground on the other. These lessons must be harnessed, and innovations leveraged to realize the untapped potential of PHC-led health systems.

Realizing the potential of PHC: policy considerations

5. PHC is at the nexus of the three EPW core priorities. An important lesson learned from the pandemic is the central role of PHC as a provider or potential provider of a wide range of services that matter to people and are close to the people. Thus, PHC has emerged as central

to important social goals such as moving towards universal health coverage (UHC), protecting against emergencies and promoting health and well-being. There is an opportunity to strengthen PHC in the post-pandemic period to fully live up to this potential. Reflections triggered by the pandemic provide an opportunity to reaffirm political commitment to strengthening public health and PHC services and to revisit strategic directions. This may involve explicitly revisiting policy frameworks and strategies for strengthening public health and PHC services.

6. Well-functioning PHC must be people-centred**.** Meaningful people-centredness means a commitment to rethinking service delivery in the context of people's needs and attitudes towards health and well-being. Participation in analysis and learning of lessons can lead to a better shared understanding of challenges and build a co-owned vision for future transformation of PHC services. This in turn can unlock goodwill to overcome implementation challenges and mobilize resources.

Table 1. PHC at the nexus of the three core priorities of the EPW

EPW goal	Moving towards UHC	Protecting against health emergencies	Promoting health and well-being
Operational goal	**Getting the model of PHC right, through a tailored approach to country and local context**	**Operating dual-track PHC services safely during emergencies**	**Strengthening solidarity in the pursuit of health and well-being through an integrated approach with partnerships**
What? Core directions to redesign service delivery	• Strengthen the foundation through more comprehensive services in general practice and family medicine • Implement multiprofile, integrated, networked and team-based PHC organization • Integrate selected specialist support to frontline services • Implement multilevel quality improvement systems • Leverage multimodality delivery to take services to the people: face-to-face, mobile and digital	• Strengthen ability for emergency response via surveillance, contact tracing, first response, management of cases, rehabilitation and follow-up • Prioritize, adequately fund and monitor essential health services during emergencies	• Ensure accountability for population health and its determinants by building bridges between PHC and public health and social services • Strengthen capabilities and systems to identify and contact people with health and social vulnerabilities in real time through PHC • Engage civil society in united action for solidarity
How? Health system levers	Renewal of physical and digital infrastructure		
	Strengthened health workforce composition, competencies and skills		
	Leveraging of organizational innovation and health management		
	Good governance, better financing and aligned incentives		

Moving towards UHC

Getting the model of PHC right, through a tailored approach to country and local context

7. Recognize that one size does not fit all. Moving towards UHC requires closing gaps in unmet needs for essential health services, with a focus on those services that have a big impact on the disease burden. This in turn requires strengthening the model of PHC. The organization and model of PHC is unique in each country. A "one size fits all" approach does not produce results. The art of closing the implementation gap between ambitions and results on the ground is in tailoring and contextualizing to national and local contexts. Within that tailored approach, there are several factors contributing to well-functioning PHC – multidisciplinarity, integration, network organization and taking services to the people – and the pandemic has magnified their importance. WHO/Europe aims to support tailoring through several mechanisms, including proactive subregional platforms of exchange.

8. Understand that better quality translates into greater prestige for PHC workers and enhanced trust in the PHC system, which is critically important to encouraging people to seek services at the right time and in the right place. Among other approaches, this requires improving the quality of services offered at PHC level. Clinical decision-making can be strengthened through the generation and regular update of evidence, incorporating clinical and non-clinical aspects of diagnosis, treatment and referral, and their translation into clinical protocols and guidelines as well as decision aides. Quality services in PHC will reduce overutilization of unnecessary specialist and high-tech services and contribute to clear pathways with timely and appropriate referrals.

