



Annual National Report 2012

Pensions, Health Care and Long-term Care

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1 Executive Summary

During 2011 and up to February 2012, Portuguese social protection evolved under the direct impact of the economic and financial crisis that led to the near collapse of Portuguese public finances and to the subsequent European bailout in May 2011, which was accompanied by strong austerity provisions.

After 2007, when major reforms were implemented, the Portuguese social protection was not subject to further structural measures concerning, as sustainability was taken for granted and only specific issues concerning benefits adequacy and access to care were discussed. Following the austerity measures required by the bailout assistance agreement with the European Union and the International Monetary Fund, things have dramatically changed.

For pensions, the wider use of means testing and better targeting of social support must be implemented. That will have eventual structural consequences for some of the redistributive features of the contributory pensions. There will be taxation on all types of cash social transfers and the convergence of personal income tax deductions for pensions and labor income, and such measures will negatively affect the adequacy of pensions. For 2012 and 2013 a cut on pension benefits above EUR 1,500 per month has been decided on top of the added 5-10% percentage points to pensioners' tax rate for 2011 and after. The indexation of benefits is suspended and only the lowest pensions will be kept in line with the rising inflation rate. Portugal is not relying primarily on longer working lives to offset long term demographic pressures and relies instead on savings coming from the benefit-ratio effect (lower benefits relative to earnings), so long term adequacy of pensions will suffer in consequence.

Under the bailout provisions, the Government is also bound to achieve extra savings worth EUR 550 million in health expenditure for the period 2011-2013, through such measures as the increase of the National Health Services (*SNS*) user fees, a substantial revision of existing exemption categories, stricter means-testing, automatic indexation to inflation and a two thirds overall cut of tax allowances for health care. Some of these have been already implemented aiming at better social targeting. So users' fees for medical consultations have been aggravated at the beginning of 2012. Targeted users, such as those suffering material deprivation, pregnant women, children under 12, users with high disability, and people having received organ transplants are exempted from paying user fees. Specific care to patients is also exempted in family planning consultations, neurologic degenerative diseases consultations, chronic pain relief, chemotherapy, mental health, diabetes, HIV/AIDS and vaccines, among others. The official estimate of people exempted amounts to 5.2 million. This figure may be misleading as it includes both full exempted users and partial exemptions for specific care. Additional savings in the area of pharmaceuticals are programmed to reduce public spending on medicines by 1.25% of GDP by the end of 2012 and by a further 1% of GDP in 2013.

Concerning Long-term Care, the implementation of national network for continuous integrated care (*Rede Nacional de Cuidados Continuados Integrados, RNCCI*) should be fully accomplished by 2014 and its financial sustainability should be achieved by means of allocated public revenues from state lotteries, social security allowances to dependent users, state subsidising of *RNCCI* institutions operational costs, and co-payments by the users themselves. The target for 2020 is to achieve 23,027 places provided by *RNCCI* in 2014, but a slow-down in this progress is the most probable outcome of the budget constraints set up by the bailout provisions.

In the context of the bailout austerity measures, active ageing policies will go on having a modest role and dire prospects regarding the improvement of the elderly life conditions.

2 Current Status, Reforms and the Political and Scientific Discourse during the previous Year (2011 until February 2012)

2.1 Overarching developments

During 2011 and up to February 2012, the area of social protection evolved under the direct impact of the economic and financial crisis that led to the near collapse of Portuguese public finances and to the subsequent European bailout in May 2011.

Portuguese social protection underwent major reforms in 2007, leading to important changes in the pension system and the National Health Service, and to the creation of a nationwide network for Long-term Care. After that, there had been no further structural measures concerning social protection; sustainability seemed to be taken for granted by the Government in office, only specific issues concerning benefits adequacy and access to care were discussed.

The sharp increase in social spending to counteract the 2009 recession together with other increases in public expenditure added new pressure on Portuguese public finances. Without enough domestic savings to match such growing financial needs, external indebtedness grew enormously leading to the 2010-11 credit and sovereign debt crisis. In 2011, Portugal had to sign a demanding agreement with the European Commission, the European Central Bank and the International Monetary Fund to get bailout financial assistance contingent on the implementation of strong austerity measures with an impact on social protection policies.

As a consequence of the agreement to get financial assistance, the excessively leverage economy had to roll back the unsustainable domestic demand. Investment and consumption decreased in 2011. According to the EC-DGEFA's Autumn 2011 second review of the Economic Adjustment Programme for Portugal,¹ against the recessionary economic background and banks' tightening credit standards, loans to the non-financial corporate sector of the economy have continued their downward trend. In September 2011, consumer credit has decreased by 5.7% year-on year, which is comparable with the decline in private consumption expenditure. Loans to self-employed have declined by 10.3% on an annual basis, in line with the strong fall in the number of self-employed. Mortgages decreased only slightly in the year to September.

For 2012, private consumption is expected to be affected by debt reduction efforts by private households and consumption smoothing amid a sharp drop in real disposable income.” According to this report, real disposable income is projected to fall by 6% in real terms due to tax increases. Fixed investment is forecast to continue its downward trend reflecting the strong decline in domestic consumption and tightening credit supply conditions. Exports are set to continue losing their momentum in the first semester of 2012 and, despite an expected re-acceleration thereafter, will fall to about 4% for the year as a whole. Real GDP is forecast to drop by 3% in 2012, and unemployment will rise, having already reached 14% by December 2011.

Without effective margin for social protection measures to counteract this situation, the risk of poverty and exclusion will threaten increasing fractions of the population, namely, the older and less qualified unemployed workers and the elderly.

¹ European Economy, Occasional Papers, 89.

2.2 Pensions

The Portuguese pensions system was significantly reformed in 2007, with the stated goal of providing adequate and sustainable retirement income for all within one unified social security (SS) system. From now on and for those entering the labour market, mandatory pensions will be provided by the SS statutory regime alone, which already covers the majority of the population.

2.2.1 The system's characteristics and reforms

The SS statutory regime, a mandatory earnings-related unfunded scheme for private sector employees, self-employed workers and civil servants will be in transition for some years and pension benefits will be calculated combining the different legal formulas in force throughout the life cycle of beneficiaries during transition. For the aged population at risk of poverty while not eligible for social statutory benefits due to the lack of contributory records there is a SS non-contributory regime providing benefits contingent on means testing. A non-mandatory SS complementary funded scheme (*Certificados de Reforma*) has been set in place in 2008.

In 2011, the 2.9 million SS pensioners accounted for 82% of pensioners in Portugal, and 89% of the SS pensioners pertain to the statutory regimes. There are residual closed public and private mandatory schemes.² The eligibility rules and the calculating formulas for benefits under the remaining public scheme will converge with the SS reformed pension's scheme until 2012.

The SS statutory pensions are financed on a pay-as-you-go basis by social contributions, complemented by a small fraction of the "social" value added tax (*IVA social*), both earmarked revenues for the contributory system. The global contribution rate is 34.75% of gross earnings (11% paid by the worker and 23.75% by the employer) for employees, where 26.94 percentage points are earmarked for pensions. For the self-employed the global rate of contribution is 29.5% of gross revenue. A share of the SS contributions is annually transferred to the Social Security Trust Fund (*Fundo de Estabilização Financeira da Segurança Social, FEFSS*). Non-contributory pension benefits are fully financed by state transfers.

As shown in Table 1, total public pensions (from the SS regimes and the CGA closed scheme) account for more than half of total social protection expenditure in recent years, and growing.

Table 1: Social Protection and Total Pensions Expenditure in Portugal: 2007-2010

Year	Public Social Protection Expenditure (% GDP)	Pensions Expenditure (% GDP)
2010	n.a.	14.1
2009	25.3	13.5
2008	24.3	13.2
2007	24.0	12.6

Source: Eurostat (ESSPROS).

After the 2007 reforms, the statutory SS regime presents the following main features.

² The most important of the residual schemes is the special unfunded scheme (CGA) for public employees appointed before 2005 now closed and phasing out (close to 0.6 million pensioners in 2011). Occupational mandatory funded private schemes are still in place for telecommunications and part of the financial sector, covering the employees of most banks. They have been closed to new entrants in 2010, and are also being phased out (less than 0.1 million in 2011).

Old-age pensions

The statutory retirement age remains 65 years for both men and women, even if life expectancy at 65 has been growing fast reaching 19.0 for both sexes in 2010.³ There is the special pathway to retirement at the age of 62 for long-term unemployed older workers if unemployment occurs after the completion of 57 years. Workers having completed 30 years of insurance at the age of 55 can retire after that subject to a 6% penalty per anticipated year of retirement (the so called flexible retirement). The average effective retirement age was 62.6 years for both sexes in 2010. Spending on anticipated pensions has been growing, mainly for labour market reasons, and totalled 0.46% of GDP in 2009 (against 0.30% in 2007).

To be entitled to the SS statutory old-age pension a qualifying period of 15 years of insurance is required. Minimum benefits for pensions are defined by law accordingly to the length of contributory records, and the difference between the actual statutory pension and the minimums will be financed by state transfers. When contributory records to fulfil qualifying periods are missing, the elderly may be entitled to the old age social” pension paid within the non-contributory regime under strict means testing criteria. An additional means-tested non-contributory old age benefit has been implemented after 2007, to fight poverty amongst the elderly: the Solidarity Supplement for the Elderly.

Table 2: Total (SS contributory scheme and the civil servants CGA closed regime) pensions expenditure by type of entitlement in 2009 (% GDP)

Total pensions	Old-age pensions	Disability pensions	Survivors pensions
13.5	9.9	1.9	1.7

Source: Eurostat (ESSPROS).

Old-age benefit calculation

The SS statutory old-age pension is calculated using a defined benefit formula that relies on a grid of decreasing accrual rates (varying between 2.3 and 2.0%) to be applied to specified increasing fractions of the yearly average pensionable earnings times the number of years with contributory record, subject to a maximum of 40 years.

To account for the increase of life expectation, the adjustment of the statutory pension by a “sustainability factor” was introduced in 2007. Such discount factor is calculated by dividing the average life expectancy at 65 in the year 2006 by the average life expectancy at 65 in the year of retirement of the beneficiary. The application of the sustainability factor means a growing cut of the statutory benefit for successive new retirees, so that the benefit became hybrid as risk is shared by the scheme’s operator and the beneficiary. For 2012 the sustainability factor has been set at 0.9608, so that for new retirees there will be a reduction of the benefit by 3.92% (to be compared to 3.14% in 2011).

In 2009, the total old-age public pension’s expenditure amounted to 9.9% of GDP, where statutory pensions (from both the SS statutory regime and the civil servants’ CGA scheme) accounted for 9.8% of GDP and the non-contributory pensions added a further 0.1% of GDP to aggregate expenditure.

Disability pensions

The disability pension is a two-fold benefit scheme differentiating between absolute and relative permanent disability, providing gradually higher income replacement for pensioners with total incapacity to work (the transition period will end in 2012, when the minimum value

³ The source for the figures in this report is Eurostat (ESSPROS, SILC and Indicators for Pension Strand) whenever not stated otherwise. For 2010, sustainability and adequacy figures are from the forthcoming 2012 SPC’s Pensions Adequacy Report’s country fiche.

will equal the old-age minimum for a contribution record of 40 years). The qualifying period for absolute disability pension is three years, and five years for relative disability pensions. When the pensioner completes the age of 65 his pension will be converted into old-age pension but the sustainability factor will not apply in this case.

Disability benefits and wages are now almost fully compatible (previous legislation limited this possibility by placing a cap on complementary wages equal to the pension entitlements). Spending on the disability pensions accounted for 1.9% of GDP in 2009, the same percentage as in 2008.

Survivor's pensions

In the event of death, spouses, children and those ascendants living at the expense of the beneficiary are entitled to the survivor's pension whose benefit is determined as a percentage of the old-age pension of the deceased. For the deceased beneficiary who has fulfilled the required qualifying period of 36 months with earnings registration, relatives are entitled to survivor pensions for specified lengths of time: spouse and eventually former spouses (for life in the case of marriage over 35 years); person who has been living with the beneficiary (if not married or legally separated) for more than two years in a relationship similar to that of spouses, after judicial decision on the entitlement of that person to alimony from the deceased's estate; children, including unborn and fully adopted children up to 18 years of age; from 18 up to 27 years of age, if they are attending university; ascendants living at the expense of the deceased, if there are no spouse, former spouse or children entitled to the survival pension.

The survivors pension benefits vary between 70% (spouse) and 30% (descendant or ascendant) of the old-age (or disability) pension of the deceased. Spending as a percentage of GDP increased slightly, by 0.1 percentage points, since 2008.

Indexation

Pensions in payment are progressively indexed to the inflation rate and to a special index, the IAS (index for social allowances), and the annual adjustment is higher if GDP growth is also higher, exceeding the inflation for the majority of pensioners and with larger increases on lower pensions. This indexation method was designed to meet inflation and GDP growth by positive rates. However, it was short-lived as real GDP declined in 2009 by 2.7% and deflation occurred. The 2010 adjustment of the IAS, as determined by the 2007 legislation, would result in the decrease of its value by the measure of deflation, and the straightforward application of the formula for annual adjustment of pensions would also result in a decrease of nominal values of pensions, and it was suspended. After 2011 the indexation mechanism has been kept in suspension to comply with austerity measures, and only very low pensions have been positively adjusted for inflation.

Average pensions and gender gap

Table 3: SS annual average old-age pension by gender in 2011 (€)

Old-age Pensions	Women	Men	Total
Average annual benefit	4235.53	7235.25	5643.66
Difference to minimum	786.49	3786.21	2194.62

Source: SS statistics for 2011 (<http://www2.seg-social.pt/>, retrieved on 10.02.12).

Table 3 shows how the SS annual average old-age pension is quite low⁴ and not too far from the legal minimum benefits (the lowest being EUR 3449.04, for beneficiaries with very short contributory record) in 2011. As non-contributory pensions are included in this estimate, the actual statutory average benefits would be slightly higher. The gender gap is quite impressive, as female pensioners have shorter contributory records on average due to the fact that they stay out of the labour market for family reasons during long periods and, more often than men, are not eligible to the statutory regime at all, getting paid the very low social pension benefit (EUR 2653.28 in 2011).

On the whole, the gender gap seems to be narrowing as the evolution of the Aggregate Replacement Ratio suggests in Table 4. For men, the rate is decreasing as a result of the less favourable rules of calculation for benefits and indexation mechanism that are leaving pensions behind workers' wages, and also because of early retirement among civil servants (a consequence of the convergence of the more favourable CGA scheme with SS statutory regime). For women the same would apply, so the 2010 unexpected rise of the ratio should be explained by the retirement of women with longer contributory records, especially among those in civil service.

Table 4: The Aggregate Replacement Ratio (ratio of income from pensions of persons aged between 65 and 74 years and income from work of persons aged between 50 and 59 years), 2008-10

Population	2008	2009	2010
Women	0.49	0.49	0.55
Men	0.66	0.58	0.57

Source: Eurostat (SILC)

Funded retirement schemes

Occupational schemes covered 3.7% of the labour force in 2008, and their liabilities with future pensions are covered by independently run pension funds.⁵ These schemes account not only for complementary retirement benefits for employees provided by their companies ("second pillar" schemes), but also for the mandatory earnings related protection ("first pillar" scheme) of workers in the banking sector and telecommunications (*Portuguese Telecom, PT*, the former state monopoly), which have remained outside the social security contributory regime until recently. Now they are closed groups that will become extinct in the future. An outstanding vulnerability in the mandatory occupational schemes has been the prevalence of defined-benefit pension plans.

Major changes took place in 2011 regarding these schemes. The banking industry reached an agreement with the Government and the Trade Unions to unify contributory records and benefits for new retirees. From now on, around 40,000 active employees of the banking industry will be covered in old age both by SS and the pensions funds in place, where the latter will cover past entitlements and the difference between the SS contributory pension (determined by the statutory formula on social contributions to come) and the expected defined benefit of pension plans according to earlier rules (close to 100% of last wage), thus acting as a standard defined benefit complementary retirement scheme from now on.

⁴ Short contributory records (or none) for the older pensioners explain such low average benefits, as a consequence of the relative youth of universal coverage (achieved only in the early 1980's).

⁵ Source: The Social Protection Committee's Report on Privately Managed Funded Pension Provision and their Contribution to Adequate and Sustainable Pensions, 2008.

After the agreement, the integration of pension funds in the state treasury was accomplished in December 2011, following the lead of PT that had already transferred its pension fund to be managed by Government until the extinction of its scheme.

Meanwhile, losses in the value of pension fund portfolios due to turbulence in financial markets have placed a serious strain upon these schemes and endangered the effective funding of liabilities. More recently, the Portuguese sovereign debt risk became a concern because banks had been buying heavily Portuguese Treasury bonds.⁶

The assets managed by pension funds have shrunk by 7.2%, from EUR 19,244 to 17,855 million, between December 2010 and September 2011. Of these assets, 94% belong to the closed funds of banks, a large part (EUR 6,000 million) of which will now be gradually transferred to the state (in December 2011, around EUR 3,300 million had been already transferred with the accompanying liabilities –the benefits for the 27,000 pensioners to be paid during 2012).⁷

Apart from these occupational schemes, there are other private defined contribution pension plans of more limited scope (EUR 361.8 million of assets in September 2011), which are subscribed to by individuals in order to save for retirement. Also, a state-run defined contribution-funded complementary pension scheme has been in place since 2008, with limited affiliation so far: the SS *Certificados de Reforma* regime with 7,425 subscribers and an asset portfolio of EUR 9.5 million in 2009.

Recession and the bailout agreement

When the economy fell deeper into recession in 2011, and unemployment increased up to 14%, by the end of the year, pensions' expenditure was propelled by the special pathway to retirement for the unemployed, on top of the ageing of the population. Total public pensions expenditure already account for 14% of GDP in 2010, the very same level that was projected for 2060 by the 2009 Ageing Report.

Following the austerity measures required by the bailout assistance agreement with the European Union and the International Monetary Fund, the wider use of means testing and better targeting of social support must be implemented. That will have eventual structural consequences over some of the more strongly redistributive features of the contributory regime pensions (e.g., minimum pension benefit for very low pensions, financed by State transfers but not means-tested, and the eligibility of spouses to survivors pensions irrespective of own income).

To sustain expenditure, the austerity package under implementation has to achieve a precise target of an extra EUR 150 million revenue in 2012-13. There will be taxation on all types of cash social transfers and the convergence of personal income tax deductions for pensions and labor income, and such measures will impact negatively on the adequacy of pensions. For 2012 and 2013 a cut on pension benefits above EUR 1,500 per month has been decided, by suppressing 2 of the 14 standard monthly payments of pensions (on top of the added 5-10% percentage points to pensioners' tax rate for 2011 and after). The indexation of benefits is suspended and only the lowest pensions will keep in line with the rising inflation rate.

⁶ Throughout 2010 and in the first months of 2011 the Portuguese Government drove banks to increase the holdings of sovereign debt in their pension funds portfolio due to the rising difficulties in financial markets originated by the rating agencies successive downgrading of state bonds. The exposure to sovereign debt increased until the May 2011 bail-out. The assessment of the fair value of the pensions funds portfolios to be transferred from banks to the state has been made in early 2012, and heavy financial losses in the 2011 fiscal year are now stated by most of them.

⁷ Source: APFIPP (Portuguese Association of Investment and Pensions Funds) and Ministry of Finance.

2.2.2 Debates and political discourse

The long-term financial sustainability of pensions has been at the core of the debates and political discourse on pension's issues for a decade at least. In 2011, concerns were more focussed on adequacy issues and those policies that might impact on the pensioners' disposable income, in view of the mid 2011 electoral deadline and its aftermath.

The current adequacy indicators for 2010⁸ present mixed signs concerning the improvements that had been steadily achieved throughout the previous decade. The risk of poverty or social exclusion (EU2020) rate for people 65+ is 25.1%, 1 p.p. above the European average, further dropping from previous levels (27.7% in 2009 and 27.7% in 2008) whereas the EU-27 rate increased (24.1% in 2010, 21.7% in 2009).

On the other hand, the at-risk-of-poverty rate for people 65+ rose to 21.0% in 2010 (20.1% in 2009), well above the EU-27 average (15.9%). For people 75+ the gap to the EU rate is even larger: 26% versus 18%. Until 2009 it had fallen significantly from the high figure of 29.1% in 2004, due to the improvement of minimum old-age pension and to the introduction of the Solidarity Supplement for the Elderly. The reversal in 2010 seems to be a direct consequence of the austerity measures that bear on pensions.

The median relative income ratio for people 65+, as a ratio of income of the age group 0-64, dropped to 82% in 2010, decreasing by 1 p.p. from the 2008 figure, also departing from the rising trend of former years, and is significantly lower than the EU-27 average (88.0%). The new tax status of retirees and the suspension of adjustments by indexation of pension benefits should explain this evolution.

Nevertheless, the severe material deprivation of people aged 65+ indicator has been kept in trend and in line with the EU-27 evolution: 9.6% (10.6% in 2009), still above the European average (6.4%) in 2010. Better targeting of social transfers and tax exemption of the poorest aged population should account for such performance.

The net theoretical replacement rate (NRR) in 2010 was 85.8%, one of the highest in the EU but showing a significant drop from the 2008 calculation (93.8%). The gross theoretical replacement rate (GRR) is 72.5% in 2010 (76.4% in 2008). The larger drop of NRR means that the gap between GRR and NRR is decreasing as pension benefits and wages are converging on tax rates.

New issues

After the general election in June 2011, the new political landscape favours the reassessment of the 2007 reform. New measures will eventually be implemented, such as the increase of the early retirement age from 55 to 57 that has been already mentioned by the Government during the 2012 Budget debate, or the stronger role of means-tested benefits and new incentives to pre-funded defined contribution retirement schemes.

Another new political issue that emerged in 2011 was the demand for an important reduction of the social contribution rate paid by employers to boost competitiveness and employment, the practical difficulty being how to compensate for such loss of revenue⁹ – whether by additional increases of indirect taxes such as VAT or by other (unspecified) means. During last year's electoral debate, left-wing parties harshly opposed the reduction and even the Socialist Party seemed to have second thoughts about it, despite having agreed with the European Commission, the European Central Bank and the IMF about this measure. At the time, the Social Democratic Party (in the opposition but leading polls) committed itself to implement it

⁸ Cf. footnote 2.

⁹ A reduction of the rate by 1 p.p. may cause the loss of almost EUR 400 million per year.

by cutting step by step up to 4 p.p. during the present 4-year parliamentary term, but after taking over from the socialist Government it has been forced to postpone the adoption of this measure because of the strong impact on SS revenue and the high present level of VAT rates (making it too difficult to compensate for the loss). In 2012, the Government stated its intention to rise the legal weekly working time by a daily half-an-hour as an employment-friendly alternative to the social contribution rate reduction. The idea was abandoned during the negotiation of a social pact on labour reforms with the social partners after its rejection by the Trade Unions.

The increasing poverty risk also led the new Government to prioritise social emergency relief measures, focussing the budgetary resources on vital minimum allowances for the population at risk of poverty and social exclusion.

