Country Cooperation Strategy (CCS)

WHO – Portugal
2015 – 2020
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Foreword

Building on the collaboration between the Ministry of Health of Portugal and the World Health Organization (WHO), this Country Cooperation Strategy (CCS) sets a vision for creating synergy and alignment between WHO leadership priorities and the Portuguese national health policies, strategies and plans, for the period of 2015–2020. It aligns the National Health Plan of Portugal with the WHO European policy framework Health 2020.

Led by Ministry of Health of Portugal and WHO, the strategy was developed through a series of consultations with representatives of all levels of WHO, the Ministry of Health of Portugal, scientific institutions, professional associations and other stakeholders in Portugal.

The CCS for WHO and Portugal has three strategic priorities for collaboration, defined as:

1. Strengthened cooperation on national health systems with emphasis on the National Health Plan 2012-2016 and affordable access to medicines and health technologies;
2. Exchange of information and expertise in the fields of NCDs, nutrition and food policies, tobacco, mental health, substance use issues and social determinants of health;
3. Enhanced WHO-Portuguese collaboration in the areas of malaria and health workforce development.

With the Strategic Priorities identified in the CCS, the collaboration between Portugal and WHO aims to further strengthen the healthy system, improve the health of the Portuguese and reduce inequalities. It also seeks to draw on the Portuguese experience and expertise to improve global health.

In a spirit of partnership and solidarity, this strategic agenda will guide our important cooperation and improve its effectiveness in the next five years. We are confident that implementation of this CCS will be an essential key contribution to achieve significant health improvements in Portugal and the World.

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Acronyms and abbreviations

ACES Groups of primary care centres
ACS High Commissariat of Health
ACSS Central Administration of the Health System
ARS Regional Health Administration
BCA Biennial Collaborative Agreement
CCS Country Cooperation Strategy
CIC Inter-ministerial Committee for Cooperation
CISA Health Research Center of Angola
CNS National Health Council
COSI Childhood Obesity Surveillance Initiative
CPLP Community of Portuguese-speaking Countries
DALE Disability-adjusted life expectancy
DGS Directorate-General of Health
EC European Commission
ECDC European Center of Disease Control
ERS Health Regulatory Agency
EU European Union
FCG Foundation Calouste Gulbenkian
FCTC WHO Framework Convention on Tobacco Control
GDP gross domestic product
GHPSS Global Health Professions Student Survey
GHWA Global Health Workforce Alliance
GNAFC Global Network of Age-friendly cities
GOARN Global Outbreak Alert and Response Network
GPW WHO General Programme of Work
GWHN Network of WHO Collaborating Centres in occupational health, Gender, Women and Health Network
HBSC Health Behaviour in School-aged Children
HIV/AIDS Human immunodeficiency virus/acquired immunodeficiency syndrome
IGAS General Inspectorate of Health-related Activities
IHMT Institute of Hygiene and Tropical Medicine
IHP International Health Partnership
IHR (2005) International Health Regulations 2005
IMV Instituto Marquês de Valle Flôr
INE National Statistics Institute
INEM National Institute for Medical Emergencies
INFARMED National Authority of Medicines and Health Products
INSA National Institute of Health Dr Ricardo Jorge
IPAD Portuguese Institute for Development Assistance
IPST Authority for Blood and Transplantation Services
MDGs Millennium Development Goals
NCD Noncommunicable disease
NCDnet Global Noncommunicable Disease Network
NGO Nongovernmental organization
NHP National Health Plan
NHS National Health Service
PALOP Portuguese-speaking African countries
PEC Bilateral Strategic Programmes
PECS/CPLP Strategic Plan for Health Cooperation of the Community of Portuguese-speaking Countries
PIDDAC Central Administration’s Investment and Development Plan
SICAD General-Directorate for Intervention on Addictive Behaviours and Dependencies
SGMS General Secretariat of the Ministry of Health
SPMS Shared Services of the Portuguese Ministry of Health
STI Sexual Transmitted Infections
TB Tuberculosis
UN United Nations
USF Family health unit
WHO World Health Organization
WHO/ Africa WHO Regional Office for Africa
WHOCC WHO Collaborating Centres
WHO/Europe WHO Regional Office for Europe
Executive summary

Portugal and the World Health Organization (WHO) have jointly elaborated this Country Cooperation Strategy (CCS), which represents a balance between Portugal's needs and interests, with WHO's global priorities and regional orientations. It was developed with the involvement of relevant stakeholders in Portugal, as well as with the WHO at all different levels.

The CCS between Portugal and WHO aims to:

- Strengthen the Portuguese health system through WHO’s global knowledge and expertise;
- Strengthen and value Portuguese contributions towards supporting WHO’s role as leading and coordinating authority in global health; and
- Improve coordination between Portugal and WHO in the field of health cooperation in the Community of Portuguese Speaking Countries (CPLP), including strengthening the Portugal’s contribution to the ePORTUGUÊSe WHO Programme.

This CCS highlights a number of opportunities and challenges for strengthening the cooperation between Portugal and the WHO Secretariat.

The Strategic Agenda of the CCS Portugal encompasses the following three priorities, which provide a framework to guide systematic and sustained collaboration between Portugal and WHO:

- Strategic priority 1: Strengthened cooperation on national health systems with emphasis on the National Health Plan 2012-2016 (and its extension to 2020), and affordable access to medicines and health technologies
- Strategic priority 2: Exchange of information and expertise in the fields of NCDs, nutrition and food policies, tobacco, mental health, substance use issues and social determinants of health
- Strategic priority 3: Enhanced WHO–Portuguese collaboration in the areas of malaria and health workforce development.

During the next five years, the WHO and Portugal will work together to implement the CCS within available resources.
1. Introduction

Following the adoption of resolution on the “Country Strategy for the WHO Regional Office for Europe 2012–2014” (EUR/RC62/R7) by the WHO Regional Committee for Europe in September 2012, Portugal and WHO have agreed to strengthen cooperation through the development of a Country Cooperation Strategy (CCS) for the period of 2015-2020. (1).

