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**PRIMARY HEALTH CARE
DEVELOPMENT IN SOUTHERN
EUROPE AND ITS RELEVANCE TO
COUNTRIES OF CENTRAL AND
EASTERN EUROPE**

Report on the Fifth Forum

**Andorra la Vella
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ABSTRACT

Reforms that have already taken place in the health care systems of the southern countries of the WHO European Region could provide useful lessons for the central and eastern countries of the Region in their current efforts to reform their health systems. The WHO Regional Office for Europe therefore broadened the scope of the initiative on the development of primary health care (PHC) in the southern countries to include the discussion of its relevance to the central and eastern countries. Experts from both groups of countries accordingly met in Andorra la Vella to assess the current state of PHC and discuss a reference model devised as a tool to improve PHC. The participants urged that an approach based on health outcomes guide debates on health care and concluded that the countries of the Region need a new policy to promote PHC. Finally, the participants agreed to prepare for their next meeting by carrying out a number of activities to improve the reference model and describe the main issues in the reform of health care systems.

Keywords

PRIMARY HEALTH CARE – trends
DELIVERY OF HEALTH CARE – trends
CONGRESSES
CCBE

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INTRODUCTION

The Fifth Forum on Primary Health Care Development in Southern Europe and its Relevance to Countries of Central and Eastern Europe must be seen in the context of health care reform in almost all of the Member States of the WHO European Region. Rapid and profound change poses major challenges to health policy decisions in the countries of central and eastern Europe (CCEE). The analysis of the development process of primary health care (PHC) in southern European countries, made in WHO meetings in recent years, can be useful to the CCEE. Information exchanges between the two groups of countries may help them to shape better policies within a united Europe.

The Fifth Forum had several parallel tasks that were intended to serve a single final purpose. These tasks were:

- to review the contents and achievements of the previous four fora;
- to assess PHC and the health care reforms under way in the southern countries of the Region and to establish their relevance to the CCEE;
- to work on a conceptual and operational tool (the reference model) that may improve PHC analysis and health policy decisions; and
- to anticipate future action that can contribute to the development of new approaches to the PHC process.

The participants pursued these tasks through work in small groups, individual presentations and plenary discussions.

The Forum was hosted and supported by the Government of Andorra, and opened by Mrs Bibiana Rossa Torres, Minister for Welfare, Health and Work of Andorra. Dr Constantino Sakellarides welcomed the participants on behalf of the WHO Regional Director for Europe. The participants included 22 experts from 12 countries

and 5 WHO staff. Dr Meritxell Fiter i Vilajoana was elected Chairperson and Dr Oriol Ramis acted as Vice-Chairperson. Dr Vitor Ramos was the Rapporteur. Annexes 1 and 2 list the working papers and background documents and the participants, respectively.

The previous meetings and the continuity of the Forum

The Fifth Forum can be viewed from two complementary perspectives:

- as the continuation of an initiative started in 1986; and
- as a rupture with the past and a creative search for innovation and new insight into the complex problems of the development process of health care systems.

As to continuity, four presentations summarized the previous fora, allowing comparisons between the recommendations, stated goals and actual achievements of each. Discussions throughout the Fifth Forum supported the creative mood. The complexity of the influences on decisions on health care policy and the evolution of health care systems in particular requires the development of tools to support a more rational approach to these factors and their relationships.

Further, the Fifth Forum saw a shift in working style. Rather than defining what should be done and making recommendations on it, the participants arrived at an understanding of current conditions, decided on appropriate responses and agreed to take action on them.

IMPORTANCE OF EUROPEAN GENERAL PRACTITIONERS

Although general practitioners (GPs) or family physicians are only one group in a large range of health care providers, they have a very important role in PHC services in the European Region. The personal and family approach that they use and the continuity of care that they

provide are major elements in the interface between health services and society. Current health reforms in the Region are, in many respects, closely linked to this interface.

Most of the participants in the Forum were GPs with responsibilities in a wide range of national and international organizations in the Region, in addition to their individual professional expertise. This rich variety of experience was considered a very important resource for carrying out and winning acceptance for the activities of the Forum.

In addition, all the participants in the Forum appreciated the opportunity to meet colleagues (health administrators, physicians and nurses) from Andorra and to learn from their enthusiasm for their work. Research projects on quality assurance in nursing and general practice consultations were presented and discussed.

