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

WELCOME!

SIDE EVENT OF THE SIXTY-NINTH WORLD HEALTH ASSEMBLY
“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
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
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.
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
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
“Sustainable Development Goals”

New York, UN 25 September 2015
The Global Goals for Sustainable Development

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice Strong Institutions
17. Partnerships 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
Primary health care and the Sustainable Development Goals

After the eight Millennium Development Goals (MDGs) that have shaped progress in the past 15 years, Sustainable Development Goals (SDGs) were adopted by governments at the UN General Assembly in September 2015. SDGs explicitly relate to health—to "Ensure healthy lives and promote well-being for all in all ages." This goal is linked to reproductive and child health, non-communicable diseases, nutrition, and environmental health coverage (full tobacco control, vector and mosquito control, and more).

When supported and with aligned political domains, primary health care can achieve reductions in mortality and morbidity at a much lower cost than other health interventions. In 2013, the Lancet Commission on health and population emphasized that "The failures of the past..." National governments and other stakeholders need to be ambitious in measuring progress towards delivery of primary health care that will address the SDGs. This monitoring includes the use of indicators that can capture "...the tears of the future..."

Yet investment in realizing the full potential of primary health care still seems elusive to many governments, policy makers, funders, and health-care providers. Therefore, 7 years after the World Health Report and The Lancet Series on primary health care, and 17 years after the Alma Ata declaration, the absence of reference to primary health care on the SDGs agenda is surprising and disappointing. This omission is a missed opportunity to strengthen health systems and address the health needs of all people, including those who are farthest behind in achieving the SDGs.

"Luis M Pettigrew, Jan De Moeseneer, Maria-Inez Podulo Anderson, Akye Essuman, Michael R Kidd, Andy Haines. Department of Health Services Research and Policy (LMP), and Department of Social and Environmental Health Research (AHR), Faculty of Public Health and Policy, London School of Hygiene & Tropical Medicine, London WC1N 3BG, UK. Department of Family Medicine and Primary Health Care, Ghent University, Ghent, Belgium (JDM); Department of Family and Community Medicine, Río de Janeiro State University, Río de Janeiro, Brazil (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@lsehmm.ox.ac.uk}
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
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 care, research, and medical education: a cross-sectional study

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 largely configured for individual diseases rather than multimorbidity. We examined the distribution of multimorbidity, 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

Socio-economic inequalities in health

Healthy life expectancy in Belgium, 25 years, men

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
Approaches to Primary Health Care

- **Alma Ata**
  - Health system strategy for attaining health for all

- **Selective PHC**
  - Limited set of health services
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
“Inequity by disease” becomes an increasing problem both in developed and developing countries

See www.15by2015.org
### Distribution of MUST* Alumni

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently in Uganda</td>
<td>687 (88%)</td>
</tr>
<tr>
<td>Work for:</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>270 (35%)</td>
</tr>
<tr>
<td>NGO or Private</td>
<td>510 (65%)</td>
</tr>
<tr>
<td>HIV related NGO</td>
<td>383 (51%)</td>
</tr>
<tr>
<td>Effort dedicated to HIV</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>119 (15.8%)</td>
</tr>
<tr>
<td>Less than 50%</td>
<td>317 (42.2%)</td>
</tr>
<tr>
<td>Over 50%</td>
<td>314 (42.0%)</td>
</tr>
<tr>
<td>Donor program not HIV</td>
<td>169 (22.5%)</td>
</tr>
</tbody>
</table>

*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.”
Tackling NCDs: a different approach is needed

The NCD Alliance\(^1\) 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\(^6\).\(^9\) 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.\(^10\)
Tackling NCDs: a different approach is needed

The NCD Alliance\(^1\) 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.\(^2\)

"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, Gent, 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)
Resolution WHA62.12 “Primary Health Care, including health systems strengthening”

The World Health Assembly, urges member states: … (6) to encourage that vertical programmes, including disease-specific 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*
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.
Strong primary health care is the foundation of healthy communities.

www.PHCperformanceinitiative.org
Report of the
EXPERT PANEL ON EFFECTIVE WAYS
OF INVESTING IN HEALTH (EXPH)
on
Definition of a Frame of Reference in relation to Primary Care with a special emphasis on Financing Systems and Referral Systems
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.'
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
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.
Welcome the draft Global Strategy on Human Resources for Health: Workforce 2030 and the draft framework on integrated people-centred 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
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.
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
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
Stigma, medication adherence and coping mechanism among people living with HIV attending General Hospital, Lagos Island, Nigeria
Adekemi O. Sekoni, Adebayo R. Obispo, Mobolaleye R. Bologun

Potential for the specialty of Family Medicine in Botswana: A discussion paper
Lucie Persoons, Patrice Rijten, Deagatrinus O. Mabuka, Othokwana Nkosa

Determinants of patient satisfaction with outpatient health services at public and private hospitals in Addis Ababa, Ethiopia
Taye Teka, Mirkosie Wolde, Shimeles Hotso

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
Alessi Nkumba, Vera Scott, Emannal Igumbor
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

- South Africa
- Botswana
- N. Sudan
- Uganda
- Mali

0 20 40 60

- Doctors
- Nurses
- Midwives
50%
Scaling up Family Medicine and Primary Health Care in Africa: Statement of the Primafamed network, Victoria Falls, Zimbabwe

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 62.12\(^1\), 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 Strategy\(^2\) and the WHA resolution 59.23: ‘Rapid Scaling Up of Health Workforce.’\(^3\)
Community-based Health and Planning Services (CHPS):

A national mechanism to deliver essential community based health services through CHO (Community Health Officers).

