Alto Comissariado
da Saúde

Implementation
of the National Health Plan

Strategic guidelines for Stage II – 2004/2006*

MINISTÉRIO DA SAÚDE

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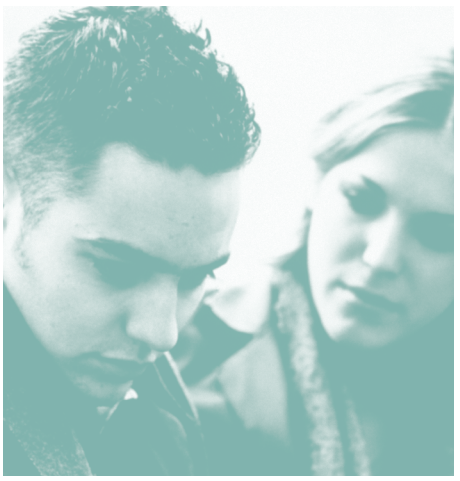
This document covers the implementation of the NHP during Stage II, that is, since the plan's approval until its first revision at the National Health Forum, which will take place at the end of 2006. The goal of Stage II is to define the methodology for the implementation, including setting up and developing structures, as well as securing the necessary resources to support implementation and supervision up to 2010.



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Abbreviations

DGIES	Directorate-General for Health Premises and Equipment
DGS	Directorate-General for Health
RD	Republic Diary
ERDF	European Regional Development Fund
HCH	High-Commissariat for Health
IDT	Drug and Drug Addiction Institute
IGIF	Computer and Financial Management Institute
INFARMED	National Chemists and Medication Institute
INSA	National Health Institute Ricardo Jorge
IPS	Portuguese Blood and Blood Bank Institute
IPSS	Private Charitable Institutions
IP-TV	Internet Protocol Television
KRC	Knowledge Resource Centre
MH	Ministry of Health
MOP	Major Options of the Plan
NHP	National Health Plan
NHS	National Health System
NGO	Non-Governmental Organization
NIP	National Immunization Programme
PHRC	Public Health Regional Centre
PIDDAC	National Programme for Investment and Development Expenses of the Central Administration
POCTI	Operational Programme for Science, Technology and Innovation
POS_C	Knowledge Society Operational Programme
RHS	Regional Health Services
S-G	Secretariat-General
SIADAP	Integrated System for Public Administration Assessment
SINUS	Information System of Health Units
SONHO	Information System for Management of Hospital Patients
TPR	Technical and Pedagogical Resources
UDO	Uptake of Medication Under Direct Observation
WHO	World Health Organization

1 | Implementation of the NHP

1.1 As a whole, the National Health Plan (NHP) represents what one might call a set of guidelines to help health institutions – not just those within the Ministry of Health but also related entities (public, private, and solidarity institutions) and even other sectors – to ensure, and to contribute towards, "health gains" up to 2010.
It may be said that the NHP aims to increase these gains, on the one hand through promoting health and disease prevention, and on the other hand through a citizen-centred change and through reorienting the health system. As a national health strategy, the NHP plays an aggregative role and functions as a guideline for what is to be primarily developed, so as to achieve "more health for all".

1.2 1.2 Implementing the NHP is therefore a great challenge, which has been undertaken by the Programme of the 17th Constitutional Government, and which should presently be pursued. The programme refers that: "The health agenda should be oriented towards health gains and healthy life years, free from illness and disability. NHP ought to allow for a choice as to where and how to invest, in order to achieve the most gains."
During the present legislation, mission letters were directed to the administration boards of Regional Health Services, hospitals and central organisms, where the NHP is mentioned as a strategic document to be followed. Also, the High-Commissionary for Health was created: a new coordination service, which is responsible for the promotion and the accomplishment of NHP implementation.

1.3 The NHP has already pointed out, albeit concisely, the strategies that would grant its own fulfilment, as well as mechanisms for continuousrevision and improvement, such as the National Health Forum and the Plan Follow-up Commission, among others. This commission was created as early as 2004 , bearing in mind that it should represent the main priority areas. In this respect, it might be appropriate to show the figure that in the NHP illustrates the idea of its development:

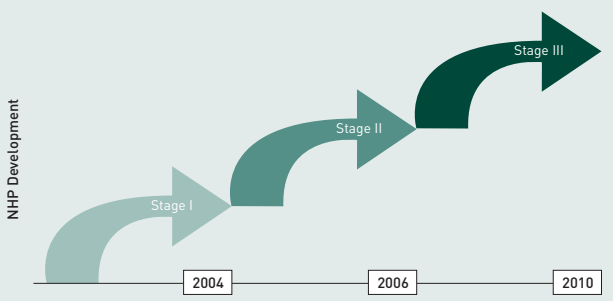

Fig.1| NHP development stages.

Stage I Stage I corresponds to the definition of the Plan's structure and its general goals, as well as specific strategic guidelines and priority targets. This stage, which was over by the end of the first quarter of 2004, coincides with the presentation of the current version of the Plan to the Ministry for its assessment and approval.

Stage II, between 2004 and 2006, corresponds to the "launching" of the Plan and the activation of its structures and of the follow-up process.

Stage III, which goes up to 2010, will involve monitoring the accomplishment of the Plan by the duly appointed entities.

1.4 For the above mentioned reasons, there is an urge to outline a more detailed strategy for NHP implementation and perhaps review some aspects which might allow for its rapid achievement. That is the purpose of the present document. Its aim is to guide MH central and regional services in practical action, so that the NHP is accomplished and the expected health gains can be achieved. It is a guideline to be followed, aimed mainly at health managers.