ASSESSMENT OF PHC IN COUNTRIES

As part of their work, all the participants gave formal and informal descriptions of the current situation of PHC in their countries, including the aspect of community involvement. This provided a rich background for thought and discussion on trends in PHC in the European Region. The jargon used to discuss PHC seems distant from the main pragmatic decisions required in current health care reform. Nevertheless, there is a risk that some of the underlying values of PHC, as articulated in the Declaration of Alma-Ata, may be forgotten.

Terms such as the privatization of health care services, effectiveness, efficiency, market principles, copayment systems and health services competition are part of the vocabulary used in the current debates on health systems. Other important terms – such as equity, health promotion, PHC teams, community participation and intersectoral cooperation – belong to the vocabulary of the PHC movement of the last 15 years. It seemed imperative to find conceptual and technical ways of combining the two perspectives to support health care reforms in countries. Regardless of the

perspective, each term, as used to describe the components or make an evaluation of PHC, needed further scientific documentation based on experiences in countries.

New thinking

The traditional conceptual and operational approaches to analyse health services do not necessarily suit the current dynamics or scope of change. Creative thinking is needed in this area. The discussions in the Forum pointed out that seeking the further development and acceptance of a health outcome approach, to assist and guide debates on health care services, is the main priority. The focus on health outcome demands new methods and tools that link the structure and the performance of health care services, measured by health status and health gain, to the responsiveness of the services to the needs of patients and the community and to health policies. In addition, existing methods and tools should be used to serve this purpose as far as possible.

The reference model

A reference model for PHC was presented in the opening plenary session and used by small groups of participants as an auxiliary tool to analyse PHC in different countries. The model details the health professionals, settings and the main functions of PHC as an entry point to discuss the work of PHC and the provision of services in particular countries.

The work of the subgroups showed some of the potential of the model as a tool that health administrators, health policy-makers, the educators of health professionals and the providers of health care could use to describe, analyse and improve PHC at several levels. Nevertheless, the participants considered that more work should be done on the model to enable it to be used in practice.

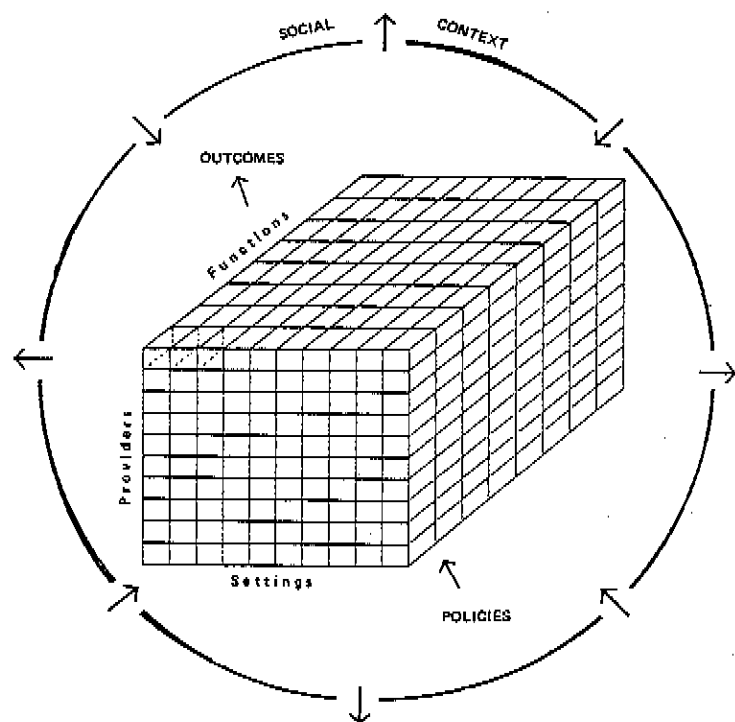
The components of the reference model were represented in a series of 2 x 2 matrices, plotting the following main components of PHC against each other:

- policy (the contributing factors to PHC policy development)
- providers (health professionals who provide PHC)
- settings (where PHC is delivered)
- functions (the main functions of PHC or a grouping of services).

Fig. 1 is a 2 x 2 matrix for settings and functions. The activities within each box are to be evaluated for their concrete contribution to sustaining or improving health outcome, as shown by scientific information. In most cases, scientific documentation is lacking to support current practices in each box. After discussions, the participants preferred to present the reference model for PHC as a cube (Fig. 2) composed of smaller cubes representing all the interactions of providers, settings and functions. Describing the contents of each of the small cubes would lead to an understanding of the large one. The reference model is intended to make these descriptions.

