



Annual National Report 2011

Pensions, Health Care and Long-term Care

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Gesellschaft für
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1 Executive Summary

After the 2008 financial crisis and the subsequent 2009 recession, pension expenditure increased, but for most of 2010, official optimism regarding the economic recovery of the country led to the underestimation of the true extent of the negative impact upon the sustainability of the pensions system and of public finances. This strong impact resulted from recession which, in turn, was triggered by automatic stabilisers and the over-generous countercyclical measures taken in 2009.

In December 2010, Government announced new and tighter consolidation measures to implement the 2011 budget. An even more restrictive framework for social policies has resulted from the bailout negotiations between the Portuguese authorities and the European Union and the International Monetary Fund. 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 3rd May 2011, predicts that the economy will further decrease in 2011 by 2% and in 2012 at the same rate. In such a recessionary scenario, unemployment will admittedly rise to 13% by 2013.

Some of MoU’s very specific measures to implement this year and in 2012-13 will have far-reaching social consequences. Measures concerning pension indexation and pension benefit nominal cuts will be implemented and 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 pension schemes. 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 revenue), and such measures will impact on the adequacy of pensions.

After growing sharply during the 1990s, total health care expenditure has been stabilising since 2005 at around 10% of GDP, where public financing accounts for more than 70% of spending. The reform of primary care has been at the heart of the desired improvement of access to health care, and USF structures in primary health care are crucial to improve access. These units consist of small local autonomous multi-disciplinary teams to provide a basic portfolio of personalised health care services.

Health policies were somewhat erratic after Minister Correia de Campos’s dismissal in 2008. The MoU states very detailed targets and measures for the health care system to be achieved in the period 2011-13. The overall objective is to generate additional savings in the area of pharmaceuticals, to reduce public spending on medicines by 1.25% of GDP by the end of 2012 and by another 1% of GDP in 2013 (in line with the EU average), besides an increase in the effective control over operational costs in hospitals.

After 2006, long-term care was fostered by the setup of the national network for “integrated continuous care” (RNCCI) providing both health care and social assistance to dependent persons rendered vulnerable by age and/or disease. Long-term care RNCCI is an achievement by 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.

2 Current Status, Reforms and the Political and Scientific Discourse during the Previous Year (2010 until May 2011)

2.1 Pensions

2.1.1 The system's characteristics and reforms

Public pensions are mainly provided by Social Security (SS), which is a state national unified social protection system that covers the majority of private sector employees, self-employed workers and all civil servants appointed after 2005.

SS provides universal coverage against social risks involving loss or insufficiency of income and deprivation. It acts through the following branches:

- The mandatory earnings-related contributory system, covering most of the population regarding income substitution whenever they exit jobs or retire from the labour market;
- The family subsystem, delivering cash allowances targeted to low-income families;
- The solidarity subsystem, acting as a means-tested safety net to deliver cash benefits against extreme poverty and exclusion risks among individuals not covered by the contributory system, and within specific groups in society;
- The social assistance branch (“Acção Social”), providing welfare services mainly through partnerships with civil society institutions;
- The non-mandatory complementary funded scheme (“Certificados de reforma”).

Public employees appointed before 2005 are covered by the special regime of CGA (“Caixa Geral de Aposentações”) and remain a closed group of beneficiaries under rules that are converging fast with SS contributory regime, since 2007. Minor groups of the employed population, such as the workers of the banking industry, also remain outside SS as closed schemes.

SS expenditure is primarily financed on a pay-as-you-go basis by social contributions and a fraction of value added tax revenue (“IVA social”). In the general social security regime the global contribution rate is set at 34.75% of gross earnings (23.75% paid by the employer and 11% by the employee) and, after the enactment of the 2009 Code of Social Contributions (“Lei n.º 110/2009, de 16 de Setembro”), it is allocated to the following risks (in percentage points):

- Sickness..... 1.91
- Family.....0.76
- Unemployment..... 5.14
- Disability..... 4.29
- Old age..... 20.21
- Death..... 2.44.

Non-contributory branches and benefits are financed by state transfers.

Table 1: Social Protection and Pensions Expenditure in Portugal: 2006-2009

Year	Public Social Protection Expenditure (% GDP)	Pensions Expenditure (% GDP)
2009	25.3	13.5
2008	24.3	13.2
2007	24.0	12.6
2006	24.6	12.4

Source: Eurostat.

As shown in Table 1, public pensions account for more than half of total social protection expenditure in recent years, still growing.

After the 2006-07 reforms addressing the sustainability and adequacy issues, the system presents the following main features.

Old-age pensions

As a general rule, workers become eligible for old-age pension once they reach 65 years of age and fulfil a 15-year qualifying period. The old-age pension benefit formula depends on the number of years the person has contributed to the system and on the person's average earnings.

The elderly missing a contributory record to fulfil the qualifying period may be paid an old age "social pension" under very strict means-testing criteria. An additional non-contributory old-age benefit also subject to means testing was implemented after 2007, to fight poverty amongst the elderly: the Solidarity Supplement for the Elderly. It had an impact officially estimated as removing 250,000 elderly people from poverty.

In 2008, the SS contributory pensions and the CGA closed regime pensions expenditure totalled 9.1% of GDP and non-contributory pensions added a further 0.1% of GDP to aggregate old-age pension expenditure.

Table 2: Pensions expenditure by type of entitlement in 2008 (% GDP)

Total pensions	Old-age pensions	Survivors pensions	Disability pensions
13.2	9.2	1.7	2.1

Source: Eurostat.

The old-age pension is allowed to combine with labour earnings (except in the case of the automatic conversion of total disability pension into old age pension whenever the pensioner reaches the age of 65). However, early-retirement pension will not combine with labour earnings during three years following retirement in the case of employment by the same company or group the beneficiary worked with before retiring.

The SS general regime also guarantees minimum pensions for those whose statutory pension falls below certain thresholds established by law. Minimum pensions are differentiated according to the pensioners' contributory career and they are not means-tested.

Active ageing and early retirement

Special regimes and measures concerning the delay or the anticipation of retirement are in place, rendering the pensionable age flexible in an active ageing perspective.

The old-age pension will be increased when claimed after 65 years of age and if the insured person has at least 15 calendar years with earnings registration. For pension increase purpose the working age limit is 70. The pension will be increased by applying a monthly rate that varies between 0.33 and 1.00 according to the number of years of insurance completed after the age of 65 and until the date of retirement.¹

Retirement can be anticipated by beneficiaries aged 55 or over with at least a 30-year record of contributions to SS by the age of 55 within the so called flexible retirement regime. Statutory pension will then be reduced by a discount factor of 6.0% per year (0.5% per month) for every year (month) of retirement before the age of 65.

Long-term unemployed workers are eligible for early retirement at the age of 62 if unemployment occurs after the completion of 57 years, whereas the anticipated pension will be paid without penalty. For unemployed workers in the age bracket 52-57 years early retirement can occur at the age of 57 if their contributory record totals at least 22 calendar years at the moment of losing their jobs. However, in this case there is a penalty of 0.5% per month of anticipation between the moment of retirement (at 57 or over) and the completion of the age of 65.

These early-retirement rules were enacted in 2007 and are already playing a role, as shown in Table 3, where the number of retirees under the different regimes of early retirement decreased sharply in 2009.²

However, due to the economic crisis and the rising unemployment (especially long-term unemployment of older workers), the 2010 figures point to a different direction: early retirement rose again by almost 6,000 pensioners.

Table 3: Early retirement (SS pensioners in the 31st December of each year)

Number of pensioners (due to:)	2006	2007	2008	2009	2010
Early retirement linked to unemployment	152,370	163,334	219,000	125,019	155,994
Flexible retirement regime	47,226	44,926	33,258	25,003	17,835
Total	199,596	208,260	252,258	150,022	155,994

Source: Social Security statistics, different years.

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 will equal the old-age minimum for a contribution record of 40 years). The qualifying period

¹ No data is available on the delaying of retirement which may result from this accrual, but the growth of unemployment casts a doubt on the actual impact of such measure for the time being.

² During the public discussion of reforms and immediately after the enactment of legislation there was an upsurge of pension claims that explains the figures for 2008. Also it should be borne in mind that CGA early retirement figures for public servants are not accounted in Table 3, and it is well known how the special conditions prevailing until 2010 made early retirement more attractive for state employees than for those under the SS general regime. In 2009, 35.4% of CGA old-age pensioners were in the age bracket under 65 years and the average age at retirement for civil servants was still under 60 years. Anticipated old-age pension expenditure kept growing in the whole period, from 0.26% to 0.43% of GDP between 2005 and 2008, according to Eurostat.

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).

Survival pensions

In the event of death, spouses and children are entitled to survival pensions 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 survival 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 survival pension benefits vary between 70% (spouse) and 30% (descendant or ascendant) of the old-age (or disability) pension of the deceased.

The sustainability factor

To account for the increase of average life expectancy, the statutory old-age pension is now adjusted by the “sustainability factor”, introduced in 2008. 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. For 2011 the sustainability factor is set at 0.9686.

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, 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, the more important as pensions are average or higher. In 2010 and 2011 only very low pensions have been positively adjusted.

Funded retirement schemes

Occupational schemes cover 3.7% of the labour force. The liabilities for future pensions are covered by independently run pension funds.³

These schemes account not only for complementary retirement benefits for employees provided by their companies (“second pillar” schemes), but also for the mandatory earnings

³ Source: The Social Protection Committee's Report on Privately Managed Funded Pension Provision and their Contribution to Adequate and Sustainable Pensions, 2008.

related protection (“first pillar” scheme) of workers in the banking sector and telecommunications (PT – Portuguese Telecom, the former state monopoly), which have remained outside the social security contributory regime until recently and for historical reasons. Now they are insured closed groups that will become extinct in the future. A major vulnerability in these mandatory occupational schemes is the prevalence of defined-benefit pension plans.

Major changes took place in 2010 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, 40,000 active employees of the banking industry will be covered in old age both by SS and the pensions funds in place, and 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 complementary retirement scheme in the future.

Following this agreement, the integration of pension funds in SS is to be expected as the CEO of Millennium BCP, the second largest Portuguese bank, has been claiming since April 2010.⁴ PT has already transferred its pension fund to CGA to be managed by Government until the extinction of the scheme. Largest companies will only keep complementary defined contribution pension plans and funds in the years ahead.

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 have been buying Portuguese Treasury bonds.⁵ The assets of all funds amounted to EUR 19 billion in December 2010, representing a loss of 10.5% since December 2009.⁶

Apart from these occupational schemes, there are other private defined contribution pension plans 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 very limited affiliation (“Certificados de Reforma” regime with 6,000 subscribers until now).

Developments and prospects

After the 2008 financial crisis and the subsequent 2009 recession, pension expenditure increased, propelled by several reasons, namely by unemployment’s special pathway to early retirement (see Table 3 above). For most of 2010, official optimism regarding the economic recovery of the country led to the underestimation of the true extent of the negative impact upon the sustainability of the pensions system and of public finances coming from recession

⁴ Santos Ferreira, CEO of Millennium BCP, interview to *Diário Económico*, April 9th 2010 edition.

⁵ According to the regulator of insurance and pension funds (ISP – Portuguese Insurance Institute), the typical Portuguese life company held only 5% of its portfolio in Portuguese sovereign bonds, and around 18% in total in Eurozone debt until last year (statements to *Life & Pension Risk*, in June 2010). The same journal explains that due to the low concentration in Portuguese debt, the effect of recent downgrades on the value of portfolios and on the capital position of Portuguese insurers should be limited, basing their analysis on different sources. So, while there is exposure to Portuguese bonds, and an impact on the capital position from the downgrade, it is not a material threat to the industry. During the past 5 to 10 years, much of the industry has moved away from traditional asset allocation towards a liability-driven investment policy, and now holds a much higher proportion of their portfolios in high-grade foreign corporate bonds according to *Life & Pension Risk* sources. However, in 2011 the Portuguese Government drove banks to increase their holdings of sovereign debt due to 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 and some of it may have been transferred to pension funds and insurance companies..

⁶ Source: APFIPP (Portuguese Association of Investment and Pensions Funds).

through the automatic stabilisers and the overgenerous countercyclical measures taken in 2009.

In December 2010 Government announced new and tighter consolidation measures to implement the 2011 budget. The continuing degradation of the situation led to even grimmer prospects, which were finally disclosed in March 2011. The 2011 Stability and Growth Programme (SGP) approved by Government in March predicts a negative rate of GDP real growth (-0.9%) and the increase of the unemployment rate (up to 11.2%) in 2011. According to such prospect, SGP recognised that the indexation mechanism for pensions should stay suspended and a 3-10% cut on pension benefits above EUR 1,500 per month should be implemented next year.

An even more restrictive framework for social policies results from the bailout negotiations between the Portuguese Authorities and the European Union and the International Monetary Fund. 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 predicts that the economy will further decrease this year by 2% and in 2012 at the same rate. In such a recessionary scenario, unemployment will admittedly rise to 13% by 2013.

Some of MoU’s very specific measures to implement this year and in 2012-13 will have far-reaching social consequences. SPG measures concerning pension indexation and pension benefit nominal cuts will be implemented and 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 (e.g., minimum pension benefit for very low pensions, financed by state transfers and not means-tested). 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 revenue), and such measures will impact on the adequacy of pensions.

In this context, the long-term analysis of adequacy and sustainability of pensions should be reframed to accommodate the medium- and long-term impact of such an aggravated scenario.

2.1.2 Debates and political discourse

The assumption that the Portuguese social security system should provide adequate and sustainable pensions in the long run has been repeatedly heralded by officials. However, it has now been discarded by most opinion-makers and experts, as a growing deficit of the SS contributory regime was already expected after 2035, even before the newly deteriorated economic context has been acknowledged, as shown earlier in Chart 1.

Nevertheless, the official wisdom remains to this day that the 2007 reform will be sufficient to guarantee the sustainability of pensions for most of the 21st century.⁷ According to the 2011 State budget Accompanying Report, nominal pensions expenditure is expected to grow by 3.2% in 2011 due to demographic reasons and the maturation of the pension’s schemes. Total SS revenue is expected to rise this year by 2.8% in a relatively optimistic scenario prepared for the 2011 budget, and the revenues of social contributions should increase by 4.6% thanks to the enlarged base of assessment established by the new Code of Social Contributions (passed by Parliament in 2009, partially suspended during 2010, and fully enacted only this year) under the hypothesis of stabilisation of unemployment. The suspension of indexation

⁷ Statement delivered in 17 March 2011 by Pedro Marques, Secretary of State for Social Security, to news agency Lusa.

and the general tightening of spending on non-contributory benefits should be sufficient to bring about 0.6% GDP reduction of social expenditure. Now, the economic prospects contained in the 2011 SGP, and the severe budgetary guidelines that result from MoU as agreed for bailout assistance will certainly lead to new austerity efforts in the years to come, with far-reaching consequences concerning the pension system.

Regarding the adequacy of benefits, earlier prospects were already less than bright and have been under strong criticism by the Trade Unions and the main political parties. Minimum pensions are admittedly low and will stay so as they are no longer indexed to minimum wage. In spite of the renewal of inflation, the indexation mechanism for pensions (with the exception of minimum benefits) and other social allowances shall remain frozen throughout 2011 and in subsequent years.

A few of the most relevant issues identifiable on the political debate throughout this period are the following as addressed to Government in recent parliamentary discussions⁸:

- “Today, we have a situation where any Portuguese carrying a chronicle disease spends, on average, per month about EUR 65 in drugs. Considering the value of retirement reforms, particularly minimum pensions, many Portuguese spend a third or a half of their reformed pension to pay for this medication.” *Addressed by the Left Bloc* (BE - extreme left wing parliamentary party)
- “This budget is only necessary because in 2009, the Prime Minister allowed a public finance rampage for the sole purpose of winning votes and winning elections. This budget is only inevitable because only this year (2010), Government agreed to a budget slide of enormous proportions. If there had not been six years lost due to constant postponements in reforms, if it was not the irresponsibility of 2009, if was not the incompetence of 2010, it would not be necessary a budget as bad and as negative as this. *Addressed by the Social Democratic Party* (PSD – centre-right and main opposition party)
- “The State budget foresaw an increase of 0.2% of GDP, whereas this (2011) Stability and Growth Program (SGP) now predicts a shrinkage of 0.9%. The Government is therefore the first to recognise a recessionary impact of more than 1% of GDP. Not even those that were responsible for successive SGP have any doubt: the country is depleting and this impoverishment is in fact the policy claimed by this chain of programmes of selective austerity, (specially the) impoverishment of older people who have worked a lifetime and now suffer cuts in their pensions, even when they already reach humiliating amounts.” *Addressed by the Communist Party* (PCP)
- “Cuts are needed, but structural rather than conjunctural cuts. To cut wages and pensions helps reducing the deficit, but it’s a mere conjunctural aid, because nothing changes in structural terms – neither the size nor the dimension, nor the gigantic structure of State. What we need to change is the structural face of State, making it smaller, less wasteful and fewer consumers of taxes. We have to cut, but cut with social sensitivity. A government that cuts and freezes pensions rather than seriously cutting back on government subsidies for public companies, on State and its officials spending, and suppress the “fat” of State administration and its structures, it is indeed a Government without social sensitivity and without social conscience!” *Addressed by PSD*

⁸ Source: Parliamentary papers at Parliament’s website.

