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Józsefváros Health Strategy (2026-2030)

Working document for public consultation

2026

Contents

1. Summary

The Józsefváros Local Government is committed to improving the health of those living in the district and reducing health inequalities. This strategy sets out the main directions, goals and interventions with which the Local Government – within the limits of its powers and resources – intends to contribute to improving the health and well-being of the residents of Józsefváros and to provide assistance to healthcare professionals.

The local government considers it a fundamental responsibility to contribute, to the extent of its capabilities, to improving the health of all residents of Józsefváros and reducing inequalities. This responsibility is not only a moral obligation, but also a guarantee of the district's long-term development. A healthier population is more active and productive, reducing health and social expenditure and improving the general well-being of the community.

The local government of Józsefváros recognises that maintaining and improving health is a complex task that goes beyond the scope of the healthcare system, and that as a local government, we have rather limited room for manoeuvre. An individual's health is influenced by a number of factors, including socio-economic status (income, education, employment), the quality of the living environment (housing conditions, air quality, green spaces), lifestyle habits (diet, exercise, harmful addictions), and the quality and fairness of access to healthcare services. In Józsefváros, these factors vary significantly within the district, leading to serious inequalities. In particular, the health status and life expectancy of people living in certain neighbourhoods (e.g. Magdolna, Orczy) and segregated areas ([1]) lag significantly behind the district or capital city average.

Data collection

The strategy is based on a situation analysis prepared by the Budapest Institute between November 2023 and June 2024[2] . The authors of the analysis used public data from the Central Statistical Office, the National Spatial Development and Spatial Planning Information System and the Pulvita Health Data Warehouse. They also used anonymised data from the National Health Insurance Fund (NEAK) on GP coverage, available with postal code-level research access from the 2022 census of the HCSO, as well as the database created during the project 'Healthcare for people living in segregated areas'[3] . Primary data collection was also carried out for the situation analysis, in the form of semi-structured interviews with those involved in healthcare and focus group research with healthcare users.

The Budapest Institute's data analysis is supplemented by

- with family doctors and paediatricians working under service contracts in the district,
- the management of the Józsefváros Szent Kozma Health Centre (JEK),
- district and school nurses working in Józsefváros,
- the head of the health centre at 22 Kőbányai út, which provides GP, psychiatric and nursing care for homeless people and is operated by the Budapest Methodological Social Centre and Institutions (BMSZKI),

[1] Segregated area: Disadvantaged persons living in a spatially separated and concentrated block, who are repeatedly exposed to the mechanisms of social exclusion. Three such areas are identified in the 2020 review of the integrated settlement development strategy. One of these is the block bounded by Víg, Déri Miksa, Tolnai Lajos and József streets, and in the Magdolna quarter, the two blocks bounded by József street – Mátyás square – Dankó street – Magdolna street – Koszorú street – Tavaszmező street – Lovassy László Street, as well as the block between Dugonics Street, Diószegi Sámuel Street, Kőris Street and Kálvária Street in the Orczy quarter.

[2] Kollányi Zsófia, Laczkovich Anna, Váradi Balázs (2024) Proposed technical details of the Józsefváros health programme feasibility study. Unless otherwise indicated, all data in the text is taken from this study.

[3] https://www.tarki.hu/sites/default/files/2020-10/404_433_Sandor%20J_web_0.pdf

- the director of the Dental and Oral Surgery Training Institute, as well as the responses to a needs assessment survey conducted among the population
- and an analysis of complaints related to healthcare that came to the attention of the local government in 2024.

The situation analysis revealed the most important healthcare challenges in the district. These include

- significantly higher than average mortality rates due to cardiovascular and respiratory diseases and cancer;
- the exceptionally high frequency of hospital admissions for respiratory reasons;
- difficulties in accessing primary care (general practitioners) for part of the population (lack of registration, unclear social security status);
- capacity shortages in outpatient specialist care and declining demand trends in certain key areas;
- low participation rates in certain screening tests (e.g. mammography);
- problems with access to medicines;
- unfavourable indicators in the area of reproductive health (low contraceptive use, high abortion rates, unfavourable perinatal outcomes: low birth weight, premature birth, unhealthy newborns).

The situation analysis highlighted the close link between health status and socio-economic status, significant regional inequalities within the district, and challenges identified by both the population and healthcare workers (waiting lists, communication difficulties, infrastructure deficiencies, mistrust).

In parallel with the development of the strategy, the Local Government Community Participation Office conducted a questionnaire-based needs assessment among the district's population between 13 May and 3 June 2025. The aim of the survey was to provide an overview of residents' attitudes towards the planned health interventions, to identify preferred programmes and to ascertain information needs. The questionnaire responses highlighted the following main problem areas and suggestions:

- *Health screenings:* There was a high demand for free screening tests (e.g. mole checks, cardiological and psychological screening), but limited availability and a lack of information were significant obstacles. Male respondents in particular showed low participation in preventive examinations (which is confirmed by national statistics).
- *Willingness to be vaccinated:* Several respondents indicated that they would be open to receiving pneumococcal and HPV vaccinations, but due to their lack of knowledge about access to vaccination, they do not take advantage of this opportunity.
- *Information:* A wide range of respondents would like to receive targeted, easy-to-understand information from their GPs, through local government communication channels, and in the form of electronic newsletters. There was particular interest in adult vaccinations, self-checks, nutritional advice and sports opportunities.
- *Community programmes:* Health days, first aid courses and educational events for the general public enjoy widespread support.
- *Assessment of primary and specialist care*: Respondents rated the quality of primary and specialist care as average. They identified long waiting times, limited availability of appointments, overworked doctors and difficult communication as problems.

- *Motivational tools and access:* Several suggestions were made for the introduction of reward systems (e.g. vouchers, discounts), creative information solutions and community activities (e.g. family days) to encourage participation. There was a strong public demand for a more accessible and transparent system.
- *Postponement of care:* 38% of respondents indicated that they postpone some necessary health interventions, mainly due to unavailability of appointments, lack of information, fears related to the intervention, and financial difficulties.
- *Mental health and prevention*: There was significant interest in psychological counselling, addiction support and lifestyle advice. In addition, suggestions were made in the areas of prenatal care, dietary advice, reducing environmental health hazards and preventing childhood obesity.

Based on feedback from the public, it can be concluded that there is a strong demand for improvements to the healthcare system. A significant proportion of respondents considered healthcare services to be difficult to access and the system to be difficult to understand and poorly communicated. They emphasised the need for people-centred, well-communicated, practice-oriented interventions to address these problems.

As part of the strategy development process, all stakeholders in primary healthcare – GPs, paediatricians, district nurses, school nurses and the GP providing care for homeless people at the BMSZKI – took place in face-to-face and small group discussions. The following key problems emerged during these discussions:

- Long waiting lists for specialist care (especially cardiology and diabetology)
- lack of direct communication between GPs and specialist clinics,
- and the lack of clear patient pathways.

In addition to the above, the strategy also took into account complaints from the public about healthcare that came to the attention of the local government in 2024. The vast majority of these complaints highlighted difficulties in booking appointments at specialist clinics and communication problems between doctors and patients and between patients and institutions.

In order to achieve these objectives, the strategy proposes specific interventions and programmes, including:

- assisting in the settlement of social security legal relationships;
- improving access to specialist care
- providing free or discounted contraception (morning-after pills and intrauterine devices);
- supporting targeted vaccination programmes (pneumococcus, HPV, rotavirus);
- increasing screening capacity and encouraging participation;
- training healthcare professionals on the specific needs of disadvantaged, ethnic minority and foreign population groups, and on the possibilities and conditions for successful care;
- improving the capacity and working conditions of the Józsefváros Szent Kozma Health Centre (JEK);
- developing the infrastructure of GP offices and practices;
- supplementing the local incentive system for family doctors and introducing new contractual models;

- reducing the workload of doctors through modern IT solutions (telephone screening and patient referral, etc.);
- employing healthcare assistants and mediators to strengthen the relationship between the population and the healthcare system;
- introducing good practices in local government and local government organisations to improve the health of employees.

The strategy pays particular attention to the precise definition of target groups, inter-institutional cooperation, implementation scheduling, the necessary resources, and continuous monitoring and evaluation. In addition, it takes into account the strategies and concepts already adopted or being developed by the local government in the field of health. We are aware of the risks and the limitations of the local government's room for manoeuvre, but we believe that by consistently implementing this strategy, we can take significant steps towards a healthier Józsefváros.

2. Introduction: health as a community value in Józsefváros

Budapest's 8th district, Józsefváros, is a dynamically changing, diverse part of the city that carries both the legacy of its historical past and the challenges of the present. One of the fundamental values of the community living here and a basic prerequisite for common well-being is health. However, health is not merely the absence of disease, but a state of physical, mental and social well-being that enables individuals to live a full life, actively participate in community life and achieve their personal goals.

In recent years, the local government has taken several steps to improve health conditions, for example by renovating GP pracices premises and covering their full running costs, supporting certain JEK services (e.g. laboratory services to the tune of HUF 54 million in 2024), organising screening programmes (e.g. Screening Saturdays) and providing targeted support (e.g. Covid vaccination support, medication support). At the same time, the Budapest Institute's situation analysis pointed out that further systemic and targeted interventions are needed to achieve lasting and meaningful improvement.

This Health Strategy aims to open a new chapter in Józsefváros's health policy. Its goal is to provide a comprehensive, data- and partnership-based framework for health developments over the next five years (2026-2030). The strategy focuses not only on the local elements of the healthcare system, but also on broader factors affecting health, and seeks to apply an integrated approach, linking health, social, educational, environmental and urban development considerations.

In developing the strategy, we relied on a detailed feasibility study prepared by the Budapest Institute, which provided an in-depth analysis of the district's situation and made a number of specific recommendations for action. We also drew on the experiences of other Budapest districts and county-level cities in developing their health plans, relevant domestic and international literature, and the results of consultations with local stakeholders (health professionals, residents, local government employees).

In implementing the strategy, the local government seeks to work closely with all relevant partners: local residents, family doctors, the Józsefváros Szent Kozma Health Centre (JEK), the county-run health visitor service, other health and social institutions operating in the district (in particular the clinics of Semmelweis University), civil organisations, churches and businesses. We believe that only through joint efforts and partnership can we achieve real and lasting results for a healthier Józsefváros.

This document presents in detail the health situation in the district, the strategic objectives, the planned interventions, the framework for implementation and the method of measuring the expected results. Our goal is to create a transparent, accountable strategy that can respond flexibly to local needs and provides a clear path for the district's decision-makers and residents. The specific areas of intervention in the strategy naturally only concern those areas and institutions that fall within the remit of the local government, and thus cannot reflect the shortcomings and development needs of the national healthcare system.

3. Vision and mission

Vision:

Józsefváros should be a district where everyone living here – regardless of their social status, age, gender or origin – has the opportunity to maintain and improve their health, live a long, active and good-quality life in a supportive, healthy physical and social environment, and, if necessary, receive high-quality, equitable and people-centred healthcare.

Mission:

The mission of the Local Government of Józsefváros is to proactively and effectively promote the health and well-being of the district's population in partnership with the local community and all stakeholders. To this end:

- **It promotes the conditions for healthy living through the social welfare system and environmentally conscious urban policy. It develops a health-promoting environment:** It strives to create an urban environment (clean air, safe transport, accessible green spaces, climate adaptation, healthy housing) that promotes the physical and mental health of the population.
- **Strengthens health awareness and prevention:** Supports programmes that promote healthy lifestyles, encourages participation in screening tests and vaccinations, and provides reliable information on health preservation options.
- **Reduces health inequalities:** Helps disadvantaged and vulnerable groups meet their health needs and access care through targeted programmes and measures.
- **Supports the local healthcare system:** Improves the infrastructure and operating conditions of primary and outpatient care to the extent possible, promotes the retention of human resources locally, and supports effective cooperation between actors in the healthcare system.
- **Promotes mental well-being:** Supports programmes aimed at maintaining mental health, combats stigma associated with mental health issues, and helps those seeking help to access available services.
- **Improves reproductive and sexual health:** Ensures access to modern contraceptive methods, promotes responsible sexual behaviour and family planning.
- **Builds on data and partnerships:** Bases its decisions and interventions on a thorough analysis of local needs, continuously monitors and evaluates its activities, and develops close cooperation with the population, the civil sphere, health and social institutions, as well as county and national authorities.

By fulfilling this mission, the local government aims to contribute to the creation of a more just, cohesive and healthier Józsefváros.

4. Situation analysis: Józsefváros's health challenges and resources

This chapter summarises the main findings of the situation analysis that forms the basis of the strategy, drawing on a study by the Budapest Institute, data from the Hungarian Central Statistical Office (KSH), data from the National Health Insurance Fund (NEAK) and other relevant sources.