Political controversies

There have been several disputes and political speeches addressed by political protagonists in Parliament that focussed on austerity measures and their consequences on welfare, and deserve a special mention because they display the highly aggressive tone of the debate:

- “Regarding austerity and sacrifice, the question to be addressed to you, Mr Prime Minister is: ‘Sacrifice’ is a word with a specific content, which involves painful losses, a harder life. It is clear in this programme [resulting from the memorandum with ECB, IMF, EU] that workers will be more chastened on their income from work, in their Christmas subsidy, their rights; the new generations will be sacrificed and overwhelmed by insecurity; that retirees and pensioners will suffer hard blows in their pensions with the rising of cost of living, the price of drugs, user fees; the unemployed, the ailing, the elderly, people with disabilities will be even more underprivileged.” *Addressed by the Communist Party (PCP)* [far-left party, in the opposition in parliament]
- “It’s these inconsistencies that cannot be understood. After all there is money! We asked for EUR 78.000 million and we will pay interests amounting about 30.000 million. And what does the Government’s Programme say about this? Banks are guaranteed lavishly EUR 35,000 million, yet to public finances only 12,000 million are marked.” *Addressed by the Ecologist Party “The Greens” (PEV)* [Ecologist party, allied with PCP in the Unitarian Democratic Coalition, in the opposition in parliament]
- “Another example of social responsibility that this Government has and that this Programme assumes is a clear commitment to update the minimum pensions, social pensions and rural pensions by the level of inflation, thus creating a clear positive differentiation, unlike what happened in the past in which they [the Socialist Government] were preparing to freeze pensions for people with fewer resources.” *Addressed by the Democratic and Social Centre – People’s Party (CDS-PP)* [Right wing party and an ally of PSD in the coalition Government]
- “The extraordinary sacrifice I call for to the Portuguese...represents the equivalent of 50% of the Christmas subsidy over the surplus exceeding the minimum wage...this way we ensure, primarily, that a large majority of pensioners will not be covered by this measure.” *Addressed by the Prime Minister*
- “In times of austerity and demand it is very important to note that this Programme has a social conscience. There is a social conscience when the purchasing power of people with minimum, social and rural pensions will not be attacked, with updates by inflation... and there is a social conscience in those cases where both members of the couple lost their jobs and there will be an increase of the unemployment benefit.” *Addressed by CDS-PP*

- “We all know that the previous Government decided that retirees with pensions of 246 Euros, EUR 227, or benefits of EUR 189 per month – about 1.4 million pensioners, 80% of the total, whose income is less than EUR 485– would see their income frozen this year, losing a part of their already low purchasing power. For the elderly with minimum pension and high expenditures on health; for the families with children with both parents unemployed; for the long-term unemployed; for the women to whom the labour market does not give a second chance; to the young people who do not have one opportunity; to those who suffer from exclusion to the point of not having to pay for their meals; to the children who are the main victims of the most high rates of poverty; to those with disability, to whom nowadays add exclusion. These are the poorest and it is to them that the Government wants to drive the *Social Emergency Programme (PES)*.” *Addressed by the Minister of Solidarity and Social Security*
- “To ensure its sustainability, we propose to study and evaluate the social security reform...This discussion takes place in Portugal, in a solid and structured way, at least since 1998, when it was produced the White Paper of Social Security. The pension system must always be fair and assure the protection of those with lower incomes. That is precisely why it is necessary to free the State from paying extraordinarily high pensions in the future, because that is not welfare but wealth management for pensioners!” *Addressed by the Minister of Solidarity and Social Security*
- “The alleged use of the Financial Stabilisation Fund of Social Security to support short-term measures, diverting it from the purpose that presided over its creation, which is to guarantee the long-term sustainability of pensions, can have destructive effects of the system...And the evidence in the field of pensions, given by the European Commission's Green Paper on European adequate, sustainable and safe pension systems, which I quote: “If private provision cannot honor their promises, there will inevitably be pressures on the public purse to assume part of the expense”.” *Addressed by the Socialist Party (PS)* [Centre-left party, formerly in Office, but now the main opposition group]
- “I can therefore say that the minimum, social, and rural pensions will, from January 2012, be increased by 3.1% at inflation level, ensuring that these Portuguese do not lose purchasing power. The Government has a social conscience. Even when it's forced to take difficult measures, such as the suspension of subsidies for public servants and pensioners, we made sure that 80% of pensioners will not have any cuts.” *Addressed by the Minister of Solidarity and Social Security*

2.2.3 Impact of EU social policies on the national level

The EU social policy debate had a major role in the 2007 pension reform. Social OMC and the 2006 report of the Ageing Working Group of the EPC were critical for the design and the implementation of such measures as the sustainability factor, the convergence of CGA with SS and the strengthening of early-retirement penalties.

Afterwards and until the general election of 2011, the socialist Government took the stand that no structural reforms were necessary even if the main opposition party PSD had been voicing such need repeatedly. The EU Green Paper on Pensions was also officially considered as addressed to those countries still needing to adopt structural measures, unlike Portugal. The new right-of-the-centre Government in office after June 2011 has voiced a different view that is more in line with EU mainstream pension reform strategies, without any practical consequences until now.

The framework for social policies resulting from the *Memorandum of Understanding on Specific Economic Policy Conditionality (MoU)* agreed between the Portuguese Authorities and

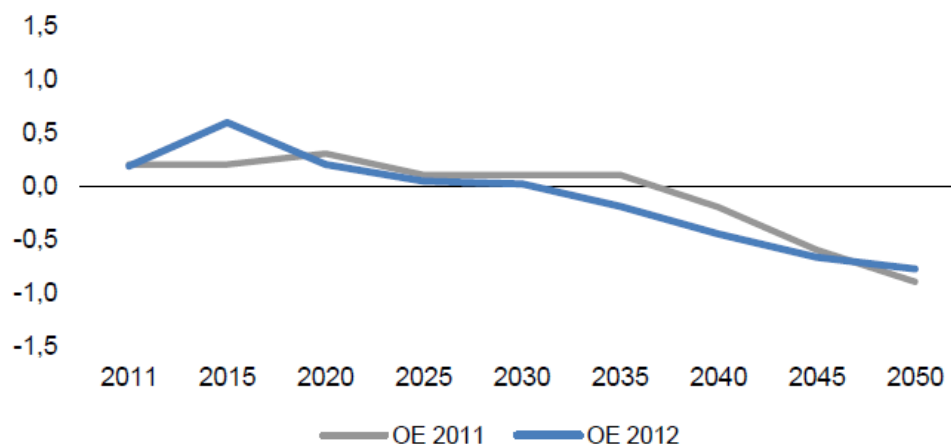
the European Commission, the European Central Bank and the International Monetary Fund on 3 May 2011 indicates very specific measures to implement both in 2011 and 2012-13 concerning pension indexation and pension benefit nominal cuts. The requirement to reinforce the use of means testing and to better target social support (achieving a reduction in social benefits expenditure of at least EUR 350 million) will eventually have structural consequences over some of the more strongly redistributive features of the contributory regime as emphasised earlier. There will be taxation of all types of cash social transfers and convergence of personal income tax deductions for pensions and labour income (to achieve a precise target of EUR 150 million extra revenue).

Taking into account the objectives specified in the 2012 Annual Growth Survey concerning further improvement of the effectiveness of social protection systems and making sure that social automatic stabilisers can play their role as appropriate, a contradiction between such objectives and the demands of the bailing-out assistance seems to arise, even if the country specific recommendations issued by the Commission do state that Portugal must implement the measures as laid down in Council Decision of 2011 and as further specified in the Memorandum of Understanding of 17 May 2011.

2.2.4 Impact assessment

SS budget deficits for the statutory pensions and other benefits have been expected after 2035 in spite of the recent reforms. In the Budget Law for 2012 the Government acknowledges an aggravation of such prospects and by 2030 there would be an SS deficit – as shown in Figure 1 that compares the official projections in the State Budgets (OE) for 2011 and 2012.

Figure 1: The SS statutory regime deficits



Source: Ministry of Finance, State Budget for 2012 – Accompanying Report.

The FEFSS trust fund will delay SS statutory regime's default but it eventually drain after 2040. In 2011, FEFSS amounted to EUR 9.7 million (5.6% of GDP) and it is officially expected to rise up to 24.3 million (10.1% of GDP) by 2035, starting to deplete afterwards.

The main threat to sustainability comes from ageing demography. Portugal has an extremely low fertility rate that dropped from 1.55 to 1.29 between 2000 and 2010. At the same time, there is a rising life expectancy: the EPC-SPC Joint Report on Pensions, in 2010, indicates an unweighted average life expectancy after 65 for the two genders of 18.1 years (in 2008) that should rise by 5.1 additional years until 2060. According to OECD, the gender gap of life

expectancy is striking, as women are expected to live after retirement 20.2 years and men 16.3 years, in 2010.¹⁰

As mentioned earlier, the statutory pension is adjusted by the “sustainability factor”, introduced in 2008. The application of this factor means a growing cut of the statutory value of the benefit for successive new retirees.¹¹ In the available adequacy projections (see footnote 2) net replacement rate is expected to fall sharply over the long-run.

The effect of the sustainability factor could be countered by postponing the retirement decision. The labour market conditions allowing, workers may retire a few months later after reaching 65 to compensate for the cut resulting from the sustainability factor. But the completion of the statutory regime transition and the convergence of retirees to the working population’s fiscal status will make it increasingly harder to compensate for such cut as the TRR calculations reveal. While currently the bonus/malus effect of retiring 2 years later would improve NRR to 103.8% for average income (a rise of 20.9%), in 2050 late retirement will be relatively less rewarded (19.8% higher NRR than retirement at 65). On the other hand, the 2 years earlier retirement will bring about an aggravated loss of 2.2 p.p. in 2050 to be compared to the 1.9 p.p loss in 2010. This is in line with what OECD’s Pensions at a Glance 2011 had highlighted: Portugal is not relying primarily on longer working lives to offset long term demographic pressures. It relies mainly on savings coming from the benefit-ratio effect (lower benefits relative to earnings). Long term adequacy of pensions will suffer in consequence.

In the current situation what affects most the sustainability of social security and pension system is the fact that there are very high unemployment rates, having reached 14% in December 2011, thus forcing the state to pay benefits to 317,118 unemployed workers in December 2011 that are entitled to unemployment benefit (less than half of the total unemployment figure), to be compared to 295,218 beneficiaries in December 2010. At the same time, unemployment lowered social contributions by approximately the same measure; for 2012, social contributions revenue is expected to reach EUR 13,775 million, thus dropping from the EUR 13,854 million achieved in 2011. Also, notwithstanding having agreed to transfer the pension funds assets from the country's biggest banks to the government treasury, the Portuguese Association of Investment Funds, Pension Funds and Asset Management (*Associação Portuguesa de Fundos de Investimento, Pensões e Patrimónios*, APFIPP) considers the government's agenda for pensions to be something of a mixed bag regarding private pension provision. The pension funds in Portugal experienced a negative rate of investment returns of -2.4%, as OECD showed in the 2010 economic outlook. While pension fund assets in most OECD countries climbed back to the level achieved in 2007, this was not the case for Belgium, Ireland, Japan, Portugal, Spain, and the US¹².

2.2.5 Critical assessment of reforms, discussions and research carried out

There are still very few independent efforts to assess the impact of the 2007 reforms. What academic research confirmed so far is the positive impact on adequacy that came from the implementation of the Solidarity Supplement for the Elderly and the rise of social minimum pensions before 2011, by reducing poverty in old age.¹³ Sustainability remains a more controversial issue.

¹⁰ OECD, Pensions at a Glance, 2011.

¹¹ EC-EPC (AWG) 2009 population projections indicate that it may drop considerably from the initial 2007 neutral level (=1) to 0.774 in 2060.

¹² <http://www.investmenteurope.net/investment-europe/news/2097799/outlook-pension-funds-challenging-oecd-report>, retrieved on 11-02-12.

¹³ C.Farinha Rodrigues *et al*, Desigualdade em Portugal, Fundação Francisco Manuel dos Santos, 2011.

Social policies to promote longer working lives are claimed by many as the employment rate of older workers (55-64) has fallen from 50.9% in 2007 to 49.2% in 2010 (even if Portugal still has one of the highest participation rates in the EU in that age bracket). There is however a rising awareness of potential negative effects of such policies regarding the employment of youth in the present situation – there is a 21% unemployment rate for the population under 25 (in February 2012).

The right-of-the-centre Government, in office after June 2011, professes to be more in line with the EU mainstream social protection reform strategies. One of its most noteworthy initiatives in social policy was the announcement of the Social Emergency Programme (PES)¹⁴, a programme that provides, among several other measures, for the creation of a social rental housing market for poorer families and a 10% increase in the unemployment benefit for couples with children where both parents are unemployed. In its official presentation, the Ministry of Solidarity and Social Security stated a cost of EUR 400 million in its first year, which the state budget for 2012 raised to EUR 640 million. PES will run until December 2013 and will be subject to evaluation every six months. During this time the relief fund, one of the PES measures, is expected to cover more than three million people through solidarity institutions (IPSS), charitable and foster families¹⁵.

One concern that has been raised by opinion makers is whether this short run focus on relief will override the structural reform approach that is a main objective of EU social policy recommendations. Experts have been voicing the need to pursue a structural approach to pensions' sustainability, and the Swedish non-financial defined contribution scheme is looked upon as an inspiration for future reforms.¹⁶

2.3 Health Care

2.3.1 The system's characteristics and reforms

The Portuguese health system is a nationwide network of public and private health care providers, where the public sector plays the central role through the National Health Service (*Serviço Nacional de Saúde*, SNS), primary care health centres, specialised units and hospitals.

SNS provides universal health care at almost no cost to the user. It is heavily financed by tax revenue, and users only pay part of the cost of the prescribed pharmaceuticals and “moderating” fees, whenever they have access to medical consultations and care. Health insurance and special health subsystems provide complementary care to specific groups of the population.¹⁷

Total health care expenditure has been growing as propelled by public expenditure, which accounts for more than 70% of spending as shown in Table 5.¹⁸

¹⁴ http://www.dn.pt/inicio/economia/interior.aspx?content_id=1945736&seccao=Dinheiro%20Vivo, retrieved on 11-02-12.

¹⁵ <http://www.dinheirovivo.pt/Economia/Artigo/CIECO024839.html?page=0>, retrieved on 11-02-12.

¹⁶ MENDES (2011), SILVA (2012).

¹⁷ Regarding health care, the population can choose or use both SNS services and other publicly or privately provided services, either as direct beneficiaries of SNS entitled by taxpaying or as subscribers to special mandatory or voluntary schemes, such as the civil servants and other state employees' health subsystems, health insurance and other private occupational subsystems, financed by employers and user's contributions. Health services provided by the private sector (profit and non-profit) are mainly demanded by subscribers to these specific schemes. In 2009, out-of-pocket expenditure of households amounts to 77% of total private health spending, and only 23% are financed by insurance and private subsystems (source: INE).

¹⁸ OECD estimates for total health spending in 2010 amount to between 10.6 and 11% of GDP, which seems to indicate the stabilisation at 2009 level.

Table 5: Health Care Expenditure (2007-2009)

Expenditure (% GDP)	2007	2008	2009
Total	9.63	10.10	10.80
Public expenditure	6.56	7.10	7.30
Private expenditure	2.65	2.90	2.70

Source: Eurostat and OECD Health Data 2011; INE (the Portuguese official statistics institute - for 2009).

Besides SNS-run units and hospitals, health care is also delivered by the profit and non-profit privately-run admission units, medical consultation rooms, diagnosis and therapeutic centres, a network of ambulances and a network of pharmacies, all of which play a complementary role that should not be underestimated, providing higher quality care to subscribers of voluntary health subsystems and insurance schemes. SNS also subcontracts to provide specific care to SNS users by means of the private sector, whenever unable to deliver it by own means.

The State employees' special mandatory scheme (*Direção-Geral de Protecção Social aos Funcionários e Agentes da Administração Pública*, ADSE) is the largest of the existing subsystems (covering almost 10% of the population) and was reformed in 2010. It is co-financed by the public employer and the beneficiary. After the reform, it operates now on a voluntary subscription basis so that SNS will become the default health care provider for state employees and ADSE will act as a complementary scheme to reimburse users' out-of-pocket health expenditures.

SNS local health centres and hospitals are managed with considerable autonomy within regional health administrations (*Administração Regional de Saúde do Centro*, ARS) and through a network of contracts that detail the services to be provided and the corresponding payments from budget transfers.

Access to health care improved significantly in the last decade and the health condition of the population benefited accordingly. Infant mortality rate is at 3.6 per thousand in 2009, with a reduction since 1960 that is the most important in the OECD countries; average life expectancy at birth increased from 78.15 to 79.50 years in the period 2005-2009 alone. Premature mortality, measured in terms of potential years of life lost (PYLL) before the age of 70 years, has declined rapidly among both males and females, so that they are currently less than one-third of 1970 levels. Public awareness of these achievements seems to be lagging behind as the perceived status health remains one of the lowest among the OECD countries population in 2009.¹⁹

There were 3.8 physicians (slightly above the OECD average) and 5.6 nurses (lagging behind the OECD average) per 1,000 inhabitants in 2009. Regarding technological support for diagnosis, MRIs in 2007 averaged 8.9 per million inhabitants in 2007 (OECD average in 2008: 12.6) and the number of CT scanners reached 26.0 per million inhabitants in 2007 (OECD average in 2008: 23.8 per million inhabitants).

Primary care

After 2009, health care centres are regrouped in local organisations labelled ACES (*Agrupamentos de Centros de Saúde*) with a new structure based on functional units that provide family health care (*Unidades de Saúde Familiar*, USF), community health care (*Unidade de Cuidados na Comunidade*, UCC), personalised health care (*Unidade de Cuidados Saúde Personalizados*, UCSP), and public health coverage (*Unidades de Saúde Pública*, USP). ACES will enjoy considerable managerial autonomy. Implementing USF structures in primary health care is crucial to improve access. These units were first launched in 2006 and consist of

¹⁹ OECD, Health at a Glance, 2011. Where not stated otherwise, health data relies on OECD Health Data 2011.

small local autonomous multi-disciplinary teams to provide a basic portfolio of personalised health care services within each ACES area. They are selected after public calls for tender, and they operate under contract with each corresponding regional health administration (*Administração Regional de Saúde, ARS*), relying on financial incentives to increase productivity.

By May 2011, 296 *USFs* were in place providing family doctor coverage to a 3.6 million population, an increase by 15% since 2006.²⁰

Table 6: Medical consultation at SNS primary care services (2009-10)

First medical consultations			All medical consultations		
2010	2009	Change (%)	2010	2009	Change (%)
8,617,065	8,320,822	4.0	31913893	31539219	1.0

Source: SNS, Annual Report on access to health care, May 2011.

Access improvement as shown in Table 6 is based on the increasing role of primary care first consultations, thus relieving hospital emergencies of excessive and unjustifiable demand.

Hospitals

Hospitals are a key pillar of SNS and their referral network system is now fully operational, where general hospitals serve the local area and are also part of a network for patients to be referred to, according to existing specialities. Hospitals provide specialised consultations, surgeries and treatments that are not available in primary care units, both to inpatients and outpatients.

The number of acute care hospital beds in Portugal is 2.8 per 1,000 inhabitants (2009), below the OECD average, and has been falling gradually over time, as average length of stays in hospitals decrease and surgical procedures performed on ambulatory basis increase, following the well-known international best practice.

Hospital consultations have been growing fast for most of the decade. By 2010 they reached the total of 10.8 million, an increase by 29% since 2005. Waiting lists for consultations in hospitals have increased in recent years, and in 2007 a programme to reduce lists for hospital first consultations was devised “Consultas a tempo e horas” (“on time” consultations) based on electronic appointment. As a consequence, first consultations are now the main driver of growth, increasing by 49% after 2005 with noticeable acceleration after 2007, thus confirming that referral to hospital consultations by primary health centres is gradually replacing the traditional (and undesirable) main gateway to health care through hospital emergency (which provided direct access to follow-up consultations, side-stepping the wait for first hospital consultations).

Surgeries have also been affected by unsatisfied demand, and a special initiative (SIGIC) to reduce waiting lists for surgery was launched in 2005 with effective results.

By 2010, an important decrease in SIGIC waiting lists had been achieved, as shown in Table 7, and private hospitals played a role, as SNS out-contracted its unmet surgery demand. The latest official available data points to a decrease in the number of patients in waiting lists by 34.9% in 2010 compared to the 2005 initial level. The median waiting time for surgical operations is now 3.3 months.

After December 2009, there is a new e-service where each user can acknowledge on-line his/her situation in the waiting list of SIGIC.

²⁰ <http://www.mcsp.min-saude.pt> retrieved on 02.06.2011.

Table 7: SIGIC's surgical waiting lists (2005-2010)

Indicators	2005	2007	2009	2010
No. of patients in wait	248,404	197,150	164,751	161,621
Median time waiting (months)	8.6	4.4	3.4	3.3
Patients in wait over 12 months (%)	36.2	10.5	10.4	n.a.
Number of performed surgeries	345,321	455,503	475,293	482,928
Number of surgeries out-contracted by SNS	2,685	27,643	23,919	25,274

Source: Ministry of Health/ACSS.

In the meantime, new hospitals are to be built and managed under Public-Private Partnerships (PPP's) contracts. Three are already in operation (the new Hospitals of Cascais, Braga and Loures), one is contracted and under construction (Hospital of Vila Franca de Xira) and 3 more are under tender (even if new contracts are now in doubt due to austerity constraints).

Recent developments

Regarding health, the reform of primary care has been at the heart of recent policies to improve access to health care, where reformed local structures in primary health care are crucial to that effect. But financial sustainability remains a major concern. Under the provisions of the bailout agreement, very detailed targets and measures for the health care system are to be achieved in the period 2011-13.

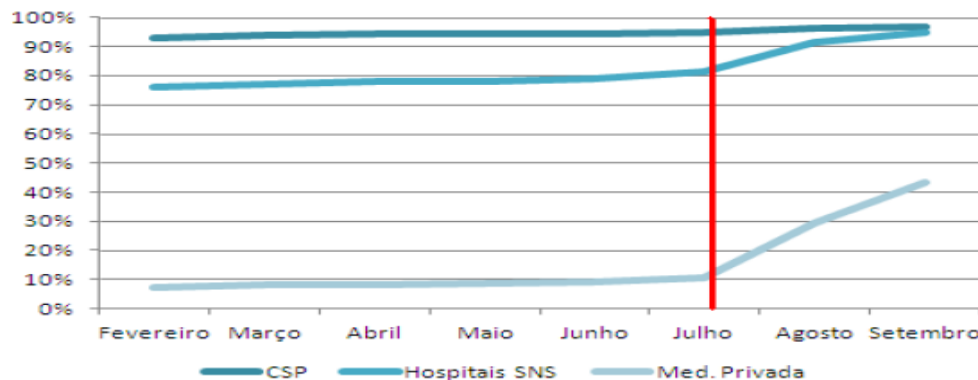
The Government is bound to achieve extra savings worth EUR 550 million in health expenditure for the period 2011-2013, through such measures as the increase of SNS users' fees, a substantial revision of existing exemption categories, stricter means-testing, automatic indexation to inflation and a two thirds overall cut of tax allowances for health care. Some of these have been already implemented aiming at better social targeting.

Users' fees for medical consultations have been aggravated at the beginning of 2012 and vary between EUR 5 (for normal family doctor consultation) to EUR 17.5 (for hospital emergency care). Targeted users, such as those suffering material deprivation, pregnant women, children under 12, users with high disability, and people having received organ transplants are exempted from paying user fees. Specific care to patients is also exempted in family planning consultations, neurologic degenerative diseases consultations, chronic pain relief, chemotherapy, mental health, diabetes, HIV/AIDS and vaccines, among others. The official estimate of people exempted amounts to 5.2 million. This figure may be misleading as it includes both full exempted users and partial exemptions for specific care.

To comply with MoU's guidance, additional savings in the area of pharmaceuticals are programmed to reduce public spending on medicines by 1.25% of GDP by the end of 2012 and by a further 1% of GDP in 2013 (in line with EU average). The consumption of pharmaceuticals is a relevant driver for expenditure growth as it accounts for 21.8% of total health spending, well above the OECD average of 17.1%. It is mainly financed (72.8%) by public sources (OECD Health Data 2011). A large part of this expenditure runs through hospitals' prescriptions to ambulatory patients, so achieving cuts in this segment of expenditure has been prioritised.

The maximum price of the first generic introduced in the market is set to 60% of the branded product with similar active substance, and the existing reference-pricing system based on international prices has been revised by changing the countries of reference to the three EU countries with the lowest price levels or countries with comparable GDP per capita levels. Electronic prescription for medicines and diagnostics covered by public reimbursement are fully compulsory for physicians in both the public and private sector. Available data confirm that SNS doctors are close to 100% electronic prescription use and private practitioners, for whom such use was legally enforced after August 2010, over 40% as shown in Figure 2.

Figure 2: Use of electronic prescriptions by doctors in SNS primary health care (CSP) and hospitals (Hospitais SNS), and by private practitioners (Med. Privada), 2010.



