The Health of the Portuguese

Portugal National Health Plan Revision and Extension to 2020

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Summary content of presentation

1. The global and international agenda
2. The Portuguese NHP
3. Health 2020
4. The health status of the portuguese
5. Portuguese NHP Extension to 2020
6. Next steps
Universal health coverage

Equal access to quality health services and financial protection:

• coverage with health services (prevention, promotion, treatment and rehabilitation);
• coverage with financial risk protection.

Potential indicators, focusing on coverage and protection:

• increased coverage of essential services
• increased equity and financial protection
• strengthening health systems
Sustainable Development Goals

1. Goal 1 End poverty in all its forms everywhere
2. Goal 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Goal 3 Ensure healthy lives and promote well-being for all at all ages
4. Goal 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Goal 5 Achieve gender equality and empower all women and girls
6. Goal 6 Ensure availability and sustainable management of water and sanitation for all
7. Goal 7 Ensure access to affordable, reliable, sustainable and modern energy for all
8. Goal 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Goal 9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10. Goal 10 Reduce inequality within and among countries
11. Goal 11 Make cities and human settlements inclusive, safe, resilient and sustainable
12. Goal 12 Ensure sustainable consumption and production patterns
13. Goal 13 Take urgent action to combat climate change and its impacts*
14. Goal 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Goal 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Goal 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Goal 17 Strengthen the means of implementation and revitalize the global partnership for sustainable development

* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.
Health goal 3 “Ensure healthy lives and promote well-being for all at all ages”.

Targets include:

- The unfinished MDGs
- Emerging global health priorities
- Universal health coverage and broader determinants of health

Several other goals also contain targets related to health.
Health Goal and Targets

To ensure healthy lives and promote wellbeing for all at all ages

3.1 Reduce maternal mortality
3.2 Reduce child and neonatal mortality
3.3 End epidemics of HIV, TB, malaria and NTD, and combat hepatitis, water-borne diseases and other communicable diseases
3.4 Reduce mortality due to NCD and improve mental health
3.5 Strengthen prevention and treatment of substance abuse (narcotics, alcohol)
3.6 Reduce mortality due to road traffic injuries
3.7 Universal access to sexual and reproductive health-care services
3.8 Achieve universal health coverage
3.9 Reduce deaths and illness due to pollution and contamination
3.10 Increase health financing and health workforce in developing countries
3.b Access to affordable essential medicines and technologies
3.d Enhance capacity for early warning, risk reduction and management of national and global health risks
Linkages to other SDGs and targets

Goal 1: End poverty
   Target 1.3: Implement social protection systems for all

Goal 4: Ensure inclusive and equitable education
   Target 4.2: Ensure access to early childhood development, care and pre-primary education...

Goal 5: Achieve gender equality and empower all women and girls
   Target 5.2: end all forms of violence against all women and girls....

Goal 2: End hunger, achieve food security and improved nutrition
   Target 2.2: end malnutrition, achieve targets for reductions child stunting and wasting

Goal 6: Ensure availability and sustainable management of water and sanitation for all
   Target 6.1: achieve universal and equitable access to safe and affordable drinking water

Goal 16: Promote peaceful and inclusive societies for sustainable development, .......
   Target 16.1: reduce all forms of violence and related death rates everywhere

Other goals and targets e.g. 10 (inequality), 11 (cities), 13 (climate change)
The SDGs and Health 2020

- SDG process very broad and complex, but health is well placed
- Health 2020 and UHC provide a platform for an integrated approach for the SDG health-related targets
- H2020 framework sets the ground for implementation
- Implementation at the national level is key
Health 2020: strategic objectives

Working to improve health for all and reducing the health divide

Improving leadership, and participatory governance for health

Health 2020: four common policy priorities for health

Investing in health through a life-course approach and empowering people

Tackling Europe’s major health challenges: NCDs and communicable diseases

Strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response

Creating resilient communities and supportive environments
Health 2020 – reaching higher and broader

- Focus on equity
- Focus on causes and determinants
- Going upstream to address root causes such as social determinants
- Invest in public health, primary care, health protection and promotion, and disease prevention
- Making the case for whole-of-government and whole-of-society approaches
- Offering a framework for integrated and coherent interventions
The contribution of prevention and treatment related to the decline in global CHD mortality

