

# National Health Plan 2012 – 2016

## 1. Framework of the National Health Plan

(January 2012)



National Health Plan  
2012–2016

## 1. FRAMEWORK OF THE NATIONAL HEALTH PLAN

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*"The ideal rises from our awareness of life's imperfection. So many, therefore, are the ideals possible, as there are ways by which you can have an imperfect life."*

Fernando Pessoa, in '*Textos de Crítica e de Intervenção*'

### 1.1. FOREWORD

The NHP began to be developed during the evaluation of the NHP 2004-2010 and the Portuguese Health System by the World Health Organisation. This evaluation occurred following the signature by the World Health Organisation, its 53 Member States, the World Bank and other international organisations, of the *Tallinn Charter: Health Systems for Health and Wealth* (2008), which enhanced the strengthening of health systems as a crucial response to the health challenges faced by populations.

At that time, the opportunity was created to follow the construction of benchmarks for assessing health systems and of a new framework for a NHP which would allow the strengthening the Portuguese Health System.

This process, which included national and international experts, over a hundred interviews with stakeholders of the Portuguese Health System and the analysis of indicators, represented an exceptional capital of engagement and knowledge, and created very high expectations on the potential of a National Health Plan.

#### Development of the National Health Plan

The NHP enjoyed a broad consensus as to its mission and vision, widely discussed in the Third National Health Forum (2010), and sought to translate the very principles of engagement, empowerment, technical quality and transparency it advocated.

National and international studies were gathered, specific studies for the NHP were commissioned, and expert and consultation groups were created, seeking to provide a broad and robust base of

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evidence. The contribution of several hundred entities was systematically requested, analysed and published in participatory and transparent processes.

The present version is the result of the contribution from numerous individual and collective entities, through meetings, expert groups, regional managers, health professionals or professionals from other fields, and concerned citizens through the NHP *microsite* and social media. In early May 2012, the *microsite* had already had 72,797 visitors, 3,409 likes on NHP *Facebook* page and 324 *Twitter* followers.

A special mention for the academic and experts groups who conducted expert reviews of specific areas of the NHP, some of which for the very first time, all offered for public discussion and that greatly enriched the NHP. Worthy of note is also the constant and high quality support given by the World Health Organisation, through its European Offices, which facilitated access to numerous international experts.

### Goals of the National Health Plan

The NHP aims to strengthen the operational and planning capacity of the Portuguese Health System. To this end, it intends to answer four questions:

- *As a stakeholder of the Health System, how can I contribute to maximise health gains?* The strategic axes of the NHP (chapters 3.1 to 3.4) are the criteria according to which stakeholders must evaluate themselves, value themselves and bring value to the Health System;
- *As a Health System, towards which goals should we converge?* The strategic goals of the Health System (chapters 4.1 to 4.4) are the final results for which the actions of each stakeholder should contribute;
- *Which are the cross-sectional policies supporting everyone's mission in the accomplishment of the Health System's Goals?* The chapters on cross-sectional policies, to be published in Implementation Procedures, critically intend to frame and develop these same policies. These procedures shall be published in the initial implementation phase of the NHP;
- *What operational support is required to accomplish the NHP?* The chapters on the operationalisation of the NHP (chapters 5.1 to 5.4) define and reinforce the operational capacity of the NHP; these chapters shall be published also as Implementation Procedures of the NHP in the initial implementation phase.

In addition to answering these questions, the NHP provides a rationale for identifying health gains, targets and indicators, as well as a framework for priority health programmes, at a regional and sectoral level, while facilitating the integration and coordination of efforts and synergies.

### A Dynamic National Health Plan

The vision of a National Health Plan, as cleverly drawn as it may be, which would subsist for several years as if it were a route or a set of specifications to comply with, does not recognise the huge degree of uncertainty, reform and innovation, as well as the complexity of response and the challenge to which the health systems are subject, such as the influence of information and knowledge, social expectations, influence of socioeconomic and geopolitical factors, and new threats

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to health with a high degree of uncertainty. Short-term plans have the inconvenience that health outcomes are largely due to value chains and complex events, temporally spaced, and require continued policies, visions and investments that can only be assessed in the medium to long-term.

