



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



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**
- 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

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



THE GLOBAL GOALS

For Sustainable Development

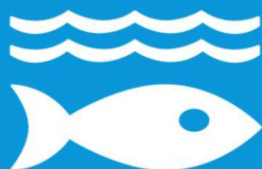
12 RESPONSIBLE CONSUMPTION AND PRODUCTION



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 that have shaped progress in the past 15 years, 17 Sustainable Development Goals (SDGs) were adopted by governments at the UN General Assembly in September, 2015. SDG3 explicitly relates to health—to “Ensure healthy lives and promote well-being for all at all ages”. This goal is to “reduce global road deaths, deaths to reproductive and maternal diseases, non-communicable diseases, and deaths to environmental health hazards, and increase health coverage (UHC) through tobacco control, vaccination, and workforce, and gender equality”.¹ When supported and with aligned political domains, progress in achievement of SDG3 differences are in the organisation of primary health resources available in SDG3—related to communicable diseases, multimorbidity, and problems—can be a

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and population-based approach to primary health care.^{2,3} 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.³⁻⁸ Moreover, primary health care can contribute to the achievement of many of the 16 other SDGs; for example, 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.

Yet investment in realising 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 37 years since the Alma-Ata declaration, the absence of reference to their targets in the SDGs could be dispensable and development; or, integral to the goal or target. Let us not do so with the existing factors to primary health care in many countries as “the scarcity of resources and its misallocation and its mis-use for other purposes”.⁹ If the agenda is to deliver good-quality primary health care, or how to avoid repeating 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

For Sustainable Development Goals (SDGs) see <http://sustainabledevelopment.un.org/topics>

For the World Health Report and The Lancet Series on primary health care see <http://www.thelancet.com/series/alma-ata-rebirth-and-revision>

For the report *Closing the Gap in a Generation* see http://www.who.int/social_determinants/the-commitment/2016report/en/



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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 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-