Source: Health Ministry, *Relatório anual sobre o acesso a cuidados de saúde no SNS, 2011*

Pharmacies will be compelled to calculate the profit margin into a regressive mark-up and a flat fee for wholesale companies and pharmacies on the basis of the experience in other Member States. The new system should ensure a reduction in public spending on pharmaceuticals and encourage the sales of less expensive pharmaceuticals. Otherwise, a contribution in the form of an average rebate (pay-back) will be calculated on the mark-up. The rebate will reduce the mark-up by at least 3 percentage points and will be collected by the Government on a monthly basis, preserving the profitability of small pharmacies in remote areas with low turnover.

Primary care services are to be reinforced to further reduce unnecessary visits to hospital specialists and emergencies and to improve care coordination by increasing the number of *USF* units contracting with regional *ARS*. The use of a mix of salary- and performance-related payments making sure that the new system leads to reduction in costs and more effective provision is under implementation and so is the setting-up of a mechanism to guarantee the presence of family doctors in needed areas thus achieving a more even distribution of family doctors across the country.

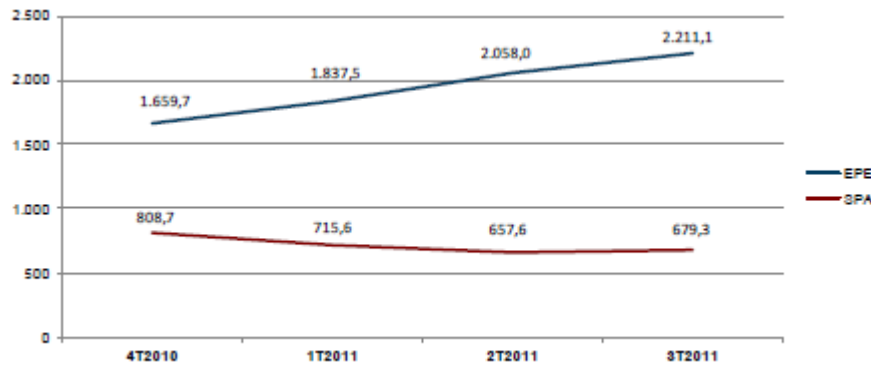
Regarding hospitals, additional measures start to be taken aimed at achieving a reduction of EUR 200 million in the operational costs of hospitals by the end of 2012, including the reduction in management staff, as a result of concentration and rationalisation of public hospitals and health centres.

SNS debt

The increase in the SNS supply of care has not been met by adequate funding. By September 2011 debt to SNS external suppliers amounted to EUR 2,900 million and it was expected to reach 3,000 million by the end of the year.²¹

²¹ Portuguese Government, *State Budget for 2012* (Accompanying Report), 2011.

Figure 3: Debt to external suppliers (2011)



EPE – SNS hospitals with corporate full autonomy of management

SPA – SNS units under direct public administration

Source: Ana Sofia Ferreira, Manuel Teixeira, *Evolução recente da situação económico-financeira do serviço nacional de saúde – enquadramento do actual contexto*, APES, 2011.

The rising debt has been a major threat to smaller suppliers' economic survival, as long as it remains to be paid or evolve to rolling debt.

The State Budget for 2012 (OE2012) specifies the policies that will comply with the main MoU demands, namely:

- Higher control over medical prescription to favour generics
- Removal of barriers to generics prescription and the reduction of their prices
- Stronger control over pharmaceutical consumption in hospitals
- New pricing rules for pharmaceuticals
- Higher control over medical prescription for the use of diagnostic and therapeutic ancillary means
- The implementation of the Plan for Cost Reduction prepared by hospitals aiming to achieve a 15% decrease of hospital operational costs (as demanded by the *MoU*).

For 2012, the main objective is to achieve a total public health expenditure of EUR 7,952 million, reducing by 8.2% from the 2011 level of spending.

2.3.2 Debates and political discourse

Health policies are very sensitive issues in public discussions. As shown by a recent study, health issues account for a meaningful fraction of published articles by the generalist press (between 4 and 11% of published articles in the 3 main nation-wide dailies throughout the previous decade – SILVA 2011). SNS is at the heart of most political debates concerning the extent of public economic and social intervention, and the left-wing political parties and even the social partners repeatedly produce multi-directional accusations regarding centre-right parties' "hidden agendas" to destroy SNS and to privatise the whole health system. Centre-right parties now in power deny such accusations while criticising the alleged mismanagement of SNS by former Governments.

When it comes to health care, the political discourse is rather extreme with the ideological debate rising to the occasion as shown below:

- “I know the Prime Minister wants to entrust the management of public hospitals to private enterprise. In fact, we know that private management has always failed in health, only works when there is no market, when the State is paying, at settlements, in grants and contracts. Therefore, the solution is always the state taxes! It is the use of more effort by those who have so much difficulty.” *Addressed by BE*
- “There is a part of the Programme of the Government which was predictable: that contained in the Memorandum signed with the troika. The measures sponsored in this Memorandum are on that Programme with its consequences: more layoffs, more unemployment, more poverty, more looting of workers and retirees, with more privatisation, more recession. This is clearly expressed in the Government’s Programme.” *Addressed by PCP*
- “Positive is the renewal of free choice to primary care in the public sector, since the indiscriminate choice is financially unsustainable and exacerbates health inequalities, which are contrary to the assertion of dignity. As for the private management of health systems and equipment, as stated in a recent report by the King's Fund, “nowhere in the world is there evidence of success of the competitive market in public health”.” *Addressed by PS*
- “Regarding the increase in the price of medicines, is the Prime Minister afraid or not that some people, a lot of people in this country will stop taking necessary medicines because they cannot afford to buy them?” *Addressed by PEV*
- “Often I find myself wondering whether PS no longer agrees with the privatisations involved in the agreement; if it does no longer agree on limiting deductions on IRS (personal revenue tax); if it disagrees on the increase of VAT on gas and electricity; if it does not agree on the increase of user fees on health; if it disagrees on freezing pensions over EUR 1,500; if it does not agree on cutting millions (500 million!) to state companies’ subsidising; if it does not agree on reducing the amount and grant period of unemployment benefits, or the suspension of public-private partnerships and even the suspension of the TGV trains !?” *Addressed by PSD*
- “There is no education policy, there is no health policy, there is no energy policy, it is all finance!” *Addressed by PS*
- “Indeed, Portugal is the only European Union country with measures in their budget to cut on health. Mr Prime Minister, do not say that people come first!” *Addressed by PCP*
- “Mr Prime Minister, yesterday, Mr Paul Thomsen, from the International Monetary Fund (FMI), claimed his proposal to reduce the single social tax (TSU) in 8%, with a cost of about EUR 3,400 million. Up to now, all activities of the Government have given a sign of great improvisation, as we have seen now in its answer about education and about many other matters, except when it comes to increasing taxes or to enhance the cutting of social support. Your document on budget strategy draws more than EUR 1,300 million from the National Health Service (SNS), more than 1,400 million from pensions, and another 500 million from education, and let’s see where we will stop!” *Addressed by BE*
- “In regard to public expenditure, it is estimated that the adoption of this measure will allow an annual savings of approximately EUR 55 million, resulting from an increased burden on generic drugs of EUR 84 million and a reduction in expenditure on reimbursement of branded pharmaceuticals in the area of EUR 139 million.
It is also estimated that its approval would result in an increased market share of generic

drugs in more than 6%, which would mean that the share of generics would climb to about 27% of the total market for pharmaceuticals.” *Addressed by PSD*

- “On September 7th, 2011, the Government through the Minister of Health, had occasion to mention in Parliament that the debt to suppliers of the NHS (SNS) will rise this year to EUR 3,000 million. In this context, we consider that this bill proves a powerful contribution to the economic and financial sustainability of the SNS.” *Addressed by PSD*
- “What will the NHS (SNS) be deprived of? There will be lesser fraud and redundancy, it will have less costs of providers under contract, less capture by vested interests, and less inefficiency and waste. What will be kept by NHS? It will maintain universality, keep quality indicators and there will be the same access to health care. What is its future then? The Government's strategic objectives for health policy are based essentially in two parts. On the one hand, to improve quality and access of citizens to health care through the implementation of the National Health Plan 2011-2016, the strengthening of primary care, the reorganisation of the hospital network; on the other hand, to encourage a greater role of citizens in active use and management system, particularly by promoting ambulatory surgery through the appropriate incentives.” *Addressed by the Minister of Health*

2.3.3 Impact of EU social policies on the national level

Concerns raised by EU institutions over the age-related nature of health expenditure and its impact on public finance sustainability have had a strong impact on policy-making. The identification of the main challenges to upgrade care and to control expenditure reflected the 2007 EU Health Joint Report and followed its issues assessment and recommendations. EU benchmarking became standard practice in policy analysis and design, and social OMC is a reference for policy design even if sometimes only as paying lip service to EU social policies. Parliamentary discussions remain highly ideological, showing more concern for health politics than health policies.

The MoU extensive coverage of health issues and the very detailed commitments undertaken by the subscribing parties regarding health policies brought about a dramatic change in policy-making and its relation with EU social policies as EU supervision over the implementation of specified measures will be constant. Even if opinion makers and opposition leaders do criticise such supervision, the fact remains that no realistic alternative to complying with EU's guidance on these policies seems to be available and public opinion remains in line with the Government as shown by recent polls.

2.3.4 Impact assessment

The 2009 Ageing Report projections point to an increase in public health care spending from 7.2% to 9.1-10.3% of GDP in the period 2007-2060, according to different scenarios, which may be already underestimated.

Independent and officially supported studies and surveys have been accomplished and published, especially during 2010, trying to assess the effectiveness of recent policies over access to and sustainability of care.

The impact of the main drivers of health expenditure growth has been thoroughly studied confirming that the ageing of the population is not the main driver of expenditure growth.²² The

²² The econometrical study by BARROS (2010) confirmed that National Income and technological innovation stand out instead as the main drivers of expenditure growth. Such conclusion is in line with OECD 2006 Health expenditure projections.

analysis of ageing effects emphasises that its major challenge is addressed to the sustainability of the present model of care providing, but not primarily to its financial sustainability.

Equity issues have also been under in-depth study.²³ Following some of these insights, it stands out how the lack of doctors and nurses is crucial to improve access and equity. Health services especially in isolated regions and for many years have been afflicted with such a lack, and will continue so in the near future. Early retirement aggravates the situation, as older doctors and nurses retire to take advantage of transitional rules and lighter penalties on benefits, soon to wither within the CGA converging path with SS. General Practice and family medical care are the most afflicted with the local shortage of doctors and nurses, and both are crucial to ageing populations.

More than two million Portuguese who were fully exempted from user's fees, including the chronically ill, accounting for 20% of the population, have to pay now for care in national health services whenever the wealth of their household exceeds EUR 100,000. The impact of these measures is not yet assessed.

2.3.5 Critical assessment of reforms, discussions and research carried out

The financial sustainability of the SNS was officially addressed in 2007²⁴ but most of the recommendations made at the time have not been followed. Nevertheless, new policy measures and regulations to enhance access to health care have been implemented in the period 2006-08 with an impact both on SNS financial sustainability and the quality of health services.

Academic research remains more attentive to micro-level issues and some of the published research has a predominantly monographic nature. In February 2012, a set of studies by researchers from *New University of Lisbon's* (UNL) Public Health School has been released, concerning general trends of health in Portugal, and the analysis of prices and efficiency of SNS.²⁵ In general terms, experts agree on that a margin exists for SNS to improve access to quality health care while achieving more efficiency and cost savings through better management.

2.4 Long-term Care

2.4.1 The system's characteristics and reforms

The population potentially in need of long-term care roughly amounted to 20% of total population in 2005-06, according to the National Health Survey, as shown in Table 8.

Table 8: Population stating full disability and full incapacity for autonomous daily living activities (2005-06)

Population	No. of persons	% of total population
With full disability	279,595	2.81
With full incapacity for autonomous daily living activities	1,797,666	18.05

Source: National Health Survey, 2005-06.

For the majority of the population the sole available care is informal care by families and neighbours, or within residential institutions subsidised by the state. As a consequence, SNS

²³ FURTADO and PEREIRA (2010) and PALMEIRA (2010).

²⁴ Ministério da Saúde, *Relatório Final da Comissão para a Sustentabilidade do Financiamento do Serviço Nacional de Saúde*, 2007 (available at www.portaldasaude.pt).

²⁵ COSTA et al, (2012).

hospitals have been frequently over-occupied by users that could be clinically discharged but are in need of long-term care and lack the means to get it.

After 2006, long-term care has been fostered by the setup of the national network for “integrated continuous care” (*RNCCI*) providing both health care and social assistance to dependent persons made vulnerable by age and/or disease. This initiative is under the joint coordination of the Ministries of Health and of Social Solidarity.

The assisted population are mostly over 65 years (80%) and more than 40% of users are 80+ years old²⁶. By the end of 2011, the number of places (beds) in *RNCCI* units amounted to 5,709. Home care delivered by *RNCCI* carers totalled 9,088 places. The total referred users since 2006 and up to December 2011 were 95,762, where 82,747 were assisted in-house at *RNCCI* admission units.

RNCCI offers a continuum of formal care based on diversified coordinated interventions taking place in its different types of units, thus providing: convalescence care; post-acute rehabilitation services; medium and long-term care; home care; palliative care.

Table 9: Portfolio of institutional continuous care services (2008-11)

Typology of institutional care services	No. places 31-12-2008	No. places 31-12-2010	No. places 30-06-2011
Convalescence	530	682	890
Medium term care	922	1,497	1,740
Long-term care	1,325	2,286	2,704
Palliative care	93	160	185
Total	2,870	4,625	5,519

Source: Ministry of Health/UMCCI.

The network operates with purchaser/provider split and the portfolio of institutional care services within *RNCCI* according to different typologies is presented in Table 9, where long and medium term care prevail by large.

Within *RNCCI*, institutional care services are provided by non-profit organisations (64% of the supply of beds), by private health and residential care facilities, by *SNS* public hospitals and by other health care units as shown by Table 10. All must act within common technical standards and their services are subsidised by the state.

Table 10: Providers of institutional continuous care through *RNCCI* (2011)

Provider	No. Places (beds)	%
<i>SNS</i>	482	9
Not-for-Profit Social Solidarity Institutions (IPSS)	3,523	64
Private sector	1,514	27
Total	5,519	100

Source: Ministry of Health/UMCCI.

In hospitals specialised teams (EGA) prepare patient discharge by referral to other settings. Mixed teams (ECCI) provide local primary health care and social support to patients not requiring a stay in institutions, and are coordinated by “community care” units (*UCC*) within the *ACES* local health organisation. Continuous care at home is provided by ECCI.

Referral routes are centrally defined, aiming to enable interdisciplinary teams to operate consistently at regional and local level to refer patients in accordance with local capacities of the network and with personal and therapeutic profiles.

²⁶ Official data, retrieved on 14-02-2012 at <http://www.umcci.min-saude.pt>.

RNCCI has the responsibility to monitor both health care and organisational quality provided by all units within the network. Standards and measures of quality have been defined, and are audited on a regular basis, in addition to the assessment and review of user satisfaction and user claims. All network units and teams are subject to periodic evaluation by regional coordination teams. A comprehensive training plan was implemented to coach more than 3,000 professionals.

Informal care providers (mainly carers within families) are also supported through training and technical guidance, as part of the objective to enhance independent living of the elderly.

Developments and prospects

OECD Health Data 2011 estimates that only a fraction of 1% of total health spending pertains to long-term care, so that total expenditure should not exceed 0.5% of GDP in 2008. The 2009 Ageing Report projections of long-run public expenditure show that it could amount to only 0.2% of GDP by 2060. OECD projections for total long-term expenditure range between 1.1 and 2.2% of GDP (according to different scenarios) by 2050.

The implementation of *RNCCI* should be fully accomplished by 2014 and its financial sustainability should be achieved by means of allocated public revenues from state lotteries, social security allowances to dependent users, state subsidising of *RNCCI* institutions operational costs, and co-payments by the users themselves. The target stated by Portugal 2020 NRP is to achieve 23,027 places provided by *RNCCI* in 2014, but a slow-down in this progress is the most probable outcome of the budget constraints set up by the bailout MoU.

2.4.2 Debates and political discourse

Long-term care and *RNCCI* are a much more consensual area of social policy than either pensions or health care. Politics are mostly absent and policy issues emerge mostly at micro or sector level.

2.4.3 Impact of EU social policies on the national level

EU social policies and EU Member States best practices, namely those of the Nordic member states were taken as a reference to build up *RNCCI*.

Nevertheless, the concept itself of “continuous integrated care” that encompasses long-, short- and medium-term health care and palliative care, adding social assistance as well seems a practice most apt to fit the specific Portuguese social situation and its fast demographic ageing process.

2.4.4 Impact assessment

Academic research is still at an early stage and deals mainly with micro data and observation in monographic studies in the area of social service and sociological studies. Some of the conceptual and methodological issues about *RNCCI* are only starting to be addressed.

The management instruments to support implementation and monitoring of the *RNCCI*, both at national and regional levels, allow to trace the activities and evolution of the network services as well as initiate a close monitoring of results and impacts of the care delivered. Referrals of patients to the network and clinical activity (in all in-bed types of care delivered) are registered to build a web-based information system.

The management model adopted for the Portuguese national network for integrated care is based in the international principles of integrated care. It assumes that both social care and health care are part of a care continuum. Therefore the network establishes intersectoral links

and promotes new responses for unattended caring needs with a basis of local and community planning and service development entrepreneurs willing to invest in structures of care as to promote a rapid growth of the network.

Results of the evaluation of plan execution according to established technical referential applied at local level have demonstrated a high level of adoption by units. This has been done through external quality assessment established as a pilot project (it involved 18 selected units and was developed between August 2008 and March 2009).

Monitoring is based on user satisfaction. This is undertaken on a regular basis, nationally, and the results are incorporated as to identify areas of improvement for the whole network.

Human resources are under-qualified and the lack of the medical speciality in ageing (geriatrics doctors, not recognised by doctors' professional association – "Ordem dos Medicos") is widely felt by all concerned.

2.4.5 Critical assessment of reforms, discussions and research carried out

Long-term care *RNCCI* is an achievement for social policies within the Portuguese welfare state, despite its slow development. It fosters formal care through the convergence of the state social and health departments, the social economy and the private sector on unified objectives and methods to guarantee high quality practices, within highly successful partnerships. At the same time, it upgrades long-standing practices by the informal sector through training and information. The financial sustainability of *RNCCI* is still an open issue, as the mix of public and private funding will suffer inevitably from MOU agreed cuts in social expenditure.

The subject of long-term care doesn't usually arouse abundant debate, with all parties focussed on the importance of provide dignifying palliative care to senior citizens in terminal years. Perhaps the most arguable aspect concerns the providers of such services. Left wing parties insist that it should be up to the State to deliver that assistance; while parties from the right political sector advocate that the more capable institutions to provide long-term care are the *Misericórdias* (mercies) with close ties to the Catholic Church.

Nonetheless, these are a few of the most memorable arguments used in verbal battles by parties with parliamentary representation:

- "Discussing palliative care and vital testament, the right to health care to reduce physical and mental suffering, even recognising the limits that medicine has yet to overcome on this predicament. The *BE* proposes the creation of a proprietary and independent national network of palliative care, without damaging its link with the network of continuous care, of which palliative care are a part today and for that very reason are now clearly the underdog. Only with its own network can palliative care no longer be considered a minor next-of-kin of the National Health Service (SNS)." *Addressed by BE*
- "In 2010 (when PS was in office), with the National Palliative Care Programme, which is being implemented, there was a decisive impact on the responsiveness of the National Health Service in palliative care. Over 1,500 professionals have acquired training and teams were created in-hospital, and there are five specific home care teams. Among the long-term care teams, 40 already provide palliative care, there are additional 400 beds and support to over 3,000 people. Indeed, it was the World Health Organisation itself, which surveyed the evolution of palliative care services within the *National Network of Integrated Continued Care (RNCCI)*, in the light of international experiences, that highlighted the advances that Portugal has made, taking into account the situation in the departure of great scarcity of palliative care in the country." *Addressed by PS*

- “I do not know whether there is reason to be proud of having for the palliative care a network that has 10% coverage. I do not know whether we should be proud of the thousands of Portuguese who were denied access to such care. I do not know if we should be proud of within the *National Network of Integrated Continued Care (RNCCI)*, achieving a mere 2-4% of investment for this field. That's what we said we didn't want a year ago, and that is what we still do not want for now. Indeed, and as Deputy Bernardino Soares very accurately remembered, the challenge surrounding financing has to be cleared. What you cannot keep is the current situation of waste. (...) Let's understand each other's convictions about what we want. We are sure of what we want. We want to dignify people; we want to be by their side and want to defend the National Health Service.” *Addressed by CDS-PP*
- “Minister, as I said in the first place with this interpellation to Government, by focusing on health policy, the Socialist Party wishes to bring to the forefront of the debate the subject of long-term care. Therefore we now have 5,595 beds in this network, there are 1,000 additional beds ready to go into operation, and 2,000 under construction. Now, what the Ministry of Health and regional health authorities have said to those entities that are promoting the construction or have already built these facilities is that there no further grants, and that there won't be any more funding agreements for facilities already built.” *Addressed by PS*
- “Minister, you are well known as a manager, so please enlighten us why would you trade continuous care beds, most of which are long-term care places and cost 28.15 € per month each, for hospital beds, which cost between 700 € and 1000 € per month each?! This is not a measure for able management of financial resources, but rather a measure for how to simply ignore people who are in need of such special care, since you don't intend to refer them to hospitals, so you will surely give up care for these people! What is it this Government doing in the field of long-term care? It is absolutely essential that it should be understood!” *Addressed by PS*
- “To come here and talk about beds on continuous (long-term) care network, while the Misericórdias inform me that there are 20 facilities set to open and without a single cent budgeted, and not even knowing anything about their annual budget?! This is totally unbelievable! The report on continuous (long-term) care is the most - and I'll try to use one word that will keep the tone of debate - disastrous as ever seen in the Ministry. Furthermore, the responsible for the unit of continued (long-term) care, when asked ‘what about the budget?’ used the following expression: “We have been told (by the previous government) that it is not a problem, that we should open as many facilities as possible.” *Addressed by the Minister of Health*

2.5 The role of social protection in promoting active ageing

2.5.1 Employment

To foster active ageing within the labour market, SS statutory rules calculate a bonus for the periods of time the beneficiary will keep working after completion of the standard retirement age of 65.

When the SS beneficiary claims the old-age pension after 65 years having at least 15 calendar years with pensionable earnings registration, the pension amount will be increased by applying the respective monthly rate multiplied by the number of months completed between the month of pension beginning and the month when pensioner has reached 65 years of age. The monthly

increase rate varies according to the number of calendar years with earnings registration completed by the insured person until the date of pension beginning, as follows:

Contributory career (number of years recorded)	Monthly increase rates
15-24	0.33
25-34	0.50
35-39	0.65
40+	1.00

The working age limit is 70, which is mandatory only for public servants. For all other workers still working after 70, their contracts will be automatically changed on completion of that age into six months-term contracts that are freely renewable as long as both parties agree.

This policy to keep older workers' jobs after completing 65 years faces a challenge in the rising unemployment rate for youth (35% in the age bracket 15-24, according to the latest available data). In February 2012, the Government started talks with Social Partners on measures to foster youth employment, so no further meaningful actions on the active ageing employment issue should be expected.

2.5.2 Participation in society

Volunteer work has received increasing attention from public opinion. In the Eurobarometer 76.2 (November 2011) the role of volunteer work for the elderly was acknowledged by 54% of respondents (58% in the EU), whereas the actual practice by people aged 55 and over was stated by only 4% (27% in the EU). The setting of special SS contributory careers for volunteers has been discussed lately but no actual measure has been taken until now by Governments.

In the field of citizens' engagement an interesting initiative has been launched: the Platform of Age-Friendly Cities, sponsored by the European Commission, and coordinated domestically by Intergenerational Valorisation and Active Development Association (VIDA)²⁷. Through this multinational project over 100 cities in Portugal, as well as 14 universities, and several civil society organisations committed to joining the project "CIDADES". In the 2nd phase of the project each municipality will evaluate their own friendliness for its citizens over 55 years of age by carrying out a local survey addressed to senior citizens.