The NHP seeks an innovative response, maintaining a 5 year vision and commitment, proactive in its development and based on continuous improvement through the incorporation of new and better evidence and recommendations; the identification and dissemination of best practices; the review of the context, and national and international situation; the promotion of research and innovation; the response to new opportunities, situations and challenges; as well as the correction of trajectories through additional, or more effective, measures which may be deemed necessary.

This new mandate of the NHP assumes the commitment and continued involvement of all, as well as a structure able to produce, collect and manage knowledge, monitor and continuously assess the Health System.

### **Response of the National Health Plan to the current socioeconomic context**

The NHP assumes a particular responsibility in the current social, political and economic context:

- By seeking to increase the rationality of the Health System, its ability to integrate efforts, create synergies among its stakeholders, to identify benefits and value in health, to monitor and assess itself, the NHP asserts the strengthening of the Health System as a crucial response to the economic crisis and guarantee factor for social support and economic development;
- By focusing on inequalities as a basis for defining potential gains, targets, best practices and priority actions, the NHP gears the Health System towards continuous improvement, learning and reinforcement of network behaviours, reduction of inequities, response to global and specific needs, including socially vulnerable groups;
- By establishing itself as an instrument for the projection of results, the continued identification of models and evidence, and an observatory of health policies at the different levels and sectors of the Health System, the NHP remains a living and useful instrument for the Health System, able to respond to new challenges, to contribute to correct paths and incorporate and disseminate innovation;
- Finally, by clarifying the responsibility of the Health System by promoting Citizenship in Health (Chapter 3.1), Equity and Access to Healthcare (Chapter 3.2), Quality in Health (Chapter 3.3), Healthy Policies (Chapter 3.4), by Obtaining Health Gains (Chapter 4.1), by Promoting Supportive Environments for Health Throughout the Life Cycle (Chapter 4.2), by Strengthening Economic and Social Support in Health and Disease (Chapter 4.3), and by strengthening Portugal's Participation In Global Health, the NHP goes far beyond the provision of healthcare, to mobilise resources and capabilities of other key social sectors to achieve sustainable health gains.

The NHP is much more than an understanding. It is a set of guidelines, recommendations and concrete actions, of a strategic nature, designed to enable and promote the *empowerment* of the Health System to fulfil its potential. Because a substantial part, if not most of it, of the ability to maintain and promote the health potential is under the responsibility of citizens, families, communities, civil society organisations and the private and social sectors, the NHP proposes recommendations and engages these stakeholders, seeking to demonstrate how their efforts are crucial to the social mission and to the achievement of a common vision of the Health System.

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## Conclusion

The step that is being taken today is launching the understanding, structures and strategic actions for the operationalisation, monitoring and assessment of the NHP, as well as the foundations for the construction of cross-sectional policies that will strengthen the capacity of the Health System to fulfil the mission of the NHP.

Once this step has been concluded, new horizons open up. Quoting the poet "*Wanderer, there is no road, |the road is made by walking...*"<sup>1</sup>, the NHP will be useful if it integrates and focus its efforts, if it serves a platform for understanding and convergence, if it provides references for assessment and valuation, if it enhances the ability of all to pursue the common goals of the Health System.

Its power of influence is in the stakeholders and citizens, especially in those who, day by day, recognise they build the future of all. It is hoped that this plan is part of the mission of each and every one of us: government, health institutions and institutions from other sectors, healthcare professionals and professionals from other sectors, public and private, civil society, communities and citizens.

## 1.2. VISION OF THE NHP

*Vision of the National Health Plan*  
*Maximise health gains through the alignment around common goals, the integration of sustained efforts of all sectors of society, and the use of strategies based on citizenship, equity and access, quality and healthy policies.*

.1. The NHP intends to:

- Maximise health gains while recognising that these are always relative, through additional health outcomes for the population, in general terms and by age group, gender, region, socioeconomic level and vulnerability factors;
- Strengthen the Health System as a strategic option with highest health, social and economic return, considering the national and international context (WHO, 2008), while promoting the conditions for all stakeholders to better perform their mission.

.2. The way the NHP intends to fulfil its goal and strengthen the Health System constitutes its conceptual model.

## 1.3. MISSION OF THE NHP

.1. The NHP is the core strategy document on health and its mission is to:

- State the values and principles that support the identity of the Health System and strengthen the coherence of the system around those;
- Clarify and consolidate common understandings that facilitate the integration of efforts and valorisation of stakeholders in achieving gains and value in health;
- Frame and articulate the different levels of strategic and operational decision-making around the Health System goals;

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<sup>1</sup> From the poem 'Cantares', by the Sevillian poet Antonio Machado.

