

# GENERIC CARE PATHWAY AND BASIC ASSESSMENT

Facilitator Guide: Module 07



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## Contents









Introduction to the Guide.....	3
Iconography.....	3
Module 7: Generic Care Pathway and Basic Assessment .....	5
Generic Care Pathway and Basic Assessment .....	6
Learning Objectives .....	7
Principles of ICOPE Person-Centred Care.....	8
Integrated Care for Older People (ICOPE).....	9
The ICOPE Care Pathway.....	10
The ICOPE Care Pathway in Primary Care .....	11
ICOPE Basic Assessment.....	12
Cognitive impairment.....	14
Limited Mobility.....	15
Undernutrition.....	16
Vision Impairment .....	17
Hearing Loss.....	19
Depressive Symptoms.....	20
ICOPE Basic Assessment (continuing) .....	21
Healthy lifestyle advice for older people .....	22
Summary.....	23
References.....	24

## Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

## Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

Icon	Action	Description
	Session Title	Indicates the name of the session being conducted.
	Session Objectives	Lists the learning objectives to be achieved.
	Timing	Indicates the duration of the session or activity.
	Show	Indicates the slide to be presented.
	Say	What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed.
	Ask	Ask the participants a question and encourage them to respond.
	Do	What to do to facilitate an activity or provide guidance to learners.
	Play	Indicates a video clip to be presented.

## Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- **Show** – The slides
- **Say** – This is a scripted narrative outline for you.
- **Ask** – Questions to prompt dialogue with and among the participants
  - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- **Do** – Prompts you to do an action




Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. The ‘Say’ sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style. Add your own personal touch and personality to every training, while being careful to stick to the session objectives.

A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.

Draft Version for field testing

## Module 7: Generic Care Pathway and Basic Assessment

	Session Title:	<b>Generic Care Pathway and Basic Assessment</b>
	<b>Timing:</b>	15 min
	<b>Session Objectives:</b>	<ul style="list-style-type: none"><li>• Understand the principles of ICOPE person-centred care.</li><li>• Describe the four steps of the ICOPE approach.</li><li>• Explain how to assess and manage the various domains of intrinsic capacity in primary care, including in the community.</li></ul>

## Generic Care Pathway and Basic Assessment

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**Time: 15 min**



**Do:**

- *Formal welcome*
- *Introduction of facilitator*



**Show:** Slide 1



**Say:**

Welcome to the module on Generic Care Pathway and Basic Assessment. We'll now delve into the principles of person-centred care, focusing on the unique needs and preferences of older people. We'll explore the ICOPE approach and how it guides us in assessing and managing declines in intrinsic capacity. Then, we'll explore the ICOPE basic assessment tool, the first step in identifying declines in intrinsic capacity. By the end of this module, you'll grasp ICOPE principles, understand its four-step approach, learn evidence-based interventions and gain insights into the detection of signs and symptoms suggesting a potential impairment of intrinsic capacity in older people. Let's begin!

## Learning Objectives

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**Show:** Slide 2

**World Health Organization**

**ICOPE**  
intrinsic capacity assessment  
Draft version for field testing

### Learning Objectives

By the end of this module, you will:

- Understand the principles of ICOPE person-centred care.
- Describe the four steps of the ICOPE approach.
- Explain how to assess and manage the various domains of intrinsic capacity in primary care, including in the community.



**Say:**

Let's take a look at the learning objectives for this module:

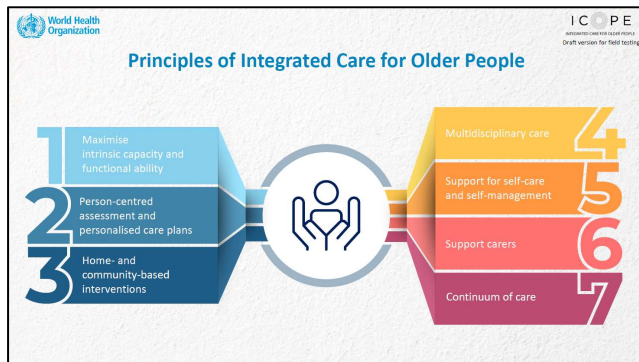
1. List the principles of ICOPE person-centred care.
2. Describe the four steps of the ICOPE approach.
3. Explain how to assess and manage the various domains of intrinsic capacity in primary care, including in the community.



