



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

# THE PORTUGUESE NATIONAL HEALTH PLAN

## Interim Report on the National Health Plan: Revision and Extension to 2020 (The NHP-Revision)

Comments from WHO Europe

## **Keywords**

NATIONAL HEALTH POLICIES

PUBLIC HEALTH

HEALTH SERVICES

PORTUGAL

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## **1. Introduction**

### **2014 Policy Dialogue**

Collaboration on the National Health Plan (NHP) 2012 to 2016 between Portugal and the WHO Regional Office for Europe has continued as part of the Biennial Collaborative Agreement (BCA) between the Government of Portugal, and the WHO Regional Office for Europe. This work has built on the longstanding cooperation between the WHO Europe and the Government of Portugal on national health policy development, implementation and evaluation, which had included collaboration by the Regional Office on the previous National Health Plan 2004-2010.

The WHO European Regional Office agreed to provide comments on the Portuguese National Health Plan 2012 to 2016, and a brief initial commentary on the NHP was developed and provided in April 2014. A policy dialogue then took place in Lisbon, Portugal on 9 May 2014 where the NHP was reviewed in the light of the WHO comments.

The policy dialogue brought together around 40 participants from the Ministry of Health from Portugal, including the Director General for Health, the coordinator of the National Health Plan, the President of the National Institute of Health (INSA), representatives of the Ministry of Health, the Directorate-General of Health, representatives of the national programs, family medicine teams, health centre staff, and representatives of the administrative regions (Lisbon and North).

Following the policy dialogue, the WHO commentary was updated to reflect the outcomes of the dialogue, including revised or new questions for discussion, and as a basis for discussion at the Portuguese National Health Forum on 27th June 2014. In addition to the WHO commentary a medium term evaluation report 2012: Plano Nacional de Saúde 2012 – 2016 was developed to inform the June Forum. It represented the most recent data available for each of the 2012 – 2016 indicators for national, regional or local levels, and an assessment of the potential achievement of the targets identified in the NHP by 2016, potential deviation and proposed new targets. It also provided an equity focus in terms of relative achievement of the target and differences between regions.

## Seminar on Governance for the NHP Lisbon 30 April 2015

A Seminar on Governance for the NHP was held in Lisbon Portugal on 30 April 2015. At this meeting WHO presented the approach to leadership and governance for health improvement and health equity contained in Health 2020. Health was a political choice, and high level political commitment was required to achieve improvements in health and well-being and health equity. Governance for health needed to be focused on whole of government and whole of society approaches, together with Health in All Policies. Effective intersectoral action for health required commitment and a strong institutional base. Examples were provided of European best practice towards intersectoral governance.

The policy dialogue also considered Portuguese experience in three areas of intersectoral action: Education; Healthy Cities; and The National Network for Integrated Continued Care.

1. **Education.** Both the extension of mandatory schooling to 18 and improvements in access to quality early childhood education and care required to be addressed through whole of government and whole of society approaches and a strong integrated governance model. There had been a long history of good cooperation between the Ministries of Education and Health. Current cooperation focused on implementation of the National School Health Program and a National Framework for Health Education. At regional level joint training has been developed for teachers and health professionals and at local level school projects of health promotion have been supported that present evidence of good cooperation with local health services. School have been encouraged to move from a “health education for students” to a “health education through students” approach.
2. **Healthy Cities** The Portuguese Healthy Cities Network is an association of experienced and mature municipalities bringing together strategic methodologies to promote health gain. Health promotion must be sustained as a policy of equity. The focus on equity gives particular emphasis to the effective functioning of the National Health Service. Municipalities were particularly concerned about delegation of authority for health services without the provision of adequate financial and technical resources. Austerity posed particular challenges, in terms of access to health systems, and the Portuguese Healthy Cities Network was developing a National Roadmap for Health which aimed to engage all municipalities at regional and local levels, to consider inequalities and engage local politicians in interventions and advocacy. The Network has signed a Declaration of Commitment to the reduction of health inequalities; the strengthening of actions for health; and for support of sustainable development and social justice.
3. **The National Network for Integrated Continued Care.** This is a public sector program carried out by the Ministry of Health and the Ministry of Solidarity, Employment and Social Security, with the participation of various public and civil society partners. The objective is to redirect the role of health and social services to respond adequately to the

needs of changing demographic and epidemiological patterns. The aim is to make optimal use of resources by establishing networks of cares with different skills to help enable those affected by physical or mental health limitations remain at home for as long as possible. The strategy is based a continuum of care, integrated policies, and joint assessment and funding by the health and social systems. Results of an on-going assessment of how the network is complying with its objectives point to the need for improving planning and management of hospital discharge, as well as progressively extending the network.

