

# Portugal's Northern Region Health Plan

2014-2016

## BRIEF SUMMARY



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The Northern Region population Health Plan 2014-2016 (NRHP):

- identifies and communicates, inside and outside the health sector, the main population health needs;
- expresses a commitment to well defined health goals for the three years period 2014-2016.

It was built upon the results of the former regional population Health Plan (2009-2010), which was the first to identify and put into the regional health agendas, the population health needs.

The NRHP reinforces the importance of:

- identifying the population *felt* health needs, besides the *technical* ones;
- promoting the participation of the main stakeholders in the regional population health planning process.

Taking into consideration the international context, in terms of the main health priorities defined by the international organizations, and also the economic and social crisis context, the NRHP assumes the National Health Plan (2012-2016) main strategies and its goals for the health system.

Built upon a large evidence-base (the best available epidemiological information on mortality, morbidity and health determinants), the NRHP was designed to facilitate the alignment between the National Health Plan and the Local Health Plans.

Like the former population Health Plan, NRHP's methodology is based upon the so called *classic* health planning theory and, more specifically, upon the "Referential for the building up of population Health Plans" (2011). Consensus around this Referential was obtained between the regional Public Health Department and the local Public Health Units (at the Primary Health Care Groups) and it was applied and *tested* during the Local population Health Plans building and implementation process.

The NRHP begins by presenting a brief Health Diagnosis of the northern region population, identifying its main five health problems. Then, it assesses the *technical* health needs, in terms of mortality, morbidity and health determinants. This assessment was based upon the available epidemiological information, with the participation of other Departments, experts and political advisors of the Northern Region Health Administration.

In order to promote the main stakeholders participation in the *felt* health needs assessment and prioritization, a Delphi panel was conducted. Two hundred different organizations, inside and outside the health sector, were invited to participate, involving the:

- public and private health sectors;
- local governments;
- relevant health professionals' associations;
- *academia* and science sectors;
- unions/syndicates;
- social sector;
- consumers and patients associations, amongst others.

Consensus was obtained after two rounds.

By combining the analysis of the prioritized *felt* and *technical* health needs, taking into consideration the national health priorities, the final assessment and prioritization of the northern region population health needs was made, in

terms of mortality, morbidity and health determinants, totalizing fifteen health needs. These health needs highlight, not only the national health priorities, but also the specific regional ones. They should be regarded as a whole, since they belong to common *causality webs* which can only be artificially separated.

Considering the prioritized health needs, the main related health strategies implemented in the northern region were identified. Then, the main population health goals to be achieved until 2016 were defined, mainly based upon a prognostic evaluation of the health indicators, the national health priorities and experts opinion.

Three key recommendations for the NRHP's implementation by the main stakeholders were made:

- communicate to implement;
- obtain health gains in a sustainable way;
- develop TOGETHER the strategies which have the biggest impact on population health needs.

Last but not least, the NRHP includes a monitoring and evaluation plan, which includes three kinds of indicators:

- evaluation indicators;
- monitoring indicators;
- some indicators of the National Health Plan 2012-2016.

**The detailed 15 population health needs and the 2016 health goals can be consulted in the NRHP pamphlet attached to this Brief Summary.**

**The “what”, “how”, “why” and “where” of this NRHP is briefly explained in the powerpoint presentation also attached to this Summary.**

**Finally, some brief notes about the Portuguese health system:**

In the Portuguese health system coexist three systems: the National Health Service, special insurance plans for some professions (health sub-systems) and private voluntary health insurances. It's a mix system, combining public and private deliverers and public and private financing.

Public financing (62.6%) is made through the National Health Service (54%), public sub-systems, several public administration units and some residual social security funds. Private financing (37.4%) comes mostly from private sub-systems, private health insurances, families direct payments (31,7%) and also from non-profit organizations, amongst others.

Portugal's Northern Region is the biggest Region in the country, with 3.7 million inhabitants.

In the Northern Region there are 34 public hospitals.

In the following map we can see Portugal's Northern Region 21 local Primary Health Care (PHC) Groups (integrating several PHC centers) and 3 Local Health Units (integrating PHC Groups and their reference Hospitals). Each color represents a PHC Group/Local Health Unit. Each sub-division represents the northern region's counties.

