



Direcção-Geral da Saúde
Ministério da Saúde

Expert Group on Social Determinants and Health Inequalities

Social Determinants and Health

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Portugal

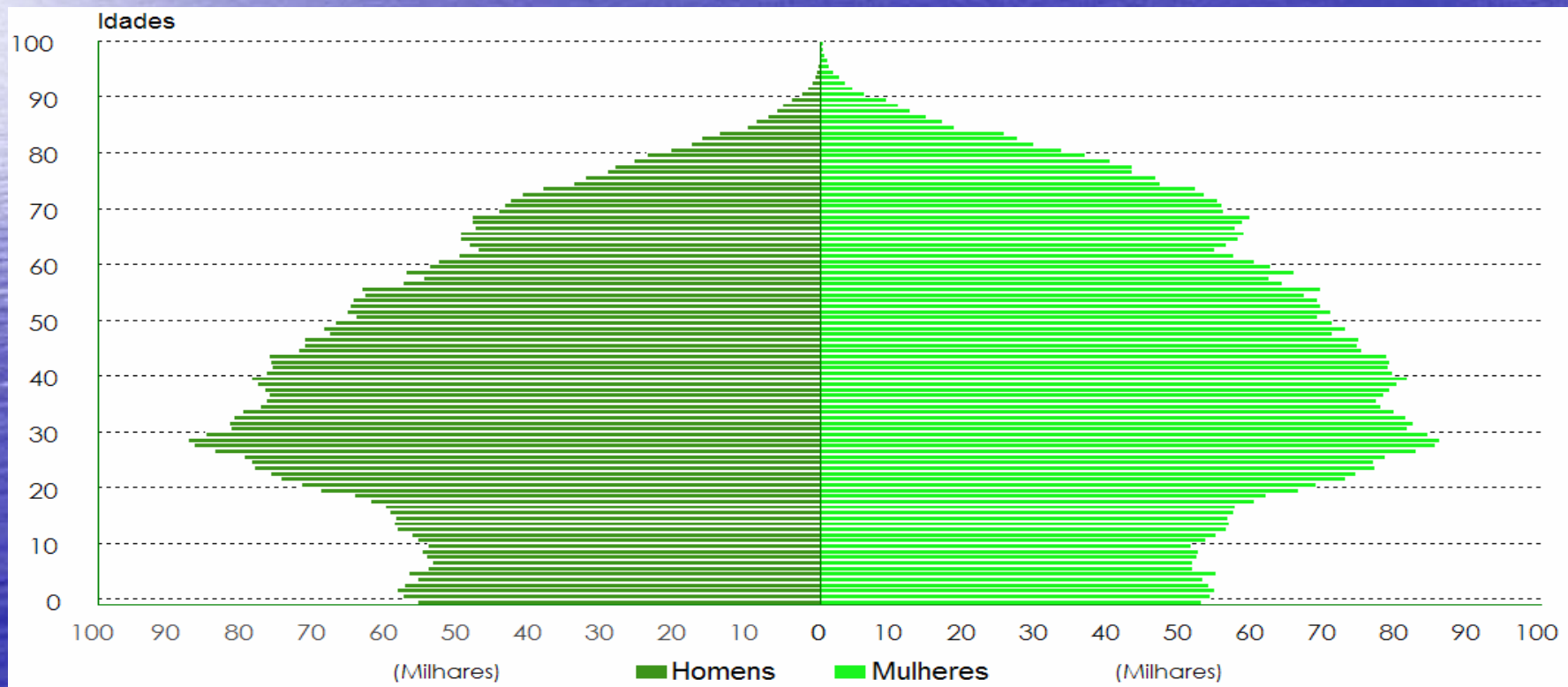
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Age pyramid, Portugal, 2004



Source: INE, Demographic statistics



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Life Expectancy

At Birth

	1999	2000	2001	2002	2003
Portugal					
Male	72,6	73,2	73,5	73,8	74,2
Female	79,5	80	80,3	80,5	80,5
EU25					
Male	73,8	74,4	74,7	75	75,1
Female	80,4	80,8	81,1	81,2	81,2

Source: Eurostat - *Demography*



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Disability-Free Life Expectancy

At Birth

	1999	2000	2001	2002	2003
Portugal					
Male	58,8	60,2	59,5	59,7	59,8
Female	60,7	62,2	62,7	61,8	61,8
EU25					
Male	63,2	63,5	63,6	64,3	64,5
Female	63,9	64,4	65	65,8	66

