I FEEL SLOVENIA

Global and local: public health and primary care in action!

WELCOME!

SIDE EVENT OF THE SIXTY-NINTH WORLD HEALTH ASSEMBLY









World Federation of Public Health Associations Fédération mondiale des associations de santé publique Federación mundial de las asociaciones de salud pública



International Federation of Community Health Centres International Alliance of Patients' Organizations



I FEEL SLOVENIA

"The contribution of Primary Care and Family Medicine to the Sustainable Development Goals"

Prof. Jan De Maeseneer, MD, PhD

Past Secretary-General The Network: TUFH

Chairman EFPC





International Federation of Medical Students' Associations



World Federation of Public Health Associations Fédération mondiale des associations de santé publique Federación mundial de las asociaciones de salud pública



International Federation of Community Health Centres International Alliance of Patients' Organizations



Who we are ?



The Network: TUFH is

a global network of individuals, institutions and organisations

committed to improving the health of the people and their communities



Mission (1)



- The Network: TUFH is an independent global organization that mobilizes individuals and institutions committed to improving global health through community-oriented education, service and research.
- The core values of The Network: TUFH are equity, solidarity, diversity, sustainability and innovation.

Mission (2)



The global impact of The Network: TUFH can be observed through programs and collaborations on community health, women's health, inter-professional health education and practice, social accountability in health education and service, and the well-being of underserved populations.





Strategies



- Create partnerships between academic health professions institutions
- Engage with stakeholders in communities, health services, health care providers, professional organizations
- Act both locally and internationally
- Share expertise to promote change and change processes

WEBSITE: http://thenetworktufh.org The contribution of Primary Care and Family Medicine to the Sustainable Development Goals.

- **1.** The sustainable development goals
- 2. The changing society
- 3. Primary Health Care Performance Initiative
- 4. Wonca: Family Medicine and Primary Health Care improvement
- 5. Primary Health Care in Africa
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"Sustainable Development Goals"

New York, UN 25 September 2015

1 NO	2 ZERO	3 GOOD HEALTH	4 QUALITY	5 GENDER
POVERTY	HUNGER	AND WELL-BEING	EDUCATION	EQUALITY
6 CLEAN WATER	7 AFFORDABLE AND	8 DECENT WORK AND	9 INDUSTRY, INNOVATION	10 REDUCED
AND SANITATION	CLEAN ENERGY	ECONOMIC GROWTH	AND INFRASTRUCTURE	INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES	THE GLOBAL GOALS For Sustainable Development		12 RESPONSIBLE CONSUMPTION AND PRODUCTION	
13 CLIMATE ACTION	14 LIFE BELOW	15 LIFE	16 PEACE AND JUSTICE	17 PARTNERSHIPS
	WATER	ON LAND	STRONG INSTITUTIONS	FOR THE GOALS

Panel: Proposed Sustainable Development Goals

Goal 1

End poverty in all its forms everywhere

Goal 2

End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

Goal 3

Ensure healthy lives and promote wellbeing for all at all ages

Goal 4

Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5

Achieve gender equality and empower all women and girls

Goal 6

Ensure availability and sustainable management of water and sanitation for all

Goal 7

Ensure access to affordable, reliable, sustainable, and modern energy for all

Goal 8

Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all

Goal 9

Build resilient infrastructure, promote inclusive and sustainable industrialisation, and foster innovation

Panel: Proposed Sustainable Development Goals

Goal 10

Reduce inequality within and among countries

Goal 11

Make cities and human settlements inclusive, safe, resilient, and sustainable

Goal 12

Ensure sustainable consumption and production patterns

Goal 13

Take urgent action to combat climate change and its impacts

Goal 14

Conserve and sustainably use the oceans, seas, and marine resources for sustainable development

Goal 15

Protect, restore, and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels

Goal 17

Strengthen the means of implementation and revitalise the global partnership for sustainable development

For Secularizable Development Goain (SDGs) see https://

unceinabledewictoment un ong

Primary health care and the Sustainable Development Goals

After the eight Millennium Development Goals that have shaped progress in the past 15 years, 17 Sustainable Development Goals (SDGs) were adopted September, 2015, SDG3 explicitly relates to health-to "Ensure healthy lives and promote well-being for all at all

Yet investment in realising the full potential of primary health care still seems elusive to many governments, policy makers, funders, and health-care providers. The Lancet Series on primary health care, and 37 years upon since the Alma-Ata declaration, the absence of reference

ages". This goal is to to reproductive and diseases, non-comm to environmental h health coverage (U tobacco control vac andworkforce, and o When supported and with aligned of political domains, p in achievement of s differences are ine organisation of prir resources available, in SDG3-related communicable disa multimorbidity), ac problems-can be a

by governments at the UN General Assembly in Therefore, 7 years after the World Health Report and *Luisa M Pettiqrew, Jan De Maeseneer, Maria-Inez Padula Anderson, Akye Essuman, Michael R Kidd, Andy Haines Department of Health Services Research and Policy (LMP), and

Department of Social and Environmental Health Research (AH), Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London WC1 9SH, UK; Department of Family Medicine and Primary Health Care, Ghent University, Ghent, Belgium (JDM); Department of Family and Community Medicine, Rio de Janeiro State University, Rio de Janeiro, Brasil (M-IPA); Family Medicine Unit, Department of Community Health, School of Public Health, University of Ghana, Accra, Ghana (AE); and Faculty of Medicine, Nursing and Health Sciences, Flinders University, Adelaide, Australia (MRK) luisa.pettigrew@lshtm.ac.uk

For the World Health Report. and TheLonort Series on d their targets primary health care see http:// sions could be www.tstarum.com/wrist/ainuata-wibirth-and-wyision ispensable and velopment: or. integral to the a goal or target et do so with uting factors to h care in many as "the scarcity tation and its

up purposes"."

levelopment of

If the agenda is

th good-quality

wed, or how to

risk repeating

and population-based approach to primary health care.15 Delivery of vaccines and drugs needs a functioning primary care system. Well integrated and prepared primary health care has a key role in health emergency responsiveness, and it is essential for the achievement of UHC equitably and cost-effectively.6.8

Moreover, primary health care can contribute to the achievement of many of the 16 other SDGs; for ocample, its role in addressing the social determinants of health was underlined in the report Closing the Gap in a Generation. Primary care teams worldwide can provide examples from daily practice that illustrate their contribution across the SDGs, including helping to end poverty, improve nutrition, provide health education and promote lifelong learning, empower individuals and communities to reduce inequities and promote justice, enable access to safe water and sanitation, encourage productive and sustainable employment, foster innovation, advocate for healthy and sustainable living environments, and promote peaceful communities.

the failures of the past.

National governments and other stakeholders need to be ambitious in measuring progress towards delivery For the sport designing decay in of primary health care that will address the SDGs. This eCentrate with p//www. monitoring includes the use of indicators that can capture inscrements that you way

who im/vocial decerminancy/



www.itelancet.com Vol 366 November 26, 2015

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The changing society

- a. Demographical and epidemiological developments
- b. Scientific and technological developments
- c. Cultural developments
- d. Socio-economical developments
- e. Globalisation and "glocalisation"

'By 2030, 70% of the world population will live in an urban context' (Castells, 2002) By 2100, 85%?

Epidemiology of multimorbidity and implications for health @

Karen Barnett, Stewart W Mercer, Michael Norbury, Graham Watt, Sally Wyke, Bruce Guthrie

Summary

Background Long-term disorders are the main challenge facing health-care systems worldwide, but health systems are La largely configured for individual diseases rather than multimorbidity. We examined the distribution of multimorbidity, Pu and of comorbidity of physical and mental health disorders, in relation to age and socioeconomic deprivation.

