Joint Live Statement for the 71st Session of the WHO Regional Committee for Europe: Reinventing primary health care in the post-COVID-19 era

Firstly, we would like to acknowledge the relevance of the proposed resolution 'Realizing the potential of primary health care' and its policy considerations and for the special session on PHC in the current RC71.
The COVID-19 pandemic has disrupted health and social care systems on a global scale. The pandemic has once again proven that strong primary care contributes to lower hospital care burden, to effective epidemic surveillance, and to the delivery of at-home care tailored to the people's needs.
In the current environment, Member States have a responsibility to invest in health systems that drive health promotion and prevention through primary health care (PHC) as reaffirmed in the Astana Declaration.
The Sustainable Development Goals (SDGs) and their respective targets are connected, in that action in one area, such as SDG3 "Ensure healthy lives and promote well-being for all at all ages" will affect outcomes in others. Furthermore, subgoal 3.8 on UHC emphasises the imperative to "leave no one behind". To realize these commitments and to build a sustainable PHC to address future public health crises effectively and efficiently, strong global equity must be established.
The undersigned NSAs and EFPC members call upon Member States in the European Region to invest in the future sustainability of PHC based on the key following **recommendations**:

1. Optimise resource allocation and sound financing for interventions that are effective and efficient, which allows reorganisation of workload and patient flows, enable triaging while maintaining regular PHC. Address inadequate personal protective equipment and staffing shortages, leading to burnout and high exposure to infections in long-term care and PHC facilities.
2. Develop accessible and user-friendly digital health solutions, facilitate and increase access to healthcare services and encourage self-management
3. Provide psychosocial support for vulnerable populations, such as older people, chronically ill, those requiring palliative care, low-income groups and ethnic minorities as well as their care givers, particularly women, who have been disproportionately affected by the COVID-19 pandemic as formal and informal carers.
4. Co-create with the community readily understandable, culturally acceptable health communication, health promotion and prevention tailored to their (health literacy) needs and values. Engage and empower primary care professionals to this effect. We also note the need for behavioural change, of both professionals and of members of our communities, patients, carers, families.
5. Enhance and expand interprofessional collaboration for the multi-disciplinary PHC teams, enabling them to shift roles across health, social and community services, adapted to needs, contexts, and circumstances such as the current pandemic.
6. Support the development of health and digital literacy skills to navigate the complex landscape of emerging technologies; establish mechanisms for sound real-world data collection and evidence synthesis and ensure to accelerate access and maximise benefits to new technologies for all. Privacy, security, and safeguarding patient autonomy in decision-making necessitates infrastructure investment for high-quality data generation and integrity of data at primary care level.

Lessons learnt represent an opportunity to tackle future challenges, adopting efficient systems to swiftly respond and to deliver high-quality, affordable, integrated, people-centred PHC.


european forum for primary care
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