

Provision of Primary Health and Social Services do not meet the needs of the people

1. Policies, legislation and strategies need to be developed

- 1.1. Position and definition of phc need clarification
- 1.2. Legislative actions are needed to ensure the position of phc
- 1.3. Preconditions and expectations for phc are unclear
- 1.4. Financial policies are confusing and need clarification
- 1.5. Overall regulatory framework is insufficient

2. Structures, systems, practical arrangements and management do not correspond with the actual needs

- 2.1. Currently the systems are functioning ineffectively and inefficiently
- 2.2. Phc staff motivation is unsatisfactory
 - Incentives for continuation of working in public phc are insufficient
 - Position and working conditions of phc staff are not acceptable
- 2.3. Contents and quality of services are not sufficient
- 2.4. Collaboration between phc and social services is not sufficient
- 2.5. More collaboration between penitentiary and health authorities is needed
- 2.6. More smooth patient management is needed between different levels of health care

3. Currently, human resource development does not correspond with the needs

- 3.1. Need for training needs assessments, including training of trainers
- 3.2. Insufficient training of Family Doctors and other phc professionals
- 3.3. Quality of training on public health is unsatisfactory
- 3.4. Education to work on prevention is insufficient
- 3.5. There are special training needs, e.g. for mental health

4. Control of non-communicable diseases and diseases related to harmful health behaviour need increasing attention

- 4.1. Prevention and promotion of healthy life styles need more attention
 - Cardiovascular diseases are increasing
 - Incidence of accidents is high
 - High degree of alcohol and drug abuse related problems
- 4.2. Cancer diagnostics and treatment are Insufficient
- 4.3. Share of public health, prevention and promotion in training is insufficient

5. Service provision is under development and needs support

- 5.1. Access for and contents of services for vulnerable groups need to be improved
 - Insufficient services for
 - ageing
 - disabled
 - drug users
 - mentally ill
 - homeless
 - prisoners
 - unemployed
 - immigrants
 - Stigma due to infectious diseases or other problems
 - Services for uninsured need to function better than currently
- 5.2. Control of infectious diseases at phc level needs continuous attention and actions
 - HIV/AIDS
 - tuberculosis and MDR tb
 - other infectious diseases
- 5.3. Management of non-communicable diseases is unsatisfactory
- 5.4. Operational research and the use of its opportunities is still weak
- 5.5. Data collection, other functions of HMIS and its feed back are insufficient

Improved public health for all groups of the whole population
Developing quality primary health care and social service provision in all ND countries
Improved health of the population in cost effective ways
Functioning health promotion mechanisms

Improved public health through developing primary health and social care services, responding appropriately and equally to the needs of the people, as part of the health care systems

**Working Area 1
Framework for
Implementation
of modern PHC**

1.1. Development of policies and priorities
1.2. Clarification of the role and position of phc within health care system
1.2.1. Role of phc in urban areas
1.2.2. Role of phc in rural areas
1.3. Updating of legislation and overall regulatory framework for phc
1.4. Development of relevant strategies
1.5. Reforms of human resource planning and education
1.6. Development of the financial system to correspond with actual needs

**Working Area 2
Systems Development**

2.1. PHC structures
2.1.1. Staff establishments revised (incl pch teams)
2.1.2. Organisation updated
2.1.3. Rules and regulations
2.1.4. Financial arrangements
2.1.5. Facilities and infrastructure
2.1.6. Necessary materials available
2.1.7. Transport and vehicles
2.1.8. Job descriptions
2.1.9. HIS and reporting
2.1.10. Public relations
2.1.11. Advocacy functions
2.1.12. Quality improvement
2.2. Health care functions
2.2.1. Management & leadership including personnel
2.2.2. Accessibility, affordability and other quality improvement practises
2.2.3. Roles and responsibilities, incl. gate keeping mechanisms
2.2.4. Interprofessional connections, incl social care
2.2.5. Communication
2.3. Functioning and cost-effective referral systems, incl feed-back
2.4. Logistics and maintenance
2.5. PHC connections with other parts of the system (e.g. prisons)
2.6. Evidence based care practises, incl. functioning day care

**Working Area 3
Human Resource
Development**

3.1. Analysis and planning of adequate qualifications and structures in different categories for phc and management personnel
3.2. Assessment of learning and training needs
3.3. Training of trainers for active learning methods
3.4. Increased training for Family Doctors and other pch professionals
3.4. Organisation of tailored CME and distant learning systems
3.5. Undergraduate training (for all professionals)
3.6. Arrangements for special training (e.g. mental health) as needed
3.7. Follow-up mechanisms in place for outcomes / indicators of human resource development system

**Working Area 4
Promotion of public
health and prevention
of diseases**

4.1. Improved & increased training of public health and prevention
4.1.1. Training of trainers
4.1.2. Training for health professionals
4.1.3. Diploma courses
4.1.4. Training for top management
4.2. Health education & pro-active preventive approach for healthy life styles at schools and work-places, with authorities, teachers, NGOs and health institutions
- reproductive health
- mother and child health
- HIV and other communicable diseases
- cardiovascular diseases
- alcohol and drug abuse
- prevention of traffic and other accidents
4.3. Public awareness campaigns with media
4.4. Promotion of screening campaigns for early detection of malignomas
4.5. Advocacy for health promotion

**Working Area 5
Improvement of the
service provision**

5.1. Improved access for and contents of services for vulnerable groups
- disabled, ageing, immigrants stigmatised, prisoners, drug users, homeless, uninsured, unemployed, mentally ill
5.2. Improved management of communicable diseases and use of antibiotics at phc level -HIV, TB, MDRTB and other infections
5.3. Improved management of non-communicable diseases and related problems
5.4. Improvement of the management of diseases related to harmful health behaviour
5.4. Improved surveillance
5.4.1. Clarification of practical data a phc unit should collect and use for feed back
5.4.2. Strengthened data collection and analysis
5.4.3. Improved use of information and indicators
5.5. Promotion of operational research and capacity for surveys