## Principles of ICOPE Person-Centred Care



**Show:** Slide 3



**Say:**

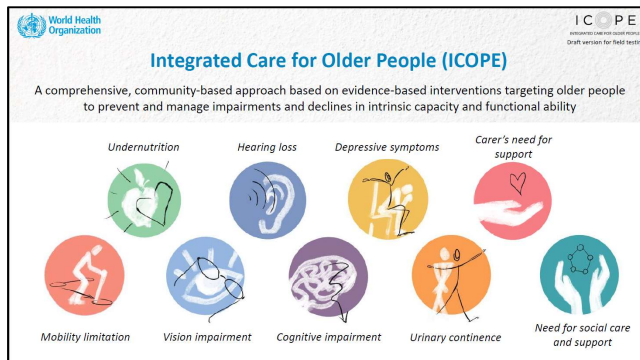
Let's discuss the principles of ICOPE person-centred care. What do we want to achieve through the adoption and implementation of the ICOPE approach? Which are the main objectives of the ICOPE approach? The ICOPE approach is aimed at:

1. Maximising intrinsic capacity and functional ability.
2. Involving the older person in the decision-making process to personalise care plans based on their values, needs and preferences.
3. Exploring community-level and home-based interventions, including exercises, nutrition, fall prevention and cognitive stimulation.
4. Promoting multidisciplinary care, taking advantage of all the competencies and experiences for the promotion of healthy ageing in older people.
5. Supporting self-care and self-management of older persons in respect of their autonomy and abilities.
6. Supporting caregivers, providing health information, practical training and community involvement in the management of older person's needs and priorities.
7. Defining strong referral pathways to specialised care, like geriatrics, acute care for emergencies or palliative care, when needed.

## Integrated Care for Older People (ICOPE)



**Show:** Slide 4



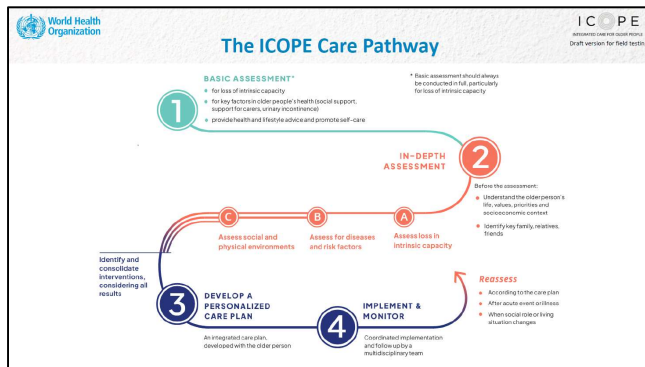
**Say:**

The WHO ICOPE approach is closely related to the concept of intrinsic capacity, that is the composite of all the physical and mental capacities of an individual. The ICOPE approach is thus designed for older people at risk of impairment in intrinsic capacity, and subsequently functional ability, by tackling its different domains. In this slide, you can see how the six domains of intrinsic capacity translate into very common clinical manifestations of older persons: limited mobility (for the locomotor domain), undernutrition (for the vitality domain), vision impairments and hearing loss (for the vision and hearing domains), cognitive decline (for the cognitive domain) and depressive symptoms (for the psychological domain). It is noteworthy how often these clinical issues go unnoticed or are dismissed as 'normal' part of the ageing. Instead, the early identification of these impairments may promote the implementation of preventive strategies when problems might still be reversible.