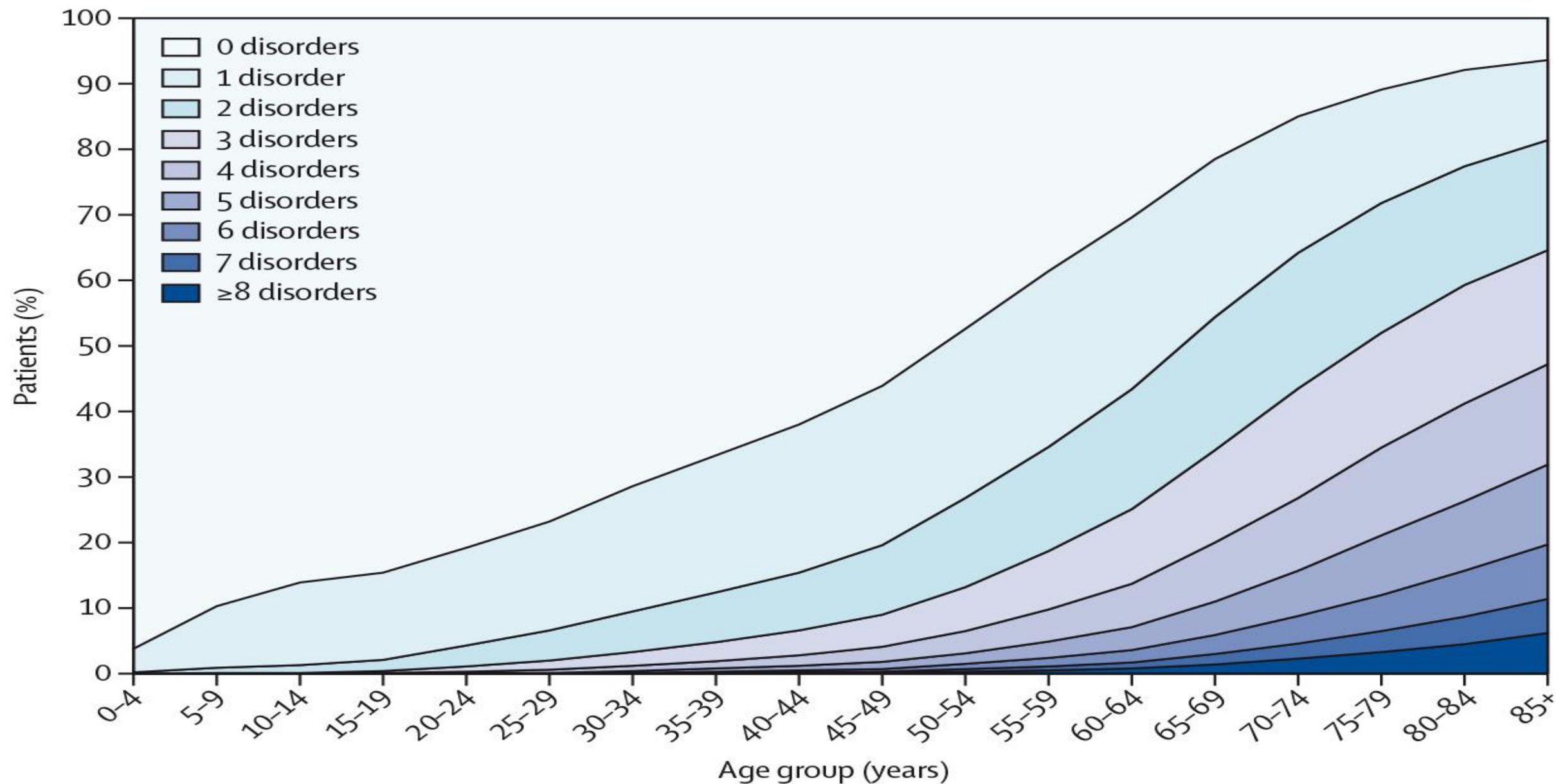


Figure 1: Number of chronic disorders by age-group

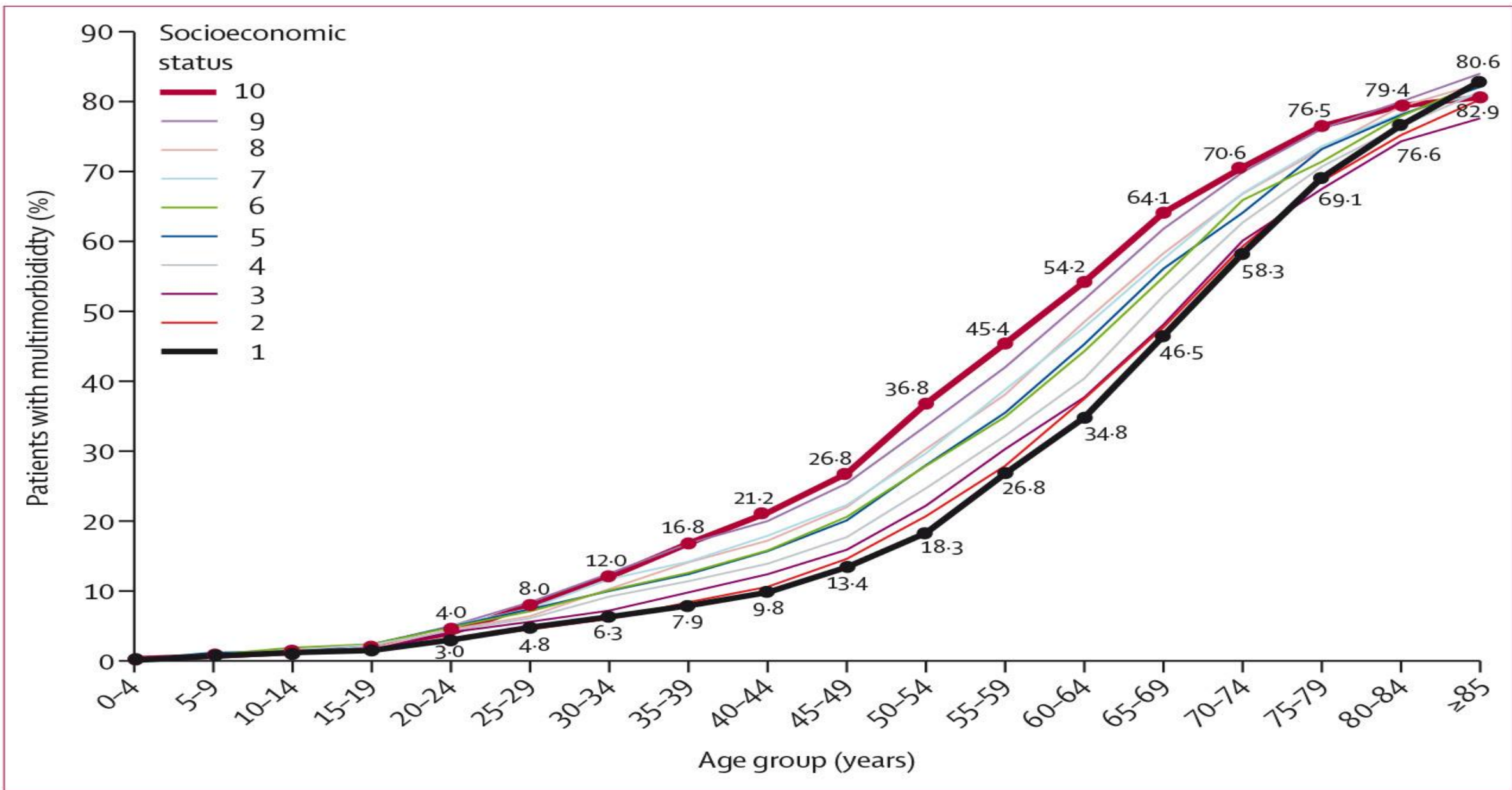


Figure 2: Prevalence of multimorbidity by age and socioeconomic status

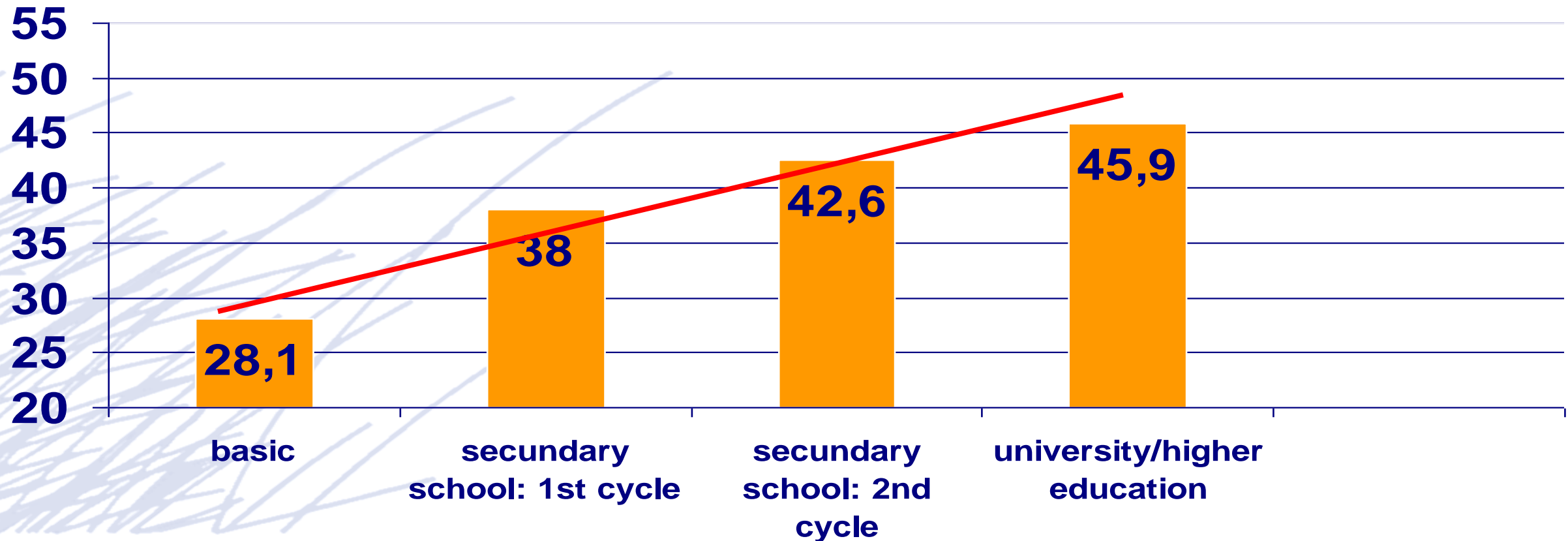
On socioeconomic status scale, 1=most affluent and 10=most deprived.

Healthy life expectancy in Belgium

(Bossuyt, et al. Public Health 2004)

Socio-economic inequalities in health

Healthy life expectancy in Belgium, 25 years, men



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Approaches to Primary Health Care

Alma Ata

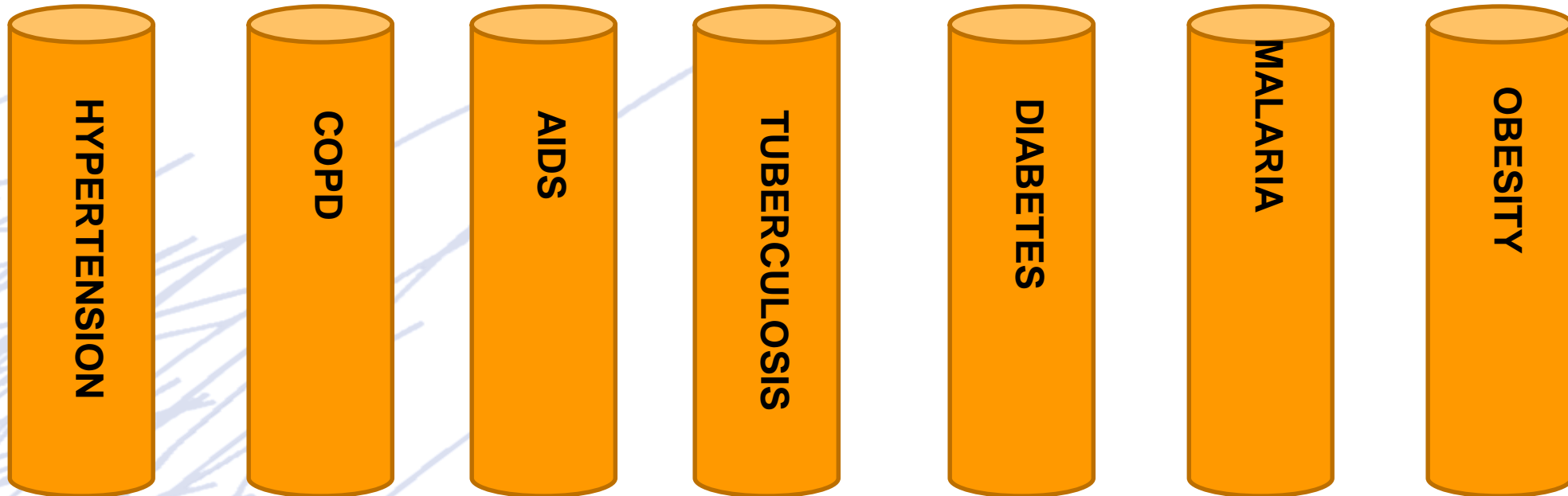
- Health system strategy for attaining health for all