4.1. Demographic and social context

- **Population size and age structure:** Józsefváros has a population of approximately 70,000. The age structure of the district differs from the national and Budapest averages: the proportion of people under 20 is lower (12.5%, compared to 19% nationally 17% in Budapest) and those over 60 (20%, compared to 27% nationally and 26% in Budapest), which indicates a relatively "younger" population dominated by people of working age, but may also pose challenges for future elderly care planning.
- **Gender ratio:** The proportion of women in the population over 20 years of age is slightly lower (approx. 51%) than in Budapest or nationally.
- **Regional inequalities:** There are significant socio-economic and demographic differences between the individual neighbourhoods within the district. The social status of those living in the Magdolna, Orczy and Ganz neighbourhoods (measured in terms of education, housing conditions and the proportion of Roma families) is significantly less favourable. These neighbourhoods have a higher proportion of children and young people and a lower proportion of elderly people than the more affluent Palotanegyed neighbourhood. Parts of the Magdolna and Orczy neighbourhoods are considered to be at risk of segregation.

Social status of residents in the Józsefváros neighbourhoods (source: 2022 census)

Neighbourhood	m^2 /person[4]	Eight primary schools (%)	Proportion of Roma families (%)	District status (0-3)[5]
Corvin Quarter	39	20.1	1.5	3
Csarnok Quarter	38.4	25.5	2.3	2
Ganz Quarter	*27.7*	*31.7*	*3.1*	*0*
Kerepesdűlő	44.5	25.3	2.3	2
Losonci Quarter	35.3	27.8	1.9	1
Magdolna Quarter	*30.9*	*35.4*	*4.9*	*0*
Népszínház Quarter	40.0	23.9	1.7	3
Orczy Quarter	*31.2*	*31.5*	*3.1*	*0*
Palace Quarter	47.5	18.7	1.0	3
Százados quarter	36.4	25.6	0.7	2
Tisztviselő Quarter	46.2	27.9	0.9	2
District average	*37.7*	*26.2*	*2.3*	-

- **Foreign nationals:** Approximately 12% of the district's population are foreign nationals, which is significantly higher than the capital city average (5.8%). This may place special demands on the care system (language barriers, cultural differences, different insurance status).
- **Poverty and lack of education:** The proportion of people with low educational attainment is higher in lower-status neighbourhoods. Poverty and lack of education are closely linked to health status and health awareness.

4.2. Health status: main trends and inequalities

The health status of the population of Józsefváros is less favourable than the national average and, in particular, the Budapest average in terms of several indicators.

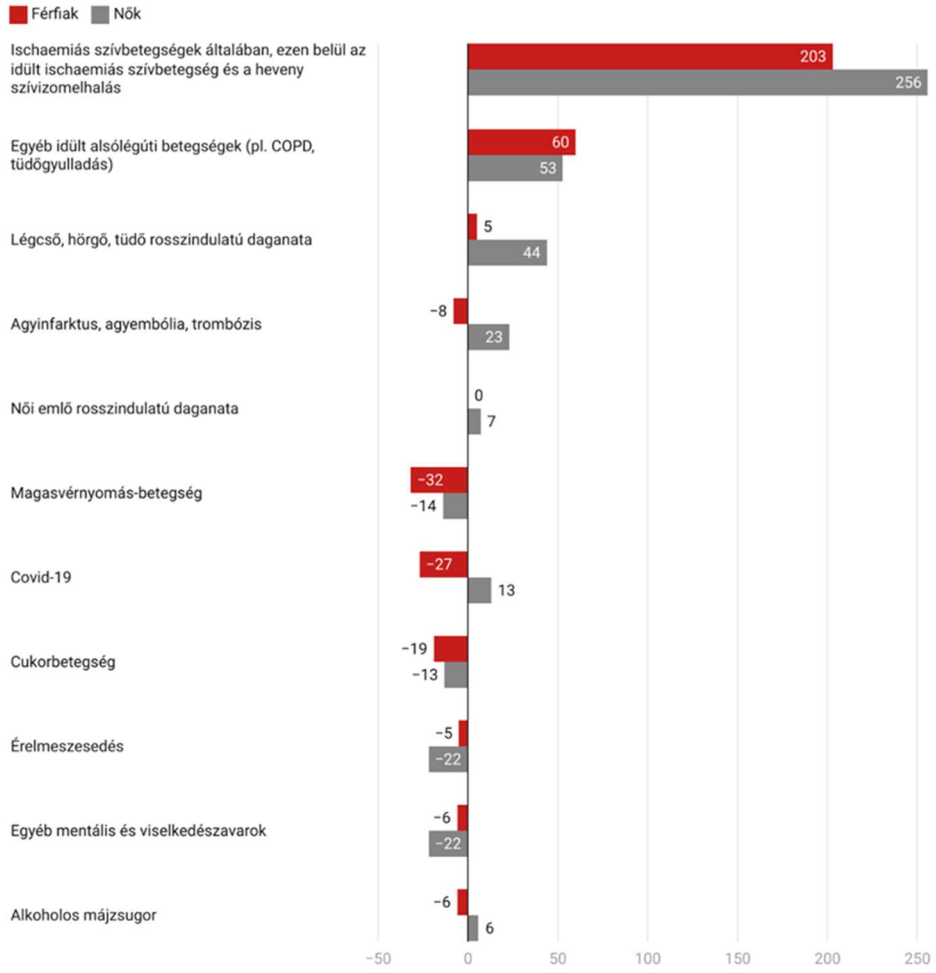
- **Mortality:**

[4] Square metres per inhabitant.

[5] Based on the methodology of the Budapest Institute, the district status indicator takes a value between 0 and 3: 0 if all three values for a given quarter are worse (lower in the case of m^2 /capita /square metres per inhabitant/ and higher in the case of educational attainment and Roma proportion); 3 if it is better than the value for the district as a whole. It takes a value of 2 if two of the three indicators are better; and 1 if only one value is better than the district average.

- *Excess mortality:* The standardised mortality rate in the district is significantly higher[6] than the national average. On average, 133 more people die each year than would be expected based on the national average. This excess – even taking into account mortality indicators that are more favourable than the national average for certain causes of death – represents a net annual figure of 80 deaths.

  Excess mortality between 2018 and 2022 (source: KSH Statinfo)



The figure shows the excess mortality by cause of death with a strikingly high mortality rate between 2018 and 2022 in Józsefváros. Positive numbers indicate how many more people died, while negative numbers indicate how many fewer people died compared to what would have been the case if mortality had been in line with the national average.

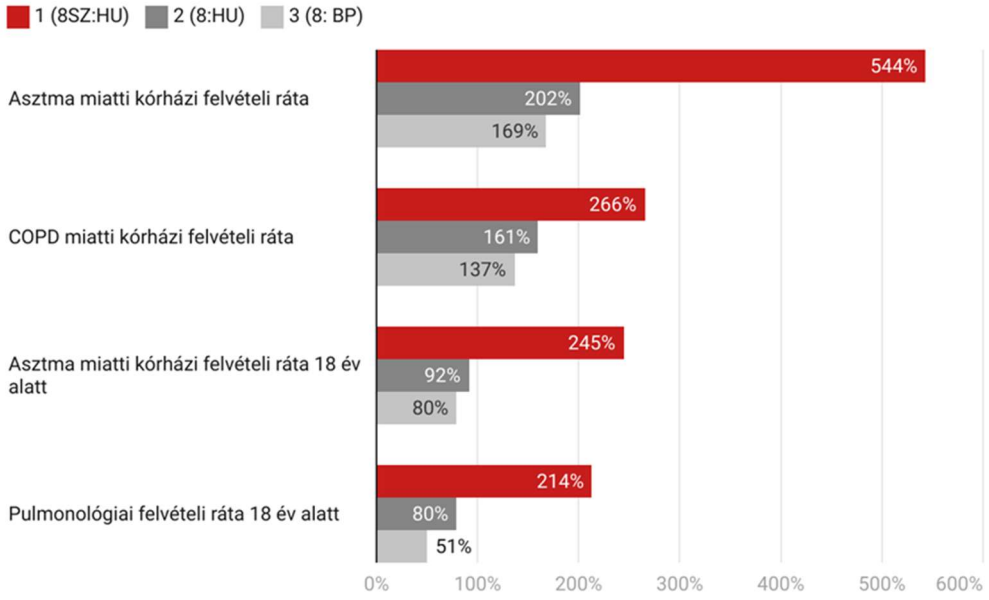
- *Leading causes of death:* Cardiovascular diseases (especially chronic ischaemic heart disease and acute myocardial infarction) and chronic lower respiratory diseases (e.g. COPD) represent the greatest excess burden for both sexes. In women, excess mortality due to respiratory tumours and cerebrovascular accidents is also prominent. Breast cancer and alcoholic cirrhosis of the liver are also significant causes of preventable or early-detectable death in women.

[6] The standardised mortality ratio (SMR) is the ratio of actual to expected mortality, which is intended to express the relative deviation of a given population group (whether grouped by territory or in some other way) from the values of a reference population.

- *Premature mortality:* Mortality among people under 65 is also higher in the district (by 18%), especially in segregated areas (by 36%), than the national average.
- *Regional differences:* Although we have data for the entire district, previous studies have confirmed that mortality rates are higher in neighbourhoods with lower social status.

- **Illnesses (morbidity) – based on use of the healthcare system:**
  - *Hospital admissions:* The rate of hospital admissions for respiratory causes (asthma, COPD, childhood pulmonary problems) is exceptionally high, especially among those living in segregated areas, which is likely to be exacerbated by smog and mouldy housing. This represents nearly 190 additional hospital admissions per year compared to the national average. The rate of admissions for psychiatric conditions and alcoholic liver disease is also higher than in neighbouring districts (although this may be distorted by the concentration of homeless care services).

    Excess hospital admission rates (%, 2019)



1 – Value of segregated areas in District VIII compared to national values (difference in %)

2 – Value of the entire District VIII compared to national values (difference in %)

3 – Value of the entire District VIII compared to Budapest (difference in %)

Source: based on data from the "Healthcare for people living in segregated areas" project

  - *Treatment of chronic diseases:* Based on the data, there are fewer diagnosed and treated hypertensive patients in the district than expected nationally (a shortfall of approximately 1,150 people), which may indicate underdiagnosis or undertreatment in light of the high CVD mortality rate. The proportion of treated diabetics is closer to the expected level, but there is still a slight shortfall at district level. The 2023 data may indicate a deterioration in the quality of diabetes care.

Differences in the quality of care for major diseases (%, 2023)

	VI.	VII.	IX.	Budapest	Hungary
Percentage of diabetic and/or hypertensive patients who participated in blood lipid testing	1.09	-3.1	-1.63	1.51	-1.52
Percentage of diabetic and/or hypertensive patients who participated in blood lipid testing	-1.94	-6.78	-4.63	1.09	-3.65
Hyperuricaemia screening (diabetes or high blood pressure)	-1.47	-4.97	-4.47	1.88	-2.58
Care of patients with ischaemic heart disease	3.35	2.43	0.05	-6.48	1.17
Percentage of diabetics who participated in the haemoglobin A1c test	-2.28	-8.59	-6.20	-5.45	-5.22
Microalbumin measurement in diabetes	19.18	-25.90	-	-17.22	-8.70
Antibiotic treatment	3.06	18.89	-0.37	-34.17	3.61

VI. – The value of District VIII relative to District VI (difference in %)
VII. – Value of District VIII relative to District VII (difference in %)
IX. – Value of District VIII relative to District IX (difference in %)
Budapest – Value of District VIII relative to Budapest (difference in %)
Hungary – Value of District VIII relative to Hungary (difference in %)
Source: NEAK

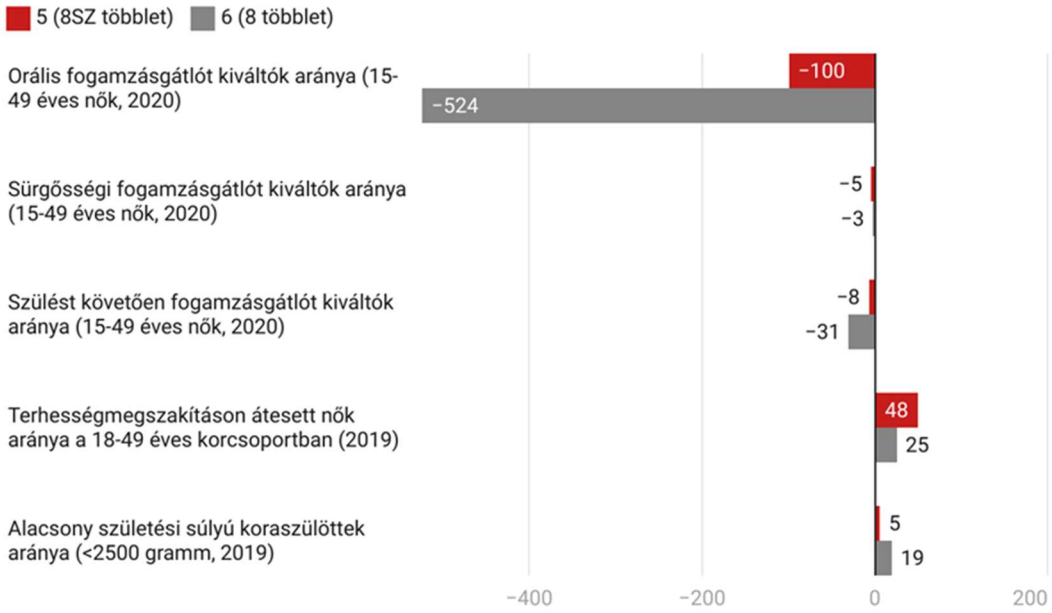
- *Medication consumption:* In almost all disease groups examined (gastrointestinal, cardiovascular, musculoskeletal, nervous system, respiratory system), fewer medications are prescribed to district residents, and even fewer are dispensed than would be expected nationally. The rate of dispensing is particularly low in segregated areas, which suggests financial reasons and access problems.