## The ICOPE Care Pathway



**Show:** Slide 5



**Say:**

Let's discuss the ICOPE (Integrated Care for Older People) Care Pathway, a structured framework to guide the assessment and management of older persons' health and well-being.

The pathway is divided into four key steps:

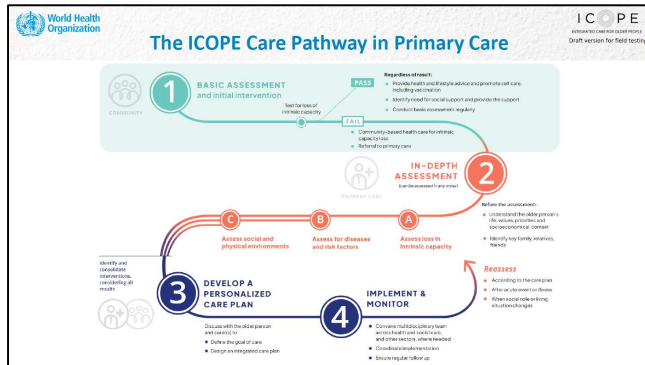
1. Basic Assessment
2. In-Depth Assessment
3. Develop a Personalized Care Plan
4. Implement & Monitor.

It is recommended that the approach defined in the ICOPE care pathway is used in older persons on a regular basis and in case of acute events, illness, or significant changes in the older person's living situation or social environment.

## The ICOPE Care Pathway in Primary Care



**Show:** Slide 6



**Say:**

The present slides apply the approach described in the ICOPE care pathway to the specific setting of primary care, going more into the operational details. The structured, four-step approach is specifically focused on early detection of intrinsic capacity loss and social issues to provide personalised care and support close to where the person lives. Going into details, we can see here the expected actions step-by-step:

Step 1: Basic Assessment and Initial Intervention.

- Conduct tests to verify the eventual loss of intrinsic capacity. If the result is negative ('PASS'; no impairment is detected), health advice can be offered and self-care promoted. If the result is positive ('FAIL'; presence of one or more impairments), the individual can be referred to community-based healthcare or primary care for further evaluation and support.

Step 2: In-Depth Assessment.

- Before the assessment, it is important to understand the older person's life goals, preferences, and social context (including identification of key family members or caregivers). This will be critical to personalize the care plan.

Step 3: Develop a Personalized Care Plan.

- The information collected during the previous two steps allows to define goals of care and design a personalized, integrated care plan in collaboration with the older person and caregivers.

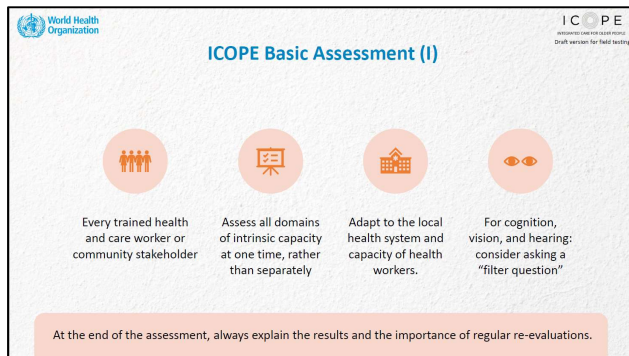
Step 4: Implement & Monitor.

- The fourth step includes the coordination of care through a multidisciplinary team, either at home or in clinical settings. It implies reassessment and adjustments of the care plan as needed, especially after acute events or changes in living or social conditions.

## ICOPE Basic Assessment



**Show:** Slide 7



**Say:**

This slide outlines key principles for conducting the Basic Assessment phase of the ICOPE approach.

The assessment can be conducted by any trained health or care worker, or community stakeholder. This promotes a broad, community-based approach to early detection of health concerns in older adults.

All domains of intrinsic capacity should be assessed simultaneously, rather than in isolation. This ensures a holistic understanding of the older person's health.