- Create and sustain an expectation of development of the Health System, through guidelines and action proposals;
- Be a reference and enable the monitoring and evaluation of the adequacy, performance and development of the Health System.

## 1.4. CONSTRUCTION PROCESS OF THE NHP

.2. The construction of the NHP had as **starting points** (BOX 1.1):

- The reflection on gains and shortcomings arising from the preparation and implementation of the previous NHP (2004-2010) which included its evaluation by an external entity (WHO, 2010);
- A proposal for a conceptual model;
- Sector expert reviews, evidence and critical analyses, recommendations, identifying gains and required resources;
- The collection, integration and discussion of institutional and intersectoral plans and instruments;
- The identification of convergences, opportunities for strengthening, collaboration and alignment;
- The interaction, engagement and consultation of citizens, health professionals, public, private and social sector institutions.

### BOX 1.1 - BASE DOCUMENTS FOR HEALTH

#### PLANNING:

##### •At international level:

- *Health for All by the Year 2000, WHO/EURO;*
- *Together for Health: A Strategic Approach for the EU (2008-2013), European Commission;*
- *Europe 2020: A European strategy for smart, sustainable and inclusive growth (2010).*

##### •At national level:

- *Health: A Commitment - Health Strategy for the Turn of the Century 1998-2002;*
- *National Health Plan 2004-2010.*

##### •At regional level:

- *Regional Plan of ARS North 2008/2010;*
- *Regional Health Profiles.*

### a) The National Health Plan 2004-2010

.3. The NHP follows the NHP 2004-

**2010**, the Health System document for strategic, policy, technical and financial guidance (BOX 1.2).

.4. The implementation of the NHP 2004-2010 was followed by structural reforms, including the creation of a Strategic Planning, Evaluation and International Relations Office (GPEARI) of the Ministry of Health (MS) (Office of the High Commissioner for Health - ACS) (Regulatory Decree No. 7/2005) responsible for the

implementation, monitoring and assessment of the NHP 2004-2010. Until 2011, the ACS had a strategic role in the Health System by chairing the **Interministerial Monitoring Committee for the**

### BOX 1.2 - MAIN STRATEGIES GUIDING THE NHP 2004-2010:

#### I - OVERALL STRATEGIES:

1. Priority for the poor;
2. Programme-based approach;
3. Setting-based approach.

#### II - STRATEGIES FOR OBTAINING MORE HEALTH FOR ALL

4. Approach centred on family and life cycle;
5. An integrated management of disease approach.

#### III - STRATEGIES FOR CHANGE MANAGEMENT

6. Citizen-centred change;
7. Capacitating the Health System for innovation;
8. Re-Orienting the Health System;
9. Access to and rationalised use of medication.

#### IV - STRATEGIES FOR ENSURING ACCOMPLISHMENT OF THE PLAN

10. Plan follow-up;
11. Securing resources;
12. Dialogue;
13. Legal framework.

**NHP** and being responsible for **assessing the performance** of MS institutions (SIADAP1) (Order No. 33/2008), the centralisation of **International Service Coordination Board**, **financial support to IPSS projects** and for the **National Coordination Services for NHP priority areas**.

5. **National Coordination Services** were defined (Mental Health, Oncological Diseases, HIV/AIDS and Cardiovascular Diseases) under the competence of the ACS and **Vertical Programmes** (e.g. Diabetes, Respiratory Diseases, and Obesity, among others) under the competence of the DGS.
6. The ACS created a **NHP monitoring system** (NHP Indicators and Targets microsite), later expanded into a geographic and community-based system (WebSIG/ Interactive Maps), integrating several databases available.