Lancet 2012; 380: 37-43

Published Online May 10, 2012 DOI:10.1016/S0140-

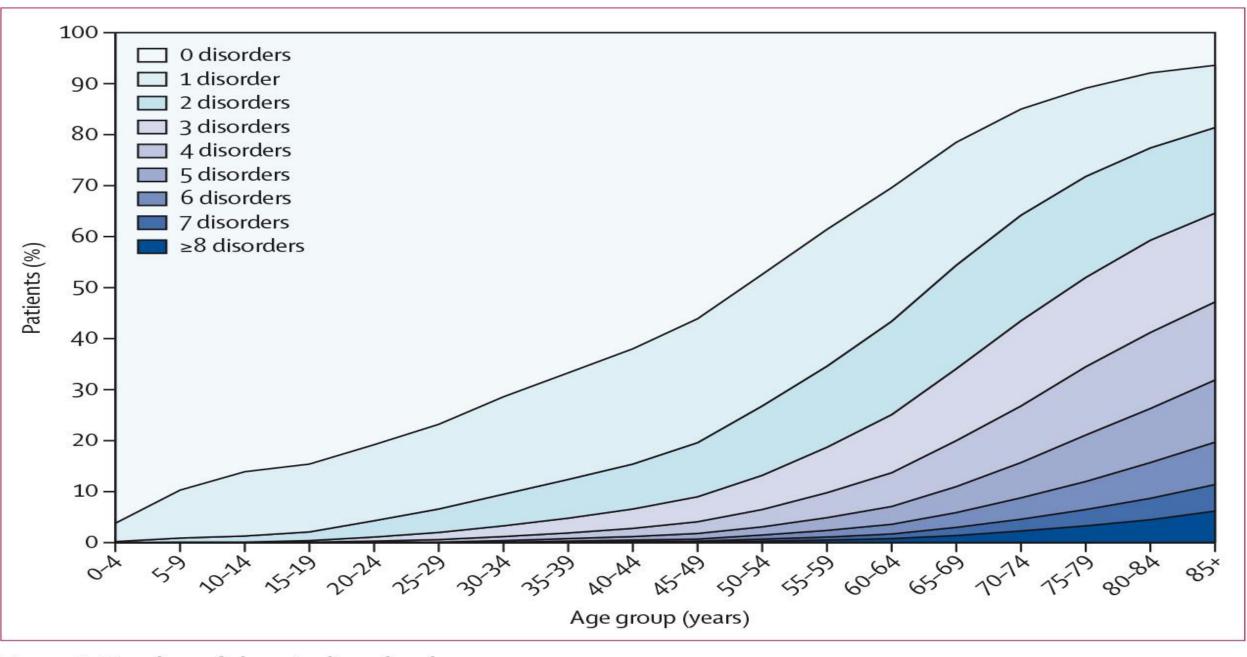


Figure 1: Number of chronic disorders by age-group

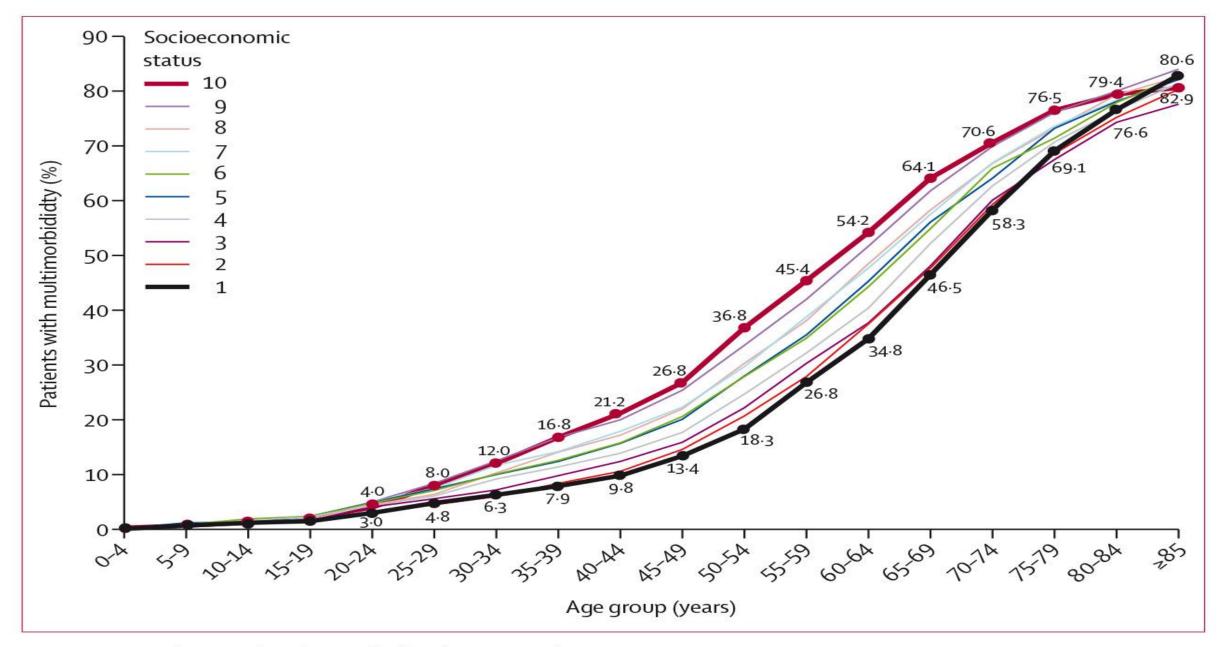


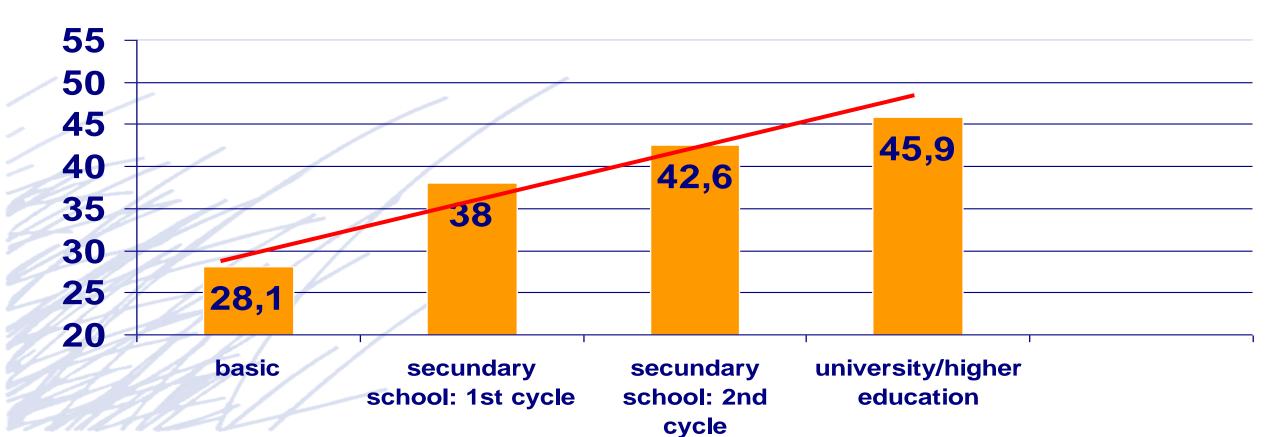
Figure 2: Prevalence of multimorbidity by age and socioeconomic status On socioeconomic status scale, 1=most affluent and 10=most deprived.

Healthy life expectancy in Belgium

(Bossuyt, et al. Public Health 2004)

Socio-economic inequalities in health

Healthy life expectancy in Belgium, 25 years, men



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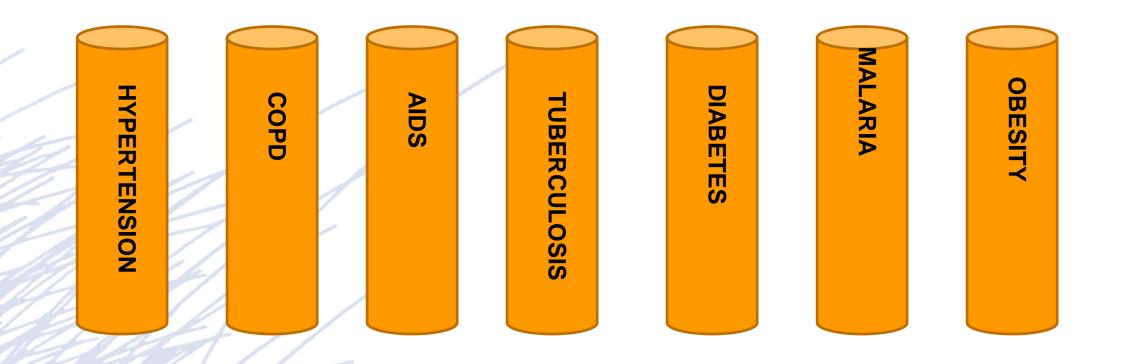
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Approaches to Primary Health Care