**ADMINISTRAÇÃO REGIONAL DE SAÚDE DO NORTE, IP**  
**AGRUPAMENTOS DE CENTROS DE SAÚDE / UNIDADES LOCAIS DE SAÚDE**



**Legenda**

- ALTO AVE - GUIMARÃES/MIZELA/TERRAS DE BASTO: GUIMARÃES + VIZELA + FAFE + CAB. DE BASTO + MONDIM DE BASTO
- TAMEGA I - BAIXO TAMEGA: AMARANTE + BAÑO + MARCO + CINFRES + RESENDE + CELORICO DE BASTO
- TAMEGA II - VALE DO SOUSA NORTE: FELGUEIRAS + LOUSADA + P. FERREIRA
- TAMEGA III - VALE DO SOUSA SUL: PENAFEL + PAREDES + CAST. IVA
- GRANDE PORTO I - S. TIRSO/TROFA: S. TIRSO + TROFA
- GRANDE PORTO II - GONDOMAR: GONDOMAR
- GRANDE PORTO III - MAIA/VALONGO: MAIA + VALONGO
- GRANDE PORTO IV - PÓVOA DE VARZIM/VILA DO CONDE: PÓVOA DE VARZIM + VILA DO CONDE
- GRANDE PORTO V - PORTO OCCIDENTAL: FREGUESIAS DE ALDOAR, CEDOFEITA, FOZ DO DOURO, LORELO DO OURO, MASSARELOS, MIRA GAIA, NEVOGLDE, RAMALDE, S. NICOLAU, ST. ILDEFONSO, SE E VITÓRIA
- GRANDE PORTO VI - PORTO ORIENTAL: FREGUESIAS DE BONFIM, CAMIRANHÁ E PRRANHOS
- GRANDE PORTO VII - GAIA: FREGUESIAS DO CONCELHO DE GAIA: AVINTES, CANDELO MAFAMUDE ,O. DOURO, ST. MARINHA, S. PEDRO DA AFURADA E VILAR DE ANDORINHO.
- GRANDE PORTO VIII - ESPINHO/GAIA: FREGUESIAS DO CONCELHO DE GAIA: ARCOZELO, CANELAS, CRESTUMA,GRUJO, GIULPHARES, LEVER, MADALENA, OLIVAL, PEDROSO, PEROZINHO, SANDIM, SEXEZELO, SERMONDE,SEIZEDO, SÃO FÉLIX DA MARINHA,VALADARES, VILAR DO PARAÍSO . CONCELHO DE ESPINHO. FREGUESIA DO CONCELHO DE GONDOMAR: LOMSA, CONCELHO DE ESPINHO.
- CÁVADO I - BRAGA: BRAGA
- CÁVADO II - GERÊSCA/BEIRA: TERRAS DE BOURO + VILA VERDE + AMARES + P. LANHOSO + VEIIRA DO MINHO
- CÁVADO III - BARCELOS/ESPOSENDE: BARCELOS + ESPOSENDE
- AVE - FAMILIÃO: V N FAMILIÃO
- DOURO I - MAIÃO E DOURO NORTE: VILA REAL + SABROSA + ALIJÓ + MURÇA + S.M. PENAGUÃO + M. FRID + P. RÉGLIA
- DOURO II - DOURO SUL: LAMEGO + ARMAMAR + TAROUÇA + TABUAÇO + S.J. PESQUEIRA + SERNANDELHE + PENEDONO + MOIM. BEIRA
- ENTRE DOURO E VOUGA I - FEIRA/AROUÇA: S. M. FEIRA + AROUCA
- ENTRE DOURO E VOUGA II - AVEIRO NORTE: O. AZEMÉIS + V. CAMBRA + S. J. MADEIRA
- TRÁS-OS-MONTES - ALTO TAMEGA E BARROSO: CHAVES + MONTELEGRE + Boticas + VALRICHOS + V.P. AGUIAR + RIS. PENA
- ULS ALTO MINHO: V. CASTELO + CAMINHA + V.N. CERVEIRA + P. LIMA + MELGAÇO + MONÇÃO + VALENÇA + ARCOS DE VALDEVEZ + P. BARÇA + P. COURA
- ULS DE MATOSINHOS: MATOSINHOS
- ULS NORDESTE: BRAGANÇA + VINHAS + VIMOSO + M. DOURO + MOGADOURO
- ALE DA FÉ + V. FLOR + CARL. ANSIÃES + T. MONCORVO + FREIXO E. CINTA + MAC. CAVALERIOS + MIRANDELA + V.N. FOZ CÔA