The assessment process should be adapted to the local health system and the capacity of available health workers. Flexibility is key to ensuring feasibility and sustainability in diverse settings.

For domains like cognition, vision, and hearing, it may be helpful to begin with a "filter question" to quickly identify potential issues before conducting more detailed assessments.

At the end of the assessment, it is essential to explain the results to the older person and emphasize the importance of regular re-evaluations to monitor changes over time.



Show: Slide 8

World Health Organization		ICOPE Basic Assessment (II)		ICOPE Intrinsic Capacity Outcome Profile Draft version for field testing	
Filter question (If 'No' proceed to in-depth assessment (II.2))	Tests	Assess fully any domain with a checked circle		Pass	
<b>Cognitive decline</b> (COPROSE)	Do you have problems with memory or awareness that do not bother you or are not of any concern?	1. Remember their recent life events Do you recall names about 10 min ago? 2. Orientation time and space: What is the date today? (Month, day, year) and the name of the place? 3. Recall the test script?	<input type="radio"/> Wrong to either question or do not know <input type="radio"/> Cannot recall all three words	<input type="radio"/>	<input type="radio"/>
<b>Limited mobility</b> (Equipment-assisted)	Can you walk 100 metres without using any aid? (If you cannot, how often do you use a walking stick or a cane?)	1. No 2. Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Undernutrition</b> (Change)	1. Weight loss Have you unintentionally lost more than 10% of your body weight? 2. Appetite loss Have you experienced loss of appetite?	1. Yes 2. No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Vision impairment</b> (Correct)	Do you have any problems with your eyes or vision that bother you or are of any concern? Do you have cataracts or hypertension, or are currently using drops or eye medication? (Self-reported from history)	1. External eye check 2. Visual acuity test using NPLC vision charting chart + Distance vision (D) for each eye + Near vision (N) for both eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Hearing loss</b> (Screening)	Do you have a hearing problem? For hearing in your right ear? For hearing in your left ear? (Screening using your hearing aid?)	1. Hearing test or Screening audiology or Digital-audio-visual test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Depressive symptoms</b> (Psychogeriatric expert)	Over the past 2 weeks, have you been bothered by any of the following: + Feeling down, depressed or hopeless? + Little interest or pleasure in doing things?	1. Yes 2. No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Say:

Here is a practical instrument for the Basic Assessment included in the ICOPE approach. Through simple questions and tests it is possible to identify impairments in the domains constituting intrinsic capacity, which are clinically manifested as cognitive decline, limited mobility, undernutrition, vision impairment, hearing loss, and depressive symptoms. We will go through the details of this basic assessment in the following slides.

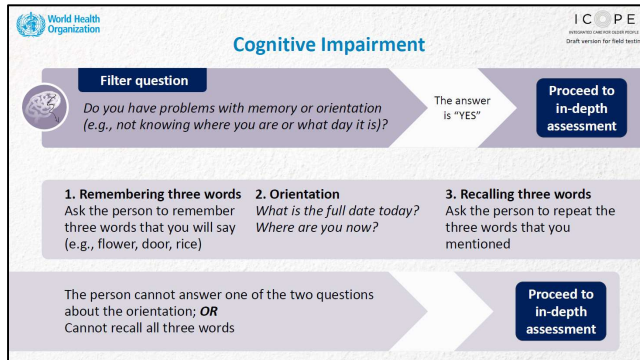
At this time, it is simply important to remember that 1) the basic assessment can be conducted by any trained health or care worker, or community stakeholder thanks to its easiness, and 2) in case a person fails any domain, an in-depth assessment in that specific area should be proposed.

Please always explain the results to the individual and emphasize the importance of regular reassessment.

## Cognitive impairment



**Show:** Slide 9



**Say:**

Now, let us focus on ICOPE Basic Assessment for Cognitive Impairment. We first start with filter question by asking: “Do you have problems with memory or orientation (e.g., not knowing where you are or what day it is)?”.