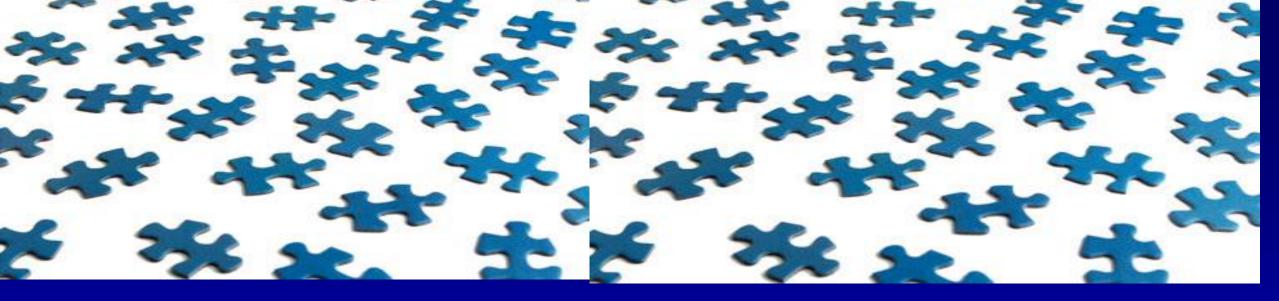
Vertical Disease Oriented Approach

- Mono-disease-programs? Or...
- Integration in comprehensive PHC

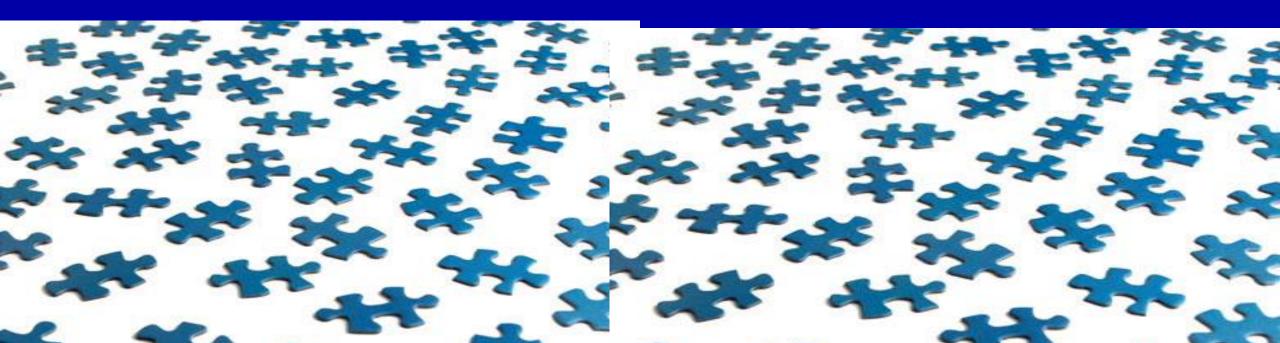


The challenge: vertical disease- oriented programs and multimorbidity

- Create duplication
- Lead to inefficient facility utilization
- May lead to gaps in patients with multiple co-morbidities
- Lead to inequity between patients



FRAGMENTATION



"Inequity by disease" becomes an increasing problem both in developed and developing countries

see <u>www.15by2015.org</u>

Distribution of MUST* Alumni

Currently in Uganda	687 (88%)	
Work for:		
Government	270 (35%)	
NGO or Private	510 (65%)	
HIV related NGO	383 (51%)	
Effort dedicated to HIV		
None	119 (15.8%)	
Less than 50%	317 (42.2%)	
Over 50%	314 (42.0%)	
Donor program not HIV	169 (22.5)	

*Faculty of Medicine n=790











"The World Organization of Family Doctors, (WONCA) in collaboration with Global Health through Education, Training and Service (GHETS), The Network: Towards Unity for Health and the European Forum for Primary Care (EFPC) call upon funding organizations such as the Global Fund, the World Bank, the Bill and Melinda Gates Foundation, and the World Health Organisation, to assign to primary health care a pivotal role in the provision of their activities and to support its development in a systematic way. We propose that by 2015, 15% of the budgets of vertical disease oriented programmes like HIV/AIDS, Tuberculosis and Malaria, be invested in strengthening local primary health care systems and that this percentage would increase over time. Such an investment would improve developing nations' capacity to address the vast majority of health problems through a generic, well structured comprehensive primary care system."

Comment

Tackling NCDs: a different approach is needed

The NCD Alliance¹ aims to put non-communicable diseases (NCDs) on the global agenda to address the NCD crisis. Improving outcomes in morbidity and mortality by 2015 will clearly depend to a large extent on tackling the burden of NCDs, especially in developing countries.²

developed, integrated and implemented in the context of integrated primary health care".⁹ Horizontal primary health care provides the opportunity for integration and addresses the problem of inequity by allowing focus on NCDs while providing access to the care of other health problems, thereby avoiding inequity by disease.¹⁰



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Royal College of

General Practitioners



www.thelancet.com Published online September 6, 2011 DOI:10.1016/S0140-6736(11)61135-5

Tackling NCDs: a different approach is needed

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*Jan De Maeseneer, Richard G Roberts, Marcelo Demarzo, Iona Heath, Nelson Sewankambo, Michael R Kidd, Chris van Weel, David Egilman, Charles Boelen, Sara Willems Faculty of Medicine and Health Sciences, Secretariat of The Network: Towards Unity For Health (JDM) and Department of Family Medicine and Primary Health Care (SW), Ghent University, Ghent, Belgium; Department of Family Medicine, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA (RGR); Department of Preventive Medicine, Federal University of Sao Paolo, Sao Paulo, Brazil (MD); Royal College of General Practitioners, London, UK (IH); Makerere University College of Health Sciences, Kampala, Uganda (NS); Faculty of Health Sciences, Flinders University, Adelaide, Australia (MRK); Department of Primary and Community-Care, Radboud University Nijmegen Medical Centre, Nijmegen, The Netherlands (CvW); Department of Family Medicine, Brown University, Providence, RI, USA (DE); and Secretariat of Global Consensus for Social Accountability of Medical Schools, Sciez-sur-Léman, France (CB)

context of integrated primary health care".⁹ Horizontal primary health care provides the opportunity for integration and addresses the problem of inequity by allowing focus on NCDs while providing access to the care of other health problems, thereby avoiding "inequity by disease".¹⁰ **Resolution WHA62.12 "Primary Health Care, including** health systems strengthening"

The World Health Assembly, urges member states: ... (6) to encourage that vertical programmes, including diseasespecific programmes, are developed, integrated and implemented in the context of integrated primary health care.



"Hear arguments about vertical and horizontal health care. The horizontal piece is the most important piece." *Bill Gates, at launch of PHCPI, 26.09.15*

Primary Health Care Performance Initiative

The Primary Health Care Performance Initiative (PHCPI) is a partnership that supports country policymakers, health system managers, practitioners, advocates and other development partners to catalyze improvements in primary health care in low- and middle-income countries through better measurement, knowledge-sharing and south to south learning.







In partnership with:





PHCPI Website



www.PHCperformanceinitiative.org







Opinion on Definition primary care – Definition

Core-definition

'The Expert Panel considers that primary care is the provision of universally accessible, integrated person-centered, comprehensive health and community services provided by a team of professionals accountable for addressing a large majority of personal health needs. These services are delivered in a sustained partnership with patients and informal caregivers, in the context of family and community, and play a central role in the overall coordination and continuity of people's care

The professionals active in primary care teams include, among others, dentists, dieticians, general practitioners/family physicians, midwives, nurses, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists and social workers.'

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Family Medicine and Primary Health Care Improvement: From Measurement to Improvement

PROFESSOR MICHAEL KIDD PRESIDENT WORLD ORGANIZATION OF FAMILY DOCTORS (WONCA)



World Organization of Family Doctors (WONCA) represents over 500,000 family doctors in over 150 countries and supports the highest standards of clinical care, education, training and research

This World Health Assembly

- Welcome the draft Global Strategy on Human Resources for Health: Workforce 2030 and the draft framework on integrated peoplecentred health services
- Strong primary care services are essential for reaching the entire population and guaranteeing universal access to services."
- "Interprofessional teams ensure the provision of comprehensive services for all."
- "Community and family-oriented models of care as a mainstay of practice with a focus on disease prevention and health promotion."
- "Reorienting health systems towards a collaborative primary care approach built on team-based care."
- "Adequate investment in the health-care workforce, including general practice and family medicine, is required to provide community-based, person-centred, continuous, equitable and integrated care."