1.5 Promoting health and its determinants is the main concern throughout this document.
Although several health organisms, namely doctors, and different social sectors have drawn attention to this problem, it has been difficult to materialize the principles and actions towards health promotion, and to make public health policies effective, according to what has been claimed in different international reference documents, such as the Ottawa Charter for Health Promotion.
Thus, having analysed some of the main obstacles, we found that there is a need to bring about partnerships with other sectors, both in terms of investment towards a better quality of life, and with regards to health compromising behaviour.
To increase the capacities and resources of people and communities to deal with the difficulties in life is a goal which demands skills from parents, foster homes and educational institutions, which will lead to an improvement of personal relationships and to a social environment that is more favourable to good health.
Given that health is a life-long resource, pregnancy, birth and the first years of a child's life are stages of the lifecycle in which development of potential is crucial. The arrival of a newborn child makes the parents particularly susceptible to change, which means that this stage is a privileged one to invest in family health. Supporting the parents, so as to ensure their bonding with the child, supporting mothers who are willing to breast-feed, and improving their health literacy all require accessibility to quality primary and hospital health care and to programmes aimed at investing in parent skills. People who suffer from poverty and exclusion are more vulnerable to disease and have less access to health promoting and protecting factors, which means that they need more attention from all public services. To reinforce joint work between health services, social security, education and labour is a comprehensive approach strategy which ensures a greater effectiveness in decreasing inequities and in developing health promoting factors.
Encouraging health professionals, through incentives, to improve the quality of their relations with users and with the community, capacitating them to manage their own health situation and to take action upon factors that contribute for their autonomy – is also committing to people's capacities and implies an optimal use of existing resources. Another urgent need is the reorientation of health services so that Health Promotion may effectively become a strategy, a process and a practice in obtaining health gains. Creating stimuli for setting up partnerships between health professionals and other professionals and involving citizens in the resolution of their problems, enabling mobilization and social co-responsibility in the pursue of health gains is a demonstration of democratic policy and the exercise of citizenship.

1 Besides the printed versions and the CD-Rom, the document is available at **www.acs.min-saude.pt** in html format or, for download, as a PDF file. The same website gives access to a file (named "What needs to be done!?"), which attempts to define more explicitly which actions should be taken according to NHP and to provide health entities and professionals with a check list for their planning activities.
2 Regulation Decree no. 7/2005 of August 10 (RD no. 153, I S-B, of 10-08-2005).
3 Ministerial Dispatch no. 15846/2004 of June 22 (RD no. 183, S II, 05-08-2004).

2 | Implementation strategies

2.1 The main strategies of NHP implementation are: :

(a) developing a communication plan,
(b) developing an information system,
(c) focussing on priority areas,
(d) developing national programmes,
(e)mobilizing the main agents,
(f) mobilizing resources,
(g) professional training,
(h) research and development,
(i) follow-up and assessment.

These strategies will be explained in the following chapters and are summarised below:

a) Development of a communication plan
Population, health professionals and managers are the target-groups of this strategy implementation. The means already available ought to be used, namely by sensitizing them to social solidarity and involving the media, developing new instruments and giving rise to a habit of systematic reference to the PNS in the speech of managers and health professionals, through an integrated communication plan conceived for this purpose.

b) Development of an information system
There is a need to set up an information system with an epidemiological, management and financial basis, for NHP follow-up, assessment and decision-making. This system ought to encompass NHP structure, process and results. The achieved indicators should have a periodical nature and be nationally and regionally representative.

c) Focussing on priority areas
The following were considered the main priority areas (2005):
- healthy lifestyles, accidents and trauma and health of the elderly, which will be dealt with from a population perspective,
- oncological diseases, cardiovascular diseases, contagious diseases (particularly HIV/AIDS), and mental illness, which will be dealt with from a disease management perspective.

These should be the privileged areas in terms of resource distribution, and especially in terms of investment.

d) Development of National Programmes
National programmes are the key instruments of NHP application. They have a national nature, but with a regional and local focus. They are based on a central institution, which works as the main support, and agents on the different action levels. They demand local and regional management, information systems and appropriate resources for their activation and assessment. Although these are vertical programmes on a central level, their implementation to the periphery should be planned in an integrated way, considering the existing needs and resources.

e) Mobilizing the main agents
The main agents are users, health professionals (mainly those that render primary health care services), managers, and other people in charge of health care institutions, especially those within NHS, and civil society (educators, the media, etc). There is a need to create mechanisms that allow for these entities to implement the Plan and, whenever necessary, to help revise it.

f) Mobilizing resources
Financial and other resources, inside and outside the Ministry of Health, for actions and activities and for the necessary investments should be mobilized taking into account the areas that have been established by NHP, especially those considered priority areas.

g) Professional training
Professional training has to be shaped according to the needs and priorities considered in the NHP. It is crucial that active health professionals develop the necessary skills to adapt to the structural and technical changes required by NHP application in general and by national programmes in particular. This will happen in the context of annual training plans in NHS institutions, preferentially on a continuous training basis, but also in specialised training courses. There will also be an attempt to influence higher education degrees.

h) Research and development
Research in health sciences should be re-thought, so as to improve the effectiveness of NHP implementation. This is a crucial aspect to ensure that the goals which have been set are actually achieved. It will also allow for the identification and better understanding of the reasons for the achievements and failures of the health strategy. In this sense, a permanent collaboration on all levels will be maintained with research centres, universities and scientific societies.

i) Follow-up and assessment
Mechanisms to ensure the revision and improvement of the NHP itself, particularly with regards to national, regional and local assessment of its implementation, goals and objectives.

2.2 The process of NHP implementation also implies granting a set of essential strategic aspects, although these have been contemplated in the above mentioned dimensions:

- effective **communication** of priorities and actions;
- development of **local health strategies** with clear goals, duly certified and supported, which promote change and innovation among citizens and professionals;
- **management of health information** (including supervision systems) so as to allow for the response to NHP needs, by combining management concerns with the objective definition of health gains and the knowledge of its determinants;
- **contracts** which allow for a specific allocation of resources according to performance and results, whether the initiatives arise in public, private or social sectors;
- **assessment of national programmes**, which contributes for a culture of appraisal, precision and rationality on all levels.