Selective PHC

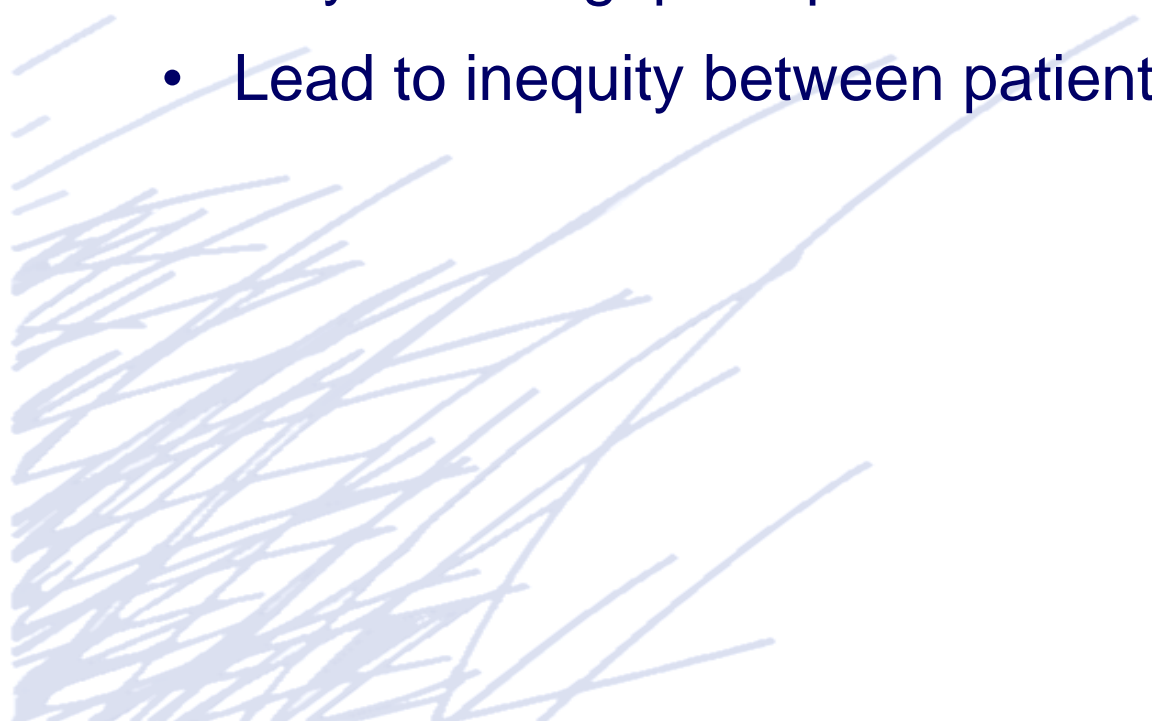
- Limited set of health services

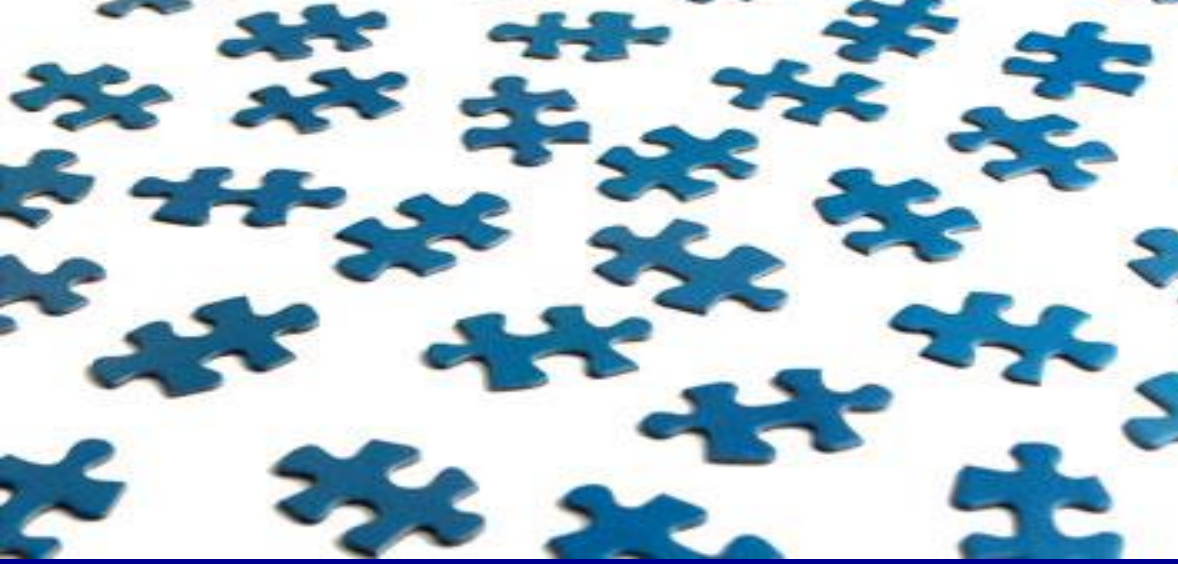
Vertical Disease Oriented Approach

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

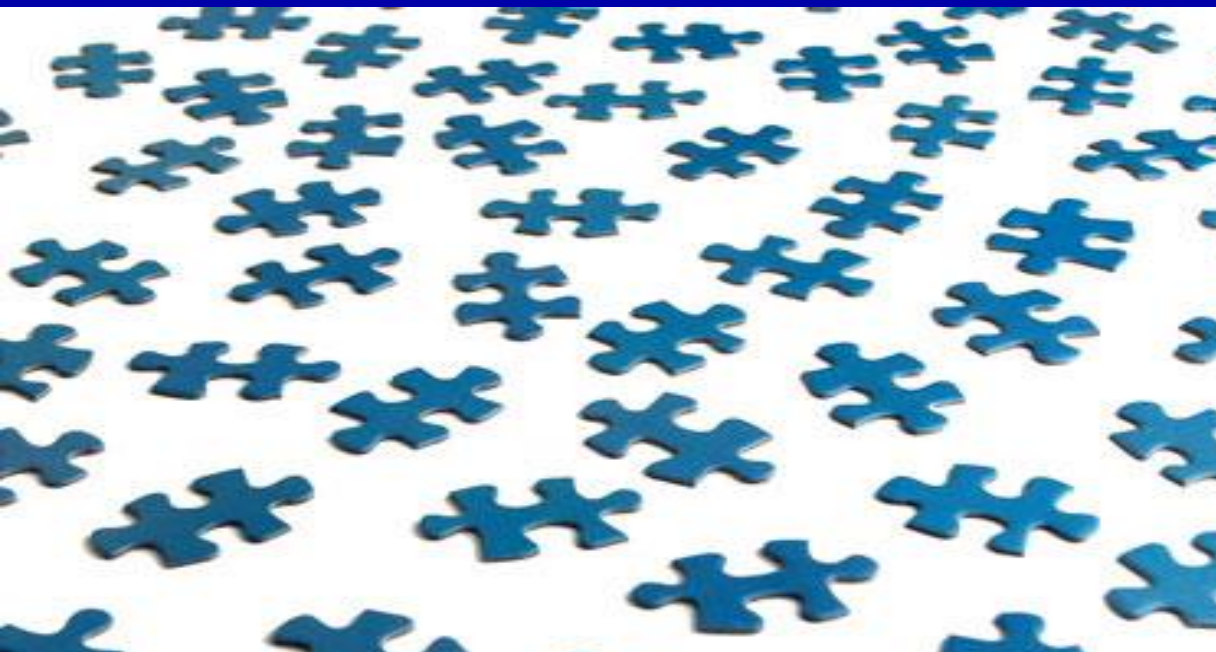


The challenge: vertical disease- oriented programs and multimorbidity

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



FRAGMENTATION



**“Inequity by disease” becomes an increasing problem both
in developed and developing countries**

For more information, see www.15by2015.org

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



15 by 2015

*“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 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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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

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.**

BILL & MELINDA
GATES foundation

 **THE WORLD BANK**
IBRD • IDA | WORLD BANK GROUP


World Health
Organization

In partnership with:

 **ARIADNE LABS**

 **RESULTS FOR
DEVELOPMENT**

PHCPI Website



Strong primary health care is the
foundation of healthy communities.

HOW CAN WE IMPROVE PRIMARY HEALTH CARE?

www.PHCperformanceinitiative.org





European
Commission



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**

Health and
Consumers

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 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





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 ICDPC in patient records

ICPC-2 - English International Classification of Primary Care - 2 nd Edition Wonca International Classification Committee (WICC)	
Process codes	
-30	Medical Exam/Eval-Complete
-31	Medical Examination/Health Evaluation-Partial/Pre-ep check
-32	Sensitivity Test
-33	Microbiological/Immunological Test
-34	Blood Test
-35	Urine Test
-36	Faeces Test
-37	Histological/Exfoliative Cytology
-38	Other Laboratory Test NEC
-39	Physical Function Test
-40	Diagnostic Endoscopy
-41	Diagnostic Radiology/Imaging
-42	Electrical Treaties
-43	Other Diagnostic Procedures
-44	Preventive Injections/Medications
-45	Observe/Educate/Advice/Diet
-46	Consult with Primary Care Provider
-47	Consultation with Specialist
-48	Clarification/Discuss Patient's RFE
-49	Other Preventive Procedures
-50	Medical-Script/Recpt/Renew/Inject
-51	Inject/Drain/Flush/Aspirate
-52	Excise/Remove/Biopsy/Debridement/Dabride
-53	Instrument/Catheter/Incubate/Dilate
-54	Repair/Fixate-Suture/Cast/Prosthetic
-55	Local Injection/Infiltration
-56	Dress/Press/Compress/Tamponade
-57	Physical Medicine/Rehabilitation
-58	Therapeutic Counselling/Listening
-59	Other Therapeutic Procedure NEC
-60	Results Tests/Procedures
-61	Results Exam/Test/Record
-62	Administrative Procedures
-63	Follow-up Encounter Unspecified
-64	Encounter Initiated by Provider
-65	Encounter Initiated third person
-66	Refer to Other Provider (EXCL. M.D.)
-67	Referral to Physician/Specialist/Clinic/Hospital
-68	Other Referrals NEC
-69	Other Reason for Encounter NEC
General and Unspecified A	
A01	Pain general/multiple sites
A02	Chills
A03	Fever
A04	Weakness/tiredness general
A05	Fatigue
A06	Fainting/syncope
A07	Coma
A08	Swelling
A09	Sweating problem
A10	Bleeding/haemorrhage NOS
A11	Chest pain NOS
A12	Concern/fear medical treatment
A13	Irritable infant
A14	Concern about appearance
A15	Euthanasia request/discussion
A16	Risk factor for malignancy
A17	Risk factor NOS
A18	Fear of death/dying
A19	Fear of cancer NOS
A20	Fear of other disease NOS
A21	Limited function/disability NOS
A22	General symptom/complaint other
A23	Tuberculosis
A24	Measles
A25	Cholera
A26	Malaria
A27	Rubella
A28	Infectious mononucleosis
A29	Viral exanthem other
A30	Viral disease other/NOS
A31	Infectious disease other/NOS
A32	Malignancy NOS
A33	Trauma/injury NOS
A34	Multiple trauma/injuries
A35	Secondary affect of trauma
A36	Poisoning by medical agent
A37	Adverse effect medical agent
A38	Toxic effect non-medical substance
A39	Contraindication of medical treatment
A40	Adverse effect physical factor
A41	Effect prosthetic device
A42	Congenital anomaly CE/head/face
A43	Abnormal result investigation NOS
A44	Allergy/allergic reaction NOS
A45	Premature newborn
A46	Perinatal morbidity other
A47	Perinatal mortality
A48	Death
A49	No disease
A50	Health maintenance/prevention
A51	General disease NEC

Blood, Blood Forming Organs and Immune Mechanism B	
B02	Lymph gland(s) enlarged/painful
B03	Blood symptom/complaint
B04	Fear of aids/HIV
B05	Fear cancer blood/lymph
B06	Fear blood/lymph disease other
B07	Limited function/disability
B08	Sympt/compl lymph/leukaemia other
B09	Lymphadenitis acute
B10	Lymphadenitis non-specific
B11	Hodgkin's disease/lymphoma
B12	Leukaemia
B13	Malignant neoplasm blood other
B14	Benign/unspecified neoplasm blood
B15	Ruptured spleen traumatic
B16	Injury blood/lymph/spleen other
B17	Hereditary haemolytic anaemia
B18	Consen. anom. blood/lymph other
B19	Iron deficiency anaemia
B20	Anaemia, Vitamin B12/folate def.
B21	Anaemia other/unspecified
B22	Purpura/coagulopathy defect
B23	Unexplained abnormal white cells
B24	Splenomegaly
B25	HIV-infection/aids
B26	Blood/lymph/spleen disease other
PROCESS CODES	
SYMPTOMS/COMPLAINTS	
INFECTIONS	
NEOPLASMS	
INJURIES	
CONGENITAL ANOMALIES	
OTHER DIAGNOSES	
Digestive D	
D01	Abdominal pain/cramps general
D02	Abdominal pain epigastric
D03	Heartburn
D04	Rectal/anal pain
D05	Perianal itching
D06	Abdominal pain localized other
D07	Dyspepsia/indigestion
D08	Flatulence/gas/belching
D09	Nausea
D10	Vomiting
D11	Diarrhoea
D12	Constipation
D13	Isaenidice
D14	Haematemesis/vomiting blood
D15	Melaena
D16	Rectal bleeding
D17	Incontinence of bowel
D18	Change faeces/bowel movements
D19	Teeth/gum symptom/complaint
D20	Mouth/tongue/lip symptom/compl.
D21	Swallowing problem
D22	Hepatomegaly
D23	Abdominal mass NOS
D24	Abdominal distention
D25	Fear of cancer of digestive system
D26	Fear of digestive disease other
D27	Limited function/disability (d)
D28	Digestive symptom/complaint other
D29	Gastrointestinal infection
D30	Mumps
D31	Viral hepatitis
D32	Gastroenteritis presumed infection
D33	Malignant neoplasm stomach
D34	Malignant neoplasm colon/rectum
D35	Malignant neoplasm pancreas
D36	Malign. neoplasm digest other/NOS
D37	Neoplasm digest benign/uncertain
D38	Foreign body digestive system
D39	Injury digestive system other
D40	Consen. anomaly digestive system
D41	Teeth/gum disease
D42	Mouth/tongue/lip disease
D43	Cesophagus disease
D44	Duodenal ulcer
D45	Peptic ulcer other
D46	Stomach function disorder
D47	Appendicitis
D48	Inguinal hernia
D49	Hiatus hernia
D50	Abdominal hernia other
D51	Diverticular disease
D52	Irritable bowel syndrome
D53	Chronic enteritis/ulcerative colitis
D54	Anal fissure/perianal abscess
D55	Worms/other parasites
D56	Liver disease NOS
D57	Cholecystitis/cholelithiasis
D58	Disease digestive system, other

