

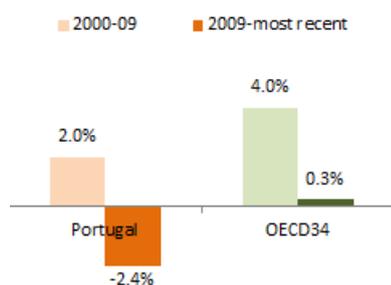
Despite financial strains, Portugal has shown a great level of commitment towards improving the quality and efficiency of its health system while maintaining a universal public system. However, although progress has been achieved, certain areas demand further scrutiny such as access to health care services – especially among the most vulnerable population – quality of care, healthier lifestyles and the long-term care system.

Ensure access to health care services

► Access to care in Portugal can be improved

In most recent years, Portugal has experienced a reduction in health spending, reflecting explicit austerity policies on public spending.

Average annual growth rates in real health spending per capita, 2000 to 2009 and 2009 to most recent years



Unmet care needs are significant, particularly for dental care, second highest compared with most OECD countries. Large inequalities between low and high income groups can be observed.

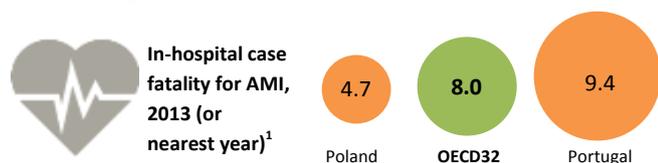
Share of the population with unmet care needs for dental examination (low-income group), 2013



Continue to promote quality of care

► Despite recent efforts to improve quality, Portugal needs to nurture and embed a culture of quality improvement in the hospital sector

For example, case-fatality of patients after heart attack and stroke is higher than many OECD countries.



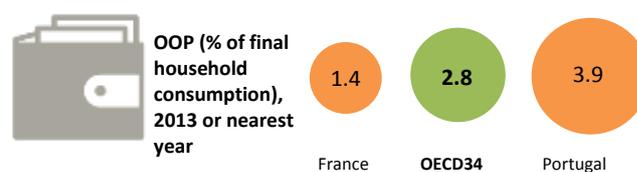
► What can be done?

- Ensure the adherence to agreed standard of care and recommended clinical guidelines
- Expand the coverage of accreditation processes across Portugal by providing more support to regions and hospitals
- Reduce the harmful overuse and misuse of medicines.

(1) Age-sex standardised rate per 100 admissions of adults aged 45 years and over.

► Out of pocket spending in Portugal is relatively high compared with other OECD countries

Among OECD countries, Portugal ranks 6th in the share of out of pocket medical spending (OOP) in final household consumption.



► What can be done?

- Continue to monitor inequality in health care access and utilisation
- Tackle barriers in improving access to care for low socioeconomically groups
- Review and improve the use of co-payment exemptions for vulnerable population groups

To read more about our work:

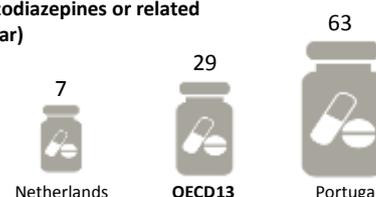
[Health at a Glance 2015: OECD Indicators](#)

[Fiscal Sustainability of Health Systems: Bridging Health and Finance Perspectives](#)

► Prescribing practices in primary care needs careful review

Indicators of prescribing in primary care suggest room for improvement. For example, the use of benzodiazepines in elderly people is associated with more than double the risk of developing adverse effects.

Number of elderly, per 1000 elderly population, prescribed long-term benzodiazepines or related drugs, 2013 (or nearest year)



To read more about our work:

[OECD Reviews of Health Care Quality - Portugal 2015: Raising Standards](#)

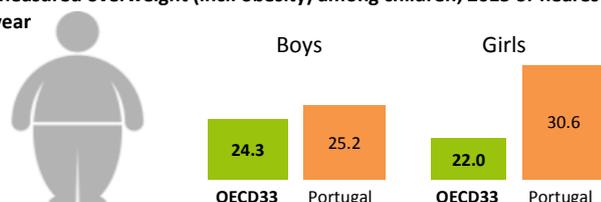
[Health at a Glance 2015: OECD Indicators](#)

Boost healthier lifestyles

► The prevalence of risk factors in Portugal is growing, with obesity rates among children and consumption of alcohol above OECD average

Although the rate of obesity among adults in Portugal is relatively low compared with other OECD countries, the share of Portuguese boys and girls with excess weight exceeds that of a majority of OECD countries.

Measured overweight (incl. obesity) among children, 2013 or nearest year



Albeit decreasing, alcohol consumption in Portugal remains well above OECD average.

Alcohol consumption among adults (liters per capita, 15 years +), 2013 or nearest year



► Spending on prevention is low

The share of total expenditure dedicated to prevention activities in Portugal (1.8%) is almost half of that spent on average by 27 OECD countries (2.8%).

» What can be done?

- Deliver health promotion messages on the importance of healthy diet and physical activity through the mass media and in schools
- Implement fiscal and pricing policies aiming to reduce the consumption of unhealthy foods and beverages, and deter overconsumption of alcohol
- Target heavy drinkers first, but also implement broader policy approaches to tackle harmful drinking

To read more about our work:

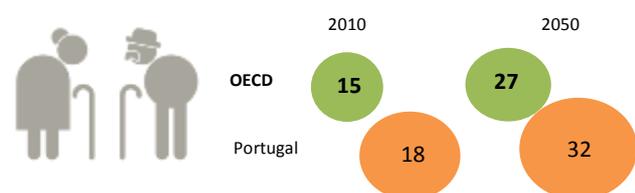
[Tackling Harmful Alcohol Use: Economics and Public Health Policy](#)
[Fit not Fat: Obesity and the Economics of Prevention](#)

Strengthen the long-term care system

► Demand for long-term care (LTC) is increasing

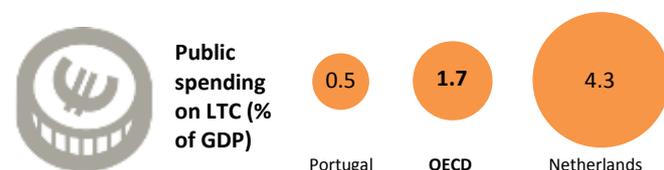
The Portuguese population is ageing rapidly, with about half of the elderly encountering limitations for daily activities.

% of total population aged 65 years and over



► The long-term care system remains under-resourced

Although Portugal has made progress in improving care coordination for the elderly through the development of the National Network of Integrated Continuous Care, public spending on LTC is still small, and the number of psychiatrists, nurses, and formal LTC workers is low.



Many elderly who are discharged from hospital continue to stay in hospitals due to an underdeveloped long-term care sector.

» What can be done?

- Further develop home care services for people with limited disabilities
- Promote care co-ordination between health and social care (for example, by offering an adequate supply of long-term care services outside hospitals, changing payment systems and care pathways to steer LTC users towards appropriate settings)
- Train and retain LTC workers (including nurses) to alleviate the burden of informal/family carer
- Make greater use of data to improve the coordination and effectiveness of care

To read more about our work:

[A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care](#)