2.5.3 Healthy and autonomous living

Social protection strategies for promoting autonomous living of the elderly have been implemented since the late 1990's. In 2009 the portfolio of social services financed by SS and targeted on the older population reached 7,000 social interventions with different typologies: institutional residential facilities, centres for daily social activities and home support services, a growth by 69% since 1998. In the same time period, home support services financed by SS had a growth rate of 88%. Their support capability increased by 130%, reaching 49,300 places, a modest figure when compared with the growing number of the elderly living alone.

An interesting example of good practice on healthy and autonomous living is the active ageing programme that went from October 2010 to August 2011, appropriately entitled 'Please, do not fall', and shaped in two islands of the Azores, involving more than 1,000 elderly. The results of this programme as implemented in a total of 35 day-care centres revealed positive indicators

²⁷ In <http://europa.eu/ey2012/ey2012main.jsp?catId=975&langId=en&mode=initDetail&initiativeId=9&initLangId=en>.

concerning improvements in the agility of the participants²⁸. According to the project coordinator, “the elderly at the end of the intervention programme were more agile, or could do the same route (stand up from a chair, walk three meters and sit down again) faster and with more agility than before”. During the 11 months of the programme it was carried out a study to monitor the gains from this initiative, whose results have been presented in national and international conferences, so some follow up by other regions should be expected.

²⁸ In <http://www.rcmpharma.com/actualidade/saude/25-01-12/projecto-de-envelhecimento-activo-melhorou-agilidade-de-um-milhar-de-idosos>. (retrieved on 20-02-12).

References

- BARROS, PEDRO (2010), “The black box of health care expenditure growth determinants”, working paper, Universidade Nova de Lisboa, 2010.
- FURTADO, CLÁUDIA and PEREIRA, JOÃO (2010), “Equidade e Acesso aos Cuidados de Saúde”, working paper, Escola Nacional de Saúde Pública/Universidade Nova de Lisboa, Lisboa, Julho de 2010.
- MENDES, FERNANDO RIBEIRO (2011), *Segurança Social: o Futuro Hipotecado*, FFMS, Lisboa, 2011.
- PALMEIRA, CATARINA SOFIA DOS SANTOS (2011), “A Equidade no Acesso à saúde: A Problemática do Sistema Integrado de Gestão de Inscritos para Cirurgia”, masters thesis, Universidade do Porto, 2011.
- SILVA, CARLOS PEREIRA DA (2012), “As mudanças no regime de pensões. Os casos sueco e português”, *Economia e Segurança Social*, nº1, Fev-Mar, Lisboa, 2012.
- SILVA, PEDRO ALCÂNTARA DA (2012), *A Saúde nos Media*, Mundos Sociais, Lisboa, 2012.

3 Abstracts of Relevant Publications on Social Protection

[R] Pensions

- [R1] General trends: demographic and financial forecasts
- [R2] General organisation: pillars, financing, calculation methods or pension formula
- [R3] Retirement age: legal age, early retirement, etc.
- [R4] Older workers activity: active measures on labour market, unemployment benefit policies, etc.
- [R5] Income and income conditions for senior workers and retired people: level of pensions, accumulation of pensions with earnings from work, etc.

[H] Health

- [H1] Health expenditures: financing, macroeconomic impact, forecasting, etc.
- [H2] Public health policies, anti-addiction measures, prevention, etc.
- [H3] Health inequalities and access to health care: public insurance coverage, spatial inequalities, etc.
- [H4] Governance of the health system: institutional reforms, transfer to local authorities, etc.
- [H5] Management of the health system: HMO, payments system (capitation, reimbursement, etc.)
- [H6] Regulation of the pharmaceutical market
- [H7] Handicap

[L] Long-term care

[R] Pensions

[R2] ALMAS, David, MADRINHA, Joaquim, “Como Salvar a minha Reforma”, Principia, 2011. Retrieved from: http://caderno.leya.com/catalogo/detalhes_produto.php?id=50546

“How to Save my Retirement”

Every month we give a substantial part of our Social Security money. The truth, however, is that it now has 20, 30 or 40 years, very little of that money will come back to the hands. Because Social Security is nearly bankrupt and our population is ageing dramatically, new retirees will work and discounting more and earn much less – 68% of what they receive today. If someone wants to have money to live in 20, 30 or 40 years, first as he has to save. And do not even consider investing in retirement savings plan (PPR). So, what is there to do? Journalists David Almas and Joaquim Madrinha presents with a chilling clarity, the true state of Social Security - to lose all illusions. Then the authors explain why it is that PPR is not the solution and introduce a number of alternatives much more profitable - so the readers can face the future with confidence.

[R2] ARCANJO, Manuela, “Unemployment Insurance Reform – 1991–2006: A New Balance between Rights and Obligations in France, Germany, Portugal and Spain”, Social Policy & Administration, 2012. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9515.2011.00810.x/abstract>

The purpose of this article is twofold. First, focusing on unemployment insurance schemes, the article seeks to identify the development of social rights and obligations in four countries (France, Germany, Portugal and Spain), representative of the conservative regime, over the period 1991–2006. Second, the article aims to verify whether or not there was a common reform trajectory in time as well as in space, given the already known divergence over the appropriateness of classifying Mediterranean countries within the framework of a specific regime.

Based on analysis of 25 legislative changes concerning entitlement and eligibility criteria, the study presents three major findings. First, the four insurance schemes reveal a new balance between (weaker) social rights and (stronger) obligations, which may indicate a trend toward a re-commodification of work. Second, Portugal adopted a specific trajectory while the Spanish

reform process more closely resembled that carried out by France and Germany. Finally, two waves of reform may be identified: first, between 1991 and 1997 and justified by cost-containment concerns and, subsequently, from 2001 onwards, associated with a stronger recalibration of benefit rights.

[R2] BASTOS, Paulo, MONTEIRO, Natália, “Managers and wage policies”, Article, NIPE, 2011. Retrieved from: <http://repositorium.sdum.uminho.pt/handle/1822/14867>

“Managers and wage policies”

Do individual top managers matter for wages and wage policies? Are there general differences in “style” among managers with respect to worker compensation? To shed light on these questions, we exploit a large panel dataset from Portugal that allows us to match workers, firms, and managers, and follow the movements of the latter across different firms over time. While accounting for the effect of worker and firm heterogeneity, we estimate the role of top manager fixed effects in determining wages and wage policies. The estimates suggest that (i) top managers have a significant influence on wages and wage policies; (ii) there exists different managerial “styles”; and (iii) managers’ (observable) attributes matter for worker compensation.

[R2] CARNEIRO, Anabela, SÁ, Carla Angélica da Silva Pinto de, CEREJEIRA, João, VAREJÃO, José, PORTELA, Miguel, “Estudo sobre a retribuição mínima mensal garantida em Portugal”, Working Paper, NIPE – Technical Report, 2011. Retrieved from: <http://repositorium.sdum.uminho.pt/handle/1822/14227>

“Study on the minimum wage in Portugal”

The agreement signed during social consultation in late 2006, over the settlement and evolution of the national minimum wage (NMW), established a timetable for convergence from its value of € 385.90 in practise that year to € 500 in 2011. The agreement was signed in a time that it was not yet predictable the economic crisis that would affect most of the developed economies and in particular, the Portuguese economy. The analysis of the effect of increased SMN on the likelihood of closure of the company shows that the minimum wage increase has a negative effect on the survival of businesses, although the magnitude of this effect is reduced. It follows therefore that the identified negative effects on employment levels are not the result of the closure of both companies, but rather the dynamic creation and job destruction by firms that remain active.

[R4] FONSECA, António Manuel, “Reforma e Reformados”, Colecção Psicologia, Edições Almedina, 2011. Retrieved from: http://www.almedina.net/catalog/product_info.php?products_id=15092

“Retirement and Retirees”

The work and all that surrounds you now assume a central role in human life. That is why the occurrence of the reform and the experience of the condition of reformed realities are likely to generate a set of perceptions, expectations, feelings, and behaviours with different consequences at the level of satisfaction and psychological well-being, relationship with others and habits of everyday life. The new condition of life raised by the reform requires an active involvement in seeking a successful adaptation, so that retirement and retired life are not regarded respectively as the “beginning of the end” and a “final state” but as opportunities for effective development of personal and social life.

[R5] MARTINEZ-PECINO, Roberto, CABECINHAS, Rosa, LOSCERTALES-ABRIL, Felicidad, “University Senior Students on the Web”, Article, CECS, 2011. Retrieved from: <http://repositorium.sdum.uminho.pt/handle/1822/16158>

The Internet is increasingly prominent in all walks of life, and Web connection is a key factor in social integration. The rise in life expectancy and quality of life mean that our active seniors now represent a growing sector in society. This study analyses what senior citizens use the Internet for and why, as well as the main benefits of its usage and the perceived obstacles of those who are non-users. The results derive from a questionnaire completed by senior citizens enrolled on university courses for older people, and they show that university seniors frequently connect to the Internet – daily or 2 or 3 times per week–, and use it mainly to look up facts, contact family, and friends, for course work and to read the press. They consider the Internet easy to use but they could survive without it. For those who do not have access to the Internet, lack of knowledge about how to use it is the main barrier; yet they do not consider themselves incapable of learning how to use the Internet if they wished to do so. The data gathered from the survey challenge negative stereotypes of older people, and encourage us to modify our view of active seniors as disconnected from and incapable of using the Web and instead see their progress and motivation to learn as something highly positive.

[R2] MURTEIRA, Maria Clara, “A Economia das Pensões – O Essencial Sobre”, Principia, 2011. Retrieved from: <http://www.angelus-novus.com/livros/detalhe.php?id=303>

“The Economics of Pensions – The Basics About”

To base a discussion on the reform of public pension systems, this book makes a brief foray into the realm of economics of pensions. It examines, first, the contribution of microeconomic analysis. However, to identify accurately the central problems posed by ageing populations, it is important to overcome this vision. Thus, it is necessary to make a double change in perspective: on the one hand, going from micro analysis for macroeconomic analysis of pensions, equating the problem from the perspective of society as a whole and, second, to focus the analysis, not in the form how pensions are funded, but in the real economy issues, reasoning in terms of production and consumption of goods and services. They reveal themselves then the central problems posed by ageing populations, specifically, the growth of future production and its distribution.

[R4] PAULO, Ana Cristina, SAMPAIO, Adriana, SANTOS, Nadine Correia, COSTA, Patrício Soares, CUNHA, Pedro, ZIHL, Joseph, PALHA, Joana Almeida, SOUSA, Nuno, “Patterns of cognitive performance in healthy ageing in northern Portugal: a cross-sectional analysis”, Article, CIPsi - Papers, 2011. Retrieved from: <http://repositorium.sdum.uminho.pt/handle/1822/14284>

“Patterns of cognitive performance in healthy ageing in northern Portugal: a cross-sectional analysis”

The Minho Integrative Neuroscience Database (MIND)-Ageing project aims to identify predictors of healthy cognitive ageing, including socio-demographic factors. In this exploratory analysis we sought to establish baseline cohorts for longitudinal assessment of age-related changes in cognition. Methods the population sample (472 individuals) was strictly a convenient one, but similar to the Portuguese population in the age profile. Participants older than 55 years of age were included if they did not present defined disabling pathologies or dementia. A standardised clinical interview was conducted to assess medical history and a battery of neuropsychological tests was administered to characterise global cognition (Mini Mental State Examination), memory, and executive functions (Selective Reminding Test; Stroop Colour and Word Test; and Block Design subtest of the Wechsler Adult Intelligence Scale). Cross-sectional analysis of the neuropsychological performance with individual characteristics such as age, gender, educational level and setting (retirement home, senior university, day care centre or community), allowed the establishment of baseline clusters for subsequent longitudinal studies. Results based on different socio-demographic characteristics,

four main clusters that group distinctive patterns of cognitive performance were identified. The type of institution where the elders were sampled from, together with the level of formal education, were the major hierarchical factors for individual distribution in the four clusters. Of notice, education seems to delay the cognitive decline that is associated with age in all clusters. Conclusions Social-inclusion/engagement and education seem to have a protective effect on mental ageing, although this effect may not be effective in the eldest elders.

[R4] RIBEIRO, Oscar, “Manual de Envelhecimento Activo”, Lidel Edições Técnicas, 2011. Retrieved from: <http://lideeditora.blogspot.com/2011/03/manual-de-envelhecimento-activo-de.html>

“Manual for Active Ageing”

According to the World Health Organisation, active ageing is one of the greatest challenges of our time. The development of measures to help older people maintain a healthy life asserts itself as a necessity; this book is a contribution to this plan.

Manual for Active Ageing has been prepared by professionals in the field of Gerontology and exposes a set of indications that ageing is a positive experience and for people to invest in their potential for physical well-being, social and mental health over the course of life.

Since self-promotion of health, based on the importance of physical and mental exercise and proper nutrition, the full experience of affect and social relations, and management of multiple tasks of everyday life, this book also seeks to draw attention to the importance of protecting and safety at this stage of life and effective participation in society, according to the needs, rights and individual capacities.

It is a book that, by way of a manual, is intended for all those who, being aware of their ageing process, seek to remain actively engaged with life, taking her maximum pleasure, quality and vitality.

[R1] RODRIGUES, Tatiana Joy, “Percepções dos recrutadores e empregadores acerca de desempregados de longa duração”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2896>

“Perceptions of recruiters and employers about long-term unemployed”

The labour market is not immune to social distinctions. Thus, among it, some individuals are victims of discrimination and prejudice based on the social group they belong to. This qualitative study is concerned with the access to the labour market of those who are deprived or depreciated in obtaining employment. The following investigation attempted, therefore, to corroborate if long term unemployment (superior to one year) presents boundaries to the access of employment. In this sense, by means of individual semi-structured interviews this study tried to find the representations that both employers and recruiters have over the long term unemployed and comprehend if these representations are reflected in exclusion behaviour. Hence, it was also the aim of this study to compare the perceptions between employers and recruiters and verify which of these employment agents reveal a less stereotyped dispute. Overall, the participants revealed unfavourable attitudes in hiring long term unemployed, more noticeable among the recruiters, contrary to the expected and assured by Meager e Metcaf (1987). The results enable the conclusion that the probability of re-employment of a long term unemployed is limited and due to personal values and beliefs of the employment agents.

[R4] VELOSO, Esmeraldina, “Vidas Depois da Reforma”, Coleção Psicologia nº6, Edições Coisas de Ler, 2011. Retrieved from: http://www.coisasdeler.pt/product.php?id_product=173

“Lives after Retirement”

The objective is to understand and analyse the situation in Portugal how to foresee the ageing process and to treat and how the process of establishment and spread of reforms, which were an important factor in that old age was considered a social problem, or a condition / objective changes that have occurred and without which the pension would not have been constituted in social problem and viewed as a homogenous group and as a separate category. The aim is mainly to point out some features that characterise the politics of old age since the nineteenth century, when there is a new social class – the working class, and the first reforms of old age, until 1976, characterised the latter period from 1974 1976 and the emergence of the third age as a social category independent of Portugal and the announcement of a policy of the Third Age. Presents a study of University of Third Age, in Portugal, as an object of sociological analysis in the area of Sociology of Education, has been a common practice. They believe that different factors have contributed to the lack of work in this area, either the University of Third Age, in particular, whether, in general, on education involving older adults.

[H] Health

[H3] AGUIAR, Catarina Mafalda Pais, “Avaliação da qualidade nos serviços de saúde: a importância da humanização”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2906>

“Evaluation of quality in health services: the importance of humanisation”

The main goal of this study is measure quality services provided in the Renal Transplant Unit, at Santa Cruz Hospital. It is also intended to alert the importance of humanisation in the health care system. Through this study, is evidenced that health care and marketing are connected through customisation. To suppress the subjectivity inherent to the assess of quality services the SERVPERF model was used, proposed by Cronin and Taylor. This tool, composed with 5 dimensions, allow us to conclude about the respondents' satisfaction. The survey used in this study assesses dimensions such as, tangibility, reliability, responsiveness, assurance and safety, and empathy. Through data analysis, it was concluded that users' perception is quite satisfactory. It was also concluded that health care professionals' perception, considering users' point of view, is quite satisfactory. Humanisation dimension was added to the dimensions of the instrument SERVPERF. It was concluded that both users and health care professionals consider that Medicine future relies on humanisation. Reliability and assurance dimensions are directly related to users' educational level, as well as the number of hospital visits influence their empathy. Users and health care professionals demonstrate their dissatisfaction with tangibility dimension, acquiring greater satisfaction with confidence and human dimensions, respectively. It was concluded that users' global satisfaction with Renal Transplant Unit is independent of their gender, age, educational level, number of years of the renal transplantation and number of hospital visits. Measuring quality in health care services should be monitored frequently and applied in a larger number of health services. It is forecasted that humanisation will be a very important dimension regarding users and health care professionals satisfaction.

[H1] BAILO, João Miguel da Costa, “A importância da despesa em dispositivos médicos nos sistemas de saúde”, Master Thesis, FEUC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18110>

“The importance of spending on medical devices in health systems”

Medical devices (MD) are an essential production factor on the process of health care, and therefore, on the health improvement of individuals. With this thesis I aim to explore and analyse the importance of medical devices expenditures on health systems, since the collection of this kind of expenditures information is not made in an organised and systematic way yet. It only exists for some specific countries, the so-called developing ones, through regional

organisations that represent the MD industry from Europe and USA, like Eucomed or AdvaMed, respectively. Due to the fact of the growing burden of economic expenditure on health, the budgetary constraints and the percentage that MD have on the health expenditure, it would be desirable to implement control measures for these countries. The survey I developed appears also as the beginning of data collection and analysis on the MD expenditures on health systems through the WHO specialised unit on this matter, the Diagnostic Imaging, and Medical Devices unit (DIM).

[H7] BRAGA, Rodrigo António Marques, “Plataforma de desenvolvimento de cadeiras de rodas inteligentes”, Doctoral Thesis, FE/UP, 2012. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/58143>

“Platform for developing smart wheelchairs”

The number of elder individuals has increased significantly during the last years and the social ageing is also increasing. For most of these individuals the ageing process brings also mobility problems affecting their life quality and independence. In parallel, the number of social activities for these individuals reveals the functional insufficiency of the devices used for helping them with emphasis on the more needed ones. Another problem is concerned with the reduced number of health professionals responsible for promoting the well-being of these individuals.

During this work, three prototypes were developed revealing the improvement of the hardware platform as well as the improvement in the control software and all the other modules. Tests and experiments using IntellWheels prototypes presented on this work enabled to validate the development platform. Both the global functioning, the behaviour of each of its modules as well as the integration of the IW with other macro agents were tested and validated. The result analysis enables to show the applicability and effectiveness of the proposed approach and of the platform developed.

[H3] BREKKE, Kurt R., LEVAGGI, Rosella, SICILIANI, Luigi, STRAUME, Odd Rune, “Patient mobility, health care quality, and welfare”, Working Paper, NIPE, 2011. Retrieved from: <http://repositorium.sdum.uminho.pt/handle/1822/13636>

“Patient mobility, health care quality, and welfare”

Patient mobility is a key issue in the EU who recently passed a new law on patients` right to EU-wide provider choice. In this paper we use a hoteling model with two regions that differ in technology to study the impact of patient mobility leads to too low (high) quality and two few (many) patients being treated in the high-skill (low-skill) region. A centralised solution with patient mobility implements the first best, but the low - skill region would not be willing to transfer authority, as its welfare is lower than without mobility. In a decentralised solution, the effects of patient mobility depend on the transfer payment. If the payment is below marginal cost, mobility leads to a “race-to-the-bottom” in quality and lower welfare in both regions. If the payment is equal to marginal cost, quality and welfare remain unchanged in the high-skill region, but the low-skill region benefits. For a socially optimal payment, which is higher than marginal cost, quality levels in the two regions are closer to (but not at) the first best, but welfare is lower in the low-skill region. Thus, patient mobility can have adverse effects on quality provision and welfare unless an appropriate transfer payment scheme is implemented.

[H3] CASAS-NOVAS, Vitória, BATANETE, Ermelinda, “Perception regarding humanising health care among the national health care service patients in Évora area”, Article, ENF – Publications, 2011. Retrieved from: <http://dspace.uevora.pt/rdpc/handle/10174/3871>

The objective is to ascertain the perception regarding humanising health care among the National Health care Service (NHS) patients in the area of Évora - Portugal. The method is a descriptive study, exploratory, with a quantitative approach using a random sampling starting from the guiding question: What is the NHS patients' perception on humanising the care provided by the health care services? Data were collected with an informed consent questionnaire, administered between September and October 2010 to 62 individuals who were patients in the NHS, according to the approval of the Ethic Committee on Research Involving Human Beings, with the 203/2008 legal opinion. The results strive to humanising health care; the respondents of this study outlined as particularly important aspects the following: being attended by gracious professionals who facilitate the dialogue and provide quality care in a short period of time. The value placed on being able to select one's doctor and nurse is explained by aspects that patients find important such as availability, confidentiality, competence as well as the continuity of care and trust for the health professionals. The conclusion highlights the following aspects: communication; attitudes and competence of the health professionals; accessibility and exercise of autonomy.

[H5] CAETANO, Susana Patrícia Feiteira de Oliveira, "A introdução das novas medidas de gestão nos hospitais EPE e a enfermagem", Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/55385>

"The introduction of new management measures in EPE hospitals and nursing"

Nowadays the health resources affectation is one of the largest preoccupations of the contemporaneous society. The investigation problem is "How the measures of management, introduced in EPE hospitals, are affecting Nursing?"

The main objective of the study is to explore and describe the introduction of management measures in the EPE hospitals and how they affect Nursing. The specific objectives are identifying the utility of measures management, the motivation of Nurses to adhere at the measures of management, the influence of work colleagues to the adhesion at the measures management. And still, how measures management affect: time spends on care, activities registration, and economics cost associated to care, number of Nurses in service, relation-ship Nurse-patient, care quality, valorisation of Nursing. And the last one: to find out the will of more Knowledge in measures management.

Before collecting any sort of information, all the bibliography was organised into several chapters and that's where lays theoretical support of the study. The author introduced subjects such as: concept and evolution on Health Resources Affectation in Health System, and the perspective of Nursing in this matter.

This is a transversal and descriptive study. It was used a quantitative method and to collect data was used a questionnaire. It was elaborated several specific guide questions to answer the objectives described before. The population chosen for this study was Nurses of three EPE hospitals. The author used a simple random sampling. To input data, it was used statistical measures like frequencies absolutes and relatives, and the mean on age analyse.

The author concluded that resources are limited, but should be optimised, so that humanisation, relationship, and care quality could be improved. It is unquestionable the respect for ethics fundaments so that any decision taken related to health resources affectation be fructiferous.

[H2] CAMPOS, António Correia de, SIMÕES, Jorge, "O Percurso da Saúde: Portugal na Europa", Colecção Olhares Sobre a Saúde, Edições Almedina, 2012. Retrieved from: http://www.almedina.net/catalog/product_info.php?products_id=17803

"The Journey of Health: Portugal in Europe"

This is a book that covers health systems in OECD countries, but reserves a special attention to the Portuguese situation. It describes the historical circumstances that led to the creation of two major models of health systems in Europe - the Bismarckian model and the Beveridgean model. State the principle of subsidiarity in the organisation of national health systems, but we study the regulations and directives aimed at improving the welfare of citizens.

It highlights the huge leap in the health of the peoples of Europe at the expense of a strong scientific investment. Travels to the Portuguese health system, since the early seventies of last century to the present, focusing on political issues that constitute the health policy agenda.

[H4] CARNEIRO, César Alberto dos Santos, “Essays on Health Economics: Equity and Access to Health Care and Public Hospital Performance under Corporatised Management”, Doctoral Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/53764>

This thesis is composed of three independent essays on central topics of theoretical and empirical work in the field of Health Economics.

In the first essay the author studies the impacts of the introduction of corporatised management in Portuguese National Health Service (NHS) hospitals in twelve selected indicators of cost, quality and access to inpatient care, over a period of nine years, comparing hospitals that were transformed into public for-profit corporations (SA hospitals) and hospitals that remained in the traditional public service format (SPA hospitals).

The second essay addresses the theme of discrimination of patients on the basis of gender and age. The author analyses the impact of sex and age of patients in the probability of receiving intensive treatment for Acute Myocardial Infarction (AMI) within Portuguese NHS hospitals.