### **Discussion focused on the following topics:**

1. What is the role of individual responsibility in the context of Health 2020?
2. How can the interests of society and individual responsibility for healthy choices be properly balanced? Who should pay the costs for non-compliance?
3. What are good examples of local action for health promotion in Europe?
4. The life-course approach and the concept of a healthy start in life required a key focus on the health needs of adolescents.
5. To promote health and well-being it was important to promote consensus across parties and the engagement of civil society
6. Other discussion points were:
  - a. The health and welfare needs of older people
  - b. The meaning of resilience
  - c. Mental health needs
  - d. Policy developments concerning drugs and alcohol
  - e. Healthy settings, including the workforce

### **Further seminars**

Further Seminars on NHP implementation will be held on the NHP: on Local health Strategies on 24 September 2015 and on Monitoring at a date to be determined.

## **General comments on the health plan in the light of Health 2020**

Portugal has a decade long history of developing National Health Plans in order to give strategic direction and coherence to the development and implementation the Portuguese health system. This history has included a strong commitment to WHO collaboration and to international exchange and learning. The new NHP reflects that evolution. The development now of the National Health Plan-Revision and extension to 2012 reflects this long cooperation, and the new document clearly responds to early discussions with WHO and the outcome of the 2014 Policy Dialogue. Important future collaboration between the Government of Portugal and the WHO European Regional Office will continue in this area of work, initially through the BCA for 2014-2015 and future biennia.

## **2. The overall approach of the NHP**

The NHP is a value-based and action orientated instrument, designed to be adapted to national, regional and local specificities. It takes a broad view of health, and is very extensive in its scope and coverage.

### **Mission**

The National Health Plan's mission is:

- To assert the values and principles that support the identity of the health system, including the National Health Service, and enhance coherence of the system around these;
- Clarify and strengthen common understandings that facilitate the integration efforts and the appreciation of the agents in obtaining benefits and value in health;
- Framing and articulate the various levels of strategic and operational decision around the objectives of the health system;
- Create and support an expectation of development of the health system through guidelines and proposals for action;
- To be a reference and enable monitoring and evaluation of the adequacy, performance and development of the health system.

## Values and principles

The NHP has the values and principles of transparency and accountability that allow the confidence and appreciation of the stakeholders as well as the system develops learning. In addition to these additional are:

- The involvement and participation of all stakeholders in the health creative processes;
- The reduction of health inequalities as a basis for the promotion of equity and social justice;
- Integration and continuity of care provided to citizens;
- A health system that responds quickly to needs, making best use of available resources to avoid waste;
- Sustainability, in order to preserve these values for the future, where we can combine: a healthy population; resilient communities that can have a good informal network of care; policies and health practices and integrated into other policies and social and economic practices; a system of well-designed health care and people-centered, appropriate to the objectives, that is efficient, and has adequate human resources, qualified and working as a team in order to integrated healthcare.

## Health goals

The following health four health goals are proposed:

1. To reduce premature mortality ( $\leq 70$  years), to below 20%.
2. To increase healthy life expectancy at 65 years of age by 30%
3. To reduce the prevalence of smoking in the population aged  $\geq 15$  years and eliminate exposure to environmental tobacco smoke
4. To control the incidence and prevalence of overweight and obesity in children and schoolchildren, limiting growth by 2020

## Strategic axes

The four Strategic Axes of the NHP, which constitute the conceptual model are perspectives of the scope, responsibility and competence of each agent Health System (citizens, health care professional, manager and administrator, public and private bodies, direct and indirect administration of the State, institutions or non-profit), whose improvement requires recognize



their interdependence, strengthening the prospect of health system, in particular the National Health Service and the actions of the different sectors that impact on health status (Figure 1).

