

Health and Structural funds in 2007-2013: country and regional assessment

COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS

PORTUGAL (PT)

Table 1: Country assessment summary - Portugal

NSRF strategic priorities	Funding source	Direct health sector investment	Indirect health sector investment	Potential health gain Personal Economic Social Environmental	Lisbon Agenda (renewed 2005)
Develop the skills of Portuguese men and women	ESF	-	X	E, S, P	To create a more attractive investment and working environment; To enhance growth through knowledge and innovation; To create more and better jobs.
Promote sustainable growth	ERDF/CF	-	X	E, S, P	
Ensuring social cohesion	ERDF/CF/ESF	-	X	S, E, P	
Ensure the development of the territory and the cities	ERDF/CF	X	X	Env, S, E, P	
Governance efficiency	ERDF/CF/ESF	X	-	S, E	

Table 2: Eligible regions under Cohesion Policy Objectives

Cohesion Policy Objective	Regions
Convergence	Alentejo, Centro, Norte, Azores.
Phasing out	Algarve.
Phasing in	Madeira.
Regional competitiveness and employment	Lisboa.

Table 2: Eligible regions under Cohesion Policy Objectives

Background: Portugal has an estimated population of just over 10.5 million with a higher density in coastal areas where the major urban areas are located (*Source: Ministry of Health. Health in Portugal 2007*). The age structure is: 0-14 years 16.5%; 15-64 years 66.3%; 65 years and over 17.3%. Life expectancy at birth is 77.87 years (74.6 years for males and 81.36 years for females) (*Source: http://www.indexmundi.com/portugal/demographics_profile.html*). Diseases of the circulatory system (strokes, coronary disease and ischemic heart disease) are the main causes of mortality in Portugal. It is still the EU MS with the highest mortality rate due to stroke caused by high prevalence of hypertension. Malignant neoplasms (or cancers) are the second main cause of death. Returning to demographic indicators for 2006, the population grew by 0.28% mainly due to net international migration that increased by 0.25%.

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Table 2: Eligible regions under Cohesion Policy Objectives

Although the Portuguese population is still growing it is also ageing. Due to the declining fertility and improving survival at older ages, the ageing index, which is the ratio of older people (aged 65 and over) to young people (aged under 15), rose from 110 in 2005 to 112 in 2006 (Source: http://www.ine.pt/portal/page/portal/PORTAL_INE/Destaques?DESTAQUESdest_boui=6059006&DESTAQUESmodo=2). These demographic dynamics have significant consequences and represent important challenges to public policy. The most important aspects relate to the sustainability of the system of social security and necessarily translate into greater demands on the provision of health care, social support for children and the aged in the sense of permitting greater conciliation between work, family and private life and, also, as regards the social change associated with longer working lives (Source: Ministry of the Environment, Spatial Planning and Regional Development. National Strategic Reference Framework 2007-2013 Portugal).

Table 3: Programme period 2007-2013 - health investment in the NSRF and OPs

Allocation of money in the SF 2007-2013

Source and budget	ERDF €11 938 204 665; ESF €6 512 387 865; CF €3 059 965 525
Total	€21 411 560 512
Health sector % of total allocated SF	€321 985 695 (approximately 1.5%)

NSRF strategic objectives (with OP relevance and funding source)

1. Develop the skills of Portuguese men and women (**OP HP** - ESF)
2. Promote sustainable growth (**OP CF, OP TE** - ERDF/CF)
3. Ensuring social cohesion (**OP TE OP HP** - ERDF/CF/ESF)
4. Ensure the development of the territory and the cities (**OP TE, ROPs, Azores - Madeira ROPs** - ERDF/CF)
5. Governance efficiency (**OP CF, OP HP, ROPs, Azores and Madeira ROPs** - ERDF/CF/ESF)

Operational Programmes

1. Competitiveness Factors (OP CF)
2. Human Potential (OP HP)
3. Territorial Enhancement (OP TE)
4. ROP 9 (North, Centre, Lisbon, Alentejo, Algarve, Azores (ERDF), Azores (ESF), Madeira (ERDF), Madeira (ESF)
5. OP Technical Assistance (ERDF)
6. OP Technical Assistance (ESF)

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Table 3: Programme period 2007-2013 - health investment in the NSRF and OPs

Direct health sector investment (with NSRF/OP relevance)

The National Action Programme for Growth and Jobs (PNACE) – by which the National Reform Plan is known in Portugal - has five strategic objectives. One of these is “guaranteeing the sustainability of the social security system and modernizing the health system”. Much of health system investment is done through national funding. For example, in a clear move towards a more competitive environment, alternative forms of providing services and developing public activities has happened. These are based on privatizations, concessions and public-private partnerships, entrepreneurialism, externalisation and respective contract awarding of public activities and services. The consequent emergence of a variety of new structures and forms of public governance, are already clearly evident in the area of large infrastructure investments and services of general economic interest such as energy, transportation and health.

Health services

Despite the progress made in the health field, very differentiated situations remain in which important needs persist that specifically justify interventions relating to the upgrading of emergency services, restructuring of primary health care and improvements to access to consultations and surgery (OP TE intervention area: “Infrastructure and Facility Networks for Social and Territorial Cohesion”).

e-Health

The modernisation of the public administration, on electronic administration and, necessarily, on the organisational models of the central administrations - devolved and decentralised - and also on the efficiency of the major social and collective systems, within the scope of which [are] the educational, health and social protection systems (Strategic priority 5 “Governance efficiency”).

