

Name: Inês Fronteira

Country: Portugal

Affiliation: NOVA National School of Public Health

Function: Associate Professor Hab.

Main expertise: Health policies and systems



The background of the slide features a collection of medical-themed icons within a light blue rounded rectangular frame. These icons include an orange heart with a white ECG line, a large light blue cross, a doctor in a blue coat with a stethoscope, a clipboard with a blue cross and horizontal lines, a medicine bottle with a blue cross, and a first aid kit with a white cross. There are also some green leaves at the bottom.

Portugal: Health system summary

Inês Fronteira

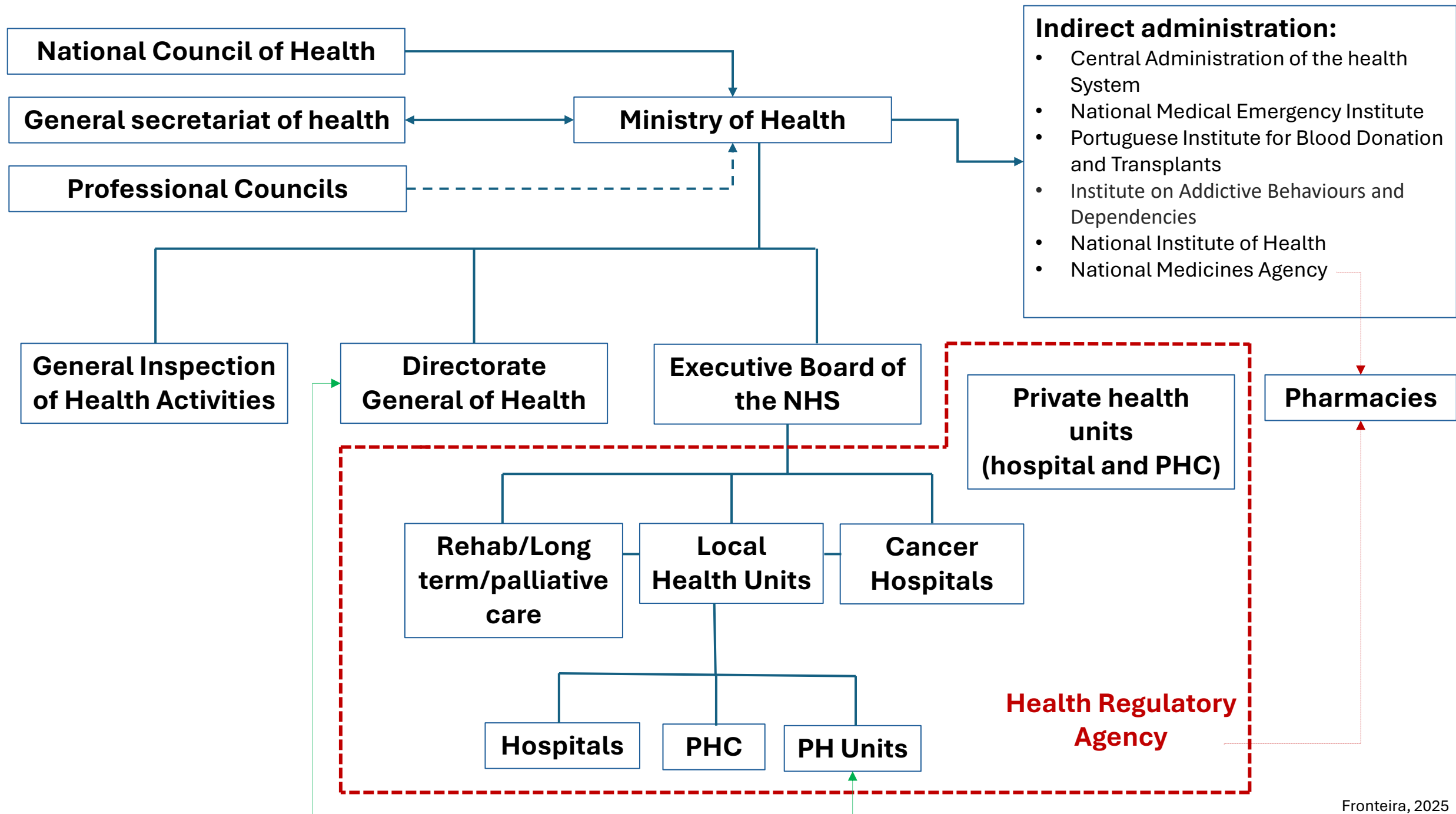
NOVA National School of Public Health

Overview

- The Portuguese health system is characterized by three coexisting and overlapping systems:
 - Universal NHS;
 - Health subsystems, health insurance schemes for which membership is based on professional/occupational group or company;
 - Private voluntary health insurance (VHI)
