

REVISED EUROPEAN SOCIAL CHARTER

8th National Report on the implementation of

the revised European Social Charter

submitted by

PORTUGAL

for the period from 1 January 2008 to 31 December 2011

on articles 3,11, 12, 13, 14, 23 and 30

8th Report

submitted by the **Government of Portugal**

for the time period from 1 January 2008 until 31 December 2011 (Articles 3,11,
12, 13, 14, 23 and 30)

in accordance with the provisions of Article C of the revised European Social
Charter and the Article 21 of the European Social Charter,
which the instrument of ratification was deposited on 30 May 2002.

In accordance with Article C of the revised European Social Charter and Article
23 of the European Social Charter copies of this report
have been sent to

the General Confederation of Portuguese Workers
(*Confederação Geral dos Trabalhadores Portugueses*)

the General Union Confederation of the Workers
(*União Geral de Trabalhadores*)

and

the Confederation of the Portuguese Industry
(*Confederação da Indústria Portuguesa*)

Preliminary remarks

Portugal hereby submits its eighth Report that has been prepared in accordance with the reporting system adopted by the Committee of Ministers on 26 March 2008 for the presentation of the national reports concerning their national implementation of the revised European Social Charter.

The Report deals with group 2 (areas of health, social security and social protection) concerning Articles 3, 11, 12, 13, 14, 23 and 30, and the period under review is from 1 January 2008 to 31 December 2011.

The eighth Report is a follow-up to earlier reports submitted by Portugal on the national implementation of the obligations laid down in the revised European Social Charter. It does not refer to the individual provisions of the Charter unless either the remarks of the European Committee for Social Rights of the European Social Charter (by way of simplification hereinafter referred to as "Committee"), in particular in the conclusions, give reason for this, or if relevant amendments in the material and legal situation have occurred.

Table of Contents

Article 3	1
Article 11	47
Article 12	122
Article 13	167
Article 14	190
Article 23	210
Article 30	229

ARTICLE 3
THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Paragraph 1

The National Strategy for Safety and Health at Work 2008-2012, approved by the Council of Ministers Resolution no. 59/2008 of 1 April, was designed as a global policy instrument for the promotion of safety and health at work, at medium term, aiming to meet the need to foster approximation to European rules in the field of work-related accidents and occupational diseases and to achieve the overall goal of constant and consolidated reduction of work-related accident rates and, therefore, contribute to the progressive and continuous improvement of health and well-being levels in the workplace.

Within the scope of the mentioned strategy, two fundamental development axes of occupational safety and health policies were set: one concerning public policies and the other regarding the promotion of workplace safety and health.

Thus, the goals of each Strategy fundamental axes are described as follows:

1. within the scope of the development of coherent and effective public policies:

Goal no. 1: to develop and consolidate a culture of prevention, understood and assimilated by society.

Goal no. 2: to improve information systems in the field of occupational safety and health.

Goal no. 3: to include approaches within the scope of occupational safety and health conditions in education and research systems.

Goal no. 4: to carry out the National System for the Prevention of Occupational Risks.

Goal no. 5: to improve the coordination of public services with responsibility in the field of occupational safety and health.

Goal no. 6: to materialize, improve and simplify specific rules of occupational safety and health.

Goal no. 7: to Implement the Working Conditions Authority (ACT) organic law model.

2. Within the scope of the development of occupational risks prevention in companies, as an assumption of an effective improvement of working conditions:

Goal no. 8: to promote the effective implementation of occupational safety and health legislation, mainly in small sized companies.

Goal no. 9: to improve the quality of occupational safety and health services and develop the respective stakeholders' competences.

Goal no.10: to deepen the social partners' role and involve employers and workers in the improvement of working conditions in companies.

The National Strategy is based on the Community Strategy for Health and Safety at Work, adopted on 21 February 2007, by the European Commission, which aims to reduce the incidence rate of work-related accidents by 25% per 100.000 workers until 2012, in all Europe, and it is a clear action benchmark for the ACT as it gives the Portuguese State the obligation to define a national strategy adapted to the national context, implementing measurable goals for all organisations whose mission may contribute, directly or indirectly, to the improvement of occupational safety and health conditions.

The Working Conditions Authority (ACT) was established by Decree-Law no. 326-B/2007 of 28 September and, since October 2007, it incorporates the duties of the former Inspectorate-General of Labour (IGT) and the former Institute for Occupational Safety, Hygiene and Health (ISHST). In accordance with the Decree-Law no. 86-A/2011 of 12 July the ACT became part of the Ministry of Economy and Employment.

The Advisory Council for the Promotion of Safety and Health at Work is the collective body of advisory nature responsible for supporting the ACT in carrying out their competences within the scope of occupational health and safety conditions, and they meet every six months. The Advisory Council is composed of ACT leading members and social partners (two representatives from each union confederation member of the Permanent Commission for Social Dialogue and a representative of each employer confederation member of the Permanent Commission for Social Dialogue).

The Advisory Council is responsible for issuing an opinion about the occupational safety and health promotion by the Working Conditions Authority and, in what does not concern the inspection activity, it is responsible for issuing an opinion about the ACT's activity plan and report; budget; annual report and accounts; action programmes and respective regulations; quality policy, training policy of human resources; and other ACT's management tools.

The opinions of the Advisory Council are binding in what concerns the ACT's activity plan and report, action programmes and respective regulations and the quality policy undertaken by ACT.

The statute of the Inspectorate-General of Labour, currently part of the Working Conditions Authority, provides that its action shall be developed in accordance with the Decree Law no. 102/2000 of 2 June and the ILO (International Labour Organisation) Conventions no. 81, 129 and 155, taking into account the

relevance of social values to be promoted, the nature and severity of situations that need an inspection and a more effective allocation of the available resources in coordination and complementarity with other inspection and prevention systems of occupational risks, in order to maximize the results and social utility of its intervention.

As a national public service, the ACT's mission, according to the Organic Law published in the Decree-Law no. 326-B/2007 of 28 September, is to develop methodologies and actions of awareness raising, information, advice and monitoring, mainly within the scope of public authority powers, in companies and other organisations, in order to promote the working conditions improvement within the framework of social, economic, technological and organisational contexts.

Among other things, ACT is also responsible for promoting the development, dissemination and implementation of scientific and technical knowledge within the scope of occupational safety and health conditions.

Therefore, ACT co-finances projects presented by social partners, namely seminars, workshops, awareness raising/information actions, vocational training manuals, dissemination tools (leaflets, posters, practical guides), portals and blogs, small films concerning several activity sectors, such as fishery, transport, industry and energy, footwear and leather, construction, smelting, woods, quarries, health, textile, banking and insurance, marbles, ceramics and maritime activities.

The ACT has also an editorial line and continues to comply with the protocol signed with the ILO, under which, publications of that International Organisation are annually identified in order to be translated and published in Portuguese.

In the reference period of this report, particular attention was given to the role of ACT in the field of information and advice to workers, employers and their representatives, on the best way to comply with the legislation concerning working conditions. The development of this role and its public visibility was carried out through the modernization and continuous updating of the ACT website (www.act.gov.pt) that served as a driving force to several activities needed to ensure the availability of useful content to the ACT action recipients; this content may be freely downloaded.

We highlight some of the following contents:

- forms concerning the reporting obligations to the ACT;
- checklists, mainly to support occupational safety and health internal inspection activities, particularly in Small and Medium sized Companies (PME's);
- updating of information on the posting of workers in the European Union countries, considering the ACT's position as a liaison service to other entities in the EU that hold a similar mission;

- the inclusion of FAQ'S (frequently asked questions, as a means to provide answers to many of the questions that are usually asked);
- statistical data on fatal occupational accidents under investigation by the ACT.

Local advising services

ACT has local advising services in each of its decentralized services throughout the mainland as well as in the Citizen Shops of Lisbon, Oporto, Aveiro, Viseu, Coimbra, Setúbal and Braga.

Table 1
Number of users of local advising services

Technical Information	2008	2009	2010	2011
Initiative	49.496	54.806	57.097	58.098
Requested by unions	2.455	2.502	2.553	3.051
Requested by workers	7.714	9.956	11.745	14.771
Requested by other entities	5.504	5.144	5.753	7.275
Received complaints	-	-	2.994	5.442
E-mails	7.769	11.926	8.355	7.019
Total	72.938	84.334	88.497	95.656

Source: ACT

In 2008, from the total number of users, 76,5% are workers and 15,7% employers. In what concerns matters dealt in these services, dismissals represent 18,9% of the information provided, holidays and absences 18,6% and wages 16%. Questions about working hours represent 13,4% of the matters brought before these services.

Users connected to the activities of trade represent 17,8% of all users, construction 13,7%, hotels and restaurants 13,5% and manufacturing industry 15,6%.

In 2009, in addition to the local advising services data mentioned in the table above and considering the estimated average weekly number of matters dealt in ACT services, there were 2650 written answers to requests, 1750 matters submitted by email and 3500 customer advising services provided by phone.

In 2010 and 2011, it was given a new ratio to the treatment of these data and their sources became autonomous.

Industrial Licensing

In accordance with the industrial activity scheme, approved by the Decree-Law no. 209/2008 of 29-10, ACT participates in the industrial licensing procedures by issuing an "opinion" at request of the respective coordinating entity, and by integrating joint "inspections" with the licensing entity and other participating entities on the industrial establishments, before they start their activity or after changes in their production process configuration, in order to ensure an intervention within the scope of occupational safety, in the project phase (integrated safety).

In this context, during 2008-2011, labour inspectors have issued opinions and participated in inspections, as it may be seen in the following evolution table.

Table 2
Industrial Licensing – Number of opinions and number of inspections

Activities (CAE)	2008		2009		Activities (CAE)	2010		2011	
	No. of opinions	No. of inspections	No. of opinions	n. of inspections		No. of opinions	No. of inspections	No. of opinions	No. of inspections
101/132 –Energy and Metallic Products Extr.	4	4	1	1	051 to 052/ 081/089/099 Extractive Industry	1	36	3	43
141/145 – Non-metallic Minerals Extr.	86	115	51	62	101 to 120 – Food, Beverage and Tobacco Industry	14	128	14	173
151/160 – Food, Beverage and Tobacco Industry	183	297	118	132	131 to 139 – Textile Industry	1	16	1	18
171/177 – Textile Industry	38	56	8	10	141 to 143 – Clothing and Garment Industry	1	8	0	17
181/183 – Clothing and Garment Industry	11	22	13	14	151 – Tanning Industry	1	5	0	1
191/192 – Tanning Industry	6	9	4	6	152 - Footwear Industry	0	5	0	2
193 – Footwear Industry	12	19	6	6	161 to 162 – Wood and Cork industry	4	18	0	21
201/205 – Wood and Cork Industry	42	50	23	26	171 to 172 – Paper Industry	2	5	0	5
211/212 – Paper industry	9	10	8	7	181 – Printing and Reproduction of Recorded Media Industry	0	6	0	6
221/223 – Graphic, Printing and Publishing Industry.	12	19	9	15	191 a 192 – Coke, Refined Petroleum products and Clusters of Fuel Industry	0	1	1	3
231/233 – Coke, Petr., Nuclear Industry	5	6	3	3	201 to 222 – Chemical Industry	4	30	4	33
241/252 – Chemical Industry	60	95	36	47	231 to 234 – Ceramic and Glass Industry	0	8	0	4
261/262 – Porcelain, Pottery, Glass Industry	11	15	3	4	235 to 239 – Cement, building stones and abrasive products industry	4	61	5	68
263/268 – Ceramic and Cement Industry	121	135	77	77	241 to 245 – Basic Metalwork Industry	2	4	1	6
271/278 – Basic Metalwork Industry	7	15	8	10	251 to 293 – Metal Products, Machines and Electrical equipment Industry	9	83	9	76
281/355 – Metal products, Electrical Equipment Industry	150	166	78	97	301 to 332 - Other Manufacturing Industries	1	13	0	17
361/372 – Other Manufacturing Industries	61	83	19	21	353 – Electricity, Gas, Steam, Water and Air Conditioning Supply	1	12	1	9
551/555 – Hotel Industry and Similar (Catering)	17	22	5	8	562 – Lodging, Restaurants and Similar (Catering)	0	0	0	6
TOTAL	835	1.138	470	546	TOTAL	45	439	39	508

Source: ACT

There is a gradual decrease in the number of issued opinions and inspections made, due to changes in the regulatory framework, and a decrease of coordinating entities requests, considering the context of the growing economic crisis.

Inspections

Finally, it should be noted that Law no. 102/2000 of 02 June, that published the Statute of IGT, now integrated in ACT, establishes that, when inspections take place, the labour inspector shall inform the employer or his representative, as well as the company union representatives, of his presence, unless such notice may jeopardize the effectiveness of the intervention.

Before leaving the place, the labour inspector shall, whenever possible, inform the employer or his representative, as well as the company union representatives, about the inspection results. He shall also inform the workers' representatives about occupational safety, hygiene and health conditions, if the purpose of the inspection comprises these matters.

Unions may also request for an inspection in situations where the defense of collective interests or the collective defense of individual interests of the workers they represent are at stake. In these situations, the unions have the right to be informed, at their request, about the inspection results.

Campaigns developed in the field of risk prevention with main focus on labour inspections

1. European Information and Inspection Campaign on the prevention of occupational risks related to the Manual Handling of Loads - RELIEVE THE LOAD!. 2007-2008

In 2008, within the scope of SLIC - Senior Labour Inspectors' Committee of the European Union, a European Information and Inspection Campaign on the prevention of occupational risks related to the Manual Handling of Loads - RELIEVE THE LOAD! was organized.

This Campaign began in 2007 and was aimed at specific activity sectors, where we may find a significant number of this kind of activities. That year, the campaign was focused on Transport and Health Care services and in 2008 (and early 2009) on Retail Trade and Construction Industry.

The main goals of this campaign were to improve the implementation of the European Directive on the subject, developing a culture of prevention focused on the elimination of risks and not just on the way people work; to achieve, across Europe, greater harmonization of knowledge in what concerns manual handling; and to improve the information and inspection methods of Labour Inspections.

In what concerns the inspection activity, a European training programme common to all countries was prepared. In Portugal, during these two years, 120

Labour Inspectors were trained. Common guidelines for the intervention of the Labour Inspectors were assumed, complying at the same time with each country's legal framework of action. In many countries this was the first large scale inspection activity approach. In the companies, there were not many prevention technicians familiar with the topic. Therefore, the inspection activities were more focused on the promotion and awareness raising for action instead of sanctioning. During this two years campaign, more than 600 companies across the country were visited, aiming to effectively improve their working conditions.

2. National Campaign on the Prevention of Occupational Exposure to Crystalline Silica - 2008-2009

The ACT, within the scope of its mission of occupational risks preventive policies promotion, is carrying out a campaign, which began in 2008 and continued in 2009; this campaign is aimed at the adoption of best practices in order to minimize risks arising from workplace exposure to respirable crystalline silica and to protect the workers' health. This campaign is especially aimed at companies not represented by the entities that signed the agreement which, otherwise, would remain on the sidelines of the dissemination and awareness raising effort on the adoption of best practices.

The ACT's National Campaign goals are the following: to alert, through awareness raising actions, for the importance of preventing exposure to respirable crystalline silica present in raw materials, materials and products containing crystalline silica; to inform about concrete measures aimed to minimize workplace exposure to respirable crystalline silica, in order to eliminate or reduce occupational safety and health risks related to this contaminant; to raise awareness to the importance of SHST services in the company; to disseminate best practices, namely the ones mentioned in the European Agreement.

The campaign involved awareness raising and clarification actions and was aimed at companies which produce or use products that cause exposure to respirable crystalline silica, including units where there is handling, storage and transportation of the mentioned material.

3. European campaign on safe maintenance 2010-2011

Maintenance is a quite common activity. It is estimated that 10% to 15% of fatal occupational accidents and 15% to 20% of all occupational accidents are connected with maintenance.

Maintenance workers are exposed to physical risks, such as exposure to noise, vibrations (e.g. during maintenance of roads, tunnels and bridges), ultraviolet radiation and adverse weather conditions.

Maintenance may have to be done on workplaces where there are hazardous chemicals. Exposure to chemical risks may be a problem in enclosed spaces, which may enhance the risk of suffocation. Asbestos exposure may also occur

(for example, during maintenance of old buildings or industrial facilities), and dust exposure, including the carcinogenic wood dust.

Biological risks include exposure to bacteria such as *legionella pneumophilla* and hepatitis viruses A and B.

Finally, psychosocial risks (such as stress) may arise from the adverse effects of poor work organisation or long working periods, or from non-social factors.

The ACT's National Campaign goals are the following: to raise workers' awareness on the importance of safety and health conditions at work, on the risks associated with maintenance and the need to carry it out safely; to raise employers' awareness on the legal and other responsibilities concerning safe maintenance performance and the reasons that justify it; to promote a simple and structured approach of OHS management in the field of maintenance, based on adequate risk assessment (the "five basic rules"). This campaign is aimed at small and medium sized companies.

The message of the campaign emphasises the preventive aspects to be considered in the workplace, namely the need of: good planning that covers aspects concerning safe and healthy working conditions; a structured approach based on risk assessment, with a clear definition of the maintenance workers roles and responsibilities; regular inspections in order to certify that the work is being properly performed and that there will be no new risks.

4. European Information and Inspection Campaign on Risk Assessment in the use of Dangerous Substances at Work 2010-2011

The SLIC, Senior Labour Inspectors' Committee of the European Union, with the support of the European Commission, organized a European Information and Inspection Campaign aimed to improve working conditions connected with the use of dangerous chemicals in the workplace. The campaign is based on the idea that occupational safety and health is a key area in the context of European policy, because, on the one hand, it creates a minimum level of workers' protection and, on the other hand, it contributes to a free and fair internal market competition.

Portugal, through ACT, was responsible for the coordination of this campaign under the motto - "Substâncias Perigosas: Esteja atento, avalie e proteja" (Dangerous Substances: Be aware, assess and protect)

This campaign took place from 2010 until March 2011 and covered the following activity sectors at the Community level: furniture industry, car repair, cleaning (including dry cleaning and industrial cleaning) and baking. Its target audience included employers, workers and their representatives in micro, small and medium sized companies, having as main target companies up to 50 workers.

The campaign goals were the following: to create competences for risk assessment in micro and small sized companies; to strengthen the intervention capability of actors interested in the implementation of best practices concerning occupational safety and health conditions; to raise employers awareness on risk assessment and workers awareness on the adoption of safe working practices; to increase the occupational safety and health rules effectiveness; to qualify labour inspectors and bring inspection activity approaches closer in Europe; to improve harmonization in compliance with the minimum requirements on the use of dangerous substances in the workplace; to contribute to the reduction of the occupational diseases and work-related accidents number within the Community and improve the information and performance capability of Labour inspections.

The campaign was developed in two phases:

- a) The information phase concerning the risks associated with dangerous substances in the workplace, being necessary to seek the involvement of social partners, the media, the recipients of the campaign and the different technicians that in some way have competences in this area;
- b) Inspections in workplaces, with a double meaning of promoting the improvement of working conditions and controlling the implementation of rules and the preventive measures organization in the company, thus fulfilling the spirit of the Directive 89/391/EEC of 12 June.

In Portugal, the campaign focused on the wood processing and furniture sectors that, along with the construction industry, are estimated to have more than a hundred thousand workers at risk of contracting cancer and respiratory allergies due to chemicals exposure.

Response to the European Committee of Social Rights

In the conclusions of 2009, and in what concerns this paragraph, the European Committee of Social Rights requested information on the percentage of companies with occupational safety, hygiene and health committees, established under the Decree-Law no. 441/91 of 14 November, and new legislation on this matter.

In each company, workers may elect their occupational safety and health representatives (Article 21 of Law no. 102/2009). The workers or any union with representative workers in the company are responsible for the promotion of those representatives' election (Article 27(1) of Law no. 102/2009) and to communicate the election date at least 90 days in advance to the Ministry responsible for the labour area and to the employer (Article 27(3) of Law no. 102/2009). This information is officially published in the Bulletin of Labour and Employment (Article 28(1)(a) of Law no. 102/2009].

The electoral commission must post the identification details of the elected representatives, as well as the copy of the minutes of the respective election

during the period of 15 days from the date of the voting results, in the place or places at which the election took place. The results must also be sent within that period to the competent authority of the ministry responsible for the labour area, as well as to the management bodies of the company (Article 39(1) of Law no. 102/2009). The Ministry responsible for the labour area registers the outcome of the election and publishes it in the Bulletin of Labour and Employment (Article 39(2) of Law no. 102/2009).

The workers' occupational safety and health representatives mandate is of three years (Article 21(5) of Law n. 102/2011).

The number of the workers' occupational safety and health representatives' elections is very small. The numbers below correspond to the total of elections by the end of each year, including new elections in the same companies after the previous representatives mandate expiry:

Table 3
Number of elections of workers' occupational safety and health representatives'

	2005	2006	2007	2008	2009	2010	2011
Elections	33	78	78	94	103	114	168

Source: DGERT

Occupational safety committees (previously designated occupational safety, hygiene and health committees) are provided for in Article 23 of Law no. 102/2009. Pursuant Paragraph 1 of that Article, occupational health and safety committees of equal composition, constituted by workers' occupational safety and health representatives, may be created by collective bargaining, respecting the principle of proportionality (paragraph 2). The law does not require that the establishment of these committees shall be communicated to public authorities, or published.

Thus, the data available are those published in the study entitled "Livro Verde sobre as Relações Laborais" (Green Paper on Labour Relations) ¹ prepared in 2006 in the Ministry responsible for the labour area, in which the content of 65 collective agreements of most activity sectors was analyzed having into consideration the schemes in force in late 2005, with regard to various issues, including occupational safety, hygiene and health conditions: *"The workers' involvement in occupational safety, hygiene and health committees is set in 18 conventions. Most committees have equal representation; one is formed only by union representatives (company agreement of the transport sector, concluded by trade unions of CGTP) and three have no defined composition (company agreements in the transport sector, concluded by trade unions of CGTP, UGT and others).*

The committees of equal composition are present in 6 collective contracts, 4 ACT (Collective Bargaining Agreements) and 4 company agreements of the

¹ Available in <http://www.gep.msss.gov.pt/edicoes/outras/livroverde.pdf>.

manufacture, construction, electricity, transport and communication industry sectors, concluded by the trade unions of CGTP, UGT and others."

Paragraph 2

The labour legislation preparation process, i.e. the legal acts that regulate the rights and obligations of workers, employers and their organisations, namely - the employment contract, the collective labour law, safety and health at work, work-related accidents and occupational diseases, vocational training and the work process - are legally required to be submitted to public scrutiny before being discussed by the state authorities.

Public scrutiny through the publication in the official newspapers, namely the Official Gazette and the Bulletin of Labour and Employment, is intended to foster the active participation of representing workers' organisations, employers, economic actors and civil society in general.

To that extent, it is mandatory that the positions of the entities that state their opinions about legal acts are taken into account by the legislator.

During the reference period of this report, the legal requirements on safety and health at work had some amendments, particularly in what concerns systematization and content. We hereby indicate the respective legal acts and the most significant amendments:

1. The Labour Code (CT), Law no. 7/2009, of February 12, establishes only the general principles of safety and health at work which, in general, were already indicated in the previous legislation and refers to specific legislation on the regulation of prevention and repair of work-related accidents and occupational diseases regulation.

In this context, the worker is entitled to safe and healthy working conditions (Article 281(1)) and the employer must ensure safe and healthy working conditions to his workers, in all aspects related to work, by applying the necessary measures, taking into account the general principles of prevention (Article 281(2)).

In the preventive measures' implementation, the employer must mobilize the necessary resources, namely in the fields of technical preventive measures, workers' vocational training, information and consultation and adequate services, internal or external to the company (Article 281(3)).

When there are several employers that simultaneously develop activities in the same workplace, they must cooperate in the protection of their workers with regard to safe and healthy working conditions, taking into account the nature of each one's activity (Article 281(4)).

In what concerns occupational safety and health services, the law regulates the organisation and operation methods that must be ensured by the employer (Article 281(5)).

It is also important to mention that the work considered likely to cause risks to the genetic heritage of the worker or his descendants, according to special regulation, is forbidden or conditioned (Article 281(6)).

As for workers, they must meet the occupational safety and health requirements established by law or collective work regulation instruments, or determined by the employer (Article 281(7)).

In what concerns worker's information, consultation and vocational training, Article 282 stipulates that the employer must:

- Inform the workers about the relevant aspects concerning their safe and healthy working conditions and that of others (Article 282(1));
- Consult the workers' representatives or the workers themselves, in due time, on the preparation and implementation of preventive measures (Article 282(2));
- Ensure adequate vocational training that enables workers to prevent the risks associated with the respective activity and the workers' representatives to perform their duties in a proper manner (Article 282(3)).

In each company, workers are represented by the previously mentioned elected representatives in the promotion of safe and healthy working conditions, or by the workers committee when there are no elected workers' representatives (Article 282(4)).

2. Law no. 102/2009 regulates the legal requirements for the promotion and prevention of safe and healthy working conditions, in accordance with the provisions of Article 284 of CT (Labour Code), in what regards prevention. Furthermore, Law no. 102/2009 also regulates:

- The protection of pregnant workers, workers who have recently given birth or who are breastfeeding when there are activities that may provide specific risk of exposure to agents, processes or working conditions, in accordance with the provisions of Article 62(6) of CT;
- Child protection in case of work that, due to its nature or the circumstances in which it is performed, may be harmful to his/her physical, mental and moral development, in accordance with the provisions of Article 72(6) of CT.

The Law no. 102/2009 was not intended to introduce major amendments to the previous legal requirements on safety, hygiene and health at work [Decree-Law no. 441/91, the Labour Code approved by Law no. 99/2003 of 27 August, and respective regulations (Law no. 35/2004 of 29 July)]. It was intended to materialize the political orientation enshrined in various instruments (the National Strategy for Safety and Health at Work 2008-2012 and the Tripartite Agreement between the Government and the majority of employers'

confederations and union organisations of July 2008), taking the opportunity to correct situations that proved to be inadequate in their practical application.²

Hence, we highlight the following amendments:

Concepts

The concepts of danger and risk were introduced as follows:

- "Danger" - the intrinsic property of a facility, activity, equipment, agent or other work material component that may cause damage [Article 4(g)];
- "Risk" - the probability of damage due to the conditions of use, exposure or interaction with work material components that may be dangerous [Article 4(h)].

General employer's obligations

We highlight the mention of psychosocial risks in points (d) and (e) of paragraph 2 of Article 15³. Paragraph 15 of the same Article henceforth provides that the employer whose conduct has contributed to cause a dangerous situation incurs civil liability.

Simultaneous or successive activities in the same workplace

The user company or holder of a work or service contract must ensure that the performance of successive activities by third parties on its facilities or the equipment used do not constitute a risk to the safety and health of their workers, or fixed-term workers, or workers of companies providing services (Article 16(3)).

Workers' Information

The employer must also communicate the admission of workers with fixed-term contracts, on commission or secondment, to the occupational safety and health service mentioned in Article 19(4) and to the workers with specific functions in the field of safety and health at work (Article 19(6)).

Protection of genetic heritage

Chapter V has acquired a new approach, of which we highlight the following features:

- The delimitation of the protection of genetic heritage regulations is not made by reference to a closed list of aggressive agents, updateable by ministerial order, because this legislative technique is no longer used in the approach proposed by the Directive no. 89/391/EEC. Currently, it is made through the global definition of causal agents, namely chemical, physical, biological and psychosocial agents and the characterization of undesirable effects in genetic heritage, accompanied by an illustrative and not exhaustive list.

² According to the explanatory memorandum of the Draft Law no. 283 / X.

³ d) To ensure, in the workplace, that exposures to chemical, physical and biological agents and psychosocial risk factors do not constitute a risk to the worker's safety and health;

e) To adapt the work to the individual, especially in what concerns the workplaces design, the choice of work equipment and work methods and production, with a view to, namely, mitigate monotonous and repetitive work and reduce psychosocial risks.

- The necessary aspects related to the prevention and protection activities are dealt by reference to other rules concerning the same chemical, physical, biological, cancerous and psychosocial agents, deserving a specific approach in three aspects: i) "risk assessment" in order to emphasise the need of a specific identification method of agents and persons exposed ii) "information" so that social actors may be aware of the dangers they face in this area and iii) "health monitoring" considering the preventive and accompanying role that it plays in this particular policy area.⁴

Thus, Article 41, concerning the risks to the genetic heritage provides that:

- Are likely to involve risk to the genetic heritage, the chemical, physical and biological or other factors that may cause heritable genetic effects, non-heritable adverse effects to the offspring, or undermine male or female functions and reproductive capabilities. These factors are namely the following (paragraph 1):
 - o Dangerous preparations and substances which, in accordance with the applicable legislation on classification, packaging and labelling of dangerous substances and preparations, are classified as harmful (Xn) and are qualified by one or more of the following risk warnings::
 - «R 40 — possibility of irreversible effects»;
 - «R 45 — may cause cancer»;
 - «R 46 — may cause heritable genetic damage»;
 - «R 49 — may cause cancer by inhalation»;
 - «R 60 — may impair fertility»;
 - «R 61 — risk during pregnancy with adverse effects on offspring»;
 - «R 62 — Possible risk of impaired fertility»;
 - «R 63 — possible risks during pregnancy of undesirable effects on offspring»;
 - «R 64 — reproductive toxicity»;
 - o Ionising radiation and high temperatures;
 - o Bacteria of the brucella, syphilis, tuberculosis bacillus and rubella virus (Rubivirus), herpes simplex types 1 and 2, mumps, human immunodeficiency syndrome (AIDS) and toxoplasmosis.
- In what concerns activities where workers may be exposed to agents likely to cause risks to the genetic heritage, this law prevails over the applicability of the measures of prevention and protection provided for in specific legislation, in the part where it is more favourable to the safety and health of workers (paragraph 2).

Currently, this law provides for the following duties of specific information, in Article 43:

The employer must provide updated information to workers and their representatives on safety and health at work, about dangerous chemical substances and preparations, work equipments and materials or raw materials

⁴ According to the explanatory memorandum to the draft law no. 283 / X.

present in the workplace that may cause danger of aggression against the genetic heritage, the results of risk assessment and the identification of exposed workers, without prejudice to the general obligations concerning information and consultation (paragraph 1).

This information must be provided to the occupational physician or public entity responsible for the workers' health surveillance (paragraph 2). The employer must pass on the information about the dangerous chemical substances and preparations, work equipment and materials or raw materials present in the workplace that may cause danger of aggression against the genetic heritage, as well as the results of risk assessment to self-employed workers and companies that carry out activities in the same facilities together with their workers, in whatever context (paragraph 3).

In what concerns health surveillance, it is worth highlighting that health examinations shall be performed having into consideration that exposure to agents or risk factors to the genetic heritage may cause the following conditions (Article 44(3)):

- Changes in sexual behaviour;
- Fertility reduction, particularly in the various aspects of spermatogenesis and oogenesis;
- Adverse results in hormonal activity;
- Modifications of other functions that depend on the reproductive system integrity.

In what regards health surveillance results, the new version of the mentioned Law has broadened the scope of Article 45 since the mentioned procedures shall be carried out even when the disease or harmful effect caused by exposure to the agents has not been identified. It also provides that, after the health surveillance result, the occupational physician shall:

- Inform the worker of the health examination's result [Article 45(1)(a)];
- Provide information on the possible need of further health surveillance, even after the end of exposure [Article 45(1)(b)];
- Communicate to the employer the health surveillance results relevant to risk prevention, without prejudice to professional secrecy to which he is bound [Article 45(1)(c)].

In what concerns the generally forbidden or conditioned activities provided for in Article 48, it is worth mentioning that this rule includes the conditioned and forbidden activities that were previously indicated in separate articles, including also the "other psychosocial factors".⁵

In what regards the working conditions in activities allowed to people aged 16 or over, it is worth mentioning the introduction of Article 72(2), which stipulates

⁵ Article 48: *Forbidden or conditioned activities to workers are the ones that involve exposure to chemical, physical and biological agents or other psychosocial factors that may cause heritable genetic effects, non-heritable adverse effects in the offspring, or undermine male or female functions and reproductive capabilities, and that may cause risks to the genetic heritage referred to in this Law or in specific legislation, according to what is stated in the respective legislation.*

that in case of violation of points (b) to (d) of paragraph 1 of Article 72 ⁶ the responsible entities are severally liable to pay a fine.

This legislation is complemented by Law no. 59/2008 of 11 September that approves the civil service employment contract scheme and has its own arrangements in what regards safety and health at work, stated in Articles 221 to 229 of the mentioned legislation and Articles 15 to 339 and Articles 132 to 204 of the attached Regulation.

However, it should be noted that, with the mentioned adjustments, the provisions of Law no. 59/2008 of 11 September are only a copy of the ones stated in the previous Labour Code and its Regulation (respectively, Law no. 99/2003 of 27 August and Law n°. 35/2004 of 29 August), currently collected in Law n°. 102/2009 of 10 September. Therefore, there are no significant differences to be mentioned.

In this reference period, the following legislation relevant to this matter has also been approved:

- Law no. 25/2010 of 30 August that establishes minimum requirements for the protection of workers from health and safety risks due to exposure during work to optical radiation from artificial sources, transposing the Directive no. 2006/25/EC of the European Parliament and of the Council, of 5 April. This Law establishes, namely, exposure limit values (Article 3), general principles of risk assessment (Article 4), risk assessment (Article 5), exposure reduction (Article 6) exposure limit values reduction (Article 7), workers' information, consultation and vocational training (Article 8), health surveillance (Article 9), health surveillance results (Article 10) and documents' registration and filing (Article 11);
- Decree-Law no. 41-A/2010 of 26 April that regulates land, road and rail transport of dangerous goods, transposing into the national law the Commission Directive no. 2006/90/EC of 3 November, and the Directive no. 2008/68/EC of the European Parliament and of the Council of 24 September, mainly in what concerns vocational training (Article 10) and vocational training in terms of safety (Chapter 1.3 of Annex I);
- Decree-Law no. 227/2008, of 25 November, which sets out the legal requirements applicable to professional qualification in radiological protection, transposing into national law the relevant provisions concerning qualified experts mentioned in the Council Directive no. 96/ 29/EURATOM of May 13 that establishes the basic safety rules for the population and

⁶ 1 – if the employer complies with Article 68(2), people aged 16 or over may perform activities subject to the following working conditions that imply

(...)

b) Demolitions;

c) Performing dangerous stunts;

d) Decommissioning work;

(...).

workers' health protection against the dangers arising from ionizing radiation;

- Decree-Law no. 222/2008 of 17 November, which partially transposes into national law the Council Directive no. 96/29/EURATOM of 13 May that establishes the basic safety rules for the population and workers' health protection against the dangers arising from ionizing radiation. This Decree-Law provides, namely: the dose limits for exposed workers (Article 4), dose limits for apprentices and students (Article 6), special protection during pregnancy and breastfeeding (Article 7), special dose limits (Article 8), classification of workers, apprentices and students (Article 9), individual monitoring of workers (Article 10), workplaces' monitoring (Article 12), medical surveillance of workers exposed (Article 13), data access (Article 14) and occupational exposure to natural radiation sources (Article 15).

In the reference period of this report the following legislation was published, directly or indirectly reflecting the EU legislation transposition into national law:

Legislation

Act	Subject
Council of Ministers Resolution no. 59/2008 of 1 April	Approves the National Strategy for Safety and Health at Work for the period 2008-2012
DL no. 63-A/2008 of 3 April (repealed)	Legal requirements concerning the transport of dangerous goods (Amends the Decree-Law no. 170-A/2007 of 4 May, transposing into national law the Commission Directive no. 2006/89/EC of 3 November, which adapts the Council Directive no. 94/55/EC of 21 November, concerning the transport of dangerous goods
DL no. 63/2008 of 3 April	1 st amendment of Decree-Law no. 82/2003 of 23 April that approves the regulations for the classification, packaging, labelling of safety data sheets of dangerous preparations, transposing into national law the Council Directive no. 2004/66/EC of 26 April, the Commission Directive no. 2006/8/EC of 23 January and the Council Directive no. 2006/96/EC of 20 November
DL no. 103/2008 of 24 June	Rules concerning the placing on the market and putting into service of machinery and respective accessories, transposing into national law the Directive no. 2006/42/EC of the European Parliament and of the Council of 17 May, on machinery, amending the Directive no. 95/16/EC of the European Parliament and of the Council of 29 June, on the approximation of the member states' laws relating to lifts
Law no. 59/2008 of 11 September	Approves the Civil Servants Contract Scheme
DL no. 222/2008 of 17 November	Partial transposition into national law of the Council Directive no. 96/29/Euratom of 13 May, laying down basic safety rules for the population and workers' health protection against the dangers arising from ionizing radiation
DL no. 227/2008, of 25 November	Legal requirements applicable to professional qualification in radiological protection, transposing into national law the relevant provisions concerning qualified experts mentioned in the Council Directive no. 96/29/Euratom of 13 May, laying down basic safety rules for the population and workers' health protection against the dangers arising from ionizing radiation
Law no. 7/2009 of 12 February	Approves the Labour Code review
Ministerial Order no. 288/2009 of 20 March	Annual report model of the occupational safety, hygiene and health services' activity (repealing the Ministerial Order no. 1184/2002 of 29 August)

Law no. 98/2009, of 4 September	Regulates the compensation scheme of work-related accidents and occupational diseases, including professional rehabilitation and reintegration under Article 284 of the Labour Code, approved by Law no. 7/2009 of 12 February
Law no. 102/2009 of 10 September	Legal requirements of occupational safety and health promotion
Law no. 105/2009 of 14 September	Regulates and amends the Labor Code, approved by Law no. 7/2009 of 12/02
Ministerial Order no. 977/2009 of 1 September	Regulation of sound level meters metrological control
Presidential Decree No. 104/2010 of 25 October	Ratifies the 2002 Protocol concerning the ILO Convention on Safety and Health of Workers 1981
Parliament Resolution no. 112/2010 of 25 October	Approves the 2002 Protocol concerning the Convention of the International Labour Office on Occupational Safety and Health, 1981
Rectification Statement no. 33/2010 of 27 October	Amends Law no. 25/2010 of 30 August that establishes the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation)
Parliament Resolution no. 139/2010 of 20 December	Aimed to reduce tractor accidents and work-related accidents in rural areas
Ministerial Order no. 55/2010 of 21 January	Regulates the content of the annual report in what concerns the information on the company social activity
DL no. 41-A/2010 of 29 April	Regulates land, road and rail transport of dangerous goods, transposing into national law the Commission Directive no. 2006/90/EC of 3 November and the Directive no. 2008/68/EC of the European Parliament and of the Council of 24 September
Ministerial Order no. 255/2010 of 5 May	Approves the service authorization application form model
Ministerial Order no. 275/2010 of 19 May	Sets the fees due for services rendered
Law no. 25/2010 of 30 August	Establishes the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation), transposing the Directive no. 2006/25/EC of the European Parliament and of the Council of 5 April
Law no. 24/2010 of 30 August	Regulates certain aspects of the working conditions of workers who provide cross-border services in the railway sector, transposing the Council Directive no. 2005/47/EC of 18 July
Law no. 27/2010 of 30 August	Establishes the penalties applicable to the violation of rules relating to driving times, breaks and rest periods and to the use of tachographs control in road transport activity, transposing the Directive no. 2006/22/EC of the European Parliament and of the Council of 15 March, amended by the Commission Directives no. 2009/4/EC of 23/01 and 2009/5/EC of 30 January
Law no. 2/2011 of 9 February	Asbestos Removal from public buildings, facilities and equipment
DL no. 48/2011 of 1 April	Simplifies the rules of access and exercise of several economic activities within the scope of "Licenciamento Zero" (Zero Licensing)
Law no. 27/2011 of 16 June	Establishes the rules concerning the compensation of damages resulting from work-related accidents of professional athletes and revokes Law no. 8/2003 of 12 May

Response to the European Committee of Social Rights

In the Conclusions of 2009, the European Committee of Social Rights, regarding this paragraph, seeks to ascertain:

1.1 *If the Commission Directive 1999/77/EC of 26 July 1999 that forbids the marketing and use of products containing asbestos as from 2005, was transposed into national law or if measures to the same purpose were taken.*

The Commission Directive 1999/77/EC of 26 July, relating to restrictions on the marketing and use of certain dangerous substances and preparations was transposed into national law by Decree-Law no. 101/ 2005 of 23 June, which also amended the Decree-Law no. 264/98 of 19 August.

1.2 *If the authorities have been planning to do an inventory of all contaminated buildings and materials.*

Regarding this matter, Law no. 2/2011 of 9 February establishes procedures and goals aiming the removal of products containing asbestos fibres still present in public buildings, facilities and equipment. This Law provides that the Government shall survey all public buildings, facilities and equipment containing asbestos in their construction (Article 3(1)) and make a list of public buildings that contain asbestos, after the survey conclusion (paragraph 1 of article 4).

2. The Committee also mentions that in order that this situation may be in accordance with Article 3 § 2 of the Revised Charter, Member States shall take the necessary measures to provide non-permanent workers (temporary workers and fixed-term workers) with vocational training, information and medical surveillance adapted to their professional situation, in order to avoid any discrimination in terms of occupational health and safety conditions. The Commission states that these measures must ensure adequate protection to these workers, considering the risks arising from a succession of accumulated working periods for several employers, exposed to dangerous substances and, if necessary, these measures shall contain provisions that forbid "non-permanent" workers to perform some particularly dangerous tasks. Therefore, the Committee reiterates its request for the report to indicate how the regulations are applying the revised Charter in what regards this matter.

In what concerns safety and health at work, the CT provides that the worker is entitled to safe and healthy working conditions (Article 281(1)). In this sense, the employer must ensure to his workers safe and healthy conditions in all aspects related to work, applying the necessary measures taking into account the general principles of prevention (Article 281(2)) and, in the application of preventive measures, he must mobilize the necessary resources, particularly in the fields of technical prevention, workers' vocational training, information and consultation and adequate services, internal or external to the company (Article 281(3)). The work considered likely to cause risks to the genetic heritage

of the worker or his descendants according to special regulation is forbidden or conditioned (Article 281(6)).

In accordance with Article 146(1), a fixed-term worker has the same rights and is assigned to the same duties as a permanent worker in a similar situation, unless there are objective reasons that justify differential treatment.

In what regards workers' information, Article 19(1) of Law no. 102/2009 provides that workers and their occupational safety and health representatives in the company, business or service shall have access to updated information concerning:

- Risk for the workers' safety and health, as well as protection and prevention measures and the way they are applied either in relation to the activity carried out or in relation to the company, business or service [Article 18(1)(j)];
- The measures and instructions to adopt in case of serious and imminent danger;
- Measures of first aid, fire-fighting and evacuation of workers in case of accident, as well as information about the workers or departments responsible for putting these measures into practice.

This information should always be available to the worker, without prejudice to proper vocational training in the following cases (Article 19(2) of Law no. 102/2009):

- Admission in the company;
- Change of job or duty;
- Introduction of new equipment or modification of the existing equipment;
- Adoption of a new technology;
- Activities involving workers of different companies.

The Law also provides for in Article 43 the specific information duties that were already described in the present report. Therefore, a reference is made to point 2 regarding the response to question 1 of paragraph 2.

In accordance with Article 20(1) of Law no. 102/2009, the worker must receive adequate training on safe and healthy working conditions, taking into account the job and the performance of high risk activities.

The employer must ensure adequate health surveillance of workers when the assessment results, through health examinations, show that there are risks to the genetic heritage. The health examination shall be made before the first exposure (Article 44(1) of Law no. 102/2009). Health surveillance should allow the application of the latest occupational medicine knowledge, be based on conditions or circumstances on which each worker has been or may be subject to chemical agents or risk factors, and include at least the following procedures (Article 44(2) of Law no. 102/2009):

- Registration of each worker's medical and occupational history;

- Personal interview with the worker;
- Individual assessment of the worker's health status;
- Biological surveillance whenever necessary;
- Health screening of early and reversible effects.

As previously mentioned, health examinations are based on the knowledge that exposure to agents or risk factors to the genetic heritage may cause certain genetic conditions (Article 44(3)).

In what concerns the health surveillance results provided for in Article 45 of Law no. 102/2009, reference is made to paragraph 2 concerning the response to question 1 of paragraph 2 on the occupational health physician duties.

The employer, taking into account the health surveillance results, shall:

- Repeat the risk assessment;
- Based on the opinion of the occupational health physician, adopt any protection or prevention measures for the worker and, if necessary, assign that worker to another adequate task where there is no risk of exposure;
- Promote the workers' health surveillance, for a long time;
- Ensure to all workers who have been exposed to agents or risk factors for the genetic heritage a health examination including, if necessary, additional medical examinations.

When there are several companies, establishments or services that simultaneously develop activities with their workers in the same workplace, the respective employers, taking into account the nature of activities developed by each one, shall cooperate in the protection of safe and healthy working conditions (Article 16(1) of Law no. 102/2009).

It is important to mention that, despite each employer's responsibility, the following entities must ensure occupational health and safety to all workers, (Article 16(2) of Law no. 102/2009):

- The user company, in case of fixed-term workers;
- The accepting undertaking company, in case of workers on secondment;
- The company in whose facilities other workers carry out their activity, under service contracts;
- In the other cases, the work or service contracting company shall ensure the coordination of the other employers by organizing the occupational safety and health activities.

The user or contracting company of the work or service must ensure that the successive activities performed by third parties on their facilities or the equipment they use do not constitute a risk to the safety and health of their workers, temporary workers, or workers on secondment, at the service of companies providing services (Article 16(3) of Law no. 102/2009).

Apart from the previously mentioned rules that were introduced in the reference period of this report, the remaining provisions were already stated in the previous legislation.

In what regards temporary work, the CT also provides rules on safe and healthy working conditions and training of temporary workers. Essentially, these rules were already stated in Law no. 19/2007 of 22 May, which approved the previous legal requirements of temporary work.

Therefore:

- The temporary worker benefits from the same level of protection in the field of occupational safety and health as the other workers of the user company (Article 186(1))
- Before the temporary worker's transfer, the user company must send a written information to the temporary employment agency about the following (Article 186(2)):
 - o The results of the risk assessment on the safety and health of the temporary worker, considering the job he will perform and, in case of high risk related to a particularly dangerous job, the need of adequate professional qualification and special medical surveillance;
 - o Instructions on the measures to be taken in the event of serious and imminent danger;
 - o Measures of first aid, fire-fighting and evacuation of workers in case of accident, as well as information about the workers or departments responsible for putting these measures into practice;
 - o How the occupational health physician or the hygiene and safety technician of the temporary employment agency may have access to the worker's vacant job.
- Before the worker's assignment to the user company, the temporary employment agency must send a written communication to the temporary worker with the information referred to in Article 186(2), (Article 186(3)).
- The temporary employment agency is responsible for the worker's admission, periodic and occasional health examinations, and the agency's occupational health physician is responsible for the clinical record filing (paragraph 4 of Article 186).
- The temporary employment agency must inform the user company that the worker is fit for work considering the health examination results, that he has adequate professional qualifications and that he has had access to the information referred to in paragraph 2 (Article 186(6)).
- The user company must ensure that the temporary worker is given adequate training for the job, considering the worker's professional qualifications and experience (paragraph 6 of Article 186).
- The worker exposed to high risks related to a particularly dangerous job must have special medical surveillance on the company's responsibility and its occupational health physician must inform the temporary employment agency's occupational health physician about possible contraindication (Article 186(7)).
- The user company must report the beginning of the temporary worker's activity, within five working days, to the occupational safety and health services, the workers' occupational safety and health representatives, the workers with specific functions in this area and the workers' committee (Article 186(8)).
- The temporary employment agency must ensure vocational training to the temporary workers hired under fixed-term employment contracts whenever

the duration of the employment contract, including renewals, or the sum of successive temporary employment contracts exceeds three months within a calendar year (Article 187(1));

- Vocational training provided for in the preceding paragraph shall have a minimum duration of eight hours, according to Article 131(2) (Article 187(2));
- The temporary employment agency must allocate at least 1% of its annual business turnover to the training of temporary workers (Article 187(3));
- The temporary employment agency cannot demand the payment of any amount from the temporary worker, on whatever grounds, namely for guidance services and vocational training (Article 187(4)).

3. *The Committee asks for the next report to contain updated information on how employers and workers are consulted in the preparation of occupational safety and health regulations.*

The participation of workers and employers' representative organisations in the development of labour law is provided for in Articles 469 to 475 of the Labour Code.

This right of participation is given to trade unions, employers' associations, workers' committees and respective coordinating committees (Article 470).

Any draft or proposed law, draft decree-law or draft or proposed regional decree concerning labour legislation may only be discussed and voted on by the Parliament, the Portuguese Republic Government, the Legislative Assemblies of the autonomous regions and the Regional Governments, after the workers' committees or the respective coordinating committees, trade unions and employers' associations have expressed their opinion about it (article 470). To this end, drafts and proposals are published in an extract of the following official publications (Article 472(1)):

- The Official Journal of the Portuguese Parliament, in case of legislation to be approved by Parliament;
- The Bulletin of Labour and Employment, in case of legislation to be approved by the Portuguese Republic Government;
- The Regional Assemblies Official Gazettes, in case of legislation to be approved by the Legislative Assemblies of the autonomous regions;
- The Official Journal, in case of legislation to be approved by the Regional Government.

The mentioned extracts must state the time limit of submission to public comment of drafts or proposals (Article 472(2)). The time limit shall not be less than 30 days, although it may be shortened to 20 days, in exceptional and duly substantiated cases of urgency (Article 473).

The Parliament, the Portuguese Republic Government, the Legislative Assemblies and the Regional Governments of the Azores and Madeira announce the publication of the extracts and subjects that are being submitted to public comment through the media (Article 472(3)).

During the public comment submission period, the entities with right to participate may comment on the draft or proposal, and request an oral hearing to the author body of the draft or proposal, according to the regulations of each of these bodies (Article 474(1)).

The entities' positions expressed through opinions or hearings are taken into account by the legislator as working elements (Article 475(1)). The public assessment outcome is published in (Article 475(2)):

- the preamble of the decree-law or regional decree;
- the report attached to the opinion of the Specialised Committee of Parliament or of the Legislative Assembly of the autonomous region.

Article 8(1) of Law no. 102/2009 stipulates that the consulting and participation of the most representative organisations of employers and workers must be ensured in the promotion and assessment of policy measures in the field of safety and health at work, at national level. To this end, the most representative trade unions and employers' confederations must be part of (Article 8(2)):

- The National Council for Hygiene and Safety at work;
- The Working Conditions Authority's Advisory Council for the Promotion of Safety and Health at Work.

Paragraph 3

The holistic and integrated approach to occupational risks prevention, a fundamental guiding principle of the framework Directive on Safety and Health at work (Directive no. 89/391/EEC), includes the combination of public and private entities efforts and the knowledge of all material and non-material work components as relevant variables to safe and healthy working conditions within organizations.

Therefore, well-being in the workplace depends on the correlation between the definition of prevention policies and programmes, the development of risk assessment, prevention and control activities, the health surveillance, hiring, salary and career management policies, the working times' organization and the promotion of open areas for dialogue between several hierarchy levels and between employers, workers and their representatives. All these criteria must be considered in the ACT's inspection activity.

Human Resources – Labour Inspectors

Table 4
Evolution of the total number of labour inspectors 2008/2011

Year	2008			2009			2010			2011		
	H	M	Total	H	M	Total	H	M	Total	H	M	Total
Active	113	151	264	103	150	253	121	263	384	130	274	404*

Source: ACT

*includes inspectors in leadership positions

Table 5
Evolution of the total number of labour inspectors/Establishments visited/Workers -
2008/2011

Year	No. of Labour Inspectors	Establishments visited (*1)	No. of Workers		
			Men	Women	Under Aged*
2008	264	62.477	366.275	253.971	187
2009	253	71.044	389.154	265.831	100
2010	384	74.616	399.117	306.819	185
2011	404	80.159	360.709	248.634	93

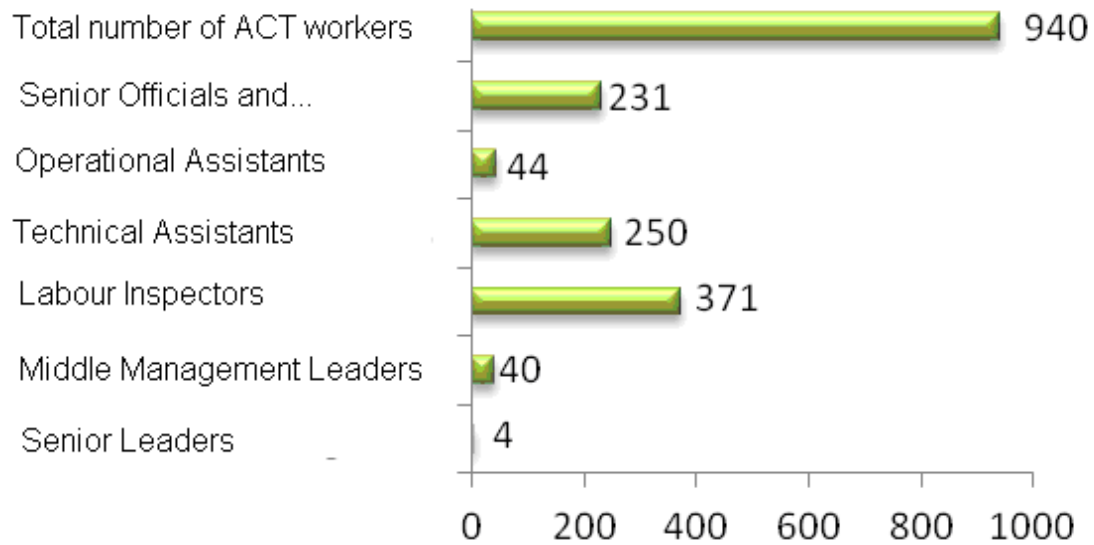
Source: ACT

*Includes children under the age of 18, 16 and in illegal situations

* Includes all visits: Labour relations and safety and health at work

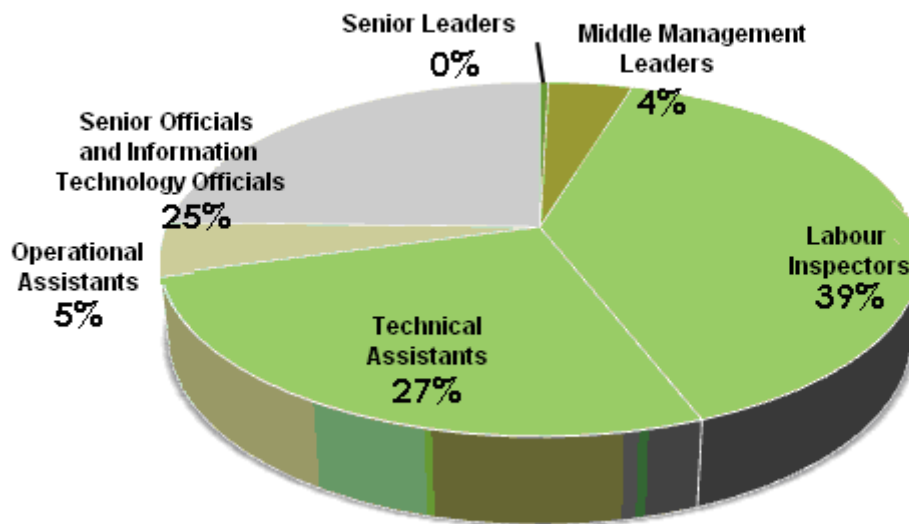
Chart 1

Distribution of ACT workers per professional categories



Source: ACT

Chart 2
Percentage distribution of ACT workers per professional categories



Source: ACT

Inspection Activities

Table 6
Inspection activities evolution within the scope of Safety and Health at Work (OSH)

Description	2008	2009	2010	2011
Establishments	23.884	26.636	28.059	35.236
Workers	235.915	231.624	233.938	248.970
Men	153.594	148.730	142.757	159.863
Women	82.321	82.867	91.138	89.091
Under Aged	-	27	2	2

Source: ACT

Table 7
Establishments visited within the scope of Safety and Health at Work inspections

Year	Total of visited Est.	Visited establishments OSH	Workers
2008	62.477	23.884	235.915
2009	71.044	26.636	231.624
2010	74.616	28.059	233.938
2011	80.159	35.236	248.970

Source: ACT

Table 8
Inspections developed within the scope of Safety and Health at Work
Sectors with the highest incidence - 2008-2010

Activities	2008		2009		2010	
	Visited Estab.	%	Visited Estab.	%	Visited Estab.	%
Construction	12.017	50,3	13.944	52,4	12.687	45,2
Outsourced services	1.411	5,9	1.863	7,0	2.081	8,7
Retail trade	1.342	5,6	1.920	7,2	2.442	7,4
Met. Products, Elect. Material Industry	917	3,8	1.294	4,9	*	*
Auto maintenance and repair	858	3,6	500	1,9	*	*
Hotel Industry)	853	3,6	920	3,5	1.934	6,9
Sub total	17.398	72,8	20.441	76,7	19.144	68,2
Other activities	6.486	27,2	6.195	23,3	8.915	31,8
Total	23.884	100	26.636	100	28.059	100

Source: ACT

*Activities included in the "Other Activities" item

Table 9
Inspections developed within the scope of the OSH, by sectors, 2011

Economic activities	Visited Estab.	%
A – Agriculture, animal production, hunting, forestry and fishing	856	2,4
B – Extractive industries	243	0,7
C – Manufacturing industries	5.054	14,3
D – Electricity, gas, steam, hot and cold water and air conditioning E – Water collection, treatment and supply; sewerage, waste management and remediation	471	1,3
F – Construction	14.823	42,1
G – Wholesale and retail trade; repair of motor vehicles and motorcycles	3.955	11,2
H – Transportation and storage	911	2,6
I – Accommodation, food service and similar activities	1.596	4,5
J – Information and communication activities	132	0,4
K – Financial and Insurance activities	158	0,4
L – Real estate activities M – Professional, scientific, technical and similar activities N – Administrative and support service activities	2.805	8,0
O – Public administration, defence and compulsory social security	685	1,9
P – Education	1.923	5,5
Q – Human health and social work activities	106	0,3
R – Arts, entertainment, sports and recreation activities	1.330	3,8
S – Other service activities	95	0,3
T – Activities of households as employers of domestic staff and services-producing activities of households for their own use	1	0,0
U – Activities of extraterritorial organisations and bodies	92	0,3
CAE (Economic Activities Classification) Ignored	35.236	100
TOTAL	35.236	100

Source: ACT

Coercive and non coercive procedures within the scope of safety and health at work

The specific ACT's activity developed in workplaces is expressed through a set of tools applied by the labour inspectors (orders to take measures, notifications, records of evidence, immediate work suspension in case of serious and imminent dangerous situations and crime complaints). These tools have an eminently preventive nature in the labour inspectors' approach strategy. As a matter of fact, the use of these tools has an important technical aspect which, combined with the inspectors' exercise of their own powers of authority, aims to improve working conditions, thus contributing to the reduction of work-related accidents. Apart from assuring law effectiveness goals, the sanctioning of verified infractions is also aimed to fulfil prevention duties.

Infractions and sanctions

The main types of infractions subject to coercive and non coercive procedures within the scope of safety and health at work are outlined in the following table:

Table 10
Coercive and non coercive procedures in other fields of safety and health at work
(2010/2011)

Subject	Orders to take measures				Infractions fined			
	2011	2010	2009	2008	2011	2010	2009	2008
General prevention principles	658	506	463	744	49	70	107	127
Workers' participation	832	627	269	554	29	44	14	7
OSH Workers' Representatives – Elections	0	0	1	*	0	0	1	*
Other	280	251	*	*	4	1	*	*
Vocational training	1.315	1.134	425	324	144	180	80	133
Lack of adequate vocational training in OSH	701	685	*	*	119	148	*	*
Workers' training (designated workers/workers in charge of first aid measures implementation, fire-fighting and evacuation/workers' representatives)	108	79	*	*	4	7	*	*
Other	506	370	*	*	21	25	*	*
OSH Activity	3.243	2.504	1.931	2.004	1.924	2.254	1.191	2.076
Planning and programming	302	205	143	146	7	30	6	5
Risk assessment	1.102	859	400	424	110	111	32	35
Internal safety inspections	138	95	49	67	4	5	-	1
Accident analysis	305	198	183	216	12	13	9	13
Accident statistics	20	15	60	106	1	0	1	-
Health surveillance	961	833	833	785	1.779	2.057	1.130	2.017
Emergency activities	415	299	263	260	11	38	13	5
Coordination of external activities	2	3	17	21	4	5	13	11
OSH services' organization	399	282	169	279	0	242	49	28
Vulnerable groups	5	13	0	0	7	8	4	8
Pregnant women	2	10	0	0	0	2	*	*
Under aged	3	3	0	0	7	6	*	*
Mandatory documents	158	121	528	731	121	153	133	216
Accident reports	22	11	5	3	100	77	76	90
OSH activities	41	28	364	579	3	4	20	53
Types of OSH services	95	82	109	95	18	38	24	38
Annual report / Single report	0	0	50	54	0	34	13	35
Work-related accidents and occupational diseases compensation	211	221	*	*	1.491	783	*	*
First aid	0	0	*	*	0	0	*	*
Work-related accidents insurance	186	219	*	*	1.470	782	*	*
Occupational disease notification	0	0	*	*	0	0	*	*
Occupational rehabilitation and reintegration obligations	9	2		*	1	1		*
Other	5	-	*	*	20	-	*	*
TOTAL	6.823	5.411	3.802	4.657	3.769	3.739	1.591	2.606

Source: ACT

Most of these procedures are based on dispositions that transpose special Community Directives within the scope of safety and health at work

* this subject was not handled autonomously

Table 11
Coercive and non coercive procedures – special community directives

Legislation implementing special community directives	Orders to take measures				Infractions fined			
	2011	2010	2009	2008	2011	2010	2009	2008
Workplaces	8.835	6.537	5.420	5111	126	231	410	70
Work equipment	3.130	2.443	2.507	2213	173	195	187	146
Equipment with visor	29	17	39	115	0	1	-	2
Personal protective equipment	679	595	559	656	13	25	19	15
Manual Load moving equipment	67	106	555	197	4	5	4	4
Safety signs	906	785	582	566	6	23	12	8
Physical agents	323	283	305	425	10	10	11	3
Noise	307	260	295	415	9	10	11	3
Vibrations	16	23	10	10	1	0	-	-
Optical radiations	0	0	-	-	0	0	-	-
Chemical agents	2.052	1.726	918	883	53	45	37	14
Chemical agents ELV	1.782	1.243	606	657	14	15	11	4
Cancerous agents	23	35	24	33	0	0	-	-
Asbestos	246	414	272	177	35	30	25	8
Lead	1	0	1	2	0	0	-	-
Explosive atmospheres	0	34	15	16	4	0	1	2
Biological agents	299	23	69	78	6	6	-	-
Special sectors	15.934	13.653	18.815	15.374	1.282	1831	1960	2.898
Construction sites safety	15.840	13.595	18.802	15.304	1.279	1822	1956	2.888
Extractive industry	85	57	13	70	3	9	4	10
Fishing vessels	9	1	-	-	0	0	-	-
TOTAL	32.254	26.168	29.769	25.620	1.673	2.372	2.370	3.166

Source: ACT

Work-related accidents

The set of indicators shown in the following tables characterise the activities in which inspections take place.

Table 12
Number of work related accidents, per economic activity sector – 2008 to 2010

Economic activities (CAE – Rev. 3)	2010	2009	2008
TOTAL	215.632	217.393	240.018
A – Agriculture, animal production, hunting, forestry and fishing	7.005	7.670	6.137
B – Extractive industries	1.674	1.407	2.034
C – Manufacturing industries	57.327	58.235	76.184
D – Electricity, gas, steam, hot and cold water and air conditioning	210	204	212
E – Water collection, treatment and supply; sewerage, waste management and remediation	2.862	2.693	3.168
F – Construction	44.304	45.118	47.024
G – Wholesale and retail trade; repair of motor vehicles and motorcycles	33.942	34.867	37.544
H – Transportation and storage	10.323	10.163	10.794
I – Accommodation, food service and similar activities	12.172	11.902	11.893
J – Information and communication activities	638	663	697
K – Financial and Insurance activities	790	944	728
L – Real Estate Activities	977	891	776
M – Professional, scientific, technical and similar activities	2.244	2.331	2.329
N – Administrative and support service activities	13.321	13.674	16.887
O – Public administration, defence and compulsory social security	7.610	6.596	6.446
P – Education	1.686	1.854	2.168
Q – Human health and social work activities	11.493	10.543	10.154
R – Arts, entertainment, sports and recreation activities	1.807	1.795	1.568
S – Other service activities	3.714	3.204	2.971
T – Activities of households as employers of domestic staff and services-producing activities of households for their own use	1.180	1.385	119
U – Activities of extraterritorial organisations and bodies	20	25	0
CAE (Economic Activities Classification) Ignored	333	1.229	185

Source: Strategy and Planning Office– Work-Related accidents - 2010, 2009 and 2008

In the last years, Portugal has been witnessing a sustained decrease of the total number of work-related accidents.

Table 13
Work related accidents – 2006/2010

Year	Total	Nº of persons exposed to occupational risks (thousands of individuals) (1)
2006	237.392	4336,3
2007	237.409	4378,5
2008	240.018	4381,4
2009	217.393	4222,4
2010	215.632	4145,1

Source: Strategy and Planning Office– Work-related Accidents - 2006 to 2010

(1) Data from the National Institute of Statistics' (INE) employment survey, excluding the Civil Service Pension Fund (CGA) subscribers

Occupational diseases

In what concerns the prevention of occupational diseases, the following factors assume a particular importance: the danger level of the aggressive agent, the duration and type of exposure to that agent, the nature of the work performed and also the individual characteristics of the exposed worker.

The preventive approach in what concerns occupational diseases is more complex than the one applied to work-related accidents, that occur in a single moment, because deficits in the prevention, identification and control of risks only have medium and long term consequences and may only be correctly perceived through technical means. They also require more articulation and complementarity of all systems, particularly in what concerns health surveillance and workplace risk prevention, i.e. the coordination between the Labour Administration, Health Administration and Social Security Systems, so that they may develop their own roles in order to ensure that occupational safety and health activities are being carried out in the companies.

The following available indicators concern the occupational diseases, recognised as such by the Social Security through the Department of Protection against Occupational Risks, ex CNPRP – National Centre for Protection against Occupational Risks.

Table 14
Distribution of occupational diseases, certified as diseases with or without incapacity, from 2007 to 2010

Year	Occupational diseases with incapacity	Occupational diseases without incapacity	TOTAL	No. of mandatory reports	No. of initial applications
2007	1.901	1.708	3.609	4.343	4.534
2008	1.859	1.315	3.174	4.719	4.541
2009	1.985	1.082	3.067	5.247	4.727
2010	1.617	981	2.598	4.915	3.899

Source: National Centre for Protection against Occupational Risks

Work-related accidents subject to inspections

The occurrence of work related accidents constitutes a significant indicator of dysfunctions in the workplaces and respective surroundings. Information concerning these occurrences enables ACT to address its inspection activity with more accuracy towards the labour situations that were highlighted by these occurrences. It also enables productive organizations to better acknowledge the need to correct the preventive measures applied in workplaces. This is indeed the reason why the work-related accidents reports are sent to ACT.

Labour inspectors are responsible for carrying out inquiries on accidents at work, mainly in what concerns fatal, serious or frequent accidents. This task is of fundamental importance because it allows the evaluation of measures likely to

prevent the accidents repetition, as well as the proposal, enforcement and monitoring of the control measures implementation, deemed necessary. The inquiry aims to make a diagnosis of the context in which the work-related accident occurred and triggers the study of working conditions in the company/organisation concerned, as well as a global analysis of the labour situation, since, in principle, the accident is due to multiple causes

In addition to this, the ACT can be asked to carry out an “urgent and summary inquiry” of a work-related accident to support the Labour Courts in their role of ensuring the coherence of the work-related accidents damage compensation system.

Concepts

A work-related accident is an unexpected and unforeseen event, including an act of violence that occurs during work or is related to it, from which results a physical or mental injury, or the death of one or several workers.

Travel, transport or traffic accidents in which workers are injured because of the work, or during it - i.e. when they are carrying out an economic activity, working, or performing certain tasks for the employer - are also considered work-related accidents.

Commuting accidents are also considered work related accidents. The commuting accident is an accident that occurs during the worker’s usual travel to work, whatever the direction taken, between the workplace or training site related to the worker’s professional occupation and his/her primary or secondary residence, the place where he/she usually takes his/her meals, or where he/she usually receives his/her salary, and that results in the worker’s death or injury. The commuting accident is also known as *in itinere* accident.

Exceptions

From the above mentioned definitions, the following ones are not to be considered within the ACT’s scope of intervention: accidents due to “inevitable nature forces” and “independent from human intervention” and the so-called technological accidents, i.e. those whose main cause is alien to a work activity itself and therefore do not arise from work-related risks.

Fatal work-related accidents subject to ACT inquiry

ACT carries out inquiries regarding all fatal work-related accidents that have been reported to them or of which they are aware of in any way, using for that purpose all formal or informal sources of information including the employers’ mandatory reports and, in the case of the construction sector, the performing and contracting entities’ reports, as well as the police and media reports.

It is important to underline that the statistical data put forward in this report only refer to fatal work-related accidents that were subject to inspection activity by the ACT, namely, those that were subject to work-related accident inquiries.

Table 15
Number of workers subject to inspection visits and number of accidents subject to ACT inquiries – 2008 to 2011

Year	No. of workers subject to inspection visits	No. of accidents subject to ACT inquiries
2008	620.246	120
2009	654.985	115
2010	705.936	130
2011 ⁽¹⁾	609.343	161 ⁽²⁾

Source: ACT

(1) It is also important to mention that in 2001 the methodology used when performing inquiries on work-related accidents was changed. The inquiries scope was expanded to travel, transport or traffic accidents and to *in itinere* accidents.

(2) The total number of inquiries on fatal work-related accidents in 2011 was: 149 inquiries on work-related accidents occurred in 2011, plus 12 inquiries connected with work related accidents which took place in 2010 but were reported in 2011. In 2010, 12 accidents took place in the following activity sectors: manufacturing industries (4); construction (2); wholesale and retail trade/repair of motor vehicles and motorcycles (1); transportation and storage (1); accommodation, food service and similar activities (1); administrative and support service activities (1); Economic Activities Classification ignored (2).

Table 16
Fatal work-related accidents inquiries performed in 2008 – 2011, by economic activity

Economic activities (CAE – Rev. 3)	2011	2010	2009	2008
A – Agriculture, animal production, hunting, forestry and fishing	15	12	10	13
B – Extractive industries	4	4	9	9
C – Manufacturing industries	21	21	22	21
D – Electricity, gas, steam, hot and cold water and air conditioning	0	1	0	0
E – Water collection, treatment and supply; sewerage, waste management and remediation	2	0	1	1
F – Construction	44	55	56	59
G – Wholesale and retail trade; repair of motor vehicles and motorcycles	9	3	2	3
H – Transportation and storage	7	11	2	6
I – Accommodation, food service and similar activities	2	4	0	0
J – Information and communication activities	1	0	0	0
K – Financial and insurance activities	0	0	0	0
L – Real Estate activities	0	0	0	0
M – Professional, scientific, technical and similar activities	2	0	0	0
N – Administrative and support service activities	2	4	5	4
O – Public administration, defence and compulsory social security	3	3	6	2
P – Education	0	0	0	0
Q – Human health and social work activities	0	0	2	1
R – Arts, entertainment, sports and recreation activities	0	0	0	0
S – Other service activities	2	0	0	0
T – Activities of households as employers of domestic staff and services-producing activities of households for their own use	0	1	0	1
U – Activities of extraterritorial organisations and bodies	0	0	0	0
CAE (Economic Activities Classification) ignored	47	11	0	0
TOTAL	161⁽¹⁾	130	115	120

Source: ACT

The total number of inquiries on fatal work-related accidents in 2011 was: 149 inquiries on work-related accidents occurred in 2011, plus 12 inquiries connected with work related accidents which took place in 2010 but were reported in 2011. In 2010, 12 accidents took place in the following activity sectors: manufacturing industries (4); construction (2); wholesale and retail trade/repair of motor vehicles and motorcycles (1); transportation and storage (1); accommodation, food service and similar activities (1); administrative and support service activities (1); Economic Activities Classification ignored (2).

Safe and healthy working conditions in temporary work

Taking into account the right of all workers to healthy, safe and dignified working conditions, and the need to establish special dispositions resulting from the Community Directives, applicable to temporary workers in the field of safety and health at work, and given the usual weakness and diversity arising from the legal nature and status of these workers, the national legislation is against using temporary work in jobs that are particularly dangerous to the worker's safety and health, except if the worker is professionally qualified for that job.

If the worker is exposed to high risks related to a particularly dangerous job, he must have special medical surveillance at the user company's expense whose occupational health physician must inform the temporary employment agency's occupational health physician about possible contraindication.

The temporary worker benefits from the same level of protection as the other workers of the user company, in terms of safety and health at work.

Therefore, the user company must deliver the following information to the temporary work agency, which in turn must transmit it to the worker:

- a) The results of the risk assessment on the safety and health of the temporary worker, considering the job he will perform and, in case of high risk related to a particularly dangerous job, the need of adequate professional qualification and special medical surveillance;
- b) Instructions on the measures to be taken in the event of serious and imminent danger;
- c) Measures of first aid, fire-fighting and evacuation of workers in case of accident, as well as information about the workers or departments responsible for putting these measures into practice;
- d) How the occupational health physician or the hygiene and safety technician of the temporary employment agency may have access to the worker's vacant job.

The user company must ensure that the temporary worker is given adequate training for the job, considering the worker's professional qualifications and experience.

Intervention in activity sectors with higher accident incidence

Since the early 1990s, by virtue of the increase in the construction of public buildings, the construction sector has had a significant development, drawing to it a considerable labour force, mainly immigrant workers, mostly from the East European countries and from Portuguese speaking countries.

The particularities of this activity sector, that are well expressed in the intense variability of its work situations, in its own chain of responsibilities, as well as in the succession of decision makers and work teams, show significant differences when compared with other productive sectors. This context requires that these factors are taken into account in the inspection approach and that adequate and positive-effect oriented inspection tools and actions are used.

