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PRIMARY HEALTH CARE DEVELOPMENT  
IN SOUTHERN EUROPE

Report on the Fourth WHO Forum

Nea Madytos, Salonica  
21-24 April 1991

## ABSTRACT

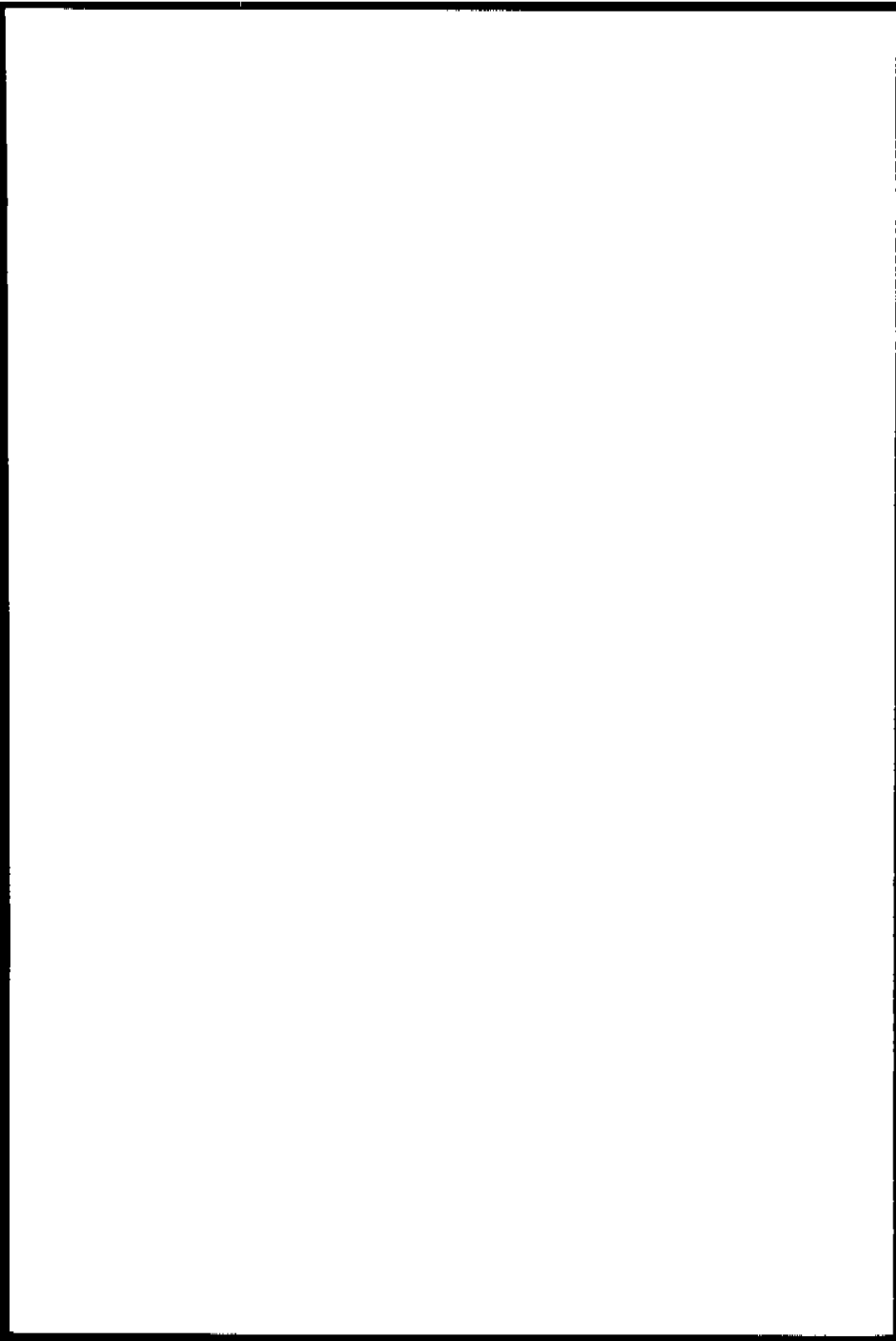
To make its full contribution to the attainment of health for all, primary health care (PHC) must be developed to include a wider range of services. Fora were held to assist this development in countries in the southern part of the WHO European Region, through the exchange of experience, the examination of events in the host country and the discussion of topics of special interest. Experts from nine countries attended the Fourth Forum, at which the special topic was the role of PHC personnel in disease prevention and health promotion. The participants agreed that all such personnel (particularly general practitioners) should devote more time to disease prevention and health promotion (particularly to activities in the community), and that greater cooperation is needed within PHC and the health care system and between health and other sectors. This would significantly improve the care delivered by general practitioners and the health care system as a whole.