- Highly centralised: the Ministry of Health oversees planning, regulation and supervision.
- More than **1/3** of Portuguese **have double coverage (NHS + VHI/ private subsystem)**
 - 40% have VIH (+3.6% growth in people covered in 2024)
 - More 50% of health insurance is offered by employers as part of the employees' benefit package
- The Portuguese NHS is a universal, tax-financed system providing free care at the point of use to all residents, including asylum seekers and migrants awaiting regularisation.

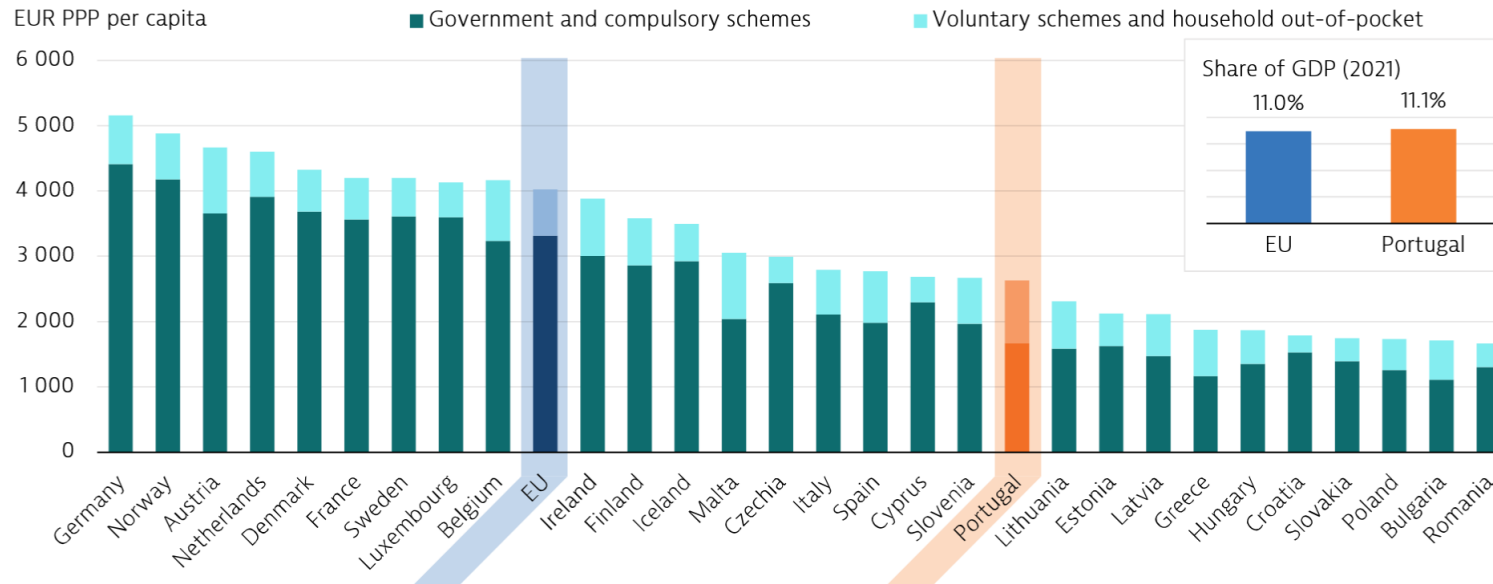
Overview

- Primary and hospital care are delivered by a mix of public and private providers, with **GPs acting as gatekeepers**
- In 2024, all **NHS hospitals (except cancer hospitals) and PHC units were integrated into local health units**, in a total of 39, all are under the jurisdiction of the Ministry of Health.
- **Private sector hospitals**, both not-for-profit and for-profit, have their **own management arrangements**.