- **Reproductive and sexual health:**
  - *Contraception:* The use of modern contraceptive methods (especially oral contraceptives) is significantly lower in the district (approx. 500 fewer users) than the national average, especially in segregated areas. The use of emergency contraception and postpartum contraception is also lower.
  - *Termination of pregnancy:* The rate of terminations of pregnancy is exceptionally high (more than twice the national average), especially among

those under 18 and in segregated communities. There are approximately 30 additional abortions per year at the district level.

- *Perinatal outcomes:* The rate of newborns with low birth weight, premature birth or other problems (e.g. intrauterine growth restriction) is higher than expected. This represents an additional 20-30 problematic births per year. This is despite the fact that participation in antenatal care appears to be generally adequate.

Reproductive health disparities (persons, 2019, 2020)



5 - Surplus (+) or deficit (-) in the segregated areas of District VIII based on national values (persons)

6 – Surplus (+) or deficit (-) in the entire 8th district, based on national values (persons)

Source: Data from the "Healthcare for people living in segregated areas" project

- **Health status of children and young people**

  Based on the summary report of professionals working in district school health care (school doctors, school nurses) working in district school health care, based on their summary report for the 2024/2025 school year, the following characteristics apply to primary school pupils in Józsefváros (secondary school data is not used here because secondary schools in the district are not typically attended by children from Józsefváros). The most common diseases in primary schools are flat feet (38%), refractive errors and accommodation difficulties (20%), obesity (19%) and scoliosis (19%). Other significant issues include posture disorders (6%), behavioural and emotional disorders (5%), and specific learning disorders (4%). Allergic rhinitis (4%), food intolerance/allergy (4%), and high blood pressure (2.5%) also occur.

- **Prevention and screening:**
  - *Influenza vaccination:* Influenza vaccination coverage is particularly high, especially among the older age group.
  - *Mammography:* Participation in mammography screening is alarmingly low (approx. 1,200 people missing), which is also related to the lower number of breast cancers detected through screening.
  - *Cardiovascular screening:* The proportion of people who have undergone cardiovascular disease risk assessment by their GP is acceptable.

4.3. Local characteristics and challenges of the healthcare system

- **General practitioner care:**

GP districts and number of registered insured persons (*Source: KSH Report No. 1021*)

Address of practice	**District number**	**Number of registered insured persons (persons, 31 December 2024)**
1084 Budapest, Auróra u. 22-28.	1	2253
1084 Budapest, Auróra u. 22-28.	2	1536
1084 Budapest, Auróra u. 22-28.	3	1378
1084 Budapest, Auróra u. 22-28.	4	1232
1084 Budapest, Auróra u. 22-28.	5	902
1084 Budapest, Auróra u. 22-28.	6	1505
1084 Budapest, Auróra u. 22-28.	*7*	*1152*
1084 Budapest, Auróra u. 22-28.	8	1780
1084 Budapest, Auróra u. 22-28.	9	1153
1084 Budapest, Auróra u. 22-28.	10	1819
1084 Budapest, Auróra u. 22-28.	11	2960
1084 Budapest, Auróra Street 22-28.	45	1175
1089 Budapest, Kálvária Square 18.	12	1516
1089 Budapest, Kálvária tér 18.	*13*	*1277*
1089 Budapest, Kálvária tér 18.	14	1392
1089 Budapest, Kálvária tér 18.	15	1754
1089 Budapest, Kálvária tér 18.	16	1727
1087 Budapest, Hungária körút 30/A	17	1782
1087 Budapest, Hungária körút 30/A	18	2037
1085 Budapest, József Boulevard 36.	19	1239
1085 Budapest, József krt. 36.	21	1616
1085 Budapest, József krt. 36.	22	1157
1085 Budapest, József krt. 36.	23	1361
1085 Budapest, József krt. 36.	*24*	*795*
1083 Budapest, Szigony u. 2/B	25	1552
1083 Budapest, Szigony u. 2/B	26	1568
1083 Budapest, Szigony u. 2/B	27	1295
1083 Budapest, Szigony u. 2/B	28	1138
1083 Budapest, Szigony u. 2/B	29	1148
1083 Budapest, Szigony u. 2/B	30	1257
1083 Budapest, Szigony u. 2/B	31	1060

1083 Budapest, Szigony u. 2/B	32	2584
1088 Budapest, Mikszáth tér 4.	33	2067
1088 Budapest, Mikszáth tér 4.	*34*	*1401*
1088 Budapest, Mikszáth tér 4.	35	1407
1088 Budapest, Mikszáth tér 4.	36	1554
1088 Budapest, Mikszáth tér 4.	37	1487
1088 Budapest, Mikszáth tér 4.	38	1617
1088 Budapest, Mikszáth tér 4.	39	1542
1088 Budapest, Mikszáth tér 4.	40	913
1089 Budapest, Orczy út 31.	41	1748
1089 Budapest, Orczy út 31.	*42*	*1574*
1089 Budapest, Orczy út 31.	43	1012
1089 Budapest, Orczy út 31.	44	1343
Total:		***65765***

- *Shortage of doctors:* Five of the 44 GP practices are vacant, two of which have been vacant for more than a year. This places a significant additional burden on doctors who cover vacant districts in addition to their own practices. The districts marked in italics in the table are vacant.
- *Practice size:* The average practice size (approx. 1,400-1,500 patients, median 1,447 patients, ranging from 795 to 2,960) is not exceptionally high, similar to that of neighbouring districts, but lower than the Budapest average. Several doctors believe they have the capacity to treat more patients. The number of registered patients does not correlate with the number of people with permanent addresses or places of residence in the area covered by the district.
- *Outside the catchment area:* A significant proportion (44%) of patients registered with district GPs do not have a registered address in the district, while a quarter (26%) of those with a registered address in the district visit a doctor outside the district. This makes it difficult to plan at district level and to provide care close to the population. One of the main reasons for this is that it is typical for the district that many people live here on a permanent basis but are not registered in the address register. In addition, a part of the district is characterised by a large number of subtenants who, after a longer or shorter stay in the district, keep their chosen GP here.
- *Lack of registration:* Nearly 13% of the adult population registered as residents in the district are not registered with any GP, which may indicate a lack of healthcare provision. This proportion is highest among men aged 40-54 (18%).
- *Lack of social security status:* Approximately 5% of the population with a registered address in the district does not have valid social security status, which represents a serious barrier to access. This mainly affects younger and middle-aged men, and is also a problem among foreign residents. There may be many reasons for this (administrative errors, foreign employment, undeclared workers, etc.).

- *Utilisation:* The number of GP-patient encounters is lower than the national average, which is in line with trends in Budapest, but may indicate unmet needs due to the poorer health status of the district.

Indicator	1 (8SZ:HU)	2 (8:HU)	3 (8:BP)	4 (8:9)	5 (8SZ surplus)	6 (8 extra)
Number of GP-patient encounters (previous 12 months)	-18.3	-22.3	+6.40	-0.9	-11,342.3	-77,768.7

1 – Value of segregated areas in District VIII compared to national values (difference in %)
2 – Value of the entire District VIII compared to national values (difference in %)
3 – Value of the entire District VIII compared to Budapest (difference in %)
4 – Value of the entire District VIII compared to the entire District IX (difference in %)
5 – Surplus (+) or deficit (-) in the segregated areas of District VIII based on national values (persons)
6 – Surplus (+) or deficit (-) in the entire District VIII based on national values (persons)
Source: Database of the project "Healthcare for people living in segregated areas"

- *Quality indicators:* Based on 2019 data, the[7] GP indicator system did not indicate any serious, general quality problems in the care of chronic patients (e.g. diabetes treatment). However, the 2023 data may indicate a deterioration in the quality of diabetes care. The indicator system has been criticised by many in the profession (it does not take into account the different composition of practices or the impact of external factors).
- *Challenges for doctors:* Based on interviews conducted by the Budapest Institute and local government staff, the problems faced by GPs include the physical infrastructure of their practices (size, layout, equipment), difficult cooperation with the JEK and long waiting lists, restrictions on referral and prescription rights, lack of access to specialist consultations, difficulties experienced by patients (e.g. problems obtaining medication, lifestyle issues), and fluctuating relations with the local government.
- Local government *support:* In addition to the provisions of Section 2/B(1a) of Act II of 2000 on independent medical practice (free rental of surgery premises and maintenance of the external façade, renovation of the external façade, and work involving the complete or partial replacement of wiring in the walls and the central heating system), the local government also provides
  - the cost of electricity consumption;
  - gas consumption/heating charges;
  - water and sewerage charges;

[7] The GP indicator system is designed to measure the quality of GP care through specific quality indicators. The indicators are calculated on the basis of patient traffic data, prescription data and specialist clinic patient traffic data received by the NEAK. Twelve indicators are currently used for GPs, covering influenza vaccinations, mammography screening, cardiovascular risk assessment, management of high blood pressure, blood lipid tests in certain patient groups, hyperuricaemia screening in certain patient groups, care for patients with ischaemic heart disease, diabetes care and antibiotic treatment.

- the cost of waste disposal;
- the lift usage fee, reception costs (where applicable);
- the cost of property protection and security systems;
- repair and maintenance work carried out by the specialists of Józsefvárosi Gazdálkodási Központ Zrt.

In addition, the local government issues an annual call for tenders for family doctors and paediatricians who have a service contract.

- **Paediatrician services**

Paediatric districts and number of registered insured persons (Source: KSH 1021 report)

Address of surgery	District number	Total number of registered persons
1084 Budapest, Auróra u. 22-28.	46	1259
1084 Budapest, Auróra u. 22-28.	47	860
1084 Budapest, Auróra u. 22-28.	48	824
1088 Budapest Gutenberg Square 3.	51	1806
1083 Budapest Szigony u. 2/A	52	904
1083 Budapest Szigony u. 2/A	53	998
1083 Budapest Szigony u. 2/A	54	1344
1083 Budapest Szigony u. 2/A	55	1043

  - *Situation:* As of 31 December 2024, the average number of patients registered with the practice was 1,020, which is roughly the same as the 2023 figure from the Hungarian Central Statistical Office (1,091). There is only one practice that treats an exceptionally high number of registered patients (1,806), which is due to the fact that this district was formed from the merger of two former paediatric districts. All practices have a separate room for health consultations.
  - *Challenges:* The condition of the practices is satisfactory, but their physical facilities are not ideal. In Szigony Street, two doctors share one surgery. Neither Auróra Street nor Szigony Street has a separate waiting room for infectious patients.[8]

- **District health visitor care:**
  - *Structural change:* From 1 July 2023, district health visitors were transferred to the county hospitals, so the employer of district nurses working in the district became the South Pest Central Hospital - National Institute of Haematology and Infectious Diseases (DPC). The direct role of the local government has therefore ceased, but cooperation remains vital.

[8] A healthy advice room is a consultation room where sick children are not allowed to enter, not even the waiting room. The infectious waiting room is a room where patients with highly contagious diseases (e.g. chickenpox) can wait separately from other patients. This also reduces the chance of an epidemic developing.

- *Situation:* There are 18 health visitor districts, all of which are currently filled. Based on interviews with helath visitors, a challenge in their work is that the frequent problems of those receiving care in the district (poor housing conditions, e.g. mould, smoking among young mothers, lack of nutritional knowledge, and lack of information about contraception) cannot be remedied, or can only be partially remedied, within the framework of health visitor work. Health visitors play a key role in educating young people and reaching disadvantaged families.

- **School health visitor care:**
  - *Situation:* School health visitors serve 22 educational institutions in the district in 10 school health visitor districts. They are employed by JEK, and all positions are currently filled. Cooperation with educational institutions can be described as good. The family patterns experienced by children, group effects and the use of mobile phones pose significant professional challenges for school nurses. School-age children are encountering pornography, sex, energy drinks and nicotine at an increasingly young age. Due to sitting for long periods, lack of exercise and unhealthy eating habits, nurses often observe overweight pupils and high blood pressure levels associated with obesity. With the spread of snus and e-cigarettes, nicotine use remains hidden, often only drawing attention due to higher blood pressure. For this reason, health education is provided in schools in a variety of ways, at the individual, group and class levels.

- **School medical care:**
  - *Situation:* School medical care covers 22 educational institutions and 10 kindergartens in the district. Doctors perform this activity as employees of the JEK under a healthcare service contract. In line with the national situation, for years there have not been enough doctors to provide adequate care in schools, which makes organising care a major challenge.