- “This government faced the most serious financial crisis of the last 100 years, and faced it with courage, intelligence and competence, in different stages, and delivering the necessary adjustments that resulted from international economic and financial developments. Now, once again, the Government adopted the measures required, presenting to the country and to Brussels, a Stability and Growth Program that attracted the support of the European Commission, the European Central Bank and the majority of the heads of government of our neighbour countries in Europe!”
Addressed by the Socialist Party (PS – centre of left party, in power).

The estimates in the EU 2009 Ageing Report had already revealed that crisis would increase pension expenditure further by an additional 1 p.p. of GDP (in the “lost decade” scenario) in the long term up to 2060. Now even such a prospect might be optimistic. A structural approach to the reform of the pensions’ system is once more claimed both by experts and the centre-right political parties.⁹

MoU’s dire prospects are changing the key to political discourse, and the new political landscape after the general election in June 2011 may bring about the reassessment of the 2007 parametric reform, if the present right-centre lead in polls is confirmed. New social policies will eventually be implemented, such as the increase of the statutory retirement age from 65 to 67 or 68 years, the stronger role of means-tested benefits, and the incentive to pre-funded defined contribution retirement schemes.

A new political issue has also emerged following the MoU demand for an important reduction of the social contribution rate paid by employers. The issue is how to compensate for such loss of revenue (a reduction of the rate by 1 p.p. may cause the loss of almost EUR 400 million per year) – whether by additional increases of indirect taxes such as VAT or by other (unspecified) means. Left-wing parties harshly oppose the reduction and even PS seems to have second thoughts about it, despite having negotiated and agreed on MoU. PSD has already proposed to implement it by cutting step by step up to 4 p.p. during the next 4-year parliamentary term.

2.1.3 Impact of EU social policies at 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 the Government took the stand that no structural reforms are necessary even if the main opposition party PSD has been voicing such need repeatedly. In June 2010, the appeal of the Commission and the Euro-group addressed to Portugal and Spain to further structural reforms of pensions and the labour market was ignored on the same grounds by the Government.

The EU Green Paper on Pensions was also officially considered as mainly addressed to countries that might still need to adopt the structural measures supposedly taken by the Portuguese Government as stated by one of its junior members: “the messages (in the Green Paper) gain relevance given the current financial crisis, the demographic challenges and the diversity of solutions that proliferate in European context. Nevertheless the accuracy and

⁹ The think tank “Mais Sociedade” (“More Society”), very close to the main opposition party PSD, has brought forward new propositions for the enhancement of funded private pensions. An actuarial link of public pensions to social contributions (through financial and/or non-financial defined contribution schemes) has also been favoured by leading experts.

importance of those messages, Portugal had the opportunity in the last years, through the implementation of our reform, to put in practice some of these solutions ... The reforms that we conducted in 2006 allow us to face the future with confidence ...”¹⁰

Within the EU 2020 strategy framework and regarding the objectives specified in the Annual Growth Survey, the NRP 2020 presented in March this year makes few commitments towards the achievement of long-term adequacy and sustainability of pensions as it explicitly draws on the assumption that the Portuguese SS system should provide adequate and sustainable pensions in the long run regardless of current economic difficulties.

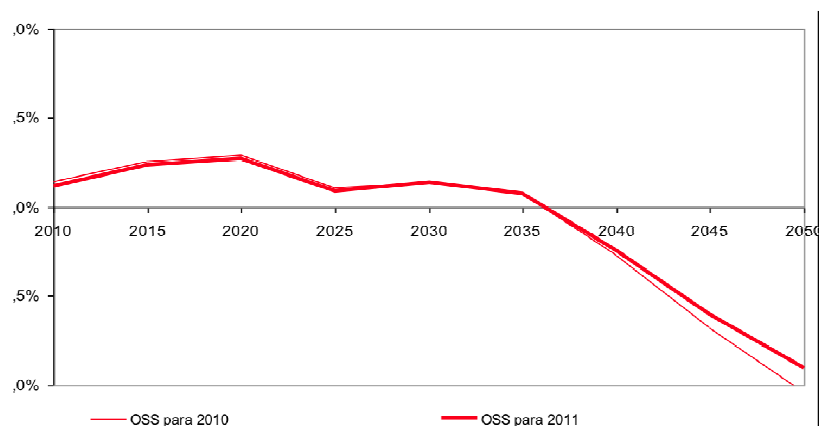
However, after the official request of EU’s bailout assistance in April 2011, the ensuing agreement with EC, ECB and IMF binds the future Government to implement new structural reforms regarding the labour market that will impact on SS and will certainly reopen the issues of reform of the pensions’ system within the lines put forward by EC’s Annual Growth Survey.

2.1.4 Impact assessment

The EPC Ageing Working Group produced in 2009 the official projections of age-related expenditure that confirmed the slowdown of growth of the share of GDP to be allocated to pensions expenditure until 2060: a moderate increase from 11.4 to 12.4%, between 2007 and 2060. Contributory pensions should rise from 8.5 to 10.6% GDP during the same time interval.

The long-term financial sustainability of pensions has been a matter of concern for some time as SS budget deficits are expected after 2035 in spite of recent reforms, as shown in Figure 1.

Figure 1: Surpluses and deficits of the social security budget (2010-2050)



Source: Ministry of Finance, *State budget for 2011–Accompanying Report*.

The main threat to sustainability comes from ageing demography. Portugal has an extremely low fertility rate that dropped from 1.55 to 1.32 between 2000 and 2009 (EC 2010 Demography Report). At the same time, there is a rising life expectancy: the EU 2010 Joint Report on Pensions 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 2010.¹¹

¹⁰ Pedro Marques, Secretary of State for Social Security, addressing the Parliament on the Green Paper in October 2010.

¹¹ OECD, *Pensions at a Glance*, 2011.

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.¹² Accordingly, the theoretical rate of replacement for average earnings and maximum contributory record is expected to decrease by 20 percentage points in the time-period 2006-2046.¹³

Figure 2: OECD’s decomposition of different effects on projected pension expenditure in 2060



Note: Luxembourg alone reports increased spending as a result of the coverage-ratio and employment-rate effects. Greece, Ireland, Luxembourg and the United Kingdom report increased spending result from the benefit-ratio effect.

Source: OECD calculations based on European Commission (2009) and information provided by the Office of the Chief Actuary, Office of the Superintendent of Financial Institutions, Canada.

This is in line with OECD’s *Pensions at a Glance 2011* highlights: Portugal is not relying primarily on longer working lives to offset demographic pressures. As shown by Figure 2, pension policy relies mainly on other savings coming from the benefit-ratio effect (lower benefits relative to earnings). In the short term, as economic prospects become grimmer, further drops in the benefit-ratio are to be expected, through such means as non-indexation, cuts in higher pensions, and/or higher tax rates on pensions. Adequacy of pensions may suffer in consequence.

Since 1990 SS has kept accumulating budget surpluses, so there is now an important reserve fund of social security (“FEFSS”) to finance the long-term imbalances between revenues and expenditure. For the coming 20 years SS finances are still expected to originate (shrinking) annual current surpluses to be applied in the reserve fund (Chart 1).

The 2011 budget accompanying Report predicts that the FEFSS assets will reach 5.5% of GDP this year (the same level achieved in 2010), and are projected to grow until 2035 when

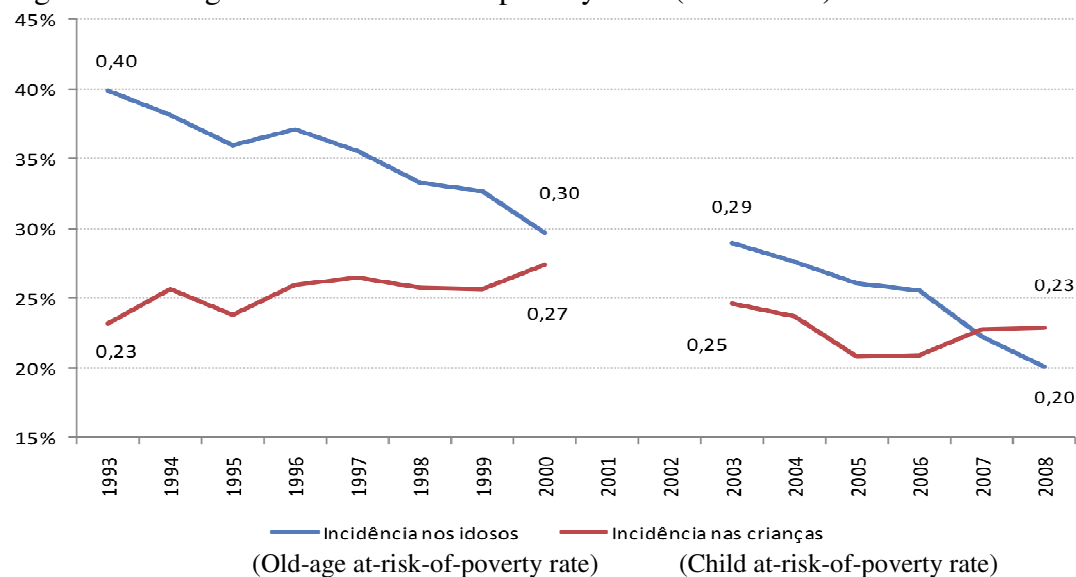
¹² EC-EPC (AWG) 2009 population projections indicate that it may drop considerably from the initial 2007 neutral level (=1) to 0.774 in 2060

¹³ See Indicator Sub-Group of the Social Protection Committee, *Updates of current and prospective theoretical pension replacement rates 2006-2046*, July 1st, 2009.

they will peak at 10.7% of GDP (in the 2010 budget, the projected peak was 12%). Afterwards there will be a decrease as assets start to finance the projected deficit.

There are still very few independent efforts to assess the impact of the 2007 reforms. However, very recently, academic research confirmed the positive impact in adequacy that comes from the implementation of reforms, reducing poverty in old age (even if not for children), as shown in Figure 3.

Figure 3: Old-age and child at-risk-of-poverty rates (1993-2008)



Source: 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 49.7% in 2009, according to Eurostat, which suggests increased strain upon the pensions system for the near future (even if Portugal has already one of the highest participation rates in the EU in the age bracket 55-64).

However, there is a rising awareness of potential negative effects of such policies regarding the employment of youth.

2.1.5 Critical assessment of reforms, discussions and research carried out

The relative appeasement over social security pensions' issues and controversies that followed the 2006-07 reform lasted until now. However it seems to have ended, and new efforts in academic research and new debates in political circles over such issues will certainly arise in the future. A sign of such renewal is S. PARALTA (2010) doctoral thesis on saving behaviour that is analysed by considering the impact of longevity in different countries representative of the various European Social Models.

Discussions in Academia and other forums have just started also on how exit from the labour market should become less smooth for the long-term unemployed in order to prevent the strain upon pension expenditure and to stimulate longer working life.

Early retirement in the age bracket 55-65 years is now under criticism and the need to raise at least the threshold age seems more widely acknowledged. Some voices even advocate that survival pensions and minimum income provisions of the general contributory regime should

be revised, in order to provide more pro-employment incentive, and also whether they should be means-tested.

2.2 Health Care

2.2.1 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 (SNS) primary care health centres, specialised units and hospitals.

Health care is universally provided by the state through SNS at almost no cost to the user, as it is heavily financed by tax revenue, and users only pay part of the cost of the prescribed pharmaceuticals, and the “moderating” fees whenever they have access to medical consultations and hospital care. Health insurance and special health subsystems provide complementary care to specific groups of the population.¹⁴

After growing sharply during the nineties, total health care expenditure stabilised since 2005 at around 10% of GDP where public financing accounts for more than 70% of spending, as shown in Table 4.

Table 4: Health-care Expenditure (2005-2008)

Expenditure (% GDP)	2005	2006	2008
Total	10.20	9.63	10.10
Public expenditure	7.30	6.56	7.10
Private expenditure	2.90	2.65	2.90

Source: Eurostat and OECD Health Data 2010.

OECD estimates for total health spending in 2010 amount to between 10.6 and 11% of GDP, which shows a further increase above the 2008 level. In the long run, the 2009 Ageing Report projections show 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.

Besides SNS units and hospitals, health services are also supplied by the private sector (both profit and non-profit) through admission units, medical consultation rooms, diagnosis and therapeutic centres, a network of ambulances and a network of pharmacies, 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 the private sector to provide specific care to SNS users, whenever unable to deliver it through own means.

State employees' special mandatory scheme (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. 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 in

¹⁴ Regarding health care, the population can choose or use both SNS services (e.g. access to emergency care) and other publicly or privately provided services, either as direct beneficiaries of SNS entitled by tax paying 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.

the future as a complementary scheme to reimburse users' co-payments and out-of-pocket health expenditures.

SNS local health centres and hospitals are managed with considerable autonomy within regional health administrations (ARS) 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 decreased from 3.5 to 3.3 per thousand and average life expectancy at birth increased from 78.15 to 79.58 years in the period 2005-2008. The average life expectancy at 65 also increased from 17.9 to 18.9 years in that period.¹⁵ There are 3.7 physicians (slightly above the OECD average) and 5.3 nurses (lagging behind the OECD average) per 1,000 inhabitants. 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

The reform of primary care is at the heart of the desired improvement of access to health care. After 2009, health care centres are regrouped in local organisations labelled "ACES" with a new structure based on functional units that provide family health care (USF), community health care (UCC), personalised health care (UCSP), and public health coverage (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 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 ARS, subject to incentives to increase productivity.

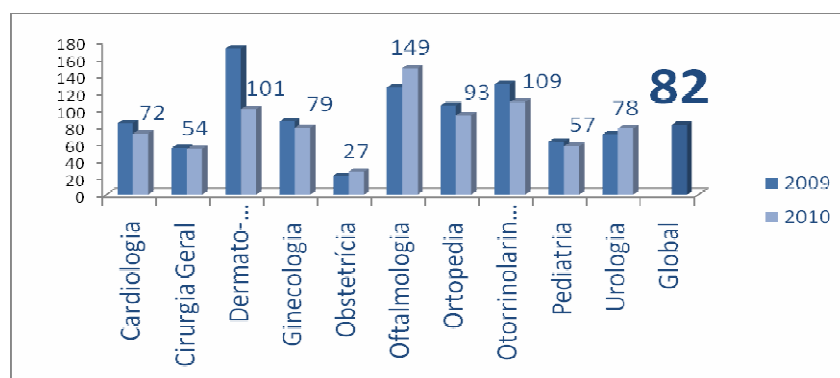
By March 2011, 283 USFs were in place providing family doctor coverage to a 3,551,604 population, an increase since last December by 450,000 individuals (data presented by the Minister of Health to Parliament in March).

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.

¹⁵ OECD Health Data 2010.