Health Spending

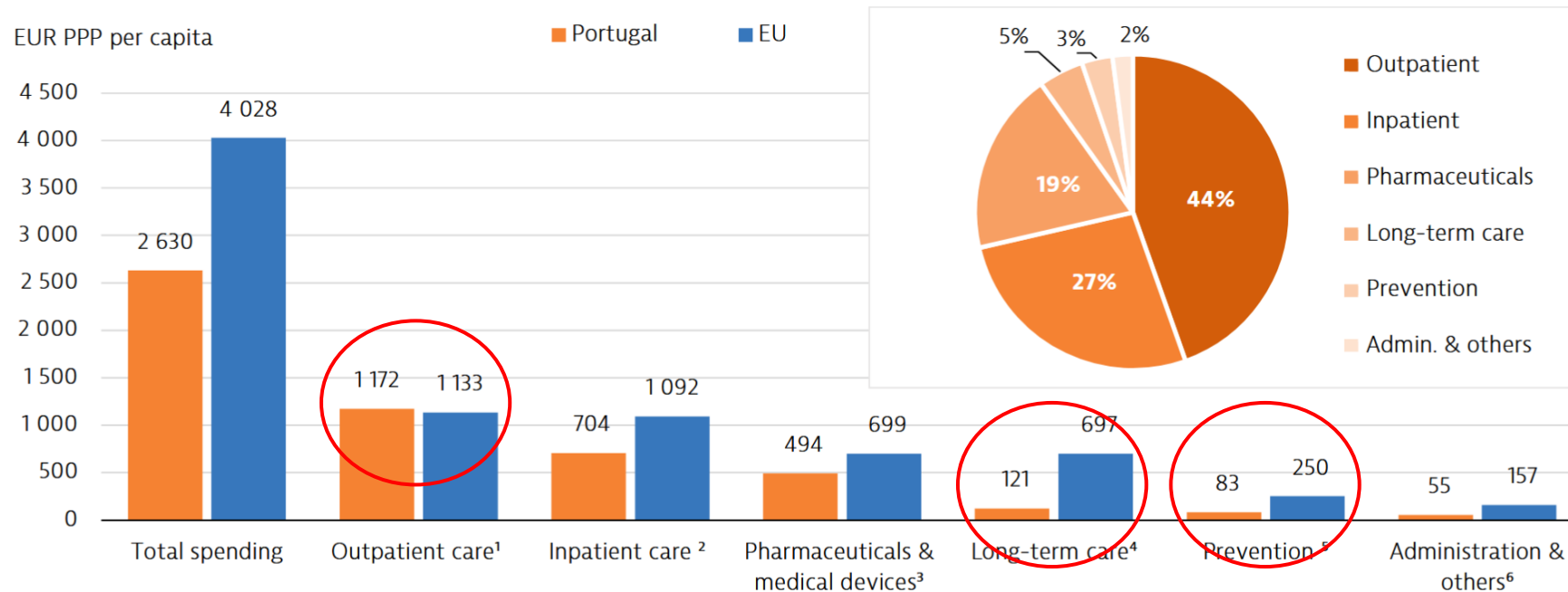
Figure 8. The share of health expenditure from private sources ranks among the highest in the EU



- 2 630 euros health spending per capita, adjusted for differences in purchasing power (4 030 euros in the EU)
- Health spending 11.1 % of GDP
- Funding - 63.2 % Public sources (81.1 % in the EU)
- 7.8 % VHI (4.4 % in the EU)
- 29 % out-of-pocket (OOP) spending (14.5 % in the EU).

Health Budget

Figure 9. Portugal allocates the greatest share of its health budget to outpatient care among EU countries



Notes: 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes; 6. Includes health system governance and administration and other spending. The EU average is weighted.

