The Health of the Portuguese
Portugal National Health Plan, Revision and Extension to 2020

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Regional Director
Summary of presentation

1. The global and international agenda
2. The Portuguese National Health Plan
3. Health 2020
4. The health of the Portuguese
5. Extension of the Portuguese National Health Plan to 2020
6. Next steps
Universal health coverage

Equal access to high-quality health services and financial protection:
• coverage with health services (prevention, promotion, treatment and rehabilitation)
• coverage with financial risk protection

Potential indicators, focusing on coverage and protection:
• increased coverage of essential services
• increased equity and financial protection
• strengthened health systems
# Sustainable Development Goals

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<thead>
<tr>
<th>Goal 1.</th>
<th>End poverty in all its forms everywhere</th>
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<tr>
<td>Goal 2.</td>
<td>End hunger, achieve food security and improved nutrition and promote sustainable agriculture.</td>
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<td>Goal 3.</td>
<td>Ensure healthy lives and promote well-being for all at all ages.</td>
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<td>Goal 4.</td>
<td>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.</td>
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<td>Goal 5.</td>
<td>Achieve gender equality and empower all women and girls.</td>
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<td>Goal 6.</td>
<td>Ensure availability and sustainable management of water and sanitation for all.</td>
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<td>Goal 7.</td>
<td>Ensure access to affordable, reliable, sustainable and modern energy for all.</td>
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<td>Goal 8.</td>
<td>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.</td>
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<td>Goal 9.</td>
<td>Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation.</td>
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<td>Goal 10.</td>
<td>Reduce inequality within and among countries.</td>
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<td>Goal 11.</td>
<td>Make cities and human settlements inclusive, safe, resilient and sustainable.</td>
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<tr>
<td>Goal 12.</td>
<td>Ensure sustainable consumption and production patterns.</td>
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<td>Goal 13.</td>
<td>Take urgent action to combat climate change and its impacts.*</td>
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<td>Goal 14.</td>
<td>Conserve and sustainably use the oceans, seas and marine resources for sustainable development.</td>
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<td>Goal 15.</td>
<td>Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss.</td>
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<tr>
<td>Goal 16.</td>
<td>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.</td>
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<tr>
<td>Goal 17.</td>
<td>Strengthen the means of implementation and revitalize the global partnership for sustainable development.</td>
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*Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.
Health goal 3. “Ensure healthy lives, and promote well-being for all at all ages”.

The targets include:

- the unfinished MDGs
- emerging global health priorities
- universal health coverage and broader determinants of health

Several other goals also contain targets related to health.
Health goals and targets

To ensure healthy lives and promote wellbeing for all at all ages

3.3 End epidemics of HIV, TB, malaria and NTD, and combat hepatitis, water-borne diseases and other communicable diseases

3.2 Reduce child and neonatal mortality

3.1 Reduce maternal mortality

3.7 Universal access to sexual and reproductive health-care services

3.d Enhance capacity for early warning, risk reduction and management of national and global health risks

3.b Access to affordable essential medicines and technologies

3.8 Achieve universal health coverage

3.4 Reduce mortality due to NCD and improve mental health

3.5 Strengthen prevention and treatment of substance abuse (narcotics, alcohol)

3.6 Reduce mortality due to road traffic injuries

3.a Strengthen implementation FCTC (tobacco)

3.9 Reduce deaths and illness due to pollution and contamination

3.c Increased health financing and health workforce in developing countries
Links to other sustainable development goals and targets

Goal 1: End poverty
Target 1.3: Implement social protection systems for all

Goal 2: End hunger, achieve food security and improved nutrition
Target 2.2: End malnutrition, achieve targets for reductions child stunting and wasting

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Goal 4: Ensure inclusive and equitable education
Target 4.2: Ensure access to early childhood development, care and pre-primary education...

Goal 5: Achieve gender equality and empower all women and girls
Target 5.2: End all forms of violence against all women and girls...