Figure 4: Median time (days) to consultation by main specialities (2009-2010)

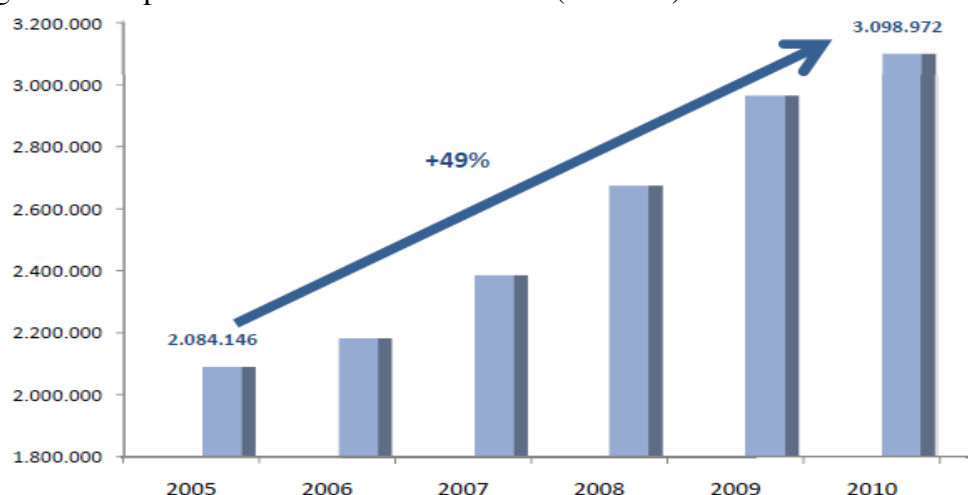


Source: ACSS – Ministry of Health.

The number of acute care hospital beds in Portugal is 2.8 per 1,000 inhabitants (2008), 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 trend and 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. Median time to consultation shows a mix of decreases and increases by speciality in 2010 as compared to the previous year (Chart 4). 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.¹⁶

Figure 5: Hospital medical first consultations (2005-10)



Source: ACSS – Ministry of Health.

As a consequence, first consultations are the main driver of growth, increasing by 49% after 2005 with noticeable acceleration after 2007 (Figure 5), and suggesting that referral by primary health centres is gradually replacing the traditional (and undesirable) main gateway to health care through hospital emergency.

¹⁶ According to the report produced by the official body of the Ministry of Health for health activities inspection, “Inspeção-Geral das Actividades de Saúde – Relatório IGAS nº 19/2008” (available at www.portaldasaude.pt), waiting lists for first consultations in hospitals have increased: patients for the 20 most demanded specialities added 474,065 by the end of 2007, a 27% increase since March 2006.

Surgeries have been also been affected by unsatisfied demand, and a special initiative to reduce waiting lists for surgery was launched in 2005 – the Integrated Management System of Waiting List for Surgeries (SIGIC) – with effective results.

By 2010, an important decrease in SIGIC waiting lists had been achieved, as shown in Table 8, and private hospitals played a role through out-contracting alongside higher public hospitals performance. 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.

Table 5: 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

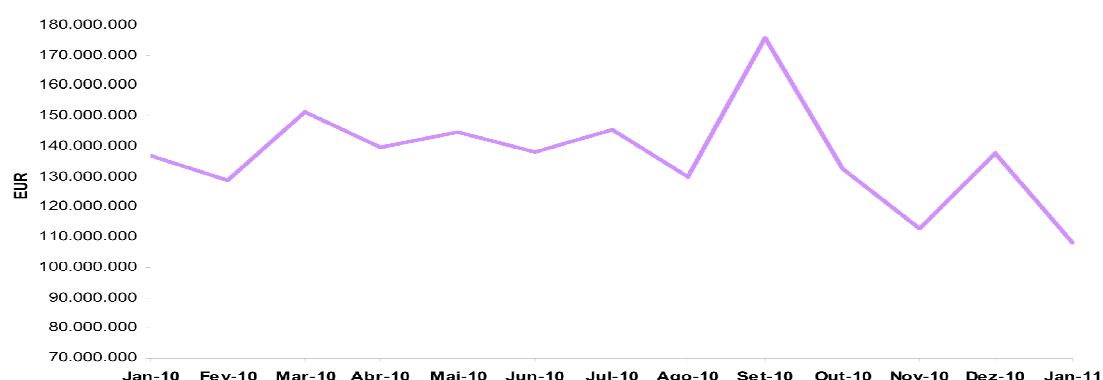
Source: Ministry of Health/ACSS.

In the meantime, new hospitals are to be built and managed under Public-Private Partnerships (PPP's) contracts. Two are already in operation (the new Hospitals of Cascais and Braga), two are contracted and under construction (Hospitals of Loures and Vila Franca de Xira) and 3 more are under tender.

Pharmaceuticals

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 source (OECD Health Data 2010).

Figure 6: SNS spending on ambulatory pharmaceuticals in EUR (2010-11)



Source: Ministry of Health/INFARMED, 2011.

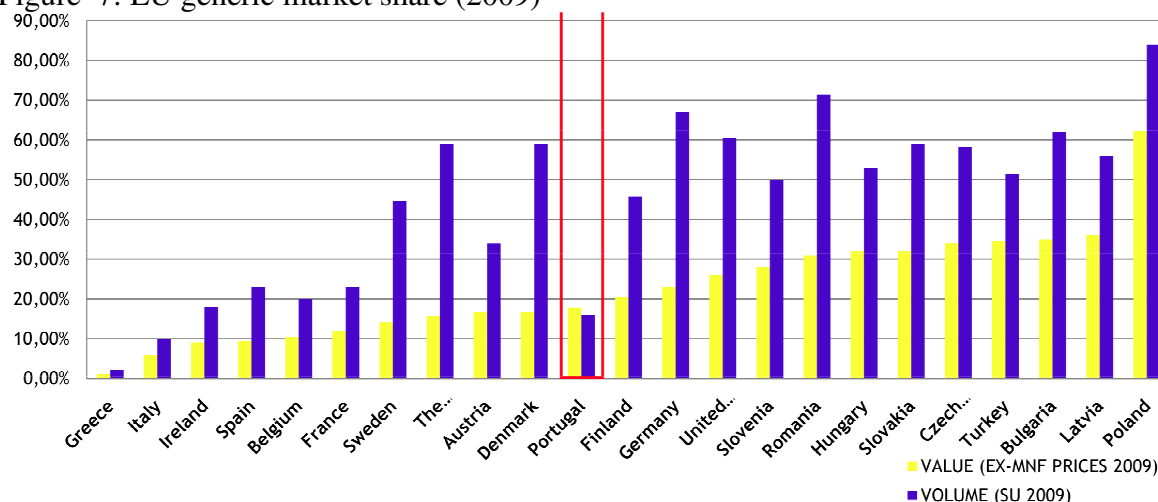
After 2007, the increase in consumption rose by 6.2% in 2008 and 8.6% in 2009, reaching EUR 972.6 million (8% of total public health expenditure) according to data by the regulating body INFARMED. To comply with 2010 SGP's fiscal consolidation targets, several measures

were taken to reduce the pace of increase, and by the end of the year a lower rate of 2.2% was achieved. A large part of this expenditure runs through hospitals' prescriptions to ambulatory patients, and the reduction in this segment of expenditure was quite effective after September 2010 (Figure 6).

The pricing of pharmaceuticals is subject to regulation based on a reference price system that includes all state-subsidised medicines prescribed within the scope of the SNS for which there is an available generic. The reference prices equal the available highest-priced correspondent generics. After March 2010, public co-payments are a fixed amount determined as a percentage of the relevant reference price, irrespective of the price of each medicine. Due to such measures, consumption of generics has increased: +20.05% in January 2011 compared to January 2010.

However, when Portuguese consumption is compared to most EU countries the large gap is outstanding (Figure 7).

Figure 7: EU generic market share (2009)



Source: Ministry of Health/INFARMED, 2011.

Out-of-pocket payments and co-payments amount to 30% of total health expenditure in 2006 according to OECD Health Data 2010. Targeted users, such as pregnant women, children under 12, elderly pensioners with low income and people suffering from specific chronic illnesses have been exempt from paying user fees after 2007. However, co-payments on specific pharmaceuticals have increased, and so have moderating fees for access to hospital care, so that the actual overall impact of all these changes remains unclear.

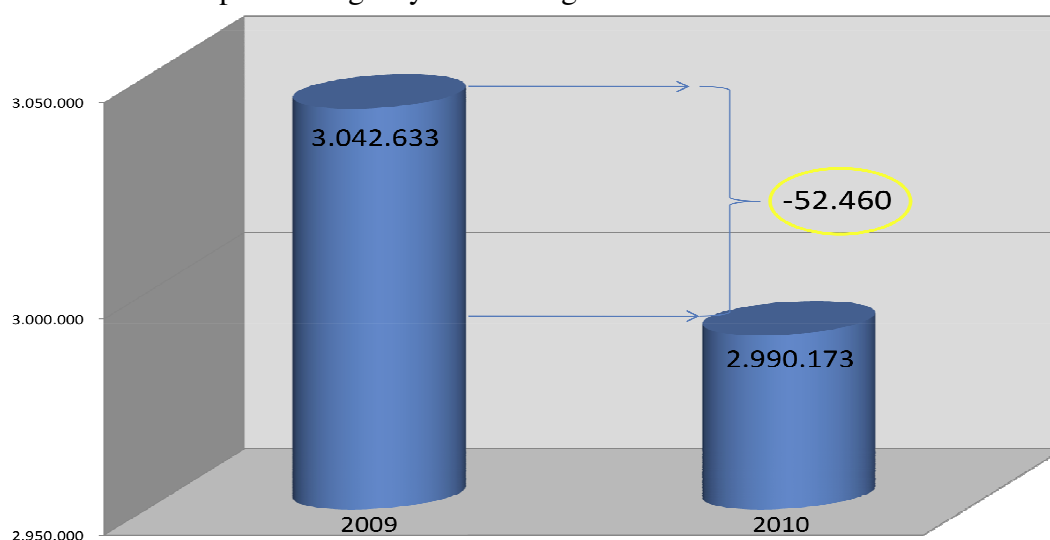
Developments and prospects

The referral system and ineffective care coordination are at the core of sustainability issues as acknowledged by all analysis of the Portuguese health system (namely, the 2007 EU joint report). Coupled with high patient expectations and specialists' traditional behaviour, the result has been a doubling of diagnostic procedures and the overuse of expensive hospital and emergency care services. The upgrading of primary care centres by USF and organisational reengineering are expected to bring effective change in such overuse of hospital care. The latest available data points to that direction as shown in Chart 8.

The financing issues of the SNS were the object of an official report published in 2007, with a comprehensive survey of issues and producing important recommendations for policy, such as wider use of clinical and economic evaluation mechanisms to set priorities and define the

scope of protection by public insurance; reform of user fees exemption regimes following criteria based on the individuals' capacity to pay and their need of long-term care; revalorisation of users' fees in order to moderate the use of health care and to value the actual services delivered; reduction of tax benefits for health expenditures. It went as far as to admit that exceptional earmarked contributions should be imposed on taxpayers, in a progressive way, in case of aggravated threats to sustainability.¹⁷ However, the Government failed to act upon these recommendations, as its policies became more or less erratic after Minister Correia de Campos's dismissal in 2008, and the SNS accounts show growing operational overall deficits after that date. In 2011, the Government finally acknowledged the need to reduce health care expenditure by a further EUR 100 million beyond the original targeted expenditure savings of the 2011 State Budget (0.4% of GDP).

Figure 8: Visits to hospital emergency care during the first semester of 2009 and of 2010



Source: Ministry of Health/IACSS, 2011.

The MoU states very detailed targets and measures for the health care system to be achieved in the period 2011-13. The overall objective is to generate additional savings in the area of pharmaceuticals 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), besides an increase on effective control over operational costs in hospitals.

New policies towards pharmaceuticals are specified by the MoU. The maximum price of the first generic introduced in the market will be set to 60% of the branded product with similar active substance, and the existing reference-pricing system based on international prices will be 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 will be made fully compulsory for physicians in both the public and private sector.

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

¹⁷ Ministério da Saúde, Relatório Final da Comissão para a Sustentabilidade do Financiamento do Serviço Nacional de Saúde, 2007, www.portaldasaude.pt.

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.

Under the provisions of the MoU, the future Government is bound to achieve extra savings worth EUR 550 million in 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.

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 recommended and so is the setting-up of a mechanism to guarantee the presence of family doctors in needed areas to induce a more even distribution of family doctors across the country.

Regarding hospitals, additional measures will be taken aimed at achieving a reduction of EUR 200 million in the operational costs of hospitals in 2012 (EUR 100 million in 2012 in addition to savings of over EUR 100 million already in 2011), including the reduction in the number of management staff, as a result of concentration and rationalisation in public hospitals and health centres.

2.2.2 Debates and political discourse

Health policies are very sensitive issues in public discussions. SNS is at the heart of political debates over the extent of State economic and social intervention, and left-wing political parties and even 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 deny such accusations while criticising the alleged mismanagement of SNS by the Government. Some of the most typical arguments in parliamentary debates are the following addresses by parties to Government:

- "The Socialist Government continues to favour the big economic and financial groups, in their pursuit of profit at the expense of public health care and public expenditure, characterised by the pressure on the SNS, which is exemplified by the funding scandal of private hospitals by public funds under the pretext of treating users of ADSE. These users could have been treated by the SNS through the increase of public investment that in turn finds itself skewed to private interests." *Addressed by PCP*
- "About 1 million Portuguese do not have a family doctor and there is a clear asymmetry in access to primary health care between the interior and the coast, and between the quality of the equipment of family health units and those more traditional health centres." *Addressed by CDS-PP*
- "There are approximately 500,000 people on waiting lists for first specialty consultation, and in spite of some positive developments from the introduction of SIGIC (System of Integrated Management of Patients for Surgery) there are at least 170,000 Portuguese hoping for surgery and despairing." *Addressed by CDS-PP*
- "2.5 million Portuguese, i.e., one quarter of the population, have already subscribed to a health insurance policy." *Addressed by CDS-PP*

- “Portugal is the EU country where families spend more, directly from your pocket in medical expenses, but one fifth of the Portuguese, corresponding to about 650,000 families, fail to follow medical treatment due to economic constraints.” *Addressed by CDS-PP*
- “In 2005, by the end of last right-wing government, there were 248,000 patients in waiting lists for surgery and less than four years later, with the socialist government that figure was cut to 170,000, a 30% reduction in the number of patients waiting for surgery. In terms of median waiting time for surgery, in 2005, at the end of PSD and CDS-PP Government, the waiting time was 8.6 months, and in July 2009, this time fell to 3.4 months, a reduction of 61%.” *Addressed by PS*
- “Our investment in the health sector, especially in the hospital network, was also strategic for the quality of life of the Portuguese. The construction of seven hospitals and the launch of several others represent the priority of Government in this area.” *Addressed by the Prime Minister*
- “This Government changed dramatically the criteria and scoring methods on public spending. This modification impairs the analysis of data, prevents any comparison between methods, and compromises the assessment of the evaluation of public policies followed.” *Addressed by PSD*
- “This policy of dispersion of public expenditure prevents the population from knowing precisely what is happening in the State and the paradigmatic example is the field of health care, where the government systematically, through the corporatisation of hospitals, hides the true expenses of State.” *Addressed by PSD*
- “The State budget finances public hospitals that are underfunded and in debt like never before by a mere 0.6% below the expected inflation, aggravating the systematic underfunding of SNS by socialist governments.” *Addressed by BE*
- “Recent amendments to the rules of retirement have resulted in a rush to early retirement: about 500 doctors have already decided to leave the SNS. In this context, if government imposes “the two-to-one” general rule for admissions in civil service, or in the more violent version of the Stability and Growth Programme the “three-to-one” rule, the Government is making the declaration of death to the SNS.” *Addressed by BE*
- “If the situation in hospitals is dreadful, the reality of primary care is much worse. In 2007, 71% of family doctors were more than 50 years old and over the next four years, 4,000 family doctors may leave the SNS, and roughly 80% of doctors that recently anticipated their retirement are family doctors. In other words, since there are about 400, there will be 350,000 Portuguese without a family doctor, in addition to the half million that remain today without a family doctor.” *Addressed by BE*
- “In this period of three years, all those who seek and obtain the anticipation of their retirement will be able to continue, if it suits the services of SNS, to practise for three more years, keeping the entitlement to their pension in same terms as they would at the date they required pension, updated with further contributions they will make during those three years. This is a short-term measure, exceptional and justified by current circumstances.” *Address by the Health Minister*

In September last year the Health Minister further explained how the reduction of pharmaceuticals prices was a part of austerity measures aimed at reducing the state deficit. In a public reaction, the PSD immediately considered that such action simply meant that the

regime of 100% reimbursement of prescribed drugs would be reduced to 95%, along with the decrease from 95% to 90% for the general rate of reimbursement.¹⁸

In October, under the proposed State budget for 2011, the Ministry of Health led the consolidated spending cuts for 2011 with a decrease of 12%, from EUR 9,818 to 8,563 million, mainly due to the implementation of various measures of restraint, with particular emphasis on the decrease in endowment of SNS, which fell by 6.4 %.”¹⁹

In December, all opposition parties in Parliament condemned the overrun in the health accounts, accusing Government of “malpractice”, while PS claimed that the SNS remained “sustainable and guaranteed for the future.”²⁰ The source of these accusations stemmed from contradictory figures presented by the Government over the deficit of the SNS: the Ministry of Finance assumed it was EUR 500 million, whereas the Health Minister argued it was EUR 200 million “or less”.