"We need to turn our focus onto how we use the information from primary care to improve population health."

Professor Barbara Starfield, 2011

Indicators for health





BILL&MELINDA GATES foundation



The Primary Health Care Performance Initiative:

Seeking to help low- and middle-income countries build high-performing primary health care systems through better performance measurement and knowledge-sharing.

"What gets measured, gets done." Dr Margaret Chan



International Classification of Primary Care (ICPC)



Allow us to measure what is happening daily in primary care locally, nationally, globally

Primary Health Care should be documented using ICPC in patient records

ICPC-2 – English	Blood, Blood Forming	Eye F		sculoskeletal
International Classification of	Organs and Immune	F01 Eye pain F02 Red ave	LO1 1 LO2 1	Neck symptom/complain Back symptom/complaint
Primary Care - 2 nd Edition	Mechanism B	F08 Eve discharge	L08 1	Low back symptom/complaint
Wonca International 🛛 🔗	B02 Lymph gland(s) enlarged/painful	F04 Visual floaters/spots	LO4 C LOS I	Chest symptom/complaint Flank/axilla symptom/complaint
Classification Committee	B04 Blood symptom/complaint	F05 Visual disturbance other F13 Eye sensation abnormal	1.07	aw symptom/complaint
(WICC) Wonco	B25 Fear of aids/HIV B26 Fear cancer blood/lymph	F14 Eye movements abnormal	L08 1	[aw symptom/complaint Shoulder symptom/complaint
	B37 Fear blood/lymph disease other B38 Limited function/disability	F15 Eye appearance abnormal	L09 J	Arm symptom/complaint
n 1	B38 Limited function/disability	F16 Eyelid symptom/complaint F17 Glasses symptom/complaint	LII	Elbow symptom/complaint Wrist symptom/complaint
Process codes	B29 Sympt/compil lymph/immune other B70 Lymphadenitis acute	F17 Glasses symptom/complaint F18 Contact less symptom/complaint	L12 1	Hand/finger symptom/complaint
-30 Medical Exam/Eval-Complete -31 Medical Examination/Health Evaluation-	B71 Lymphadenitis non-specific	F27 Fear of eye disease F28 Limited function/disability (f)	L14 1	Hip symptom/complaint Leg/thigh symptom/complaint
Partial/Pre-op check	B72 Hodgkin's disease/Tymphoma B73 Leukaemia	F29 Eye symptom/complaint other	L15 1	Ence symptom/complaint Ankle symptom/complaint
-32 Sensitivity Test	B73 Leukaemia B74 Malignant neoplasm blood other	FT0 Conjunctivitis infactious	L16 J	Ankle symptom/complaint
-33 Microbiological/Immunological Test	B75 Benign/unspecified neoplasm blood	F71 Conjunctivitis allernic F72 Blepharitis/stys/chalazion	L18 1	Foot/toe symptom/complaint Muscle pain
-34 Blood Test -35 Urine Test	B76 Ruptured spleen traumatic	PT3 Bye infection/inflammation other PT4 Neoplasm of eye/adnexa	L19 1	Muscle symptom/complaint NOS
-38 Faeces Test	B77 Injury blood/lymph/splees other B78 Hereditary hasmolytic assemia	F74 Neoplasm of eye/adnexa	L20 1 L28 1	joint symptom/complaint NOS Fear of cancer musculoskeletal
-87 Histological/Exfoliative Cytology -38 Other Laboratory Test NEC	B79 Congen.anom, blood/lymph other	PT6 Contusion/haemorrhage eye PT6 Foreign body in eye	L27 1	Fear musculoskeletal disease oth
	B80 Iron deficiency anaemia	P70 Injury are other	L28 1	Limited function/disability (I)
-40 Diagnostic Endoscopy	B81 Anaemia, Vitamin B12/folate def. B82 Anaemia other/unspecified	F80 Blocked lacrimal duct of infant	L29 1	Sympt/complt. Musculoskeletal c
-41 Diagnostic Radiology/Imaging -42 Electrical Tracings	B83 Anaemia other/unspecified B83 Purpura/coagulation defect B84 Unexplained abnormal white cells	F81 Congenital anomaly eye other F82 Detached retina	L70 1	Infections musculoskeletal system Malignant neoplasm musculoske
-43 Other Diagnostic Procedures	B84 Unexplained abnormal white cells B87 Splenomegaly	F83 Retinopathy	L72 I	Fracture: radius/ulna
-44 Preventive Imanisations/Medications	B87 Splenomegaly B90 HIV-infaction/aids	F84 Macular degeneration	L73 1 L74 1	Fracture: tibia/fibula Fracture: hand/foot bone
-45 Observe/Educate/Advice/Diet -48 Consult with Primary Care Provider	B00 Blood/lymph/splees disease other	F85 Corneal ulcer F86 Trachoma	L75 1	Fracture: Sand/Soot Done Fracture: Semur
-47 Consultation with Specialist		F90 Trachoma F91 Refractive error	L76 1	Fracture: other
-48 Clarification/Diacess Patient's RFE	PROCESS CODES	F92 Cataract	L77 1	Sprain/strain of ankie
-49 Other Preventive Procedures		F98 Glaucoma	L78 1 L79 1	Sprain/strain of knee Sprain/strain of joint NOS
-50 Medicat-Script/Regst/Renew/Inject -51 Incise/Drain/Flush/Aspirate	SYMPTOMS/COMPLAINTS	F94 Blindness F95 Strabismus	L80 1	Dislocation/subluxation Injury musculoskeletal NOS
-52 Excise/Remove/Biopsy/Destruction/	INFECTIONS	F95 Strabismus F99 Eye/adnexs disease, other	L81 1	lajury musculoskeletal NOS
-53 Instrument/Catheter/Intubate/Dilate		Ear H	L82 (L83 1	Congenital anomaly musculoske Neck syndrome
.54 Renair/Firste Sature/Cast/Prosthetic	NEOPLASMS	H01 Ear pain/earache	L84 1	neck syndrome w/o radiating pai Acquired deformity of spine
-55 Local Injection/Infiltration	INTURIES	H02 Hearing complaint H03 Tinnitus, ringing/basting ear	L85	Acquired deformity of spine
-56 Dress/Press/Compress/Tamponade -57 Physical Medicine/Rehabilitation	INJURIES	H03 Tinnitus, ringing/buzzing ear H04 Ear discharge	L86 1 L87 1	Back syndrome with radiating pa Baraitis/tendinitis/synovitis NOS
-57 Physical Medicine/Kenabilitation -58 Therapeutic Counselling/Listening	CONGENITAL ANOMALIES	H05 Bleeding ear	L88 1	Bursitis/tendinitis/synovitis NOS Rheumatoid/seropositive arthriti
-69 Other Therapeutic Procedure NEC		H18 Plugged feeling ear	L89	Osteoarthrosis of hip Osteoarthrosis of knee
-60 Results Tests/Procedures -61 Results Exam/Test/Record	OTHER DIAGNOSES	H15 Concern with appearance of ears H27 Fear of ear disease	L90 L91	Osteoarthrosis of knee Osteoarthrosis other
-62 Administrative Procedure		H28 Limited function/disability ear	L92 1	Shoulder syndrome
-68 Follow-up Encounter Unspecified	Digestive D	H29 Ear symptom/complaint other	L93 1	Tennis elbow Osteochondrosis
-64 Encounter Initiated by Provider -65 Encounter Initiated third person	D01 Abdominal pain/cramps general	HT0 Ofitis externa HT1 Acute otitis media/myringitis		Osteoporosis
-68 Refer to Other Provider (EXCL. M.D.)	D03 Abdominal pain epigastric D03 Heartburn	H72 Serous otitis media	L96 .	Acute internal damage knee
-67 Referral to Physician/Specialist/	D04 Rectal/anal pain	H73 Eustachian salpingitis	L97 1	Neoplasm benics/unspec muscu Acquired deformity of limb
Clinic/Hospital -68 Other Referrals NEC	D05 Perianal itching	H74 Chronic othis media H75 Neoplasm of ear	L98 J	Acquired deformity of limb Musculoskeletal disease, other
-69 Other Reason for Encounter NEC	D06 Abdominal pain localized other D07 Dyspepsia/indigestion	HT6 Foreign body in ear	Net	urological
General and	D08 Flatulence/gas/belching	H77 Perforation ear drum H78 Superficial injury of ear	NO1 1	Headacha
	DOG Nausoa	H79 Ear interv other	N08 1	Pain face
	D10 Vomiting D11 Diambosa	H80 Congenital anomaly of ear	N04 1 N05 1	Restleas logs Tingling fingers/feet/toes
A01 Pain general/multiple sites A02 Chills	Dig Constipation	H81 Excessive ear wax H82 Vertiginous syndrome	NOS 1	Sensation disturbance other
A08 Fever	D13 Jaundice D14 Haematamesis/vomiting blood	HB3 Otosclerosis	NOT	Convulsion/seizure
A04 Weakness/tiredness general A05 Feeling ill	D15 Melaena	H84 Presbyacusis	N08 J	Absormal involuntary movement Disturbance of smell/taste
A06 Fainting/syncope	D16 Rectal bleeding	H85 Acoustic trauma H86 Deafneas	N17 1	Vertigo/dizziness
A07 Coma	D17 Incontinence of bowel D18 Change faces/bowel movements	H90 Ear/mastoid disease, other	N18 1	Paralysis/weakness Speech disorder
A08 Swelling A09 Sweating problem	D19 Teeth/gum symptom/complaint	Cardiovascular K	N19 1 N26 1	Speech disorder Fear cancer neurological system
A10 Bleeding/haemorrhage NOS	D20 Mouth/tongue/lip symptom/complt.	E01 Heart pain	N27 1	Fear of neurological disease othe
All Chest pain NOS	D21 Swallowing problem D23 Hepatomegaly	E02 Pressure/lightness of heart	N28 1	Limited function/disability (n)
A13 Concern/fear medical treatment A16 Irritable infant	D24 Abdominal mass NOS	E08 Cardiovascular pain NOS E04 Palpitations/awareness of heart	N29 N70 D	Neurological symptom/complt. o Poliomyelitis
A18 Concern about appearance	D25 Abdominal distension D26 Fear of cancer of digestive system	E05 Irregular heartbeat other	N71 1	Meningitia/encephalitiz
A20 Euthanasia request/discussion A21 Risk factor for malignancy	D27 Fear of digestive disease other	E08 Prominent veins	N73 1	Tetanus Neurological infection other
A23 Risk factor NOS	D28 Limited function/disability (d)	E07 Swollen ankles/oedema E22 Bisk factor cardiovascular disease	N78 N74 1	Malignant neoplasm nervors sys
A25 Fear of death/dying	D29 Digestive symptom/complaint other D70 Gastrointestinal infection	K24 Fear of heart disease	N75 1	Malignant neoplasm nervous sys Benign neoplasm nervous system Neoplasm nervous system unspe
A26 Fear of cancer NOS A27 Fear of other disease NOS	D70 Gastrointestinal infection D71 Mumps	E25 Fear of hypertension	N76 1	Neoplasm nervous system unspe
A28 Limited function/disability NOS	D72 Viral hepatitis	E27 Fear cardiovascular disease other E28 Limited function/disability (k)	N80 1	Concussion Head injury other
	D73 Gastroenteritis presumed infection	rate united network/Gibstatily (K)	N81 1	injury nervous system other Congenital anomaly neurologica
A29 General symptom/complaint other	Did Malianani neonlass stemach	E29 Cardiovascular sympt/complt. other		Congenital anomaly neurological Multiple sclarosis
A29 General symptom/complaint other A70 Taberculosis	D74 Malignant neoplasm stomach D75 Malignant neoplasm stomach	K70 Infection of circulatory system	N85	
A29 Ceneral symptom/complaint other A70 Paberculosis A71 Measles	D74 Malignant neoplasm stomach D75 Malignant neoplasm colon/rectam D76 Malignant neoplasm pancreas	K70 Infection of circulatory system K71 Bheumatic fever/heart disease	N86 1	
A29 General symptom/complaint other A70 Teberculosis A71 Measles A72 Chickemoox A73 Malaria	D74 Malignant neoplasm stomach D75 Malignant neoplasm colon/rectam D76 Malignant neoplasm pancreas D77 Malign neoplasm digest other/NOS	K70 Infection of circulatory system K71 Bheumatic fever/heart disease	N86 1 N87 1 N88 1	Parkinsonism Epilepsy
A29 Ceneral symptom/complaint other A70 Tabercalodi A71 Measles A71 Chickensoox A73 Malaria A74 Rubella	D74 Malignant neoplasm stomach D75 Malignant neoplasm colos/rectum D76 Malignant neoplasm pancreas D77 Malig.neoplasm digest other/NOS D78 Neoplasm digest other/NOS	K70 Infection of circulatory system K71 Bheumatic fever/heart disease	N86 1 N87 1 N88 1 N89 1	Parkinsonism Epilepey Micraine
A29 General symptom/complaint other A70 Telercalceals A71 Meastles A72 Chickesnox A73 Malaria A74 Rubella A75 Infectious mononucleosis	D74 Malignast neoplasm stomach D75 Malignast neoplasm colos/rectam D76 Malignast seoplasm bancreas D77 Malignast seoplasm bancreas D78 Neoplasm digest besign/ancertain D79 Forgian body disestive system	K70 Infection of circulatory system K71 Bheumatic fever/heart disease	N86 1 N87 1 N88 1 N89 1 N90 0	Parkinsonism Epilepsy Migraine Ciuster headache
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Our primary care workforce