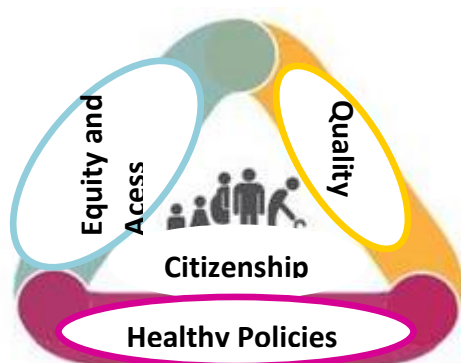
The Strategic Axes return gains, improve performance and enhance the alignment, integration and sustainability of the health system and all sectors, as well as the ability to develop these as a whole, pursuing the improvement of health.

As defined since 2012 are considered four Strategic Axes for which it proposes a set of strategic recommendations: 1. Citizenship and health; 2. Equity and access to adequate health care; 3. quality in health; and 4. Healthy policies.

The implementation process of the NHP is based on these four transverse axes which should be reflected in all actions and interventions of the Health System and in all sectors that impact on health.

**Figure 1 Conceptual Model of NHP**

**More value in health**



## **1. Citizenship in Health**

The NHP proposes:

- Promoting a culture of citizenship aimed at promoting literacy and empowering citizens so that they become more autonomous and responsible in relation to their health and the health of those who depend on them.
- Performing literacy promotion activities that focus on health promotion and disease prevention measures, particularly in the areas of immunization, screening, use of services and risk factors.

- Promoting the active participation of organizations representing the interests of citizens.
- The development of skills among health professionals in order to develop health citizenship actions;
- Developing education programs for health and self-management of the disease.
- The development of a rational and appropriate use of health services programs.
- The promotion of voluntary activities in health.

## **2. Equity and Access to Healthcare**

The NHP proposes

- The integration of different sectors regarding measures that promote the reduction of inequality and improving people's condition in general address the social determinants.
- Strengthening governance of Primary Health Care (PHC), hospital and long term care, so that decision making is adequate, effective and monitored and that citizens access more quickly to the care they need.
- The enhancing development and implementation, in appropriate situations, of the integrated care processes for more frequent disease and health problems and with greater potential for gain, so that the citizens receive timely and appropriate care, regardless of the care network where you are.
- The development of referral networks of care not only of territory, but also technical skills hierarchy.
- The promotion of coordination between national and local planning in different areas of social action, either through legislative and regulatory strategies, such as SIADAP and contractualization, as by persuasion strategies and influence, for example in supporting the development of local health plans.
- Strengthening of financing strategies that promote equity in the realization of the health potential.
- The development of intersectoral actions to strengthen the participation of all sectors.

### **3. Quality in Health**

The NHP proposes

- Strengthening the implementation of the National Quality Strategy, through concerted and complementary actions at central, regional and local.
- Monitoring and publishing the results of health care and the respective relationship with the volume of care.
- Strengthening the quality impact on the evaluation of the professional and institutional performance and funding of institutions providing care.
- The implementation of the National Plan for Patient Safety 2015-2020, through transversal actions to improve the safety culture in an integrated manner at all levels of care.
- The implementation and dissemination of quality of health care certification, in order to increase public confidence in the health system.
- The increase in the provision of health care networks, the role of the quality and safety commissions.
- The strengthening of measures for the rational use of medicines, supported the NOC (clinical guidelines), which in turn are based on cost-effectiveness analyzes.
- Quality assurance in conducting population-based screenings, ensuring equity and access to quality prevention strategies.

### **4. Healthy Policies**

The NHP proposes:

- Promoting intersectoral approach and Health in All Policies at different levels of expertise.
- Strengthening of intersectoral strategies that promote health by minimizing risk factors (smoking, obesity, lack of physical activity, alcohol).
- The strategies implementation strengthening and tools within health policies based on identifying health priorities with periodic review and update.
- The use of impact assessment methodology as an element to previously consider when developing and implementing policies.

