



MOCHA Recommendations
40th PNAE Meeting
4th October 2022
Ostend-Belgium

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Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Background → Children are a fifth of Europe's population; they are citizens, future workers, future parents and carers, and the future elderly population. Yet they are dependent on society providing effective primary care, which provides some 90% of all health contact, and until the MOCHA project, there has been little research into how well current services do this.

<https://cordis.europa.eu/project/id/634201>



Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Aim → identifying and critically assessing the differing models of child primary health care that are used across Europe.



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Aim → The MOCHA project appraised models of child primary health care in all 30 EU/EEA countries.



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Six Conclusions → →

- 1) Primary care for children in each country comprises many components; their cohesion as a system is determined more by their accessibility, capacity, and relationship than by their style (such as **general or paediatrician primary care practitioner**).
- 2) Effectiveness is primarily determined by access, workforce, service coordination and continuity, inter-sectoral governance, sociocultural linkage, and financing. However, robust appraisal is hampered by the lack of comparative data.
- 3) Optimal primary care for children is child-centric, equitable, proactive, integrated with specialist, social care and education services, and based on (and yielding) robust evidence.



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Six Conclusions → →

- 4) Interdependence of health, economy and society is more influential than system construct, **but there is inadequate public health, primary care and inter-sectoral collaboration on child health and development concerns.**
- 5) Children are unacceptably invisible in **health data and policy in Europe**, including rights definition, data sets, research activity, e-health, and policy innovation.
- 6) Focussed cross-Directorate and inter-agency activity within Europe would strengthen evidence and policy to facilitate stronger national systems.



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Different practices across Europe with diversity of health services.
Still →→ there is no single model which could translate into all national settings.

However, MOCHA identified a number of **key issues to improve** efficiency and effectiveness of child and adolescent primary care , which should inform service development in all countries.



This should focus on ten major issues (1) → → :

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1. European Health Data Systems are unfit for purpose regarding children. Demographic, socio-economic and health data **do not show children aged 0-17 as a group**
2. There are no comparative European data on primary care. There are no data on provision, activity or the workforce
3. Health economic data do not consider children. Data on public spend and co-payment **do not identify services for children**
4. Large anonymised databases have huge potential but lack harmonised access.
5. **Education of doctors, nurses and other professions on treating children has neither harmonisation nor supporting evidence at curriculum level.** Mutual recognition of qualifications across the EU suggests equivalence in education, but this is not the case. Optimal skills and knowledge for treating children are little researched, thus evidence-based competence, skills mix and education cannot be realised

This project has received funding from the *European Union's Horizon 2020 Research and Innovation programme* under grant agreement No 634201





This should focus on ten major issues (2)→ →

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6. Activities of dentists, opticians and optometrists, pharmacists, psychologists, and ancillary therapy professions are largely invisible (few data on workforce, activity or outcomes)
7. **E-health is inadequately harnessed for children.** Data and functionality for children's records are minimally standardised; few countries have development or accreditation of web sites or apps for children
8. **The development of understanding and autonomy through childhood is unrecognised in legal and regulatory systems.** Children develop cognitive, analytic and decision-making capacity at different rates, especially those with long-term illnesses, but this is unrecognised in law; **children can be consulted effectively** but Europe has yet to develop tools comparable to those for adult health evaluation
9. Children's rights to health are not meaningfully defined in terms of health care delivery. **The 'right to health' is important but has little practical meaning or interpretation**
10. **Economic, cultural and political contexts are major determinants of children's health.** Inadequate data allow little comparative analysis of economic or societal impact on health, equity, or disadvantage





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What's new about the focus of MOCHA project?

Which new questions about Primary Healthcare for infants, children and young persons across Europe?

Which contribute could give PNAE in answering new questions or in describing the state of art about paediatric care in the community and the health services available for this population ?

Thank you for your attention!