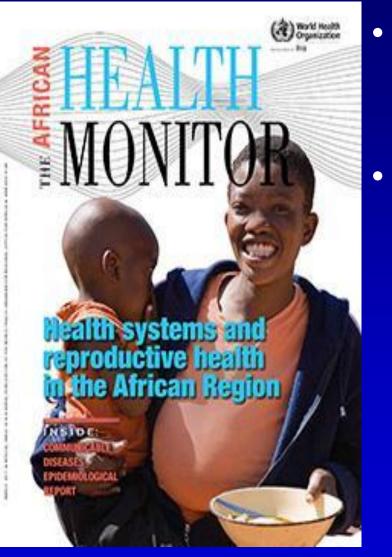
Do we send our most experienced doctors and nurses to work in the most challenging health care settings, in remote rural locations and with disadvantaged communities?



The contribution of Primary Care and Family Medicine to the Sustainable Development Goals.

- **1.** The sustainable development goals
- 2. The changing society
- 3. Primary Health Care Performance Initiative
- 4. Wonca: Family Medicine and Primary Health Care improvement
- 5. Primary Health Care in Africa
- 6. COPC: linking Primary Care and Public Health
- 7. The role of patients/people
- 8. Conclusion

AFRICA



Editorial: Health systems and primary health care in the African Region

 "Equitable and sustainable access to properly functioning health systems,...has not been attained across the Region."

> Luis Gomes Sambo, Regional Director WHO-AFRO, March 2012

But all hope is not lost.....