2.3 NHP implementation should also be promoted by several influence instruments aimed at the different levels of decision-makers. Some of the possible instruments are listed below

- Assign clear responsibilities to managers through mission letters and indicators of performance assessment that involve NHP goals
- Mechanisms of inter and intra-institutional coordination
- Coordination based on settings (work places and living environments)
- Securing financial resources
- Creating incentives to the development of projects and activities
- Annual activity reports and performance reports
- Reference documents
- Contracts involving NHP goals
- Policy briefs
- Legislation and regulation

3 | Development of a communication plan

3.1 Defining a communication plan

Identifying the target public, while defining the parameters and the agents of the chosen communication format (including political communication), the main messages to convey, as well as the set of actions to be developed in accordance with the support means for the chosen actions. The Communication Plan should also include a calendar and a budget for the actions, as well as a monitoring and assessment methodology. The main targets of the communication strategy will definitely include the general public, health NGOs, health professionals, managers of health care services and managers of health training institutions and undergraduates studying to become health professionals. The Communication Plan will be made operational through HCH specific consultancy, with the support of MH Cabinets headed by Members of Government.

3.2 Divulging NHP actions and measures to the public

This process will occur in two contexts:

- general - population-based, through the media (namely TV spots, opinion articles, outdoor posters), or other means, about problems to be dealt with through a population strategy (e.g. accidents, elderly people and healthy life styles).
- specific - aimed at certain kinds of target public, according to priority health problems.

A Corporative TV channel (IP-TV) will be created and explored for NHP diffusion.

3.3 Divulging NHP to the media

To conduct sensitizing/training actions for journalists and other media agents, so as to facilitate NHP diffusion and an adequate understanding of its orientations, especially in priority intervention areas.
Also, an English version of NHP should be published, in order to enable international disclosure and discussion.

3.4 Providing training in NHP communication to health managers

The idea is to promote the development of an NHP diffusion culture which will also spread its orientations. One way to materialize this objective could be through specialised workshops that will promote language adequacy - of which media training is an example.

3.5 Divulging NHP to professionals

Creating a strategy to divulge and give information about the different programmes, especially about priority programmes, by using the available resources within the NHS. A glossary on the terminology used in the NHP will allow for the standardization of concepts and language. Conceiving an information bulletin, published by HCH, would be desirable for diffusion among health professionals and it should include the description and analysis of good practice in programme accomplishment; information for the different publics about the evolution of indicators, etc. Information among professionals will also happen using a corporative channel (IP-TV), which should also be used for the general public, as was mentioned in 3.2. The divulgence strategy includes NHP support professional training (see chapter 9). Divulgence actions should also be aimed at undergraduates studying to become health professionals.

3.6 Divulging NHP to civil society partners

Collaboration initiatives, made official through protocols, between HCH and civil society entities (Scientific Societies, NGOs, Professional Associations...) should contemplate mutual NHP diffusion responsibilities.

3.7 Creating a Virtual Health Forum

This will be an area for discussion of NHP topics, which will be permanently updated and which will enable suggestions and comments to be put forward. This forum may be created by using the latest communication technologies available. It should be supported by the HCH Website (www.acs.min-saude.pt) and adapted to the different target publics.

4 | Developing and information system

NHP implementation is based on the premise that there is an information system enabling knowledge and assessment of the effectiveness of actions derived from the Plan, which supervises achieved health gains, preferably. The information system should allow for the characterisation and analysis of the Plan, as well as national programmes, according to their structure, implementation process and results. The information system is one of the instruments that help HCH to coordinate NHP implementation. Indicators for this purpose should be released no sooner than annually and should be regionally representative, as well as have such characteristics as to allow for a comprehensive analysis of inequities in health and their evolution.

4.1 Developing the information system centred on the NHP

This requires a management of health information centred on NHP goals. It requires an assessment of the information available about the 122 indicators defined in the NHP and planning the attainment of the remaining data. For each indicator, it is necessary to determine the information source and the expected periodicity, as well as the level of representativity associated with it. The relevant information should be widely disclosed and be permanently accessible on the Internet.

4.2 Adapting NHP to international indicators

It is important to identify any differences and adapt NHP indicators to the table of international indicators to which Portugal has progressively become bound to (also, it should be checked whether there are relevant indicators among these which have not been considered).

4.3 Creating a restricted panel of indicators

A more limited panel of indicators shall be defined, which will serve, in a more cost-effective way, the same purpose of informing about and supervising annual health gains and which should be particularly feasible in terms of regional data. Also indispensable is the identification of any new surveys or panels which might be needed in order to respond to the needs of a coherent, up-to-date and useful health information system, with regards to NHP implementation and, especially, to priority programmes. Once an adequate panel of indicators has been identified, the use of software consultancy for its implementation might be considered. Coupled with NHP indicators and goals, intermediate indicators and goals will also be pinpointed.

4.4 Coordinating contributions from central and regional MH organisms

In order to form an information system such as this, it is particularly relevant that HCH coordinates contributions, in collaboration with central and regional MH organisms (e.g. IGIF, IPS, INFARMED, IDT, DGIES, DGS, INSA, SG, PHRC, and PHRC).

4.5 Defining a strategy to enhance the NHP information system

Although the first priority is the consolidation of the 122 indicators listed in the NHP, there is also a need to define a strategy to enable, among other aspects, the consolidation of knowledge about morbility and the disease burden, the identification of inequities (geographical, gender related, social and economic, and related to marital status) in the use of health care, as well as an improvement of effectiveness, efficiency and equity in health care funding.

5 | Focussing on priority areas

In June 2005, when the HCH was created, four national programmes were considered particularly important: Cancer, Cardiovascular Diseases, Health Care to the Elderly and People with Dependency, and AIDS. Coupled with these there are four other important areas represented in the NHP Follow-up Commission: promotion of health and its determinants, other communicable diseases, mental health, and injuries and trauma. The underprivileged population (due to poverty and exclusion – which includes prisoners and the handicapped) and inequities in health care should be given special consideration.

5.1 IAnnual identification of national priority work areas

On an annual basis, HCH, will identify priority work areas. The idea is that the different NHS structures, as well as private and social health care providers, pay special attention to these activities. This focus will be evident in the reports to be issued, as occurred when the Follow-up Commission commented on the Activity Plan of Santa Casa da Misericórdia, Lisbon.

