Introduction/Background Children are a fifth of Europe’s population; they are citizens, future workers, future parents and carers, and the future elderly population. However they are dependent on society meeting their specific needs for effective primary care, which provides some 90% of all health contact, yet there is little research into how well current services do this.

Methods The MOCHA project was funded by the EU as a Horizon 2020 project to appraise models of child primary health care in all 30 EU/EEA countries. The 20 multidisciplinary scientific partners used local agents, networks, and literature to assess structural, cultural, sociological and political dimensions. An External Advisory Board assisted the project; partners from Australia, Switzerland and the USA gave global context. The appraisal was based on a holistic multi stakeholder framework correlating structure, process and outcome measures. 81 children from 5 countries were interviewed. A number of tracer conditions spanning primary care prevention (immunisation and screening), chronic (asthma) and complex care (long term ventilation, ADHD and intractable epilepsy) were selected to help illustrate the systems in place.

Results Direct attribution of positive outcome measures of morbidity and mortality to primary care separate from wider health system factors (finance, workforce capacity/competence) proved impossible due to lack of comparable data. A number of optimum design principles emerged.

MOCHA reached six Conclusions:

1. Primary care for children in each country comprises many components; their cohesion as a system is determined more by their accessibility, capacity, and relationship than by their style (such as general or paediatrician primary care practitioner).
2. Effectiveness is primarily determined by access, workforce, service coordination and continuity, inter-sectoral governance, sociocultural linkage, and financing.
3. Optimal primary care for children is child-centric, equitable, proactive, integrated with specialist, social care and education services, and based on (and yielding) robust evidence.
4. Interdependence of health, economy and society is more influential than system construct, but there is inadequate public health, primary care and inter-sectoral collaboration on child health and development concerns.
5. Children are unacceptably invisible in health data and policy in Europe, including rights definition, data sets, research activity, e-health, and policy innovation.
6. Focused cross-Directorate and inter-agency activity within Europe would strengthen evidence and policy to facilitate stronger national systems.