AFRICA: PRIMAFAMED PROJECT (Primary Health Care & Family Medicine Education)

- Ghana - University of Ghana

Sudan – Ahfad University for women

Sudan – University of Gezira

Nigeria – University of Lagos

Kenya – Moi University

Uganda — Makerere University

Uganda – Mbarara University

Tanzania – Aga Khan University

DR Congo – University of Goma

Rwanda – National University of Rwanda

PHCFM

African Journal of Primary Health Care & Family Medicine



ISSN: 2071-2928

Stigma, medication adherence and coping mechanism among people living with HIV attending General Hospital, Lagos Island, Nigeria *Adekemi O. Sekoni, Obinna R. Obidike, Mobolanle R. Balogun*

Potential for the specialty of Family Medicine in Botswana: A discussion paper Luise Parsons, Taatske Rijken, Deogratias O. Mbuka, Oathokwa Nkomozana

Determinants of patient satisfaction with outpatient health services at public and private hospitals in Addis Ababa, Ethiopia Tayue Tateke, Mirkuzie Woldie, Shimeles Ololo

Knowledge, attitude and practice study of HIV in female adolescents presenting for contraceptive services in a rural health district in the north-east of Namibia *Alexis Ntumba, Vera Scott, Ehimario Igumbor*



OPENJOURNALS



Human Resources for Primary Health Care in Africa (HURAPRIM)

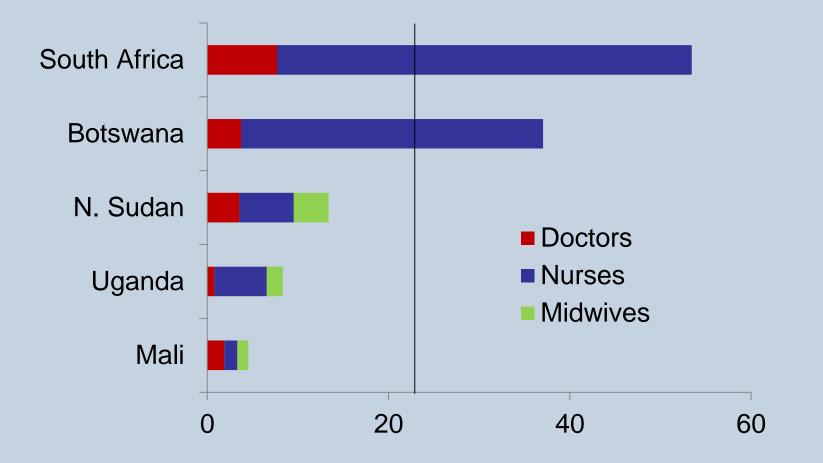
HURAPRIM is an international collaborative research project that aims at developing and assessing policies and key interventions to address the personnel crisis in the health sector, especially in Africa.

1 March 2011 – 28 February 2015





Health workers per 10 000 in HURAPRIM countries













Scaling up Family Medicine and Primary Health Care in Africa: Statement of the Primafamed network, Victoria Falls, Zimbabwe

Author:

Jan De Maeseneer¹, on behalf of the participants at the Primafamed-workshop

Affiliation:

¹Department of Family Medicine and Primary Health Care, Ghent University, Belgium

Correspondence to: Jan De Maeseneer

Email: jan.demaeseneer@ugent.be

Postal adress:

UZ-6K3, De Pintelaan, 185, B-9000 Gent, Belgium

Dates:

Received: 20 Dec. 2012 Accepted: 09 Jan. 2013 Published 28 Mar. 2013 From 21 to 23 of November 2012, participants from 20 countries convened at the Fifth Annual Primafamed Conference (www.primafamed.ugent.be) at Victoria Falls, Zimbabwe. The participants want to support fully the realisation of the World Health Assembly (WHA) resolution 62.12¹, by contributing:

... to train and retain adequate numbers of health workers, with appropriate skill-mix, including primary health care nurses, midwives, allied health professionals and family physicians, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people's health needs.

The participants recognise the importance of the worldwide demographic and epidemiological transitions and the impact of the global economic crisis on health and that these phenomena give rise to new challenges for healthcare providers in Africa. Moreover, the participants stress the need for an integrated approach to comprehensive PHC in order to address the fragmentation of care and health systems as a consequence of vertical disease-oriented programmes (HIV, malaria, COPD, diabetes, etc.). They confirm their commitment to the realisation of the WHA resolution 62.12:¹

... to encourage that vertical programmes, including disease-specific programmes, are developed, integrated and implemented in the context of integrated primary health care,

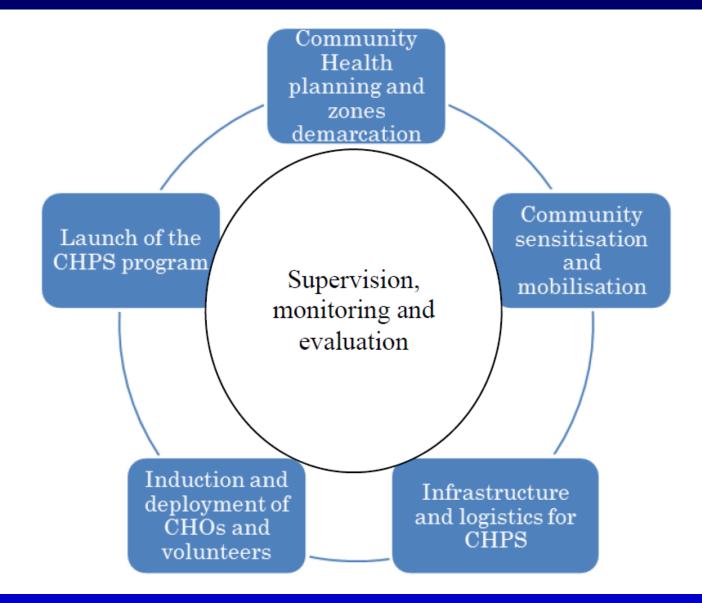
the WHO Global Health Workforce Strategy² and the WHA resolution 59.23: 'Rapid Scaling Up of Health Workforce.'³

AFRICA – CHPS concept in Ghana

Community-based Health and Planning Services (CHPS):

A national mechanism to deliver essential community based health services through CHOs.

Primary focus is communities in deprived sub-districts.



AFRICA: Nigeria WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014-2019)

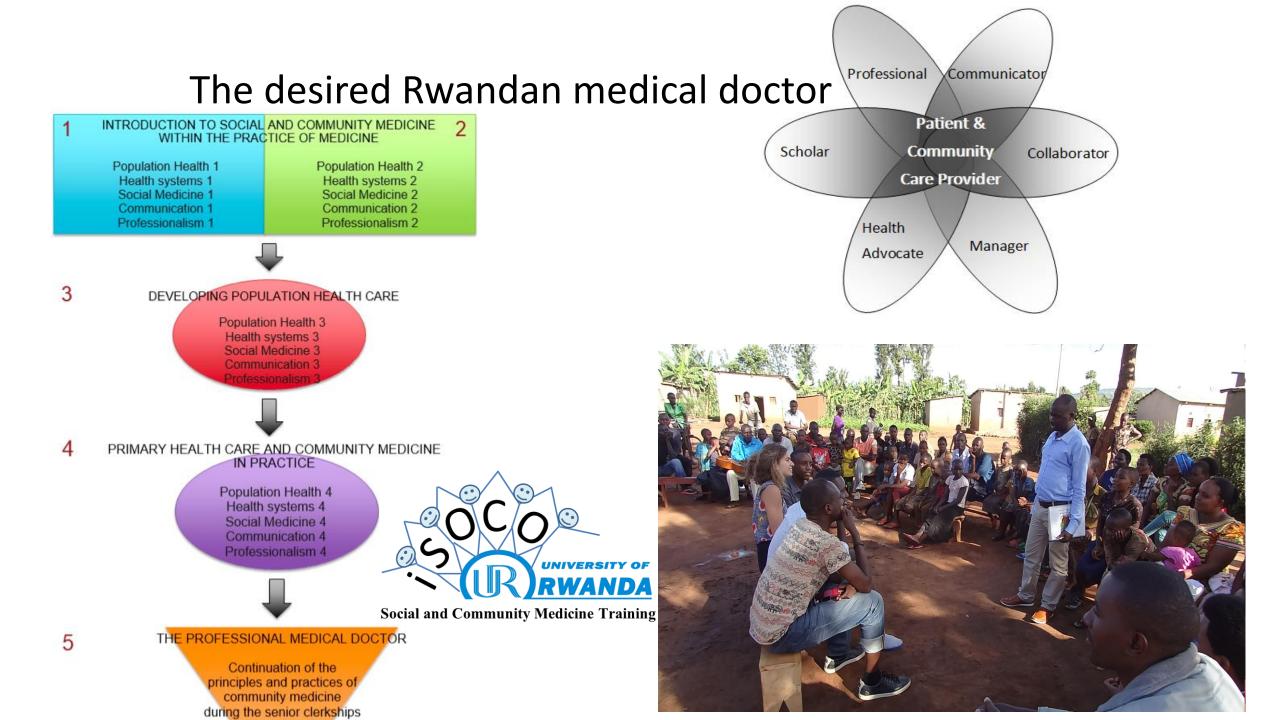
STRATEGIC PRIORITY 1:

Strengthening health systems based on a primary health care approach

Bullet 3:

Support development of policy options, tools and technical support for equitable people-centred integrated service delivery and strengthening of public health approaches and capacities to plan and implement of UHC strategies;.....