#### **b) Evaluation of the NHP 2004-2010 (WHO - Euro, 2010) and of the performance of the Health System (WHO - Sterling, 2010) by WHO**

7. Held in 2009 and 2010, this evaluation identified (BOX 1.3):
8. **Positive aspects:** i) extended participation of stakeholders in the Health System, ii) consensus on priorities and support to policy-makers and health professionals, and iii) stable and broad political commitment.
9. **Aspects to improve:** i) inclusion of policy options to support the sustainability of the NHS and the Health System; ii) creation of a hierarchy of indicators and targets, enabling greater clarity in the definition of priorities; iii) greater emphasis on the social determinants of health and health distribution, use of services and financing; iv) strategies for human resources, quality and safety, and greater focus on health outcomes; v) definition of the process for calculating targets and assigning health gains.
10. Regarding the **implementation process** (BOX 1.4), the following has been highlighted as positive: i) the creation of a function and a structure (ACS), increasing transparency and accountability of the Health System; ii) the interministerial monitoring committee; iii) the strengthening of the connection between national and regional planning; iv) the engagement of civil society organisations and organisations from other sectors; v) the systematic monitoring of health indicators at national and regional levels.
11. And as **aspects to improve:** i) lack of alignment between strategy, decision and implementation (e.g. lack of formal tools for global accountability towards the Regional Health Administrations); ii) fragmentation of the planning function between institutions; iii) lack of an incentive policy and of a policy to promote performance and continuous quality improvement; iv) difficulty in the management of numerous health programmes at local level; v) lack of engagement of other government sectors and of intersectoral cooperation; vi) fragmented information system, poorly available or non-existent (e.g. impact of social determinants and financing); vii) no systematic application of local health strategies; viii) low engagement of patients and citizens.

#### **BOX 1.3 - WHO EVALUATION OF THE NHP 2004-2010:**

##### **POSITIVE ASPECTS:**

- ✓ Extended participation;
- ✓ Consensus on priorities;
- ✓ Political commitment.

##### **TO IMPROVE:**

- ✓ Support to sustainability;
- ✓ Hierarchy of indicators and targets;
  - ✓ Greater focus on social determinants, health outcomes;
- ✓ Method for assigning gains.

.12. It was recommended that the next NHP should enhance the performance of the Health System: i) as a platform for communicating goals and organising them into actions, indicators, targets and priorities; ii) with a focus on health impact assessment; iii) considering the threats to sustainability; iv) supporting the attainment of health gains through intermediate objectives, such as the reduction of mortality amenable to healthcare and health promotion, the integration of healthcare and the promotion of healthy behaviours.

.13. Specifically, the next NHP should:

- Be built from strategies of the previous NHP, with more specific goals, providing a benchmark for impact assessment and public accountability;
- Increase the strategic capacity of the MS by: i) increasing the capacity of regions and local structures for planning and implementation; ii) reducing fragmentation of roles and responsibilities of central bodies; iii) developing tools for alignment, monitoring and evaluation of health policies;
- Strengthen the capacity of MS to promote the action and the health impact assessment at an intersectoral level and with the private and social sectors;
- Propose a limited number of objectives, quantifiable and time-limited, enabling organisation and alignment;
- Be supported by scientific evidence, including areas such as strategies aimed at sustainability and investment, integration of care, reduction of inequalities, funding, quality, health in all policies and impact assessment;
- Reinforce a culture of continuous performance improvement, through capacity-building and the creation of tools, incentives and accountability processes: i) creating sets of indicators: a) focused on outcomes; b) organised in conceptual models, supporting contracting; ii) improving access to decision-supporting data; iii) increasing the capacity for performance management and the focus on results at all levels of the system, through training;
- Promote the engagement of other sectors, including the private and the Third Sector;
- Develop the communication process with citizens, health professionals, managers, politicians and the media.

**BOX 1.4 - WHO EVALUATION OF THE IMPLEMENTATION OF THE NHP 2004-2010:**

**POSITIVE ASPECTS:**

- ✓ Creation of the Office of the High Commissioner for Health;
- ✓ Interministerial monitoring committee for the NHP;
- ✓ Strengthening of the connection between national and regional planning;
- ✓ Engagement of civil society organisations and other sectors;
- ✓ Systematic monitoring of health indicators.

**TO IMPROVE:**

- ✓ Better alignment between strategy, decision and implementation;
- ✓ Reduction of the fragmentation of the planning function;
- ✓ Incentive policy;
- ✓ Management of numerous local health programmes;
- ✓ Fragmented, inaccessible or non-existent information system;
- ✓ No systematic implementation of local health strategies;
- ✓ Low engagement of patients and citizens.

### c) Sector expert reviews

.14. The fifteen expert reviews (BOX 1.5), which support the development of the NHP, are thematic studies developed by national experts and international consultants, having been subject to public discussion.

.15. The Technical Office of the NHP developed five other studies.