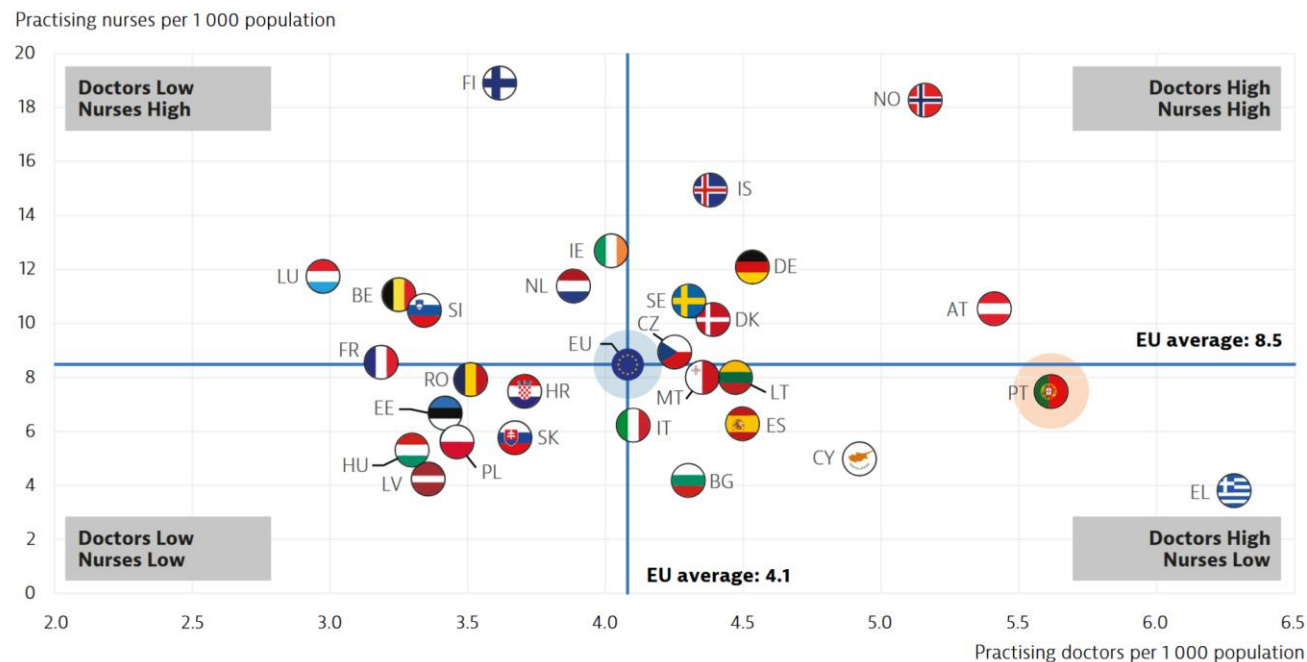
Sources: OECD Health Statistics 2023 (data refer to 2021).

- Oriented towards PHC
- ↓ Pharmaceuticals and Medical devices
- ↓ Long term care
 - 16.000 placements
 - 9662 inpatient
 - 6333 outpatient and home care

Hospitals and PHC centers

- 242 hospitals
 - 111 NHS + 1 PPP (73% of all hospital admissions)
 - 130 private hospitals (27% of all hospital admissions)
- PHC
 - 280 UCSP (30%) (traditional management, no autonomy, no incentives)
 - 268 FHU model A (more autonomy, no relevant incentives) transitioning (as of 2024) to model B (more autonomy, incentives linked to objectives and quality of care)
 - **570 FHU model B**
 - 10 pilots FHU model C (complementary, more autonomy and flexible).

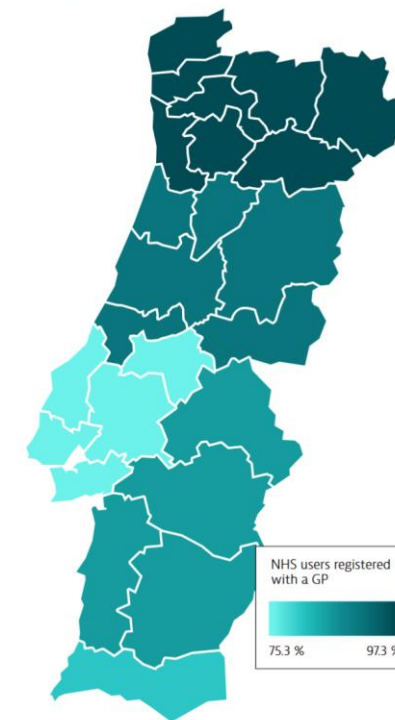
Health workforce



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.

Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

Figure 19. Approximately one quarter of NHS users in the Lisbon and Tagus Valley region are not registered with a GP

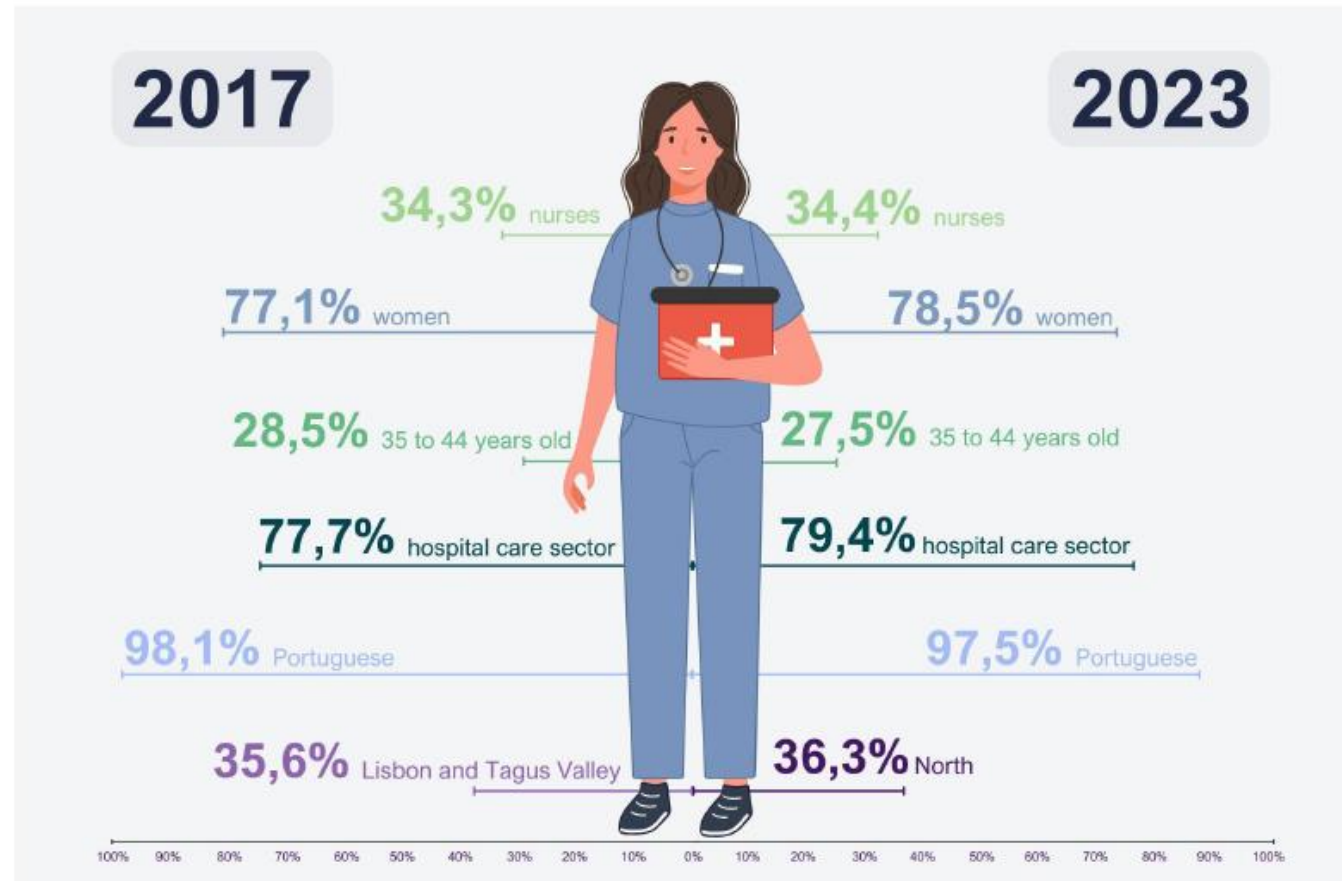


Source: SNS (2023a).