Current federal government recommitted to providing community clinics for every ward (i.e. community)



AFRICA

- The Africa Health Transformation Programme 2015-2020 A vision for universal health coverage
- With Africa rising, there is an opportunity and a responsibility for WHO to play a transformational role in the Region's once-in-a-generation opportunity to change the future through strengthened health security and the achievement of the newly launched Sustainable Development Goals.



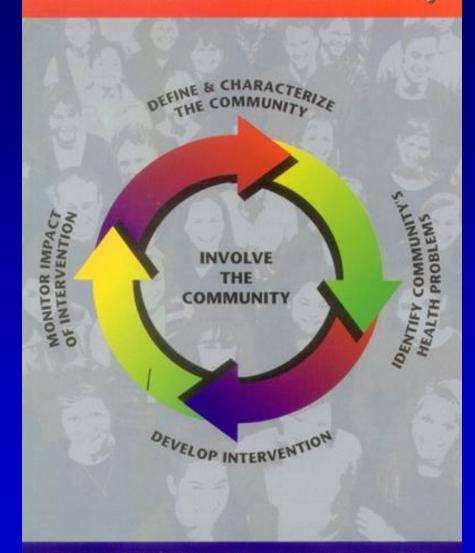
The Africa Health Transformation Programme 2015-2020



The contribution of Primary Care and Family Medicine to the Sustainable Development Goals.

- **1.** The sustainable development goals
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Community-Oriented Primary Care: mealth Care for the 21st Century



Edited by Robert Rhyne, M.D., Richard Bogue, Ph.D., Gary Kukulka, Ph.D., Hugh Fulmer, M.D.

Drs Sidney and Emily Kark



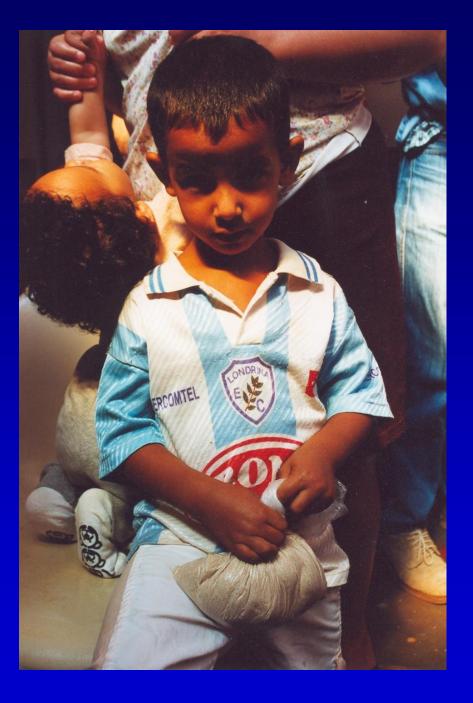
COPC History

- Sidney and Emily Kark in Pholela
 - Scientific research study proof of effectiveness of community-level engagement
 - Forerunner to 'PHC' and 'DHS'
 - Conceptually started with 'the Health Centre'
- Had massive policy impact health systems reform, preventive and promotive health, community mobilization, Alma Ata & PHC movement

COPC in Londrina (Brazil)



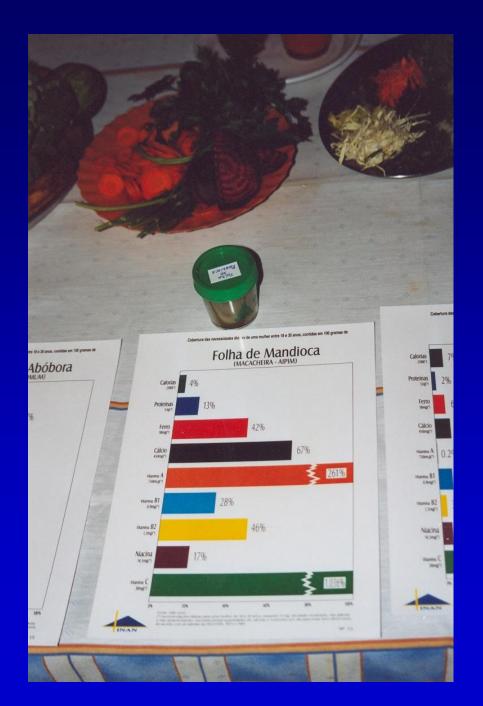
COPC in Londrina (Brazil)



COPC in Londrina (Brazil): community diagnosis



COPC in Londrina (Brazil): community diagnosis





Login

Community Health Centre:

- Family Physicians; nurses; dieticians; health promotors; social workers; ...
- 6200 patients; 90 nationalities
- Integrated needs based mixed capitation; no co-payment
- COPC-strategy



COPC-example: dental problems: periodontal disease in childhood

Risk factor for:

- Diabetes
- Coronary Heart Disease
- Preterm birth and low birth weight
- Osteoporosis



Identifying health problem: Family physicians/nurses: problematic oral condition of todlers, leading to feeding problems, crying, not sleeping,...



Project coordinated by Prof. S. Willems



COPC-project : DENTAL FITNESS





Working together with...





Results research children 30 months old:

- 18,5 % early symptoms of childhood caries (7,4 % – 29,6 %)
 - 100% need for treatment!

Correlation with

- deprivation
- nationality (Eastern-Europhysical Content in the second sec
- no previous dentist consulta









COPC-project : DENTAL FITNESS

Childhood caries:

- Information and Sensibilisation
 - Involving providers, social workers, parents, schools...

Strategies:

Community oriented, intersectoral, participation. Educational platform for students in dentistry





Accessible primary dental care

Centre for Primary Oral Health Care Botermarkt Ledeberg (CEMOB) Started 01/09/2006



Towards accessible oral health care !

Ghent University



Integration of personal and community health care

The promotion of primary health care since 1978¹ has had a profound political impact: it forced medical educators around the world to address the health needs of all people and it spurred the global recognition of family doctors as the primary medical providers of health care in the community. Yet, on the 30th anniversary of the Alma-Ata Declaration,² disillusionment with and failure to appreciate primary care's contribution to health persist. The missing link in the translation of the principles of Alma-Ata from idealism to practical,

*Chris van Weel, Jan De Maeseneer, Richard Roberts Department of General Practice, Radboud University Nijmegen Medical Centre, 6500 HB Nijmegen, Netherlands (CvW); Department of Family Medicine and Primary Health Care, Ghent University, Ghent, Belgium (JDM); The Network— Towards Unity For Health, Maastricht, Netherlands (JDM); and University of Wisconsin School of Medicine and Public Health, Madison, WI, USA (RR) c.vanweel@hag.umcn.nl at the expense of population health. The challenge of this balancing act is illustrated in the interchanged use of the terms "primary care", which usually means care directed at individuals in the community, and "primary health care", which usually means a population-directed approach to health. To simplify this discussion and to reduce confusion, we will use the term "personal care" instead of "primary care" and "community-oriented primary care" (panel) instead of "primary health care".

The Lancet 2008;372:871-2



Improving health and primary health care around the world through Community Health Centres

Learn more at: www.ifchc2013.org



International Federation of Community Health Centres

Improving health and primary health care around the world through Community Health Centres

> Learn more at: ww.ifchc2013.org

Objectives



The core goals of the IFCHC are:

to foster global collaboration in community-oriented primary health care and

to expand access to Community Health Centres as the optimal way to achieve the World Health Organization's vision for equitable access to primary health care for all.

INTERDISCPLINARY TEAM



Botermarkt

wijkgezondheidscentrumvzw



Community Health Center Botermarkt Ledeberg!



Competency sharing

Care is provided by the person most equipped for the task and most knowledgeable about the subject. Disciplines share their competencies!