Source: NEJM 2007: 2388
The economic case for health promotion and disease prevention

The economic impact of non-communicable diseases amount to many hundreds of billions of euros every year. Many costs are avoidable through investing in health promotion and disease prevention. Today governments spend an average 3% of their health budgets on prevention.
WHO European review of social determinants and the health divide:* key findings and recommendations to improve equity in health

Policy goals

• Improve overall health of the population
• Accelerate rate of improvement for those with worst health

Policy approaches

• Take a life-course approach to health equity.
• Address the intergenerational processes that sustain inequities
• Address the structural and mediating factors of exclusion
• Build the resilience, capabilities and strength of individuals and communities

* The study was carried out by a consortium of over 80 policy researchers and institutions across Europe (2012), and led by Sir Michael Marmot.
Accumulation of positive and negative effects on health and wellbeing
Inequalities in cognitive development by multiple factors, UK

Cognitive test scores at age 7

- Low birth weight
- Not being breastfed
- Maternal depression
- Having a lone parent
- Median family income <60%
- Parental unemployment
- Maternal qualifications
- Damp housing
- Social housing
- Area deprivation (IMD)

(IPCS, 2012)
Employment and working conditions have powerful effects on health and health equity. When these are good they can provide:

- financial security
- paid holiday
- social protection benefits such as sick pay, maternity leave, pensions
- social status
- personal development
- social relations
- self-esteem
- protection from physical and psychosocial hazards

... all of which have protective and positive effects on health

Source: CSDH Final Report, WHO 2008
10 essential public health operations (EPHOs):

1. surveillance and assessment of the population’s health and well-being;
2. identification of health problems and health hazards in the community;
3. health protection services (environment, occupation, food safety);
4. preparedness for and planning of public health emergencies;
5. disease prevention;
6. health promotion;
7. assurance of a competent public health and personal health care workforce;
8. governance, financing and evaluation of quality and effectiveness of public health services;
9. communication for public health; and
10. health-related research.
Health system strengthening and the Tallinn Charter

- Supporting Member States in keeping or moving towards UHC (guided by the mission and vision of Health 2020)
- Transforming financing arrangements to provide sustainability and universality
- Positioning primary health care as the hub to other levels of care
- Ensuring coordination across all health care services
- Reinvigorate and modernize public health services
- Revitalizing a flexible, multi-skilled workforce with aligned task profiles, through training and continuous development
- Strategizing the use of modern technology and medicines for maximum benefits
Today’s health services

- Ensure patients’ participation and feedback in designing, implementing and evaluating health policies and services
- Implement partnership and shared decision-making by patients and health care providers
- Provide patients with information about treatment options and rights
- Train and develop skills
- Map barriers to access to information, care, rehabilitation and assistance for people with diseases and disabilities
- Create ways to measure the degree to which care in organizations and systems is people-centred
- Ensuring organizational and financial sustainability for future generations
- Publish comparable performance indicators.
<table>
<thead>
<tr>
<th>Element</th>
<th>Success Factors</th>
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<tbody>
<tr>
<td>High-level commitment &amp; champions</td>
<td>• Mayors, Prime Ministers, celebrities</td>
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<td>Dedicated resources</td>
<td>• Taxation, private sector</td>
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<td>• Co-ordination function needs resourcing</td>
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<td>• Health promotion agencies; advisory task-forces; local government</td>
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<td>Institutional structures</td>
<td>• Do not discredit informal relationships &amp; power of community</td>
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<td>Joint planning</td>
<td>• Quality of the “planning” can be more important than the “plan”</td>
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<td>Legislative tools</td>
<td>• Trans-fat, setting up structures for health promotion</td>
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<td>Accountability</td>
<td>• Doesn’t matter who, but needs to be clear (shared or not, health or non-health)</td>
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<td>Monitoring &amp; reporting</td>
<td>• Targets focus action</td>
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<td>• Results are important for advocacy</td>
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# Health 2020 monitoring framework – targets and core indicators