Inspections in shipyards

In legislative terms, although some important steps have already been taken, particularly with the publication of Decree Law no. 273/2003, reviewing the DL no. 155/95, and the beginning of new safety regulations development in the construction sector, a few gaps are noticed, which bring inherent difficulties to the inspection activity, such as the lack of a definition and recognition framework of occupational safety and health coordinators' competences.

The activity of checking safe and healthy working conditions in construction shipyards, during the 2008-2011 four year period, was carried out through inspection visits to temporary or mobile shipyards, mainly in what concerns the process of sending and posting the prior notification of shipyard set up and updates, appointment of the shipyard safety and communication coordinator, effective coordination of the activities carried out in the project and work phases, the record of coordination activities, the records of the hiring chain, development of a safety and health plan adequate to the shipyard and duly updated or, when there is no adequate safety and health plan, the development of written safety procedures, protection against shipyard risks (namely falls from a height, burial accidents, vehicle circulation risks, electrical risks), safety in the use of equipment, manual cargo displacement, safety signs, health surveillance and transfer of civil liability for work-related accidents.

Table 17
Inspection in shipyards

YEAR	Shipyards	Companies	No. of Workers
2008	5.289	15.020	54.037
2009	5.948	11.838	42.168
2010	5.621	10.708	39.874
2011	6.604	11.604	-

Source: ACT

It is also important to mention the fostering of sectoral social dialogue, involving the important actors in the construction sector – construction owners, designers, performer entities, employers, workers and their representatives, national entities responsible for the legislation implementation – who committed themselves to a cooperation interaction that was materialised in a diversified set of initiatives.

Inspections in the extractive industry

Table 18
Inspections in the extractive industry

Year	No. of visited establishments	No. of workers covered
2008	470	3670
2009	206	5303
2010	238	4764
2011	273	2803

Source: ACT

Inspections in agriculture

The national agricultural sector is made up of family companies and small and medium sized companies (PME's), quite dispersed, showing organisation deficits and marked by strong seasonality.

Intensive agriculture is also being developed in geographic areas more adequate to this type of agriculture, and companies operating in this segment are increasingly sharing characteristics common to companies of most of the other activity sectors, except in what concerns seasonality that is greater in the agriculture sector.

The inspection activity approach to the agricultural sector is displayed in the following table

Table 19
Inspections in agriculture

Year	No. of visited establishments	No. of workers covered
2008	564	3979
2009	397	5745
2010	545	8.825
2011	786	7.021

Source: ACT

Inspections in the fishing sector

The fishing sector constitutes an activity in which safe and healthy working conditions are particularly liable to cause work-related accidents.

Being this sector one of the four activity sectors that within the community countries has an incidence rate of work-related accidents 30% above the remaining sectors' average, resulting from the specificity of the risks associated

with this sector, the development of an Information campaign was considered to be of the utmost relevance. The campaign was mainly aimed to ship owners and workers, port authorities and administrations, bearing in mind full appliance of Decree Law no. 116/97 of 12 May, and of the Ministerial Order no. 356/98 of 24 June, in what concerns fishing vessels that constitute the majority of the fishing fleet.

Table 20
Inspections in the fishing sector

Year	N.º of visited establishments	No. of workers covered
2008	71	977
2009	28	61
2010	40	169
2011	44	391

Source: ACT

Working and Rest Conditions Control in the Road Transport Sector

The control activity of working and rest conditions in the road transport sector and other sectors with use of heavy transport of passengers and/or goods was focused on the duration of driving and rest periods in truck driving, register of driving and rest periods in an adequate documental support, record keeping, information and training provided to workers, transfer of civil liability on accidents and health surveillance.

Table 21
Working and Rest Conditions Control in the Road Transport Sector

Year	Visits	Notifications Measures taken	Warning Notices	Infractions
2008	3.499	223	506	1.308
2009	4.016	98	354	1.062
2010	4.382	88	126	1.032
2011	4.994	112	87	721

Source: ACT

Other activity sectors

According to the ACT's inspection activity plan for the years 2008 to 2010, the importance of inspection intervention was considered in other activities of the manufacturing industry (metalwork and metal products, textile and clothing industry, wood/cork industry and the hotel industry, among others). The

outcome of that intervention is reflected in the set of indicators shown in the following table.

Table 22
Inspections in other activity sectors

Activity	Year	Estab.	Visits	Workers
Metalwork Industry	2008	2079	2428	99360
	2009	1460	3713	93603
	2010	54	124	2713
	2011	1.437	3.151	75.375
Textile and Clothing Industry	2008	1502	1769	38.144
	2009	941	2030	32987
	2010	854	1951	38928
	2011	858	1.998	24.344
Com. Rep. Auto	2008	1771	2119	8472
	2009	661	1517	6513
	2010	477	1061	6131
	2011	835	1.961	9.276
Wood and cork Industry	2008	409	477	9.756
	2009	287	596	11.405
	2010	617	1462	11.666
	2011	485	944	4.707
Hotel Industry	2011	3.152	7.705	34.182

Source: ACT

Special Relevance and Legal Protection in what concerns the violation of occupational safety and health rules

In order to determine applicable fines and taking into account the relevance of the violated interests, labour offences are classified as minor, serious and very serious. To each of these labour offences' severity levels a variable fine is applied, according to the company's business turnover and the offender's degree of guilt.

The law determines special criteria for the aggravation of fines in certain issues that, therefore, are subject to special legal protection from the legislator. That is the case of occupational safety and health standards' violation.

In this case, when there is a violation of occupational safety and health rules, the maximum amounts of fines applicable to very serious offenses are doubled.

When there is more than one entity responsible for the same offense, the fine corresponding to the company with the largest business turnover is applied. When determining the amount of the fine, in addition to the provisions of the general infractions' scheme, the extension to which warning notice

recommendations were neglected, coercion, forgery, simulation or other fraudulent means used by the offender are also considered.

In case of very serious offense or repeated serious offense, carried out with intent or gross negligence, the ancillary penalty of infraction publishing is applied to the offender.

In case of recurrence of an offence foreseen in the previous paragraph, and taking into account grievous effects for the worker and economical advantages drawn by the employer, the following ancillary penalties may also be applied:

- a) Interdiction of activity at the establishment, factory or shipyard where the infraction has occurred, for a period of up to two years;
- b) Deprivation of the right to participate in public auctions or tenders for a period of up to two years.

The enforceable judgement's publishing consists on the inclusion in public record, available on the webpage of the service responsible for the labour inspection activities under the Ministry responsible for the labour area, of the extract containing the description of the offense, the violated rules, the offender's identity, the activity sector, the place where the infraction occurred and the applied penalty. The judgement's publishing is promoted by the competent court when the offenses were subject to judicial decision, or promoted by the services mentioned in this paragraph, in all other cases.

When the violation of the law affects several workers, individually considered, the number of offenses corresponds to the number of workers actually affected.

It is considered that multiple workers are affected by violation of the law when they have been exposed to an effective danger situation or have suffered damage resulting from the offender's infringing conduct, when carrying out their activity.

Multiple infractions lead to a single judicial process and infractions are penalised with a single fine that cannot exceed twice the effectively applicable maximum fine amount.

If the offender has obtained an economic benefit from the infraction committed, this should be taken into account when determining the fine's amount.

Paragraph 4

In what concerns information given in the previous report about the organization of occupational safety and health services, it should be stressed that Law no. 102/2009 maintained the contents of the rules referred to therein, namely in the following articles:

- Article 73(1) – organization of the occupational safety and health service;
- Article 75(1) – first aid, fire-fighting and workers' evacuation;
- Article 97 – goals to be pursued by the safety and health services;
- Article 100(1) – occupational safety technical activities performance;
- Article 107 – health surveillance technical responsibility;
- Article 108 (1) – medical examination promotion;
- Article 109 (1) (2) – development of a medical record subject to professional secrecy;
- Article 110 (1) – worksheet filling on the worker's ability for the job.

The mentioned Law now considers the violation of Article 73(1) to be a very serious offense. This article establishes that the employer must organize the occupational safety and health service.

In what regards occupational safety and health types of service, Law no. 102/2009, like de previous legislation, provides that the employer may adopt one of the following types of service: internal service, joint service and external service. It is important to mention that in the previous legislation the joint service was called inter-company service.

However, if the company or establishment does not have sufficient resources to develop activities integrated in the functioning of the occupational safety and health services, by internal means, or if the provisions of Article 81 are at stake, the employer must use a joint or external service, or qualified technicians in enough number to ensure totally or partially the development of those activities, as already laid down in the previous legislation (Article 74 (2)).

Regarding the scope and the mandatory natures of the occupational safety and health internal service, as it was already laid down in the previous legislation, it should be noted that the employer must establish an internal occupational safety and health service integrated in the company's structure and covering (Article 78 of Law no. 102/2009):

- An establishment with at least 400 workers (Article 78 (3)(a));
- A set of establishments at a distance of 50 km from the one holding the greater number of workers and that, together with this one, have a minimum of 400 workers (Article 78 (3b));
- An establishment or set of establishments that, in accordance with the following article, develop high risk activities to which at least 30 workers are exposed (Article 78(3)(c)).

Law n° 102/2009 considers internal service the one provided by a company to other companies of the same group as long as they all belong to societies that have a control or group relationship (Article 78(4)).

According to Article 80(1) of Law n° 102/2009, the employer may - under authorisation given by the competent body from the Ministry responsible by the labour area or from the competent body of the Ministry responsible by the health area, depending on whether the exemption refers to the safety or health fields - obtain internal service exemption for establishments covered by Article 78 (3) a) or b), if:

- they do not carry out high risk activities;
- in the last two years, they had incidence and serious accidents rates not higher than the respective sectors' average;
- they do not have records of occupational diseases contracted during company service time or to which the working conditions at the company have contributed, directly and decisively;
- the employer has not been punished for very serious infractions regarding violations to the occupational safety and health legislation, perpetrated in the same establishment, during the last two years;
- the results of the risk assessment reports submitted by the applicant or through inspections, when necessary, show that exposure limit levels to substances or risk factors are respected.

The previous legislation also provided for the exemption of internal service; although Law no. 102/2009 has introduced some changes, namely the current distinction between the safety and health areas for exemption purposes, which are subject to authorisation from separate services.

As for joint service, which was already provided for in the previous legislation, the new law introduces some changes. Therefore, joint service is determined by common agreement between several companies or establishments belonging to societies that are not in a group relationship nor covered by Article 78(3) of Law no. 102/2009, concerning only workers whose safety and health are under their responsibility (Law 102/2009, Article 82 (1)). In what concerns authorisation, the law refers to subsection II, section IV, of the Law no. 102/2009 that regulates the external service authorisation.

In what concerns external service, the need for authorisation remains. The entities responsible for the authorisation are the following (Article 84 (3) of Law n° 102/2009):

- the competent body for the promotion of occupational safety and health of the Ministry responsible for of the labour area, in case of activity performed within the scope of safety;
- the competent body of the Ministry responsible for the health area, in case of activity performed within the scope of health.

In what regards the activities developed by the employer or designated worker, currently provided for in Article 81 of Law no. 102/2009, it should be pointed out that:

- The company, establishment or set of establishments distanced up to 50 km from the largest one must now employ a maximum of 9 workers, instead of 10;
- Now, the performance of activities depends on the authorisation or authorisation renewal, for a period of five years, whereas the previous legislation only foresaw the authorisation.

Finally, the Ministerial Order no. 255/2010 of 5 May approves the authorization application form model of joint service, external service and the exemption of the occupational safety and health internal service, as well as the terms under which the application must be investigated. The Ministerial Order no. 55/2010 of 21 January, regulates the content of the annual report concerning the information about the company's social activity and the deadline for its submission by the employer, to the services with inspection competences of the Ministry responsible for the labour area, from which we highlight the occupational safety and health service annual activity report (Annex D).

Obligation of publishing the activity data regarding safety and health services in companies

The following data are aimed to show an assessment on the degree and type of implementation of this rule.

The Annual Activity Report of the Occupational Safety and Health Service (OSH) is an obligation defined since 2002 that describes those services' activities for management and control purposes.

The information presented results from the statistical data collected in electronic format, from Annex D (Annual Activity Report on the Occupational Safety and Health Service) which includes the Single Report model (established by the Ministerial Order no. 55/2010 of 21 January). The Single Report, consisting of several annexes, is a source of administrative information, mandatory to all employing entities, covering the whole country. The following synthesis refers to the Portuguese mainland:

Situation in 2008:

Chart 3
Establishments according to the OSH service organization nature

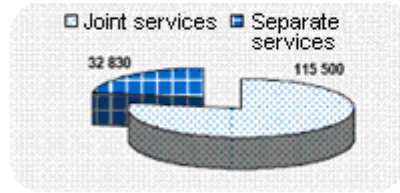
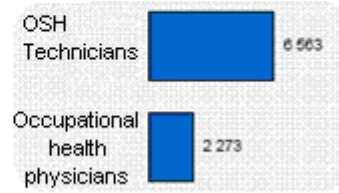


Chart 4 - OSH services technical staff



Source: ACT

Situation in 2009:

Chart 5
Establishments according to the OSH service organization nature

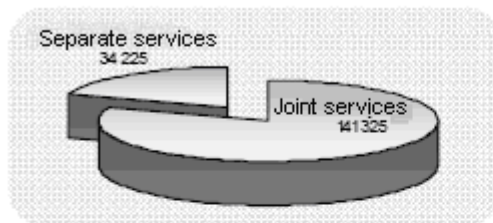


Chart 6 - OSH services technical staff

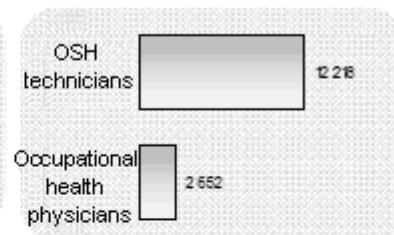


Table 23 - Organizational models of OHS

	Safety		Health	
	N°	%	N°	%
Total	176 196	100,0	186 248	100,0
Internal Service	13 474	7,2	7 759	4,1
Joint/Shared Service	695	0,4	1 587	0,8
External Service	160 005	85,2	175 716	93,5
Worker's activity	1 664	0,9	x	x
Designated worker's activity	357	0,2	x	x
National/Regional Health Service	x	x	1 229	0,7

Source: ACT

ARTICLE 11 RIGHT TO HEALTH PROTECTION

Paragraph 1, 2, 3

The National Health Service of Portugal involves all integrated healthcare, including the promotion and monitoring of health, prevention of diseases, diagnoses and the treatment of patients and medical and social rehabilitation.

Its objective is to implement the State's responsibility to protect individual and collective health. It is administratively and financially autonomous and is structured in a centralised and de-concentrated organisation, encompassing central, local and regional organs. It includes services that provide primary healthcare and services that provide specialised healthcare. It is supported by educational activities that seek to provide training and development for health professionals.

All public entities that provide healthcare services are part of the National Health Service: hospital establishments, local health units and health centres and groups of centres.

Regardless of their respective juridical nature, all the services and establishments of the National Health Service come under the tutelage of the member of the government who is responsible for the area of Health and are regulated by specific legislation.

The Ministry of Health has been entrusted with the task of ensuring the necessary actions for the formulation, implementation, monitoring and assessment of health policies. With regard to the National Health Service, it also serves as a planning, funding, monitoring and regulatory body and is responsible for providing guidance and ensuring assessments, audits and inspections. Its attributes likewise include developing the functions of regulations, inspections and monitoring with regard to the healthcare activities and services developed by the private sector, irrespective of whether they are integrated into the health system or not, including the professionals involved with these institutions.

As an activity that is a transversal component of different areas, an effective and efficient health policy is an essential element for growth and employment, as well as for social cohesion.

The area of health has been developed, especially, by recommendations for reforms within the Public Administration and the following lines of action: sustained reduction of the balance of payment deficit and continuing the struggle against factors that threaten social cohesion.

The contribution of the health sector towards the sustainability of public finances and for Public Administration reforms has been reinforced. This has been facilitated by the results achieved at the level of medication policies,

which seek to reduce expenditure by means of subsidies and combating fraud and wastage.

A set of national health programmes are being developed within the scope of a strategic national instrument for the area of health, i.e. the National Health Plan (2011-2016), which seek to achieve rapid progress in the health sector.

The National Health Plan of the Ministry of Health has identified, as national priorities, the following eight areas: cardiovascular diseases, oncologic diseases, diabetes, respiratory diseases, mental health, HIV/AIDS, promotion of a healthy diet and prevention and control of tobacco smoking.

A network of integrated long term care is simultaneously being consolidated within the national territory.

The Portuguese health system, constituted by the National Health Service and by health sub-systems, provides a set of services predominantly available to the general public. The improvements that have been witnessed in Portugal in terms of health levels are a result of the progress that has been achieved in terms of the population's economic and social conditions. They have also been due to the efforts to improve the National Health Service and it is especially important to highlight the favourable evolution of life expectancy and infant mortality indicators.

A key challenge for the Portuguese Health System is the accelerated demographic ageing of the population and the increased rates of dependence of the elderly, estimated to be 58.1% in 2050. Concomitant to this is the increased prevalence of chronic diseases and potentially incapacitating situations that need to be urgently prevented and combated. This challenge is associated with another hurdle, which seeks to ensure the economic and financial viability of the Health System and contribute towards the sustainable development of the nation.

In order to face the challenges of the impact of demographic changes, the strategy of the healthcare sector has focused on diagnosing and treating potentially incapacitating diseases in a preventive manner in order to achieve greater gains in the area of health. This promotes a longer period for an active, independent and autonomous life. This strategy has been developed around the following priority axes:

- The reform of primary healthcare, as the basis of anticipatory care, with the reconfiguration and autonomy of health centres, the development of the implementation of family health units and the restructuring of public health services.
- The development and consolidation of the implementation, throughout the national territory, of the network for integrated long term care, with solutions for home assistance healthcare and specific situations of internment for convalescence and for medium and long periods.
- The implementation, throughout the national territory, of the network for palliative care.

The strategy for the health sector is included in the nation's strategy for economic and social development, in a particular situation of a national financial crisis. It seeks to support citizens and families, through active policies that enable a reinforcement of their participation in the collective efforts to create employment and wealth, modernise Portuguese society and share the benefits of well-being for all.

This strategy translates into actions, with a view to promoting social inclusion by reducing inequalities. This likewise translates into the promotion of social inclusion, by means of a better access to public health quality services and a reduction of asymmetries in terms of available care in different territories and habitats, especially in the most vulnerable areas. Finally, it entails a growing integration of specific vulnerable groups, namely, immigrants, ethnic minorities, the disabled and the homeless, in providing preventive and curative healthcare.

The development of the National Network for Integrated Long Term Care is a fundamental process for the struggle against factors that threaten social cohesion, by reinforcing the suitability of care and improved access. Equally important are the measures associated with an increased effectiveness, efficiency, safety and quality of the services that provide healthcare.

Keeping in mind the reforms being implemented to promote equality between men and women (mainstreaming of gender issues), the dimension of gender issues is included in the National Health Plan 2011-2016, which emphasises a reinforcement of the gender aspect in policies for health and long term care. One of the commitments undertaken by Portugal was the promotion of improved access to healthcare services and quality social facilities, as well as conditions that favour an active and healthy life.

The growing trends of an increased demand for health and long term care, technological evolution and the need to guarantee access to technical progress in the area of health, associated with the need for budgetary stability and a certain lack of human resources, namely doctors, raise innumerable challenges for Portugal.

These challenges have resulted in the creation of policies to develop more rigorous methods of co-ordinating care, based on objectives and results and innovative forms of funding, with greater controls of expenditure incurred on health services and goods.

Thus, programmes to promote health and the prevention of disease will be developed, which simultaneously seek to improve the population's state of health and reduce a growth in expenditure in the health sector.

The governance of the national health strategy envisages the involvement and participation of civil society in the process of providing healthcare.

The future health policy will thus seek to reinforce the planning and management of resources from a perspective of "better value". In other words, more important than offering the entire population all kinds of healthcare at

low prices, is to manage to offer the best care at the right place and time, with better techniques and technology, at an equitable price for the entire population, including the most vulnerable groups or those that are exposed to greater risks.

In this context, Highly Differentiated Centres, i.e. referral centres with a high level of differentiation or excellence (centralised), and specialised treatment centres (decentralised) are being constituted in specific areas of intervention. These seek to promote not just technical efficiency but also the financial efficiency of programmes aimed at preventing and controlling chronic and rare diseases.

So as to mitigate the lack of coverage that has been witnessed in certain areas of the National Health Service, owing to a lack of GPs or certain specialised services, such as, for example, dental medicine, various initiatives have been developed to improve citizens' access to healthcare. These include, amongst others, the expansion of the system of agreements with the private sector, the diffusion of tele-medicine or financial subsidies to citizens that are in vulnerable situations in terms of access to oral health.

In order to reduce the difficulties of referrals of patients to differentiated care and to improve the articulation between different levels of care, a national integrated management strategy for some chronic and highly prevalent diseases, and/or those that have a great potential for generating incapacity and which consume a great deal of financial resources, is being implemented on an experimental basis. It is hoped that this methodology will not only allow the elimination of any duplication of processes of diagnoses and treatment but will also facilitate the sharing of clinical and non-clinical information between healthcare providers, ensuring they are accountable for the results of their actions.

In terms of the policy pertaining to medicines, planned initiatives seek to increase the number of medicines that can be purchased without a medical prescription, through an increased availability of generic drugs in pharmacies. They also aim to ensure the development of electronic prescriptions in all hospitals and health centres and the reduction of expenditure with subsidies for medicines and likewise seek to combat frauds and wastage.

Government action in the area of healthcare seeks to re-qualify the NHS, placing it at the service of all Portuguese, irrespective of their social and economic situation, based on principles that are a key element of the government's programme:

- Give priority to primary healthcare.
- The development of a sustainable network of integrated long term care.
- Reorganisation of the hospital network, facilitating access for citizens.
- To promote the development of the continual amelioration of quality and safety of care.
- Budgetary sustainability, combating wastage and multiple interests.

It will be possible to obtain a larger and better National Health Service through this intervention, with the capacity to provide more services, more primary healthcare or specialised hospital consultations, more surgeries, more out-patient treatment, for oncologic disease or other pathologies.

Thus, there is a political desire to further develop the National Health Service as a fundamental instrument to ensure that all Portuguese, irrespective of their economic or social condition, have access to user-friendly and technologically advanced healthcare.

Accessibility

The government seeks to avoid viewing the question of the accessibility of healthcare only from a perspective of the geographic proximity to available means, since, although this is an important variable, it is not the one that most influences access to healthcare. The issue of accessibility is also viewed from the perspective of financial resources and information for citizens, which allow them better access to healthcare.

In this context, the promotion of access to hospital care is a political priority. This translates into access to surgery, access to outside consultations, especially first consultations, the treatment of oncological diseases, ambulatory surgery and the emergency network.

Another initiative, in the context of promoting access and quality, is the issue and the audit of the compulsory clinical norms to all national health, will be created and developed on the basis of guidelines discussed beforehand with professionals.

The Health Centre Groups will promote the involvement of the community in the management of primary healthcare in an innovative manner. This could contribute towards ensuring that the National Health Service provides better and more suitable solutions to meet the needs of citizens, for example, of the most vulnerable groups, such as women, children and the elderly, amongst others.

Another concern is access to information by citizens. Thus, the Health Portal will continue to be developed, which has varied information about the health system, seeking to inform users about their rights, mechanisms for access and available healthcare. It includes updated information about all public healthcare provider entities and informational and educational data for citizens and health professionals.

In an initiative aimed at continuously improving access to and the quality of the different levels of services, the government will continue to implement some of its main reform measures, which include:

- Constituting a network of modern emergency departments, which has the necessary technical and human resources to respond to requirements in terms of quality and the opportunity to provide solutions. This network will be closer to the populations, according to technically validated criteria of humanisation and rationality. There is a need to

continue to transmit to all citizens that fact that acute diseases, even though they leave the patient temporarily incapacitated, do not mean an emergency in medical terms. Acute disease is a sudden problem that needs guidance, which can be given by a doctor, nurse or the assistance services. Especially worthy of note in this regard is the 24 hour hotline ("*Linha Saúde 24*"). It is necessary to transmit the fact that an emergency situation implies the concerted intervention of a team and a set of means, without which it would be impossible to reverse the course of a given disease.

- Special attention has been paid to reinforcing methods of pre-hospital emergency and assistance services.
- The development of the implementation of mobile units to provide healthcare, aimed at communities of immigrants and ethnic minorities, with a view to taking healthcare services to the social groups that are socially weaker.
- In terms of a policy for medicines, the government will continue its actions, aimed at ensuring that all Portuguese have access to innovation and the use of more effective and safer therapies. Thus, the measures to be adopted include: Reinforcing incentives for prescribing generic medicines; Revising the policy of medication subsidies and access to medicines.

Quality

Although the measures described above are especially aimed at promoting access to healthcare, irrespective of the level of care, they also implicitly promote an improvement in the quality of the services provided, since they entail underlying models of organisation that structure services with a view to ensuring better access and greater levels of quality.

The State will continue to guarantee quality norms for public and private institutions through a system of audits, inspections, national accreditation and the qualification of facilities, as well as through a national patient safety programme, to prevent hospital infections and falls. The authorities also seek to improve the co-ordination between services (namely through e-health solutions), guaranteeing that primary, long term, palliative and hospital care are integrated into a network. The government will continue to invest heavily in the development of information systems to improve the following and assessment of processes and the outcomes of healthcare providing units and healthcare professionals.

Thus, in this context, the following aspects can be highlighted as measures aimed at promoting quality:

- The implementation of an model of integrated disease management applied, in an initial phase, to Chronic Renal Insufficiency, Obesity, Diabetes, Multiple Sclerosis and Pulmonary Hipertension. This model represents an experimental strategy for the health system and is an

innovative tool for improving healthcare services and the effectiveness and efficiency of the care being provided. It is also an important and permanent vehicle for information to support decision-making.

- The underlying organisational structure behind this model, with the creation of Highly Differentiated Centres, as excellence units for research and treatment, benchmarking and diffusion of best practices, is an asset in qualitative terms for the entire health system.
- Qualification of perinatal emergency services (maternity services) with a view to improving the quality and safety of perinatal care.
- The implementation of the National Programme for Hospital Accreditation, which seeks to attribute certifications regarding compliance with rules and procedures in hospital environments.
- The development of the National Programme to Prevent and Control Infections, with a view to detecting and correcting situations that could promote the appearance and development of infections in hospital environments.
- The implementation of guidelines for the Voluntary Interruption of Pregnancy in authorised hospital establishments and in compliance with legal precepts. Apart from de-penalising this practice, this measure ensures that Voluntary Interruption of Pregnancy is carried out in compliance with all the clinical rules and procedures, guaranteeing the quality of the healthcare being provided.
- The preparation of national norms for guidance/information about good professional practices, clinical management and improved environmental/safety conditions for professionals.
- The development of internal and external clinical audits to progressively improve the quality of healthcare.
- The progressive organisation of personnel in local health units to provide psychiatric services for individuals in community mental health units or teams. (Preparation of a legal diploma that creates a National Network for Integrated Long Term Care for Mental Health).

Long Term Sustainability

The financial sustainability of the National Health Service depends greatly on factors outside the Health sector, such as the evolution of other public spending and state revenues, which are directly linked to the growth of the economy. It likewise depends on satisfying the health needs of the population, which increasingly demands more and more complex solutions from the health system, owing to a progressive change in the epidemiological profile of illnesses and in the demographic profile of patients, who are older and with more onerous and incapacitating diseases.

Thus, a political priority is the solutions that the health system provides for these challenges, adapting the care available and revising the training profile of its professionals, while anticipating the consequences that this process will have in terms of healthcare funding.

It is a well known fact that expenditure on Health continues to grow; however, by exercising moderation and rigour it has been possible to include new programmes, new technologies and new services. Hospitals are operating at superior levels of quality and efficiency, and health centres. The costs of medicines have been reduced in the overall framework and the reforms that have been implemented made the sector governable again.

These modifications ensured that it was possible to fulfil the planned budgetary implementation scheduled for the sector, without needing to resort to corrective budgets.

In the area of hospitals, a notable effort has been made to modernise services. This has involved a careful use of a small part of capital endowments in some of the largest units. It is especially important to note the efforts aimed at intelligent therapeutic containment, without reducing the quality of the assistance on offer. Increasingly evolved contracting has reduced the overall volume of convergence sums. The concentration of hospitals in hospital centres contributed decisively towards the savings achieved. Economies of scale, avoiding duplication and a greater management flexibility, with greater responsibilities, are the key ingredients for this change.

The scenario of a growth in the prevalence of diseases with a prolonged evolution, some of which are accompanied by a high degree of incapacity, increases the risk of situations of exclusion and social inequality if suitable measures and solutions are not created to face this reality. This scenario is further compounded by the new family patterns that exist today. According to the most recent census, 1 in 5 people aged 65 or over lives alone (according to the data of the National Institute for Statistics, the population aged 65 and over is divided into 58% females and 42% males).

The National Network of Integrated Long term Care was created in 2006 in order to satisfy existing needs at the level of integrated long term care (middle and long term convalescence) for the elderly and for those living in situations of dependence. In 2012 was created the main Law of the Palliative Care. It has a particularly positive impact on the lives of women, since they are normally the primary caregivers, allowing them to remain in the labour market for a longer period. It also has a positive impact on elderly caregivers, allowing them a more active ageing.

The National Network of Integrated Long term Care (NNILTC) is a partnership between the Ministry of Health and the Ministry of Solidarity and Social Security. Its essential objective is to promote the continuity of healthcare and social support for all citizens who are suffering, indefinitely or temporarily, from some degree of dependence. This integration will take place both at a governmental

level as well as at the level of co-ordination mechanisms, always including the participation of different agents from both sectors.

This network is ensured by an intense partnership between the public sector, the social sector (*charitable* institutions, the so-called “Misericórdias”) and the private sector. It provides a high level of quality, in terms of physical spaces as well as, above all, of requirements with regard to the teams of professionals.

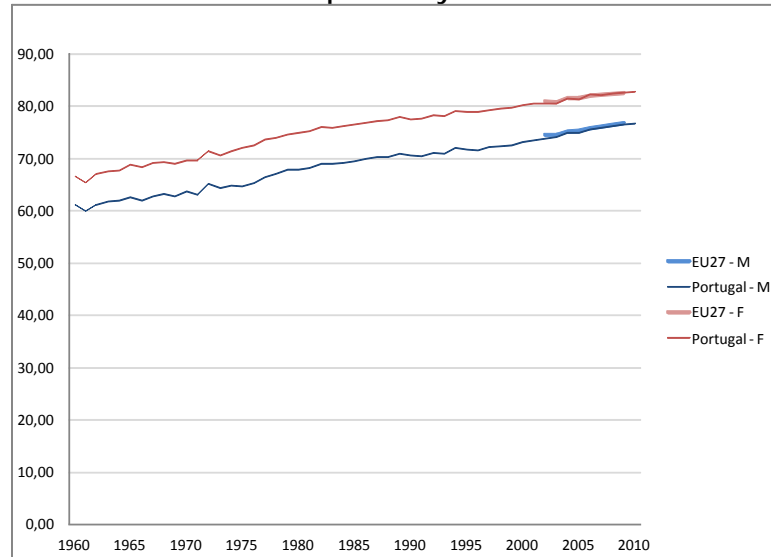
Health profile of the Portuguese population

Health status

- Life expectancy at birth
- Life expectancy at age 65 and Healthy life expectancy at age 65
- Mortality from all causes
- Mortality from malignant neoplasms
- Mortality from transport accidents
- Mortality from suicide
- Infant mortality
- Live births with low birth weight
- Self assessment of health and disability
- *Pertussis* incidence
- Hepatitis B incidence
- HIV incidence
- AIDS incidence
- Malignant neoplasms incidence
- Diabetes prevalence and incidence
- Dementia prevalence
- Respiratory diseases prevalence

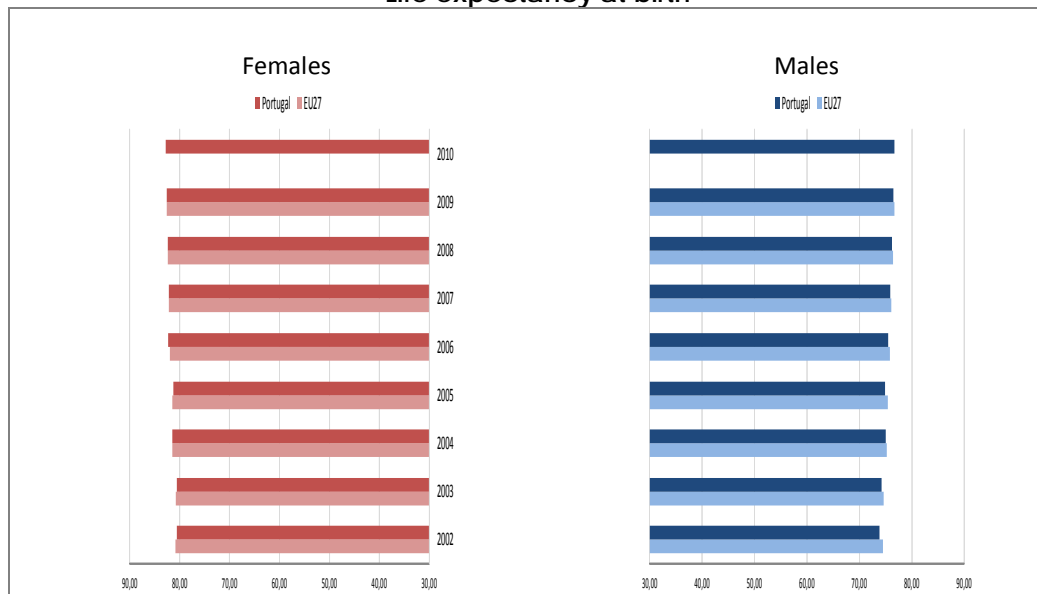
Life expectancy at birth

Chart 7
Life expectancy at birth



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

Chart 8
Life expectancy at birth



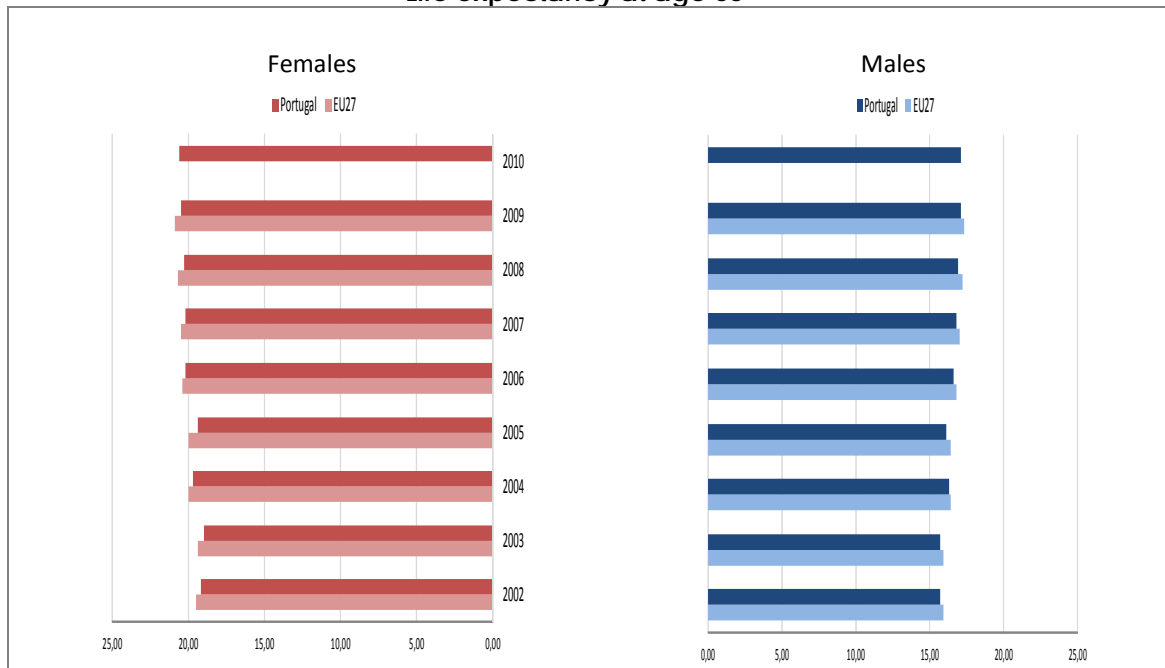
Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT and EU with increasing trend in the last years
- Females – results equal to the European average in the last 3 years; in 2006 they exceeded the European average

- Males – results slightly lower than the registered European average.

Life expectancy at age 65

Chart 9
Life expectancy at age 65



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT and EU with increasing trend in the last years
- PT- results slightly lower than the European average

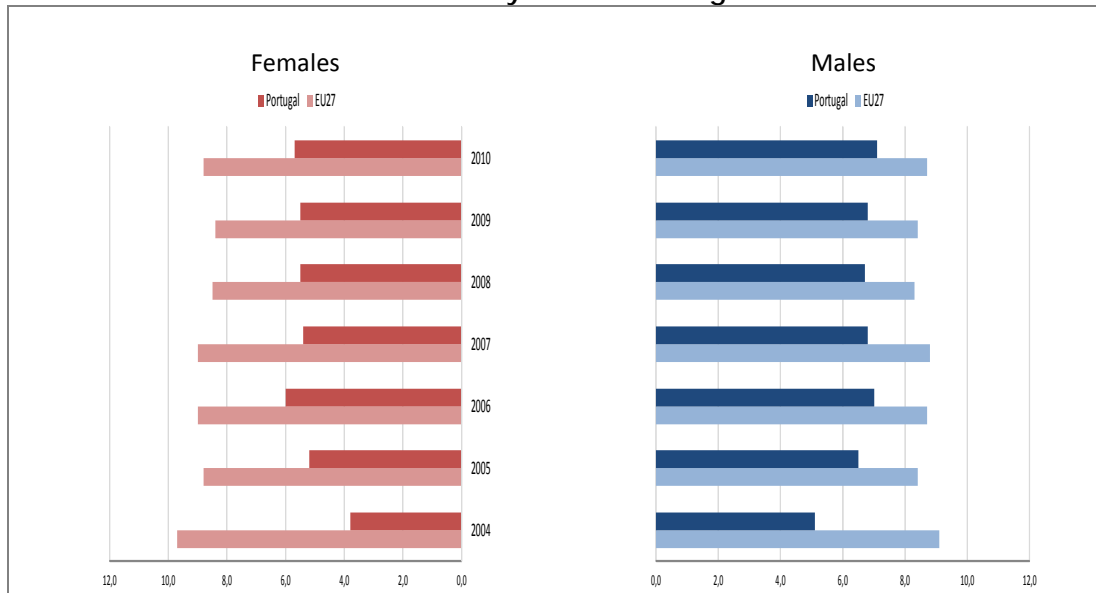
Healthy life expectancy at age 65

Chart 10
Healthy Life Years at age 65



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).
Note: In 2005, 2008 and 2010 there was a break in the set of results concerning Portugal, due to methodology changes. The results of 2010 concerning the EU 27 are only provisional.

Chart 11
Healthy Life Years at age 65

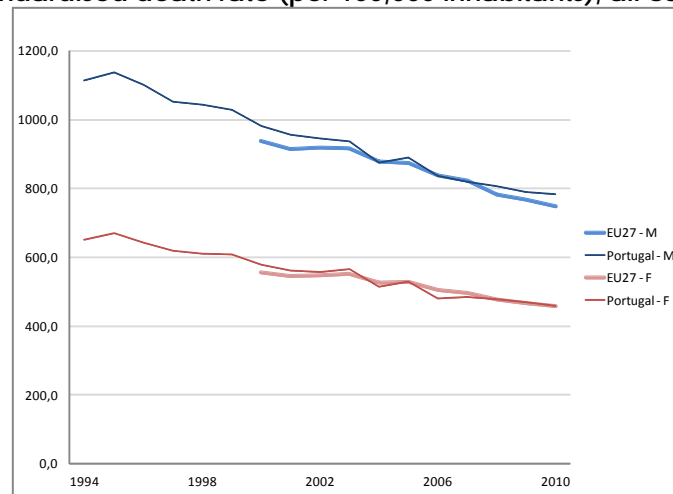


Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).
Note: In 2005, 2008 and 2010 there was a break in the set of results concerning Portugal, due to methodology changes. The results of 2010 concerning the EU 27 are only provisional.

- PT and EU with increasing trend, although slight, in the last years
- PT markedly below the European average
- Males – results closer to the European average

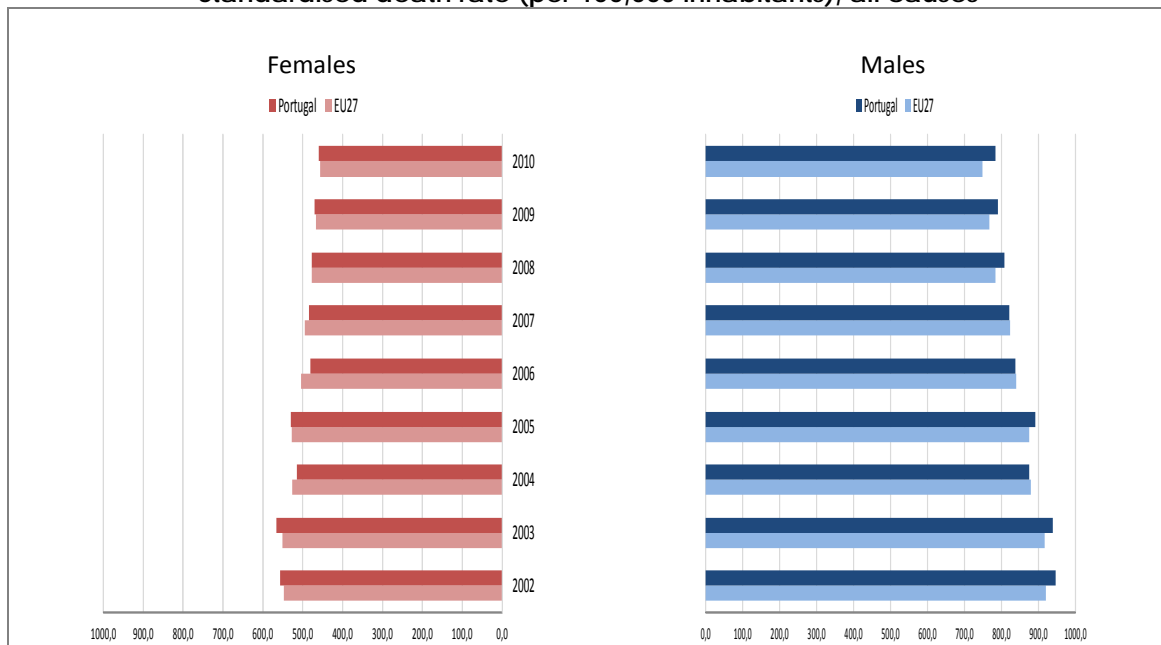
Standardised death rate (/100000 inhabitants), all causes

Chart 12
Standardised death rate (per 100,000 inhabitants), all causes



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

Chart 13
Standardised death rate (per 100,000 inhabitants), all causes

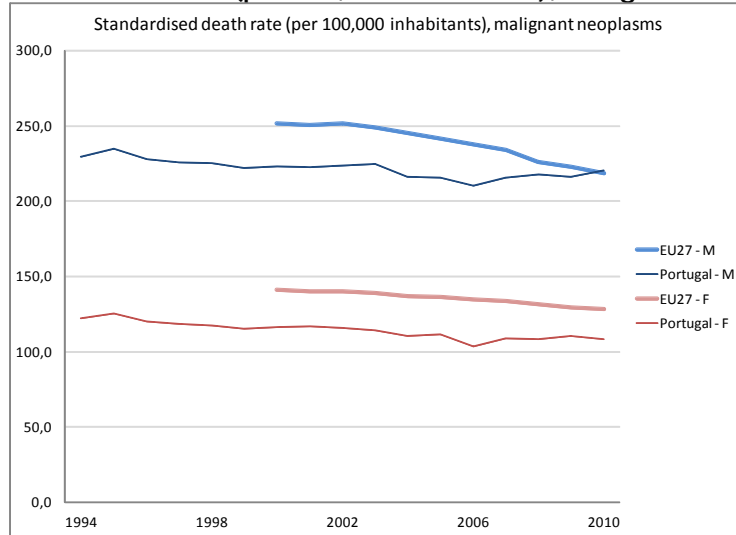


Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT and EU with decreasing trend (favourable situation).
- Males – results above the European average (unfavourable situation).
- Females – results below the European average

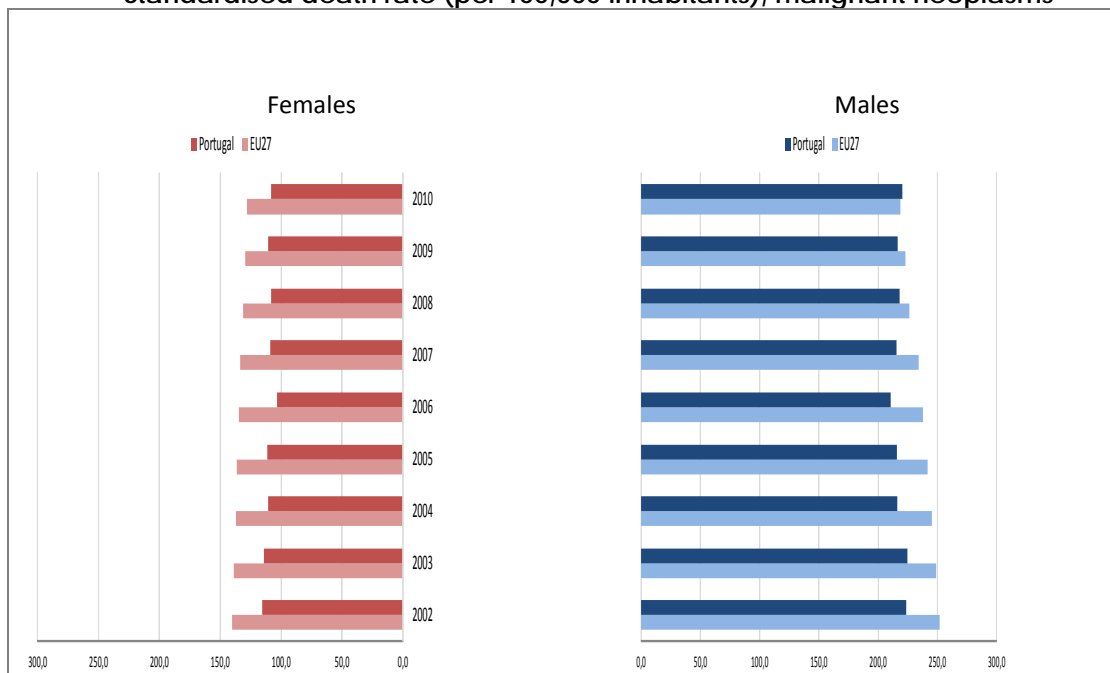
Standardised death rate (/100000 inhabitants), malignant neoplasms

Chart 14
Standardised death rate (per 100,000 inhabitants), malignant neoplasms



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013). CID-10 codes: C00-C97.

Chart 15
Standardised death rate (per 100,000 inhabitants), malignant neoplasms



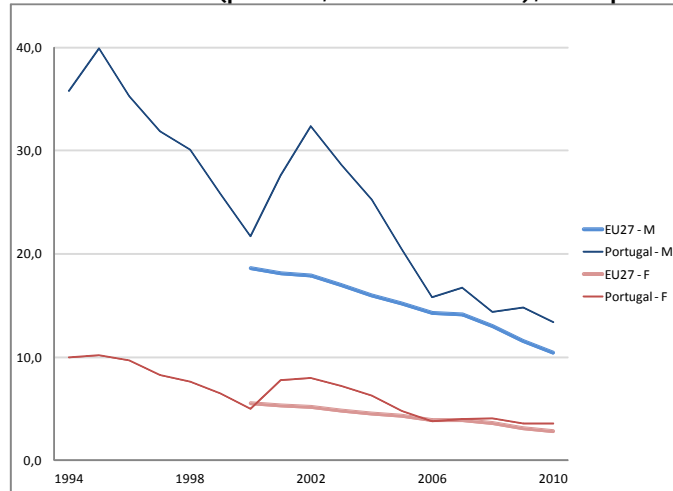
Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013). CID-10 codes: C00-C97.

- EU with decreasing trend (favourable situation).
- PT – results below the European average (favourable situation).

- Males – high results, increasing trend, in the last year exceeded the European average.

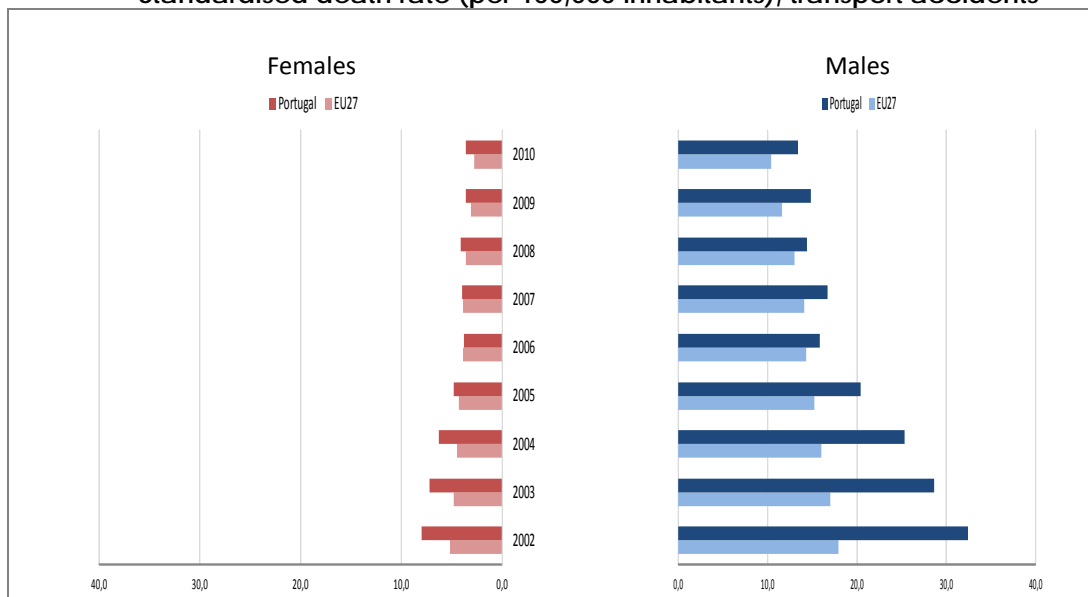
Standardised death rate (/100000 inhabitants), transport accidents

Chart 16
Standardised death rate (per 100,000 inhabitants), transport accidents



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013). CID-10 codes: V01-V99.

Chart 17
Standardised death rate (per 100,000 inhabitants), transport accidents

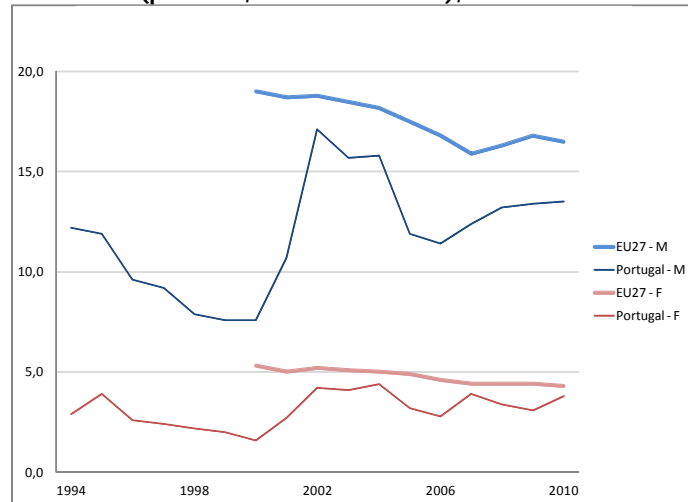


Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013). CID-10 codes: V01-V99.

- PT – results above the European average (unfavourable situation).
- PT and EU – decreasing trend (favourable situation).
- Females – lower results (favourable situation).

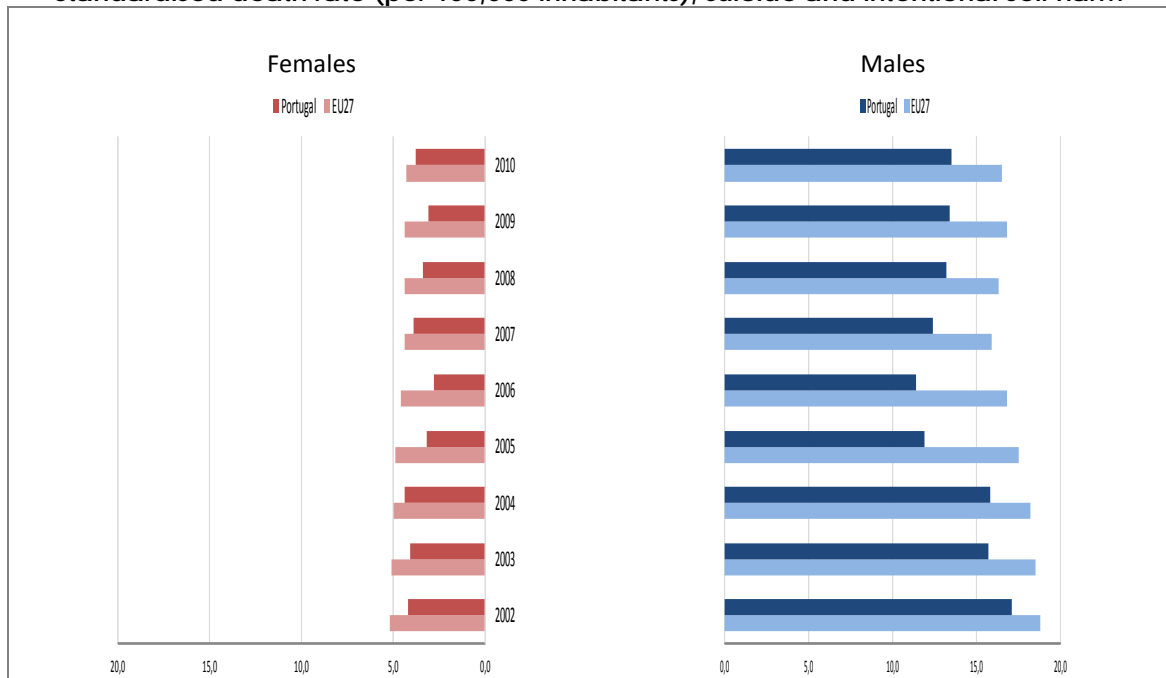
Standardised death rate (/100000 inhabitants), suicide

Chart 18
Standardised death rate (per 100,000 inhabitants), suicide and intentional self harm



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013). CID-10 codes: X60-X84.

Chart 19
Standardised death rate (per 100,000 inhabitants), suicide and intentional self harm



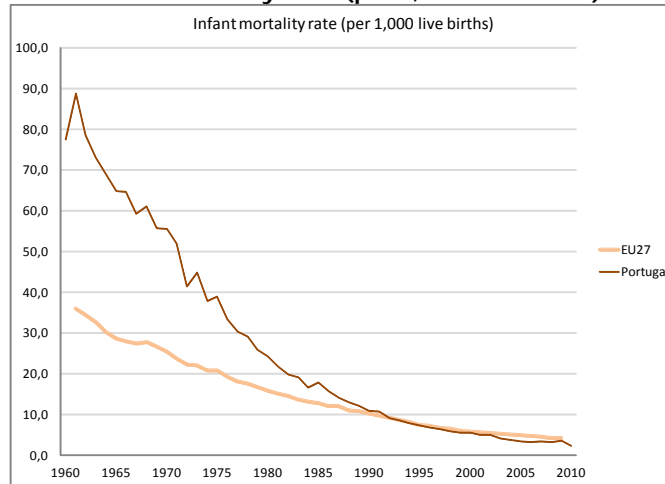
Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013). CID-10 codes: X60-X84.

- PT – results below the European average (favourable situation).

- Males – increasing trend (unfavourable situation)
- Females – lower results (favourable situation)

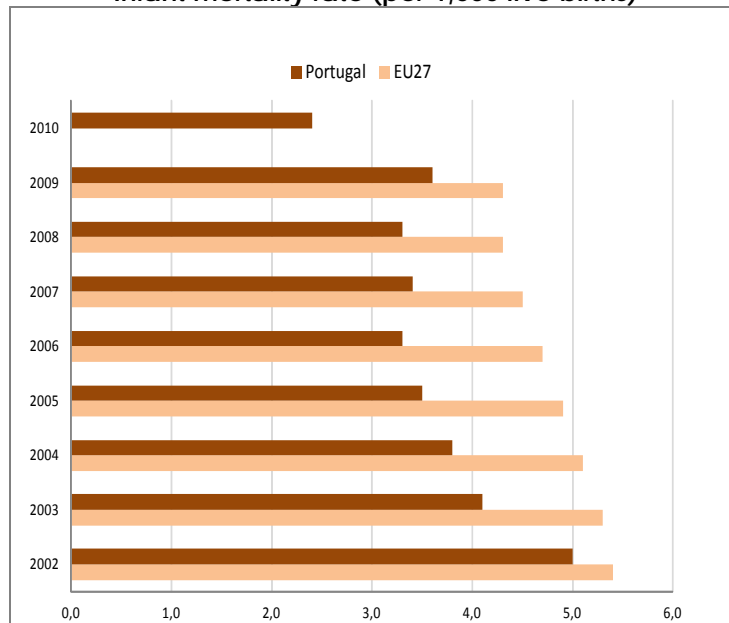
Infant mortality rate (/1000 live births)

Chart 20
Infant mortality rate (per 1,000 live births)



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

Chart 21
Infant mortality rate (per 1,000 live births)

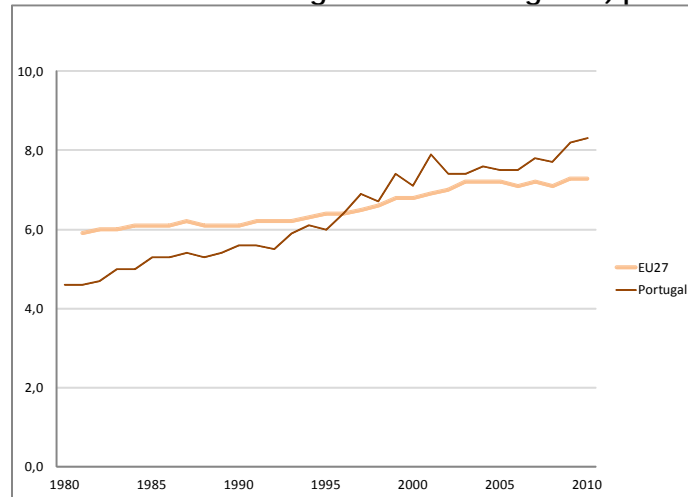


Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT – results below the European average (favourable situation).
- PT and EU – decreasing trend (favourable situation).

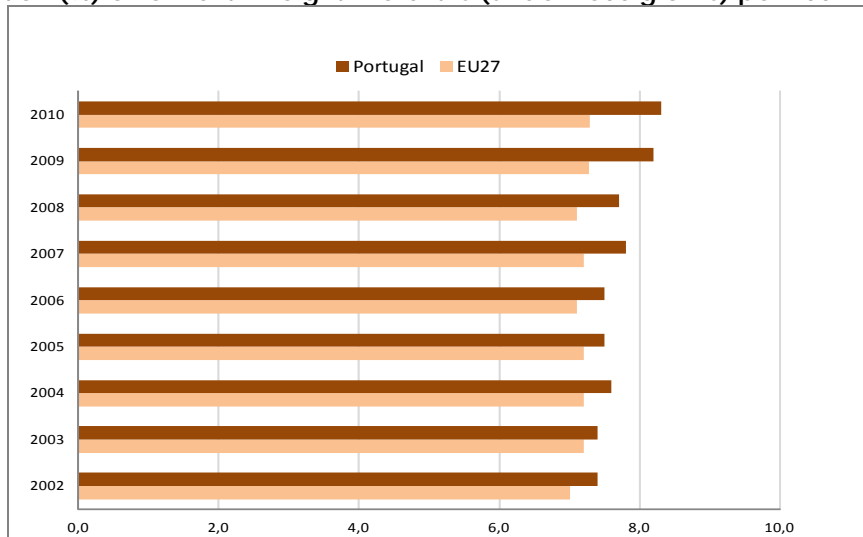
Proportion of low birth weight live births (<2500 grams) (/100 live births)

Chart 22
Proportion (%) of live birth of low birth weight <under 2500 grams) per 100 live births



Source: WHO-HFA data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013) and *INE* (2013).

Chart 23
Proportion (%) of low birth weight live births (under 2500 grams) per 100 live births

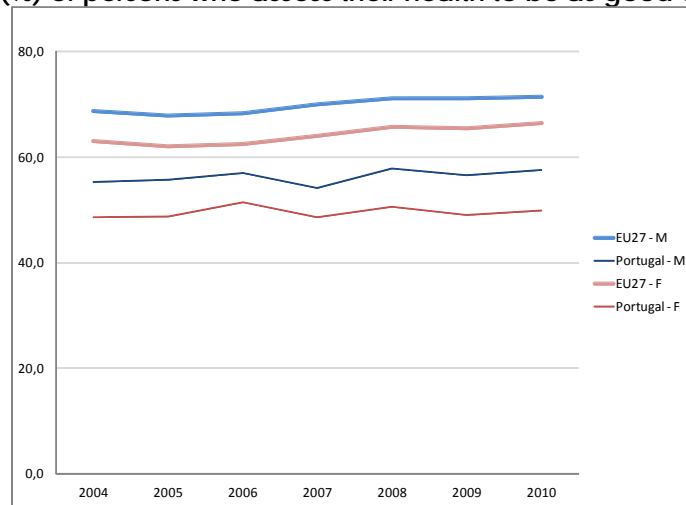


Source: WHO-HFA data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013) and *INE* (2013).

- PT – results above the European average (unfavourable situation).
- PT – increasing trend (unfavourable situation)
- EU – stable in the last 2 years.

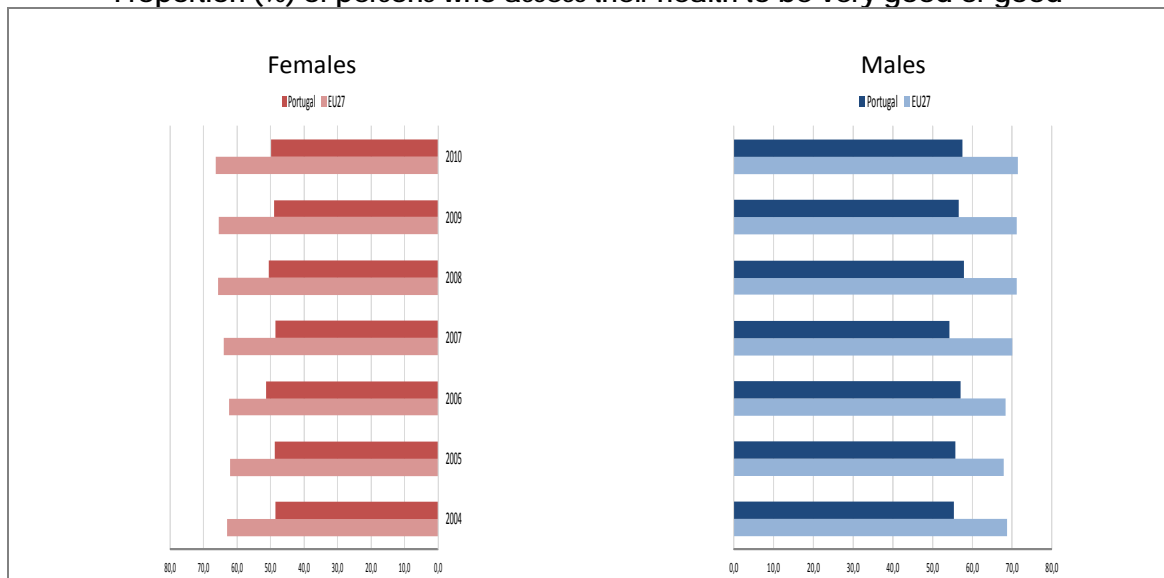
Proportion of persons who assess their health to be as good or very good (%)

Chart 24
Proportion (%) of persons who assess their health to be as good or very good



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

Chart 25
Proportion (%) of persons who assess their health to be very good or good

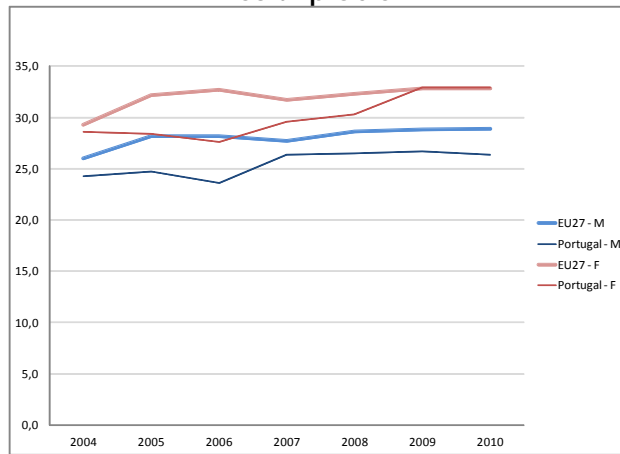


Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT – results below the European average (unfavourable situation).
- PT and EU - increasing trend (favourable situation).
- Females – lower results (unfavourable situation).

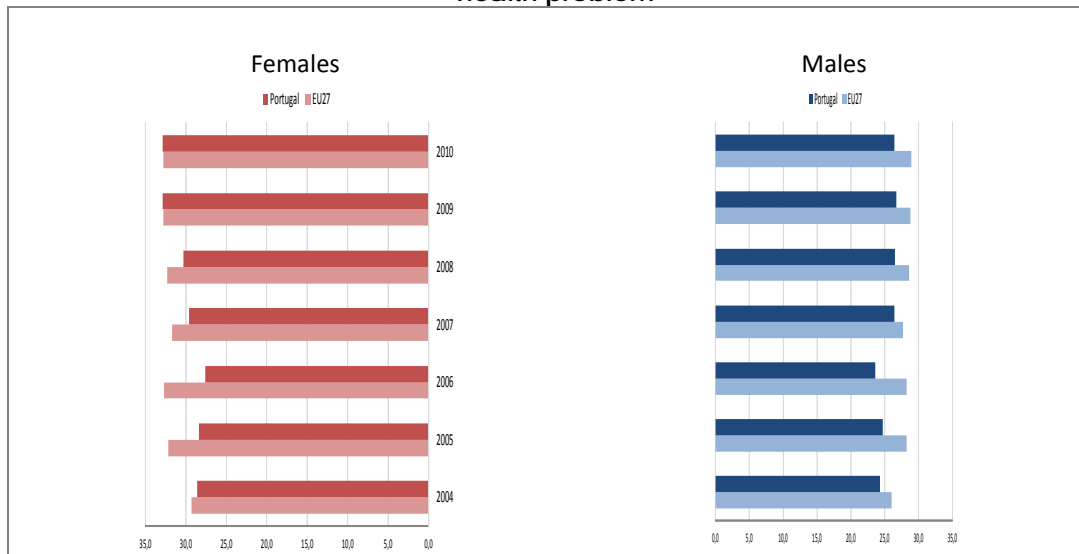
Proportion of persons reporting any long-standing chronic illness or long-standing health problem (%)

Chart 26
Proportion (%) of persons reporting any long-standing chronic illness or long-standing health problem



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

Chart 27
Proportion (%) of persons reporting any long-standing chronic illness or long-standing health problem

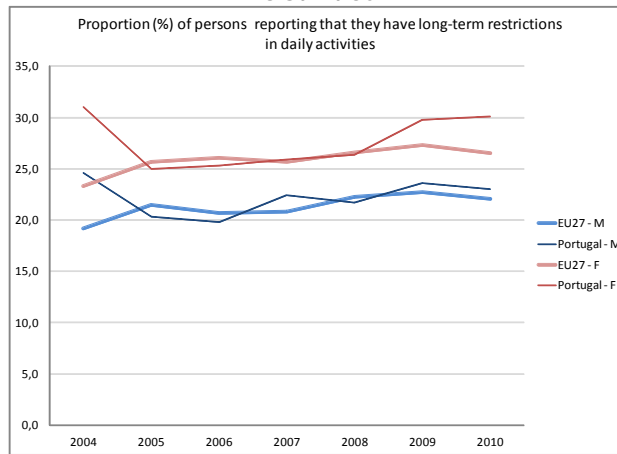


Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT – results below the European average (favourable situation).
- PT and EU - increasing trend (unfavourable situation).
- Males – results lower and more distanced from the European average (favourable situation)

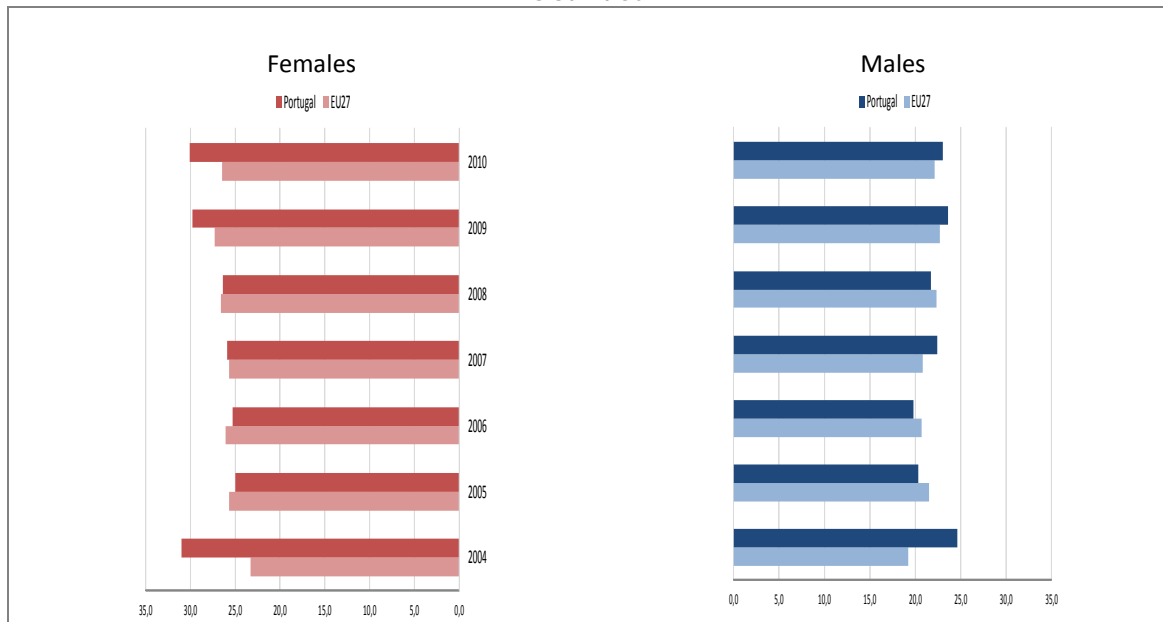
Proportion of persons reporting that they have long-term restrictions in daily activities (%)

Chart 28
Proportion (%) of persons reporting that they have long-term restrictions in daily activities



Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

Chart 29
Proportion (%) of persons reporting that they have long-term restrictions in daily activities



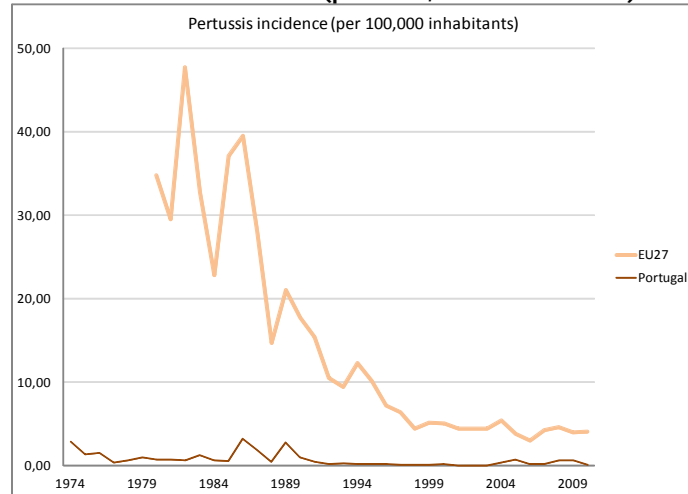
Source: Eurostat data accessed through HEIDI (Health in Europe: Information and Data Interface) Data Tool (2013).

- PT – results above the European average (unfavourable situation).
- EU – decreasing trend (favourable situation)
- PT Females – increasing trend and higher results (unfavourable situation)

- PT Males – decreasing trend and lower results (favourable situation)

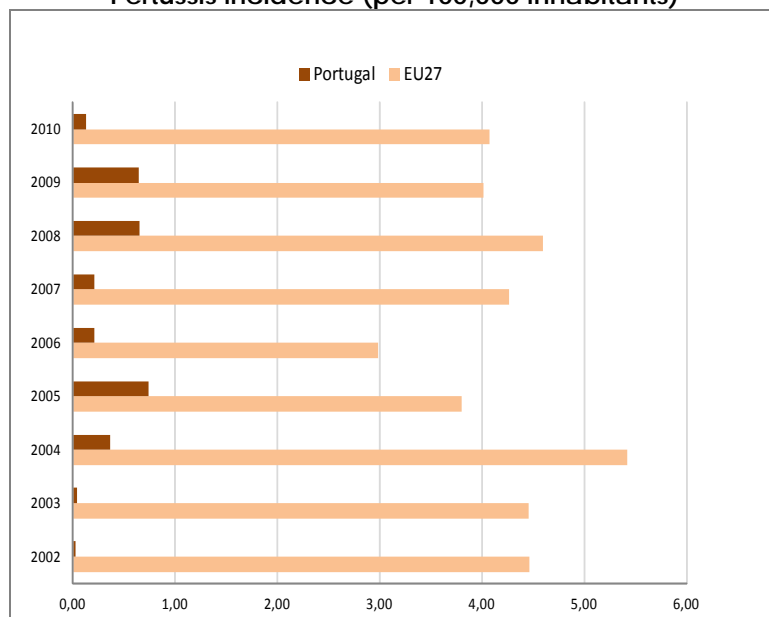
Pertussis incidence (/100000 inhabitants)

Chart 30
Pertussis incidence (per 100,000 inhabitants)



Source: WHO-HFA (2013).