- The strengthening of epidemiological surveillance systems in relation to health determinants and risk factors with the greatest impact on health gains with equity.
- Strengthening of public health warnings monitoring systems, promoting early detection and coordination of response to such emergencies.
- The strengthening of communication strategies and social marketing to promote the choice of implementing healthy policies.
- The review of financing strategies in order to enhance projects and intersectoral framework of actions.

## **2.1. Guidelines for implementation**

These have been further developed to be consistent with the principles of 2020. Seven guiding principles are proposed:

### **a) Prevention and Disease Control**

Noncommunicable diseases (NCDs) are accountable for the most of deaths and disease burden across the WHO European Region, including Portugal. Many NCDs are preventable through intervention in the risk factors and determinants of health, including those related to tobacco and obesity. Thus, the investment in improved prevention and control of NCDs will contribute to the reduction in disease burden, reduction of premature death, morbidity and disability, to promote active and healthy aging, increasing the quality of life, well-being, social cohesion and productivity of people and communities.

### **b) Health Promotion and Protection**

Health promotion and protection aim to create conditions for citizens, individually or collectively, can take action on the determinants of health in order to maximize health gains, contribute to the reduction of inequalities and build social capital. Strengthening health promotion and health protection should extend human potential over the life cycle, especially highlighting the major determinants of health and intersectoral actions.

### **c) Intersectoral Collaboration**

Intersectoral collaboration allows achieving whole-of-government and whole-of-society approaches. The development of intersectoral actions is aimed at achieving gains in health and well-being through interventions involving education, social security, home affairs, agriculture, environment, local authorities and civil society.

### **d) Empowerment of Citizens**

The empowerment of citizens and promoting health literacy promotes autonomy and accountability for health and a more active role in the functioning of the health system, based on the assumption of maximum responsibility and individual and collective autonomy (empowerment). The empowerment of citizens makes them more aware of actions that promote health as well as the costs that the health system incurs for the use of its services.

### **e) Promoting Healthy Environments**

Health 2020 emphasizes the role of healthy environments and resilient communities in achieving health gains and reducing health inequalities. The actions to be developed must consider the relevance of the environment to health in general and along the individual life cycle and families, as well as specific environments.

### **f) Dissemination and Implementation of Best Practices**

All agents with action in the health field should ensure continuous quality improvement as a means to promote quality and ensure that scientific and technological advances are integrated and implemented in a systematic way and generalized manner. The identification and dissemination of best practice should allow comparability and reproducibility of processes, measures or actions, contributing to the convergence of equity and efficiency levels of the different health services. It has particular relevance to professionals training in different fields and scientific research.

## **g) Global Health Strengthening**

Global health focuses on the impact of global interdependence on the determinants of health, the transfer of risks to health and the policy response of countries, international organizations and many other stakeholders in the global health scene. Global Health is a broad concept that integrates health status, determinants and interventions in the world population and that overlaps the individual interests and perspectives of the countries. Health is considered as independent of physical or administrative boundaries, culture or language, requiring coordinated actions, based on a broad and multidimensional perspective.

## **h) Implementation of the NHP**

The NHP is implemented through programs, projects, activities and actions operationalized by different agents and addressed to specific needs or themes, in a planning logic of macro strategic integrated into operational planning (meso and micro) at regional and local level. National programs are instruments of implementation of the NHP and should be addressed according to a intersectoral approach involving the various ministries, municipalities, public and private entities, professional associations, scientific societies, patient organizations and other governmental and non-governmental organizations, and the citizens themselves.