- ↑ ratio doctors/ pop and doctors to nurses
 - Mal distribution
 - Ineffective skill-mix
 - Highly reliance on doctors
- Critical shortages
 - OBG/GYN
 - Pediatrics
 - GPs
- Weak planning capacity

Health workforce

Figure 12 – Predominant professional profile in the NHS (2017 and 2023)



Performance

Figure 12. Portugal has fewer deaths from preventable and treatable causes than the EU average

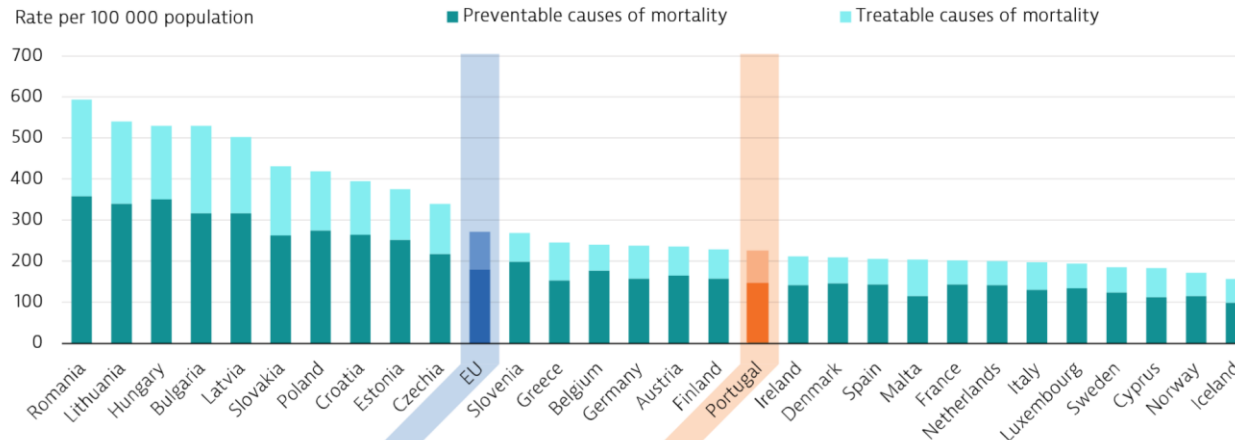
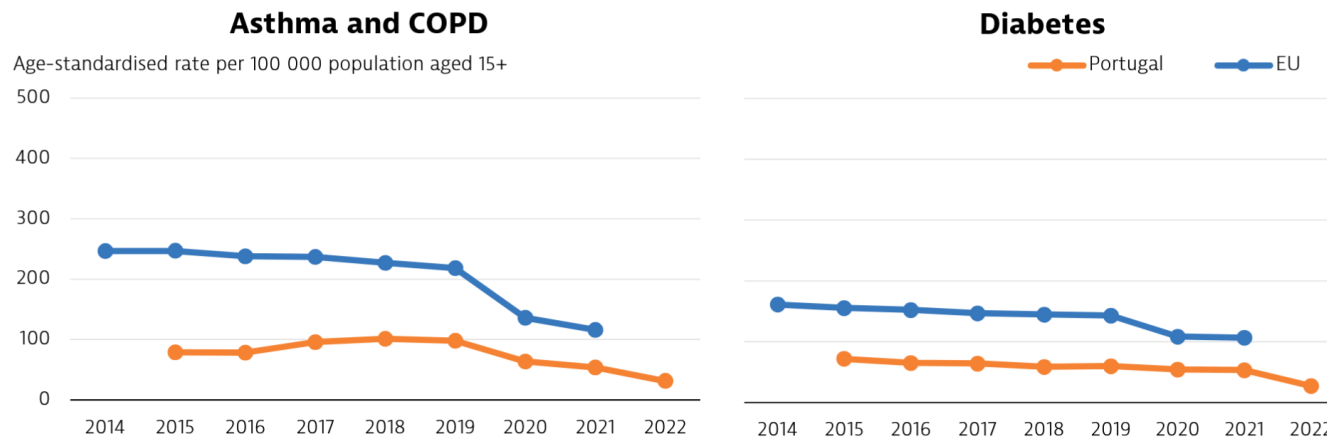
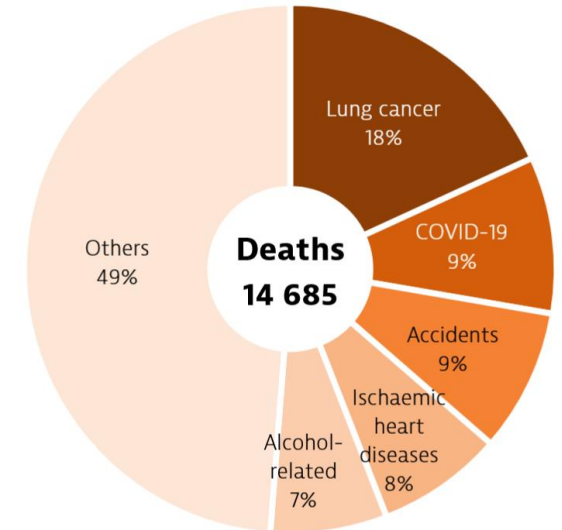