### d) Engagement and public consultation.

.16. Working groups were created and articulated with the Technical Group of the NHP: i) Expert Group (consultants from different fields); ii) Regional Managers (ARS representatives) and Focal Points of DGS and ACSS.

.17. The public consultation process included the document on the WHO evaluation of the NHP 2004-2010 and the priority areas to develop, conceptual model, construction process and involvement of institutions, and was concluded with the presentation and discussion of the final version. Throughout this process, Focal Points of different Ministries, Professional Bodies and other organisations relevant in the field of health were appointed, and different contributions were asked from them.

.18. Contributions from several organisations and bodies (Ministries, associations and professional bodies, municipalities, civil society, care networks and citizens), who are part of the Advisory Board, were also requested.

.19. Other instruments used to facilitate the active participation were the NHP 2012-2016 *microsite* (since March 2010), social media *Facebook* and *Twitter* (since April 2010); "Pensar saúde" (Think health) bulletin and regular *Newsletter*; the Third National Health Forum and the Regional Health Forums.

#### BOX 1.5 - EXPERT REVIEWS

##### EXTERNAL EXPERT REVIEWS:

*Citizenship and Health; Equity and Access to Healthcare; Quality of Care and Services; Healthy Policies; Spatial Planning; Information and Communication Technologies; Integration and Continuity of Care; Description of the Portuguese Health System; Human Resources in Health; Primary Healthcare; Hospital Healthcare; Long-term Healthcare; Policy for Medicines, Medical Devices and Technology Assessment in Health; Research in Health; Local Health Strategies.*

##### INTERNAL EXPERT REVIEWS:

*Review of Health Plans of Other Countries; Identification of Potential Health Gains; Directory of Health Information; Information Panel on Health Planning; Survey on the Recommendations from International Health Organisations; Review of the Self-Assessment on National Health Programmes.*

## 1.5. VALUES AND PRINCIPLES

.20. The NHP takes on the **fundamental values** (Box 1.6) of the European health systems (EU Council, 2006), namely:

- **Universality**, which means that nobody can be excluded from the access to healthcare;
- **The access to quality care;**
- **Equity**, implying that everyone should have equal access to care and the right to obtain health outcomes, according to their needs, regardless of gender, religion, ethnicity, age, social status or ability to pay for such care;
- **Solidarity**, i.e., the financial scheme of the Health System guarantees access to healthcare for everyone.

.21. The following values are also considered:

- **Social Justice**, in the sense that the policies and institutions relate with the citizens while valuing the parity of rights and duties, in equity and solidarity, understanding and recognising the dignity of each person.
- **Empowerment of citizens**, while promoting the potential of each person, organisations and communities to promote their health and that of others;
- **Provision of person-centred healthcare**, meeting their individual needs;
- **Respect for the human person**, in the several physical, mental, social and spiritual dimensions, promoting ethics and autonomy;
- **Solicitude**, namely the ability to devote proactive and quality attention to the needs for care and well-being;
- **Decision supported by scientific evidence**, as a way to incorporate the best evidence and innovation, including clinical, epidemiological, management, economic assessment, technological and health impact factors, in continuous improvement processes.

.22. Of the principles of the NHP, the following stand out:

- **Transparency and accountability**, which enable the development of trust and appreciation of the stakeholders and the system to develop itself, by learning;
- The **involvement and participation** of all stakeholders in the health creation processes;
- **Reduction in health inequities**, as a basis for the promotion of equity and social justice;
- The **integration and continuity of care;**
- **Sustainability**, in order to preserve these values for the future.

### BOX 1.6 - VALUES AND PRINCIPLES OF THE NHP:

#### VALUES OF THE NHP:

- Universality;
- Access to quality care;
- Equity;
- Solidarity;
- Social Justice;
- Citizen empowerment;
- Provision of person-centred health care;
- Respect;
- Solicitude;
- Decision supported by scientific evidence.

#### PRINCIPLES OF NHP 2012-2016:

- Transparency and accountability;
- Engagement and participation;
- Reduction of health inequalities;
- Integration and continuity of care;
- Sustainability.

.23. The NHP abides by these values and principles:

- Promoting them in its own **building process**;
- Proposing **strategic guidelines, indicators, actions and recommendations** towards its achievement;
- Creating benchmarks for **accountability and assessment** of the degree and the way the Health System promotes its values and principles.