In the third essay the author analyses small area variation in hospitalisation rates for Ambulatory Care Sensitive Condition (ACSC) with a framework that allows to explicitly address and describe barriers faced by patients when accessing services.

[H5] CARVALHO, João Pedro Pinheiro de Oliveira Rodrigues de, “Sistemas de financiamento hospitalar: Uma reflexão”, Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/53453>

“Hospital financing system: A reflection”

Hospital financing reforms are high on the political agenda in several countries due to the huge health deficits that governments are facing. There are mainly two models of hospital financing, retrospective based on reimbursement and prospective based on the developed activity. And different financing methods, for health care, which are presented, fee-for-service, per-diem rates, per case, global budget, and capitation. This paper describes the origins and the development of the health care financing in Portugal and analyses the Diagnostic Related Groups (DRG) introduction impact in Portuguese hospital financing. Finally, capitation payment as well as Diagnostic Cost Groups is approached as an alternative for the hospital financing in Portugal, describing the example of Hospital of La Ribera in Alzira.

[H3] Coordination: FERNANDES, Adalberto Campos, with the contribution of numerous authors, “Avaliação de Tecnologias em Saúde: A importância de escolher, decidir e gerir com base na evidência”, Cadernos de Saúde e Sociedade n. 5, Diário de Bordo, 2011. Retrieved from: <http://www.saudeesociedade.com/livraria/ficha.php?sku=cad05>

“Technology Assessment in Health: The importance of choosing, deciding and managing evidence-based”

The further requirement in the evaluation of health technologies will create conditions for greater selectivity in the incorporation of innovation taking into account not only the economic aspects of evaluation but also those aspects of the alternative cost in terms of clinical, economic, and social.

At the same time measures should be strengthened policy of transparency about the quality of decisions by introducing, in addition to a rigorous scientific and technical assessment of a demanding public scrutiny on how they are managed the funds allocated to the health system.

[H1] Coordination: FERNANDES, Adalberto Campos, with the contribution of numerous authors, “Inovação e Sustentabilidade em Saúde - Equação Impossível?”, Cadernos de Saúde e Sociedade n.º 1, Diário de Bordo, 2011. Retrieved from:

<http://www.saudeesociedade.com/livraria/ficha.php?sku=cad01>

“Innovation and Sustainability in Health - Impossible Equation?”

In times of economic and financial crisis appears more acute concern about how can countries resist the erosion of the fundamental pillars that have formed in recent decades, the foundation of social protection mechanisms. Health systems are subject, as ever, a permanent scrutiny, which aims to ensure its vitality by ensuring at the same time, the principles of access and equity without compromising levels of public spending. In this context, the question arises: is it possible to ensure innovation and sustainability in health care without compromising quality and citizens' rights to health care different? Or are we, in fact, faced with an impossible equation?

[H2] Coordination: FERNANDES, Adalberto Campos, with the contribution of numerous authors, “Liberdade de Escolha em Saúde: Utopia ou Realidade?”, Cadernos de Saúde e Sociedade n.º 3, Diário de Bordo, 2011. Retrieved from:

<http://www.saudeesociedade.com/livraria/ficha.php?sku=cad03>

“Freedom of Choice in Health: Utopia or Reality?”

The theme of freedom of choice in health is recurrently discussed concerning issues relating to access to health care and the role of citizens in decision-making regarding their needs.

In this context emerges the important role of primary health care within which seems irreplaceable role of the family physician as a privileged interlocutor for making decisions on individual or family health processes.

[H6] Coordination: FERNANDES, Adalberto Campos, with the contribution of numerous authors, “O Medicamento e o Sistema de Saúde”, Cadernos de Saúde e Sociedade n.º 2, Diário de Bordo, 2011. Retrieved from:

<http://www.saudeesociedade.com/livraria/ficha.php?sku=cad02>

“The Medicines and Health Care System”

The development of the health system dependent on a drug policy that takes into account not only a relationship of necessity, but also above all, the strategic nature of the drug in improving the health status of the population. The imperative need to ensure access and universality of care should encourage an approach facing the medium and long term. The investment must go through a “smart growth, sustainable and inclusive” you can find inspiration in the “Europe 2020”. In essence this is an outline pact for development and sustainability of the health system able to promote innovation quality, incorporating strategies for clinical research as a priority area of science policy.

[H1] Coordination: FERNANDES, Adalberto Campos, with the contribution of numerous authors, “Recursos Humanos em Saúde: A importância de valorizar o factor humano”,

Cadernos de Saúde e Sociedade n.º 4, Diário de Bordo, 2011. Retrieved from: <http://www.saudeesociedade.com/livraria/ficha.php?sku=cad04>

“Health Manpower: The importance of valuing the human factor”

In the last thirty years the evolution of higher education had a significant impact on the training of professionals in different areas related to health sciences. The same happened at the number of researchers who's varied from about 2.000 to 45.000 full-time, a total of 75.000 dedicated to this area with particular emphasis in the health sector. These facts contributed decisively to focus on this sector professions of high differentiation technical and scientific reason why many believe that human resources are the most important asset of a health system.

[H2] Coordination: VALE, Maria de Lurdes, with the contribution of numerous authors, “O estado da Saúde – O verdadeiro retrato de Portugal”, Fora de Coleção, Editora Gradiva, 2011. Retrieved from: <http://www.gradiva.pt/?q=C/BOOKSSHOW/6824>

“The state of Health – The adequate assessment of Portugal”

This third volume in the series “Grande Investigação” of the newspaper Diário de Notícias is concerned to make a thorough assessment of Health. Published between days 1 to July 5, 2011, at the time a new government took office and gain control of the path of Portugal, this work makes a step further on the scrutiny of the condition of the State that we have been developing. After evaluating, in the first volume, the true weight of State in the national economy and in the second, performing an x-ray on two of the most important institutions of Portuguese democracy, Parliament, and the Presidency, this third volume makes a diagnosis of the health sector in Portugal. Like in previous major investigations, the national impact confirms how a careful and thorough study collects the attention of the Portuguese, while forces political leaders, economic and sector to a debate and objective reflection.

[H1] COSTA, Tiago Nuno da Silva e, “Indicadores de produção hospitalar. Uma forma de medir a produção dos hospitais Portugueses”, Master Thesis, FM/UP, 2011.

<http://repositorio-aberto.up.pt/handle/10216/55368>

“Indicators of hospital production. One way to measure the production of Portuguese hospitals”

Nowadays, with the trend towards electronic information systems, organisations worldwide are able to store all kinds of information they generate. This kind of information is increasingly complex and may contain data from production, costs, billing, etc., with no disregard for rest of the information produced, it can be said that administrative data has particular relevance in the management of these organisations. It is the basics of their decision-making, defining their future in a competitive war. Closely associated with the complexity of information generated, are problems of data quality, often neglected, but which may negatively influence the actions adopted and the goals defined.

This study uses the indicator “Invalid inpatients (length of stay under 24 hours)” to identify episodes that hospitals cannot charge. Besides this identification, tables are produced that show the evolution of these admissions over two years, and the value, that could be charged by the hospital if such invalid inpatient admissions were performed on an outpatient basis, is calculated.

[H5] COSTA, Sancler Miranda, “Estratégia de gestão em saúde”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2826>

“Management strategy on health”

With so many possibilities of choice, the Brazilian with his “knack” adopted the measure that comes before the action of thinking, reducing the ability to plan and decide, remembering that decision necessarily means choosing between one or more alternatives or options, in order to achieve the desired result. The following research seeks to demonstrate the predominant culture in small hospitals in the state of Rio de Janeiro, demonstrating that through planning, consistent processes, audits, sources of correct information, these firms may in the long term through the simple structure for the bureaucracy professional, not tending to disappear from the market and bought by other companies.

[H1] CRISÓGONO, Susana Maria Lopes, “A contratualização dos cuidados de saúde : o caso dos centros de saúde em Portugal”, Master Thesis, ISEG/UTL, 2011. Retrieved from: <http://www.repository.utl.pt/handle/10400.5/3781>

“The contracting of health care: the case of health centers in Portugal”

The Primary Health Care Reform is a worldwide imperative. Health Systems with strong infrastructure at a primary care level tend to have a healthier population and lower health costs. In Portugal, the current Primary Health Care Reform makes part of the health system reform which aims the National Health System sustainability, without risking some of its fundamental principles: public financing, universal access and equity in health results. In this context, we are witnessing the introduction of a new primary care organisational model - the Grouping of Health Centres - based on the proximity to population, and on the resources and infrastructure rationalisation, through a strategy of services decentralisation. Under the influence of New Public Management theory, the contracting emerges as a new instrument of governance. The relationship between funders and providers is now supported by contracts, which associate a budget to expected results, contributing to a better allocation of resources and performance. It is assumed the autonomy and accountability of the parties, and the existence of monitoring and evaluation systems. The goal of this study is to characterise the model and development stage of contracting with Health Centres in Portugal, as well as to conduct a critical analysis of the experiments made until the present time.

[H4] ESCOVAL, Ana, LOPES, Manuel, FERREIRA, Pedro Lopes, “Da depressão da crise para a governação prospectiva da saúde. Relatório de Primavera 2011”, Book, OPSS – Portuguese Observatory on Health Systems, CICTS – Publications, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18114>

“From the depression of the crisis to prospective health governance. Spring Report 2011”

The new body of medical fulfils the commitment to submit an annual document on the governance of the Portuguese health system, the Spring Report (PR), this year titled, “From the depression of the crisis to prospective health governance.”

Towards this, the authors developed a prospective analysis that allows them to frame and understand the proposals for the health sector, whether the troika, the government programme or arising from negotiation of the State Budget.

[H4] ESPÍRITO SANTO, Zita Cristina da Costa do, “Atitudes e crenças de gestores e clínicos na governação dos hospitais: um estudo exploratório em três hospitais portugueses”, Master Thesis, FEUC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18114>

“Attitudes and beliefs of managers and clinical governance of hospitals: an exploratory study in three Portuguese hospitals”

The main objective of the present work is to analyse the perceptions, attitudes, and beliefs of clinicians and managers in the face of recent reforms that have occurred in the Portuguese public hospitals, namely, with the allocation of resources, with the effective implementation of

clinical governance, with the variability of clinical practice; with the beliefs of health professionals in the social relations within organisations, among others.

The importance of this work relates to the fact that hospitals are currently being placed on challenges in the design and implementation of a new organisation and management that portray on the articulation, integration, continuity and proximity of care, centred on the citizen, supported by an effective system of clinical governance as a promoter of its effectiveness, quality of health and the implementation of an effective culture of accountability in order to safeguard the efficiency that fits everyone: politicians, managers, providers and citizens. Thus, we developed an exploratory study that integrated three Portuguese hospitals, where a closed questionnaire was applied to hospital managers (general managers, medical managers, and nurse managers) and clinicians (medical clinicians and nurse clinicians). The results obtained for the considered sample showed that there are no overall significant differences in the perceptions that managers and clinicians have in regard to the dimensions that were analysed. The limitations encountered during the execution of the study, as well as some of the results obtained, suggest the need for future research.

[H5] DIAS, Anabela da Cruz, “Políticas e gestão dos profissionais de saúde num hospital universitário: estudo caso nos Hospitais da Universidade de Coimbra”, Master Thesis, FE/UC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18033>

“Policies and management of health professionals in a university hospital: case study in the University Hospitals of Coimbra”

The hospital is extremely complex, co-exist in cooperation a medical and a hierarchical administrative structure. With the structural changes that have occurred in the health sector, particularly in hospital has become increasingly important to study their implications for management of health professionals, particularly with regard to motivation and leadership.

The high human performance in the hospital context more than reflect the competence and expertise of its professionals is an expression of organisational culture and climate in the workplace. Although, much remains to better understand the controversies about the institutional logic in the decision-making processes for the implementation of management policies of the human performance in particular to promote and develop the organisational and professional identity.

Based on the curriculum experience in a large Portuguese teaching hospital, we argue that much still exists to identify and define about the paradigm of human performance management, so that more than transactional leaders, transformational leaders are guaranteed. The current implementation of the Integrated Performance Assessment of Public Administration is an example of the controversies of the modernisation of public services.

[H5] DIAS, Anabela da Cruz, “Modelos de gestão hospitalar: Análise comparativa”, Master Thesis, FE/UC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18151>

“Models for hospital management: A Compared Analysis”

The 80’s and 90’s are characterised by a deep alteration in the modus operandi of the Public Management, of which the Portuguese health care has also been affected. In fact, and after becoming aware of the model of the Public Management established/ settled in the Social State that was strongly hierarchical and bureaucratic, governments adopted news ways of governance based on more liberal models in which the interventions pointed to an introduction of “market mechanisms” in the functioning model of the contractors and in their relation with the financial backers. The reformation of the health sector has then become influenced by the organisational reformations proposed by the New Public Management (NPM) that enhances the business

management and is based on the enlightenment of responsibility, on the improvement of performance and on accountability /provider of auditors to the users – accountability – as an instrument of control of public expense and budget balance. According to this, new management models of public services have been experienced, including health care services, turning to ways of privatisation of the Public Management, and become crucial in the organisational changes of hospitals belonging to the SPA, whether by the introduction of new ways of management with its transformation in public companies, or even gathering partnership between the public and private sector. In this work, we propose to analyse the management models and the organisation of hospital units, which become a part of the public network of health care services, establishing the main similarities and differences. Therefore, it will be taken in consideration the model of organisational structure existing in the hospital, the existence, or inexistence of an organism of participation and consultation, the model of human resources department, the rules of inspection and accompaniment, and the financing modalities of the hospital activity. Our pretension is not to establish a ranking, or an ordering of models of hospital management that contribute the more in their performance. We pretend to evaluate the potentialities of which model in the current governmental context of strong budget restrictions and to contribute for a better enlightenment for the responsible agents and the politic deciders.

[H3] DIAS, Sónia, GAMA, Ana, CORTES, Maria, SOUSA, Bruno de, “Health care - Seeking Patterns Among Immigrants in Portugal”, Article, Health & Social Care in the Community, 2011. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2524.2011.00996.x/abstract>

Equity of access to health services is a major concern, as it is an important precondition for positive health outcomes. However, inequities in use of health services among immigrant populations persist. Despite the increasing research in the field, patterns of health care seeking among immigrant populations and its associated factors are not fully understood. This study aimed to investigate health care-seeking patterns among immigrants in Portugal and identify factors associated with utilisation of health services. A cross-sectional study was conducted between October 2008 and May 2009 with a sample of 1375 immigrants residing in the Lisbon region. The results suggest that further efforts are needed to tackle inequalities in access to care and promote the utilisation of health services, particularly among the more vulnerable immigrant groups. Increasing appropriate utilisation of health services, including the primary and preventive care services, may lead to better health outcomes. Immigrants’ involvement and participation should be incorporated into the development of health strategies to improve access and utilisation of health care services.

[H1] FERNANDES, João Varandas, FERNANDES, Adalberto Campos, BARROS, Pedro Pita, “Três Olhares Sobre o Futuro da Saúde em Portugal”, Principia, 2011. Retrieved from: <http://principia.pt/tres-olhares-sobre-o-futuro-da-saude-em-portugal-loja.html>

“Three Perspectives on the Future of Health in Portugal”

After 30 years of the NHS, it recognises the role that this was and is in Portuguese society. However, discussions are continually viability and extent of their activity. In the present circumstances we feel the need to analyse the present and reflect on the future of the health system, seeking to build ideas from the views and very different experiences. The diversity of experiences and points of view, an honest discussion can only be beneficial. The three perspectives presented here, the way of testing and results of our professional experiences, seek, in a politically disengaged, helping the development of the Portuguese health system.

[H4] FIALHO, André, OLIVEIRA, Mónica, SÁ, Armando, “Using discrete event simulation to compare the performance of family health unit and primary health care centre organisational

models in Portugal”, Article in BioMed Central, FM-IMP, 2011. Retrieved from: <http://repositorio.ul.pt/handle/10451/4543>

Recent reforms in Portugal aimed at strengthening the role of the primary care system, in order to improve the quality of the health care system. Since 2006 new policies aiming to change the organisation, incentive structures and funding of the primary health care sector were designed, promoting the evolution of traditional primary health care centres (PHCCs) into a new type of organisational unit - family health units (FHUs). This study aimed to compare performances of PHCC and FHU organisational models and to assess the potential gains from converting PHCCs into FHUs. The methods include stochastic discrete event simulation models for the two types of organisational models, which were designed and implemented by using Simul8 software. These models were applied to data from nineteen primary care units in three municipalities of the Greater Lisbon area. The results prove conversion of PHCCs into FHUs seems to have the potential to generate substantial improvements in productivity and accessibility, while not having a significant impact on costs. This conversion might entail a 45% reduction in the average number of days required to obtain a medical appointment and a 7% and 9% increase in the average number of medical and nursing consultations, respectively. The conclusions point to reorganisation of PHCC into FHUs might increase accessibility of patients to services and efficiency in the provision of primary care services.

[H4] GAMEIRO, Teresa Marina Gaspar Lontro, “Balanced scorecard em instituições hospitalares: esboço para o bloco operatório”, Master Thesis, FE/UC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18025>

“Balanced Scorecard in hospitals: an outline to the Operating Room”

In the 80's emerged the concept of New Public Management proposing to public services the introduction of efficiency and management principles similar to the private sector. In the health sector, hospitals must look for new management tools as a way to solve financial difficulties without losing the quality level expected by the population. The Balanced Scorecard is a management model developed by Kaplan and Norton in the 90's that helps organisations translate strategy into operational objectives that direct behaviour and performance. Initially developed for the private sector, in its metamorphosis to the public sector, the mission, vision, and values become the foundation for strategy development and financial perspective of BSC loses priority, giving way to the customers' perspective, the model may also be adapted according to the reality where you want to be applied. Supported by the review of literature about this management tool, this work aims to study the application of BSC in the Operating Room.

It is intended that this work in addition to contributing to a strategic management oriented, taking into account the safety of the wearer gains to health and the need to control costs, can serve as a form of disclosure of the method presented for its application pass being pondered by all who have management responsibilities in organisations.

[H3] GOMES, Rui Jorge Meireles de Macedo Correia, “Uma abordagem relacional e planeada para aplicação de modelos de gestão da segurança na Saúde”, Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/55388>

“A relational and planned approach on the application of safety management models in health”

Security means delivering tranquillity and confidence for all involved. From an information management perspective, achieving a real security environment, covering information communication, processing and archiving needs, is a challenge. The demand for a totally safe environment is virtually impossible to be met. Expense grows exponentially when the aim is to

monitor and control all variables and vulnerabilities related to logical and physical infrastructures, systems access, people, and other resources. The establishment of standards and methods that effectively help support security efforts has been possible thanks to joint efforts by communities, public, and private sectors. Globally necessary approaches to ensure organisational assets are protected are being developed into established management of information security standards and good practices. Thus, this thesis aims to provide a structured view of major IT Governance standards and tools in health care. Particularly looking into information security management and preservation and how it affects internal and external communications processes in health care organisations. The study also highlights that investment in information security is a management challenge rather than a technical issue and that safer systems are not synonymous of slower or more expensive ones.

[H6] JERÓNIMO, Ana Sofia Roxo, “O que é que os médicos e farmacêuticos sabem sobre o sistema de preços e comparticipação de medicamentos em Portugal?”, Master Thesis, FE/UC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/18111>

“What do doctors and pharmacists know about the pricing and reimbursement of pharmaceuticals in Portugal?”

The pricing and reimbursement of medicines in Portugal has been changing, adapting to both the technological and social development as the needs of sustainability of the National Health Service. These changes have been frequent and imply that the key players in the system, including physicians and pharmacists, who deal directly with the patient, need to adapt to new rules, learn new concepts and approaches to know the policies for which they can engage, accommodating them in their prescription and advice work. This study aimed to assess the level of knowledge, the main means of information and opinion of physicians and pharmacists of the pricing and reimbursement system of medicines in Portugal. The results revealed that there are gaps in academic training of professionals and that these responders expressed interest in the subject. There should be more boldness in the transmission of information between the various agents involved in the policy of price and reimbursement of medicines, particularly when there is any policy change. It might be thought to reorganise the system of reimbursement, making it more transparent and easy to use and understand, promoting the involvement and accountability of its stakeholders.

[H4] LIMA, Luís, NOVAIS, Paulo, COSTA, Ricardo André Fernandes, CRUZ, José Bulas, NEVES, José, “Group decision making and quality-of-information in e-Health systems”, Paper, DI/CCTC, 2011. Retrieved from: <http://repositorium.sdum.uminho.pt/handle/1822/13403>

“Group decision making and quality-of-information in e-Health systems”

Knowledge is central to the modern economy and society. Indeed, the knowledge society has transformed the concept of knowledge and is more and more aware of the need to overcome the lack of knowledge when has to make options or address its problems and dilemmas. One's knowledge is less based on exact facts and more on hypotheses, perceptions or indications. Even when we use new computational artefacts and novel methodologies for problem solving, like the use of Group Decision Support Systems (GDSS), the question of incomplete information is in most of the situations marginalised. On the other hand, common sense tells us that when a decision is made it is impossible to have a perception of all the information involved and the nature of its intrinsic quality. Therefore, something has to be made in terms of the information available and the process of its evaluation. It is under this framework that a Multi-valued Extended Logic Programming language will be used for knowledge representation and reasoning, leading to a model that embodies the Quality-of-Information (QoI) and its quantification, along the several stages of the decision making process. In this way it is possible to provide a measure of the value of the QoI that supports the decision itself.

This model will be here presented in the context of a GDSS for VirtualECare, a system aimed at sustaining online health care services.

[H4] OLIVEIRA, Ana Sofia Matos Rodrigues de, “Um olhar sobre a comunidade na perspectiva do centro de saúde e hospital”, Master Thesis, UC/ICS, 2011. Retrieved from: <http://repositorio.ucp.pt/handle/10400.14/7532>

“A glance over the community from the perspective of health centre and hospital”

Cardiovascular diseases in Portugal keep representing the major cause of death (around 40%), as well as a very important cause of incapacity. This phenomenon is in turn associated to an increase of the percentage of deaths in individuals at an early age. This kind of problems often occurs due to risk factors, which most times, could be modified. Regarded as a significant theoretical support, the idea was to include in this study the contributes of Nola Pender, once his theory relates to the human being in his unity, not relinquishing the surrounding environment that can influence his attitudes. Assuming that the decreasing of risk factors diminishes the risk of cardiovascular diseases, a diagnosis of the situation was carried in a population of 40 individuals, public employees at the Parish Councils of Lumiar, Ameixoeira and Charneca, with ages between 22 and 65 years. The aim of this work was correlated to the intention of perceiving which risk factors were present, evaluating the global cardiovascular risk and its consequences in the life of individuals. Among these 40 individuals, 18 belonged to the Health Centre of Lumiar, and 6 of them presented a risk of cardiovascular disease in 10 years superior to 1%. Having in mind the importance of Communitarian Health Nursing, in the scope of the promotion of health and associating this need to the reality lived in the Health Centre of Lumiar, a project was made aimed to implement a nursing consultation in this health centre. The possibility of performing the third unit in a working environment (nephrology service of the Curry Cabral Hospital), allowed the creation in that same service of a nursing vision directed to subjects related to Communitarian Health. Among these we can detach the work, which tried to minimise barriers to the level of communication, by establishing partnerships with other institutions of the community. In this unity, due to the linguistic barriers, which impose themselves to the target population and having in consideration the phenomenon of multiculturalism, it was relevant to remember the teachings provided by Madeleine Leininger.

[H6] LILAIA, Paulo Miguel Clímaco, “Plano de negócios “Absolutis”: empresa farmacêutica de medicamentos genéricos”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2907>

“Business Plan “Absolutis”: Pharmaceutical company of generic drugs”

This Masters project consists in a start-up business plan, and aims to create a new Portuguese pharmaceutical company, dedicated exclusively to the commercialisation of generic drugs in Portugal and abroad, in partnership with an existing pharmaceutical industry company. The ageing of the population, an increasingly life expectancy, a weak economy, coupled together with high expectations regarding health services, will lead almost inevitably to an increase in health spending, which must be in some way or other supported by the State or by the users. With this situation of an ageing population and high expectations, consumption of medicines in general will continue to increase significantly in coming decades, but due to economic constraints and lack of true innovation in many therapeutic areas, consumption is expected to grow mainly in generic drugs. It is important for Portugal to recognise the strategic importance of a strong and modern Pharmaceutical industry, internationally competitive, allowing the country to be not only less dependent on imported medicines, but also to become an export sector reference, generator of investment, creator of qualified jobs and wealth for the country.

