



State of Health in the EU Portugal

Country Health Profile 2023

The Country Health Profile Series

The *State of Health in the EU's Country Health Profiles* provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

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Data and information sources

The data and information in the *Country Health Profiles* are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys

and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Portugal, 2022

Demographic factors

	Portugal	EU
Population size	10 352 042	446 735 291
Share of population over age 65 (%)	23.7	21.1
Fertility rate ¹ (2021)	1.4	1.5

Socioeconomic factors

GDP per capita (EUR PPP ²)	27 237	35 219
Relative poverty rate ³ (%)	16.4	16.5
Unemployment rate (%)	6.0	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

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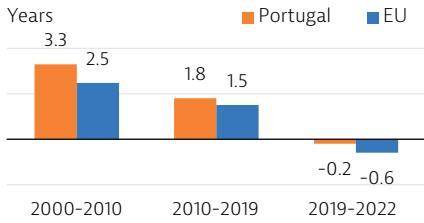
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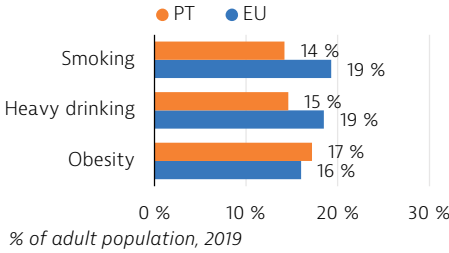
1 Highlights



Changes in life expectancy at birth

Health Status

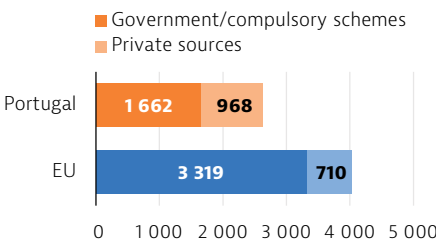
Life expectancy in Portugal increased faster than the EU average in the two decades preceding the COVID-19 pandemic, and its reduction during the pandemic was comparatively less severe. In 2022, life expectancy stood 1 year above the EU average at 81.7 years – about two and a half months below its pre-pandemic level. Circulatory diseases were the leading cause of death in 2020, followed by cancer.



% of adult population, 2019

Risk Factors

Portugal's mortality rate associated with behavioural risk factors remains relatively low, primarily thanks to below-average and declining numbers of smokers. While rates of regular heavy drinking are lower than the EU average, they have been on the rise in recent years. Adult obesity rates are slightly above the EU average, but the high prevalence of physical inactivity among both adults and children raises concerns about the potential for an increase in obesity in the future.



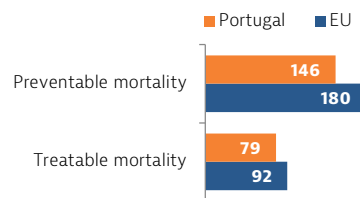
EUR PPP per capita, 2021

Health System

In 2021, Portugal's per capita health spending stood at EUR 2 630 – over one third below the EU average. Following a modest rise in 2020, health spending increased by over 11 % in real terms in 2021, driven by continued growth in public spending for COVID-19-related care and a robust recovery of private health spending. Public sources accounted for 63.2 % of health expenditure – well below the EU average of 81.1 %.

Effectiveness

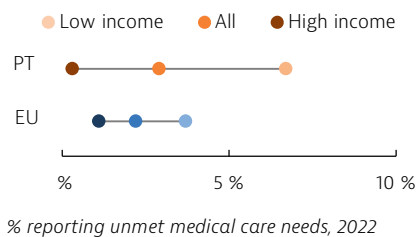
In 2020, the rate of mortality from preventable causes in Portugal was 19 % lower than the EU average, and the rate of mortality from treatable causes was 14 % lower. Lung cancer emerged as the leading single cause of preventable deaths, while ischaemic heart disease and colorectal cancer accounted for more than one third of treatable mortality.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

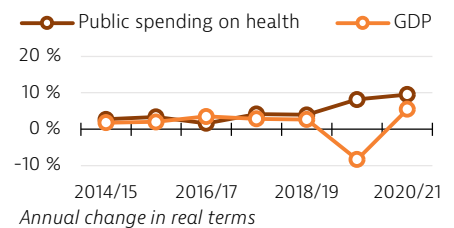
In 2022, nearly 3 % of the Portuguese population reported unmet medical needs, surpassing both the EU average (2.2 %) and the pre-pandemic rate of 1.7 %. Most unmet needs were cost-driven, with individuals in the lowest income quintile over 20 times more likely to report them than those in the highest quintile.



% reporting unmet medical care needs, 2022

Resilience

Following significant cuts during the financial crisis, Portugal's public spending on health returned to growth in 2015 at a rate in line with GDP expansion. The pandemic upended this trend, causing government health spending to rise by 8.2 % in 2020 as GDP fell by a comparable amount. As both GDP and private health spending rebounded in 2021, government health spending increased by 9.6 %.



Annual change in real terms

Mental Health

Levels of anxiety and depression in Portugal rank among the highest in the EU. Depression is disproportionately reported by women and people on low incomes. While Portugal's suicide rate is below the EU average, southern regions exhibit substantially higher rates than the national average. To address these challenges, the government established a new framework for decentralised service delivery. However, the low number of mental health professionals and regional disparities in service accessibility pose obstacles to its swift implementation.

2 Health in Portugal

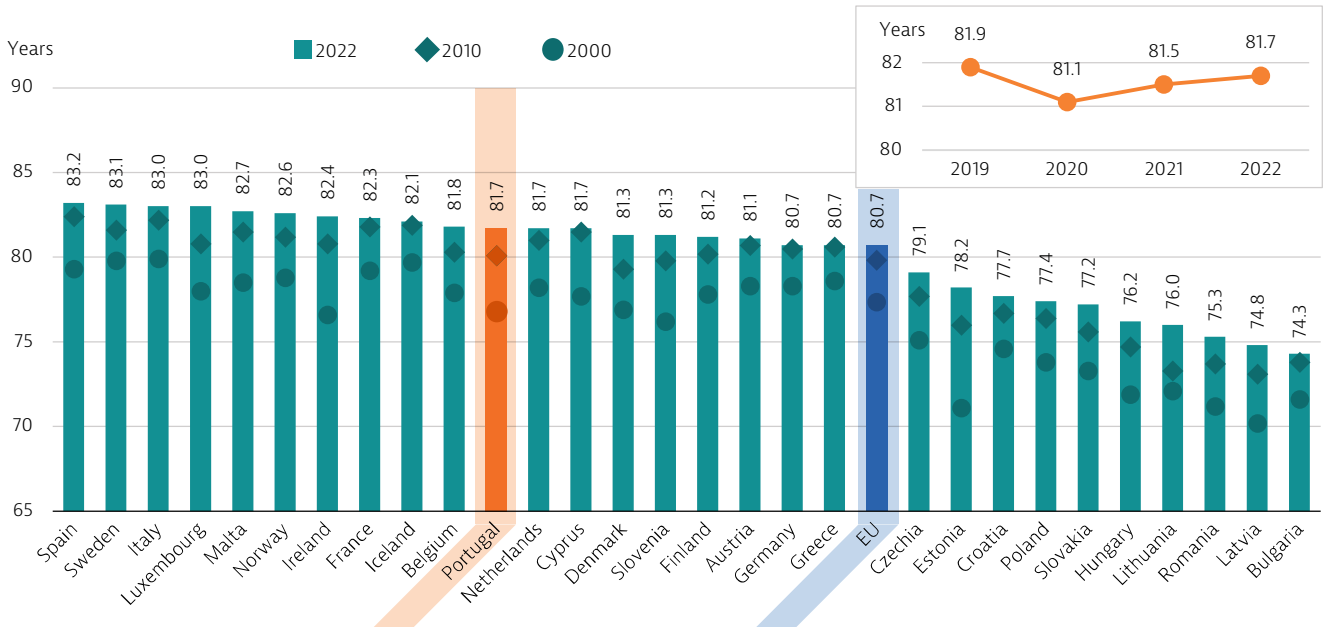
Portugal's life expectancy at birth was one year above the EU average in 2022

In 2022, Portugal's life expectancy at birth stood at 81.7 years, exceeding the EU average by 1 year. In the decade leading up to the COVID-19 pandemic, life expectancy in Portugal increased at a moderately faster rate than in most other EU countries. As a result, by 2019 Portugal's life expectancy had surpassed the EU average by over 7 months, reaching nearly 82 years. With the onset of the COVID-19 pandemic in 2020, life expectancy in Portugal fell by 0.8 years – a slightly smaller reduction than the EU average decline

of 0.9 years. Over the subsequent two years, life expectancy rebounded by 0.6 years, resulting in Portugal's life expectancy in 2022 falling short of its pre-pandemic level by less than 2.5 months (Figure 1). This contrasted with the EU average, which still had a gap of 0.6 years between its 2022 and pre-pandemic life expectancy level.

As in other European countries, men tend to have shorter lifespans than women. In 2022, the average life expectancy of Portuguese women was 84.5 half years – nearly 6 years longer than that of men. This gender gap in life expectancy was comparable to the EU average.

Figure 1. Portugal's life expectancy in 2022 was 0.2 years lower than its pre-pandemic level



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refer to 2021. Source: Eurostat Database.

Cardiovascular diseases and cancer are the main causes of death in Portugal

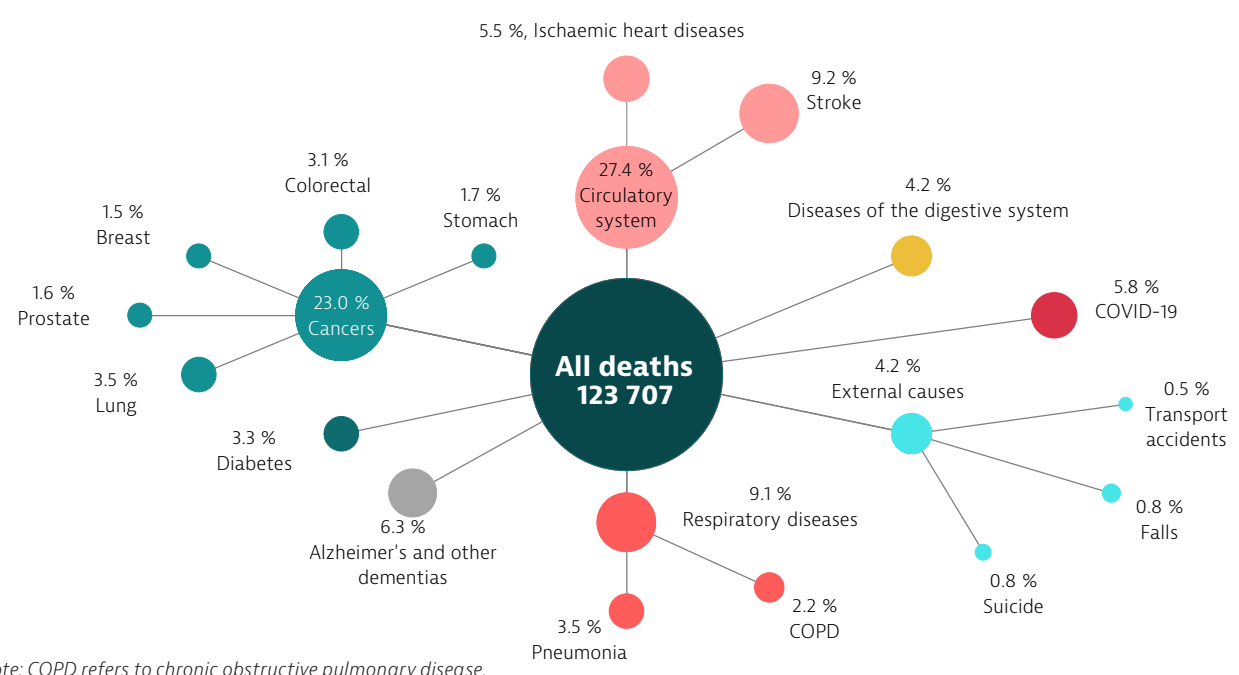
Over the last decade, Portugal's life expectancy gains can be attributed primarily to the reduction in mortality rates from circulatory diseases – especially cerebrovascular diseases such as stroke. Against the backdrop of an ageing population and the associated increase in the prevalence of chronic conditions, circulatory diseases remain the leading cause of death in Portugal, accounting for over 27 % all deaths in 2020 (Figure 2). Among circulatory diseases, cerebrovascular diseases were the primary single cause of death, accounting for one third of all deaths within this group.

Cancers ranked as the second most common cause of death, representing 23 % of fatalities. Lung cancer continued to be the primary cause of cancer-related mortality, followed by colorectal cancer.

During the first year of the pandemic, Portugal reported 7 125 confirmed deaths due to COVID-19, making up less than 6 % of the total number of fatalities registered in 2020. Of these deaths, approximately half (47 %) occurred among individuals aged 85 and over.

The indicator of excess mortality, defined as deaths occurring (regardless of their cause) above

Figure 2. COVID-19 accounted for a comparatively small number of deaths in 2020



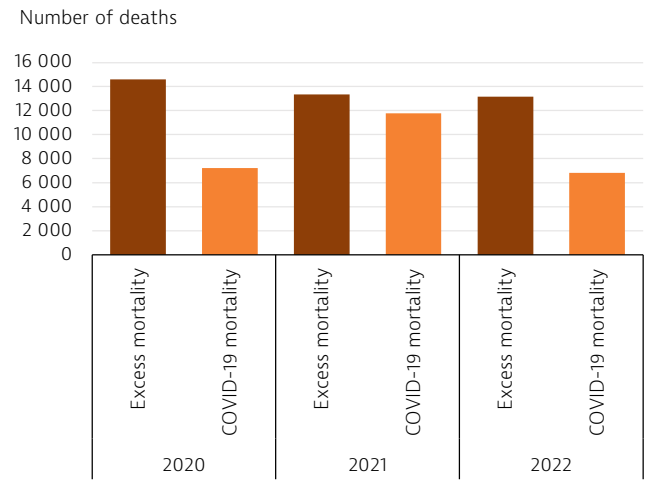
Note: COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2020).

a baseline derived from pre-pandemic levels, provides a more comprehensive picture of the pandemic's mortality impact. The more than 40 000 excess deaths that occurred in Portugal between 2020 and 2022 account for a level 12.4 % above their historic baseline, which is marginally lower than the average excess mortality observed on average in the EU during the same period (12.6 %).