The CCS is a medium-term, jointly elaborated strategy for cooperation between the World Health Organization (WHO) and Portugal, serving as a common reference. The CCS represents a balance between Portugal's needs and interests, WHO's regional orientations and global priorities and the new leadership priorities of the WHO Global Program of Work (2).

The CCS between Portugal and the WHO aims to:

- Strengthen the Portuguese health system through WHO's global knowledge and expertise;
- Strengthen and value Portuguese contributions towards supporting WHO's role as leading and coordinating authority in global health; and
- Improve coordination between Portugal and WHO in the field of health cooperation in the Community of Portuguese Speaking Countries (CPLP), including strengthening the Portugal's contribution to the ePORTUGUÊSe WHO Programme.

This strategy builds on the Portugal National Health Plan (NHP) 2012-2016 (and its extension to 2020) (3), the WHO European Health Policy Framework Health 2020 (4), and the WHO Global Program of Work (5).

The NHP spells out the guiding principles and strategies for individuals and institutions to contribute to improvements in health outcomes in Portugal from 2012 to 2016. The NHP has been extended to 2020 in order to align it with the WHO European Health Policy Framework Health 2020. Besides the NHP 2012-2016, it was also analysed the priority national health programmes (6, 7, 8, 9, 10, 11, 12, 13,14), as well as the other key documents, including the “Road to Growth: a medium-term reform strategy for Portugal” (15) and the “Portugal 2020: the partnership agreement between Portugal and the European Commission”(16).

The Health 2020 framework provides the Ministry of Health of Portugal with an important tool for addressing priorities such as advancing of primary health care, achievement of universal health coverage and strengthening the health system to tackle the growing burden of NCDs, their
health and socioeconomic risk factors, emerging infectious diseases and the social determinants of health.

The CCS has been developed under the leadership of the Portuguese Ministry of Health with the involvement of relevant Portuguese stakeholders and WHO staff at all levels of the Organization and was conducted through a broad consultative process between WHO and Portugal. The consultation of the main stakeholders in Portugal included a discussion on the CCS during the National Health Forum on the 26th and 27th June 2014 and a stakeholders meeting consultation on the 23rd July 2014.

The CCS is a legally non-binding policy instrument that aims, within available resources, to enhance policy coherence in the cooperation between Portugal and WHO at all levels. This strategy is intended to enhance collaboration in commonly identified priority areas, and serves as a platform for further strengthening overall collaboration between WHO and Portugal. At the national level, the CCS serves as an organization wide instrument for strengthening cooperation that supports the country vision and ensures harmonization with other health stakeholders and partners at the country level. It guides the cooperation of the technical implementation while showcasing the national expertise as a means of promoting bilateral or multilateral partnerships with other WHO Member States.
2. **Country health and development challenges, and national response**

This section highlights key achievements and challenges for the Portuguese health system. Data from the WHO health system performance assessment of Portugal (17) and the WHO evaluation of the Portuguese National Health Plan (18), both conducted in 2010, as well as the Health System Review from 2011, are included (19). These assessments were developed at the request of the Ministry of Health of Portugal and provide an updated overview of the health system and public health.

**2.1. Health status of the population**

Considerable health improvements can be seen in recent decades. The life expectancy at birth has improved dramatically over the past 25 years; the gap in life expectancy compared to the average for the European Union decreased from 3 years in 1980 to 1.5 years in 2007. The potential years of life lost were 40% more than the EU 15 median in 1980 but only 20% more in 2003. Impressive progress has taken place in perinatal and infant mortality rates, which were the highest of the EU 15 countries in 1980 but were better than the EU 15 average in 2007. This trend reflects both improved access to an expanding health care network due to continued political commitment, and economic growth, which led to improved living standards and increasing investment in health care (19).

Since the mid 1980s, the main causes of death have been diseases of the circulatory system, cerebrovascular disease and malignant neoplasms. However, there are significant improvements in these areas. The mortality rates for some key causes of death under the age of 65 years have decreased since 2000; in particular, mortality due to circulatory diseases such as ischaemic heart disease and cerebrovascular accidents has fallen substantially, as has the rate of death due to motor vehicle accidents. Thirty-day fatality rates following a stroke or heart attack have dropped by roughly a quarter since 2000. The 5-year survival rates for cancers detected at early stages have improved over the past 10 years. These are likely to remain the main causes of death of the Portuguese population for the coming decades.

The lifestyle risk factors causing the high level disease burden are harmful use of alcohol, use of tobacco, insufficient physical activity and unhealthy diet. Harmful use of alcohol is related to premature death and avoidable disease and is a major avoidable risk factor for neuropsychiatric disorders, cardiovascular diseases, cirrhosis of the liver and cancer. A growing challenge is the
increasing prevalence of obesity, especially among children. There has also been no improvement in the overall smoking rate in Portugal since a decrease in the rate among men has been offset by an increase in the rate among women (18).

At the same time, there are large health inequalities in health status. For instance there is a gap between life expectancy of men and women, which is about 7 years and the rate of potential years of life lost for men is twice that for women. Men bear the burden of deaths that occur at earlier ages, for example, from suicide, motor vehicle accidents and HIV/AIDS. The incidence of vaccine preventable illnesses has been kept at low levels due to the historical high levels of immunization coverage (19).

2.2. Structure of the Health System

The National Health Service (NHS) is a universal and tax-financed system. All residents in Portugal have access to health care provided by the NHS, which is financed mainly through taxation. Co-payments on primary and hospital care have been increasing over time and account for less than 3% of public expenditure on health while the level of cost-sharing is higher, in spite of the decrease in the last three years, for pharmaceutical products. Approximately one-fifth to a quarter of the population enjoys a second layer of health insurance coverage through specific health subsystems and voluntary health insurance. Health services are delivered by both public and private providers. Public provision is predominant in primary care and hospital care, with a gate-keeping system in place. Pharmaceutical products, diagnostic technologies and private practice by physicians constitute the bulk of private health care provision.