The debate that followed stressed the divergences between ideologies, with the left-wing parties reinstating the status of the SNS as a cost-free universal public health provider and demanding the highest quality on public health-care services, while expressing their scepticism over the socialist nature of Government policies for health. The centre-right parties expressed scepticism over the sustainability of the SNS, advising on a more effective partnership between public and private health care providers, and the switch to an organisational model of “public foundations run under corporate law” for SNS hospitals, similar to the English hospital organisation and governance and to that currently adopted by several Portuguese universities.²¹

2.2.3 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 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 a reference for policy design during the period 2005-2007, under Minister A. Correia de Campos whose health and long-term care policies reflected strongly EU social policy priorities on improving access to health care through better primary care and investing in technological advances for medical diagnosis support, while keeping a tight control on expenditure. At the same time, the launching of a long-term care public policy was made in compliance with EU policy recommendations.

After Minister Correia de Campos’s dismissal in 2008, official statements on EU health policy coordination keep paying lip service to EU social policies, but Government action became essentially concerned with health lobbies (pharmaceutical industry and retail, doctors professional association, doctors and nurses unions, and media), trying to balance their opposite interests. Portugal’s 2020 National Reform Plan approved in March this year is a clear example of health policy’s present deadlock, where health issues and policies and their

¹⁸ EDITORIAL (Oct 1st, 2010), “Medicamentos: PSD acusa Governo de desnorte total”, Newspaper “Jornal de Notícias”, retrieved on April, 25th, at http://www.jn.pt/PaginaInicial/Nacional/Interior.aspx?content_id=1676066.

¹⁹ EDITORIAL (Oct 16th, 2010), “Maiores cortes vão ser na Saúde”, Magazine “Visão”, retrieved on April, 26th, at <http://aeiou.visao.pt/maiores-cortes-vaio-ser-na-saude=f575883>.

²⁰ EDITORIAL (Dec 22nd, 2010), “Oposição acusa Governo de 'má gestão' na Saúde”, Newspaper “Sol”, retrieved on April, 24th, at http://sol.sapo.pt/inicio/Politica/Interior.aspx?content_id=7565.

²¹ EDITORIAL (Feb 26th, 2011), “Rui Nunes propõe que hospitais sejam geridos por fundações”, Free Newspaper “Destak”, retrieved on April, 26th, at <http://www.destak.pt/artigo/88488>.

contribution to inclusive growth draw a complete blank. 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 will bring 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.

2.2.4 Impact assessment

Independent and officially supported studies and surveys were commissioned by Government in the period 2005-2007, and these efforts have been getting results, especially in 2010.

The impact of the main drivers of health expenditure growth was thoroughly studied by BARROS (2010). An important conclusion is that the ageing of the population is not the main driver of expenditure growth. The econometrical study 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. The analysis of ageing effects emphasises its major challenge 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. FURTADO and PEREIRA (2010) argue the case for quantified targets to reduce inequality in health and the need to fight against social asymmetries through nation-wide plans against specific pathologies. PALMEIRA (2010) made an extensive assessment of SIGIC that highlights the positive evolution of the waiting lists for surgery. Thus it confirms the decrease in the number of subscribers along with a higher assurance that all citizens are granted access to health care services, and therefore bringing higher equity into SNS.

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 light penalties on benefits, soon to wither within the CGA converging path with SS. By April 2011, the Ministry of Health was forced to hire dozens of Colombian doctors to fill positions in the SNS as newly-graduated doctors from Portuguese Universities may begin to reverse the trend only from 2015 onwards.

General practice and family medical care are the most afflicted with the shortage of doctors and nurses, and both are crucial to ageing populations. The number of Portuguese without a family doctor adds up to 1.5 million individuals estimated by the Court of Auditors (“Tribunal de Contas”), well above earlier rough estimates of 400,000 by the Ministry of Health.²²

More than two million Portuguese who were exempted from user’s fees, including the chronically ill, accounting for 20% of the population will have to pay for care in national health services whenever the wealth (inheritance) of their household exceeds EUR 100,000.

The impact of these recent measures is still to be assessed. The changes will also affect citizens staying in hospitals and rehabilitation facilities, especially the elderly. The verification of household global resources could lead to reduced state reimbursement and an increase of the effort for families.

²² EDITORIAL (Aug 3rd, 2009), “Há um milhão e meio de portugueses sem médico de família”, Newspaper I, retrieved on June, 2nd, at <http://www.ionline.pt/conteudo/16427-ha-um-milhao-e-meio-portugueses-sem-medico-familia>.

2.2.5 Critical assessment of reforms, discussions and research carried out

The financial sustainability of the SNS was first addressed by the official report published in 2007²³ and mentioned earlier. Most of its recommendations have not been followed for the time being. Nevertheless, new policy measures and regulations to enhance access to health care have been implemented since 2006 with an impact both on SNS financial sustainability and the quality of health services.

After 2008, fewer measures were taken but even those remain outside any comprehensive reform design, as former Minister of Health Antonio Correia de Campos' policies were mostly abandoned in practice by his successor under the pressure of SNS lobbies (doctors and others).

Academia was effectively stimulated by Government until 2008 to focus on the assessment of policies, but afterwards there are no signs of such continued policy. Research seems now to be more attentive to micro-level issues and some of the published research has a predominantly monographic nature.

2.3 Long-term Care

2.3.1 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 latest available National Health Survey, as shown in Table 6.

Table 6: Population with 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.

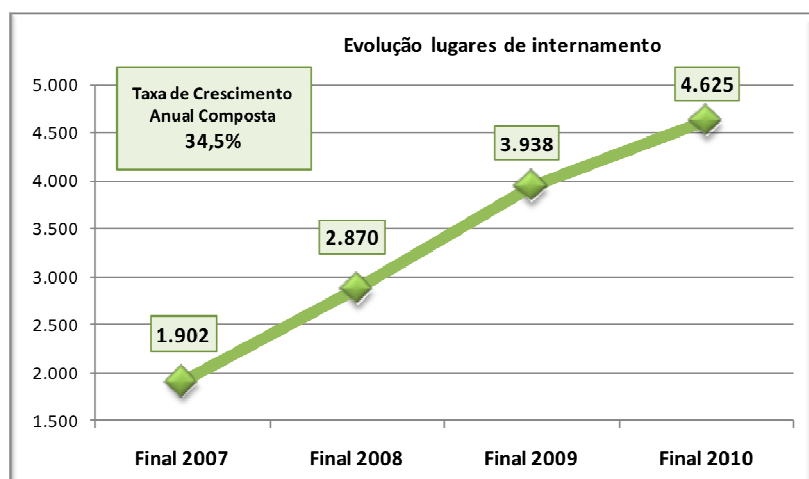
For the majority of the population the sole available care is informal care by families and neighbours, or within residential institutions subsidised by the state. As a consequence, SNS hospitals have been frequently over-occupied by users that could be clinically discharged but are in need of long-term 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.

Figure 9 plots the official data made available by the body in charge of RNCCI national coordination (Ministry of Health's UMCCI) showing the growth of supply at a pace of 34.5% average annual increase of places (beds) allocated through the network to continuous care, between 2007 and 2010.

²³ Ministério da Saúde, *Relatório Final da Comissão para a Sustentabilidade do Financiamento do Serviço Nacional de Saúde*, 2007 (available at www.portaldasaude.pt).

Figure 9: Growth of RNCC 2007-2010 (number of places)



Source: Ministry of Health/UMCCI.

RNCCI offers a continuum of institutional 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.

The network operates with purchaser/provider split and includes convalescence units integrated into acute hospitals and other institutions, medical medium-stay units, rehabilitation units, long-term care institutions, palliative care units and day care services. The portfolio of institutional care services within RNCCI was projected to grow globally by 88% in the period 2008-10 and eventually grew by 61%, according to different typologies presented in Table 7.

Table 7: Portfolio of institutional continuous care services (2008-09)

Typology of institutional care services	No. places 31-12-2008	No. projected places 31-12-2010	No. places 31-12-2010
Convalescence	530	853	682
Medium term care	922	1,709	1,497
Long-term care	1,325	2,587	2,286
Palliative care.	93	237	160
Total	2,870	5,386	4,625

Source: Ministry of Health/UMCCI.

Within RNCCI, institutional care services are provided by non-profit organisations (66% 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 8. All act within common technical standards and their services are subsidised by the state.

Table 8: Providers of institutional continuous care through RNCCI (2010)

Provider	No. Places (beds)	%
SNS	425	9
Not-for-Profit Social Solidarity Institutions (IPSS)	3064	66
Private sector	1136	25
Total	4625	100

Source: Ministry of Health/UMCCI.

In hospitals specialised teams prepare patient discharge (EGA) by referral to other settings. In 2010, 177 EGA teams covered all hospitals. 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 that number presently 214 (a rise by 123% between 2009 and 2010) and with a capacity to supply care to 8,063 home-based patients.

Adding up the number of places and the number of home based patients, the full capacity of RNCCI amounted to 12,688 individuals in 2010, which may be compared to the potential need of long-term care estimated in Table 9.

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.

Table 8 summarises the available data on users referred to RNCCI care services where the integrated care teams (ECCI) delivering home services to users not requiring stay in institutions account for only 15% of the users.

Table 9: Referred users by typology of care services (2010)

Care services delivered within RNCCI	No. of referred users	%
Convalescence	5,903	24.6
Medium term care	6,483	27.0
Long-term care	5,550	23.1
Palliative care.	2,593	10.8
ECCI (integrated care by teams at users' home)	3,475	14.5
Total	24,004	100.0

Source: Ministry of Health/UMCCI.

In 2010, the users of RNCCI were mainly individuals over 65 years (79.9%) and women (54%). The elderly over 80 years account for 40% of users.

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 2010 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 may result from budget constraints set up by the MoU.

2.3.2 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 sectoral level. Such a consensual approach is quite evident in some of the most important issues addressed by the parliamentary parties in political debates and to Government, confining divergence to quantitative achievements:

- “We have one thing that is decisive in terms of care and provision of social support, which is the Network National Continuous Care (RNCCI), provided in 80% by the Portuguese union of “Misericordias” (traditional charity organisations close to the Catholic Church and a very strong nation-wide presence) and the Union of not-for-profit Social Solidarity Institutions (IPSS) in partnership with the State.” *Addressed by PSD*
- “The National Network of Integrated Continued Care (RNCCI) demonstrated two things: first, the availability of the social sector to further collaboration with the state and secondly, the installed capacity of “Misericordias”. However, it does not go unnoticed that the social sector has been forgotten in Algarve (southern region of Portugal, highly successful in tourism). Despite its role in long-term care, the state still does not recognise “Misericordias” as partners to solve the problem of the region.” *Addressed by PSD*
- “In the field of long-term care, much of this care is provided by a system of partnerships with the social sector and also with the private sector, who accepted the same rules established for the social sector.” *Addressed by the Health Minister*
- “For CDS/PP, “Misericordias” have been and will always be natural partners of the State in compelling social policies. They complement and are often the only solution for people. If one day they went on strike or closed their doors, the country would be literally paralysed! Hundreds of thousands of children would be left without childcare and kindergarten; thousands and thousands of citizens would be left without healthcare; thousands and thousands of poor people would be left without the social help action and thousands of elderly people would run out of residential homes and day centres or would suffer the loss of home care.” *Addressed by CDS-PP*
- “Without questioning the goodness derived from the creation of the National Network of Integrated Continuous Care, we know that not only this network is well below the ratio recommended by the World Health Organisation and practised in most developed countries but also that there is notorious underfunding of these units.” *Addressed by CDS-PP*
- “In terms of integrated continuous care after the launch of the RNCCI, just over three years, we recently launched (a new programme) that brings an extra 2000 places to the 4000 existing ones in the network. We are also progressively improving the responsiveness of domiciliary assistance (home care). Today we have 141 home care teams, to whom we are assigning vehicles and that provide support of integrated

domiciliary assistance to thousands of people. And we will continue to invest in setting up more teams home care to reach more people.” *Addressed by the Health Minister*

- “You gentlemen announce the increasing number of vacancies through “Modelar Program” for long-term care, but how are the human resources allocated effectively to these beds. You continue to advertise new vacancies, but insist on not disclosing the human resources available and not paying.” *Addressed by CDS-PP*
- “Today as we celebrate the 31st anniversary of the National Health Service (SNS), we salute some of the benefits that the creation of RNCCI in 2006 brought to the chronically ill, and some of them, in the terminal stage of life. However, we cannot leave unmentioned that in no other field of SNS healthcare, after four years of RNCCI operation, is there a similar insufficiency as in palliative care.” *Addressed by CDS-PP*
- “Reports from the European Commission itself show that Portugal is the last country in the EU on public expenditure in long-term care, with less than 0.1% of GDP, and, interestingly, the coordinating Unit for RNCCI announces that from this meagre 0.1%, only 2% were destined to palliative care.” *Addressed by CDS-PP*
- “At present time, there is palliative care, although not in the required amount, and not to the extent we all want, but they are the ones that exist. The path is being made step by step, and the plan that was approved included the participation of experts from the World Health Organisation and was validated by WHO.” *Addressed by PS*

A dissonant note comes nevertheless from the far left:

- “To this Government, palliative care presents a huge threat to the SNS. All the more serious as the so-called RNCCI is becoming a huge reservoir in which to throw all patients that the Ministry does not want to see inside hospitals, which means that patients with different needs are now subject to identical treatment in identical circumstances, without any regard to differentiation of care, which their health condition requires.” *Addressed by BE*
- “We have to ask ourselves why the Network is inadequate and why is its growth so slow and why not even the money of the budget is fully spent in palliative and long-term care. From what was inscribed on budget, only 56% of these items were spent last year. From the Left Bloc standpoint the reason for this is the Government's insistence on maintaining on the same network an amalgam of clinical and social situations, thus not helping to differentiate or promote the necessary impetus so that long-term care is looked upon with further attention, with enhanced accuracy and additional energy.” *Addressed by BE*
- “The feeble investment in this field is largely responsible for the huge lack of integrated long-term and palliative care in Portugal. The Inspectorate General of Finance refers in their report that “the National Network of Integrated Continued Care had a budget exceeding EUR 303 million, between 2006 and 2009, although by 2008 implementation had not amounted to more than EUR 63 million, which reflects the lack of effectiveness and efficiency.” *Addressed by PCP*
- “Interestingly, palliative care is the only field of RNCCI not funded by social security. This might mean something!” *Addressed by BE*

- “The Network is bureaucratic, full of routines, growing slowly and, moreover, is not today, sufficiently differentiated to provide the effective care to the variety of patients attended.” *Addressed by BE*

2.3.3 Impact of EU social policies on the national level

EU social policies and EU Member States best practices were taken as reference to build up RNCCI. Also Portugal 2020 National Reform Plan states precise targets to RNCCI completion by 2014 as part of the inclusive growth objectives.

2.3.4 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, namely:

- RNCCI model of coordination, which is decentralised and supported by three levels of coordination: national (the national coordinator unit for implementation and management control); regional (five regional coordinating teams focussed on identifying regional needs and implementing regional activities); local (82 local coordinating teams focussed on implementing care at local level in close relationship with primary care).
- 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 in a purpose to built 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.
- Regulating and technical guidance towards best practice in integrated care through direct support to all care units contracted through regular visits as well as regular face-to-face meetings with regional and local coordinating meetings.
- Results of the evaluation of plan execution according to established technical referential applied at local level demonstrate 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.

2.3.5 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.

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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

[R1] AISEN, Ari, VEIGA, Francisco José, “How does political instability affect economic growth?”, working paper, NIPE, International Monetary Fund, 2011.

<http://repositorium.sdum.uminho.pt/handle/1822/12176>

The purpose of this paper is to empirically determine the effects of political instability on economic growth. Using the system-GMM estimator for linear dynamic panel data models on a sample covering up to 169 countries, and 5-year periods from 1960 to 2004, we find that higher degrees of political instability are associated with lower growth rates of GDP per capita. Regarding the channels of transmission, we find that political instability adversely affects growth by lowering the rates of productivity growth and, to a smaller degree, physical and human capital accumulation. Finally, economic freedom and ethnic homogeneity are beneficial to growth, while democracy may have a small negative effect.