Chart 31
Pertussis incidence (per 100,000 inhabitants)

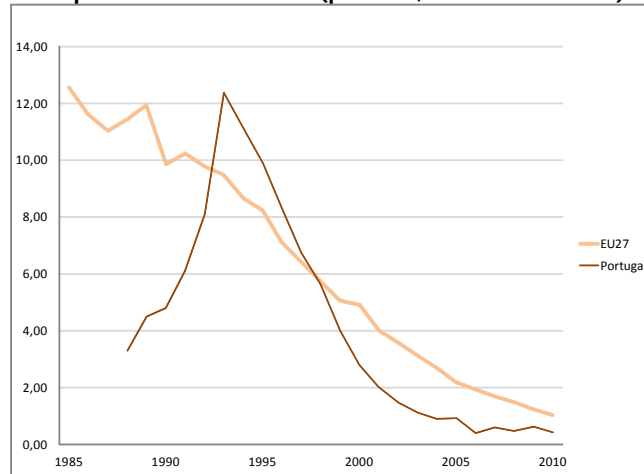


Fonte: WHO-HFA (2013).

- PT – results below the European average (favourable situation).
- PT – decreasing trend (favourable situation).

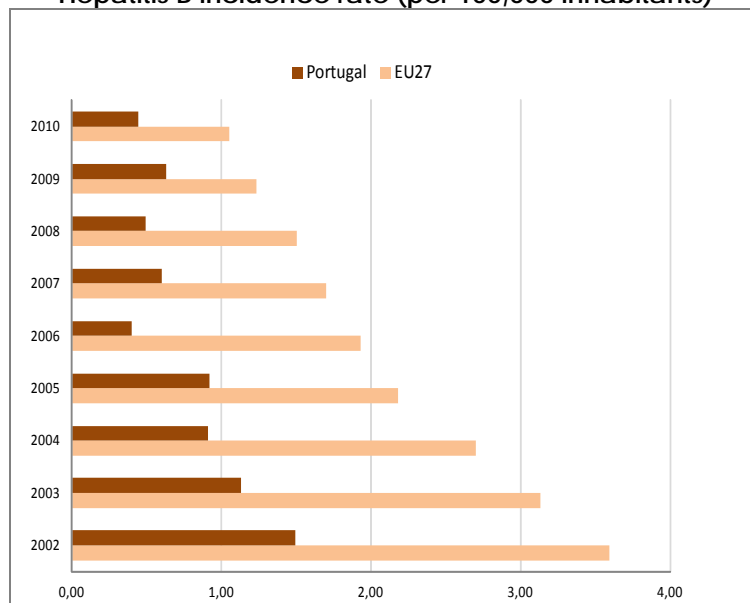
Hepatitis B incidence rate (/100000 inhabitants)

Chart 32
Hepatitis B incidence (per100,000 inhabitants)



Source: WHO-HFA (2013).

Chart 33
Hepatitis B incidence rate (per 100,000 inhabitants)

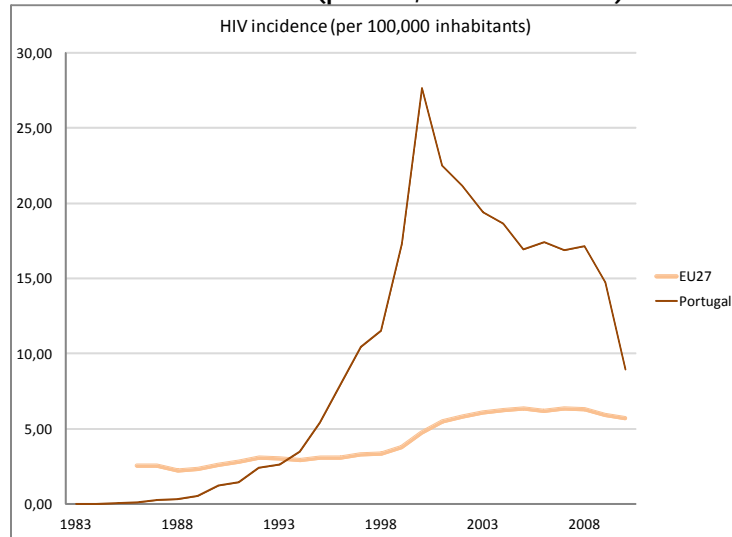


Source: WHO-HFA (2013).

- PT – results below the European average (favourable situation).
- PT and EU – decreasing trend (favourable situation).

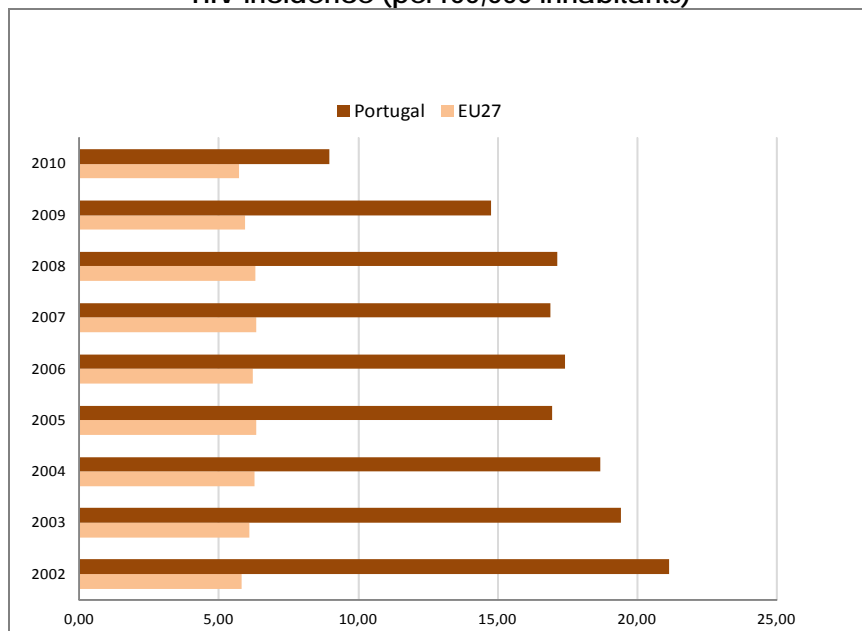
HIV incidence rate (/100000 inhabitants)

Chart 34
HIV incidence (per100,000 inhabitants)



Source: WHO-HFA (2013).

Chart 35
HIV incidence (per100,000 inhabitants)

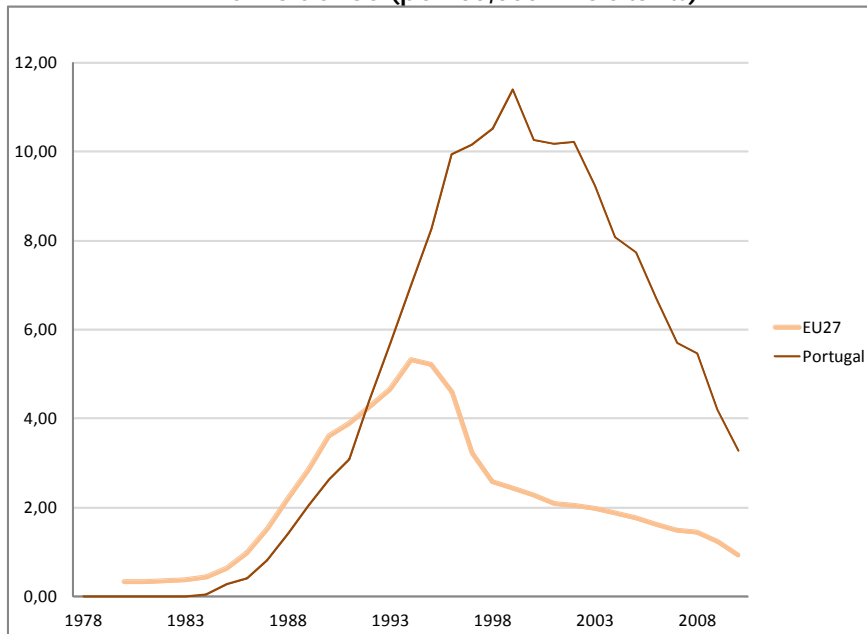


Source: WHO-HFA (2013).

- PT – results above the European average (unfavourable situation).
- PT and EU – decreasing trend (favourable situation).

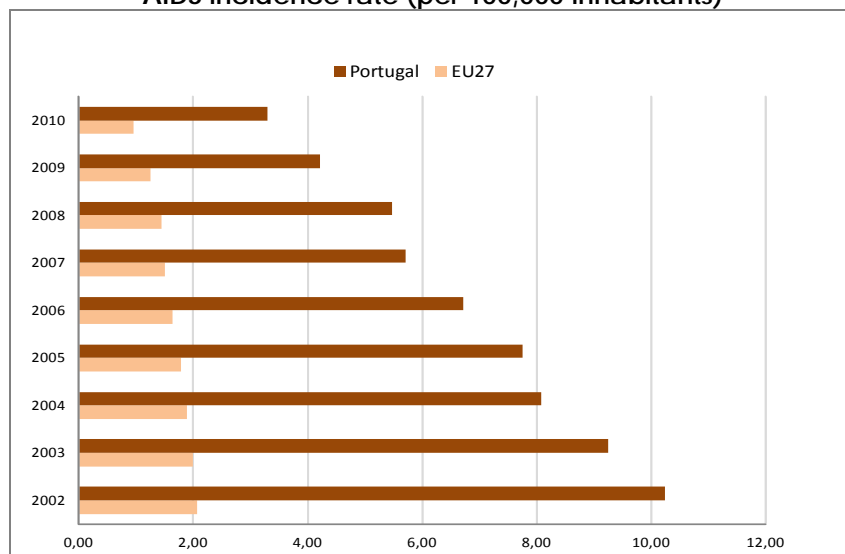
AIDS incidence rate (/100000 inhabitants)

Chart 36
AIDS incidence (per100,000 inhabitants)



Source: WHO-HFA (2013).

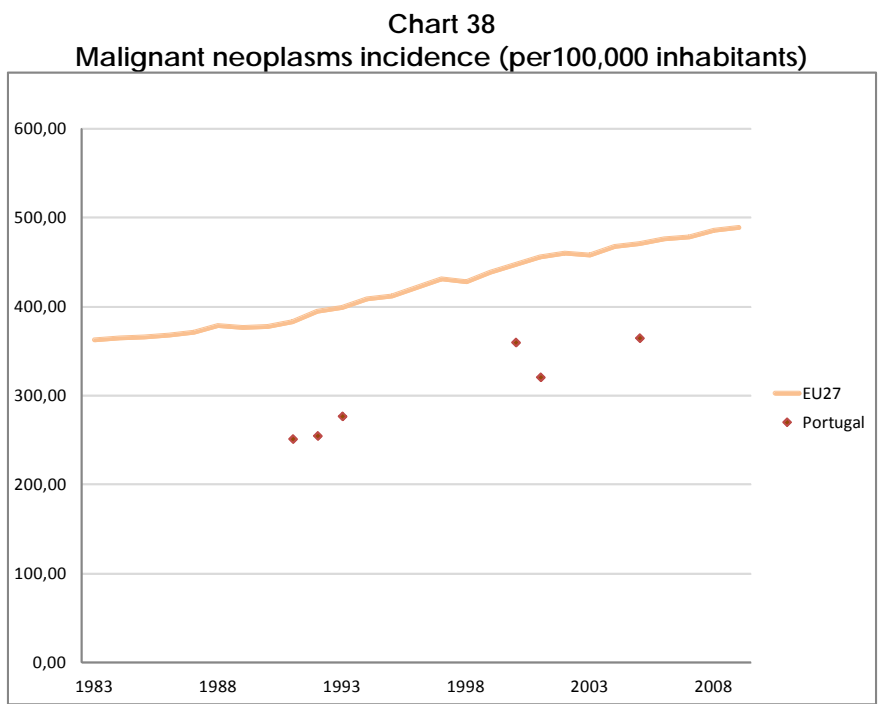
Chart 37
AIDS incidence rate (per 100,000 inhabitants)



Source: WHO-HFA (2013).

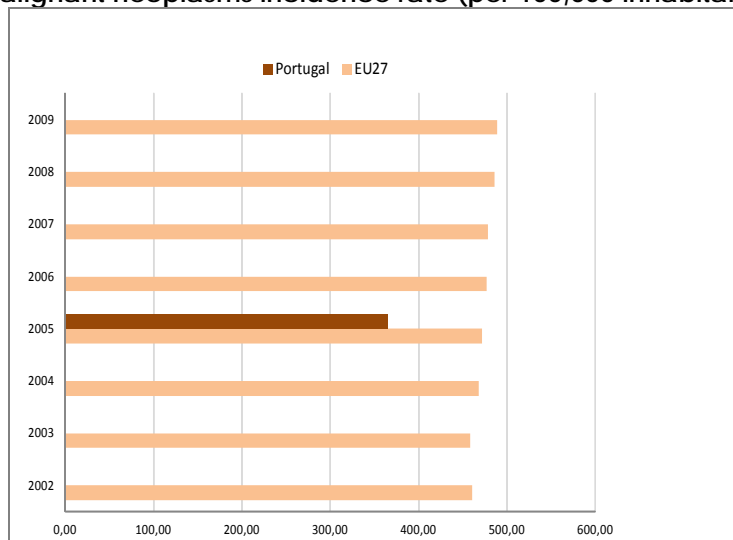
- PT – results above the European average (unfavourable situation).
- PT and EU – decreasing trend (favourable situation).

Malignant neoplasms incidence rate (/100000 inhabitants)



Source: WHO-HFA (2013).

Chart 39
Malignant neoplasms incidence rate (per 100,000 inhabitants)



Source: WHO-HFA (2013).

- PT – results below the European average (favourable situation).
- PT and EU – increasing trend (unfavourable situation).

Table 24
Diabetes prevalence and incidence in 2011

	EU 22	Portugal
Estimates of diabetes mellitus prevalence in adults from age 20 to 79 (%)	6,4	9,8
Estimates of diabetes type 1 incidence in children from age 0 to 14 (/100000 children)	18,2	13,2

Note: The prevalence rates have been standardised (World Standard Population)
Source: IDF, 2011 quoted in OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

- PT adults – results above the European average (unfavourable situation).
- PT children Type 1 - results below the European average (favourable situation).

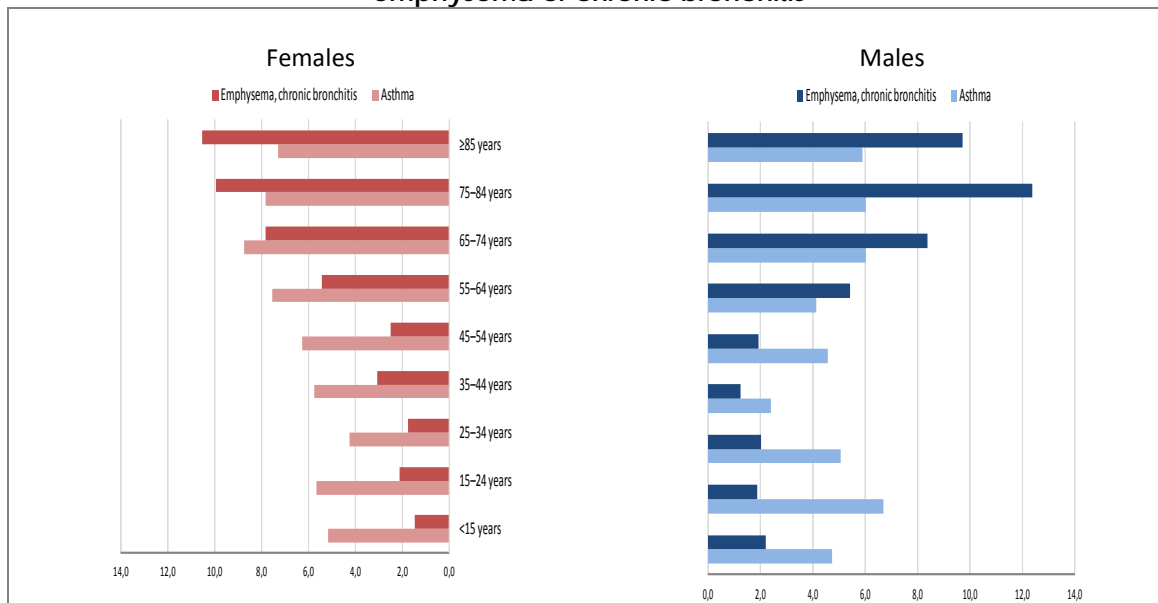
Table 25
Dementia prevalence in 2009

	EU 27	Portugal
Dementia prevalence in adults aged 60 and over (%)	5,53	5,74

Source: Wimo et al, 2010, quoted in OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

- PT – results above the European average (unfavourable situation).

Chart 40
Proportion (%) of persons residing in Portugal reporting that they have or had asthma
Proportion (%) of persons residing in Portugal reporting that they have or had emphysema or chronic bronchitis



Source: INE, I.P (National Statistics Institute, P.I). / INSA, I.P. (National Institute of Health Dr. Ricardo Jorge, P.I), 2009.

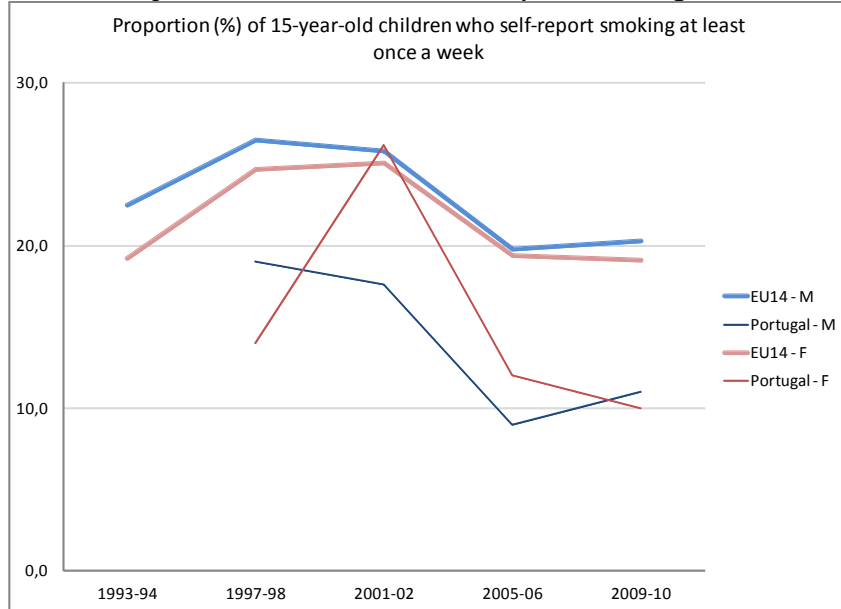
- Asthma and Emphysema, PT – increases with age. Males are more affected than Females, in the age groups: 15 to 24 and 75 to 84.

Health determinants

- Proportion of teenagers (aged 15) who report smoking at least once a week (%)
- Proportion of teenagers (aged 15) who state having been drunk at least twice in their lives (%)
- Proportion of teenagers (aged 15) who state having a BMI corresponding to overweight (including obesity) (%)
- Proportion of adults (aged 15 and over) who report smoking on a daily basis (%)
- Pure alcohol consumption (litres per capita) in resident population aged 15 and over
- Overweight and obesity in adult population, in 2005/2006

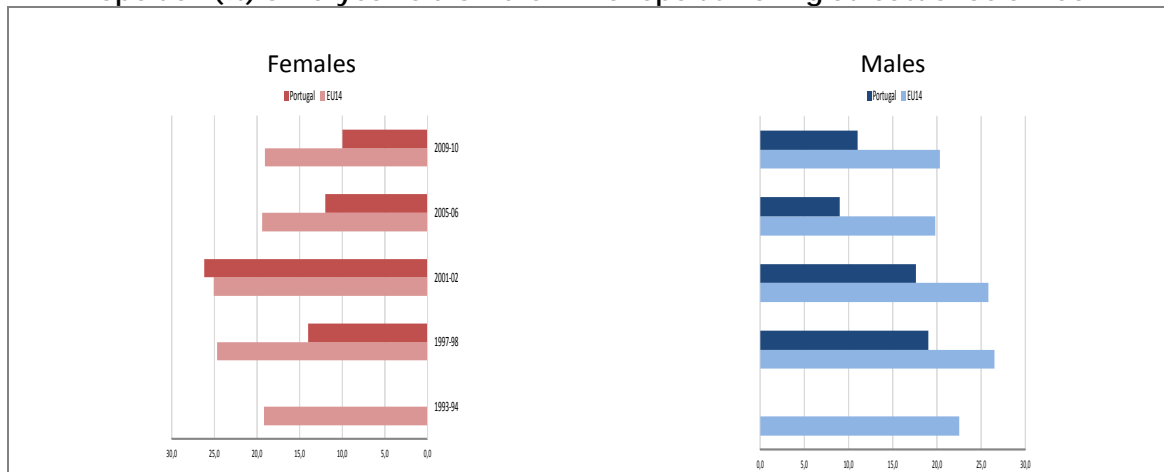
Proportion of teenagers (aged 15) who report smoking at least once a week (%)

Chart 41
Proportion (%) of 15-year-old children who self report smoking at least once a week



Source: Currie et al. (2000, 2004, 2008, 2012) and OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

Chart 42
Proportion (%) of 15-year-old children who report smoking at least once a week

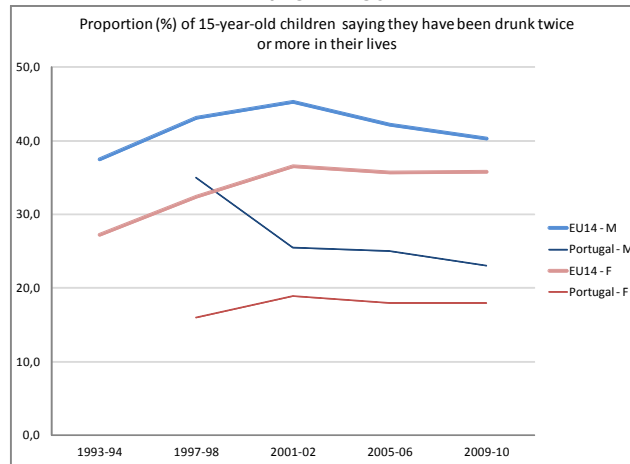


Source: Currie et al. (2000, 2004, 2008, 2012) and OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

- PT – results below the European average (favourable situation).
- EU and PT females - decreasing trend (favourable situation).
- EU and PT males - increasing trend (unfavourable situation).
- PT – results closer to the European trend, males with higher results than females

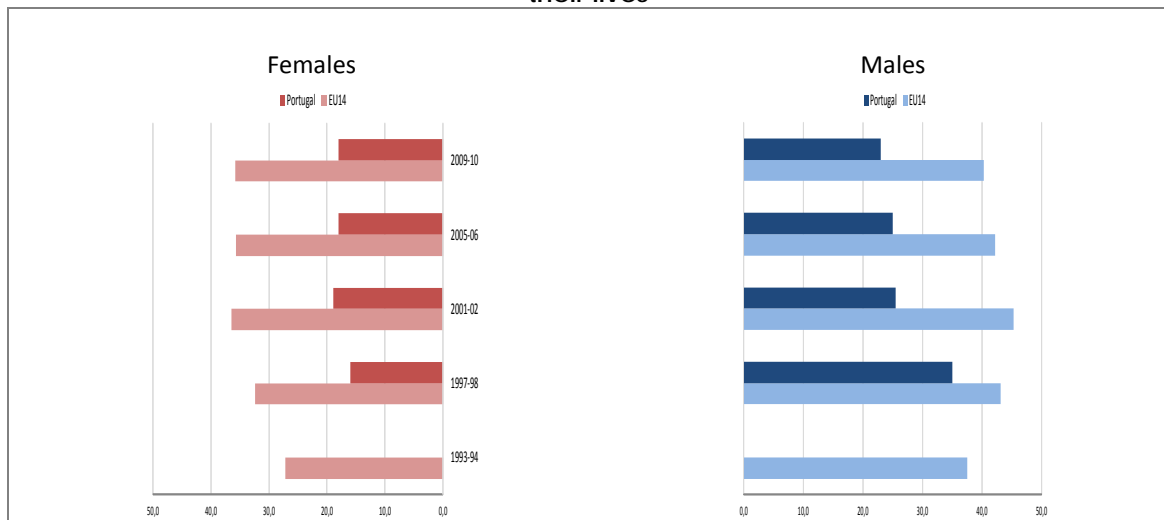
Proportion of teenagers (aged 15) who state having been drunk at least twice in their lives (%)

Chart 43
Proportion (%) of 15-year-old children saying they have been drunk twice or more in their lives



Source: Currie et al. (2000, 2004, 2008, 2012) and OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

Chart 44
Proportion (%) of 15-year-old children saying they have been drunk twice or more in their lives

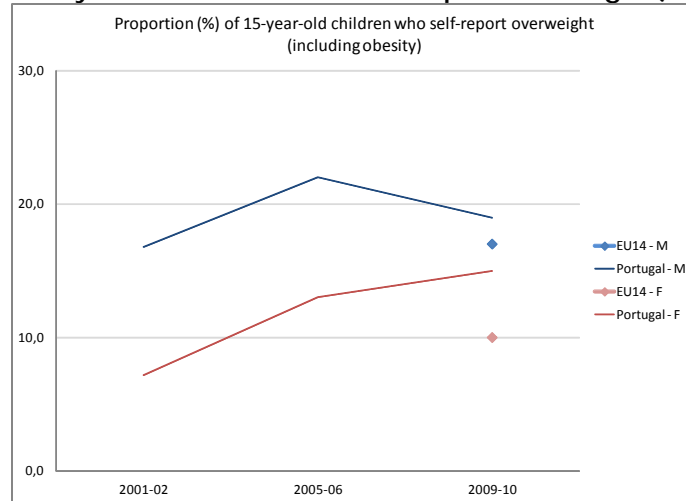


Source: Currie et al. (2000, 2004, 2008, 2012) and OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

- PT – results below the European average (favourable situation).
- EU and PT males - decreasing trend (favourable situation).
- EU and PT females - increasing trend (unfavourable situation).
- PT and EU - males with higher results than females (unfavourable situation).

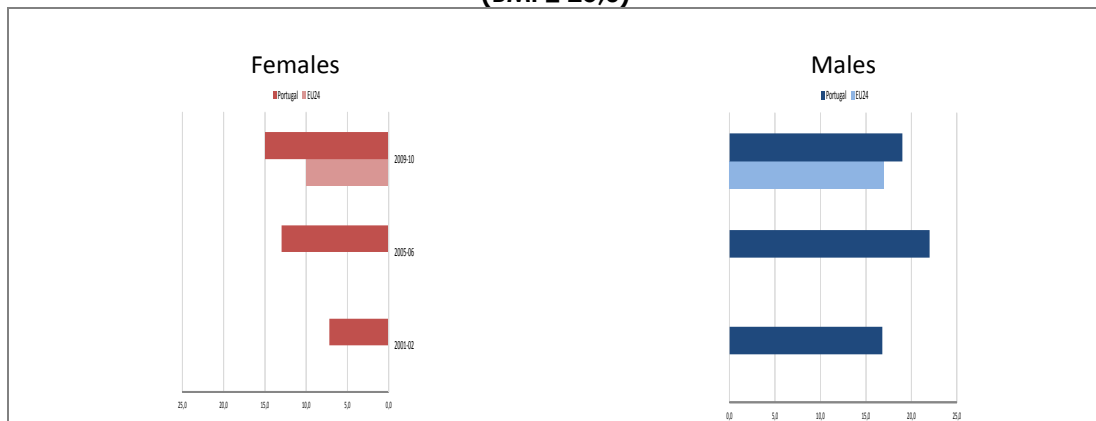
Proportion of teenagers (aged 15) who state having a BMI corresponding to overweight (including obesity) (%)

Chart 45
Proportion (%) of 15-year-old children who self-report overweight (including obesity)



Source: Currie et al. (2004, 2008, 2012) and OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

Chart 46
Proportion (%) of 15-year-old children who self-report overweight (including obesity) (BMI $\geq 25,0$)

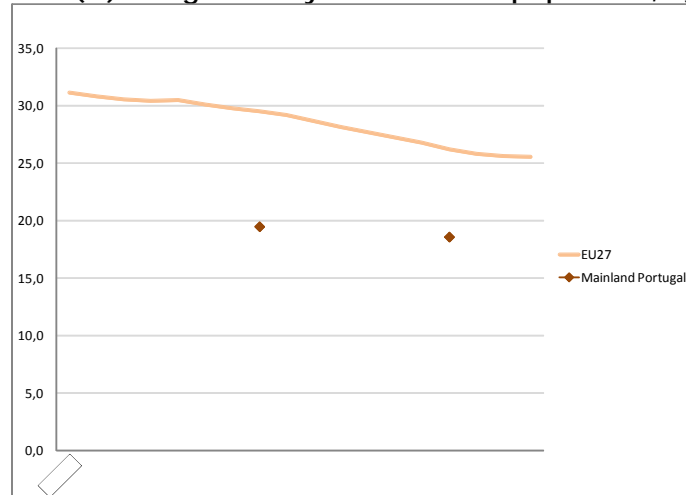


Source: Currie et al. (2004, 2008, 2012) and OECD (2012), Health at a Glance: Europe 2012, OECD Publishing.

- PT – results above the European average (unfavourable situation).
- PT males - decreasing trend (favourable situation).
- PT females - increasing trend (unfavourable situation).
- PT and EU - males with higher results than females (unfavourable situation).

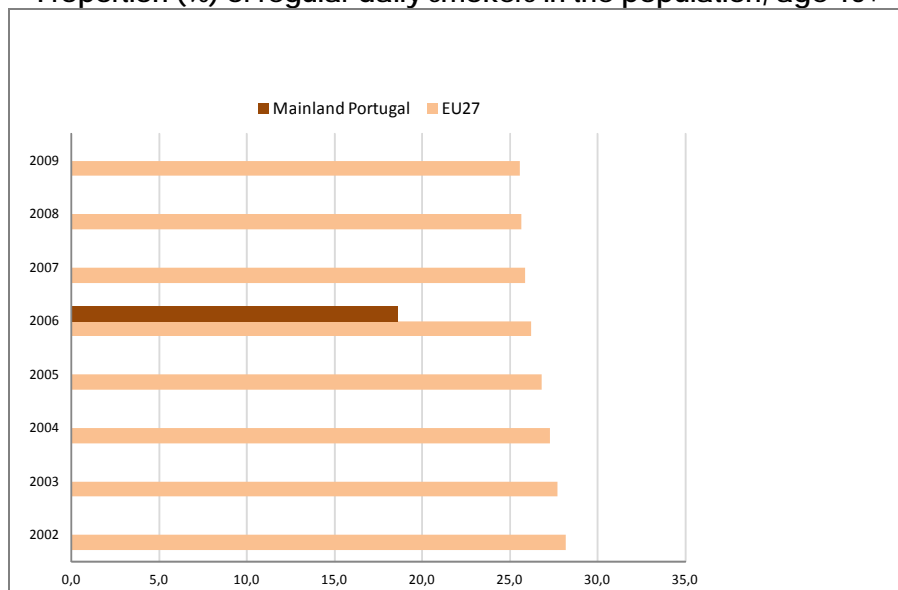
Proportion of adults (aged 15 and over) who report smoking on a daily basis (%)

Chart 47
Proportion (%) of regular daily smokers in the population, age 15+



Source: WHO-HFA (2013) and *INE, I.P. / INSA, I.P.* (2009).

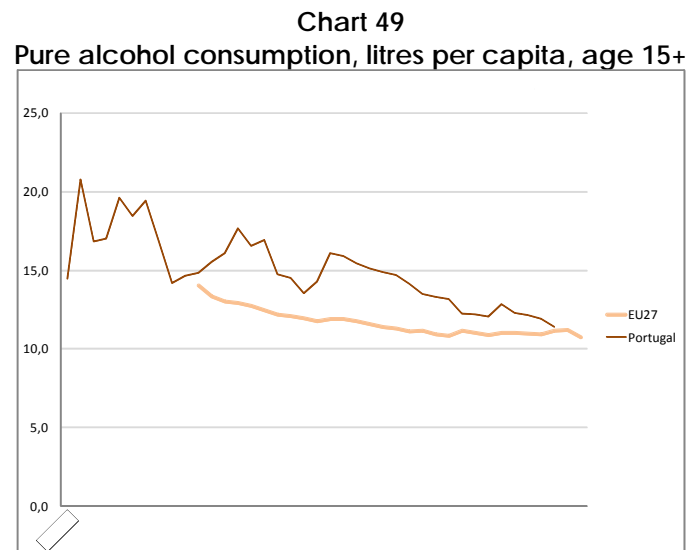
Chart 48
Proportion (%) of regular daily smokers in the population, age 15+



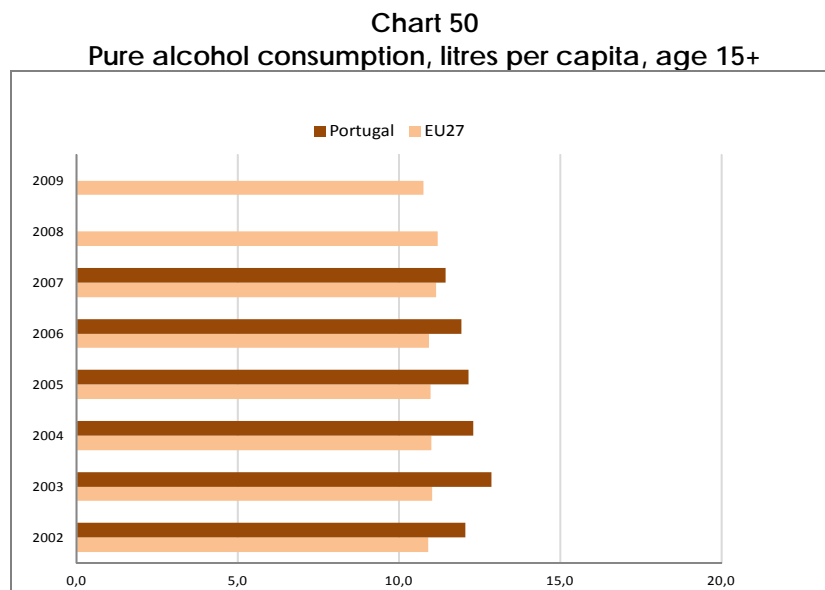
Source: WHO-HFA (2013) and *INE, I.P. / INSA, I.P.* (2009).

- PT – results below the European average (favourable situation).
- PT and EU – decreasing trend (favourable situation).

Pure alcohol consumption (litres per capita) in resident population aged 15 and over



Source: WHO-HFA (2013).



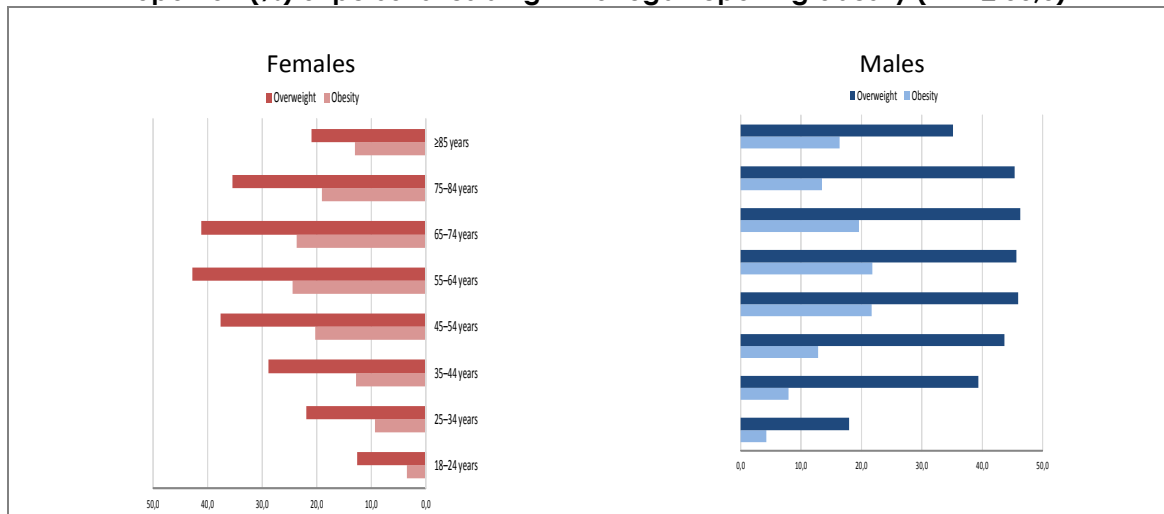
Source: WHO-HFA (2013).

- PT – results above the European average (unfavourable situation).
- PT – decreasing trend, becoming closer to the European average (favourable situation)

Overweight and obesity in adult population, in 2005/2006

Chart 51
Proportion (%) of persons residing in Portugal reporting overweight (BMI between 25,0 and 29,9)

Proportion (%) of persons residing in Portugal reporting obesity (BMI \geq 30,0)



Source: INE, I.P. / INSA, I.P., 2009.

- PT obesity – increases with age, until 74 years old; males are more affected than females.

Response to the European Committee of Social Rights

Paragraph 1

Removal of the causes of ill-health

State of health of the population – General indicators

Infant and maternal mortality

“According to Eurostat, the infant mortality rate in 2007 was 3.4 per 1 000 live births (the EU-27 average was 4.7 per 1 000 in 2006). The Committee asks what the main causes of infant mortality are”.

The main causes of infant mortality are related to disorders in the neonatal period, mostly associated with preterm births.

“The Committee notes from World Health Organisation (WHO) data that the maternal mortality rate was 11 deaths per 100 000 live births in 2005. It asks what measures have been taken to reduce this rate, as it is slightly higher than the EU-27 average”.

Aspects to consider:

- A. The number of maternal deaths has gradually decreased over time (since 2001, the collection, gathering and cross-checking of information concerning maternal deaths was intensified, based on the following three sources of information:
1. Homogeneous Diagnostic Groups (*GDH*);
 2. The National Statistics Institute (*INE*) – Information on deaths per death cause, collected by the municipal registry offices and registered in the Integrated System of Civil Registry and Identification (*SIRIC*) before being sent to the *INE*;
 3. Epidemiological Inquiries (*INQ*) – Inquiries filled in by health professionals at the hospital where the death has occurred, and sent to the *DGS* (Directorate-General of Health), that published the inquiries data in the Maternal Death Report, 2001-2007.

This improved cross-checking of data sources (as recommended by the WHO) enables the reduction of underreporting and, therefore, in an initial phase, produces an apparent increase of cases.

- B. According to data from the Maternal Deaths (MD) Report of 2001-2007, published by the *DGS*, the main causes of MD are shown in the following table:

Table 26
Maternal death causes

Maternal Death Cause	2001	2002	2003	2004	2005	2006	2007	Total	% of total deaths with known cause
Direct								52	72,2
Haemorrhage/coagulopathy	6	1	1	2	2	4	3	19	26,4
Hypertensive disease of pregnancy	3	4	2			7	1	17	23,6
Infection/Sepsis	1		1	3		1	1	7	9,7
Thromboembolism		1	1		3		1	6	8,3
Other embolisms					1	1	1	3	4,2
Indirect								18	25,0
Infection		1	1			2		4	5,6
Heart disease	2	1	1	1		1		6	8,3
Oncologic disease	1	1						2	2,8
Central Nervous System disease		1				1		2	2,8
Other		1		1		2		4	5,6
Accidental or Incidental								2	2,8
Accident/suicide				1			1	2	2,8
Total number of deaths with known cause	13	11	7	8	6	19	8	72	100,0
Deaths with unknown cause	2	4	3	7		1	3	20	21,7
TOTAL	15	15	10	15	6	20	11	92	

Source: Ministry of Health

C. In addition, and according to the already mentioned MD Report of 2001-2007, it should be underlined that about 15% (14/92) of maternal deaths that occurred between 2001 and 2007 were associated with different abortion situations. The age groups with higher percentage of abortion resulting in maternal death were the 15-19 with 50% (2/4) and the 25-29 with 25% (4/16). The amendment in the legislative framework concerning the abortion issue (Law no. 16/2007) has changed this reality. Although it was not officially published, between 2008 and 2012 there were only two deaths associated with abortion: one carried out outside the legal framework and the other due to complications with medication for abortion. (Source: Epidemiological Inquiries, DGS, unpublished data)

Paragraph 2

Advisory and educational facilities

"The Committee asks for the next report to describe the national legislation on public information, education and participation in the health field".

"The report contains no information on public information and awareness campaigns related to health risks. The Committee therefore repeats its request for up-to-date information in this area, and asks in particular if there are specific information campaigns to inform the public on various subjects such as alcohol and illegal drugs, smoking, diet, sexuality and the environment".

Alcohol – Public Information

The prohibitions mentioned in paragraph 3 must be included in notices, visibly posted in public places and open to the public, where alcoholic beverages are sold and may be consumed. The notices must be mandatorily printed and written in easily legible characters and on a contrasting background.

In commercial self service establishments, regardless of their size, the alcoholic and non alcoholic beverages' exhibition areas must be delimited and explicitly marked. Also in these areas, notices must be mandatorily printed and written in easily legible characters and on a contrasting background.

Illicit substances

Until 1 July 2001, the consumption of illicit psychoactive substances was considered by the Portuguese legal system as a crime of illicit consumption of narcotic drugs (Article 40 of Decree Law no. 15/93 of 22 January).

With the approval of Decree Law no. 30/2000 of 29 November, the new legal framework for narcotics and psychotropic substances consumption acts as an alternative to the prohibition of consumption, acquisition and possession for use, formerly foreseen and punished as a crime of illicit consumption of narcotics.

These conducts no longer substantiate crime practice. Currently, they are considered as mere offences against social order, subject to penalty (Article 2 (1) of Decree Law no. 30/2000), taking into account that the necessary amount for the individual medium consumption is the one corresponding to a 10 day period (paragraph 2 of the same article).

According to the present law, non-judicial bodies are responsible for the analysis and decision about what should be done with the penalty procedure – the Commissions for the Dissuasion of Drug Addiction (Article 5 (1) of Decree Law no. 30/2000), as well as the establishment of non-application of penalty payments to drug addicted consumers (Article 5 (2) of Decree Law no. 30/2000).

These non-judicial bodies are regulated by Decree Law no. 130-A/20001 of 23 April, which approves the organization, procedure and operating system of the Commissions for the Dissuasion of Drug Addiction.

In response to the emerging expansion of the New Psychoactive Substances consumption phenomenon, the Portuguese Parliament approved the Resolution no. 5/2013 of 4 January, which recommends the Government to: "...approve the adoption of rules for the protection of public health and to take measures concerning this matter".

These measures include, namely: "...the creation of a temporary suspension procedure of the marketing of psychoactive substances not specifically controlled under Decree Law no. 15/93 of 15 January, when it is predictable, or there is a mere suspicion that these substances may be available to human

consumption, and, for that reason, may represent danger or risk to human life or to public health”, which can equally include the collection, market withdrawal and marketing prohibition of the mentioned substances, for a maximum period of 18 months. According to Article 3 of this Resolution “...a temporary control list will be created and disseminated, which shall include the psychoactive substances whose marketing has been temporarily suspended. This list must be updated whenever required”.

The legislators concern was to give priority to “...carrying out systematic inspections in commercial establishments known as smart shops, head shops or similar establishments...”

Public Information

In this Resolution it was also recommended the prohibition of misleading advertising – common practice in these establishments –, the obligation of adequate labelling and correct information in the enclosed leaflets. Awareness raising campaigns on the risks of these substances are also provided for in the Resolution, highlighting the importance of prevention in their consumption. These campaigns are to be carried out primarily in environments and contexts that are mostly frequented by young people.

Tobacco

No national campaigns were made in Portugal except for the European Commission’s campaign *Ex-smokers are unstoppable*.

Food

Cooperation with the Food Industry in the prevention of disease

In Portugal, in November 2010, the Food Industry signed a commitment in which a set of 26 national and multinational companies endorsed three major action pillars within the scope of the promotion of healthy lifestyles and, particularly, in the fight against obesity.

This group of several organizations has already begun to develop a set of concrete actions within the scope of their products’ nutritional innovation and the availability of more diversity and, consequently, of healthier options. Portugal was the first European country to adopt the commitments already assumed by some multinational companies and currently referred as “EU Pledge” and “Letter to the WHO”. Within the scope of this initiative it is important to highlight the fact that small, medium sized and large companies were involved and that half the subscribers were national companies.

Cooperation with the Ministry of Agriculture in the prevention of disease

The *RFE - Regime de Fruta Escolar* (Fruit at School Scheme) is being implemented since 2010. The National Strategy of the Fruit at School Scheme (RFE) was jointly developed by the Ministries of Agriculture (*MAMAOT* – The Ministry of Agriculture, Sea, Environment and Regional Planning), Health (*MS*)

and Education (ME). Being RFE a European initiative, in the Portuguese case it was designed to be implemented in schools of the 1st Cycle (from 1st to 4th grade). Thus, children from the age of 6 to 10 are the target audience. All Portuguese municipalities may apply for the RFE, being this body responsible for the acquisition and distribution of fruit and vegetables in schools. The distribution of 2 units per week is already being implemented in schools.

Cooperation with the advertising and industry sectors

The advertisement of food rich in fat, sugar and salt has also been substantially reduced in 2012, in companies that were evaluated and signed the EU Pledge. http://www.eu-pledge.eu/sites/eu-pledge.eu/files/reports/EU_Pledge_2012_Monitoring_Report.pdf

The particular case of salt

Portugal is one of the European countries with a higher mortality rate caused by stroke (CVA), being high blood pressure one of the most relevant risk factors.

The high national prevalence of risk factors in what concerns cardiovascular diseases warrants special attention to its effective prevention. It also requires the adoption of integrated and complementary measures that foster, in the Portuguese population, the reduction of the risks of contracting these diseases, their swift and adequate treatment and the adoption of secondary prevention measures that reduce their recurrence.

The publication of Law no. 75/2009 of 12 August, complies with the European Council's recommendations on the reduction of salt content in bread, since several research studies have suggested that high amounts of salt in bread contribute to the total amount of salt ingested by the population.

In the case of bread, the effort of the ARS (Regional Health Administrations) in this prevention work should be pointed out, through initiatives like *pão.come* (bread.eat), whose main goal is to reduce the amount of salt added in bread baking from 2% to 1%, in all bakeries of the Portuguese Central Region (about 1000 in all the Region and reaching around 1.7 million inhabitants), by the end of 2010. In this case of training and education towards bread production with less salt, there was a reduction in 30% of NaCl in bread (from 18g/kg of flour at the beginning of the project to 12g/kg of flour – preliminary data referring to November 2008), being the target for the end of the project a reduction of 50%.

Between 2010 and 2012 the companies maintained their efforts to reduce supplied salt in the catering and agri-food industries, particularly in what regards breakfast cereals and mass catering.

Optional salt labelling

In case of labelling, many of the largest distribution companies already have nutritional information about salt in their products.

For example, the *Semáforo Nutricional* (Nutritional Traffic light), a voluntary nutritional information system that *Continente* (a supermarket chain) is applying in its brand products:

http://movimentohipersaudavel.continente.pt/pdf/Ebook_semaforoNutricional.pdf

This information system associates a three colour code, similar to a traffic light, to the DRV (Daily Reference Value) to 4 specific nutrients: fat, saturated fat, sugar and salt, taking into account food dosage.

In the case of *Pingo Doce* Group (another supermarket chain), in Portugal, several changes on its brand products were concluded in 2011. The following changes were carried out: reduction of 26 tons of salt, removal of 15 tons of fat, reduction of 6 tons of sugar and addition of 15 tons of fibre.

Mandatory labelling

In the meanwhile, and after 8 years of negotiation, a new food labelling regulation replaced the Directive no. 90/496/CEE of 1990 and the Directive no. 2000/13/CE of 1-3. The new regulation makes nutritional labelling mandatory, and instructs food manufacturers to supply information about the energy value and 6 nutrients: fat, saturated fatty acids, carbohydrates, sugars, protein and salt – in this order, and expressed per 100 g or 100 ml of product.

All pre-packaged food products sold in the EU must have nutritional information according to the new rules, within three years after their formal approval, that is already foreseen, i.e., until December 2014.

Regulation (EU) no. 1169/2011 of the European Parliament and of the Council, of 25 October 2011, concerning the provision of information services to consumers.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:PT:PDF>

Sexual health

Awareness raising and health promotion campaigns in the sexual and reproductive health areas (SSR).

2007: Creation of the *Programa Nacional da Saúde Reprodutiva* (Reproductive Health National Programme), later integrated in the DGS (Directorate-General of Health). A web page was also created (www.saudereprodutiva.dgs.pt), aimed at different audiences, containing information in Portuguese concerning these areas.

2008 - 2010: The DGS supported and financed projects of NGOs, Associations and IPSS (Private Institutions of Social Solidarity), to work specifically on SSR in chronic disease, disability, gender based violence and female genital mutilation (FGM).

2008 - 2011: information and awareness raising campaigns in the infertility area. Namely, focusing on the prevention of this disease and aiming to increase couples access to consultations.

2009 – 2011: National Programme for FGM Elimination.

There were also several initiatives in the area of violence prevention.

Health education in schools

“The Committee recalls that in its last conclusion it considered that the situation in Portugal was not in conformity with this provision because only a tiny proportion of schools ran health education projects (Conclusions XVII-2). In light of the information mentioned above it therefore asks for confirmation that health education is now included in the school curricula of all Portuguese schools, and that the majority of pupils benefit from such education. Pending receipt of this clarification, the Committee reserves its position as to whether Portugal complies with the Revised Charter on this point.”

The School Curricula from preschool education to secondary school (from 10th to 12th grade) include many areas of health promotion and education.

The preschool curriculum guidelines include health education in the area of world knowledge, personal and social training, education on values and education for citizenship, being included all relevant areas, from healthy nutrition, features from the different foods and basic rules for healthy eating, oral and body hygiene, promotion of safety and accident prevention, affective and sexual education, consumer education, etc.

The National Curriculum of Basic Education (from 1st to 9th grade) includes education for health in the areas of environmental studies, and transversally in several subject areas, in education for citizenship and, during the period in analysis, in the Project Area, Guided Study and Civic Training.

In the Essential Competences for Secondary School, education for health is included in the sciences area, but is also transversally approached in several subjects of the national curriculum.

Within the scope of School Health activities during the 2009/2010 school year some projects were developed, on: active healthy life (involving 2927 kindergartens (JI) and Basic and Secondary schools (EEBS)/157891 students); healthy eating (5451 JI and EEBS/235841 students); sexual education (2342 JI and EEBS/170564 students); citizenship (1178 JI and EEBS/ 50601 students); school absenteeism (64 EEBS/8293 students); child labour (155 JI and EEBS/2529 students); harmful consumption (349 JI and EEBS/31316 students); smoking (871 JI and EEBS/ 61056 students); alcoholism (393 JI and EEBS/ 39193 students); and violence prevention (447 JI and EEBS/ 30516 students).

Counselling and screening

"The report contains no information on screening programmes available for the population at large, despite the Committee's request in its previous conclusion (Conclusions XVII-2). It therefore repeats its request for information on consultations and screening, and on how regular and accessible they are, focusing in particular on the diseases responsible for high levels of early death".

- Beginning of the evaluation work on pregnancy and obesity and the creation of a consortium in the area – the International Consortium of Maternal Weight Experts (ICMWE) in cooperation with Dr. Barbara Abrams - University of California, Berkeley, Dr. Lucilla Poston, King's College, London, Dr. Francisco Mardones - Catholic University of Chile-School of Medicine in Santiago, Dr. Ellen Nohr at University of Aarhus, Denmark, and Dr. Katharina Quack Loetscher at University Hospital Zurich.
- *Estudo EPACI Portugal 2012* (Study on Food and Growth Pattern in childhood) aimed at children aged 1 to 3. The DGS supports this study that is carried out by the Medicine Faculty of the Oporto University and by the Portuguese Catholic University, under the coordination of Dr Carla Rego.
- Continuation in 2012/2013 of the COSI initiative (*European Childhood Surveillance Initiative*) that began in Portugal in 2007/2008, a systematic net of collection, analysis, interpretation and dissemination of descriptive information about the features of the nutritional status of school-age children, from the 1st to 4th grade of Basic Education, through a "semi-longitudinal" study with transversal samples, repeated every two years, with the cooperation of DGS/INSA/WHO.
- Beginning of the 3rd phase of the *Infofamilia* (infofamily) study, which aims to: diagnose food deprivation situations; identify populations at risk of food deprivation, establish a monitoring tool for this problem; contribute to decision making and to minimize the respective adverse effects on health.

"The Committee therefore asks for the estimated percentage of all school children that are examined and vaccinated under such projects".

"The Committee recalls that free and regular consultations and screening for pregnant woman should also be available throughout the country (Conclusions 2005, Moldova). As the report contains no information on this question, the Committee asks that such information be included in the next report".

In fact, pregnancy surveillance is free in Portugal since 2000 (Law no. 70/2000 of 5 April). Article 5 of this Law establishes that pregnancy surveillance consultations are for free, as well as consultations 60 days after the birth.

Furthermore, in 2011, when reviewing the access to National Health Service in what concerns the payment of user charges, it was decided that pregnant and parturient women continue to be exempt from the payment of user charges. DL no, 113/2011 of 29 November.

Paragraph 3 Prevention of diseases

"The Committee asks whether in effect now there is an absolute ban on smoking in public places, whether there is a prohibition on the sale of tobacco products to young persons, and whether the advertising of tobacco products is prohibited.

Banning of smoking in public places

From 2008 to 2011, no amendments were made to Law no. 37/2007 of 14 August.

This Law foresees smoking ban in several enclosed places, although allowing the creation of smoking areas or places, provided that certain ventilation requirements are met.

Therefore, only education and teaching establishments for children under the age of 18 are completely smoke-free, including open air areas.

In healthcare establishments, smoking is totally forbidden inside the buildings, except in psychiatric or drug addiction treatment services, where smoking is allowed in open air areas.

In catering establishments with less than 100 square meters it is allowed to opt for total smoking banning or total smoking permission, in the areas destined for the public.

In catering establishments with more than 100 square meters it is possible to opt for total smoking banning or the creation of a smoking area (maximum 30% of the area destined to the public if it is not physically separate from the other area, or 40% if it is physically separate from the other area).

It is totally forbidden to smoke in enclosed public transport.

Smoking is forbidden in workplaces, station platforms and airports, although smoking areas may be created, provided that they meet certain ventilation requirements.

Tobacco sale to children under the age of 18

According to Law no. 37/2007 it is forbidden to sell tobacco products to children under the age of 18.

Banning of tobacco advertising

According to Law no. 37/2007, direct, indirect and dissimulated tobacco advertising is totally forbidden. Advertising in tobacco sale establishments is not allowed, nor in automatic vending machines. The marketing of promotional packages is forbidden. The inclusion of coupons or other forms of advertisement inside tobacco packages is not allowed.

The selling of games, toys or food bearing brands or the shape of tobacco products is forbidden. The use of tobacco brands in consumer products other than the actual tobacco products is also forbidden, except for products not directly related to tobacco which have been placed in the market before the Law no. 37/2007 entered into force.

Alcohol – The Committee asks for information on the regulations on the sale and consumption of alcohol.

Legal substances – Alcohol

The new legislation – Decree-Law no. 50/2013 of 16 April, establishes the scheme of availability, selling and consumption of alcohol beverages in public places and places open to the public.

The mentioned document introduces amendments to Decree-law no. 9/2004 of 24 January, concerning the same issue. The concern with the harmful consumption pattern that is described in the most recent studies is underlined in this legislation. This pattern is marked by the irregular intensive consumption (binge drinking), i.e. the consumption of large amounts of alcoholic beverages (five or more) in a short period of time, occurring irregularly in the daily life of young people.

In the text it is also underlined the earliness of alcohol consumption beginning and the existence of a scientific basis on the adverse effects of this consumption in the Central Nervous System's maturation process, that occurs until the beginning of adulthood.

This Decree-law establishes the prohibition of alcoholic beverages selling to minors; the availability of these beverages to minors is also prohibited and now constitutes an act liable of fine.

The first amendment of the Decree-Law concerns restrictions on the access, selling and consumption of alcoholic beverages (Article 3), by forbidding access to spirits or similar beverages to anyone under the age of 18, and to all alcoholic beverages, spirits or not, to those who have not completed the age of 16, regardless of commercial purposes.

With this measure, and by comparison with the previous Law, the prohibitions are maintained at the commercial level, extending also its scope to any adult citizen who, in a public context, freely facilitates the access to alcoholic drinks to a minor.

A second amendment, resulting from this same Article, concerns the change of legal age for the consumption of spirits, from sixteen to eighteen, maintaining the legal limit of sixteen for the other alcoholic drinks. Since spirits are closely associated with “shots” and the *binge drinking* pattern, it is sought in this way to restrict the access of minors to this kind of beverages and to the early settling of this kind of pattern.

It is also still forbidden to sell or give access, with commercial purposes, to any alcoholic beverages, spirits or not, in public places or in places open to the public, to any person who is drunk or has signs of apparent mental disorder.

The availability, selling and consumption of alcoholic beverages in canteens, bars and other catering and drink establishments open to the public, located in health centres and through automatic vending machines is also forbidden.

It is equally forbidden to sell alcoholic beverages between 0 and 8 o'clock (including in convenience stores), outside catering establishments and bars, as well as in motorway service stations and outside localities. Exception is made to catering or drinking establishments located in harbours and airports, in areas reserved to passengers, and night entertainment establishments (Article 3). This measure aims to reduce the number of road accidents caused by abusive alcohol consumption in long distance travels.

In what concerns consumption and the population mentioned above – namely minors, drunk persons or those who appear to suffer of mental disorder – the prohibition of alcoholic beverages consumption in public places and places open to the public is maintained. The document also provides that, in order to ensure compliance with this measure, the security officer may demand the presentation of an identification document to confirm the person's age, whenever there is any doubt about it. This measure, innovative in comparison with the previous Law, facilitates the inspection process and the Law enforcement.

Catering and drinking establishments, as well as night entertainment establishments or similar (entertainment places, *fado* houses, coffee shop-theatres, casino entertainment rooms) shall allow the consumption of alcohol outside the establishment's licensed spaces (namely in public spaces) only if lightweight and blunt containers are being used. This amendment to the former legislation is aimed to ensure more safety to the citizens, by avoiding the eventual use of glass or metal containers as aggression objects and situations of public violence. This obligation is extended to the access/selling or availability of alcoholic beverages, with commercial purposes, in entertainment rooms or places, village festivals, musical concerts or academic parties.

The Decree-Law maintains the obligation of notifying the legal representative of the minor, restricting it now to situations in which alcoholic intoxication is evident after alcoholic beverages consumption in public places or places open to the public.

In case of recurrent situations of a minor's alcoholic intoxication or when it is not possible to notify his/her legal representative, the Law now establishes the use of the support centre for children and young people at risk, located in the health centre or hospital of the area where the minor lives, or of the alcohol related problems response teams integrated in the primary care units of the area where the minor lives. The inspection entity that brings the action forth is responsible for the notifications.

This Law also establishes that when the consumption of alcoholic beverages in public places or places open to the public implies danger to the minor, the inspection entity that brings the action forth must intervene to stop it, through adequate means, preserving in its actions the life of the minor and of his/her family. In these situations, the cooperation of the Commission for the Protection of Children and Young People or of the Public Ministry representative with territorial jurisdiction, among others, may be asked.

This Law establishes that, in what concerns restrictions on the availability, selling and consumption of alcoholic beverages, the inspection activity is of the responsibility of ASAE (Economic and Food Safety Authority), PSP (Public Safety Police) and GNR (National Republican Guard), without prejudice to the inspection competences of other entities. This competence is further extended to the inspection of public information through posting of notices.

In comparison with the previous Law, a new feature is included in the current Law, that gives the aforementioned entities the competence to determine the immediate and temporary shutdown of an establishment, during the inspection, for a period not exceeding 12 hours, when and while it is indispensable for the collection of proof objects, the apprehension of the ones used in the practice of infractions or those needed to identify the infraction agents and consumers. Another difference from Decree Law no. 9/2002 is that the determination of the temporary shutting down of the establishment for a period not exceeding 12 hours may also occur when an infraction is being committed and there may be serious danger of continued illicit activity.

It is further established that the cases' investigation is of the ASAE responsibility and all other inspection entities must send the action notices and evidence elements to that authority.

Similarly, the ASAE General Inspector is responsible for the application of fines and additional penalties, and the fines' amount reverts to the State (60%), to the ASAE (25%) and to the inspection entity (15%). In the Autonomous Regions, the competences attributed to the ASAE are carried out by the Regional Administration bodies that have similar duties and competences. The amount resulting from fines paid in that region is added to the regional revenue.

In the Article concerning additional penalties (Article 9), it is established that, depending on the severity and recurrence of the infractions, additional penalties may be applied simultaneously with the fine, such as: loss of the sale product through which the infraction was perpetrated; and the interdiction to carry out the activity directly related to the infraction committed, during a

period up to two years; these penalties were already foreseen in Decree Law no. 9/2002.

“It also asks the next report to provide information on the trends in smoking, alcohol and drug abuse”.

Tobacco – statistical data

The last National Health Survey (INS) showed a prevalence of daily and occasional smokers of 20,9%; 30,9% males and 11,8% females (weighted data of the Portuguese population residing in Portugal, aged 15 or over). Ex-smokers corresponded to 16,1% of the same population, as it is shown in the following table:

Table 27
Prevalence of tobacco consumption in Portuguese population ≥ 15, INS 2005/2006
(weighted % of the population)

	Smokers	Non smokers	Ex-smokers
Males	30,9	43,1	26,0
Females	11,8	81,3	6,9
Total	20,9	63,0	16,1

Source: Adapted from Machado, A.; Nicolau, R.; Dias, C. M. – Consumo de tabaco na população portuguesa (tobacco consumption in the Portuguese population): análise dos dados do Inquérito Nacional de Saúde 2005/2006 (data analysis of the National Health Survey 2005/2006). Lisbon: Departamento de Epidemiologia, Instituto Nacional de Saúde Dr. Ricardo Jorge, IP (Department of Epidemiology, National Health Institute Dr. Ricardo Jorge, P.I.), 2009.

Considering the sample data that were not weighted, in what concerns Mainland Portugal and the population aged 15 or over, collected from the four National Health Surveys made until the present date, there appears to be a slightly decreasing trend in the proportion of daily smokers, resulting from the decrease in the percentage of male consumers and an increase of the female consumers, as may be confirmed in the following table:

Table 28
Daily smokers among respondents ≥ 15 of age, per gender,
INS 2005/2006 – Mainland Portugal
(not weighted % of the population)

	INS 1987	INS 1995/1996	INS 1998/1999	INS 2005/2006
Males	33,3	29,2	29,3	26,1
Females	5,0	6,5	7,9	9,0
Total	18,4	17,3	18,0	17,2

Source: Direção-Geral da Saúde (DGS) (Directorate-General of Health); INSA (National Health Institute Dr. Ricardo Jorge, P.I.) – INFOTABAC Relatório 2011 (INFOTABAC 2011 Report).

According to data collected in 2012, within the scope of a Eurobarometer study (European Commission, 2012) Portugal presented 23% of smoking respondents, placing itself among the group of countries with lower prevalence.

In what concerns consumption intensity, Portugal presented an average consumption of 14,4 cigarettes per day, a value closer to the European average (*European Commission, 2012*).

With reference to the Eurobarometer studies, it is concluded that the proportion of Portuguese respondents who assumed smoking in 2012 did not change in comparison with 2009, year in which there was a decrease of about 1%, in comparison with the prevalence observed in 2006 (24%) (*European Commission, 2007; 2010*). In 2012, in comparison with 2009, there was an increase of about 2% in the proportion of ex-smokers and a decrease of 2% in the proportion of respondents who stated that they had never smoked (*European Commission, 2012*).

According to the European study report, ESPAD 2011 (Hibell *et al.*, 2012), 43% of the Portuguese teenager students aged 16 stated that they have already smoked at least once, (48% of the boys and 40% of the girls); 29% answered that they have smoked in the last 30 days and 15% have smoked daily in the last 30 days.

According to data collected in 2012 from the Eurobarometer study (*European Commission, 2012*), 45% of the Portuguese smokers stated that they have already tried to quit smoking, a value lower than the European average (60%).

In what regards the exposure to environmental tobacco smoke, and according to data collected in December 2008 from the Eurobarometer study (*European Commission, 2009*), in Portugal, about 13% of non smokers mentioned being exposed daily to tobacco smoke in their homes and around 24% of Portuguese smokers assumed that they have exposed other persons to tobacco smoke, in their homes. (*European Commission, 2009*).

In what concerns exposure to environmental tobacco smoke in the workplace, according to data collected in 2012, 82% of Portuguese respondents answered that they were never, or almost never, exposed to tobacco smoke, a value above the European average (72%). 7% of the Portuguese workers inquired referred being exposed to tobacco smoke on a daily basis. About 2% referred a daily exposure above 5 hours and 3% stated exposure from 1 to 5 hours. (*European Commission, 2012*).

Most recent epidemiological data (GPS, 2012) show, in general, a small generalized decrease either for tobacco or alcohol use prevalence. From 2007 to 2012, in the case of tobacco, changes in prevalences were - 4% for lifetime, - 6% for last 12 months and -9% for last 30 Days.

In the case of alcohol, these changes were: -6%, for lifetime -13% for last 12 months and -15%, for last 30 days. Decreases were larger for women than for men.

The same study also shows a generalized decrease in illicit drug use prevalence. From 2007 to 2012, lifetime prevalence of all illicit psychoactive substances, but ecstasy and LSD (that remain stable) decreased; these decreases range from -16% for Cannabis, -25% for magic mushrooms, -37% for

cocaine and to about -45% for amphetamine and heroin. These decreases were, also, in general larger for men than for women.

Next table, present the evolution from 2001 to 2012, in lifetime prevalence of the different substances.

Table 29
Illicit Drug Use among General Population

PORTUGAL_Illicit Drug Use among General Population_ GPS/2001-2007-2012											
TOTAL	Tobacco	Alcohol	Any Drug	Cannabis	Cocaine	Amphetam.	Ecstasy	Heroin	LSD	Magic Much.	
LFT_2001	40,2	75,6	7,8	7,6	0,9	0,5	0,7	0,7	0,4		
LFT_2007	48,9	79,1	12,0	11,7	1,9	0,9	1,3	1,1	0,6	0,8	
LFT_2011	47,0	74,0	9,9	9,8	1,2	0,5	1,3	0,6	0,6	0,6	
MALES	Tobacco	Alcohol	Any Drug	Cannabis	Cocaine	Amphetam.	Ecstasy	Heroin	LSD	Magic Much.	
LFT_2001	56,0	85,2	11,7	11,5	1,5	0,7	1,1	1,2	0,7		
LFT_2007	63,3	88,9	18,6	18,4	3,2	1,5	1,9	1,8	1,1	1,3	
LFT_2011	60,9	85,5	15,4	15,3	1,9	0,7	2	1,1	0,9	0,8	
FEMALES	Tobacco	Alcohol	Any Drug	Cannabis	Cocaine	Amphetam.	Ecstasy	Heroin	LSD	Magic Much.	
LFT_2001	25,0	66,4	4	3,9	0,3	0,3	0,3	0,2	0,1		
LFT_2007	34,8	69,5	5,4	5,2	0,7	0,3	0,2	0,4	0,1	0,2	
LFT_2011	33,2	62,7	4,5	4,4	0,6	0,3	0,6	0,2	0,3	0,4	

Source: Balsa, C., Vital, & C. Urbano, C. (2013). "III Inquérito Nacional ao Consumo de Substâncias Psicoativas na População Portuguesa. Portugal 2013. Relatório Preliminar" (III National Survey on the consumption of Psychoactive substances in the Portuguese population. Portugal 2013. Preliminary Report.) (<http://www.idt.pt/PT/ComunicacaoSocial/ComunicadosImprensa/Paginas/IIIInqueritoNacionalaoConsumodeSubstanciasPsicoativasnaPopulacao.aspx>)

"The report further states that the major risk factors have been identified but provide no information on any measures taken to try to prevent certain types of accidents. The Committee asks for this information".

During the period 2008-2011, in what concerns accident issues, the Ministry of Health approved the National Programme for Accident Prevention in 2010, with a predicted time frame until 2016.

The Directorate-General of Health (DGS) has coordinated the data collection for the *1st Global Status Report on Road Safety* of the WHO and cooperated in the *World Report on child injury prevention* and in the document *Preventing Injuries in Europe: from international collaboration to local implementation*.

DGS is a partner of INSA under the JAMIE Project (Joint Action on Monitoring Injuries in Europe), led by EuroSafe and with the support of DG SANCO, aiming to improve the information collecting system on all kinds of accidents. This project is in progress since 2010.

In 2009, a child safety Campaign was developed within the scope of the Ministry of Health, with the support of the High Commissioner of Health, «Mantenha as crianças em segurança» (Keep the children safe), using the following WHO materials: six posters on Child Safety, six films for the Campaign, radio Campaign spots on Child Safety, and Outdoors.

In the same year of 2009, Fact Sheets on the Prevention of Accidents with Children were disseminated, aimed at the prevention of road accidents, burns, drownings, falls and poisonings, as well as a leaflet containing general recommendations.

On the International Day of Older Persons, in 2008, a leaflet was published on the theme «Prevenção dos Acidentes Domésticos com Pessoas Idosas» (Prevention of home accidents involving elderly people).

A Technical File on home accidents was included in the Local Action Plans on Housing and Health.

In 2009, legislation was produced in partnership with The Ministry of Internal Administration and the Ministry of Justice, on the issue «Mortos a 30 dias» (Deaths in 30 days) (Ministerial Order no. 27808/2009), in order to improve the mortality statistics concerning road accidents.

From 2010 to 2012, DGS was a partner of the Transports and Mobility Institute (IMT, P.I.) for the preparation of the National Plan for the Promotion of the Bicycle and other Soft Means of Transportation that was approved in 2012.

With the cooperation of a private partner, (MAPFRE Foundation), the DGS initiated, in October 2011, projects for the prevention of home accidents involving elderly people. They provided training to health technicians, support to local projects and educational materials on the prevention of home accidents involving elderly people, such as Prevention Guides, CD-ROMs and other tools targeted to the elderly and to the professionals who work with them. Risk Assessment tools were also produced in what regards accidents involving elderly people and their risks to the person and the community.

Along with another private partner (GALP Foundation), DGS integrates the Directive Committee of the «Aliança para a Prevenção Rodoviária» (Alliance for Road Prevention), as coordinator of the Decade of Action for Road Safety 2011-2020, having supported the Study of Portuguese Behaviour regarding Road Safety, which aims to «understand the relationship between drivers' perceptions and behaviours, the improvement expectation and the drivers' resistance to change».

With *Renault Portugal* cooperation, DGS sponsors and supports the «Programa Segurança para Todos» (Safety for All Programme) which aims to raise the awareness of the 1st Cycle school population on the adoption of safe behaviours, taking into account the five pillars of the Decade of Action for Road Traffic Safety 2011-2020.

With the Vodafone Foundation, DGS supported and disseminated the Campaign «Guerra aos polegares» (War to thumbs) in order to raise young drivers' awareness to the accident risks of sending SMS while they are driving.

With *ESTRADA VIVA - Liga contra o Trauma* (League against trauma), a civil entity that congregates several non-governmental associations related to road safety, the DGS participates every year in the celebrations of the World Day of Remembrance for Road Traffic Victims. DGS was also partner and co-organizer of the Decade of Action for Road Traffic Safety launching on 11 May 2011.

With *Associação NOVAMENTE*, an association that supports patients with trauma brain injury and their families, DGS participated in Studies, Seminars and in the dissemination of ongoing initiatives.

DGS cooperated with *APSI – Associação para a Promoção da Segurança Infantil* (Association for the Promotion of Child Safety) in several work groups, within the scope of the Child Safety Action Plan.

In 2011, the project *Bebés, Crianças e Jovens em Segurança* (Safe Babies, Children and Young People) was initiated; a project promoting child safety that results from the diagnosis of the competences of health technicians who work in ACES (Health centre groups) and in Maternities, focusing on Child Restraint Systems and education on child safety.

The implementation of this project involved the following entities: Dorel Portugal that supplied auto simulators and retention seats for all Hospital Centres with Maternity units and ACES; the MAPFRE Foundation that financed the training of health professionals; and the APSI that was the training entity. All the ARS (Regional Health Administrations) designated the focal points for this project, and each one received specific training. We are currently initiating the implementation of local projects.

“The Committee requests up to date information on the arrangements for reporting and notifying diseases and emergency measures in case of epidemics”.

Law no. 81/2009 of 21 August establishes a system of public health surveillance that identifies risk situations, collects, updates, analyses and disseminates data on transmissible diseases and other risks to public health; it also provides for the preparation of contingency plans for emergency situations, or situations that are as serious as public calamity. An electronic platform/notification system was developed to support the surveillance provided for in the above mentioned Law.

In what concerns the initiatives developed within the scope of public health emergencies (between 2008 and 2011):

In 2005, the Directorate-General of Health created the Public Health Emergency Unit (currently designated as Support Unit to the National Health Authority and to the Public Health Emergency Management). This Unit's

competences have been strengthened in the last years¹. Within this scope, its main functions are the early detection of public health “alerts”, the coordination of those threats assessment and the cooperation with other DGS units and national and international entities, in order to ensure an adequate response.

Portugal is represented by this Unit in national and international alert networks, ensuring the reception, analysis and issuing of notifications in those alert systems. Between 2008 and 2011 the Portuguese participation in the transmissible diseases surveillance networks was reinforced, namely in the ones from the European Commission (EWRS, EPIS, among others) and from the World Health Organization (International Sanitary Regulation - ISR). Portugal accepted the International Sanitary Regulation and adopted it as national legislation (Legislation under Notice no. 12/2008² of 23 January) in which, as State Party, Portugal commits itself to “prevent, protect, control and respond in terms of public health to an international disease propagation, by using means proportional and limited to the public health risks and simultaneously avoiding unnecessary interferences with international traffic and trade”. The Directorate-General of Health is the responsible body for the ISR implementation in Portugal.

Since 2008, international harbours and airports have been designated in accordance with the Regulation, and each one’s installed capacities were identified and reinforced. The focal points, designated as entry points, ensure the monitoring and response to public health events and guarantee the implementation of the ISR procedures established for these situations.