Figure 13. Hospitalisation rates for diabetes, asthma and COPD are among the lowest in the EU

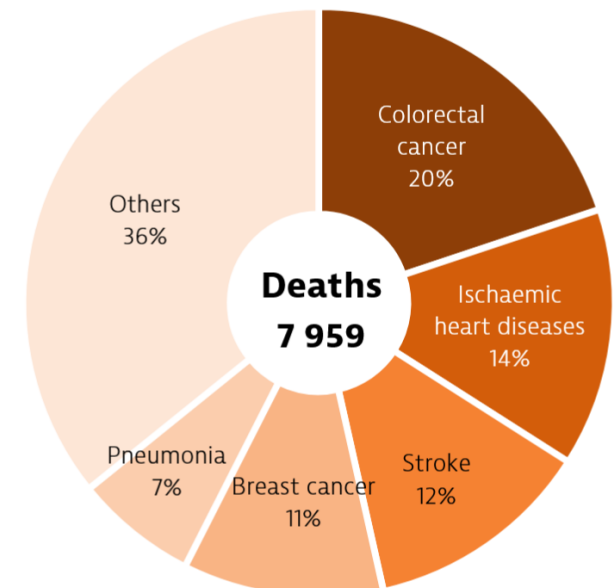


Note: Admission rates are not adjusted for differences in disease prevalence across countries.
Source: OECD Health Statistics 2023.