Goal 6: Ensure availability and sustainable management of water and sanitation for all
Target 6.1: Achieve universal and equitable access to safe and affordable drinking water

Goal 16: Promote peaceful and inclusive societies for sustainable development
Target 16.1: Reduce all forms of violence and related death rates everywhere

Other goals and targets e.g. 10 (inequality), 11 (cities), 13 (climate change)
The sustainable development goals and Health 2020

- The sustainable development goals are broad and complex, but health is well placed.

- Health 2020 and universal health coverage provide a platform for an integrated approach for the health-related targets.

- The Health 2020 framework sets the ground for implementation.

- Implementation at national level is essential.
Strategic objectives of Health 2020

- Improve health for all, and reduce the health divide
- Improve leadership for participatory governance for health

Health 2020: four common policy priorities for health

- Investing in health through a life-course approach and empowering people
- Tackling Europe’s major health challenges: noncommunicable and communicable diseases
- Strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response
- Creating resilient communities and supportive environments
Health 2020: reaching higher and more broadly

- Focus on equity.
- Focus on causes and determinants.
- Address upstream root causes, such as social determinants.
- Invest in public health, primary care, health protection and promotion, and disease prevention.
- Make the case for whole-of-government and whole-of-society approaches.
- Offer a framework for integrated, coherent interventions.
Contributions of prevention and treatment to decreased mortality from coronary heart disease globally

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment</th>
<th>Risk Factors</th>
<th>Unexplained</th>
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<td>IMPACT Iceland, 1981-2006</td>
<td>24</td>
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<tr>
<td>IMPACT Finland, 1982-97</td>
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<td>53</td>
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<tr>
<td>BMJ Finland, 1982-97</td>
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<td>IMPACT Sweden, 1986-2002</td>
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<td>9</td>
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<tr>
<td>IMPACT Czech, 1985-2007</td>
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<td>60</td>
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<td>IMPACT Poland, 1991-2005</td>
<td>43</td>
<td>49</td>
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<tr>
<td>IMPACT USA, 1980-2000</td>
<td>47</td>
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<td>IMPACT England and Wales, 1981-2000</td>
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<td>10</td>
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<td>IMPACT New Zealand, 1982-93</td>
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<td>5</td>
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<tr>
<td>IMPACT Scotland, 1975-94</td>
<td>35</td>
<td>55</td>
<td>10</td>
</tr>
<tr>
<td>Hunink USA, 1980-90</td>
<td>43</td>
<td>50</td>
<td>7</td>
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<tr>
<td>Beaglehole New Zealand, 1974-81</td>
<td>40</td>
<td>60</td>
<td>0</td>
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<tr>
<td>Goldman USA, 1968-76</td>
<td>40</td>
<td>54</td>
<td>6</td>
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</table>

Source: NEJM 2007: 2388
The economic case for health promotion and disease prevention

The economic cost of noncommunicable diseases amounts to many hundreds of billions of euros every year.

Many costs could be avoided by investing in health promotion and disease prevention.

Today, governments spend an average 3% of their health budgets on prevention.
WHO/Europe review of social determinants and the health divide*: key findings and recommendations to improve equity in health

Policy goals

• Improve the overall health of the population.
• Accelerate the rate of improvement for those with the worst health.

Policy approaches

• Take a life-course approach to health equity.
• Address the intergenerational processes that sustain inequities.
• Address the structural and mediating aspects of exclusion.
• Build the resilience, capability and strength of individuals and communities.

* The study was carried out by a consortium of over 80 policy researchers and institutions throughout Europe in 2012 and was led by Sir Michael Marmot.
Transnational context

Wider society

Systems

Life-course stages

Accumulation of positive and negative effects on health and wellbeing

Prenatal

Early years

Working age

Older ages

Family building

Intergenerational transmission

Themes
Inequality in cognitive development due to multiple factors, United Kingdom

Cognitive test scores at age 7 years

- Low birth weight
- Not having been breastfed
- Maternal depression
- Having a single parent
- Low median family income
- Parental unemployment
- Poor maternal qualifications
- Damp housing
- Social housing
- Multiple deprivation