If YES, you can directly proceed to in-depth assessment. Otherwise, a simple memory and orientation test is administered.


Ask the person to remember three words (e.g., *flower, door, rice*). Be sure to clearly say the three words without rushing through them. Then, ask: “What is the full date today?” and “Where are you now?”. Finally, ask the person to recall and repeat the three words mentioned earlier.

If the person cannot answer one of the orientation questions or fails to recall all three words, this indicates a potential cognitive issue and warrants an in-depth assessment.

## Limited Mobility




**Show:** Slide 10



### Limited Mobility

**ICOPE**  
 generic care pathway  
 Draft version for field testing



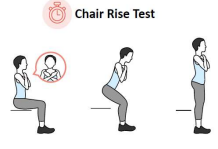
**Ask**

*Do you think it would be safe for you to try to stand up and sit down from a chair five times as quickly as possible without using your arms, and without causing yourself pain or discomfort?*

Stand up fully and sit down again five times as quickly as possible

Time the person taking the test

**Chair Rise Test**



The person is unable to attempt the chair rise test; **OR** is unable to stand up five times within 14 seconds

Proceed to in-depth assessment



**Say:**

In ICOPE Basic Assessment, we also want to identify signs of limited mobility. This can be done using the Chair Rise Test. Let's see how the chair rise test is carried out.

First, ask if the person feels safe standing up from a chair five times without using their arms. If YES, they should sit in the middle of the chair, cross their arms over their chest and stand up fully then sit down again, repeating five times as quickly as possible without stopping. The test is timed, measuring from the "Go!" of the administrator until the person sits for the last time.

If the person is unable to attempt the Chair Rise Test or can't complete the five stands within 14 seconds, an in-depth assessment for limited mobility is needed.

Please be aware that an older person may "heavily" sit on the chair with the consequent risk of accidents. For this reason, be sure that the chair is sufficiently solid.



## Undernutrition



**Show:** Slide 11

**World Health Organization** **ICOPE**  
generic care pathway  
Draft version for field testing

### Undernutrition

**Ask**

- **Weight loss**  
Have you unintentionally lost more than 3 kg over the last three months?  
If body weight is unknown, ask: *Have you noticed loose clothes, belts or wrist watches?*
- **Appetite loss**  
Have you experienced loss of appetite?

The person answers "YES" to either question

**Proceed to in-depth assessment**



**Say:**

The ICOPE Basic Assessment of the ICOPE approach for Undernutrition is based on two simple questions:

1. **Weight loss:** Have you unintentionally lost more than 3 kg over the last three months? If the person cannot reliably answer, consider asking whether they have noticed loose clothes, belts or wrist watches.
2. **Appetite loss:** Have you experienced loss of appetite?

If the person answers YES to either question, an in-depth assessment for nutritional status is necessary.

## Vision Impairment



**Show:** Slide 12

World Health Organization

IC O P E  
assessment tool questions  
Draft version for field testing

### Vision Impairment (I)

**Filter question**

Do you have any problems with your eyes: difficulties in seeing far or near (with spectacles if normally worn), eye pain or discomfort?

Do you have diabetes or hypertension, or are currently using steroids or eye medications?