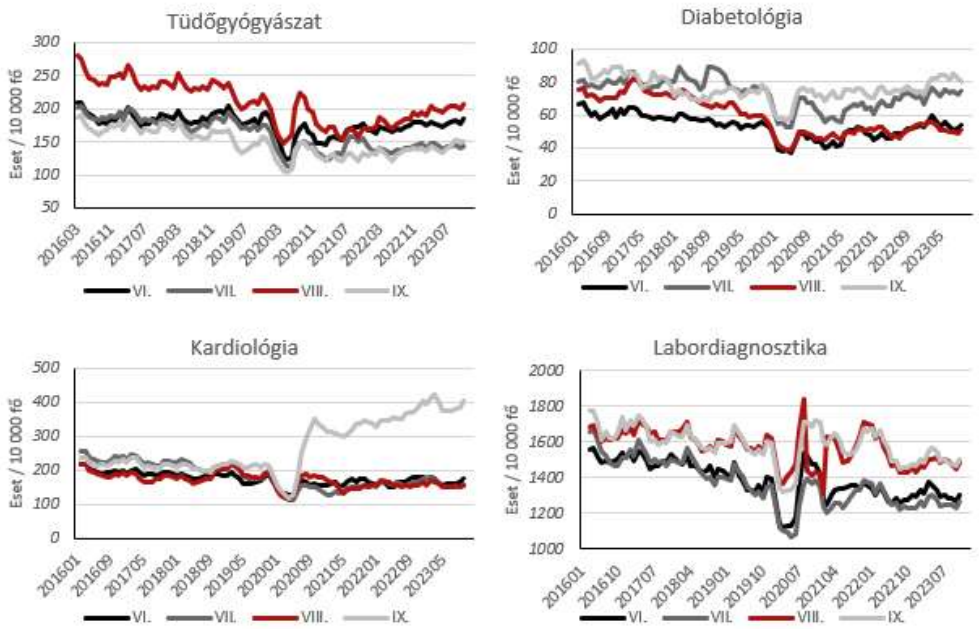
- **Basic dental care:**
  - *Situation:* Basic dental care for the district's population is provided by two units of Semmelweis University:
    - adult care: Dental and Oral Surgery Training Institute
    - paediatric care: Paediatric Dentistry and Orthodontics Clinic

    Emergency care outside working hours for both adults and children is provided by the Institute of Dentistry and Oral Surgery.
  - *Challenges for healthcare providers:* The oral health of the district's population can be described as poor in a large percentage of cases. Fundamental problems:
    - lack of knowledge about dental and oral hygiene;
    - in the case of minor changes, they do not seek medical attention within a reasonable time, but only after a long time, when it is already painful and can only be remedied by more serious intervention;
    - in the case of problems that can be remedied with multiple visits, they often do not return to complete the treatment.
    - Instead of the recommended six-monthly dental check-ups, they usually only visit the dentist when they have a problem, which means that not

only are dental problems more difficult to treat, but other oral lesions (tumours) are also detected late. However, the exceptionally high smoking rate and alcohol consumption among the population significantly increase the risk of developing oral tumours.

- Due to the location of the dental emergency service in the district, many people visit the institution during on-call hours with problems requiring basic care, even though only emergency dental care is available during on-call hours. This causes a great deal of conflict.

- **Outpatient specialist care (Józsefvárosi Szent Kozma Health Centre):**
  - *Key role:* JEK is the central institution for outpatient care in the district, and GPs typically refer patients here. It is maintained by the local government.
  - *Usage trends:* Since 2016, even before COVID, there has been a downward trend in patient traffic in several key specialties (cardiology, diabetology, pulmonology, laboratory). The low utilisation of cardiology services is particularly worrying given the high mortality rate from cardiovascular diseases. The utilisation of pulmonology services is higher, which is consistent with the prevalence of respiratory problems.



  - *Waiting lists and capacity shortages:* Based on feedback from the population and GPs, long waiting lists and shortages of specialists in several areas (e.g. diabetology, cardiology, urology, ultrasound) are a serious problem. This leads to detours (e.g. use of emergency departments) or, for those who can afford it, to private healthcare.
  - *Organisational problems:* Problems related to patient referral, appointment scheduling and communication have also arisen, which are recurring elements in the complaints received in 2024. The salaries of specialist doctors are also not attractive enough, which drives some of them to public or private institutions where they can negotiate more favourable salaries that are closer to their expectations.

- *Local government support:* The local government supports the operation of the JEK (e.g. financing laboratory capacity), but further efforts are needed to resolve capacity issues.

- **General practitioner and other health care for homeless people:**
  - *Situation:* There are two 24-hour GP services for homeless people in the district, both of which operate mobile medical services.
    - The BMSZKI Health Service provides GP care at 22 Kőbányai út. In addition, occupational health care, dermatological and psychiatric outpatient care are also provided at the same location. There is also an 18-bed convalescent ward for those who have suffered health damage but are still able to care for themselves, but require nursing, care supervision and accessible medical services in order to recover.

      Although it has no territorial obligation to provide GP care, many residents of the social housing operated by the Budapest Metropolitan Municipality at the same address also use this clinic.

      The BMSZKI provides inpatient care outside the district in Budapest's 13th district, at 33-35 Szabolcs Street, for homeless people with chronic internal medical conditions and patients requiring nursing care. This facility also provides GP care.
    - The Oltalom Charitable Association provides daytime warming facilities for its homeless clients at 9 Dankó Street. In addition to general practitioner care, they are also licensed to provide dermatological and dental care, as well as chronic internal medicine care and nursing.

- **Inpatient care providers:**
  - *Situation:* There are three large inpatient care providers in the district. These are:
    - Semmelweis University,
    - the Dr. Jenő Manninger Accident Centre in Budapest,
    - and the Heim Pál National Paediatric Institute.

    The territorial coverage obligations for inpatient care do not necessarily follow district boundaries, so geographically, service providers operating in the district do not have territorial coverage obligations for all specialties and at all levels of progressivity. Territorial coverage obligations may change; the current status is available on the website of the National Public Health and Pharmaceutical Centre. In terms of trauma care, the Accident Centre is the provider for District VIII, while the Emergency Medical Clinic of Semmelweis University is the primary provider due to its geographical location if care in an emergency department (SBO) is required.

    In terms of inpatient care for children, paediatric patients in the district are in a fortunate position, as the Heim Pál National Paediatric Institute and the Paediatric Clinic of Semmelweis University cover the entire spectrum of paediatric inpatient care, with the exception of highly specialised care (such as paediatric heart surgery and treatment of burn victims).

- **Mental health care providers**

- *Situation:* Psychiatric and addiction treatment is available in the district within the framework of the JEK. Thus, in addition to classic psychiatric problems, those struggling with addiction can also receive state-funded care. Unfortunately, in line with national trends, the number of available specialists and their office hours are far from meeting the needs of the population. These services are supplemented by traditional and low-threshold services maintained by various civil and other organisations operating in the district and neighbouring districts, which also provide services to the district's population:
    - Nap-Kör Mental Health Foundation
    - Moravcsik Foundation
    - Szigony-Útitárs Public Benefit Non-Profit Ltd. for Complex Psychosocial Rehabilitation
    - VIKOTE (Cognitive and Schema Therapy Centre)
    - Spirál Recovery Centre (Józsefváros Social Services and Child Welfare Centre)
    - Hungarian Reformed Church Mission for Rescuing Lost Youth
    - Alternatíva Foundation
    - Megálló Group Foundation
    - Halfway Foundation
    - Ébredések Foundation (Headquartered in Budapest's 6th district, but also accepts clients from the 8th district)
    - Józan Babák Association
    - Blue Point Foundation

- **Other providers:**

  There is no Health Promotion Office (EFI) in the district. As part of the healthcare system, these offices coordinate health promotion work in the given district and liaise between healthcare providers and local authorities and civil organisations. Their aim is to shape attitudes, raise health awareness, promote healthy behaviours, organise and implement health promotion programmes, and provide the necessary infrastructure.

4.4. Other factors affecting health (environment, lifestyle)

- **Lifestyle:** Based on focus group discussions and interviews conducted by the Budapest Institute, as well as a public needs assessment carried out during the preparation of the strategy, there are shortcomings in the area of health-conscious lifestyles (nutrition, exercise), especially among lower-status groups. Smoking is a significant problem, which also affects minors and pregnant women. During the focus group discussions, a lack of trust in vaccinations (influenza, COVID) was also observed in certain groups. At the same time, the public needs assessment revealed that 25% and 30% of respondents would request free access to vaccines against diseases caused by the pneumococcus bacterium and HPV infection, respectively. Furthermore, financial difficulties also hinder access to healthier foods.
- **Living environment:**

- *Housing conditions:* In some parts of the district (especially Magdolna and Orczynegyed), there are dilapidated, damp, mouldy flats, which have a negative impact on respiratory health.
- *Air quality:* Although there is no significant difference between the inner districts, air pollution caused by traffic and improper heating is likely to contribute to respiratory problems.
- *Green spaces:* The lack of parks and green spaces and the problem of overdevelopment have been raised. At the same time, there are also well-developed suburban areas (e.g. Tisztviselőtelep).
- *Climate change*: There is significant excess mortality due to heat waves, which is exacerbated by high building density, lack of green spaces and lack of shade.
- *Public hygiene:* The lack of public hygiene in certain areas has emerged as a problem.

- **Working conditions:** Job insecurity, undeclared work and fear of losing sick pay prevent people from seeking medical attention and recovery, especially among lower-status workers.

4.5. SWOT analysis

- **Strengths:**
  - The presence of several high-level healthcare institutions in the district (Semmelweis University Clinics, the Dr. Jenő Manninger Accident Centre in Budapest, and the Heim Pál National Paediatric Institute).
  - Relatively good GP coverage (although there are some unfilled practices).
  - High influenza vaccination coverage.
  - Commitment of the local government (e.g. previous renovation of clinics, counselling centres and specialist clinics, covering the overhead costs of GP practices from the doctors providing care, support for JEK, social support).
  - Active civil society presence (potential partners).
  - The demand and openness of part of the population for health information and programmes.
- **Weaknesses:**
  - Unfavourable mortality and morbidity indicators (cardiovascular diseases, respiratory diseases, tumours, reproductive health).
  - Significant inequalities within the district in terms of both health status and access to care.
  - Low participation in certain screenings (mammography).
  - Access problems (patient waiting lists at the JEK, lack of TB treatment, problems with obtaining medication).
  - Challenges of the GP system (infrastructure, administrative burdens, unfavourable age structure among GPs).

    - The employer of district nurses is not a municipal organisation within the district.
    - Low contraceptive use, high abortion rate.
    - Prevalence of unfavourable lifestyle factors (smoking, lack of exercise).
    - Poor housing conditions in some areas.
    - Lack of trust in the healthcare system, experiences of discrimination.
- **Opportunities:**
    - Connection to national and capital city programmes (e.g. screening, health promotion).
    - Involvement of grant funding (domestic, EU).
    - Use of digital technologies (e.g. telemedicine, online appointment booking, unified medical system).
    - Strengthening cross-sectoral cooperation (social, educational, environmental areas).
    - Partnerships with civil society organisations, churches and businesses.
    - Supplementing the GP indicator system at local level, applying incentives.
    - Increasing the effectiveness of targeted communication campaigns.
    - Employing health mediators and assistants.
    - Establishing a new type of cooperation with health visitor services.
- **Threats:**
    - Unpredictability of national health policy and financing, withdrawal of resources.
    - Worsening shortage of doctors and specialist staff.
    - Persistent or worsening capacity problems at JEK.
    - Economic difficulties, the impact of increasing poverty on health and access.
    - Resistance to change among the population and/or health care workers.
    - Political instability, stalling of strategy implementation.
    - Unexpected external shocks (e.g. another pandemic).

5. Strategic objectives and priorities

The Budapest Institute's situation analysis, based on data from the population needs assessment and consultations with healthcare providers, in line with the general objectives of the local government and national public health priorities, we have set the following seven main strategic objectives for the development of healthcare in Józsefváros for the period 2026-2030:

Strategic objective 1: Increasing life expectancy and healthy life years, reducing preventable mortality.

- *Justification:* The district's exceptionally high excess mortality rates, particularly in the areas of cardiovascular, respiratory and cancerous diseases, require immediate and targeted intervention.
- *Priorities:* Reducing the risk factors for leading causes of death (smoking, unhealthy diet, physical inactivity, high blood pressure, high cholesterol); increasing participation in screening tests for early detection; improving care for patients with chronic diseases.

Strategic objective 2: Reducing health inequalities.

- *Justification:* There are significant differences in health status and access to care between different social groups and neighbourhoods within the district. The situation is particularly unfavourable for those living in the Magdolna and Orczy neighbourhoods and in segregated areas.
- *Priorities:* Launching targeted programmes to meet the specific needs of disadvantaged residents, the elderly, people with disabilities, the Roma population and foreign nationals; reducing barriers to physical, financial and informational access to care; strengthening cooperation between health and social systems.

Strategic objective 3: Strengthening a health-conscious lifestyle and a culture of prevention.

