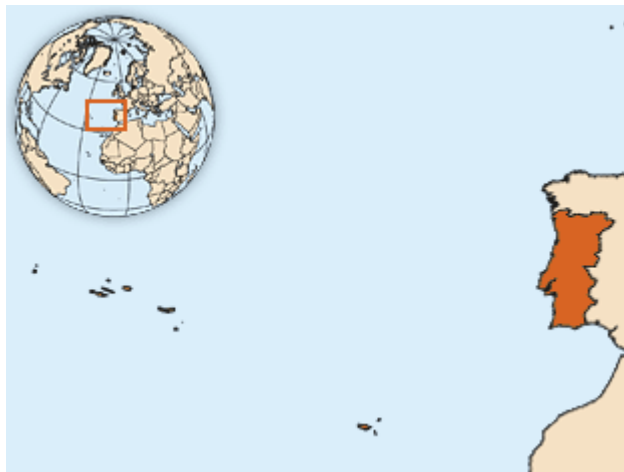


Portugal



<http://www.who.int/countries/en/>

WHO region	Europe
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2016)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	98
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2017-total and by sex data from 2015)	81.43 (Both sexes) 83.9 (Female) 78.2 (Male)
Population (in thousands) total (2018)	10,221,949
% Population under 15 (2018)	16.2
% Population over 60 (2018)	18
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	95
Gender Inequality Index rank (2014)	20
Human Development Index rank (2017)	41
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	9.50
Private expenditure on health as a percentage of total expenditure on health (2014)	35.18
General government expenditure on health as a percentage of total government expenditure (2014)	11.91
Physicians density (per 1000 population) (2014)	4.426
Nursing and midwifery personnel density (per 1000 population) (2014)	6.377
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	2.1 [1.5-2.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	3.5 [2.9-4.2]
Maternal mortality ratio (per 100 000 live births) (2015)	10 [9 - 13]
Births attended by skilled health personnel (%) (2015)	98.9
Public health and environment	
Population using safely managed sanitation services (%) (2015)	65 (Urban) 62 (Total)
Population using safely managed drinking water services (%) (2015)	95 (Total)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Considerable health improvements can be seen in recent decades. The life expectancy at birth has improved dramatically over the past 25 years. Impressive progress has taken place in perinatal and infant mortality rates, which were the highest of the EU 15 countries in 1980 but were better than the EU 15 average starting in 2007 and continuing now with the positive trend. Since the mid 1980s, the main causes of death have been diseases of the circulatory system, cerebrovascular disease and malignant neoplasms. The mortality rates for some key causes of death under the age of 65 years have decreased since 2000; as has the rate of death due to motor vehicle accidents. The 5-year survival rates for cancers detected at early stages have improved over the past 10 years. The lifestyle risk factors causing the high level disease burden are harmful use of alcohol, use of tobacco, insufficient physical activity and unhealthy diet. A growing challenge is the increasing prevalence of obesity, especially among children. There are large health inequalities in health status. Men bear the burden of deaths that occur at earlier ages, for example, from suicide, motor vehicle accidents and HIV/AIDS. The incidence of vaccine-preventable illnesses has been kept at low levels due to the historical high levels of immunization coverage.

HEALTH POLICIES AND SYSTEMS

The National Health Service (NHS) is a universal and tax-financed system. All residents in Portugal have access to health care provided by the NHS. One-fifth to a quarter of the population enjoys a second layer of health insurance coverage through specific health subsystems and voluntary health insurance. Health services are delivered by both public and private providers. Public provision is predominant in primary care and hospital care, with a gate-keeping system in place. Pharmaceutical products, diagnostic technologies and private practice by physicians constitute the bulk of private health care provision. In Portugal, in the context of pursuing equitable and comprehensive healthcare, and against the backdrop of the global economic crisis, ageing populations, increase in NCDs - the continuous introduction of new premium priced medicines and other health technologies are of particular concern. Controlling pharmaceutical expenditure is likely to remain a focus among European countries including Portugal and, to mitigate such pressures, further development of systems and processes to optimize use of medicines and health technologies are necessary.