The person answers "YES" to **either** question

**Proceed to in-depth assessment**

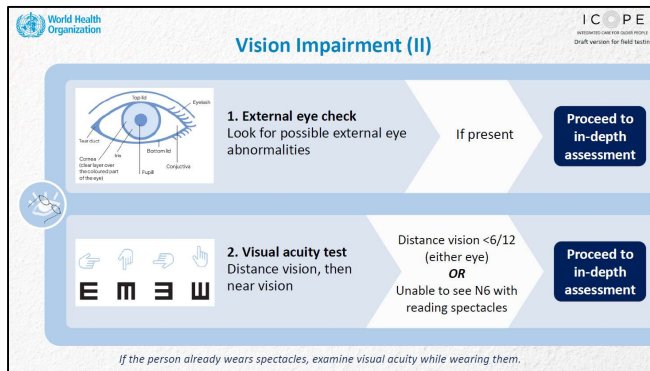


**Say:**

To help health and care workers quickly identify individuals who may be experiencing vision problems and determine whether an in-depth assessment is needed, filter questions about vision function (“Do you have any problems with your eyes: difficulties in seeing far or near, eye pain or discomfort?”) and medical risk factors (“Do you have diabetes or hypertension, or are currently using steroids or eye medications?”) are asked. If the person answers “YES” to either question, this indicates a potential risk of vision impairment and an in-depth assessment should be directly proposed.



**Show:** Slide 13



**Say:**

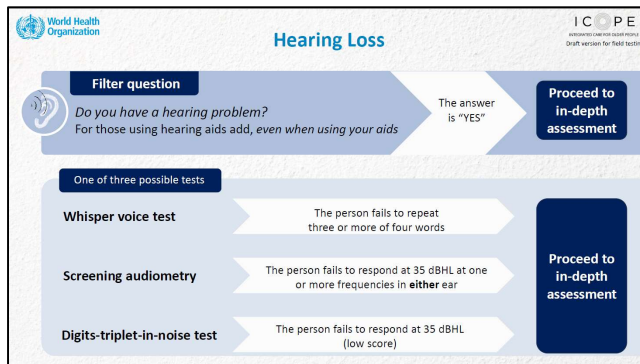
Differently, if no specific issue or risk condition is documented by the filter questions, the ICOPE Basic Assessment for Vision capacity should be conducted. It consists of:

1. An External Eye Check. Visually inspect the eyes for external abnormalities (e.g., issues with the eyelids, conjunctiva, cornea, or iris). If any abnormalities are observed, proceed to an in-depth assessment.
2. A Visual Acuity Test. Be sure that, if the person already wears spectacles, the test is conducted while wearing them. Conduct tests for both distance vision and near vision. Distance vision can be assessed using a standard chart (e.g., tumbling E chart). If vision is worse than 6/12 in either eye, an in-depth assessment is needed. Near vision can be assessed using a near vision card. If the person cannot read N6 with their reading spectacles, this is also requiring an in-depth assessment.

## Hearing Loss



Show: Slide 14



Say:

For the ICOPE Basic Assessment, it is first recommended to ask a filter question (“Do you have a hearing problem?”). If a person uses hearing aids, add to the question “...even when using your aids”. If the answer is YES, an in-depth assessment should be directly proposed.

If the answer to the filter question is negative, then one of three possible tests can be administered:

- **Whisper Voice Test:** It is a commonly used test. If the person fails to repeat three or more of the four whispered words, an in-depth assessment is recommended.
- **Screening Audiometry:** The audiometry equipment can also be used to screen for hearing loss. If the person fails to respond at 35 dBHL at one or more frequencies in either ear, an in-depth assessment is recommended.
- **Digit-Triplet-in-Noise Test:** This test can also be administered using apps, such as HearWHO developed by WHO. If the person fails to respond at 35 dBHL, an in-depth assessment is recommended.

## Depressive Symptoms

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**Show:** Slide 15

World Health Organization

ICOPE  
BASIC ASSESSMENT  
Draft version for field testing

**Depressive Symptoms**

**Ask**

Over the past two weeks, have you been bothered by either:

- Feeling down, depressed or hopeless?
- Little interest or pleasure in doing things?

The person answers “YES” to **either** question

**Proceed to in-depth assessment**



**Say:**

In the ICOPE Basic Assessment, Depressive Symptoms can be identified based on two questions.

We ask:

- “Over the past two weeks, have you been bothered by feeling down, depressed or hopeless?”
- “Have you experienced little interest or pleasure in doing things?”

If the person answers YES to either question, an in-depth assessment for depressive symptoms is needed.