- *Justification:* A healthy lifestyle (nutrition, exercise, avoiding harmful addictions) is essential for the prevention of most chronic diseases. The health awareness of the population and their openness to preventive services (screenings, vaccinations) need to be improved.
- *Priorities:* Widespread dissemination of reliable and understandable health information; organisation of community-based health promotion programmes (sport, nutrition) and further development of existing programmes of this type; supporting health education in nurseries, kindergartens and schools; promoting screening tests and vaccinations, identifying and addressing factors that hinder participation.

Strategic objective 4: Improving the accessibility, quality and efficiency of local primary and outpatient care.

- *Justification:* Primary care (family doctors) and outpatient specialist care (JEK) are key to meeting the health needs of the population. Challenges exist in both areas (access, waiting lists, infrastructure, human resources, coordination).
- *Priorities:* Increasing the attractiveness of GP practices, alleviating the problem of unfilled practices with local tools (e.g. subsidies, infrastructure development); Expanding the capacity of the JEK in critical professions, reducing waiting lists; improving the quality of care (e.g. training professionals, strengthening a patient-centred approach); improving communication and cooperation between primary and specialist care and local authorities.

Strategic objective 5: Developing a physical and social environment that supports health.

- *Justification:* The quality of the living environment (air, noise, housing conditions, green spaces, transport) has a direct impact on the health of the population. The social environment (community relations, sense of security, trust) is also an important factor.
- *Priorities:* Supporting measures to improve air quality; increasing green spaces and improving their quality, providing shade; developing conditions for active and safe transport (walking, cycling); supplementing programmes aimed at improving housing

conditions with health considerations; supporting programmes that strengthen community relations and social cohesion.

Strategic objective 6: Improving the mental health and well-being of the population.

- *Justification:* Although the situation analysis was able to uncover limited data, mental health problems (stress, anxiety, depression) are likely to be significant in the district as well, and are closely related to physical health and social status. Reducing stigma and encouraging people to seek help are important tasks.
- *Priorities:* Launching mental health promotion and prevention programmes (especially in schools, workplaces and community settings); spreading awareness about mental health issues and combating stigma; providing information on available support services; strengthening cooperation with local support services (e.g. family support psychologists).

Strategic objective 7: Improving reproductive and sexual health.

- *Rationale:* The low use of contraception, high abortion rate and poor perinatal outcomes in the district indicate a serious public health problem that requires targeted intervention to protect the health and well-being of women and families.
- *Priorities:* Improving access to modern and safe contraceptive methods (including emergency contraception and long-acting methods such as IUDs) (free of charge, discounts); Strengthening comprehensive education and counselling on sexual and reproductive health (especially for young people); Further improving the quality of antenatal care, with increased support for at-risk groups.

These strategic objectives provide the framework for the specific interventions and programmes detailed in the following chapter.

6. Detailed action plan: interventions and programmes

This chapter details the specific interventions and programmes that the Municipality plans to implement in the period 2026-2030 in order to achieve the strategic objectives. The interventions respond to the challenges and needs identified in the situation analysis and are based on an adapted list of measures recommended in the Budapest Institute study, as well as on best practices from other districts and cities. For each intervention, we indicate the main objectives, planned activities, key tasks and budgetary considerations.

6.1. Health promotion, prevention and health communication

In this area, the aim is to increase health awareness among the population, promote healthy lifestyles and encourage the use of preventive services (screenings, vaccinations).

6.1.1. Launching targeted health communication campaigns

- *How would this be achieved?* Planning and implementation of thematic and target group-specific communication campaigns in the local media (Józsefváros Újság newspaper, website, social media), on public advertisements and in municipal institutions. The campaigns would focus on the problems highlighted by the situation analysis: prevention of cardiovascular diseases, respiratory health, the importance of cancer screening (especially mammography), mental health, reproductive health, healthy eating, physical activity, the effects of

addiction, and the harms of smoking and alcohol consumption. Separate campaigns would target disadvantaged groups, young people and the elderly.

- *Justification:* Lack of information and misconceptions are significant barriers to health-conscious behaviour. Targeted communication can increase knowledge and motivate the population to make positive changes and use preventive services. In a survey conducted by the Budapest Institute, focus groups and respondents in a public needs assessment also indicated a lack of information, e.g. on healthy eating, disease prevention, adult vaccinations, recommended screening tests in adulthood, and the former Screening Saturdays.
- *Actions:* Develop a communication strategy and annual campaign plan (involving health and communication professionals and civil society organisations); prepare campaign materials (articles, videos, infographics, posters); establish media partnerships; measure the effectiveness of campaigns.
- *Costs:* Varying per campaign, planning, material preparation and media costs.

6.1.2. Organising and supporting community health promotion programmes

- *How would this be implemented?* Providing regular, free or discounted programmes for the population and further developing existing ones: community sports events in line with the Sports Concept currently being developed (e.g. running club, Nordic walking, senior gymnastics, family sports days), healthy cooking courses, lifestyle counselling, stress management groups, first aid courses (including resuscitation). The local government would also support similar programmes run by local civil organisations and sports clubs. Health promotion programmes need to be linked to the programmes identified in the Sports Concept.
- *Justification:* Community programmes provide a direct opportunity to practise a healthy lifestyle, strengthen social relationships and transfer health-related knowledge in an enjoyable way.
- *Actions:* Develop an annual programme plan based on an assessment of the needs of the population and local opportunities; secure venues (e.g. community centres, parks, sports fields); involve professionals (coaches, dieticians, psychologists); announce grant opportunities for civil organisations; promote the programmes.
- *Costs:* Depending on the programmes, venue rental, expert fees, equipment purchase, grant fund.

6.1.3. Support for health education in nurseries, kindergartens and schools

- *How would* this *be implemented?* Professional and financial support for health education programmes in local authority nurseries, kindergartens and schools in the district. Cooperation with institutions on topics such as healthy eating, regular exercise, hygiene, mental health and prevention (e.g. smoking, alcohol, drugs). Enforcement of healthy eating standards in public catering. Strengthening coordination with DPC district nurses in the area of kindergarten programmes and coordinating their programmes with the school programmes of school nurses.

- *Justification:* Health education in childhood lays the foundation for health-conscious behaviour in adulthood. Institutional settings provide an excellent opportunity for early prevention.
- *Actions:* Develop a minimum local health education programme for institutions; support further training for health visitors and, where appropriate, teachers; provide tools and educational materials. Regular consultation with district and school health visitors. Clarify and enforce criteria for public procurement in the public catering sector.
- *Costs:* Equipment procurement, training costs.

6.1.4. Making screening days a monthly event

- *How would this be implemented?* The JEK's previous screening day would be organised on a monthly basis. In addition to screening for metabolic syndrome, the screening tests would include gynaecological, urological, ophthalmological and dermatological screening.
- *Justification:* Early detection through screening can save lives. The results of the public needs assessment also show that there is not only a need for this screening option, but also a demand for it.
- *Actions:* Organise and run the Screening Day and create a registration system to prevent the same person from booking the same type of screening more than once within a year.
- *Costs:* Remuneration of participating staff, cost of disposable equipment and materials, and laboratory costs.

6.1.5. Encouraging participation in screening tests

- *How would this be achieved?* Intensive campaigns on the importance and availability of public health (breast, cervical, colon) and other recommended screenings. More active involvement of GPs and (within the framework of cooperation) health visitors in reaching out to the target age groups and organising invitations. More effective communication of the JEK Screening Programme and other screening options. Identifying the reasons for low mammography participation and launching targeted interventions.
- *Justification:* Early detection through screening can save lives. Participation rates in Józsefváros (especially in mammography) are low and need to be improved.
- *Actions:* Preparation of target group-specific communication materials; cooperation with GPs and the county health visitor service to optimise the appointment system; strengthening communication about Screening Day and other screening campaigns in collaboration with JEK; logistical organisation of mobile screenings; launch of local research to investigate the reasons for low mammography participation.
- *Costs:* Communication costs, costs of introducing possible incentives (e.g. travel support), costs of organising mobile screenings.

6.1.6. Support for vaccination programmes

- *How would* this *be implemented?* Further promotion of the flu vaccine (which has a high uptake rate in the district). Vaccination against diseases caused by pneumococcus bacteria will be available free of charge to a small number (500 at district level) of residents over the age of 65 who are in need of healthcare as part of a pilot project running in 2025. After the project is completed, it will be necessary to consult with GPs about their experiences. Based on an evaluation of these experiences, a decision can be made on whether to continue or extend the programme and to what extent the target group needs to be defined more specifically. Comprehensive information will be provided based on the decision taken. A support programme needs to be developed for other vaccines (HPV, rotavirus).
- *Justification:* Vaccinations are among the most effective means of prevention. Some recommended vaccinations (pneumococcus, HPV, rotavirus) are subject to a fee, which can be a barrier to access, especially for those in need. Targeted support can increase vaccination coverage and reduce the burden of disease.
- *Actions:* Detailed development of the support system (target group, extent, administration); cooperation with GPs in the administration and management of vaccinations; agreement with pharmacies on the dispensing of subsidised vaccines; launch of targeted information campaigns.
- *Costs:* This may represent a significant budget item. The exact amount depends on the size of the target group, the level of support and the take-up rate. An accurate estimate requires analysis of the experiences of the pilot programme.

6.2. Treatment of diseases of priority public health concern

The aim is to prevent and detect chronic diseases that are among the leading causes of death at an early stage and to improve patient care.

6.2.1. Support for risk assessment and care of chronic diseases in primary care

- *How would* this *be implemented?* Encouraging and assisting general practitioners in assessing cardiovascular, diabetes and COPD risks, actively screening patients and providing regular, protocol-based care for chronic patients. This could be achieved by developing a local incentive system that complements the NEAK indicator system and takes into account local characteristics (e.g. the social composition of practices) (see 6.6.4.). Support should be provided to GPs for the purchase of the necessary diagnostic tools (e.g. ABPM device, ankle-brachial index meter) or for the development of their practices (see 6.6.1.). Patient education materials should be provided to practices.
- *Justification:* Primary care plays a key role in the early detection of chronic diseases and the long-term follow-up of patients. Incentives and better conditions can improve the quality of care and patient cooperation. The underdiagnosis of high blood pressure and the presumed deterioration in diabetes care require particular attention.

- *Actions:* Develop a local incentive system (involving experts and GPs); assess GPs' needs in terms of equipment and infrastructure development; adapt and procure patient education materials.
- *Costs:* Financing the incentive system, equipment procurement and infrastructure support.

6.2.2. Support for patient clubs and self-help groups

- *How would this be implemented?* Support for the operation of patient clubs and self-help groups organised for chronically ill patients (e.g. diabetics, heart patients, respiratory patients, cancer patients) in the district (e.g. provision of premises, financing of programmes, professional assistance). Encouraging the formation of new groups.
- *Justification:* Patient clubs play an important role in providing information to those affected, helping them cope with their illness, supporting lifestyle changes and strengthening social relationships, thereby reducing isolation.
- *Actions:* Mapping existing groups; maintaining contact with group leaders; developing grant opportunities for support; preparing information material about available groups.
- *Costs:* Creation of a grant fund, possible room costs. Several million forints per year.

6.3. Supporting mental health and well-being

The aim is to prevent mental health problems, reduce stigma and encourage people to seek help.

6.3.1. Community mental health programmes and awareness raising

- *How would this be implemented?* Organising stress management and relaxation groups (e.g. yoga, mindfulness), self-awareness and conflict management training for the population. Launching awareness-raising campaigns on the importance of mental health, encouraging open discussion of mental health issues and combating stigma. Preparation of information materials on ways to maintain mental health and options for seeking help.
- *Justification:* Mental health is an essential part of overall well-being. Prevention programmes and awareness-raising can help prevent more serious problems from developing and encourage people to seek help.
- *Actions:* Develop a programme plan (with the involvement of psychologists and mental health professionals); secure venues and professionals; plan and implement a communication campaign; prepare and distribute information materials.
- *Costs:* Programme organisation costs, expert fees, communication costs.

6.3.2. Support for mental health services in kindergartens and schools

- *How would this be implemented?* Cooperation with school administrators and schools to develop school psychology services and support mental health programmes (e.g. peer support, topics for class teacher lessons). Strengthening the JSZSZGYK kindergarten and school social worker group, accessing mental health services with the support of the group.
- *Justification:* The school environment is key to the mental health development of children and young people. Early detection and intervention can prevent later problems.
- *Actions:* Contacting school administrators; assessing needs in schools; developing possible forms of support (e.g. training, tools).
- *Costs:* Varies depending on the form of support.

6.4. Improving reproductive and sexual health

The aim is to reduce the number of unwanted pregnancies and abortions, prevent sexually transmitted diseases and promote safe and planned parenthood.