Throughout the first three years of the pandemic, excess mortality in Portugal showed comparatively minimal fluctuations, peaking at 13.2 % in 2020 and slightly declining in both 2021 and 2022. The number of excess deaths consistently exceeded the officially reported COVID-19 death toll. Several factors have likely contributed to this divergence, including the possibility of underreported COVID-19 deaths, disruptions in healthcare services and an increased risk of mortality from other factors such as summer heatwaves and influenza.

After narrowing significantly in 2021, the gap between confirmed COVID-19 deaths and excess mortality widened significantly in 2022 (Figure 3). This occurred despite excess mortality remaining stable compared to 2021, amidst a significant year-on-year decline in the number of confirmed COVID-19 deaths. The wider gap between confirmed COVID-19 deaths and excess mortality observed in 2022 can be partly attributed to an unusually large number of deaths associated with the record heatwave that affected Portugal during the summer of 2022 (Silva, et al., 2023).

Figure 3. Excess mortality remained stable in 2022 despite a sizeable decline in COVID-19 fatalities



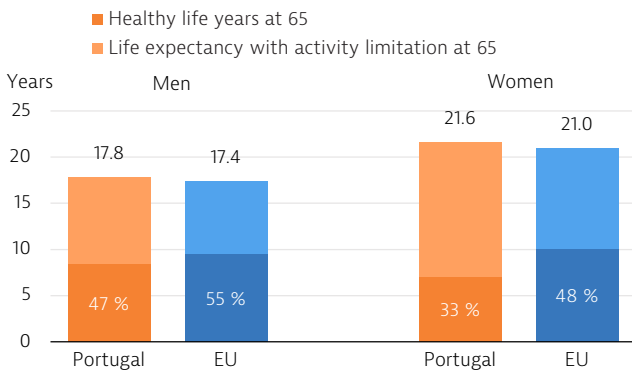
Note: Excess mortality is defined as the number of deaths from all causes above the average annual number of deaths over the previous five years before the pandemic (2015-19).
Sources: ECDC (for COVID-19 mortality) and OECD Health Statistics based on Eurostat data (for excess mortality). The COVID-19 mortality rate for 2022 is preliminary.

Portuguese individuals at age 65 are expected to live only two fifths of their remaining life free from disability

As other EU countries, Portugal has undergone a demographic shift towards an older population in the past two decades. The proportion of its population aged 65 and older rose from 16 % in 2000 to 22 % in 2021 – slightly surpassing the EU average of 21 %, and it projected to reach 34 % by 2050.

In 2020, Portuguese women at age 65 had an average life expectancy of 21.6 years, while men could expect to live for another 17.8 years – about seven and five months longer than their respective EU averages. However, compared to the EU average, men and especially women in Portugal could expect to spend a significantly smaller proportion of their lives after 65 free from disabilities (Figure 4). This disparity reflects the considerably higher prevalence of health-related activity limitations among people aged 65 and over in Portugal compared to the EU average. According to survey data, 61 % of them reported such limitations, compared to 49 % in the EU. This gap was particularly large among Portuguese women, with over two thirds of those aged 65 and above experiencing activity limitations due to health problems, compared to 51 % in the EU.

Figure 4. Portuguese women are expected to live only one third of their life after 65 disability-free



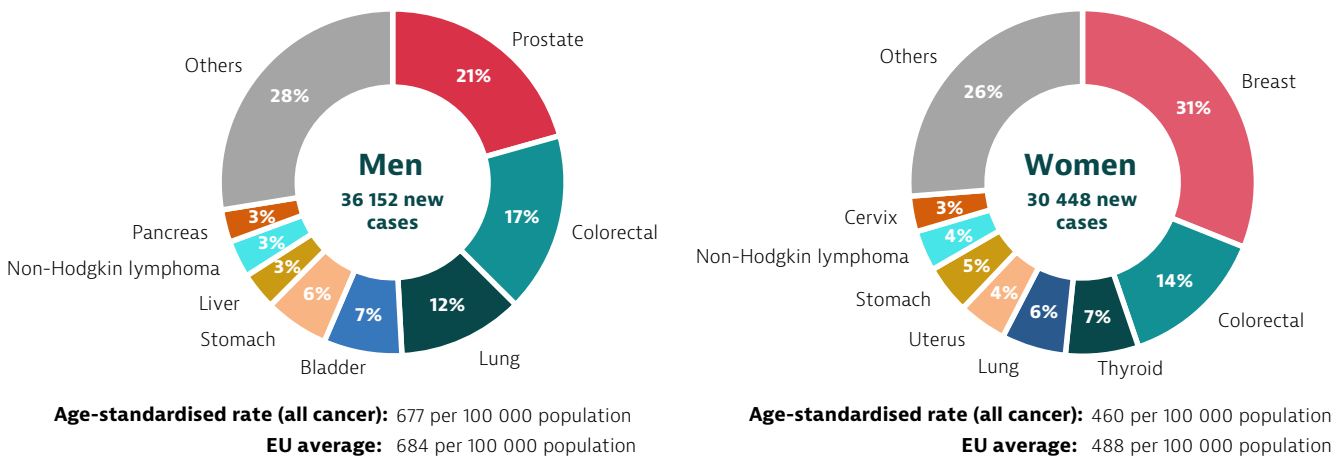
Source: Eurostat Database (2020).

The incidence of cancer in Portugal is slightly lower than the EU average

Despite a slightly lower incidence of cancer compared to most other EU countries among both men and women, Portugal still bears a significant cancer burden. In 2020, cancer accounted for nearly one in every four deaths in the country, and over the decade preceding the COVID-19 pandemic, the reduction in cancer mortality rates was negligible in comparison to the EU average (OECD, 2023).

According to incidence estimates from the Joint Research Centre based on historical trends, Portugal witnessed approximately 66 600 new cancer cases in 2022. Figure 5 shows that in 2022, prostate (21 %), colorectal (17 %), and lung (12 %) were projected to be the most common cancer sites among Portuguese men, while breast (31 %), colorectal (14 %), and thyroid (7 %) cancers accounted for over half of all new cancers among women. The comparatively low incidence of cancer in Portugal can be partially attributed to the lower-than-average prevalence of behavioural risk factors, especially smoking and dietary risks, among the Portuguese population (see Section 3). Although population ageing is a major contributor to the projected rising incidence of cancer, a significant portion is amenable to lifestyle changes. Minimising preventable cancer cases by reducing individuals' exposure to carcinogens and promoting healthier lifestyles is one of the four key pillars of Portugal's National Cancer Control Strategy 2030, which the government began implementing in 2023 (DGS, 2022a).

Figure 5. More than 66 000 new cases of cancer were estimated in Portugal in 2022



Notes: Non-melanoma skin cancer is excluded; uterus cancer does not include cancer of the cervix.
 Source: ECIS – European Cancer Information System.

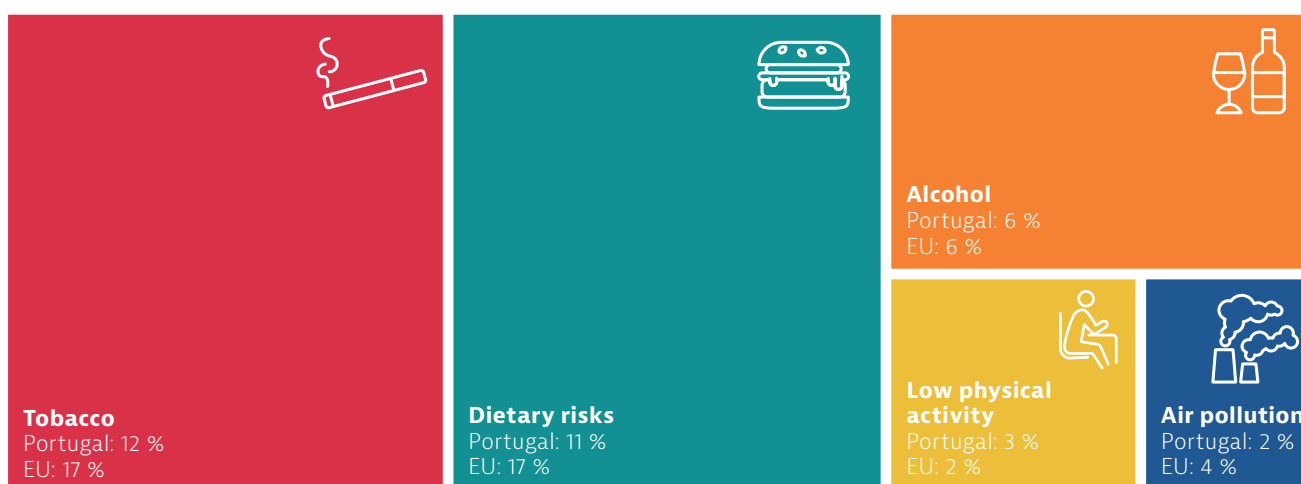
3 Risk factors

Behavioural and environmental risk factors have a major impact on mortality

In 2019, 30 % of all deaths in Portugal could be attributed to behavioural risk factors, including tobacco smoking, dietary risks, alcohol consumption and low physical activity. This proportion was notably lower than the EU average of 39 %, which in turn reflects a comparatively lower prevalence of lifestyle-related risk factors for health among the Portuguese population. Albeit

to a lesser extent than in other EU countries, environmental risk factors for health such as air pollution – specifically in the form of fine particulate matter (PM_{2.5}) and ozone exposure – also had a non-negligible impact on mortality in Portugal, accounting for 2 % of total deaths (Figure 6).

Figure 6. Nearly a third of annual deaths in Portugal are linked to behavioural health risk factors



Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable intake, and high sugar-sweetened beverages consumption. Air pollution refers to exposure to PM_{2.5} and ozone alone. Sources: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

While the number of smokers is relatively low, alcohol consumption among adults remains high and heavy drinking is on the rise

In the five years preceding the COVID-19 pandemic, Portugal witnessed a significant reduction in the prevalence of smoking. This reduction can be attributed in part to interventions (including tax-based measures) implemented under Portugal’s National Programme for the Prevention and Control of Tobacco Use (DGS, 2021). Between 2014 and 2019, the prevalence of daily smoking among adults declined from nearly 17 % to 14 %, below the EU average of 18.7 %. Smoking among adolescents also saw a significant decline in popularity in recent years. In 2022, only 9 % of Portuguese 15-year-olds reported having smoked cigarettes in the past month, a drop from 11 % in 2018 and nearly half the EU average of 17 % in 2022 (Figure 7). At the same time, there has been a slight uptick in the

use of e-cigarettes among Portuguese teenagers. In 2019, 13.4 % of teenagers aged 13-18 reported their use, marking a one percentage point increase compared to 2015 (Lavado, et al., 2019).

Regarding alcohol use, the estimated yearly alcohol intake per capita among Portuguese adults declined from 11.3 litres in 2010 to 10.4 litres in 2019, still slightly above the EU average of 10 litres per capita. Although a comparatively small proportion of Portuguese adults reported regular heavy drinking in 2019 (14.6 % compared to 18.5 % in the EU), its prevalence increased by 4.4 percentage points since 2014, marking one of the largest increases observed among EU countries.¹ In contrast, only 8 % of Portuguese 15-year-olds reported having been drunk at least twice in their lifetime – a much lower share than the EU average of 18 % and a large decline from the 15 % reported in 2018.

¹ Heavy drinking is defined as people having 6 alcohol drinks or more in a single occasion, each month, over the past twelve months.

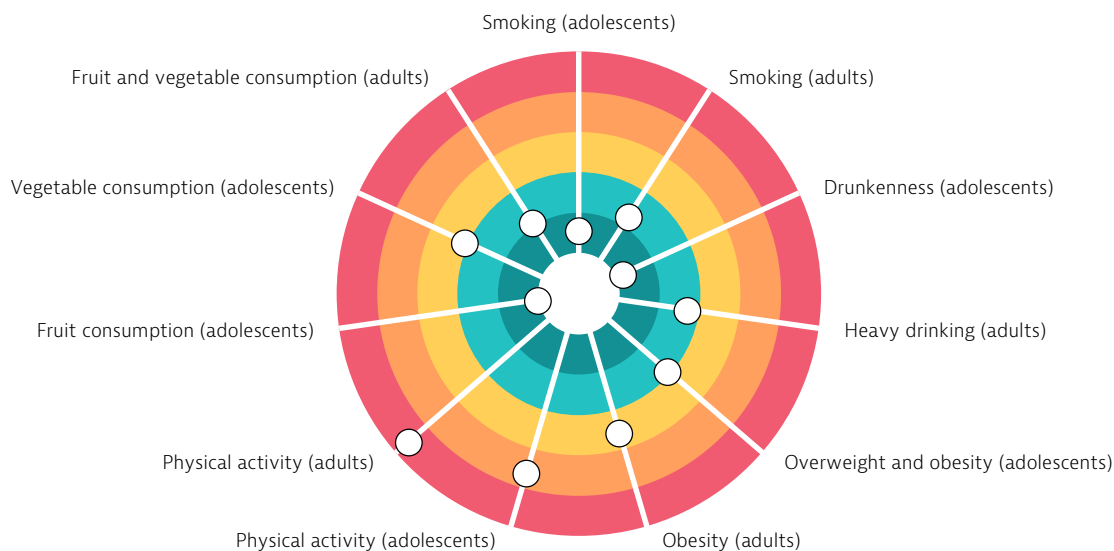
Overweight and obesity, especially among children, are a growing public health concern

Based on self-reported data from 2019, the proportion of adults classified as obese in Portugal was slightly above the EU average, standing at over 17 % compared to 16 % in the EU. The prevalence of adult obesity followed a steep socioeconomic gradient, with less than 10 % of highly educated Portuguese individuals being obese, compared to nearly 22 % of those without secondary education. In 2022, 20 % of Portuguese 15-year-olds were classified as either overweight or obese – a slight decline from the 22 % reported in 2022 and just below the EU average of 21.2 %, but still higher than the 17 % reported in 2010 – a gradual but concerning trend that foreshadows potential risks of adult obesity increasing in the future. To tackle these risks, Portugal is implementing various measures to improve dietary habits (including food taxes, food advertising restrictions to children and food standards to schools, 0 % VAT rate for a healthy food basket) under the scope of the National Programme for the Promotion of Healthy Eating.