The overall governance system for health has been improved with regular review of institutional setting and the strategic vision, including approval of National Health Plan 2012- 2016 and its extension until 2020. Also mechanisms for intersectoral collaboration have been set in place to engage other stakeholders into health policy development and implementation processes. However, there are still possibilities to strengthen the engagement level and leadership role even further both outside and within health sector (17).

Today, the affordability and financing of new medicines pose challenges to many governments across Europe. In Portugal, more specifically, in the context of pursuing equitable and comprehensive healthcare, and against the backdrop of the global economic crisis, ageing populations, increase in NCDs - the continual introduction of new premium priced medicines
and other health technologies is an especial concern. While Portugal has had continuous development of its medical product policies and offers its experience in the field of generic use it has not fully engaged throughout the medicines life-cycle to facilitate access to new medicines and is facing an increased public expenditure on medicines and health technologies similar to many other European countries. Controlling pharmaceutical expenditure is likely to remain a focus among European countries including Portugal and to mitigate such pressures, further development of systems and processes to optimize use of medicines and health technologies are necessary.

The Portuguese health system has not undergone any major changes on the financing side since the early 1990s, despite the steady growth of public expenditure on health. On the other hand, many measures have been adopted to improve the performance of the health system, including public–private partnerships for new hospitals, a change in NHS hospital management structures, pharmaceutical reforms, reorganization of primary care and the creation of long-term care networks. There is an overall awareness, and concern, about the rise in health expenditure in Portugal. Most of the reforms that have come into effect have done so too recently to measure any effects at present. Nevertheless, the indicators known so far reveal a positive trend and health gains with access and quality (18).
3. Development cooperation and partnerships: technical assistance, aid effectiveness, and coordination

This section discusses Portugal's approach and contribution to global health. The National Health Plan 2012-2016 (and its extension to 2020) sets the strategic goal of strengthening Portugal's participation in global health. Portugal aims to have a solid perspective of international health interest areas that stimulates participation in Global Health, supported by a multi-sectoral dynamic and engagement of the Health System. The section describes the current development cooperation and partnership in health, both at multilateral and bilateral level.

3.1. Communities of nations/multilateral relations

The Community of Portuguese-Speaking Countries (CPLP) is the organisation of Portuguese-speaking countries for development cooperation and includes Angola, Brazil, Cape Vert, East Timor, Equatorial Guinea, Guinea Bissau, Mozambique, Portugal and S.Tomé e Principe. The main engagements and aspects of these relations include the following:

- The Portuguese participation is guided by principles of cooperation, coherence, complementarily and alignment (CPLP, 2009): i) focus on Africa, particularly in the least developed countries and fragile states; ii) support to the stabilisation and transition towards development; iii) alignment and harmonisation between national strategies and policies, with the purpose of achieving the MDGs; iv) reinforcement of the PALOPs in the international community;
- Developed projects: Health Technical Schools Network and National Schools for Public Health; Specialised Medical Training Centre and Technical Centres for Equipment Installation and Maintenance; STI, HIV and AIDS Research and Development Network (Portugal coordinates it until 2012);
- The CPLP Health Strategic Cooperative Plan, PECS/CPLP (2009-2016) (9,20), is a collective commitment of strategic cooperation in health between the MS of CPLP, whose extension until 2016 was determined in the Third Meeting of Health Ministers of the CPLP, held in February 12, Mozambique, 2014 aiming at the reinforcement of Health Systems and the improvement of care provision;
• The Ministry of Health organised a Donors Roundtable in Lisbon, in September 2009. It has also participated in the Group of the Health Forum for Development, in the drafting of the new document of the Portuguese Cooperation Strategy for Health;

• Other instruments and mechanisms: Specific partnership agreements (Portuguese Multilateral Cooperation Strategy, IPAD, 2010); Inter-ministerial Committee for Cooperation (CIC) (21Decree-Law No. 302/98), for the articulated planning of programmes and projects and execution coordination (22DL No. 127/97); Strategic concept of the Portuguese cooperation 2014-2020.

• The Ibero-American Conference that includes 19 Member States from Latin America, Portugal, Spain and Andorra. Portugal held the presidency in 2009 and the Ministry of Health/ACS organised the 9th Conference of Ministers of Health on "Innovation and Primary Healthcare", in Évora (Final Declaration of the Ibero-American Conference of Ministers of Health, ACS, 2009).

• International Health Partnership (IHP) (2007): coordinates funds and donors to help the development of Health Systems in poorer countries, together with international organisations like the EC, WHO, World Bank and GAVI Alliance, vulnerable countries including Cambodia; Mozambique; Rwanda) and other partners for development, including Germany, Norway, UK and Portugal.

3.2. Bilateral relations

Portugal develops bilateral cooperation in health with countries from all continents. Some noteworthy examples are:

I. Portugal - Spain

Portuguese-Spanish Joint Monitoring Committee, for the coordination between health policies from Portugal and Spain (e.g. transplants, vaccination, research);

• Framework Agreement between the Portuguese Republic and the Kingdom of Spain on Cross-border Health Cooperation (2009), for better access to care by the populations;

• Memorandum of Understanding between the Portuguese Ministry of Health and the Consejería de Salud da Junta de Andalucía (Spain) for Health Policies Sharing (2010);

• Protocol of Specific Cooperation between DGS and Agencia de Calidad Sanitaria de Andalucía, for the implementation of the accreditation model in Portugal and its future joint development and improvement;
• International Iberian Nanotechnology Laboratory, a reference at international level (online).

II. Africa

Bilateral cooperation actions are based on Bilateral Strategic Programmes (PECs), that define the major cooperation guidelines. The actions included in those programmes result from negotiations between the Portuguese Ministry of Foreign Affairs/Ministry of Health and the Ministry of Health of each country.