Eye E	
E01	Eye pain
E02	Red eye
E03	Eye discharge
E04	Visual floaters/spots
E05	Visual disturbance other
E06	Eye sensation abnormal
E07	Eye movements abnormal
E08	Eye appearance abnormal
E09	Swelled symptom/complaint
E10	Classen symptom/complaint
E11	Contact lens symptom/complaint
E12	Fear of eye disease
E13	Limited function/disability (f)
E14	Eye symptom/complaint other
E15	Conjunctivitis infectious
E16	Conjunctivitis allergic
E17	Blepharitis/eye/chalazion
E18	Eye infection/inflammation other
E19	Neoplasm of eye/adnexa
E20	Contusion/haemorrhage eye
E21	Foreign body in eye
E22	Injury eye other
E23	Blocked lacrimal duct of infant
E24	Congenital anomaly eye other
E25	Detached retina
E26	Retinopathy
E27	Macular degeneration
E28	Corneal ulcer
E29	Trachoma
E30	Refractive error
E31	Cataract
E32	Glaucoma
E33	Blindness
E34	Strabismus
E35	Eye/adnexa disease, other
Ear H	
H01	Ear pain/earache
H02	Hearing complaint
H03	Tinnitus, ringing/buzzing ear
H04	Ear discharge
H05	Bleeding ear
H06	Pugged feeling ear
H07	Concern with appearance of ears
H08	Fear of ear disease
H09	Limited function/disability ear
H10	Ear symptom/complaint other
H11	Otitis externa
H12	Acute otitis media/myringitis
H13	Serosa otitis media
H14	Eustachian salpingitis
H15	Chronic otitis media
H16	Neoplasm of ear
H17	Foreign body in ear
H18	Perforated ear drum/compl. other
H19	Superficial injury of ear
H20	Ear injury other
H21	Congenital anomaly of ear
H22	Excessive ear wax
H23	Vertiginous syndrome
H24	Otosclerosis
H25	Presbycusis
H26	Acoustic trauma
H27	Deafness
H28	Ear/mastoid disease, other
Cardiovascular K	
K01	Heart pain
K02	Pressure/tightness of heart
K03	Cardiovascular pain NOS
K04	Palpitations/awareness of heart
K05	Irregular heart beat other
K06	Prominent veins
K07	Swollen ankles/oedema
K08	Risk factor cardiovascular disease
K09	Fear of heart disease
K10	Fear of hypertension
K11	Fear cardiovascular disease other
K12	Limited function/disability (k)
K13	Cardiovascular sympt./compl. other
K14	Infection of circulatory system
K15	Rheumatic fever/heart disease
K16	Neoplasm cardiovascular
K17	Congenital anomaly cardiovascular
K18	Ischaemic heart disease w. angina
K19	Acute myocardial infarction
K20	Ischaemic heart disease w/o angina
K21	Heart failure
K22	Atrial fibrillation/flutter
K23	Paroxysmal tachycardia
K24	Cardiac arrhythmia NOS
K25	Heart/arterial murmur NOS
K26	Pulmonary heart disease
K27	Heart valve disease NOS
K28	Heart disease other
K29	Elevated blood pressure
K30	Hypertension uncomplicated
K31	Hypertension complicated
K32	Postural hypotension
K33	Transient cerebral ischaemia
K34	Stroke/cerebrovascular accident
K35	Cerebrovascular disease
K36	Atherosclerosis/PVD
K37	Pulmonary embolism
K38	Phlebitis/thrombophlebitis
K39	Varicose veins of leg
K40	Haemorrhoids
K41	Cardiovascular disease other

Musculoskeletal L	
L01	Neck symptom/complaint
L02	Back symptom/complaint
L03	Low back symptom/complaint
L04	Chest symptom/complaint
L05	Flank/axilla symptom/complaint
L06	Low jaw symptom/complaint
L07	Shoulder symptom/complaint
L08	Arm symptom/complaint
L09	Elbow symptom/complaint
L10	Wrist symptom/complaint
L11	Hand/finger symptom/complaint
L12	Hip symptom/complaint
L13	Leg/high symptom/complaint
L14	Knee symptom/complaint
L15	Ankle symptom/complaint
L16	Foot/toe symptom/complaint
L17	Muscle pain
L18	Muscle symptom/complaint NOS
L19	Joint symptom/complaint NOS
L20	Fear of cancer musculoskeletal
L21	Fear musculoskeletal disease other
L22	Limited function/disability (l)
L23	Sympt/compl. Musculoskeletal other
L24	Infections musculoskeletal system
L25	Malignant neoplasm musculoskeletal
L26	Fracture: radius/ulna
L27	Fracture: tibia/fibula
L28	Fracture: hand/foot bone
L29	Fracture: femur
L30	Fracture: other
L31	Sprain/strain of ankle
L32	Sprain/strain of knee
L33	Sprain/strain of joint NOS
L34	Dislocation/subluxation other
L35	Injury musculoskeletal NOS
L36	Congenital anomaly musculoskeletal
L37	Neck syndrome
L38	Back syndrome w/o radiating pain
L39	Acquired deformity of spine
L40	Back syndrome with radiating pain
L41	Bursitis/tendinitis/synovitis NOS
L42	Rheumatoid/seropositive arthritis
L43	Osteoarthritis of hip
L44	Osteoarthritis of knee
L45	Osteoarthritis other
L46	Shoulder syndrome
L47	Tennis elbow
L48	Osteochondritis
L49	Osteoporosis
L50	Acute internal damage knee
L51	Neck/arm/leg/neck musculo.
L52	Acquired deformity of limb
L53	Musculoskeletal disease, other
Neurological N	
N01	Headache
N02	Pain face
N03	Restless legs
N04	Tingling fingers/feet/toes
N05	Sensation disturbance other
N06	Convulsion/seizure
N07	Abnormal involuntary movements
N08	Disturbance of smell/taste
N09	Vertigo/dizziness
N10	Paralysis/weakness
N11	Speech disorder
N12	Fear cancer neurological system
N13	Fear of neurological disease other
N14	Limited function/disability (n)
N15	Neurological symptoms/compl. other
N16	Poliomyelitis
N17	Meningitis/encephalitis
N18	Tetanus
N19	Neurological infection other
N20	Malignant neoplasm nervous system
N21	Benign neoplasm nervous system
N22	Neoplasm nervous system unspec.
N23	Convulsion
N24	Head injury other
N25	Injury nervous system other
N26	Congenital anomaly neurological
N27	Multiple sclerosis
N28	Parkinsonism
N29	Epilepsy
N30	Migraine
N31	Crieter headache
N32	Facial paralysis/bells palsy
N33	Trigeminal neuralgia
N34	Carpal tunnel syndrome
N35	Periheral neuritis/ neuropathy
N36	Tension headache
N37	Neurological disease, other

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.

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AFRICA



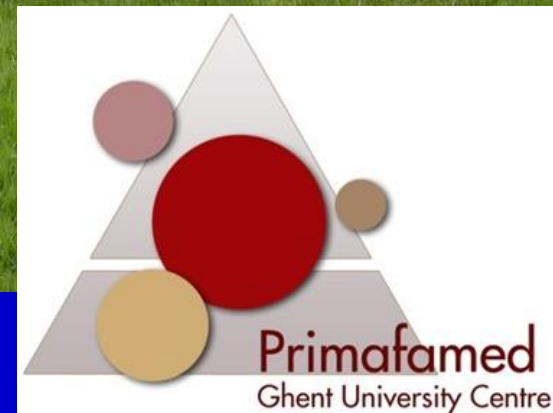
- **Editorial: Health systems and primary health care in the African Region**
- “Equitable and sustainable access to properly functioning health systems,...has not been attained across the Region.”