## ICOPE Basic Assessment (continuing)



Show: Slide 16

World Health Organization	ICOPE Basic Assessment (III)		ICOPE assessment version 2.0 (2021) Draft version for field testing
Questions/assessment	Further assessment/ supplementary questions should be considered	Re-ask regularly	
<b>Social care and support</b>			
<b>Home environment</b> Do you have problems with your home, for example, house condition, location, safety?	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Financial situation</b> Do you often have insufficient funds to pay for your food, housing and health care costs?	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Social isolation and loneliness</b> Do you often feel lonely?	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Social engagement and participation</b> Do you have difficulty pursuing your interests and other activities that are important to you?	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Carer support</b> (ask the carer of the older person privately)			
Do you feel you have whatever support you need in your role as a carer?	<input type="radio"/> No	<input type="radio"/> Yes	
Do you feel confident in your ability to provide care and support?	<input type="radio"/> No	<input type="radio"/> Yes	
<b>Assess</b> if there is negative impact of the carer role (physically, mentally, financially, socially).	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Urinary incontinence</b>			
Do you have any problems with bladder control, such as accidental leakage of urine?	<input type="radio"/> Yes	<input type="radio"/> No	



Say:

This slide presents components of the Basic Assessment phase that have been introduced in the second edition of the ICOPE handbook given the relevance and high prevalence of the conditions they address. In particular, during the ICOPE Basic Assessment, it is important to evaluate in addition to the possible impairments of intrinsic capacity the following domains:

- **Social Care and Support.** It is essential to understand the Home Environment (e.g., is the home safe, accessible, and in good condition?), the Financial Situation (Are there enough resources to cover basic needs like food, housing, and healthcare?), the risk for Social Isolation and Loneliness (Does the person often feel lonely?), and their Social Engagement (Are there difficulties in participating in meaningful activities?). If possible problems are suspected, further assessment is required.
- **Carer Support.** This can be done by asking the caregiver (privately, if possible) whether they feel adequately supported, are confident in their caregiving role, and if caregiving is negatively impacting their physical, mental, financial, or social well-being. If issues are reported, an in-depth assessment is required.
- **Urinary Incontinence.** It is important to explore the possible presence of this burdening but underreported and neglected condition, simply asking “Do you have any problems with bladder control such as accidental leakage of urine?”. If the person answer YES, an in-depth assessment is recommended.

## Healthy lifestyle advice for older people



**Show:** Slide 17



**Say:**

This slide presents an overview of key lifestyle recommendations for promoting health and well-being in older persons. These advice can be provided by health and care workers as well as community stakeholders to older persons, taking advantage of every opportunity of contact. Raising awareness about healthy lifestyle and behaviours is critical to support intrinsic capacity, functional ability, and healthy ageing.

As you can see, there is much that can be offered as advice to promote physical and nutritional health (e.g., regular physical activity, healthy diet, oral health), social and emotional well-being (e.g., social connection and participation), preventive health measures (e.g., vaccinations, adherence to preventive campaigns for non-communicable diseases), and sensory and sleep health.

In other words, the ICOPE Basic Assessment represents the entry door to immediately offer interventions that might increase awareness and health literacy on ageing and age-related conditions.

## Summary

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**Show:** Slide 18

**Summary**

The ICOPE care pathway is a person-centred approach that utilises evidence-based interventions to manage declines of intrinsic capacity in primary care.

The ICOPE care pathway is composed of four steps:

1. Basic assessment
2. In-depth assessment
3. Development of a personalised care plan
4. Implementation and monitoring of the care plan

For each domain of intrinsic capacity, a basic assessment allows the identification of potential impairments and enables evidence-based interventions.



**Do:**

*Go through the slides and recap the points discussed during the session.*



## References



Show: Slides 19

**World Health Organization**

**IC O P E**  
INTEGRATED CARE FOR OLDER PEOPLE  
Draft version for field testing

### References

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Here are some references to essential publications or websites.