Besides these, the Ministry of Health develops protocols with other institutions and NGOs, of which the following partnerships are examples:

• Angola – Ministry of Health/ACS, training for doctors and nurses; FCG, Ministry of Health from Angola and Bengo Provincial Government for the development of the Health Research Centre (CISA); INSA and National Public Health Institute of Angola for HR training and technology transfer; Hospital da Universidade de Coimbra and Hospital Agostinho Neto; Evangelisation and Culture Foundation for the improvement of maternal-child health; Alto Ave Hospital Centre and Sagrada Esperança Clinic;

• Mozambique – Cardiothoracic Surgery from the Hospital da Universidade de Coimbra and Heart Institute (Maputo);

• Cape Verde – Ministry of Health/ACS/ACSS for the installation of a Dialysis Centre and training of technicians (IPAD online); Platform for the epidemiological surveillance of oncological diseases; Health workforce empowerment - training and internships for health professionals;

• Guinea-Bissau – IHMT, on the Plan for Health Human Resources; NGO VIDA - "Jirijipe - Saúde até à Tabanka";

• S. Tomé and Príncipe – protocol between the Ministry of Health/ACS-IMVF for the development of Telemedicine.

III. America

• Brazil – Portuguese and Brazilian Ministries of Health (2008); INSA and Oswaldo Cruz Foundation (2009-2012).

• Uruguay – Memorandum of Understanding between Ministries of Health (2007), for the professional development and temporary integration of human resources in the Portuguese and Uruguayan national health systems.
IV. Others

• China – Memorandum of Understanding on Health Cooperation between Ministries of Health (2004 and 2008), for the promotion and reinforcement of cooperation in areas such as prevention and control of communicable diseases, primary healthcare, maternal and child health, and medical emergency, among others;

• Saudi Arabia – Memorandum of Understanding on Health Cooperation between Ministries of Health (2010), in areas such as personalised healthcare, statistical information, internships, among others;

• Bilateral conventions on social security that include disease and maternity (e.g. Brazil, Cape Verde, Morocco, Andorra, United Kingdom).
4. Past and current WHO cooperation

This section briefly reviews the cooperation between WHO and Portugal, with a focus on the last six years. The review is based on information collected as part of the CCS process through interviews or questionnaires sent to selected Portuguese national governmental and nongovernmental stakeholders, relevant heads of WHO Offices in countries, territories and areas and WHO technical and managerial staff from WHO headquarters and the European Region.

4.1. Review of current cooperation

The cooperation with WHO as the specialised agency of the UN for health is identified as essential for the foreign policy and diplomatic action in Global Health. There are a series of mechanisms of cooperation between Portugal and WHO including:

- The Ministry of Health and WHO-Europe have established Biennial Collaborative Agreements (BCA) since 2006, with WHO collaboration on current BCA from 2014/2015 focused on strengthening the health system; the implementation and evaluation of the National Health Plan 2012-2016 and its extension to 2020; tackling health determinants such as nutrition and mental health; and developing health impact assessment and technology assessment (23).

- The Ministry of Health has signed a specific protocol with the WHO, for the project ePORTUGUÊSe, which includes initiatives such as the Virtual Health Library and BlueTrunk Libraries. Portugal was present at the creation of the ePORTUGUÊSe Programme in 2005 and has participated in every meeting of the Portuguese-speaking countries in the World Health Assemblies since that year.

- Portugal has organized the World Health Assembly meeting of the Portuguese-speaking countries in collaboration with the ePORTUGUÊSe WHO Programme in 2009 to introduce the WHR 2008 in Portuguese, Primary Health Care: Now more than ever. Portugal has contributed to the translation of several WHO documents and reports supporting and encouraging information sharing in Portuguese-speaking countries, especially in Africa.
• The Ministry of Health has also signed with WHO Regional Office for Africa (WHO Africa) a General Convention on Cooperation (2007), with the following goals: planning, execution and evaluation of national programmes; managerial and staff training; research, especially with regard to endemic diseases);

• Participation in the WHO Networks including the Global Health Workforce Alliance (GHWA), Global Outbreak Alert and Response Network (GOARN), Network of WHO Collaborating Centres in occupational health, Gender, Women and Health Network (GWHN), NCDnet (Global Noncommunicable Disease Network).

The collaboration between Portugal and WHO has been systematic through the Biennial Collaborative Agreements (BCA) since 2006. The following summarizes the mains areas of collaboration, regarding particularly the current BCA 2014-2015:

• **National Health Policies**

The WHO Regional Office for Europe has supported Portugal in the development, implementation and evaluation of the NHP 2004-2010. The evaluation of the NHP 2004-2010 included targeted policy recommendations, which supported the development of the current NHP of Portugal and broader health system strengthening efforts. The WHO Regional Office has further provided support in the definition of the new NHP 2012-2020.

• **Strengthening the Health System**

The WHO Regional Office for Europe carried out an external evaluation of the NHP 2004-2010 and a performance assessment of the Portuguese health system (17, 18). This work was performed in coordination with the Ministry of Health.

• **Strengthening Public Health**

Portugal is developing the assessment of public health services based on the WHO self-assessment tool on Essential Public Health Operations (24). The National Institute of Public Health provided valuable technical contribution to the development of the review of public health tools and instruments (25).

• **Human Resources for Health**

Collaboration in this area started in 2008 with a country review aimed at improving the existing knowledge on the mobility of health professionals in Portugal and exploring the policy implications at country level. Portugal has hosted two WHO meetings on Health Workforce in June and July 2014 including: the WHO Global Technical Working Group on Health Workforce

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Education Assessment (26), hosted in Lisbon; the meeting of the Global Network of WHO Collaborating Centres on Nursing & Midwifery, hosted in Coimbra.