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

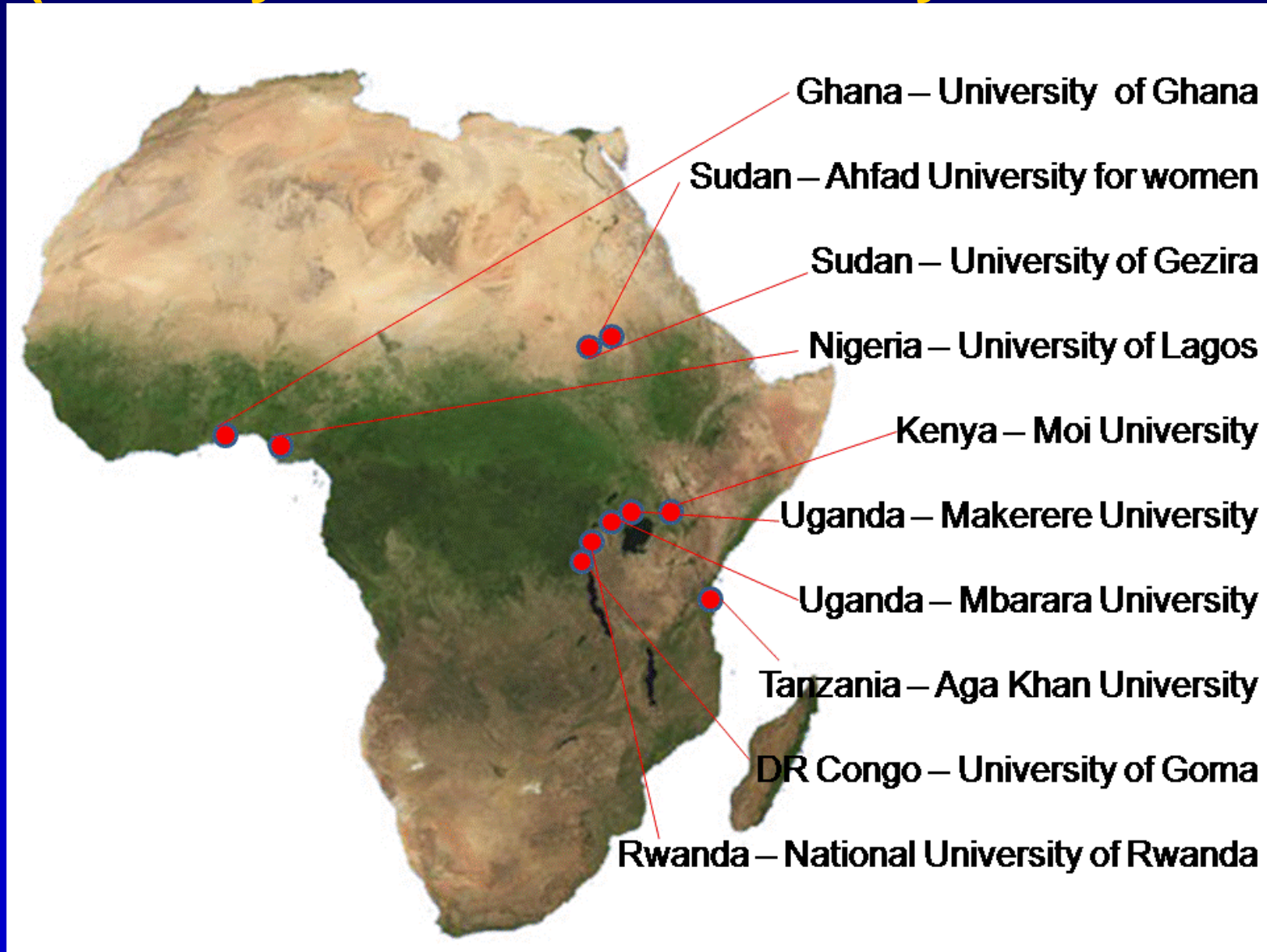
But all hope is not lost.....



PRIMAFAMED WORKSHOP NAIROBI 22nd MAY 2016



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



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*



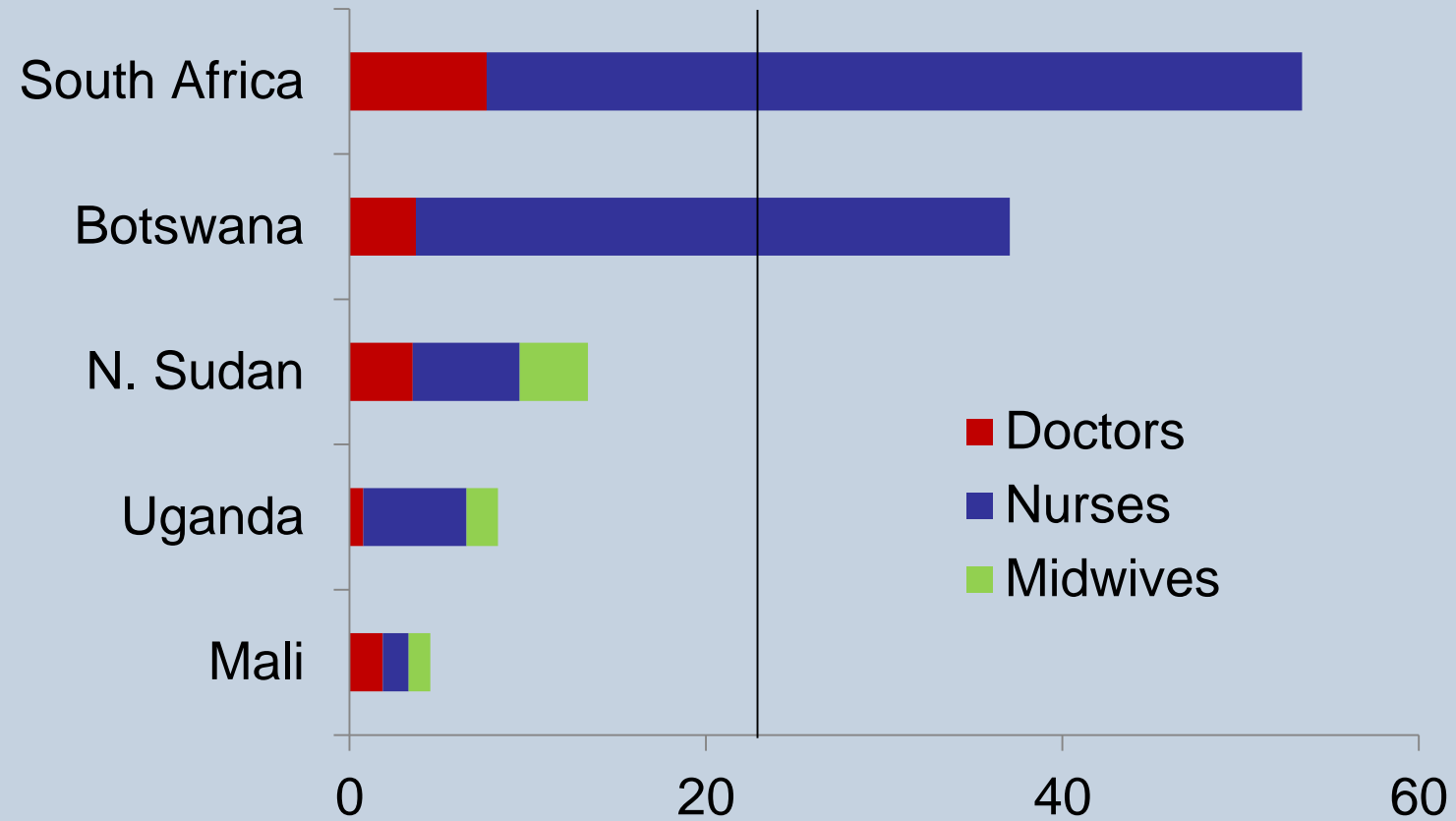
Human Resources for Primary Health Care in Africa (HURAPRIM)

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





50%

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 address:

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,

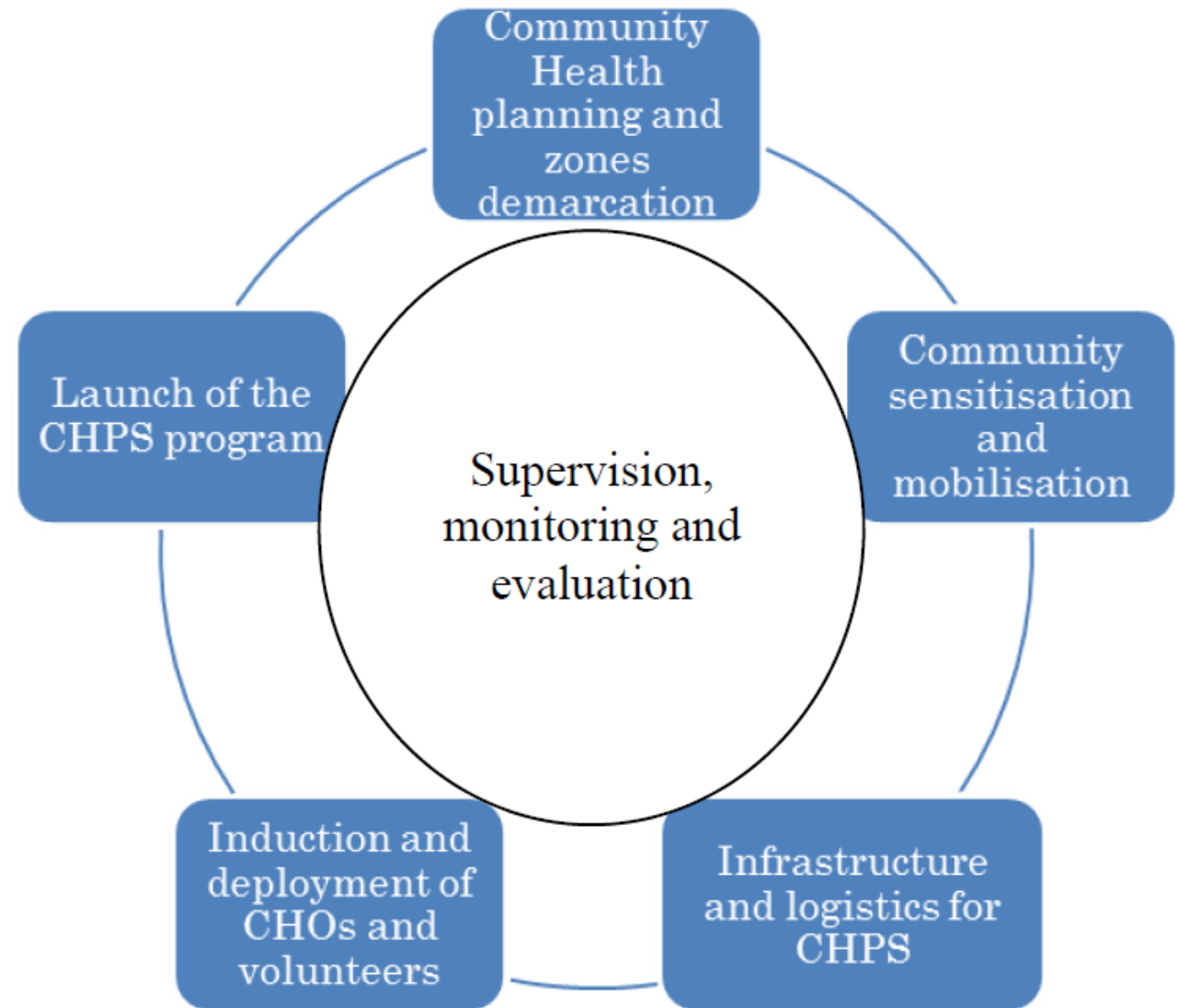
the WHO Global Health Workforce Strategy² and the WHA resolution 59.23: 'Rapid Scaling Up of Health Workforce.'³