5.2 Allocation of available resources to priority areas and programmes

The distribution of available resources, whether in terms of current expenses or in terms of human and technological resources, should preferentially be directed towards priority areas and activities. HCH will collaborate, for this effect, with planning the Current Budget, PIDDAC and the Health Operational Programme.

5.3 Adapting financing to Annual Major Options of the plan

Annual Major Options of the Plan should contemplate the definition of priorities, which should be reflected on the financing decisions. Budgeting by programmes in terms of contracts related to primary, hospital, continuous and public health care will be increased.

5.4 Cardiovascular diseases

To improve national epidemiological knowledge, so as to allow for an early and more effective intervention upon cardiovascular risk factors. To promote citizen health information and education, healthy lifestyles and periodical health examinations. To coordinate the attainment of data related to morbimortality related to ischaemic heart disease and cerebrovascular disease.

To promote good clinical practice, continuous professional training and national registration. To improve organization and rational rendering of diagnose and therapeutic care in a national level. To upgrade reference networks connecting doctors/health centres with differentiated hospitals, especially in emergency situations, with a view to decrease intervention time and improve prognosis accuracy.
To encourage the undertaking of adequate secondary prevention measures, including therapeutic prescriptions. To promote the development of rehabilitation, particularly cardiac rehabilitation.

5.5 Oncological diseases

To clarify responsibilities and coordinate activities in the struggle against cancer. In this sense, a national coordinator for oncological diseases was appointed by a dispatch from the Minister of Health. The same dispatch assigned a technical follow-up group which will integrate the Regional Health Services. A National Programme for the Prevention and Control of Oncological Diseases will be created. The National Council of Oncology will be restructured.
To improve cancer epidemiological supervision. The aim is to harmonize the current Regional Oncology Registers, by improving the quality and usefulness of the registered data, by establishing indicators that enable the assessment of data related to waiting time and therapeutic intervention results.
To promote the collaboration between sectors in terms of prevention. To promote connections with the National Programme for Integrated Intervention on Health Determinants Related to Lifestyles, with a special emphasis on healthy eating habits and the struggle against smoking.

To standardize and promote tracking actions. Coordination of tracking programmes will be developed, by widening the already existing ones and creating others, as well as by learning from previous experiences. Efforts will be made towards applying adequate methods and achieving controlled quality and a widespread application with sustainable costs.

To improve accessibility and quality of oncological health care. There will be a revision of the Oncological Reference Network, which will become an integrated oncology network, involving proximity care, which in turn will include palliative care. Guidelines will be defined towards restructuring units for assistance, diagnose and treatment of patients suffering from cancer.

5.6 HIV/AIDS

To promote a multi-sector approach, prioritizing prevention, but integrating treatment and care in a global perspective of reduction of infection risks and promotion of the life quality of people with HIV. To improve the quality of epidemiological information, by honouring international commitments by obtaining indicators that describe risk extensions, implemented policies and the results of applied measures. To promote priority interventions in specific population groups. To ensure that the activities developed in the different health levels and structures, as well as those promoted by civil society, are integrated in a consistent way, so as to make the best use of resources and minimize negative impacts.

5.7 Health of the elderly and of people with dependency

To grow old as a healthy, autonomous and independent person, for as long as possible, is a present challenge to individual and collective responsibility, with significant consequences in countries' economic development. The National Programme for Health of the Elderly aims to maintain autonomy, independence, quality of life and the general recuperation of the elderly, mainly in their homes and environments. It also demands a multi-disciplinary action from health services, in strict collaboration with a network of continuous integrated care (of health and social welfare) and in a planned way with the other National Programmes connected with it.
It is imperative to create conditions that allow for health gains, namely during life stages of independence, as well as for the improvement of professional practice related to specific ageing needs. Therefore, there is a need:

- to promote information and education among population in general and the elderly in particular, about Active Ageing;
- to improve knowledge of population in general and the elderly in particular about ways to deal with the health problems that affect them most frequently;
- to promote knowledge of the actual situation of health care rendered to elderly people, namely with regards to the dimension and characteristics of the demand, to the limits of the supply and to its specific burden in the global context of the Health System;
- to improve training of health professionals with regards to good clinical practice in care rendered to this population group and to the creation of environments which favour autonomy and independence;
- to promote adequacy of health care according to the specific needs of the elderly;
- to promote joint work with other entities and Ministries so as to ensure an integrated promotion of elderly autonomy and independence, namely by acting upon its determinants through the development of conducive environments between sectors.

On the other hand, there are shortages in terms of long term and palliative care, as a consequence of the rise in prevalence of people with chronic, incapacitating diseases. This new reality requires new and diverse answers to satisfy the natural rise in demand from elderly people with functional dependency, from patients with multiple chronic pathologies and from people with incurable diseases in an advanced stage and in the final period of their lives.
In order to meet the needs imposed by this reality, a National Network for Continuous Health Care and Social Welfare shall be implemented. Aimed at people in dependency situations, financially sustainable, based on a typology of adequate responses, its goal will be to contribute for the improvement of citizens' access to care which is technically and humanely adapted to people with loss of functionality or at risk of losing it.

5.8 Promotion of health and its determinants

Health Promotion implies enabling individuals and the population to control their health determinants. There is still a resistance to adopt the salutogenic paradigm, even when contributions from science developments related to pathogenesis have been capitalized.

To prepare professionals, through training and incentives, to develop means to support individual, family and collective health/disease management. To qualify them and to create conditions for them to be able to support those who want to change their habits, by helping them access information, namely through an inter-personal relationship, or by using new technological me-

ans, be it by creating or reviving specific support services, with the possibility to resort to inter-pier support, or by establishing partnerships, whenever this is appropriate.
To contribute for the improvement of health literacy in everyone, especially children and adolescents, involving their families, schools and other social contexts, supporting them in building their identities and in finding a meaning for their lives.
To enable identification and management of risk situations (consumption of harmful substances – alcohol, tobacco and others – inadequate eating habits, sedentary lifestyle and risk behaviour, namely sexual and related to driving or to the use of violence) and reinforcement of protecting factors (such as a strong bonding between parents and children, breast-feeding, education, economic situation, social cohesion).
To establish a solid partnership between health and education and to invest in making the media responsible for the diffusion of information and knowledge, as well as of models that might be considered as a favourable reference towards health gains.
To create means to support those who wish to change their habits, by granting them access to information, and by creating or reviving specific support services, resorting to inter-pier support, whenever this is appropriate.
To invest in physical and cultural areas, so as to incentive social development, positive mental health and physical exercise. In this respect, actions from the government, in a central, but mostly a local level, as well as participation from the community in the process of decision-making and practice, are fundamental.
To produce legislation that protects citizens' health and to ensure its application, namely with regards to the environment.
To develop and reinforce social networks. To stimulate adoption of values such as solidarity, justice and social responsibility in people's daily lives.
To incentive investigation in different domains: strategies for individual and collective capability, impact of structural and political changes upon health, and reduction of inequities.