(ICLS, 2012)
Employment and working conditions have powerful effects on health and health equity

When they are good, they can provide:

- financial security
- paid holidays
- social protection, such as sick pay, maternity leave, pensions
- better social status
- personal development
- better social relations
- improved self-esteem
- protection from physical and psychosocial hazards

... all of which have protective and positive effects on health

Source: Commission on Social Determinants of Health, final report (WHO, 2008)
1. surveillance and assessment of the population’s health and well-being
2. identification of health problems and health hazards in the community
3. health protection services (environment, occupation, food safety)
4. preparedness and planning for public health emergencies
5. disease prevention
6. health promotion
7. a competent public health and personal health care workforce
8. governance, financing and evaluation of quality and effectiveness of public health services
9. communication for public health
10. health-related research
Health system strengthening and the Tallinn Charter

- Supports Member States in maintaining or moving towards universal health coverage (guided by the mission and vision of Health 2020)
- Transform financing arrangements to ensure sustainability and universality.
- Position primary health care as the basis for other levels of care.
- Ensure coordination among all health care services.
- Reinvigorate and modernize public health services.
- Revitalize a flexible, multi-skilled workforce with aligned task profiles by training and continuous development.
- Use modern technology and medicines for maximum benefits.
Today’s health services

- Ensure patients’ participation and feedback in designing, implementing and evaluating health policies and services.
- Form partnerships and share decision-making by patients and health care providers.
- Provide patients with information about treatment options and their rights.
- Train and develop skills.
- Map barriers to access to information, care, rehabilitation and assistance for people with diseases and disabilities.
- Find measures of the degree to which care in organizations and systems is people-centred.
- Ensure organizational and financial sustainability for future generations.
- Publish comparable performance indicators.
## Inter-sectoral action: elements for success

<table>
<thead>
<tr>
<th>Category</th>
<th>Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-level commitment and champions</td>
<td>• Mayors, prime ministers, celebrities</td>
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<tr>
<td>Dedicated resources</td>
<td>• Taxation, private sector</td>
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<td></td>
<td>• Coordination requires resources</td>
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<tr>
<td></td>
<td>• Health promotion agencies, advisory task forces, local government</td>
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<tr>
<td>Institutional structures</td>
<td>• Valorize informal relationships and the power of the community.</td>
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<tr>
<td>Joint planning</td>
<td>• The quality of planning can be more important than the plan.</td>
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<td>Legislative tools</td>
<td>• Set up structures for health promotion; address trans-fats</td>
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<tr>
<td>Accountability</td>
<td>• Clarify roles and responsibilities (shared or not, health or non-health)</td>
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<tr>
<td>Monitoring and reporting</td>
<td>• Focus action.</td>
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<td></td>
<td>• Results are important for advocacy.</td>
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</table>
Health 2020 monitoring framework: targets and core indicators

- **Reduce premature mortality**
  - Premature mortality from cardiovascular disease, cancer, diabetes and chronic respiratory disease*
  - Tobacco use
  - Alcohol consumption
  - Overweight and obesity*
  - Vaccination coverage
  - External causes mortality*

- **Increase life expectancy**
  - Life expectancy at birth*
  - Life expectancy at birth*

- **Reduce inequality**
  - Infant mortality*
  - Life expectancy at birth*
  - Primary school enrolment*
  - Unemployment rate*
  - National inequality policies
  - Gini coefficient

- **Enhance well-being**
  - Life satisfaction*
  - Objective indicators

- **Universal health coverage**
  - Out-of-pocket spending as % of total health
  - Vaccination coverage
  - Total health expenditure as % of GDP

- **National targets**
  - National polices aligned with Health 2020
  - Implementation plan
  - Accountability mechanism

* Disaggregated by sex
Trends in life expectancy, Portugal and the European Region

Life expectancy at birth (years), males

Life expectancy at birth (years), females

Source: WHO/Europe: European Health for All database
Portugal. Global burden of disease, 2010

The leading risk factor in Portugal is poor diet.