Programmes to promote physical activity in primary care are being rolled out

Low rates of physical activity among both Portuguese adults and teenagers compound risks of overweight and obesity increasing in the future. In 2019, only 17 % of Portuguese adults reported engaging in at least 150 minutes of physical exercise per week, which was nearly half the EU average. Similarly, in 2022 only 14 % of Portuguese 15-year-olds reported doing some physical exercise daily – a proportion just below the EU average of 15 %, which however represents a significant improvement from the 9 % reported in 2018. Eurobarometer survey data from 2022 corroborate these findings, highlighting significantly lower rates of regular exercise and sports participation in Portugal compared to the EU average (Eurobarometer, 2022). As COVID-19 restrictions were relaxed in 2022, the rollout of activities under Portugal’s National Physical Activity Promotion Programme (PNPAF) gradually resumed its activities. The PNPAF involves various components, including awareness-raising initiatives and pilot projects designed to systematically encourage physical activity prescriptions in primary care, with the support of digital tools to monitor physical activity (DGS, 2022b).

Figure 7. Portugal fares better than most other EU countries on all behavioural risk factors except obesity and physical activity



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white “target area” as there is room for progress in all countries in all areas.

Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EHIS 2019 for adults indicators.

4 The health system

The Portuguese National Health Service is universal and centralised, coexisting with other supplementary health sub-systems

Portugal's National Health Service (NHS) is a universal, predominantly tax-financed health system covering all residents, including asylum seekers and migrants who are in the process of regularising their status. Primary and hospital care are delivered by a mix of public and private providers, with general practitioners (GPs) acting as gatekeepers to specialist and secondary care.

The Ministry of Health consolidates most planning, monitoring, guidance and regulatory activities (Box 1). At the local level, five regional health administrations are responsible for supervising NHS hospitals, managing public primary care centres and providers, and executing national health policy objectives. In 2024, all hospitals and primary care units within the Portuguese NHS will be integrated into local health units. A recently established management body – the NHS Executive Board – will coordinate the operations of NHS health providers. This change aims to improve access and ensure alignment between clinical and public health governance. Municipalities also hold some health sector responsibilities. These include managing and investing in primary care infrastructure and overseeing programmes that promote healthy lifestyles.

In addition to the NHS, healthcare coverage is provided through two additionally, mostly supplementary, channels. The first one comprises various (public and private) health sub-systems – insurance schemes covering specific professional groups such as civil servants, military personnel and workers in other specific sectors. The

second channel involves private voluntary health insurance (VHI), which provides access to additional benefits.

Health spending per capita in Portugal is over one third lower than the EU average

In 2021, Portugal's health spending per capita, adjusted for differences in purchasing power, stood at EUR 2 630, which was more than one third lower than the EU average (EUR 4 030). However, health spending accounted for 11.1 % of GDP, which is in line with the EU average. Public sources funded 63.2 % of health expenditure in 2021 – significantly below the EU average of 81.1 % (Figure 8).

Correspondingly, private sources accounted for a share of health expenditure that was nearly double the EU average of 18.9 %, reflecting greater contributions from both VHI (7.8 % compared to 4.4 % across the EU) and out-of-pocket (OOP) spending (29 % of total health expenditure compared to 14.5 % across the EU).

In the five years preceding the pandemic, private health spending in Portugal grew at an average annual rate of 4 %, primarily driven by increased OOP expenses. The pandemic caused a temporary reversal of this trend, resulting in a nearly 7 % decline in private health expenditure in 2020. This decline was caused by disruptions in non-COVID-19 care from private providers and changes in patient healthcare-seeking behaviour. In 2021, health expenditure in Portugal increased by an unprecedented 11 % year on year. This significant rise was driven by continued growth in public spending for COVID-19 related care (see Section 5.3) and a 15 % increase in private health expenditure, as non-COVID-19-related care volumes swiftly rebounded close to pre-pandemic levels.

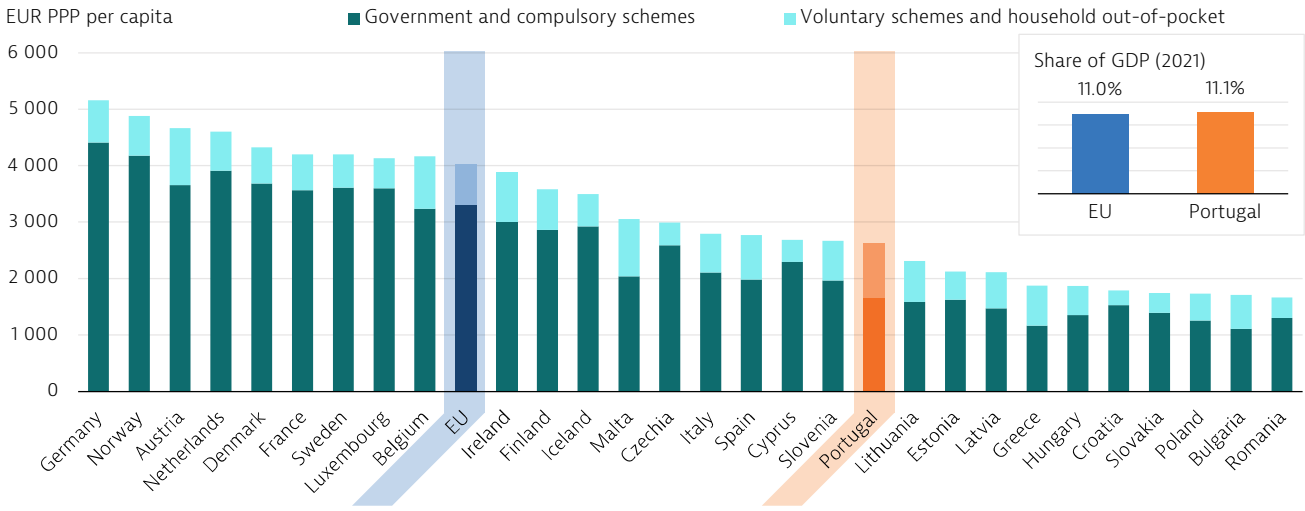
Box 1. Portugal approved its first decade-long National Health Plan in 2023

In May 2023, Portugal approved its National Health Plan 2021-2030 (NHP), a long-term strategy defining the country's key health policy objectives up to 2030. The NHP is underpinned by a comprehensive analysis of projected population health needs, and was developed through extensive consultations with stakeholders. Its primary focus is on promoting sustainable health, with key objectives encompassing the reduction of health inequalities, the mitigation of behavioural risk factors for health, and the management of major communicable and

non-communicable diseases. Drawing insights from the lessons learned during the COVID-19 pandemic, the NHP explicitly targets less prevalent health system risks that could pose significant future risks if not addressed, such as the direct and indirect effects of climate change on the behaviour of viruses and their vectors.

The Directorate-General for Health (DGS) will oversee the implementation of the NHP in collaboration with other health system bodies and services. To support its effective implementation over time, the NHP includes a Monitoring and Evaluation Plan as well as a Strategic Communication Plan.

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



Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Portugal allocates over two fifths of its healthcare budget to outpatient care

In 2021, outpatient care accounted for over 44 % of Portugal’s health expenditure, reflecting its healthcare system’s concentration on primary care. This share was the highest among all EU countries, with spending also surpassing the EU average in per capita terms, despite Portugal’s total health spending being over one third lower than the EU average (Figure 9). Partly due to its comparatively small health budget, retail pharmaceuticals and medical devices absorbed 19 % of Portugal’s health spending – a slightly higher share than the EU average, amounting to EUR 494 per capita compared to EUR 699 across the EU. Retail pharmaceuticals accounted for around 62 % of total pharmaceutical spending (including hospital consumption) in 2021.

On the other hand, Portugal’s spending on long-term care (LTC) amounted to less than 5 % of its health expenditure in 2021 – less than one third of the average allocation in the EU. Lower LTC expenditure reflects Portugal’s historical reliance on informal care arrangements for its provision. As the demand for LTC increases due to population ageing, Portugal has been making efforts to scale up the availability of formal LTC services to more appropriate levels through its National Network for Long-term Care (RNCCI). Between 2014 and 2021, inpatient LTC capacity within the RNCCI increased by 40 %, reaching 9 797 units in 2021. However, notable regional disparities persist, with service shortages primarily concentrated in the Lisbon region (Conselho das Finanças Públicas, 2021).

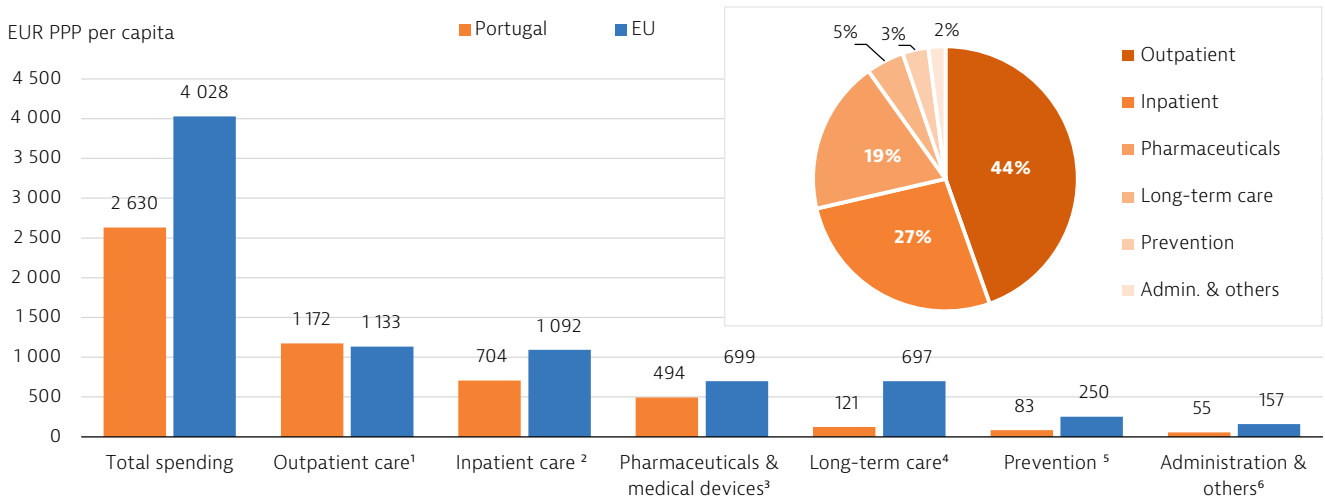
Hospital bed density is comparatively low and has remained stable over the past decade

The Portuguese NHS is the primary provider of hospital care, overseeing 114 of the 219 hospitals in the country. Public hospitals contribute to two thirds of total inpatient capacity and accounted for nearly 70 % of all hospital admissions in 2021. Portugal’s overall hospital sector has a relatively low density of beds compared to most other EU countries, with 3.5 hospital beds per 1 000 population as of 2021, compared to the EU average of 4.8 per 1 000 (see Section 5.3). Hospital bed density in Portugal has remained fairly stable over the past decade and remained substantially unaffected by the COVID-19 pandemic. At the same time, there are significant disparities in the distribution of beds across regions. Within Continental Portugal, Lisbon’s Metropolitan Area had the highest density, with 3.8 beds per 1 000 population; the lowest bed density was found in the Alentejo region, with only 2.1 beds per 1 000. The Autonomous Regions of the Azores and Madeira boast considerably higher bed availability, with 6.8 and 8.3 beds per 1 000 population respectively.

Portugal has fewer nurses than most other EU countries

In 2021, Portugal had 5.6 doctors per 1 000 population – a higher density than most other EU countries (Figure 10). However, Portugal’s statistic includes all licensed doctors, leading to a substantial overestimation when compared to figures reported by other EU countries, which consider only practising doctors. Based on available data, the density of practising doctors in Portugal is estimated to be comparable to the EU average.

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

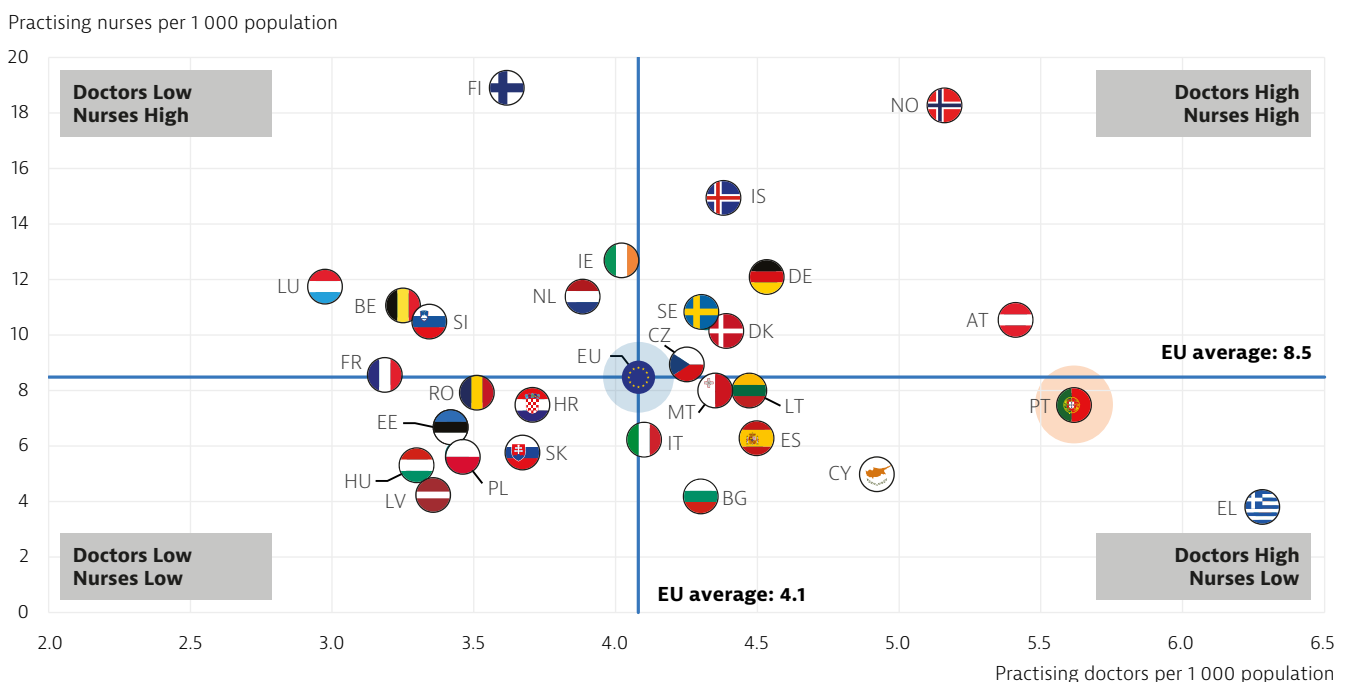


Notes: 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes only spending for organised prevention programmes; 6. Includes health system governance and administration and other spending. The EU average is weighted.
Sources: OECD Health Statistics 2023 (data refer to 2021).