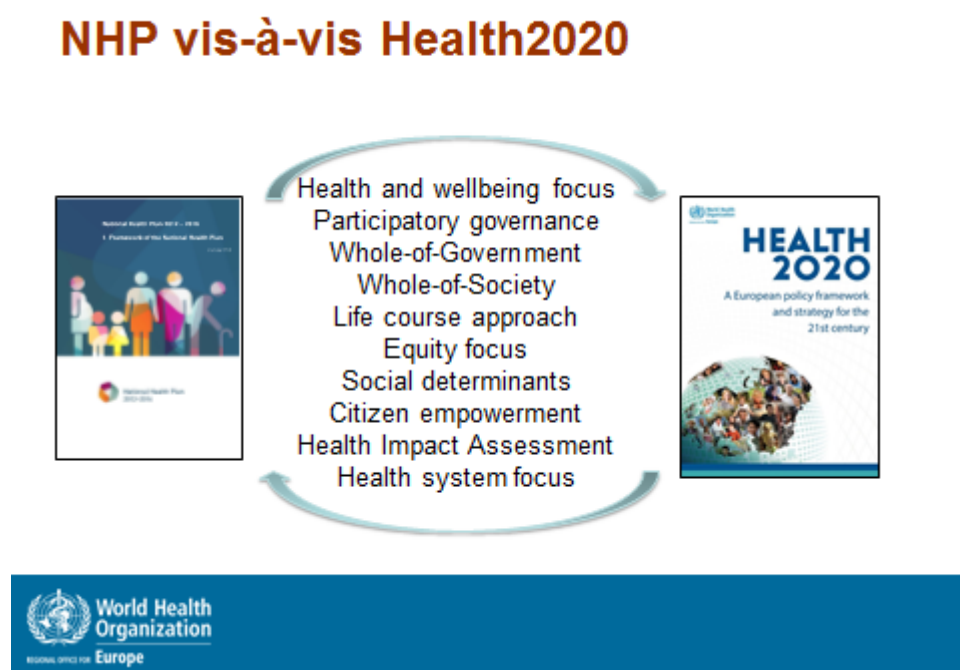
The implementation guidelines presented here are based on recommendations of the National Health Plan 2012-2016, Health 2002, the continuing dialogue with WHO, the NHP Intervention Routes of 2012-2016, as well as proposals widely discussed publicly, particularly in the 4th National Health Forum, meetings of the Expert Group, the Advisory and Monitoring Board and internal meetings in the General-Directorate of Health.

Accordingly detailed strategic guidelines for implementation are presented. Together with identified implementation partners and timelines.

### 3. The NHP and Health 2020

The NHP is essentially a value based national health policy for health and well-being. Most if not all, of the Health 2020 elements are included, although not necessarily structured as in the Health 2020 policy framework (Figure 2).

**Figure 2 NHP vis-à-vis Health 2020**



It is important that "governance for health" is seen as a comprehensive and overarching societal function as is envisaged in Health 2020. It is more than overseeing the implementation of the NHP, and requires high level political and intersectoral arrangements to support whole of government and whole of society working, with Health in All Policies. The emphasis in the NHP Revision tends to focus e on how other sectors can contribute to the health sector achieving its goals, It is noted that the NHP-Revision proposes a Coordinator of the Plan (General Director of Health) supported by an Executive Director. The functions of both will be supported by a Technical Team which will be operational in GDH. It is also proposed to continue the Advisory and Monitoring Board for monitoring and community participation. It is also suggested to maintain the Experts Group, which is responsible for collaborating in the development and implementation of the NHP.

An excellent ground for moving towards joint goals in Portugal is that a Council of Ministers and an Inter-Ministerial Monitoring Committee are established to support and develop this intersectoral collaboration. A step towards shared goals will be to ensure the adoption of the NHP by the whole of Government and the Parliament.

All of the main elements of Health 2020 are included in the Portuguese NHP, and overall the NHP is highly consistent with Health 2020. Health gain and the right to health are included, and health is seen as a highly valued component of social capital. The importance of the social determinants of health is also recognized. Universal access and financial health protection are emphasized throughout, as is primary health care and well-structured hospital referral networks. There are references to the integrated management of diseases. It will be important consistently to work towards understanding and reducing health inequalities between regions. Further clarification is needed on the wider societal components of achieving inequity goals, rather than only the contribution of the health system. Discussion of citizen responsibility for health also needs further elaboration, particularly in the context of economic crisis and austerity with known impact on, for example, unemployment and depression.

### **Vision and innovation in the NHP**

The NHP-Revision provides an excellent at-glance overview of the NHP vision, mission and the value base. It also provides reference to the dynamic, rapidly changing context for health development, including the longer-term implications of the current socioeconomic context.