5.9 Trauma and unintentional injuries

To develop an action plan towards accident prevention which will focus on the whole lifecycle, with an emphasis on the most vulnerable groups (children and the disabled and elderly people).
To create a training programme in trauma and unintentional injuries for health professionals, contemplating the different action levels (pre-hospital, hospital, rehabilitation and psychological support).
To reinforce the legislative framework related to accident prevention measures.
To develop safer environments and products in an inter-sector level.
To establish an integrated system of information gathering and analysis which facilitates not only epidemiological study but also the assessment of effectiveness and cost, of effectiveness of strategies to promote safety and prevent accidents, as well as of post-accident action.
To define a network of trauma victims.
To reinforce the service provided by the Anti-poison Information Centre.
To establish a network of rehabilitation services.
To organize psychological support to trauma victims.
To develop a communication strategy by placing the focus on accident prevention and safety promotion on the agenda of the different agents, in the contexts of health and society.

5.10 Other communicable diseases

To promote knowledge of the epidemiological dimension, early diagnosis, immediate treatment and follow-up of infected persons and prevention of sexually transmissible diseases. To promote identification and follow-up of individuals infected with hepatitis C virus. To rethink interventions for the control of meningococcal disease. To define strategies of struggle against legionary's disease. To define interventions for the prevention and control of communicable diseases related with travelling.

To reinforce geographically specific activities against tuberculosis, by promoting combined therapies and the uptake of medication under direct observation (UDO).

To reinforce influenza control and surveillance. To improve available information about tick fever and other kinds of exanthematic rikettsiosis. To reinforce collaboration with veterinary authorities against zoonoses.
To achieve a deeper knowledge about situations of resistance to antimicrobials. To reinforce interventions to control nosocomial infections.
To promote epidemiological knowledge of infections in migrating populations, their treatment and prevention. To promote epidemiological knowledge of infections in elderly people and in immunodepressed persons and of their prevention. To establish programmes for epidemiological surveillance and control of emerging infections.
To promote adherence to the National Immunization Programme (NIP) and its permanent supervision. To consider including new vaccines or formulations in the National Immunization Programme (NIP) or indicating certain immunizations in specific situations.

To ensure innocuousness of biological products for human use – blood and blood components (transfusion centres), organs and tissue (transplant centres), semen (artificial insemination centres), mother's milk (breast-milk banks).

To create structures for providing continuous and palliative care, as a consequence of the expected rise in the predominance of people with chronic, incapacitating communicable diseases.

5.11 Mental health anh alcohol related problems

To develop a comprehensive approach in mental health, from a perspective of integration in public health strategies and joint work between sectors, as well as with municipalities and non-governmental organizations, through actions towards mental health promotion, prevention, treatment, psycho-social rehabilitation and community integration, throughout all stages of the lifecycle.
To conceive and implement three national programmes, namely of struggle against depression and suicide, prevention of alcohol related problems and post-traumatic stress disorders. To promote training initiatives to support national programmes. To reinforce participation in European and international projects which integrate these programmes.

To improve information about mental illnesses through: defining indicators; creating a software application, adjustable to SONHO and to SINUS; preparing periodic psychiatric censuses in mental health services; conducting national inquiries in order to reach a diagnosis of the situation; and through epidemiological studies in the community.

To improve the interventions aimed at people with schizophrenia and other serious psychiatric disorders and their families, and to develop responses in the context of continuous integrated care, in terms of psycho-social rehabilitation.

To identify members of the population with mental health disease who are at risk of suffering from social exclusion, to diversify and widen responses. To promote actions to fight stigma, to inform the public and the media.
To adapt care to vulnerable groups, such as children, adolescents and the elderly, through reorganizing responses and defining guidelines to orientate good practice.

To act upon alcohol abuse and dependency by creating a package of measures which includes the respective national programme for promotion and prevention, an alcohol related care network, legislative and surveillance measures, and which should involve the different sectors, through an inter-ministry commission and a technical board.

To invest in the permanent improvement of access and quality of care rendered to persons suffering from mental disease, through mechanisms and instruments such as the psychiatry and mental health reference network and the alcohol related care network.
To coordinate, supervise and assess implementation of expected actions in a central, regional and local level.

6 | Developing national programmes

6.1 Harmonizing national programme configuration

These are structured in terms of strategic objectives, operational goals and activities to be developed, according to a regional, an institutional and a time frame, respectively. Therefore, they ought to include a list of specific tasks to be performed by objectively defined entities, a chronogram for these tasks, and also a list of the needs involved, in terms of resources and research development related to the specific programme. Communication and self-diffusion of each programme will also be explicitly defined. All programmes should imply the development and supervision of projects and quality indicators, and programmes should mention how they ought to be assessed according to the obtained results. Programmes should be devised according to these requirements. The persons in charge of National Programmes will be asked to adapt them to these requisites. RHS ought to have an active participation in the planning process from its beginning. Programmes should explicitly define all partners involved in their conception/execution.

6.2 Appointing persons in charge of programmes nationally and regionally

For each programme, people will be appointed to be in charge of their execution on a regional and national level. Each programme will depend upon a central MH organism which shall be responsible for its coordination and for the allocation of the necessary means. HCH will facilitate the coordination of contributes from different entities. Programme execution implies the collaboration of scientific societies, academic institutions and/or professional and civil institutions. Completion and disclosure of all programmes is one of the priority tasks. Focal points of national programmes will be identified and coordinated jointly with international organizations. Inter-sector programme MH representatives will be appointed and orientated.