- 2 FTE social workers
- Social work in the health centre includes :
 - first intake, exploring the problem
 - information and counseling
 - advocating, mediating
 - supporting, psychosocial guidance
 - referral to specialised services
 - administrative support, application for allowances, budgetplanning
 - establishing patient centered networks of care



Integrated care

- Physical, mental, ecological and social well-being
- Taking environment/living conditions into account
 - Citizen/patient in the driver's seat



Shared Electronic Patient Record

Botermarkt

wijkgezondheidscentrum VZW FICTIVO, Denisa (V); Dos. N*01FICTIEF; 01/01/1964 - 50 Jaar 2 Maand(en) 17 Dag(en)

Bestand Bewerken Beeld Vensters Help

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Medisch overzicht X	GezondheidsElementen							- • • •
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Symptomen/klachten schouder								indisarts (
Overgewicht	Menopauzale symptomer				Sub-acuut	X11	VANDEDRINCK, E	Huisarts
Hypertensie zonder orgaanbeschadiging	Niet insuline-afhankelijke	A E 01/03/2011		Niet bepaald	Chronisch	T90	VANDEDRINCK, E	
Sociaal probleem nao, begeleiding maatschappelijk werk	Overgewicht	A E 05/03/2010		Niet bepaald	Chronisch	T83	VANDEDRINCK, E	Huisarts
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Zwangerschap, vlotte partus, dochter	Zwangerschap, vlotte pa				Chronisch	W78	VANDEDRINCK, E	
Zwangerschap, vlotte partus, dochter	Zwangerschap, vlotte par	r E 01/04/1998	06/01/1999	Niet bepaald	Chronisch	W78	VANDEDRINCK, E	Huisarts
Chirurgische antecedenten	Zwangerschap, vlotte par	r E 01/07/1993	12/05/1994	Niet bepaald	Chronisch	W78	VANDEDRINCK, E	Huisarts
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Chronische medicatie								
Metformine Sandoz tab 100x 850mg								
Asaflow tab EC 168x 80mg								
← Simvastatin Sandoz tab 100x 20mg	🖟 Geneesmiddelen							
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	Asaflow tab EC 168x	(80mg 05/03/2013			ICK, E Huisarts			
		2						
	Simvastatin Sandoz				ICK, E Huisarts			
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	11/03/2014 Test op mic	croalbuminurie	Te doen	VANDEDRINC		Huisa	arts	
	11/03/2014 Bepaling gl	ucose/HbA1c	Te doen	VANDEDRINC	K, ES 🔽	Huisa	arts	
	12/03/2014 Onderzoek	diabetischevoet	Te doen	VANDE KERCK	HOS 🔽	Verpl	eegkundige	
	11/06/2014 DiabetesSp	reekUur, educator	Te doen	VANDE KERCK	-		eegkundige	
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	05/09/2014 vaccin griep							
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Illness prevention & Health promotion

- Individual illness prevention
- Group-based illness prevention
 - Health promotion



Global Partners

- Canadian Association of Community Health Centres
 - Twitter: <u>@CACHC_ACCSC</u>
- <u>Community Health Australia</u>
 - Twitter: <u>@CHCAustralia</u>
- European Forum for Primary Care
 - Twitter: <a>@PrimaryCare4um
- US National Association of Community Health Centers
 - Twitter: <u>@NACHC</u>











The contribution of Primary Care and Family Medicine to the Sustainable Development Goals.

- **1.** The sustainable development goals
- 2. The changing society
- 3. Primary Health Care Performance Initiative
- 4. Wonca: Family Medicine and Primary Health Care improvement
- 5. Primary Health Care in Africa
- 6. COPC: linking Primary Care and Public Health
- 7. The role of patients/people
- 8. Conclusion



"Global and local: Public Health and Primary" Care in action!"

IAPO Chair: Jolanta Bilińska

The contribution of Primary Care and Family Medicine to Sustainable Development Goals

✓ IAPO is a Unique Global Alliance :

- ✓ Set-up nearly 17 years ago
- ✓ Over 250 national, regional and international members
 - In over 60 countries
 - Cross-disease member organisations covering over 50 main WHO ICD 10 disease classifications
 - Serves interests of over 350 million patients
- OUR VISION: To see patients at the centre of healthcare throughout the World
- ✓ OUR MISSION: To build patient-centred healthcare worldwide.
- ✓ A GOOD PRIMARY CARE: essential for chronically ill patients to participate in SDG 2030

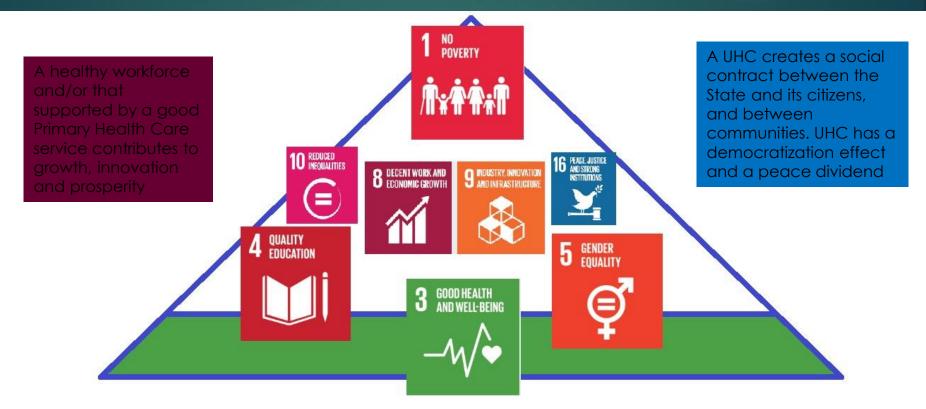
Chronically ill patients are not a burden on economic, social and cultural development of a country, they can be very effective contributors towards SDG2030 if supported by a good primary health care system



A good accessible primary health care service prevents need for emergency and acute need later. A chronically ill child can attend school, a woman can attend to her small-holding farm and business, and a man can keep on working and supporting his family.

A good primary care is an essential part of the UHC matrix-it saves money in the long run through its prevention programmes

SDG 3.8 (UHC) CENTRAL TO ACHIEVING ALL OTHER SDGS, AND A GOOD PRIMARY CARE ESSENTIAL FOR UHC!



- A chronically ill child will not be able to access education without access to UHC
- A woman rife with malaria parasites and who lacks reproductive health care cannot participate in education or work
- A middle-aged man with a NCD cannot participate in economic development

PATIENTS ASK FOR A PRIMARY HEALTH CARE SERVICE :

That has a sufficient quantity available of functioning and effective health care facilities, services, medicines, devices and other health goods that are:

- ► Affordable
- Accessible
- Acceptable
- Of an accredited quality
- ► Safe

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History of the forum

- Created in 2005
- The European Forum for Primary Care is situated at the NIVEL institute in the Netherlands.
- Board members from Belgium, UK, Italy, Sweden, Slovenia, Hungary, the Netherlands, Greece, Latvia, ...
- The patient perspective as a starting point for service delivery!





Multi-professional membership network

- Members from the 3 levels: Policy, Research & Practice
- 100 institutional & 60 individual members

Activities of the Forum:

- Website & Two weekly Newsflash
- Position Papers in development
 - PC and Interprofessional Education
 - PC and Roma patients
- Conferences/workshops
 - Amsterdam 30 Aug/1 Sept 2015, "Integrated Primary Care: Research, Policy & Practice"
 - Riga 5/6 Sept 2016, "Cross-cutting Informal Care and Primary Care"
- Advocacy (EU, National Governments, WHO)
 - Coordinated/Integrated Health Services Delivery (CIHSD) WHO consultation
 - EC EXPH Expert Panel on Effective Ways of Investing in Health
- Multi Country Study Visits
 - Visits to Primary Care innovations based on WHR 2008



The Future of Primary Care in Europe



european forum

«Cross-cutting Informal Care & Professional Primary Care»

Rīgas Stradiņa universitāte 11th EFPC conference 5/6 SEPTEMBER RIGA 2016 

Sustainable health systems in the 21st century should be built on:

- Relevance
- Equity
- Quality
- Cost-effectiveness
- Sustainability
- Person- and people-centredness
- Innovation

The FP in the PHC-team has a role to play... Now more than ever!

Thank you... jan.demaeseneer@ugent.be







WHO Collaborating Centre on PHC











FACULTEIT GENEESKUNDE EN GEZONDHEIDSWETENSCHAPPEN









Jan.DeMaeseneer@ugent.be

Ghent University