The participants agreed that exercises using the reference model to describe PHC in particular countries would follow the Forum. The entry points for the testing of the model will be certain conditions (asthma, diabetes and pregnancy and its aftermath) and how PHC deals with them. The exercises will help both to test the utility of the model in countries and to make cross-national comparisons to improve the model. The model may also be a tool for the rational analysis and questioning of the main components of health systems, and particularly PHC subsystems.

Fig. 2. The reference model for PHC



CONCLUSIONS AND FOLLOW-UP ACTIVITIES

1. The countries of the European Region need a new policy for promoting PHC. Owing to the importance of the role of general practice in PHC, it should be involved in the new policy.
2. The reference model for PHC could be a tool for management to use in discussing health policies on the basis of their possible results

for health. More research on the model and its scientific basis is needed, however.

3. The Fifth Forum can be considered an introduction to a period of work expected to lead to a final product useful in the reform of health care in the Region. The main activities on the agenda for action are:

- (a) designing a survey for the collection of basic data on PHC in several countries;
- (b) producing a brief position paper on the ideas presented at the Forum and a more formal protocol for data collection on PHC and reforms;
- (c) describing and assessing PHC in countries using the survey and protocol in order to improve the reference model;
- (d) analysing current activities and strategies to reform health systems in the southern and central and eastern countries of the Region, pointing out the critical issues in the reform of PHC systems and offering a way to discuss the main components of PHC (policies, functions, settings, provider roles and expected outcomes);
- (e) identifying information needs and research priorities; and
- (f) issuing the papers and the survey results in a document for distribution throughout the Region.

*Annex I***WORKING PAPERS AND BACKGROUND
DOCUMENTS^a***Working papers*

- ICP/PHC 314(5)/5 Functional reference model for PHC and specific examples from Portugal illustrating this approach, by V. Ramos and the WHO Secretariat
- ICP/PHC 314(5)/6 Current situation in Greece on management issues for PHC development, by A. Pangratis
- ICP/PHC 314(5)/7 Current situation in Italy on information systems for PHC, by C. Cricelli
- ICP/PHC 314(5)/8 Current situation in Croatia on (1) management issues for PHC development, and (2) information systems for PHC, by A. Budak
- ICP/PHC 314(5)/9 Current situation in Romania on (1) management issues for PHC development, and (2) information systems for PHC, by A. Restian
- ICP/PHC 314(5)/10 How different methods of physician remuneration may affect the outcome of PHC, with focus on the Ontario experience, by B.W. Munn

^a Copies can be obtained from the Primary Health Care unit of the WHO Regional Office for Europe, 8 Scherfigsvej, DK-2100 Copenhagen Ø, Denmark.

- ICP/PHC 314(5)/11 Current situation in Spain on community involvement in health care, and collaboration between the health and social services, by J. Gené Badia
- ICP/PHC 314(5)/12 Current situation in Turkey on the role of PHC personnel in disease prevention and health promotion, with emphasis on rural settings, by O.N. Cakmak
- ICP/PHC 314(5)/13 Current situation in the Republic of Slovenia on (1) community involvement in health care, and collaboration between the health and social services, and (2) the role of PHC personnel in disease prevention and health promotion, by I. Svab
- ICP/PHC 314(5)/14 Current situation in Poland on (1) community involvement in health care, and collaboration between the health and social services, and (2) the role of PHC personnel in disease prevention and health promotion, by J. Putz
- ICP/PHC 314(5)/15 Current situation in the Russian Federation on (1) community involvement in health care, and collaboration between the health and social services, and (2) the role of PHC personnel in disease prevention and health promotion, by J.M. Komarov
- ICP/PHC 314(5)/16 Presentation of the Andorran PHC system and its relevance to other European countries, by J. Goicoechea, O. Ramis and C. Rodríguez