## 1.6. ASSUMPTIONS OF THE NHP

.24. The assumptions of the NHP are:

- That the best strategic option for obtaining Health Gains in Portugal is the **strengthening, capacity-building and empowerment of the Health System** by enhancing skills and resources for the planning, implementation, monitoring and assessment of policies and practices of the Health System stakeholders;
- To follow a **perspective of the Health System** as the structured and inter-related set of all organisations, people and actions whose primary intent is to improve, maintain or restore health (WHO, 2007), **and of the citizen** as an essential part of the Health System, taking on several roles: i) patient with specific needs; ii) consumer, with expectations and the right to quality care; iii) taxpayer and funding resource; iv) co-producer of care, therapy compliance and behaviours that promote their health and that of others;
- That the processes of construction, implementation, monitoring and assessment of the NHP should be **creators of knowledge, innovation, strategy, vision and anticipation, commitment and involvement**, from a Health System standpoint;
- **To integrate tools and mechanisms to allow dealing with uncertainty and innovation**, including new scenarios and social, economic, epidemiological, political and technical-scientific contexts;
- That the NHP represents a **strategic tool while creating a framework for the** national, regional, local and institutional planning levels with a direct impact on health;
- To assert itself as a **reference and influence for the various under and overlying areas of planning**, as well as it should be influenced by them, as follows:
  - **Supranational:** *strategies, plans, directives and recommendations from of councils, international organisations, such as the European Commission, the WHO and the OECD;*
  - **Inter-ministerial:** *inter-ministerial councils, committees, plans and projects, legislation;*
  - **Central Bodies of the MS:** *activity plans, reviews and reports on activities, as well as Assessment and Accountability Frameworks (QUAR);*
  - **Regional Health Administrations:** *Regional Health Plans, Health Profiles and regional studies, activity reports, QUAR;*
  - **Groups of Primary Care Centres, Local Health Units and Hospital Centres:** *activity plans, annual contracts, health profiles and local studies, activity reports, QUAR;*
  - **Municipalities:** *plans, activity reports and local health programmes;*
  - **Healthcare institutions:** *activity plans, "tableaux de bord", service contracting and programme-contracts, activity reports and institutional programmes;*
  - **Professional bodies and associations, scientific societies, patient, recreational and consumer associations:** *plans, strategies, projects, studies, recommendations and reflections;*
  - **Individual citizen:** *opinion, studies, experiences, reflections and recommendations.*

## 1.7. CONCEPTUAL MODEL AND STRUCTURE

.25. The CONCEPTUAL MODEL explains the organisation as well as the structural and thematic options of the NHP.

.26. To **fulfil its vision and mission**, the NHP takes two **Dimensions** (BOX 1.7):

- **INTRINSIC:** language and processes to support strategic guidelines, actions and recommendations;
- **EXTRINSIC:** additional strategic perspectives that ensure the consistency of the Health System.

### INTRINSIC DIMENSIONS

.27. THE STRATEGIC STRENGTHENING PERSPECTIVES OF THE HEALTH SYSTEM (BOX 1.8) allow us to understand the nature and goals of the strategic guidelines that promote the alignment, integration and sustained efforts.

#### - STRATEGIC ALIGNMENT

.28. It seeks to ensure that stakeholders follow common directions for achieving goals with greater health value and also that medium/long-term goals are not compromised by short-term ones.

.29. Health is a complex area of high uncertainty, dependent on biological, behavioural, socioeconomic and environmental phenomena, with great innovation and rapid evolution of knowledge and practices, and that requires consistent and persistent policies.

.30. There is a high decentralisation in decision-making (individual, health professional, administrator, politician), a need for flexibility in responding to new threats and situations, correction and satisfaction of unforeseen needs, review of practices, research, experimentation and continuous incorporation of innovation and iterative and interdependent planning systems.

#### - STRATEGIC INTEGRATION:

.31. It seeks to ensure the best performance and adequacy of care which maximise the use of resources, quality, equity and access; as well as maximise network behaviours, communication and creation of incentives and advantages for associations and partnerships.

.32. The Health System finds the balance between the proximity of care and rational management of limited resources; between redundancy and complementarity of the services offered by the public, private and social sectors; between the comprehensive response and the specialised response to health requirements.

.33. Equity and access, quality and a more efficient use of resources depend on these balances. The optimum search for this balance is dynamic, takes on a national, regional and local dimension, and the dimension of a relationship between public and private sectors.