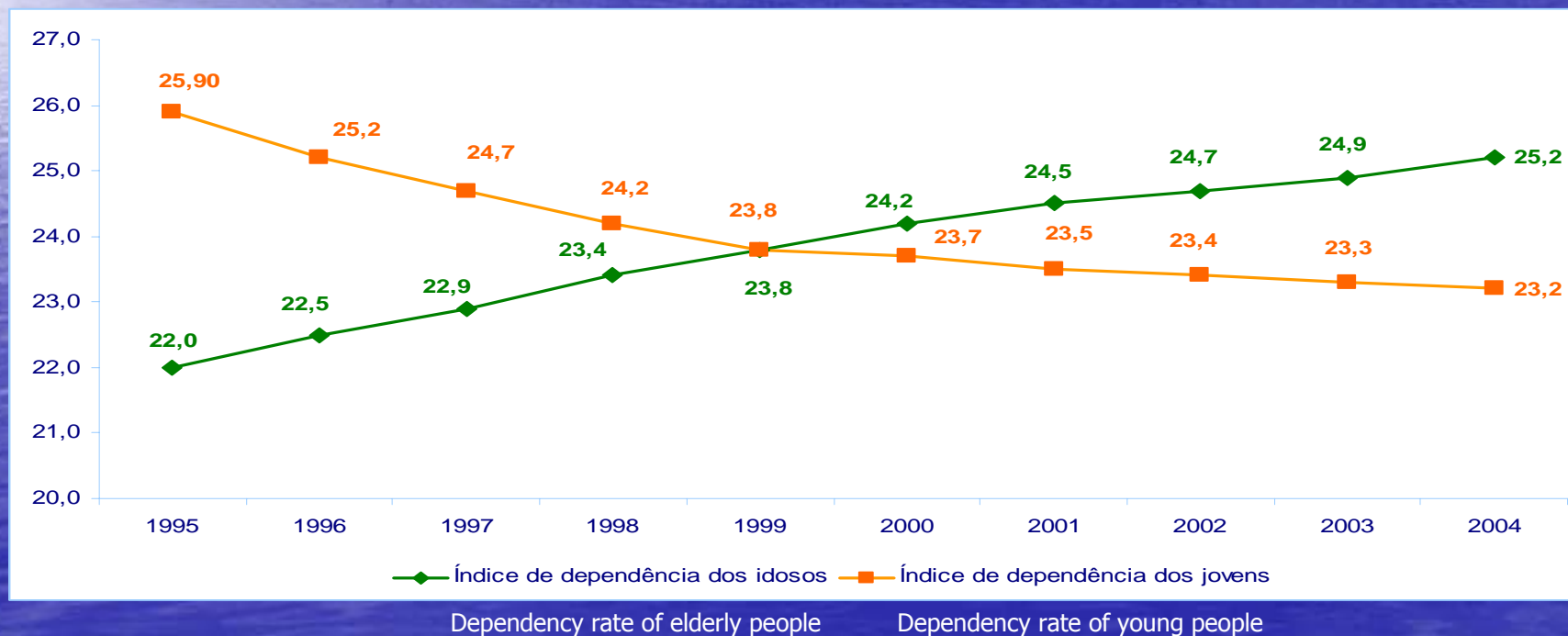
Source: Eurostat - *Demography*



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Dependency rates of young and elderly people between 1995 and 2004



Source: INE, Demographic statistics



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Unemployment Rate

15 + years

	2001	2002	2003	2004	2005
Portugal	4	5	6,3	6,7	7,6
Men	3,2	4,1	5,4	5,9	6,7
Women	5	3	7,2	7,6	8,6
EU25	8,4	8,8	9	9,1	8,7
Men	7,3	7,8	8,1	8,1	7,9
Women	9,8	10	10,2	10,3	9,8

Source: Eurostat - Harmonized unemployment series, Annual average



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Eligibility for Public Coverage

All population is covered by the National Health Service system, financed by general taxation



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Health Expenditure %GDP

Total (Source: SHA)

Portugal
EU25

1998	1999	2000	2001	2002	2003	2004
8,4	8,7	9,2	9,4	9,3	9,6	x
8,2	8,3	8,3	8,5	8,7	8,8	x

Public Sector (Source: WHO)