[H4] MENDES, Felismina, “Complexidade e Saúde na Pós-Modernidade”, Lecture, ENF – International Conference, 2011. Retrieved from:
<http://dspace.uevora.pt/rdpc/handle/10174/3184>

“Complexity and Health in Post-Modernity”

Complex assessment is the thinking that deals with uncertainty and that is capable of conceiving the self-organisation. The fundamental idea is the unity of knowledge necessary for complex thinking, which requires humility and prudence. The health sector is often accused of guilt that often do not have that result from failures in other sectors. Using the conceptual universe of complexity, it is observed that all sectors are interdependent. The plans and health programmes, to be comprehensive must necessarily be multisectoral. However, the paradigms that have dominated health (teaching practice) have proven unable to meet fully the needs of health in contemporary society.

[H6] MONTEIRO, Paulo Jorge Esguedelhado, “Parafarmácias nos hipermercados em Portugal: novos territórios para novos consumos terapêuticos?”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2591>

“Parapharmacies in Portuguese hypermarkets – New territories for new health consumerism?”

In post-modern societies, body emerges as a flexible surface with symbolic value, simultaneously stage of memories and transformation, amplifying the expression of lay action in the management of health consumptions. Non-prescription medicines, vitamins, and cosmetic products have made their way to the mass market as life-style tools. Self-medication, in particular, by incarnating a continuous pathway of the medicines from the purely expert dominance to another one, which presents itself with fluid borders and often-pragmatic content, designated by some authors as “lay autonomy”, is a prolific ground for the sociological investigation. The possibility, consecrated by law in 2005, for the non-prescription medicines to be sold outside the conventional Portuguese pharmacies, allowed the proliferation of Parapharmacies, especially those located in food retail shops, namely hypermarkets. These new environments distinguish it selves from the community pharmacies both in the symbolic perception (wellness vs. illness) and functional usage (lower prices and convenience). Born out of a circumstantial episode, this phenomenon presents nowadays, ideological implications. The present dissertation and the associated empiric investigation, pretends to explore, from a sociological perspective, the singularity of these special territories, especially the representations they induce and the practices they promote, questioning their role in the presumed dissemination of the medicalisation and “farmacologisation” of the Portuguese society.

[H2] MORAIS, Luís, “Liderança e Estratégia - Casos de Inovação nas Organizações de Saúde”, Escolar Editora, 2012. Retrieved from:
http://www.almedina.net/catalog/product_info.php?products_id=18391

“Leadership and Strategy - Cases of Innovation in Health Care”

The opportunity of the theme, in which the issues of leadership, strategy and innovation take centre stage in search of a decent concept and instruments to serve as a basis for management models in health that are adapted to the huge contingency of a sector of activity so sensitive, it is fully justified. It should be particular attention to two crucial outstanding issues and specific health sector: Leadership and Innovation.

There is throughout the modern world an endless controversy over who should lead health organisations and in particular, hospitals, doctors, and managers. The first, for his knowledge

and the decisive and irreplaceable role in major decisions that are taking place in business services (who treat, treat, and when to treat). The second, the increasing importance of economic issues, work organisation and control of the activity, have, in highly complex and expensive systems, before citizens are increasingly demanding and before new and more robust opportunities for diagnosis and treatment.

These two facets of leadership we need in health services are not overlapping and often conflicting. The author reflects well on this subject, epistemologically separating the technical component of the decision of the administrative or strategic component, and the unique characteristics (and difficulties) that it has in running a hospital.

[H2] MOTA, Diana Filipa de Sousa, “Trabalhar a educação para a saúde nas escolas: percepções de profissionais de saúde e de professores”, Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/56468>

“Working education on health in schools: perceptions of health professionals and teachers”

Health education in schools has been a strong commitment from governments from all around the world, including Portugal, where in 1997 was created the National Network of Health Promoting Schools. Since then, the Ministry of Education has been trying to include this area in the national school curriculum by adapting and reshaping normative issues that allow the implementation of health education programmes in the students training.

The study found, among other things, that both professionals perceive their role in health education in schools as very important and recognise the importance of working together to complement their knowledge. Concerning to the factors that can facilitate / complicate the implementation of health education programmes in schools, data show that motivation and collaboration between different education stakeholders (teachers, health specialists, parents...) are facilitating factors. Otherwise the lack of specific training and resources (human, time, materials ...) are elements that make it difficult to develop activities in this area. In short, the results demonstrate the need of strengthening relationships between these two groups of professionals, and were able to understand some points that need to be worked out and improved in this area not only by institutions (schools and primary health care centers) but also by the professionals that work in this area.

[H7] NECA, Patrícia Alexandra Candeias, Representações das pessoas com deficiência na imprensa portuguesa: o caso do Público, Diário de Notícias e Jornal de Notícias”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2884>

“Representations of people with disabilities in the Portuguese press: the case of Público, Diário de Notícias and Jornal de Notícias”

The purpose of this study is to describe and analyse what are the representations that three Portuguese general-interest newspapers - Público, Diário de Notícias and Jornal de Notícias - construct and convey about people with disabilities. The analysis will be guided by the perspective of social representations, on the assumption that the views conveyed by the press are shared by society and affect the image constructed by readers. A total of 220 articles about disabilities, published in November and December between 2004 and 2009 were analysed. The choice of these months is due to the fact that the commemoration of the International Day of People with Disabilities occurs at 3 of December, so an increase in the number of articles around these dates was expected. The results show that there is little questioning regarding issues related with disability and that there are different representations mediated by different newspapers. On the one hand, Público and Diário de Notícias are more focused on articles of national coverage that convey hegemonic representations, giving voice essentially to political actors and showing people with disabilities as an abstract entity, not discussing the issues

related to disabilities. On the other hand, *Jornal de Notícias* is more focused on regional articles, conveys emancipated representations about people with physical and sensory disabilities, characterising them with the stereotype of competence and warmth, being this image associated with the discourse produced by people with disabilities. Regarding mental disability, it appears associated to the stereotype of incompetence, but not associated with any particular newspaper.

[H3] PEREIRA, Domingos, NASCIMENTO, José Carlos, GOMES, Rui, “Sistemas de Informação na Saúde – Perspetivas e desafios em Portugal”, Edições Silabo, 2012. Retrieved from: <http://www.silabo.pt/livros.asp?num=449>

“Information Systems in Health – Prospects and challenges in Portugal”

What is the role and the impacts of the use of information technology in the health sector? How can information systems (IS) to help provide better care to citizens and to ensure the sustainability of the units and the health system? These are issues that concern all of society today, and particularly to all professionals working in the sector.

To help find the answers, a set of recognised experts - physicians, nurses, managers of SI, health managers and academic researchers - in this book share their knowledge, their experience and their reflections about the use and potential of technologies and information in the health sector.

Their contributions, grouped into four broad themes - Health and organisation of SI, SI in a hospital, health and SI New directions - an essential tool for reflection on a current topic, a key sector in developed societies.

A pioneering work of professionals for professionals, based on the belief that the use of appropriate technologies and information will help to provide more and better health services to citizens and to respond adequately to the huge challenges that the sector faces in Portugal.

[H7] PIRES, Carlos Miguel Nascimento Tonim Galinho, “Personal assistant for improving the social life of mobility-impaired citizens”, Master Thesis, FE/UP, 2012. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/58361>

We began to interact with personal computers using keyboards and mouse. But nowadays we can speak to computers, we can touch them and even transmit commands using gestures. These alternative modalities can however have some problems when working alone, and so, by combining them, into multimodal systems, we are removing weaknesses and possibly improving usability, especially for disabled users.

After evaluation tests with the prototype, we have seen how multimodal interaction, can in fact improve mobility-impaired users’ interaction with the above mentioned services, as they can choose the best modality for them or for each task situation. The prototype, offers communication services, which are available not only on the desktop, but also on mobility. We believe that the developed prototype and the carried usability evaluation, have demonstrated that, it can help fighting isolation and therefore improve mobility-impaired citizens’ social life.

[H1] QUINTELLA, Marcus Camargo, “O desafio de garantir a sustentabilidade de um serviço médico de baixo custo com qualidade”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2794>

“The challenge of ensuring the sustainability of a low-cost medical service quality”

This research analysis focuses on Centro Medico São Mateus a company providing health care services for outpatient care for a portion of the population with low income, that has the potential to consume products of quality at low cost. Internal changes were required and

strategic planning was used where all employees participated so that a quality service could be provided to the client while ensuring the organisations financial sustainability. Both the internal and external environments were examined to find which adjustments may have been needed to ensure both customer satisfaction and the reliability of the clinic. Data was collected by using questionnaires undertaken by staff and clients. The company is a private clinic that provides private services while complementing the SUS – System Single of Health – (SUS) due to the exclusion of care. The supply and demand, the market and client were levelled so the service could be efficient without losing the essence of human care.

[H3] RIBEIRO, Lucas Filipe da Silva, “Interoperabilidade nos Sistemas de Informação de Saúde - das convicções à realidade”, Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/55373>

“Interoperability in Health Information Systems - belief to reality”

Information Systems (IS) play a very important role in health organisations that is expected to grow in the next years. A modern medicine focused on patients, based on innovative strategies to provide health care, appears to be the natural path to follow.

In this sense, interoperability between different IS is essential at local, regional, national or even global level. Interoperability should be seen and understood in a comprehensive way, taking into account nuclear issues like planning, architecture definitions, and compliance with international standards, among others.

The aim of this master thesis is to study the interoperability among Health Information Systems, namely, the beliefs of the CIO and the existing reality of the Portuguese National Health Service hospitals, confronting the data collected with the current state of art.

[H2] REGO, Guilhermina, “Gestão Empresarial dos Serviços Públicos – Uma Aplicação ao Sector da Saúde”, 2nd Edition, Vida Económica, 2011. Retrieved from: <http://livraria.vidaeconomica.pt/livros/45-gestao-empresarial-serv-publicos.html>

“Business Management in the Public Services - An Application to the Health Sector”

Although there was a clear redefinition of state functions, public policies implemented over the last few years have attributed great importance to the introduction of innovative management practices in public services, health being one of the sectors that stand out.

This book by Guilhermina Rego discusses in depth and comprehensive business management issues in the health sector and, more specifically, it presents empirical evidence on their impact on the efficiency of Portuguese hospital sector. This work, by its breadth and rigor, will be of great use to professionals in the health sector at managerial and students of Economics and Management of Health.

[H1] REIS, Filipa Mairos de Sousa Falcão dos, “Patient empowerment. Information and privacy mechanisms for the 21st century”, Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/55416>

Throughout the modern world, health care systems are in a crisis. In response, health information systems are going through major changes: focusing more on the patient and what the patient can do to help to improve own health care. However, in a way, the patient is still being left out, without the ability to decide about his role and impotent to exercise his rights as the owner of his own Electronic Health Record (EHR). Moreover, there exists a general lack of awareness among the general public about the major risks involved in the unbounded disclosure of personal health related data.

In what follows, the author describes some identity, authentication, authorisation and role delegation (IAAR) scenarios with patient and medical staff actors, supported by eOID and OAuth, where the patient empowerment process could be readily enabled: during consultation time and ‘break-the-glass’ mode (for emergency situations). However, at the centre of the evolving clinical personal workstation lies the health record with new properties: electronic, accessible, confidential, secure, acceptable to clinicians and patients, integrated with other types of non-patient-specific information and sharable in a web 2.0 context.

This can be readily achieved by employing new more flexible security mechanisms and it is extremely important and helpful that it is so, regarding users privacy in the matters of managing their own EHRs. It is the author’s strong belief that web 2.0 could significantly help the patient to embrace the patient empowerment process, thus pushing health care to a whole new level.

[H2] ROCHA, Paulo de Medeiros, SÁ, Armando Brito de, “Reforma da Saúde Familiar em Portugal: avaliação da implantação”, Article, FM-IMP, 2011. Retrieved from: <http://repositorio.ul.pt/handle/10451/4545>

“Family Health Reform in Portugal: analysis of its implementation”

Primary health care in Portugal is undergoing a major reform, of which family health units (FHU) are one of the more visible results. This study aimed to evaluate the FHU implementation process from 2006 onwards. Methods from a previous study of primary health care implementation in Brazil were used. Dimensions studied included comprehensiveness of care, organisation of care, and the political-institutional perspective. The main improvements identified included better availability of care, teamwork, technical quality of care, innovative management practices, sustainability of the model, working conditions and infrastructure improvements. Main challenges remaining include integration with hospital care, political and institutional grey areas, need for better information systems, integration within health centres and workflow organisation. These data may be useful for management decision-makers when making adjustments and corrections in the reform process.

[H3] ROCHA, Ricardo Proença Almeida Oliveira, “Análise de gestão, equidade e eficiência no sistema de saúde português”, Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/53764>

“Analysis of management, equity, and efficiency in the Portuguese health system”

The objective of this thesis was to analyse the recent evolution in the Portuguese health sector. Health coverage is universal and free of charge. Given that health care expenditures has rapidly grown and hospital legal status has changed, our hypothesis is that a more efficient health care spending it will translate in more added value to individuals, that is to say more equity in health care service provision. Several studies as well as our results confirm important health gains in the last decades. Further improvements have to be based in a higher gradient income-health and a higher efficiency and cost control of health spending.

[H6] SANTOS, José Manuel Novais de Magalhães, “A competitividade das exportações da indústria farmacêutica portuguesa”, Master Thesis, ISEG/UTL, 2011. Retrieved from: <http://www.repository.utl.pt/handle/10400.5/3423>

“The export competitiveness of the Portuguese pharmaceutical industry”

The global evolution of humankind, both social and economic, poses a huge challenge and demands great progress to the pharmaceutical industry, responsible for developing, producing and selling drugs. Social evolution sets new performance standards, due to the impact that drugs have on human welfare, be on disease prevention or treatment; economic globalisation imposes on the pharmaceutical industry a permanent improvement of its business, in areas

ranging from the quality of products, research and development, marketing, pricing or even the ability to meet cultural differences and support foreign markets regulation. In the current context of economic and health globalisation, this study aims at identifying and analysing the factors and strategies that support the international competitiveness of the Portuguese pharmaceutical industry, through the analysis of its exports. This work considers a review of known literature and a characterisation of the pharmaceutical sector. These were complemented with a descriptive study of the Portuguese pharmaceuticals' exports evolution and a subsequent explanatory study to identify and assess the Portuguese pharmaceutical industry export competitiveness factors. The latter study was greatly supported by the material gathered in interviews with the Portuguese export companies that own pharmaceutical production facilities.

[H2] SAIOTE, Elisabete Cristina Gomes, “A percepção dos enfermeiros sobre a importância da partilha de informação com os familiares numa unidade de cuidados intensivos”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2613>

“Perception of nurses about the importance of sharing information with relatives in intensive care unit”

The technological breakthrough over the years has led to a health improvement, resulting, amongst others, in a greater admission period of ICU patients. When faced with the ICU admission, the family turns their attention to the nurse seeking to obtain information. From this context arises the investigation question: What importance do ICU nurses attribute to the sharing of information with the patients family? In an effort to answer this question, it was chosen an exploratory and descriptive methodology, in a qualitative perspective. As a data collection instrument, it was used observation and the semi-structured interview on a sample of twelve ICU nurses.

[H3] SEQUEIRA, Ana Maria Antunes, “Qual a natureza e a frequência dos erros na actividade de medicina geral e familiar geral num ACES”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2557>

“What is the nature and frequency of mistakes in the activity of general and family medicine on ACES (Primary Health Care in Portugal)”

This study aims at understanding the current situation in relation to potential errors that occur in the business of general practice, a unit of Primary Health Care in Portugal, ACES, with a view to demonstrating the type of error and identify risk areas in the path orientation. The method used for this study was a comparative study, taking as reference the study PCISME - PRIMARY CARE INTERNATIONAL STUDY OF MEDICAL ERROS, of 2001, directed by Robert Graham Centre of the American Academy of Family Physicians, which invited researchers from six countries, Australia, Canada, Netherlands, New Zealand, United Kingdom and the United States, which defines error as “anything that you identify as something wrong, to be avoided in the future”. From the sample selected, 20 doctors specialised in general practice, 8 reported a total of 40 errors, which were classified according the assessment categories that emerged from the study PCISME. The first level of classification concerns to “Errors in office administration” 47,50%; “Investigation errors of research” 25,00%; “Treatment errors” 5,00%; “Communication errors” 15,00%; “Errors in knowledge and skills” 5,00%; “Other errors” 2,50%. It can be concluded that the errors reported by physicians specialised in general medicine and family of this study can be classified in those reported by physicians in this decade, in the international study PCISME which has since been the basis for several studies internationally, on the problem of patient safety in primary care.

[H5] SILVA, Anabela Martins da, “Relação entre modelos de gestão hospitalar, sistemas de informação para a gestão e desempenho: o caso dos Hospitais Públicos Portugueses”, Doctoral

Thesis, NEAPP/BUM, 2011. Retrieved from:

<http://repositorium.sdum.uminho.pt/handle/1822/12480>

“Relationship between models of hospital management, information systems management, and performance: the case of Portuguese Public Hospitals”

As a result of economic and financial constraints, in most developed countries, public sector organisations have been under tremendous pressures to change and to implement private oriented management frameworks. Public health organisations, in particular, have been undergoing significant reforms aimed at improving efficiency and performance. Under this trend, the 2002 health reform was characterised by the introduction of a new legal arrangement to transform public administration hospitals into public entrepreneurial entities. Such initiative was applied to approximately 50% of the hospitals which were part of the public sector domain. Against such a backdrop, it was expected that this new juridical personality would then facilitate the introduction and the adoption of private sector based approaches to the management of these newly created public entrepreneurial hospitals. Given the fact that research on the effectiveness regarding the introduction of such models and management techniques is still scarce, it seems of particular relevance to undertake research directed to fill this gap. Departing from both, Institutional and Stakeholder theories, the present study seeks to examine the extent to which and in which ways, the implementation of private oriented management approaches in the new entrepreneurial hospitals have resulted in effective differences between public administration and public entrepreneurial hospitals with respect to the management information system design, the adoption of particular management tools, as well as to organisational performance. Consistent with a positivist orientation, the study adopts a predominately quantitative methodological design, in which a survey was applied to a sample of Hospital units operating in Portugal. This methodological approach was also complemented by qualitative methods, in which interviews were undertaken in the exploratory and confirmatory stages of this research. The findings from the present study emphasised that the managerial changes introduced in the entrepreneurial hospitals fail to explain effective differences with respect to the key issues under study (performance evaluation, the information system and the management tools) between these entrepreneurial hospitals and those belonging to the public administration sector. Thus, this research contributes to uncover some of the assumptions of NPM, according to which the adoption of private based models and management tools would result in effective improvements in the performance management. Therefore, this research adds to existing literature in the field of hospital management by empirically testing the relevance of widely assumed assumptions associated with New Public Management principles in the specific context of hospital organisations.

[H3] SILVA, Francisco Justino Figueira, “Mudança da cultura na prática médica para evitar o erro”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2564>

“Culture change in medical practice to avoid the error”

The error in medicine is the result of several incidents of failure of health professionals and organisational constraints which hinder the provision of health care efficiency and high reliability. The objectives of the work aimed at identifying the types of errors depending on its severity, causes and location of the error in the path of the disease. We conducted a descriptive study, using interviews conducted at the fifty doctors aged between 28 and 55 years of age with different degrees of career (internal, assistants, graduate assistants and heads of department) and of different specialties (general surgery, orthopaedic, internal medicine and doctors of family). • The treatment of the interviews allows us to verify that: • The most frequent errors are causing temporary damage to the sick and in need of treatment or in hospital or clinic. The

technical failures and errors of diagnosis are the causes of errors most common, followed by organisational failures. We conclude that to avoid the error is necessary to implement a culture of reliability, this is a culture of managing the unexpected, and fluctuations of the incident and interpersonal relations, and that the concern with the failure must always be present due to the complexity of clinical procedures. The organisation must monitor all the workers to adopt a culture of accounting for errors, to promote discussion of errors, the adverse events and complaints, always acting on the system and only acting on the individual, if any violation of rules or procedures. To achieve these objectives is necessary to change the medical culture, investigate to prevent the error, and innovate to change the culture of providing medical care to increase security.

[H5] SOUSA, Sérgio Nuno da Silva de, “A relação entre a cultura organizacional e o uso de práticas de gestão da qualidade: uma investigação empírica no sector hospitalar”, Doctoral Thesis, ISEG/UTL, 2011. Retrieved from: <http://www.repository.utl.pt/handle/10400.5/3415>

“The relationship between organisational culture and the use of quality management practices: an empirical investigation in the hospital sector”

The relevance of organisational culture in quality management systems is extensively supported in literature. Nevertheless, there were few researches about organisational culture and quality management in health care, at international level and especially in Portugal, thus this theme is potentially relevant as an added value to academics and practitioners. The research in health care is a particular relevant research topic as a contribution to the development of patient care service improvement and to society in general. Also, the health care organisations are complex structures where the management, the technologies, the human resources, and the clinical care are elements that interact in a continuous way. This research focuses the exploration and comprehension of the organisational culture dimensions and their relation with the quality management practices in health care, in particular in the hospital sector. The theoretical background was assured by the necessary literature review in the fields of organisational culture and quality management, in an isolated perspective and integrated perspective between them. In order to achieve the purpose of this study, a case-based research was implemented, conducted in two major Portuguese public hospitals, with quantitative and qualitative types of data, collected through a questionnaire survey and interviews, considering the successful test of previous similar research in health care. The quantitative approach focus on the identification of organisational culture dimensions, through a questionnaire survey, with the application of multivariate techniques to analyse the collected data. The qualitative approach was implemented through semi-structured interviews whose main objective was the identification of the quality management practices adopted in those organisations. The integrated analysis of the results allow us, through their exploration and interpretation, to argue that the existence and intensity of a particular set of organisational culture dimensions were a catalyst factor of different realities in the implementation and development of the quality management system in those hospitals. Our contribution to knowledge comes from adding value to the contingency approach to quality management and taking the first steps towards theory building about the links between organisational culture and quality management in the health care services and, in particular, in hospital sector.

[H1] TREVISAN, Judith Aparecida, “Liderança na gestão dos serviços de saúde privada do século XXI: o perfil de um hospital da rede privada no DF”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2632>

“Leadership in management of private health services on the XXIst century: the profile of a private hospital DF – Brazil”

The prior objective of this applied nature study was to characterise the leadership profile in management models in private Hospital Institutions to know the degree of theoretical appropriation that these professionals have in the context and execution processes as well as their involvement with the teams and how to act with them against expectations that the Institutional CEO hopes from this management. The study reveals the importance of leaders and managers professionals of being prepared to stay on the health service market when competitiveness comes adding new values each time and human capital being relevant to the success what we can call intangible assets that we don't find in Institution Bullet Asset either in performance with the teams nor in pursuit of excellence of services provided or the chance to act on the failures that have increased nowadays when we know that health has no value but it has cost and finally points out that is necessary a continuous learning for professionals engaged in health services and it is always possible to improve further more the processes and people. The present study it was applied as form of interview to the managers of the Hospital Anchieta Brasilia DF - Brazil. As development of the text will be explained the results of the research what in it provided to a luggage of knowledge on management and leadership to them.