### **Evidence base**

The NHP is evidence-informed, being based on systematic reviews of national and international studies and a series of in-depth reports that were commissioned to review specific topics, written by national renowned experts in the preparatory phase of the development of the NHP. Most of these papers were peer-reviewed by external/international reviewers organized by WHO as part of the ongoing collaboration. Thus, there has been considerable investment in developing an evidence informed plan. The NHP provides solid and up to date information on the health profile of the Portuguese population, focusing on achieved health gains in comparison with other European Union countries on the one hand, and identifying comparative population health features that lend themselves to more focused health improvement efforts on the other hand.

### **A participatory process for the development of the NHP**

As well as the formal national dialogues and consultations the NHP was developed on the basis of numerous consultations with national experts and a broad range of national institutions. It contains the contribution of several hundred of organizations, not only in the health sector but beyond. The development of the NHP has also made extensive use of social media. A challenge will be to translate this engagement into processes and mechanisms to continue to support and sustain implementation.



## **Mechanisms for the identifying and releasing resources**

In order to ensure the implementation of the Plan should be negotiated by the Ministry of Health and the Ministry of Finance guidelines for resource allocation that ensure that the NHP's recommendations will be implemented.

## **Dissemination mechanisms**

The effectiveness in the dissemination of NHP to the stakeholders, whether institutions of the Ministry of Health, civil society or the third sector, requires continued communication effort through various actions that make up a Communication Plan designed for this purpose. This is a fundamental mechanism for the successful implementation of the Plan.

## **Adequacy of legal framework**

A reduced set of set of guidelines (laws, decrees, orders, circulars normative and technical guidance), of great importance, referring to plans, programs, strategies and actions, that despite never having been terminated are obsolete. In this sense, it seems necessary to review all the current legislation, to refer back to historic legislation that has no application in the present.

## **Structure and order of the plan**

Overall the NHP could benefit from the development of an overall diagram or matrix that makes it clear how all elements of the plan will contribute to the overall vision; an indication of priority setting in implementation and monitoring; as well as a more operationally clear structure.

Also the plan does not directly relate to existing health programs or services to illustrate how implementation action might be taken, for example by using primary care services as an illustration of how health gains in preventable mortality and morbidity might be achieved and or by relating to the content of the national priority health programs. In relation to this there is no overarching description of the existing health system which might help to frame how and what health services are provided to populations and individuals at various levels and across the whole spectrum of health promotion, disease prevention, diagnosis and treatment and rehabilitation.

## **4. Comments in view of implementing the National Health Plan**

### **4.1. Developing a priority setting and medium-term planning process for implementation of the NHP**

There remains a need to develop a medium-term planning process in order to ensure the implementation of the NHP. The strategic vision and directions need to be tailored to the Portuguese experience and needs, in an operational format and action plan that identifies:

- The vision areas for each strategic axis into a concrete set of timetabled actions and activities identifying outputs;
- Interim and final outcomes; milestones;
- Who is responsible; and
- The public health capacities required.

These parameters need to be mapped onto an agreed model for the health system in Portugal; areas of common action, and shared goals and outcomes, with other sectors; within the health sector; and across national programs. Such an operational roadmap would define core mechanisms for implementation of the NHP including prioritizing action(s) and activities over the remaining 2-3 full years left of the plan), including developing a communication plan.

There is also a need to align the NHP with the Government of Portugal document, *The Road to Growth: a Medium Term Reform Strategy for Portugal*, which sets out the whole of government approach to health in Portugal. This highlights the importance of health to ensure growth and development. It includes a focus on the needs of citizens, including reinforcing the right to access to primary care with a clear goal of achieving universal coverage. As well as access there is a commitment to the quality and safety of health services.

## **4.2. Clarifying core concepts and values, and alignment with Health 2020**

While equity and access to healthcare is important to reducing health inequalities, consideration also needs to be given to the distribution of wider social determinants and how they impact on broader opportunities to be healthy e.g. early child development through early child development programmes, good child care, high quality education etc. Another example is obesogenic environments, looking at planning initiatives to increase physical activity, or providing alternatives to the high density of take-away food outlets in some geographical areas.