9. Develop multidisciplinary PHC teams. Multidisciplinary PHC teams can respond better to Europe's 21st century public health challenges than mono-profile teams. Additionally, expanding the scope of PHC services to incorporate a psychosocial approach to complement the biomedical model of care provision is a priority for the integration of mental health services and a better understanding of the social determinants of health.

10. Apply an integrated and networked approach for shared care pathways. Such approaches can provide a wider range of services with greater continuity across the full spectrum. Evidence-based shared care pathways for complex conditions are critical to enable integrated and networked delivery of PHC. Another important benefit of networks rather than standalone facilities is that networks can cope with surge needs, such as during the pandemic, or with extreme resource constraints by sharing both human and material resources. For example, better resourced urban hubs can provide rapid access to more comprehensive infrastructure and enable a more flexible approach to deploying the workforce, complementing teams when and where needed.

11. Take services to the people. The pandemic has magnified the importance of alternative delivery modalities and accelerated the movement to take services to people rather than people to services. This is particularly important in rural and remote areas, where people report nearly twice as many difficulties in accessing quality health and social services as their urban counterparts. Digital solutions combined with innovative methods of service delivery, such as mobile teams, have a tremendous potential to help address rural and remote communities' access to health care in a timely manner. By carefully combining virtual and face-to-face consultations based on proper prioritization and considering digital literacy and

other personal factors, the reach of health services can be extended without having to sacrifice quality of care.

Protecting against health emergencies

Operating dual-track PHC services safely during emergencies

12. Contribute to the emergency response through PHC. Well-prepared PHC services can contribute significantly to an emergency response. Such services may include contributing to surveillance efforts, engaging in testing and contact tracing, managing mild and moderate cases based on adequate clinical guidelines and training, providing rehabilitation services, protecting the vulnerable through regular contact and tailored service delivery mechanisms, and providing surge health workforce capacity elsewhere. Most European countries could benefit from strengthening these functions in the post-pandemic period to enhance preparedness for potential future emergencies.

13. Maintain essential health services in PHC settings during emergencies. Many countries in the European Region have reported severe disruptions in essential health services with the potential for great public health impact, such as preventive services; screening for cancer; early detection and proactive management of cardiovascular conditions, diabetes and tuberculosis; and timely treatment for time-sensitive acute conditions such as heart attack and stroke. Creating separate patient flows and establishing infection prevention and control practices has been the precondition for safe delivery of face-to-face PHC services. Moving to alternative delivery through telephone, video calls and automated platforms has allowed remote delivery of services. Mitigating the health impact of disruptions requires clear priority-setting to ensure the best use of resources. During times of emergency, there is the temptation to monitor the emergency response tightly and follow disruptions in other services less closely; a dual dashboard with key indicators to monitor both tracks could overcome this challenge.

Promoting health and well-being

Strengthening solidarity in the pursuit of health and well-being through an integrated approach with partnerships

14. Move away from siloed approaches to generating health and well-being. Health and the broader notions of well-being and economic growth it is nestled within are interdependent and mutually reinforcing. Health equity and well-being must be at the heart of Europe’s social and economic recovery from the pandemic. To drive change to meaningfully improve health, health equity and well-being more broadly, PHC teams must be better positioned to address upstream determinants of health. This requires alignment of both population-level interventions and individual services to address the priority health and social needs of the population. On the one hand, this requires a shift in PHC services from diseases towards maintaining health, health equity and well-being, with greater integration of psychosocial approaches with the more traditional biomedical approach through a holistic strategy. On the other hand, this also requires greater institutional connection between PHC teams and organizations delivering and coordinating public health and social services. Integration between PHC and public health services can strengthen health promotion, prevention, early detection, and service provision to at-risk populations. Better integration between PHC and social care enables the health system to address a wide range of health determinants. Thus,

stronger PHC will play an important role in WHO/Europe's contribution to the agenda on the economics of well-being.