Despite a more than 15 % increase in the number of professionally active nurses in Portugal over the past five years, the density of nurses in 2021 was still 13 % lower than the EU average, at 7.4 nurses per 1 000 population. This partly reflects comparatively low inflows of nursing graduates and nursing staff attrition challenges (see Section 5.3). The distribution of health professionals across the country is uneven, with 70 % of them concentrated in the Lisbon and North Regions

despite them accounting for only 62 % of the Portuguese population. To address the accessibility risks caused by this territorial imbalance, the Portuguese government has announced the launch of More Doctors in 2024 – a training programme offering salary and housing incentives to medical professionals who choose to practice in hospitals in the less densely populated areas of inland Portugal (Portuguese Order of Physicians, 2023).

Figure 10. Despite a sizeable increase in recent years, the number of nurses remains relatively low



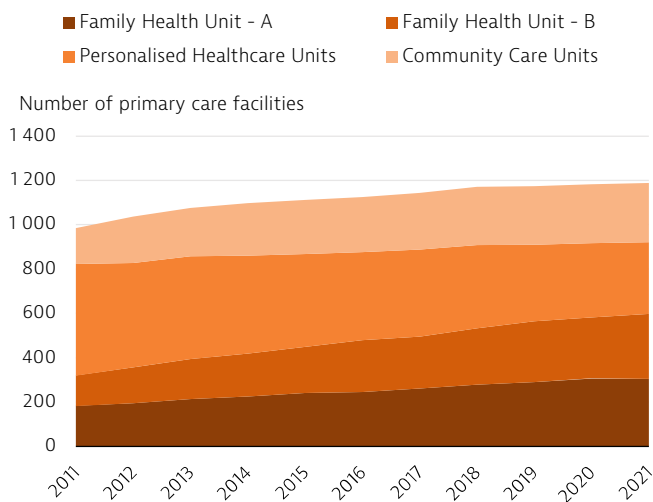
Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g.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

Portugal’s primary care network has grown consistently in the past decade

In Portugal, primary care services are predominantly delivered through the NHS’s Network of Health Centres (Agrupamentos de Centros de Saúde). Within this framework, services are mostly provided by family health units (FHUs), autonomous multidisciplinary teams of GPs, nurses and other health professionals responsible for delivering primary care to a specific population. FHUs work alongside personalised healthcare units (PHCUs), which are group practices that follow the older model predating Portugal’s 2006 primary care reform. PHCUs have comparatively less organisational autonomy than FHUs, and exclusively operate under a capitation-based remuneration system. While about half of the FHUs are also paid a fixed amount per registered patient (model A), the other half operate under a mixed remuneration system combining capitation with a pay-for-performance component designed to reward accessibility and quality of care (model B).

Over the past years, Portugal has invested in expanding its primary care network, resulting in an increase of 12 % in the total number of primary care facilities between 2011 and 2021. This growth was driven by the increase in FHUs, as the decline in the number of PHCUs was offset. Among the FHUs, model B units experienced slightly faster growth compared to model A units (Figure 11).

Figure 11. The number of family health units in Portugal has nearly doubled over the past decade



Source: SNS (2021).

In addition to the PHCUs and FHUs, some primary care services are delivered in community care units, which provide care to groups with special needs, including psychosocial support and home

care services. To optimise coordination across primary and hospital care services, providers’ activities in most regions are steered by local health units (Box 2). The private sector also plays a role in the provision of primary care services through private sector clinics and mutualistic healthcare organisations catering to their members. Dental care services are primarily provided by the private sector, but ongoing reforms aim to bolster public oral health services, including through widening the scope of eligibility for Portugal’s voucher scheme for dental care services (see Section 5.2).

Box 2. The expansion of the Local Health Units network is expected to accelerate care integration across the NHS in the coming years

The Portuguese government introduced the concept of the local health unit (LHU) in 1999. LHUs are organisational entities tasked with promoting care integration across various levels, improving service efficiency and facilitating patient navigation within their designated areas. Between 2007 and 2012, a total of seven LHUs were established, providing coverage to about 10 % of the Portuguese population. In 2023, the newly formed NHS Executive Board has unveiled plans to expand the LHUs network nationwide. By 2024, a total of 39 LHUs are expected to be operational, serving over 80 % of the population (Direção Executiva do SNS, 2023). The decision to expand the LHU network reflects a commitment to decentralise governance within the NHS to improve healthcare accessibility and streamline care pathways for patients throughout the country.

5 Performance of the health system

5.1 Effectiveness

Avoidable mortality rates remain below the EU average

In 2020, Portugal's mortality rates from causes deemed to be preventable was 19 % lower than the EU average, and the mortality rate from treatable causes was 14 % lower (Figure 12). Against the backdrop of a nearly 17 % increase in preventable mortality registered across the EU on average between 2019 and 2020, Portugal's rate increased by only 8 %, reflecting its comparatively lower mortality due to COVID-19. In line with most other EU countries, lung cancer was the primary cause of preventable deaths in Portugal in 2020. However, its mortality rate was over 20 % lower than the EU average.

Over the past decade, mortality rates from treatable causes in Portugal not only remained below the EU average, but have also declined at a rate more than double the EU average. These improvements were primarily driven by reduced mortality from stroke, ischaemic heart diseases, pneumonia and, to a lesser extent, colorectal cancer. Colorectal cancer and ischaemic heart diseases remained the top two leading causes of death that could be prevented through timely healthcare interventions in Portugal, accounting together for over a third of treatable mortality in 2020.

Strong primary care services contribute to low avoidable hospital admission rates

Hospital admissions data for conditions typically manageable outside of hospitals can provide insights into the availability and effectiveness of primary care services. In this regard, Portugal stands out with some of the lowest hospital admission rates for ambulatory care-sensitive conditions among EU countries with available data, indicating effective management of chronic conditions in outpatient settings. In 2019, Portugal's combined hospitalisation rate for diabetes, asthma and chronic obstructive pulmonary disorder (COPD) was nearly 60 % lower than the EU average. While hospital admissions for asthma and COPD increased by over one fifth between 2015 and 2019 in contrast to the EU-wide trend, diabetes hospitalisations declined at a rate more than twice the EU average from a level that was already less than half the EU average in 2015 (Figure 13).

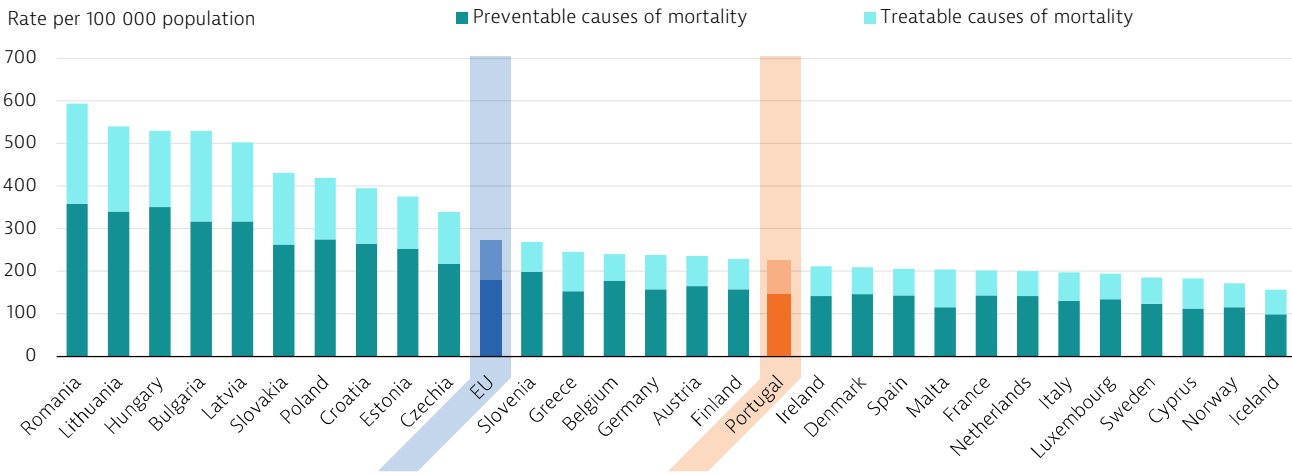
Throughout the first two years of the pandemic, Portugal's hospital admission rate for asthma and COPD fell by 45 %, a decline comparable to the EU average, while the diabetes hospitalisation rate saw a relatively more moderate decline of about 11 %, which was broadly in line with the pre-pandemic trend. The large decrease in hospital admissions for asthma and COPD observed in 2020 and 2021 compared to the pre-pandemic level should be interpreted in the context of the disruption caused by COVID-19, which impacted non-COVID-19 hospital activity and altered healthcare-seeking behaviours (see Section 5.3). As a result, these declines cannot be understood as indicating improved accessibility or quality of care for these chronic conditions in outpatient settings.

Influenza vaccination coverage among people aged 65 and older reached a new high in 2020/21

As in other EU countries, health authorities in Portugal have long encouraged individuals aged 65 and over to get the influenza vaccine, which is provided free of charge through the NHS. Throughout the last decade, Portugal consistently maintained a higher flu vaccination coverage for this target group, surpassing the EU average rate by at least one third. As in most other EU countries, the emergence of the COVID-19 pandemic contributed to an increased interest in receiving the flu vaccine among people at higher risk of complications and hospitalisation. As a result, during the 2020/2021 flu season Portugal's flu vaccination coverage rate among people aged 65 and above exceeded 66 %, marking an increase of over 10 percentage points compared to 2018/2019. Portugal's effective implementation of its COVID-19 vaccination programme, which allowed for the co-administration of the COVID-19 booster and the influenza vaccine, likely contributed to this achievement.

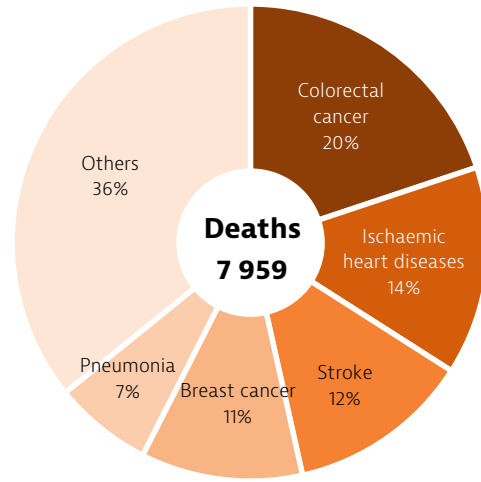
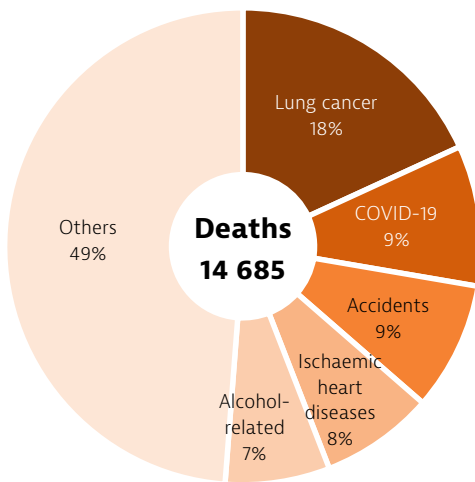
Vaccination rates against human papillomavirus (HPV) among Portuguese 15-year-old girls rank among the highest in the EU, having consistently surpassed the 90 % WHO target for cervical cancer eradication in recent years. In 2022, HPV vaccination rate among 15-year-old girls reached 94 % in 2022, the highest rate in the EU. This achievement can be attributed to the country's National Vaccination Programme (NVP), which provides free HPV vaccines to all 10-year-old girls. From 2020, the NVP has also extended eligibility for free HPV vaccination to boys born since 2009.