In rural areas how does access to or lack of access to affordable public transport affect young and old people's opportunities to take advantage of mobility? In addition, are existing inequalities in opportunities to take part in physical activity reflected in the national plan or program for physical activity? That is does the national policy for physical activity include action on social determinants such as availability of green space for recreation, accessible and safe paths and walkways?

It is recognized that improving health equity and tackling inequalities is a challenge in the current economic environment, particularly where health and other social programs are being reduced. Changes to exemptions, levels of reimbursement etc. for health and social programs may potentially be widening existing inequalities. There is evidence that patients may be attending their primary care practitioner but not following up on treatment for their condition because they may incur costs or greater costs than previously e.g. pharmaceutical costs.

All existing inequalities should be considered in terms of the wider social determinants, and a whole-of- government and whole-of-society response. How can these social determinants of health inequalities be addressed, in a practical way that reflects the level and disadvantage of the groups affected? In addition consideration must be given to achieving a balance of action from initiatives that target the most disadvantaged (e.g. exemptions from co-payments) to more universal actions to tackle the social determinants of inequities across the gradient (e.g. tobacco taxes and legislation).

### **4.3. Strengthening ownership of the NHP-engaging whole of government and the wider society**

The strategic axes of the NHP include citizen participation, equitable access to health care, quality and healthy policies. These principles need to be effectively operationalized not only at the regional and local level, but also at the health professional level. What mechanisms and processes can be used to realise the vision of whole of government and wider citizen engagement? How can current participation efforts be strengthened?

The NHP emphasises throughout the positive responsibility of the citizen to use and engage with the health system in a responsible way. However to do this effectively requires a high level of health literacy and empowerment as well as mechanisms for citizen participation and involvement in health decisions at all levels of planning.

### **4.4. Bringing other sectors on board for NHP implementation**

The NHP has benefited from broad and active consultation with a wide range of stakeholders during its definition. However ownership of the NHP is currently clearly with the health sector rather than a shared responsibility led by central government. It is vital to broker the dialogue between various constituencies that can contribute to implementation of the NHP. An important strategy for implementation and bringing other sectors on board is to convene an intersectoral working group, perhaps chaired by 1 or 2 other sectors with whom health currently has close working relations, to clarify aspects and intentions of the NHP, and to identify common goals for 2-3 or more sectors to achieve. It may be the case that opportunities for cross-sectoral collaboration in the implementation of the plan will be more easily identified and implemented at regional and or local levels, where such relationships already exist e.g. Healthy Cities.

### **4.5. Support regional and local implementation**

Coordination between the national, regional and local levels is essential, and it is important that some autonomy will be granted to regions and the local authorities in adjusting NHP implementation to local requirements. Nevertheless the central level should retain the classical stewardship functions of policy guidance, regulation and monitoring functions at national level. The NHP may be used as a framework for Regional Health Authorities to specify the types and volume of services required for the purchase of local health services. Local implementation of the NHP may be supported through local health strategies and plans, with the capacity to foster empowerment of the local level in planning;

promote the integration of the NHP and the different national health programmes at local level; as well as enable performance improvement processes to tackle local challenges.

Close collaboration in adjusting the national NHP to the local and regional specificities is needed both between regions and local authorities themselves, and also between central and sub-national levels of the administration. The implementation of the NHP may be linked to operational plans at regional and local level.

The formal mechanisms that structure the health system—especially the budget and contracting conditions—may support the implementation of the NHP. At the same time, local authorities may need to be able to adapt the terms of contracts to contextual factors that influence NHP implementation, always maintaining a high level of transparency and accountability.

#### **4.6. Implications for strengthening public health capacities and services**

The implementation of the NHP requires sufficient public health capacities and services not only in terms of quantities but also in terms of quality, appropriateness and relevance of the institutional and human resources capacities. The implementation of the NHP should strengthen the delivery of public health services by developing and integrating health promotion and disease prevention with robust health protection services of local and regional public health authorities, but also into more integrated and coordinated care delivery chains in community and primary care settings. This requires an effort to plan towards scaling up and transforming public health and primary care workforce. The *European Action Plan for Strengthening Public Health Capacities and Services* provides an evidence-informed action framework to support such strengthening.