- **Non-communicable diseases (NCD) with a specific focus on mental health**, 

This is an area of collaboration since 2010. The WHO Regional Office has the capacity and the network to provide technical support to Portugal both in the development of the indicators and in the assessment of the implementation of this priority. Portugal is actively pursuing mental health reforms and an assessment of the mental health strategy of Portugal was developed.

- **Nutrition**

Since 2011, WHO has supported Portugal in the development of the first National Physical Activity Guidelines, on the development of a National Salt a reduction Program with an emphasis on the evaluation of salt consumption at population level as well as an initiative to evaluate the prevalence of trans-fat in the Portuguese diet. The country is part of the WHO Childhood Obesity Surveillance Initiative (COSI) Action Network (27).

- **Harmful use of alcohol**

The WHO supports Member States in improving public health through implementing evidence-based policies on alcohol as recommended in the European action plan to reduce the harmful use of alcohol 2012 – 2020. Portugal participates in the Global Network of WHO National Counterparts for implementation of the Global Strategy to reduce the harmful use of alcohol, adopted in May 2010. Portugal also participates in the WHO Regional Office for Europe (EURO) Network of National Focal Points for alcohol policy, which aim is to exchange information between Member States on alcohol policy developments.

- **Tobacco**

FCTC was ratified in November 2005 and entry into force in February 2006 (28). Portugal is also engaged in the Global Health Professions Student Survey (GHPSS) as part of Global Tobacco Surveillance System.

- **Healthy Ageing**

Portugal has a key role in the WHO Global Network of Age-friendly cities (GNAFC) with participation of 22 cities from Portugal. The growing Portuguese Network of age-friendly cities is a WHO Affiliated Programme of the Global Network.
• **Environment and Health**

The collaboration between WHO Europe and the Portuguese Ministry of Health in the area of Housing in 2008-2009 focused on the implementation of a national plan on healthy housing, and was based on technical support including the development of simple housing and health screening tools. Several deliverables as capacity building workshop, data collection in selected cities, update of the Local Housing and Health Action Plan Manual, and a National Conference on healthy housing as Portuguese contributions to the 5th Ministerial Conference on Environment and Health in early 2010 were implemented in 2009.

• **Water and sanitation**

Portugal co-leads the work on safe and efficient management of water and sanitation services under the Protocol on Water and Health. Portugal is represented in the Protocol Bureau.

• **Vaccine-preventable diseases and immunization**

Portugal has established National Verification Committee for elimination of measles and rubella. WHO Europe would like to encourage countries to join the recent WHO initiative on improving transparency of vaccine product and price data by sharing vaccine price data through the WHO-UNICEF joint reporting form on immunization.

• **HIV/AIDS**

The Directorate General of Health and the National Institute of Health contributed to HIV and AIDS case surveillance data to the ECDC/WHO Europe HIV/AIDS surveillance in Europe report.

**4.2. WHO Collaborating Centres in Portugal**

With close guidance by the WHO Regional Office for Europe, the Institute of Hygiene and Tropical Medicine, University Nova de Lisboa, Lisbon, operates as designated WHO Collaborating Centre for Health Workforce Policy and Planning (POR-10 WHOCC) since 2011. The Nursing School of Coimbra, Coimbra, was designated as WHO Collaborating Centre for Nursing Practice and Research (POR-14 WHOCC) in 2014. Both WHO Collaborating Centres from Portugal have an important role in supporting the WHO technical programme on strengthening health workforce in the European Region and in the Portuguese speaking countries.
4.3. Opportunities and challenges

The analysis of the information obtained during the CCS process has highlighted a number of opportunities and challenges, which are discussed below.

WHO's trusted impartial advocacy role, convening power, technical support and setting of global policies, norms and standards is recognized as important support for Portugal. Most of the six GPW categories are useful for raising awareness of issues, which can increase support for required activities at the national level, particularly within the context of the Portuguese health system. WHO's advocacy role could be more effectively used to stimulate a national dialogue on prevention of NCDs. WHO's extensive experience in supporting the implementation of NCDs 'best buy' measures would be helpful in this area.

Collaboration with WHO can also be used to strengthen intersectoral work regarding health and the environment in Portugal. The intersectoral committee for the implementation of the NHP 2012-2016 will have a key role in the consultation process of the Portugal CCS.

WHO's advocacy role could also be used to reinforce the sharing of experiences between countries on strengthening health systems, could provide background information and material, and act as a resource for technical expertise. Another opportunity for increased technical cooperation is the implementation of some of the recommendations of the WHO health system performance assessment. Portuguese health actors also support the global process based on their expertise in health system performance assessment.

WHO's central health role in the area of emergency, surveillance and response is a distinctive comparative advantage, underlining its role as the leading authority in global health, which Portugal supports.

Developing, expanding and maintaining partnerships and increasing synergies between the different actors in global health are an important challenge for WHO. The large number of global health actors and the wealth of opportunities for enhanced synergies between them indicate that more could be done to foster strategic exchanges and collaboration among these actors. This is an area where Portuguese assistance would be valuable.

Various challenges present themselves at country level, despite the mutual interest in increased cooperation between WHO and Portuguese Speaking Countries, and the potential to improve such cooperation. Cooperation between Portugal and WHO in Portuguese Speaking Countries would benefit from increased formalization of the joint work and more systematic information exchange. Opportunities exist to improve cooperation in the field of strengthening of health
systems through enhancing capacities in the fields of health diplomacy, strengthening health systems and NCDs.

The information exchange and partner coordination at country level is key to keeping WHO and partners updated on existing policies, strategies and programmes. WHO could further develop cooperation with Portugal in the areas of information sharing and partner coordination in the areas of health workforce and malaria.

The implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel provides opportunities for more collaboration in the area of health workforce (29). This is particularly the case as the Code is considered to be an important instrument for policy-making. Portugal has been instrumental in this area by putting the health of migrants at the European Union and WHO Agenda (30,31, 32).