15. Identify and reach the vulnerable early. The pandemic has magnified the practical obstacles that countries encounter in reaching the vulnerable: missing, incomplete or outdated definitions of vulnerability; lack of a population register and methodology at the PHC level to classify people into various groups of vulnerability; and lack of updated records for reaching the vulnerable. These obstacles can be overcome by developing a definition of vulnerability that considers both health and social determinants, adapting a mechanism to stratify the population, connecting this risk stratification with updated enrolment databases and, where possible, linking to hospital and other data sources.

16. Engage civil society in united action for solidarity. Working with civil society is an important strategy for creating partnerships and reorienting health systems towards solidarity in the quest for better overall health and well-being. Diverse and thriving civil society participation in health can contribute towards balancing interests via policy advocacy; facilitate the participation of the most affected people and communities in policy design, implementation and monitoring; and deliver services at community level through outreach, multiplying the strength of the health workforce. Better engagement of civil society harnesses community spirit and volunteerism and thereby builds trust.

Making it happen: health system levers

17. To make these strategic shifts in the service delivery models, several health system levers need to be aligned carefully with the model of care. Such alignment will require measures to:

- invest in infrastructure development and renewal to ensure that PHC facilities provide a dignified place to seek care, are attractive locations in which to work, and are fit for purpose for multidisciplinary team-based engagement, not only for biomedical service delivery but also for psychosocial services;
- attract, protect and retain health and care workers by strengthening labour market policies, engaging in long-term planning of health workforce and competency needs based on health priorities, rethinking financial and non-financial incentives, and providing attractive and safe working environments – all building on the impetus of the International Year of Health and Care Workers;
- accelerate the uptake of digital solutions for consultations and communication between health professionals through provision of clear regulatory frameworks, provision of adequate clinical decision support (for example, through guidelines, decision aids and training), and consideration of the digital divide when prioritizing face-to-face consultations;
- ensure coverage of PHC services free of charge, including for outpatient medicines for PHC-sensitive conditions, which are the greatest cause of catastrophic and impoverishing payments for households in the Region;
- provide stronger incentives for services to be delivered in PHC settings and financially reward delivery of health promotion, prevention, early detection, team-based disease and condition management, and rehabilitation services for PHC-

amenable conditions, while simultaneously reducing incentives to access the same services at specialist and/or hospital levels;

- leverage organizational development by connecting standalone facilities into networks for resource sharing and agility, by ensuring provider autonomy, and by expanding professional health management capacities and skills for more complex multidisciplinary and networked organizations;
- manage PHC performance in alignment with national policy frameworks and strategies by strengthening data collection mechanisms, ensuring analysis of performance, developing performance dashboards and benchmarks and creating feedback loops from analysis to action; and
- review governance arrangements to ensure they are clearly defined and aligned to facilitate the implementation of change and sustain innovations that are shown to work.

PHC at the heart of the EPW

18. PHC binds the three core priorities of the EPW and is an excellent platform to advance each of its four flagship initiatives. WHO/Europe has developed a new work programme under the EPW to support Member States in strengthening PHC. This work programme is critical to implementing commitments in the EPW. The work programme is overseen by the Division of Country Health Policies and Systems and led by the WHO European Centre for Primary Health Care, located in Almaty, Kazakhstan. Since PHC is central to the EPW, the Centre works in an integrated manner with all of WHO/Europe's divisions, programmes and geographically dispersed offices to develop specific joint products implemented through agile delivery mechanisms and multidisciplinary teams. The Centre also works closely with the newly established Special Programme on Primary Health Care at WHO headquarters to co-develop several joint products that enable cross-regional learning.

19. WHO/Europe's work programme on PHC focuses on pragmatic and actionable policy areas to strengthen the contribution of PHC to the EPW's four flagship initiatives. Primary care is essential to the delivery of the mental health and immunization agendas featured in other working documents presented to the Twenty-eighth Standing Committee of the Regional Committee for Europe (SCRC) at its third session.[1] The Empowerment through Digital Health and Healthier behaviours: incorporating behavioural and cultural insights flagship initiatives are important for realizing the potential of PHC.