6.4.1. Improving access to contraception

- *How would this be achieved?* Free or significantly discounted contraception for women (and men, if necessary) of childbearing age who are in need. This would include:
  - Comprehensive counselling on different methods of contraception to help informed decision-making.
  - Discounted access to condoms.
  - Free or discounted long-acting reversible contraception (LARC), particularly intrauterine devices (IUDs).
  - Making the morning-after pill free of charge.
- *Justification:* The use of contraceptives is exceptionally low and the number of abortions is high in the district. Removing financial barriers and making long-acting methods (e.g. intrauterine devices) available can effectively reduce the number of unwanted pregnancies, providing greater choice alongside short-acting (pills) and emergency (morning-after) solutions.
- *Actions:* Develop a detailed programme (specify target groups, eligibility criteria, financing model, administration); establish cooperation with JEK gynaecology, general practitioners, pharmacies and local health visitors; develop the professional content and protocol of counselling; communicate the programme to target groups and professionals.
- *Costs:* Potentially significant budgetary requirements. Intrauterine contraceptive devices may be more expensive per unit, but are more cost-effective in the long term. Detailed planning is required for an accurate estimate. The costs of the morning-after pill are easier to plan, but require greater logistical effort due to the fact that they are prescription-only.

6.4.2. Sexual and reproductive health education and counselling

- *How would this be implemented?* Launching age-specific, comprehensive education programmes in schools and community settings on sexuality, contraception, sexually transmitted diseases, responsible relationships, avoiding sexual abuse and family planning. Provision of confidential counselling for young people (e.g. in youth community centres, online). Seeking close cooperation with local and school health visitors in providing targeted counselling for young people and pregnant women.
- *Justification:* Lack of knowledge and misconceptions contribute to risky sexual behaviour and unwanted pregnancies. Reliable information and confidential counselling help young people make responsible decisions. The health visitor interview also highlighted the importance of this.
- *Actions:* Develop educational programmes and materials (with the involvement of experts); cooperate with schools and youth organisations; create an advice centre or online platform; strengthen coordination with health visitor services.
- *Costs:* Educational materials, expert fees, possible platform development costs.

6.4.3. Support for antenatal care and obstetric care

- *How would* this *be implemented?* Cooperation with the JEK and local health visitors to improve the quality of prenatal care, with a particular focus on screening and providing increased support to at-risk groups (e.g. young mothers, disadvantaged women, women with chronic illnesses). Support for programmes to help prepare for childbirth. Investigation of the causes of perinatal problems (premature birth, low birth weight) and search for targeted preventive measures. The higher incidence of syphilis nationwide and possible HIV infection pose a health risk to unborn children. To eliminate this risk, pregnant women in the 8th district can request HIV screening during their first trimester laboratory tests, with their consent, and syphilis screening is repeated in the third trimester to prevent intrauterine infection of the child. In cooperation with the JSZSZGYK and the regional health visitor service, foetal protection vitamins are provided to pregnant residents of the district.
- *Justification:* Although participation in antenatal care appears to be adequate, the unfavourable perinatal outcome needs to be improved, which can be achieved by improving the quality of care and providing better support to risk groups.
- *Actions:* Professional consultations with the JEK and local health visitors; development of protocols for identifying and caring for risk groups; support for childbirth preparation programmes. Care for pregnant women in social crisis situations in cooperation with the JSZSZGYK and the local health visitor service.
- *Costs:* Primarily organisational and coordination costs, possibly programme support. In addition, the cost of two additional examinations for approximately 450 pregnant women per year.

6.5. Health equality and support for vulnerable groups

The aim is to reduce health disadvantages arising from various causes (social situation, age, ethnicity, disability, place of residence).

6.5.1. Assistance with social security (SS) registration

- *How would this be achieved?* The Social Support Office and the Customer Service Office of the Mayor's Office would provide proactive assistance to district residents whose social security status is unresolved. As part of this, they would provide information on the options for settling the situation, assist with the administration and, if necessary, contact the relevant government office. If the resident needs assistance beyond the capabilities of the offices, they would be referred to the JSzSzGyK, where they can provide even greater assistance with the administration. In the case of those applying to the local government for support, they would offer to check their legal status and provide assistance. The Equal Opportunities Office would also support foreign residents in accessing social security.
- *Reason:* The lack of valid social security coverage (which affects 5% of the population) is one of the biggest obstacles to accessing healthcare. Proactive assistance can prevent those affected from facing the problem only in cases of urgent need, at significant cost or without care.
- *Actions:* Establish cooperation with the National Health Insurance Fund and the Government Office for data verification and administration; appoint and train dedicated administrators within the local government; prepare information materials; promote the service among the population.
- *Costs:* Primarily labour costs (dedicated administrator(s)), administrative costs. A pilot period is required for an accurate estimate.

6.5.2. Employment of health mediators

- *How would* this *be implemented?* Training and employment of local health mediators embedded in the community (e.g. from Roma and foreign communities) who act as a bridge between vulnerable groups and the healthcare system. Their tasks would include building trust, providing information about care and prevention options, helping people navigate the system, facilitating doctor-patient communication, and providing feedback to the healthcare system about any problems that arise.
- *Justification:* Lack of trust, lack of information, language and cultural barriers, and fear of discrimination often hinder access to healthcare for disadvantaged and minority groups. Mediators can effectively help to overcome these barriers.
- *Actions:* Develop a mediator job description and training programme (with the involvement of experts and affected communities, after learning from the experiences of the Hungarian Maltese Charity Service); select and train mediators; coordinate the work of mediators and provide supervision; establish cooperation with family doctors, JEKs and health visitor services.
- *Costs:* Training costs, mediators' salaries, operating costs.

6.5.3. Targeted programmes for maintaining the health of the elderly

- *How would* this *be implemented?* Organisation of complex programmes in the spirit of "active ageing": regular exercise opportunities (senior gymnastics, walking clubs), activities to maintain mental alertness (e.g. brain training, digital skills development), community programmes to reduce isolation, fall prevention advice and assistance with home modifications, encouraging screening in old age (e.g. dementia screening tests and/or blood tests).
- *Justification:* Although the proportion of the ageing population is lower in the district, they have special health needs. Active ageing programmes contribute to improving quality of life, maintaining independence and preventing chronic diseases.
- *Actions:* Needs assessment among the elderly; development of a programme plan (in cooperation with pensioners' clubs and organisations for the elderly); provision of venues and specialists; promotion of the programmes.
- *Costs:* Programme organisation costs, expert fees, dementia screening costs.

6.5.4. Making health services accessible

- *How would* this *be achieved?* Making municipal healthcare institutions (GP practices, JEK) physically accessible (e.g. ramps, lifts, accessible toilets) and information and communication (e.g. easily understandable information leaflets, induction loops for the hearing impaired, accessible websites). Raising awareness among healthcare workers about the special needs of patients with disabilities. All this must be implemented in accordance with the Józsefváros Equal Opportunities Programme.
- *Justification:* An accessible environment is a basic requirement for equal access for people with disabilities.
- *Actions:* Assessing the accessibility of institutions; preparing a development plan; securing resources for implementation; organising awareness-raising training (see 6.6.3.).
- *Costs:* Significant infrastructure investment costs may be involved, requiring the involvement of grant funding.

6.5.5 Improving access to the healthcare system for foreigners

- *How would* this *be achieved?* Ensuring language accessibility in municipal healthcare institutions (GP practices, JEK), which includes English language training for doctors and healthcare workers, language accessibility on the JEK website and language accessibility in the buildings of these institutions. Systematic communication about healthcare and services affecting foreigners.
- *Justification:* The district's significant and growing foreign population encounters obstacles and difficulties when seeking to access healthcare in the district.
- *Tasks:* Organising English language training for doctors and healthcare workers. Translating the JEK website first into English, then into two other languages, based on the language distribution of foreigners using JEK services. Translation of directional signs and function signs at JEK and GP practices into English.

Publication of an English-language guidebook every year. Development of the local government and JEK websites – collection and structuring of information on issues affecting foreigners.

- *Costs:* English language training costs, minimum cost of directional and function signs: 0.5-1 million forints.

6.6. Support for the local healthcare system (infrastructure, access, human resources)

The aim is to improve the operating conditions of primary and outpatient care, facilitate access and alleviate human resource problems.

6.6.1. Development of the infrastructure of GP practices

- *How would* this *be achieved?* The continuous maintenance, renovation and modernisation (including energy efficiency improvements) of municipal GP pracitces has always been the responsibility of the local government in accordance with the service contracts concluded with GPs. Support for GPs in the purchase and development of modern diagnostic equipment (e.g. point-of-care ultrasound devices, point-of-care testing devices) and modern IT systems that go beyond the minimum requirements for GP practices. Based on the needs identified in the interviews, support for the improvement of premises (e.g. separate room for the assistant) and the purchase of patient call/appointment management systems. The latter should only be supported if there is consensus among all service providers operating in the given surgery.
- *Justification:* An appropriate working environment and infrastructure are essential for quality patient care, contribute to the job satisfaction of doctors and assistants, and can make the practice more attractive to new doctors, alleviating the shortage of GPs. The use of modern diagnostic tools that can also be used by GPs in GP care can reduce the number of referrals to specialist outpatient care, thereby reducing the number of patients referred to specialist care.
- *Actions:* Regular needs assessment among GPs; preparation of a renovation and development plan; search for funding opportunities, securing own contribution; development of a support system for equipment procurement (e.g. through tenders, with own contribution).
- *Costs:* Significant investment costs (renovation) and ongoing support needs (equipment). Depending on the package, this could amount to between HUF 0.3 and 5 million per practice.

6.6.2. Supporting the capacity and operation of the Józsefváros Szent Kozma Health Centre (JEK)

- *How would this be achieved?* Establishing a close partnership with the management of JEK to solve problems together. The local government would provide support, within its means, to expand the human resource capacity of the JEK in the most overburdened and critical professions from a public health perspective (e.g. cardiology, diabetology, laboratory, mammography) – either by supporting the employment of specialists or by improving working conditions. Support for the development of diagnostic capacities (e.g.

equipment). Cooperation in the development and implementation of organisational solutions aimed at reducing waiting lists (e.g. more efficient appointment scheduling, patient pathway management). Support for increasing screening capacities (e.g. maintaining and developing Screening Fridays, establishing new screening sites).

- *Justification:* The JEK is the centre of specialist care in the district, and its operational problems (waiting lists, lack of capacity) directly affect the population and primary care. Municipal support can help alleviate these problems.
- *Actions:* Regular strategic consultation with JEK management; joint assessment of the situation and identification of problems; joint determination of support options (financial, infrastructural, organisational); monitoring of the use of support. The exact actions and costs require further consultation with JEK.
- *Costs:* Potentially very significant municipal resources may be required, depending on the extent and form of support. Clarification is needed based on negotiations with the JEK.

6.6.3. Supporting the training and well-being of healthcare workers

- *How would this be implemented?* Organising or supporting free, accredited further training for GPs, assistants and specialists working in the district, with a particular focus on local public health issues (e.g. care for chronic diseases, reproductive health) and effective communication and treatment of disadvantaged, minority or foreign patients (attitude-shaping training). Making programmes available to support the mental health and well-being of healthcare workers (e.g. burnout prevention, supervision).
- *Justification:* Continuous professional development and training tailored to specific local needs improve the quality of care. Attitude-shaping training can reduce experiences of discrimination and improve patient cooperation. Supporting the well-being of employees contributes to retention and burnout prevention.
- *Actions:* Assess training needs; develop training programmes or make external training available (e.g. in cooperation with Semmelweis University); encourage participation; organise support programmes.
- *Costs:* Training fees, expert fees.

6.6.4. Development of a local GP incentive system and contractual model

- *How would this be implemented?* Building on the NEAK indicator system, but supplementing it with the development of a local, voluntary incentive system for GPs. This system would take into account the social composition of practices and district health priorities (e.g. higher scores for cardiovascular risk reduction, increased participation in mammography). Based on the results achieved, GPs would receive additional funding. In parallel, a new type of GP contract would be developed, which would include participation in the local incentive system and possibly other elements related to infrastructure development or more active participation in public health programmes. This contract would be an optional

choice for existing doctors, while it could be the default option for those taking up unfilled practices in the future.

- *Justification:* The current NEAK indicator system has been criticised for not taking local characteristics into account, but apart from this, it focuses on the most important public health issues. A local, supplementary incentive system could better motivate doctors to achieve district targets and could be more equitable. The new contract model could also help to develop primary care that better meets district expectations in the long term.
- *Actions:* Detailed development of a local indicator system (with the involvement of experts and GPs); determination of the level and source of funding; development of the administration and monitoring of the system; legal and professional preparation of the new draft contract; introduction of the system and communication with GPs.
- *Costs:* One-off cost of developing the system: HUF 1-3 million. Significant annual cost of additional funding (HUF 1-5 million per participating doctor).

6.6.5. Employment of healthcare and public health assistants

- *How would* this *be implemented?* Employment of assistants with healthcare or public health qualifications by the local government to work in GP practices (or group practices). Their task would be to relieve GPs of administrative and simpler clinical tasks (e.g. blood pressure measurement, appointment scheduling, patient information, organising screenings) and to actively participate in local prevention programmes and counselling.
- *Justification:* GPs and their nurses are overburdened with administrative and organisational tasks. Staff with the new status can relieve them of some of this burden, giving them more time for more complex medical work, improving patient flow management in the surgery and actively contributing to the achievement of prevention goals. A similar need was also raised in interviews with GPs.
- *Tasks:* Defining job descriptions, competencies and training needs (in consultation with GPs); developing the framework for employment (e.g. how many assistants, how they are distributed geographically); securing the necessary resources; selecting and training staff; establishing rules for cooperation with GPs.
- *Costs:* Significant, primarily labour costs, plus the provision of operating conditions (premises, equipment).