[R4] ALBUQUERQUE, Paula, PASSOS, José, “Grandparents and women's participation in the labour market”, Working papers, SOCIUS/CEMAPRE, 2010.

<http://www.repository.utl.pt/handle/10400.5/2527>

The reconciliation of work and family life is a challenge to most women. In some countries, although not in southern Europe, women make significant use of part-time schedules as a way of balancing work and family life. Informal care, typically care by grandparents, is an alternative. It is cheap, trustworthy, and possibly compatible with non-standard labour schedules. In this paper we investigate how childcare by grandparents affects the probability of working of mothers in southern European countries. The authors empirically evaluate the verification and the significance of such an effect, accounting for a potentially endogenous grandparent-caring status.

[R1] ALBUQUERQUE, Paula C., LOPES, João C., “Economic impacts of ageing: an interindustry approach”, Working paper, SOCIUS/UECE/ISEG, 2010.

<http://www.repository.utl.pt/handle/10400.5/1744?mode=full>

The purpose of this paper is to quantify the impact of the evolution of consumption patterns associated with ageing on the relative importance of industries in Portugal.

Design/Methodology/Approach - This paper uses data from the Family Spending Survey to disaggregate the Household column of the Portuguese Input-Output Table in different age groups, projecting their consumption, using the latest demographic projections made by Statistics Portugal (INE). **Findings** - The study identifies the industries that are likely to be stimulated by the ageing of the Portuguese population, as well as the industries that will most likely become disadvantaged by the process. **Social implications** - The task of identification of growing and declining industries due to ageing is important to help the design of employment, environmental, and social policies. **Original/Value** - The contemporary demographic trends in western societies have added to the importance of studying the economic and social consequences of ageing. Previously, the main issues have been the labour market effects, the sustainability of social security systems, and long-term care. In this paper, the authors address a different research topic, quantifying the sectoral impact of the evolution of consumption patterns associated with ageing.

[R2] ANTUNES, Paulo Alexandre Rosa Pereira, “Modelação estocástica de fundos de pensões”, masters thesis, ISEG/UTL, 2010. <http://www.repository.utl.pt/handle/10400.5/2436>

“Stochastic modelling of pension funds”

This dissertation presents an analytic model of the evolution of a defined benefit pension plan, based on the stochastic simulation of participant's wages, responsibilities, asset returns and funding levels. The behaviour of the variables underlying the model, namely inflation, interest rates and asset returns is modelled based on the long-term financial models of Wilkie and Hibbert. The risk related to the contributions to be made by the plan's sponsor is measured based on the dispersion of the empirical distributions obtained for the value of the average contribution rate on the participant's wages. The results obtained with the two models are compared graphically and by analysis of relevant statistics, and the differences between the results obtained interpreted considering the characteristics of the models used. Furthermore, sensitivity analyses of the results obtained, given variations of some of the parameters used, are made.

[R1] BARROS, Pedro, MACHADO, Sara, “Money for nothing? The net costs of medical training”, Working paper, Faculdade de Economia/Universidade Nova de Lisboa, 2010. <http://dspace.fct.unl.pt/handle/10362/2549>

One of the stages of medical training is the residency programme. Hosting institutions often claim compensation for the training provided. How much should this compensation be? According to the authors' results, given the benefits arising from having residents among the house stats, no transfer (either tuition fee or subsidy) should be set to compensate the hosting institution for providing medical training. This paper quantifies the net costs of medical training, defined as the training costs over and above the wage paid. The authors jointly consider two effects. On the one hand, residents take extra time and resources from both the hosting institution and the supervisor. On the other hand, residents can be regarded as a less expensive substitute to nurses and/or graduate physicians, in the production of health care, both in primary care centres and hospitals. The net effect can be either positive or negative. The authors use the fact that residents, in Portugal, are centrally allocated to National Health Service hospitals to treat them as an exogenous production factor. The data used comes from Portuguese hospitals and primary care centres. Cost function estimates point to a small negative marginal impact of residents on hospitals' (-0.02%) and primary care centres' (-0.9%) costs. Nonetheless, there is a positive relation between size and cost to the very large hospitals and primary care centres. The approach to estimation of residents' cost controls for

other teaching activities that hospitals might have (namely undergraduate Medical Schools). Overall, the net costs of medical training appear to be quite small.

[R2] BASTOS, Paulo, MONTEIRO, Natália, STRAUME, Odd Rune, “The effect of private versus public ownership on labour earnings”, working paper, NIPE, Universidade do Minho, 2011.

<http://repositorium.sdum.uminho.pt/handle/1822/11997>

The authors examine the impact of privatisation on wage formation in unionised labour markets. Using longitudinal worker-firm data for Portugal spanning the period 1991-2007, they find that privatisation leads to higher wages, and show that this effect is driven by the fact that privatised firms tend to pay larger mark-ups on the union wage floor. These findings accord with a theoretical model in which actual paid wages are determined via sector-wide collective bargaining and firm-specific "fair-wage" policies, and where private ownership affects wage-setting incentives in both of these stages.

[R2] CABRAL, Nazaré da Costa, “Contribuições para a Segurança Social – Natureza, aspectos de regime e de técnica e perspectivas de evolução num contexto de incerteza”, Cadernos IDEFF, Edições Almedina, 2010.

http://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_publicacoes&PUBLICACOESpub_boui=102614085&PUBLICACOESmodo=2

“Social security contributions – Nature aspects of government and of technical developments and prospects in a context of uncertainty”

This essay discusses how the present conceptual structure of social contributions will be affected by the impact of the current economic crisis. It elaborates on the historic evolution of the social contribution concept, which departed from its original insurance premium feature, and it argues that social contributions have a predominant fiscal nature that might be reinforced by the current crisis and the increasing concern for the long-term sustainability of public finances.

[R3] CARDOSO, Ana Rute, PORTELA, Miguel, “Envelhecimento populacional e o mercado de trabalho”, Ph.D. Thesis, Universidade do Minho, 2010.

<http://repositorium.sdum.uminho.pt/handle/1822/10871>

“Population ageing and the labour market”

Under the demographic context of population ageing and considering its implications on the age composition of the labour force, this thesis investigates the labour market opportunities experienced by older individuals and additionally questions whether a specific form of flexible work arrangement would help to expand older employees' working career, contributing this way to an active ageing. Due to the fear of prospective labour supply shortages, as well as to issues related to the sustainability of Social Security systems, there exists a growing concern towards increasing the labour force participation of older workers. Therefore, opportunities must be created and/or made accessible to these individuals in order for them to find attractiveness in postponing the passage to inactivity. For the study of labour market opportunities, using a longitudinal employer-employee data set, the authors concentrate on hiring and promotion prospects faced by the elderly. First, the authors make use of a fractional logit model to evaluate the hiring opportunities at the reach of older individuals. The authors found that although Portuguese firms employ older workers they have a preference for hiring younger individuals and this preference results from the fact that

employers seem to favour long-term employment relationships with their employees. In effect, empirical results show a statistically significant negative association between the share of the workforce with more than five years of tenure and the share of older workers' hired. Second, the research on older workers' opportunities for promotion departs from a sample of new firms and their employees. Survival analysis suggests that younger employees experience shorter times to promotion than older workers and, therefore, the latter face a smaller likelihood of promotion. Both the above researches highlight the lack of opportunities for older individuals. They are passed over for hiring and promotion because of age. This calls for the need of policy intervention to incentive firms to hire and provide career development chances for those that are older. As a means to extend older individuals' participation in the labour force, another dimension of active ageing policies focus on the adoption of flexibility in working arrangements. Thus, in a third and final research, the underlying question is whether working hours' flexibility is associated with delayed exit from the labour market. Using a novel dataset from the 2006 Portuguese Labour Force Survey and employing duration models the authors found that reducing hours of work before retirement is associated with early exits from the labour force. A reduction of hours of work seems to signal the wish to retire sooner rather than to announce the desire of retirement postponement. Hence, flexibility in hours of work appears not to be an effective instrument to promote active ageing.

[R5] CARVALHO, Maria Irene Lopes Bogalho de, "Os Cuidados Domiciliários em Instituições de Solidariedade Social no Concelho de Cascais", Ph.D. Thesis, ISCTE, 2010.
<http://repositorio-iul.iscte.pt/handle/10071/2364>

"Home care in Institutions of Social Solidarity in Cascais"

This research intends to analyse domiciliary care in institutions of solidarity from a set of recent developments: the increase not only of elderly dependents but also of the political actions towards them. It emphasises home care as an emerging issue of politics, which articulates the social and health areas, public entities and private profit and non-profit, formal and informal work, the dependent elderly and family caregivers. It aims to understand the extent to which this policy is set taking into account three aspects: the elderly dependent; institutions of solidarity with home care services and the intervention of social work practitioners as coordinators of those services. This study analysed the provision and practice in four institutions with the legal status of IPSS located in the municipality of Cascais. These IPSSs have organisational structures and different operating methods and strategic action guides, including the ability to negotiate with the state to create new resources and to promote the participation of customers, according to organisational degree of complexity. Services and home care of these institutions are among the maintenance / support, and the extension on substantive and diversity / innovation. The process of social work intervention is geared to meet the needs of customers within the resources available, through a service-led perspective. Despite this trend, the author was able to identify an institution with more complex, innovative intervention processes in which the tendency is to create resources in accordance with identified needs (needs-led perspective). These institutions are far more positioned to promote independence and quality in the elderly.

[R1] CASTRO, Vítor, MARTINS, Rodrigo, "Minimum wage, fringe benefits, overtime payments and the gender wage gap", working paper, NIPE, Universidade do Minho, 2011.
<http://repositorium.sdum.uminho.pt/handle/1822/11995>

Using a data set that covers all Portuguese mainland municipalities for the period 1979-2005, this study performs an empirical analysis of the economic determinants of Mayors' choice to run for another term. The literature on the subject is mainly centred on the United States and,

as far as we know, no papers are found addressing the economic factors of this choice. Probit panel estimations show that local economic conditions matter more than the national or regional economic environment. The results also confirm that political variables are important and that they influence the likelihood of seeking reelection in the same way as they affect vote and popularity functions.

[R1] CASTRO, Vítor, “The Portuguese business cycle: chronology and duration dependence”, working paper, NIPE, Universidade do Minho, 2011.
<http://repositorium.sdum.uminho.pt/handle/1822/11991>

This paper tries to identify, for the first time, a chronology for the Portuguese business cycle and test for the presence of duration dependence in the respective phases of expansion and contraction. A duration-dependent Markov-switching vector autoregressive model is employed in that task. This model is estimated over monthly and year-on-year (monthly) growth rates of a set of relevant economic indicators, namely, industrial production, a composite leading indicator and, additionally, civilian employment. The estimated specifications allow to identify four main periods of contraction during the last three decades and the presence of positive duration dependence in contractions, but not in expansions.

[R4] CAVALEIRO, Verónica Alexandra Marques, “Percepções de empregadores acerca dos colaboradores mais velhos”, masters thesis, ISCTE, 2010.
<http://repositorio-iul.iscte.pt/handle/10071/2481>

“Perceptions of employers about older workers”

In the next years, Europe’s working force age structure will suffer significant changes, with a rise in the number of older workers to be expected. These changes mean that organisations will be forced to recognise the importance of employing older workers and to use their skills and knowledge in a proper way. Most studies show the existence of a negative stereotype about this kind of workers, which can be related to the age discrimination felt nowadays. This qualitative study intends to investigate some employers’ perception about older workers. It will be expected more negatives attitudes about older workers, specifically in learning and acceptance of new technology and adaptation to change dimensions. In general, the participants gave positive and negative characteristics to both age groups. Most interviews indicate, however, the attribution of negative characteristics to older workers tends to be more punishable. In resemblance to the study performed by Rosen & Jerdee (1976b), the results suggested that older people were seen as being less potentially employable than younger ones, particularly in physically exhausting jobs. Increase age seemed to be associated to the lack of some competences and skills to the function.

[R4] CORDEIRO, Vânia, “Género, RSI e mercado de trabalho: duas faces de uma mesma realidade”, masters thesis, ISCTE, 2010.
<http://repositorio-iul.iscte.pt/handle/10071/2451>

“Gender, social integration income and the labour market: two sides of the same reality”

This dissertation aims to analyse the relationship between the beneficiaries of social integration income (SII) in the municipality of Lagoa (São Miguel - Açores) with the labour market. This study has revealed that the appropriation that the beneficiaries do from the measure of SII is in many respects antagonistic to what is legislated, which has been generating adverse effects on implementing the measure. Thus, the SII, as a measure of social protection, with regard to the beneficiaries in the municipality of Lagoa, has contributed to the reproduction of cultural identity and to maintain the dependence of the benefit, instead of

promoting the inclusion of these in the labour market, this is the way that legally is beaded as a way of empowering the service. The dissertation addresses the theoretical level axes as the welfare state and social policies, poverty and social exclusion towards social integration and gender issues and the labour market in SII context. For the development of this study a logic of intensive investigation was chosen, and it was decided to combine approaches of quantitative and qualitative research. Thus, there was an intensive analysis of almost all the cases of SII in the municipality of Lagoa, and subsequently, on the basis of this analysis were selected fourteen beneficiaries to whom interviews were conducted that were then studied using the content analysis.

[R1] FRANCA, Lara, MONTE, Ana Paula, “Comparação entre sistemas de gestão hospitalar: SPA, SA e EPE, na perspectiva do planeamento e controlo orçamental: um estudo de caso”, XIV Congresso Internacional de la Academia de Ciencias Administrativas A. C. (ACACIA), 2010.

<http://bibliotecadigital.ipb.pt/handle/10198/2541>

“Comparison of hospital Management systems: SPA, SA and EPE, in the perspective of planning and budgetary control: a case study”

The privatisation of the state hospital sector has raised growing interest. Namely from the point of view in planning and budget control. During the last decades different modifications have taken place in the management systems of the public hospital sector.

With this work the authors intend to investigate if the EPE management system leads to better management than the SPA and SA management systems in the Centro Hospitalar do Nordeste EPE (CHNE) from the perspective of planning and budget control. In this sense, the authors analysed the overspending observed two years before and after the transformation of the management systems which were implemented in hospitals that represent the CHNE.

Therefore the financial maps and budgets for the period 2004 until 2007 were resorted. The results may prove bigger overspending after the transformation of CHNE management systems from SPA and SA to EPE.

[R2] KIZILCA, Kemal, CEREJEIRA, João, PORTELA, Miguel, SÁ, Carla Angélica da Silva Pinto de, “Minimum wage, fringe benefits, overtime payments and the gender wage gap”, working paper, NIPE, Universidade do Minho, 2010.

<http://repositorium.sdum.uminho.pt/handle/1822/11695>

This paper investigates the impact of an increase in the minimum wage on the gender gap at various levels of employee compensation, namely base wage, fringe benefits, overtime payments and probability of getting these extra income components. Using the matched employer-employee database for the Portuguese labour market, we explore the 1998 amendment to the MW law that increased the minimum wage applied to employees younger than 18 years of age from 75% to 100% of the full minimum. Estimation results based on a difference-in-differences strategy indicate a widening of the gender gap, caused by redistribution of fringe benefits and overtime payments following the amendment. The authors discuss three possible sources of redistribution: (i) discrimination, (ii) a change in the skill composition of the working males and females after the increase, and (iii) industrial differences in response to the changes in the wage floor. Estimations support the third channel as the main contributing factor while we cannot eliminate the possibility of the effect of discrimination.

[R4] MACHADO, C. Sofia, PORTELA, Miguel, “Age and opportunities for promotion”, working paper, NIPE, Universidade do Minho, 2011.
<http://repositorium.sdum.uminho.pt/handle/1822/11698>

Using a panel of new firms and their employees, this paper studies the promotion opportunities for older workers within the same firm. Survival analysis suggests that younger employees experience shorter times to promotion than older workers and, therefore, the latter face a smaller likelihood of promotion. Although men are promoted more often than women, empirical results show that women have shorter survival times to promotion than men. Also, previous promotions are stronger determinants of subsequent ones and this finding provides support to the evidence on promotion “fast-tracks”.