### BOX 1.7. DIMENSIONS OF THE CONCEPTUAL MODEL:

- **Intrinsic**
  - Strategic strengthening of the Health System;
  - Definition, evidence and implementation of strategic guidelines.
- **Extrinsic**
  - Strategic Axes;
  - Goals for the Health System;
  - Cross-sectional Policies;
  - Operationalisation Processes and Tools.

### BOX 1.8 - STRATEGIC STRENGTHENING PERSPECTIVES OF THE HEALTH SYSTEM

- Strategic alignment;
- Strategic integration;
- Sustainability.

**- SUSTAINED EFFORTS:**

.34. The definition of Health is useful as an horizon for prioritising actions.

.35. From this standpoint, **all societies determine what portion of resources and investment they allocate to the Health System**, according to: i) the underlying social values and the perception about the ability of the Health System to accomplish these values; ii) the social value of health, institutions and professionals; iii) the expectation on the potential health and socioeconomic gains arising from such investments; iv ) the perception of the impact of the Health System on standards of social life (quality of life, safety in disease).

*Definition of Health*

*"Health is a dynamic state of well-being characterised by a physical, mental and social potential which satisfies the demands of life commensurate with age, culture, and personal responsibility"*

*(Bircher, 2005).*

.36. **The investment of social resources in the Health System is performed in competition with other social systems** (economy, education, government and public administration, social security, justice, etc.). This competition reduces with the ability of the sectors to integrate efforts and resources, with gains for all.

.37. **Creating and conveying value that promotes and justifies the investment is the responsibility of the Health System**, which continuously establishes compromises between available resources and those to be developed, the services provided and the results obtained. This is the concept of **Health Value** (Porter ME, Teisberg EO, 2006), i.e., obtaining gains proportional to the investment made. The creation of value is important in the current economic context as a sustainability tool and requires vision, reform and long-term investment.

.38. The NHP assumes that health gains will result from the best fit between health needs and services, and from the best relationship between resources and outcomes, i.e., the best performance. The NHP guidelines include, directly or indirectly, goals related to the promotion of social value, the adequacy and the performance of the Health System, as well as to the achievement of social values, the definition of potential health gains and the impact of the Health System on standards of social life.

**REFER TO THE GLOSSARY:**

*Stakeholder; Strategic Alignment; Effectiveness; Efficiency; Strategy; Planning; Target; Health System; Value; Principle; Access; Equity.*

.39. The lines of definition, evidence and implementation of the guidelines allow **explaining the rationale behind the proposed guidelines, actions and recommendations**. The process is based on (BOX 1.9):

- **CONCEPTS AND PRINCIPLES** that ensure a common understanding, specify health gains, identify determinants, mechanisms and instruments, and highlight opportunities and threats;
- **CURRENT FRAMEWORK** of the legal and regulatory resources, as well as strategic papers, studies and analysis of the situation, relevant tools and mechanisms, best practices and pilot-projects, and future and innovation prospects;
- **STRATEGIC GUIDELINES AND EVIDENCE**, such as proposals targeted at the opportunities identified, supported by models, studies and recommendations;
- **VISION FOR 2016** - provides insight into how to materialise the foreseen opportunities, whether the proposed actions are necessary/sufficient, and make the necessary trajectory corrections;

- **SUMMARY TABLE OF ACTIONS AND RECOMMENDATIONS** - sets out the way how the guidelines will be turned into actions (commitments of the Health System) and recommendations (for the citizens and the other sectors of the Health System);
- **ACTIONS AND RECOMMENDATIONS.** Of a strategic nature, these allow operationalising different guidelines. For every action, goals are set and described (including models); the final and intermediate products, indicators and targets to achieve are specified, and the leader institution, other institutions to engage and the institution responsible for the assessment are identified.

**BOX 1.9 - DEFINITION, EVIDENCE AND IMPLEMENTATION OF GUIDELINES**

- Clarification of concepts and principles:
  - Concepts;
  - Determinants;
  - Instruments and mechanisms;
  - Opportunities and threats.
- Current situation;
- Guidelines and evidence for action;
- Vision for 2016;
- Actions and recommendations.