6.3 Developing the regional and local aspect

National Programmes should be subject to analysis and submitted to an adequacy process within each region and in a local level. Contributions to be made by each of these levels, as well as by health care institutions of each geographical area, towards reaching expected health gains, should be well defined. Regional Public Health Centres ought to play an important role in this context. National Programmes will be coordinated in a regional and local level, being grouped according to an integrated approach which should be horizontal and more effective.

6.4 Realizar planos e relatórios anuais de actividades por programa

The persons responsible for National Programmes should produce annual activity plans and reports about these programmes, which will be studied by HCH.

7 | Mobilizing the main agents

7.1 Mobilizing the main agents

This implies managers of central structures as well as of regional structures, for NHP communication and implementation. It is also necessary to mobilize persons in charge of all health care institutions, especially those within the NHS. These aspects are also referred to in the chapters about Communication (3) and Professional training (9).

7.2 Involving health professionals in NHP application and revision

Health professionals are key elements in the structural change and in the application of NHP activities and principles. A strategy should be established in order to ensure permanent participation from professionals, both in NHP application and in Plan revision, taking all health care areas into account. These concerns are also contemplated in the activities described in chapters 3, 9 -11.

7.3 Creating incentive mechanisms for health professionals and managers

In NHS, evaluation of professional performance levels may include ways in which there has been NHP participation and application in a local level. Incentive systems to stimulate Programme implementation, especially for priority programmes, should be considered at the time of contract (e.g. salary/ prizes per goals achieved).

7.4 Contracting health services in accordance with NHP

Programme development will be reinforced through contracts with MH health services, particularly INSA, Health Centres, Family Health Units, Local Health Units, Hospitals and Regional Public Health Centres. HCH shall promote the dialogue between the different parties involved in the contract process, with a view to provide common guidelines for contracting health care/services considering the goals and necessary interventions

contemplated in NHP. Contracts may also be established with private or social welfare organizations (e.g. Union of Charitable Institutions (União das Misericórdias) and each Charitable Institution individually (Misericórdia), the Non-Governmental Organizations Platform and each of these organizations) – these entities ought to be involved, as they have an important role to play, be it in a national, regional or local level.

7.5 Promoting cooperation among institutions and structural change

Cooperation among institutions is promoted so as to improve levels of effectiveness in national programme application. NHP, with its principles and goals, should be considered by institutions as an aid for structural change, in terms of rationality, of gains and, above all, from a perspective of incremental value in relation to resources and social values, which are aspects to be considered at the time of contract. The new forms of organization of health care providers in the public sector should take this reality into consideration. In this respect, the establishment of proximity services and of Local Health Units will provide an opportunity to be explored in NHP implementation.

7.6 Assigning responsibilities

It is necessary to establish performance assessment processes which require the specification of responsibilities of leaders of plans, programmes and projects, as well as of their results. The possibility of using SIADAP for this purpose will be studied by the Secretariat-General in collaboration with HCH, and written, standardizing orientations will be produced. Similarly, a global model for assessing performance of the different NHP programmes and activities should be conceived.

7.7 Defining assessment criteria to evaluate institutions with regards to NHP

For each institution, lists of expected implementation processes should be produced, and these processes will be evaluated by analysing reports about task performance (process assessment), or by integrating, in future patterns for performance assessment, indicators of achieved results in terms of contributions made towards health gains. Assessment should be periodical and scheduled, being one of the components in service contracting.

7.8 Creating mechanisms to promote civil society participation

The role of civil society (namely IPSS, associations of people/families suffering from particular diseases) and their interlocutors for implementation, assessment and permanent updating of NHP should be stimulated (including when priorities are defined). There is a need to create mechanisms to help evaluating the implementation of the set of programmes from the citizen's viewpoint, as well as of NHP itself. As soon as it is reactivated, the National Board for Health (and the equivalent organisms in a regional and local level) should play an important role in the definition of strategies for NHP implementation, as well as in its updating process. Presently, information systems are mainly focussed upon institutions and are used essentially for management purposes, to support decision-making. Therefore, civil society participation should be promoted, so that epidemiological assessment of health and health service needs can be estimated. Civil society initiatives regarding health are important in order to understand its expectations, which ought to be differentiated from the expectations of health professionals or health institutions.

7.9 Establishing criteria for partnerships with civil society representatives

The Ministry of Health should be scrupulous in allocating budget funds, in the context of NHP implementation, to civil society entities. Collaboration should be protocolized by integrating the contribution of such partnerships towards priority health results. The Ministry of Health can, and should, influence other funders of civil society organizations, so that they allocate support and resources in accordance with NHP priorities and objectives. HCH, in its turn, will establish the necessary criteria in order to "certify" partnerships established with civil society representatives.

7.10 Creating conditions for NHP disclosure, discussion and development in other sectors of social and economic national life

The main agents are not merely the ones directly related to the health sector. It is known that interventions in virtually all sectors of the economic and social tissue of a country or region have an impact on the health status of the population. It is necessary to create the conditions for NHP to be disclosed, discussed and assessed in other sectors, namely in other Ministries. Political decisions have repercussions upon the health of the population living in the affected regions. There should be a commitment to the development of methods for studies in health impact assessment, which should reflect upon legal application with regards to the approval of projects in certain areas. Entities responsible for municipal management are particularly important, as they have the capacity to manage the environment, and to create areas that contribute for healthy lifestyles, allowing for physical exercise, stress control, and they also have specific responsibilities in places such as schools and leisure areas, which are expected to be health promoting places.

7.11 Developing a health management programme with a matrical base

For each health objective, it is possible to identify mechanisms for contracting, performance promotion, information management and technological innovation and management which might have a positive influence upon its achievement. Moreover, these management mechanisms will be thus reinforced[4]. This procedure will be tested in terms of NHP objectives.

7.12 Promoting coordination based on public health infrastructures

These can be used to establish a strong device of NHP coordination and implementation, which will be empowered with the authority to make decisions upon instrumental key aspects for implementation success[5].