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## Introduction

The Fourth Forum on Primary Health Care Development in Southern Europe was held from 21 to 24 April 1991. Sixteen temporary advisers from nine countries (Andorra, Greece, Israel, Italy, Malta, Portugal, Spain, Turkey and Yugoslavia) attended, along with observers from Belgium and Turkey and staff of the WHO Regional Office for Europe. Organizational arrangements were undertaken in collaboration with the Health Centre of Nea Madytos and the municipality of Asprovalta. The background documents are listed in Annex 1 and the participants in Annex 2.

The First Forum, which was held in Italy in 1986, focused on the management issues in the development of primary health care (PHC). The second took place in Portugal in 1987, and the main topic for discussion was information systems for PHC. At the Third Forum, held in Spain in 1989, two basic issues were discussed: community involvement in health care and the collaboration between health and social services. The purpose of the Fourth Forum was to exchange experience of experiments or projects related to the role of PHC personnel in the prevention of disease and promotion of health, with emphasis on rural situations.

Most European countries have fairly well developed and readily accessible health care systems. Nevertheless, health care systems in Europe require major reforms in policy, and this need raises important questions. The most important of these was the main topic of the Forum. What can be done to increase the involvement of the health services in the prevention of disease and the promotion of health?

## Current situations in the development of PHC

Since the last Forum, there had been three new events in Andorra: the government's approval of a new

strongly inspired by the WHO strategy for health for all, the opening of a nursing school and the building of a new hospital. The first two events have given a strong impetus to the development of PHC, but it was questioned whether the opening of the new hospital would have the same effect.

In Greece there have been no new developments. The PHC system in Israel faces two main problems: the curative services are completely separated from the preventive services, and paediatricians act as primary care physicians. In Italy, 25 subregions are planned to be autonomously managed inside the national health services framework; the implementation process varies between subregions. In Malta, the main problem is found in the use of public health services.

In Portugal, plans and activities for the management of PHC are oriented towards particular programmes and issues. At each level, all health services have to present annual plans including the targets to be achieved. In Spain, the social security scheme had covered most of the population. In late 1989 the government took steps towards instituting universal coverage. A commission formed to study the development of the health care system in Navarra, Spain, is also studying the role of the private sector in health services. In Turkey, general practitioners have begun to be organized under the Turkish Medical Association scheme and to discuss not only professional problems but also the health system itself. In the wake of economic and political change in Yugoslavia, new health laws are being prepared.

After the presentation of recent developments in PHC, representatives from the Greek health centres of Nea Madytos and Spili, who were pilot testing in collaboration with WHO, described their activities.

## The role of PHC personnel in disease prevention and health promotion

The health promotion and the disease prevention approaches were thoroughly discussed. The participants agreed that health promotion is the process of enabling individuals, families and communities to increase their control over the determinants of health and thereby to improve their health. The health promotion approach was considered a participatory health model. The disease prevention approach, using direct and persuasive strategies aimed mainly at risk groups in the population, was considered a medical model. The participants presented evidence showing that disease prevention and health promotion activities are increasingly important in the PHC services of many countries.

All participants agreed that health professionals must become heavily involved in health promotion and disease prevention. They also agreed on the importance of teamwork and of cooperation between the health team and people outside the health sector, such as teachers and community and religious leaders.

Further, the participants agreed that, where appropriate, all health centres and physicians working on an individual basis could and should start disease prevention and health promotion activities on their own. They should not wait for centrally organized and initiated health programmes. In addition, PHC teams and general practitioners can play an important role in the control of environmental health problems and their causes.

Obviously, although vertical programmes can sometimes provide good results, linking these programmes with the more horizontal approaches of PHC teams is of great importance.

The participants agreed that general practitioners should become more heavily involved in disease prevention and health promotion, particularly the supervision of activities already underway in the community. The general discussion stressed both the importance of the education of PHC personnel at all levels and the necessity of evaluating general practitioners' activities, whether carried out in individual practice or in health centres, as in Greece. Such evaluations should focus on the entry points and the effectiveness of the activities. By increasing the time allocated for disease prevention and health promotion, the medical profession and the health care system can significantly improve their delivery of care to the population.

There was broad agreement on the need to promote the examination and evaluation of systems of incentives that would encourage general practitioners to work in the field of health promotion and in disease prevention. (The participants agreed that incentives to increase the quality of general practice would be the focus of future meetings of the Forum.) In addition, the establishment of departments of family medicine in medical schools and the strengthening of professional associations of general practitioners were mentioned as supportive of the development of PHC.