[H1] VASCONCELOS TORRES, Gilson, MENDES, Felismina, MENDES, André, OLIVEIRA TORRES, Sandra, "Primary health care in Portugal: evolution, current situation, progress, and challenges", Article, ENF – Publications, 2011. Retrieved from: <http://dspace.uevora.pt/rdpc/handle/10174/3205>

The objective is to describe the evolution and current context of primary health care in Portugal and discuss progress and challenges in the consolidation of the health care level. The method is an analytical test designed based on the discussion concepts and understandings of some authors on the subject. The survey was conducted in databases indexed in Virtual Health Library and reports and documents in institutional sites of the Ministry of Health of Portugal, using as a criterion for inclusion, studies to date that address the subject in question. The results in face of the evolution of primary health care in Portugal are possible to identify three generations, with historical and political frameworks and characteristics, and the Family Health Unit the main component of this system. It is evident as major advances accessibility, teamwork, technical and scientific quality of care, innovations in management practices, the sustainability of working conditions and infrastructure, and as major challenges to integration with hospital specialties, political uncertainties -institutional computer systems, integration in the health centres and organisation of the work process. Conclusion: The on-going reform process denotes changes in organisational, managerial, and thought, and presents significant advances and new challenges that require confrontations for its consolidation.

[L] Long-term care

[L] ALVES, Joana Margarida Pimentel Mateus, "Vidas de cuidado (s): uma análise sociológica do papel dos cuidadores informais", Master Thesis, FE/UC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/17869>

"Lives of care (s): a sociological analysis of the role of informal caregivers"

The importance of informal care provision is well known in Portugal. However, caregivers' life is almost unknown. This thesis intends to give emphasis to the caregivers' role, giving recognition to a population almost forgotten – the informal carers of people with long-term special needs.

This thesis aims at studying those impacts in the case of a permanent and long-term care. Specifically, intends to understand the motivations, which lead some people to become carers; to understand how carers organise their time in order to respond to the care receiver needs; to know the formal and informal supports available.

The study focuses on microanalysis and develops a qualitative approach, using in-depth interviews with caregivers. This work reveals that the caregiver role has deep impacts on carers' life in all the considered domains (work, job, leisure, health, personal life...).

The results show the difficulty in combining the caring role with the other social roles, as well as the tendency to isolation within families that these situations lead to.

[L] ALVES, Monique Correia, "A espiritualidade e os profissionais de saúde em cuidados paliativos", Master Thesis, FM/UL, 2011. Retrieved from: <http://repositorio.ul.pt/handle/10451/4178>

"The spirituality and health professionals in palliative care"

Spirituality is nowadays a growing dimension element as according to more importance attention is attached to its development, either in the personal level or in the professional in order to provide a major well-being. This study analyses the perspective of nursing regarding spirituality, its importance, and its enforcement in health cares. The data were achieved by semi-structured interview done to health professionals working in palliative cares service. According to the information gathered, we observe that health professionals define spirituality in various manners; however all are unanimous in distinguishing spirituality and religiousness. We noticed that spirituality is also fairly valued or in personal either professional life by the professionals, which emphasise its significance in the approach to the diseased. Finally, we verified that professionals developing activity in palliative cares service modify their way of being as a consequence of their everyday learning.

[L] BIEL, Joana Nogueira de Guimarães, "Gestão de custos com medicamentos, aptidão física funcional e qualidade de vida em idosos institucionalizados do concelho de Leiria", Master Thesis, FCDEF/UC, 2011. Retrieved from: <https://estudogeral.sib.uc.pt/handle/10316/17572>

"Management of drug costs, functional fitness and quality of life in institutionalised elderly in the municipality of Leiria"

The present study aims to investigate the influence of a multicomponent exercise programme on the cost with medications consumed, in functional fitness, quality of life and mood states of institutionalised elderly, aged over 65 years of age (78.3 ± 9.4 years). This study analysed a group of 36 elderly, 17 are inserted in an exercise programme, composed by two weekly sessions, with a duration of 45 minutes, and 19 do not have a formal practice of physical exercise (control group). To evaluate the functional fitness was used the battery of tests of Senior Fitness Test. Quality of life related to health was assessed by the questionnaire of the State of Health MOS SF-36 and moods by the POMS-SF questionnaire. It was found that regular exercise promotes changes in functional fitness, quality of life, moods, and annual costs with medication. According to the gender, differences were found for the variables above. Men, in some components of quality of life and mood states, showed a greater impairment than women, however did, they presented a better performance in most of the components of functional fitness in relation to women. The study also showed differences in the components of functional fitness, quality of life, and mood states associated with the best performance achieved in the "6 minutes' walk" test. Finally, there was a causal relation between the cost of prescribed medication and the process of successful ageing, regardless of gender.

[L] CORREIA, António Carlos Rocha, "Serviço de tele-assistência aos idosos: caso prático realizado em colaboração com a unidade de saúde familiar Anta", Master Thesis, FE/UP, 2012. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/58398>

"Tele-assistance service for the elderly: case study conducted in collaboration with the family health unit Anta"

Population ageing is unprecedented nowadays, without parallel in human history. In Europe, life expectancy has increased from 55 to 80 years old since 1920 until today.

The nations are confronted with the reality of ageing and convinced of the importance of a new model that ensures the socio-economic balance of current societies, which are based on a delicate balance between the relative weights of generational ages of their populations.

Moreover, the population's needs are becoming increasingly sophisticated and responsiveness cannot be limited to provision of basic health care when other problems arise. The need to address loneliness focused on the elderly, to promote the re-inclusion and to recognise the importance of the elderly participation in the society.

In conclusion, this project is a starting point to show the feasibility of a platform for tele-assistance, functionally integrated in the practical case of the USF, with benefits to users and health professionals. This project aims to recommend the development of a more comprehensive and opened ubiquitous (eco)system, which will allow to reach new areas of intervention beyond the provision of health care which meets the needs of security, monitoring, domestic services, leisure, social relationships, and encouraging active participation in society. This will translate into a better elderly quality of life and societies at large, especially in the socioeconomic context and the balance between generations.

[L] MATOS, Marta Alexandra Osório de, “Construção e validação da escala de suporte formal para a autonomia na dor nas pessoas idosas”, Master Thesis, ISCTE-IUL, 2011. Retrieved from: <http://repositorio-iul.iscte.pt/handle/10071/2887>

“Construction and validation of the scale of formal support for autonomy in pain in the elderly”

Although, in the literature there are references to the benefits associated with perception of social support as a promoter of autonomy with respect to functionality associated with physical pain, there were no instruments that emphasise the promotion/suppression of autonomy as a qualitative function of the perception of formal support social, in the context of older people with pain. This study aimed to construct and validate an instrument that measures the perception of autonomy promotion and suppression of older adults, resulting from the formal social support, in their experience with pain – Pain Autonomy Formal Support Scale (ESFAD). Finally, ESFAD shows good discriminant validity, showing no significant correlation with Social Support Scale from the Medical Outcomes Survey. Thus we can conclude that ESFAD is an instrument with good psychometric qualities, which contributes to the clogging of the lack of an instrument to assess perceptions of formal social support of older people with pain, giving the central role of autonomy support as a determinant of an active and successful ageing.

[L] PINTO, Henrique Gil Carneiro, “Satisfação de Idosos Institucionalizados em Lar Lucrativo e Idosos a Usufruírem da Prestação de Apoio Domiciliário – Uma Abordagem Comparativa”, Master Thesis, FE/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/56140>

“Satisfaction of the Elderly Institutionalised in Profitable Retirement Homes and Elderly benefitting from the provision of Home Care – A Comparative Approach”

This dissertation refers to the problem of ageing. It was created as a comparative study between two possible solutions provided by Social Security, precisely by Social Action Team of Maia.

The study intends to evaluate the satisfaction level of aged people supported by Local Service of Maia in the area of Commercial Retirement Homes and Home Support providers, seeking to perform a cost/benefit analysis.

It was concluded that the aged users of economic support for Home Support providers' employment present the highest levels of satisfaction. It was as well inferred that aged people accommodating in the Retirement Homes leads to family connection and solidarity anaemia. This situation is more notorious in the sphere of solidarity connections and is accompanied by significant alienation from friendship and neighbouring relations when an aged person is accommodated in the Commercial Retirement Home. Lastly, after the cost/benefit analysis performed, it was concluded that economic support for Home Support providers' employment is preferable.

[L] PORTELA, Filipe Joaquim Rodrigues, "Nintendo Wii. Qual o impacto na 3.^a idade? Estudo clínico randomizado", Master Thesis, FM/UP, 2011. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/55344>

"Nintendo Wii. What is the impact on senior citizens? A random medical survey"

With the growing implementation of the Nintendo Wii as a health tool in clinical practice, we created this single-blinded randomised trial to investigate its impact on the elderly.

The Nintendo Wii use, if supervised, could be a great aid in physical and motivation terms on the elderly, especially after 15 sessions of 50 minutes each. However, this use should with care, as it can cause frustration and depression for the more incapacitated. Further studies on this issue are necessary, as well in the benefits and risks of the Nintendo Wii as a health tool.

[L] TEIXEIRA, Álvaro José Carvalho, "Casas inteligentes: adaptação desta tecnologia para deficientes e idosos", Master Thesis, FE/UP, 2012. Retrieved from: <http://repositorio-aberto.up.pt/handle/10216/12241>

"Smart homes: adapting this technology for the disabled and elderly"

Following an introduction to the main aspects of assistive Technologies, an overview of the current trends and main players in the intelligent home area is presented, with an emphasis on the European (or ESPRIT) Home Systems specification. Based on this specification, and in accordance with the main results of a disabled or elderly user needs survey, an architecture is proposed and the main application areas are described. The development methodology leading to the final system implementation is illustrated for the specific case of the lighting subsystem and some brief concluding remarks are made concerning the European project which provided a general framework for this thesis (the TIDE HS-ADEPT) and the future trends in this area.

4 List of Important Institutions

ACSS – Administração Central do Sistema de Saúde – Central Administration of the Health System

Contact person: João Carvalho das Neves
Address: Av. João Crisóstomo, 11, 1000-177 Lisboa
Webpage: <http://www.acss.min-saude.pt>

ACSS is a public institute integrated in the indirect administration of State, endowed with administrative, financial autonomy and self-patrimony. The main objectives of the ACSS: a) To coordinate the activities of the Ministry of Health in the planning of human resources of the National Service of Health (SNS), supported by an adjusted integrated system of information; b) To follow, to evaluate and to control the economic-financial performance of the services and establishments of the SNS; c) To coordinate the activities of the Ministry of Health in the definition of the network of installations and equipment of the SNS, established priorities and proposing public investments to carry through in its development, modernisation and renewal; d) To coordinate the activities of the Ministry of Health on the definition of policies on systems and technologies of information and communication; e) To define and to coordinate the activities and programmes for the development and the continuous improvement of the systems of management on the quality of the units of health.

Main recurring publications: Reports, Studies, Statistics, Research publications.

AEP – Associação Empresarial de Portugal – Business Association of Portugal

Contact person: José António Barros
Address: Edifício de Serviços – 4450-617 Leça da Palmeira
Webpage: <http://www.aeportugal.pt/>

AEP - Business Association of Portugal, Chamber of Commerce and Industry, is an association, nationwide, based in Oporto and founded in 1849, although the first statutes dating from 1838. The services, aiming for development, are recognised nationally and internationally.

It is for the Association to develop a set of actions, namely to provide services to the business community in the areas of trade fairs, exhibitions, conferences, information and business support, consulting, training, business missions, promoting trade and investment, protection of interests and representation of members and strengthening the role of business associations at national and international levels.

Main recurring publications: Website, AEP Ambiente, Relatório Mensal de Economia, Exponor News, Catalogues, Forums, Seminars.

AIP – Associação Industrial Portuguesa – Portuguese Industrial Association
(CCI – Câmara de Comércio e Indústria – Chamber of Commerce and Industry)

Contact person: José Eduardo Carvalho
Address: Praça das Indústrias – 1300-307 Lisboa
Webpage: <http://www.aip.pt/>

The Portuguese Industrial Association, Chamber of Commerce and Industry (AIP-CCI), founded in January 28 of 1837, according to the statutes approved on that date, has always been, a nationwide association, whose primary goal is to contribute to the progress of companies and associations affiliated to it, in the economic, organisational, commercial,

technical, technological, associative, cultural, social and natural giving priority to small and medium enterprises.

Over the course of its 173 AIP reached in Portuguese society, an important role and extreme advocate of the interests of business and economic development.

Main recurring publications: Website, Newsletters, Forums, Seminars.

APES – Associação Portuguesa de Economia da Saúde – Portuguese Association of Economy of the Health

Contact person: Céu Mateus
Address: Escola Nacional de Saúde Pública – UNL, Av. Padre Cruz, 1600-560 Lisboa
Webpage: <http://www.apes.pt>

The Portuguese Association of Economy of the Health has the purpose of promoting the study, discussion and endorsement of the Economy of the Health. APES is open to all professional that express interest in this field and the methodology applied in the Economy of the Health. In that sense, APES has six objectives: the promotion of the Economy of the Health through technical and scientific widespread; the publication of an information bulletin and other regular publications; the development of international cooperation in this field; the creation and upholding of a documental centre; the development and organisation of meetings, seminars and classes; the cooperation in studies and essays on economic analysis applied to health.

Main recurring publications: Bulletin APES, Working Papers.

APSS – Associação Portuguesa de Segurança Social – Portuguese Association of Social Security

Contact person: José António de Almeida Gomes
Address: Praça de Londres, 9 – 2º Esq, 1000-192 Lisboa
Webpage: <http://www.apss.pt>

The Portuguese Association of Social Security started in February of 1985, in a joint initiative between people interested in the debate and in the reflection over problems related with Social Security, either in an external as well as in an internal perspective, along with the surrounding structures. With around 600 associates, most of which specialists and social security professionals, with special reference to college professors in the field of social security, as well as former Ministers and State Secretaries in this sector of government in the past years.

Main recurring publications: Revista APSS.

Associação VIDA (Valorização Intergeracional e Desenvolvimento Activo) – Association VIDA (Interrogational Valorisation and Active Development)

Contact person: Manuel Villaverde Cabral
Address: Avenida das Cruzes, N.º 18, 4535-011 Lourosa
Webpage: <http://projectotio.net/>

The Association VIDA (Intergenerational Valorisation and Active Development) is based in the North of Portugal, and was founded (in 2003) by the professionals involved in social projects developed by the company Byweb since 1999, and its mission is the development of Partnership Projects (National or European level) in areas of great social innovation, like bringing the elderly to New Technologies (since 1999), intergenerational (since 2000), Entrepreneurship

Senior (since 2007). It aims to promote cultural and educational activities in innovative fields such as: ICT & Ageing, Intergenerational Activities and Senior Entrepreneurship. Association VIDA is a member of AGE Platform Europe and represents Portugal in its administration council. It is also a member of ESREA – European Society for Research on the Education of Adults and several other Networks.

Main recurring publications: Project TIO – Terceira Idade Online (Seniors Online), developed in 1999 dedicated to elderly in Portugal; Project Net@vó, distinguished by the Ministry of Education in 2000; and Project VIVER, Developed at European level between 2001 and 2004, was selected by experts from the European Commission as a “Good Practice” and included in the New European Model of Equal Opportunities.

BE – Bloco de Esquerda – Left Bloc

Contact person: Francisco Louçã
Address: Av. Almirante Reis, 131, 2º, 1150-015 Lisboa
Webpage: <http://www.bloco.org/>

Left Bloc sometimes translated as leftist bloc or left-wing bloc, is a Portuguese left-wing political party founded in 1999, and are currently Portugal's 5th party. This party has from the beginning a full party status, yet the constituent groups have maintained their existence and some levels of autonomy, leading to a loose structure. This structure may also provide an umbrella for other interested socialist organisations. As a radical left party the majority of its support comes from colleges and labour unions. At this point the Bloc is by some seen as an alternative left political party to the older and more established Portuguese Communist Party and the centre left Partido Socialista. The Bloc proposed Portugal's first law on domestic violence, which was passed in parliament through the support of the Portuguese Communist Party and the Socialist Party. Remarkably, half of the Left Bloc's militants are women.

Main recurring publications: Esquerda, Revista Virus 5.

Blogue Abrupto – Blog Abrupt

Contact person: José Pacheco Pereira
Webpage: <http://abrupto.blogspot.com/>

This blog was created six years ago (2003) by José Pacheco Pereira. JPP is mostly known as a representative in parliament of right centre party PSD, although he accumulates with activities as a historian and a college professor. He still manages to coordinate three blogs. We will focus attention on the blog baptised “Abrupto”, a space dedicated to the debate of issues aroused by JPP in an open room for the exchange of ideas. His straightforward thinking and written comments often brings unwished attention to his blog from hackers.

Blogue de Gerontologia Social (Blogue de Vasco Fernandes) – Blog of Social Gerontology (Vascofernandes's Blog)

Contact person: Vasco Fernandes
Webpage: <http://vascofernandes.wordpress.com/>

This page comes under the Curricular Units of Gerontology I, Anthropology and Community Mental Health / Ageing in Urban Community of 1st and 2nd year of Degree in Social Gerontology, Escola Superior de Educação João de Deus, directed by Professor Joaquim Parra Marujo, and intended to address issues related to ageing and old age, as well as various aspects of social exclusion.

This blog also aims to address various issues within the Graduate Diploma in Clinical Gerontology, Escola Superior de Educação João de Deus, also directed by Joaquim Parra Marujo.

Blogue “Fórum de Reflexão Económica e Social” – Blog “FRES – Forum for Economic and Social Reflection”

Contact person: Numerous Contributors
Webpage: <http://blogdofres.blogspot.com/>

It is a forum for reflection on issues of economic and social character. Formed by a group of people with ideas and concerns, but of course different, is a core debate of ideas and expression of opinions. The Forum is composed of a set of anonymous citizens whose motivation is to discuss and share concerns and ideas they advocate.

The aim is to contribute (through the debate of ideas and expression of opinions, which are, wherever possible and justifiable, made public through publication in newspapers and magazines or publishing on the Internet) to build a more competitive (in various discussion of the subject areas) - this is the intellectual contribution of its members to solve problems of inequality, productivity and competitiveness.

Blogue “Marques Mendes” – Marques Mendes’ Blog

Contact person: Antonio Marques Mendes
Webpage: <http://marques-mendes.blogspot.com/>

This is a bilingual (Portuguese/English) blog with the author’s observations on the six pillars for the good of humanity: Representative Democracy, Constitutional Liberalism, Market Capitalism, Productive Work, Scientific Method, and Enlightened Virtues.

Blogue “The Portuguese Economy” – Blog “The Portuguese Economy”

Contact person: Numerous Contributors
Webpage: <http://theportugueseconomy.blogspot.com/>

Several university professors and important specialists in fields of significance to an appropriate understanding of the present situation and the general behaviour of the Portuguese economy under these containments maintain this blog. It reveals an acute selection of articles in the best economical publications worldwide, and the posts are specially pertaining to the comprehension of particular issues.

CCP – Confederação do Comércio e Serviços de Portugal – Commerce and Services Confederation of Portugal

Contact person: João Vieira Lopes
Address: Av. Dom Vasco da Gama, 29, 1449-032 Lisboa
Webpage: <http://www.ccp.pt/>

The mission of CCP is to contribute for the development of the Country, through three strategic vectors: In its role of catalyst of the association and the entrepreneurship in commerce and services; In its contributions in the Economic and Social Advice in the Social Concertation, taking in consideration the development of a mobilising and modern Social Contract; In its paper of interlocutor between the enterprise world and the systems politician, social and fiscal, nominated next to the Government and of the Public Administration, Associative Cupolas, Schools and University, and financial and enterprise Community.

Main recurring publications: Newsletters.

CDS/PP – Centro Democrático e Social / Partido Popular – Democratic and Social Centre / People's Party

Contact person: Paulo Portas
Address: Largo Adelino Amaro da Costa, 5, 1149-063 Lisboa
Webpage: <http://www.cds.pt/>

The Democratic and Social Centre – People's Party is a Portuguese right-wing political party, with an ideological foundation on Christian democracy, Conservatism and Classical liberalism, founded in 19 July 1974. It has been in various governments, always in coalition, from 1978 to 1980, and again with the PSD after the legislative election of 2002.

In the Portuguese abortion referendum, 2007 the party officially positioned itself against the legalisation of abortion up to ten weeks of pregnancy. The party's two members in the European Parliament used to sit in the ED section of the EPP-ED Group but in 2006 they switched to the EPP section in a rapprochement effort with the European People's Party.

Main recurring publications: none identifiable.

CEMPRE – Centro de Estudos Macroeconómicos e Previsão – Centre for Macroeconomic and Forecasting Studies

Contact person: Manuel Freitas Martins
Address: Faculdade de Economia, Universidade do Porto, R. Roberto Frias, 4200-464 Porto
Webpage: <http://www.fep.up.pt/investigacao/cempre/>

CEMPRE is institutionally hosted by the Faculty of Economy of Porto University. Funding has been provided by the Foundation for Science and Technology. Its main aims, since establishment in 1993, are the following: To foster theoretical and applied research in economic growth and business cycles, market modelling, and time series analysis applied to economics; To apply forecasting methods to the Portuguese economy and to an international context; To create and maintain data bases for economic analysis and forecasting; To promote work contributing to the academic progress of researchers involved, particularly younger ones; To support the organisation of scientific meetings and the publication of academic research; To support the organisation of post-graduation activities; To support consultancy services of researchers; To collaborate with other researchers and research units, both nationally and internationally.

Main recurring publications: Papers in refereed journals, Reports, Working Papers.

CES – Centro de Estudos Sociais – Centre for Social Studies

Contact person: João Paulo Dias
Address: Colégio de S. Jerónimo, Apartado 3087, 3001-401 Coimbra
Webpage: <http://www.ces.uc.pt>

CES, founded in 1978 at the School of Economics, University of Coimbra, is a scientific institution devoted to research in the area of the social sciences and humanities. Headed since then by Professor Sousa Santos, CES now numbers 95 researchers, 19 associate researchers and 28 junior researchers. Many of these researchers work on a full time basis at the Centre. Remaining members combine research with lecturing or with other professional activities. Researchers at CES include sociologists, economists, jurists, anthropologists, historians,

specialists in the areas of education, literature, culture and international relations, geographers, architects, engineers, biologists and medical doctors.

Main recurring publications: Revista Crítica de Ciências Sociais, e-cadernos ces.

CES – Conselho Económico e Social – The Economic and Social Council

Contact person: José Silva Peneda
Address: R. João Bastos, nº 8 – 1449-016 Lisboa
Webpage: <http://www.ces.pt/>

The Economic and Social Council is a constitutional organ for consultation, concertation and participation, in the field of economic and social policies, in which the following are represented: the Government, the workers' and employers' representative organisations, the autonomous regions and the local authorities, as well as the representatives of the interests of the so-called «organised civil society», these being the cooperative sector, the professionals, the Higher Council for Science, Technology and Innovation, the associations for defense of consumers', the national associations for environmental defense, universities, private social solidarity institutions, family associations, young entrepreneurs' associations, amongst others.

Main recurring publications: "Bulletin Informação CDI", "Studies and Documents" (resulting from the debates, round tables, conferences and seminars promoted by the ESC, as well as the agreements of social dialogue signed) and "Opinions and Reports" (in which the opinions issued by the ESC are disclosed, be they compulsory, optional or as a result of its right to initiative, as well as the activities reports and others).

CESIS – Centro de Estudos para a Intervenção Social – Centre of Studies for Social Intervention

Contact person: Heloísa Perista
Address: R. Rodrigues Sampaio, 31, S/L Dta., 1150-278 Lisboa
Webpage: <http://www.cesis.org/>

CESIS is a non profit independent organisation of researchers, founded in 1992, but with working experience dating back from 1986 when its first publications on poverty played a major role in launching this line of research in the scientific community. Since then CESIS' activities have tried to deepen and enlarge this scope of research through the dissemination of results aiming at its wider and better use; a direct action in promoting an evidence-based definition of efficient policies for eradicating processes of social marginalisation/exclusion; an increased visibility of the needs and expectations of marginalised and excluded people. CESIS has defined the following main objectives: To contribute, through research, to the understanding of social reality, namely with regard to situations of impoverishment and social exclusion; To contribute towards the establishment and implementation of policies of human development and social promotion; To stimulate the participation of citizens in the processes of their development and social promotion; To promote training programmes with the goal of improving the capability for social intervention at various levels; To promote the dissemination of studies and/or innovative experiences in the area of social promotion.

Main recurring publications: Research Reports, Papers, Articles, Books, Pedagogical Tools.