The focal point for the ISR in Portugal is the Directorate-General of Health that is also the National Health Authority. Within the scope of these duties, the Directorate-General of Health is assisted by a network of health authorities that act in a coordinated manner in the surveillance of public health emergencies, both at the national and international level, and they may use the means deemed necessary and proportional to the risks identified as harmful to the citizens’ health. The Portuguese legislation confers to health authorities the competences for the adoption of transmissible diseases control measures (Decree-law no. 82/2009, of 2 April³), namely by:

- determining the corrective measures needed for the protection of public health;
- ordering the interruption or suspension of activities or services, as well as the shutting down of establishments where such activities are being carried out in conditions that may cause serious risk to public health;
- triggering, in accordance with the Constitution and the Law, the hospitalization or compulsive medical care of persons who may jeopardize public health;
- requesting of health services, establishments and professionals in case of serious epidemics and similar situations.

¹ The current competences are provided for in the legislation:
<http://dre.pt/pdf2sdip/2012/06/109000000/2046120462.pdf>

² <http://www.dre.pt/pdf1sdip/2008/01/01600/0063800687.PDF>

³ <http://dre.pt/pdf1s/2009/04/06500/0206202065.pdf>

The pandemic influenza A(H1N1)2009 is an example of effectiveness, achieved through a concerted action at the national level, involving several organizations from different areas (scientific, academic and the civil society) to support the management and response to the problem (this concerted action was based on national guidelines, such as the National Health Sector Contingency Plan for the Pandemic Influenza⁴).

The coordinated management at national level, of public health emergency situations⁵ is also foreseen in Law no. 81/2009 of 21 August⁶. This Law provides for the establishment of an Emergency Coordinating Committee, composed of several national entities with competences to intervene in case of occurrence or imminent threat of phenomena related to transmissible diseases or other risks. This Committee is part of the response mechanisms to pandemics, taking specific disease control "ad hoc" decisions, based on scientific evidence.

"Information is provided in the report under Article 11§1 on the national vaccination programme, which is comprehensive, however the Committee asks for information on the vaccination coverage rate".

In Portugal, the annual data concerning vaccination within the scope of the National Vaccination Programme, during the years 2008 to 2011, show that a high percentage of children and teenagers are being vaccinated, with an increasing trend of vaccination coverage, contributing to the good results in terms of control of diseases preventable by vaccination.

Newborn babies are vaccinated at birth with the vaccine against tuberculosis (BCG), and the 1st dose of the vaccine against Hepatitis B; this shows an increasing trend of the vaccination coverage (from 95% in 2008 to 97% in 2011).

In their first year of life, about 97% of children are immunized against hepatitis B. This value remained constant in the years 2008 to 2011.

Vaccination against invasive diseases, including meningitis caused by Haemophilus influenzae B and by Neisseria meningitidis C, is increasing over the years, varying between 94 and 96% for the first type and 95 to 98% for the second type - on the 2nd year of life.

Full vaccination Coverage (5 doses - primary course of vaccination and 2 booster vaccinations) with the vaccine against diphtheria, tetanus and pertussis, has varied between 94 and 97%.

Vaccination against poliomyelitis (4 doses), measles, mumps and rubella (2 doses: children with 12 months and 5/6 years of age) is completed at the age of 5/6, with coverage ranging from 95 to 96%.

⁴ <http://www.dgs.pt/upload/membro.id/ficheiros/i010835.pdf>

⁵ In accordance with this Law, any extraordinary occurrence that may constitute a risk to public health is considered as public health emergency.

⁶ <http://dre.pt/pdf1s/2009/08/16200/0549105495.pdf>

The vaccination coverage against tetanus and diphtheria in adolescents (recommended at 10 – 13 years of age) varies between 95 and 96%.

In what concerns the HPV vaccine, the target of 85% of young people vaccinated with 3 doses was reached in all cohorts, except for the 1999 cohort (85%, 78% and 54% for the 1st, 2nd and 3rd dose, respectively) that began their vaccination in 2012 and that have not yet completed it, and the 1994 cohort (covered by the campaign) with 89%, 87% and 83% for the 1st, 2nd and 3rd dose, respectively. It should be noted that these young people may complete their vaccination until age 25, within the scope of the PNV (National Vaccination Programme). The values concerning the human papilloma virus vaccine are probably the best at the international level.

Vaccination against tetanus and diphtheria in persons aged 65 apparently has an increasing trend (varying between 56% in 2009 and 64% in 2011).

Vaccines against diseases that are subject to eradication or elimination programmes, such as polio (IPV), measles and rubella (MMR), are having a quite high vaccination coverage (95% to 96%). This results represent essential pillars in order to maintain the elimination of these diseases in the country, complying with the international requirements. It should be noted that, unlike most European countries, it was possible to identify the epidemiologic link to imported cases, in all cases of diagnosed measles:

Table 30
Measles cases reported in Portugal (total and confirmed) per year, 2004 to 2012

Year	Total number of cases (possible+probable+confirmed)	Confirmed cases	Remarks
2004	1	0	-----
2005	7	6	Outbreak of 6 cases: 1 imported from Romania + 5 secondary cases (within migrant community)
2006	0	0	-----
2007	0	0	-----
2008	1	1	1 isolated case imported from the UK
2009	3	3	Outbreak of 2 cases: 1 imported from Ethiopia + 1 secondary case 1 isolated case imported from France
2010	5	5	Outbreak of 4 cases: 1 imported from South Africa + 3 secondary cases (with health technicians) 1 isolated case imported from the UK
2011	2	2	1 isolated case imported from France 1 isolated case imported from Angola
2012*	7	5	Outbreak of 4 cases: 1 imported from China + 2 secondary cases + 1 tertiary case (including 1 probable case) 1 isolated case imported from the UK 1 isolated case imported from Angola

Source: Ministry of Health

* Provisional data for 2012 (on 25/02/2013)

In order to achieve the results presented in terms of vaccination coverage, additional vaccination activities are carried out every year, throughout the

country, by calling children that are overdue for vaccination in the recommended ages. Some local vaccination services also carry out catch-up vaccination campaigns in schools or disadvantaged communities and/or communities with less participation in vaccination.

It is also important to mention that some vaccines were introduced in the *PNV* along with a successful vaccination campaign that allowed a swift group immunity acquisition and a faster disease control, namely the vaccines against: polio (1965, implementation in the *PNV*), measles (1974 to 1977), and meningococcal C (2006 to 2008). The vaccine against HPV was also introduced in the *PNV*, along with a campaign in 2008, aiming to cover all cohorts of girls born from 1992.

In conclusion, it can be stated that, in Portugal, the vaccination coverage of children, in the assessed cohorts, is high, reaching the levels necessary to grant group immunity and registering a progressive increase over the years. This vaccination coverage has allowed a steady and sustained control of diseases preventable by vaccination, included in the National Vaccination Programme (*PNV*). It should be also mentioned that the high vaccination coverage resulted from the commitment of the professionals involved in vaccination, the population trust in the *PNV* since 1965, and the political support.

Campaigns

Since 2010, Portugal participates, every year in April, in the European Immunization Week, an initiative of the World Health Organization European Region, motivating the services at the regional and local levels to develop vaccination promotion activities within the scope of the National Vaccination Programme.

In 2011, several activities were developed in *DGS*, including a drawings contest for children; a fact sheet on vaccination in Portugal; stickers with "Vaccines save lives- get vaccinated" for children in health services; promotion of the initiative through the *DGS* website and through meetings with the regional focal points.

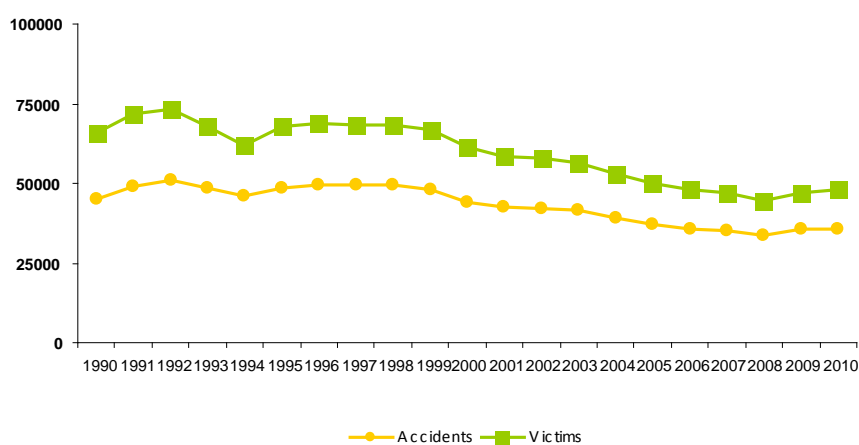
DGS is committed to maintain a position of transparency, openness and cooperation with the media.

Table 31
 Number of accidents and victims and number of drivers involved, tested for blood alcohol content, Mainland Portugal, 2000-2010

NUTS I / year	Nº of accidents with victims	Number of victims	
		Nº of deaths	Nº of injured people
MAINLAND			
2000	44159	1450	59924
2001	42521	1316	57044
2002	42219	1323	56585
2003	41495	1222	55258
2004	38930	1024	52009
2005	37066	988	49249
2006	35680	786	47137
2007	35311	765	46318
2008	33613	721	43933
2009	35484	673	46414
2010	35426	937	47302

Source: MAI, Direcção-Geral de Viação, ANSR (Ministry of Internal Affairs, Directorate-General of Traffic, National Authority for Road Safety)

Chart 52
 Number of road accidents with victims and number of victims, Mainland Portugal, 1990 – 2010



Source: MAI, Direcção-Geral de Viação, ANSR (Ministry of Internal Affairs, Directorate-General of Traffic, National Authority for Road Safety)

Table 32
Number of users under treatment, first consultations and deaths related to positive toxicological test results for illicit drug use, Portugal, 2000 – 2010

Year	2000-2010		
	Users	New cases	Deaths
2000	29204	9559	318
2001	32064	8743	280
2002	31835	6241	156
2003	29596	5216	152
2004	30266	5023	156
2005	31822	4844	219
2006	32460	4745	216
2007	34266	5124	314
2008	38532	7019	320
2009	38875	7643	269
2010	37983	8444	297

Note: The "New cases" correspond to first consultations in public establishments in Mainland Portugal.
Source: Instituto da Droga e da Toxicodependência, IP (Institute for Drugs and Drug Addiction, P.I.)

Table 33
Number of notified cases and respective incidence rate, per type of disease, Portugal, 1995, 2008-2010

Disease (ICD-10 basic list)	1995		2008		2009		2010	
	Nº	Rate (%000)	Nº	Rate (%000)	Nº	Rate (%000)	Nº	Rate (%000)
Total	12925	128,7	3501	32,96	3431	32,27	3141	29,53
Typhoid and paratyphoid fevers (A01)	426	4,2	23	0,22	45	0,42	17	0,16
Other salmonella infections (A02)	199	2	347	3,27	215	2,02	206	1,94
Respiratory tuberculosis (A15, A16)	4584	45,7	2004	18,87	1824	17,15	1739	16,35
Tuberculosis of meningitis and central nervous system (A17)	41	0,4	27	0,25	35	0,33	29	0,27
Miliary tuberculosis (A19)	71	0,7	75	0,71	72	0,68	55	0,52
Brucellosis (A23)	915	9,1	56	0,53	81	0,76	88	0,83
Leptospirosis (A27)	37	0,4	20	0,19	36	0,34	29	0,27
Tetanus (A34,A35)	28	0,3	1	0,01	6	0,06	3	0,03
Whooping cough (A37)	19	0,2	69	0,65	67	0,63	14	0,13
Meningococcal infection (A39, except A39.0)	70	0,7	33	0,31	14	0,13	23	0,22
Meningococcal meningitis (A39.0)	113	1,1	29	0,27	39	0,37	40	0,38
Congenital syphilis (A50) ***	-	-	14	0,14	13	0,12	11	0,10
Early syphilis (A51)	218	2,2	101	0,95	150	1,41	179	1,68
Gonococcal infection (A54)	73	0,7	67	0,63	113	1,06	88	0,83
Spotted fever (A77.1)	764	7,6	171	1,61	184	1,73	141	1,33
Measles (B05)	192	1,9	1	0,01	3	0,03	5	0,05

Acute hepatitis A (B15)	339	3,4	21	0,2	28	0,26	12	0,11
Acute hepatitis B (B16)	993	9,9	53	0,5	66	0,62	47	0,44
Acute hepatitis C (B17.1) *	437	4,4	46	0,43	86	0,81	39	0,37
Other specified acute viral hepatitis (B17, except B17.1)*	24	0,2	2	0,02		0,00	2	0,02
Unspecified viral hepatitis (B19)	190	2,1	1	0,01	1	0,01	1	0,01
Parotitis epidemic (B26)	2229	22,2	140	1,32	152	1,43	140	1,32
Protozoal diseases (Malaria, B50 to B54) **	81	0,8	45	0,42	44	0,41	55	0,52
Echinococcosis (Hydatidosis, B67)	39	0,4	4	0,04	4	0,04	3	0,03
Rubella (B06, except P35.0)	125	1,2	4	0,04	2	0,02	0	0,00
Other	175	1,7	147	1,4	150	1,41	117	1,10

* Compulsory notifiable disease since 1993.

** Imported cases

*** Compulsory notifiable disease since 1999.

Source: DGS/ DSEE, Compulsory Notifiable Diseases

Table 34
Demographic Profile
Estimates of the resident population, Portugal, 2000-2010

Year	Resident population (1000)	Evolution index	Population density (inhab/Km ²)	Age groups (%)			Dependency indexes (%)			Ageing index %
				<15	15-64	≥65	Total	Young people	Elderly people	
Portugal										
2000	10262,9	100,0	112,0	16,0	67,6	16,4	47,9	23,7	24,2	102,3
2001	10329,3	101,0	112,0	15,9	67,6	16,5	48,0	23,5	24,5	104,2
2002	10407,5	101,4	113,0	15,8	67,5	16,7	48,1	23,4	24,7	105,5
2003	10474,7	102,1	114,0	15,7	67,4	16,8	48,3	23,3	24,9	106,8
2004	10529,3	103,0	115,0	15,6	67,3	17,0	48,5	23,2	25,2	108,7
2005	10569,6	103,0	115,0	15,6	67,3	17,1	48,5	23,1	25,4	110,1
2006	10599,1	103,3	115,0	15,5	67,2	17,3	48,6	23,0	25,6	111,7
2007	10617,6	103,5	116,0	15,3	67,2	17,4	48,7	22,8	25,9	113,6
2008	10627,3	103,6	115,0	15,3	67,1	17,6	49,0	22,8	26,3	115,5
2009	10632,5	103,6	115,0	15,2	66,9	17,9	49,4	22,7	26,7	117,6
2010	10637,4	103,7	114,0	15,1	66,7	18,2	49,9	22,7	27,2	120,1

Source: INE (National Statistics Institute), Estimates of the resident population.

Table 36
Health Centres 2010
Services rendered

Medical consultations			
Consultation type	Total	1st Consultations	Next consultations
Adults (> 18)	22782697	5549443	17233254
Maternal Health	560767	91172	469595
Child/Youth/Paediatric Health	2791351	1139750	1651601
< 12 months	419558	124100	295458
12 to 23 months	300455	76002	224453
Ages 2 to 18	2030776	931730	1099046
Family Planning	929981	624312	305669
Dermato-venereology	32173	21701	10472
Gynaecology/obstetrics	5095	2848	2247
Dentistry / Stomatology	72934	15034	57900
Ophthalmology	45052	37091	7961
Otorhinolaryngology	5229	3518	1711
Paediatrics	22037	11241	10796
Pulmonology	41390	13470	27920
Psychiatry	4657	1781	2876
Urology	1163	462	701
Other specialities	57782	28384	29398
Total	27352522	7540207	19812315

House calls	
Home visits	
Medical Staff	18329
Nursing staff	22159
Social Service Staff	18784
Other	15408
Total	257209

Basic Emergency Services

After medical care	
Outpatient / Home	22561
Admission in Health Centres	6324
Hospital Care	18994
Deaths	5
Total	24536

Complementary diagnostic and therapeutic means

Analyses	ECG	Radiological Exams	Other Diagnostic Activities	Psychotherapy Sessions	Physiotherapy Treatments	Other Therapeutic Activities
365546	75252	303351	61318	4193	511131	276805

In-patient Care Units – In-patient numbers

From last year	Admitted	Discharged	Days of stay	Occupancy Rate	Average Stay period
63	760	799	20082	53,4	25,1

Source: Ministry of Health

Table 37
Hospitals 2010 Staff

Physicians per speciality I

Hospital	Total *	Cardiology	General Surgery	Dermato-venereology	Gastroenterology	Gynaecology/Obstetrics	Internal Medicine	Ophthalmology
Central General H	9217	230	381	91	136	329	539	225
Central Specialized H	1143	9	65	12	21	116	40	25
District General H	6691	170	503	38	95	363	676	145
District Level I H	231	2	39	1	1	8	44	2
SNS (National Health Service)	17282	411	988	142	253	816	1299	397

* Represents the number of specialist doctors plus those in complementary and general internship, and other medical staff. Total numbers in the **SNS**, including CT (Therapeutic Communities) and U D (Withdrawal Units).

Physicians per speciality II

Hospital	Orthopaedics	Otorhino-laryngology	Paediatrics	Pulmonology	Psychiatry	Urology	Other
Central General H	228	146	426	224	119	109	2864
Central Specialized H	2	16	44	19	132	17	368
District General H	324	120	444	126	148	83	1448
District Level I H	23	0	18	2	6	4	52
SNS (National Health Service)	577	282	932	371	405	213	4732

Source: Ministry of Health

Nurses per speciality

Hospital	Total *	Medical Surgical	Child and Paediatric Health	Maternal Health and Obstetrics	Mental Health And Psychiatry	Other
Central General H	14771	308	325	392	102	538
Central Specialized H	2345	48	33	27	151	184
District General H	14679	337	241	480	161	320
District Level I H	761	24	7	21	7	33
SNS (National Health Service)	32556	717	606	920	421	1075

* Including non-specialist nurses and/or other nursing staff

Other staff

Hospital	Senior Health Officials	Other Senior Officials	Complementary Diagnostic and Therapeutic Technicians	Professional And Administrative Staff	Auxiliary Staff	Other Staff
Central General H	522	808	3142	4534	10128	944
Central Specialized H	261	235	562	935	1887	372
District General H	450	970	2790	4920	11160	768
District Level I H	24	60	167	312	509	112
SNS (National Health Service)	1275	2089	6669	10737	23714	2225

Source: Ministry of Health

Table 38
Hospitals 2010
External consultations

Surgery Specialities I

Hospital	Total	Cons/1000 hab	Cardio-thoracic	General Surgery	Maxilo-facial	Paediatric	Reconstructive Plastic surgery	Vascular	Gynaecology
Central General H	2053007	202,4	31271	266794	15919	50575	62299	91435	196287
Central Specialized H	246873	24,3	0	54622	0	130	10179	123	56196
District General H	2121954	209,2	11805	432900	3064	14316	35702	12353	228740
District Level I H	144266	14,2	6813	40883	0	0	781	1959	9159
SNS (National Health Service)	4566100	450,1	49889	795199	18983	65021	108961	105870	490382

Surgery Specialities II

Hospital	Neurosurgery	Obstetrics	Ophthalmology	Oncology Surgery	Orthopaedics	Otorhino-laryngology	Urology	Other
Central General H	89631	171754	411062	0	268581	218228	169713	9458
Central Specialized H	1847	25599	49167	0	798	19748	17507	10957
District General H	12860	174588	393994	0	424131	216556	148610	12335
District Level I H	0	6684	16621	1310	45400	8582	6074	0
SNS (National Health Service)	104338	378625	870844	1310	738910	463114	341904	32750

Source: Ministry of Health

Medical Specialities I

Hospital	Total	Cons/1000 hab	Cardiology	Dermato-venereology	Endocrinology	Gastroenterology	Haematology*	Internal Medicine
Central General H	3023177	298,0	227617	180435	150365	127729	127769	202756
Central Specialized H	627374	61,8	12068	26635	23977	20150	30114	10436
District General H	2647543	261,0	193254	108476	32593	102285	44298	293578
District Level I H	123528	12,2	12308	2982	0	1719	1060	23802
SNS (National Health Service)	6421622	633,0	445247	318528	206935	251883	203241	530572

Medical Specialities II

Hospital	Nephrology	Neonatology	Neurology	Medical Oncology	Paediatrics	Pulmonology	Psychiatry	Other
Central General H	100473	25592	158205	127844	199973	157368	149481	1087570
Central Specialized H	1495	5706	13805	91089	12670	19410	142418	217401
District General H	41191	14438	108613	160703	254852	117282	239706	936274
District Level I H	0	0	0	2703	14106	5061	5104	54683
SNS (National Health Service)	143159	45736	280623	382339	481601	299121	536709	2295928

Source: Ministry of Health

Table 39
Hospitals 2010

Hospitalization

Hospital	Capacity*	Discharged patients*	Days of stay*	Occupancy rate	Average stay	Discharged Patients/ /bed
Central General H	9431	357558	2864783	83,2	8,0	37,9
Central Specialized H	2310	49200	695682	82,5	14,1	21,3
District General H	11425	462836	3344032	80,2	7,2	40,5
District Level I H	566	18752	156025	75,5	8,3	33,1
SNS (National Health Service)		888346	7060522	81,5	8,0	37,3

* Including data on private rooms, special/intensive neonatal care, intensive care, intermediate care, burns and other units.

Source: Ministry of Health

Table 40
Deaths per cause of death
European Detailed Mortality Database – Level 1
Portugal, 2001-2011

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Percentage of deaths per cause of death											
All causes	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0	100,0
Certain infectious and parasitic diseases	1,9	1,9	2,2	2,0	2,1	2,5	2,4	2,5	2,5	2,5	2,2
Tumours (neoplasms)	21,3	21,4	21,3	22,3	21,6	22,2	23,1	23,5	23,7	24,0	25,3
Diseases of the blood and blood-forming organs and certain disorders involving the immune system	0,2	0,2	0,2	0,2	0,2	0,3	0,3	0,3	0,3	0,4	0,4
Endocrine, nutritional and metabolic diseases	4,2	4,7	4,8	5,0	4,8	4,4	5,0	4,9	5,2	5,3	5,4
Mental and behavioural disorders	0,4	0,6	0,5	0,6	0,6	0,4	0,2	0,2	0,2	0,2	0,2
Diseases of the nervous system sense organs	1,7	1,9	2,3	2,3	2,4	2,3	2,5	2,6	2,8	2,9	3,0
Diseases of the circulatory system	38,6	38,4	37,6	36,3	34,0	32,2	32,9	32,3	31,9	31,8	30,7
Diseases of the respiratory system	8,5	8,7	8,8	8,5	10,5	11,3	10,6	11,1	11,7	11,1	11,6
Diseases of the digestive system	4,2	4,3	4,2	4,5	4,3	4,2	4,4	4,4	4,4	4,4	4,4
Diseases of the skin and subcutaneous tissue	0,3	0,4	0,1	0,30	0,20	0,2	0,0	0,0	0,00	0,00	0,10
Diseases of the musculoskeletal system and connective tissue	0,2	0,2	0,3	0,2	0,2	0,2	0,2	0,3	0,3	0,3	0,3
Diseases of the genitourinary system	1,7	2,0	2,2	2,4	2,7	2,5	2,5	2,8	2,9	3,1	2,7
Pregnancy, childbirth and <i>puerperium</i>	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Certain conditions in the perinatal period	0,2	0,3	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,1	0,2
Congenital malformations and chromosomal abnormalities	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,2	0,1	0,1	0,2
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	11,4	9,4	10,0	9,6	11,8	12,4	11,2	10,5	9,4	9,4	9,5
External causes of mortality	4,8	5,3	5,1	5,3	4,2	4,5	4,3	4,3	4,2	4,2	3,9

Source: Ministry of Health

Table 41
Total number of cases according to the diagnosis year, gender and notification year, Portugal, 2000-2010 (AIDS)

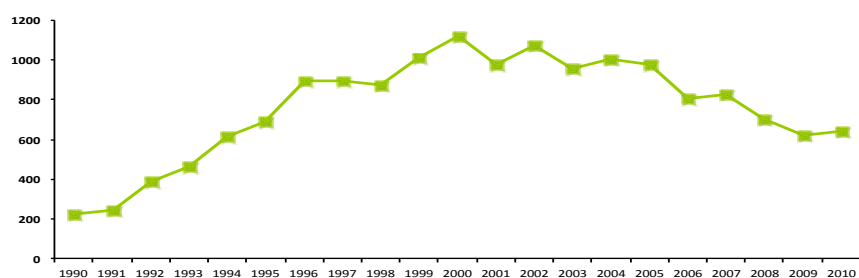
Year	Cases per year			
	Diagnosis year			Notification year * (MF)
	MF	M	F	
2000	1058	866	192	1121
2001	1048	876	172	975
2002	1061	870	191	1071
2003	968	767	201	956
2004	848	680	168	1006
2005	817	651	166	981
2006	710	536	174	807
2007	604	465	139	826
2008	581	429	152	704
2009	447	332	115	620
2010	350	262	88	639

* Notification year – Date in which the physician “notifies” the case, which is different from the reception date.

(1) including 1 case, in which the person’s gender is not mentioned

Source: INSA, CVEDT/CNLS, SIDA (National Health Institute Dr. Ricardo Jorge, Transmissible Diseases Epidemiological Surveillance Centre, National Commission in the Fight Against AIDS)

Chart 53
AIDS – Total number of cases per notification year, 1990-2010



Source: INSA, CVEDT/CNLS, SIDA

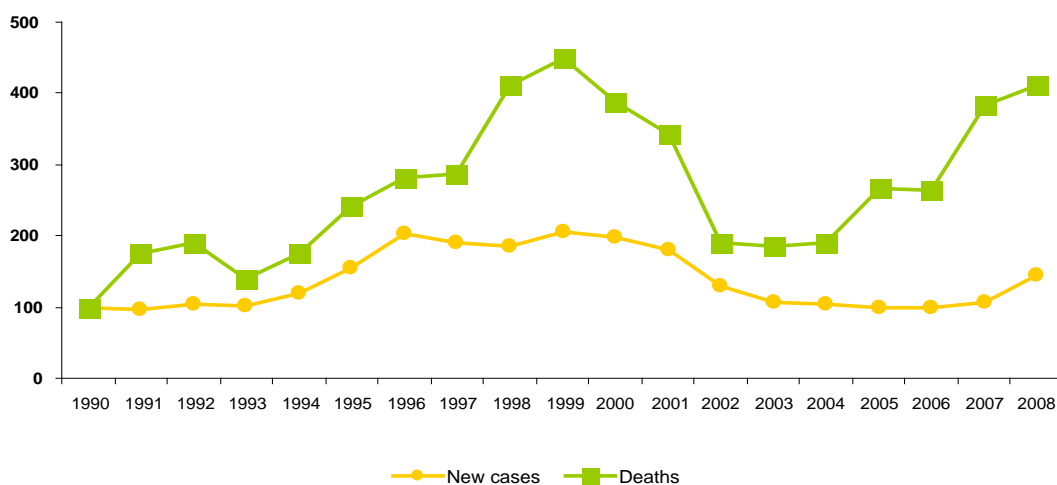
Table 42
Number of users under treatment, first consultations and deaths related to positive toxicological test results for illicit drug use, Portugal, 2000 - 2010

Year	2000-2010		
	Users	New cases	Deaths
2000	29204	9559	318
2001	32064	8743	280
2002	31835	6241	156
2003	29596	5216	152
2004	30266	5023	156
2005	31822	4844	219
2006	32460	4745	216
2007	34266	5124	314
2008	38532	7019	320
2009	38875	7643	269
2010	37983	8444	297

Note: The "New cases" correspond to first consultations in public establishments, in Mainland Portugal

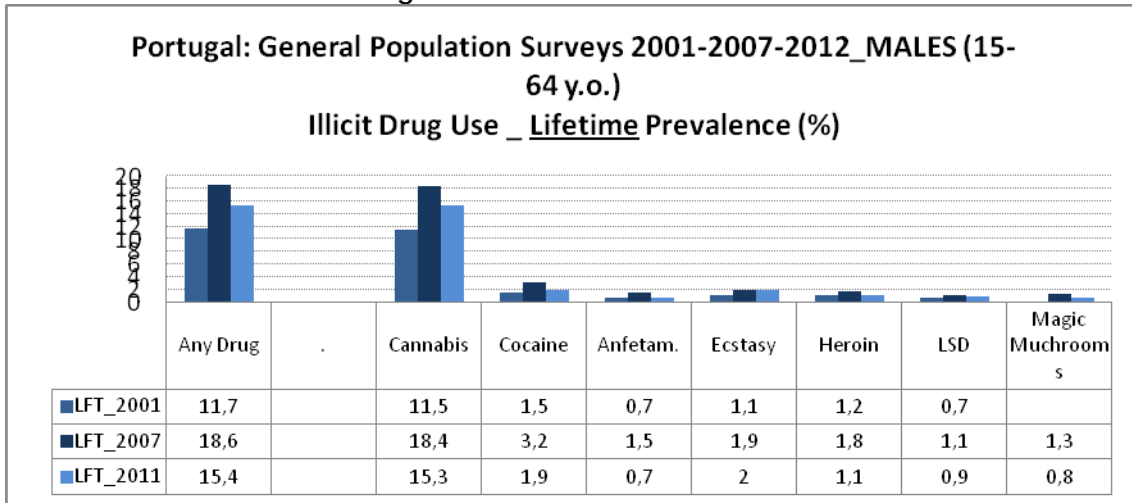
Source: Instituto da Droga e da Toxicoddependência, IP (Institute for Drugs and Drug Addiction, P.I.)

Chart 54
Variation Indexes of new cases and deaths related to illicit drug use, 1990-2010, (1990=100)



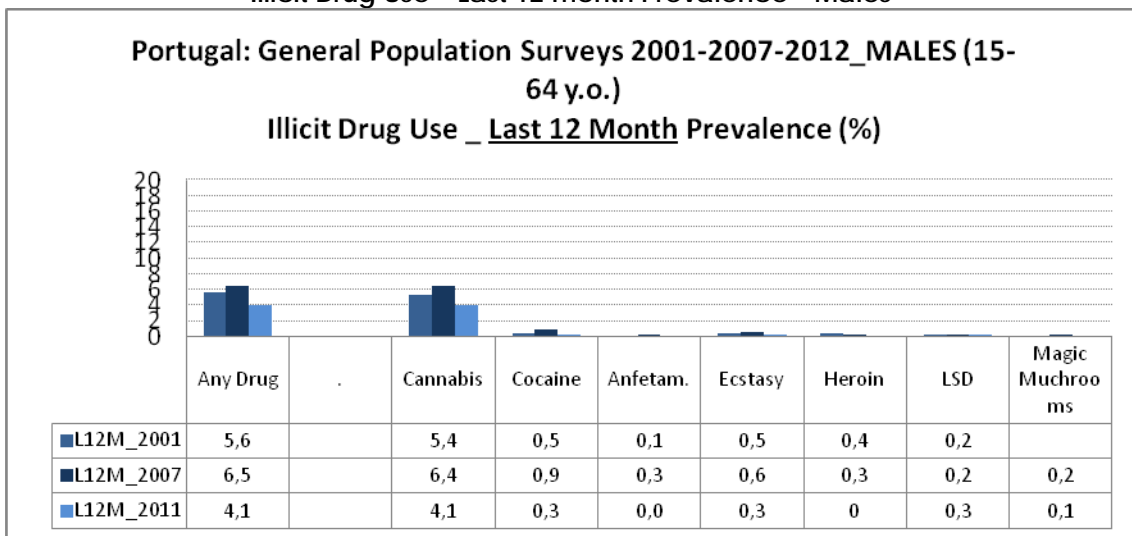
Source: Ministry of Health

Chart 55
 Illicit Drug Use – Lifetime Prevalence - Males



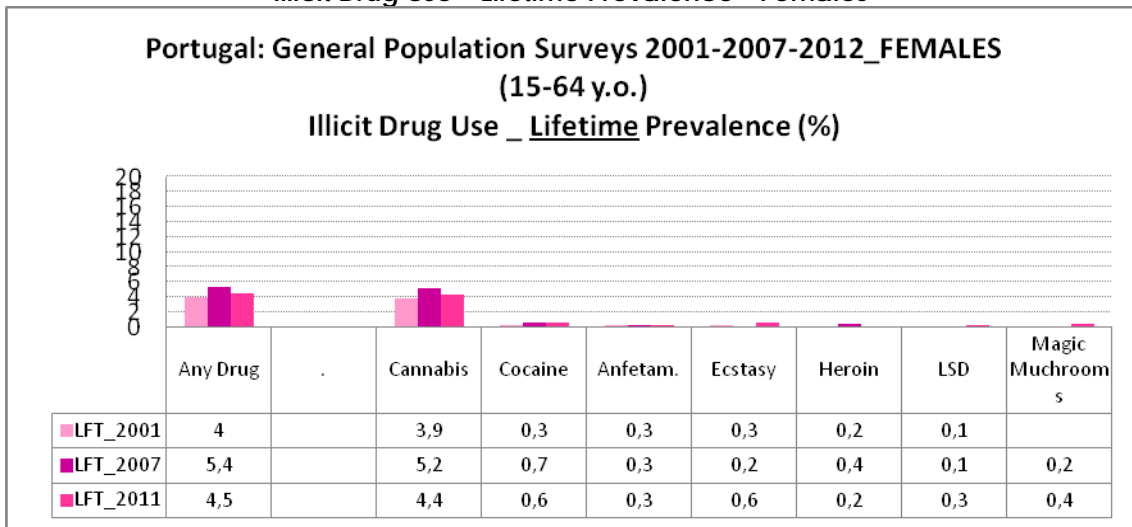
Source: Ministry of Health

Chart 56
 Illicit Drug Use – Last 12 month Prevalence - Males



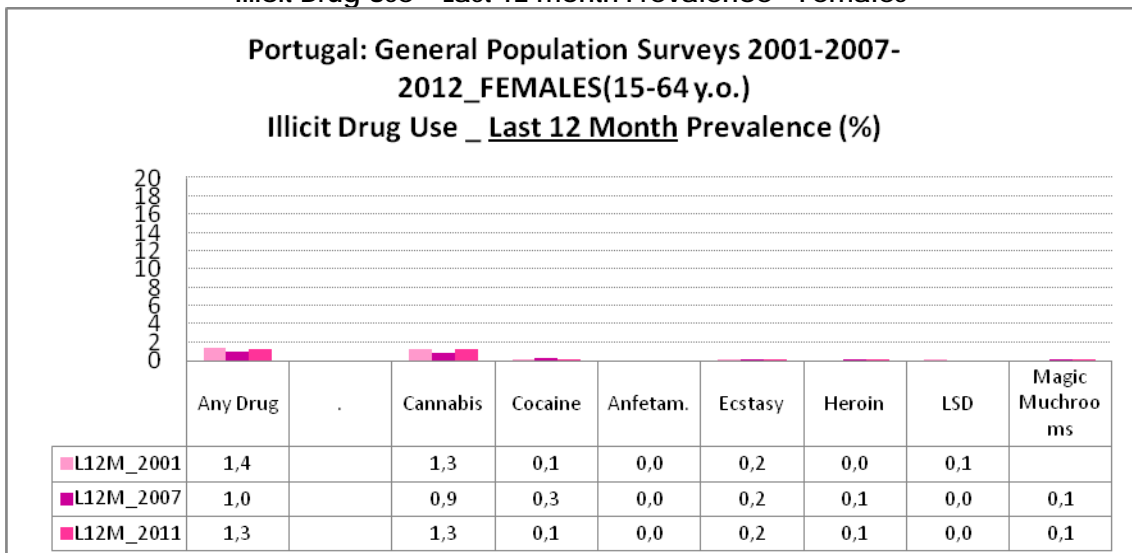
Source: Ministry of Health

Chart 57
 Illicit Drug Use – Lifetime Prevalence - Females



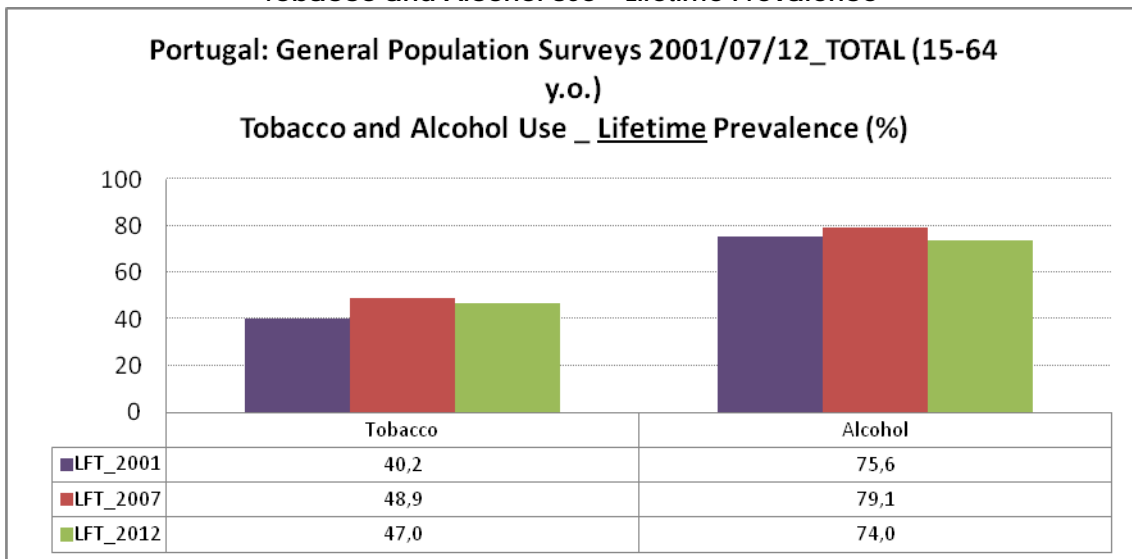
Source: Ministry of Health

Chart 58
 Illicit Drug Use – Last 12 month Prevalence - Females



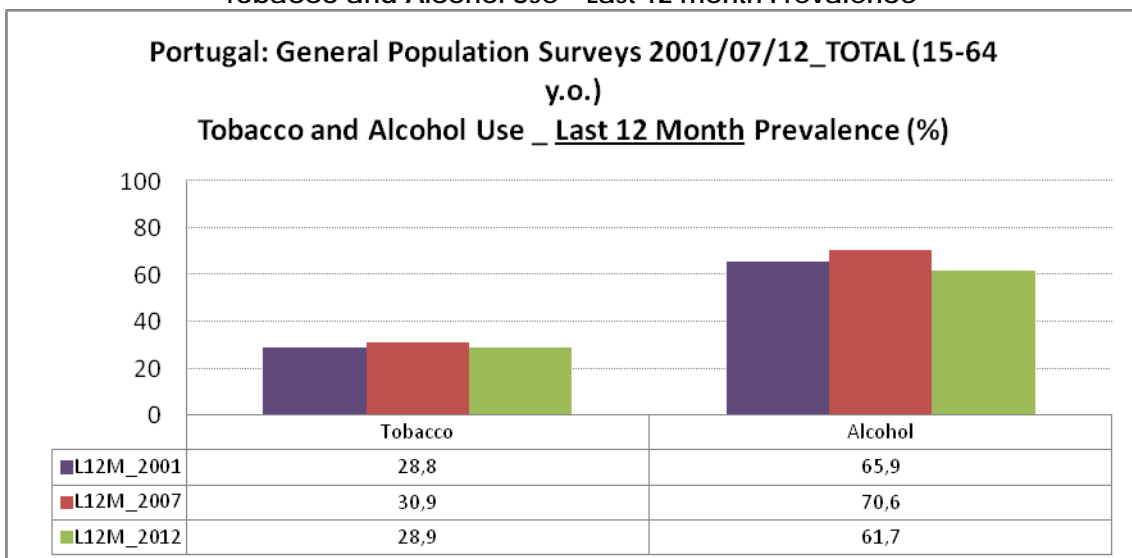
Source: Ministry of Health

Chart 59
Tobacco and Alcohol Use – Lifetime Prevalence



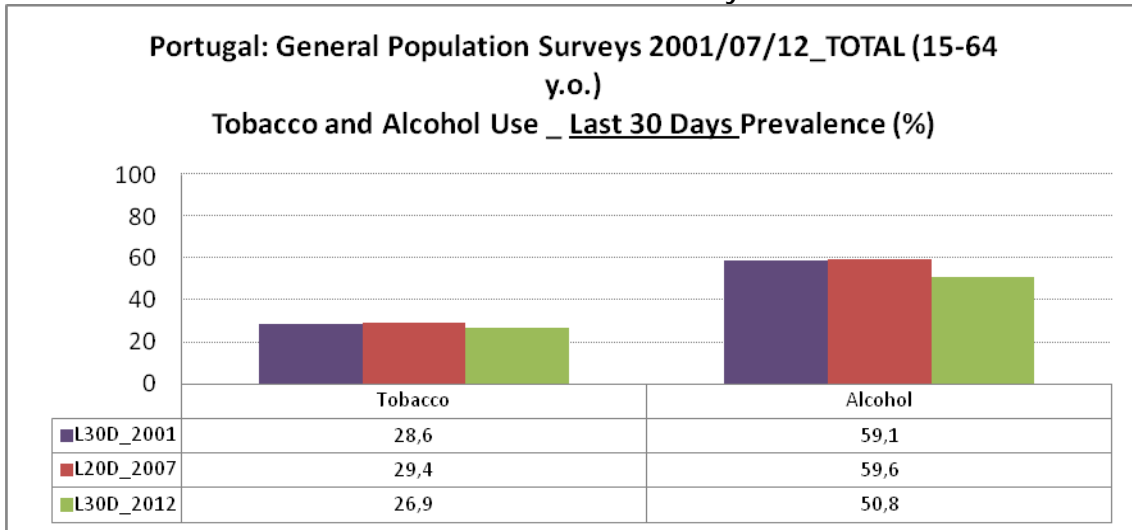
Source: Ministry of Health

Chart 60
Tobacco and Alcohol Use – Last 12 month Prevalence



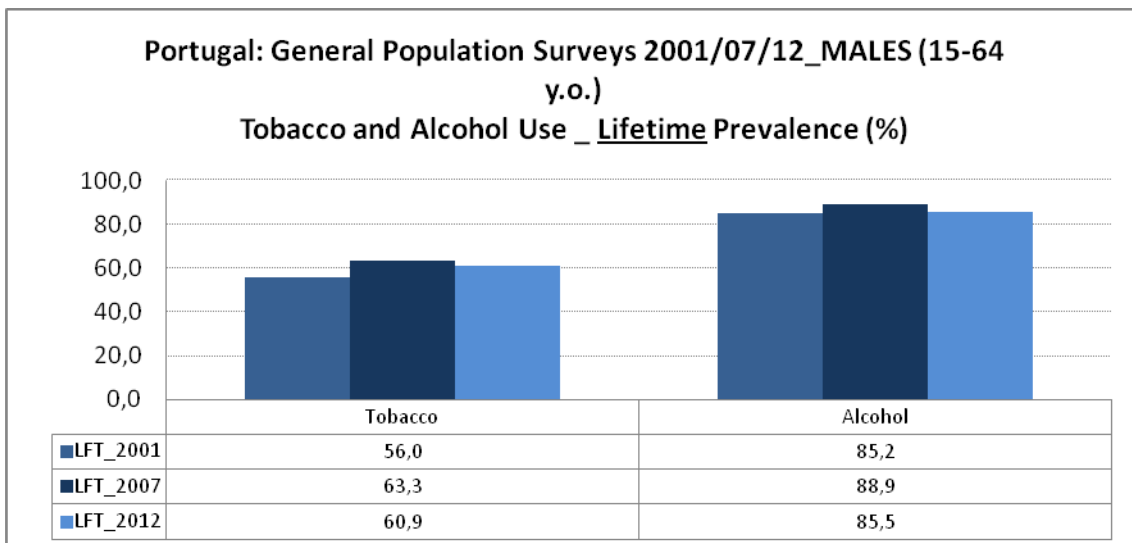
Source: Ministry of Health

Chart 61
Tobacco and Alcohol Use – Last 30 days Prevalence



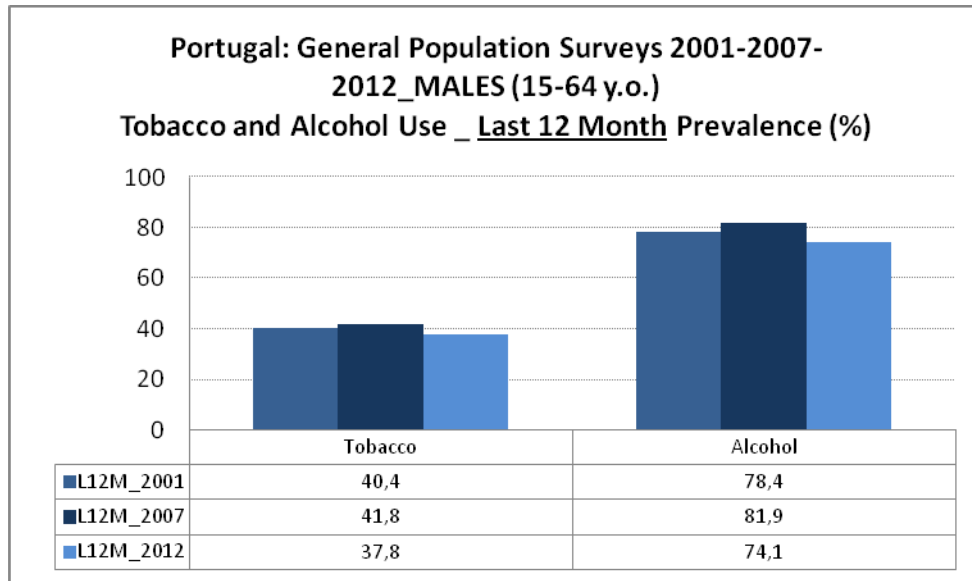
Source: Ministry of Health

Chart 62
Tobacco and Alcohol Use – Lifetime Prevalence - Males



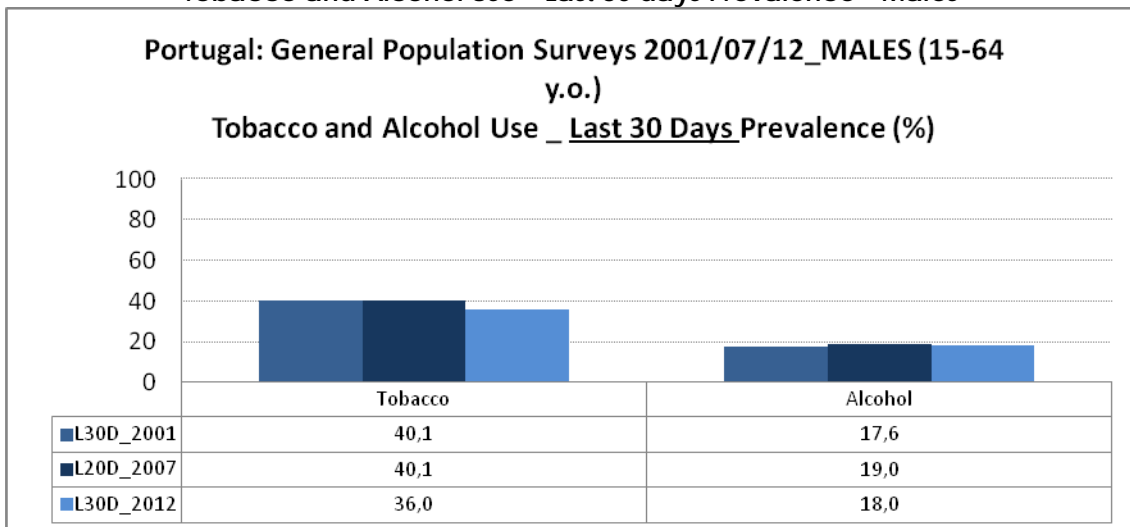
Source: Ministry of Health

Chart 63
Tobacco and Alcohol Use – Last 12 month Prevalence - Males



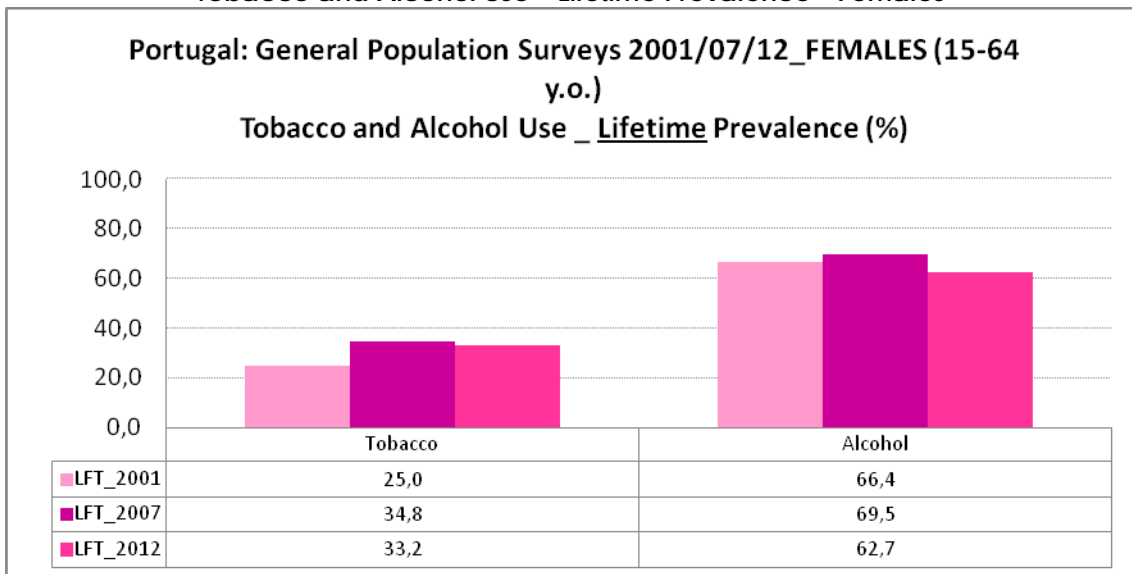
Source: Ministry of Health

Chart 64
Tobacco and Alcohol Use – Last 30 days Prevalence - Males



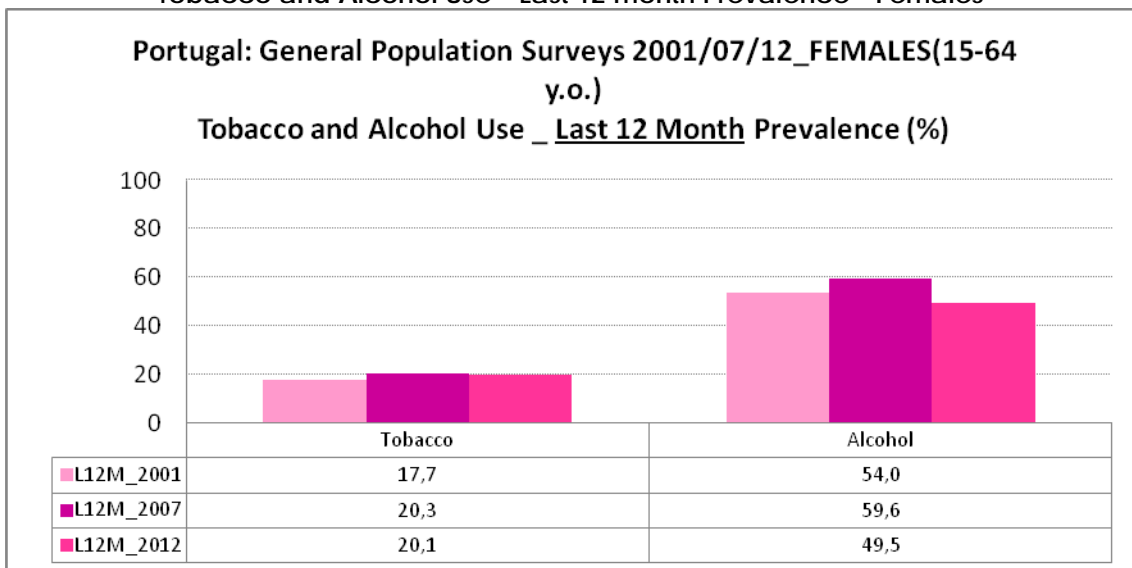
Source: Ministry of Health

Chart 65
Tobacco and Alcohol Use – Lifetime Prevalence - Females



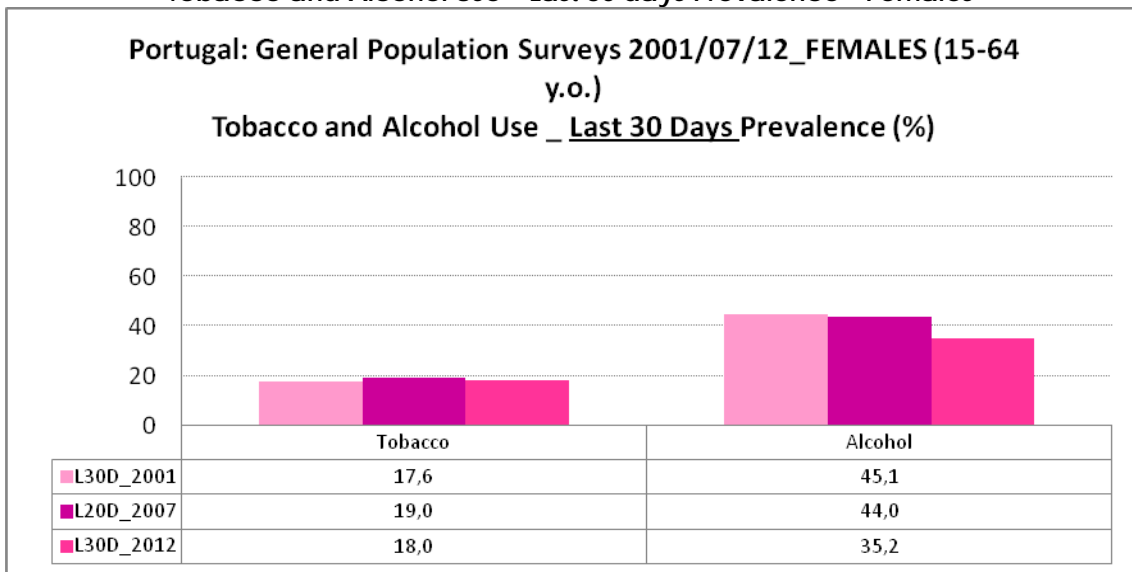
Source: Ministry of Health

Chart 66
Tobacco and Alcohol Use – Last 12 month Prevalence - Females



Source: Ministry of Health

Chart 67
Tobacco and Alcohol Use – Last 30 days Prevalence - Females



Source: Ministry of Health

ARTICLE 12 THE RIGHT TO SOCIAL SECURITY

Paragraphs 1, 2 and 3

The Law no. 4/2007 of 16 January defined the general basis of the social security system, ensuring everyone the right to social security, in accordance with the established in article 63 of the Constitution of the Portuguese Republic.

The Employees and self-employed persons are compulsory covered by the welfare system; the persons who do not perform any professional activity, or perform a professional activity but are not covered by a compulsory scheme, may also join the voluntary social insurance scheme.

The social protection ensured by the welfare system integrates the contingencies of sickness, maternity, paternity and adoption, unemployment, work-related accidents and occupational diseases, invalidity, old age and death.

The list of contingencies covered may be extended, depending on the need to provide coverage to new social risks, or reduced, in the terms and conditions legally defined and depending on certain circumstances and categories of beneficiaries.

The social protection granted by the welfare system depends on the registration of employees, employers and self-employed persons and on the fulfilment of contributory obligations.

The protection of contingencies covered by the social security schemes is carried out through the cash benefits granting aimed to replace the lost work income, as well as to compensate the worker's loss of earning capacity.

MAIN CHANGES IN TERMS OF BENEFITS PAYMENT

A. WELFARE SYSTEM

1. SICKNESS

In 2009, Law no. 105/2009 of 14 September, which regulates and amends the Labour Code approved by Law no. 7/2009 of 12 February, amended the Law no. 4 / 2008 of 7 February, in what concerns the sickness condition assessment.

In the same year, the Decree-Law no. 302/2009 of 22 October amended the basic scheme laid down by Decree-Law no. 28/2004 of 4 February, eliminating the waiting period in cases of temporary disability due to hospitalization or outpatient surgery in hospitals of the National Health Service or in private establishments with an operating license. This measure was aimed to strengthen health protection.

2. PARENTAL BENEFITS – Maternity, Paternity and Adoption

In 2009, a new legal framework of parental social protection in the welfare system and in the solidarity subsystem was established by Decree-Law no. 91/2009 of 9 April, amended by Decree-Law no. 70/2010 of 16 June. This scheme establishes measures aimed to contribute to the creation of conditions that allow the increase of birth rates and improve the reconciliation of professional and family life, as well as early childhood care.

In this regard, the fathers' rights were reinforced and the sharing of the parental leave encouraged, and cash benefits were granted when one of the parents is unable to carry out his/her professional activity.

The parental social protection scheme of self-employed workers was also extended. These workers became entitled to a parental allowance granted exclusively to the father and to an allowance for the care of children with disability or chronic illness (see below).

There were also changes in the adoption scheme in order to approximate it to the parental protection scheme.

Thus, the period of parental leave was extended in cases where the parental leave is shared by both parents. It was created the possibility of extending the initial parental leave for more six months, covered by social security.

The extended parental allowance, with a duration of three months, is granted to one or both parents alternately, provided that the respective parental leave is taken immediately after the initial parental leave or extended parental leave of the other parent.

The period in which the parent opts to carry out his/her activity in part-time in order to take care of a child during his/her first 12 years of life is now counted in double for the purpose of granting social security benefits, with the limit of earnings corresponding to full time work.

Within the scope of child care in the event of illness or accident, it was established the payment of allowances during the corresponding period of the parent's absence from work, and the social protection in case of children with disability or chronic illness was strengthened.

An allowance was created for grandparents who, instead of the parents, take care of minor grandchildren with disability or of grandchildren with disability or chronic illness, regardless of their age.

The maximum amount of the allowance granted for the care of children with disability or chronic illness was doubled, thus positively discriminating the situations where there are special family care needs.

Therefore, within the framework of the welfare system, social protection is now materialized in the granting of the following benefits:

- a) *Allowance for clinical risk during pregnancy*: this allowance is granted to a worker during her pregnancy, when there is a clinical risk for herself or for the unborn

child, during the period considered necessary to prevent clinical risk. The days of leave for clinical risk are not deducted from the initial parental leave that the mother is entitled to.

- b) *Allowance for termination of pregnancy*: this allowance is granted to the worker in case of termination of pregnancy, for a period of 14 to 30 days, according to medical recommendation.
- c) *Parental allowance*, in the modalities of initial parental allowance, initial parental allowance granted exclusively to the mother, initial parental allowance when one of the parents cannot take the leave, and initial parental allowance granted exclusively to the father: this allowance is aimed to replace the lost work income during the leave period. It is granted both to the father and mother, per childbirth. This allowance can only be granted to the father if the working mother does not apply for it.

. *Initial Parental Allowance*: this allowance is granted for a period up to 120 or 150 consecutive days, according to the parents' option. The leave period after the childbirth may be shared by both parents; however it is mandatory that the mother takes the first 6 weeks (42 days). In case of multiple births, the leave periods are extended by 30 days per each child born alive, or in case of shared leave, the father or the mother must take exclusively a period of 30 consecutive days, or two periods of 15 consecutive days, after the six week compulsory leave reserved for the mother. The additional 30 days may be taken by the father or the mother, or shared by both. When the child is born dead (stillborn child), the parents are only entitled to 120 days of leave.

. *Initial Parental Allowance granted exclusively to the mother*: this allowance is granted to the mother, before and after the childbirth. It is only granted before the childbirth if the mother is working. It is granted up to 72 days, 30 of which, at the most, are optional and must be taken before the childbirth, if the mother is working, and 42 days (6 weeks) are compulsory and to be taken immediately after the childbirth. These days are part of the period corresponding to the initial parental allowance.

. *initial Parental Allowance when one of the parents cannot take the leave*: This allowance is granted to the father or to the mother, per childbirth, in case of physical or mental incapacity or death of one of the parents, during the remaining period of the initial parental allowance that was not taken by the other parent (father or mother).

. *Initial Parental Allowance granted exclusively to the father*: this allowance is granted to the father after childbirth, as follows:

- a compulsory leave of 10 working days, 5 consecutive days of which have to be taken immediately after the childbirth and 5 continuous or non-continuous days, during the 30 days after the childbirth;
- an optional leave of 10 continuous or non-continuous working days, provided that they are taken after the compulsory 10 day leave and during the period in which the initial parental allowance is granted to the mother;

- in case of multiple births, 2 days are added to each of the 10 day periods, for each child born alive after the first. This leave has to be taken immediately after each of these periods;

- In case of a stillbirth, the parents are only entitled to an allowance corresponding to the mandatory leave of 10 days.

- d) *Extended parental allowance*: this allowance is granted to the father, to the mother, or to both parents, alternately, for the care of the child that is part of the same household, provided that the extended parental leave is taken immediately after the end of the initial parental allowance or extended parental allowance granted to the other parent. This allowance is granted for a period up to 3 months.
- e) *Adoption allowance*: this allowance is granted to the applicants for the adoption of children under the age of 15, for a period up to 120 or 150 consecutive days (the children of the spouse or the person living in a *de facto* relationship with the beneficiary are not included). The leave period is extended by 30 consecutive days and may be taken by one of the adopting parents or shared by both parents. In the cases of adoption allowance, when the leave is shared by both adopting parents, each one has to take exclusively 30 days or two periods of 15 consecutive days.

In multiple adoptions, the leave period is extended by 30 days per adopted child after the first.

In situations of physical or mental incapacity, or death of one of the adopting parents, the allowance is granted to the other adopting parent until the end of the remaining period of leave to which that parent was still entitled; or for a minimum period of 14 days. The spouse who is not a candidate adopter is only entitled to the allowance if he/she is living in the same household with the adopted child.

- f) *Allowance for specific risks*: this allowance is aimed to the pregnant workers, workers who have recently given birth and those who are breastfeeding and that, in their professional activity, perform night work or are exposed to specific risks that jeopardize their safety and health, provided that the employer cannot give them other tasks. This allowance is granted for the time needed to prevent the specific risk.
- g) *Child care allowance*: this allowance is granted to the father or the mother, in order to take indispensable and immediate care to a child due to illness or accident, if the other parent is working, does not apply for the allowance due to the same reason and cannot take care of the child. This allowance may be granted up to 30 continuous or non-continuous days, per calendar year or during the hospitalization period, if the child is under the age of 12 or has a disability or a chronic illness, regardless of his/her age; or 15 continuous or non-continuous days, per calendar year, if the child is over the age of 12. These periods are extended by one day per child. If the descendant is over the age of 18 the allowance granting depends on whether he/she lives in the household of the beneficiary.

- h) *Allowance for the care of a child with disability or chronic illness*: this allowance is granted to the father or the mother for taking care of a child with disability or chronic illness who lives in the same household, if the other parent is working, does not apply for the allowance due to the same reason and cannot take care of the child. This allowance is granted for a period up to 6 months that may be extended for a period up to 4 years.
- i) *Allowance for the care of a grandchild*: this allowance is granted in cash to grandparents who have to miss work (they are allowed to miss work) due to a birth or to take care of a grandchild; this allowance aims to replace the lost work income during the days of absence from work, in the following terms:
- A. *Care allowance due to the birth of a grandchild*
 B. *Allowance for the care of a minor grandchild*
- A. *Care allowance due to the birth of a grandchild*:¹ This allowance is granted to grandparents or similar in case of birth of a grandchild living in the same household and whose father or mother is under the age of 16. When the grandparents do not share the leave, the allowance is granted to one of them if the other is working, cannot take care of the grandchild and does not apply for the same allowance due to the same reason. This allowance is granted for a period of 30 consecutive days and may be taken by one of the grandparents or shared by both.
- B. *Allowance for the care of a minor grandchild*: this allowance is granted to grandparents or similar in order to take indispensable and immediate care to a minor grandchild due to illness or accident or, regardless of age, to a disabled or chronically ill grandchild in case of illness or accident, if the parents are working, cannot take care of the child, do not apply for the same allowance due to the same reason, and there is no other family member in the same degree that may miss work to take care of the child. This allowance is granted for the remaining leave period that was not taken by the parents to take care of the child.

Allowances amounts

The allowances amounts correspond to a percentage of the beneficiary's Reference Earnings - RR (defined by $RR = R/180$, where R is equal to the total earnings registered in the first 6 calendar months immediately before the 2nd month before the beginning of the impediment to work), as shown in the following table:

ALLOWANCES	DAILY AMOUNT (% Reference Earnings - RR)
<ul style="list-style-type: none"> • Clinical risk during pregnancy • Termination of pregnancy 	100%
<ul style="list-style-type: none"> • Initial parental allowance • Adoption allowance 	100% (2) – In case of: <ul style="list-style-type: none"> • 120 days • 150 days (120+30) shared allowance • Increase (birth or multiple adoptions)
	83% - 180 days (150+30) shared allowance

¹ Only one person may apply for this allowance, i.e., if one of the grandparents misses work to take care of the minor grandchild, the other grandparent or the parents cannot miss work for the same reason.

	80% - 150 days
<ul style="list-style-type: none"> Extended parental allowance Extended adoption allowance 	25%
<ul style="list-style-type: none"> Specific risks Child care 	65%
<ul style="list-style-type: none"> For the care of a child with disability or chronic illness 	65% - With the maximum monthly amount of 2X IAS (Social Support Index)
<ul style="list-style-type: none"> For the care of a grandchild 	100% - Per birth of grandchild 65% - for the care of a grandchild
(01) Minimum amount: the daily amount of the allowances cannot be lower than 80% of 1/30 of the IAS, except for the extended parental allowance and the extended adoption allowance that cannot be lower than 40% of 1/30 of the IAS;	
(02) This amount also applies to the Initial parental allowance granted exclusively to the father	

3. UNEMPLOYMENT

In 2009, the Decree-Law no. 324/2009 of 29 December established the adoption of a temporary and exceptional scheme for the access to unemployment benefits, through the reduction of the qualifying period to be applied in 2010, which was reduced from 450 to 365 days of work as an employee with earnings registered in the 24 months immediately preceding unemployment. This scheme was aimed to increase the number of unemployed persons entitled to unemployment benefits and to ease the access to these benefits (this scheme was revoked later).

In 2010, the Law no. 5/2010 of 5 May established a temporary and exceptional scheme to support unemployed persons with dependent children, increasing by 10% the daily amount of the unemployment benefits as well as its limit amounts, as defined in Decree-Law no. 220/2006 of 3 November (this scheme was revoked later).

Therefore, the increase was applied in the following situations:

- a) When, in the same household, both spouses or people living in a *de facto* relationship were entitled to unemployment benefits and had dependent children or similar;
- b) When, in a single parent household, the parent was entitled to unemployment benefits and did not receive an alimony ordered or approved by the court.

Also in 2010, and within the context of the Stability and Growth Pact (SGP) presented by the Portuguese Government for the period of 2010-2013, the Decree-Law no. 72/2010 of 18 June, amended the unemployment benefits scheme by introducing a set of measures to rationalize the social benefits granting, to ensure that these would be socially fairer and more equal in the support of unemployed persons and to promote an active reintegration in the labour market and the swift return to active life.

The minimum wage of job offers that the beneficiary must accept, under the penalty of losing the right to unemployment benefit, was redefined.

During the first year of benefit payment, the beneficiary can no longer refuse job offers that ensure a gross salary equal or higher than the amount of the benefit, plus 10%. After the first year, the unemployed person has to accept any job offers that ensure a gross salary equal to the amount of the benefit he receives.

There were also amendments in the maximum amount of unemployment benefits, that could not be higher than 75% of the net amount of the reference earnings, which is the amount used to calculate the unemployment benefit. Also, it could not exceed three times the IAS value².

In any case, the amount of the unemployment benefit could not be higher than the net amount of the reference earnings that were the basis for calculation.

There is also the possibility to accumulate unemployment benefits with part-time work for employees or self-employed persons with low income levels. This measure was aimed to ensure the transition to active life, allowing the unemployed to carry out activities on their own without losing the support of partial unemployment benefit.

It was also established that employers must notify the social security institutions of the admission of new employees before the beginning of the employment contract. The measure is aimed to ensure that the social security system is informed about the beginning of a professional activity in the shortest time, avoiding irregularities in the unemployment benefits payment.

Finally, there were amendments in what concerns the concept of suitable employment in order to specify and clarify this concept and allow a better and swifter return of unemployment beneficiaries to the labour market, as a way to prevent long-term unemployment situations.

The amendments introduced were aimed to strengthen flexibility and the swift return of beneficiaries to the labour market, since the competences and professional experience of the employee are to be taken into account and the job offer may lie in a sector, activity or occupation different from the one that was performed before the unemployment situation.

Still in 2010, the Decree-Law no. 77/2010 of 24 June laid down the elimination of several temporary schemes, revoking the following temporary and exceptional schemes:

- a) The reduction of the qualifying period for the unemployment benefits granting established by Decree-Law no. 324/2009 of 29 December;
- b) The extension of the social unemployment benefits payment established by Decree-Law no. 15/2010 of 9 March, for a period of six months;
- c) The increase of the unemployment benefit amounts for the unemployed persons with dependent children, established by Law no. 5/2010 of 5 May.

The gradual elimination of these measures was an adaptation to the new development phase of the Portuguese economy, as part of the set of measures to reduce public expenditure, within the scope of the European effort to strengthen confidence in European economies, to defend the Euro Zone and accelerate the budget consolidation process. These measures were taken within the scope of the additional measures implementation of the Stability and Growth Pact (SGP) 2010-2013.

² Currently the IAS value is € 419, 22

4. BENEFITS GRANTED IN CASE OF WORK-RELATED ACCIDENTS AND OCCUPATIONAL DISEASES

1. Regulations on the work-related accidents and occupational diseases protection scheme

In 2009, it is important to underline the publication of Law no, 98/2009 of 4 September, that regulates the work-related accidents and occupational diseases protection scheme, including professional rehabilitation and reintegration according to article 284 of the Labour Code, approved by Law no. 7/2009, of 12 February.

This Law organizes the legislation concerning this issue and introduces some changes, namely:

1. It changes the concept of work-related accident that now includes accidents that occur during the worker's usual travel to work, as well as accidents that occur outside the workplace, provided that they occur during a workers' assembly or during an activity carried out in representation of workers;
2. It clarifies that benefits in kind now comprise specifically home visits, services of social and professional rehabilitation and reintegration, including adaptation to the workplace, medical rehabilitation services and psychotherapy support to the family of the injured worker, whenever necessary;
3. In what concerns the reduction or exclusion of the indemnities amount, this Law establishes that now, in case of disability or worsening of the damage due to unjustified refusal or lack of compliance with the clinical or surgical prescriptions, the indemnity amount may only be reduced and not totally excluded, as it was previously established;
4. Now, the aggravation of the employer liability covers, not only the accident caused by the employer or his representative, but also the one caused by its subcontracted entity or the labour force user company. The victim shall now be entitled to an annual pension or a daily allowance, aimed to compensate the reduction of his/her work and earning capacity, or the worker's death. These benefits are established according to the following rules:
 - In case of total permanent disability for all work, total temporary disability or death, the amount of the benefit is equal to the amount of the worker's earnings;
 - In case of total permanent disability for the usual work, the benefit amount may correspond from 70% to 100% of the worker's earnings, according to the higher or lower level of his/her remaining functional capacity to perform another compatible job;
 - In case of partial, permanent or temporary disability, the benefit amount is based on the worker's capacity reduction resulting from the accident;
 - In case of death, the pension amount is divided according to the same rules established for other situations that are not of the employer's responsibility.

5. It established that rehabilitation, professional reintegration and adaptation to the job are ensured to the worker that suffered a work-related accident or was affected by an occupational disease, and the employer has the responsibility of ensuring that he/she will have a job and create the necessary conditions for his/her reintegration in the labour market;
6. It established the granting of an allowance to the victim so that he/she may attend vocational rehabilitation actions. This right was not foreseen in the previous legislation concerning the victims of work-related accidents;
7. It revoked the rule which established that the pension in case of a work-related accident could only be reassessed during the 10 years following its granting. The new scheme allows the reassessment at any time, as it was already foreseen for occupational diseases;
8. It changed the pension purchase scheme, according to the jurisprudence of the Constitutional Court, and clarified the pension purchase procedure in case of an occupational disease, that is always optional and only allowed if the occupational disease has not a developing nature;
9. It introduced new rules concerning the right of the worker who suffered a work-related accident or was affected by an occupational disease, to a part-time job, a leave for vocational training or a new job;
10. It established and developed rules for the intervention of the public service responsible for the employment and vocational training areas in the process of occupational re-adaptation of workers.
11. It established that the survivor's pension is payable as from the month after the beneficiary's death, if the application is filled in the 12 months immediately after the death; otherwise, it is payable as from the month following the one in which the application was filled.

2. Updating of pension amounts

In 2008, the Ministerial Order no. 9/2008 of 3 January provided for the revaluation of permanent disability and survivors' pensions granted within the scope of occupational diseases, as follows: the pensions calculated on the basis of the actual or reference earnings equal or lower than € 407,41 were increased by 2,40 %; the pensions calculated on the basis of the actual or reference earnings higher than € 407,41 were increased by 1,9 %.

Still in 2008, the Ministerial Order no. 74/2008 of 24 January established the annual revaluation of pensions due to work-related accidents in 2,40 %.

Also in 2008, the Ministerial Order no. 1514/2008 of 24 December established the revaluation of permanent disability and survivors' pensions granted within the scope of occupational diseases, as follows: the pensions calculated on the basis of the actual or reference earnings equal to or lower than € 419,22 were increased by 2,90 %; the pensions calculated on the basis of the actual or reference earnings higher than € 419,22 were increased by 2,40 %.

In 2009, the Ministerial Order no. 166/2009 of 16 February established the annual revaluation of pensions due to work-related accidents in 2,90 %.

Also in 2009, the Ministerial Order no. 1458/2009 of 31 December provided for the revaluation of permanent disability and survivors' pension's granted within the scope of occupational diseases, as follows: the pensions calculated on the basis of the actual or reference earnings equal or lower than € 628,83 were increased by 1,25 %; the pensions calculated on the basis of the actual or reference earnings higher than € 628,83 were increased by 1 %.