Primary focus is communities in deprived sub-districts.
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)
The desired Rwandan medical doctor

1. INTRODUCTION TO SOCIAL AND COMMUNITY MEDICINE WITHIN THE PRACTICE OF MEDICINE
   - Population Health 1
   - Health systems 1
   - Social Medicine 1
   - Communication 1
   - Professionalism 1
   - Population Health 2
   - Health systems 2
   - Social Medicine 2
   - Communication 2
   - Professionalism 2

2. DEVELOPING POPULATION HEALTH CARE
   - Population Health 3
   - Health systems 3
   - Social Medicine 3
   - Communication 3
   - Professionalism 3

3. PRIMARY HEALTH CARE AND COMMUNITY MEDICINE IN PRACTICE
   - Population Health 4
   - Health systems 4
   - Social Medicine 4
   - Communication 4
   - Professionalism 4

4. THE PROFESSIONAL MEDICAL DOCTOR
   - Continuation of the principles and practices of community medicine during the senior clerkships

SOCO UNIVERISTY OF RWANDA
Social and Community Medicine Training
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 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
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): community diagnosis
COPC in Londrina (Brazil): community diagnosis
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 toddlers, leading to feeding problems, crying, not sleeping,...

Project coordinated by Prof. S. Willems
A dentist? I cannot afford that.

I don’t know where to find a dentist

I’m doing Fristi in his bottle to stop him cry

My child is afraid of the dentist and to be honest, me too

Focus Group sessions – involving the community

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-Europe)
- no previous dentist consultations

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 1978 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, 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, 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”.

*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)
cvanweel@hag.umcn.nl

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

Learn more at: www.ifchc2013.org
Objectives

The core goals of the IFC HC 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.
INTERDISCIPLINARY TEAM

- Family physicians
- Administrative staff and receptionist
- Ancillary staff
- Dentists
- Dietician
- Health promotion worker
- Social workers
- Nurses

External health care workers: physiotherapists, psychologists,…
Competency sharing

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

- 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, budget planning
  - 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

**Shared Electronic Patient Record**

---

**Table: Medication**

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Brand</th>
<th>A</th>
<th>Z</th>
<th>Zorgaanpakken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformine</td>
<td>02/03/2013</td>
<td>Sandostab 110x50mg</td>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asfamol tab 14x10mg</td>
<td>02/03/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simvastatin Sandostab 100x20mg</td>
<td>02/03/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table: Vaccinations**

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Brand</th>
<th>A</th>
<th>Z</th>
<th>Zorgaanpakken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformine</td>
<td>02/03/2013</td>
<td>Sandostab 110x50mg</td>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asfamol tab 14x10mg</td>
<td>02/03/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simvastatin Sandostab 100x20mg</td>
<td>02/03/2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table: Planning**

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Status</th>
<th>Presteeder</th>
<th>Specialiteit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabeteskliniek, educatie</td>
<td>05/09/2013</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
<tr>
<td>Diabetologie</td>
<td>05/09/2013</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
</tbody>
</table>

**Contact**

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roadlegging</td>
<td>11/03/2014</td>
</tr>
<tr>
<td>Roadlegging</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>Roadlegging</td>
<td>01/10/2013</td>
</tr>
</tbody>
</table>

---

**Diabeteskliniek, educatie**

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Presteeder</th>
<th>Specialiteit</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/09/2013</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
<tr>
<td>05/09/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Roadlegging**

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Presteeder</th>
<th>Specialiteit</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03/2014</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
<tr>
<td>11/03/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/06/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/10/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Diabetologie**

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Presteeder</th>
<th>Specialiteit</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/09/2013</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
<tr>
<td>05/09/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Roadlegging**

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Presteeder</th>
<th>Specialiteit</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03/2014</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
<tr>
<td>11/03/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/06/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/10/2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/09/2013</td>
<td></td>
<td>VANDERDRICK, E</td>
<td>E,</td>
</tr>
</tbody>
</table>
Illness prevention & Health promotion

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

- **Canadian Association of Community Health Centres**
  - Twitter: @CACHC_ACCSC
- **Community Health Australia**
  - Twitter: @CHCAustralia
- **European Forum for Primary Care**
  - Twitter: @PrimaryCare4um
- **US National Association of Community Health Centers**
  - Twitter: @NACHC
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 SDG 2030 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

A UHC creates a social contract between the State and its citizens, and between communities. UHC has a democratization effect and a peace dividend.

A healthy workforce and/or that supported by a good Primary Health Care service contributes to growth, innovation and prosperity.
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
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
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

«Cross-cutting Informal Care & Professional Primary Care»

11th EFPC conference
5/6 SEPTEMBER
RIGA 2016

Conference fees

- Students: € 175
- Early bird EFPC members: € 225
- Early bird Non members: € 400
- EFPC members: € 325
- Non members: € 500
- Pre-conference Sunday 4/9 + € 100

Early bird ends June 16
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