[R4] MACHADO, C. Sofia, PORTELA, Miguel, “Hours of work and retirement behaviour”, working paper, NIPE, Universidade do Minho, 2011.
<http://repositorium.sdum.uminho.pt/handle/1822/11687>

Using a novel dataset from the 2006 Portuguese Labour Force Survey this paper examines the impact of a voluntary reduction in hours of work, before retirement, on the moment of exit from the labour force. If, as often suggested, flexibility in hours of work is a useful measure to postpone retirement, and then a reduction in working hours should be associated with retirement at later ages. Results prove otherwise suggesting that reducing hours of work before retirement is associated with early exits from the labour force. A reduction in hours of work seems to signal the worker’s wish to retire sooner rather than to announce the desire of remaining in the labour market.

[R2] MENDES, Fernando Ribeiro, “Segurança Social: O Futuro Hipotecado”, Ensaios da Fundação, Fundação Francisco Manuel dos Santos, 2010.
http://www.almedina.net/catalog/product_info.php?editoras_id=589&products_id=13282

“Social Security: The future mortgaged”

This essay aims to sensitise the reader to the importance of the ethical foundation of public policies on social security from the perspective of intergenerational justice.

It examines the issue of pensions in the face of threats and challenges of economic, social and political systems of social protection currently face in Portugal and around the world.

What should be the social security, both for current and for future generations, to be bequeathed to preserve a standard of living with equal opportunities for a dignified and personal fulfilment?

[R5] NEVES, Susana Maria Ribeiro das, “O rosto social da morte: as representações sociais da morte no doente paliativo”, masters thesis, Faculdade de Medicina, Universidade de Lisboa, 2010.
<http://repositorio.ul.pt/handle/10451/2693>

“The social face of death: social representations of death in the palliative patient”

In this thesis the author developed an empirical investigation with a population of 83 subjects from both genres with ages between 30 and 95 years old. She divided the subjects into two groups, according to context: palliative care patients – in internment units of palliative care – and non palliative (or not diagnosed as) care chronicle patients – in households or receiving domiciliary support, in I.P.S.S.1, without palliative care. Her main goal was to analyse and understand how palliative care patients think and feel about death, their own death and also

about their feelings towards life. This research was framed on the theory of social representations (Moscovici, 1961), aiming on the way we think, feel and act when facing death as a reality. The data was collected by means of an individual questionnaire, using a free word association technique. The author identified the semantic universes related to each concept, based on Correspondences of Factorial Analysis. The genre influences social representations of death (e.g., Oliveira, 2008). Women reveal a more symbolic attitude and a greater emotional enrolment with their family and their partner. Men, on the other hand, think and feel their own death, revealing a strong connection to life; after the illness, they also think about social death, dependence and loss of work. The subjects clearly say they prefer their death to occur in a familiar context, with attendance and dignity (Chochinov, 2002). Palliative care patients, in particular, tend to reveal emotional and existential suffering, due to death proximity. These patients question the sense of death before life and reveal a strong will to live. The results called the attention of the author to the need for having more palliative care teams to support patients at home, as a way of preventing institutionalisation and therefore delay or avoid hospital death (e.g., Gonçalves, 1996; Doyle and Jeffrey, 2000; Koffman and Higginson, 2004).

[R1] NICOLA, Rui Miguel de Moraes Zamith, “Social policy design and assessment: the choice of an equivalence scale for the assessment of efficacy and efficiency on poverty reduction based on the Portuguese social insertion income”, masters thesis, ISEG/UTL, 2010.
<http://www.repository.utl.pt/handle/10400.5/2230>

Income redistributive social policies aiming to reduce inequality and poverty have been submitted to more regular and in-depth analysis and assessment within the EU and OECD. The purpose of this dissertation is to investigate the consequences of assessing income support social policy measures using internationally defined equivalence scales instead of using the nationally defined equivalence scale embedded in each measure. The dissertation addresses two main questions: 1) What are the effects of assessing redistributive social policies with equivalence scales different from the ones incorporated in the respective policy measures? 2) Would the assessment of redistributive social policies improve, in terms of poverty eradication and efficiency indicators, if the equivalence scales used for policy design and implementation and for evaluation were the same? On a first section of this text the conceptual and methodological framework regarding the assessment of redistributive policies is presented, focusing on the Foster-Greer-Thorbecke indicators and the efficiency model of Beckerman. Afterwards, the main characteristics of EU-SILC data and the rules for accessing the Portuguese Social Insertion Income (SII) are briefly considered. This redistributive programme will be used on simulations with different equivalence scales. Thereafter, a theoretical policy measure incorporating the main operating logic of SII and a poverty eradicating goal is envisaged, simulated and discussed. Finally, bearing in mind the initial questions, the results are discussed and indications for future research are considered.

[R1] OLIVEIRA, Catarina Resende de, ROSA, Manuel Santos, PINTO, Anabela Mota, BOTELHO, Maria Amália Silveira, MORAIS, António, VERÍSSIMO, Manuel Teixeira., “Estudo do perfil do envelhecimento da população portuguesa”, Eurotrials, MED - Livros e Capítulos de Livros, 2010.
<http://rihuc.huc.min-saude.pt/handle/10400.4/992>

“Study on the ageing profile of Portuguese population”

The study on the ageing profile of Portuguese population, by Catarina Resende de Oliveira and other authors is an example of a necessary, possible and useful research, in Portugal.

Aiming for the study of dependency and characterisation of functional and laboratory factors of ageing, it was developed on an observation method, with a sample of 2,672 individuals with age over 55.

[R1] PEREIRA, Patrícia, MAGALHÃES, Manuela, “A situação económica e social na União Europeia: análise de alguns indicadores”, masters thesis, ISCTE, 2010.

<http://repositorio-iul.iscte.pt/handle/10071/2558>

“The social and economic situation in the European Union: analysis of indicators”

At a time of continual changes and new social economic demands, several important sectors became vulnerable. At the level of the labour market the increased need for higher levels of productivity and competitiveness led to the emergence of new skills which increased unemployment among those who had not adjusted to the changes and among those who invested in their training but had entered in the labour market later and later.

The inequalities increased, thus swelling the number at risk of poverty. The demographic pictures also reflected these changes, on the one hand marked by lower rates of fertility and on the other hand by an evidently ageing population. This situation has had two consequences; first a worrying increase in the degree of dependence of the aged population; second a consequent decline in the proportion of employed people in relation to the number of pensioners, thus contributing to an increase in the cost of social contributions.

This research aimed to compare the 27 member states of the European Union in terms of a number of socio-economics indicators, attempted to discover groups of countries which were similar, and groups which were dissimilar in terms of these indicators.

The research was carried out through out the use of multivariate statistical methods, namely, Principal Components Analysis which was used to reduce and establish the analysis dimensions, and two Cluster Analyses applied to define two sets of groups of European Union countries, one based on the Human Development Index (HDI) and the other based on expenditure on social contributions. Following, discriminant analysis was used to determine which dimensions best distinguished the two groups of countries and MANOVA was applied to assess the extent to which the groups differed in terms of the impact of social economics indicators used in the study.

[R1] RODRIGUES, Carlos Farinha, ANDRADE, Isabel, “Monetary Poverty, Material Deprivation and Consistent Poverty in Portugal”, working papers 25, CEMAPRE, Instituto Superior de Economia e Gestão, 2010.

<http://ideas.repec.org/p/ise/isegwp/wp252010.html>

In this paper the authors use the Portuguese component of the European Union Statistics on Income and Living Conditions (EU-SILC) to develop a measure of consistent poverty in Portugal. It is widely agreed that being poor does not simply mean not having enough monetary resources. It also reflects a lack of access to the resources required to enjoy a minimum standard of living and participation in the society one belongs to. The coexistence of material deprivation and monetary poverty leads to the concept of consistent poverty. The assessment of material deprivation and the identification of the households and individuals living in consistent poverty could become essential parts of the national anti-poverty strategy and crucial instruments in the definition of the target groups in social policy.

[R2] SANTOS, Tânia Cristina Simões de Matos dos, “Solvência financeira dos sistemas de pensões da União Europeia”, Ph.D. Thesis, 2010.

<http://iconline.ipleiria.pt/handle/10400.8/341>

“Financial solvency of pension systems in the European Union”

During the last century, most industrialised countries have adopted public pension systems based on the distribution system, according to which current taxpayers pay the pensions of current pensioners with the expectation that future taxpayers pay their pensions when retire. After the Second World War, a period of rapid economic and population growth allowed the use of these formulas for calculating the value of the first pension and methods of revaluation. The evolution of the financial position of pension systems is determined by the influence of demographic variables (in particular the dependency ratio of older people), and the behaviour of macroeconomic variables, such as the employment rate.

The originality of the proposed study is that under the theme system pensions to study the financial solvency of pension systems in Europe, using the concept internal rate of return. One other new feature is the determination of solvency (or insolvency) financial systems of European pension, considering alternative wage (equivalent to several countries), different retirement ages and contribution periods alternative.

[R2] SILVA, Ana Carina, “Caracterização do bem-estar da população idosa portuguesa: bem-estar subjectivo, bem-estar psicológico e bem-estar social na população idosa portuguesa”, masters thesis, ISCTE, 2010.

<http://repositorio-iul.iscte.pt/handle/10071/2476>

“Characterisation of the welfare of elderly Portuguese: subjective well-being, psychological well-being and social welfare in elderly Portuguese”

The main objective of the present study was to understand the association between three demographic variables – Gender, Marital Status and Education Level – and the well-being of Portuguese elderly, and also to analyse the consistency of such relation in other European countries. In this sense, were considered three types of well-being: Subjective Well-being, Psychological Well-being and Social Well-being. The data analysed in this study came from a longitudinal investigation – the European Social Surveys – which aims to measure attitudes, values, beliefs and behavioural guidelines in Europe on a variety of topics. In this study the data from 2006 were used, because they approach relevant questions for the study, like personal and social well-being. The total sample is composed of 7,863 men and women, who are divided between young old (between 65 and 74 years old) and oldest old (with 75 or more years). From the analysis, the author concluded that both in Portugal and in the European Union, there are significant associations between demographic variables and the three types of well-being. The author highlighted higher levels of Subjective and Psychological Well-being among men, among older people with a partner and old people with higher education. In the case of Social Well-being, these differences were not observed in Portugal. In the European sample, Social Well-being is higher among the oldest, among the older people with a partner and among old people with higher education.

[R1] “Sobre a pobreza, as desigualdades e a privação material em Portugal”, Instituto Nacional de Estatística, 2010.

http://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_destaques&DESTAQUESdest_boui=92069905&DESTAQUESmodo=2

“On poverty, inequality and material deprivation in Portugal”

Statistics Portugal issues today a publication on the results of the survey on income and living conditions in Portugal, celebrating the 2010 European Year for Combating Poverty and Social Exclusion and the World Statistics Day, celebrated today for the first time.

The data show a reduction of the at-risk-of poverty rate between 2003 and 2008, from 20.4% to 17.9%, and the decrease of the same rate for the elderly population by about 8.9 percentage points (p.p.).

The risk of poverty among families with dependent children was higher than that of the families without dependent children, respectively 20.6% and 14.9% in 2008.

The estimates also illustrate the gradual reduction of the inequality in income distribution for 2003-2008, in particular a fall of about 10% in the gap between the 20% top income group and the 20% bottom income group.

The indicator on material deprivation was 21.4% in 2009, compared with 22.2% in 2004. The rate of material deprivation for the elderly population recorded a decline of 6.6 percentage points over the same period.

[R1] TEIXEIRA, Aurora, SILVA, Sandra, TEIXEIRA, Pedro, ALVES, Manuel Brandão, ALVES, Nuno, CARDOSO, Ana, GONZALEZ, Maria do Pilar, PEREIRA, José Virgílio, PINTO, José Madureira, RODRIGUES, Carlos Farinha, SILVA, Manuela, “O que sabemos sobre a pobreza em Portugal?”, Grupo Editorial Vida Económica, 2010.

<http://livraria.vidaeconomica.pt/5-livros/233-o-que-sabemos-sobre-a-pobreza-em-portugal.html>

“What we know about poverty in Portugal?”

With thoughts of leading researchers in the field of poverty and social inequality and various entities, including the Portuguese Federation of Food Bank Against Hunger and CITE - Commission for Equality in Labour and Employment. Topics addressed in the work: Poverty, human rights and democratisation of the economy and the challenges of poverty; microcredit as a means of strengthening the social economy; the relationship between education and poverty in Portugal; wage differentials and gender education in Portugal; inequality, poverty and housing; social indicators.

[R2] VELUDO, José Manuel Monteiro, “Como financiar a segurança social no século XXI: uma proposta de sustentabilidade social”, masters thesis, Faculdade de Economia/Universidade de Coimbra, 2010.

<https://estudogeral.sib.uc.pt/jspui/handle/10316/12308>

“How to finance social security in the XXIst century: a proposal towards social sustainability”

The author wished to approach a few current key issues on social security, particularly the difficulties, announced from time to time, in relation to future financing and consequent sustainability. As a conclusion to this dissertation, the author addresses a proposal of a shift in the existing scheme of financing, which settles in a principle that Portugal should sponsor social security through a slice of revenue from VAT.

[H] Health

[H3] ANTUNES, Ricardo, “Classes sociais e a desigualdade na saúde”, CIES-ISCTE, Working papers, 2010.

<http://repositorio-iul.iscte.pt/handle/10071/1610>

“Social classes and inequality in health”

The main objective in this investigation was to analyse the effects of the social structure on the unequal patterns of morbidity and mortality in Portugal. The unequal distribution of diseases and the causes of death in the social space reveals a structure of social inequalities based in the differentiated possibilities in the access and in the use of health resources. The research was placed in two different regions of Portugal: one, in an urban region, the Portuguese capital, Lisbon, and the other, in a poorer and rural region, Beja. The purpose was also to compare different social structures, under the hypothesis that the geographical inequalities in health are a reflex of social geographic inequalities. The empirical methodology was located on the individual level and was based on a complementarity of quantitative and qualitative strategies. The main information was based on the analyses of the “Hospital Individual Clinical Files” of people who died in 2004 from two hospitals (N = 1935). In each clinical file social and health dimensions were collected. Life trajectories as well as illness trajectories were built regarding each patient, to demonstrate in the end, that over the life course, individuals positioned in different social classes experience different health and diseases trajectories.

[H1] BARROS, Pedro, “The black box of health care expenditure growth determinants”, working papers, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/2494>

In this paper, the determinants of growth of aggregate health expenditures are investigated. The study departs from previous literature in that it looks at differences across countries in growth (and not levels) of health care expenditures. Estimation is made for 24 OECD countries. Health system characteristics usually believed to influence health expenditures growth, like population ageing, the type of health system (public reimbursement, public contract or integrate) and existence of gatekeepers, are found to be non-significant. Nevertheless, there is evidence that health expenditures experienced a clear slower growth in the last decade. The explanation for this slowdown could not be found in the proposed model and should stimulate further research.

[H6] BARROS, Pedro, “The simple economics of risk-sharing agreements between the NHS and the pharmaceutical industry”, working papers, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/2551>

The Janssen-Cilag proposal for a risk-sharing agreement regarding Bortezomib received a welcome signal from NICE. The Office of Fair Trading report included risk-sharing agreements as an available tool for the National Health Service. Nonetheless, recent discussions have somewhat neglected the economic fundamentals underlying risk-sharing agreements. The authors argue here that risk-sharing agreements, although attractive due to the principle of paying by results, also entail risks. Too many patients may be put under treatment even with a low success probability. Prices are likely to be adjusted upward, in anticipation of future risk-sharing agreements between the pharmaceutical company and the third-party payer. An available instrument is a verification cost per patient treated, which allows obtaining the first-best allocation of patients to the new treatment, under the risk sharing agreement. Overall, the welfare effects of risk-sharing agreements are ambiguous, and care must be taken with their use.

[H7] BARROSO, Rita Machado da Silva, “Condições para o desenvolvimento de acções paliativas em unidades de internamento de agudos”, masters thesis, Faculdade de Medicina, Universidade de Lisboa, 2011.

