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

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

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.

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.

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.

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.

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

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.

What can be done?

- Further develop home care services for people with 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

To read more about our work:
A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care