Portugal has played an important role in the negotiation, development and implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, aimed at improving research, development and access to medicines. WHO cooperation in the field of essential medicines and pharmaceuticals policies, covering pharmaceutical regulation, and access to safe, effective and affordable medicines, is relevant and useful for the Portuguese health system (33). Portugal also provides WHO with inputs on policy and technical issues on that topic.

Overall, the review of current and potential collaboration shows that extensive WHO–Portugal cooperation already exists in the areas of strengthening health systems and NCDs (including nutrition physical activity and mental health). Nevertheless, there is room for improvement and cooperation could be further increased and strengthened, with greater attention being given to formal and systematic planning of collaboration.
5. Strategic agenda for cooperation

As part of the CCS process, it is developed a strategic agenda for cooperation between Portugal and WHO. The strategic priorities for intensified cooperation are identified through a formal prioritization process that took into account the objectives of the Portuguese Ministry of Health and WHO policy frameworks, such as the GPW (5), the Health 2020 policy framework and strategy of the WHO Regional Office for Europe (4), and the Portuguese NHP 2012-2020 (3).

5.1. Prioritization process

The prioritization process for identification of the strategic agenda was a multi-stage exercise that started with an analysis of the current situation and a policy review. Key issues were identified that are in line with the objectives of Ministry of Health of Portugal and with WHO’s priorities for its headquarters and regions. Further consultations reviewed findings and identified three strategic priorities, which are deemed to be areas:

- in which Portugal and WHO have specific expertise and resources;
- which would result in mutually beneficial enhanced collaboration at the global, regional or national levels; and
- which would add value for WHO and Portugal alike.

These three strategic priorities provide a framework to guide systematic and sustained collaboration for the period covered by the CCS.

5.2. Strategic priorities

The following three priorities were identified by both WHO and Portugal:

1. Strengthened cooperation on national health systems and public health with emphasis on the NHP 2012-2020 and affordable access to medicines and health technologies.
2. Exchange of information and expertise in the fields of NCDs, nutrition and food policies, mental health and substance use issues.
3. Enhanced WHO–Portugal collaboration in the area of malaria and health workforce.
Given the resources available, a manageable number of strategic priorities have been selected. The strategic priorities do not cover ongoing routine interactions between WHO and Portugal, such as submission of statistical data for global databases, submission of IHR (2005) event reports or daily interactions with WHO Collaborating Centres. However, if the need arises (for example, due to pandemics or other emergencies), collaboration between Portugal and WHO in other important areas of global health, mentioned before in Section 4, such as communicable diseases, maternal and child health, pandemic preparedness or access to essential medicines, may be envisaged using the CCS platform.
**Strategic priority 1**

*Strengthened cooperation on national health systems with emphasis on the National Health Plan 2012-2020 and affordable access to medicines and health technologies*

The WHO evaluation of the National Health Plan (17) and the performance assessment of Portuguese health system (18) provide a solid basis upon which further cooperation between WHO and Portugal can be built. Portugal endeavours to share its health system experience on planning and assessment and lessons learned with WHO, and through WHO with other countries, and also to collaborate with WHO in implementing the report’s recommendations.

Within the Portuguese health system, affordable and equitable access to medicines and health technologies is an issue in Portugal, and cooperation with WHO offers a means to contribute to the continuing dialogue and support advances in this topic.

*WHO should provide support for the implementation of the recommendations of the WHO performance assessment of the Portuguese health system*

WHO will provide technical support with recommendations pertaining to the implementation of the National Health Plan and affordable access to medicines and health technologies. If requested by the Portuguese authorities, WHO is expected to also support Portugal in the implementation of these recommendations.

*Portugal should share its experiences with health systems best practices and lessons learned through the knowledge base of WHO*

Countries have expressed an interest in learning more about the Portuguese health system. Facilitating systematic collaboration between relevant Portuguese institutions and WHO, through exchange of information and expertise, provides an opportunity to share information and experiences with other countries and to support the research efforts of WHO and Portugal.
Expand or initiate systematic collaboration with relevant Portuguese institutions in research and development for improving affordable access to medicines and health technologies

Portugal is expected to share information with WHO on efforts to improve affordable access to medicine and health technologies in the Portuguese health system. Such collaboration should increase WHO’s knowledge base about well-functioning health systems, in particular in affordable access to medicines and technologies, which is of interest to high-income countries as well as to low- and middle-income countries undergoing or planning health reforms in this area.
Strategic priority 2

Exchange of information and expertise in the fields of NCDs, nutrition and food policies, tobacco, mental health, substance use issues and social determinants of health

The second strategic priority recognizes Portuguese achievements in the areas of NCDs, including nutrition and food policies, tobacco, mental health and substance use and reflects the mutual benefits of coherent efforts at national, regional and global levels (34; 35).

Within this area, efforts should be focused on investments to tackle NCDs by acting upstream in the main four risk factors (tobacco, alcohol, nutrition and physical activity). Similar to the EU Member States, the major public health challenge is premature mortality caused by lifestyle-related risk factors.

Taking action on the social and environmental determinants of health can effectively address inequalities. Cost-effective interventions require a policy environment that overcomes sectoral boundaries and enables integrated programmes.

WHO should support consensus building on the use of international standards for NCD risk factors and advocacy for the importance of prevention of NCDs in Portugal

This work area would enable Portugal to take greater advantage of the expertise of WHO and to learn from experiences in other countries. WHO is expected to provide technical support for the systematic collection of disaggregated data on risk factors and disease burden and to support the implementation of the global monitoring framework for the prevention and control of NCDs.

With its reputation and authority, WHO will support moving the prevention of NCDs higher up on the Portuguese political agenda.

Portugal should provide information and expertise on its policies and experiences regarding NCDs, mental health, substance use, and social determinants of health, in particular promoting an healthier environment and support WHO’s work on NCD management.