6.6.6. Introducing good practices at local government and local government organisations to improve the health of employees

- *How would* this *be implemented?* Local authorities and their companies and institutions would act as exemplary employers: They would ensure that their employees are able to attend the necessary screening tests and medical check-ups by taking advantage of reduced working hours or additional (health-related) days off each year, and that they would not suffer any retaliation for claiming

sick pay in the event of illness. Launch workplace health promotion programmes (e.g. exercise opportunities, stress management).

- *Justification:* Workplace factors (lack of time, fear of losing sick pay) can be a significant barrier to accessing health services, as was also highlighted in the focus groups. The local government, as an employer, can set a good example.
- *Actions:* Review and amend workplace regulations; inform managers and employees; develop and implement health promotion programmes.
- *Costs:* Additional days off or reduced working hours may result in indirect labour costs. The costs of organising programmes vary.

6.6.7. Rethinking the boundaries of GP districts to ensure legal compliance

- *How would* this *be implemented?* Act II of 2000 on independent medical practice; Government Decree 43/1999. (III. 3.) on the detailed rules for the financing of health services from the Health Insurance Fund; Decree 4/2000. (II. 25.) EüM on the practice of general practitioners, paediatricians and dentists; and Decree 48/2023. (XI. 22.) BM on the establishment of primary healthcare districts and the procedure for establishing primary healthcare districts, and other related legislation, proposals for modifying the boundaries of GP districts shall be submitted to the Practice Manager, with the involvement of GP service providers in the establishment process.
- *Justification:* Approximately 30 GP districts do not meet the care security and economic criteria specified in Section 17/A of Decree 4/2000. (II. 25.) EüM on the activities of GPs, paediatricians and dentists. The right to establish and change districts lies with the Practice Manager operating within the framework of the National Hospital Directorate, but local authorities have the opportunity to make proposals. It is possible to prevent the Practice Manager from disregarding the views of the practices concerned or from taking steps to ensure compliance with the law at very short notice, even with the involvement of the local government. This makes it possible to propose district boundaries that are compatible with legislation based on broad consensus to the Practice Manager.
- *Actions to be taken:* Retrieve data from the address register, develop possible district formation alternatives, consult with GPs, create district boundaries that are both consensual and legally compliant.
- *Costs:* No additional costs.

6.6.8. Coordination of the professional activities of GPs and outpatient specialist care

- *How would* this *be achieved?* Joint development of local protocols in line with national guidelines for cardiological and diabetological diseases. Organisation of regular case discussion groups in the fields of diabetology and cardiology. Provision of regular online or telephone consultation opportunities in shortage professions: diabetology, cardiology, endocrinology.
- *Justification:* Uniform guidelines adapted to local conditions and regular communication between primary care and specialist care providers can ensure more effective care in primary care, thereby reducing the number of referrals to specialist care. This could result in shorter waiting lists. It is necessary to reduce the feeling of professional isolation reported by GPs.

- *Actions:* Organise case discussion groups and groups to develop local protocols, develop protocols.
- *Costs:* Additional days off or reduced working hours may result in indirect labour costs. The costs of organising the programmes vary.

6.6.9. Doctor recruitment campaign

- *How would this be implemented?* With the help of the local government's communications team, we would use various methods to search for all possible organisations (medical university residency programmes, medical associations, the Hungarian Medical Chamber, OKFŐ) where we could find the missing GPs and other specialists.
- *Reason:* The shortage of GPs and the migration of specialists to private practice is a nationwide problem. Without making the support available in Józsefváros visible, it is almost impossible to attract the missing professionals to the district.
- *Actions:* Our communications specialists will work with the head of the clinic and their colleagues, together with colleagues responsible for primary care at the office, to develop and implement a communications strategy.
- *Costs:* No additional resources are required to develop the campaign. There may be expenses associated with its implementation: the costs of appearances (e.g. participation fees for appearances on other organisations' websites or at medical conferences).

6.7. Environment and health: creating a healthy environment

The goal is to develop a built and natural environment that supports health. The proposals listed here do not need to be implemented separately within the framework of the health strategy, but these aspects must also be taken into account when implementing the housing concept, planning urban development and implementing the Sports Concept currently being developed.

6.7.1. Improving and monitoring air quality

- *How would* this *be achieved?* Reducing traffic-related air pollution (traffic calming in residential areas, prioritising public transport, developing cycling and walking infrastructure). Increasing green spaces, publishing data from the local air quality monitoring network, informing the public.
- *Justification:* Poor air quality exacerbates respiratory diseases, which are a major problem in the district.
- *Actions:* If a transport development plan is drawn up, these health considerations must be taken into account. Continue the green space development programme; cooperate with organisations that measure air quality.
- *Costs:* Significant infrastructure (transport, green spaces) and grant funding are required.

6.7.2. Developing green spaces and improving their accessibility

- *How would this be achieved?* Renovation of existing parks and public spaces, creation of new green spaces (pocket parks, community gardens), especially in densely built-up areas. Continuation of tree planting programmes. Encouraging the active use of green spaces (e.g. maintenance of outdoor fitness equipment, organisation of events).
- *Justification:* Green spaces improve air quality, reduce the heat island effect, and provide opportunities for physical activity and mental rejuvenation.
- *Actions:* Updating the green space development strategy; planning and implementing specific projects (with public involvement); ensuring maintenance.
- *Costs:* Significant investment and maintenance costs.

6.7.3. Promoting a healthy living environment

- *How would* this *be achieved?* Continuation of the municipal rental housing renovation programme, with particular emphasis on eliminating damp and mould. Informing and advising residents on how to create a healthy indoor environment (ventilation, mould removal). Cooperation with joint representatives to improve the energy efficiency and physical condition of apartment buildings. Measures to improve public hygiene.
- *Justification:* Poor-quality housing (mould, overcrowding) increases the risk of respiratory and allergic diseases.
- *Actions:* Housing condition assessment; continuation of renovation programme; preparation of information materials; cooperation with condominiums.
- *Costs:* Significant housing renovation costs, communication costs.

7. Defining target groups

In order for the Health Strategy to be successful, it is essential to precisely define the target groups for the interventions. While some measures target the entire population of the district, others focus on specific groups based on needs, risks and equal opportunity considerations. The targeting is based on the data from the situation analysis and the target group analysis of the Budapest Institute study.

7.1. Primary target groups (special attention)

- **Residents in disadvantaged socio-economic situations:** Especially those living in the Magdolna and Orczy neighbourhoods and in segregated areas.
  - Justification: Their health status and access to care are the most unfavourable, the greatest health gains can be achieved here, and the greatest need to reduce inequalities exists here.
  - Targeted interventions: Assistance with settling social security status (6.5.1.), health mediators (6.5.2.), targeted screening programmes (6.1.5.), targeted contraception support (6.4.1.), targeted vaccination programmes (6.1.6.).

- **People with chronic diseases and those at high risk:** Particularly those affected by cardiovascular, respiratory and cancerous diseases and diabetes.
    - Justification: These diseases cause the highest disease burden and mortality in the district.
    - Targeted interventions: Support for primary care (6.2.1.), patient clubs (6.2.2.), targeted screening (6.1.5.), lifestyle programmes (6.1.2.).
- **Women:**
    - Justification: High rates of unwanted pregnancies and abortions, low contraceptive use. Low rate of mammography screening.
    - Targeted interventions: Improving access to contraception (morning-after pill, intrauterine contraceptive device) (6.4.1.), sexual and reproductive health education (6.4.2.), Launch targeted health communication campaigns (6.1.1.), Encourage participation in screening tests (6.1.5.), Support the capacity and operation of the Szent Kozma Health Centre (JEK) in Józsefváros (6.6.2.)
- **Elderly people (especially those over 65):**
    - Justification: Increasing health needs, higher prevalence of chronic diseases, risk of falls, risk of isolation.
    - Targeted interventions: Pneumococcal vaccination (6.1.5.), active ageing programmes (exercise, mental agility) (6.5.3.), fall prevention (6.5.3.), encouraging screening (6.1.4.).
- **Children and young people (0-26 years):**
    - Justification: Laying the foundations for a healthy lifestyle, prevention (obesity, harmful addictions), specific health needs (vaccinations, mental health, sexual health).
    - Targeted interventions: Health education in kindergartens and schools (6.1.3.), school dentistry, support for mental health in schools (6.3.2.), sex education (6.4.2.), syphilis and HIV screening for pregnant women (6.4.3.).

7.2. Secondary target groups (general programmes and specific elements)

- **Entire population:** Multiple interventions: general health communication (6.1.1., 6.1.2.), environmental health measures (6.7.), development of primary care infrastructure (6.6.1.) benefit all residents of the district.
- **Men (especially middle-aged):**
    - Justification: A higher proportion of them are not registered with a GP and do not have social security coverage, and they have a higher risk of cardiovascular disease.
        - Targeted interventions: Targeted communication (6.1.1.), workplace health programmes (6.6.6.), assistance with social security registration (6.5.1.).
- **Healthcare workers (GPs, assistants, JEK workers, health visitors):**
    - Justification: They are key players in the implementation of the strategy, and support for their working conditions, training and motivation is essential.

        - Targeted interventions: Infrastructure development (6.6.1.), training (6.6.3.), local incentives (6.6.4.), employment of assistants (6.6.5.), strengthening cooperation.

- **Local government employees:**
    - Justification: Setting an example and protecting the health of their own employees.
    - Targeted interventions: Workplace health programmes, health-related days off/working time allowances (6.6.6.).
- **Foreign nationals:**
    - Justification: Linguistic, cultural and administrative barriers to accessing care.
    - Targeted interventions: Use of health mediators (6.5.2.), multilingual information materials, awareness-raising training for healthcare workers (6.6.3.), improving access to the healthcare system for foreigners (6.5.5)
- **People with disabilities:**
    - Justification: Special needs, barriers to access.
    - Targeted interventions: Removal of barriers (6.5.4.), targeted information, awareness-raising (6.6.3.).
- **Roma population:** Justification: Less favourable health indicators, access difficulties. Targeted interventions: Health mediators (6.5.2.), targeted prevention programmes, awareness raising (6.6.3.).

The precise definition of target groups and the development of strategies to reach them are part of the planning of each intervention. It is important to find the right balance between targeting and universal approaches.

8. Implementation framework

Clear implementation frameworks are needed for the successful implementation of the strategy, including the institutional background, responsible parties, cooperation mechanisms, scheduling and communication.

8.1. Institutional background and responsible parties

- **Management and coordination:** The Deputy Mayor for Social Policy and Social Relations and the Social Policy Department of the Mayor's Office are responsible for the overall political and professional management of the strategy's implementation. The establishment of a Health Roundtable is recommended. Members: Deputy Mayor for Social Policy and Social Relations, health advisor, Head of the Social Policy Department and office managers of the department, Director General of JEK. The tasks of the Round Table are to coordinate the work of the various actors (local government, relevant departments, institutions, external partners), monitor the implementation of the strategy and prepare the necessary decision-making materials. At its regular meetings, the Round Table would assess progress and make recommendations for necessary adjustments.

- **Internal municipal officials:** Specific municipal departments, offices and institutions are responsible for the implementation of individual interventions.
    - *Social Policy Department:* coordination of general practitioners and primary health care, health communication, coordination of community programmes, management of civil applications, liaison with health visitor services, supervision of health assistants/mediators, administration of vaccinations and contraception support.
    - *Social Support Office:* assistance with social security matters, means-tested benefits, cooperation with social institutions.
    - *Urban Development and Environmental Protection Department:* Development and maintenance of health infrastructure (clinics), coordination of environmental health measures (air quality, green spaces, transport).
    - *Human Services Office:* Support for health education programmes in schools and kindergartens, involvement of community centres.
    - *Legal Office:* Drafting regulations, concluding contracts (e.g. with general practitioners).
    - *Mayor's Office Communications Staff:* developing and implementing a communications strategy for health communications tasks based on professional knowledge.
    - *Józsefváros Management Centre:* Operation and renovation of municipal clinics.
    - *Józsefváros Szent Kozma Health Centre (as* a *municipal institution):* Development of specialist care, establishment and implementation of screening Fridays and other screening opportunities, assistance in coordinating school nurse tasks (in close cooperation with the local government).
    - *Józsefváros Social Services and Child Welfare Centre*: Assistance in settling social security matters, raising issues arising in connection with those receiving care that come to the attention of social workers at the earliest stage.
    - *Lakótér*: Assistance in settling social security matters for residents of municipal housing.
    - *Community Participation Office*: Organising and implementing consultation in cases requiring social consultation.
    - *Equal Opportunities Office:* Incorporating the needs of people with disabilities, Roma, foreigners, women and LGBTQ+ people, reaching target groups.
- **External stakeholders and partners:** The implementation of many elements of the strategy requires the involvement of external partners, with whom formal cooperation agreements must be concluded (see 8.2.).