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



Preventable causes of mortality

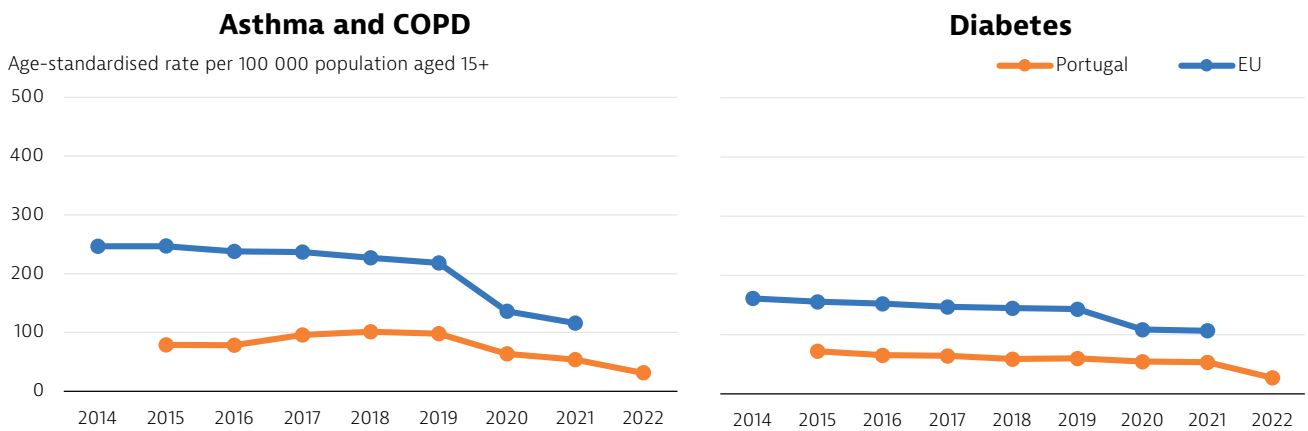
Treatable causes of mortality



Portugal

Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. Source: Eurostat Database (data refer to 2020).

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.

Health authorities are working to address pandemic-related delays in cancer screening

Like most other EU countries, Portugal suspended cancer screening activities in March 2020 and gradually resumed them starting in July. However, restoring normal operational levels proved challenging due to the continued impact of COVID-19, resulting in intermittent starts and stops in screening activity throughout the year. During this period, Portuguese health authorities prioritised high-risk and symptomatic patients in the diagnostic pathway while striving to minimise disruptions to the ongoing care of diagnosed patients.

The pandemic-induced disruption of cancer screening activities is evident in breast cancer screening volumes, which saw a 50 % reduction in invitations and a 53 % decline in the number of women screened in comparison to 2019. However, in 2021 screening volumes made a significant recovery, nearly reaching their 2019 level. A similar trend can be observed in cervical cancer screening volumes, which saw a decline of almost 55 % in 2020 followed by a robust recovery in 2021, reaching 96 % of their 2019 volume. The impact of the pandemic on colorectal cancer screening was relatively less severe. Following a drop of about one third in 2020, screening volumes rebounded strongly to a level 46 % above their pre-pandemic level in 2021. By June 2022, the proportion of individuals in the target group who underwent a faecal occult blood test in the past two years returned to the pre-pandemic level (OECD, 2023).

The Portuguese healthcare system's efforts to tackle the backlog of cancer care resulting from the COVID-19 pandemic are evident in the field of surgery. In 2021, as the overall number of surgical procedures in Portugal approached its pre-pandemic levels, there was a nearly 20 % increase in the volume of cancer patients undergoing surgery compared to 2019 (SNS, 2021).

5.2 Accessibility

Unmet needs for care are comparatively high and disproportionately concentrated among low-income groups, especially for dental care

In 2022, 2.9 % of Portugal's population experienced unmet needs for medical care, due to either excessive costs, travel distance or waiting times. This proportion was higher than both the EU average (2.2 %) and Portugal's rate in 2019 (1.7 %). Notably, women reported a higher proportion of unmet needs, with cost being the primary driver for both genders. The above-average reliance of

the Portuguese healthcare system on expenditure financed out of pocket is reflected in the distribution of reported unmet healthcare needs across income groups, with 6.7 % of individuals in the lowest income quintile reporting unmet medical care needs compared to only 0.3 % among those in the highest quintile (Figure 14). This gap was nearly twice as wide as before the pandemic and more than double the gap observed across EU countries on average.

For dental care, 8.2 % of the Portuguese population reported experiencing unmet needs in 2022 – one of the highest proportions among EU countries. As with medical care, the main reason driving unmet needs was overwhelmingly cost, reflecting the lack of coverage for dental care services under the Portuguese NHS for the majority of the population. Among individuals in the lowest income quintile, nearly 17.5 % reported unmet dental care needs compared to less than 1 % of those in the highest income quintile. This gap was the second largest in the EU after Latvia.

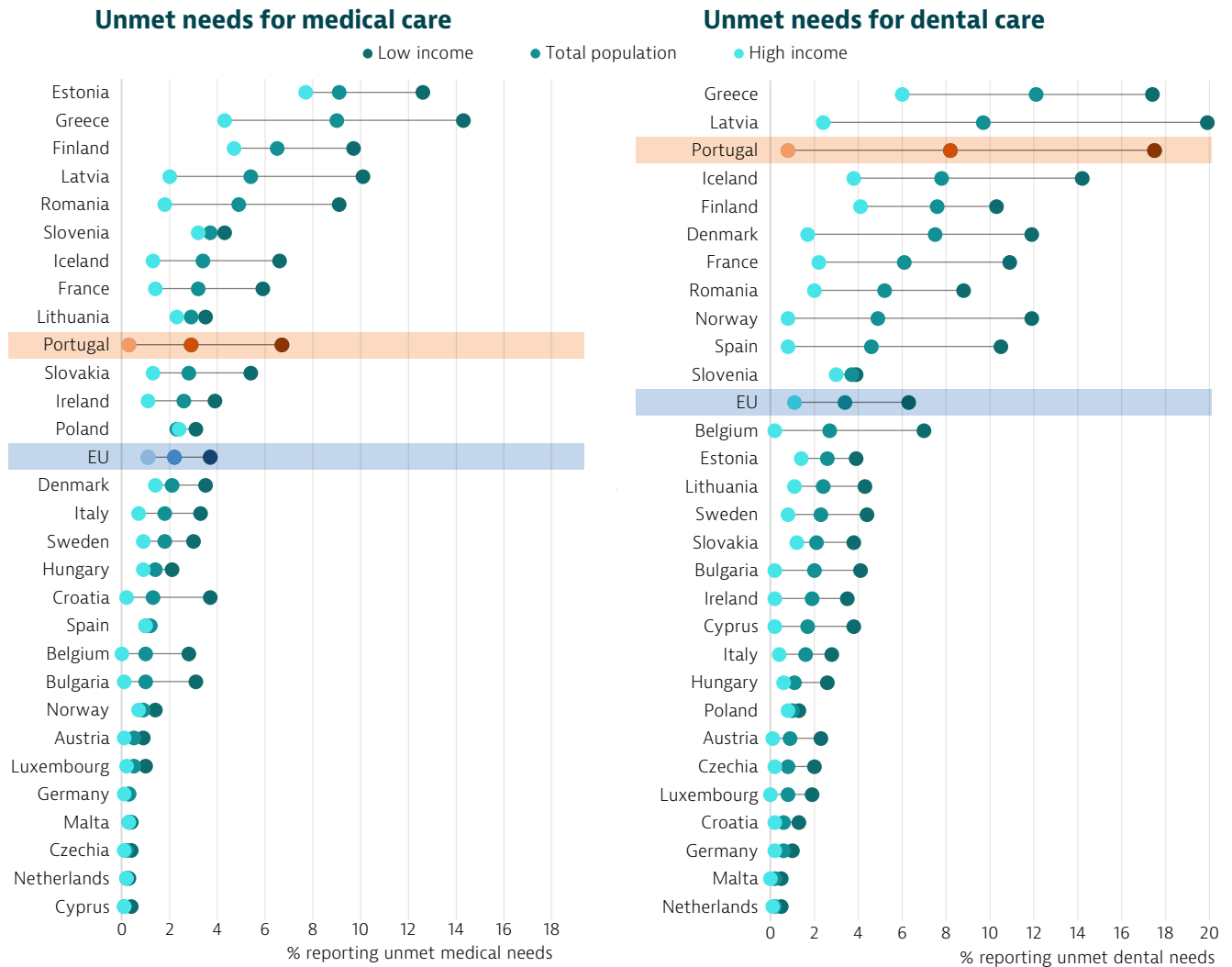
Portugal's share of health spending financed out of pocket is double the EU average

The financing structure of the Portuguese healthcare system is characterised by a relatively high reliance on OOP expenditure, along with an above-average proportion of funding coming from supplementary VHI, including mutualidades and private sub-systems (see Section 4). Combined, they accounted for 37 % of Portugal's total health expenditure in 2021, which is almost twice the average proportion observed across the EU (Figure 15). The composition of OOP expenditure across specific functions also deviates substantially from the EU average. A relatively smaller proportion of OOP expenditure is directed towards LTC, while a larger part of it is allocated to outpatient medical care.

Recent reforms expanded the scope of public coverage for several health services

Analysing public financing ratios of health expenditure for specific functions provides further insight into the scope of financial protection provided by the healthcare system. As shown in Figure 16, in 2021 the extent of coverage provided by the Portuguese NHS for inpatient care and pharmaceuticals was slightly below the EU average, while coverage for outpatient medical care and therapeutic appliances fell short of their respective EU averages. Dental care coverage was also marginal, with a voucher scheme in place targeting vulnerable populations (Box 3) and a small number of dental offices within primary care facilities.

Figure 14. Portugal's unmet needs for medical and dental care and associated income-based disparities surpass the EU average



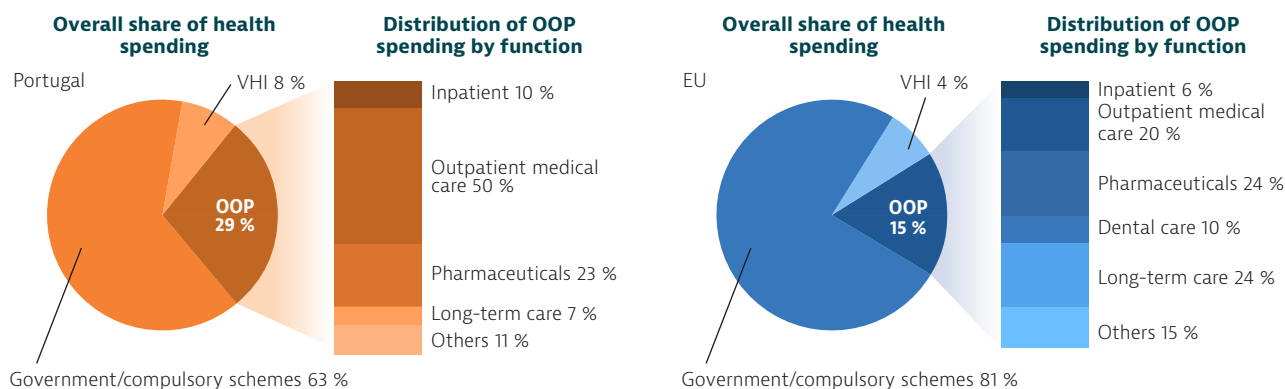
Notes: Data refer to unmet needs for a medical and dental examination/treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
 Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Norway (2020) and Iceland (2018)).

Apart from a significant portion of the population seeking outpatient care from private providers, Portugal's below-average public coverage rate for outpatient medical care in 2021 can be partly attributed to the application of moderate, flat-rate charges for most services provided within the NHS. To reduce financial barriers to healthcare access, the Portuguese government introduced wide exemptions from cost-sharing applying to over 50 % of the population in recent years. In 2020, user charges for primary care and NHS-prescribed services were eliminated, and in 2022 all charges within the NHS were abolished, except for emergency care not requiring hospital admission (unless referred through SNS 24, the digital platform of the Portuguese NHS). While the effect of the complete abolition of NHS charges has not yet manifested in the latest available data presented below, these reforms are poised to increase the public financing rate for both inpatient and outpatient medical care in Portugal.

Remote consultations ensured continued accessibility of primary care during the pandemic

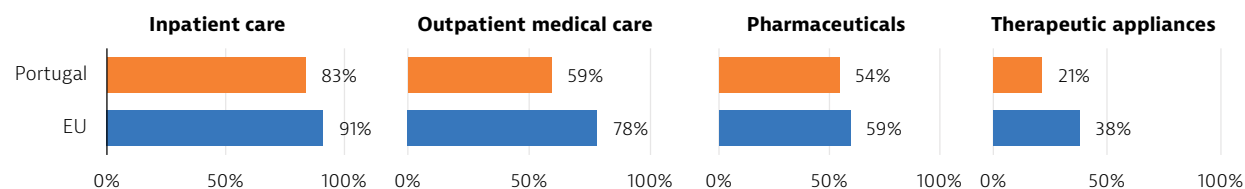
Like in many other countries, the mobility restrictions and subsequent reductions in in-person contacts imposed by the COVID-19 pandemic acted as a catalyst for a significant surge in the use of remote consultations within Portugal's primary care sector. While most EU countries experienced a decline in primary care consultations during the first year of the pandemic, Portugal stood out with a 4 % rise in 2020. This surge was driven by an almost twofold rise in the number of remote consultations, which substantially offset the nearly 40 % drop in face-to-face visits (Figure 18). In 2021, face-to-face primary care consultations gradually began to recover, while the number of remote appointments continued to rise.

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



Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. The EU average is unweighted.
Source: OECD Health Statistics 2023.

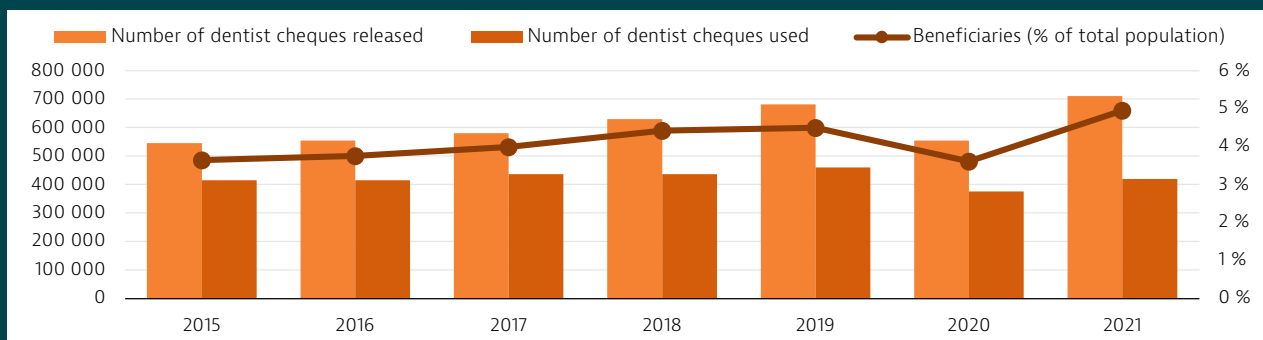
Box 3. Portugal is expanding its voucher scheme to mitigate financial barriers to dental care

Similar to most other EU countries, dental care services in Portugal are not covered by the standard benefits package provided by the NHS. The majority of dental care services are provided by private clinics, and paid either OOP or through private health insurance, which has become increasingly common in recent years. To mitigate the substantive dental care unmet needs and inequalities in the Portuguese health system, in 2008 the government initiated the National Programme for Oral Health Promotion (NPOHP). As part of this programme, the NHS

implements a voucher system (cheques-dentista) allowing eligible individuals to receive regular check-ups and preventive treatments at no cost. The primary focus of the NPOHP is on children and young people, but it also covers pregnant women receiving care through the NHS, individuals with HIV/AIDS, beneficiaries of the Solidarity Supplement and individuals with suspected oral cancer lesions.