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:

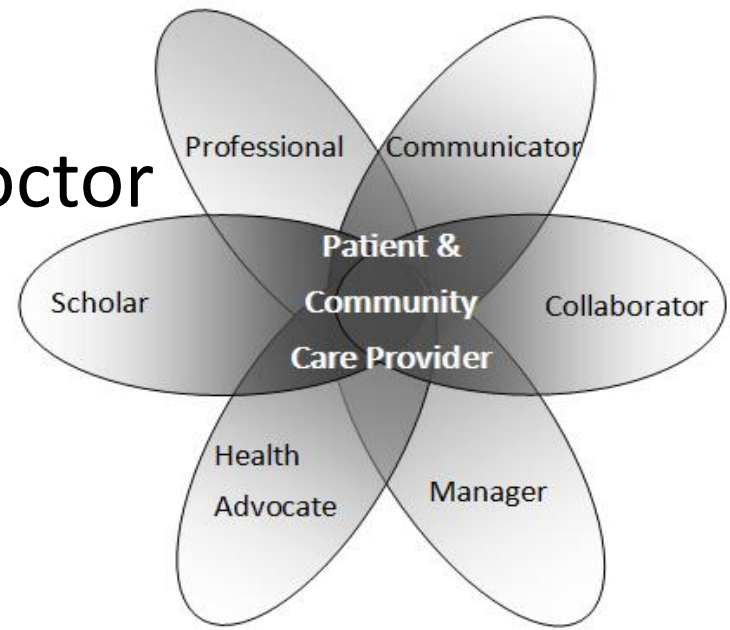
Strengthening health systems based on a primary health care approach

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**;.....

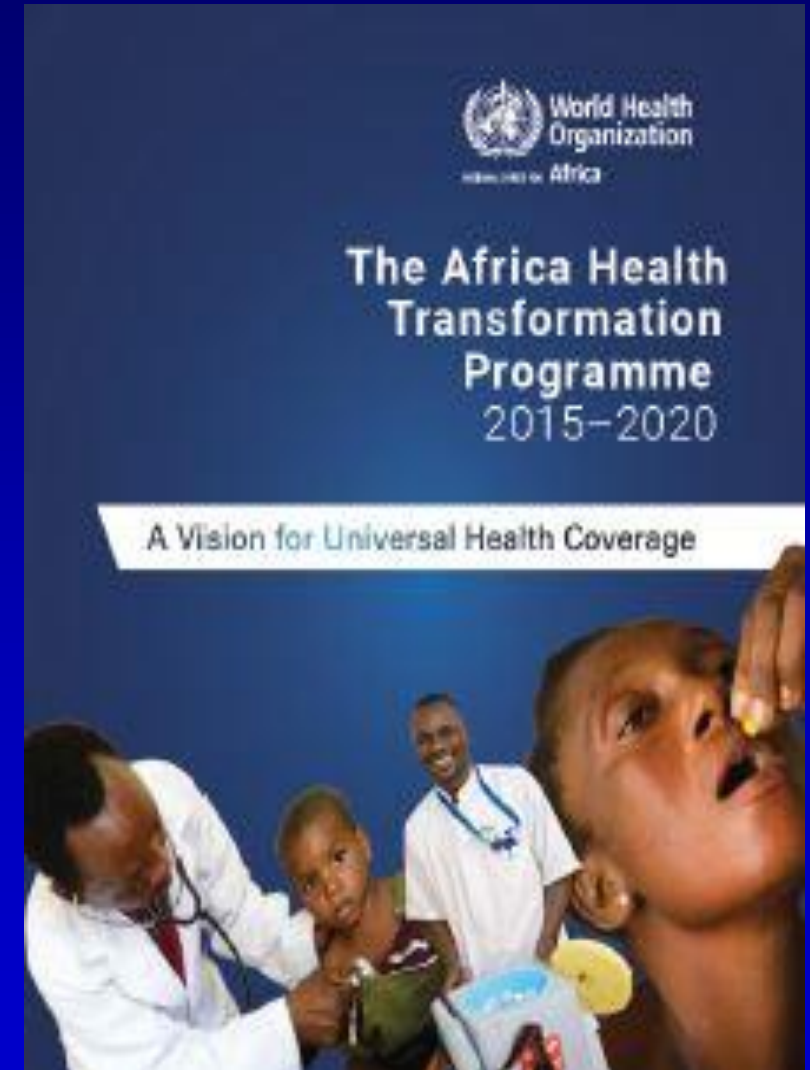
Current federal government recommitted to providing community clinics for every ward (i.e. community)

The desired Rwandan medical doctor



AFRICA

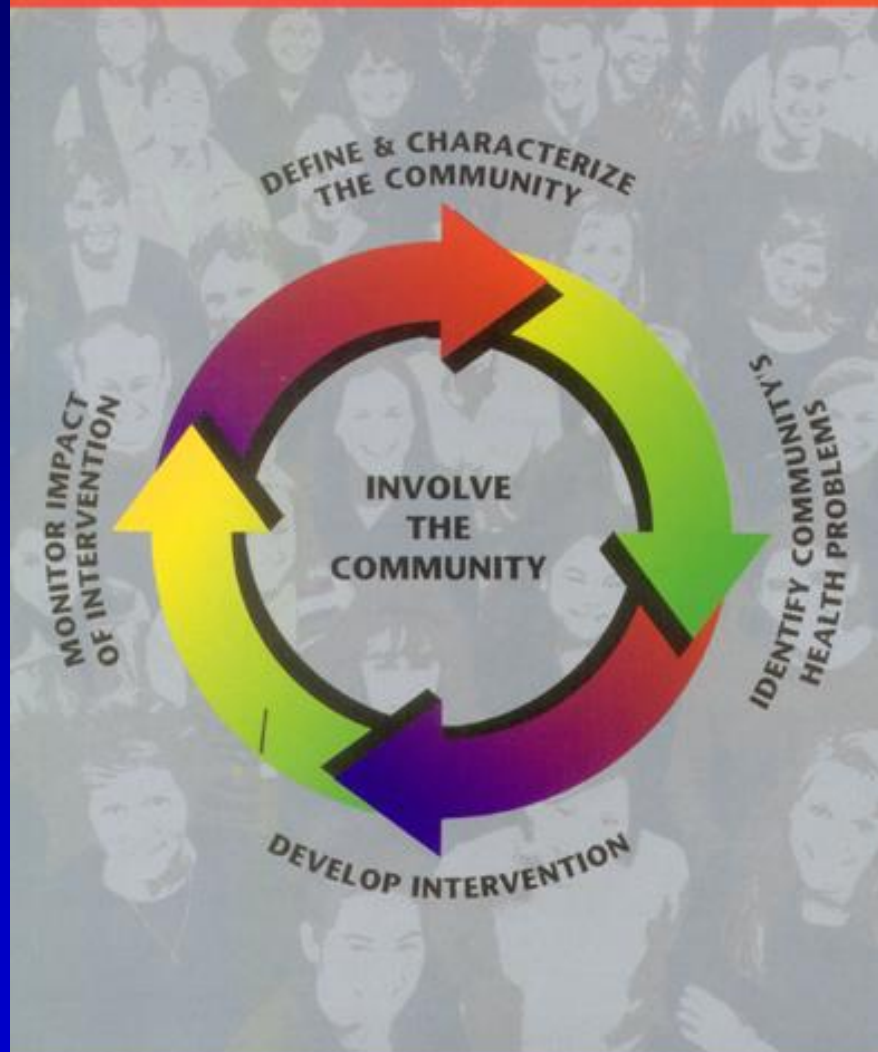
- **The Africa Health Transformation Programme 2015-2020**
A vision for universal health coverage
- With Africa rising, there is an opportunity and a responsibility for WHO to play a transformational role in the Region's once-in-a-generation opportunity to change the future through strengthened health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



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Community-Oriented Primary Care: Health 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