The Ministerial Order no. 115/2011 of 24 March established the updating of pensions due to work-related accidents by 1,20 %.

Still in 2010, Decree-Law no. 47/2010 of 10 May provided for an extraordinary updating of 1,5 % for pensions due to work-related accidents for 2010, in order to suspend the previously established annual updating scheme of pensions due to work-related accidents, that would lead to the loss of the beneficiaries purchasing power.

5. INVALIDITY, OLD AGE AND SURVIVORS

1. Pensions, IAS (Social Support Index) and other social security benefits

In 2009, the Portuguese Parliament Resolution no. 45/2009 of 1 July recommended that the Government should consider the evolution of the CPI (Consumer Price Index) in exceptional years, in order to ensure that the Social Support Index (IAS) would not develop in a negative way.

Decree-Law no. 323/2009 of 24 December approved an extraordinary and transitional updating scheme for the year 2010 concerning pensions and other benefits indexed to the IAS.

This measure was aimed to avoid a negative revaluation of the beneficiaries' earnings for the calculation of pensions, suspending the previous updating schemes and the revaluation mechanism of the reference earnings.

2. Updating of pension amounts

In 2008, the Ministerial Order no. 9/2008 of 3 January updated the amounts of the IAS, pensions and other social benefits and established an extraordinary increase of pension amounts for that year.

The increase of the IAS was of 2,40 %, taking into account the reference amount of the Consumer Prices Index.

The mentioned extraordinary increase of about 2/14 of the usual increase was made to compensate the fact that the updating was processed in January and not in December of the previous year. Thus, pensions equal or lower than € 611,12 had an increase of 2,74 %.

In what concerns invalidity and old age pensions of the general scheme, as well as survivors' pensions, the increase was of 2,40 % for pension amounts lower or equal than € 611,12; 1,90 % for pensions between € 611,12 and € 2444,46; and 1,65 % for pension amounts higher than € 2444,46. Pension amounts equal or higher than the limit amount set by law were not updated.

Minimum updating limits were also established, as well as the minimum pension amounts for the invalidity and old age pensions, according to the insurance career.

Also in 2008, the Ministerial Order no. 1514/2008 of 24 December set the annual updating of the IAS, pensions and other social security benefits, for 2009.

The IAS was increased by 2,9 % according to the reference value of the Consumer Price Index (CPI); the invalidity and old age pensions of the general scheme, as well as the survivors' pensions were increased as follows: 2,90 % for pension amounts equal or lower than € 628,83; 2,40 % for pensions between € 628,83 and € 2515,32, and 2,15 % for pension amounts higher than € 2515,32. Pension amounts equal or higher than the limit amount set by law were not updated.

Minimum updating limits were also established, as well as the minimum pension amounts of invalidity and old age pensions, according to the insurance career.

Decree-Law no. 323/2009 of 24 December approved an extraordinary and transitional updating scheme for the year 2010 concerning pensions and other benefits indexed to the IAS.

Thus, the updates established were as follows: 1,25 % for pension amounts equal or lower than € 628,23 and 1 % for pensions between € 628,23 and € 1500,00. The other pension amounts as well as the IAS were not updated.

Still in 2009, the Ministerial Order no. 1458/2009 of 31 December established a transitional updating of pensions and other social benefits granted by the social security system and pensions granted by the convergent social protection scheme, for 2010, defining new minimum pension amounts. Thus, pensions calculated on the basis of the actual or reference earnings equal or lower than € 628,83 were increased by 1,25 %, and pensions calculated on the basis of the actual or reference earnings higher than € 628,83 and lower or equal to € 1500,00 were increased by 1 %.

6. OTHER MEASURES

1. Funding of the social security system

Decree-Law no. 367/2007 of 2 November established a new generic framework for the social security system's funding that entered into force in 1 January 2008 and included the following key aspects:

. The system's funding follows the principle of selective adaptation provided for in the Framework Law that consists in the determination of funding sources and allocation of the financial resources according to the nature and goals of the social protection schemes and to the special situations and measures related to active employment and training policies.

. The funding responsibilities are set as follows: on the one hand, the State funds the non-contributory area of Social Security; on the other hand, workers and employers support the charges of the contributory sector through their social security contributions.

. The citizenship social protection system is funded by the State Budget and by the allocation of tax revenues, and the welfare system is financed by the workers and employers contributions. Revenues and expenses of each of the systems are duly detailed and classified.

. In the welfare system, there is a difference between the pay-as-you-go management component and the capitalization management component, being emphasized the importance of the latter as a guarantee to the financial stabilization of the system.

In 2009, Law no. 110/2009 of 16 September approved the Code of the Contributory Schemes of the Social Security Welfare System, and regulated the schemes covered by the welfare system applicable to employees, or workers treated as such for social security purposes, and to the self-employed persons, as well as those covered by the scheme of optional registration in the social security.

The implementation of this Law was deferred by one year, to 1 January 2011, according to Law no. 119/2009 of 30 December.

The reform of the contributory schemes resulting from the implementation of the new Code was generally focused on: the obligation of sharing costs between the workers and companies in the protection of self-employed persons whose activity is to provide services; the gradual extension of the contributory base to new components of work income; the adequacy of self-employment rates to the technical cost of the protected contingencies; and on the reduction of the minimum incidence base through the establishment of a differentiated rate according to the different types of self-employment.

Therefore, the main changes resulting from the implementation of the new Code were focused on the following aspects:

. Compilation and systematization of rules dispersed in several legislations in a single text and the clarification and harmonization of principles;

. Introduction in the self-employed persons' general scheme of the adequacy principle in the contributory rate paid by employers according to the type of employment contract;

. Introduction for the first time of the obligation to share the costs concerning the social protection of self-employed persons whose activity is to provide services, between employees and companies, being 5 percentage points of the contributory rates of self-employed persons who are service providers, paid by the contracting entities of those services;

. Ensuring that work income replacement benefits are calculated according to the workers effective earnings, guaranteeing more social protection to the workers, by extending gradually the contributory base to new components of

work income, as agreed with the social partners. In what concerns the self-employed persons, the contributory base is reduced from 1,5 to 1 IAS;

. In what concerns the social security contributory scheme, the establishment of equal treatment in terms of social security to employment and self-employment, when the work is performed by the same worker to the same company or companies of the same corporate group and the approximation of the contributory base to the effectively earned wages, thus discouraging the use of contributory schemes that result in the lack of the workers protection;

. More consistency of the conventional contributory bases, since the amount of benefits paid to beneficiaries to replace their lost work income due to the occurrence of protected contingencies is calculated according to the contributory base and aims to ensure that the benefit amounts are as close as possible to the lost income amounts;

. Compliance with the Social Security Framework Law no. 4/2007 of 16 January in what concerns the calculation of the global contributory rate, that is established in actuarial terms according to the cost of the contingencies protected.

2. Exceptional measures to support employment and recruitment, through contributory exemption or reduction, or direct support to recruitment

The Ministerial Order no. 130/2009 of 30 January established exceptional measures for the year 2009, within the scope of the general social security system of the self-employed persons, to support employment and recruitment; provide direct financial support to micro and small sized companies in the sectors with higher vulnerability (employees aged 45 or over); strengthen the effectiveness of tools to stimulate the hiring of young people or long-term unemployed persons and other disadvantaged groups in the access and return to the labour market; and support the reduction of precarious employment.

The aforementioned measures were the following: reduction of contributions or contributions payment exemption (for a maximum period of 36 months) for the employer, or the direct support to recruitment in the amount of € 2000 and contributions payment exemption for a period of 24 months.

This set of specific and transitional measures was aimed to address the worsening of the international economic situation in what concerns employment, combined with the reform of active employment policies that resulted from the Tripartite Agreement for a New Regulating System of Labour Relations, Employment Policies and Social Protection in Portugal, signed in 2008 by the Portuguese Government and the social partners.

The Ministerial Order no. 99/2010 of 15 February allowed a reduction of 1% of the employers' contributory rate, provided that the following cumulative conditions were satisfied:

- a) The worker had to be bound to the beneficiary employer by an employment contract, without interruption, since 2009;

- b) The worker must have received at least a wage equal to the minimum guaranteed monthly wage in one of the months of the last semester of 2009;
- c) The employer must have had its social security contributions payment in order.

The reduction of the contributory rate was also applied to the employers whose workers have earned, in 2009, wages higher than the minimum guaranteed monthly wage up to € 475, and whose increase in 2010 was of at least € 25, by virtue of a collective labour agreement application.

The Ministerial Order no. 125/2010 of 1 March established exceptional measures of recruitment support for 2010, aimed to stimulate the hiring of young people, the integration in the labour market of different sections of the population particularly vulnerable, and the articulation between the professional training programmes and recruitment support, through the reduction of contributions and contributions payment exemption or through direct support, as it was already established in the previous legislation.

The measures provided for in this Ministerial Order were introduced within the scope of the programme "Iniciativa Empleo 2010" (Employment Initiative 2010) aimed to ensure the maintenance of employment, stimulate the integration of young people in the labour market and to promote job creation and the fight against unemployment.

Also in 2010, the Ministerial Order no. 353/2010 of 21 June, revoked the measure concerning the support given to employers, by reducing their contributory rate in 3%, as laid down by the Ministerial Order no. 130/2009 of 30 January and extended to the year 2010 under the Ministerial Order no. 99/2010 of 15 February and the Ministerial Order no. 125/2010.

3. Means-testing

In 2010, Decree-Law n. ° 70/2010 of 16 June redefined the access conditions to social support, namely of those benefits whose access is subject to means-testing.

This redefinition is integrated in a set of measures aimed to restrain the public expenditure growth in a sustained manner.

This redefinition was based on three different aspects, namely: the concept of family household, the income to consider (income of the claimant and of his family household), and the definition of the per capita concept, among others defined by the OECD.

In what concerns the first aspect, it was made an approximation to the domestic family household concept that was generally defined as follows:

- A family household is composed by the applicant and the following persons, who live with him/her in common economy:
 - a) Spouse or person living in a *de facto* relationship with the applicant for more than two years;

- b) Lineal and collateral adult relatives up to the third degree;
- c) Lineal and collateral minor relatives;
- d) Adoptive parents, guardians, and persons to whom the applicant is entrusted by court or by administrative entities or services legally competent for that purpose;
- e) Children and young people adopted or tutored by the applicant or any of the members of the household entrusted to the applicant or to any of the members of the household, by a court decision or decision from administrative entities or services legally competent for that purpose.

People who live in common economy are those who live in the same household and have established common mutual aid and resource sharing.

The entitlement to benefits and social support depends on the movable assets of the applicant and his/her family household that cannot be higher than 240 times the value of IAS (social support index).

The relevant income considered for means-testing is the following:

- a) Employment income;
- b) Business and professional income;
- c) Capital income;
- d) Property income;
- e) Pensions;
- f) Social benefits;
- g) Housing support on a regular basis;
- h) Education and training scholarships.

As for the third aspect, concerning the determination of the per capita income of the family household, the weighting of each household member is now made according to the following equivalence scale:

Household Members	Weighting factor
Applicant	1
Person aged 18 or over	0,7
Minor	0,5

In 2011, Law no. 15/2011 of 3 May of the Portuguese Parliament established that the school social support scholarships for study and training would not be considered in the means-testing and that the Government should create specific legislation for this purpose in the following school year.

Table 43
Number of Pensioners of the Social Security System

Unit: Thousands

Pensioners (on 31 December)	General Scheme (a)				Special Social Security Scheme of Agricultural Activities (b)				Non-contributory scheme and similar			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Invalidity	245,5	240,2	232,6	226,0	8,1	7,5	7,2	7,0	48,9	49,5	49,6	49,7
Old-Age	1.593,0	1.646,8	1.701,6	1.763,9	199,5	184,3	169,4	155,6	34,5	33,7	32,6	31,6
Survivor's	609,3	621,6	631,1	641,3	76,1	72,7	69,2	65,6	2,8	2,9	2,9	2,9

Source: Ministry of Solidarity and Social Security – National Pensions Centre

(a) Including pensioners of the voluntary social insurance scheme

(b) Closed group

Table 44
Number of Pensioners receiving Dependent Person's Supplement

Unit: Thousands

Pensioners receiving Dependent Person's Supplement	General Scheme				Special Social Security Scheme of Agricultural Activities (a)				Non-contributory scheme and similar			
	2008	2009	2010	2011	2008	2009	2010	2011	2008	2009	2010	2011
Invalidity	14,6	15,3	15,7	15,7	1,5	1,4	1,4	1,4	20,0	20,5	20,9	21,0
Old-Age	117,4	124,4	127,0	126,0	48,8	47,2	44,6	41,2	10,1	9,7	9,1	8,6
Survivor's	18,0	19,4	19,8	19,4	2,5	2,4	2,4	2,2	0,3	0,3	0,2	0,2

Source: Ministry of Solidarity and Social Security – National Pensions Centre

(a) Closed group

Table 45
Number of Active Beneficiaries of the Social Security System

Unit: Thousands

Active Beneficiaries (a)	General Scheme				Voluntary Social Insurance Scheme			
	2008	2009	2010	2011	2008	2009	2010	2011
	4.525,0	4.460,4	4.461,1	4.383,5	12,6	13,2	14,1	14,3

Source: Ministry of Solidarity and Social Security – Information and Technology Institute " Social Security Statistics" – Physical data, provisional , Database situation in 15-06-2012

(a) Number of natural persons with reported earnings or equivalence to earnings registration and / or contributions paid in the year.

Table 46
Percentage of Workers Protected, per Contingency

Personal scope of the contingencies covered by the Portuguese Social Security, with reference to the figures established in the ILO Convention no. 102 and the European Code of Social Security (ECSS) - 2011

I. PERSONAL SCOPE	Amount
2. Sickness Cash Benefits	
CONV. 102 _____	50%
ECSS _____	50%
Portugal _____	98,1%
3. Unemployment benefits	
CONV. 102 _____	50%
ECSS _____	50%
Portugal _____	89,1%
4. Old-Age Benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	49,4%
5. BENEFITS FOR WORK-RELATED ACCIDENTS AND OCCUPATIONAL DISEASES	
CONV. 102 _____	50%
ECSS _____	50%
Portugal _____	99,2%
6. Family Benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	65,7%
7. Parental Benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	99,2%
8. Invalidity Benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	48,9%
9. Survivors Benefits	
CONV. 102 _____	20%
ECSS _____	20%
Portugal _____	49,2%

Source: Ministry of Solidarity and Social Security – National Pensions Centre

Note: The percentages are calculated on the basis of the elements provided by the Information and Technology Institute and refer to the no. of natural persons with reported earnings, equivalence to earnings registered or contributions paid in 2011, by type of qualification.
Physical data, provisional

Table 47
Income Replacement Rate

Material scope of the contingencies covered by the Portuguese Social Security, with reference to the figures established in the ILO Convention no. 102 and the European Code of Social Security (ECSS) - 2011

I. MATERIAL SCOPE	Amount
2. Sickness Cash Benefits	
CONV. 102	45%
ECSS	45%
Portugal	69,1%
3. Unemployment benefits	
CONV. 102	45%
ECSS	45%
Portugal	81,4%
4. Old-Age Benefits	
CONV. 102	40%
ECSS	40%
Portugal	
Pension Amount	
Insurance career	
40 years or more	78,2%
15 years	57,9%
5. Benefits for Work-related Accidents and Occupational Diseases	
a) Temporary Disability	
CONV. 102	50%
ECSS	50%
Portugal	
In the first twelve months of incapacity	73,5%
More than twelve months of incapacity	77,9%
b) Permanent Disability Pension	
CONV. 102	50%
ECSS	50%
Portugal	100,0%
c) Survivors	
CONV. 102	40%
ECSS	40%
Portugal	73,5%
6. Family Benefits	
These instruments do not set levels for family benefits	

7. Parental Benefits	
CONV. 102	45%
ECSS	45%
Portugal	100,0%
8. Invalidation Benefits	
CONV. 102	40%
ECSS	40%
Portugal	
Relative Invalidation	
Insurance career of less than 15 years	50,8%
Insurance career of 15 years	57,9%
Total Invalidation	
Insurance career of less than 15 years	62,5%
Insurance career of 15 years	63,8%
9. Survivors' Benefits	
CONV. 102	40%
ECSS	40%
Portugal	
Insurance career	
40 years or more	70,3%
15 years	51,0%

Source: Ministry of Solidarity and Social Security – National Pensions Centre

Note: The percentages are calculated on the basis of the salary of a textile industry professional in 2011

B. CITIZENSHIP SOCIAL PROTECTION SYSTEM

FAMILY PROTECTION SUBSYSTEM

1. FAMILY BENEFITS

In 2008, Decree-Law n. ° 87/2008 of 28 May, introduced an increase in the amount of the family allowance for children and young people with disabilities within the scope of single parent families, in order to strengthen the protection of families that are potentially weaker from the economic point of view, as it is the case of these families, assuming a positive discrimination approach, taking into account the increased difficulties of these families in terms of the proper reconciliation of work and family lives.

Also in 2008 and in order to strengthen the support to economically disadvantaged families, the Ministerial Order no. 425/2008 of 16 June established an extraordinary increase of 25% in the family allowance for children and young people, as well as the prenatal family allowances for the 1st and 2nd income levels; it also established an extraordinary increase in the additional amounts of the family allowances for children and young people belonging to larger families.

This measure was intended to strengthen the principle of positive discrimination, by increasing the amount of the family allowance for families with lower incomes and with minors at their charge, identified as the most affected by the situation of prices rising connected with the oil prices increase, and that were closer to the poverty threshold.

Also in the same year, the Decree-Law no. 245/2008 of 18 December, which amended and republished the Decree-Law no. 176/2003 of 2 August implemented the extension of the additional amount of the family allowance for children and young people to all the beneficiaries of this benefit, regardless of the family household income level, and not taking into account the family household income categories in the amounts corresponding to capital gains.

Consequently, the concept of relevant annual income of the self-employed persons was changed in what concerns social benefits granting.

The changes were aimed to compensate families for the expenses with the education of their children, as well as to approximate the benefits amounts to the actually available income of the self-employed persons to cover their family household costs.

Decree-Law n. ° 70/2010 of 16 June, established a change in the family allowance for children and young people that consisted in the allowance's increase during the first 12 months of the child's life, provided that the respective beneficiary is a single parent or his family household is composed only by beneficiaries of the family allowance for children and young people.

The Decree-Law no. 77/2010 of 24 June established the payment of the additional amount of the family allowance only for the 1st income level, resuming the original wording of Decree-Law no. 176/2003 of 2 August.

Still in 2010, the Decree-Law no. 116/2010 of 22 October eliminated the extraordinary increase of 25% in the family allowance for the 1st and 2nd income levels established by the Ministerial Order no. 425/2008 of 16 June and ceased the family allowance granting for the 4th and 5th income levels.

This elimination measure was decided following the measures already adopted within the scope of the Stability and Growth Programmes and the OECD recommendations, that made it necessary to adopt these new measures in order to consolidate public expenditure and make a strong restraint of the public deficit.

2. Updating of the family benefit amounts

In 2008, the Ministerial Order no. 346/2008 of 2 May established the annual updating of family benefit amounts to take effect in 2008. Thus, the family allowance for children and young people had an increase of 4 % for the 1st income level, 3,5 % for the 2nd, 3% for the 3rd and 2,5 % for the 4th and 5th income levels.

The prenatal family allowance and the additional amounts of the family allowance for larger families were also increased.

The supplement for disabled children paid with the family allowance for children and young people, the lifelong monthly allowance and the allowance for care provided by a third party had an increase of 4%, in comparison with the former amounts.

In 2009, the Ministerial Order no. 511/2009 of 14 May established the annual updating of family benefit amounts to take effect in 2009. Thus, the family allowance for children and young people had an increase of 2,9 % for the first three income levels and 2,4 % for the 4th and 5th income levels.

Similarly, the prenatal family allowance and the additional amounts of family allowances for single parents and larger families were updated in the same terms; the death grant was increased in 2,4 %.

The supplement for disabled children, the lifelong monthly allowance and the allowance for care provided by a third party had an increase of 2,9 %.

In 2010, the Ministerial Order no. 1113/2010 of 28 October set out new amounts for the family allowance for children and young people, the prenatal family allowance and respective additional amounts for the second and subsequent children, and for single parent families.

The amounts of the death grant, the supplement for disabled children, the lifelong monthly allowance and the allowance for care provided by a third

party remained the same as previously established by the Ministerial Order no. 511/2009 of 15 May.

Monthly Amounts of Benefits for Family Expenses due to Disability and Dependency

Benefits for Family Expenses	2008 (a)	2009	2010 (b)		2011
			Until 31 October	From 1 November	
<u>Family allowance for children and young people</u>					
Children aged <= 12 months					
Income levels					
1 st level	169,80	174,72	174,72	140,76	140,76
2 nd level	140,83	144,91	144,91	116,74	116,74
3 rd level	89,69	92,29	92,29	92,29	92,29
4 th level	55,13	56,45	56,45	-	-
5 th level	33,09	33,88	33,88	-	-
Children aged > 12 months					
Income levels					
1 st level	42,45	43,68	43,68	35,19	35,19
2 nd level	35,21	36,23	36,23	29,19	29,19
3 rd level	25,79	26,54	26,54	26,54	26,54
4 th level	22,06	22,59	22,59	-	-
5 th level	11,03	11,29	11,29	-	-

(a) The Ministerial Order no. 425/2008 of 16 June established an extraordinary updating of 25% for the 1st and 2nd income levels.

(b) The Decree-Law no. 116/2010 of 22 October that entered into force in 1 November eliminates the previous increase of 25% for the 1st and 2nd income levels, and ceases the family allowance granting for the 4th and 5th income levels.

<u>Supplement for disabled children</u>				
Up to age 14	57,8	59,48	59,48	59,48
Age 14 to 18	84,18	86,62	86,62	86,62
Age 18 to 24	112,69	115,96	115,96	115,96
<u>Lifelong Monthly Allowance</u>	171,78	176,76	176,76	176,76
<u>Allowance for care provided by a third party</u>	85,88	88,37	88,37	88,37

<u>Extraordinary Solidarity Supplement*</u>				
<u>Age Groups</u>				
Under 70	16,83	17,32	17,54	17,54
70 and over	33,65	34,63	35,06	35,06

Source: Official Journal (Diário da República)

* Granted as a supplement to the Lifelong Monthly Allowance

Table 48
Number of Beneficiaries/Benefits for Family Expenses, granted in the year (*)

Unit: Thousands

Family Allowance	2008	2009	2010	2011
No. of Children and Young people with processed family allowances	1.791,8	1.846,9	1.833,4	1.389,9

Disability	2008	2009	2010	2011
Supplement for disabled children and young people	70,0	78,4	84,0	83,5
Lifelong Monthly Allowance	12,0	12,4	12,7	12,9
Allowance for Care provided by a Third Party	12,7	13,2	13,5	13,6

Source: Ministry of Solidarity and Social Security – Information and Technology Institute “Social Security Statistics” – Physical data, provisional , Database situation in 15-06-2012

(*) Entitled persons with at least one benefit processed in the year

Table 49
Social Security Revenue and Expenditure

In Euros

Monthly Amounts	Family Allowance for children and young people							Other family allowances							
	Total	Continued benefit	Prenatal	Large Families	Single parent families	Additional Amount	Scholarships	Supplement for disabled children	Care provided by a third party			Lifelong allowance	Death Grant	Special Education Allowance	
									Total	Children/ young people	Adults				
2008	J	56.558.520	51.489.499	4.667.368	-	-	46.290	-	4.042.608	972.864	683.084	289.772	2.080.636	232.761	714.025
	F	60.139.394	55.182.205	4.452.645	-	-	25.959	-	4.542.931	1.001.179	703.496	297.674	2.108.678	336.579	1.052.128
	M	62.414.002	57.648.522	4.020.014	-	-	346.240	-	4.609.607	1.039.879	717.926	321.972	2.255.354	289.722	1.206.151
	A	60.807.761	55.107.948	5.098.665	-	-	43.167	-	4.455.889	1.038.979	729.157	309.815	2.217.764	440.425	2.200.544
	M	58.033.371	54.697.481	4.201.261	-	-	19.427	-	4.365.243	1.010.816	711.441	299.363	2.144.516	359.003	1.909.515
	J	60.553.491	55.305.885	4.835.606	-	-	23.610	-	4.429.773	1.003.376	699.399	303.981	2.200.870	371.882	2.899.724
	J	82.743.475	75.641.475	6.558.938	-	-	11.989	-	5.517.377	1.260.728	877.130	383.606	2.696.551	435.996	2.670.622
	A	76.478.636	71.992.768	5.145.868	-	-	7.424	-	4.670.753	1.038.864	724.886	313.980	2.263.499	304.719	2.918.433
	S	85.641.375	68.289.613	4.225.351	-	-	13.367.231	-	4.650.742	1.034.675	721.401	313.278	2.562.218	203.702	1.810.455
	O	72.431.204	67.199.891	4.876.823	-	-	125.591	-	4.688.468	1.051.587	732.948	318.644	2.302.169	274.463	1.675.441
	N	74.085.537	67.900.913	5.676.960	-	-	71.830	-	4.772.108	1.035.147	725.741	309.400	2.269.683	297.395	663.289
	D	73.379.758	69.764.134	5.100.494	-	-	97.438	-	4.744.393	1.016.005	707.951	308.058	2.244.215	260.399	629.195
2009	J	73.000.173	61.805.194	5.663.512	3.575.461	1.880.974	75.031	-	4.485.305	1.295.082	968.636	326.446	2.372.819	259.236	684.954
	F	78.997.872	68.048.245	5.296.459	3.663.805	1.934.398	54.964	-	6.732.326	1.090.705	773.308	317.397	2.316.513	427.118	1.603.508
	M	79.176.264	67.397.343	5.945.693	3.766.926	2.012.917	53.385	-	5.381.360	1.077.335	756.199	321.136	2.336.369	387.077	1.135.665
	A	80.967.104	68.805.668	6.217.273	3.750.893	2.145.719	47.552	-	5.670.727	1.109.941	789.322	320.619	2.434.922	476.683	2.277.651
	M	75.678.862	64.868.966	5.141.554	3.637.868	2.012.401	18.072	-	5.305.785	1.056.866	741.808	315.058	2.301.495	311.241	2.131.660
	J	83.506.879	71.398.491	6.162.635	3.794.239	2.078.307	73.207	-	5.351.314	1.085.513	773.306	312.207	2.331.261	329.441	3.166.591
	J	81.149.575	68.383.735	6.510.777	3.895.609	2.340.260	19.194	-	5.645.758	1.129.648	791.305	338.343	2.429.114	354.617	2.915.760
	A	88.287.860	75.567.109	5.984.328	4.348.851	2.373.365	14.207	-	6.099.975	1.244.582	883.184	361.398	2.660.749	295.784	2.702.793

2010	S	111.628.705	67.078.378	4.989.567	3.803.092	3.147.896	32.609.772	-	5.371.598	1.098.425	772.669	325.757	2.412.946	212.525	2.481.437
	O	81.193.078	66.908.521	6.378.981	3.846.192	2.539.703	186.272	1.333.409	5.650.307	1.128.460	800.287	328.174	2.399.388	335.952	2.796.786
	N	79.428.608	66.427.304	5.504.124	3.823.734	2.306.271	94.536	1.272.639	5.573.420	1.091.273	773.406	317.867	2.366.226	235.951	1.021.373
	D	87.008.833	69.299.659	5.940.447	3.903.329	2.440.842	339.360	5.085.195	5.730.667	1.107.664	776.923	330.741	2.483.305	297.025	760.759
	J	78.397.904	62.535.053	6.021.980	3.812.493	2.366.739	92.271	3.569.370	5.265.749	1.084.812	755.536	329.277	2.375.690	249.938	820.264
	F	90.064.122	72.987.162	8.347.444	3.485.127	2.483.999	123.797	2.636.593	5.524.194	1.137.081	804.891	332.190	2.405.453	331.787	942.225
	M	84.960.792	69.748.597	5.357.705	3.949.454	2.471.529	478.043	2.955.462	6.428.434	1.157.779	827.454	330.325	2.462.922	317.425	1.991.620
	A	85.370.729	69.566.976	6.078.005	3.930.884	2.489.364	110.344	3.195.156	6.169.873	1.133.244	805.529	327.715	2.410.284	423.946	3.893.780
	M	81.970.094	66.721.628	5.899.385	4.028.027	2.398.296	52.845	2.869.912	5.895.440	1.139.000	811.126	327.874	2.448.912	344.969	2.869.382
	J	83.080.150	67.902.588	5.780.691	4.008.571	2.411.872	32.420	2.944.008	6.131.897	1.124.577	794.806	329.772	2.483.712	299.404	2.749.414
	J	82.227.769	66.253.332	6.776.792	4.010.443	2.381.693	17.166	2.788.343	6.002.881	1.138.096	810.266	327.829	2.423.552	313.941	3.174.077
	A	80.507.376	65.847.619	5.759.959	3.886.435	2.362.312	14.165	2.636.886	5.903.262	1.119.470	789.339	330.131	2.431.414	244.218	2.340.857
	S	93.760.802	67.402.599	5.045.556	3.926.847	2.942.711	14.090.878	352.211	5.966.965	1.095.913	760.372	335.542	2.501.681	243.373	1.388.768
	2011	O	81.416.983	66.352.314	5.147.860	3.881.166	2.451.392	70.868	3.513.383	5.899.095	1.130.051	800.906	329.144	2.999.169	297.675
N		60.764.228	47.860.645	3.478.259	3.051.296	2.322.968	69.401	3.981.660	5.914.251	1.114.961	784.091	330.870	1.864.825	174.662	528.672
D		65.678.110	50.503.717	4.295.849	3.015.512	2.700.450	82.856	5.079.727	5.749.606	1.123.103	788.618	334.485	2.496.852	265.425	976.803
J		65.212.523	49.618.076	5.202.232	3.067.039	3.403.531	202.262	3.719.739	5.297.730	1.109.552	783.901	325.648	2.350.854	234.944	1.285.574
F		54.027.684	45.902.612	3.570.342	2.900.969	10.857	104.724	1.557.772	5.005.031	1.064.649	744.030	320.621	2.383.062	310.656	1.450.680
M		65.964.789	49.696.597	5.624.375	2.939.995	5.186.966	143.553	2.359.954	6.273.566	1.147.886	802.405	345.482	2.530.177	403.621	1.694.977
A		51.838.132	41.736.224	3.689.250	2.650.962	2.159.467	31.834	1.571.466	5.359.371	1.078.417	738.034	340.393	2.470.403	304.585	1.900.987
M		51.634.771	41.945.385	3.313.047	2.719.189	2.097.561	29.629	1.528.549	5.655.331	1.129.799	795.953	333.844	2.456.995	275.871	2.281.883
J		55.832.625	44.668.298	4.286.072	2.790.703	2.371.389	51.146	1.668.310	5.993.792	1.141.511	800.053	341.458	2.612.250	362.385	2.831.766
J		52.340.920	42.722.589	3.537.488	2.733.522	2.129.180	27.393	1.190.621	5.986.227	1.109.484	779.812	329.670	2.466.190	197.649	2.562.365
A		53.216.165	43.744.674	3.483.109	2.759.243	2.158.673	46.498	1.022.919	6.083.030	1.100.503	768.147	332.358	2.506.303	243.996	2.845.951
S		61.109.141	43.211.938	3.538.461	2.774.163	2.691.992	8.805.928	86.099	5.838.186	1.128.967	797.172	331.792	2.441.480	263.564	1.298.936
O		51.469.772	42.676.521	3.238.763	2.730.605	2.143.211	94.964	583.005	5.691.465	1.112.256	780.387	331.869	2.482.881	237.427	2.095.849
N		55.011.182	43.325.260	3.694.596	2.760.943	2.343.607	68.534	2.817.549	5.852.890	1.128.492	796.679	331.810	2.468.716	257.757	997.268
D	56.728.178	43.768.962	3.251.413	2.769.552	2.390.257	131.579	4.411.994	5.836.621	1.131.290	792.212	339.078	2.552.993	215.686	1.103.471	

Year Total

2008 (CSS)	823.266.525	750.220.333	58.859.995	-	-	14.186.197	-	55.489.892	12.504.099	8.734.559	3.769.540	27.346.155	3.807.046	20.349.520
2009 (CSS)	1.000.023.813	815.988.615	69.735.350	45.809.999	27.213.053	33.585.552	7.691.244	66.998.540	13.515.494	9.600.352	3.915.142	28.845.107	3.922.652	23.678.936
2010 (CSS)	968.199.060	773.682.229	67.989.486	44.986.254	29.783.326	15.235.053	36.522.712	70.851.649	13.498.087	9.532.933	3.965.154	29.304.466	3.506.763	23.163.574
2011 (CSS)	674.385.881	533.017.135	46.429.148	33.596.885	29.086.692	9.738.044	22.517.976	68.873.242	13.382.807	9.378.785	4.004.022	29.722.304	3.308.142	22.349.707

Annual homologous variation (%)

2009/08	21,5	8,8	18,5	-	-	136,7	-	20,7	8,1	9,9	3,9	5,5	3,0	16,4
2010/09	-3,2	-5,2	-2,5	-1,8	9,4	-54,6	374,9	5,8	-0,1	-0,7	1,3	1,6	-10,6	-2,2
2011/10	-30,3	-31,1	-31,7	-25,3	-2,3	-36,1	-38,3	-2,8	-0,9	-1,6	1,0	1,4	-5,7	-3,5

Source: Ministry of Solidarity and Social Security, Social Security Financial Management Institute

SOLIDARITY SUBSYSTEM

1. PARENTAL BENEFITS – Maternity, Paternity and Adoption

In 2008, the Decree-Law no. 105/2008 of 25 June established social measures to strengthen social protection within the scope of the maternity, paternity and adoption contingencies covered by the Solidarity subsystem, by structuring the social protection aimed at the population group that is not integrated in the labour market, whose insurance career is not sufficient to ensure coverage by the welfare system and, at the same time, is in a vulnerable economic situation.

The following social protection benefits were created: the maternity social allowance, the paternity social allowance, the adoption social allowance and the social allowance for specific risks. These benefits may be granted to national or foreign citizens, refugees or stateless persons, or persons in a similar situation, residing in Portugal, provided that they satisfy the means-testing condition according to the law.

As it was already mentioned in this report for the welfare system, in 2009, the new legal framework of parental social protection was also established for the Solidarity subsystem, by the Decree-Law no. 91/2009 of 9 April, amended by Decree Law no. 70/2010 of 16 June.

Within the scope of this subsystem, social protection is now materialized through the granting of the following allowances:

- a) Social allowance for clinical risk during pregnancy;
- b) Social allowance for termination of pregnancy;
- c) Parental Social allowance in the modalities initial parental social allowance, initial parental social allowance granted exclusively to the mother, initial parental social allowance when one of the parents cannot take the leave, and initial parental social allowance granted exclusively to the father;
- d) Adoption social Allowance;
- e) Social allowance for specific risks.

These allowances are similar to the ones mentioned for the Welfare system and are granted to citizens who need support and whose movable assets do not exceed 240 times the IAS value³, and whose income⁴ is not higher than 80% of the IAS value, per household member.

³ In 2011, the value corresponded to € 100.612,80.

⁴ Income to consider: gross employment income, annual income relevant for the payment of self-employment benefits, pensions and other earnings replacement benefits, gross capital, other regular income and alimony granted to the applicant by a court decision.

Social Allowances Amounts

The *social allowances* amounts are established according to a percentage of the IAS:

Social Allowances	Daily Amount (% of 1/30 of the IAS value)
<ul style="list-style-type: none"> ▪ Clinical risk during pregnancy ▪ Termination of pregnancy ▪ Specific risks 	80%
<ul style="list-style-type: none"> ▪ Initial Parental Social Allowance ▪ Adoption Social Allowance 	80% (1) – In case of: <ul style="list-style-type: none"> ▪ 120 days ▪ 150 days (120+30) shared allowance ▪ Increase (birth or multiple adoptions)
	66% - 180 days (150+30) shared allowance
	64% - 150 days
(1) This amount also applies to the initial parental social allowance granted exclusively to the father.	

In 2010, the already mentioned Decree-Law no. 70/2010 of 16 June established the rules concerning the means-testing condition for the Solidarity subsystem benefits granting. These rules also apply to the unemployment social benefit granting, as follows.

2. UNEMPLOYMENT

Similarly to the parental social allowances, the granting of the unemployment social benefit depends on the movable assets of the applicant and of his/her family household, that cannot be higher than 240 times the IAS value; also, their monthly income cannot be higher than 80% of the IAS value at the date of unemployment, in case of initial unemployment social benefit or, at the date of the presentation of evidences, in case of subsequent unemployment social benefit.

The income is calculated by weighting each family household member, according to the following equivalence scale:

Household Members	Weighting factor
Applicant	1
Person aged 18 or over	0,7
Minor	0,5

In 2009, the Decree-Law no. 68/2009 of 20 March extended the initial and subsequent unemployment social benefit granting period, for the cases where the granting period was to end in that year.

The unemployment social benefit daily amount corresponded to 1/30 of 60% of the IAS value, increased by 1/30 of 10% of the IAS value for each child living in

the same household as the beneficiary; the total daily amount could not exceed 1/30 of the IAS value.

This special measure was taken to support the long-term unemployed persons and to strengthen the access to the social protection rights within a context of worsening economic conditions in the country.

In 2010, Decree-Law no. 15/2010 of 9 March ensured an extension of the unemployment social benefit payment for a period of six months, for the beneficiaries whose payment period was to end in 2010. This extension was applied to the initial unemployment social benefit payment period and to the subsequent unemployment social benefit payment period and was not applied to the unemployment social benefits whose payment period had been extended in 2009.

The extension of the unemployment social benefits payment period was aimed to strengthen social protection, taking into consideration the worsening of the unemployment rate; thus, minimizing its effects (this measure was later revoked by Decree-Law no. 77/2010 of 24/06).

Table50
Number of beneficiaries entitled to the following benefits, per year

Unit: Thousands

Benefits	Number of Beneficiaries			
	2008	2009	2010	2011
Maternity allowance/Parental benefits (*)	134,2	181,1	192,6	192,6
Sickness benefit and Tuberculosis Allowance	549,3	584,7	546,1	551,0
Unemployment Benefits	459,5	564,1	599,2	560,6

Source: Ministry of Solidarity and Social Security – Information and Technology Institute, "Social Security Statistics" – Physical Data, preliminary. Database Situation in 14-05-2012

(*)The Decree-Law no. 91/2009 of 9 April, that entered into force on 1 May, defines and regulates the parental social protection within the scope of the maternity, paternity and adoption contingencies covered by the welfare system and by the solidarity subsystem, extending their personal scope, strengthening the father's rights and encouraging parental leave sharing.

3. INVALIDITY AND OLD-AGE

The Ministerial Orders previously mentioned in this Report, that established the updating of the pensions, also set the revalorization of pensions granted by this subsystem, which for the year 2008 were updated by 2,14 %, having as reference the pension amounts lower or equal to € 611,12.

Along with this increase, there was an extraordinary updating of 2/14, to compensate the fact that the increase was made after the usual date. This resulted in an updating of 2,74 %.

In 2009, the updating was of 2,9 %, having as reference the pension amounts lower or equal to € 628,83.

In 2010, the updating was of 1,25 %, within the scope of an exceptional and temporary updating scheme, in which the mechanism of revalorization of the reference earnings was suspended, having as reference the pensions amounts lower or equal to € 628.83.

In 2011, the nominal pension amounts were frozen; thus, remained the same as in the previous year.

The minimum pension amounts had the usual annual updates, except for the pension amounts paid in 2011, as shown in the following table:

	2008	2009	2010	2011
Special Scheme of Agricultural Activities	€ 218,29	€224,62	€ 227,43	€ 227,43
Non-contributory scheme and similar	€ 181,91	€ 187,18	€ 189,52	€ 189,52

In 2010, Law no. 3-B/2010 of 28 April (which approved the State Budget for 2010) changed the income limits for the social pension granting, according to the IAS value (40% of the IAS value - € 167,69, or 60% of the IAS value - € 251, 53, for married persons); the limits for the accumulation of the social invalidity pension with other income were also changed, as shown in the following table:

Years with accumulated income	Accumulation Limits	
	Married	Single
1 st	150 % of the IAS value	100 % of the IAS value
2 nd	130 % of the IAS value	80 % of the IAS value
3 rd	100% of the IAS value	70 % of the IAS value
4 th	80 % of the IAS value	60 % of the IAS value
5 th	60 % of the IAS value	40 % of the IAS value

To conclude this paragraph, the following tables show the values of the social protection expenditure as a percentage of the GDP, in terms of total amounts and according to the GDP current prices.

Table 51
Social Protection Expenditure as a % of the Gross Domestic Product

Years	Social Protection Expenditure as a % of the GDPmp
2008	23,2
2009	25,6
2010	n.a.

Source: National Statistics Institute, Social Protection Statistics
n.a: not applicable

Table 52
**Social Security Total Expenditure, according to the Gross Domestic
Product at current prices**

Years	Social Security Total Expenditure	GDP		Social Security Expenditure
		Current Prices		GDP
	Millions of Euros	Millions of Euros		(%)
2008	26.801,2	171.983,1		15,6
2009	29.577,4	168.503,6		17,6
2010	31.093,9	172.670,1		18,0

Sources: Ministry of Solidarity and Social Security, Social Security Financial Management Institute - "Social Security Account"; INE, "Preliminary Annual National Accounts " Expenditure of the GDPmp – Current Prices

Table 53
Processed amounts of the Unemployment Benefit, per type of benefit and processing year

Euros

Benefit	Amount			
	2008	2009	2010	2011
Total	1.496.018.769,51	1.948.637.087,42	2.104.572.466,43	1.981.500.430,07
Wage compensation (Customs)	59.403,36	37.848,72	19.418,43	30.714,56
Lay-Off	1.551.502,57	17.673.984,78	5.070.207,08	3.677.316,60
Unemployment Supplement	4.914.220,56	2.094.535,47	510.776,57	8.820,61
Unemployment Supplement - 10%				
Unemployment Benefit – Single Amount	32.650.955,00	35.386.607,86	45.423.222,24	43.123.401,67
Partial Single Amount				
Non Initial Unemployment Benefit for Custom Officers	472.062,54	518.122,27	292.428,97	197.102,39
Occupational Programme	21.037.556,25	15.165.194,46	1.125.987,49	112.637,66
Extension of the Unemployment Social Benefit payment period	521.682,95	324.240,34	155.895,75	119.153,21
Unemployment Benefit	1.093.593.572,70	1.432.017.195,42	1.607.752.891,48	1.631.112.577,33
Partial Unemployment Benefit	9.790.973,60	10.225.039,39	14.690.404,49	23.935.611,34
Temporary Unemployment Benefit	4.280,40			2.464,00
Unemployment Social Benefit	180.531.827,82	252.356.760,39	227.784.620,01	142.149.863,83
Subsequent Unemployment Social Benefit	150.890.731,76	182.837.558,32	201.746.613,92	137.030.766,87

Ministry of Solidarity and Social Security – Information and Technology Institute

Table 54
Processed amounts of the Solidarity Supplement for the Elderly,
per processing year

Year	Amount
2008	131.506.635
2009	269.383.138
2010	321.607.798
2011	312.742.168
2012	222.250.807

Ministry of Solidarity and Social Security – Information and Technology Institute

Table 55
Processed amounts of Family Benefits, per type of benefit and processing year

Type of Benefit	Amount			
	2008	2009	2010	2011
Total	932.442.142,56	1.123.647.030,48	1.113.416.456,65	803.173.463,87
FAMILY ALLOWANCE FOR CHILDREN AND YOUNG PEOPLE	752.439.781,91	920.135.744,87	904.725.298,05	621.434.698,62
SUPPLEMENT FOR DISABLED CHILDREN	54.193.690,21	62.193.572,99	69.344.666,03	66.364.375,57
ALLOWANCE FOR ATTENDANCE IN SPECIAL EDUCATION ESTABLISHMENT	20.950.306,03	23.840.789,93	22.656.215,31	21.156.450,90
LIFELONG MONTHLY ALLOWANCE	25.901.641,77	27.580.886,93	28.829.023,64	29.128.503,54
PRENATAL FAMILY ALLOWANCE	60.628.874,31	70.981.073,91	68.592.350,45	45.987.119,97
FUNERAL GRANT	3.739.709,74	3.684.006,84	3.511.367,34	3.224.153,36
HOME ALLOWANCE	2.474.590,65	2.491.887,10	2.456.613,65	2.790.034,69
ALLOWANCE FOR CARE PROVIDED BY A THIRD PARTY	12.113.547,94	12.739.067,91	13.300.922,18	13.088.127,22

Ministry of Solidarity and Social Security – Information and Technology Institute

Table 56
Amounts processed within the scope of Sickness and Maternity Benefits

Type of Benefit	Amounts Released			
	2008	2009	2010	2011
Total	746.144.545,20	874.082.126,63	905.793.364,85	939.494.155,15
Sickness Benefit Provisional Granting	19.720.160,08	21.960.659,07	22.467.432,07	23.230.554,36
Holiday Compensation allowance	3.355.277,33	3.485.763,85	2.982.903,28	3.444.505,02
Christmas Compensation allowance	7.327.971,45	7.583.237,15	7.750.236,25	8.305.543,60
Adoption Allowance	974.158,63	478.430,28	13.046,08	8.965,00
Allowance for the Care of Children with Disability/ Chronic Illness		597.702,44	2.717.177,81	3.758.029,73
Allowance for the Care of Underage Children or Children with Disability	8.621.756,00	5.635.108,54	50.269,99	13.622,87
Allowance for the Care of Children with Serious Disability or Chronic Illness	1.861.229,74	1.588.222,19	457.278,33	173.810,49
Allowance for the Care of Children		6.751.868,19	13.466.607,69	13.643.410,15
Allowance for the Care of Grandchildren		5.865,45	11.330,14	12.366,65
Adoption Allowance		974.872,81	1.478.737,27	1.395.765,96
Extended Adoption Allowance		1.177,02	5.234,59	5.059,00
Sickness Benefit	408.828.889,96	432.267.736,06	422.739.055,21	423.963.906,25
Occupational Disease Allowance	9.002.145,68	10.904.218,57	12.471.080,08	14.148.524,02
Sickness Benefit due to Tuberculosis	4.080.143,59	4.170.678,79	3.538.148,73	3.555.071,99
Allowance for Special Leave Granted to Grandparents	7.432,03	4.186,91		
Pregnancy Allowance	8.913,16	9.404,56		143,46
Allowance for Termination of Pregnancy		2.100.202,13	3.648.729,11	3.658.725,32
5-Day Leave Allowance	8.477.613,02	3.864.670,02	18.969,61	4.018,65
Parental Leave Allowance	20.887.185,13	9.445.349,16	59.515,08	16.174,03
Maternity Allowance	242.427.351,27	133.695.414,16	914.822,16	215.544,05
Grandchild Birth Allowance		1.934,32	6.984,65	10.905,52
Paternity Allowance	2.025.812,05	1.095.063,80	22.702,97	8.681,69
Extended Parental Allowance		665.765,46	1.601.947,19	1.709.636,32

Initial Parental Allowance		159.901.428,00	302.761.768,39	327.797.768,01
Allowance for Clinical Risk during Pregnancy		40.267.852,75	79.790.646,39	85.743.618,18
Allowance for Specific Risks	789.761,98	501.422,80	7.016,23	1.836,28
Allowance for Specific Risks		367.331,17	997.784,51	1.057.851,24
Adoption Social Allowance	4.344,00	4.451,84		
Adoption Social Allowance		4.024,80	13.261,64	2.683,20
Social Allowance for Termination of Pregnancy		14.925,30	15.965,04	10.989,94
Maternity Social Allowance	7.696.116,54	11.554.537,09	60.838,54	21.957,95
Paternity Social Allowance	466,98	1.621,38		
5- Day Paternity Social Allowance	47.816,58	61.469,28	1.172,26	440,80
Initial Parental Social Allowance		13.955.478,41	25.461.829,44	23.436.743,84
Social Allowance for Clinical Risk during Pregnancy		158.096,38	260.303,94	136.574,88
Social Allowance for Specific Risks		1.956,50	570,18	726,70

Ministry of Solidarity and Social Security – Information and Technology Institute

Table 57
Processed amounts of the Social Integration Income (RSI),
per processing year

Year	Amount
2008	387.224.135,55
2009	470.211.245,98
2010	479.110.643,98
2011	374.566.675,42

Ministry of Solidarity and Social Security – Information and Technology Institute
Database situation in 15-06-12

Response to the European Committee of Social Rights

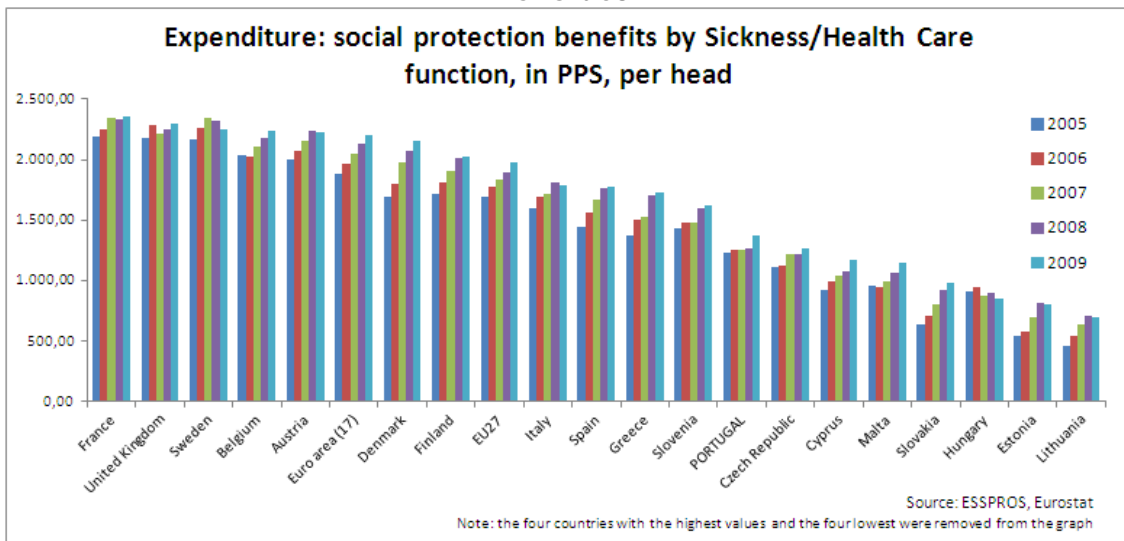
Article 12, paragraph 1

In the 2009 conclusions, the European Committee of Social Rights, in what concerns article 12, paragraph 1, concluded that Portugal did not respond to the requested information, because:

- *The information provided on sickness benefits is insufficient to determine its adequacy.*
- *The minimum monthly invalidity and old age pensions for persons who contributed less than 15 years, the minimum monthly invalidity and old age pensions for persons contributing to the Special Social Security Scheme for Agricultural Activities as well as the monthly Non-Contributory and Similar scheme are manifestly inadequate.*
- *There is no evidence to determine the adequacy of the minimum monthly invalidity and old age pensions for persons who contributed more than 15 years and less than 30 years.*

The graph below shows the evolution of expenditure on social protection benefits by sickness/Health Care, in Purchasing Power Standard⁵ (PPS), comparing a set of European countries. According to these results, Portugal has been increasing its expenditure over the years in analysis, being a middle ranking country.

Chart 68



To adapt the national social security system to an ageing society, a set of social security reforms has been implemented progressively since 2006, agreed by the

⁵ PPS, is an artificial currency unit. PPS is the technical term used by Eurostat for the common currency in which national accounts aggregates are expressed when adjusted for price level differences using PPPs.

government and social partners. These reforms aim to structurally reinforce the social security system, as well as its social, economic and financial sustainability.

Thus, in order to improve the income of pensioners with the lowest incomes, these reforms introduced:

- a) higher rates of pension formation for workers with contributing careers spanning over 20 years, progressive in terms of the lower reference earnings for calculating the pension;
- b) new mechanisms to update pensions and de-index pensions from the National Minimum Wage, guaranteeing a more sustainable revision of pensions and positively differentiating the updating of lower pensions, so as to not lose purchasing power;
- c) an extraordinary pension to combat poverty amongst senior citizens, the Solidarity Supplement for the Elderly (*Complemento Solidário para Idosos*), which guarantees minimum annual resources linked to a poverty threshold (see answer to Art.23).

Regarding social protection in terms of Old Age pensions, the chart XY shows an increasing expenditure in benefits along the years and in 2010 Portugal was very close to the EU27 average, in PPS, per inhabitant.

Also taking in consideration the expenditure with social protection considering disability, using pps per inhabitant, to have a comparative perspective with other countries, Portugal is above the European Union average in 2010.

Chart 69

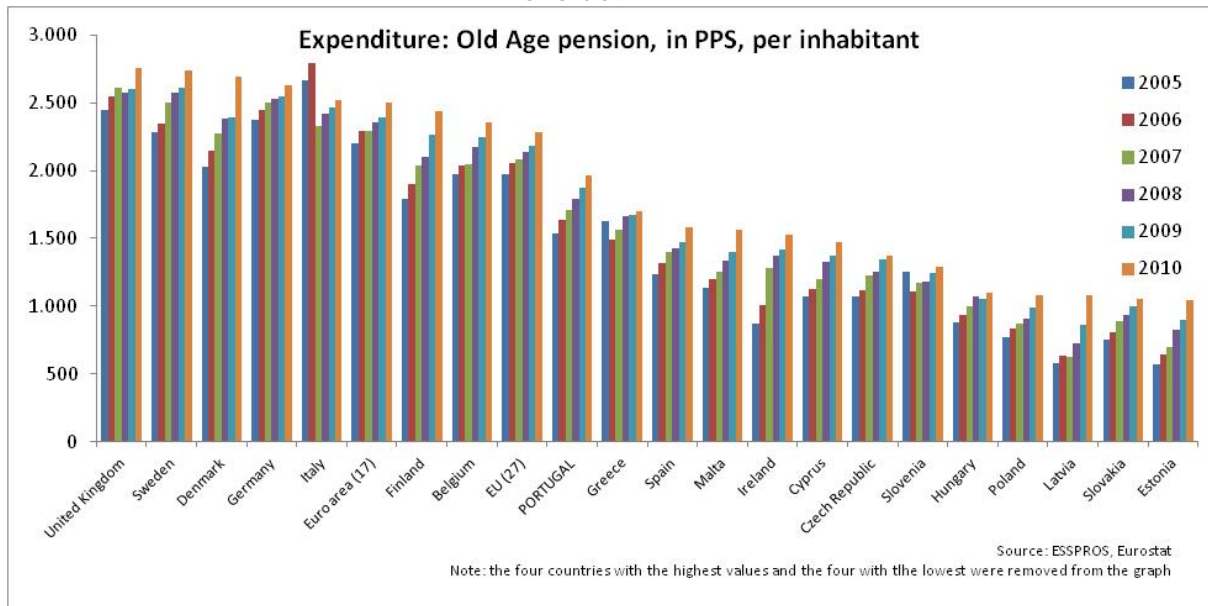
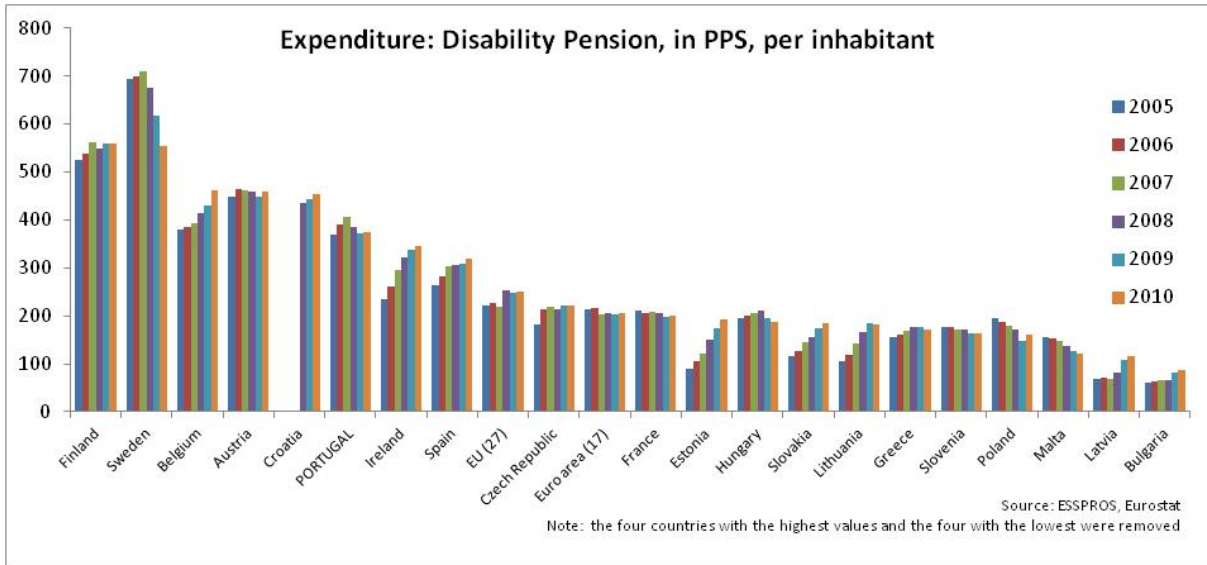


Chart 70



Article 12, paragraph 2

The information given herein was provided by Portugal to the Committee of Experts on the application of the European Code of Social Security, for the preparation of the 22nd Report, in 2008.

Health Care

In what concerns the new rules on the health care costs/user fees, the Ministerial Order no. 359-A/2007 of 30 March did not bring any innovation in terms of the criteria already provided for in the Portuguese legislation since 1992; it only extends their implementation scope to hospitalization and outpatient surgery and sets the updating of the amounts established by the previous Ministerial Order that was revoked by the above mentioned Ministerial Order.

It is also important to mention that, in what regards the aforementioned criteria, the Decree-Law no. 79/2008 of 8 May introduced the reduction of 50% in the user fees paid by beneficiaries aged 65 or over.

Unemployment

In what regards the detailed assessment of the new protection system in case of unemployment, implemented by Decree-Law no. 220/2006, it is important to mention the following:

- a) The criteria concerning the suitable employment concept provided for in article 9(c)⁶ of Decree-Law no. 119/99 were vague and lacked objectivity.

Indeed, the lack of a clear definition of the concept “serious injury” allowed the unemployed persons to refuse, in some cases, a job offer without being subject to sanctions.

The definition was also not very effective in terms of a better and swifter placement of workers in the labour market.

Therefore, it was necessary to clarify this definition (which was done by the new scheme⁷), and adjust it to the management of the unemployment beneficiaries’ professional career, promoting a more advantageous career and allowing their sustainable inclusion in the labour market, at medium and long term, in order to avoid long-term unemployment situations. This measure was carried out in a logic of preventive intervention.

-
- ⁶ a) Consists on the duties or tasks likely to be performed by the worker, taking into account, namely, the worker’s physical abilities and educational qualifications, training and professional experience;
b) Respects the minimum earnings condition and other conditions established by the general law or by applicable regulations of a collective labour agreement;
c) Does not cause serious injury to the worker and to his/her family.

- ⁷ Article 13 of the Decree-Law no. 220/2006 of 3 November defines the concept of suitable employment. According to this article, suitable employment is the one that, cumulatively, meets the following conditions:
- a) Respects the minimum earnings condition and other conditions established by the general law or by applicable regulations of a collective labour agreement;
- b) Consists on the duties or tasks likely to be performed by the worker, taking into account, namely, the worker’s physical abilities, educational qualifications and vocational training;
- c) Ensures gross earnings equal or higher than the unemployment benefit amount plus 25%, if the job offer occurs during the first six months of the unemployment benefits granting period, or equal or higher than the unemployment benefit amount plus 10%, if the job offer occurs as from the seventh month of the unemployment benefit granting period;
- d) Ensures that the amount of the travel expenses occurred between home and the workplace meets one of the following conditions:
- i) Does not exceed 10% of the worker’s gross monthly wage;
 - ii) Does not exceed the amount of travel expenses that occurred between the worker’s home and his/her previous employment, provided that the job offer earnings are equal or higher than the earnings from the last employment;
 - iii) The employer supports the travel expenses between the worker’s home and the workplace or ensures a free means of transportation;
- e) Ensures that the amount of the travel expenses occurred between the worker’s home and the workplace meets one of the following conditions:
- i) Does not exceed 10% of the worker’s gross monthly wage;
 - ii) Does not exceed the amount of travel expenses that occurred between the worker’s home and his/her previous employment, provided that the job offer earnings are equal or higher than the earnings from the last employment;
 - iii) The employer supports the travel expenses between the worker’s home and the workplace or ensures a free means of transportation;

In accordance with paragraph 1(b) the employment agency shall also have into consideration the competences and professional experience of the beneficiary, even if the job offer lies in a different sector of activity or occupation different from the one that was performed by the worker before unemployment.

For the purposes of paragraph 1(c), suitable employment the one that ensures gross earnings equal or higher than the gross earnings from the last employment.

For the purposes of paragraph 1(d), the reference amount of travel expenses relevant for the suitable employment concept is the amount spent when using public transportation.

For the purposes of paragraph 1(e), the travel time is measured by taking into account the average time of travel between home and the workplace using public transportation and taking into consideration official statistical data.

The implementation of this concept had positive effects, since it stimulated a dynamic attitude from the beneficiaries and at the same time avoided job refusals.

- b) In what regards the effects of the granting period reduction from 540 to 450 days, it is not possible to make a real and truly conclusive analysis because, during the period of 2003 to 2007, there were special and temporary employment and social protection measures in force, aimed at unemployed persons. These measures allowed the access to unemployment benefits after a qualifying period of only 270 days of employment with registered earnings, during the 12-month period immediately before the unemployment date.
- c) The rules concerning the qualifying period for the unemployment benefits granting were changed, so that, not only the age of the beneficiary was to be taken into account, but also his/her insurance career since the last unemployment situation; thus, increasing the value of longer careers in the determination of the unemployment benefits granting period.
- d) The rules for the access to early old-age pension after an unemployment situation were changed, taking into account the evolution of the average life expectancy. These rules were aimed to encourage workers to maintain their working lives, promote the extension of insurance careers and enhance the establishment of active ageing measures, while recognizing that older workers and those who are unemployed for a long time must have special and more favourable access conditions to the old-age pension.

There are not yet enough data available to analyse the effects of the aforementioned changes.

Old-Age Benefits

The following table shows the pension calculation for a beneficiary type with 30 years of insurance career, in accordance with the rules established by the Decree-Law no. 187/2007, that approved the new legal system of invalidity and old age pensions.

Amount of the old-age pension and early old-age pension for a beneficiary type*, in accordance with Decree-Law no. 187/2007 of 10 May - 2008

Monthly amount of the old age pension (General Scheme) for a beneficiary aged 65, with an insurance career of 30 years			
Beneficiary type – Textile Industry			
A – Monthly Wage			495,00 €
<u>B- Old-Age Pension</u>			
Age	65		
Insurance Career	30 years		
Amount of the Statutory Pension		282,27 €	
Sustainability Factor		0,9944	
Amount of the Final Statutory Pension		280,69 €	
Pension Amount ⁽¹⁾			<u>291,05 €</u>
C – Replacement Rate			B/A = 58,8%
⁽¹⁾ Considering that the final statutory pension amount is lower than the minimum pension amount for an insurance career of 30 years (€ 291.05 in 2008), the beneficiary is entitled to the minimum pension amount.			

(Beneficiary with spouse and two children)			
D. Old-Age Pension monthly amount (General Scheme)		€ 291,05	
Insurance career (30 Years)			
Amount of the family allowance for children and young people (1 st income level)	€ 33,96		per child
E. Family Allowance (2 children)	€ 67,92		
F. Family Allowance (2 children)	€ 67,92		
G. % of the old-age pension amount plus the Family Allowance (D + F) and the monthly wage plus the Family Allowance (C + E)		<u>D + F</u>	€ 358,97
		A + E	€ 562,92
			63,8%

Calculation of regular payments

The introduction of the Social Support Index (IAS) and the replacement of the minimum wage - the previous reference value for the indexation of pensions

and social benefits -, by the new IAS, was one of the measures subject to consultation under the Agreement on the Social Security Reform, signed by the Government and the Social Partners.

The reasons that determined this replacement were the following:

To make the national minimum wage a regulation instrument of labour relations once again. For that purpose, it was agreed that it should be replaced by a new reference value for the revalorization and calculation of social benefits, the Social Support Index (IAS).

Meanwhile, clear rules were established and known in advance, in what concerns the updating of pensions whose reference value is the consumer prices index (a concrete value, not an estimated one). The variations of this reference value are established according to the recent developments of the determining variables of Social Security revenues, namely the recent developments of the Portuguese economy.

Therefore, the rules for the updating of pensions are no longer dependent on a political decision. Now, they are automatically set according to the evaluation of the economic situation.

The rules established for the development of an overall agreement must be prudent. They must take into account the impact on the financial balance of the social security system, and at the same time ensure the return and even the increase of the purchasing power for the medium and low pension amounts. In what concerns higher pension amounts, the preservation of the purchasing power must be ensured whenever more favourable conditions occur in the Portuguese economy. This mechanism shall be periodically reevaluated, according to its adequacy to the objectives proposed (the protection of the purchasing power of pensioners and the financial viability of social security).

The global indexation of pension updates to the evolution of objective variables was aimed to protect the social security system and strengthen the intergenerational equity of the social protection system. The prior establishment of rules for the updating of pensions is the best guarantee to be given to citizens in what concerns the future of social protection.

Evolution of the consumer price index (CPI) and revaluation rates of the Social Support Index (IAS) and of the pensions indexed to the IAS (2007 -2008)

Years	Consumer Prices Index	Social Support Index (IAS)	Revaluation rate of the pensions indexed to the IAS		
			Minimum amounts of invalidity and old-Age pensions of the general scheme	Non contributory scheme and similar	Special Social Security Scheme of the agricultural activities
2007	2,4%	-	3,10%	3,10%	3,10%
2008 *	-	2,4%	2,74%	2,74%	2,74%

* According to the rules established by Article 6 of Law no. 53-B/2006 of 29 December and taking into account that the reference value of GDP growth, according to the National Statistics Institute (INE) quarterly national accounts concerning the 3rd quarter of 2007, was lower than 2% (in this case it was of 1,8 %), the revaluation of the IAS corresponded to the reference value of the CPI, i.e. it was of 2.4%.

The updating of pensions was subject to an extraordinary increase of 2/14, which resulted in a total revaluation rate of about 2,74 %.

Paragraph 4

The information provided in the 4th Report remains valid for the period covered by the present Report, namely in what concerns the principles of equal treatment (non-discrimination on the grounds of gender and nationality, without prejudice of the conditions of residence and reciprocity), the preservation of existing rights and the preservation of rights that are in the process of being acquired through the aggregation of employment or insurance periods. Therefore, we hereby provide updated information about the bilateral and multilateral agreements on social security that entered into force during the period under review:

- The Social Security Agreement between the Republic of Moldova and the Republic of Portugal was approved by the Resolution of the Portuguese Parliament no. 108/2010 of 24 September, and ratified by the Presidential Decree no. 93/2010 of 24 September. This Agreement entered into force in January 2011 and the respective administrative arrangement was published in December of the same year through the Notice no. 241/2011 of 2 December.
- The Social Security Agreement between Portugal and Romania was approved by the Resolution of the Portuguese Parliament no. 8/2009 of 26 February, ratified by the Presidential Decree no. 14/2009 of 26 February. This Agreement entered into force in July of the same year. Both countries are Member States of the European Union; thus, are covered by the

Community regulations on social security. Therefore, the implementation of this Agreement is limited to issues not covered by Community regulations or to the cases where the Agreement provisions are more favourable to the persons concerned.

- An Agreement amending the Agreement on social security between Portugal and Brazil was approved by the Resolution of the Portuguese Parliament no. 6/2009 of 26 February, ratified by the Presidential Decree no. 12/2009 of 26 February.
- The Social Security Agreement between Portugal and Tunisia was approved by the Resolution of the Portuguese Parliament no. 29/2009 of 17 April and ratified by the Presidential Decree no. 34/2009. This Agreement entered into force in June 2010.
- In the beginning of May 2011, the Ibero-American Social Security Convention, a multilateral convention on social security with the following Ibero-American countries, entered into force: Argentina, Bolivia, Brazil, Colombia, Costa Rica, Chile, Ecuador, El Salvador, Spain, Paraguay, Peru, Portugal, Uruguay and Venezuela. This Convention was approved by the Decree no. 15/2010 of the Ministry of Foreign Affairs.
- It should also be noted that, although social security agreements between Portugal and Angola, Portugal and Guinea-Bissau, Portugal and S. Tomé and Príncipe, Portugal and Ukraine, and Portugal and Argentina were already signed by these countries, they still did not enter into force because the other parties have not yet completed the respective internal procedures for that purpose.

ARTICLE 13 THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

Paragraphs 1 and 2

The Law no. 4/2007 of 16 June lays down the general bases of the social security system in accordance with the established in Article 63 of the Constitution of the Portuguese Republic (CRP). It ensures the right to social security based on the principles of: universality, equality, solidarity, social equity, positive differentiation, subsidiarity, social inclusion, intergenerational cohesion, primacy of public responsibility, complementarity, unity, decentralization, participation, efficacy, protection of acquired rights and of rights in course of acquisition, judicial guarantee and information.

Article 63 of the CRP integrates a set of Social Rights and Duties, which in turn are recognised in Title II of the CPR - Rights, Freedoms and Guarantees -, that embody the citizens' fundamental rights, by ensuring that all persons shall have protection and may fully enjoy and exercise their political and social rights, including the ones who are in situations of more social and economic vulnerability.

The social security system covers the citizenship social protection system, the welfare system and the supplementary protection system.

The citizenship social protection system aims to ensure that citizens shall have access to their basic rights and to equal opportunities, as well as to promote welfare and social cohesion. This system comprises the social action subsystem, the solidarity subsystem and the family protection subsystem.

The main goals of the social action subsystem are: the prevention and remediation of situations of socio-economic need and inequality, dependency, dysfunction, social exclusion or vulnerability, as well as the promotion and integration of people in the community and the development of their capabilities, ensuring special protection to the most vulnerable groups through social services and equipments, programmes for combating poverty, dysfunction, social marginalisation and exclusion, cash benefits and benefits in kind.

The solidarity subsystem is based on the concept of solidarity with the whole community and aims to ensure people's basic rights in order to prevent and eradicate poverty and exclusion situations, as well as to guarantee benefits payment in cases of proven special or family needs, not covered by the welfare system. This subsystem covers the following contingencies: lack of, or insufficient, economic resources of persons and family households, invalidity, old age, death and insufficient work income replacement benefits; it also covers cases of total and permanent disability of beneficiaries from the welfare system.

The family protection subsystem aims to ensure compensation for increased family expenses when legally foreseen contingencies occur, covering family expenses and expenses related to disability and dependency situations.

The citizenship social protection system specific measures:

- a) Social Integration Income;
- b) Solidarity Supplement for the Elderly;
- c) Social Security System Benefits.

a) SOCIAL INTEGRATION INCOME

The Social Integration Income is a benefit granted under the solidarity subsystem, linked to a social integration programme. It is aimed to ensure that persons and their family households have enough resources to cover their basic needs, and facilitate their gradual integration in society, in the labour market and in the community.

The persons and their family households who are in a situation of serious economic need and that fulfil the following granting conditions may apply for the Social Integration Income:

- Have legal residence in Portugal;
- Do not receive income or social benefits higher than the limits established by law;
- Undertake and pursue a legally established integration programme;
- Submit the evidence necessary to verify the economic need situation;
- Be at least 18 years of age, or less than 18, if they have minors in their care or are pregnant women;
- To be registered in an Employment Centre, in case of being unemployed but capable of working.

In 2010, the Decree Law no. 70/2010 of 16 June has introduced changes to this social measure, namely in what concerns social integration.

This Decree-Law established the introduction of active life promotion measures aimed at all beneficiaries aged between 18 and 55, who are not integrated in the labour market but are capable of working, by requiring that they must be covered by measures of recognition and validation of educational or professional competences, through measures of training, education, or approximation to the labour market for a maximum period of six months after the registration in an integration programme, while maintaining the imposition of school attendance to all school age children.

This legislation determined explicitly that the refusal of suitable employment, socially necessary employment, professional training or other active employment measures should determine the end of the benefit payment.

The subsequent period of access inhibition to the benefit was extended to 24 months, as an additional way to encourage the beneficiaries to participate in

their own process of integration and empowerment, namely through active life promotion measures towards professional integration.

It also clarified the absences' justification scheme, making it more equitable and less discretionary.

Integration is considered one of the most important aspects of the Social Integration Income, a relevant tool in the fighting against poverty and social exclusion, through the development of the beneficiaries' personal, social, educational and professional competences.

Therefore, it was sought to increase employability, which is crucial within a context of economic crisis, so that people may improve their living conditions and obtain autonomy.

The mentioned changes are justified within the context of the Stability and Growth Programme 2010-2013, consisting in a significant set of policies aimed at the promotion of economic growth and employment, and of a set of budgetary consolidation measures, some of them structural.

The following tables show the data concerning the RSI (Social Integration Income) for the period of 2008 to 2011, per number of beneficiaries, social expenditure and expenditure according to the GDP at current prices:

Table 58
Number of beneficiaries with processed Social Integration Income, per year

Unit: Thousands

Beneficiaries	2008	2009	2010	2011
National	409,4	470,9	505,8	426,2
Foreign	9,0	16,1	21,8	22,2
Total	418,4	487,0	527,6	448,4

Source: Ministry of Solidarity and Social Security – Information Technology Institute "Social Security Statistics" - provisional Physical Data. Data base status on 15-06-2012

Table 59
Social Integration Income expenditure

Unit: Thousands of Euros

Social Integration Income	2008	2009	2010
	425.721,0	507.708,9	519.908,7

Source: Ministry of Solidarity and Social Security – Social Security Financial Management Institute, "Social Security Account"

Table 60
Social Integration Income expenditure according to the GDP at current prices

Year	Social Integration Income Expenditure	GDP Current Prices	Social Integration Income Expenditure as a percentage of the GDP
	Millions of Euros		(%)
2008	425,7	171.983,1	0,25
2009	507,7	168.503,6	0,30
2010	519,9	172670,1	0,30

Sources: Ministry of Solidarity and Social Security – Social Security Financial Management Institute "Social Security Account"
 INE (National Statistics Institute), "Preliminary National Annual Accounts" Expenditure of the GDPmp – Current Prices

b) SOLIDARITY SUPPLEMENT FOR THE ELDERLY (CSI)

The Solidarity Supplement for the Elderly (CSI) is a cash benefit, of differential amount, integrated in the Solidarity Subsystem of the Social Security Public System aimed at national and foreign citizens with low income.