Portugal
EU25

5,6	5,9	6,4	6,6	6,6	6,7	6,8
6,1	6,2	6,2	6,4	6,6	6,7	6,7



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SELF-PERCEIVED HEALTH

Portugal		2004
good or very good	Male	52,5
	Female	45,3
Fair	Male	31,7
	Female	33,4
bad or very bad	Male	15,8
	Female	21,3

Source: SILC, Eurostat



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Infant Mortality Rates

	2000	2001	2002	2003	2004
Portugal	5,2	5	4,8	4,6	4,5
EU25	5,5	5	5	4,1	4

Source: ESTAT, Eurostat



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Prevention Measures: Vaccination

	2004
Portugal	
DTP	97,8
Poliomeilite	97,3
MMR	94,8
HiB	97,4
Hepatite B	96,4

Source: WHO



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SELF-PERCEIVED HEALTH

	Male	Female
Very Good	11,1	8
Good	55,3	44,6
Fair	26	33,4
Bad	6,4	10,6
Very Bad	1,2	3,5

Total Absolute Number	1158	1376
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Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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SELF-PERCEIVED HEALTH

Years of schooling	< 5 years	5 - 9 years	> 9 years
Very Good	4,4	12,9	16,6
Good	37,3	58,6	64,4
Fair	38,9	23,5	17,8
Bad	15,1	3,9	0,9
Very Bad	4,3	1,1	0,3

Total Absolute Number	1182	1023	326
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Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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SELF-PERCEIVED HEALTH

Income	Low	Mediam	High
Very Good	5,8	9,4	12,2
Good	31,5	50,3	65,5
Fair	40,4	31,6	20,8
Bad	17,1	6,5	1
Very Bad	5,2	2,2	0,5

Total Absolute Number	502	943	197
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Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Who takes most medicine ?

- Women;
- People > 50 years old;
- < 5 years' schooling;
- Non-specialized manual workers;
- Low-income groups;
- Lower and middle-lower social classes.

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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WHO IS CONCERNED ABOUT DISEASE?

- Women, people > 50 years of age, < 5 years' schooling – CANCER
- Young people – CVD and AIDS
- Lower social classes – CVD
- Middle social classes – AIDS

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Obstetric Care

- Women > 9 years' schooling, higher incomes, working in tertiary sector, higher and middle-higher social classes, have no children or had their children at a late age;
- Women from the lower social classes have their first child at a young age – between the 19 and 21 years.

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Pregnancy Surveillance

Women interviewed with < 5 years' of schooling, low incomes, living in rural areas and with manual jobs are subject to less pregnancy surveillance.

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Voluntary interruption of pregnancy

- 9% of women admitted having voluntarily interrupted their pregnancy;
- These women live in urban areas and have > 5 years' of schooling.

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Tobacco

Smokers are mainly men, with aged between 30 and 49 years old, living in urban areas, with medium or higher incomes and more than 5 years' of schooling.

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Alcohol

- The alcohol consumers are men, 30 - 64 years old and specialized manual workers;
- Lower social classes do not consume alcohol or are every day consumers.

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Health Precautions

Men, < 30 years old, with > 5 years' of schooling, middle and higher social classes and working in tertiary sector.

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Contraception

- Women <5 years' of schooling use fewer contraceptive methods;
- Higher-education students are those who use most contraceptives;
- Women > 9 years' of schooling either use or have used oral contraception.

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Cervical and breast-cancer screening

Women living in urban areas, middle-higher and higher social classes are subject to most screening.

Source: *Saúde e Doença em Portugal* - Manuel Villaverde Cabral (coord.), Pedro Alcântara de Silva, Hugo Mendes.



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Portuguese National Health Plan

2004 - 2010



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Major Goals of National Health Plan:

- Achieving health gains by raising the standard of health at the different stages of the lifecycle and by reducing the burden of disease;
- Using the necessary tools, in an appropriate organizational context, namely by centring change on the citizen, while equipping the health system for innovation and re-orienting the healthcare system;
- Ensuring the right mechanisms for the fulfilment of the Plan are in place, by securing adequate resources, promoting inter-sectorial dialogue, adapting the legal framework and creating mechanisms which will be able follow-up and updating measures to be implemented.



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Programmes with major significance:

- The National Programme for prevention and control of cardiovascular diseases;
- The National Programme for prevention and control of the oncological diseases;
- The National Programme for prevention of HIV/AIDS infection and other sexually transmitted diseases;
- The National Programme for senior citizen's health.

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