



Reference	PHC EG 9/5
Title	PHC EG in NDPHS Strategy after 2020
Submitted by	ITA in cooperation with the Chair, Co-chair and NDPHS Secretariat
Requested action	For discussion

During the upcoming online CSR meeting that will take place on 27 May the main focus of the meeting will be an open discussion on the Partnership's future strategic direction and whether we should set some new priorities and revise our working methods in the COVID-19 and post COVID-19 world. This discussion will feed into the strategy development process. The discussion will cover following aspects:

- How could the NDPHS platform be used in the future to address the implications of COVID-19 on health and social systems?
- How could the NDPHS address the lessons learned from national and international COVID-19 responses?
- Does the Partnership need to adjust the strategic direction and/or working modalities now and/or in the post-COVID world? If yes, how?

PHC EG formulated following priorities for the NDPHS Strategy after 2020 that have been adjusted according to WHO comments:

- 1) Health and social well-being of the elderly population
 - development and use of integrated care models for patients with multi-morbidity;
 - patient-centred care to improve the quality and longevity of a healthy life for the elderly population;
 - health economics studies of elderly health.
- 2) Integrated care during lifetime
 - development of inter-sectoral cooperation mechanisms to optimize the interaction between medical and social services, the involvement of volunteer organizations/ NGOs;
 - integrated care at the primary health care level, including mental health, prevention, rehabilitation, and palliative care;
 - prevention and early detection of diseases at the PHC level;
 - patient-centred care based on patient needs.
- 3) Strengthening PHC services in the health system
 - multidisciplinary PHC team (composition, (re)defining functions, division of functions, coordination, and collaboration);
 - development of professional competencies of the PHC team members;

- development of criteria for evaluation of the PHC team performance;
- introduce internal quality improvement tools and feedback loops for learning and better outcomes of PHC performance.

4) Development of eHealth in PHC

- development and use of digital technologies for communication and remote consultation between different professionals, sectors, and patients;
- development and effective use of digital technologies in the prevention and promotion of a healthy lifestyle;
- E-health solutions for gathering and analysing data on PHC performance and outcome measurement. Ensure that performance data would be available on every district of PHC team.

During the PHC EG experts are invited to share their opinion on following aspects:

- **PHC EG objectives;**
- **Main activities;**
(Possible main actions i) Analysis of existing information and strategies; ii) Information exchange between partner countries (workshops, conferences, publications, exchange visits); iii) Identification of weakest segments in PHC/General Practice (based on points 1-2); iv) Development of recommendations/guidance to improve PHC/GP in ND countries; v) Project ideas development and implementation; vi) Encouragement of political dialogue and as its outcome political commitments.
- **Indicators.**