The participants agreed that family medicine as it is organized in Israel offers a good opportunity to provide comprehensive community-oriented PHC that includes the promotion of health and the prevention of disease. Further, general practice must be developed in the European Region as part of postgraduate training and should be related to disease prevention and health promotion. The participants agreed that general practice must be reorganized to deal with these issues.

The participants underlined that certain kinds of health promotion and disease prevention activities should

have priority and that existing data should be evaluated to improve priority setting. In these activities, both top-down and bottom-up approaches must be combined. This is particularly important when PHC teams define their own needs and set their own objectives.

The need for intersectoral and international cooperation was clear. The involvement of other organizations is an important factor in gaining the additional resources needed for better PHC services. It was also agreed that people working in PHC should not be left in isolation, and national and international networks should therefore be established to cover everyone involved.

Needs and priorities in disease prevention and health promotion can be identified through the complex process of community diagnosis: the information gathered should be passed on to the health information systems at other levels, and feedback should be returned. The level of work undertaken by PHC teams was of particular concern in the general discussion. The participants agreed that existing data could be used as evidence for community diagnosis. In addition, proper ways must be found to share information.

It was felt essential that health centres should be more independent. General practitioners (family physicians) play a key role in promoting health and preventing disease through PHC. To facilitate their work, they should be trained in management, and supported in practising self-management and working with a referral system. Some participants felt that general practitioners should be responsible for their own budgets.

The questions of free choice of physicians and free access to specialists were also thoroughly discussed. To ensure continuity of care and the development of both general practice and the health services, patients should

first visit the general practitioner before going on to another level of care. Thus, general practitioners have an important gatekeeping function.

## Recommendations

1. Member States, professional associations of general practitioners and PHC personnel should recognize the importance of teamwork in PHC, for both the prevention of disease and the promotion of health.
2. Public participation and community involvement are essential prerequisites for productive intersectoral collaboration. Member States and professional associations should reaffirm the importance of such collaboration, and design mechanisms and policies for the active involvement of sectors outside health.
3. Member States and professional associations should combine both top-down and bottom-up approaches in health promotion and disease prevention. They should encourage PHC teams and general practitioners to use such a combination to meet their needs and objectives.
4. Member States and professional associations should encourage general practitioners to use methods of community diagnosis to determine local needs and priorities.
5. In developing their PHC programmes, Member States should link vertical programmes with horizontal approaches already being used by PHC teams.
6. With the encouragement and support of WHO, Member States should establish appropriate PHC-oriented curricula for undergraduate, postgraduate and continuing education of PHC personnel. The professional associations of such personnel should take an active role

in this process by influencing decision-makers, helping to design curricula and assisting in implementation.

7. Member States should promote the examination and evaluation of incentive systems that would encourage the work of general practitioners in health promotion and disease prevention.

8. WHO and professional associations should ensure that PHC programmes learn from past experience. This should be done through the collection and dissemination of information on successful programmes and examples of good practice in general practice, on collaboration with international organizations, and on the results of research on various PHC approaches. In particular, WHO should encourage and support the communication of the results of research in the PHC field.

9. To improve the overall quality of health services, Member States should motivate general practitioners to include health promotion and disease prevention in their regular practice. Measures should be aimed at changing attitudes and teaching new PHC skills.

10. WHO, its Member States and professional associations should try to clarify and improve cooperation between general practice and other preventive services at the primary care level.

## Annex 1

### BACKGROUND DOCUMENTS<sup>a</sup>

- ICP/PHC 314 Forum on Primary Health Care Development in Southern Europe, Verona, Italy 25-27 November 1986
- EUR/ICP/PHC 314 Forum on Primary Health Care Development in Southern Europe, Lisbon, 10-12 November 1987
- EUR/ICP/PHC 314(3) Third Forum on Primary Health Care Development in Southern Europe, Pamplona, Spain 11-14 October 1989
- EUR/ICP/PHC 331 The role of primary health care in changing lifestyles: report on a WHO Working Group, Rovigo, Italy 13-16 June 1989
- EUR/ICP/PHC 399/g51 District health systems in action - ten years after Alma-Ata - experiences and future directions: report on a WHO Workshop, Neubrandenburg, German Democratic Republic, 5-9 December 1988
- Proceedings of the Workshop on district health systems in action - ten years after Alma-Ata - experiences and future directions

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<sup>a</sup> Copies may be obtained from the Primary Health Care Unit, WHO Regional Office for Europe, 8, Scherfigsvej, 2100 Copenhagen O, Denmark.

## Annex 2

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