The CSI is granted to people aged 65 or over, residing in the national territory, provided that they fulfil one of the following conditions:

- To benefit from an old age, survivors, or similar pension.
- To benefit from a lifelong monthly allowance;
- To be a national citizen and do not fulfil the necessary conditions for the social pension granting, i.e. the respective means-testing condition.

CSI applicants must also fulfil the following conditions, simultaneously:

- To have an annual income lower than 4.800€ in 2008;
- To reside in the national territory for a minimum period of 6 years before the date when the application was submitted;
- Authorize the Social Security to have access to fiscal and banking information relevant for the Supplement granting,
- Be available for the purpose of recognition of rights and the recovery of claims.

The beneficiaries of the Solidarity Supplement for the Elderly are entitled to additional benefits for health expenses with medication, glasses and lenses and removable dental prosthetics. These benefits only cover the amount of the expense that is not co-financed by the State. The additional health benefits are the following:

- Medication – financial contribution of 50% in the price portion that is not co-financed by the State.
- Glasses and lenses – financial contribution of 75% of the expense, up to the limit of 100 Euros, for each period of two years.
- Removable dental prosthetics – financial contribution of 75% in acquisition and repair expenses, up to the limit of 250 Euros, for each period of three years.

The granting decision of these benefits is of the Ministry of Health responsibility. The payment is made by the Social security Institute, P.I., together with the monthly Solidarity Supplement for the Elderly.

c) SOCIAL SECURITY SYSTEM BENEFITS

A – Benefits for family expenses:

The protection for family expenses is carried out through the following cash benefits granting:

Family allowance for children and young people – *Decree-law no. 176/2003 of 2 August*, amended by Decree-laws no. 41/2006 of 21 February, no. 87/2008 of 28 May, no. 245/2008 of 18 December, no. 201/2009 of 28 August, no. 70/2010 of 16 June, no. 77/2010 of 24 June and no. 116/2010 of 22 October, and by article 64 of Law no. 55-A/2010 of 31 December.

This benefit is paid on a monthly basis and it aims to compensate family expenses for the support and education of children and young people.

General granting conditions:

The beneficiary must reside in the national territory, or be in a similar situation according to the law.

Among other specific conditions, the entitlement to this benefit also depends on the reference income of the family household to which the children and young people belong, that cannot be higher than 1,5 times the Social Support Index (IAS*) value, in force at the date when the reference income is calculated.

The reference income results from the sum of the total income amount of each family member divided by the number of children and young persons who belong to that family household and are entitled to the Family Allowance, plus one. The amount obtained is then included in the income levels established according to the Social Support Index (IAS¹) value.

¹ Social Support Index (IAS) amount - 419,22 €

The children and young people entitled to the family Allowance and who live in non profit institutions are considered isolated persons; therefore, they are directly placed in the first income level.

Amount granted:

The amount of the family allowance for children and young people varies according to the child or young person's age and to the reference income level of the respective family household.

The reference income results from the sum of the total income amount of each family member divided by the number of children and young persons who belong to that family household and are entitled to the Family Allowance, plus one. The number of children and young persons includes those who are not receiving the allowance because the family household income is higher than the limit value corresponding to the 3rd income level.

The amount obtained is then included in the income levels established according to the Social Support Index (IAS) value.

The Decree-law no. 116/2010 of 22 October eliminated the family allowance granting for the higher income levels and established only four income levels.

Reference income levels of the family household	
1 st	Equal or lower than $0.5 \times \text{IAS} \times 14$
2 nd	Higher than $0.5 \times \text{IAS} \times 14$ and equal or lower than $1 \times \text{IAS} \times 14$
3 rd	Higher than $1 \times \text{IAS} \times 14$ and equal or lower than $1,5 \times \text{IAS} \times 14$
4 th	Higher than $1,5 \times \text{IAS} \times 14$

Income levels	Amounts of the family allowance for children and young people	
	Children aged 12 months or less	Children aged over 12 months
1 st	€ 140,76	€ 35,19
2 nd	€ 116,74	€ 29,19
3 rd	€ 92,24	€ 26,54
4 th	€ 0,00	€ 0,00

i) Additional amount

An additional amount equal to the family allowance amount is paid in September to compensate school expenses, provided that the children and young people entitled to this benefit fulfil the following conditions:

- Benefit from an amount corresponding to the 1st income level;
- Are aged between 6 and 16;
- Are enrolled in an educational establishment.

ii) Increase in the family allowance for children and young people belonging to larger families – Decree-law no. 245/2008 of 18 December

This increase corresponds to a higher amount of the Family Allowance for children aged between 12 and 36 months, as from the birth or the integration of a second child in the same family household.

- Double amount – as from the second child
- Triple amount – as from the third child and subsequent children

Income levels	Increased amounts of the family allowance for children and young people	
	Child in a family household with 2 family allowance beneficiaries	Child in a family household with more than 2 family allowance beneficiaries
1 st	€ 35,19	€ 71,38
2 nd	€ 29,19	€ 58,38
3 rd	€ 26,54	€ 53,08
4 th	€ 0,00	€ 0,00

iii) Increase of the family allowance for single parent families – Decree-law no. 245/2003 of 18 December

This increase is a measure aimed to strengthen social protection to single parent families; it is an increase of the family allowance for children and young people, made through a raise in the amount of the respective grants, increases and supplements, including the prenatal family allowance.

The amount of family allowances for children and young people is increased by 20% in case of single parent families.

2 – Prenatal Family Allowance – Decree-law no. 245/2008 of 18 February

This benefit is granted to pregnant women, as from the month following the 13th week of pregnancy.

Pregnant women are entitled to this benefit provided that they fulfil the same conditions established for the granting of the allowance for children and young people, i.e. the general residence condition and a family household reference income lower than the limit value established for the higher income level.

Amount:

The prenatal family allowance amount is the same as the family allowance for children and young people amount, plus an increase similar to the one granted in the first 12 months of life, multiplied by the number of medically proved unborn children.

The calculation of the reference income follows the same rules applied to the family allowance for children and young people:

Income levels	Prenatal Family Allowance Amounts
1 st	€ 140,76
2 nd	€ 116,74
3 rd	€ 92,29

3 – Death Grant – *Decree-law no. 176/2003 of 2 August*, amended by Decree-law no. 41/2006 of 21 February, complemented by the Ministerial Order no. 458/2006 of 18 May.

This benefit is paid as a lump sum to compensate the applicant for the expenses with the funeral of any member of his family household, or of any other person, including unborn children, provided that he/she is resident in the national territory.

The death grant benefit corresponds to a fixed amount: € 231,86, that is updated every year.

Unless otherwise provided for in international instruments or special legislation to which Portugal is bound, benefits for family expenses cannot be paid outside the national territory.

B – Disability and dependency benefits:

Disability and dependency benefits may be granted under the contributory scheme, provided that there is a previous contributory connection between the beneficiaries and social security and that other entitlement conditions are fulfilled by the beneficiaries and their family households. However, these benefits may also be granted under the non-contributory scheme.

The following cash benefits are granted under the non-contributory scheme:

- Supplement for disabled children
- Allowance for Attending Special Education Establishments
- Allowance for Care Provided by a Third Party

Granting Conditions:

In addition to the special conditions established by law for the granting of each of these benefits, children and young people or their family households must fulfil one of the following means-testing conditions:

- a monthly gross income equal or lower than 40% of the Social Support Index (IAS)* amount, provided that the family household income is not higher than 1,5 times the IAS value;
 - the family household income, per family member, cannot be higher than 30% of the Social Support Index (IAS) value, and there must be a situation of social risk or dysfunction.
- *Not applicable to the Allowance for Attending Special Education Establishments

Supplement for Disabled Children – Decree-law no. 160/80 of 27 May, amended by Decree-law no. 133-C/97 of 30 May.

This supplement is added to the family allowance for children and young people. It is granted to the beneficiary's children with disability, aged less than 24 and that are in one of the following situations:

- are under the care of the beneficiary
- are attending or inpatients in a specialized rehabilitation establishment, or are in the condition of attending or be admitted in these establishments
- need individual education support and/or specific therapeutic support;
- do not carry out any professional activity covered by a mandatory social protection scheme.

This supplement corresponds to an increase in the amount of the family allowance for children and young people with disability and varies according to the age of the child/young person and to the composition of the family household.

The amounts of the supplement for disabled children are the following:

Age groups	Amounts of the Supplement for Disabled Children
Up to 14	€ 59,48
From 14 to 18	€ 86,62
From 18 to 24	€ 115,96

Allowance for Attending Special Education Establishments – Decree-law no. 160/80 of 27 May, amended by Decree-law no. 133-C/97 of 3 May; Implementing Decree no. 14/81 of 7 April, amended by the Implementing Decree no. 19/98 of 14 August.

This benefit is granted to the beneficiary's children with disability, aged less than 24, who are in one of the following situations:

- Are under the care of the beneficiary;
- Are attending private special education establishments, profit or non profit, or cooperative, under the responsibility of the Ministry of Education and that imply monthly payments;
- Receive individual educational support given by a specialized entity;
- Need to attend a private regular school, after attending a special education establishment;
- Are attending nursery schools or kindergartens as a specific means to overcome the disability and achieve social integration more swiftly;
- Do not carry out any professional activity covered by a mandatory social protection scheme.

This benefit amounts vary according to the establishments' monthly payments, the family household income, the number of people in the household and housing expenses.

Allowance for care provided by a third party – Decree-law no. 160/80 of 27 May, amended by Decree-law no. 133-C/97 of 30 May.

This benefit is granted to the beneficiary's children who fulfil the following conditions, simultaneously:

- Are entitled to the Family Allowance for Children and Young People, with the supplement for disabled children or the Lifelong Monthly Allowance;
- Are dependent children and need effective care from a third party for at least six hours a day to ensure their basic needs.

This allowance is not granted in cases where the long term care is provided in health establishments or social support public or private, non profit, establishments, funded by the State or by any other legal persons governed by public or private law and considered as establishments of public interest.

This benefit corresponds to a fixed amount: € 88,37.

Response to the European Committee of Social Rights

“The Committee notes that the duration of the RSI is 12 months but it is automatically renewable. However, this benefit can be withdrawn 90 days after it has been granted if no insertion programme is signed with the person concerned for reasons of his/her repeated and unjustified failure to fulfil the obligations he/she undertook under the programme. In its previous conclusion the Committee noted that social assistance can be withdrawn if the person concerned does not show that he/she is prepared to accept a suitable offer of employment. The Committee asked for more information concerning the notions of ‘suitable employment’ or ‘socially necessary work’. It notes that the report does not provide this information.”

The concept of “*emprego conveniente*” (‘suitable employment’) is established by Article 13 of the Decree-law no. 220/2006 of 3 November, amended by the Decree-law no. 68/2009 of 20 March, Law no. 5/2010 of 5 May, and by the Decree-law no. 72/2010 of 18 June, which is reproduced as follows:

Article 13 **Suitable employment**

1 — *It is considered suitable employment the one that, simultaneously:*

- a) Respects the minimum earnings condition and other conditions established by the general law or by applicable regulations of a collective labour agreement;*
- b) Consists on duties or tasks that can be carried out by the worker, taking into account namely his/her physical abilities, educational qualifications, professional training, competences and professional experience, even if they are carried out in an area of activity or profession different from the one carried out by the worker before the unemployment date;*
- c) Ensures gross earnings equal or higher than the unemployment benefit amount plus 10%, if the job offer occurs during the first 12 months of the unemployment benefit granting period, or equal or higher than the unemployment benefit amount, if the job offer occurs during or after the 13th month of the unemployment benefit granting period;*
- d) Ensures that the amount of travel expenses between the worker’s home and his/her workplace fulfils one of the following conditions:*
 - i) Does not exceed 10% of the worker’s gross monthly wage;*
 - ii) Does not exceed the amount of travel expenses between the worker’s home and his/her previous employment, provided that the job offer’s earnings are equal or higher than the last employment earnings;*
 - iii) The employer supports the travel expenses between the worker’s home and the workplace or provides for free means of transportation;*

e) Ensures that the average time of travel between the worker's home and the job offer's workplace:

i) Does not exceed 25% of the working hours, except in situations where the beneficiary has minor or dependent children; in these cases, the percentage is reduced to 20%.

ii) Exceeds 25% of the job offer's working hours, but is not higher than the travel time between the worker's home and his/her previous job.

2 — (Revoked.)

3 — For the purposes of paragraph 1(c), it shall always be considered suitable employment the one that ensures gross earnings equal or higher than the gross earnings from the last employment.

4 — For the purposes of paragraph 1(d), the reference amount of travel expenses relevant for the determination of suitable employment is the amount spent when using public transportation.

5 — For the purposes of paragraph 1(e), the travel time is measured by taking into account the average time of travel between the worker's home and the workplace using public transportation; this time is determined namely through elements taken from official statistical data.

The concept of "trabalho socialmente necessário" ('socially necessary work') is also defined by article 15 of the same Decree-Law, as follows:

Article 15 **Socially Necessary Work**

It is considered socially necessary work the one that shall be developed within the scope of occupational programmes, whose scheme is regulated by specific legislation; it is organized by public or private non profit entities for the benefit of the community, and for reasons of social or collective need; it may be carried out by social benefit entitled persons who are capable of working and that do not refuse it on the basis of invoked justified reasons .

Specifically in what concerns the Social Integration Income (RSI) scope, the Ministerial Order no. 128/2009 of 30 January, amended by the Ministerial Order no. 249/2010 of 31 May and by the Ministerial Order no. 164/2011 of 18 April develops this concept in its Article 2; it also establishes the objectives of this labour modality in Article 3, as follows:

Article 2 **Socially Necessary Work**

Socially necessary work is considered to be the performance, by unemployed persons registered in employment centres, of activities carried out in public or private non profit entities, that fulfil temporary social or collective needs.

Article 3 Goals

The socially necessary work goals are the following:

- a) To promote employability to unemployed persons, by preserving and improving their socio-professional competences, thus maintaining their contact with the labour market;*
- b) To foster contact of unemployed persons with other workers and activities, avoiding the risk of isolation, lack of motivation and marginalisation;*
- c) To support socially useful activities, particularly those that satisfy local or regional needs.*

"It now asks what forms of social assistance may be refused in such circumstances, whether the assistance is withdrawn in its entirety and whether the withdrawal of such assistance may amount to the deprivation of means of subsistence for the person concerned."

Within the scope of the RSI benefit, specifically in Articles 18 to 24 of Decree-Law no. 283/2003, in the version published by the Decree-law no. 42/2006 of 23 February, additional support was provided for in case of maternity, disability, dependency (for the elderly aged 65 or over) and chronic disease, as well as a supplement for housing expenses. In these cases, the payment of these supplements ended when the payment of the RSI benefit ceased; these supplements were later entirely revoked by Decree-Law no. 70/2010 of 16 June.

However, in what concerns the support given to these family households by the social support services, there are some exceptional short-term benefits of limited amounts aimed to provide minimum subsistence to these family households.

The fundamental goals of the Social Action System are the following:

- to prevent and provide support in situations of socio-economic need and inequality, dependency, dysfunction, social exclusion or vulnerability, as well as to ensure the integration and promotion of people in the community and the development of their capabilities.
- To provide special protection to the most vulnerable groups, namely children, young people, disabled persons and the elderly, as well as other persons in a situation of economic or social need, dysfunction or social marginalisation.

The protection of the Social Action System is carried out through:

- a) The granting of exceptional short-term cash benefits;
- b) The granting of benefits in kind;
- c) The access to the national services and social facilities network;

d) The support to programmes for combating poverty, dysfunction, marginalisation and social exclusion.

The access conditions to these benefits imply:

- The evaluation of the beneficiary's socio-economic status;
- Financial availability from the social security institutions;
- The range of the social equipments and services network in the residence areas or nearby areas.

"In the absence of information concerning the amount of supplementary benefits paid on average to a single person without resources, the Committee holds that it has not been established that the level of social assistance is adequate."

As previously mentioned in this report, the publication of Decree-law no. 70/2010 of 16 June entirely revoked the granting of special benefits and supplements. Therefore, at this stage, it would be out of time to present any data concerning these benefits, since they reflect a reality totally different from the current one.

Right of appeal and legal aid

"The Committee asks whether there is a right of appeal concerning the cases of withdrawal of social assistance following the refusal to accept a suitable employment or follow an insertion programme."

Although this case refers to RSI beneficiaries that rejected suitable job offers or the completion of an integration programme within the RSI scope, their right to complaint and appeal does not derive from the legislation that regulates the granting of this benefit. In fact, those rights are regulated by the general terms of the Administrative Procedure Code (Decree-law no. 422/91, updated by Decree-law no. 6/96 of 31 January).

Therefore, if the beneficiary does not reply during the 10-day period after the notification concerning the end of the benefit payment, this act becomes effective on the first working day after the expiry of the established time limit.

As from that date, begins the counting of the following time limits:

- 15 working days to file a complaint against the author of the notification;
- 3 months to file an appeal to the head officer of the competent social security institution;
- 3 months to file a judicial challenge;

However, it is important to underline that there are two different situations to be taken into account, which are the following:

- a) The refusal of a suitable employment offer - considering that this act takes place in the Employment Centres, which are under the responsibility of the Institute for Employment and Professional Training, P.I. (Instituto do Emprego e Formação Profissional, I.P. - IEFP), the right to complaint must be exercised at that entity services, despite the fact that the consequences of this act result in the end of the RSI payment by the Social Security services on the basis of the information provided by the IEFP.
- b) The refusal to comply with an integration programme – this act is subject to the decision-making from the Social Security Institute, P.I. (Instituto da Segurança Social, I.P. – ISS, I.P.); therefore, this right must be exercised at the social security services.

Still, in what concerns the consequences of each act, it should be underlined that:

- The unjustified refusal of a suitable employment offer (Article 22(e) and Article 30 of Law no. 13/2003 of 29 May, amended by the Decree-law no. 70/2010 of 16 June), not only determines the end of the RSI benefit payment, but also implies that the entitled person or beneficiary will not be entitled to any of the RSI benefits for a period of 24 months (Article 29(3) and Article 30(3) of Law no. 13/2003 of 29 May).

This consequence is also provided for if a socially necessary work offer is refused by the beneficiary.

The refusal to comply with a social integration programme may have two consequences, depending on the following situations:

- Failure to comply with the obligations assumed under a social integration programme, in a repeated and unjustified manner (Article 22(c) of Law no. 13/2003 of 21 May), determines the end of the RSI benefit payment;
- Unjustified failure to comply with an action or measure under the integration programme, for the second time, and following the application of an admonition for the initial refusal, determines the end of the benefit payment (Article 22(e) and Article 30 of Law no. 13/2003 of 29 May, amended by Law no. 45/2005 of 29 August and by the Decree-law no. 70/2010 of 16 June), and also the suspension of the RSI benefit granting for a period of 12 months (Article 29 (2 and 3) and Article 30 (3) of Law no. 13/2003 of 29 May, amended by the Decree-law no. 70/2010 of 16 June).

Personal scope

The Committee notes from MISSOC that all persons with legal place of residence in Portugal are entitled to social assistance. The Committee asks

whether there is any length of prior residence requirement for entitlement to social benefit."

Particularly in what regards the RSI entitlement conditions, it is necessary to fulfil the condition of legal residence in Portugal for at least three years, except in the case of foreign citizens from countries of the European Union, the European Economic Area (Liechtenstein, Norway, and Iceland) and Switzerland.

"The Committee concludes that the situation in Portugal is not in conformity with Article 13§1 of the Revised Charter on the ground that it has not been established that the level of social assistance paid to a single person without resources is adequate."

It should be noted that the already mentioned Decree-law no. 70/2010 of 16 June has changed several rules within the scope of the Social Integration Income (RSI).

Considering that the means-testing condition was based on three distinct concepts such as the concepts of family household, income to be considered and the per capita alteration, this Decree-Law brought further changes to these concepts: on the one hand, it extended the family household concept (establishing it according to the idea of "domestic composition") and, on the other hand, it established that other income categories were to be taken into account in the means-testing (as it is the case of some social benefits and support in the housing area).

However, the real innovation was the creation of a means-testing "pre-condition", a family household limit amount in terms of movable assets (including all bank deposits and other movable assets defined by law, such as stocks, bonds, savings certificates, shares and claims in collective investment institutions), that cannot be higher than 240 times the Social Support Index (IAS) value, in the amount of €100.612,80. Any family household income that exceeds this limit amount is automatically excluded from the right to apply for the RSI or any other social benefits subject to the means-testing condition.

Table 61
Social Integration Income base value and additional bonus or benefits for a single person without resources, 2005-2010 (legal framework at the end of each year)

	2005	2006	2007	2008	2009	2010	2011
Base value for a single person without resources	164.17	171.73	177.05	181.91	187.18	189.52	189.52
Pregnancy bonus	49.25	51.52	53.12	54.57	56.15	-	-
Child's 1st year bonus	(82.09)*	(85.87)*	(88.53)*	(90.96)*	(93.59)*	-	-
Incapacity or chronic disease 1st degree bonus (+30%)	49.25	51.52	53.12	54.57	56.15	-	-
Incapacity or chronic	82.09	85.87	88.53	90.96	93.59	-	-

(Euros)

disease 2 nd degree bonus (+50%)							
Highly dependent elderly bonus (+50%)	82.09	85.87	88.53	90.96	93.59	-	-
Housing costs bonus (max)	96.26	96.28	101.33	103.86	106.87	-	-
Education, health, transport costs support accordingly to integration programme	✓	✓	✓	✓	✓	-	-
Social security benefits not considered for means test purposes (e.g., may accumulate to social integration income):							
Housing benefit (max)	96.26	96.28	101.33	103.86	106.87	-	-
Child benefits and other family benefits	*	*	*	*	*	*	*
Education benefits	✓	✓	✓	✓	✓	-	-
Dependency supplement for pensioners	73.88 ~ 147.76	77.28 ~ 154.56	79.68 ~ 159.35	81.86 ~ 163.72	84.23 ~ 168.47	85.28 ~ 170.58	85.28 ~ 170.58
Other benefits							
Healthcare user charges exemption	✓	✓	✓	✓	✓	✓	✓

Source: Ministry of Solidarity and Social Security, Strategic and Planning Office – Data source of information: Social Security Account; Institute of Social Security

* not applicable in the example (single person);

Paragraph 3

Within the scope of solidarity, integration and social emergency, it is important to mention the existence of the National Social Emergency Helpline (LNEs), that was already described in the previous report, whose operation and goals remain the same. The next tables show some physical data covering the period of 2008 to 2011.

Table 62
LNEs – Emergency typology evolution, 2008 to 2011

Emergency typology	2008	2009	2010	2011
Domestic Violence	1.426	1.464	1.768	1.040
Violence in another context (Physical and Psychological)	31	35	50	10
Displacement	513	611	809	335
Absence/loss of autonomy	709	594	544	283
Children and young people	312	237	317	174
Homeless persons	323	229	297	123
Neglected Elders		6	4	0
Abandonment	10	36	45	6
Other	111	40	50	87
Total	3.435	3.252	3.884	2.058

Source: LNEs, ISS,IP (Social Security Institute, P.I.)

There may occur one or more typologies in the same Emergency/crisis process.

These data include the Madeira and Azores autonomous regions

Table 63
LNEs – Evolution of emergency responses, 2008 to 2011

Emergency responses	2008	2009	2010	2011
Psychosocial Support by the District Team	796	1.482	990	958
Temporary accommodation	1.312	1.604	1.282	839
Referral	1.585	1.446	1.140	856
Shelter	162	124	94	384
Support	506	1.155	1.053	1.075
Signaling of cases	232	220	248	301
Institutional placement	3	2	3	7
Other responses		423	363	395
Not located		20	16	0
People who refused assistance	102	115	89	72
Total	4.698	6.591	5.278	4.887

Source: LNEs, ISS,IP (Social Security Institute, P.I.)

Table 64
LNES – Evolution of crisis typologies, 2008 to 2011

Crisis Typology	2008	2009	2010	2011
Economic need/ Unemployment	129	32	26	54
Domestic violence	133	50	67	80
Neglected Elders/Disabled persons	84	54	68	104
Application for nursing home and Domestic Support	143	115	132	171
Neglected Children and Young People	82	65	54	61
Housing Precariousness	96	42	44	59
Lack of Autonomy due to Disease and Isolation	296	208	251	229
Other	180	38	62	109
Total	1.143	604	704	867

Source: LNES, ISS, IP (Social Security Institute, P.I.)

Specific problems (Drug addiction and HIV)

In the period from 2008 to 2010 there was an increase of people supported within the scope of drug addiction. In 2011 there was a decrease in the number of persons covered by this support. Since 2009, there was a gradual decrease in the co-payments made by the Social Security system in this area.

Table 65
Evolution of the number of persons supported within the scope of drug addiction, 2008 to 2011

Nr. of Persons Supported	2008	2009	2010	2011
	3.094	4.907	5.368	4.774

Source: ISS, I.P. (Social Security Institute P.I.) – Social Action Management Indicators

Table 66
Evolution of the Social Security co-payments within the scope of drug addiction during the period from 2008 to 2011

	2008	2009	2010	2011
Amount	3.319.604	3.610.411	2.540.125	2.200.150

Source: ISS, IP Social Action Management Indicators

HIV/AIDS

During the period from 2008 to 2011, there was a decrease of the number of persons under support and in the co-payments made by the Social Security in this area.

Table 67

Evolution of the number of persons supported within the scope of HIV/AIDS, 2008 to 2011

Nr. of Persons Supported	2008	2009	2010	2011
	3.094	2.328		1.798

Source: ISS, IP - Social Action Management Indicators

Table 68

Evolution of the co-payments made by Social Security within the scope of HIV/AIDS, during the period from 2008 to 2011

	2008	2009	2010	2011
Amount	2.426.494	2.375.212	1.677.808	1.017.971

Source: ISS, IP - Social Action Management Indicators

Paragraph 4

The conditions described in the previous report remain valid. In this report, we highlight some measures specifically aimed at foreign citizens.

Measures to support Foreign Citizens

In what concerns measures to support foreign citizens, it is important to underline the implementation of Plan I for immigrant Integration (PII) (2007/2009), created by the Council of Ministers' Resolution no. 63-A/2007 of 3 May, aiming to respond to the need for an integrated intervention at national level and simultaneously comply with the European Community recommendations. In 2010, the Plan II for the Integration of Immigrants (2010/2013) was approved by the Council of Ministers Resolution no. 74/2010 of 17 September.

Both Plans provide for the development of several support measures whose implementation responsibility is shared by several bodies, from different areas, including Social Security, through the Social Security Institute, P. I..

Within the scope of Social Security, we highlight the participation in the development of the following measures:

- The improvement of the official data on immigrants integration;
- The provision of humanitarian support to immigrants in extreme poverty situations;
- The institutionalisation of procedures for a better management of health agreements and to facilitate the access to health services to immigrants and the persons accompanying them;
- The support of immigrant families in the reconciliation of their private, family and professional lives;
- The fighting against the socio-economic vulnerability of older immigrants through the dissemination of the available institutional responses.

The following tables show some data concerning Social Security participation in the implementation of these measures:

- Measure - Improvement of the official data on immigrant integration

Table 69
Number of foreign citizens registered in the Social Security system, 2009 to 2011

Year	2009	2011
Active registration in Social Security*	379.297	321.605

Source: ISS, I.P. (Social security Institute, P.I. – Dec. 2009 / Dec. 2011)

- Measure – Provision of humanitarian support to immigrants in extreme poverty situations

Table 70
Number of economic supports granted, 2009 to 2011

Year	No. of Supports	Support designation	Amount paid (Euro)
2009	47.818	Social Support/SII	
2011	82.945	Social Support/SII	9.807.069

Sources: 2009 – PCM (Presidency of the Council of Ministers) – Alto Comissariado para a Imigração e Diálogo Intercultural, I.P. (High Commissioner for Immigration and Intercultural Dialogue, P.I.) - Final Report of Plan I for the integration of immigrants

Sources: 2011 ISS, I.P. (Social Security Institute, P.I.) – Dec. 2011

- Measure – Institutionalisation of procedures for a better management of health agreements and to facilitate the access to health services of immigrants and the persons accompanying them

Within the scope of this measure, in 2009, the Social Security Institute, P. I. established a protocol with the High Commissioner for Immigration and Intercultural Dialogue, PI, to support immigrants and the persons accompanying them in the access to health services. The Foreign Patients Support Programme (PADE - Programa de Apoio a Doentes Estrangeiros) covers citizens from Angola, Mozambique, Cape Verde, São Tomé and Príncipe and Guinea Bissau.

Table 71
PADE - Number of health grants – 2009 to 2011

Year	Nº of shelter homes	Nº of Health Grants	Amount paid (Euros)
2009	4	68	164 761,00 €
2010			
2011*	7	526	233 337,20 €

Source: ISS, I.P. (Social Security Institute, P.I.)

*Period of Jan/Oct

- Measure – The support of immigrant families in the reconciliation of their private, family and professional lives and Measure – The fighting against socio-economic vulnerability of older immigrants through the dissemination of available institutional responses.

Table 72
Number of granted supports/per social response - 2011

Indicator	Number of users covered
Number of immigrant children who benefit from a Nursery	152
Number of older immigrants who benefit from domestic support	40
Number of older immigrants who benefit from day centres	53
Number of older immigrants who benefit from community centres	68
Number of older immigrants who benefit from nursing homes	92
Total	405

Source: ISS, I.P. (Social Security Institute, P.I.), SDD (Social Development Department), Social Measures Unit

Table 73
Social Integration Income (RSI) 2011

Elderly Immigrants (age= > 65)	Number of elderly people
Foreign entitled persons	294
Foreign beneficiaries	224

Source: ISS, I.P. (Social Security Institute, P.I.), Department of Benefits and Assistance/Nov-2011

Table 74
Solidarity Supplement for the Elderly /CSI), 2011

Immigrant Beneficiaries	1.283
-------------------------	-------

Source: ISS, I.P., CNP (Social Security Institute, P.I., National Pensions Centre)

ARTICLE 14
THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

Paragraph 1

The legal framework presented in the 4th Report, as well as the description of the social responses' services and facilities from the social action area have not changed in terms of structure. Therefore, in this Report, there will be no additional information concerning this issue, except for some changes that will be described as follows.

Social Services and Facilities

Aimed at children and young people with disabilities

The Decree-law no. 281/2009 of 6 October created the National System of Early Childhood Intervention (Sistema Nacional de Intervenção Precoce na Infância – SNIP), that consists of an organised set of institutional entities with a familiar nature, aimed to ensure conditions for the development of children whose functions or body structure limit their personal and social growth, and their participation in activities typical of their age, as well as children with serious risk of developmental delay. This system operates in coordination with representative structures of the Ministries of Social Solidarity, Health and Education.

Aimed at Children and Young People in Danger Situations

The Decree-law no. 12/2008 of 17 January lays down the implementation scheme of measures for the promotion and protection of children and young people at risk in natural living environment, as foreseen in the Annex to Law no. 147/99 of 1 September, the Law for the Protection of Children and Young People in Danger Situations.

These measures are aimed to get support from parents and other family members, give trust to an idoneous person and provide support for an autonomous life. The essential assumption of these measures is that they ensure an intervention that provides the necessary conditions to families in order to guarantee the full development of children and young people, within the scope of responsible parenting.

In 2010, the Decree-law no. 63/2010 of 9 June provided for the granting of a basic economic support amount, within the scope of promotion and protection measures.

Paragraph 2

Considering the information provided in the previous 4th Report, there are no new data to be presented in this Report.

The following table shows the evolution of the number of IPSS (private social solidarity institutions) registered, per legal nature and year.

Table 75
Number of private social solidarity institutions - 2008 to 2011

Legal Nature	2008	2009	2010	2011
Social Solidarity Associations	95	80	79	64
Health Oriented Institutions	13	11	15	10
Foundations and Parish Centres	11	16	11	11
Brotherhoods/Sisterhoods of Charity	0	2	0	0
Associations	0	1	0	4
Similar institutions:				
Community Houses	8	3	6	2
Cooperatives	9	9	9	7
TOTAL	136	122	120	98

Source: Directorate General of Social Security

The following tables show the evolution of the number of cooperation agreements established between the Social Security Institute, P.I. (ISS, I.P.) and the solidarity network entities that provide social services and responses, as well as the number of users covered and the financial amounts spent in these cooperation agreements.

The data are organized by target population (Families and the Community; Children and Young People; Children and Young People with Disabilities; Children and Young People in Danger Situations; Adults with Disability; People with Disability, Persons with Mental or Psychiatric Health Problems and the Homeless; Specific Vulnerable Situations and Other (closed group)). The Social responses aimed at each one of these groups are also indicated in the next tables.

Social Services and Facilities – Family and the Community

Table 76
Social services and facilities aimed at families and the community
– Number of cooperation agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Social advising/ Supervision Service	132	130	128	125
Community Centre	142	135	134	129
Holidays and Leisure Activities Centre	7	7	7	7
Social Canteen	32	32	32	33
Life Support Centre	20	18	18	18
Food Aid	5	5	6	6
Integration Community	39	39	39	41
Temporary Accommodation Centre	30	31	30	31
Self-Help Group	0	3	4	4
Total	407	400	398	394

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 77
Social services and facilities aimed at families and the community
– Number of people covered by cooperation agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Social advising/ Supervision Service	n.a	1.168	1.639	1.701
Community Centre	n.a	10.136	9.753	9.487
Holidays and Leisure Activities Centre	n.a	891	1.215	1.215
Social Canteen	n.a	1.615	1.615	1.580
Life Support Centre	20	415	415	480
Integration Community	1.221	1.718	1.718	1.941
Temporary Accommodation Centre	670	923	911	917
Self-Help Group	0	109	129	129
Total	1.911	16.975	17.395	17.450

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 78
Social services and facilities aimed at families and the community –
Amounts spent in Cooperation Agreements – 2008 to 2011

Euros

Social responses	2008	2009	2010	2011
Social advising/ Supervision Service	7.656.050	6.469.273	6.465.168	4.925.039
Community Centre	14.483.804	14.958.829	14.809.317	14.877.553
Holidays and Leisure Activities Centre	4.141.398	4.181.821	4.195.758	4.212.526
Social Canteen	1.694.309	1.718.108	1.756.412	1.996.248
Life Support Centre	1.161.033	1.316.022	1.510.146	1.563.876
Food Aid	275.686	366.381	389.534	452.953
Integration Community	5.006.156	5.374.206	5.850.957	6.215.724
Temporary Accommodation Centre	2.867.958	3.398.209	3.333.195	3.978.773
Self-Help Group		100.560	104.376	94.341
Total	37.286.394	37.883.409	38.414.863	38.317.033

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

The longitudinal data analysis shows that the number of cooperation agreements established between the ISS, IP and the solidarity network entities, that provide social services and responses, has decreased (3,2%, during the reference period of this Report – 2008 to 2011), with an average of about 4 agreements per year, maintaining a total average number of 400 agreements per year.

However, this evolution does not show an impact on the social services/responses coverage, nor in social security investment in the maintaining of service levels; these aspects are evidenced by the increase of the number of users covered and by the allocated financial amounts (a positive evolution between 2008 and 2010, with an average slightly higher than 1/2 million Euros per year).

From the social responses identified, it is important to underline the decrease of about 10% in the number of cooperation agreements established for the Community Centre response, during the reference period.

Furthermore, in what concerns the number of users (2009/2011) and the allocated financial amounts, the higher evolution occurs mainly in the following social responses: Social Advising/Supervision Services, Integration Communities and Temporary Accommodation Centres.

Social Services and Facilities – Children and Young People

The following tables show the evolution of the number of social services and facilities aimed to provide social responses to children and young people.

Table 79
Social services and facilities aimed at children and young people –
Number of cooperation Agreements - 2008 to 2011

Social responses	2008	2009	2010	2011
Family Nursery	105	65	66	67
Day Nursery	1655	1587	1666	1729
Pre-School Education	1466	1436	1455	1452
Leisure Activities Centre	1719	1624	1599	1528
Total	4.945	4.712	4.786	4.776

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

In what concerns the evolution of the number of agreements established for the development of social services and responses aimed at children and young people, there is a decrease of 3,5 %, corresponding to an average of about 56 agreements per year, during the reference period, maintaining a total average number of 4085 agreements per year.

Table 80
Social services and facilities aimed at children and young people
– Number of users covered by Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Family Nursery	2998	3248	3237	3248
Day Nursery	58331	61160	64672	67319
Pre-School Education	86969	88094	89139	88167
Leisure Activities Centre	71186	68581	68408	65232
Total	219.484	221.083	225.456	223.966

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 81
Social services and facilities aimed at children and young people – Amounts spent in
Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Family Nursery	8.869.590	7.834.031	7.897.237	7.527.601
Day Nursery	157.067.153	169.071.287	178.433.534	189.679.966
Pre-School Education	188.601.566	193.884.849	193.156.981	181.810.379
Leisure Activities Centre	53.665.059	49.005.893	45.493.262	40.899.317
Total	408.203.368	419.796.060	424.981.014	419.917.263

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

In what concerns the allocated financial amounts, there was an increase in the amounts spent until 2010; as from that year, there was a slight decrease in these amounts. During the reference period, there was a decrease of about 11,7 million Euros in the amounts spent.

Social services and facilities – Children and young people with disabilities

In what regards the evolution of social services and facilities aimed at children and young people with disabilities, there was an increase in the number of cooperation agreements established for all social responses considered, as well as in the total number of users covered (an increase of 32 % of users, during the reference period), with particular emphasis to the Early Intervention response (chart no.?) and to the allocated financial amounts (an increase of 3 491 244, 00 €, during the reference period).

Table 82
Social services and facilities aimed at children and young people with disabilities – No. of cooperation agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Early Intervention	102	103	107	110
Support Home	25	27	26	26
Transportation for People with Disability	0	2	2	2
Total	127	132	135	138

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 83
Social services and facilities aimed at children and young people with disabilities – No. of users covered by Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Early Intervention	3.620	3.795	4.069	5332
Support Home	353	409	386	386
Transportation for People with Disability	0	300	300	300
Total	3.973	4.504	4.755	6.018

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 84
Services and facilities aimed at children and young people with disabilities
- Amounts spent in Cooperation Agreements - 2008 to 2011

	Euros			
Social responses	2008	2009	2010	2011
Early Intervention	5.595.196	5.766.309	6.480.251	8.399.303
Support Home	2.831.983	2.726.200	2.646.070	2.631.236
Transportation for People with Disability	0	910.034	1.013.652	887.884
Total	8.427.179	9.402.543	10.139.973	11.918.423

Source: ISS, I.P. (Social Security Institute, P.I.) - Social Action Management Indicators

Social services and facilities - Children and young people in danger situations

According to the presented data, the global decreasing trend of the number of established agreements is maintained (an average reduction of 7 agreements per year). From these, we underline the reduction of agreements established for the social response - nursing homes for children and young people - (an average reduction of 8,6 agreements per year).

The number of users covered by this type of social responses also increases, in spite of the decreasing number of established agreements, with focus on the number of users covered by Family Support/Parental Counselling Centres (an increase of 60% of users, during the reference period).

In what concerns the amounts spent in cooperation agreements, there is an increase of the amounts spent during the reference period (2008/2011); however, as from 2010, the decreasing trend is maintained.

Table 85
Services and facilities aimed at children and young people in danger situations
- Number of Cooperation Agreements - 2008 to 2011

Social responses	2008	2009	2010	2011
Family Support and Parental Counselling Centres	38	40	44	44
Street Team to Support Children/Young People	1	3	3	3
Family Allowance for Children and Young People	3	4	3	3
Temporary Accommodation Centre	125	117	122	122
Nursing Home for Children and Young People	215	199	196	189
Autonomy Apartment	3	3	3	3
Total	385	366	371	364

Source: ISS, I.P. (Social Security Institute, P.I.) - Social Action Management Indicators

Table 86
Services and facilities aimed at children and young people in danger situations – No. of users covered by Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Family Support and Parental Counselling Centres	1.223	2.286	2.751	3.037
Family Allowance for Children and Young People	50	105	75	75
Temporary Accommodation Centre	2.016	2.117	2.170	2.170
Nursing Home for Children and Young People	6.533	6.881	6.601	6.096
Autonomy Apartment	9	18	18	18
Total	9.831	11.407	11.615	11.396

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 87
Services and facilities aimed at children and young people in danger situations – Amounts spent in Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Family Support and Parental Counselling Centres	2.576.809	3.298.361	3.716.596	3.669.006
Street Team to Support Children/Young People	59.400	642.960	642.960	597.480
Family Allowance for Children and Young People	175.308	188.870	212.932	255.174
Temporary Accommodation Centre	19.481.765	22.637.591	24.338.888	24.618.700
Nursing Home for Children and Young People	39.271.299	39.852.085	39.253.145	37.719.591
Autonomy Apartment	72.461	75.749	133.763	146.806
Total	61.577.642	66.506.746	68.298.284	67.006.757

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Social Services and facilities – adults with disability

Table 88
Services and facilities aimed at adults with disability
– Number of Cooperation Agreements - 2008 to 2011

Social responses	2008	2009	2010	2011
Advising/ Supervision and Entertainment Centre	44	38	38	38
Home Support Service	21	15	23	21
Leisure Activities Centre	362	332	338	343
Autonomous Residence	0	0	7	15
Residential Home	200	195	202	201
Transportation for People with Disability	4	3	3	3
Total	631	583	611	621

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 89
Services and facilities aimed at adults with disability – Number of users
covered by Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Advising/ Supervision and Entertainment Centre	n.a	1.930	1.769	1.329
Home Support Service	361	379	539	519
Leisure Activities Centre	10.115	10.299	10.595	10.695
Autonomous Residence	0	0	41	99
Residential Home	3.563	4.044	4.149	4.241
Transportation for People with Disability	33	33	33	33
Total	14.072	14.755	15.357	15.587

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 90
Services and facilities aimed at adults with disability – Amounts spent in Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Advising/ Supervision and Entertainment Centre	5.120.315	5.361.562	5.744.238	5.693.579
Home Support Service	1.178.640	1.143.660	1.423.441	1.327.542
Leisure Activities Centre	55.806.854	58.992.933	60.621.822	62.169.145
Autonomous Residence	0	0	208.226	837.939
Residential Home	38.658.860	40.300.044	41.728.954	43.571.438
Transportation for People with Disability	597.864	127.672	127.672	128.181
Total	101.362.533	105.925.871	109.854.353	113.727.824

Euros

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

There is a slight decrease (1,5 %) of the number of established agreements during the reference period, namely in the Leisure Activities Centre social response – although this response is the one with the highest number of users covered (69 %), followed by the Residential Home response, with 27 % of users covered.

In what concerns the amounts spent, there is a continuous growth in the amounts spent in cooperation agreements, with a positive difference of about 12 million Euros, during the reference period.

Social services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless.

The aforementioned social responses have different target populations, i.e.: 1) the Home Support Service, the Integrated Home Support service and the Integrated Support Unit are aimed at dependent persons (77 % of the total responses); 2) the Socio-occupational Forum and the Supported, Protected, or Autonomous Life Units are aimed at persons with mental or psychiatric health problems (22 % of the total); 3) the Street Teams for the support of Homeless persons are aimed at homeless persons (1 % of the total).

Table 91

Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – Number of Cooperation Agreements - 2008 to 2011

Social responses	2008	2009	2010	2011
Home Support Service	0	27	18	18
Integrated Home Support	185	191	187	172
Integrated Support Unit	17	17	15	8
Socio-Occupational Forum	28	29	29	29
Supported Life Unit	5	4	4	4
Protected Life Unit	20	21	21	20
Autonomous Life Unit	4	4	4	4
Street Teams for the Support of Homeless Persons	1	2	2	2
Total	260	295	280	257

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 92

Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – Number of users covered by Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Home Support Service	0	1.040	626	626
Integrated Home Support	1.727	2.019	1.977	1.820
Integrated Support Unit	187	243	228	144
Socio-Occupational Forum	671	706	706	706
Supported Life Unit	67	67	67	67
Protected Life Unit	112	124	126	120
Autonomous Life Unit	23	24	24	24
Street Teams for the Support of Homeless Persons	0	95	95	95
Total	2.787	4.318	3.849	3.602

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 93
Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – Amounts spent in Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Home Support Service		3.452.847	2.615.389	1.884.256
Integrated Home Support	7.179.326	7.370.780	7.264.973	7.012.689
Integrated Support Unit	1.098.263	1.252.203	1.213.435	927.082
Socio-Occupational Forum	2.329.152	2.413.683	2.513.895	2.557.659
Supported Life Unit	346.400	393.851	397.067	398.656
Protected Life Unit	805.758	822.452	827.393	859.637
Autonomous Life Unit	44.878	46.026	46.592	47.245
Street Teams for the Support of Homeless Persons	22.218	421.688	422.130	423.818
Total	11.825.995	16.173.530	15.300.874	14.111.042

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

From the total number of responses, the one with the highest number of agreements established with solidarity network entities is the Home Support Service response (67%), which covers, in average, 1886 users.

Table 94
Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – No. of Cooperation Agreements - 2008 to 2011

Summary Table	Average Amounts (2008 to 2011)		
	No. of Agreements	No. of Users	Amounts
Dependency	214	2.659	10.317.811
Mental or psychiatric health problems	58	909	3.712.586
Homelessness	2	71	322.464
Total	273	3.639	14.352.860

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Social services and facilities – responses aimed at persons from the Closed Group

The following tables show a set of social responses with established agreements and whose target population is diverse.

It is important to underline the increasing trend of all social responses in all the analysed situations, with a total increase of about 27 % of the amounts spent during the reference period.

Table 95
Services and facilities – Closed Group – Number of Cooperation
Agreements - 2008 to 2011

Social responses	2008	2009	2010	2011
Outpatient Support	9	8	11	11
Guide Dog School	2	1	1	1
Braille Press	1	1	1	1
Other Supports - Resources Centre for Social Inclusion	12	16	17	19
Total	24	26	30	32

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 96
Services and facilities – Closed Group – Number of users covered by Cooperation
Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Outpatient Support	1.097	975	1.397	1.397
Guide Dog School	n.a	14	14	14
Total	1.097	989	1.411	1.411

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 97
Services and facilities – Closed Group – Amounts spent in Cooperation Agreements –
2008 to 2011

Social responses	2008	2009	2010	2011
Outpatient Support	2.682.678	2.767.198	2.963.291	2.975.138
Guide Dog School	145.962	159.713	161.762	162.409
Braille Press	231.450	235.822	235.822	236.766
Other Supports - Resources Centre for Social Inclusion	354.572	419.217	734.468	961.775
Total	3.414.662	3.581.950	4.095.343	4.336.088

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Social services and facilities aimed at persons in Specific Vulnerable Situations – 2008 a 2011

The following data underline the fact that there are no variations in the number of established agreements and users covered, or in the allocated amounts.

Among the social responses considered per number of agreements, we highlight the Social Reintegration Apartments and Shelter Homes, with about 49% of agreements established in 2011.

In what concerns the number of users covered, we underline the Direct Intervention Teams and Shelter Homes. The latter also reveals greater financial impact and it is responsible for about 49% of the amounts spent.

Table 98
Services and facilities – Specific Vulnerable Situations –
Number of Cooperation Agreements - 2008 to 2011

Social responses	2008	2009	2010	2011
Psychosocial advising/ Supervision Centre	10	11	11	11
Home Support Service	5	5	4	4
Residency for Persons with HIV/AIDS	4	4	4	4
Direct Intervention Team	27	27	25	25
Social Reintegration Apartment	28	29	27	28
Advising Centre	8	13	13	15
Shelter Home	30	30	29	29
Total	112	119	113	116

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 99
Services and facilities – Specific Vulnerable Situations – Number of users covered by
Cooperation Agreements – 2008 to 2011

Social responses	2008	2009	2010	2011
Psychosocial advising/ Supervision Centre	n.a	352	352	387
Home Support Service	104	113	88	88
Residency for Persons with HIV/AIDS	27	28	28	28
Direct Intervention Team	307	694	669	669
Social Reintegration Apartment	225	251	246	251
Advising Centre		210	210	334
Shelter Home	633	548	542	542
Total	1.296	2.196	2.135	2.299

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 100
Services and facilities – Specific Vulnerable Situations –
Amounts spent in Cooperation Agreements – 2008 to 2011

Euros

Social responses	2008	2009	2010	2011
Psychosocial advising/ Supervision Centre	627.907	645.460	624.746	782.577
Home Support Service	456.213	446.910	376.842	376.717
Residency for Persons with HIV/AIDS	168.844	172.304	173.816	180.687
Direct Intervention Team	1.416.466	1.496.413	1.391.685	1.397.214
Social Reintegration Apartment	1.035.216	1.046.228	1.016.782	1.009.458
Advising Centre	343.003	519.458	600.361	655.865
Shelter Home	4.230.257	4.032.002	4.183.111	4.224.568
Total	8.277.906	8.358.775	8.367.343	8.627.086

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

According to the following tables we verify, in global terms, that there was an increase of the number of agreements, users covered and amounts spent in cooperation agreements, during the period of 2008 to 2011.

Table 101
Services and facilities – per Social Response Area –
Number of Cooperation Agreements - 2008 to 2011

Social Response Area	2008	2009	2010	2011
Children and Young People	5.459	5.210	5.292	5.272
Elderly People	6.470	5.851	5.943	6.054
People with Disabilities	631	584	611	616
Dependent Persons, Persons with Mental or Psychiatric Health Problems and the Homeless	260	295	280	257
Family and the Community	407	400	398	394
Specific Vulnerable Situations	112	119	113	116
Closed Group	24	26	30	32
Total	13.363	12.485	12.667	12.741

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 102
Services and facilities – per Social Response Area –
Number of users covered by Cooperation Agreements – 2008 to 2011

Social Response Area	2008	2009	2010	2011
Children and Young People	233.288	236.994	241.826	238.132
Elderly People	159.576	167.922	170.617	174.095
People with Disabilities	14.072	16.685	17.126	18.816
Dependent Persons, Persons with Mental or Psychiatric Health Problems and the Homeless	2.787	4.318	3.849	3.602
Family and the Community	1.911	16.975	17.395	18.449
Specific Vulnerable Situations	1.296	2.196	2.135	2.299
Closed Group	1.097	989	1.411	1.411
Total	414.027	446.079	454.359	456.804

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 103
Services and facilities – per Social Response Area –
Amounts spent in Cooperation Agreements – 2008 to 2011

Social Response Area	2008	2009	2010	2011
Children and Young People	478.238.581	495.705.349	503.419.271	498.842.433
Elderly People	440.545.624	459.982.181	469.823.220	483.283.516
People with Disabilities	101.362.533	105.937.763	104.110.115	112.889.884
Dependent Persons, Persons with Mental or Psychiatric Health Problems and the Homeless	11.825.995	16.173.530	15.300.874	14.111.042
Family and the Community	37.286.394	37.883.409	38.414.863	38.317.033
Specific Vulnerable Situations	8.277.906	8.358.775	8.367.343	8.627.086
Closed Group	3.538.422	3.581.950	4.095.343	4.336.088
Total	1.081.075.455	1.127.622.957	1.143.531.029	1.160.407.082

Euros

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Paragraph 2

Cooperation programme for the development of social responses' quality and safety

This programme is part of the government's priority strategy to ensure citizens the access to quality services, adequate to the satisfaction of their needs. It was signed in March 2003 by the Ministry of Social Security and Labour, the National Confederation of Solidarity Institutions, the Union of Portuguese Charities and the Union of Portuguese Mutual Societies. The Social Security Institute, within the scope of its mission, took the responsibility of managing the programme.

Specific goals

- The Safety and Quality of Buildings – to establish a minimum set of requirements applicable to the construction of new social responses and adaptation of the existing ones.
- Quality Management of Social Responses – to define requirements for quality assessment; to support the design of key processes and the development of tools for assessing the customers, staff and partners' satisfaction levels.

Products: the Programme has two types of products, resulting from the two lines of work:

In what concerns facilities' safety: The Technical Recommendations for Social Facilities

The Technical Recommendations for Social Facilities are aimed at new establishments (to be installed in new buildings or in existing ones, adapting them for that purpose) or at establishments that are already operating.

In what regards the Operating Quality of the Social Responses:

The Quality Management Manuals

The Quality Management System Implementation enables Social Responses to manage their activities, improving the efficiency and efficacy of their procedures, thus ensuring long term success and meeting the expectations and needs of citizens/customers, staff, suppliers, partners; i.e., of the organization's whole environment and of society in general.

The Social Security Institute, within the scope of its mission, has been developing a set of support tools aimed to promote the Quality of Social Responses; therefore, these manuals are composed of: a quality assessment model, a manual of key procedures and satisfaction surveys (of customers, staff and partners).

In 2009, it was defined the Qualification System of Social Responses (Sistema de Qualificação de Respostas Sociais), which, in short, establishes the procedure and management rules for carrying out the qualification of Social Responses, per qualification levels. After its implementation in 2010 and 2011, the following Social Responses were certified. The next table shows the number of social responses certified in 2010 and 2011.

The number of responses certified in 2011 was three times higher than the number of responses certified in 2010.

Table 104
Evolution of the number of social responses certified in the
period of 2010 to 2011

Social Responses	2010	2011
Day Nursery	3	6
Day Centre	2	5
Residential Complex for Elderly People	1	3
Home Support Service	2	6
Occupational Activities Centre	0	3
Residential Home	0	1
Total	8	24

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Response to the European Committee for Social Rights

Questions on Article 14 (1)

The answer is yes. There are social responses that, according to their nature, do not require financial participation from the beneficiaries, particularly those concerning the social advising/supervision services and the ones aimed at the institutional accommodation of children and young people.

Therefore, at the level of the Children and Young People area, the social responses that do not require financial participation from families are the following:

- The early Childhood Intervention aimed at children and young people with disabilities
- The Family Support and Parental Counselling Centres (CAFAP), Nursing Homes for Children and Young People (LIJ) and Temporary Accommodation Centres (CAT), aimed at children and young people in danger situations.

In the Adult Population area, there are the Advising/Supervision and Entertainment Centres for Persons with Disabilities (CAAAPD) aimed at adults with disabilities.

At the level of Family and the Community area, there are the Support Centres for Victims of Domestic Violence.

Each social response typology must have specific regulations and Technical Guides and every social facility must have Internal Regulations.

These tools are aimed to regulate the aforementioned social responses, safeguarding the rights of users and their families.

It is also important to underline the existence of complaint books (in all social responses), that can be used in situations where the beneficiaries feel that the service provided is not in accordance with what was agreed.

In what regards social responses, it is also important to mention that the Social Security services, as supporting entities, are responsible for carrying out periodic technical support actions in the social facilities, developed by Private Social Solidarity Institutions (IPSS) with Cooperation Agreements established with the State, or by profit oriented private entities.

There is no gathered information on the number of people working in social services. The qualifications vary according to the specific requirements foreseen in the legislation of each social response.

The Portuguese labour legislation establishes that employers must ensure the protection of their workers/staff privacy and personal information.

Questions on Article 14 (2):

Table 105
Number of Agreements and Funding – 2008 to 2011

Year	N.º of Agreements	Total Funding Amount
2008	Data not available	1.084.836.627,49 €
2009	12.478	1.133.425.603,88 €
2010	12.687	1.152.717.244,67 €
2011	12.754	1.167.175.973,88 €

Source: ISS, I.P. (Social Security Institute, P.I.) SISS COOP

There is no gathered information on the total number of volunteers working in social services.

ARTICLE 23
THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION

Paragraph 1

I – PENSIONS

As mentioned in the previous Report, the guarantee of "sufficient resources" to the elderly people belongs essentially to the pension's area, mainly in what concerns the established minimum pension amounts (see Article 12).

The Ministerial Order no. 320-B/2011 of 30 December established the implementation rules for 2012, concerning the transitional updating of the minimum pension amounts of the social security general scheme, the social security special scheme of agricultural activities (RESSAA), the non-contributory scheme and similar schemes, the agricultural workers transitional schemes, the long-term care supplement and the minimum old age and invalidity pension amounts granted by the Civil Servants Pension Fund (CGA, I.P.).

Percentage values of the invalidity and old age pensions of the general scheme:

- For insurance careers lower than 15 years - 60,5 % of the IAS value;
- For insurance careers from 15 to 20 years - 65,5 % of the IAS value;
- For insurance careers from 21 to 30 years – 72,3 % of the IAS value;
- For insurance careers equal or higher than 30 years – 90,4 % of the IAS value;

Invalidity and old-age pensions of the special scheme of agricultural activities (RESSAA) – 55,9 % of the IAS value.

Invalidity and old-age pensions of the non-contributory scheme and similar schemes – 46,6 % of the IAS value.

Long-term care supplement of the social security general scheme - € 97,70 for the 1st degree and € 175,86 for the 2nd degree.

Long-term care supplement of the special scheme of agricultural activities, non-contributory scheme and similar schemes - € 87,93 for the 1st degree and € 166,09 for the 2nd degree.

In what concerns the supplementary benefits, there is the Solidarity Extra Supplement, which is an increase in the amounts of invalidity and old age social pensions, of the non-contributory scheme and similar schemes, for persons aged less than 70 (€ 17,54) and persons aged 70 or over (€ 35,06), and the supplement for dependent spouse under the social security general scheme, in the amount of € 36,80.

II – SOLIDARITY SUPPLEMENT FOR THE ELDERLY

The Implementing Decree no. 17/2008 of 26 August amended the Articles 24 and 25 of the Implementing Decree no. 3/2006 of 6 February, which regulates the Decree-Law no. 232/2005 of 29 December that establishes the solidarity supplement for the elderly within the scope of the solidarity subsystem, clarifying the income to be considered for the supplement granting.

Subsequently, the Decree-Law no. 151/2009 of 30 June made the second amendment to Decree-Law no. 232/2005 of 29 December, and the third amendment to the Implementing Decree no. 3/2006 of 6 February. For the purposes of the solidarity supplement for the elderly granting, the Decree-Law of 2009 ceases to consider the increasing amount of the long-term care supplement granted to elderly people in situations of severe dependence, who are bedridden or suffer from severe dementia.

Considering the nature of this benefit, aimed to combat poverty among the elderly, and the nature of the main income of its beneficiaries, there was also a change in the means-testing renewal process, in order to give more stability to the benefit.

It is also important to mention that the beneficiaries of the Solidarity Supplement for the Elderly are entitled to supports aimed to reduce their health expenses, within the scope of two specific programmes: the National Programme of Oral Health Promotion - oral medicine consultations and dental-cheques -, regulated by the Ministerial Order no. 301/2009 of 24 March, and the Additional Health Benefits, provided for in the Ministerial Order no. 833/2007 of 3 August.

III – SOCIAL INTEGRATION INCOME

Although this measure is not aimed at elderly people, they are entitled to it, provided that they fulfil the legal conditions for that purpose.

The Decree-Law no. 70/2010 of 16 June, already mentioned in Article 12 of the present Report, lays down the rules for the determination of the means-testing condition for the granting and continued payment of benefits from the family protection subsystem and from the solidarity subsystem; these rules also apply to the social integration income granting.

Then, Law no. 15/2011 of 3 May amended Article 3(1)(h) of the aforementioned Decree-Law, by removing the education and training scholarships from the income to be considered for the purpose of means-testing.

The Social Integration Income may be accumulated with the following pensions:

- Old-Age Social Pension
- Invalidity Social Pension
- Widow's/Widower's Pension

- Orphan's Pension
- Long-term Care Supplement
- Solidarity Supplement for the Elderly

IV – SOCIAL FACILITIES AND SERVICES NETWORK

The social responses and programmes available to this group of people are, as much as possible, aimed to: promote autonomy and well-being conditions, so that the elderly people may stay at home and in their family and social environments, and encourage their social and community integration. The social responses mentioned in the 4th Report have not changed.

The following table shows the number of social responses and their capacity in terms of social services and facilities aimed at elderly people, in 2010 and 2011.

Table 106
Services and facilities network aimed at Elderly People

Services and Facilities	N° of Social Responses		Social Responses Capacity	
	2010	2011	2010	2011
Home Support Service	2.485	2.519	90.570	92.971
Day Centre	1.973	1.997	62.472	63.166
Nursing Home	1.870	1.972	71.261	74.851

Source: Strategy and Planning Office (Information Sheet no. 8 – Social Charter)

This table shows that there was a positive evolution of the number of social responses and their capacity.

Table 107
Monthly expenditure with pensions and supplements,
per subsystem 2008 – 2011

Euros

	2008	2009	2010	2011
Welfare Subsystem	7.948.906.141,4	8.363.829.746,3	8.684.639.759,6	9.205.659.176,2
Invalidity Pension	985.660.973	972.501.540	959.306.303,48	954.758.845,4
Old-Age Pension	6.963.245.169	7.391.328.207	7.725.333.456,10	8.250.900.330,9
Family Protection Subsystem	12.215.137	64.004.155	65.436.025,09	66.166.666,4
Supplements for dependent spouse	12.215.137	11.373.232	10.432.233,02	9.244.689,6
Long-term Care Supplements		52.630.923	55.003.792,07	56.921.976,8
Solidarity Subsystem	2.458.272.117	2.531.251.901	2.557.025.668,27	2.526.734.037,0
Non-contributory Scheme	1.625.727.196	1.741.868.913	1.816.861.395,70	1.855.198.621,7
Social Supplements	1.321.426.897	1.429.149.251	1.504.408.689,46	1.555.068.287,2
Social Pension	281.520.716	289.427.151	288.554.177,92	271.689.987,9
Solidarity Extra Supplement	22.779.583	23.292.512	23.898.528,32	28.440.346,5
Agricultural Workers Transitional Scheme	44.712.559	39.761.725	35.491.718,52	29.639.550,1
Pension	37.214.673	31.706.316	27.707.631,80	27.057.631,8
Solidarity Extra Supplement	7.497.886	8.055.409	7.784.086,72	2.581.918,2
RESSAA	787.832.362	749.621.262	704.672.554,05	641.895.865,3
Pensions	787.832.362	749.621.262	704.672.554,05	641.895.865,3

Source: IGFSS, IP (Financial Management Institute of Social Security, P.I.) /DOC/DC/NPAF0 – July 2012

Table 108
Expenditure with some benefits of the Solidarity Subsystem

Euros

Pensions	Years		
	2008	2009	2010
<u>Old-Age</u>			
Non-Contributory Scheme			
Social Supplements	979.661,2	1.069.148,0	1.133.000,3
Old-Age Social Pension	152.960,9	156.557,2	154.379,5
Agricultural Workers Transitional Scheme	32.308,2	27.207,3	23.620,2
	1.164.930,3	1.252.912,6	1.310.999,9
RESSAA	628.609,5	595.280,3	555.841,9
Railroad workers Special Scheme	35.842,9	33.391,6	30.506,3
Old-Age Pension for Displaced Persons	14.393,1	12.742,7	11.154,6
Special Supplement for Former Combatants (*)	18.917,2	17.967,4	28.731,7
Total Old-Age	1.862.693,0	1.912.294,7	1.937.234,4
<u>Survivors</u>			
Non-Contributory Scheme			
Social Supplements	126.293,4	140.405,0	151.220,2
Social Pension	760,8	977,7	948,4
Agricultural Workers Transitional Scheme	1.147,6	1.095,7	1.049,3
	128.201,8	142.478,4	153.217,9
RESSAA	131.987,7	129.174,0	124.594,2
Railroad workers Special Scheme	21.283,2	21.562,8	21.135,4
Survivors' Pension for Displaced Persons	4.706,2	4.654,6	4.485,3
Special Supplement for Former Combatants (*)	2.411,1	2.396,1	(*)
Total Survivors	288.590,0	300.265,9	303.432,8
Total (Old-Age + Survivors)	2.151.283,0	2.212.560,6	2.240.667,2
<u>Solidarity Extra Supplement</u>	Years		
	2008	2009	2010
<u>Old-Age</u>			
Non-Contributory Scheme	11.845,1	11.894,4	12.205,8
Agricultural Workers Transitional Scheme	7.172,9	7.740,7	7.516,3
Total	19.018,0	19.635,2	19.722,1
Solidarity Supplement for the Elderly	110.503,9	227.178,9	265.222,0

Source: Ministry of Solidarity and Social Security - IGFSS, " Social Security Account"

(*) In 2010, this supplement amounts are not separated in terms of old age and survivors' pensions

Table 109
Number of Beneficiaries who received the Solidarity Supplement for
the Elderly, per year

(In Thousands)

Years	Beneficiaries
2008	179,5
2009	232,8
2010	246,7
2011	248,8

Source: Ministry of Solidarity and Social Security – Information and Technology Institute
 “Social Security Statistics” – Provisional physical data. Database situation in 14-05-2012

Note: DL no. 232/2005 of 29 December, in force since 1 January 2006 establishes the
 solidarity supplement for the Elderly, an extraordinary benefit to combat poverty among
 the Elderly, integrated in the solidarity subsystem.

Paragraph 2

The Social Facilities Network Extension Programme (PARES)

The social services and facilities network aimed to support elderly people is maintained with the same features described in the previous report.

With the goal of improving social, economic, political and cultural participation of the elderly, Portugal has been strengthening the investment in social facilities that enable social integration.

In this sense, it was created the Social Facilities Network Extension Programme (PARES). This programme is aimed to encourage private investment in social facilities through financial resources that result exclusively from the social games' net profits. This investment aims to increase, develop and consolidate the social responses' installed capacity, namely for the elderly, creating conditions that promote their autonomy, thus improving the social response to ageing.

PARES has three priority goals:

- To carry out an effective planning of the needs at territorial level, through the priority selection of projects in areas with lower coverage rates and more vulnerable to social exclusion.
- To stimulate investment by encouraging the prior execution of partnerships between the social sector, local governments and the business/private sector.
- To encourage initiative from the private sector, through an autonomous process of investment support.

Within the scope of PARES, new projects were approved in what concerns the elderly people area, corresponding to the creation of 15,600 new places in nursing homes, home support services and day centres.

Between 1 January 2008 and 31 December 2011, the conclusion of the PARES's facilities resulted in the celebration of 333 cooperation agreements between Social Security and institutions, covering a total of 9.146 elderly people, from which 3.130 were users of 111 day centres, 3.219 were users of 120 nursing homes and 2.797 were supported by 102 home support services.

In what concerns the Intervention Typology 6.12 of the Human Potential Operational Programme (POPH), active applications within the elderly people intervention area include 134 social responses and a total of 4.558 users. 12 Day Centres are foreseen for 494 users, 95 nursing homes for 3.237 elderly people and 27 home support services will cover 827 elderly people.

Programme to Support Investment in Social Facilities (PAIES)

In addition to PARES, it was created the Programme to Support Investment in Social Facilities (PAIES), established and regulated by the Ministerial Order no. 869/2006 of 29 August.

Similarly to PARES, the PAIES is aimed to stimulate investment in social facilities. However, this programme emphasizes the support to the profit oriented private sector, by granting incentives to investment, supporting promoting entities and providing more favourable credit conditions.

26 projects are being carried out within the scope of PAIES. With this programme and through these projects, it is foreseen the creation of 571 places in nursing homes.

Comfort Housing Programme for the Elderly (PCHI)

Another important measure is the Comfort Housing Programme for the Elderly (PCHI) that is aimed to improve the basic housing and mobility conditions for the elderly who benefit from home support services.

Within the scope of the PCHI, 966 housing improvements were made until the end of 2011.

Programme of Integrated Support to the Elderly (PAII)

The Programme of Integrated Support to the Elderly (PAII) is also maintained, seeking to contribute to the improvement of the elderly people quality of life, by promoting the implementation of creative and innovative projects developed at central and local levels, in the areas of health and social action, which address the main difficulties faced by the elderly and their families, especially when there are dependency situations.

The PAII promoted some relevant projects, namely: at the local level, the Home Support Service and the Training of Human Resources; and, at the central services' level, the Tele-Alarm service, the Third-age Season Tickets, the Promotion of Human Resources Training and the Old-Age Health and Spa Programme, already described in the previous Report.

Between 2009 and 2011, 18 local projects have been developed, 16 related to the Home Support Services implementation and 2 concerning the Human Resources training.

Social services and facilities – elderly people

Of all the social responses, the ones with more expression in terms of number of agreements are the following: the Home Support Service (41 % in 2011), the Day centre (29,9 % in 2011) and the Nursing Home response (21 % in 2011). These social responses are also the ones with the highest number of users covered in 2011, of about 93 %.

Finally, in what concerns the amounts spent, and considering all social responses, there was an increase in all ranges. During the reference years, the increase was of about 9 %.

Table 110
Services and facilities aimed at the elderly –
Number of cooperation agreements, 2008 to 2011

Social responses	2008	2009	2010	2011
Home Support Service	2.883	2.282	2.306	2.636
Leisure Centre	454	463	457	448
Day Centre	1.853	1.845	1.871	1.901
Night Centre	17	21	20	17
Family Accommodation for the Elderly	1	1	1	1
Nursing Home	1.254	1.234	1.284	1.347
Residency	5	5	4	4
Total	6.467	5.851	5.943	6.354

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 111
Social services and facilities aimed at the elderly –
Number of people covered by cooperation agreements, 2008 to 2011

Social responses	2008	2009	2010	2011
Home Support Service	60.807	64.103	65.552	67.007
Leisure Centre	12.801	13.155	12.692	12.453
Day Centre	38.015	41.701	42.093	42.615
Night Centre	245	205	195	165
Family Accommodation for the Elderly	8	8	8	8
Nursing Home	47.700	48.629	49.971	51.741
Residency	0	121	106	106
Total	159.576	167.922	170.617	174.095

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

Table 112
Social services and facilities aimed at the elderly –
Amounts spent in Cooperation Agreements, 2008 to 2011

Social responses	2008	2009	2010	2011
Home Support Service	60.807	64.103	65.552	67.007
Leisure Centre	12.801	13.155	12.692	12.453
Day Centre	38.015	41.701	42.093	42.615
Night Centre	245	205	195	165
Family Accommodation for the Elderly	8	8	8	8
Nursing Home	47.700	48.629	49.971	51.741
Residency	0	121	106	106
Total	159.576	167.922	170.617	174.095

Euros

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

National Network of Integrated Continuous Care (RNCCI)

The RNCCI was created by Decree-Law no. 101/2006 of 6 June. It is a public sector programme, developed by the Ministry of Solidarity and Social Security (MSSS) and the Ministry of Health (MS), that promotes actions based on an integrated model of health care and social support aimed at the elderly and people in a dependency situation, in order to create conditions so that they may live healthier and with more quality of life.

This programme has implemented an intermediate level of health care and social support of preventive, healing and palliative nature, involving the participation and cooperation of several social partners, the civil society and the State as the major driving force in terms of adequate quantity, extent and geographical distribution, enhancing and optimizing the existing resources.

The RNCCI began with pilot projects with targets established until 2013, and every year, an Implementation Plan is defined, providing for the continuation of existing responses and the creation of new ones, according to the ratios of identified needs.

The Network is aimed to:

- Promote an equitable distribution of responses at the territorial level, facilitating the access to all citizens who need them;
- Qualify and humanize care, minimizing people's functional dependency and improving their quality of life;
- Adjust and create responses adequate to the diversity that characterizes individual ageing and functional changes.

The network coordination takes place at the national, regional and local levels, in a coordinated way, ensuring flexibility and sequence in the use of units and teams that belong to it. This organizational model provides care through inpatient and outpatient units and hospital and home support teams.

The following table and chart show that there is a gradual increase in the number of beds during the period of 2008 to 2011.

The typology with the lowest number of beds is the Palliative Care Unit.

Table 113
Evolution of the number of beds, per unit typology - 2008 to 2011

No. of beds per typology	2008	2009	2010	2011
Convalescence Units	530	625	682	906
Midterm and Rehabilitation Units	917	1.253	1.497	1.747
Long term continuous Care Units	1.365	1.942	2.286	2.752
Palliative Care Units	93	118	160	190
Total	2.905	3.938	4.625	5.595

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

In addition to the contracted beds, there are 253 ECCI – Integrated Continuous Care Teams, responsible for the Primary Health Care, which ensure the provision of 7.332 places.

Information Product "Rights of the Elderly"

The Social Security Institute, P.I. has been promoting awareness raising actions targeted at the elderly, informing them about their rights, the social responses in terms of facilities and services available and about what they should be aware of when choosing and selecting one of these responses or services. For this purpose, in 2011, the Social Security Institute developed an informative product with simplified language aimed to contribute to the exercise of active citizenship and promote autonomy and participation of the elderly in their lives management.

Prevention of violence against the Elderly

In Portugal, the mistreatment of older persons is considered a public crime, i.e., due to its gravity it is sufficient that the Public Prosecutor has knowledge of its occurrence to initiate criminal proceedings. This may occur in different contexts (family, institutional and social), and therefore deserves an integrated and inter-institutional action from the actors who work with the elderly, families and institutions.

Given this reality, the ISS, I.P. has participated as a partner in several working groups and national and transnational projects:

- a) The working group "Prevention of Violence against the Elderly," from the Directorate General of Health (Ministry of Health), was created in 2008. The intervention strategy defined by the working group was aimed to address three complementary levels. Firstly, the dissemination of information to the elderly, families and the community in general.

Secondly, the development of training programmes aimed at health professionals. Finally, the preparation of recommendations aimed to alert about the need for adequate attention and intervention at several levels, in what concerns this phenomenon.

- b) The Transnational Project Monitoring Network "Violence against older women in intimate relationships", within the scope of the DAPHNE Programme, under the responsibility of the Social Intervention Studies Centre (CESIS), which took place during 2009-2010. In order to promote and facilitate the improvement of intervention systems in the field of domestic violence and services provision to elderly women victims of violence in intimate relationships, the following main objectives were defined: to fill in the existing knowledge gaps about violence against elderly women in intimate relationships; to disseminate this knowledge and make recommendations for future action by policy makers and service providers at the level of the participating countries and the EU.
- c) The Advisory Committee of the transnational project "*Breaking the Taboo II* - Development and piloting of training tools," continued with the existing partnership with the CESIS. The project took place between 2010 and 2011 and its main goal was the development and piloting of a training *curriculum* aimed to professionals from the health and social areas, as well as potential *peer advisors*, who may be future contact persons and references within the organizations in the specific field of violence against elderly women.
- d) The partnership with the National Health Institute Dr. Ricardo Jorge, P.I. for the development of the project called "Ageing and Violence" in 2011. Financed by the Science and Technology Foundation, this project runs from 2011 to 2014 and aims to identify and characterize the violence situations to which the elderly (aged 60 and over), resident in mainland Portugal, are subject within their family context.