<table>
<thead>
<tr>
<th>Reduce premature mortality</th>
<th>Increase LE</th>
<th>Reduce inequalities</th>
<th>Enhance well-being</th>
<th>UHC &amp; “right to health”</th>
<th>National targets</th>
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<tbody>
<tr>
<td>Premature CVD, cancer, diabetes and chronic respiratory mortality *</td>
<td>LE at birth*</td>
<td>IM*</td>
<td>Life satisfaction*</td>
<td>OOP as % THE</td>
<td>National polices aligned with H2020</td>
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<td>Tobacco use</td>
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<td>Vaccination coverage</td>
<td>Implementation plan</td>
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<td>Alcohol consumption</td>
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<td>THE % GDP</td>
<td>National targets</td>
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<tr>
<td>Overweight and obesity*</td>
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<td>OOP as % THE</td>
<td>Accountability mechanism</td>
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<td>Vaccination coverage</td>
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<tr>
<td>External causes mortality*</td>
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<td>Vaccination coverage</td>
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- *Disaggregated by sex
Life expectancy trends in Portugal and European Region

Source: WHO Europe: European Health for All database.
The leading risk factor in Portugal is dietary factors.
Prevalence of overweight among boys aged 7 years (COSI 2010)

* 6-year-olds
** 8-year-olds
Salt intake per person per day for adults in the WHO European Region from individual country-based surveys, various years

WHO RECOMMENDATION - <5 grams

No data
Prevalence of insufficient physical activity among school going adolescents (11-17 years)


http://apps.who.int/gho/data/view.main.2463ADO?lang=en
Addressing diet, physical activity and obesity in Portugal through a Health 2020 “lens”

• Portugal was one of the first countries to adhere to and support the WHO Childhood Obesity Surveillance Initiative (COSI)

• Very good collaboration in the previous biennium notably on:
  • Development of the physical activity guidelines for the Portuguese population
  • Evaluation of salt intake in certain groups of the population (i.e. adolescents)
  • Stakeholder workshop on salt reduction strategies
  • Evaluation of trans fatty acids in food stuffs

• Renewed and new areas of collaboration in the area of diet, PA and NCDs:
  • Salt, sugar and fat reduction in the population with a focus on vulnerable groups
  • Nutrient profiling and labelling
  • Iodine status of vulnerable groups and iodine content in food stuffs
What does becoming “tobacco-free” mean?
WHO cost-effective Public Health interventions

• Anti-tobacco interventions
  – Taxes, tobacco free environments, health warnings, advertising bans

• Reducing harmful alcohol use
  – Taxes, health warnings, advertising bans

• Improving diet and physical activity
  – Reducing salt intake and salt contents, reducing trans-fats, promoting public awareness
The Portuguese national health plan 2012-2016
NHP vis-à-vis Health2020

Health and wellbeing focus
Participatory governance
Whole-of-Government
Whole-of-Society
Life course approach
Equity focus
Social determinants
Citizen empowerment
Health Impact Assessment
Health system focus
Goals of the National Health Policy

1. Increase healthy life expectancy at 65 years of age by 30%

2. Reduce premature mortality (>70 years) to below 20%

3. Reduce the prevalence of smoking in the population aged 15 or over and eliminate exposure to environmental tobacco smoke

Conceptual model of NHP
NHP Guidelines for Implementation

- Prevention and disease control
- Health promotion and protection
- Promoting healthy environments
- Empowerment of citizens
- Dissemination and implementation of best practices
- Global health strengthening
The process of debate and consultation including WHO

1. Assessment of the draft NHP
2. NHP Forum in Lisbon – 30 June 2014
5. Seminar – NHP Monitoring – date to be confirmed
Health systems strengthening for better noncommunicable disease outcomes

February 23, 2015
Three pillars of country assessments

- **NCD outcomes**
  - Assessment of past time trends
  - Potential to achieve the 25 by 25 targets

- **NCD core services**
  - Population interventions
  - Individual services

- Health system challenges and opportunities for scaling up coverage of core interventions and services
Self-assessment of essential public health operations (EPHOs)

- Comprehensive questionnaire for self-assessment
- Minimum checklist of public health services
- To support systematic self-assessment of capacity across 10 EPHOs
- Process especially mobilizing public health community and, inspiring dialogue is as important as final reports
- Tool to support capacity strengthening to deliver on NHP implementation
Thank you