Furthermore, there is the need to improve mechanisms for coordination and integration of health services and foster the delivery of preventive services through a balanced system of community care, primary health care, outpatient care and secondary and tertiary hospital care, thus promoting a lifelong continuum of prevention and care. To support service delivery, the enablers for public health that especially need further development include - besides governance — public health workforce development, financing integrated public health services, and communication and advocacy capacity within and outside the sector. Another priority area for strengthening public health services is that not only health service providers (for instance the so-called local health systems) but also local administrative authorities and political councils are able to work towards addressing inequalities and the wider determinants of health.

## **4.7. Agree on a small number of indicators**

Within the NHP framework, health outcomes can be improved through investments in the monitoring and evaluation of current population based and individual health interventions. Such investments should be supported by the development of robust information systems, which allow for continuous improvement of the planning process and timely corrective measures. A reduced list of NHP number of indicators is now proposed, which have been defined as a set of indicators in line with the ECHI indicators - European Core Health Indicators of the European Union -, allowing international comparison, the projection to the year 2020 and interregional comparison. A set of indicators to measure the implementation of national or sociodemographic policies has also been suggested.

## **5. New initiatives**

Portugal has now committed to two new initiatives:

1. To join the WHO Regional Office for Europe ambitious multi-disciplinary program: “Health System Strengthening for Better NCDs”. The Goal of this initiative is to support Member States accelerate gains in NCD outcomes.
2. To conduct the Self-Assessment exercise linked to the European Action Plan for Strengthening Public Health Capacities and Services.

## 6. Conclusion and initial recommendations

The NHP extension to 2020 is significantly aligned with the Health 2020 policy framework. It is guided by explicit principles and values, with a strong health gain goal, and is built on a solid evidence base. Consistent with Health 2020, it emphasizes improvements in health and well-being, equity, whole of society approaches and access to quality health services. It is visionary, as a continuum from previous NHPs, and could benefit from yet further alignment with H2020.

Many of the comments and recommendations from the process of WHO consultation have been taken into account in the drafting of this latest NHP. For example reference is made to the early inclusion of the Ministry of Finance in securing resources towards the development and implementation of the NHP; a more limited set of indicators is proposed than hitherto; and there are strengthened references to legislative review, advocacy and communications.

It is clear that the NHP can play a key role in bringing together relevant stakeholders within and beyond the health sector to achieve key goals around equitable health improvement. There are however some WHO comments and recommendations which may be put forward at this stage:

To guide the implementation process, the NHP might benefit from offering more tangible mechanisms for implementation and action, including clarify the roles and responsibilities of the different actors.

Consideration should be given to the NHP being adopted by the Council of Ministers and the Parliament.

Embarking upon an international peer exchange process together with countries that currently undergo implementation of Health2020-inspired strategies.

Work is still needed to better align and reflect activities, commitments and resources in the vertical priorities and how this supports and enables the achievement of the NHP goals and targets.

Developing a roadmap would assist implementation. This might include a simplified path to prioritize and timetable implementation actions, including the following;

- An institutional survey on the potential contribution of different actors to the implementation of the NHP leading towards clear roles for programs, institutions and actions at national, regional and local levels;
- A matrix of how the elements, programs and different players can contribute to implementation;

- A review of institutional terms in order to make them consistent with the NHP, and revisit contractual arrangements accordingly;
- An operational approach to increase the role of other sectors in implementation, for instance by appointing health literacy mediators from other sectors;
- A section on how implementation builds on previous assessments and on-going reforms (e.g. in the family medicine reforms and others);
- An emphasis on how to link vertical programs with the point of contact with people/patients through health services;
- A focus on training of health professionals and actors from other sectors on the NHP;
- Separate monitoring from evaluation, potentially using a smaller number of indicators in line with Health 2020 indicators for monitoring, and using the full range of NHP indicators for evaluation. Evaluation part in the document is missing.

Further work on inequities will be based on analysing all available data (demographic; health service availability; socioeconomic indicators; and morbidity and mortality) using the 54 Primary Health Care Centres as a unit of analysis. This will allow a cluster analysis of this information, providing an indication of the shared characteristics across 4-5 groups and enable some kind of population ranking to enable more specific analysis within and between the different regions.