In 2021, the programme was expanded to include all children aged 4, as well as children between 7 and 18 years old. Following this eligibility expansion, the number of voucher users peaked at nearly 5 % of the total population in 2021, the highest proportion since the programme's inception (Figure 17).

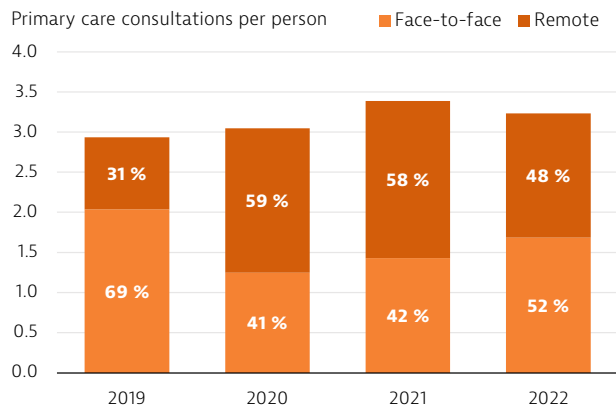
Figure 17. The number of cheques-dentista beneficiaries reached its highest level in 2021



Source: SNS (2021).

By 2022, face-to-face consultations accounted once again for the majority of primary care visits, but their volume remained over 17 % below the pre-pandemic level. At the same time, the overall number of primary care consultations in 2022 surpassed the pre-pandemic level by over 10 %, indicating a potentially lasting substitution effect of remote consultations for a portion of pre-COVID-19 face-to-face primary care visits.

Figure 18. Remote primary care consultations doubled in 2020 and continued increasing in 2021



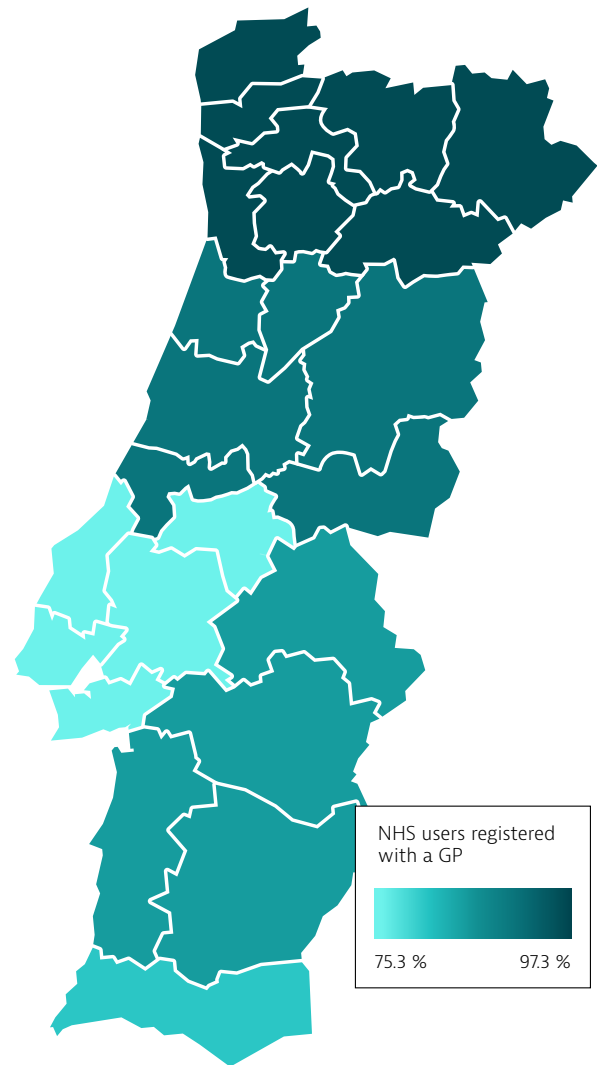
Source: SNS (2023a).

The number of NHS users without an assigned GP increased in recent years

Amidst a recent expansion of its primary care network (see Section 4), since the onset of the pandemic Portugal has witnessed a sizeable decline in the number of individuals registered with a family doctor within its NHS. Against the backdrop of an increase of 262 500 (+2.6 %) in the number of individuals registered with the NHS, between January 2020 and January 2023 the number of NHS registrants with an assigned GP decreased by over 535 000 (-5.6 %). As a result, the proportion of the Portuguese NHS user base without an assigned GP doubled from 7.5 % to 15 %, which corresponds to over 1.5 million individuals. The main reason behind this increase can be attributed to the inadequate capacity of the NHS to attract and retain newly trained GPs, with their influx struggling to compensate for the significant attrition of GPs retiring in recent years.

Individuals without an assigned GP are primarily concentrated in the Lisbon and Tagus Valley region, where approximately three quarters of NHS users had a designated family doctor as of January 2023 (Figure 19). In contrast, GP coverage is nearly universal in the North region, with less than 3 % of the population remaining unregistered with a GP.

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



Source: SNS (2023a).

5.3 Resilience

The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries’ emergency preparedness strategies and on their ability to provide health services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,² improve critical areas of the health sector, and fortify their preparedness for future shocks.

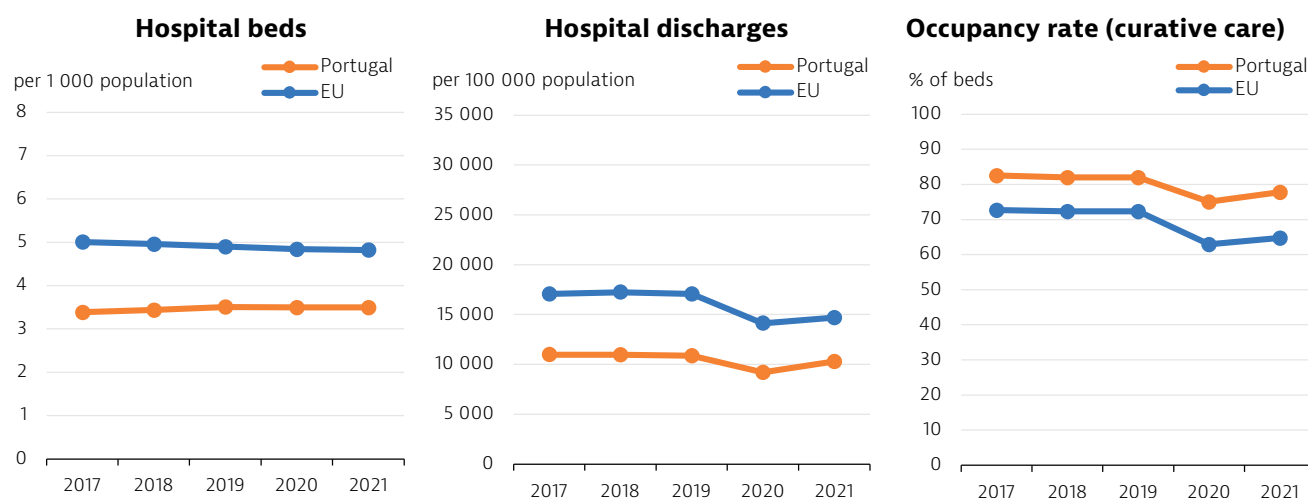
² In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessment, 2020).

Following a drop of over 15 % in 2020, hospital admissions in Portugal returned to near pre-pandemic levels in 2021

Partly owing to its effective outpatient care and emphasis on day surgery, Portugal’s hospital care capacity is notably smaller than that of most other EU countries. Before the COVID-19 pandemic, Portugal’s total number of hospital beds was 28 % lower than the EU average, and the number of intensive care beds per capita was 46 % lower. Acute hospital services were operating at high efficiency, with acute care bed occupancy rate standing at 82 % in 2019, surpassing the EU average of 72 %. In response to the sudden surge in demand

for acute care during the pandemic, Portugal took measures in 2020 to increase its permanent intensive care bed capacity by almost a third compared to 2019. Large volumes of non-urgent hospital services were also postponed to minimise the risk of infection outbreaks in hospitals and to create a buffer of resources, including beds, staff and equipment. These contingency measures resulted in significant declines between 2019 and 2020 in hospital discharges (by over 15 %) and the average occupancy rate of acute care beds (by 8.4 %). In 2021, both measures partly recovered to approximately 95 % of their respective 2019 levels (Figure 20).

Figure 20. Hospital discharges and occupancy rates fell significantly in 2020



Note: The EU average is unweighted.
Sources: OECD Health Statistics 2023; Eurostat Database.

Elective surgical procedures fell significantly in 2020, but quickly resumed in 2021

Following the intermittent suspension of elective activity during the surge phases of COVID-19, a considerable reduction in the volume of non-urgent surgical procedures was observed across most EU countries in 2020. This was the case also in Portugal, which experienced significant declines in the number of hip replacements (-16 %), cataract removals (-20 %), and knee replacements (-27 %) compared to 2019. These decreases slightly exceeded the average ones observed in other EU countries.

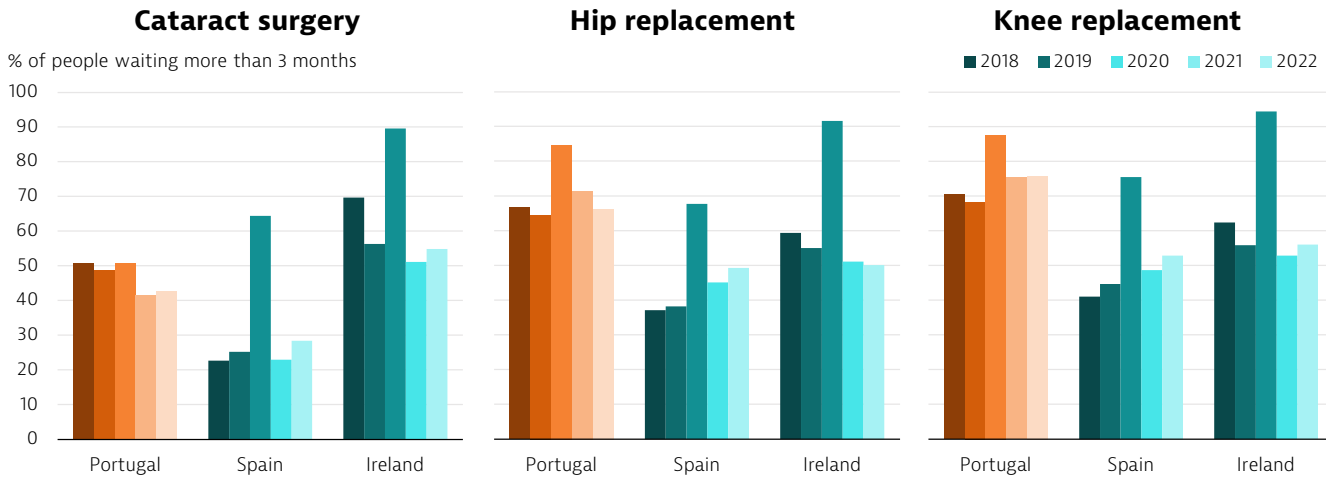
These reductions in surgical activity led to a surge in the number of patients awaiting these procedures for over 90 days in 2020 (Figure 21). Notably, increases in patient backlogs were most pronounced for surgical interventions primarily conducted as inpatient procedures, such as hip and knee replacements, and were comparable in size

to those observed in other EU countries. Patient backlogs started to decline in 2021, as the number of these elective surgical procedures per 100 000 population surpassed their respective 2019 rates by an average of 8 %. In 2022, volumes of cataract removal and knee replacement surgery continued increasing by 3 % compared to 2021, while hip replacements declined by 2 %.

Government spending on health increased by over 18 % in the first two years of the pandemic

Following significant reductions in government spending on health during the years of the sovereign debt crisis, Portugal’s publicly financed health expenditure returned to growth in 2015, increasing at an average annual rate of 3.3 % until 2019 – slightly above Portugal’s average annual GDP growth throughout the same period. The COVID-19 pandemic temporarily upended this pattern, leading public spending on health to rise by 8.2 % in 2020, while GDP and private health

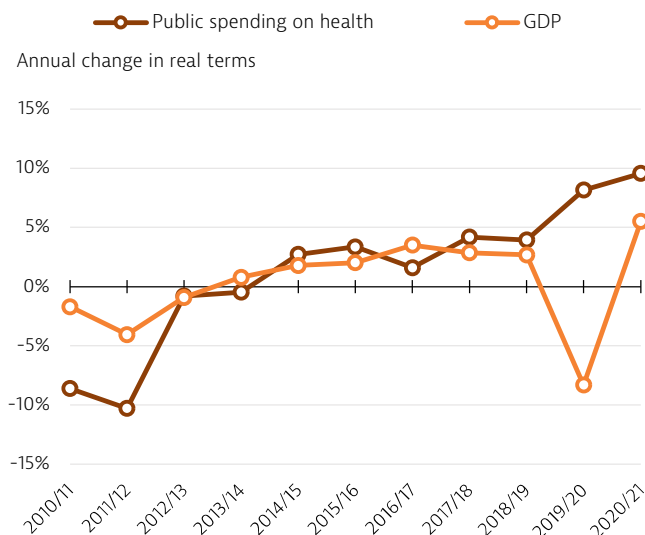
Figure 21. Patient backlogs for hip and knee replacement worsened in 2020, but gradually decreased thereafter



Source: OECD Health Statistics 2023.

spending fell by an analogous amount (Figure 22). As the economy began to recover in 2021, publicly financed health spending accelerated its growth to 9.6 %, the greatest year-on-year increase in real terms in the data series available since 2000. This increase was driven by sustained rises in COVID-19-related expenditure – including COVID-19 vaccines, tests and greater staff expenses – as well as a substantial recovery of non-COVID-19 care activities in the NHS. Concurrently, private healthcare spending also saw a robust rebound, surpassing its pre-pandemic level by 7.2 %.