20. Contextualized country support for documented impact will be a focus of the work of the WHO European Centre for Primary Health Care under the EPW. In response to countries, the Centre will provide support to:

- support agenda setting and building of political commitment;
- guide the establishment of effective governance arrangements for PHC;
- engage in policy analysis and evaluation of opportunities to realize the potential of PHC;

[1] The relevant working documents are as follows: European Immunization Agenda 2030; The European Mental Health Coalition: a framework for action in the COVID-19 context; and Health system transformation in the digital age during the COVID-19 pandemic.

- support strategic action through development of policy frameworks and strategies;
- host tailored policy dialogue events and executive consultations for neutral brokering of evidence;
- engage in implementation support and continued feedback on progress; and
- develop strong and actionable PHC performance monitoring and management frameworks.

21. The Centre's regional and global activities will support country engagement, aim to create a thriving regional network of peer-to-peer exchange and share European experiences globally to continue to position PHC as central to moving towards the Triple Billion targets. These activities include:

- dialogue platforms, virtual and face-to-face multicountry dialogues as well as the regular webinar series "Let's Talk Primary Health Care";
- a policy paper series with pragmatic and actionable policy recommendations on key areas of interest in PHC strengthening;
- in-depth country profiles on PHC transformation;
- a series of short country vignettes on selected aspects of PHC transformation related to key policy themes;
- demonstration sites to show effective PHC in action;
- a pragmatic capacity-building programme on strengthening PHC for UHC with online and face-to-face learning (linked to the Pan-European Transformational Leadership Academy, the WHO Academy and WHO headquarters); and
- exclusive capacity-building and coaching on PHC performance management.

Measures of success

22. While measures of success will be integrated into the monitoring and evaluation framework of the EPW, successful implementation of the proposed draft resolution will imply the following.

- There is an increase in the number of countries that have developed or revised policy frameworks and strategies on PHC, turning lessons learned from the pandemic into strategic action.
- There is an increase in the number of countries that have strengthened their governance arrangements for PHC and established a multilevel, multidisciplinary task force with a clear mandate, regularly connecting to regional dialogue platforms and peer-to-peer exchange experiences.
- There is an increase in the number of countries that have implemented fit-for-purpose and contextualized PHC performance monitoring and management approaches aligned with key strategic objectives.
- There is an increase in the number of countries that are able to identify and reach at least 80% of their vulnerable populations in real time.

The road to the 71st session of the WHO Regional Committee for Europe

23. This working document has been shaped by technical work carried out by WHO/Europe and the European Observatory on Health Systems and Policies. A number of technical products are being produced and will become available by the 71st session of the WHO Regional Committee for Europe (RC71) in September 2021, including:

- country vignettes documenting continued or even accelerated implementation of long-standing PHC reform themes and policies during the pandemic;
- cross-country analysis of the evolving role of PHC during the pandemic;
- country reports and surveys based on health facility assessments and/or community input; and
- the work programme of the WHO European Centre for Primary Health Care under the EPW.

24. Leading up to RC71, the Secretariat proposes the following steps to engage Member States and jointly shape the messages of the final working document to be presented at RC71:

- Prepare draft version 1 (current), in consultation with key experts and key informants;
- Receive guidance from the SCRC in March 2021;
- Prepare draft version 2, reflecting on SCRC guidance;
- Conduct an online consultation on the working document between 24 March and 15 April 2021;
- Conduct subregional virtual consultations in April 2021 to engage and debate;
- Prepare draft version 3 and the draft resolution, reflecting on consultations;
- Receive guidance from the SCRC in May 2021; and
- Prepare version 4 and the revised draft resolution to be submitted for the consideration of the Regional Committee at RC71.

25. SCRC guidance is sought regarding the content of this working document and the process leading up to RC71.

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