4 Portuguese Observatory of Health Systems (2005), *Spring Report 2005*, Lisbon: ENSP, p. 80.
5 *idem*, pág. 87.

8 | Mobilizing resources

Strategic planning of resources and health institutions is a prior condition for an effective mobilization of resources. Mobilizing human resources according to appropriate incentive standards based upon a motivating assessment of performance and on strategic training plans is essential. Mobilizing financial resources is one of the most effective ways to ensure Plan implementation. In fact, if the NHP and its consequents are instruments which enable rationalization and creating value in investment, mobilization of financial resources will work accordingly.

8.1 Planning health services according to NHP

planning new health services, authorising new services, or their restructuring and vertical or horizontal integration, by all structures which are part of the NHS, should be subject to the priorities defined for health, programmes and activities happening after NHP. Existing investments, structures, services and resources should be reoriented according to the established priorities. Elaboration and/or revision of Reference Networks and strategic planning of human resources should be accelerated. The MOP and PIDDAC for health will be restructured in accordance with NHP.

8.2 Mobilizing human resources

Besides a *previsional* management of human resources, guided by the needs of the demand in health, it is important to proceed with the development of motivating standards of performance assessment, by favouring the execution, supported by adequate training, of NHP related measures. An initial structured diagnosis of the human resources shortages/needs per speciality area and per professional group, within NHS, as well as of the training priorities, will be the starting point for an adequate planning of the actions to be taken in central, regional and local levels.

8.3 Reorienting financial resources

The distribution of financial resources traditionally allocated to the health system should, whenever possible, be reoriented so as to support field implementation of priority interventions. This should be carried out at the time of contract, namely in the decentralized negotiation of programme-contracts used in financing health institutions, programmes and projects, through Contract Agencies.

8.4 Reorienting investiments in accordance with NHP

The resources which can be mobilized, besides those mentioned with respect to training (European Social Fund), are the ones that refer to PIDDAC and ERDF. HCH may provide general orientation or occasional advice for distribution of funds in accordance with the programmes contemplated in the Plan, especially those that were regarded as a priority. Establishing contracts (which has already been mentioned) for fund distribution is highly desirable, since it allows resources to be adapted to functions and needs, while it also enables quantified assessments, identifiable in space and in time.

8.5 Publicizing funding opportunities by health institutions

Other available funds may, and should, also be considered for projects that are directly related to NHP, namely POCTI (Science, Technology and Innovation Operational Programme) and POS_C (Knowledge Society Operational Programme). It is desirable that a strategy is defined, in the context of the Communication Plan, to enable publicizing funding opportunities, as well as supporting application initiatives.

8.6 Providing funding of specific projects

in order to promote adequacy of Activity Plans of the different health related entities, funds for financing projects in priority areas could be created, and/or adequacy of funding for these projects may be revised.

9 | Professional training

A training strategy to support NHP will be implemented, so as to promote operational and performance dynamics which are essential to the achievement of its strategic goals. Different professional training levels will be considered, although continuous training of active professionals will be privileged. This strategy will be centrally coordinated by the Secretariat-General, supported by HCH, DGS and INSA, and it will involve civil partners, whenever their technical, scientific and pedagogical contributions are relevant.

9.1 Promoting NHP relevant skills in health professionals undergraduate degrees

A formação inicial dos profissionais da saúde, em particulUndergraduate training for health professionals, particularly degrees for medical doctors, nurses, as well as diagnosis and therapy technicians, is one of the contexts of NHP diffusion and of development of the necessary professional skills for its execution. For this effect, and in the context of the Communication Plan (mentioned in 3), NHP will be disclosed in higher-education institutions that offer health courses, with the active participation of professors and students. Also, collaboration work between MH/HCH and the Ministry of Science, Technology and Higher-Education will be established.

9.2 9.2. Promoting skills suited to NHP in specialized (regulated) courses

In this context, medical residency deserves special attention, given that it is a training area in which the MH has direct responsibilities, for which reason it is obliged to safeguard the necessary consistency between the training provided and the national strategic goals. HCH, the S-G and the National Council

of Medical Residency will identify and define the way in which professional practice suited to NHP guidelines shall be promoted.

9.3 Focussing on continuous training in a regional level

The first investment in terms of training, made by organisms responsible for national programmes and in collaboration with HCH, will be aimed at the people in charge and/or regional focal points, which may in turn promote initiatives in a local/institutional level. The collaboration of the Regional Health Services is decisive here, whether in appointing the persons in charge or in divulging these kinds of training activities.

9.4 Promoting conformity between training plans conceived by MH and the NHP

The MH Annual Training Plan, defined by the S-G, contemplates the development of initiatives to support NHP, according to priorities set by HCH. The process of accreditation of training institutions also promotes that conformity, by including strategic training aimed to support NHP in the accreditation prerequisites.

9.5 Providing training institutions with a reference for planning NHP support training

Training institutions will have on-line access, at the HCH Health Website, preferably, to guidelines for planning continuous training related to the skills associated with priority programmes and essential syllable subjects, per area and per priority intervention field.

9.6 Identifying training needs, in a more general sense, associated with NHP implementation

The HCH website will enable professionals to discuss national programmes. Among other advantages, these discussions will allow for the identification of training needs associated with NHP implementation and thus justify subsequent training offers.

9.7 Training initiatives will assume different modalities, including distance learning

E-learning and b-learning are two of the modalities to be explored, given their potential for improving skills and specializing professionals. IP-TV (a corporative TV channel, mentioned in 3.2 and 3.4), as well as the Health Website, will support these initiatives. The latter will be developed through the S-G, in close collaboration with the entities responsible for national programmes, and other partners (e.g. universities) whose scientific, technical and pedagogical contributions appear to be relevant.

9.8 Creating a Knowledge Resource Centre dedicated to NHP

KRC, which will be conceived and managed by the S-G, under the guidance of HCH, is intended for supporting MH training institutions that wish to develop NHP initiatives.