Integrated Alert System

The Integrated Alert System was created in 2011. It is a public response to act and prevent extreme isolation situations among the elderly. Its main goal is to promote the development of a strategy of warning, detection and intervention, integrated in the living contexts of the elderly who are beneficiaries of the National Pensions Centre (CNP) and namely those who do not have any family and/or social support.

It is based on the implementation of a monthly alert mechanism aimed to investigate situations in which the elderly do not cash their benefits/pensions issued by postal order during a period of three months, and operates in cooperation with the CNP, as the entity that receives the returned postal pension cheques, and the local technicians responsible for social advisory and support services.

For the investigation of these situations, there is also the cooperation of other partners such as Health Centres, Hospitals, Police Authorities, Private Institutions of Social Solidarity or similar, Local Authorities, Municipalities, among others.

“Errands and Company” Project

The "Errands and Company" Project is promoted with the cooperation of ISS, I.P. and the Portuguese Institute of Sport and Youth, P.I. and aims to create an intergenerational social support network through the establishment of local networks of young volunteers (aged between 16 and 30) to support elderly people who are alone and/or isolated in their daily activities. These activities may include: shopping, going to the doctor, companionship, the promotion of leisure activities, among others.

The Pilot Experience of this solidarity network began in 2011 and has been developed by 60 young volunteers, covering about 240 elderly people resident in the districts of Lisbon, Oporto and Setúbal.

Response to the Committee of Social Rights

The Committee concludes that the situation in Portugal is not in conformity with Article 23 of the Revised Charter on the ground that the level of minimum old-age pensions – both contributory and non-contributory – was manifestly inadequate for a large part of the elderly population during the reference period.

Reference values for minimum old-age pensions have increased constantly along the period in analysis, except for 2011, as observed in the next table. Also according to this table, non-contributory old age pensions register an increase (7,8% between 2005 and 2007; 15,4% between 2005 and 2011) superior to contributory old age pensions (6,2% and 13,6 % respectively).

Table 114
Evolution of reference values for minimum Old Age Pensions, 2005-2011 (€ and %)

	€							%	
	2005	2006	2007	2008	2009	2010	2011	2007/2005	2011/2005
RGSS	216,79	223,24	230,16	236,47	243,47	246,36	246,36	6,2	13,6
RESSAA	199,37	206,07	212,46	218,29	224,62	227,43	227,43	6,6	14,1
RNCE									
Social Pension 65-69yrs	179,36	187,62	193,43	198,74	204,5	207,06	207,06	7,8	15,4
Social Pension >=70yrs	194,54	203,5	209,8	215,56	221,81	224,58	224,58	7,8	15,4

Source: Annual Report on Social Security Account

RGSS: General Social Security Scheme; RESSAA: Special Scheme of Social Security for Agricultural Activities; RNCE: Non-Contributory Scheme and similars

note: RGSS values are for contributory careers under 15 years

This trend is also presented in European comparisons as shown in chapter 13°. When analyzing evolution of expenditure on social protection benefits by Old Age, in Purchasing Power Standard¹ (PPS), Portugal has steadily increased its expenditure over the years and is, in 2010, close to the European Union average.

¹ PPS is an artificial currency unit. PPS is the technical term used by Eurostat for the common currency in which national accounts aggregates are expressed when adjusted for price level differences using PPPs.

Also, in order to reduce poverty among citizens aged 65 years and over (80+ in 2006, 70+ in 2007), an extraordinary monetary benefit, "Solidarity Supplement for the Elderly" (SSE) was created in 2006. This benefit is provided within the Solidarity Subsystem and is aimed at complementing existing income. This complementary amount is defined using a limit fixed annually as a reference and has a means-tested allocation, accordingly to the following table:

Table115

Solidarity Supplement for Elderly Threshold

	2006	2007	2008	2009	2010	2011
Yearly minimum income level for a single person (euros)	4200,0	4338,6	4800,0	4960,0	5022,0	5022,0

Source: ISS, Statistics of Social Security

Besides, SSE also covers support for purchasing medicines, support for acquiring dental prostheses and support for buying glasses and lenses.

Next table presents the evolution of recipients in this benefit, almost 250 thousand in 2011, and an increasing average benefit paid as a complement to the elderly pensions.

Table116

Solidarity Supplement for Elderly, 2006-2011

	2006	2007	2008	2009	2010	2011
number of recipients	18 480	56 641	179 520	232 826	246 722	248 792
average benefit paid by recipient	79,44*	74,88*	89,89	103,04	106,55	108,57

Source: ISS, Statistics of Social Security

(*) values refer to December

Overall, it must be emphasized that, in terms of monetary poverty of the elderly, the results of the measures and policies described above are proving to be quite positive, with the risk of poverty for people over 65 years old decreasing from 26,6 percent in 2005 to 17,4 percent in 2011².

On April 2013 the Committee of Social Rights asked Portugal to send additional information on the next topics:

Veillez préciser quelles allocations/prestations supplémentaires en espèces sont disponibles pour les bénéficiaires d'une pension minimale de vieillesse (ou d'une pension garantie pour les personnes âgées à faible revenu, selon le cas).

Veillez indiquer le montant exact de ces prestations et toutes les conditions d'éligibilité applicables. En tenant compte de ces allocations /prestations

² EU-SILC 2006 and 2012

supplémentaires, veuillez indiquer le revenu minimum garanti applicables aux personnes âgées disposant de faibles revenus.

Lump-sum allowances

Contingent cash benefits may be granted within the Social Action Subsystem, according to the objectives defined by Law No. 4/2007, of 16th January. Individuals or families in situations of proven economic need - per capita income lower than the social pension, which is updated annually - are entitled to such benefits.

Grants aim at:

- Tackling proven situations of economic need
- Paying expenses that cannot be postponed, such as healthcare, rentals, water bills, gas bills, etc
- Contributing to the purchase of tailored basic goods and services, such as food, clothes, housing, healthcare, transport, etc.

Prior to granting this type of benefit the social services collect the necessary information to complete a social diagnosis. Granting a contingent cash benefit depends on the diagnosis producing evidence of the need or vulnerable situation of individuals or families. The following conditions must be observed:

- Lack of other adequate means and/or resources within the social security system to the situation identified;
- Evidence of identity of the individual/family;
- Evidence of residence of the individual/family in the geographical area covered by the local service of social security;
- Availability of the individual/family to subscribe the social integration plan.

Cash benefits may be granted by means of:

- One-off payment when a temporary economic need is identified;
- Monthly allowances for a maximum of 3 months, when the economic need or the integration path of individuals/families justify it.

The 3 month period may be extended for another 3 months whenever justified by the assessment of the situation of the individual/family.

Contingent allowances may be combined with other support to the household. However, this support is considered as income within relevant assessment calculations.

Food Aid Programmes

There are programmes that grant benefits in the form of food and clothing. The Food Bank against Hunger is a well know example. To qualify, families or individuals must be in a vulnerable situation. Supplying is made through NGOs and Municipalities.

Table 117
Minimum Value of pensions of the Social Security System 2013

Tipology	Social Security System (Law 4/2007 of 16 th January)	Abstract	Law	Value (€)
<p><u>Contributory Regime:</u></p> <p>Minimum old-age pension under the general scheme</p>	<p>Welfare System: General Scheme of Social Security</p>	<p>It is a cash assistance paid to people over 65 who have cashed for at least 15 years for Social Security.</p>	<p>Decree-Law n. ° 187/2007 of 10 May In the development of the Law n. 4/2007 of January 16, approving the scheme of protection in case of disability and old age of the beneficiaries of the general social security.</p>	<p>Pension under the general scheme:</p> <p>number of years of contributions:</p> <ul style="list-style-type: none"> • Up to 14 years: 256.79 €; • 15 to 20 years: 274.79€; • 21 to 30 years: 303.23€; • 31 and over: 379.04€
<p>Tipology</p>	<p>Social Security System (Law 4/2007 of 16th January)</p>	<p>Abstract</p>	<p>Law</p>	<p>Value (€)</p>
<p><u>Non-contributory Regime:</u></p> <p>Social Pension (Age, disability and widowhood)</p>	<p>Protection system of citizenship: Sub - System of Solidarity</p>	<p>Social Pension emerges as a cash benefit in the subsystem framed Solidarity aimed at helping beneficiaries not covered by any social protection system mandatory or not meeting the qualifying period for pension from the General Social Security (Social Security System). Or, being covered by a system of compulsory social protection, do not complete the minimum contribution period required for the grant of a pension or a monthly amount that is lower than that established in statute for the social pension.</p>	<p>Decree-Law n. ° 464/80, 13th October.</p>	<p>Social Pension: 197,55 €</p> <p>Social Pension + Extraordinary Solidarity Complement:</p> <ul style="list-style-type: none"> • pensioners aged under 70 years : 215,09 €; • pensioners aged over 70 years: 232,61 €;

Tipology	Social Security System (Law 4/2007 of 16 th January)	Abstract	Law	Value (€)
<u>Contributory Regime</u> and <u>Non-contributory Regime:</u> Complement Dependence	Social Security System - General System of Social Security and Protection system of citizenship Sub-System of Solidarity	Monthly cash assistance given to pensioners who are in a situation of dependency and need help from another person to satisfy the basic needs of daily life (because they can not do their personal hygiene, eating or moving alone).	Decree-Law n.º 265/99, 14 th July	Complement Dependence: <u>Non-contributory Regime</u> <ul style="list-style-type: none"> • First degree: 88,90€; • Second degree: 167,92€; <u>Contributory Regime</u> <ul style="list-style-type: none"> • First degree: 98,77€; • Second degree: 177,79€;
Tipology	Social Security System (Law 4/2007 of 16 th January)	Abstract	Law	Value (€)
<u>Contributory Regime</u> and <u>Non-contributory Regime:</u> Solidarity Seniors Complement (CSI)	Protection system of citizenship Sub-System of Solidarity	It's a cash support paid monthly to seniors with low incomes. The low-income seniors over 65 years old and living in Portugal. <u>You must have resources below the threshold of CSI:</u> . If you are married or living in a <i>de facto</i> union for more than 2 years The resources of the couple must be less than € 8.590,75 € per year and the resources of the person claiming the CSI less than € 4,909.00. If you are not married or living in a <i>de facto</i> union for more than 2 years Your resources must be less than € 4,909.00 per year.	Decree-Law 232/2005, of December 29 Creates the Solidarity Seniors Complement.	Maximum Amount of CSI earned by Plaintiffs with Active Process: 418,50 € Minimum CSI earned by Plaintiffs with Active Process: 1€ Average Amount of CSI earned by Plaintiffs: 96,11 €

Tipology	Social Security System (Law 4/2007 of 16 th January)	Abstract	Law	Value (€)
Contributory Regime and Non-contributory Regime: Additional Health Benefits (BAS)/ Solidarity Seniors Complement (CSI)	Additional health benefits for those receiving the Supplement for the Elderly. They are entitled to use, to reduce their health care costs, two specific programs.	<p><u>ADDITIONAL HEALTH BENEFITS:</u> Allows you to reimbursement of health expenditure in the purchase of:</p> <p>a) Drugs (price not paid by the health system) - Financial co-payment of 50%; b) Acquisition of glasses and lenses c) Acquisition and repair of removable dentures –</p> <p><u>PROGRAM NATIONAL ORAL HEALTH PROMOTION</u> Allows access for free consultations dental / dentist, through a check-dentist who is passed by the Family Doctor.</p> <p>The dentist / dentist can be chosen from a list of Professional Oral Health adhering to this program, available at the Health Centre.</p>	Decree-Law 252/2007, of July 5th Creates the Additional Health Benefits (BAS)	Medicines - Financial participation of 50%; Acquisition of glasses and lenses - Financial co-payment of 75% of expenditure, up to a limit of € 100 € for each two-year period; Acquisition and repair of removable dentures - Financial participation in 75% of expenditure, up to a limit of 250 € for each three-year period.

Source: ISS, Statistics of Social Security

ARTICLE 30 THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

Paragraph 1

Evolution of poverty and social exclusion indicators

Within the scope of the "Europe 2020" Strategy, a new indicator was proposed: the "risk of poverty and/or social exclusion" (in % and absolute numbers) that, through the combination of three indicators ¹, is aimed to cover other poverty dimensions ².

According to recent information made available by Eurostat, in 2011 (the survey's reference year)³, Portugal had 2.601 thousand people in situation of poverty and/or exclusion, corresponding to 24,4 % of the total population, less 92 thousand people than in the previous year and less 156 thousand compared to 2008.

The following table shows the main age groups rates according to the aforementioned integrated indicator, from which it stands out right away a marked decline of the poverty and/or exclusion rates concerning the elderly (with a decrease of more than 3 percentage points (pp) compared to 2008 and almost 11 pp in the last seven years), now approaching the working age population registered rates. In absolute terms, from the 156 thousand people that came out of poverty or exclusion conditions as from 2008, we underline the adult working age population, with about 92 thousand people, followed by the elderly population, with about 40 thousand and, finally, children.

¹Risk of Poverty or Social Exclusion: persons who are at risk of monetary poverty and/or severely materially deprived and/or living in households with very low work intensity.

Poverty Risk: persons living with less than 60 % of the national median equivalent disposable income per adult, after social transfers.

Severe material deprivation: persons experiencing at least 4 of the 9 defined material deprivation items.

The 9 material deprivation items are the following: a) inability to ensure immediate payment of an unexpected expense close to the monthly amount of the poverty threshold (without recourse to a loan); b) inability to afford one week's annual holiday away from home, covering the accommodation and travel expenses for all family household members; c) Due to economic difficulties, delay in the payment of any of the regular payments concerning rent or mortgage payments, loan payments or usual expenses related with the primary residence, or other expenses not related with the primary residence d) inability to afford a meal with meat or fish (or vegetarian equivalent), at least every two days; e) financial inability to keep home adequately warm; f) inability to afford a washing machine due to economic difficulties; g) inability to afford a colour TV due to economic difficulties; h) inability to afford a telephone (including a mobile phone) due to economic difficulties; i) inability to afford a personal car (passenger car or light van) due to economic difficulties.

People living in households with very low work intensity: people aged 0-59 living in households where the adults worked less than 20% of their total work potential during the previous year.

² However, it is important to underline that although people may be experiencing more than one of these situations, they are only counted once.

³ Income of 2010.

Table 118

Risk of poverty and/or social exclusion, Portugal (in thousands and in %)

	2004*	2008**	2009	2010	2011	2004*	2008**	2009	2010	2011
	(1000)					%				
Population										
total	2876	2757	2648	2693	2601	27,5	26,0	24,9	25,3	24,4
M	1317	1287	1233	1278	1225	26	25,0	24,0	24,8	23,8
F	1559	1470	1415	1415	1376	28,8	26,8	25,8	25,8	25,1
Children (aged < 18)										
total	602	586	564	562	560	30	29,5	28,7	28,7	28,6
M	290	319	292	319	296	28,2	31,2	28,8	31,7	29,4
F	312	267	272	243	265	31,8	27,8	28,7	25,4	27,8
Working-age adults (aged 18-64)										
total	1654	1659	1596	1633	1567	24,7	24,5	23,5	24,1	23,2
M	780	778	765	782	753	23,6	23,3	22,9	23,4	22,6
F	874	831	831	851	814	25,7	25,6	24,1	24,8	23,9
Elderly (aged > 64)										
total	620	513	487	497	473	35,2	27,7	26,0	26,1	24,5
M	247	190	176	177	176	33,5	24,6	22,5	22,3	21,9
F	373	323	311	321	297	36,4	29,9	28,5	28,9	26,4

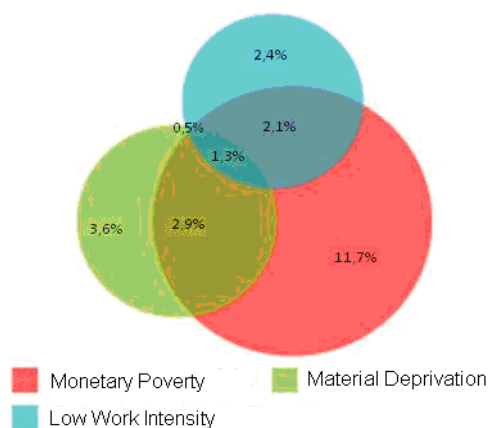
Source: Eurostat: EU-SILC 2004 and 2008-2011

(*) break in the series in 2001-2003; 2004 was the first year of the survey on living and income conditions

(**) first reference year of the 8th National Report on the implementation of the Revised European Social Charter

By detailing the meeting points of the three indicators that belong to the integrated indicator, it can be seen the dominant weight of monetary poverty in the population at risk of poverty or social exclusion, followed by severe material deprivation and, finally, by the households with very low work intensity. In fact, this trend is shared by most European countries.

Chart 71
Risk of poverty or social exclusion, Portugal, 2011 (%)



Source: Eurostat: EU-SILC, 2011

The following table summarizes the recent evolution of each of these indicators; then we will analyze in more detail some of the variables that allow a better characterization of the social groups with the highest risk of poverty and/or exclusion.

Table 119
Evolution of monetary poverty risk, severe material deprivation and households with very low work intensity

	Monetary poverty risk after social transfers (%)					Severe material deprivation (%)					People living in households with very low work intensity (aged 0-59) (%)				
	2004*	2008**	2009	2010	2011	2004*	2008**	2009	2010	2011	2004*	2008**	2009	2010	2011
Total population															
total	20,4	18,5	17,9	17,9	18	9,9	9,7	9,1	9,0	8,3	6,9	6,3	6,9	8,6	8,2
M	19,2	17,9	17,3	17,3	17,6	9,6	9,5	8,9	9,2	7,8	6,6	5,8	6,6	8,4	7,9
F	21,6	19,1	18,4	18,4	18,4	10,1	9,9	9,2	8,8	8,7	7,2	6,8	7,3	8,8	8,6
Children (aged < 18)															
total	24,6	22,8	22,9	22,4	22,4	11,7	11,8	10,5	10,8	11,3	4,4	5,8	6,2	7,9	7,1
M	22,7	25,4	23,6	24,9	23,8	11,8	11,5	11,0	12,8	11,0	4,6	5,7	6,3	8,1	6,9
F	26,6	20,0	22,2	19,8	20,9	11,5	12,2	10,0	8,7	11,7	4,1	6,0	6,1	7,8	7,4
Working-age adults (aged 18-64)															
total	17,0	16,3	15,8	15,7	16,2	8,3	8,9	8,3	8,3	7,6	7,7	6,5	7,2	8,8	8,6
M	16,0	15,4	15,2	15	15,7	8,2	9,1	8,4	8,5	7,3	7,2	5,9	6,7	8,5	8,2
F	17,9	17,1	16,3	16,4	16,7	8,3	8,8	8,1	8,2	7,9	8,2	7,1	7,6	9,2	8,9
Elderly (aged > 64)															
total	28,9	22,3	20,1	21	20	13,9	10,1	10,6	9,6	7,7					
M	28,7	19,2	17,7	17,5	18	12,4	8,6	8,4	7,9	6,2					
F	29,1	24,5	21,8	23,5	21,4	14,9	11,3	12,1	10,8	8,7					

Source: Eurostat: EU-SILC 2004 and 2008-2011

(*) break in the series in 2001-2003; 2004 was the first year of the survey on living and income conditions

(**) first reference year of the 8th National Report on the implementation of the Revised European Social Charter

1.1 Monetary poverty risk

The monetary poverty risk rate (see Table 2) has been decreasing during the period under analysis, registering in 2011⁴ 18 % of the population at risk of poverty, i.e., about 1.919 thousand people with income below 60% of the median equivalent disposable net income, i.e. 5,046 € per year (421 € per month).

This decrease in the poverty risk is particularly evident in the elderly group, decreasing from 28,9 % in 2004 to 22,3 % in 2008 and 20 % in 2011⁵. In what concerns the children age group, this decrease is lower, from 24,6 % in 2004 to 22,8 % in 2008 and remaining almost stable as from that year, registering 22,4 % in 2010 and 2011⁶.

⁴ Income of 2010

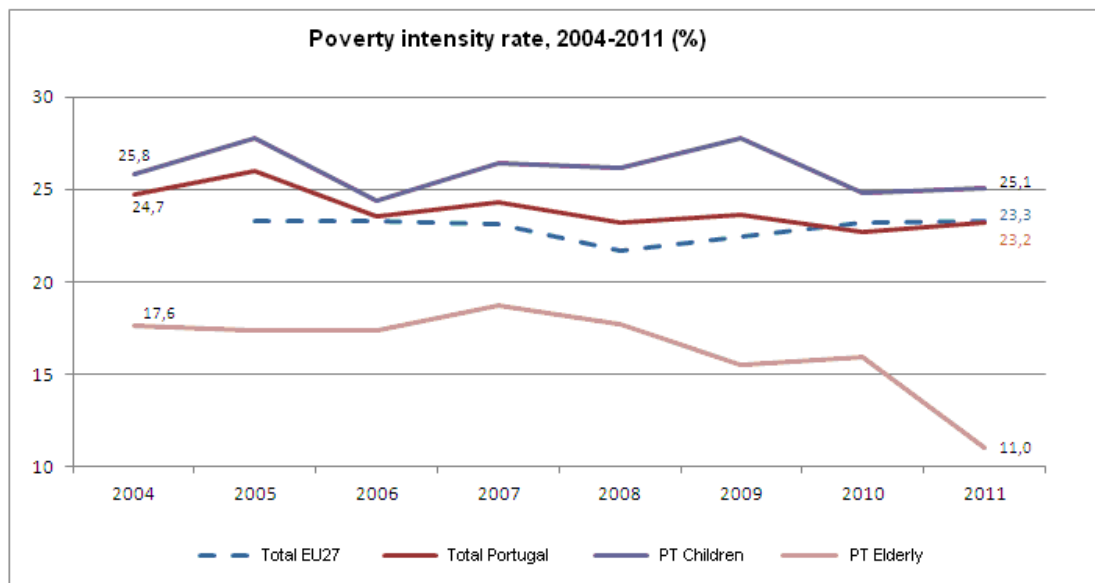
⁵ In absolute terms, this decrease represents about 124 thousand elderly people; it is also estimated that nearly 386 thousand elderly people are at risk of poverty.

⁶ In absolute terms, this decrease represents about 55 thousand children; it is also estimated that nearly 439 thousand children are living in households at risk of poverty.

This analysis is supported by the observation of the poverty intensity rate (see Chart 2) that measures the difference between the poverty threshold value and the median monetary income of people at risk of poverty, which according to the available data, reached a maximum of 27,8 % in 2009 and decreased to 24,8 % in the following year, registering a slight increase in the most recent year, 2011 (25,1 %).

During the period in analysis, it is also notable the decrease of poverty intensity among the elderly, mainly since 2007 and, in general, there was an increase of 0.5 pp for the Portuguese population in the last year.

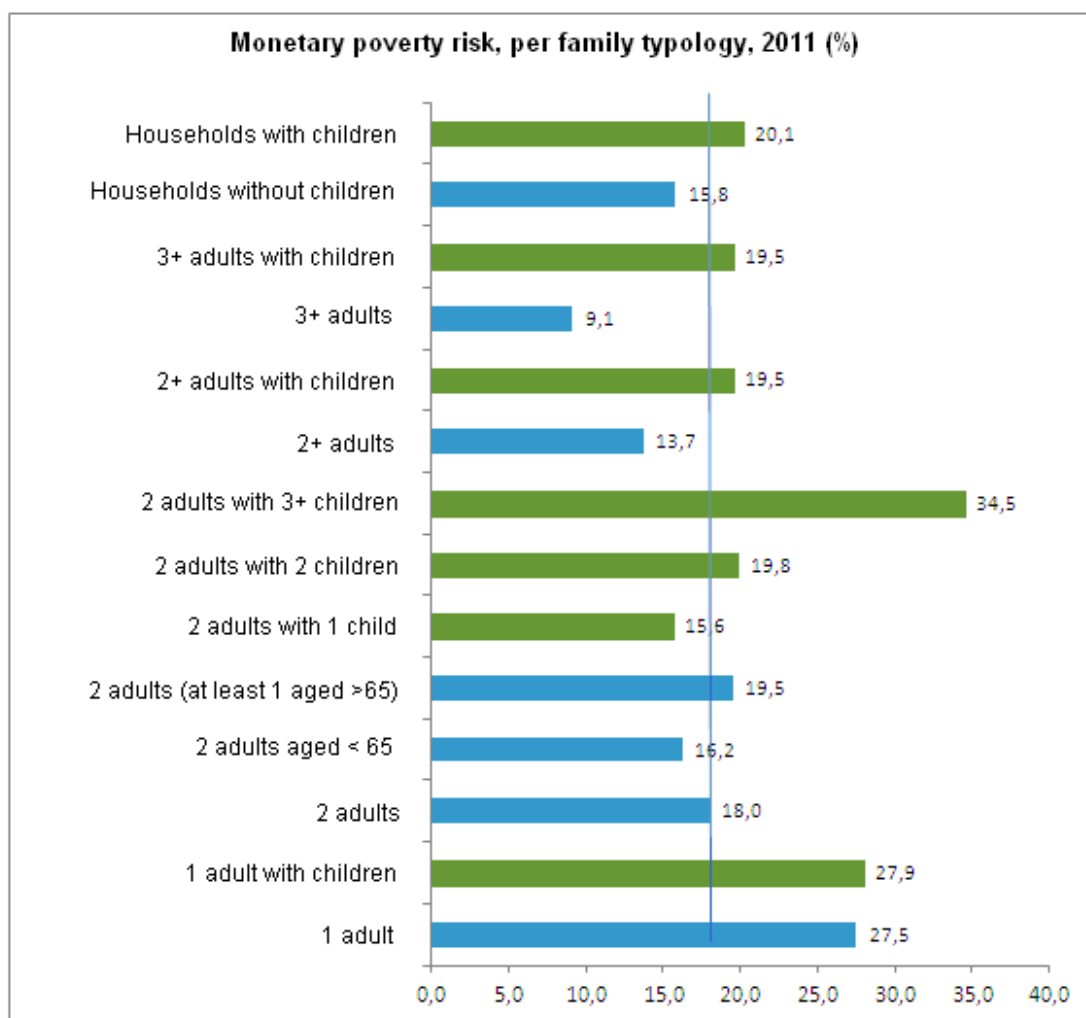
Chart 72



Source: Eurostat: EU-SILC, 2004-2011

The poverty risk according to the family household composition is a fundamental indicator to understand the increasing vulnerability of family households when there are children living there (see Chart 3). The households with one adult (27,5 %), one adult and at least one dependent child (27,9 %) and two adults with three or more children (34,5 %), i.e., one person, single parent and large family households, are the ones presenting the highest monetary poverty rates in 2011.

Chart 73



Source: Eurostat: EU-SILC, 2011

1.2 Low work intensity

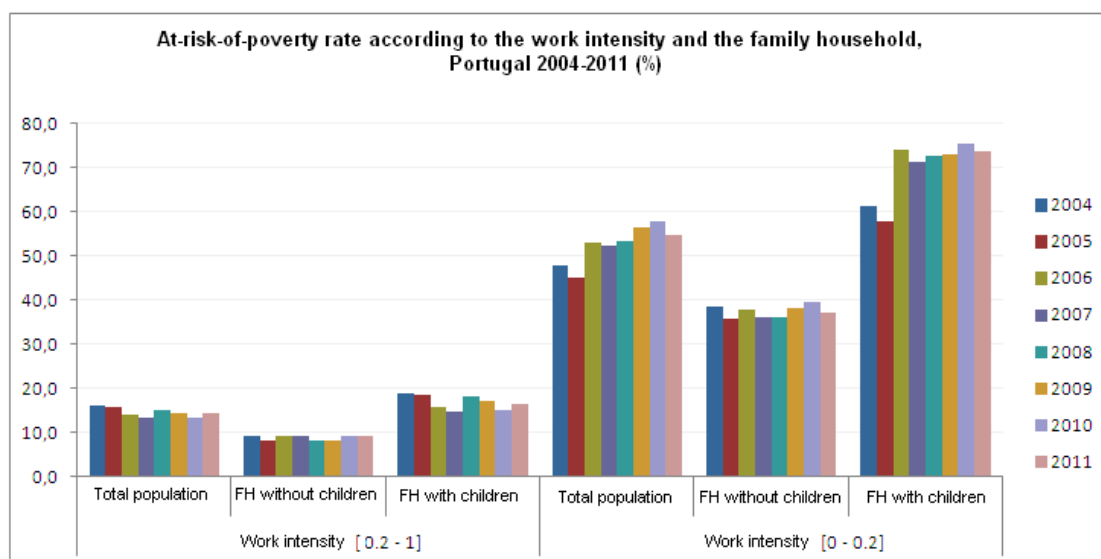
In the last years, in Portugal, the participation in the labour market has been worsening and there are groups particularly affected by this unemployment rising, especially young people (aged 15-24) and the long-term unemployed persons.

In the analysis of the indicator chosen by the European Commission to be integrated in the global indicator that reflects social exclusion, Portugal registers values below the European average.

When we compare this indicator with the poverty risk indicator, the social consequences of unemployment (or, in other words, of very low work intensity) become even more visible. According to the following chart, the relationship between poverty risk and work intensity is evident - the higher the work intensity, the lower the poverty risk in households - and the relationship between poverty and households composition - households with children are more exposed to

poverty, which is aggravated by the reduction of work intensity of the adults who belong to those households.

Chart 74



Source: Eurostat: EU-SILC, 2004-2011

In what concerns low work intensity, the previous chart also shows that the apparent stability of the poverty levels of households without children contrasts with the increasing evolution of poverty risk in households with children, that in 2011 reached a risk-of-poverty rate of 73,6 %.

1.3 Severe material deprivation

The general indicator of material deprivation is based on a set of nine items representing economic needs and the access of families to comfort goods, considering that materially deprived persons are those who are affected by the lack of at least three of the nine material deprivation items, and severely deprived persons are those who are affected by the forced lack of at least four of these items.

When analyzing severe material deprivation between 2004 and 2011 (see Table 2) slight variations are noticed over the years, with the highest variation precisely in 2011, when this indicator decreased by 0.7 pp when compared with the previous year

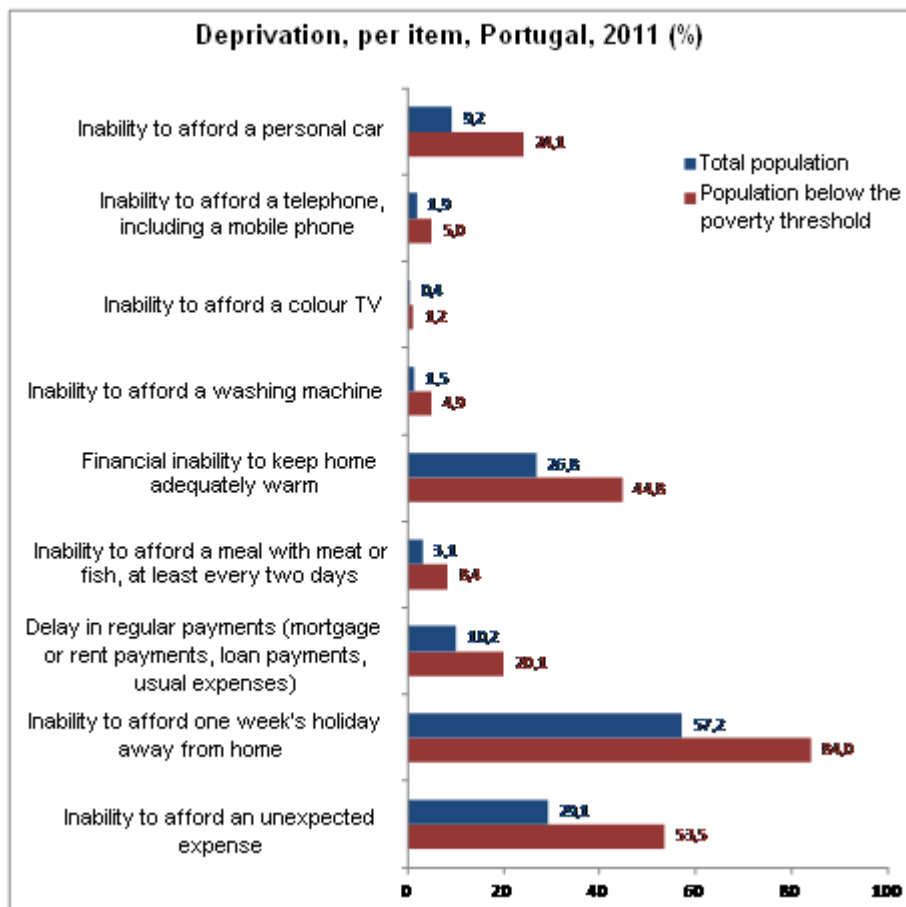
In a brief analysis by main age groups, once again, it is underlined that the children group is the most vulnerable one.

Next, an analysis will be made by item/difficulty considering the total population and the population below the poverty threshold, but limited to the year 2011. According to the following chart, the difficulties reflecting the economic situation of individuals and families are the ones with the highest deprivation rates, except for the item that reflects food deprivation - 'inability to afford a meal with meat or fish (or vegetarian equivalent) at least every two

days', with a rate of 3,1 %. However, we underline the difficulties felt by more than half of the Portuguese population (57,2 %), in the 'capacity to afford one week's holiday away from home'; 29,1 % in the 'capacity to afford an unexpected expense'; 26,8 %, in the 'financial ability to keep home adequately warm'; and 10,2 % in what concerns the item 'delay in regular payments'.

In what regards the assessment of difficulties in the access to comfort goods, Portugal presents good results: 9,2 % of the Portuguese population are unable to afford a personal car, (compared with 24,1 % of the population below the poverty threshold); 1,9 % cannot afford a telephone, including a mobile phone; 0,4 % cannot afford a colour TV; and 1,5 % cannot afford a washing machine.

Chart 75



Source: Eurostat: EU-SILC, 2011

As it was already expected, the population below the poverty threshold shows deprivation rates higher than the total population deprivation rates and the results obtained on the three following items are particularly significant: 84 % cannot afford a week's holiday away from home; 53,5 % cannot afford an unexpected expense; and 44,8 % cannot afford to keep the home adequately warm.

2. Evolution of the Social Protection System

The social protection systems play a key role in the redistribution of income and benefits, in order to promote social equity, to reduce vulnerability towards social risks and prevent and combat poverty and social exclusion.

The structure of expenditure on social protection shows that in Portugal there has been a growing concern in the allocation of resources to the national system of social protection for redistributive purposes: in 2001, the expenditure represented 21,87 % of the GDP, having grown over the decade, standing at about 27 % in 2010. Even so, the average expenditure on social protection estimated for the EU27 remains higher, registering 29,37 % of the GDP in 2010, a slightly lower value than the one registered in the previous year.

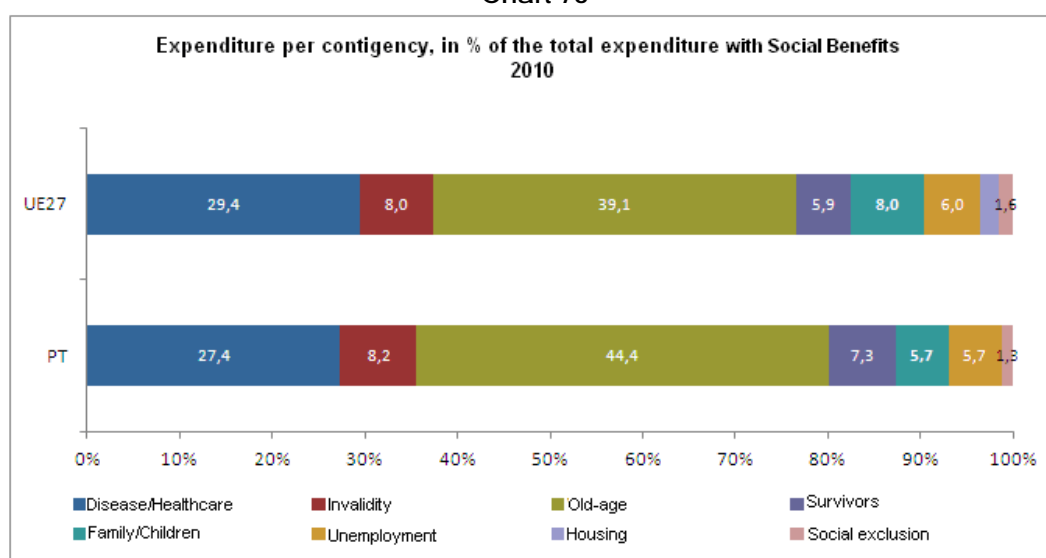
Table 120
Total expenditure on social protection as a percentage of GDP

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
EU27	:	:	:	:	27,06	26,69	26,10	26,79	29,61	29,37
Portugal	21,87	22,80	23,23	23,84	24,50	24,50	23,89	24,35	26,96	26,98

Source: ESSPROS, Eurostat

When analyzing the distribution of the expenditure per contingencies (see Chart 6), in terms of percentage of the total expenditure on social benefits, the contingencies related to old age (44,4 %) and health (27,4 %) are the most burdensome on social protection spending, followed by invalidity (8,2 %), survivor' benefits (7,3 %), family benefits in *ex aequo* with unemployment benefits (5,7 %) and finally, other expenses with social exclusion not contemplated in the previous items.

Chart 76



Source: Eurostat: EU-SILC, 2010

The way income is redistributed is essential for the understanding, characterization and intervention on problems such as economic inequality and monetary poverty of families. Therefore, it is crucial to define the population groups to be covered and the respective established means-testing conditions.

Some conclusions on the impact of social transfers in reducing the poverty risk of the total population, and considering several age groups, can be drawn from the following table. In what concerns the total population, a clear effect of pensions in the reduction of monetary poverty can be noticed (17.1 pp in 2011). In this case, the reducing effect is due to old age and survivors pensions, with a higher impact among the elderly (-61.7 pp in 2011).

Table 121
At-risk-of-poverty rate, before and after social transfers

		Before social transfers					After social transfers concerning pensions					After social transfers				
		2004	2008	2009	2010	2011	2004	2008	2009	2010	2011	2004	2008	2009	2010	2011
Total	EU27	:	42,0	42,3	43,4	44,0	:	25,2	25,1	25,9	26,1	:	16,4	16,3	16,4	16,9
	PT	41,3	41,5	41,5	43,4	42,5	26,5	24,9	24,3	26,4	25,4	20,4	18,5	17,9	17,9	18
Children (0-17)	EU27	:	35,2	35,4	37,1	36,8	:	33,2	33,3	35	34,6	:	20,1	19,8	20,5	20,6
	PT	35,7	33,1	33,5	35,4	33,4	31,9	30,1	30,7	32,2	30,9	24,6	22,8	22,9	22,4	22,4
Adults (18-64)	EU27	:	32	32,2	33,4	34,1	:	23,4	23,6	24,8	25,4	:	14,7	14,8	15,2	16
	PT	32,4	32,3	31,9	34,1	33,0	23,2	23,4	22,8	25,2	24,4	17,0	16,3	15,8	15,7	16,2
Elderly people (65+)	EU27	:	87,7	87,7	87,7	87,9	:	22,7	21,8	19,8	19,6	:	19	18	16	15,9
	PT	81,8	84,5	84,5	84,8	85,0	32,9	24,9	23,1	24,9	23,3	28,9	22,3	20,1	21	20

Source: EU-SILC, Eurostat

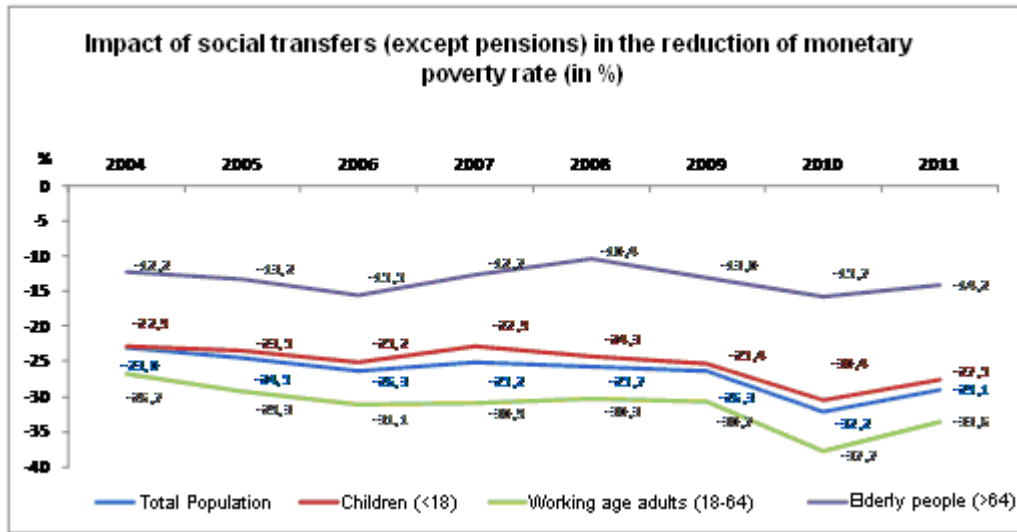
However, in what concerns the analysis of the impact of social transfers in poverty reduction, we are particularly interested in the effects of other social transfers (apart from pensions), since these pensions are a primary income that results from an insurance career and/or intergenerational contract.

The other social transfers redistributed by the State have had a relatively stable impact during the period covered by this Report, by lowering 6.7 pp in average the risk of monetary poverty; we highlight 2010 as the year in which the impact was higher, 8.5 pp.

The following chart illustrates the impact of social transfers, by age group, in percentage. From this analysis it can be inferred that 2010 is indeed the year in which social transfers to combat poverty were more effective, with an average impact on poverty reduction of 32,2 %, i.e. without this set of social transfers aimed at families, the poverty rate of the Portuguese population would be of 26,4 % instead of 17,9 %.

However, this reducing effect has slightly decreased in 2011 for all groups. It is also important to mention that working age adults are the ones who most benefit from these transfers, with an impact always above the average of the total population (-37,7 % in 2010, i.e. -9.5 pp). The elderly are the least affected by this impact and the reason for that is related to the nature of the transfers, as it was already analysed in this Report.

Chart 77



Source: Eurostat: EU-SILC, 2004-2011

MEASURES AND POLICIES WITHIN THE SCOPE OF EMPLOYMENT AND VOCATIONAL TRAINING

Firstly, it is important to underline the principles governing the employment policy. The legislation that provides for the employment policy (Decree-Law no. 132/99 of 21 April), establishes as its main principles, the following: the principle of employment policy integration in the set of economic and social policies, considering the respective transversality; the principle of co-responsibility of the State, social partners and other representative organizations of society, and of citizens, in the development of that policy; the principle of universal access; the principle of employability promotion; and finally, the principle underlined in this Report, i.e. the principle of social cohesion promotion and the fight against poverty and exclusion.

Within the scope of the implementation of this particular principle, the legal framework instrument of employment policy has stimulated the social labour market, precisely with the prospect of being a programme aimed to promote activities focused on the social needs that are not covered by the normal functioning of the market and, simultaneously, combat unemployment, poverty and exclusion.

By benefiting from those wide and comprehensive principles and from an integrated view of public action, the way employment policy is defined ensures its relevance; therefore it is important to recall this definition: " The employment policy is an instrument that ensures people's right to work and aims to prevent and solve employment problems, including the improvement of employment quality, the promotion of full employment and the fight against unemployment, within the context of socio-economic development, in order to improve the well-being levels of the population." (Article 1 of Decree-Law no. 132/99 of 21 April).

Employment programmes and measures

Between January 2008 and December 2011, the employment programmes and active measures implemented during that period, aimed to combat poverty and social exclusion were essentially the following:

I – Supports to the Creation of Jobs and Companies

- Cooperative Development Programme (PRODESCOOP)
- Programme to Stimulate Job Offers (PEOE), including the following measures:
 - ✓ Support to Recruitment
 - ✓ Support to Local Employment Initiatives
 - ✓ Support to Employment Projects Promoted by Beneficiaries of Unemployment Benefits

- ✓ Support to the Conversion of Fixed-term Employment Contracts into Contracts of Indeterminate Duration
- Programme Local Initiatives to Support Families
- Support Programme to Entrepreneurship and the Creation of Self-Employment (PAECPE)
- Support to the Recruitment of Young People, Long-term Unemployed and Specific Groups (within the scope of the Investment and Employment Initiative 2009)
- Support to the Recruitment of Older Workers and Specific Groups, under a Fixed-Term Contract (within the scope of the Investment and Employment Initiative 2009)
- Support to the Recruitment of Young people, Unemployed and Specific Groups (within the scope of the Employment Initiative 2010)
- Support to the Recruitment of Unemployed Persons aged over 40 (within the scope of the Employment Initiative 2010)

II - Employment Social Market

- Occupational Programmes (POC)
- Employment-Integration Contract and Employment-Integration Contract+
- Social Integration Companies
- Life Employment Programme
- Workshop Schools

Programmes and measures description and implementation

I – Support to the Creation of Jobs and Companies

Cooperative Development Programme (PRODESCOOP)

Applicable legislation

Ministerial Order no. 1160/2000 of 7 December, amended by the Ministerial Order no. 985/2009 of 4 September, revoked by the Ministerial Order no. 58/2011 of 28 January.

Goals

- To support the creation and consolidation of new cooperatives
- To encourage the expansion of the cooperatives' scope of operation
- To allow the modernization of existing cooperatives and enhance the image and potential of the cooperative sector
- To strengthen the competitive potential of the cooperative sector.

Target groups

- Long-term unemployed persons
- People with handicap(s) and disability
- Beneficiaries of the Social Integration Income (RSI)
- People with qualification levels 3, 4 e 5

Table 122
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	55	12	10	14
Financial Implementation	€ 1.338.574,62	€ 412.375,89	€ 401.047,62	€ 357.421,86

Source: Institute for Employment and Vocational Training

Programme to Stimulate Job Offers (PEOE)

a) Modality: Recruitment Support

Applicable legislation

Ministerial Order no. 196-A/2001 of 10 March amended by the Ministerial Orders no. 255/2002 of 12 March, no. 183/2007 of 9 February and no. 985/2009 of 4 September, revoked by the Ministerial Order no. 58/2011 of 28 January.

Goal

To stimulate the creation of jobs by supporting entities that sign full-time contracts of indeterminate duration that will result in an increase of employment levels.

Target groups

Young people looking for their first job and people in situation of social disadvantage, namely:

- Beneficiaries of the RSI
- People with handicap(s) and disability
- Long-term unemployed persons

Table 123
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	1.020	741	39	4
Financial implementation	€ 4.629.933,14	€ 3.707.319,48	€ 261.593,28	-

Source: Institute of Employment and Vocational Training

b) Modality: Support to Local Employment Initiatives

Applicable legislation

Ministerial Order no. 196-A/2001 of 10 March amended by the Ministerial Orders no. 255/2002 of 12 March, no. 183/2007 of 9 February and no. 985/2009 of 4 September, revoked by the Ministerial Order no. 58/2011 of 28 January.

Goal

To stimulate the creation of new entities, regardless of their legal nature, and provide for net job creation, thus contributing to the development of local economies.

Promoters

The individual or associated promoters are the following:

- Unemployed persons
- Young people looking for their first job

The initiative promoters may be natural persons, aged 18 or over, or legal persons governed by private law that fulfil the access requirements defined in the framework legislation.

Note: Non-EU foreign citizens may be entitled to this support, provided that their residence or stay permit is compatible with the time limits established, so that they may continue with the responsibilities assumed within the scope of the Programme to Stimulate Job Offers (PEOE).

Programme - Local Employment Initiatives to Support Families

Applicable legislation

Ministerial Order no. 1191/2003 of 10 October

Goal

To encourage the emergence of new entities that provide for the net job creation and contribute to the enhancement of local economies, within the scope of family support services (aimed at the elderly, children, and people with disabilities, among others).

Target groups / Promoters

The target groups and/or promoters (individual or associated) are the following:

- Unemployed persons
- Young people looking for their first job

While promoters, these must be aged 18 or over.

Physical and financial implementation of EMPLOYMENT LOCAL INITIATIVES

Including the Programme to Stimulate Job Offers (PEOE) in the modality "Supports to Local Employment Initiatives" and the Programme - Local Employment Initiatives to Support Families

Table 124
Physical and financial implementation

	2008	2009	2010	2011
Physical execution	4.259	4.053	2.261	420
Financial execution	€ 30.536.668,19	€ 30.159.130,90	€ 18.203.832,99	€ 3.784.644,46

Source: Institute of Employment and Vocational Training

c) Modality: Support to Employment Projects promoted by Beneficiaries of Unemployment Benefits

Applicable Legislation

Ministerial Order no. 196-A/2001 of 10 March, amended by the Ministerial Orders no. 255/2002 of 12 March, no. 183/2007 of 9 February and no. 985/2009 of 4 September, revoked by the Ministerial Order no. 58/2001 of 28 January.

Goal

To support employment projects promoted by beneficiaries of unemployment benefits, provided that they ensure full time employment to the promoters.

The joining of the beneficiary to any entity of an associative nature as well as his/her participation in the capital of already formed companies is also considered an employment project, provided that these companies ensure a full time employment to the beneficiary and have a proven economic and financial capacity for that purpose.

Target groups

Beneficiaries of unemployment benefits who, individually or in an associated manner, present full time employment projects with economic and financial viability.

Table 125
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	1.723	1.625	129	7
Financial implementation	€ 2.913.642,55	€ 2.316.696,66	€ 513.915,24	€ 38.858,53

Source: Institute of Employment and Vocational Training

Modality: Support to the Conversion of Fixed-term Employment Contracts into Contracts of Indeterminate Duration

Applicable Legislation

Ministerial Order no. 196-A/2001 of 10 March, amended by the Ministerial Orders no. 255/2002 of 12 March, no. 183/2007 of 9 February and no. 985/2009 of 4 September, revoked by the Ministerial Order no. 58/2001 of 28 January.

Goal

To provide financial support to employers who contract workers already bound to them by fixed-term employment contracts, converting these into contracts of indeterminate duration, at the date originally fixed for the duration of the contract, i.e., at the time of the first renewal.

Beneficiary entities

- Companies governed by private law employing up to 50 workers
- Companies governed by private law employing more than 50 employees, provided that the employment contracts to be converted involve:
 - People with handicap(s) and disability
 - Beneficiaries of the Social Integration Income (RSI)
 - Unemployed persons aged 45 or over, registered at Employment Centres for a period over 18 months

Table 126
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	254	181	9	-
Financial implementation	€ 418.759,16	€ 326.865,76	€ 16.865,92	-

Source: Institute of Employment and Vocational Training

Support Programme to Entrepreneurship and the Creation of Self-Employment (PAECPE)

Applicable Legislation

Ministerial Order no. 985/2009 of 4 September, amended by the Ministerial Orders no. 58/2011 of 28 January and no. 95/2012 of 4 April.

Goal

This measure is aimed to support the creation of small-sized business projects and the creation of new jobs.

The "Support Programme to Entrepreneurship and the Creation of Self-Employment (PAECPE)" includes the following measures:

- Support to the creation of profit oriented small-sized companies (managed by the IEF, IP - Institute of Employment and Vocational Training, P.I.);

- The Microcredit National Programme, within the scope of the Support Programme to Social Economy - PADES (managed by the Cooperative for Social Economy António Sérgio - CASES);
- Support to self-employment creation for beneficiaries of unemployment benefits (managed by IEFP, IP).

Target groups

Creation of small-sized companies

- Unemployed persons registered at Employment Centres, capable and available to work and who fulfil the following conditions:
 - Unemployed persons registered at employment centres for a period of up to nine months, if they are in an involuntary unemployment situation, or of more than nine months, regardless of the reason of registration;
 - Young people looking for their first job, i.e. people aged between 18 and 35, with at least full secondary education or level 3 qualification and who have not signed any labour contract of indeterminate duration ;

Microcredit National Programme

- All people with special difficulties in the access to the labour market and who are at risk of social exclusion who have a viable business idea and an entrepreneur profile, and prepare and present viable projects for job creation;
- Micro-entities and cooperatives with up to 10 employees, including work collaborators who present viable projects for net job creation, particularly in activities within the social economy area;

Note: Priority should be given to beneficiaries or contracted persons aged between 16 and 34, who are unemployed and registered at an employment centre for a period of at least four months.

Table 127
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	-	-	4.001	5.139
Financial implementation	-	€ 8.512.500,00	€ 5.218.885,47	€ 14.459.407,38

Source: Institute of Employment and Vocational Training

SUPPORT TO THE RECRUITMENT OF YOUNG PEOPLE, ADULTS AND SPECIFIC GROUPS

Support Programme to the Recruitment of young people, Long-term Unemployed Persons and Specific Groups

(within the scope of the Investment and Employment Initiative 2009)

Applicable Legislation

Ministerial Order no. 130/2009 of 30 January, revoked by the Ministerial Order no. 125/2010 of 1 March.

Goal

To strengthen the effectiveness of tools to stimulate the recruitment of young people, long-term unemployed and other disadvantaged groups in the access to employment and return to the labour market.

Description

Financial support and/or exemption from social security contributions payment to employers that hire, under full time or part time employment contracts of indeterminate duration:

- Young people aged 35 or less, looking for their first job, with full secondary education or level 3 qualification or are attending a qualification process to obtain this level of education or training and who have not signed any labour contract of indeterminate duration
- Long-term unemployed persons, i.e. persons registered at Employment Centres for a period of more than nine months
- Unemployed persons aged 55 or over, registered at Employment Centres for a period of more than six months
- Beneficiaries of the social integration income or invalidity pension, former drug addicts or ex-prisoners.

Target groups

Employers governed by private law that pay contributions to the social security general scheme of employees.

Conditions: The support depends simultaneously on the maintenance of net employment creation, for a period of three years, and the maintenance of a signed and supported labour contract, for a period of 36 months.

This support is effective for contracts whose effects began during 2009.

Support Programme to the Recruitment of Older Workers and Specific Groups, under a Fixed-Term Contract

(within the scope of the Investment and Employment Initiative 2009)

Applicable Legislation

Ministerial Order no. 130/2009 of 30 January, revoked by the Ministerial Order no. 125/2010 of 1 March.

Goal

To strengthen the effectiveness of tools to stimulate the recruitment of older workers and other disadvantaged groups in the access to employment and return to the labour market.

Description

Reduction in the payment of social security contributions to employers that hire, under full time or part time fixed-term employment contracts:

- Unemployed persons aged 55 or over, registered at Employment Centres for a period of more than six months
- Beneficiaries of the social integration income or invalidity pension, former drug addicts or ex-prisoners.

Target groups

Employers governed by private law that pay contributions to the social security general scheme of employees.

Support Programme to the Recruitment of Young people, Unemployed and Specific Groups

(within the scope of the Employment Initiative 2010)

Applicable Legislation

- Council of Ministers Resolution no. 5/2010 of 20 January
- Ministerial Order no. 125/2010 of 1 March

Goal

To strengthen the effectiveness of tools to stimulate the recruitment of young people, unemployed people and other disadvantaged groups in the access to employment and return to the labour market.

Description

Financial support, exemption or reduction of the payment of social security contributions to employers that hire young people, people unemployed for more than 6 months, or people with increased difficulties in the access to employment.

Target groups

Employers governed by private law that pay contributions to the social security general scheme of employees.

Support Programme to the Recruitment of Unemployed Persons aged over 40

(within the scope of the Employment Initiative 2010)

Applicable Legislation

Council of Ministers Resolution no. 5/2010 of 20 January
Ministerial Order no. 125/2010 of 1 March

Goal

To strengthen the effectiveness of tools to stimulate the recruitment of older workers.

Description

Reduction of the payment of social security contributions to employers that hire unemployed persons aged over 40, registered at employment centres for a period of more than 9 months, under fixed-term employment contracts.

Target groups

Employers governed by private law that pay contributions to the social security general scheme of employees.

Physical and financial implementation of SUPPORT PROGRAMMES TO THE RECRUITMENT OF YOUNG PEOPLE, ADULTS AND SPECIFIC GROUPS

It includes the "Support Programme to the Recruitment of Young People, Long-term Unemployed Persons and Specific Groups", "Support Programme to the Recruitment of Older Workers and Specific Groups, under a Fixed-Term Contract", "Support Programme to the Recruitment of Young People, Unemployed Persons and Specific Groups "and" Support Programme to the Recruitment of Unemployed Persons Aged Over 40, under Fixed-term Contracts"

Table 128
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	-	4.383	7.581	3.661
Financial implementation	-	€ 7.641.050,00	€ 18.793.544,08	€ 8.141.750,50

Source: Institute of Employment and Vocational Training

II – Employment Social Market

Occupational Programmes (POC)

Applicable Legislation

Ministerial Order no. 192/2006 of 30 May, revoked by the Ministerial Order no. 128/2009 of 30 January.

Goal

To provide a socially useful occupation (necessary work) to unemployed persons, while they do not find any other work or vocational training alternatives, keeping them in touch with other workers and activities, thus preventing their social isolation and the tendency to discouragement and marginalization.

Target groups

- Unemployed persons who receive social benefits
- Unemployed persons in a proven economic need situation.

Promoting Entities

Public or private non-profit entities, such as: Local Authorities, Public Services, Private Social Solidarity Institutions and other non-profit organizations.

Table 129
Physical and Financial Implementation

	2008	2009	2010	2011
Physical implementation	54.645	29.774	2.168	18
Financial implementation	€ 30.034.257,68	€ 22.601.621,46	€ 542.655,92	€ 541,99

Source: Institute of Employment and Vocational Training

Employment-Integration Contract and Employment-Integration Contract +

Applicable Legislation

Ministerial Order no. 128/2009 of 30 January, amended by the Ministerial Orders no. 294/2010 of 31 May and no. 164/2011 of 18 April.

Goals

- To promote employability to unemployed persons while preserving and enhancing their social and professional competences by maintaining contact with the labour market
- To foster contact of the unemployed with other workers and activities, avoiding the risk of their isolation, lack of motivation and marginalization
- To support socially useful activities, particularly those that meet local or regional needs.

Description

It consists in the performance of socially useful activities, that meet local and regional needs, by beneficiaries of unemployment benefits or beneficiaries of the social integration income, within the scope of projects promoted by public or private non-profit collective organizations.

These activities may not consist in job occupation, but in the development of tasks that meet temporary social or collective needs at local or regional levels.

Target Groups

Unemployed persons registered at Employment Centres and, depending on the case:

- Employment-Integration Contract (CEI): persons entitled to unemployment benefits or unemployment social benefits;
- Employment-Integration Contract+ (CEI+): persons entitled to the social integration income (RSI);
- Persons with handicaps and disabilities
- Long-term unemployed persons
- Unemployed persons aged 55 or over
- Ex-prisoners or persons serving their prison sentence under an open scheme outside prison or fulfilling another non-custodial judicial order.

Table 130
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	-	33.385	56.526	55.103
Financial implementation	-	€ 11.498.158,01	€ 17.047.003,27	€ 17.238.395,06

Source: Institute of Employment and Vocational Training

Social Integration Companies

Applicable Legislation

Council of Ministers Resolution no. 104/96 of 9 July

Ministerial Order no. 348-A/98 of 18 June

Order no. 87/99 of 15 January

Order no. 16758/99 of 27 August

Goals

- To combat poverty and social exclusion through social integration or professional reintegration
- To promote the acquisition and development of personal, social and professional competences adequate to the performance of an activity
- To support the creation of jobs, the satisfaction of social needs not met by the normal market functioning and the promotion of social development at the local level

Target Groups

- Long-term unemployed persons;
- Unemployed persons in an unfavourable situation towards the labour market, such as:
 - Alcoholics in a recovery process
 - Beneficiaries of the Social Integration Income (RSI)
 - People with handicap(s) and disabilities, capable of entering in the labour market
- Ex-prisoners (and those who are serving or have served non-custodial sentences and that are capable of being integrated in the working life)

- Young people at risk, and drug addicts in a recovery process
- Adult members of single-parent families
- Victims of prostitution
- Homeless persons

Table 131
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	3.665	3.414	3.365	3.133
Financial implementation	€ 12.939.791,57	€ 12.134.548,84	€ 11.123.238,69	€ 11.027.645,33

Source: Institute of Employment and Vocational Training

Life-Employment Programme

Applicable Legislation

Council of Ministers Resolution No. 136/98 of 4 December

Goal

To enhance the social reintegration of users of illicit psychoactive substances through vocational training and employment, as an essential part of the drug treatment process.

Target Groups

Working age users of illicit psychoactive substances, who are completing or have completed treatment processes either in therapeutic communities, or in outpatient treatment, including those who are in a treatment process within the prison system.

Table 132
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	1.222	1.112	1.220	1.243
Financial implementation	€ 4.774.448,84	€ 3.481.241,88	€ 3.611.261,20	€ 3.819.086,57

Source: Institute of Employment and Vocational Training

General legal framework (within the scope of the IEPF intervention on education - training)

Portugal has been focusing on promoting the development of the population's academic and professional qualifications as one of the main intervention areas in order to strengthen not only the competitiveness of economy, but also social integration and cohesion.

The importance given to the improvement of qualifications is reflected in the nature and degree of articulation of the measures established under the main strategy instruments in force, whether in terms of social policy, or in terms of economic and employment policies, during the period in analysis.

An analysis of those instruments allows us to verify this. The National Strategy for Social Protection and Social Inclusion (2008-2010) defines several fields of intervention, among which we underline the active social inclusion promotion through the support to socio-professional integration, based on active employment and/or vocational training policies, and the social inclusion promotion aimed at specific groups, namely people with handicaps or disabilities, immigrants, ethnic minorities and the homeless.

This Strategy is integrated in the National Action Plan for Inclusion (PNAI) which, for that same period of 2008-2010, resumes the previously defined three main priorities of the three year period 2006-2008:

To combat poverty among children and the elderly, through measures that ensure their basic citizenship rights, focusing on interventions specifically targeted at these groups and on dimensions aimed to improve the social, family and territorial environments (interventions at the level of income, employability, housing and territories).

To correct disadvantages in education and training/qualification by reducing the structural qualifications deficit of the Portuguese population, strongly focusing on a strategic intervention throughout the life cycle that favours: the widespread access to preschool education; the strengthening of vocational offerings and curricular alternatives to address early school leaving; and the qualification of working age adults.

To overcome discriminations, by strengthening the integration of specific groups, namely people with handicaps and disabilities, immigrants and ethnic minorities, through intervention measures in the field of income, accessibilities, facilities and services, education, training and employment, social rights and social protection.

One of the six priority areas of the Renewed Lisbon Strategy - National Reform Plan (2008-2010) is entitled "More positive mobility through qualifications, social protection and employment" and, as the name suggests, it focuses on: the investment in education and training and the improvement of the Portuguese population qualifications; the promotion of job creation; the prevention and fight against unemployment; the modernization of social protection systems; and the promotion of the balance between flexibility and security in the labour market.

The National Employment Plan (2008-2010) is structured into 3 challenges:

Challenge no. 1 – to invest in education and training and improve the Portuguese population qualifications, with a view to overcoming the structural deficit of the Portuguese population qualifications by ranging the policies and instruments of education, training, science and innovation with the development and modernization policies and instruments of the Portuguese productive fabric.

Challenge no. 2 – To promote job creation, prevent and combat unemployment and modernize social protection systems, mainly through the strengthening of active employment measures and their articulation with social protection measures within a perspective of response to crisis.

Challenge no. 3 – To promote the balance between flexibility and security in the labour market, combating labour market segmentation and job insecurity within the framework of flexibility and security.

In what concerns the disability area, the National Disability Strategy (ENDEF) is a pluriannual programme (2011-2013) structured into 5 strategic axes that include a wide set of measures of different nature that cover the areas of vocational training, employment and qualification throughout life (see, in particular, the Axis 3 - Autonomy and quality of life).

The several instruments and measures to support the strengthening of social cohesion, the promotion of employment and the development of qualifications presented herein, significantly converge with the strategic priorities of the National Strategic Reference Framework (QREN) (2007-2013) – a core financial instrument to support defined public policies that assumes as main goal the qualification of The Portuguese people. This convergence occurs mainly at the level of the Operational Programme for Human Potential (POPH), which aims to promote the educational and professional qualifications of the Portuguese people and to promote employment and social inclusion. This Programme concentrates by itself almost all of the amounts allocated to the European Social Fund within the scope of QREN.

In accordance with these strategic options, strongly aimed to develop the population qualifications, the National Qualifications System was created (Decree-Law no. 396/2007 of 31 December), adopting the principles established in the Agreement for the social Security Reform signed by the government and the social partners, restructuring the vocational training within the education system and within the labour market system, by creating new tools and a new institutional framework.

The National Qualifications System "architecture" aims to meet the goal of promoting the improvement of the population qualifications, ensuring the relevance of training and learning to the personal development and to the modernization of companies and the economy, and guaranteeing that all the national effort on training is taken into account in the citizens' educational and vocational development, either through dual certification training, or through the recognition, validation and certification of academic and/or professional competences.

Within the scope of the National Qualifications System, we underline the creation of the National Qualifications Catalogue as a strategic management tool of non-higher education level qualifications, which comprises qualifications based on competences according to a dual certification logic, identifying for each one of them the respective benchmarks of training and competences recognition, as well as the qualification level. It is also important to underline the

entry into force in 2010 of the National Qualifications Framework (according to the Ministerial Order no. 782/2009 of 23 July), structured into eight qualification levels, produced by the national education and training system, which is in line with the European Qualifications Framework for lifelong learning.

The Regulatory System of Access to Professions (SRAP) was created in 2011 (Decree-Law no. 92/2011 of 27 July), aiming to simplify and eliminate barriers, i.e. providing free access to professions and professional activities whose performance was limited to the possession of a title (professional card or professional competence certificate). This measure is based on a principle of choice and access to the profession, which should only be restricted to the extent necessary to safeguard public interest.

Implemented programmes and measures (within the scope of the IEF intervention on education - training)

In addition to the strategic, legal and institutional context, the major commitment in the qualification area is reflected in the education and training measures aimed at young people and adults, that were implemented during the period in analysis. The majority of these measures was established before 2008; however, they have been subject to some adjustments towards their harmonization with the principles and instruments established within the scope of the National Qualifications System, which entered into force in the beginning of 2008.

Between 2008 and 2010, the great majority of the education and training measures aimed at young people and adults fitted into the New Opportunities Initiative. This was a government programme established for the period 2005-2010 within the scope of the National Employment Plan, that was aimed to develop the Portuguese people qualifications through the investment in secondary education as a "minimum qualification level" of the population and to develop vocational courses (dual certification) and that established for the 5-year period ambitious targets aimed at the number of trainees covered by the several education and training modalities. The end of the programme in 2010 did not affect the education and training modalities that had already been foreseen for its implementation, as they were measures foreseen within the scope of the National Qualifications System; therefore, they remained in force beyond that date.

I – Young people

Dual Learning Courses

The Dual Learning Courses are aimed to qualify young people under the age of 25 and with the 3rd cycle of basic education (9th grade) or equivalent, through a dual certification modality (academic and professional).

In what concerns their technological training component, these courses are organized in training units of short duration, based on the training references stated in the National Qualifications Catalogue, allowing the acquisition of a level 4 qualification of the National Qualifications Framework. They are

developed in a work-linked education and training system by the Training Entity - where the socio-cultural, scientific and technological training runs - and by the company, which is the entity that supports the work-linked vocational training - where the practical training takes place in a work context and is gradually distributed throughout the training process.

Education and Training Courses for Young People (CEF)

The CEF are aimed at young people looking for their first or new job, aged between 15 and 23, who are at risk of abandoning school, or have abandoned it before completing the 12 years of schooling, as well as those who, after completing 12 years of schooling, wish to acquire a dual certification qualification that enables socio-professional integration. The CEF are developed on the basis of training references integrated in different education and training areas, and allows the students to obtain the qualification levels 1, 2 and 4, of the National Qualifications Framework, which are equivalent to a school progression corresponding to the 6th, 9th or 12th grades.

Technological Specialization Courses (CET)

The Technological Specialization Courses (CET) are post-secondary courses that do not have the status of higher education degrees, whose successful completion allows the students to obtain a technological specialization diploma conferring a level 5 qualification of the National Qualifications Framework. These courses give privilege to a particularly vocational curriculum structure and are structured on the basis of general scientific, technologic and practical training components in a work context, based on the training references listed in the National Qualifications Catalogue.

II - Adults

Recognition, Validation and Certification of Competences (RVCC)

The procedures of Recognition, Validation and Certification of Competences (RVCC) are aimed at adults who do not have an academic and/or professional qualification and who have acquired knowledge and competences in non-formal and informal contexts that may be certified within the scope of the National Qualifications System. The RVCC allows the students to obtain an academic qualification (of basic or secondary level), a professional or dual certification or, alternatively, enables them to obtain a partial certification that allows the certification of acquired competences and, in addition, enables them to attend the necessary training courses to complete the qualification.

Education and Training Courses for Adults (EFA Courses)

The Education and Training Courses for Adults (EFA courses) consist of flexible training courses adapted to the competences that adults already have and, simultaneously, ensure the improvement of both their academic and professional, only professional or only academic qualification levels, aiming to improve their employability conditions and social and professional inclusion. These courses are aimed at adults aged 18 or over at the date of the beginning of the training course, who do not have adequate qualifications for the purposes of integration or progression in the labour market and, primarily, the

ones who have not completed the basic or secondary education. The EFA courses confer the qualification levels 1, 2, 3 and 4.

Modular Training

The Modular Training is an individualized response and aims to provide a diverse educational offer, which allows the acquisition or development of competences, in a perspective of adaptation to new equipments, new methods or work contexts and to the organizational innovation. Its target groups are employed and unemployed persons, giving priority to those who have not completed the basic or secondary education, and it is aimed to develop the applicants' knowledge and competences and it may also be used in retraining and requalification processes. Modular Training is developed in flexible training courses, organized on the basis of training units of short duration, of 25 or 50 hours, established according to the National Qualifications Catalogue and allows the students to obtain a professional and/or academic certification.

Training for Inclusion

The Training for Inclusion Programme (Basic Competences Training programme) promotes the acquisition of the basic competences of reading, writing, arithmetic and the use of information and communication technologies, necessary to the entry into qualification processes that lead to the acquisition of competences and to the respective certification (integration in EFA courses or referral to RVCC basic level processes, of professional or dual type). It is aimed at adults aged 18 or over, who do not have the basic competences of reading, writing and arithmetic, regardless of whether or not they have completed the 1st cycle of basic education or equivalent. The beneficiaries of the Social Integration Income registered at Employment Centres, with academic qualifications equal or lower than 4 years of schooling, are a priority group in this modality.

III – Specific Groups⁷ (Immigrants)

Programme - Portuguese for All (PPT)

The Programme - Portuguese for All (PPT) is aimed to provide immigrants aged 18 or over, employed or unemployed, the necessary competences to understand and express themselves in the Portuguese language and to know the basic citizenship rights, in order to facilitate their integration in the Portuguese society. This programme consists of training courses on Portuguese language, citizenship and technical Portuguese.

⁷ People with handicaps or disabilities were not included in the vocational training for specific groups, because they are included in the measures established within the scope of Professional Rehabilitation.

IV – Physical and financial implementation within the scope of education – training

Table 133
Physical and financial implementation (Employment Centres + Vocational Training Centres under Direct Management of the IEFP, I.P.)

	2008	2009	2010	2011
Physical implementation	98.084	182.600	188.675	179.280
Dual Learning Courses	14.125	18.135	21.287	21.036
Education and Training Courses for Young People	8.672	7.214	6.749	5.508
Technological Specialization Courses	143	46	118	118
Recognition, Validation and Certification of Competences	15.801	24.988	25.118	25.161
Education and Training Courses for Adults	25.794	33.869	33.309	32.106
Modular Training	30.682	95.961	99.399	87.709
Training for inclusion		151	27	4.822
Programme Portuguese for All	2.867	2.236	1.674	1.820
Financial implementation	€ 136.421.964,28	€ 162.984.175,46	€ 183.368.147,66	€ 160.635.758,08
Dual Learning Courses	€ 39.775.054,08	€ 44.417.200,69	€ 53.775.985,88	€ 60.537.590,23
Education and Training Courses for Young People	€ 14.055.732,86	€ 9.741.954,19	€ 9.854.815,89	€ 9.203.447,14
Technological Specialization Courses	€ 192.712,22	€ 38.461,09	€ 163.434,50	€ 162.168,52
Recognition, Validation and Certification of Competences	€ 10.541.213,81	€ 11.143.040,89	€ 12.208.592,36	€ 11.216.625,16
Education and Training Courses for Adults	€ 68.583.495,51	€ 85.398.850,24	€ 90.936.023,31	€ 64.213.769,34
Modular Training	€ 2.866.732,63	€ 11.716.355,11	€ 16.095.370,68	€ 12.093.595,05
Training for inclusion		€ 110.992,61	€ 25.743,78	€ 2.928.237,57
Programme Portuguese for All	€ 407.023,17	€ 417.320,64	€ 308.381,32	€ 280.325,07

Source: Institute of Employment and Vocational Training

Table 134
Physical and financial implementation (Vocational Training Centres under Shared Management)

	2008	2009	2010	2011
Physical implementation	27.391	106.648	103.604	82.314
Dual Learning Courses	3.683	3.060	2.842	2.348
Education and Training Courses for Young People	2.365	2.244	1.675	1.295
Technological Specialization Courses	119	201	639	857
Recognition, Validation and Certification of Competences	9.588	12.594	11.231	6.711
Education and Training Courses for Adults	3.169	7.022	7.740	6.123
Modular Training	8.467	81.486	79.346	64.616
Training for inclusion		27		
Programme Portuguese for All		14	131	364
Financial implementation	€ 79.577.482,51	€ 88.836.426,89	€ 94.669.290,23	€ 98.605.813,64

Source: Institute of Employment and Vocational Training

Note: In what concerns the data on the financial implementation of the vocational training centres under shared management, it is not possible to separate them per education-training area and indicate the financial implementation of all the programmes/measures within the scope of vocational training.

