

Overview of the Portuguese system

After having been a rightwing dictatorship with a privately operated, government-subsidized health care system (run by the Catholic Church), a universal, tax-financed, National Health Service (NHS) was created in post-revolutionary Portugal in 1979 (Pita Barros, Ribeirinho Machado, & Almeida Simões, 2011, p. 15). As within many developed economies, although still centrally overseen by the state, healthcare is characterized by three coexisting and overlapping systems: the universal NHS; special public and private insurance schemes for certain professions which cover about a quarter of the population (a holdover from the pre-universal system); and private voluntary health insurance, with estimates of 10% to 20% of the population opting for that type coverage (*ibid.*: 15-22). Including payments for pharmaceuticals and private expenditures on insurance, around 30% of all spending on health care in Portugal is private (*ibid.*: 51).

Comparative contexts

In terms of spending on healthcare as a percentage of GDP among the seven countries studied in this project, we see that in recent years Portugal has hovered near the average among them, situated just above the average in 2010 and either at or just below from 2011 to 2013 (Table 1). Although these comparative numbers are instructive, given the differences in GDP, they hide a great divergence in absolute spending per capita. For example, while Portugal is very near the average of our seven-country study, at 1556.30 Euros spent per person in 2013, this number is much lower than Norway or the Netherlands spent that same year: 6368 and 3999.10 Euros, respectively (PORDATA, 2015).

	Public Health Expenditure (% of GDP)				Per Capita (€)
	2010	2011	2012	2013	2013
Netherlands	9.6	9.6	10.1	10.3	3999.10
Norway	8	7.9	7.9	8.2	-
Poland	5	4.8	4.7	4.6	622.70
Portugal	7.5	6.9	6.4	6.3	1556.30
Spain	7.2	6.9	6.7	6.3	2072.80
Turkey	4.4	4.2	4.1	4.3	-
UK	7.9	7.7	7.8	7.6	-
Average	7.1	6.9	6.8	6.8	

Table 1. Public spending on health.

Source: World Bank (2015); PORDATA

On the one hand, Portugal comparatively spends about the same on health care as the others in this study and on the other, in absolute terms, it spends much less. What is perhaps more relevant is that healthcare outcomes are comparatively speaking good in Portugal.

Table 2 shows us that in comparative terms, when we consider infant mortality and life expectancy, Portugal does better than the average of all OECD countries as well as that of the ones specific to this survey on both counts. And even though Portugal spends much less per capita than the Netherlands and Norway, it does much better than both of them regarding infant mortality.

	Infant	Life Expectancy		
	Mortality	Female	Male	Population
Netherlands	3.8	82.7	78.8	80.8
Norway	2.8	83.3	79	81.2
Poland	5	80.6	72.1	76.3
Portugal	2.5	82.8	76.7	79.8
Spain	3.2	85.3	79.1	82.2
Turkey	10.1	76.8	71.8	74.3
UK	4.2	82.6	78.6	80.6
Average	4.5	82.0	76.6	79.3
OECD average	4.3	81.4	76.1	78.8

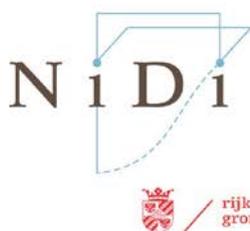
Table 2. Selected health outcomes (2011)
Source: OECD Family Database (2015)

Migrant access

According to law, everyone with legal residency status has access to the NHS, although this may require prior registration and access can be temporary (Fonseca & Silva, 2010, pp. 36-37). Under certain circumstances, even those without documented residency can access the system, making Portugal one of the most open European countries regarding entitlements in this area (Fonseca et al., 2009, pp. 29-30). Other formal arrangements provide more comprehensive access to those from certain countries via bilateral treaties, mostly with former Portuguese colonies (Peixoto, Marçalo, & Tolentino, 2011, pp. 71-75). Figures regarding the contributions and the costs of migrants to healthcare system are not readily available. However, a comprehensive study on migrants' use of and payments to the social security system demonstrated clearly that migrants provided a net benefit (*ibid.*: 164-167).

References

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