Preventable causes of mortality



Treatable causes of mortality



Unmet needs for medical care

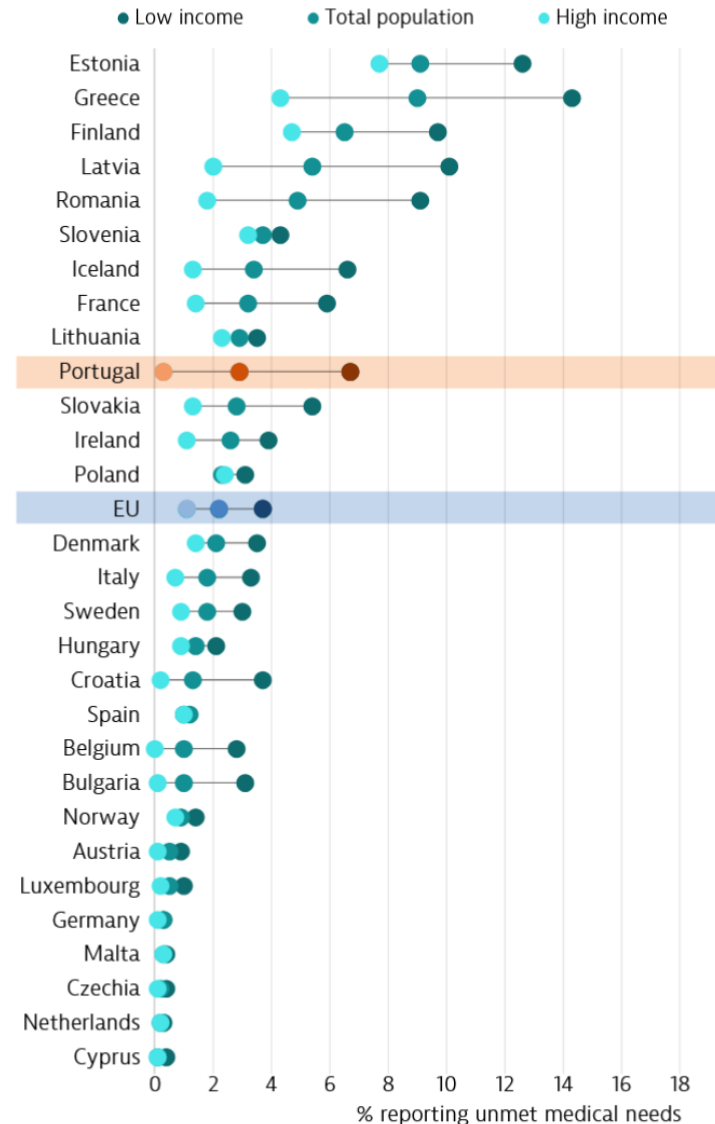
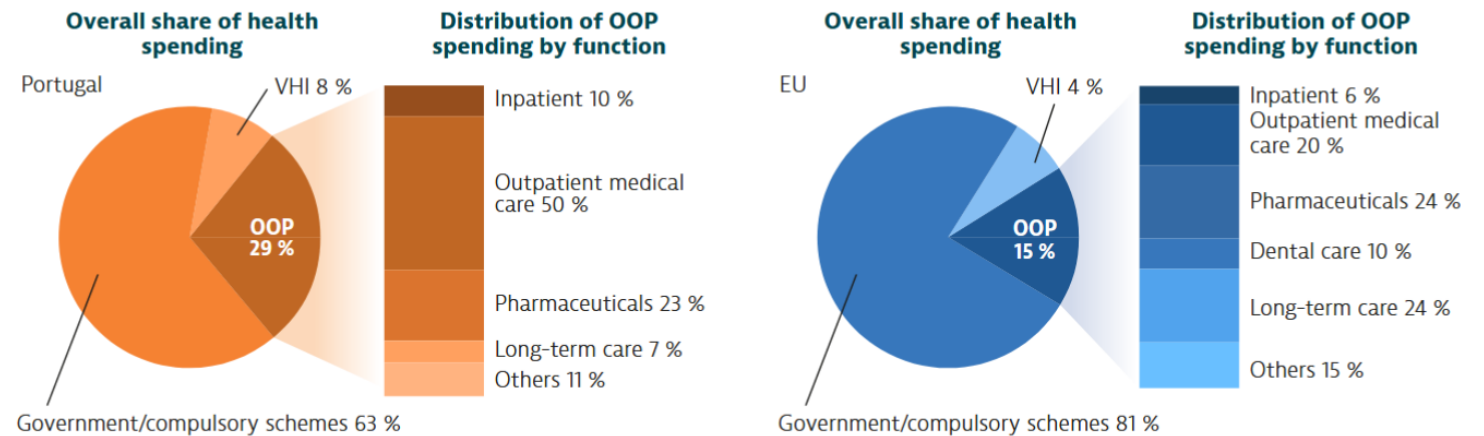
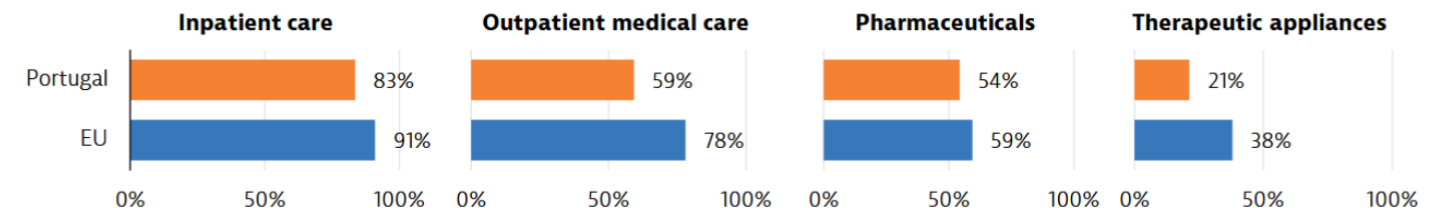


Figure 15. Outpatient care and pharmaceuticals absorb approximately two thirds of out-of-pocket spending



Notes: Outpatient medical care also includes dental care. VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2021).

Figure 16. Portugal's public coverage rate for outpatient medical care and therapeutic appliances was lower than the EU average in 2021



Conclusions

- The PT Health Systems faces important challenges
 - Ageing and epidemiological context
 - Increasing pressure on health care delivery, including long term care
 - Shortage, mal-distribution, attraction and retention of the health workforce
 - Financial sustainability
 - Increasing costs
 - Lack of definition of coverage
 - Underbudgeting (?)
 - Fragmentation of care – will LHU solve the case?
 - Inequities
 - Innovation and digitalization – lack of interoperability and link to R&D activities
 - Access
 - Centralized management with few space for autonomy – adequacy deficits in responding to needs, specially at regional and local level
 - Management models “really” new
 - Accountability

Thank you!

ines.fronteira@ensp.unl.pt