Indirect health sector investment (with NSRF/OP relevance)

- Valorising health as a factor in raising productivity and social inclusion (Strategic priority 3 “Ensuring social cohesion”).
- The modernisation of the public administration, on electronic administration and, necessarily, on the organisational models of the central administrations - devolved and decentralised - and also on the efficiency of the major social and collective systems, within the scope of which [are] the educational, health and social protection systems (Strategic priority 5 “Governance efficiency”).
- Improvements in health care for vulnerable social groups [and] the quality of life of people with disabilities and incapacities (OP HP 4th strategic objective “Promotion of equal opportunities”; intervention area “Citizenship, Inclusion and Social Development”).

Evidence of capacity to deliver intersectoral policy and planning

The NSRF and OPs suggest where capacity exists and will be developed. Specifically, in terms of maximising health gain from Structural Funds capacity building is an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors. An initial focus could include: organisation development (Managing Authorities - thematic and regional, thematic rationality centres, Intermediary bodies); workforce development (Managing Authorities - thematic and regional, Intermediary bodies), resources allocation (Managing Authorities - thematic and regional, NSRF Observatory, Monitoring bodies for ROPs, regional dynamics observation centres), leadership (NSRF Ministerial Coordination Committee, Ministerial Coordination Committee for each thematic OP and Managing Authorities - thematic and regional, Regional Coordination and Development Committees) and partnerships/networks (thematic rationality centres, for ROPs - strategic advisory bodies, Managing Authorities, Regional Coordination and Development Committees, regional dynamics observation centres, Intermediary bodies).

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Regional planning and implementation (From OPs)

The linkages shown between the Thematic Operational Agendas (and corresponding Operational Priorities) and the Thematic Operational Programmes stem directly from the strategic coherence of the NSRF and the consequences that were subsequently assumed in terms of operational coherence. As regards the corresponding linkages with the Regional Operational Programmes (in continental Portugal), the inherent division of responsibilities, to be specified in the Operational Programmes, will be the result of consideration of the following principles:

- Principle of subsidiarity, according to which the responsibilities for public governance are assumed by the lowest level of the administrative structure, which must ensure the desired results and impacts are produced efficiently and effectively.
- Principle of localisation of benefits, according to which the responsibilities for public governance must be localised in the public institutions that correspond at the territorial level to where the respective benefits – i.e., the desired results and impacts – will be felt and have effective relevance.

Table 4: Non-health sector investment with potential health gain 2007-2013

Priority theme (and OP)	Relevant investments	Potential health gain
OP HP	<ul style="list-style-type: none"> • Also included here is support for the development of strategic training for management and innovation in the public administration, in areas in which institutions do not have internal training capacities and there is no possibility of obtaining it from other administration bodies, and the training of trainers (2nd priority “to promote scientific knowledge, innovation and the modernisation of the productive fabric and the public administration”; intervention area - Management and Professional Improvement). • Assumed as specific intervention objectives are the strengthening of the advanced training of human resources in science and technology, in research and innovation, aimed at the creation of a solid qualification base, the consolidation of institutions, the creation of scientific employment, the inter-linkage between higher training and scientific work, the insertion of researchers in enterprises and the strengthening of scientific leaderships (2nd priority “to promote scientific knowledge, innovation and the modernisation of the productive fabric and the public administration”; intervention area - Advanced Competitiveness Training). • To improve the health of the working population (4th priority “the promotion of equal opportunities”; intervention area - gender equality). 	Social, economic, personal

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**Table 4: Non-health sector investment with potential health gain
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OP CF	<ul style="list-style-type: none"> • The intensification of R&D effort, in particular by enterprises, and the creation of new knowledge in the aim of raising the economy's productivity and competitiveness and, in particular, of boosting links between enterprises and knowledge centres, accelerating the spread, transfer and use of technology, as well as companies' incorporation of R&D knowledge and results. To achieve these objectives, science policy will be integrated with enterprise policy, placing greater focus on demand and the aspects of dissemination, demonstration and cooperation/collaboration (national and international). (intervention area: Incentives for the Production of Knowledge and Technological Development). • The concretisation of strategies of development through the promotion of development at the national or territorial level of centres of competitiveness and technology of the development of other sectoral approaches and activities related and organised in clusters or other strategies that enhance agglomeration economies, and of the creation of regional dynamics that generate new centres of development, namely around anchor projects or projects to re-qualify/restructure existing economic activities and to invigorate and renew urban economies through the relocation/reordering and revitalisation of economic activity in urban centres (intervention area - Incentives for Innovation and Renewal of the Business Model and Pattern of Specialisation). • Qualification of the attendance given by central and regional public services when interfacing with companies and citizens, including the development of institutional solutions of concentrating public services at the sub-regional and municipal level and of facilitating corresponding access in areas with scattered communities and low population density (intervention area - Integrated Interventions to Reduce Public Administrative Costs). 	Economic, social
OP TE	<ul style="list-style-type: none"> • Also a priority for this type of intervention is the prevention of wildfires and the risks to public health and the environment from contaminated land, which in Portugal involves the resolution of existing liabilities, namely as regards the environmental rehabilitation of degraded mining and industrial areas (intervention area - prevention, management and monitoring of natural and technological risks). • To improve the health of the working population (intervention area - Networks, Infrastructure and Facilities for Territories. & Social Cohesion, namely networks of urgency medical care and primary care). • To qualify and revitalise the distinct spaces that comprise each city, aimed at a functioning which is wholly inclusive, cohesive, adjusted to the concrete needs of people, sustainable and which mobilizes citizens and the experience of a full and participatory citizenship (intervention area: cities policy). 	Environmental, social, personal, economic