Portugal is expected to continue supporting and making use of the regional and global activities of WHO and the United Nations on NCDs, as well as cooperating with WHO in order to support the implementation of the Global Action Plan for the Prevention and Control of NCDs.
Expand or initiate systematic collaboration with relevant Portuguese institutions and their international research networks in the areas of research and development on health systems and NCDs.

The Portuguese institutions have considerable expertise in conducting research useful for both WHO and Portugal. This will contribute to the national, regional and global agenda on NCDs, mental health and substance use issues. Consideration should be given to facilitating secondments or internships to WHO from Portuguese institutions.
Strategic priority 3

Enhanced WHO–Portuguese collaboration in the areas of malaria and health workforce development.

The third strategic priority addresses collaboration between the Portuguese health development cooperation strategies and plans and the WHO initiatives in the areas of malaria and health workforce. These two areas remain important challenges in all the members of the Portuguese speaking countries. The relevant expertise of Portuguese institutions in the field of malaria is an important asset, which should be aligned with current and planned WHO efforts. Furthermore, the existing formative capacity of the Portuguese institutions and the close collaboration with the Portuguese speaking countries has potential to further contribute to important developments on health workforce. This strategic priority aims to strengthen dialogue, information exchange and collaboration between Portugal and WHO in the members of the Community of Portuguese Speaking Countries.

WHO should facilitate Portuguese engagement in dialogue on health policy development and implementation in Portuguese Speaking Countries

Implementing the work in the areas of malaria and health workforce development requires the strengthening of regular communication and exchange of information between WHO and Portuguese Speaking Countries’ representatives and programmes. WHO is expected to reach out to Portuguese stakeholders working in Portuguese Speaking Countries to involve them in health policy dialogues and to jointly seek ways to improve collaboration in the areas of malaria and health workforce development.

WHO should support the development and sharing of telemedicine and Telehealth programmes and distance learning through Portuguese Universities and high-level institutions also aligned with PECS/CPLP 2014. Moreover, WHO will continue to collaborate with Portugal on opportunities that exist to strengthen Patient Safety actions, namely through the African Partnership for Patient Safety in Portuguese-speaking countries in Africa and supporting the Global Outbreak Alert and Response Network.
Portugal should support WHO in its role to convene health development partners, engage in technical cooperation and support the introduction of applicable norms and standards

Portugal is expected to work with WHO to better perform the role in convening development partners, and effectively facilitating dialogue and coherence between government, development partners, NGOs and other health stakeholders. This encompasses support for WHO, and where appropriate, contributions within available resources to enhance, within the context of malaria and health workforce development. Portugal has a key role in health workforce development in the Portuguese Speaking Countries including education and training of medical doctors, nurses and other health professionals. Tackling current shortages in Portuguese Speaking Countries will strengthen health systems towards health improvements. Nutritionists have also the potential to make important contributions to advance food quality and safety in Portuguese Speaking Countries.

Expand the systematic exchange of expertise between Portugal and WHO in the areas of malaria and health workforce development.

The Portuguese Ministry of Health is expected to work through its national and regional coordinators for health, whose responsibilities include close interaction with the WHO Regional Office for Europe. The exchange of Portuguese expertise in the areas of malaria and health workforce should be based in regularly exchange of views and information with other relevant WHO regional offices, including the WHO Regional Office for Africa, PAHO/WHO Regional Office of the Americas and the WHO Regional Office for the West Pacific.
6. Implementing the strategic agenda: implications for the WHO Secretariat, follow-up, and use of CCS at each level

Under the strategic agenda, the Ministry of Health of Portugal and WHO are expected to work together to implement the CCS. The agreed CCS priorities will serve to guide the direction of strategic cooperation between Portugal and WHO during the next 5 years.

6.1. Implementation of the strategic agenda

The Ministry of Health will be the main partner for WHO, through the Directorate General of Health. The Ministry of Foreign Affairs and its diplomatic mission in Geneva play a crucial role in fostering participation of Portugal in international organizations and will also represent a referral point for WHO.

The importance of some of the strategic areas identified, such as Non communicable diseases and health workforce development may require a wider approach and the involvement of other partners and ministries at various levels. The Ministry of Health is expected to coordinate this inter-sectoral approach in the country in order to fully implement the health priorities identified, using tools such as the WHO European Health 2020 framework to foster collaboration.

In turn, WHO will cooperate with Portugal at all levels of the Organization, guided by the WHO European Health 2020 framework, which was endorsed by all 53 Member States of the Region to ensure multi-sectoral work. The WHO Regional Office for Europe will foster and coordinate regional collaboration with the Ministry of Health of Portugal. The WHO headquarters will be the referral level for the Ministry of Health of the Portuguese for global public health issues.

6.2. Requisites for effective implementation of the strategic priorities

The Ministry of Health of Portugal and WHO will commit themselves to promote the CCS to the Government and to their respective technical departments and units to guide the joint activities and programmes.

The Ministry of Health of Portugal and WHO will also disseminate the CCS to other relevant partners and stakeholders working on health issues in and with the country to promote consistency in addressing health priorities and their risk factors. The CCS will serve as a useful tool for resource mobilization for health at global, regional and national levels.
6.3. Monitoring and evaluation of the strategic priorities

The implementation of the CCS, as a basis for the cooperation between Portugal and WHO, will be monitored and evaluated over the next 5 years. The programmes and activities implemented both in Portugal and at global level will be guided technically and financially by documents such as the biennial collaborative agreement between the WHO Regional office for Europe and Portugal, memoranda of understandings and donor agreements, which will operationalize the implementation of the CCS. The implementation of the CCS 2015-2020 builds on the current BCA between Portugal and WHO Regional Office for Europe for 2014-2015).