<http://repositorio.ul.pt/handle/10451/2746>

“Conditions for the development of palliative actions in acute internment units”

This dissertation was prepared in the scope of the V Master in Palliative Care from the Faculdade de Medicina da Universidade de Lisboa and is aimed at presenting the results from research carried out on the concept and practices of palliative actions in acute admissions units. The relevance of this research is based on the fact that this concept is original in terms of the organisation and planning of palliative care in Portugal and that it is still not widely known in acute admissions units and is relatively ambiguous as to its operation. With this reality as a reference, the following initial research question was formulated: To what extent are palliative actions recognised as a need in the context of acute admissions units and what are the conditions which favour their development? To theoretically frame this question, an in-depth revision of literature was carried out, starting with “palliative care” in general and moving onto “palliative actions”. Few studies which specifically approach the issue of palliative actions were found, especially within a Portuguese context. According to the theoretical frame of reference, and considering the objectives defined, a methodology was set up. The option fell upon the execution of a descriptive qualitative and prospective study based on expert interviews technique. For this purpose, a panel of nine experts (four doctors and five nurses) who carry out coordination duties in palliative care units or intra-hospital teams which support palliative care in the Lisbon region was put together, with the purpose of understanding opinions on palliative actions which may be made in acute admissions units, according to the various axis of analysis which were outlined from the specific objectives considered. To process the data, the authors used the technique of thematic content analysis from a diverse set of categories and subcategories constructed by both deductive and inductive approaches. The data was presented by category with the respective interpretation and analysis, and a summary of the main results. In the end, the information obtained was systematised in terms of two organising topics, taken from the objectives defined for the research: the specificity of the palliative actions in the wider field of palliative care; the development of palliative actions in the context of acute admissions units. The results confirm the relevance of the conceptual distinction that is made in Portugal of palliative actions and support the hypothesis that its promotion in the context of acute hospitals is desirable, possible and effective. They depend mostly on individual and collective changes which result in an identification with the philosophy of “palliative care” and which translate most of all into a change in the attitude of professionals working with patients whose life is coming to an end.

[H3] BREKKE, Kurt R., SICILIANI, Luigi, STRAUME, Odd Rune, “Quality competition with profit constraints: do non-profit firms provide higher quality than for-profit firms?”, working paper, NIPE, Universidade do Minho, 2011.

<http://repositorium.sdum.uminho.pt/handle/1822/11996>

In many markets, such as education, health care and public utilities, firms are often profit-constrained either due to regulation or because they have non-profit status. At the same time such firms might have altruistic concerns towards consumers. In this paper the authors study semi-altruistic firms’ incentives to invest in quality and cost-reducing effort when facing constraints on the distribution of profits. Using a spatial competition framework, the authors derive the equilibrium outcomes under both quality competition with regulated prices and quality price competition. Profit constraints always lead to lower cost-efficiency, whereas the effects on quality and price are ambiguous. If altruism is high (low), profit-constrained firms offer higher (lower) quality and lower (higher) prices than firms that are not profit-constrained. Compared with the first-best outcome, the cost-efficiency of profit-constrained firms is too low, while quality might be over- or underprovided. Profit constraints may

improve welfare and be a complement or substitute to a higher regulated price, depending on the degree of altruism.

[H6] BREKKE, Kurt R., HOLMÅS, Tor Helge, STRAUME, Odd Rune, “Margins and market shares: pharmacy incentives for generic substitution”, working paper, NIPE, Universidade do Minho, 2010.

<http://repositorium.sdum.uminho.pt/handle/1822/11699>

The authors study the impact of product margins on pharmacies’ incentive to promote generics instead of brand-names. First, they construct a theoretical model where pharmacies can persuade patients with a brand-name prescription to purchase a generic version instead. The authors show that pharmacies’ substitution incentives are determined by relative margins and relative patient co-payments. Second, they exploit a unique product level panel data set, which contains information on sales and prices at both producer and retail level. In the empirical analysis, the authors find a strong relationship between the margins of brand names and generics and their market shares. In terms of policy implications, their results suggest that pharmacy incentives are crucial for promoting generic sales.

[H4] CABRAL, Nazaré da Costa, MARTINS, Guilherme d'Oliveira, AMADOR, Olívio Mota, “A Reforma do Sector da Saúde: Uma Realidade Iminente?”, Cadernos IDEFF, 2010.

http://www.almedina.net/catalog/product_info.php?products_id=9917

“The Reform of Health Sector: An Imminent Reality”

This collection was edited in the aftermath of the launch of the first edition of the Advanced Post Graduation Course on Reform of Health Sector, in 2008/2009, by the IDEFF (Institute on Economic, Financial and Tax Law).

The authors presumed that, in reality, the importance and up-to-date of this subject demanded an additional effort, offering visibility to the major substance of the post graduation, which arouse immense enthusiasm among the students.

[H1] CABRAL, Nazaré da Costa, MARTINS, Guilherme Waldemar d'Oliveira, AMADOR, Olívio Mota, “Conta Satélite da Saúde – 2000-2008”, Cadernos IDEFF, Edições Almedina, 2010.

http://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_publicacoes&PUBLICACOESpub_boui=102614085&PUBLICACOESmodo=2

“Health satellite account – 2000-2008”

This publication reports the first results of the Health Satellite Account, in Base 2006, for the period 2000-2008. This is a new base of accounts that replaced the Base 2000 and which was developed in line with the new benchmark year of National Accounts (2006), published in June 2010. The backward projection made for the period 2000-2005 allows us to highlight the evolution of health in an extended temporal perspective.

[H3] EIRA, Ana de Almeida, “A Saúde em Portugal: A procura de cuidados de saúde privados”, masters thesis, Universidade do Porto, 2011.

<http://repositorio-aberto.up.pt/handle/10216/26931>

“Health in Portugal: Demand for private health care”

Health care is one of the economic sectors which had a great development in the last 40 years in Portugal: large amounts of financial, human and technical resources were invested, the National Health Service was implemented, which allowed access generalisation to health

services and, with all these, important demographic and health indicators reach the level of the most developed countries.

In this environment, private health institutions assumed an important role, having more and greater players acting in this market. The importance of the private health sector is largely motivated by the growth of health care demand, being today an important percentage of appointments, exams and surgeries performed in private institutions.

In a context where the National Health Service is established, with universal access and with almost free of charge care, it is questionable not only how there is place for private initiative but also how there is space for private institutions to have a growing position in the Portuguese Health System.

In this paper, after understanding Portuguese health sector, the role that private health institutions have in it is highlighted and, as a result of an empirical study carried out, the factors that are valued by users when choosing a private provider are revealed.

[H5] ESCOVAL, Ana, COELHO, Anabela, DINIZ, José Alexandre, RODRIGUES, Miguel, MOREIRA, Filipa, ESPIGA, Paulo, “Gestão integrada da doença: uma abordagem experimental de gestão em saúde”, working papers, Revista Portuguesa de Saúde Pública, Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/4490>

“Contributions to economic evaluation of pharmaceuticals in Portugal”

The health systems are faced with new paradigms, on one hand in the health care services delivered to the populations, and on the other hand, in the need to control costs in the health sector, forcing organisations to adapt and provide the most appropriate response to the individuals growing needs. The magnitude of this problem, in terms of public health, requires the adoption of a directed, targeted, planned and integrated action, based on clear and well defined strategies in order to obtain health gains, improving the quality of care and streamlining the costs. In Portugal, the application of those principles forming the basis of the disease management models, led to the Integrated Disease Management model which, apart from the clinical management of the disease, also incorporates the health care delivery structure reorganisation, a specific financing model based on an information system that allows the process monitoring and evaluation. The development of Integrated Disease Management models is a central strategy and a tool for improving health care delivery, more effectively and efficiently, and can even be an important and permanent vehicle of information for health decision support. Therefore, it is important to promote a concerted action towards achieving a precise intervention, mobilising the resources, improving the health status, quality of life and the overall patients’ well-being. This action means increasing collaboration and coordination of the different levels of care, offering integrated health care services with high quality levels regarding prevention, diagnosis, treatment, rehabilitation and monitoring.

[H4] ESCOVAL, Ana, “O processo de contratualização na saúde em Portugal (1996-2005)”, working papers, Revista Portuguesa de Saúde Pública, Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/4461>

“The process of contracting on health in Portugal (1996-2005)”

Through a theoretical research, the implementation of the contracting process in Portugal is analysed and its development is envisioned. In addition, the critical factors which constrain the implementation of change policies in the Portuguese health sector are questioned. The development of this important tool of change is foreseen in the light of relevant findings, arising both from the literature review and from the British and the Spanish cases.

[H1] FRADE, Joana Tavares Fontes, “Análise estatística do inquérito nacional de saúde e determinantes da qualidade de vida dos portugueses”, masters thesis, Faculdade de Economia da Universidade de Coimbra, 2010.

<http://hdl.handle.net/10316/14365>

“Statistical analysis of national survey on health and determinants of quality of life of the Portuguese”

There has been, increasingly, the need for development of scientific studies, not only in more empirical and in the social sciences. The health issue has also become increasingly embedded in scientific components, and techniques not only from the medical field as in management and economics, sociology, and others. With globalisation, the author observed that exponentially health issues affect different areas. Example thereof is the consequences of influenza A (H1N1) in the economy. Just as the state of health of people and also animals can influence many other aspects, such as employment and the world economy.

This dissertation focuses on the social aspect, specifically in the characterisation of the Portuguese population in relation to health. Its aim is also to realise what factors may influence the quality of life for Portuguese people. To this end, we used in this thesis the analysis and processing of data from National Health Survey (INS) from 2005-2006. In this survey the author can obtain socioeconomic data, habits of use of health services and description of them, feeding habits and alcohol intake, smoking and physical activity. Finally, there are also data in this survey of quality of life of citizens, which will be given greater attention and statistical analysis.

Fundamentally this study examines the frequency statistics in order to characterise the Portuguese population in these areas. In addition, the author intended to provide, through a linear regression, socioeconomic indicators that may influence the quality of life. It was concluded that, in fact, the indicators age group, gender, education level and income level are variables that influence the quality of life of the Portuguese, the quality of life related to health and activities of daily living.

[H6] GONÇALVES, Catarina Santos, “Posicionamento do mercado nacional de genéricos no contexto europeu”, masters thesis, ISCTE, 2010.

<http://repositorio-iul.iscte.pt/handle/10071/1982>

“Positioning of domestic generics in the European context”

This study aims to analyse the generic drug as a viable solution to a reduced growth of health spending. This research also took as a guiding principle to explore the reasons why the national market for generics is different from other Europeans, to show that the distance that separates Portugal from countries like UK, Germany or Denmark, which have market shares of generics more than 50%, is quite pronounced. The aim was to find data that are crucial to reduce the discrepancies found, contributing to greater accessibility by users to quality, safety, efficiency and sustainable prices. As a main conclusion, according to the empirical analysis carried out and gathering the explanatory variables into two sets: i) trust and ii) information, it was found that the views of respondents (users, pharmacists / pharmacy technicians and doctors) is that trust is a factor of prescription, dispensing and consumption of generic quality.

Increased prescribing and transmission of a range of relevant and credible studies by the pharmaceutical industry reflect an increase in the variable trust. Furthermore, with regard to information, we would highlight the low levels identified by the respondents. This fact highlights the importance of awareness campaigns and information about the generic way to obtain a better understanding. These variables are referred to as the main differentiating non-option by the Portuguese generic. According to studies already carried out, the saving generated by generic drug is an important aid to higher investment in industry innovation. It also aimed to provide a basis for continuing to discuss the way forward and the best methodology to develop a market for products containing the same active ingredient of a drug.

[H5] JANUÁRIO, José João Hipólito, “Factores que podem influenciar os indicadores de performance: Indicadores de Gestão Hospitalar”, masters thesis, ISCTE, 2010.
<http://repositorio-iul.iscte.pt/handle/10071/1922>

“Factors that may influence the performance indicators: Indicators of Hospital Management”

This study aims to identify the critical factors of success in hospital management and propose a model of information for decision-making managers. It was assumed that many of these factors are related to the challenges currently faced by hospitals, the strategies adopted, the way of implementing these strategies, the technologies and information systems management applied and applied mainly to the organisational commitment between the individual and the organisation that he represents. Accordingly, a review was made of the literature on these issues, hospital indicators, economic and financial, productivity and efficiency. The results show a market full of hospital space, with public management not very results-oriented, or whether economic financial, and with strategies not very lucid. In conclusion, the authors see how certain indicators, factors can influence the organisation performance.

[H5] LEITE, Joaquim, RODRIGUES, Lúcia, “Os indicadores de custo unitário na normalização da contabilidade de gestão hospitalar pública: uma abordagem no âmbito da nova sociologia institucional”, American Accounting Association, 2010.
<http://bibliotecadigital.ipb.pt/handle/10198/2584>

“The indicators of unitary costs on standardisation of public hospital management accounting: an approach within the new institutional sociology”

This report, through the assessment of 26 Portuguese public corporate-hospitals, analysed the amplitude of indicators on real unitary cost normalised by the SNC of public hospital management.

The results indicate that, even after the corporatisation of hospitals, persists strong dispersion in these efficiency indicators, implemented to compare different hospitals.

[H3] MACHADO, José, ABELHA, António, NOVAIS, Paulo, NEVES, José, NEVES, João, “Quality of service in healthcare units”, Papers, DI/CCTC, Universidade do Minho, 2010.
<http://repositorium.sdum.uminho.pt/handle/1822/11365>

Health care systems have to be understood in terms of a wide variety of heterogeneous, distributed and ubiquitous systems, speaking different languages, integrating medical equipment and being customised by different entities, which in turn were set by people living in different contexts and aiming at different goals. Therefore, architecture has been envisaged to support the medical applications in terms of an agency for integration, diffusion and

archiving of medical information and the electronic medical record, a form of a web spider of intelligent information processing system, its major subsystems, their functional roles and the flow of information and control among them, with adjustable autonomy. With such web-based simulated systems, quality of service will be improved (e.g., the available knowledge may be used for educational and training purposes).

[H6] MATEUS, Maria do Céu Caixeiro, “Contributos para a avaliação económica de medicamentos em Portugal”, Ph.D. Thesis, Universidade Nova de Lisboa, 2010.
<http://run.unl.pt/handle/10362/4249>

“Contributions to economic evaluation of pharmaceuticals in Portugal”

The importance of economic evaluation in the health care sector has been growing in the last three decades. It is a multidisciplinary field of research that attracts attention from researchers working all over the world. It should be noted that health economics can contribute significantly to the development of this area. However, in Portugal it is difficult to find methodological contributions in this field of research. With this work one hopes to be able to overcome some of the existing shortcomings. This study seeks to develop independent contributions for the economic evaluation of pharmaceuticals in Portugal, aiming to help to solve existing problems. Firstly, one approached the importance of the accurate estimation of costs in economic evaluations of pharmaceuticals. Secondly, the cost of patients with multiple sclerosis was estimated, by severity level, in Portugal, using a cost of illness methodology. In third place, employing the same methodology, the cost of patient with psoriasis by severity level was estimated for Portugal. In fourth place, the impact of psoriasis on the quality of life related to health was ascertained by two generic measures (SF-36 and EQ-5D) and two specific measures (DLQI and PDI). Lastly, a model on the prevention of venous thromboembolism in orthopaedic surgery was adapted for Portugal through the inclusion of data collected in a sample of Portuguese hospitals. Budget impact assessment estimates were also presented.

[H1] MENDES, Salomé Prata, “Avaliação do estado subjectivo de saúde: utilização de questões singulares por diferentes modos de administração”, masters thesis, Universidade do Porto, 2011.
<http://repositorio-aberto.up.pt/handle/10216/21908>

“Evaluation of subjective state of health, utilisation of natural questions for different modes of administration”

From a health perspective the term health-related quality of life (HRQoL) or subjective health is usually preferred, instead of quality of life. The interest on the evaluation of HRQoL is related to the need of assessment health care in general and due to the fact that disease become viewed in a holistic perspective.

The assessment of quality of life / HRQoL / subjective health of individuals is very important. As quality of life is studied in different contexts and in different populations, a diversity of instruments has been used on this assessment.

To obtain a balanced view of health status, alternative modes of questionnaire administration (e.g. interviewer, self-administered, with images of “facial expressions”) can be used. The effect of the mode of questionnaire administration is an important indicator related to health reported. Different modes can have different effects on the accuracy and quality of the data obtained.