COOPERATION FOR HEALTH

The National Health Plan 2012-2016 (and its extension to 2020) sets the strategic goal of strengthening Portugal's participation in global health. The Community of Portuguese-Speaking Countries (CPLP) is engaged on i) focus on Africa, particularly in the least developed countries and fragile states; ii) support to the stabilisation and transition towards development; iii) alignment and harmonisation between national strategies and policies, with the purpose of completing the MDGs; iv) reinforcement of the PALOPs in the international community. The Projects developed by the community concern the installation and maintenance of Technical Schools, Specialized Medical Training Centres, and Research and Development Networks. Portugal develops bilateral cooperation in health with countries from all continents. Some noteworthy examples are with Spain, Angola, Mozambique, Cape Verde, Guinea-Bissau, S. Tomé and Príncipe, Brazil, Uruguay, China and Saudi Arabia. Besides, Portugal participates in bilateral conventions on social security that include diseases and maternity (eg. Brazil, Cape Verde, Morocco, Andorra and United Kingdom).

The cooperation with WHO as the specialised agency of the UN for health is identified as essential for the foreign policy and diplomatic action in Global Health. There are a series of mechanisms of cooperation between Portugal and WHO including: The Biennial Collaborative Agreements (BCA) since 2006, the implementation and evaluation of the National Health Plan 2012-2016 and its extension to 2020. The Ministry of Health has signed a specific protocol with the WHO, for the project ePORTUGUESE, which includes initiatives such as the Virtual Health Library and Blue Trunk Libraries.

Portugal has organized the World Health Assembly meeting of the Portuguese-speaking countries in collaboration with the ePORTUGUESE WHO Programme in 2009 to introduce the WHR 2008 in Portuguese, Primary Health Care: Now more than ever. Besides, Portugal participates in the WHO Networks including the Global Health Workforce Alliance (GHWA), Global Outbreak Alert and Response Network (GOARN), Network of WHO Collaborating Centres in occupational health, Gender, Women and Health Network (GWHN), Global Noncommunicable Disease Network (NCDnet).

WHO's trusted impartial advocacy role, convening power, technical support and setting of global policies, norms and standards is recognized as important support for Portugal. WHO's advocacy role could be more effectively used to stimulate a national dialogue on prevention of NCDs. WHO's extensive experience in supporting the implementation of NCDs 'best buy' measures would be helpful in this area. Collaboration with WHO is also used to strengthen intersectoral work regarding health and the environment in Portugal. The intersectoral committee for the implementation of the NHP 2012-2016 have a key role in the consultation process of the Portugal CCS.

With technical support from WHO the Portuguese government has taken commendable steps to improve nutrition and prevent obesity with the launch of its new Integrated Strategy for the Promotion of Healthy Eating (EIPAS) on 29 December 2017. The Strategy contains a suite of measures agreed by an interministerial working group. It is closely aligned with the recommendations contained in the WHO European Food and Nutrition Action Plan 2015-2020 as well as in the European Union Action Plan on Childhood Obesity 2014-2020. This is the first time that such a "health in all policies" approach has been taken to the topic of nutrition in Portugal - an approach which incorporates health into policies across sectors and systematically takes into account the health and health-system implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2015–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Strengthened cooperation on national health systems and public health with emphasis on the NHP 2012-2020 and affordable access to medicines and health technologies</p>	<ul style="list-style-type: none"> • WHO should provide support for the implementation of the recommendations of the WHO performance assessment of the Portuguese health system; • Portugal should share its experience with health system best practices and lesson learned through the knowledge base of WHO; • Expand or initiate systematic collaboration with relevant Portuguese institutions in research and development for improving affordable access to medicines and health technologies.
<p>STRATEGIC PRIORITY 2: Exchange of expertise in the field of NCDs, nutrition and food policies, mental health and substance use issues</p>	<ul style="list-style-type: none"> • Exchange information and expertise in the field of NCDs, nutrition and food policies, tobacco, mental health, substance use issues and social determinants of health; • WHO should support consensus building on the use of international standards for NCD risk factors and advocacy for the importance of prevention of NCDs in Portugal; • With its reputation and authority, WHO will support the prevention of NCDs higher up on the Portuguese political agenda; • Expand or initiate systematic collaboration with relevant Portuguese institutions and their international research networks in the areas of research and development on health systems and NCDs
<p>STRATEGIC PRIORITY 3: Enhanced WHO-Portugal collaboration in the area of malaria and health workforce</p>	<ul style="list-style-type: none"> • WHO should facilitate Portuguese engagement in dialogue on health policy development and implementation in Portuguese speaking countries • Portugal should support WHO in its role to convene health development partners, engage in technical cooperation and support the introduction of applicable norms and standards • Expand the systematic exchange of expertise between Portugal and WHO in the areas of malaria and health workforce development

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