A CCS focal team from the Portugal Ministry of Health, WHO Regional Office for Europe and WHO Headquarters is expected to meet on an annual basis (in a meeting or over a telephone conference) to review the CCS implementation. The BCA is the action component of the CCS and can be used for monitoring CCS implementation when aligned effectively. The BCA should reflect the CCS priorities, but it does not have to be limited to them. On the annual review of the CCS, consideration of the following BCA should be taken into account in order to realise the undertakings of the CCS.
Annex 1. Health 2020

Health 2020: a European policy framework supporting action across government and society for health and well-being

The WHO Regional Committee for Europe, consisting of the 53 Member States of the WHO European Region, adopted in September 2012 an ambitious long-term WHO European policy for health and well-being, Health 2020 (3).

The new European policy framework aims to maximize opportunities for promoting population health and reducing health inequities. It recommends that European countries address population health through whole-of-society and whole-of-government approaches. Health 2020 emphasizes the need to improve overall governance for health and suggests paths and approaches to achieving more equitable, sustainable and accountable health development.

The Health 2020 policy is an innovative roadmap, which sets out a new vision and forms the basis of the strategic health priorities in the European Region in the years ahead. It provides a unique Region-wide platform for sharing expertise and experience, so that, at a time of economic downturn, we leverage our individual strengths and multiply our health gains.

The aim of the new European health policy is to turn the tide by addressing key factors in a more integrated and coherent way, including tackling the NCD epidemic, universal access to health care of appropriate quality, and the social determinants.

Health 2020 was developed in wide consultation with technical experts, Member States, civil society and partner organizations, and the general public. In addition, the new framework policy was informed by several concurrent studies, including a European review of the social determinants of health and the health divide, a study on governance for health in the twenty-first century, and an OECD-led study on the economic case for public health action.

Health 2020 is built around four priorities:

1. investing in health through taking a life-course approach and empowering people;
2. tackling the Region’s major health challenges: NCDs and communicable diseases;
3. strengthening people-centred health systems, public health capacities and emergency preparedness, surveillance and response; and
4. creating resilient communities and supportive environments.

The NHP enjoyed a broad consensus as to its mission and vision, widely discussed in the Third National Health Forum (2010), and translate the very principles of engagement, empowerment, technical quality and transparency it advocated (4).

The strategic axes of the NHP are perspectives on the scope, responsibility and competence of each stakeholder in the Health System (citizen, health professional, manager and administrator, representative of interest groups, entrepreneur, policy-maker), whose improvement requires recognising their interdependence, while reinforcing the perspective and the goals of the Health System. These generate returns, improve performance and reinforce the alignment, integration and sustainability of the Health System, as well as its ability to develop as a whole.

Four strategic axes are considered:

- Citizenship in Health;
- Equity and Access to Healthcare;
- Quality in Health;
- Healthy Policies.

These strategic axes correspond to the ultimate goals of the Health System and ensure that:

- The values and principles are implemented in an objective and assessable manner;
- The Health System is geared towards achieving results in an integrated, aligned and open way, having adequate tools and processes for such purpose available;
- The Health System promotes the expected guarantees of responsiveness, effectiveness, protection, solidarity and innovation and is valued for its capacity.

The NHP clarifies and defines the framework for four goals of the Health System:

1. Obtaining Health Gains: The development of the Health System should be reflected in measurable gains in the health of populations and subgroups, by identifying priorities and allocating resources at the different levels, considering cost-effective interventions with greater impact.

2. Promoting supportive environments for health throughout the life cycle: Fostering healthy environments throughout the life cycle involves the promotion, protection and
maintenance of health, prevention, treatment and rehabilitation of the disease, allowing an integrated view of the needs and opportunities for intervention in a continuous manner (WHO, 2002), not only context-specific but also overlapping visions of articulation and integration of efforts between environments.

3. Strengthening economic and social support in health and diseases: Health is an individual and social asset, and the solidarity and protection mechanisms in case of disease are crucial for social cohesion, justice and safety. The Health System's capacity to promote economic and social support in health and disease involves clarifying the role of the different stakeholders in the system, strengthening its own mechanisms and maintaining the sustainability of the Health System.

4. Strengthening Portugal's participation in Global Health: Health Systems should be open, interdependent, of fast development and capable of rapidly responding to new threats. The Portuguese Health System should share innovation, articulate itself internationally, contribute towards the strengthening and supportive development of other systems, and incorporate international developments.
Annex 3: List of stakeholders consulted by Ministry of Health and World Health Organization

- Authority for Blood and Transplantation Services (IPST)
- Central Administration of the Health System (ACSS)
- General Inspectorate of Health-related Activities (IGAS)
- General Secretariat of Health (SG)
- Health Cluster Portugal
- Health Regulatory Agency (ERS)
- Health Sciences Faculty, Minho University
- Health Sciences Faculty, University Algarve.
- Institute of Hygiene and Tropical Medicine, Nova Lisboa University
- National Institute of Drug Addiction (IDT)
- National School of Public Health, Nova Lisboa University
- Medicine Faculty, Lisbon University
- Medicine Faculty, Coimbra University
- Medicine Faculty, Nova Lisboa University
- National Institute for Medical Emergencies (INEM)
- National Authority of Medicines and Health Products (INFARMED)
- National Institute of Health Dr Ricardo Jorge (INSA)
- Regional Health Administration of Algarve
- Regional Health Administration of Alentejo
- Regional Health Administration of Lisbon and Tagus Valley
- Regional Health Administration of Central Portugal
- Regional Health Administration of Northern Portugal
- Shared Services of the Portuguese Ministry of Health (SPMS)
- Portuguese Order of Nurses
- Portuguese Order of Medical Dentists
- Portuguese Order of Medical Doctors
- Portuguese Order of Pharmacists
- Portuguese Order of Psychologists
- Portuguese Order of Nutrionists
References


18 WHO Evaluation of the National Health Plan of Portugal. Copenhagen: WHO Regional Office for Europe; 2010.


26 WHA 66.23 Transforming health workforce education in support of Universal Health Coverage


35 Action plan for implementation of the European strategy for the prevention and control of NCDs. Copenhagen: WHO Regional Office for Europe; 2012.