9.9 Producing technical and pedagogical resources about NHP

Technical and pedagogical resources (TPR) could have different formats (e.g. videograms, multimedia material, compilations of texts/legislation) and their aim is to contribute for the quality and efficiency of NHP support training. They may also have a spreading effect, once they are explored in various training contexts and modalities. The production of TPR should be centrally supervised and ensured by the entities responsible for each of the national programmes, under the technical and pedagogical guidance of the S-G.

9.10 Granting FSE co-funding in accordance with NHP

The priorities established by NHP have absolute supremacy in terms of FSE fund attribution by Health XXI. This operational programme and HCH collaborate in evaluating FSE applications related to NHP support training. Depending on the specific characteristics of each application, other MH entities, such as DGS and INSA, will also be consulted.

9.11 Improving knowledge and familiarity of managers with NHP

HCH, sided by the S-G, will develop training initiatives to familiarize health service managers with priority intervention areas and national programmes, as well as with the information systems associated with NHP implementation, supervision and assessment. The NHP Communication Plan may also involve specialized workshops conceived for this purpose.

9.12 Supervise/assess NHP support training

Helped by the S-G, HCH will define indicators to supervise investment in Plan support training, which will include: physical data (e.g. total number of students, training hours), financial data and data related to framing training according to areas of NHP intervention. Information will be reported to HCH by the funding entities, whenever training is co-financed, and by training institutions.

10 | Research and development

Research in health sciences and services should be adapted to NHP principles and guidelines. Rational decision-making and good clinical or organization practice is only possible where there is evidence about what is being done, what can be improved and what should be changed. In the last decade, extraordinary improvements were made as far as health science research is concerned, especially in basic sciences. However, in short and medium term, the system's performance will benefit mostly from an investment in clinical, prevention and health service areas. Innovation, in the sense of achieving more effectiveness and efficiency, should be a permanent concern.

10.1 Promoting a health research agenda

HCH, together with other MH organisms, namely INSA, as a state laboratory, and with universities, should promote the debate towards the creation of a health research agenda, which ought to define the role of HM and other entities, so that resources invested in this area are primarily channelled to the challenges contemplated in the NHP.

10.2 Sensitizing research project funders to consider the NHP

It is imperative to create a strategy in order to adapt the existing resources and to invest in health research areas so as to enable NHP development, by promoting the creation of theme research and development networks.

10.3 Promoting research applied to NHP development

HCH should develop the necessary procedures to define, coordinate, supervise and manage activities and resources allocated to research, so as to enable the achievement of NHP development solutions. In collaboration with INSA, DGS and IGIF, as well as other relevant entities, HCH should gather and analyse information about MH research centres, their associates or collaborators, as well as results and contributions for better PNS development. In this respect, the potential of medical residency is highly relevant for research (connected with Masters or Doctorate degrees) in NHP priority intervention areas. Other opportunities in several different professional areas will also be seized.

10.4 Negotiating the expansion of priority research at the time of contract

At the time of contract/programme negotiations, along with performance indicators related to health results, institutions should be given instructions as to the research/action guidelines which should be given priority in the context of NHP. Institutions will be framed into research and development networks to be created or which already exist. The existence of inter-sector elements and internationalization in the established projects and networks, possibly including training periods in other countries, will be valued.

11 Follow up and assessment

11.1 Adapting the structure and the mission of NHP Follow-up Commission

On June 22, 2004, the NHP Follow-up Commission was created (Dispatch no. 15 846/2004, Series II) and on October 29 (Dispatch 22 175/2004, Series II) its elements were defined. Given the latest political priorities, NHP positioning and the formation of HCH (including four national coordination organisms), it is necessary to adjust the structure and the mission of the NHP Follow-up Commission.

11.2 Collaboration with WHO

HCH should maintain the collaboration with WHO Regional European Bureau, which was extremely helpful during NHP conception and at all stages of its implementation.

11.3 National and Regional Forums in 2006

The National NHP Forum, to be held in 2006, is particularly relevant, as it represents a key moment of revision, which was planned as far back as when NHP was conceived. In that sense, HCH considered the following as main objectives: 1. to discuss NHP concepts and implementation; 2. to reassess national priorities; 3. to promote civil society participation in the NHP. This Forum should be preceded by regional forums. These initiatives should be associated with the permanent Virtual Health Forum, supported by the latest available communication technology.

11.4 Creating an information system to follow-up impacts of NHP implementation

In order to ensure an effective development of the NHP, which would even be accessible to the general public, an adequate information system should be developed (as was mentioned in section 4).

11.5 Developing and testing indicators

NHP impact follow-up indicators must be included in Activity Plans and Annual Reports, preferably of all health care entities and particularly of NHS institutions. There is a need to standardize programme assessment procedures on the different action levels. Special attention should be given to effective programme diffusion and opportunities of discussion about programmes should be created. Other assessment methods, of qualitative nature, should be implemented and combined with quantitative methods, so as to improve thorough understanding of the assessment results.

11.6 11.6 Establishing a continuous programme for supervision and assessment of NHP and of its programmes

HCH shall appoint one person in charge of the NHP assessment programme and of each of its National Programmes, who will define instruments and procedures. A chronogram and a budget shall also be devised. Application of the supervision and assessment strategy may be conducted by external independent entities and it will produce knowledge in three main dimensions: Supervision, Assessment and Research. These dimensions are integrated in a continuous process which aims to support decision-making and revision of national programmes, as well as to promote public support to NHP. In this sense, HCH will publish and disclose, in a national level, the results and recommendations related to the supervision process, assessment reports and research project reports.

11.7 11.7 Reviewing NHP implementation strategies

With the process of supervision, assessment and research it will be possible to identify 'good practice', to restrain 'deficient practice' and to abandon 'counterproductive practice'.

Thus, the aim is to generate knowledge that supports HCH strategic decision-making and, possibly, the revision of implementation strategies

11.8 11.8 Implementation of an "Annual Award for Good Practice" within NHP

HCH should define, as of the first supervision programme, a system of recognition and incentive to good practice and good NHP programme management, which should be made public every year. This system should result in an Annual Prize for Good Practice in the context of NHP.

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