

“The spirit of those health centres was the spirit of Alma-Ata, but several years before that meeting,” says Biscaia, referring to the 1978 International Conference on Primary Health Care where WHO Member States agreed on the Declaration of Alma-Ata.

“Portugal was at the forefront of public health reform in Europe at that time and perhaps now it is again,” he says.

To be eligible for NHS benefits, patients need to register with a family physician in a health centre, considered the first point of contact.

But these health centres are often large organizations with as many as 70 doctors attached to them and with tens of thousands of patients. It was to make these centres more manageable and responsive to patients’ needs that the USF reforms were launched. Doctors and nurses were once paid a fixed salary, but now remuneration is based on performance and productivity.

“There are more doctors wanting to become general practitioners. Conditions are competitive with the private sector and they have more autonomy,” says Biscaia. Some 20% of the total population now has access to USFs and this percentage could more than double within the next year, Biscaia says. “Patients are very satisfied. For instance, in a recent study in my

health centre levels of satisfaction with the USF were twice those of other health centres.”

The next phase of the 2005 reforms will focus on the health centres themselves to make them more responsive to community needs. They will be given more financial autonomy and their number will be cut from 355 to 74 – a move that may not be easily accepted by the public.

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André Biscaia

Moreover, despite its achievements, the Portuguese health system is not without its problems. The Portuguese face some of Europe’s highest out-of-pocket expenditure for health services, at 22.1% of people’s incomes in 2005 according to *World health statistics 2008*, despite the constitution’s promise of a system that would be largely free.

Most services, whether for drugs and medicines, for in-patient care or consultations at health centres, carry some charge to the user. However, half

of the population is exempt from such payments either on economic grounds or because they fall into one of the more vulnerable groups – pregnant women, students, children and people with diabetes – that are excluded from health payments.

There are also imbalances between the number of nurses and doctors. Many health-care professionals who retire are not being replaced due to restricted admissions to medical schools in recent years, according to the 2007 publication *Health systems in transition: Portugal – health system review*. Also, many patients still go to the emergency department of a hospital for treatment rather than to the local health centre. But this is a problem which should ease as the USFs take root around the country, Biscaia says.

Coelho Candeias agrees: “While 95% of the population’s health needs can be taken care of at health centres, we recognize that not everybody has a family doctor and some people go to the emergency rooms rather than a health centre.”

She adds: “This is because they think that going to the hospital ensures ... better quality care. Resolving this requires a cultural change and mass information campaigns among the general population.” ■

Recent news from WHO

- In Almaty, Kazakhstan, on 14 October, WHO launched *The world health report 2008* calling for a return to a primary health care approach. **Primary health care: now more than ever** marks the 30th anniversary of the International Conference on Primary Health Care held in Alma-Ata in 1978. Read the report here: <http://www.who.int/whr/2008/en/index.html>
- WHO said, on 10 October, that it is working with experts in South Africa and Zambia to investigate a **new disease** that has killed at least three people.
- A new WHO programme launched on 9 October aims to address the lack of treatment and care for 75% of people suffering from **mental disorders** in developing countries.
- At a meeting in Madrid, Spain, from 6 to 8 October, WHO agreed with over 80 top researchers on a research agenda to develop an evidence-based framework for action in response to implications of **climate change** for human health.
- WHO and the United Nations Food and Agricultural Organization called on countries, on 26 September, to look out for **melamine-contaminated dairy products** to avoid their spread after thousands of infants became ill after consuming such products in China.
- There is no evidence to back claims that the **electronic cigarette** is a proven safe nicotine replacement therapy, WHO said on 19 September. Users puff on this steel device as if using a real cigarette, to produce a fine mist instead of smoke that is absorbed into the lungs.
- On 26 September, WHO called for greater efforts to control **dengue** in the Asia Pacific Region. WHO also warned that the *Aedes aegypti* mosquito, the principal vector, is expanding to new geographical areas that were previously unaffected and that more collaborative activities are needed to address dengue.
- WHO supplied Kyrgyzstan with **emergency health kits** following an earthquake on 5 October. Each kit provides enough medicines, disposables and instruments to support the emergency health needs of 10 000 people during a three-month period.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>