Figure 22. The COVID-19 shock decoupled public health spending and GDP trajectories in 2020



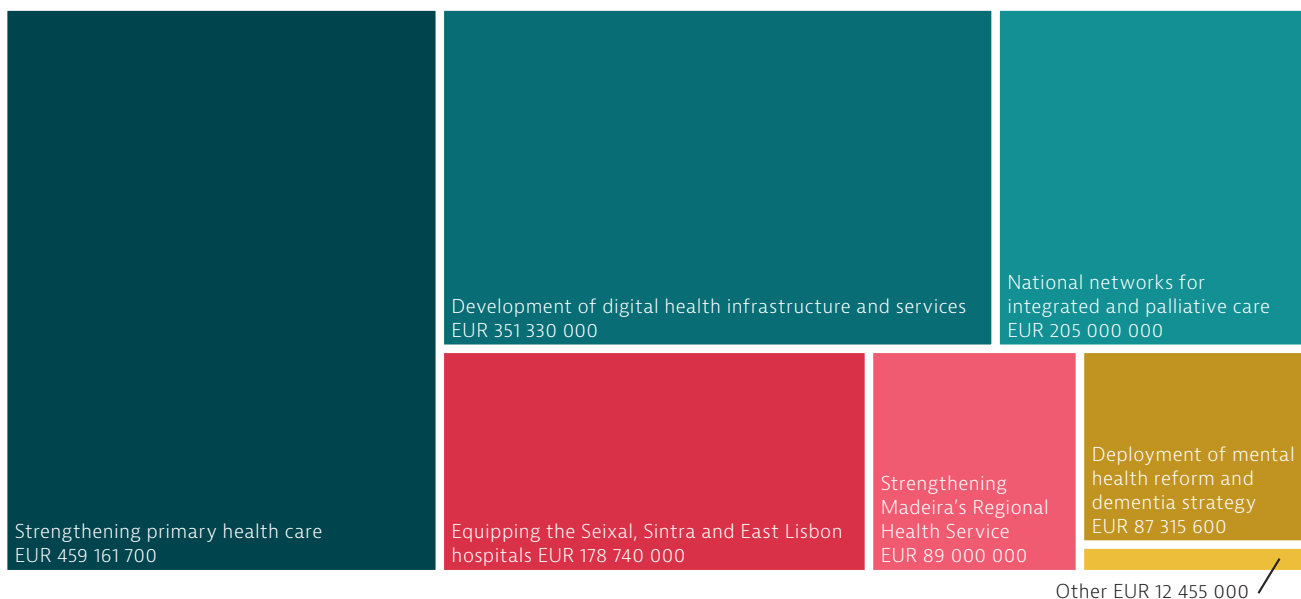
Source: OECD Health Statistics 2023.

Portugal’s Recovery and Resilience Plan will boost health sector investment in the coming years

Capital investment flows in the Portuguese NHS are poised to receive a significant boost in the coming years through Portugal’s Recovery and Resilience Plan (RRP), a key pillar of the EU’s response to the COVID-19 crisis. The RRP has assigned EUR 1.38 billion – 8.3 % of its total allocation – to implement nine investments and three reforms aimed at enhancing the accessibility, efficiency and sustainability of the Portuguese NHS by the end of 2026. One third of the RRP health budget will be dedicated to expanding primary care services, while about a quarter will focus on improving the NHS’ digital infrastructure (Figure 23). An additional 20 % of the budget will be invested in enhancing integration across care levels, as well as modernising the historically underinvested sectors of mental health and LTC.

These investments will be complemented by the EU Cohesion Policy 2021-27 programming, with Portugal planning to invest a total of EUR 315.8 million in its healthcare system, of which more than 80 % will be co-financed by the EU. The European Regional Development Fund (ERDF) will contribute over EUR 300 million for medical equipment acquisition, healthcare facility development and renovation in the Portuguese NHS. Additionally, nearly EUR 10 million from the European Social Fund Plus (ESF+) will finance measures to improve health service accessibility in less developed regions.

Figure 23. The Recovery and Resilience Plan prioritises investment in primary care and digital health



Notes: These figures refer to the original Recovery and Resilience Plan. The ongoing revision of the Plan might affect its size and composition. Some elements have been grouped together to improve the chart's readability.
 Source: European Commission – Recovery and Resilience Scoreboard.

The new NHS Statute grants greater autonomy to healthcare administrators

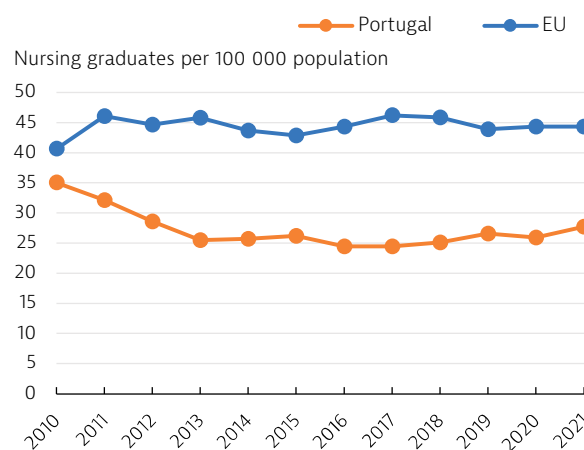
The COVID-19 emergency temporarily halted the development and implementation of plans to improve the efficiency and sustainability of healthcare systems across the EU. In August 2022, Portugal resumed efforts in this direction with the adoption of a new NHS Statute. The new provisions established a new governance model for hospitals, granting them more managerial autonomy and increasing administrators' accountability for their performance. To promote greater coordination and accountability across the NHS, the Statute set up an Executive NHS Board and promotes the establishment of integrated responsibility centres – intermediate management structures tasked with promoting best practices and professional accountability in managing NHS resources. To incentivise healthcare professionals to develop their career within the NHS, the Statute has introduced greater flexibility to health administrators to negotiate compensation packages with health workers and a “full dedication” regime – a voluntary performance-based remuneration scheme for doctors who commit to practising exclusively within the public system.

Portugal is taking some steps to address its low retention of nurses

Following the years of the sovereign debt crisis, the number of nursing graduates in Portugal declined sharply and has since remained around 30 % below the EU average (Figure 24). Comparatively low pay, coupled with stressful working conditions

and limited career growth prospects impinge on the attractiveness of the nursing profession in Portugal. Consequently, a significant number of nurses choose to emigrate to countries offering better pay and benefits. According to the Portuguese Nurses Association (2023), Switzerland, Spain and the United Kingdom are the primary destinations for Portuguese immigrant nurses, with the United Kingdom remaining significant despite Brexit-related hurdles. To alleviate the outflow of domestically-trained nurses, in 2022 the Portuguese government unblocked nurses' salary progression scheme and opened tenders to hire approximately 1 900 specialist nurse and nurse manager positions – both of which were frozen since 2010.

Figure 24. The number of new nursing graduates remains persistently lower than the EU average



Note: The EU average is unweighted.
 Sources: OECD Health Statistics 2023; Eurostat Database.

Portugal is rolling out its National Plan to Combat Antimicrobial Resistance

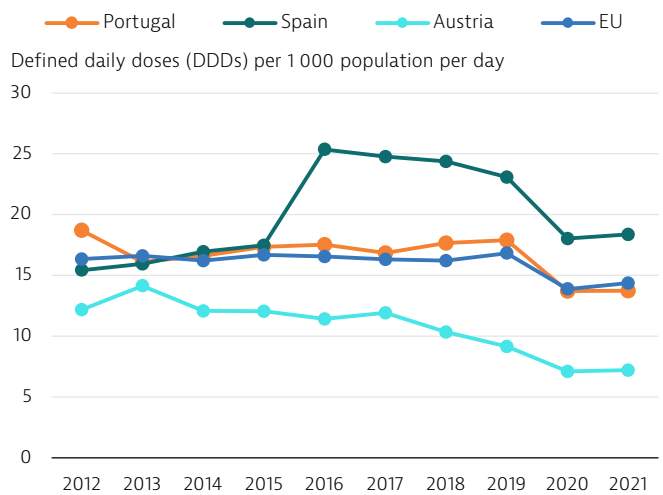
Antimicrobial resistance (AMR) is a major public health concern in the EU, with estimates of approximately 35 000 annual deaths due to antibiotic-resistant infections and healthcare costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic overprescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote their appropriate use.

In this context, Portugal’s performance generally aligns with the EU average. Over the past five years, Portugal’s total antibiotic consumption decreased at an average rate of 4.2 % per year, resulting in a total consumption rate 6.7 % lower than the EU average in 2021. This decline was entirely driven by decreased prescriptions in community settings, which account for nearly 90 % of Portugal’s total antibiotic consumption. The COVID-19 pandemic played a significant role in reducing antibiotic consumption in the community, with Portugal experiencing a decline of over 23 % between 2019 and 2021 (Figure 25). This decline is partly attributed to pandemic containment measures leading to fewer infections. The composition of Portugal’s antibiotic consumption closely mirrors the EU average, with a slightly lower proportion (38 % compared to 40 % on average in the EU) consisting of second-line broad spectrum antibiotics classified under the WHO’s “Watch”

category, which carry a higher risk of accelerating the development of AMR.

Portugal’s accomplishments in this area reflect the implementation of its Programme for the Prevention and Control of Infections and Resistance to Antimicrobials over the past decade. The most recent National Plan to Combat AMR (2019-23) outlines six objectives and a comprehensive set of actions, including the adoption of a One Health approach, which aims to reduce antibiotic usage through coordination among the human health, animal health and environmental sectors.

Figure 25. The pandemic led to a substantial decrease in the use of antibiotics in the community



Notes: The EU average is unweighted. The data only cover consumption in the community (outpatient).
Source: ECDC ESAC-Net.

6 Spotlight on mental health

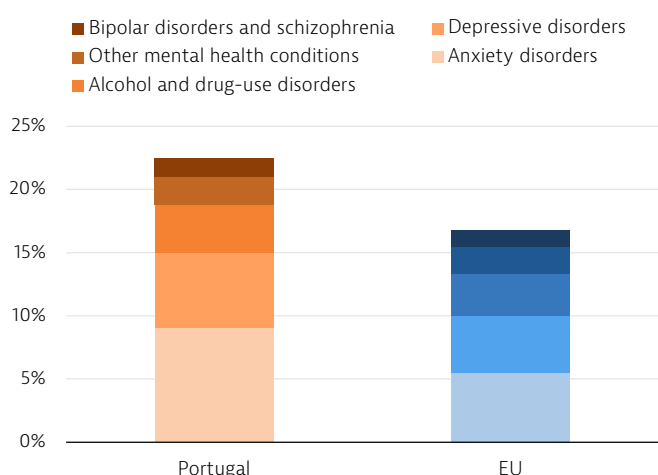
The burden of mental ill health in Portugal is the highest in the EU

As in other countries, determining the exact proportion of the Portuguese population affected by mental health disorders at any given time is challenging due to peculiar methodological limitations, which often lead to undercounting the actual burden of mental disorders. According to prevalence estimates from the Institute for Health Metrics and Evaluation (IHME), over 2.25 million individuals in Portugal had a mental health disorder in 2019, representing 22 % of the population – higher than the EU average of 16.7 %. Anxiety disorders were the most prevalent, affecting approximately 9 % of the population,

followed by depressive disorders at 6 % and alcohol and drug-use disorders at 4 % (Figure 26).

The high prevalence of mental health disorders in Portugal significantly affects the welfare of its citizens and has profound implications for the economy. Based on the above estimates, mental health disorders in 2019 resulted in the loss of nearly 310 000 years of productive life (IHME, 2022). Additionally, in 2015 the total costs associated with mental health issues in Portugal were estimated to be approximately 3.7 % of GDP, with over 40 % of these costs attributed to reduced participation and productivity in the labour market (OECD/European Union, 2018).

Figure 26. Anxiety and depressive disorders drive higher prevalence of mental health problems in Portugal



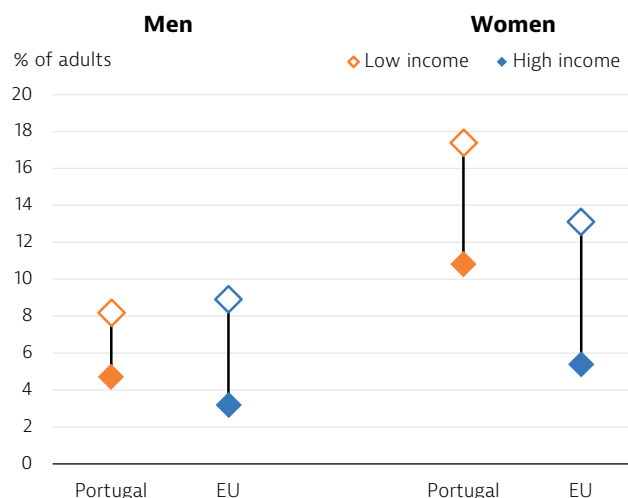
Note: The EU average is unweighted.
Source: IHME (data refer to 2019).