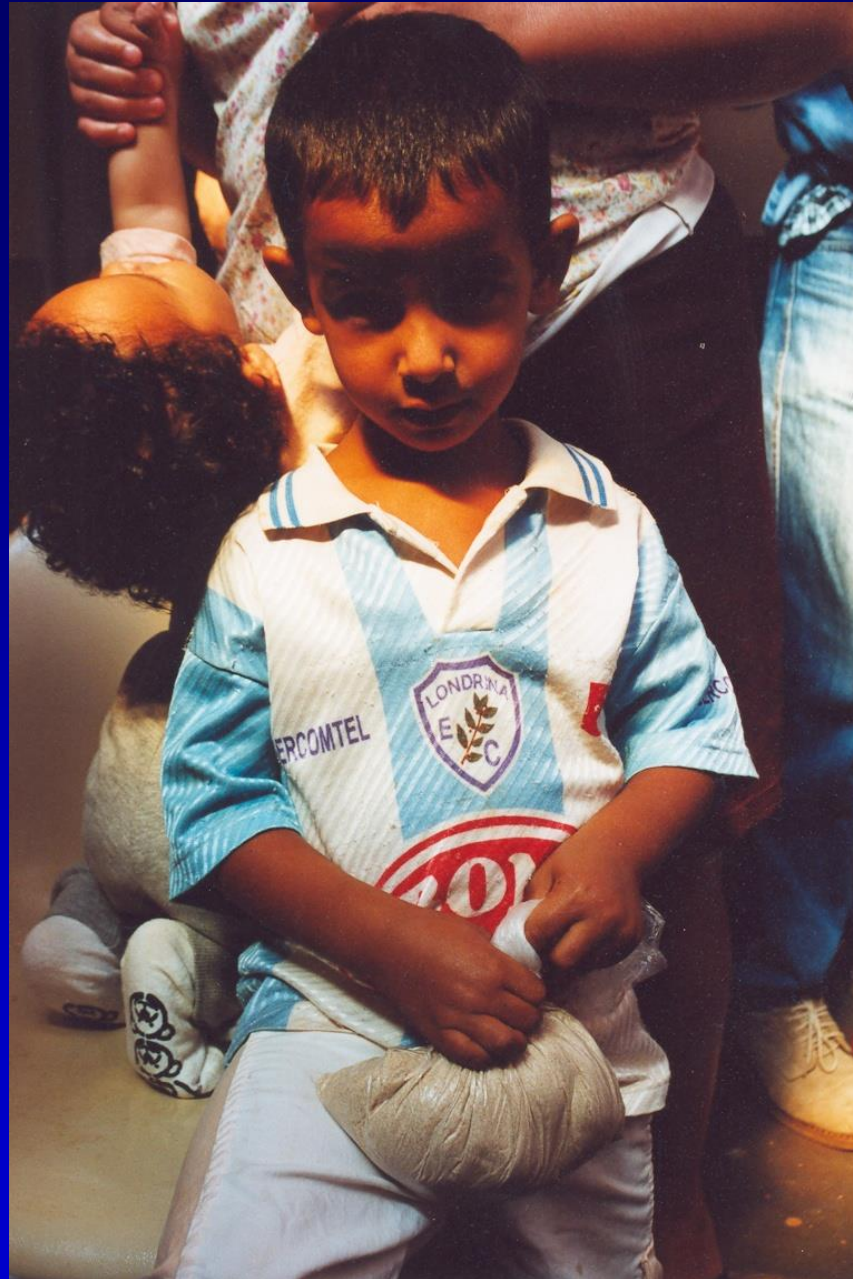
COPC History

- 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)



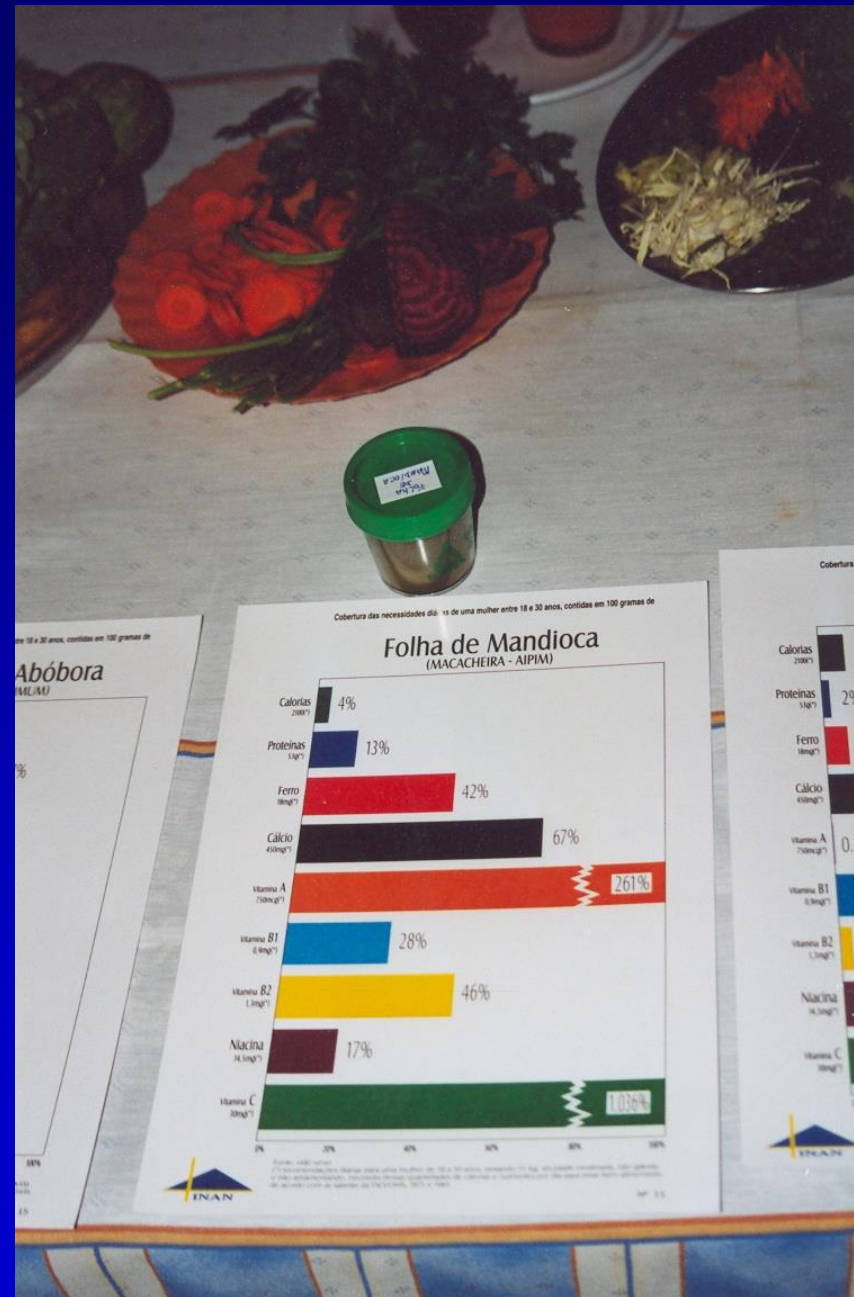
COPC in Londrina (Brazil)



COPC in Londrina (Brazil): community diagnosis



COPC in Londrina (Brazil): community diagnosis



Visie

Ontstaan

Multidisciplinair team

Globaal Medisch Dossier

Forfaitair betalingssysteem

Raadplegingen, afspraken
en huisbezoeken

Preventieprojecten en
gezondheidsbevordering

Inschrijven in het WGC

Voor onze patiënten

Community Health Centre:

- Family Physicians; nurses; dieticians; health promoters; 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



COPC-project : from individual care to community health care



Identifying health problem:

Family physicians/nurses: problematic oral condition of toddlers, leading to feeding problems, crying, not sleeping,...





COPC-project : DENTAL FITNESS



Focus Group sessions –
involving the community

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 to afraid of
the dentist and to be
honest, me too





COPC-project : DENTAL FITNESS



Working together with...



VZW
Welzijn en
Gezondheid

Brugse Poort

De Sleep



Botermarkt





COPC-project : DENTAL FITNESS



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-European)
- no previous dentist consultation





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





COPC-project : DENTAL FITNESS



Accessible primary dental care

Centre for Primary Oral Health Care
Botermarkt Ledeborg (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,

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)
c.vanweel@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