8.2. Cooperation and partnerships

The success of the strategy depends largely on effective inter-institutional and inter-sectoral cooperation. Key partners:

- **General practitioners:** They are indispensable in primary care, prevention and the organisation of screening. Regular consultation and the joint development of local incentives and contractual models are necessary.
- **South Pest Central Hospital – National Institute of Haematology and Infectious Diseases:** Since the 2023 restructuring, cooperation with district nurses has taken place at this level. Joint planning and coordination are needed in the areas of maternal and child protection, health promotion in kindergartens, screening and family support.
- **Józsefváros Szent Kozma Health Centre (JEK):** A key player in outpatient specialist care and screening. Close strategic partnership is needed to develop capacity, reduce waiting lists and optimise patient pathways. Joint planning and coordination are needed in the areas of school health promotion and screening.
- **Civil society organisations:** Health promotion, patient rights, social, minority, youth and elderly organisations can be important partners in implementing programmes, reaching target groups and shaping attitudes.
- **Educational institutions** play a key role in health education and early prevention (below we highlight those schools where there are relatively more children from Józsefváros).
    - Péter Vajda Singing and Music Primary and Sports School
    - Ferenc Molnár Hungarian-English Bilingual Primary School
    - Losonci Téri Primary School
    - Józsefváros Unified Special Education Methodology Institution and Primary School
    - Budapest VIII. District László Németh Primary School
    - Deák Student Singing and Music Primary School and Secondary School
- **Educational institutions:** They play a key role in early prevention and in shaping habits that influence health behaviour, which in turn can affect later health status, thereby reducing the consequences of social inequalities.
    - Józsefváros Kindergartens
    - Semmelweis University Day Care Nursery
    - English Garden Pre-school International Kindergarten
    - Örömhír Vétel Greek Catholic Kindergarten
    - Mindenkid Millenium Kindergarten Corvin Kindergarten Member Institution
- **Social and Child Welfare Institutions:** Important partners in reaching and providing complex support to disadvantaged groups.
    - Professional units of the Józsefváros Social Services and Child Welfare Centre
    - Józsefváros United Nurseries
    - Retirement homes
        - Napfény Retirement Home (Illés utca 38.)
        - Olajág Retirement Home (Mátyás tér 6.)
        - Szent Szív Szeretetotthon (20 Mária Street)

    - Budapest Methodological Social Centre and its Institutions
        - Temporary accommodation
            - Alföldi Temporary Accommodation (6-8 Alföldi Street)
            - Kálvária Temporary Accommodation (Kálvária Street 23)
        - Kőbányai 22 Special Night Shelter (Kőbányai Street 22)
        - Medical clinics for the homeless (Kőbányai út 22.)
    - Oltalom Charitable Association
        - Fűtött Utca; Night Shelter and Day Centre (Dankó Street 15)
        - Men's Temporary Shelter, Day Centre, Refugee Shelter and GP surgery for the homeless (9 Dankó Street)
    - Shelter Foundation
        - Práter Day Centre (Práter Street 29/B)
        - "Vajda3" Day Centre, Night Shelter, Retirement Home and Convalescent Home (Vajdahunyad Street 3)
    - Salvation Army
        - Salvation Army New Hope House Temporary Home for the Homeless, soup kitchen (90 Dobozi Street)
    - National Child Protection Service Regional Child Protection Service Budapest Capital City (Alföldi Street 9-13)
        - Alföldi Reception Children's Home
- **Higher education institutions:** Cooperation in training, research and expert support
    - Semmelweis University
    - Eötvös Loránd University
    - Pázmány Péter Catholic University
    - National University of Public Service
- **Businesses:** Partnership in workplace health promotion, possible sponsorship.
- **Population:** Active involvement in planning, programme implementation and evaluation (e.g. public forums, community planning).
- **Religious communities:** They can be important players in community building and attitude shaping.

Cooperation should be formalised in agreements, regular consultation forums and joint working groups.

8.3. Timetable

The strategy covers the period 2026-2030. Implementation should be detailed in phased, annual action plans.

- **Short term (2026):**
    - Adoption and communication of the strategy.

- Finalisation of the institutional framework (coordination mechanisms).
- Launch of immediate interventions (e.g. pilot of social security assistance service, launch of communication campaigns, review of the administration of existing subsidies, e.g. pneumococcus).
- Detailed needs assessments and planning for larger programmes (e.g. incentives for general practitioners, contraception programme, JEK capacity expansion).
- Establishment of partnerships.

- **Medium term (2027-2028):**
  - Full implementation of key programmes and interventions (e.g. vaccination subsidies, assistant/mediator programme, start of infrastructure developments, community programmes).
  - Operation of incentive systems.
  - Continuous monitoring and making necessary corrections based on initial experiences.
  - Mid-term evaluation.
- **Long term (2029-2030):**
  - Maintaining and further developing programmes.
  - Consolidation of results achieved.
  - Final evaluation of the strategy and preparation for the next planning cycle.

Annual action plans should include specific milestones and deadlines.

8.4. Communication

Continuous and transparent communication with all stakeholders is essential for the success of the strategy.

- **Internal communication:** Regularly informing local government bodies, institutions and partners involved in implementation about objectives, tasks, results and challenges (e.g. workshops, newsletters, internal forums). Particular attention should be paid to informing GPs about programmes and support relevant to them.
- **External communication:**
  - *Population:* Wide dissemination of information about the objectives of the strategy, ongoing programmes and available services (local government media, public advertisements, public forums, leaflets). Use of communication channels tailored to the target groups (e.g. social media for young people, pensioners' clubs for the elderly).
  - *Professional partners:* Regular information and dialogue with civil society organisations, churches, businesses and professional organisations.
  - *Media:* Presentation of the results and good practices of the strategy in the local and national media.

Communication should be two-way, allowing for feedback and dialogue.

9. Monitoring, evaluation and risk management

Continuous monitoring, periodic evaluation and proactive management of emerging risks are essential for the effective implementation of the strategy and the achievement of the desired results.

9.1. Indicators and data collection

A comprehensive system of indicators covering the different levels of the strategy should be developed to measure progress:

- **Input indicators:** These measure the resources invested (e.g. the budget allocated to the strategy, the number of professionals involved, the number of clinics renovated).
- **Output indicators:** Measure the activities carried out and the products created (e.g. number of health days held, amount of information material distributed, number of health workers who participated in training, number of people vaccinated, number of people receiving support).
- **Outcome indicators:** Measure the direct results of interventions, changes in the behaviour, knowledge or access to care of target groups (e.g. increase in screening participation rates, increase in the proportion of contraceptive users, number of people who quit smoking, improvement in health awareness, reduction in waiting lists, increase in patient satisfaction).
- **Impact indicators:** These measure long-term effects and changes in the health status of the population (e.g. increase in life expectancy, decrease in premature mortality rates, decrease in mortality from leading causes of death, reduction in health inequalities). Measuring these requires a longer time frame and more complex methods.

When defining indicators, efforts should be made to apply the SMART principles (Specific, Measurable, Achievable, Relevant, Time-bound).

Data collection sources:

- **Administrative databases:** NEAK (healthcare data, medication consumption, social security status), KSH (demographic and mortality data, census), NNGYK (screening and vaccination data), municipal records (social benefits, institutional data). These data enable district- and segregate-level analyses and comparisons with other areas.
- **JEK data:** Patient traffic data, waiting list data, capacity data.
- **General practitioners:** Number of registered patients, patient turnover data.
- **Programme-specific data:** Data collected during individual interventions (e.g. vaccination programme, training courses, mediation service) on participants and activities.
- **Public surveys:** Representative public health survey in the district on health behaviour and health awareness after a minimum of five years. Measuring needs and satisfaction every two years through needs assessment and analysis of complaints.
- **Qualitative data:** Focus group discussions, interviews with the population, healthcare workers and partners to gain a deeper understanding of experiences, opinions, obstacles and success factors.

Data collection and analysis should be carried out regularly and in a planned manner.

9.2. Evaluation process

- **Continuous monitoring:** The organisational units responsible for implementation (e.g. Social Policy Department, Health Roundtable) continuously monitor the implementation of action plans and the development of output indicators, and report on progress on a regular basis (e.g. quarterly).
- **Annual evaluation:** At the end of each year, a comprehensive evaluation must be prepared on the implementation of the action plan for that year, the results achieved (based on output and outcome indicators), the difficulties encountered and proposals for the following year. This evaluation must be submitted to the Representative Body.
- **Mid-term evaluation:** Halfway through the strategic cycle (around the end of 2027), a more in-depth evaluation involving external experts is required, which also examines the development of outcome indicators and makes proposals for possible modifications to the strategy for the second half of the cycle.
- **Final evaluation:** At the end of the cycle (at the end of 2030), a comprehensive evaluation must be carried out of the overall implementation of the strategy, the impacts achieved (based on impact indicators, as far as possible), the successes and failures, and lessons must be learned for the planning of the next strategic cycle.

The results of the evaluation should be made public to ensure transparency and social dialogue.

9.3. Risks and their management

There are a number of risks to be considered during the implementation of the strategy, which must be managed proactively. Key risks identified and possible management strategies:

- **Financing risks:** Limited municipal budget, uncertainty of grant funding, withdrawal of state funding. *Management:* Multi-source financing (own resources, grants, partnerships), search for cost-effective solutions, flexible budget planning, continuous lobbying for central resources.
- **Political risks:** Changing political priorities, declining commitment to the strategy. *Management:* Broad political acceptance of the strategy, continuous briefing of decision-makers on results, embedding the strategy in long-term district plans.
- **Resistance from participants:** Resistance to new programmes and changes from healthcare workers, institution managers or the population. *Management:* Continuous dialogue, early involvement of stakeholders in planning, effective communication of benefits and necessity, addressing concerns, use of incentives.
- **Lack of capacity for implementation:** Overburdening of the municipal apparatus or partner institutions, lack of expertise. *Management:* Realistic planning, appropriate distribution of tasks, provision of the necessary human and material resources, involvement of external expertise, organisation of training, strengthening of the proposed institutional background.
- **Coordination difficulties:** Lack of cooperation between sectors and institutions. *Management:* Establishing clear areas of responsibility and communication channels, operating regular consultation forums, strengthening the coordinating role of the Health Round Table.
- **Lack of public participation:** Low participation in programmes and screenings, information not reaching target groups. *Treatment:* Targeted and attractive

communication, addressing factors that hinder participation (e.g. lack of time, costs, mistrust), actively involving the public in programme planning with the help of the Community Participation Office, employing health mediators.

- **External environmental changes:** Economic crisis, legislative changes, new epidemics or other unexpected events. *Management:* Continuous monitoring of the environment, flexible planning, development of contingency plans, development of rapid response capabilities.

Regular review of risks and modification of management strategies as necessary should be part of the monitoring and evaluation process.

Budgetary considerations

The implementation of the Health Strategy will require significant financial resources in the period 2026-2030. The exact budget will be developed during the preparation of the annual action plans, but it is important to define the main financing principles and possible sources at the strategy level.

Funding principles:

- **Long-term commitment:** The local government must make a long-term financial commitment to achieving the objectives of the strategy, ensuring the sustainability of the programmes.
- **Effectiveness and cost-effectiveness:** When using resources, efforts should be made to achieve the greatest possible health gains, giving priority to interventions that are proven to be effective and cost-effective (e.g. prevention, early detection).
- **Equity:** Health inequalities should be taken into account when allocating resources, ensuring that disadvantaged groups also benefit from developments.
- **Multi-source financing:** In addition to local government resources, external financing opportunities (grants, partnerships) should be actively sought.
- **Transparency and accountability:** The use of financial resources must be transparent and verifiable.

Possible sources of funding:

- **Municipal budget:** The implementation of the strategy must be based on the municipality's own budget. To this end, a separate budget line or programme budget must be provided for the implementation of the health strategy during the planning process.
- **Domestic grant sources:** Attention should be paid to the various ministries (e.g. Ministry of the Interior - State Secretariat for Health, Ministry of Culture and Innovation - State Secretary for Families), background institutions (e.g. NNGYK) and fund managers (e.g. National Cooperation Fund) that support health promotion, prevention, social or infrastructure development objectives.
- **European Union funds:** The EU's cohesion and social funds (e.g. ESF+, ERDF) and specific programmes (e.g. EU4Health) can provide significant resources for reducing health inequalities, prevention programmes, digital health developments or infrastructure investments. Active monitoring of calls for proposals and project development are necessary to obtain these funds.

- **Corporate partnerships and sponsorship:** It is possible to involve local or national businesses in supporting certain programmes (e.g. health days, sporting events) as part of their corporate social responsibility (CSR) activities.

During the implementation of the strategy, budget developments must be continuously monitored and, if necessary, plans must be adjusted in line with the available resources. Cost-effectiveness analyses and estimates of expected returns (health gains, long-term cost savings) should play an important role in decision-making.