The gender gap in the prevalence of depression in Portugal is the widest in the EU

Based on self-reported survey data, the prevalence of depression in Portugal was over 12 % in 2019. This figure exceeded the EU average by 5 percentage points, making Portugal the country with the highest reported rate of depression among all EU Member States. As in other EU countries, men in Portugal reported lower rates of depression (7.5 %) compared to women (16.3 %). However, Portugal’s data revealed the widest gender disparity in depression prevalence across the EU, with 2.2 women reporting suffering from depression for every man, compared to the EU average ratio of 1.6 women for every man. This notable gender skew likely stems from a combination of factors, including internalised stigma among men, hindering their acknowledgement of the condition and subsequent help-seeking.

In contrast to the general trend across the EU, where higher income levels are consistently associated with a lower prevalence of depression, the distribution of reported depression in Portugal did not align linearly with income. Portuguese men and women in the second income quintile reported a higher prevalence of depression (16.6 %) than those in the lowest income quintile (14.5 %). Against the backdrop of this more nuanced pattern, a clear link between income and the prevalence of depression remains apparent. Portuguese individuals in the lowest income quintile were twice as likely to report suffering from depression compared to those in the top 20 % income bracket, though this ratio was lower compared to the EU average (Figure 27).

Figure 27. Portugal’s gap in the prevalence of depression by income is narrower than the average across EU countries, especially for Portuguese men



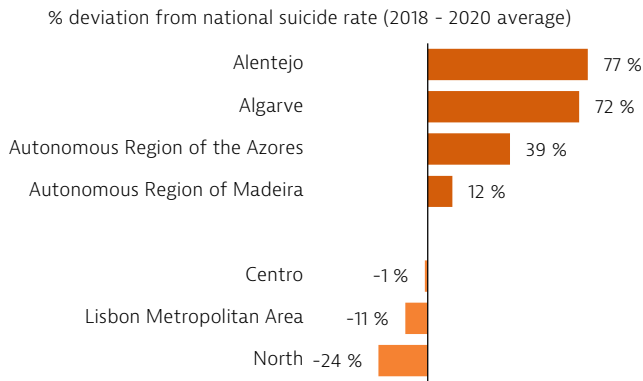
Note: High income refers to people in the top income quintile (20 % of the population with the highest income), whereas low income refers to people in the bottom income quintile (20 % of the population with the lowest income).
Source: Eurostat Database (based on EHIS 2019).

Portugal’s suicide rate declined by over 10 % over the past decade

Albeit to a lesser extent than in most other EU countries, suicide in Portugal constitutes a significant public health problem, comprising 0.76 % of all deaths in 2020. While the factors contributing to suicide are complex, extensive research and clinical practice have identified mental health problems as significant risk factors.

As in other EU countries, suicide rates in Portugal exhibit a marked gender disparity, with a significantly higher incidence among men. From 2016 to 2020, the average annual suicide rate among Portuguese men was nearly four times than that among women. In 2020, Portugal’s suicide rate stood at 8.5 per 100 000 population, which was nearly one fifth below the EU average. For both men and women, suicide rates reached their lowest level of the decade in 2020. Despite this improvement, significant regional disparities persist, especially in the regions of Alentejo and Algarve, where suicide rates were over 70 % above the national average between 2018 and 2020 (Figure 28).

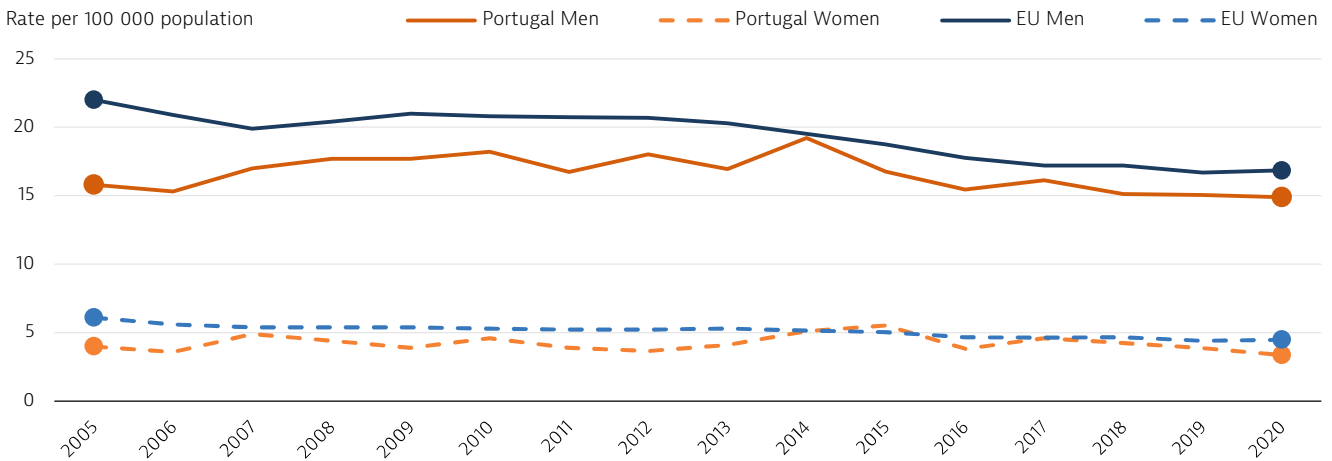
Figure 28. Suicide in Portugal is significantly more frequent in the southern part of the country



Source: Eurostat Database.

Over the past decade, Portugal saw an average annual decline in its suicide rate of approximately 1.3 %, which is slightly slower than the EU average trend. This below-average decline is due to an increase of nearly 20 % in Portugal’s suicide rate between 2011 and 2014 (Figure 29). The general decline in suicide rates since 2014 can be attributed at least in part to the implementation of Portugal’s National Plan for Suicide Prevention, which outlined a comprehensive range of interventions to improve access to mental healthcare for at-risk populations (DGS, 2013).

Figure 29. After an increase in the early 2010s, Portugal's suicide rate decreased to its lowest level in 2020

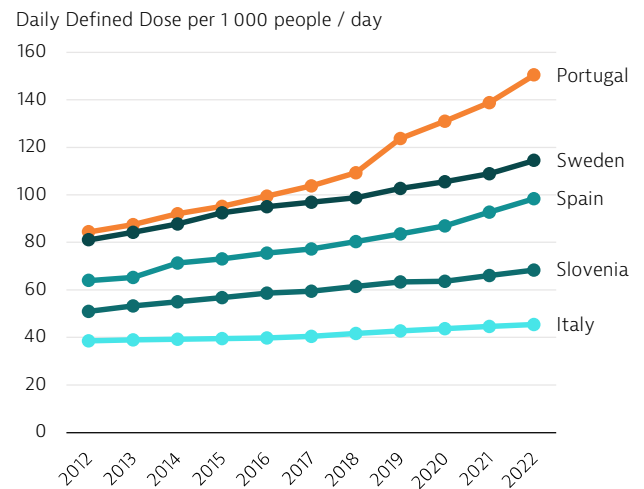


Source: Eurostat Database.

Portugal’s consumption of psychiatric drugs is higher than in most other EU countries

Over the past decade, the consumption of psychoactive medications has generally increased across European countries. Portugal has been no exception, experiencing a steady rise in the consumption rate of antidepressants (Figure 30). This growth accelerated in recent years, resulting in a 45 % increase between 2017 and 2022. This increase is likely to reflect a multitude of factors, including improved diagnosis of mental disorders, increased accessibility to treatment as well as the limited availability of non-pharmaceutical interventions, reflecting the low number of psychologists employed by the NHS.

Figure 30. Portugal ranks among the EU countries with the highest antidepressants consumption



Source: OECD Health Statistics 2023.

In contrast to the prescription pattern observed with antidepressants, the use of anxiolytics in Portugal has remained stable over the past decade. However, their consumption in Portugal is comparatively high, surpassing that of neighbouring Spain by over 40 %. In 2019, approximately 1.5 million individuals in Portugal were prescribed benzodiazepines, equivalent to 14.6 % of the Portuguese population (Madeira, et al., 2023).

Reflecting the large gender difference in the prevalence of reported depression that characterises the Portuguese population (see Figure 27), an analysis of pharmaceutical consumption patterns between 2016 and 2019 revealed that Portuguese women use up to three times more antidepressants than men, and that the consumption for both antidepressants and anxiolytics increase linearly with age in both genders (Madeira, et al., 2023). Additionally, national-level data indicated a 41 % increase in the use of antipsychotics, partly attributed to population ageing and the increasingly common off-label use of certain antipsychotics to treat insomnia and behavioural symptoms of dementia. The same study also found that nearly two thirds of all psychotropic drug prescriptions in Portugal were issued by GPs, while only 21 % were prescribed by neurological and psychiatric specialists. This proportion reflects the broad scope of practice for Portuguese GPs, and their foundational role in providing mental health services. However, it also underscores the importance of enhancing clinical decision support for GPs in the management of mental disorders.

A recent mental healthcare reform sparked renewed drive towards deinstitutionalisation

The organisation of mental health services in Portugal follows a decentralised, tiered design. Local health services are responsible for delivering essential mental health services and ensuring continuity of care between primary and hospital care (outpatient and inpatient). Regional health services have a complementary role in delivering specific services and coordinating local units. Adherence by operational units to the implementation of the government's National Mental Health Plan is overseen by a national coordination body. Mental health services at the primary care level are integrated within Portugal's health centres network (see Section 4).

The initial point of contact for most individuals seeking mental healthcare is with GPs, who play a crucial role in diagnosing and managing

non-complex cases. Specialised mental health services are primarily provided by multidisciplinary Mental Health Units located throughout the country. Inpatient care for long-term, severely ill patients is offered by psychiatric hospitals, while general hospitals handle emergency psychiatric care. With the development of Portugal's National Mental Health Plan and the establishment of a new framework for mental health services in 2021 (Presidency of the Council of Ministers, 2021), the longstanding endeavour for deinstitutionalisation has regained momentum. As part of this project, the Portuguese government has taken steps to expedite the integration of an increasing number of psychiatric inpatients into general hospitals and designated LTC units.

A low supply of mental health professionals and regional disparities hinder service accessibility

The COVID-19 pandemic has led to an increased demand for specialist mental health services in Portugal, putting significant strain on its NHS. Despite an 18 % increase in the density of psychiatrists between 2016 and 2021, accessibility barriers persist, primarily due to an insufficient supply of clinical staff and the lack of standardised referral criteria, which in turn exacerbate waiting lists for specialist mental health services.

Between October and December 2022, approximately 40 % of the healthcare facilities within the NHS that report average waiting time data did not comply with the designated maximum waiting times for accessing priority general psychiatric consultations (ERS, 2022). Non-priority psychiatric consultations performed better, with 75 % of facilities ensuring access within 150 days, and a median waiting time of 109 days. Waiting times for child psychiatric services were more severe, with a median waiting time of nearly two months for priority consultations and 145 days for non-priority ones (SNS, 2023b).

The southern regions of Alentejo and Algarve face more prominent barriers in accessing mental healthcare services, reflecting a lower concentration of mental health professionals compared to the national average. As part of the National Mental Health Plan, the government is actively implementing measures to address the shortage of mental health professionals and promote a more uniform distribution of mental health services across the country.

7 Key findings

- In 2022, life expectancy at birth in Portugal exceeded the EU average by one year, reflecting major advances in the two decades preceding the COVID-19 pandemic and a near-full recovery from the nearly 10-month decline during the pandemic's first year. Circulatory diseases and cancer were the leading causes of mortality in 2020, accounting for half of all deaths. Excess mortality in Portugal remained relatively stable at approximately 12 % above its pre-pandemic baseline, declining marginally after peaking during the first year of the pandemic.
- In 2019, nearly one third of deaths in Portugal were linked to behavioural risk factors – a lower proportion than in most other EU countries. Although smoking rates have decreased in recent years, heavy drinking has become more common. Obesity is also a growing concern, with over 17 % of adults categorised as obese, and both adults and teenagers reporting among the lowest rates of regular physical activity in the EU.
- Portugal's health expenditure amounted to 11.1 % of GDP in 2021 – a share in line with the EU average, but over one third lower than the EU average in per capita terms. Between 2019 and 2021, health spending increased by 14 % in real terms, driven by a 18.5 % rise in public spending to respond to the COVID-19 emergency and alleviate care backlogs. Despite this increase, private health spending accounted for over one third of Portugal's total health expenditure – a share nearly double the EU average.
- In 2021, Portugal allocated 44 % of its overall health expenditure to outpatient care – the largest share among EU countries and also surpassing the EU average in per capita terms. A comparatively low share of expenditure was publicly funded, but the recent abolition of user charges in the National Health Service is expected to reduce this gap. Conversely, Portugal dedicated only 5 % of its health budget to long-term care, highlighting the country's reliance on informal care arrangements for its provision.
- The Portuguese National Health Service is encountering challenges in retaining general practitioners and nurses, as relatively low pay and stressful working conditions impinge on the attractiveness of working in the public sector. While the government has taken steps to improve nurse retention, insufficient efforts to address the shortfall of general practitioners in the face of significant attrition have resulted in decreased coverage, as the number of registered users decreased by over 0.5 million between January 2020 and 2023. The extent of accessibility challenges arising from insufficient staffing varies across services and regions, with southern regions typically experiencing more severe difficulties. Against this backdrop, the government has set up measures to incentivise young doctors to establish their practices in underserved areas.
- Portugal outperforms most EU Member States in preventing hospitalisations due to ambulatory care-sensitive conditions, reflecting the Portuguese health system's emphasis on outpatient medical care. Alongside initiatives to expand its primary care network, Portugal is taking measures to tackle the backlog in cancer screening and surgery caused by COVID-19 restrictions, and to improve efficiency and integration of health services at all levels.
- The prevalence of mental health disorders in Portugal is among the highest in the EU, with an estimated 22 % of the population affected in 2019. Portuguese women report higher rates of depression than men, while men are nearly four times more likely to die by suicide. Although suicide rates are lower than the EU average and have fallen by over 10 % in the past decade, it remains a public health concern – particularly in the southern regions. Specialist services face constraints due to staff shortages and a lack of standardised referral criteria, leading to long waiting lists. Portugal's National Mental Health Plan is expected to improve the availability of mental health services and to mitigate regional disparities in supply in the coming years.

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

State of Health in the EU

Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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