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

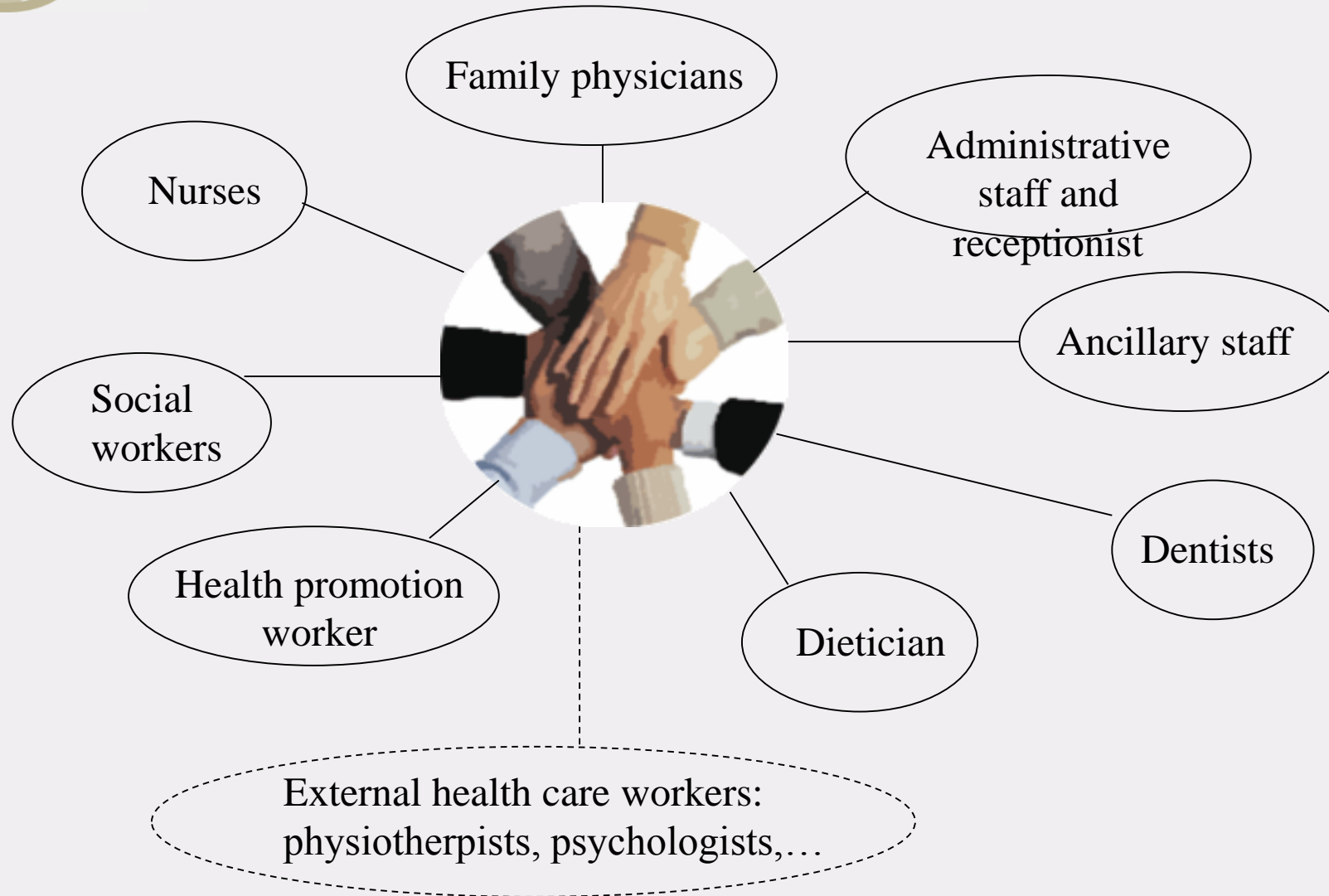


International Federation of
Community Health Centres

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.

INTERDISCIPLINARY TEAM





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!



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, budgetplanning
 - establishing patient centered networks of care

Integrated care

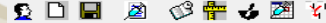
- Physical, mental, ecological and social well-being
- Taking environment/living conditions into account
 - Citizen/patient in the driver's seat



Shared Electronic Patient Record

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

Bestand Bewerken Beeld Vensters Help



Medisch overzicht

Roker : 20 [s/dag] (05/03/2013)

Belangrijke actieve GE

- Tabaksmisbruik
- Menopauzale symptomen/klachten
- Niet insuline-afhankelijke diabetes
- Symptomen/klachten schouder
- Overgewicht
- Hypertensie zonder orgaanbeschadiging
- Sociaal probleem nao, begeleiding maatschappelijk werk

Familiale antecedenten

- Acuut myocardinfarct (Vader)
- Niet insuline-afhankelijke diabetes (Moeder)

Medische antecedenten

- Zwangerschap, vlotte partus, zoon
- Zwangerschap, vlotte partus, dochter
- Zwangerschap, vlotte partus, dochter

Chirurgische antecedenten

- appendectomie in 1999

Chronische medicatie

- Metformine Sandoz tab 100x 850mg
- Asaflo tab EC 168x 80mg
- Simvastatin Sandoz tab 100x 20mg

Vaccins

- Toegediende vaccins
- Geplande vaccins

GezondheidsElementen

Alle AB A ZorqE. Zorgaanpakken

Beschrijving	A	B	R	Begin	Einde	Zekerheid	Duur	Code	Presteerder	Specialiteit
Acute infectie bovenste l				12/02/2014	16/02/2014	Niet bepaald	Acuut	R74	VANEDDRINCK, E	Huisarts
Hypertensie zonder orga	A	E		20/03/2013		Niet bepaald	Chronisch	K86	VANEDDRINCK, E	Huisarts
Menopauzale symptomen	A	E		15/01/2014		Niet bepaald	Sub-acuut	X11	VANEDDRINCK, E	Huisarts
Niet insuline-afhankelijke	A	E		01/03/2011		Niet bepaald	Chronisch	T90	VANEDDRINCK, E	Huisarts
Overgewicht	A	E		05/03/2010		Niet bepaald	Chronisch	T83	VANEDDRINCK, E	Huisarts
Preventie	A			05/03/2013		Niet bepaald	Chronisch	A98	VANEDDRINCK, E	Huisarts
Sociaal probleem nao, be	A	E		20/06/2013		Niet bepaald	Chronisch	Z29	DEWAELE, Liesbe	Maatschappelijk wer
Symptomen/klachten sch	A	E		01/03/2013		Niet bepaald	Chronisch	L08	VANEDDRINCK, E	Huisarts
Tabaksmisbruik	A	E		01/01/1990		Niet bepaald	Chronisch	P17	VANEDDRINCK, E	Huisarts
Zwangerschap, vlotte par	E			01/05/1995	16/02/1996	Niet bepaald	Chronisch	W78	VANEDDRINCK, E	Huisarts
Zwangerschap, vlotte par	E			01/04/1998	06/01/1999	Niet bepaald	Chronisch	W78	VANEDDRINCK, E	Huisarts
Zwangerschap, vlotte par	E			01/07/1993	12/05/1994	Niet bepaald	Chronisch	W78	VANEDDRINCK, E	Huisarts

Geneesmiddelen

Beschrijving	Begindatum	Einddatum	A	Presteerder	Specialiteit
<input checked="" type="checkbox"/> Metformine Sandoz tab 100	01/03/2013		<input checked="" type="checkbox"/>	VANEDDRINCK, E	Huisarts
<input checked="" type="checkbox"/> Asaflo tab EC 168x 80mg	05/03/2013		<input checked="" type="checkbox"/>	VANEDDRINCK, E	Huisarts
<input checked="" type="checkbox"/> Simvastatin Sandoz tab 100	05/03/2013		<input checked="" type="checkbox"/>	VANEDDRINCK, E	Huisarts
<input type="checkbox"/> Hygroton tab 30x 50mg	20/03/2013		<input checked="" type="checkbox"/>	VANEDDRINCK, E	Huisarts

Planning

Datum	Beschrijving	Statuut	Presteerder	T	Te doe	Specialiteit
11/03/2014	aanvraag aangepast rijbewijs	Te doen	VANDE KERCKHO	S	<input checked="" type="checkbox"/>	Verpleegkundige
11/03/2014	Opvolgcontact bij een diëtist	Te doen	VANDE KERCKHO	S	<input checked="" type="checkbox"/>	Verpleegkundige
11/03/2014	verwijzing - oogarts	Te doen	VANDE KERCKHO	S	<input checked="" type="checkbox"/>	Verpleegkundige
11/03/2014	Test op microalbuminurie	Te doen	VANEDDRINCK, E	S	<input checked="" type="checkbox"/>	Huisarts
11/03/2014	Bepaling glucose/HbA1c	Te doen	VANEDDRINCK, E	S	<input checked="" type="checkbox"/>	Huisarts
12/03/2014	Onderzoek diabetische voet	Te doen	VANDE KERCKHO	S	<input checked="" type="checkbox"/>	Verpleegkundige
11/06/2014	DiabetesSpreekUur, educator	Te doen	VANDE KERCKHO	I	<input checked="" type="checkbox"/>	Verpleegkundige
05/09/2014	vaccin griep	Te doen	VANEDDRINCK, E	I	<input checked="" type="checkbox"/>	Huisarts
05/03/2020	vaccin difterie/tetanus	Te doen	VANEDDRINCK, E	I	<input checked="" type="checkbox"/>	Huisarts
25/06/2013	DiabetesSpreekUur	Uitgevoerd	BLOKLAND, INEK	I	<input type="checkbox"/>	Huisarts

Contacten

Datum	Type	Presteerder	Specialiteit
15/05/2014	Raadpleging	VANEDDRINCK, E	Huisarts
11/03/2014	Raadpleging	BLOKLAND, INEK	Huisarts
12/02/2014	Raadpleging	VANEDDRINCK, E	Huisarts
15/01/2014	Raadpleging	VANEDDRINCK, E	Huisarts
01/11/2013	Raadpleging	DEWAELE, Liesbe	Maatschappelijk wer
16/10/2013	Raadpleging	LANCKSWEERDT,	Dietiste
03/09/2013	Raadpleging	VANDE KERCKHO	Verpleegkundige

Familiale antecedenten

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](#)



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“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



«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



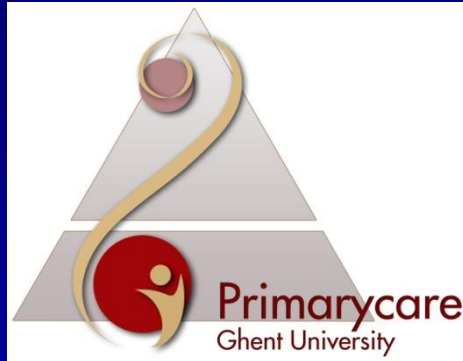
Sustainable health systems in the 21st century should be built on:

- 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



WHO
Collaborating
Centre on PHC