CESNOVA – Centro de Estudos de Sociologia – Centre for Sociologic Studies

Contact person: Luís Baptista
Address: Av. de Berna, 26 C, 1069-061 Lisboa
Webpage: <http://cesnova.fcsh.unl.pt/>

CesNova was created in 2007 out of five pre-existing research units within the School of Social and Human Sciences of Universidade Nova de Lisboa. They do basic and applied research on Portuguese society along four interconnected axes, structured as collaborative workgroups: historical and comparative approach to Portuguese modernity; social dynamics, identities and action; the production and reproduction of social worlds; and the social construction, management and performative effects of public policies. While grounded in sociology, the outlook is organised by problems rather than disciplinary, and is therefore open to interdisciplinary input, namely across history, political science, education, economics, geography, anthropology, cultural and gender studies. Substantive issues are addressed by one or several of the problematic guidelines, taking advantage of synergies and research experience consolidated over the years.

Main recurring publications: Papers, Book reviews, Books, Working Papers.

CGTP – Confederação Geral dos Trabalhadores Portugueses – General Confederation of the Portuguese Workers

Contact person: Arménio Carlos
Address: R. Victor Cordon, N° 1, 1249-102 Lisboa
Webpage: <http://www.cgtp.pt/>

The General Confederation of the Portuguese Workers (CGTP) is the largest trade union federation in Portugal. It was founded in 1971. It is traditionally influenced by the Portuguese Communist Party, and its present coordinator, Manuel Carvalho da Silva, is a member of the Party. CGTP is ground-breaking in many fields, it host three projects (Equal, Match and Euridice) and has recently developed three education centres (IBJC, EPBJC, Inovinter). CGTP has been focused on the problems regarding unemployment and the impact of the financial and social crisis in Portugal.

Main recurring publications: Boletim CGTP, Boletim Agir, Newsletter CGTP-IN, CGTP Cultura.

CIEF – Centro de Investigação sobre Economia Financeira – Centre for Research on Financial Economics

Contact person: Carlos Pereira da Silva
Address: R. Miguel Lupi, 20, Gabinete 201, 1249 - 078 Lisboa
Webpage: <http://pascal.iseg.utl.pt/~cief/index.html>

CIEF is a private, non-profit association, established in 1989, recognised as a research centre of the School of Economics and Management (ISEG/UTL). CIEF promotes research into financial economics and concentrates its activities in line with the following aims: the production and dissemination of advanced studies in financial economics; the provision of upgrading courses to the academic staff of ISEG in the form of both individual research work and in groups; the expansion of contacts with other Portuguese and foreign institutions with similar interests in common areas of research; the systematic gathering of documentation in the scientific domain in which CIEF is specialised; the provision of research-project support to young research assistants and Post-graduate students; the creation of an international network of links with universities and counter-part research centres, covering all aspects of the financial world.

Main recurring publications: Papers, Books, Bulletins.

CIESP/ENSP – Centro de Investigação e Estudos em Saúde Pública da Escola Nacional de Saúde Pública – Centre of Research and Studies on Public Health of the National School of Public Health

Contact person: Carla Nunes
Address: Av. Padre Cruz, 1600-560 Lisboa
Webpage: <http://www.ensp.unl.pt>

CIESP was recently created and is directly dependent of the Scientific Council of the National School of Public Health. With an interdisciplinary nature, in the scope of ENSP, it aims to the promotion and coordination of the Scientific Research in Public Health and all peripheral areas. Thus, CIESP has the purpose of promoting and develop research in areas within the curricula of the ENSP, along with all fields of scientific knowledge that's identified as relevant to the investigation and scientific know-how on Public Health and adjacent fields. One of its most noticeable research, dated 2005, on the assessment of the overall performance of public hospitals in Portugal.

Main recurring publications: INFOciesp, Papers and Articles.

CIP – Confederação da Indústria Portuguesa – Portuguese Industry Confederation

Contact person: António Saraiva
Address: Pç. Mouzinho Albuquerque 764º - D, 4100-358 Porto
Webpage: <http://www.cip.org.pt>

The Confederation of the Portuguese Industry (CIP) is a defender of a development model established on the market economy and free initiative. It is recognised as an economic and social partner for their influence and coherence of standpoint. The strategic mission of the CIP is to contribute for the growth of the economy, the competitiveness of the companies, the innovation, the improvement of the productivity, the efficiency of justice and the fiscal system, the quality of education and professional formation, the containment of the public charges.

Main recurring publications: e-NEWS, Revista Indústria.

Clube dos Pensadores – Thinkers Club

Contact person: Joaquim Jorge
Webpage: <http://clubedospensadores.blogspot.com/>

According to Joaquim Jorge, the main promoter of the Thinkers Club in the genesis of his creation is “the freedom of expression and thought”. The club, he says, “is open to people who like to act freely without hindrance, only hamstrung by his conscience”.

“We intend to open new avenues of citizen participation and create new ways to interest people for life and political problems of the contemporary world: environmental responsibility, human rights and globalisation, volunteering and new dynamics of civil society, desecration of the world and loss of sense world peace and interreligious dialogue, racism and xenophobia and manipulation of mass media”, he stats.

Main recurring publications: Blog, TV Online Debates, Newsletter.

CRC/ISS – Centros de Recursos em Conhecimento do Instituto da Segurança Social – Center of Resources in Knowledge of the Social Security Institute

Contact person: Maria João Quedas
Address: R. Castilho, ° 5 R/C, 1250-066 Lisboa
Webpage: <http://www.crcvirtual.org/index.php/principal>

The Network of Centers of Resources in Knowledge (NCRK) is constituted by 58 entities, public and private, representative of the main economic and social sectors. It aims to support organisations and professionals on training in the development of necessary abilities to the reinforcement of the competitiveness of the people and the resident organisations in the space of influence of the CRC. The mission of is to facilitate the access to strategic information, in distinct forms, enabling the approach and creation of interfaces between producers and users of knowledge and to divulge practices with success; to develop and to spread out methods, methodologies and products that promote and facilitate, namely, the strategic qualification of the unemployed, assets and the lectures in the context of the training throughout life.

Main recurring publications: Database FORMEI, BDigital, Newsletters.

DINÂMIA – Centro de Estudos sobre a Mudança Socioeconómica – Research Centre on Socioeconomic Change

Contact person: Isabel Salavisa Lança
Address: Av. Forças Armadas, Edifício ISCTE, 1649-026 Lisboa
Webpage: <http://www.dinamiacet.iscte-iul.pt>

DINÂMIA was founded in 1989 as a multidisciplinary research centre in the social sciences, based at ISCTE – Lisbon University Institute. Presently, it includes 55 researchers from economics, sociology, social psychology, law and applied mathematics. The Centre promotes research, consultancy and debate; disseminates knowledge and information through various means; and contributes to policy design and assessment. The two over-arching themes providing the context for DINÂMIA'S research are: (i) regulation, governance and public policy; and (ii) socioeconomic dynamics and sustainable development. Within this context, five major research groups exist: Labour and Organisational Change; Innovation and Knowledge; Territorial Development and Planning; Institutions and Behaviour; Regulation, Globalisation and Europe.

Main recurring publications: Scientific Essays and Articles, Research seminars, Working Papers.

Forum Gulbenkian de Saúde 08/09: O Tempo da Vida – Forum Gulbenkian Health 08/09: The Time of Life

Contact person: João Lobo Antunes
Webpage: http://www.gulbenkian.pt/index.php?object=160&article_id=586

For two years, the Gulbenkian Health Forum will focus on ageing, national and international perspective. Time Life will have conferences, workshops, presentation of studies and recommendations on until one of the most important themes in today's society. The Forum has the patronage of the President and the cooperation of the London delegation of the Gulbenkian Foundation (UK Branch), with one work in this area.

The Time of Life: The neurosurgeon and writer Joao Lobo Antunes decided to call this programme on ageing, Time Life. As commissioner of the initiative, Lobo Antunes thought the title associating what we call the lifetime of a human being to quality and taste for life, necessary for these years are experienced in all its fullness". Various seminars and conferences will be held a half, according to Lobo Antunes, to get to the discussion of "mature society that is capable of taking care of you, from birth to death, without distinction and without taking classes or treatments differentiated by treating everyone with equal dignity".

Fundação Francisco Manuel dos Santos – Francisco Manuel dos Santos Foundation

Contact person: António Barreto

Address: Rua Tierno Galvan, Torre 3, 9.º J, 1070-274 Lisboa
Webpage: <http://www.ffms.pt/>

The Francisco Manuel dos Santos Foundation will be active and support projects in a number of different areas, for example, permanent projects (like “PORDATA”, Contemporary Portugal Database or the “Foundation Essays” collection) and projects with a specific time frame. The latter can be isolated projects on a specific subject; or be part of joint programmes that boast both strategy and sequence.

The permanent projects are essential in nature: providing citizens with the greatest amount of existing information about Portuguese society; quantitative information, in the case of PORDATA, and ideas and causes for reflection, in the case of the “Foundation Essays”.

In its early years, the Foundation’s priority is to provide those interested (which means, the informed public: students, teachers, business people, company staff, the professions, public institutions, associations, scientific societies, trade unions, journalists, intellectuals, media and communication companies, etc.) with factual data, means of information, elements of studies on society and instruments that reliably reflect reality.

Main recurring publications: Conferences, Essays, Pordata, Studies.

IDEFF – Instituto de Direito Económico, Financeiro e Fiscal – Institute on Economic, Financial and Tax Law

Contact person: Eduardo Paz Ferreira
Address: Faculdade de Direito da Universidade de Lisboa, Alameda da Universidade, 1649-014 Lisboa Lisboa
Webpage: <http://www.ideff.pt>

Heir of the rich tradition in the teaching of legal-economic sciences from the Faculdade de Direito de Lisboa, the IDEFF has gradually widened its activity in an area in deep mutation and where the international dimension is increasingly present. Adding to the technical groundwork, IDEFF teams up with the reflection on the great socioeconomic questions of our time, as it certifies the international conference on the economic relations Portugal/UE - United States organised by IDEFF. Their magazine of Public Finances and Financial Law (Revista de Finanças Públicas e Direito Financeiro), is assumed as a privileged forum of debate in these areas. The quality and amount of prestigious names that accepted to join it, constitutes a proof of the responsibility that surrounds this publication. In a time where the relations between the University and the civil society are narrowing, IDEFF intends to continue to have a central and pioneering role.

Main recurring publications: Revista Finanças Públicas e Direito Financeiro (Magazine), Revista Direito da Concorrência (Magazine), Cadernos (Bulletins), Seminars.

INOVA – Unidade de Investigação da FCUNL – Research Unit of FCUNL

Contact person: Pedro Pita Barros
Address: Campus de Campolide, 1099-032 Lisboa
Webpage: <http://inova.fe.unl.pt>

INOVA is the research unit of the School of Economics and Management of Universidade Nova de Lisboa. Most of INOVA’s researchers are also faculty members of the School. INOVA’s group of affiliated researchers also includes holders of post-doc grants and members of institutions involved in joint projects. Their research interests cover the following fields: accounting, econometrics, economic history, finance, human resource management, macroeconomics, marketing, microeconomics, operations research and strategy, among others.

INOVA's aim is to offer its members means to produce research, publishable in top-ranked international journals in the aforementioned areas.

Main recurring publications: International and National Papers, Seminars.

INSA – Instituto Nacional de Saúde Dr. Ricardo Jorge – National Institute of Health Dr. Ricardo Jorge

Contact person: José Pereira Miguel
Address: Av. Padre Cruz, 1649-016 Lisboa
Webpage: <http://www.insa.pt>

The National Institute of Health Dr. Ricardo Jorge (INSA) is a central department of the Portuguese Ministry of Health, with scientific, technical, administrative and financial autonomy, depending directly from the Minister of Health. Founded in 1899 by the physician and humanist Ricardo Jorge, as the main laboratory of the Portuguese health system, INSA is a State Laboratory, incorporating the functions of national observatory and national reference laboratory in the Portuguese health sector. Presently, INSA is organised in six departments: Food and Nutrition Department; Infectious Diseases Department; Epidemiology Department; Genetics Department; Health Promotion and Chronic Diseases Department; Environmental Health Department. All operative units composing the departments develop multidisciplinary programmes in problem-areas of Public Health, namely performing R&D, health monitoring, training, laboratory external quality assessment and general health services.

Main recurring publications: Scientific Essays and Articles, Books.

Instituto do Envelhecimento (Universidade de Lisboa) – Institute on Ageing (University of Lisbon)

Contact person: Manuel Villaverde Cabral
Address: Avenida Professor Aníbal de Bettencourt, 9, 1600-189 Lisboa
Webpage: <http://www.i envelhecimento.ul.pt/>

The Institute of Ageing is an autonomous unit of scientific research, an interdisciplinary nature, created by the University of Lisbon.

Its primary objective scientific research in the framework of an interdisciplinary study on ageing, covering particular areas of Demography and Social Sciences (Sociology, Psychology, Anthropology, Economics, Law, Geography, etc.), keeping in connection with the areas of Bio-Medicine and Epidemiology.

It is also dedicated to the promotion of scientific education in studies of ageing, including the level of postgraduate studies, as well as organising activities of scientific communication and openness to society. It is also available to participate in the study and evaluation of public policies related to population ageing.

Main recurring publications: Projects, Books, Studies, Magazines.

IUS GENTIUM CONIMBRIGAE – Instituto de Direito Internacional e da Cooperação com os Estados e Comunidades Lusófonas – Institute of International Law and Cooperation with Portuguese-speaking States and Communities

Contact person: Jónatas Machado
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Webpage: <http://www.fd.uc.pt/hrc/index.html>

Founded in 1995, under the Faculty of Law at the University of Coimbra (FDUC), IGC focuses on the study of current international issues, in general, and that of the Portuguese-speaking community, in particular, from a multidisciplinary perspective yet based on a legal scope. The Human Rights Centre of IGC, founded in 2000, is the first academic Human Rights education and research centre in Portugal. This is a research, education, training and international EXCHANGE centre, focused on Human Rights issues. Therefore, partnership work is favoured and foreign lecturers, researchers and experts are often invited to the Centre. In parallel, its lecturers and researchers take part in several international events.
Main recurring publications: Corpus Iuris Gentium, Papers, EU Network of Experts on Fundamental Rights.

OEFP – Observatório do Emprego e Formação Profissional – Observatory of Employment and Vocational Training

Contact person: Mário Caldeira Dias
Address: R. Castilho, 24 - 8º, 1250-069 Lisboa
Webpage: <http://oefp.iefp.pt>

The Observatory of Employment and Vocational Training is a consultative body, of three-party composition, with the objective contributing for the diagnosis, prevention and solution of employment and vocational training related problems, namely referring to: Unbalance between the search and offer of employment; Social-Professional insertion and relocation; Quality and stability of employment; Evolution of the professional qualifications; Necessities of vocational training; Introduction of innovations and restructures; Track and follow situations of declared or predictable crisis; Monitor and assess the execution of measures and action programmes.
Main recurring publications: “Aspectos Estruturais do Mercado de Trabalho”, Studies, Analysis on Employment Market.

OPSS – Observatório Português dos Sistemas de Saúde – Portuguese Observatory on Health Systems

Contact person: Ana Escoval
Webpage: <http://www.observaport.org/>

The Portuguese Observatory on Health Systems (OPSS) aims to provide all those, who in a way or another can influence health in Portugal, a detailed analysis, periodic and independent of trends in the Portuguese health system and the factors that determine. The purpose is to facilitate the formulation and implementation of effective health policies.
The Portuguese Observatory on Health Systems aims to provide an accurate analysis, periodic and independent of the evolution of the Portuguese Health System. To this end, develop a “knowledge” base on health systems and is continually enhancing its capacity for analysis and reporting.
Main recurring publications: The Portal “gestão.saúde” intended to constitute itself as a knowledge base on health management relevant to the Portuguese health system, focusing on the Portuguese Observatory on Health Systems, but including additional contributions from other sources. Every Portal is about the Portuguese health system. This channel has access to a brief and contextualised reading about it.

PASC – Plataforma Activa da Sociedade Civil – Active Platform from Civil Society

Contact person: João Salgueiro
Webpage: <http://www.pasc-plataformaactiva.blogspot.com/>

An important group of associations from the civil society decided to organise themselves in the APSC and stir up in network, to assume itself, independent of political parties and established politics, as a partner to shift the country and offer effective contributions to the Portuguese society.

With its activity, the Platform wishes to mobilise the Civil Society, be it national, regional or local. The APCS has the intention that the mobilisation surrounds the real questions and issues and that the Civil Society may contribute with quality solutions and find opportunities, which might stimulate the home country.

PCP – Partido Comunista Português – Portuguese Communist Party

Contact person: Jerónimo de Sousa
Address: R. Soeiro Pereira Gomes, nº 3, 1600 – 196 Lisboa
Webpage: <http://www.pcp.pt/>

The Portuguese Communist Party is a major left-wing political party in Portugal. It is a Marxist-Leninist party, and its organisation is based upon democratic centralism. The party was founded in 1921 as the Portuguese section of the Communist International. Made illegal after a coup in the late 1920s, the PCP played a major role in the opposition to the dictatorial regime of Oliveira Salazar. After the end of the dictatorship, the party became a major political force in the newly democratic state, mainly among the working class. Despite being less influential since the fall of the Socialist bloc in Eastern Europe, the party still enjoys popularity in large sectors of Portuguese society, particularly in the rural areas, and in the heavily industrialised areas around Lisbon.

Main recurring publications: Avante!, Magazine O Militante, Dossiers.

PS – Partido Socialista – Socialist Party

Contact person: António José Seguro
Address: Largo do Rato, 2, 1269-143 Lisboa
Webpage: <http://www.ps.pt/>

The Socialist Party is a centre-left political party, founded on April 19, 1973 in the German city of Bad Münstereifel, by militants of the Portuguese Socialist Action (Acção Socialista Portuguesa) clandestine at the time. José Sócrates, Prime Minister of Portugal, is the leader of the party. The Socialist Party has 12 members in the European Parliament, and it is a member of the Socialist International, the worldwide organisation of social democratic, socialist and labour parties, currently bringing together 159 political parties and organisations from all continents. One aspect of which the Socialist Party is proud is the fact the about one-third of its members in Parliament are women.

Main recurring publications: Acção Socialista, Newsletters.

PSD – Partido Social Democrata – Social Democratic Party

Contact person: Pedro Passos Coelho
Address: R. de São Caetano, 9, 1249-087 Lisboa
Webpage: <http://www.psd.pt/>

The Social Democratic Party is centre-right political party, and the party's name can be misleading: although its first official political position, after its foundation as the People's Democratic Party, was centre-left and adhered to social democracy and populism, it is nowadays a party of the centre-right and does not advocate social democracy in any usual sense of the term. However the party still adheres to populism and is still its main unifying

*ideology. The party left the Liberal International in 1996 and their delegates to the European Parliament have, since the late 1990s, sat with the European People's Party (EPP).
Main recurring publications: Povo Livre, Newsletters.*

RUTIS (Associação Rede de Universidades da Terceira Idade) – Network Association of Universities of the Third Age

Contact person: Luís Jacob
Address: Rua Conde da Taipa, 40, 2080-064 Almeirim
Webpage: <http://www.rutis.pt/>

The RUTIS (Network Association of Universities of the Third Age) is an Institution of Public Utility and representative body of Senior University (UTI) Portuguese.

The RUTIS is also the certifying body of the UTI, through the Portuguese Institute of Industrial Property, and the national representative at the International Association of Universities of the Third Age and UNESCO in the Second World Assembly on Ageing.

The idea of creating an association representing and supporting Universities Senior emerged during the III National Meeting held in UTIs Almeirim, organised by the University Senior Almeirim. At this meeting the leaders present have referred to the need to create a network that would join the existing 30 UTIs at the time. Thus arose the RUTIS which was officially established November 21, 2005.

SEDES – Associação para o Desenvolvimento Económico e Social – Association for Economic and Social Development

Contact person: Luís Campos e Cunha
Address: Duque de Palmela, 2 - 4º D, 1250 Lisboa
Webpage: <http://www.sedes.pt/default.aspx>

A common denominator animated the founders of SEDES: humanism, socio-cultural development and democracy. SEDES held meetings, organised themselves into working groups, facilitated debates on various locations of Portugal, was the first Portuguese organisation to proclaim the advantages of a rapprochement with the European Community and was a pluralistic school of civics. With the advent of democracy in the year 1974, many of its associates have contributed to the social and political life in various political parties. Perhaps there has not been a single government since the April 25, 1974, which do not contain among its members figures associated with SEDES.

Main recurring publications: Revista Nova Cidadania, Newsletters.

Socialgest – Website of Gerontology and Social Economy

Contact person: Luís Jacob
Address: Praceta Mário Viegas, 7 - 3º Esq., 2005-257 Santarém
Webpage: <http://www.socialgest.pt/>

Socialgest is a consulting company, established in 2001 specialising in training and consulting for the third sector and a member of Euclid Network (European Network of Leaders for the Third Sector).

The main services provided by Socialgest to social solidarity institutes comprise vocational training, consulting for the creation of IPSS, Lares.socialgest an online directory of social responses to elderly, and the preparation of technical documents on organisation and management of IPSS.

UGT – União Geral de Trabalhadores – General Union of Workers

Contact person: João Proença
Address: Av. Almirante Gago Coutinho, n.º 132, 1700-033 Lisboa
Webpage: <http://www.ugt.pt/>

The General Union of Workers (UGT) is a national trade union centre in Portugal. It was formed in 1978 and has a membership of 400,000. It is traditionally influenced by the Portuguese Socialist Party. The UGT is affiliated with the International Trade Union Confederation, and the European Trade Union Confederation. UGT is responsible for publishing frequent resolutions and other motions on subjects related with employment, wages, work policy and environment, education, and social protection.

Main recurring publications: Newsletters.

UMCCI – Unidade de Missão para os Cuidados Continuados Integrados – Mission Unit for Integrated Continuous Care

Contact person: Inês Guerreiro
Address: R. Gomes Freire, 5, 2º Dto, 1169-086 Lisboa
Webpage: <http://www.rncci.min-saude.pt/>

Description: UMCCI is the structure that was developed to undertake the mission of leading and operationally coordinate the effective implementation of an intermediate level of cares of health and social support, between those of community basis and those of hospital internment, through a model of integrated and/or articulated intervention of health and social security, of preventive nature, recuperating and palliative, involving the participation and contribution of diverse social partners, the civil society and the State as main sponsor.

Main recurring publications: Studies, Proposals.

UNICEE – Unidade de Investigação da Faculdade de Ciências Económicas e Empresariais – Research Unit of FCEE

Contact person: Amélia Pina
Address: Palma de Cima, 1649-023 Lisboa
Webpage: <http://www.clsbe.lisboa.ucp.pt/site/custom/template/fceetplgeneric.asp?sspageID=398&lang=1>

UNICEE, the Research Unit of FCEE, was created in 1997 to pool the efforts of tenured and tenure-track faculty engaged in scholarly research. Its members are well trained in academic research and active in publishing in the top refereed journals in business and economics, often with co-authors from institutions of higher learning from other parts of the world. The objective of the research unit is to increase the quantity and the quality of the academic research produced at the school, in the pursuit of excellence in research as measured by international standards. The unit also promotes joint research projects among its members and an active research seminar series.

Main recurring publications: Working Papers, Articles in Scientific Journals.

This publication is financed by the European Community Programme for Employment and Social Solidarity (2007-2013). This programme was established to support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries. The Programme has six general objectives. These are:

- (1) to improve the knowledge and understanding of the situation prevailing in the Member States (and in other participating countries) through analysis, evaluation and close monitoring of policies;
- (2) to support the development of statistical tools and methods and common indicators, where appropriate broken down by gender and age group, in the areas covered by the programme;
- (3) to support and monitor the implementation of Community law, where applicable, and policy objectives in the Member States, and assess their effectiveness and impact;
- (4) to promote networking, mutual learning, identification and dissemination of good practice and innovative approaches at EU level;
- (5) to enhance the awareness of the stakeholders and the general public about the EU policies and objectives pursued under each of the policy sections;
- (6) to boost the capacity of key EU networks to promote, support and further develop EU policies and objectives, where applicable.

For more information see:

<http://ec.europa.eu/social/main.jsp?catId=327&langId=en>