Source: IHME; GBD 2010
Prevalence of overweight among boys aged 7 years

* 6-year olds
** 8-year olds

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<thead>
<tr>
<th>Country</th>
<th>6-year olds</th>
<th>8-year olds</th>
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<tbody>
<tr>
<td>GRC</td>
<td>49</td>
<td></td>
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<tr>
<td>ITA**</td>
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<tr>
<td>ESP</td>
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<td>MLT*</td>
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<td>MKD</td>
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<td>PRT</td>
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<td>SVN</td>
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<td>NOR**</td>
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<td>SWE</td>
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<td>BEL</td>
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</table>
Salt intake per adult per day in the WHO European Region, from individual country surveys, various years

WHO recommendation < 5 g

No data
Prevalence of insufficient physical activity among adolescents at school (11–17 years)

http://apps.who.int/gho/data/view.main.2463ADO?lang=en
Addressing diet, physical activity and obesity in Portugal through Health 2020

- Portugal was one of the first countries to adhere to and support the WHO Childhood Obesity Surveillance Initiative (COSI)

- Good collaboration in the previous biennium, notably in:
  - preparing physical activity guidelines for the Portuguese population
  - evaluating the salt intake of certain population groups (e.g. adolescents)
  - stakeholder workshop on salt reduction strategies
  - evaluation of trans-fatty acids in foodstuffs

- Renewed and new areas of collaboration in diet, physical activity and noncommunicable diseases:
  - salt, sugar and fat reduction in the population, with a focus on vulnerable groups
  - nutrient profiling and labelling
  - iodine status of vulnerable groups and iodine content of foodstuffs
What does “tobacco-free” mean?
Cost-effective public health interventions

• Anti-tobacco interventions
  – Taxes, tobacco-free environments, health warnings, advertising bans

• Reduce harmful alcohol use
  – Taxes, health warnings, advertising bans

• Improve diet and physical activity
  – Reduce salt intake and salt content, reduce trans-fats, promote public awareness.
The Portuguese National Health Plan, 2012–2016
The National Health Plan and Health 2020

Focus on health and well-being
Participatory governance
Whole-of-government
Whole-of-society
Life-course approach
Focus on equity
Social determinants
Citizen empowerment
Health impact assessment
Focus on the health system
Goals of the National Health Plan

1. Increase healthy life expectancy at 65 years of age by 30%.

2. Reduce premature mortality (at < 70 years) to below 20%.

3. Reduce the prevalence of smoking in the population aged ≥ 15, and eliminate exposure to environmental tobacco smoke.

4. Control the incidence and prevalence of overweight and obesity in children, limiting any further increase by 2020.
Conceptual model of the National Health Plan

Figure 6 Conceptual Model of NHP

More value in health

Access

Quality

Citizenship

Healthy Policies
Guidelines for implementing the National Health Plan

• Prevention and disease control
• Health promotion and protection
• Promoting healthy environments
• Empowerment of citizens
• Dissemination and implementation of best practices
• Global health strengthening
Calendar of debate and consultation, including with WHO

1. Assessment of the draft Plan
2. Forum in Lisbon, 30 June 2014
3. Seminar on governance, 30 April 2015
4. Seminar on local health strategies, 24 September 2015
5. Seminar on monitoring (date to be confirmed)
Health systems strengthening for better noncommunicable disease outcomes

February 23, 2015
Three pillars of country assessments

- **NCD outcomes**
  - Assessment of past time trends
  - Potential to achieve the 25-by-25 targets

- **NCD core services**
  - Population interventions
  - Individual services

- Health system challenges and opportunities for scaling up coverage of core interventions and services
Self-assessment of essential public health operations

- Comprehensive questionnaire
- Minimum checklist of public health services
- Support for systematic self-assessment of capacity in all 10 operations
- Mobilizing community public health and inspiring dialogue are as important as the final reports.
- Tool to support capacity-strengthening for implementation of the National Health Plan
Thank you