Background documents

- ICP/PHC 314 *Primary health care development in southern Europe, report on a WHO Forum, Verona, Italy, 25-27 November 1986. Copenhagen, WHO Regional Office for Europe, 1987*
- EUR/ICP/PHC 314 *Primary health care development in southern Europe, report on a WHO Forum, Lisbon, 10-12 November 1987. Copenhagen, WHO Regional Office for Europe, 1988*
- 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. Copenhagen, WHO Regional Office for Europe, 1989*
- EUR/ICP/PHC 314(3) *Primary health care development in southern Europe, report on the Third WHO Forum, Pamplona, Spain, 11-14 October 1989. Copenhagen, WHO Regional Office for Europe, 1990*
- EUR/ICP/PHC 314(4) *Primary Health Care Development in Southern Europe, report on the Fourth WHO Forum, Nea Madytos, Greece, 21-24 April 1991. Copenhagen, WHO Regional Office for Europe, 1991*
- EUR/ICP/PHC 340 *Needs assessment in local areas and its consequences for health care provision, report on a WHO meeting, Jerusalem, 27-30 October 1991. Copenhagen, WHO Regional Office for Europe, 1992*
- EUR/ICP/PHC 210(B) *Health care in transition, report on the First Meeting of the WHO Working Party on Health Care Reforms in Europe, Madrid, 23-24 June 1992. Copenhagen, WHO Regional Office for Europe, 1992*

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Development of general practice in the countries of central and eastern Europe, report on a WHO Working Group, Benesov, Czechoslovakia, 22-25 April 1992. Copenhagen, WHO Regional Office for Europe, 1992

*Annex 2***PARTICIPANTS****Temporary Advisers**

Dr Jaime Reis Abreu

Coordinator, The Sinus Project, SIMS, Porto, Portugal

Dr Per Blicher-Hansen

Technical Adviser, EC/PHARE Health Restructuring Programme,
Warsaw, Poland

Dr Derman Boztok

Health Project Coordination Unit, Ministry of Health, Ankara, Turkey

Professor Antun Budak

Director, Andrija Stampar School of Public Health, University of
Zagreb, WHO Collaborating Centre for Primary Health Care, Zagreb,
Croatia

Dr Osman Niyazi Cakmak

Director, New Project Planning Department, Health Project
Coordination Unit, Ministry of Health, Ankara, Turkey

Dr Claudio Cricelli

Secretary General, Italian Association of General Practitioners,
Florence, Italy

Dr Meritxell Fiter i Vilajoana

Director of Health, Ministry for Welfare, Health and Work, Andorra la
Vella, Andorra (Chairperson)

Dr Joan Gené Badia

Secretary, Programme for Preventive Activities and Health Promotion,
Spanish Society of Family and Community Medicine, Barcelona,
Spain

Dr Juan Gervas

General Practitioner, Professor, National School of Public Health,
Madrid, Spain

Dr Josep M. Goicoechea

Professor of Public Health, Andorra Nursing School, Sant Julià de
Lòria, Andorra

Dr José M. de la Higuera

Chief, Office for Health Promotion Programmes, Andalusian Health
Service, Seville, Spain

Professor Juri M. Komarov

General Director, Public Health Institute, Ministry of Health of the
Russian Federation, Moscow, Russian Federation

Dr Bodossakis-Prodrimos Merkouris

Director, Health Centre of Nea Madytos, Salonica, Greece

Dr Barry W. Munn

Assistant Clinical Professor, Department of Family Medicine,
McMaster University, Hamilton, ON, Canada

Professor Bruno Paccagnella

Director, Unit for Epidemiology and Community Medicine,
Department of Paediatrics, University of Padua, Italy

Dr Anastasia Pangratis

Director, Division of Primary Health Care, Ministry of Health, Welfare
and Social Security, Athens, Greece

Dr Jacek Putz

Head, Department of Primary Health Care, Medical Centre for
Postgraduate Education, Warsaw, Poland

Dr Oriol Ramis

c/o Ministry for Welfare, Health and Work, Andorra la Vella, Andorra
(Vice-Chairperson)

Dr Vitor Ramos

Lecturer, Department of Public Health Administration, National
School of Public Health, Lisbon, Portugal (Rapporteur)

Dr Adrian Restian

President, Romanian Society of General Practitioners, Bucharest,
Romania

Ms Cristina Rodríguez

Andorra Health Care Services, Andorra la Vella, Andorra

Dr Igor Svab

University Institute for Public Health, Ljubljana, Slovenia

World Health Organization

Regional Office for Europe

Dr Wichard Jungclaus

Short-term professional, Primary Health Care

Ms Ritu Sadana

Short-term professional, Primary Health Care

Dr Constantino Sakellarides

Director, Health Services (Secretary)

Ms Gurli Vestergaard

Programme Assistant, Primary Health Care

Regional Office for the Americas

Dr Xavier Leus

WHO Representative, Haiti