Professional Rehabilitation

Professional Rehabilitation Programmes

Applicable Legislation

Decree-Law no. 40/1983 of 25 January

Decree-Law no. 194/1985 of 24 June
Implementing Decree no. 37/1985 of 24 June
Decree-Law no. 247/89 of 5 August, amended by the Decree-Law no. 8/1998 of 15 January
Legislative Order no. 99/1990 of 6 September
Law no. 100/1997 of 13 September
Decree-Law no. 360/1997 of 17 December
Decree-Law no. 8/1998 of 15 January
Council of Ministers Resolution no. 59/1998 of 6 May
Order no. 12008/1999 (2nd series) of 23 June
Decree-Law no. 248/1999 of 2 July
Law no. 38/2004 of 18 August

Goal

To support people with handicaps and disabilities, who have difficulties in the access to employment, in keeping their employment or developing their careers, as well as reward the entities that cooperate for this purpose.

Target groups

Working age people with handicaps and disabilities.

Definition

This programme is composed by the following measures:

- Information, Assessment and Professional Guidance
- Re-adaptation to Work
- Integration in the Normal Labour Market
- Support to Employment
- Follow up After Employment
- Teleworking and the Creation of Job Opportunities for Teleworkers
- Self-Employment
- Protected Employment
- Technical Aids
- Merit Award
- Integration Award

In addition to these measures, people with handicaps and disabilities have access to programmes and measures within the general scope, in more favourable conditions.

Employment and Support Programme for the Qualification of People with Handicaps and Disabilities

Applicable Legislation

Decree-Law no. 290/2009 of 12 October.
Legislative Order no. 18/2010 of 29 June.
Law no. 24/2011 of 16 June.

Goal

To support people with handicaps and disabilities, who have difficulties in the access to employment, in keeping their employment or developing their careers.

Target Groups

Working age people with handicaps and disabilities.

Definition

This programme comprises the following measures:

- Support to Qualification (Measure for the Qualification of People with Handicaps and Disabilities)
- Support to the Integration, Maintenance and Reintegration in the Labour Market
- Supported Employment

Support to Investment in Rehabilitation Entities

The Support measure to Investment in Rehabilitation Entities allows the granting of supports to private non-profit entities that develop vocational rehabilitation actions aimed at people with handicaps and disabilities, for the construction of Vocational Rehabilitation Centres' facilities/new facilities and the consolidation of existing ones, in order to provide quality improvement in the development of vocational training/rehabilitation actions.

Table 135
Physical and financial implementation

	2008	2009	2010	2011
Physical implementation	12.917	17.103	11.718	12.529
Financial implementation	€ 49.727.576,79	€ 23.658.029,34	€ 15.831.616,16	€ 10.002.067,75

Source: Institute of Employment and Vocational Training

MEASURES AND POLICIES WITHIN THE SCOPE OF SOLIDARITY AND SOCIAL SECURITY

1. National Strategy for the Integration of Homeless Persons – ENIPSA

1. Framework

The National Strategy for the Integration of Homeless Persons, ENIPSA, publicly presented in March 2009, corresponds to a coordinated work carried out by a set of public and private entities, with the consultation of local groups that work directly with the homeless, and with the active participation of the District Social Security Centres, Regional Offices, the Institute on Drugs and Drug Addiction, groups of non-governmental organizations, among others.

This strategy came to embody the recommendations given to the Member States, which resulted from the study funded by the European Commission and developed by the University of Dundee, "EU Study on Measurement of Homelessness (Edgar et al, 2007), on the ways to provide information and monitor the homelessness phenomenon, from which resulted a set of recommendations on the need to harmonize procedures, mainly on the way this phenomenon is known and assessed at European level, stressing the importance of developing National Strategies for measuring the homelessness phenomenon.

The ENIPSA is based on the recognition of the citizenship rights and it is a guidelines tool for the operationalization of measures at the local level, within the scope of the Social Network (Social Action Local Councils), based on plans specific and adequate to the identified local needs. It is not limited to the intervention on homelessness situations as its scope of intervention is broadened to the prevention and continuous monitoring of those situations. It recognizes the complexity and multidimensionality of the homelessness phenomenon and promotes a better understanding of the issue, as well as the qualification of intervention.

2. Intervention Axes

With a view to the ENIPSA operationalization, 12 strategic goals were defined and divided into 2 intervention axes:

Axis 1

Knowledge of the phenomenon, Information, Awareness raising and Education

1. To promote the use of a single concept of "homeless person" at the national level
2. To ensure the monitoring of the phenomenon through an Information and Monitoring System (SIM), in order that the responses may be adequate to the real needs,
3. To ensure that the Social Networks Diagnosis and Social Development Plans include indicators on the homelessness phenomenon
4. To guarantee the continuous updating of information and the fight against discrimination
5. To guarantee accessibility and availability of information, constantly updated on the theme and on the existing resources.

Axis 2

Qualification of the intervention

6. To promote the technical quality of intervention
7. To ensure effectiveness and efficiency in terms of intervention
8. To ensure the quality of responses, services provided and of the operational logistics of fixed or mobile facilities that provide support to the homeless
9. To ensure that there are sufficient responses to guarantee that no one is deinstitutionalised before all the necessary measures have been

activated to ensure them a suitable place to live, as well as all the necessary support, whenever appropriate

10. To ensure that no one has to stay on the street for more than 24 hours
11. To ensure technical support to people when they leave a temporary accommodation, during the necessary time
12. To ensure the necessary conditions to guarantee the promotion of autonomy, through the mobilization and contracting out of all available resources according to the diagnosis and identified needs.

The materialization of the measures recommended in ENIPSA imply commitments by each of the entities involved, and the body responsible for their coordination is the Ministry of Solidarity and Social Security, through the Social Security Institute, is.

3 Measures to Highlight/Underline

3.1 – Planning and Intervention Units for the Homeless – NPISA

Considering that the ENIPSA corresponds to a set of general guidelines and commitments of the different entities involved - whose operation is carried out at local level within the scope of the Social Network, based on plans specific and adequate to the identified local needs – the creation of the NPISA is a fundamental measure, since a part of the strategic goals is materialized through these structures.

In accordance with the established in the Strategy, the Units shall be created whenever the dimension of the homelessness phenomenon justifies it, within the scope of the municipal social networks or supra-municipal platforms, by means of a protocol agreement legitimated in a Social Action Local Council Plenary Session.

The Units comprise all entities with intervention in the area where they wish to establish a coordinated and integrated work, and whose competence for that purpose is recognized by all the other partners.

The identified priority territories for intervention in this area are: Lisbon, Oporto, Aveiro, Coimbra, Braga, Setúbal and Faro. It should be noted that, in the end of 2011, there were NPISA operating in Lisbon, Coimbra, Oporto, Braga, Faro and Setúbal. Apart from these Units, other Units were created in Almada, Amadora, Cascais and Seixal and there are Units in the process of implementation in Vila Nova de Gaia, Figueira da Foz and Oeiras.

3.2 - Housing First

The Strategy foresees the development of innovative initiatives that promote the autonomy of homeless people, among others, namely follow-up projects in individualized accommodation, such as the Housing First projects.

In line with what was established, in 2009 a pilot project was launched in Lisbon, through a cooperation protocol signed between the ISS, I.P. and the Association for the Study and Psychosocial Integration, AEIPS.

The Protocol is aimed to support homeless people with mental illness in obtaining and maintaining an individualized and stable house, integrated in the community, by providing renting support and a diverse set of individualized support services within the housing context and in connection with other community resources.

Transversal measures

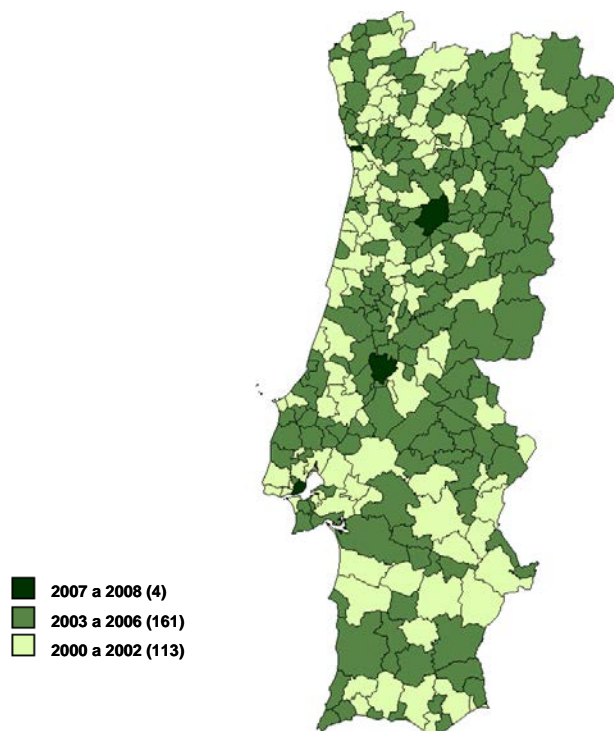
Social Network Programme

The Social Network Programme, established by the Council of Ministers Resolution no. 197/97 of 18 November and subsequently regulated by Decree-Law no. 115/2006 of 14 June, started its implementation in 2000, in 41 pilot municipalities and, currently, it is being developed and consolidated throughout the mainland territory.

This Programme is considered a good practice in the Portuguese context, as an active, innovative and structural social policy. It favours the participation of different local actors in the strategic planning of the municipalities' social intervention and development, in order to adjust policies within the scope of social action and optimize the national, regional and local resources to meet the diagnosed and prioritized needs within the territories. It is based on a set of principles that, when put into practice, aim to promote the accountability and mobilization of the social actors and of society in general. Through the development of a working partnership between public and private entities, based on plurality, respect for peoples' identity and recognition of the several stakeholders' potential, this Programme seeks to bring consensus in terms of established objectives, the definition of intervention priorities and coordination of the actions developed by all local actors, in order to broaden the efforts to eradicate poverty and social exclusion.

Currently, 278 structures, i.e. Local Councils for Social Action (CLAS) were created within the scope of municipalities (corresponding to all of the municipalities on the mainland), as shown in map 1.

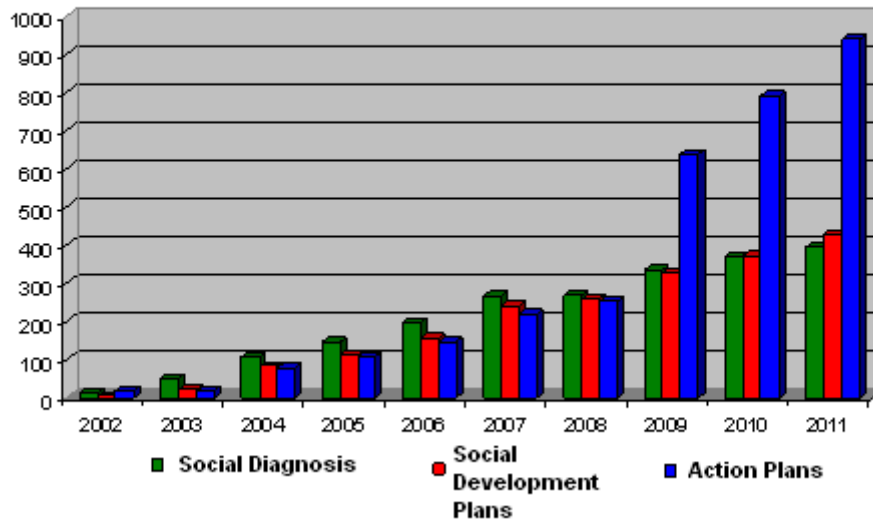
Map 1 - The Social Network Implementation in mainland Portugal



On 31 December 2011, the CLAS had already completed and formally submitted at least 275 Social Diagnosis (99%), 271 Social Development Plans (97%) and 273 Action Plans (98%), corresponding to the planning instruments for the 1st implementation phase. In the sequence of the revision/updating of the planning instruments after the implementation phase, on the same date were counted 394 Social Diagnosis, 429 Social Development Plans and 941 Action Plans, prepared by the CLAS (see the following chart).

Chart 78

Social Network: planning instruments prepared by the CLAS, per year (collected data 2002-2011)



Source: Institute for Social Security

It is also important to mention the registration of about 400 Parish and/or Inter Parish Social Commissions (structures within the scope of Infra-municipalities). 28 Supra-municipality platforms were also launched, similar to the territorial scope of NUT III (Nomenclature of Territorial Units III), whose main purpose is to promote a concerted supra-municipality planning for the organization of resources, responses and social facilities, through the coordination of local planning instruments with the measures and actions carried out at the national level.

Nearly 8.000 partners are currently registered, thus integrating the set of the Social Network structures and bodies.

It was also created the Social Network Information System, which comprises two levels: the local level (under the responsibility of local social networks) and the national level (under the responsibility of ISS, I.P.). In what concerns the national dimension, the System has a website (www.seg-social.pt/redesocial) with updated information on the documents produced by the CLAS, support documentation, a nationwide Newsletter "Rede em Prática" (Network in Practice), dissemination of local initiatives, a forum for the sharing of local experiences, possibilities for research and collection of indicators, etc.

The System also allows the connection to a database of Social Action Local Councils (CLAS). This database is a central repository that enables the loading and permanent updating of information by the CLAS. Through this database, it is possible to collect, search information and create lists concerning local social projects, social responses, ways of organizing local partnerships, information on diagnosis, social development plans and action plans of each CLAS, as well as data concerning national plans, namely the latest editions of the National

Action Plan for Inclusion (PNAI) and the cooperation at the local level with these plans.

The Programme dynamics shows the importance of the local social networks' involvement in the implementation of these plans' measures, as well as the particularity of the Portuguese case from the point of view of the dissemination of the commitments made at European level.

Programme for Inclusion and Development (PROGRIDE)

The Programme for Inclusion and Development (PROGRIDE)⁸ was launched in 2005, replacing the Programme to combat Poverty. The PROGRIDE is targeted specifically at disadvantaged groups and territories and aims to be an effective contribution to the inclusion of persons and groups in situation of poverty and social exclusion.

The PROGRIDE priority goals are: on the one hand, to promote social inclusion in marginalized and degraded areas and combat isolation, desertification and exclusion in disadvantaged areas and, on the other hand, to intervene with groups that are facing persistent situations of exclusion, marginalization and poverty. Therefore, this programme is structured in two measures:

- Measure no. 1 - aims to support projects that combat the serious problem of exclusion in identified priority areas;
- Measure n. 2 - aims to support projects that promote inclusion and the improvement of living conditions of specific groups.

Within the scope of this programme, 77 projects were supported, 39 concerning Measure 1 and 36 concerning Measure 2, which were developed until 2010.

Social Development Local Contracts Programme (CLDS)

The Social Development Local Contracts Programme (CLDS)⁹ is aimed to combat poverty, ensure the basic citizenship rights, and achieve more territorial cohesion and an effective social change in the most depressed territories.

The CLDS are developed in partnership with local authorities and comprise actions within the scope of employment and vocational training, family and parental intervention, empowerment of the community and institutions, information and accessibility. In addition, the CLDS are aimed to promote social inclusion to the most vulnerable citizens, through actions carried out in partnership within the scope of employment, training and qualification, family and parental intervention, empowerment of the community and institutions, as well as information and accessibility.

⁸ MTSS (Ministry of Labour and Social Security). The programme was created by the Ministerial Order no. 730/2004 of 24 June and regulated by Order no. 25/2005 of 3 December.

⁹ MTSS (Ministry of Labour and Social Security). The programme was created by the Ministerial Order no. 396/2007 of 2 April, which defines the conditions and rules for the CLDS implementation. Later, the Order of 4 April 2007 and an annex with guideline rules for the CLDS implementation were published; this information is available on the Internet.

The CLDS are based on a management model that foresees the induced funding of projects, whose identified territories for their implementation are centrally selected, meeting the diagnosed needs and focusing on territories with target groups in situation of exclusion and poverty.

At the end of 2011, 121 CLDS had been signed and it was foreseen the signature of 11 more in 2012.

MEASURES TO COMBAT POVERTY

Aimed at children

Annual Characterization of the Accommodation Situation of Children and Young People (CASA)

The CASA – Annual Characterization of the Accommodation Situation of Children and Young People¹⁰, complies with Article 10 of Chapter V of Law no. 31/2003 of 22 August¹¹ and is a diagnostic tool that enables the characterization and analysis of the evolution of life projects for all the children and young people who are accommodated in institutions and/or host families.

Since 2012, the CASA has replaced the Immediate Intervention Plan (PII). Between 2008 and 2011 there was a decrease of 10,2 % in the total number of children and young people covered by the accommodation system (from 9.956 to 8.938 in 2011), and the annual average of entries and exits of the accommodation system is of 2.100 and 2.546 children and young people, respectively.

Challenges, Opportunities and Changes Plan (DOM)

The DOM Plan - Challenges, Opportunities and Changes, was created by Order no. 8393-2007 of 10 May 2007, from the Minister of Labour and Social Solidarity, and its main goal is to implement measures for the qualification of Nursing Homes for Children and Young People Network. These measures aim to foster a continuous improvement on the promotion of rights and the protection of children and young people in nursing homes, towards their education for citizenship and deinstitutionalization in due time.

Through the development of concrete actions, this Plan encourages the development of the Nursing Homes for Children and Young People (LIJ) capacity, to ensure that children and young people in nursing homes may have adequate protection and necessary care for the full respect of their individuality, their right to grow within a family, their gradual empowerment,

¹⁰ MTSS(Ministry of Labour and Social Security). This Annual Characterization is carried out with the cooperation of the ISS, I.P., Santa Casa da Misericórdia de Lisboa, Casa Pia de Lisboa, the Institute of Social Development of the Azores and the Social Security Centre of Madeira

¹¹ The article establishes that: "Until the end of March of each year, the Government presents annually to the Parliament, a report on the existence and evolution of the life projects for children and young people who are in nursing homes, accommodation centres and host families "

and their community integration, so that they may fulfil their relational, educational, health, and recreational/cultural needs.

With the development of the DOM Plan, implemented during the 4-year period 2007-2011, it was possible not only to deepen the diagnosis on the functional and organizational reality of the LIJ, but also to encourage and support the classification of the respective intervention, providing technical and more specialized human resources, whenever necessary, to ensure quality accommodation and the swift and desirable safe deinstitutionalization of children and young people.

From a universe of 207 LIJ, 148 LIJ integrated the DOM Plan, covering 4891 children and young people, having been hired 352 senior officials (Psychologists, Social Workers and Educators), to strengthen the existing technical teams, according to the diagnosis evaluations performed in each Nursing Homes for Children and Young People.

There was a very significant financial and technical investment in training actions aimed at all those teams, as well as educational teams and social security departments and teams. To the technical and educational teams was also ensured a regular external technical supervision, by specialized professionals, connected to the scientific community.

Therefore, this plan shows that there is a gradual paradigm shift in the Portuguese institutional culture and, to this end, each institution, through its mission, vision and values, shall comply with the great responsibility entrusted to it by the State to protect children and young people who are provisionally accommodated in these institutions.

The Early Childhood National Intervention System (SNIPI)

The Early Childhood National Intervention System (SNIPI) was created by Decree-Law no. 281/2009 of 6 October. Its mission is to ensure the Early Childhood Intervention (IPI) and its main goals are the following:

- To ensure the protection of children's rights and the development of their capabilities;
- To find and identify all children in need of early intervention;
- To intervene with children and families, according to the identified needs, in order to prevent or reduce the risk of developmental delay;
- To support families in the access to services and resources of the social security, health and education systems;
- To involve the community, through the creation of coordinated social support mechanisms.

The operationalization of SNIPI is aimed to ensure an interaction system between families and institutions, and primarily with the health institutions, so that all cases are properly detected and identified, as swiftly as possible.

The System works with the cooperation of structures representing the Ministries of Labour and Social Solidarity, Health, Education and Science, in direct collaboration with families, and it is coordinated by the SNIPI Coordination Committee.

Until 31 December 2011, 150 Local Intervention Teams were created and distributed as follows:

Table 136
Local Intervention Teams
Early Childhood National Intervention

Regional Coordination Subcommittee	No. of Local Intervention Teams	No. of supported children
North	37	1.670
Centre	41	1.707
Lisbon and Vale do Tejo	36	2.493
Alentejo	31	1.813
Algarve	5	911
Total	150	8.594

Source: Institute for Social Security

Commissions for the Protection of Children and Young People (CPCJ)

The Commissions for the Protection of Children and Young People (CPCJ) are official non-judicial institutions with functional autonomy, aimed to promote the rights of children and young people and prevent or bring to an end situations likely to affect their safety, health, training, education or full development. These Commissions act with impartiality and independence and have competence to intervene in relation to children and young people in danger who are residing in the national territory.

Within the scope of the Law for the Protection of Children and Young People in Danger (LPCJP), approved by Law no. 147/99 of 1 September, in 2011, 305 CPCJ were created throughout the national territory.

The evolution of the caseloads over the last years is described in the following Table:

Table 137
Evolution of the CPCJ caseloads during the period 2006-2011

Year	Caseloads
2006	50.947
2007	63.008
2008	66.659
2009	66.896
2010	68.300
2011	67.941

Source: Institute for Social Security

In what concerns budget, the amount spent for the payment of agreements signed by the ISS and the Portuguese municipalities (mainland and islands) for the operation of CPCJ, during 2011, was 5 136 574.72 €, which represents a significant increase since the last Report.

In 2011, the ISS, I.P. also provided for the strengthening of the CPCJ technical support, consisting of the recruitment of 153 senior officials for the development of supporting tasks in those institutions.

Adoption

Adoption is a legal link that promotes the integration of a child in a family; it is similar to the natural parentage but without the blood ties; and it is legally established by a court decision.

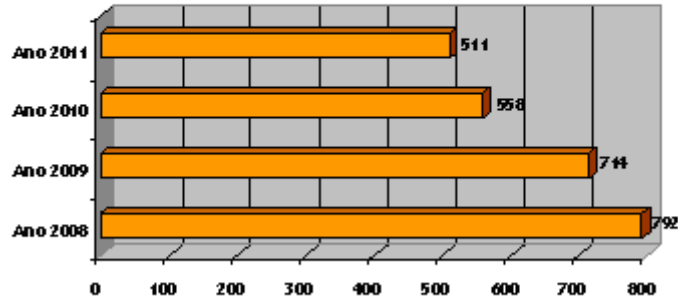
In accordance with the law, the ISS, I.P. is the entity responsible to act as the central authority in the adoption and international adoption procedures.

According to the analysis of the following charts, in the period 2008-2011, there was a gradual decrease of the number of submitted applications and ordered adoptions.

As for the number of children in pre-adoption situation, after the decrease verified in 2009, the value increased again in 2010 and 2011.

Chart 79

Evolution of the no. of applications submitted during the period 2008-2011



Source: Institute for Social Security

Chart 80

Evolution of the no. of Adoptions Ordered during the period 2008-2011

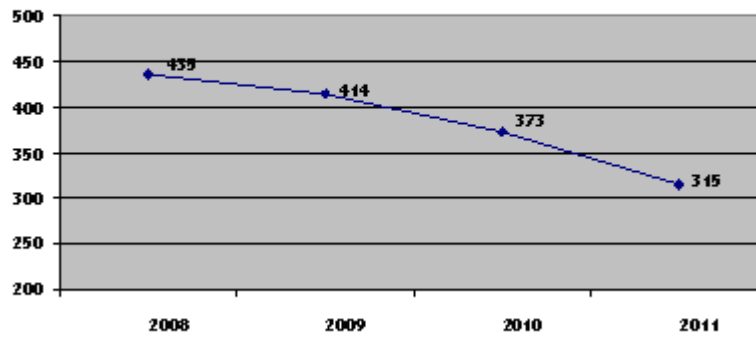
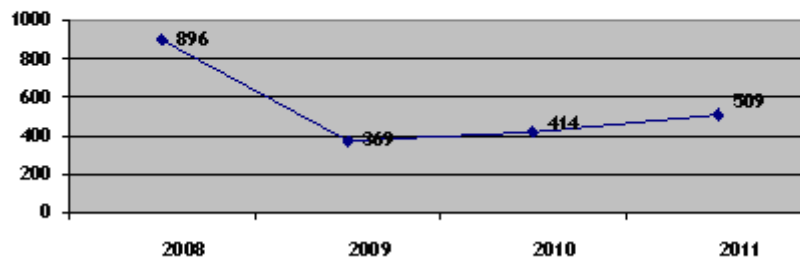


Chart 81

Evolution of the no. of children in pre-adoption situation, during the period 2008-2011



The Training Plan for Adoption was approved in 2009 and its implementation started throughout the territory in 2010.

The training plan consists of 3 types of training sessions:

- Session A – it is prior to the application submission and has a general information nature;
- Session B – it is aimed at applicants whose application is still in the study phase;
- Session C – it is aimed at applicants waiting for a proposal that shall preferably take place during the year in which the applicant will likely receive a child.

This Plan, which is aimed to provide the necessary training to applicant adoptive parents, is developed throughout the several stages of the adoption process, with established goals, contents and diversified activities.

The first two stages were consolidated in 2010, the pre-application stage, and the stage after the application submission.

The following table shows a decrease of the number of A sessions conducted between 2010 and 2011, as well as the number of persons covered by this type of sessions.

Table 138
Evolution of the number of training sessions and the number of persons covered by the pre-application training stage, during 2010-2011

Training for Adoption Session A	2010	2011
No. of Training Sessions	65	55
No. of Persons Covered by the Training Sessions	1.629	1.504

Source: ISS, I.P. (Social Security Institute, P.I.) – Social Action Management Indicators

In 2010, the type B sessions were not carried out, because the plan was only completed at the end of the year. In 2011, 58 sessions were carried out, covering a total of 704 adoption applicants.

Measures aimed at people with handicaps

From December 2007 and gradually during the year 2008, specialized advising services aimed at people with special needs were implemented in 18 Social Security District Centres.

The implementation of this advising Services' network required the qualification of technicians for that purpose and, in some District Centres, it was necessary to

make adaptation works in the facilities to ensure the physical accessibility of spaces.

In these advising services, a personalized and qualified service is provided to people with handicaps and their families. They provide information about social benefits and other social action measures; receive social benefits' applications; identify services and facilities of the public and solidarity network; and facilitate the contact with other public administration bodies in the area of rehabilitation.

The creation of the Advising Services aimed at People with Special Needs (APNE) was an action carried out within the scope of the Action Plan for the Integration of Persons with Handicaps or Disabilities (PAIPDI), established by the Council of Ministers Resolution no. 120/2006 of 21 September, revised by the Council of Ministers Resolution no. ° 88/2008 of 29 May, which was aimed to promote the quality of life of people with handicaps and/or disabilities and of their families in the access to rights, resources, goods and services. "

From 2009 to 2011, 2728 people with handicaps and disabilities were advised in these services.

Measures aimed at the Elderly

Measures to combat poverty among the elderly were already described in Article 23.

MEASURES AND POLICIES WITHIN THE SCOPE OF EDUCATION

I. Legal framework

Law no. 85/2009 of 27 August has established that children and young people aged between 6 and 18 are of school age.

The above mentioned Law provides for the extension of compulsory education to the 12th grade (secondary education) and it ceases at age 18, even if the student has not obtained the diploma of secondary education.

The fulfilment of 12 years of schooling is aimed to increase the social, economic and cultural progress of all Portuguese people and ensure inclusion and equal opportunities to all school age young people.

Compulsory education has been gradually implemented; in the academic year 2012/2013, it covered students in the 10th grade and previous grades.

Decree-Law no. 176/2012 of 2 August has defined some necessary measures for completing compulsory schooling.

Therefore, in the mentioned Decree, it is enhanced that "the whole school structure has to adapt to new groups. Considering the impact that these groups will have on society and on the development of the country in the

future, it is necessary to create new educational offers and adapt curricula with content deemed relevant to respond to what is essential for students and to ensure the inclusion of all in the school system. ""At the same time, an effective equality of opportunities must be ensured, establishing adequate ways and necessary supports to the students who need them, with the aim of improving their performance levels, combining the quality of education with equity in its provision."

The Decree-Law no. 139/2012 of 5 June, which established a curricular structure revision, already came to meet the need for the whole school structure to adapt to new groups, since one of its guiding principles is the "Diversity of educational offers, taking into account the students' needs, in order to ensure the acquisition of knowledge and the development of essential capabilities for each cycle and level of education, as well as the requirements arising from the development strategies of the Country."

This guiding principle was materialized in several educational offers at the basic and secondary education levels.

II. Programmes and measures

a) Programme - More School Success (PMSE)

Goal

The PMSE supports schools in the development and implementation of projects, aiming to reduce retention rates and increase the level of success in basic education, with reference to the organizational models TurmaMais (ClassMore) and Fénix (Phoenix) launched, respectively, by the ES/3 Rainha Santa Isabel (a secondary and 3rd cycle of education school), in Estremoz and the AE de Campo Aberto (a school group), in Beiriz. Apart from the Fénix and TurmaMais models, other school projects are being created with their own models; these projects are included in a third typology, called Hybrid.

Action Strategies

The operating strategies of the programme are the following: (i) the establishment and training of educational teams, aimed to support different groups of students; (ii) the establishment of advisory support to students with special educational needs; (iii) the organization of flexible groups of students, with specific intervention, improvement and learning development plans, according to their knowledge levels; and (iv) the organization of supplementary educational offers.

Scientific monitoring

Schools with contracts signed within the scope of the PMSE are entitled to a scientific monitoring, carried out by the higher education institution responsible for the respective typology, namely: the Catholic University of Oporto (Fénix), The University of Évora (TurmaMais), The Institute of Education of the Lisbon University (Hybrid).

Scope

In 2009/2010, the beginning of its implementation, the programme covered about 12.000 students, 123 school groups/non-grouped schools and 168 action projects; in 2010/2011, the programme covered more than about 13000 students, 114 school groups/non-grouped schools and 154 action projects.

Overall success rate

In terms of quantitative results, in 2009/2010, the 1st year of the programme implementation, the overall success rate achieved in the 168 action projects was of 92,11 %, representing a gain of 7,46 % compared to the historical success of these schools before entering the programme.

In 2010/2011, the 2nd year of the programme implementation, the success rate achieved in the 154 action projects was of 94,30 % of achieved success, i.e., from the 154 projects, 22 have achieved the target of success to which they have committed themselves and 121 surpassed it. The success achieved by schools has been, on average, higher than the agreed target of success; there has been an overall gain of 9,60 % in the improvement of the school results in the mentioned two school years.

Note: Information concerning the first two years of the programme (2009-2011), taken from the PMSE annual reports of 2009-2010 and 2010-2011, available on the DGE/MEC (Directorate-General of Education/Ministry of Education and Science) website at: <http://www.dgicd.min-edu.pt/outrosprojetos/index.php?s=directorio&pid=108>.

b) Alternative Curriculum Courses (PCA)

In accordance with article 11(3) of Decree-Law no. 6/2001 of 18 January, the Ministry of Education implemented the possibility to form classes with Alternative Curriculum Courses (PCA), aimed at students up to age 15 (the age limit of compulsory education at that date) and who were in any of the following situations: i) repeated school failure, ii) integration problems in the school community, iii) risk of marginalization, social exclusion or school leaving or, iv) learning difficulties (point 2 of Legislative Order no. 1/2006 of 6 January).

In the school year 2010/11, there was a slight decrease in the PCA classes' expansion movement that occurred in the previous school years: in global terms, the number of schools involved and the number of classes and students covered has decreased. This reduction was more significant in the Northern Portugal (DREN – Regional Directorate of Education from Northern Portugal), in opposition to the schools belonging to the DRELVT (Regional Directorate of Education from Lisbon and Vale do Tejo) (Table no. 3).

Considering the number of classes and students in each DRE (Regional Directorate of Education), it was concluded that the creation of PCA classes was more widely materialized in the Central region and in the Algarve and it had a smaller expansion in the Northern region.

Over the five years of the Legislative Order no. 1/2006 of 6 January implementation, there were different implementation records, according to the country's regions.

In the school year 2010/2011, the number of students has also decreased. However, at the national level, the proportion of students enrolled in PCA classes remained unchanged since 2008/09 (0,9 %).

The PCA classes have an average of about 12 students.

Conclusions

According to the statistical information analyzed in the external evaluation study, it was possible to verify that:

1. PCA classes represented about 1,2 % of the total basic education classes and covered about 1 % of students from this education level;
2. The implementation of these classes gradually increased until the school year 2008/09 and, after that year, there was a decreasing trend in the implementation of PCA classes: in global terms, the number of schools involved and the number of classes and students covered has decreased. This reduction was more significant in the Northern Portugal (DREN – Regional Directorate of Education from Northern Portugal), in opposition to the schools belonging to the DRELVT (Regional Directorate of Education from Lisbon and Vale do Tejo);
3. In these classes, the students of the male gender are over-represented, reaching more than 70 % of the students involved, in some regions of the country;
4. The PCA classes were predominantly of the 5th, 6th and 7th grades.

Note: There is more information available on the DGE/MEC (Directorate-General of Education/Ministry of Education and Science) website at: <http://www.dgidc.min-edu.pt/index.php?s=noticias¬icia=346>.

c) Portuguese, as a Foreign Language (PLNM)

Our education system provides for the following up of students whose native language is not Portuguese; this measure aims to teach those students the Portuguese language and, thus, facilitate their integration in the school community.

The Ministry of Education and Science established action principles and guidelines for the implementation, monitoring and assessment of curricular and extracurricular activities to be developed by schools and school groups, in the teaching of Portuguese as a foreign language and as a language of instruction.

With the establishment of the PLNM as a secondary education subject, the Programming Guidelines of Portuguese, a Foreign Language (PLNM) -

Secondary Education, were approved in March 2008, as a guiding document for the development of curricular and enrichment activities to be carried out by schools.

Following the basic education curriculum organization review in 2011, the curriculum area of Supervised Study, that was being carried out in the 3rd cycle of basic education, within the scope of the PLNM, was eliminated. Therefore, the creation of a new mode of operation of PLNM for this level of education became necessary, whereby students of the 2nd and 3rd cycles of basic education, at the initiation or intermediate levels, could be integrated in a group-class and attend the PLNM subject that replaced the Portuguese language subject, whenever schools fulfilled the minimum number of 10 students in these conditions, establishing the same minimum number of students for the secondary education.

Within the framework of the new curriculum organization of basic and secondary education, defined by Decree-Law no. 139/2012 of 5 July, it is still foreseen the offer of the PLNM subject, which is aimed to teach Portuguese to students with another native language.

The Directorate-General of Education (DGE) is the entity responsible for monitoring this measure implementation, providing technical and pedagogical support to teachers and schools.

Operating mode of the PLNM

The integration of students in the PLNM curricular area takes place whenever the results of the diagnosis of the language proficiency level carried out with newly arrived students to the educational system shows that these students need to learn Portuguese as a foreign language.

The diagnostic evaluation is conducted at the school where the student is enrolled, through the preparation of the students' sociolinguistic profile and the use of a PLNM diagnostic test aimed to place the students in one of the following levels of language proficiency: the initiation level (A1/A2); the intermediate level (B1); and the advanced level (B2/C1), based on the Common European Framework of Reference for Languages (CEFR) benchmarks and according to diagnostic test models provided by the DGE. According to the results obtained in the PLNM diagnostic tests, the students are placed at the corresponding level of language proficiency.

PLNM Students of the 2nd and 3rd cycles of basic education and of the secondary education, placed in the initiation or intermediate levels, may attend the PLNM subject instead of the Portuguese subject, whenever the school fulfils the minimum number of 10 students in these conditions.

In situations where it is not possible to form PLNM groups, the students are placed in the Portuguese subject. However, they continue to be PLNM students and the teacher shall, as much as possible, define an individualized curriculum project and adopt strategies adequate to the student's language proficiency

level. The schools, within the scope of their autonomy, must analyse the possibility of providing to these students activities to support the teaching of Portuguese as a foreign language.

The students placed in the advanced level (B2/C1) follow the national curriculum of the Portuguese subject, and the schools, within the scope of their autonomy, may provide for activities to support the development of the students' knowledge of the Portuguese language.

In what concerns the 1st cycle of basic education, the PLNM continues to operate within the scope of Supervised Study.

Internal evaluation

In what concerns the internal evaluation, specific criteria for the PLNM evaluation must be defined and approved in Pedagogical Council and applied to students who belong to a PLNM group, as well as to PLNM students who are attending the Portuguese language subject.

The Portuguese language teacher is responsible for the evaluation of PLNM students who are attending this subject and, if the student is also attending PLNM support classes, the Portuguese teacher may work in cooperation with the PLNM teacher, whenever he/she is not the same person.

In the case of the 1st cycle of basic education, the head professor of the class is responsible for the PLNM students' evaluation, and he/she may work in cooperation with the PLNM teacher.

External evaluation

PLNM students who are in the initiation levels (A1, A2) or intermediate level (B1) must take a PLNM national final test at the end of the 6th and 9th grades. 12th grade students must take a national PLNM final examination instead of the national final test/examination of Portuguese, whether or not they are integrated in a PLNM group.

Students who progress to the advanced level (B2), even during the school year, and have to take the 6th or 9th grade final tests, or the 12th grade final examination, must take the national final test/examination of Portuguese, since they have followed this subject curriculum, and they may use the monolingual dictionary.

It is also important to mention that the approval rates of PLNM examinations of the 9th and 12th grades, of students in the initiate and intermediate levels, is between 88 % and 97 % (according to data released by the National Examinations Jury (JNE) on the website of DGE, concerning the school years 2007/2008 and 2010/2011).

There is more information available, concerning the PLNМ, on the website of DGE at:

<http://www.dge.mec.pt/outrosprojetos/index.php?s=directorio&pid=64>.

MEASURES AND POLICIES WITHIN THE SCOPE OF HOUSING

In what concerns the policy defined by the Government for the housing sector, the State, through the Housing and Urban Rehabilitation Institute, P.I. (IHRU, IP), contributes with actions and programmes to create access conditions to suitable housing.

Therefore, the IHRU, I.P. mission is to ensure the materialization of the policies defined by the Government for the areas of housing and urban rehabilitation, in coordination with the cities' policies and other social policies, as well as the safeguarding and enhancement of property, guaranteeing the buildings memory and their evolution.

In this context, the IHRU, I. P. manages several programmes and actions aimed to address housing shortage situations and to facilitate the housing access to groups at risk, where that need is evident.

Housing Support Programmes aimed to facilitate access to housing

a) - Rehousing Programme

PER (Special Rehousing Programme)

PER-Families

The PER programme was established in 1993 (Decree-Law no. 163/93 of 7 May) to address the problem of bad quality housing and overcrowded houses, in the metropolitan areas of Lisbon and Oporto, considered priority areas, since it is in those areas that the housing needs are more noticed.

This law, in force until 2003, foresaw the creation of general partnership agreements between the Central Administration - through the former National Housing Institute (INH) and the former Institute for the Management and Selling of State Property (IGAPHE) - and the Local Authorities and Social Solidarity Private Institutions (IPSS). These agreements comprise the granting of financial resources to cover housing construction costs, aimed to the rehousing of people living in shacks, or in similar situations, as well as to support the acquisition of infrastructure and land.

In 1996, the "Programa PER FAMÍLIAS" (PER FAMILIES Programme) was created by Decree-Law no. 79/96 of 20 June. This Decree-Law, in force until 2003, was aimed, above all, to render the previously established rehousing solutions flexible, in order to facilitate the social integration of disadvantaged families.

Therefore, it was recognised the need to implement diverse solutions in order that, on the one hand, the market would decisively contribute to the swifter achievement of planned rehousing and, on the other hand, to ensure a better integration in the urban fabric of the families to be rehoused.

The Programme foresaw the possibility of granting co-payments and funding to support the acquisition or rehabilitation of homes, allowing families to choose the location and the house most suitable to their rehousing, thus facilitating their social integration.

In 2003, after an analysis of the 2001 Census, conducted by the National Statistics Institute (INE), it was found that it was necessary to introduce significant changes in the national housing policies, considering that these policies were mainly aimed to the construction of new houses.

Therefore, 10 years after the creation of the PER, it was evident that there was a difference between the acquisition and construction of new houses for rehousing purposes and the housing sector reality, as shown in the Census.

Given the clear degradation of already built property in urban areas, it was essential to encourage and stimulate the rebuilding and maintenance of houses, fostering an adequate use of the existing estate, either in the market or in the property owned by the municipalities, thus fostering urban rehabilitation instead of acquiring and constructing new houses.

This new solution has ensured to the local authorities the fulfilment of the PER goals and, simultaneously, the rehabilitation of their housing areas, in line with the general option to accelerate urban rehabilitation.

In this sense, the PER and PER-FAMÍLIAS schemes were reformulated in 2003 by the Decree-Law no. 271/2003 of 28 October, amending the Decree-Law no. 163/93 of 7 May, bringing together the two programmes in a single scheme that, as from that date, began to favour housing solutions through the rehabilitation of existing buildings.

The Special Rehousing Programme (PER) is at its final stage of implementation, only continuing to develop the promotion of new projects in municipalities that have started their rehousing processes at a later stage. The reorientation of the government housing policies with priority given to urban rehabilitation, gave to municipalities the possibility to provide for the rehousing of families in rehabilitated houses (Decree-Law no. 271/2003 of 28 October).

During the PER implementation, about 49,000 families were rehoused.

PROHABITA

The PROHABITA programme, created by Decree-Law no. 135/2004 of 3 June – a Funding Programme for the Access to Housing – aims to promote the resolution of severe housing shortage situations of family households in the Portuguese

territory, as well as to encourage the housing rehabilitation as an alternative solution for the rehousing of those family households, thus allowing the autonomous regions and municipalities to combine the solution of those situations with the rehabilitation of part of the urban housing stock, as well as through the occupation of empty houses.

Decree-Law no. 54/2007, of 12 March has established the coverage of new situations, in order to create means to address the different construction and urban challenges, by adapting the funding system to the several realities and recommending a better coordination of the State with other entities, also promoting the introduction of accessibility solutions in buildings to be constructed or rehabilitated.

In what concerns these changes, other needs were taken into account, such as the support to social housing rehabilitation in a horizontal property scheme, whenever their state of degradation justifies it, and support to the creation of facilities in social housing, in order to address situations of lack or insufficient urban facilities of collective use.

Considering the identified situations of severe housing shortage in a given municipality or region, the programme is materialized through cooperation agreements with a maximum duration of 5 years signed by the municipalities or Autonomous Regions, through the respective regional governments, and the IHRU, IP, and focuses on measures to solve the housing problems, the necessary total amount and the respective form of funding.

The PROHABITA goal is the sharing of expenses, responsibilities and benefits by the Central/Local and Regional Administrations and the several entities involved.

The Housing and Urban Rehabilitation Institute, P.I. is the entity responsible for the funding of the signed programme, through co-payments or loans granted to the aforementioned entities.

As in PER, the Local Authorities or the Autonomous Regions shall examine the severe housing shortage situations, identifying the family households to be rehoused, their composition and gross annual income, as well as the number of houses to build, acquire, rehabilitate and/or rent and, if appropriate, to promote the creation of social facilities.

All houses and respective supplementary parts funded by the PROHABITA are aimed to be granted as permanent residence to the most disadvantaged family households, under a supported rent scheme or under the scheme of conditional property (affordable houses whose construction was cost-controlled and funded by the State).

Access to Housing - Households eligibility conditions

The family households that simultaneously meet the following conditions may have access to a house under the PROHABITA programme:

- a) Do not receive an annual income higher than three national minimum wages;
- b) None of its members owns another house in the metropolitan area of the municipality where the house is granted, or in a neighbouring municipality;
- c) None of its members is receiving public financial support for housing purposes.

The family households that simultaneously meet the following conditions may have access to a house under the PER programme:

- a) Families that have been registered as residents in shacks, or in similar constructions, in the metropolitan areas of Lisbon and Oporto.
- b) None of the rehoused family household members, or those in the process of being rehoused must, by any means, have another house in the municipality where he/she is registered under the PER programme, or in a neighbouring municipality.

Between 2008 and 2011, the total amount of established funding/co-payment transactions was of 109,673 thousand Euros, covering 11,007 houses, within the scope of the Rehousing programme, including the Special Rehousing Programme (PER) and the Funding Programme for the Access to Housing (PROHABITA).

b)- Support to Urban Rehabilitation

SOLARH

The Solidarity and Support Programme to Housing Rehabilitation (SOLARH) - created by Decree-Law no. 7/99 of 8 January and regulated by Decree-Law no. 39/2001 of 9 February, embodies a Loan Contract aimed to support disadvantaged family households, namely the ones residing in inland Portugal and in the historical urban centres, who wish to perform maintenance and improvement works in their own and permanent residences, necessary to the restoration of minimum living and health conditions.

The SOLARH support consists in an interest free loan granted by the Housing and Urban Rehabilitation Institute, P.I. (IHRU, IP) for improvement works in the individuals or family households' own or personal residences, whose gross annual income is equal or lower than the following limit amounts:

- a) Two and a half times the social pension annual value, per each adult up to the second
- b) Two times the social pension annual amount, per each adult as from the third
- c) One time the social pension annual value, per each child.

The loan to be granted by the IHRU, IP for maintenance works is an interest free loan, up to a maximum amount of 11,971 Euros (eleven thousand, nine hundred and seventy one Euros), whose instalment amounts vary according to each household income level.

URBAN QUALIFICATION AND REINTEGRATION OPERATIONS OF PROBLEMATIC NEIGHBORHOODS

The Council of Ministers Resolution no. 143/2005 created the initiative "Bairros Críticos (Problematic Neighbourhoods)", in order to promote an approach around alternative rehabilitation models for degraded urban areas, aiming an intervention not only at the urban buildings level, but also at the social, economic and environmental levels.

This project began in December 2005, covering 87% of the population in three neighbourhoods: one in the district of Oporto (Bairro do Lagarteiro) and two in the district of Lisbon (Alto da Cova da Moura and Bairro do Vale da Amoreira). This project was partially funded by the EEA Grant (85%).

The project was aimed to the socio-urban integration of territories with serious vulnerability factors, through the implementation of plans towards the consolidation of good practices that could be disseminated within the framework of the cities' policies. Therefore, it was an intervention around alternative urban rehabilitation organizational models and the IHRU, IP has cooperated in the action plans of each territory and participated with 15% of the financial resources.

The Council of Ministers Resolution no. 189/2007 of 20 December established the extension of the period covered by the Programme and the IHRU, IP cooperation ceased in the end of 2012.

MEASURES AND POLICIES WITHIN THE SCOPE OF CULTURE

Considering that 2010 was the European Year for Combating Poverty and Social Exclusion, the General Directorate of Books and Libraries has coordinated this initiative with the World Book Day, which is celebrated on 23 April and proposed to the Municipal Libraries the promotion of a campaign called "Um livro faz-me mais rico" (A book makes me richer).

This campaign was aimed to draw attention to the importance of books as cultural assets, fundamental to the development of literacy and consequent economic growth. Similarly, "reading makes us less poor" and contributes to the reduction of people's exclusion and to the promotion of self esteem and the capacity for social integration.

Campaign initiatives:

- a) The campaign called "A book makes me richer", which was launched on the World Book Day 2010, was carried out with the participation of several Municipal Libraries (libraries of Arganil, Braga, Chamusca, Coruche, Espinho, Fundão, Santiago do Cacém, Ponte de Sor, Maia, Mogadouro, Odivelas, Oliveira de Azeméis, São Pedro do Sul, Seixal, D. Miguel da Silva, Montalegre and Peniche). Under this campaign, the mentioned libraries have offered books to associations and other entities such as Day Centres, Social Solidarity Private Institutions, Prisons and Family Support Centres.
- b) The high moment of this campaign took place on 23 April, at the Library of the Cultural Association Moinho da Juventude in Alto da Cova da Moura, with a ceremony presided by the Minister of Culture, where 150 books were donated to the Library.
- c) During that year, posters on the theme were produced, with drawings of the illustrator José Manuel Saraiva.

The Programme "Leitura sem Fronteiras" (Reading without Borders), created in 1998 by the Portuguese Institute of Books and Libraries (IPLB) (the predecessor of the General Directorate of Books, Archives and Libraries - DGLAB), was aimed to create reading opportunities and contact with books to groups outside the normal channels of the books. The objective of this programme was to promote reading as a social inclusion factor and as a space of freedom and enjoyment. It has been developed in prisons, reintegration educational centres, problematic neighbourhoods, hospitals and immigrant communities.

In what concerns prisons, since 1998, the DGLAB has established a protocol (renewed in 2011) with the Ministry of Justice/General Directorate of Prison Services. In this protocol, activity areas *with prisoners and prison libraries* were defined, in order to provide to prisoner citizens more effective tools to facilitate their reintegration process in society, through:

- The donation of books to the prisons' libraries;
- Specific awareness raising actions concerning the importance of books and reading;
- Continued actions to provide contact with texts and their authors (weekly or fortnightly sessions, during periods of three or four months);
- Training actions aimed at mediators;
- Reading and writing contests.

Every year, about 120 actions are developed to promote reading habits among prisoners.

In terms of free educational offer, the social inclusion effort is reflected in the concern of putting the visitors of these actions in touch with documentation that supports the knowledge and reflection of realities close to the common citizen, such as: family and local histories, the ethnic minorities ways of living and experiences, cultural and religious realities, thus, fostering personal self-

improvement and assertion. This is undoubtedly the most relevant aspect of our contribution to these people's integration.

The target groups of this campaign are mostly students, i.e. groups of students enrolled in Education and Training courses promoted by Public Schools and Vocational Training Centres. These students are young people whose school background is marked by school drop-outs. There was the need to find motivating strategies of content mediation for these students, such as:

- A training/dissemination programme on Archives targeted at Librarian Teachers, since they are the managers and mediators of information resources at each school, while Education community;
- The organisation of exhibitions and documentary shows with comprehensive themes, favourable to the shaping and consciousness of an active, responsible and inclusive citizenship;
- The exhibition "Arquivos no Diálogo Intercultural" (Archives on Intercultural Dialogue) (from 30 October 2008 to 20 February 2009) was organised under the European Year of Intercultural Dialogue, with the participation of The National Archive of Torre do Tombo (ANTT);
- The projection of the ACIME (High Commissioner for Immigration and Ethnic Minorities) video - "Gente como nós" (People like us) that showed the lives of immigrants in Portugal and helped to establish fruitful and diverse dialogues;
- The exhibition of documents, which by their uniqueness and diversity, showed a great capacity to mobilize affective, individual and collective memories, raising dialogues with similarities/differences, sometimes emotional, sometimes reflective, established with and among visitors of all ages and social status, since they brought to memory the persons' roots, pathways and experiences (emigration, immigration, returnees, war refugees, among others).

The Order no. 20571/2009 of 30 April, published in the Official Gazette no. 177, Series II, of 11/09, established the price list for the services to be provided by the former Management Institute of Architectural and Archaeological Heritage, P.I. (IGESPAR), with the following exemptions:

- The citizens that are entitled to legal aid in accordance with the law are exempted from the payment of the charges established in the price list.
- The exclusively non-profit entities pay 75% of the charges established in the price list.
- Students benefit from a 50% reduction in the cost of photocopies and drawings to be used in studies or reports.
- In duly justified cases, other exemptions and reductions may be granted by Order of the IGESPAR Director.

Initiatives developed by the former Management Institute of Architectural and Archaeological Heritage, P.I. (IGESPAR) and the former Institute of Museums and Conservation, P.I. (IMC), during the period of January 2008 to December 2011:

- Maintenance of free entries on Sundays and holidays until 2 p.m. in Monuments under the responsibility of the former IGESPAR and Museums and Palaces under the responsibility of the former IMC (currently, these institutes belong to the General Directorate of Cultural Heritage - DGPC). This measure enables the access of individuals and families with lower economic means to built heritage and collections;

Table 139
Number of free visits (sundays and holidays)

	Sundays/Holidays			Total
	Monuments	Museums	Palaces	
2008	400.200	192.715	41.270	634.185
2009	411.345	201.782	41.274	654.401
2010	380.018	193.365	35.845	609.228
2011	402.924	202.595	37.157	642.676

Source: State Secretariat of Culture

- Continuation of the Employment-Integration Contracts Programme, with the cooperation of the Institute of Employment and Vocational Training (IEFP), through job offers to persons registered at Employment Centres, as receptionists and visitors' escorts, in Monuments, Museums and Palaces;

Table 140
Employment Contract Programme

	ex IGESPAR	ex IMC
2008	66	55
2009	83	60
2010	83	46
2011	57	49
Total	289	210

Source: State Secretariat of Culture

- Continuation of the International Day for Monuments and Sites and of the International Museum Day celebration, allowing free access to Monuments and Archaeological Sites, Museums and Palaces, of/to people in situations of poverty and unemployment;

Table 141
Number of free visits (international museum day)

	International Museum Day		Total
	Museums	Palaces	
2008	30.462	8.851	39.313
2009	14.974	4.851	19.825
2010	12.332	4.905	17.237
2011	16.375	4.933	21.308

Source: State Secretariat of Culture

- Signature of a Cooperation Protocol between the General Directorate of Prison Services and the Institute of Museums and Conservation, P.I. (in September 2011); this Protocol consisted in the work placement of two inmates from the Prison of Coimbra to perform specific tasks of vegetation clearing, gardening, ruins' maintenance, repair works outside the buildings and collaboration in the archaeological excavations of the Conímbriga Ruins (Monographic Museum of Conímbriga). This Cooperation Protocol can be renewed for equal and successive periods and comprises a set of obligations for both parties. It has a Monitoring Committee consisting of representatives from the two entities, whose duties are, namely, the annual evaluation of the work developed and the approval of possible additional agreements;
- Preparation of the SolidARTE Project, aimed to allow unemployed persons to benefit from free entry in Monuments, Museums and Palaces under the responsibility of the General Secretary of Culture. They may also benefit from discounts at National Theatres, Cinemateca (the Portuguese Film Institute) and the National Ballet Company. This project started on 27 March of 2012 (World Day of Theatre), within the scope of measures to reduce queues at monuments, museums and palaces. The unemployed people may request an entry by e-mail; afterwards, they receive a free voucher with which they may enter in those places. Currently, the project covers the General Directorate of Cultural Heritage, the Regional Directorates of Culture, the National Theatres of S. João, S. Carlos and D. Maria II, the National Ballet Company and Cinemateca Portuguesa. This measure applies to unemployed EU citizens, provided that they prove the unemployment situation.

The national Institute of Cinema and Audiovisual Arts, in cooperation with the Community of Portuguese Language Countries (CPLP), the Facilities and Cultural Animation Management Company (EGEAC), the Municipalities of Lisbon and Amadora and the Association Moínho da Juventude, held two CPLP film sessions, which took place between 15 and 17 September 2010, in Largo Martim Moniz, in Lisbon, and Largo da Bola, in Cova da Moura.

These sessions were held in the open, were free and without tickets. Therefore, it is not possible to have an exact record of the audience. However, it was verified that many people went to those film sessions.

The project "Património para todos, todos têm Direito a ter Direitos" (Heritage for everyone, everyone has the right to have rights) began in 2011, with the partnership of the Regional Directorate of Culture from Central Portugal and the General Directorate of Prison Services. This project allows the inmates of the Prison of Coimbra who wish to broaden their horizons, to acquire or improve their personal competences, thus, promoting the notion of self contribution to something that surpasses the walls of the prison, stimulating the creation of a new personal encouragement and also promoting a social reintegration process.

Initiatives:

- Awareness raising of prisoners to heritage and culture issues.
- Organization of visits to the sites, within the framework of prisoners training.
- Occupation of prisoners as volunteers in activities such as gardening, archaeology, conservation and restoration, guided tours, etc., mainly during weekends.
- Partial participation in the Municipality project “Espantalhos” (Scarecrows), in order to exhibit the works made in the Prison of Coimbra (EPC).
- Operationalization of the monastic vegetable-garden with an EPC unit.
- Provision of support material (bibliography, etc.).
- Promotion of cultural activities (music, theatre, poetry, etc.) in the Monastery of Santa Clara-a-Velha.
- Production of artistic works for temporary exhibition to the public or products to be sold in the Monastery Store.

TABLES

ARTICLE 3

	N°		Page
Table	1	Number of users of local advising services	4
Table	2	Industrial Licensing – Number of opinions and number of inspections	6
Table	3	Number of elections of workers' occupational safety and health representatives'	11
Table	4	Evolution of the total number of labour inspectors 2008/2011	25
Table	5	Evolution of the total number of labour inspectors/Establishments visited/Workers - 2008/2011	26
Table	6	Inspection activities evolution within the scope of Safety and Health at Work (OSH)	28
Table	7	Establishments visited within the scope of Safety and Health at Work inspections	28
Table	8	Inspections developed within the scope of Safety and Health at Work Sectors with the highest incidence - 2008-2010	28
Table	9	Inspections developed within the scope of the OSH, by sectors, 2011	29
Table	10	Coercive and non coercive procedures in other fields of safety and health at work (2010/2011)	30
Table	11	Coercive and non coercive procedures – special community directives	31
Table	12	Total number of work related accidents, per economic activity sector – 2008 to 2010	32
Table	13	Work related accidents – 2006/2010	32
Table	14	Distribution of occupational diseases, certified as diseases with or without incapacity, from 2007 to 2010	33
Table	15	Number of workers subject to inspection visits and number of accidents subject to ACT inquiries – 2008 to 2011	35
Table	16	Fatal work-related accidents inquiries performed in 2008 – 2011, by economic activity	36
Table	17	Inspection in shipyards	38
Table	18	Inspections in the extractive industry	39

Table	19	Inspections in agriculture	39
Table	20	Inspections in the fishing sector	40
Table	21	Working and Rest Conditions Control in the Road Transport Sector	40
Table	22	Inspections in other activity sectors	41
Table	23	Organizational models of OHS	46
ARTICLE 11			
Table	24	Diabetes prevalence and incidence in 2011	73
Table	25	Dementia prevalence in 2009	73
Table	26	Maternal death causes	82
Table	27	Prevalence of tobacco consumption in Portuguese population ≥ 15 , INS 2005/2006 (weighted % of the population)	93
Table	28	Daily smokers among respondents ≥ 15 of age, per gender, INS 2005/2006 – Mainland Portugal (not weighted % of the population)	93
Table	29	Illicit Drug Use among General Population	95
Table	30	Measles cases reported in Portugal (total and confirmed) per year, 2004 to 2012	100
Table	31	Number of accidents and victims and number of drivers involved, tested for blood alcohol content, Mainland Portugal, 2000-2010	102
Table	32	Number of users under treatment, first consultations and deaths related to positive toxicological test results for illicit drug use, Portugal, 2000 – 2010	103
Table	33	Number of notified cases and respective incidence rate, per type of disease, Portugal, 1995, 2008-2010	103/104
Table	34	Demographic Profile Estimates of the resident population, Portugal, 2000-2010	104

Table	35	Health Centres 2010 Staff	105
Table	36	Health Centres 2010 Services rendered	106
Table	37	Hospitals 2010 Staff	107/108
Table	38	Hospitals 2010 External consultations	109/110
Table	39	Hospitals 2010	111
Table	40	Deaths per cause of death European Detailed Mortality Database – Level 1 Portugal, 2001-2011	111
Table	41	Total number of cases according to the diagnosis year, gender and notification year, Portugal, 2000-2010 (AIDS)	112
Table	42	Number of users under treatment, first consultations and deaths related to positive toxicological test results for illicit drug use, Portugal, 2000 - 2010	113

ARTICLE 12

Table	43	Number of Pensioners of the Social Security System	137
Table	44	Number of Pensioners receiving Dependent Person's Supplement	137
Table	45	Number of Active Beneficiaries of the Social Security System	138
Table	46	Percentage of Workers Protected, per Contingency	139
Table	47	Income Replacement Rate	140/141
Table	48	Number of Beneficiaries/Benefits for Family Expenses, granted in the year (*)	145
Table	49	Social Security Revenue and Expenditure	146/147/148
Table	50	Number of beneficiaries entitled to the following benefits, per year	151
Table	51	Social Protection Expenditure as a % of the Gross Domestic Product	153

Table	52	Social Security Total Expenditure, according to the Gross Domestic Product at current prices	153
Table	53	Processed amounts of the Unemployment Benefit, per type of benefit and processing year	154
Table	54	Processed amounts of the Solidarity Supplement for the Elderly, per processing year	155
Table	55	Processed amounts of Family Benefits, per type of benefit and processing year	155
Table	56	Amounts processed within the scope of Sickness and Maternity Benefits	156/157
Table	57	Processed amounts of the Social Integration Income (RSI), per processing year	157

ARTICLE 13

Table	58	Number of beneficiaries with processed Social Integration Income, per year	169
Table	59	Social Integration Income expenditure	169
Table	60	Social Integration Income expenditure according to the GDP at current prices	170
Table	61	Social Integration Income base value and additional bonus or benefits for a single person without resources, 2005-2010 (legal framework at the end of each year)	182/183
Table	62	LNES – Emergency typology evolution, 2008 to 2011	184
Table	63	LNES – Evolution of emergency responses, 2008 to 2011	184
Table	64	LNES – Evolution of crisis typologies, 2008 to 2011	185
Table	65	Evolution of the number of persons supported within the scope of drug addiction, 2008 to 2011	185
Table	66	Evolution of the Social Security co-payments within the scope of drug addiction during the period from 2008 to 2011	185

Table	67	Evolution of the number of persons supported within the scope of HIV/AIDS, 2008 to 2011	186
Table	68	Evolution of the co-payments made by Social Security within the scope of HIV/AIDS, during the period from 2008 to 2011	186
Table	69	Number of foreign citizens registered in the Social Security system, 2009 to 2011	187
Table	70	Number of economic supports granted, 2009 to 2011	188
Table	71	PADE - Number of health grants – 2009 to 2011	188
Table	72	Number of granted supports/per social response - 2011	189
Table	73	Social Integration Income (RSI) 2011	189
Table	74	Solidarity Supplement for the Elderly /CSI), 2011	189

ARTICLE 14

Table	75	Number of private social solidarity institutions - 2008 to 2011	191
Table	76	Social services and facilities aimed at families and the community – Number of cooperation agreements – 2008 to 2011	192
Table	77	Social services and facilities aimed at families and the community – Number of people covered by cooperation agreements – 2008 to 2011	192
Table	78	Social services and facilities aimed at families and the community – Amounts spent in Cooperation Agreements – 2008 to 2011	193
Table	79	Social services and facilities aimed at children and young people – Number of cooperation Agreements - 2008 to 2011	194
Table	80	Social services and facilities aimed at children and young people – Number of users covered by Cooperation Agreements – 2008 to 2011	194

Table	81	Social services and facilities aimed at children and young people – Amounts spent in Cooperation Agreements – 2008 to 2011	194
Table	82	Social services and facilities aimed at children and young people with disabilities – No. of cooperation agreements – 2008 to 2011	195
Table	83	Social services and facilities aimed at children and young people with disabilities – No. of users covered by Cooperation Agreements – 2008 to 2011	195
Table	84	Services and facilities aimed at children and young people with disabilities – Amounts spent in Cooperation Agreements – 2008 to 2011	196
Table	85	Services and facilities aimed at children and young people in danger situations – Number of Cooperation Agreements - 2008 to 2011	196
Table	86	Services and facilities aimed at children and young people in danger situations – No. of users covered by Cooperation Agreements – 2008 to 2011	197
Table	87	Services and facilities aimed at children and young people in danger situations – Amounts spent in Cooperation Agreements – 2008 to 2011	197
Table	88	Services and facilities aimed at adults with disability – Number of Cooperation Agreements - 2008 to 2011	198
Table	89	Services and facilities aimed at adults with disability – Number of users covered by Cooperation Agreements – 2008 to 2011	198
Table	90	Services and facilities aimed at adults with disability – Amounts spent in Cooperation Agreements – 2008 to 2011	199
Table	91	Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – Number of Cooperation Agreements - 2008 to 2011	200

Table	92	Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – Number of users covered by Cooperation Agreements – 2008 to 2011	200
Table	93	Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – Amounts spent in Cooperation Agreements – 2008 to 2011	201
Table	94	Services and facilities aimed at dependent persons, persons with mental or psychiatric health problems and the homeless – No. of Cooperation Agreements - 2008 to 2011	201
Table	95	Services and facilities – Closed Group – Number of Cooperation Agreements - 2008 to 2011	202
Table	96	Services and facilities – Closed Group – Number of users covered by Cooperation Agreements – 2008 to 2011	202
Table	97	Services and facilities – Closed Group – Amounts spent in Cooperation Agreements – 2008 to 2011	202
Table	98	Services and facilities – Specific Vulnerable Situations – Number of Cooperation Agreements - 2008 to 2011	203
Table	99	Services and facilities – Specific Vulnerable Situations – Number of users covered by Cooperation Agreements – 2008 to 2011	203
Table	100	Services and facilities – Specific Vulnerable Situations – Amounts spent in Cooperation Agreements – 2008 to 2011	203
Table	101	Services and facilities – per Social Response Area – Number of Cooperation Agreements - 2008 to 2011	204
Table	102	Services and facilities – per Social Response Area – Number of users covered by Cooperation Agreements – 2008 to 2011	204
Table	103	Services and facilities – per Social Response Area – Amounts spent in Cooperation Agreements – 2008 to 2011	205

Table	104	Evolution of the number of social responses certified in the period of 2010 to 2011	207
Table	105	Number of Agreements and Funding – 2008 to 2011	209
ARTICLE 23			
Table	106	Services and facilities network aimed at Elderly People	212
Table	107	Monthly expenditure with pensions and supplements, per subsystem 2008 – 2011	213
Table	108	Expenditure with some benefits of the Solidarity Subsystem	214
Table	109	Number of Beneficiaries who received the Solidarity Supplement for the Elderly, per year	215
Table	110	Services and facilities aimed at the elderly – Number of cooperation agreements, 2008 to 2011	218
Table	111	Social services and facilities aimed at the elderly – Number of people covered by cooperation agreements, 2008 to 2011	218
Table	112	Social services and facilities aimed at the elderly – Amounts spent in Cooperation Agreements, 2008 to 2011	219
Table	113	Evolution of the number of beds, per unit typology - 2008 to 2011	220
Table	114	Evolution of reference values for minimum old age pensions / 2005-2011 (€ and %)	223
Table	115	Solidarity supplement for elderly threshold	224
Table	116	Solidarity supplement for elderly 2006-2011	225
Table	117	Minimum Value of pensions of the Social Security System 2013	227/228/229
ARTICLE 30			
Table	118	Risk of poverty and/or social exclusion, Portugal (in thousands and in %)	230
Table	119	Evolution of monetary poverty risk, severe material deprivation and households with very low work intensity	231
Table	120	Total expenditure on social protection as a percentage of GDP	236

Table	121	At-risk-of-poverty rate, before and after social transfers	237
Table	122	Physical and financial implementation	241
Table	123	Physical and financial implementation	241
Table	124	Physical and financial implementation	243
Table	125	Physical and financial implementation	243
Table	126	Physical and financial implementation	244
Table	127	Physical and financial implementation	245
Table	128	Physical and financial implementation	248
Table	129	Physical and financial implementation	249
Table	130	Physical and financial implementation	250
Table	131	Physical and financial implementation	251
Table	132	Physical and financial implementation	251
Table	133	Physical and financial implementation (Employment Centres + Vocational Training Centres under Direct Management of the IEFP, I.P.)	257
Table	134	Physical and financial implementation (Vocational Training Centres under Shared Management)	257
Table	135	Physical and financial implementation	259
Table	136	Local Intervention Teams Early Childhood National Intervention	268
Table	137	Evolution of the CPCJ caseloads during the period 2006-2011	269
Table	138	Evolution of the number of training sessions and the number of persons covered by the pre-application training stage, during 2010-2011	271
Table	139	Number of free visits (sundays and holidays)	285
Table	140	Employment Contract Programme	285
Table	141	Number of free visits (international museum day)	285

CHARTS

ARTICLE 3

	N°		Page
Chart	1	Distribution of ACT workers per professional categories	26
Chart	2	Percentage distribution of ACT workers per professional categories	27
Chart	3	2008 -Establishments according to the OSH service organization nature	46
Chart	4	2008 - OSH servisse techical staff	46
Chart	5	2009 -Establishments according to the OSH service organization nature	46
Chart	6	2009 - OSH servisse techical staff	46

ARTICLE 11

Chart	7	Life expectancy at birth	56
Chart	8	Life expectancy at birth	56
Chart	9	Life expectancy at age 65	57
Chart	10	Healty Life Years at age 65	58
Chart	11	Healthy Life Years at age 65	58
Chart	12	Standardised death rate (per 100,000 inhabitants), all causes	59
Chart	13	Standardised death rate (per 100,000 inhabitants), all causes	59
Chart	14	Standardised death rate (per 100,000 inhabitants), malignant neoplasms	60
Chart	15	Standardised death rate (per 100,000 inhabitants), malignant neoplasms	60
Chart	16	Standardised death rate (per 100,000 inhabitants), transport accidents	61
Chart	17	Standardised death rate (per 100,000 inhabitants), transport accidents	61
Chart	18	Standardised death rate (per 100,000 inhabitants), suicide and intentional self harm	62
Chart	19	Standardised death rate (per 100,000 inhabitants), suicide and intentional self harm	62
Chart	20	Infant mortality rate (per1,000 live births)	63
Chart	21	Infant mortality rate (per 1,000 live births)	63
Chart	22	Proportion (%)of live birth of low birth weight <under 2500 grams) per100 live births	64

Chart	23	Proportion (%) of low birth weight live births (under 2500 grams) per 100 live births	64
Chart	24	Proportion (%) of persons who assess their health to be as good or very good	65
Chart	25	Proportion (%) of persons who assess their health to be very good or good	65
Chart	26	Proportion (%) of persons reporting any long-standing chronic illness or long-standing health problem	66
Chart	27	Proportion (%) of persons reporting any long-standing chronic illness or long-standing health problem	66
Chart	28	Proportion (%) of persons reporting that they have long-term restrictions in daily activities	67
Chart	29	Proportion (%) of persons reporting that they have long-term restrictions in daily activities	67
Chart	30	Pertussis incidence (per 100,000 inhabitants)	68
Chart	31	Pertussis incidence (per 100,000 inhabitants)	68
Chart	32	Hepatitis B incidence (per 100,000 inhabitants)	69
Chart	33	Hepatitis B incidence rate (per 100,000 inhabitants)	69
Chart	34	HIV incidence (per 100,000 inhabitants)	70
Chart	35	HIV incidence (per 100,000 inhabitants)	70
Chart	36	AIDS incidence (per 100,000 inhabitants)	71
Chart	37	AIDS incidence rate (per 100,000 inhabitants)	71
Chart	38	Malignant neoplasms incidence (per 100,000 inhabitants)	72
Chart	39	Malignant neoplasms incidence rate (per 100,000 inhabitants)	72
Chart	40	Proportion (%) of persons residing in Portugal reporting that they have or had asthma Proportion (%) of persons residing in Portugal reporting that they have or had emphysema or chronic bronchitis	74
Chart	41	Proportion (%) of 15-year-old children who self report smoking at least once a week	75
Chart	42	Proportion (%) of 15-year-old children who report smoking at least once a week	75
Chart	43	Proportion (%) of 15-year-old children saying they have been drunk twice or more in their lives	76
Chart	44	Proportion (%) of 15-year-old children saying they have been drunk twice or more in their lives	76
Chart	45	Proportion (%) of 15-year-old children who self report overweight (including obesity)	77

Chart	46	Proportion (%) of 15-year-old children who self-report overweight (including obesity) (BMI \geq 25,0)	77
Chart	47	Proportion (%) of regular daily smokers in the population, age 15+	78
Chart	48	Proportion (%) of regular daily smokers in the population, age 15+	78
Chart	49	Pure alcohol consumption, litres per capita, age 15+	79
Chart	50	Pure alcohol consumption, litres per capita, age 15+	79
Chart	51	Proportion (%) of persons residing in Portugal reporting overweight (BMI between 25,0 and 29,9) Proportion (%) of persons residing in Portugal reporting obesity (BMI \geq 30,0)	80
Chart	52	Number of road accidents with victims and number of victims, Mainland Portugal, 1990 – 2010	102
Chart	53	AIDS – Total number of cases per notification year, 1990-2010	112
Chart	54	Variation Indexes of new cases and deaths related to illicit drug use, 1990-2010, (1990=100)	113
Chart	55	Illicit Drug Use – Lifetime Prevalence – Males	114
Chart	56	Illicit Drug Use – Last 12 month Prevalence – Males	114
Chart	57	Illicit Drug Use – Lifetime Prevalence – Females	115
Chart	58	Illicit Drug Use – Last 12 month Prevalence – Females	115
Chart	59	Tobacco and Alcohol Use – Lifetime Prevalence	116
Chart	60	Tobacco and Alcohol Use – Last 12 month Prevalence	116
Chart	61	Tobacco and Alcohol Use – Last 30 days Prevalence	117
Chart	62	Tobacco and Alcohol Use – Lifetime Prevalence – Males	117
Chart	63	Tobacco and Alcohol Use – Last 12 month Prevalence – Males	118
Chart	64	Tobacco and Alcohol Use – Last 30 days Prevalence – Males	118
Chart	65	Tobacco and Alcohol Use – Lifetime Prevalence – Females	119
Chart	66	Tobacco and Alcohol Use – Last 12 month Prevalence – Females	119
Chart	67	Tobacco and Alcohol Use – Last 30 days Prevalence – Females	120

ARTICLE 12

Chart	68	Expenditure: social protection benefits by sickness/health care functions, in PPS, per head	157
Chart	69	Expenditure: Old age pension in PPS, per inhabitant	159
Chart	70	Expenditure: Disability pension, in PPS, per inhabitant	170

ARTICLE 30

Chart	71	Risk of poverty and social exclusion, Portugal. %	230
Chart	72	Poverty intensity rate, 2004-2011 (%)	232
Chart	73	Monetary poverty rate, 2004-2011 (%)	233
Chart	74	At-risk-of-poverty rate according to the work intensity and the family household. Portugal 2004-2011 (%)	234
Chart	75	Deprivation, per item, Portugal, 2011 (%)	235
Chart	76	Expenditure per contingency, in % of the total expenditure with social benefits – 2010	236
Chart	77	Impact of social transfers (except pensions) in the reduction of monetary poverty rate (%)	238
Chart	78	Social network: Planning instruments prepared by the CLAS, per year (collected data 2002-2011)	264
Chart	79	Evolution of the n° of applications submitted during the period 2008-2011	270
Chart	80	Evolution of the n° of adoptions ordered during the period 2008-2011	270
Chart	81	Evolution of the n° of children in pre-adoption situation, during the period 2008-2011	270
Map	1	The Social Network Implementation in mainland Portugal	263