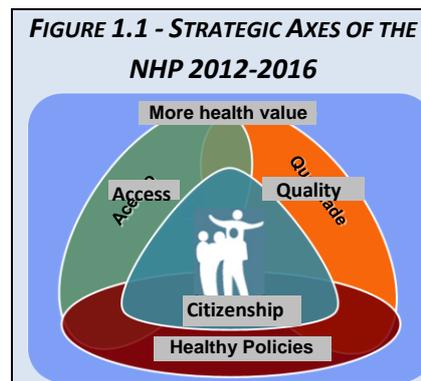
**a) Strategic Axes and Goals for the Health System**

**STRATEGIC AXES**

.40. The strategic axes of the NHP are perspectives on the **scope, responsibility and competence of each stakeholder** in the Health System (citizen, health professional, manager and administrator, representative of interest groups, entrepreneur, policy-maker), whose improvement requires recognising their **interdependence**, while reinforcing the perspective of the Health System. **These generate returns, improve performance and reinforce the alignment, integration and sustainability** of the Health System, as well as its **ability to develop as a whole**.

.41. **Four strategic axes** are considered (FIGURE 1.1):

- **Citizenship in Health;**
- **Equity and Access to Healthcare;**
- **Quality in Health;**
- **Healthy Policies.**



**GOALS FOR THE HEALTH SYSTEM**

.42. These correspond to the ultimate goals of the Health System and ensure that:

- The **values and principles are implemented** in an objective and assessable manner;
- The **Health System is geared towards achieving results** in an integrated, aligned and open way, having adequate tools and processes for such purpose available;
- The **Health System promotes the expected guarantees of responsiveness, effectiveness, protection, solidarity and innovation** and is valued for its capacity.

.43. The NHP clarifies and defines the framework for **four goals of the Health System**:

• **HSG 1 - OBTAINING HEALTH GAINS**

The development of the Health System should be reflected in measurable gains in the health of populations and subgroups, by identifying priorities and allocating resources at the different levels, considering cost-effective interventions with greater impact.

• **HSG 2 - PROMOTING SUPPORTIVE ENVIRONMENTS FOR HEALTH THROUGHOUT THE LIFE CYCLE**

Fostering healthy environments throughout the life cycle involves the promotion, protection and

maintenance of health, prevention, treatment and rehabilitation of the disease, allowing an integrated view of the needs and opportunities for intervention in a continuous manner (WHO, 2002), not only context-specific but also overlapping visions of articulation and integration of efforts between environments.

• **HSG 3 - STRENGTHENING ECONOMIC AND SOCIAL SUPPORT IN HEALTH AND DISEASE**

Health is an individual and social asset, and the solidarity and protection mechanisms in case of disease are crucial for social cohesion, justice and safety. The Health System's capacity to promote economic and social support in health and disease involves clarifying the role of the different stakeholders in the system, strengthening its own mechanisms and maintaining the sustainability of the Health System.

• **HSG 4 - STRENGTHEN PORTUGAL'S PARTICIPATION IN GLOBAL HEALTH**

Health Systems should be open, interdependent, of fast development and capable of rapidly responding to new threats. The Portuguese Health System should share innovation, articulate itself internationally, contribute towards the strengthening and supportive development of other systems, and incorporate international developments.

**b) Cross-sectional Policies, Operationalisation Processes and Tools**

.44. **CROSS-SECTIONAL POLICIES (BOX 1.10)** are guidelines for the Health System (levels of care, processes, tools and mechanisms) to develop its capacity to implement the strategies of the NHP.

<b>BOX 1.10 - CROSS-SECTIONAL POLICIES FOR THE STRATEGIC IMPLEMENTATION OF THE NHP</b>	
Healthcare	Spatial planning and local health strategies
Public health	
Primary	Healthcare human resources
Hospital	Information and communication technologies
Long-term Integrated Care	Medicines, medical devices and technology assessment
Articulation and continuity of care	Research, development and innovation
	Sustainability

.45. The **OPERATIONALISATION PROCESSES AND TOOLS (BOX 1.11)** propose guidelines for the planning, conduction, operationalisation, participation and engagement, monitoring and evaluation of the NHP, and the associated decision-making processes.

<b>BOX 1.11 - FIELDS OF EXPERTISE REGARDING THE PROCESSES AND TOOLS FOR THE IMPLEMENTATION OF THE NHP</b>
<ul style="list-style-type: none"> <li>• Governance;</li> <li>• Participation and Influence;</li> <li>• Monitoring;</li> <li>• Assessment.</li> </ul>