[H5] MORAIS, Luís Manuel Dias Fialho de, “Liderança e estratégia em contexto de inovação nas organizações de saúde: estudos de caso”, Ph.D. Thesis, Escola Nacional de Saúde Pública, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/5253>

“Leadership and strategy in the context of innovation in health care organisations: case studies”

The present research seeks to describe and understand how strategy influences leadership and how this in turn interacts in the process of innovation and change in health organisations. Previous studies on these topics are unknown in Portugal, about this research problem and its theoretical problem. This is an exploratory and descriptive study that involved five health organisations, four Portuguese and one Spanish. The authors used a mixed approach of research (qualitative and quantitative), which enabled them to understand, through case study, how strategy and leadership were articulated with innovation in these five health organisations. The results of the empirical study came from data collection through direct observation, interviews with key actors, documents and survey questionnaire answered by 165 participants of line and staff (Administrators, Medical Directors of Service /Department, Head Nurses and Technical Coordinators) of the five health organisations. Despite their complexity and specificity, both the model of Miles & Snow (organisational strategy) and the model of the Competing Values Framework of Quinn (organisational culture and leadership), suitably adapted, have proven heuristic power and are able to be applied to health care organisations. Both public sector organisations, private and public organisations licensed (public-private partnerships) can be tracked and monitored in their processes of innovation and change in order to understand its kind of culture, leadership or organisational strategy adopted. Health organisations coexist in a continuum, where the environment (internal and external) and time are key factors which determine the strategy to adopt. Here too depending on the dynamic and complex reality where the organisation moves, there are no pure types. There is indeed a great organisational plasticity and flexibility. Leaders usually carry the formal authority by circular normative. They are not peers (or *primi inter pares*). Instead they are, sometimes, in a position of superiority, when the best thing is partnership, collaboration, cooperation, building consensus and cooperation with all stakeholders, in order that they are the real protagonists and facilitators of change and innovation. As factors that facilitate innovation and change, the authors found in health organisations studied, the following: ease of learning; vision / mission appropriate; absence of fear of failure, and as inhibiting factors: lack of coordination between agencies / departments; organisational structure (in the public sector it is too vertical and in the private sector it is more horizontal); resistance to change; lack of time and failure in the reaction time (the time for decision making is sometimes exceeded).

[H3] MOREIRA, Sara, BARROS, Pedro, “Double coverage and demand for health care: Evidence from quantile regression”, working papers, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/2552>

An individual experiences double coverage when he benefits from more than one health insurance plan at the same time. This paper examines the impact of such supplementary insurance on the demand for health care services. Its novelty is that within the context of count data modelling and without imposing restrictive parametric assumptions, the analysis is carried out for different points of the conditional distribution, not only for its mean location. Results indicate that moral hazard is present across the whole outcome distribution for both public and private second layers of health insurance coverage but with greater magnitude in the latter group. By looking at different points the authors reveal that stronger double coverage effects are smaller for high levels of usage. The authors used data for Portugal,

taking advantage of particular features of the public and private protection schemes on top of the statutory National Health Service. By exploring the last Portuguese Health Survey, the authors were able to evaluate their impacts on the consumption of doctor visits.

[H5] NAKAMURA, Daniel Freire, “Relação entre a idade do médico e os custos gerados com exames complementares durante o atendimento ambulatorial de uma operadora de plano de assistência à saúde”, masters thesis, ISCTE, 2010.

<http://repositorio-iul.iscte.pt/handle/10071/2052>

“Correlation between physician’s age and health care expenditures generated during ambulatory care attendance of a private health insurance company”

PURPOSE: To determine possible statistical correlations between physicians’ age and health care expenditures during medical practice. **METHODS:** The population studied was made up of 916 active physicians of a private Brazilian insurance company, in 2007. Its scope was restricted to diagnostic test costs during ambulatory care attendance. As a result of converting the data obtained to logarithm with base 10, the age of the physicians’ population could be reasonably compared to the expenditures of ambulatory care attendance. **RESULTS:** An expenditure decrease was observed in the more advanced age bands of the studied population. **CONCLUSIONS:** It seems that the physician’s ageing process may possibly decrease health care outflows engendered from technological utilisation during medical practice. Moreover, this variable doesn’t seem to be dependent on the certification level of the medical practitioner.

[H3] OLIVEIRA, Daniela Gonçalves Félix de, “Determinantes do estado de saúde dos Portugueses”, masters thesis, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/3423>

“Determinants of health status of the Portuguese”

The aim of the thesis was to identify factors which lead the Portuguese population to declare weak states of health. We intend to evaluate the effect of socio-demographic, socio-economic and general health perception of health status of the individual. We applied the data generated by the 4th National Health Survey, conducted by the National Health Institute Dr. Ricardo Jorge and the National Institute of Statistics, in collaboration with the Directorate General of Health found that, among the various authors, dichotomisation of the variable under study, the subjective state of health is not consensual. Several studies have recorded distinct grouping unlike the response categories of the variable in question. Using a specification based on the logit model, we conclude that different aggregations give different results, so caution is needed in the aggregation of variable subjective health status. In this sense, we chose to estimate the model stereotype, an ordered dependent variable model, appropriate when the target variable is ordinal and originating from an ordinal variable. As expected, sex is a differentiating variable. That is, there is sometimes that the determinants of health status have opposite effects for men and women. Moreover, the socio-economic indicators, despite the importance of remaining significantly influence the perception of health status of the population, so that health promotion must be accompanied by policies of socio-economic conditions.

[H4] PALMEIRA, Catarina Sofia dos Santos, “A Equidade no Acesso à saúde: A Problemática do Sistema Integrado de Gestão de Inscritos para Cirurgia”, masters thesis, Universidade do Porto, 2011.

<http://repositorio-aberto.up.pt/handle/10216/51449>

“Equity in Access to Health: The Problem of Integrated Management System for Subscribers to Surgery”

Health is a social need and therefore requires a protection policy which adapted to a perspective of distributive justice, in a university context in the access to health care puts at doubt the equity of the national health care system and the chance of equality for every citizen. The national health care system has suffered much from the waiting lists for surgery, leaving the system with a problematic endless waiting list, raising the suspicion of equality in surgery access for everybody. In this context the ACSS has created the Integrated System of Management of the Waiting List for Surgery, the SIGIC, an attempt to fight the weakness of the national health care.

In this monograph, the authors seek to study the integration of the SIGIC in the National health care due to the principles of the equity in the access to health care services. For this cause, and in a perspective of analysing the data, surgery waiting lists were requested from two Portuguese hospitals from the North of the country (Hospital de São João EPE and Centro Hospitalar do Porto EPE) before and after the SIGIC and a comparison amongst and within the hospitals. A comparison within Aveiro Hospital (Hospital Infante D. Pedro EPE), before and after the SIGIC, was also requested.

Although all the restrictions involved in this sort of analyses, mainly of external nature, it is possible to notice the existence of a positive evolution of the waiting lists, with a pronounced tendency to an active decrease in the number of subscribers. And, although in an unexpressed way, seems to me possible to register, due to the data obtained, some improvement, which is expressed in a higher assurance that all citizens are granted access to health care services, and therefore a higher equity in the SNS.

However, this analysis demands careful thought which necessarily involves other sorts of complementary evaluations. This study should be seen as a first step to this careful thought, which enables to understand that within this domain, there is still a long way to go until the pretended goals are achieved.

[H1] ROCHA, Ricardo Proença Almeida Oliveira, “Análise de gestão, equidade e eficiência no sistema de saúde português”, masters thesis, Universidade do Porto, 2011.

<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 expenditure has rapidly grown and hospital legal status has changed, our hypothesis is that a more efficient health care spending will translate to 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.

[H2] SIMÕES, Jorge, “30 Anos do Serviço Nacional de Saúde – Um Percorso Comentado”, Olhares Sobre a Saúde, Almedina (Publisher), 2010.

http://www.almedina.net/catalog/product_info.php?products_id=9518

“30 Years of National Health Service (SNS) – A Commented Journey”

This book covers the history of the SNS through nineteen subjects regarded as most relevant within the Economy and the Politics in Health.

It is a contribution from the Portuguese Association for Health Economy so that a deeper knowledge of the recent past allows a more solid construction of the future.

This book addressed a wide audience directly involved on health issues – professionals, professors and students – but also investigators in other fields who developed studies or an interest on health issues, such as economy, law, management, sociology, geography.

It is also a plural book in the sense that the subjects are dealt by experts from distinct sources and training, appointed for their value as investigators in their particular field.

[H4] VIEIRA, Maria Carlota, “A Reforma dos Cuidados de Saúde Primários em Portugal – Caracterização das Unidades de Saúde Familiar em 2010”, masters thesis, Universidade Nova de Lisboa, 2010.

<http://run.unl.pt/handle/10362/5364>

“The Reform of Primary Health Care in Portugal – Characterisation of the Family Health Units in 2010”

Primary health care (PHC) is the first point of contact between citizens and the health system. Enhancing the quality of this first and fundamental interface is one of the most important objectives of the reform of PHC in Portugal in 2005, paving the way to a necessary and profound organisational change. In this sense, the functional units arise from health centres as part of the restructuring process and, in particular, the Family Health Units (USF). This study aims to characterise the general USF on their development and organisational review and satisfaction of its employees in relation to the 2005 Reform of PHC in Portugal. This characterisation is intended to contribute to the planning of monitoring and supporting the development of PHC reform of 2005 in Portugal. The specific objectives are: to measure the satisfaction of health professionals in relation to the USF Reform of 2005 PHC in Portugal and the activity of its USF; identify the quality parameters of the activity of USF recognised as important by the coordinators of USF, identifying the training needs of professionals in the USF, to describe the instruments used to support management by USF; to know the opinion of the coordinators of USF on the contracting process with the activity of the Regional Health Administrations; to measure the satisfaction of the coordinators for USF technical conditions for the activity of USF, identify priority areas for change in the activity of USF in view of its coordinators.

[L] Long-term care

[L] LOURO, Maria Clarisse Carvalho Martins, “Cuidados continuados no Domício”, Ph.D. Thesis, Instituto de Ciências Biomédicas Abel Salazar, Universidade do Porto, 2011.

<http://repositorio-aberto.up.pt/handle/10216/26337>

“Long-term care at home”

Continued care at home is an organised solution to the need to treat, care for and support people with a dependency, set in their environment, seeking to provide them with the best quality of life possible.

Nowadays, it becomes imperative to change the definition of care giving from one centred on the old paradigm of “disease treatment” to a new one more focused on the “well being of the patient” and of their family. The ageing of the population and the increase of chronic and incurable diseases require a structural response in terms of coordination between the different levels of care.

Health care provision polarised in hospitals should give rise to health advancement and disease prevention, with an intention to value the patient in order to improve their quality of life. The integrated continued care constitutes a new category of health systems and social support intended to respond to this logic, applied to each patient and family specifically.

The objectives of this study are to acknowledge the way the hospital discharge of the dependent patient to their home is processed with the involvement of the care-giving family and to evaluate, one month after discharge and at the patient's home, the continuity of care, knowledge, skills and needs of the dependent person and the care-giving family. With two moments of evaluation: the first moment, in the hospital and at the time of discharge of the dependent patient to their home and a second moment, a month after discharge, at home.

[L] MAYOR, Margarida Sotto, RIBEIRO, Oscar, NEVES-AMADO, João, “Cuidadores de pessoas com demência – cuidados continuados”, VII Simpósio Nacional de Investigação em Psicologia, Universidade do Minho, Paper, 2010.

<http://repositorio.ucp.pt/handle/10400.14/3714>

“Caretakers of people suffering of dementia – long-term care”

The housing visit in psychogeriatrics constitutes an opportunity to follow elderly folks with dementia and their caretakers in a community context.

Multidisciplinary teams approach the home of the ailing, identifying priorities in health care and risk situations.

[L] PARALTA, Sara Sofia Vaz, “Longevity and Saving for Retirement”, Ph.D. Thesis, ISEG/UTL, 2010.

<http://www.repository.utl.pt/handle/10400.5/2424>

Saving for retirement is a decision that depends on many factors. Firstly, it depends on the disposable income and future expected income. Secondly, the composition of households and the ages of individuals are determinant. Thirdly, it depends on the composition of net wealth and, finally, longevity during working life and retirement period. The life-cycle theory explains the consumption and saving decisions in function of the different phases in life. During childhood, the individual consumes and receives his education. In a second stage, the individual actively consumes, produces and saves. In a third phase, the individual uses his accumulated net wealth, including the amount of social security wealth, to finance his consumption of life-cycle during retirement. The social models ensure a substitution income and access to benefits in every stage of life, causing an impact on consumption and saving decisions. In this dissertation, saving behaviour is analysed by considering the impact of longevity in different countries representative of the various European Social Models, i.e. Sweden (Nordic Model), France (Continental Model), Portugal (Mediterranean Model) and the UK (Anglo-Saxon Model).

4 List of Important Institutions

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

Contact person: Manuel Teixeira
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 the 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 date 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 on 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 years 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: Pedro Pita Barros

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 health economy. APES is open to all professionals that express interest in this field and the methodology applied in the health economy. In that sense, APES has six objectives: the promotion of the health economy through technical and scientific dissemination; the publication of an information bulletin and other regular publications; the development of international cooperation in this field; the creation and upholding of a documentation centre; the development and organisation of meetings, seminars and classes; 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 debate and in reflection over problems related with Social Security, either in an external or in an internal perspective, along with the surrounding structures. With around 600 associates, most of them 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.

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 is currently Portugal's fifth party. This party has had full party status from the beginning, 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 attract unwished attention to his blog from hackers.

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 economic 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 to the development of the country, through three strategic vectors: In its role of catalyst of the association and entrepreneurship in commerce and services; in its contributions in the Economic and Social Advice in the Social Concertation, taking into consideration the development of a mobilising and modern Social Contract; in its paper of interlocutor between the enterprise world and the political, social and fiscal systems, 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 in Christian democracy, conservatism and classical liberalism, founded on 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 in 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 protection of consumers', the national associations for environmental protection, 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 by discipline, 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 problem guidelines, taking advantage of synergies and research experience consolidated over the years.

Main recurring publications: papers, book reviews, books, working papers.

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 on the Scientific Council of the National School of Public Health. With an interdisciplinary nature, in the scope of ENSP, it aims to promote and coordinate scientific research in public health and all peripheral areas. Thus, CIESP has the purpose of promoting and developing 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 its influence and coherence of standpoint. The strategic mission of the CIP is to contribute to the growth of the economy, the competitiveness of companies, innovation, the improvement of productivity, the efficiency of justice and the fiscal system, the quality of education and professional training, the containment of public charges.

Main recurring publications: e-NEWS, Revista Indústria

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

Contact person: Manuel Carvalho da Silva
Address: R. Victor Cordon, Nº 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 hosts three projects (Equal, Match and Euridice) and has recently developed three education centres (IBJC, EPBJC, Inovinter).

CGTP has been focused on 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.

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, 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 states.

Main recurring publications: blog, TV online debates, newsletter.

CRC/ISS – Centros de Recursos em Conhecimento do Instituto da Segurança Social – Centre 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 Centres 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 is to facilitate 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 disseminate methods, methodologies and products that promote and facilitate, namely, the strategic qualification of the unemployed, assets and the lectures in the context of 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://dinamia.iscte.pt/index.php?lang=en>

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, 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

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 of profound change and where the international dimension is increasingly present. Adding to the technical groundwork, the 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 the IDEFF. Their magazine of Public Finances and Financial Law (Revista de Finanças Públicas e Direito Financeiro) is acknowledged as a privileged forum of debate in these areas. The quality and amount of prestigious names that accepted to join it constitutes proof of the responsibility that surrounds this publication. In a time where the relations between the University and the civil society are narrowing, the 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 FEUNL – Research Unit of FEUNL

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

Address: Faculdade de Direito da Universidade de Coimbra, Pátio da Universidade, 3004 - 545 Coimbra

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 of contributing to the diagnosis, prevention and solution of employment and vocational training related problems, namely referring to: imbalance between the search and offer of employment; social-professional insertion and relocation; quality and stability of employment; evolution of professional qualifications; necessities of vocational training; introduction of innovations and restructures; tracking and following situations of declared or predictable crisis; monitoring and assessing the execution of measures and action programmes.

Main recurring publications: “Aspectos Estruturais do Mercado de Trabalho”, studies, analysis of 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 one 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 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 civil society, be it national, regional or local. The APCS has the intention that the mobilisation surrounds the real questions and issues and that 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: José Sócrates

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 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 that 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 a 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 this 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.

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 did not contain among its members figures associated with SEDES.

Main recurring publications: Revista Nova Cidadania, newsletters.

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 to 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: The UMCCI is the structure that was developed to undertake the mission of leading and operationally coordinating 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, recuperating and palliative nature, 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>