

# Portugal

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe Resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

# Summary of country assessment

Portugal reports implementing 71% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance, capacity-building and multisectoral collaboration.

## **National policies**

There is an overall national policy for preventing injury but not violence. There are specific national policies for road safety and preventing drowning, poisoning, interpersonal violence, child maltreatment, youth violence, elder abuse, intimate partner violence and suicides. National policies have highlighted socioeconomic inequality in injury and violence as a priority.

## Implementation of effective interventions

- Portugal reported overall implementation of 66% of selected effective interventions for injury prevention and 77% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for fires, poisoning and suicides
- The consumption of illegal home or informally produced alcoholic beverages causes problems. Portugal reported overall implementation of 71% of selected effective interventions on alcohol, lower than the median regional score of 76% (Table 2).

# Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

Portugal acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. As a result, there is a ministerial commitment to develop a national programme for injury prevention through to 2016. Although there is no overall national policy on violence prevention, there is political commitment for this and some steps considered necessary for policy development are in place such as the constitution of a multidisciplinary working group on violence against elderly. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building and multisectoral collaboration. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building multisectoral collaboration, exchange of best practice and evidence-based emergency care.

## **Next steps**

• An area of concern is the high mortality from road traffic injury and the implication of alcohol as a risk factor. Greater attention needs to be given to national policy development in the area of violence prevention. More could be done to implement evidence—based interventions for the prevention of drowning, poisoning and suicides. Several interventions (on drowning, falls, elder abuse, youth and sexual violence) were implemented in selected regions rather than nationally, and this could be an area for future expansion.

# Country profile

## Table 1. Demographics

- Portugal has a population of 10.7 million. The percentage of children 0–14 years old is lower than the European Region average, and the percentage of people 65+ years old is higher than the regional average.
- Life expectancy at birth is higher than the European Region average, both for males and for females.

Indicator (last available year)	Portugal	WHO European Region	European Union (EU27)
Mid-year population	10.7 million	890.9 million	493.8 million
% of population aged 0–14 years	15.4	17.5	15.7
% of population aged 65+ years	17.1	14.0	16.8
Males, life expectancy at birth, in years	74.9	71.4	76.0
Females, life expectancy at birth, in years	81.6	79.1	82.2

- Injuries are the fourth leading cause of death. With the exception of road traffic injuries, the rates for unintentional injuries are lower than the European Region averages. Rates for violence are lower than Regional figures.
- After a continuous, encouraging downward trend, injury rates started rising again from 2000 with an upward trend (Fig. 1).
- The leading causes of unintentional injury–related death are road traffic injuries followed by falls, drowning, fires and poisoning.
- The rate for road traffic injuries is higher than the European Region average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rate for road traffic injuries involving alcohol is higher both than the average for the European Region.
- The WHO Regional Office for Europe has been working with focal persons. Portugal participated in the advocacy events of the First United Nations Global Road Safety Week, took part in the project on a global status report on road safety and hosted the 3<sup>rd</sup> Network Meeting of Focal Persons for VIP.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Portugal, the WHO European Region and the European Union, 1980– 2008

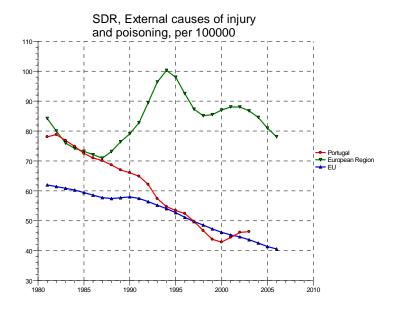


Table 2. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes X No ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>		National	Intervention effectiveness (%)		
	Portugal	WHO European Region	European Union <sup>c</sup>	policy?	Country score <sup>d</sup>	Regional median score <sup>e</sup>
All injuries	44.7	75.8	40.0	NA	71	73
Unintentional injury <sup>f</sup>	26.9	45.9	25.9	$\checkmark$	66	72
Road traffic injuries	16.8	13.3	9.3	$\checkmark$	88	81
Fires and burns	0.8	2.4	0.7	×	30	60
Poisoning	0.4	10.7	2.3	$\checkmark$	60	80
Drowning or submersion	1.5	3.4	1.3	✓	63	63
Falls	3.5	5.6	5.5	*	75	75
Intentional injury	NA	NA	NA	×	77	81
Interpersonal violence <sup>g</sup>	1.0	5.2	1.0	$\checkmark$	NA	NA
Youth violence <sup>h</sup>	0	5.3	1.0	$\checkmark$	86	86
Child maltreatment <sup>i</sup>	0	0.6	0.3	$\checkmark$	80	100
Intimate partner violence	_	-	-	✓	100	75
Elder abuse and neglect	-	-	-	$\checkmark$	100	67
Self-directed violence	9.6	14.0	10.2	$\checkmark$	50	88
Alcohol <sup>j</sup>	NA	NA	NA	NA	71	76
Alcohol-related poisoning	0.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	7.4	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	21.5	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	71	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	67	67

<sup>&</sup>lt;sup>a</sup> Unless otherwise specified.

Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/hfadb, accessed 15 January 2010).

The 27 European Union countries.

Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence\_injury\_prevention/publications/injury\_policy\_planning/prevention\_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.

Median of the proportion of effective interventions in place in countries in the WHO European Region.

Standardized death rates (SDR) from accidents.

Proxy for mortality: mortality from homicide and assault, all ages.

Proxy for mortality: mortality from homicide and assault, 15–29 years.

Proxy for mortality: mortality from homicide and assault 0–14 years.

This score was calculated from 17 alcohol-related interventions.

The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615\_2, accessed 15 January 2010).

This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).

This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes 🗶 No ? Not specified or no response

<u> </u>	esponse
ational policies	
Overall national policy on injury prevention	✓
Overall national policy on violence prevention	*
Commitment to develop national policy	✓
Alcohol identified as a risk factor for injuries	$\checkmark$
Alcohol identified as a risk factor for violence	$\checkmark$
Policies targeted to reduce socioeconomic differences in violence and injuries	$\checkmark$
National policies highlight socioeconomic inequality as a priority	$\checkmark$
olitical support for the agenda for injury and violence prevention	✓
asy access to surveillance data	✓
ntersectoral collaboration	
Key stakeholders identified	✓
Secretariat to support the intersectoral committee	*
Questionnaire answered in consensus with other sectors and stakeholders	✓
Can WHO help to achieve intersectoral collaboration in the country?	✓
apacity-building	
Process in place	✓
Exchange of evidence-based practice as part of this process	$\checkmark$
Promotion of research as part of this process	$\checkmark$
mergency care	
Evidence-based approach	✓
Quality assessment programme	$\checkmark$
Process to build capacity identified	$\checkmark$
JR/RC55/R9 influenced the agenda for injury and violence prevention	✓
ecent developments in injury and violence prevention (during the past 12 mo	onths)
National policy	✓
• Surveillance	✓
Multisectoral collaboration	✓
Capacity-building	✓
Evidence-based emergency care	*