



PERMANENT MISSION OF PORTUGAL  
GENEVA

OHCHR REGISTRY

22 APR 2014

Recipients: B. G. Deigado.

No. 102  
HR

The Permanent Mission of Portugal to the United Nations Office and other International Organizations presents its compliments to the Office of the High Commissioner for Human Rights and referring to the note OHCHR/RRDD/HRESI, has the honour to enclose the reply by the Portuguese Authorities to the questionnaire on preventable mortality and morbidity of children under 5 years of age as human rights concerns.

The Permanent Mission of Portugal avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 14 April 2014



Office of the High Commissioner  
for Human Rights  
Palais Wilson  
Geneva

**REPLY OF PORTUGAL TO THE OHCHR'S QUESTIONNAIRE ON  
PREVENTABLE MORTALITY AND MORBIDITY OF CHILDREN UNDER  
5 YEARS OF AGE AS HUMAN RIGHTS CONCERN – HRC RESOLUTION  
24/11**

**1. Has your government developed a national policy/strategy/action plan aimed at reducing mortality and morbidity of children under five years of age?**

Yes. The new National Health Programme for Children and Youth, launched in June 2013, covers all children living in Portugal up to 18 years of age, including undocumented migrant children, as regulated by Order n<sup>o</sup> 25360/2001, of 21 December. The priorities of this new National Health Program are:

- a) Identification and support for children with special needs, at-risk or particularly vulnerable;
- b) Reduction of inequalities in access to health services;
- c) Recognition and empowerment of first care givers (parents and other adults of reference).

According to the Program, during routine child health evaluations, pediatricians should:

- a) Evaluate growth and development of the child and record the data in the Child Health Bulletin on paper or eBulletin;
- b) Promote, whenever possible, healthy behaviors, including those related to :
  - i. Nutrition, suitable for different ages and individual needs, promoting balanced eating behaviors;
  - ii. Regular physical exercise, play and other recreational activities in open spaces and unpolluted environments, stress management;
  - iii. Prevention of harmful consumption;
  - iv. Adoption of security measures, reducing the risk of accidents.
- c) Promote:
  - i. Immunization against communicable diseases according to the National Immunization Plan in force;
  - ii. Oral health;
  - iii. Prevention of emotional and behavioral disorders;
  - iv. Prevention of accidents and poisonings;
  - v. Prevention of abuse;
  - vi. Prevention of risks arising from inadequate sun exposure;
  - vii. Exclusive breastfeeding up to 6 months.
  - viii.
- d) Identify at an early stage situations that may jeopardize the life or affect the quality of life of children, such as birth defects;
- e) Prevent, identify and know how to address common diseases in various ages, including strengthening the role of parents and other caregivers, alerting for signs and symptoms;
- f) Flag and provide continued support for children with chronic diseases/disabilities and their families and promote effective liaison with the various stakeholders involved;
- g) Assure the achievement of genetic counseling when appropriated for parents or children, by referral to specialist services;
- h) Identify, support and guide children and families who are victims of abuse and violence, such as neglect, physical, psychological and sexual abuse, bullying, harmful traditional practices, including female genital mutilation;

- i) Promote personal and social development and self-determination of children with progressive responsibility for their choices regarding health, preventing risk and promoting gender equity;
- j) Support and encourage proper exercise of parental responsibilities and promote family and other specific environments wellbeing.

The Decree-Law n. 113/2011, of 29 November, as updated by Decree-Law No. 128/2012, of 21 June, of the Ministry of Health, regulates the special access to the benefits of the National Health Service. The following categories of users are exempt from paying user fees:

- a) Pregnant women and puerperal mothers;
- b) Children up to 12 years of age;
- c) Users with disabilities equal or higher than 60%;
- d) Users in situations of proven economic failure, as well as dependents of their household.

It should also be noted that the National Program for the Promotion of Oral Health provides access to oral health care to four population segments:

- a) Children up to 16 years of age;
- b) Pregnant women;
- c) Elderly persons who benefit from the solidarity supplement;
- d) Patients with HIV/AIDS infection.

The Programme seeks to assess and reduce the incidence and prevalence of oral diseases through "dental checks", i.e. guides that give access to a set of dental care in the areas of prevention, diagnosis and treatment. Each guide has a value of 35 euros.

It is worth noticing that these policies and health strategies have a huge impact on health, as it can be shown by low child mortality rate in Portugal. According to statistics, in Portugal in 2001 this rate was 4,97 for each 1000 live births while in 2011 it was of 3,12 for each 1000 live births.

**Please provide information on provisions that ensure that explicit attention is being paid to specific health and development needs of vulnerable and disadvantaged children, and to interventions and service delivery approaches for these children.**

Decree-Law N<sup>o</sup>. 281/2009 of 6 October, created the National System for Early Childhood Intervention (SNIPI).

SNIPIs mission is to ensure the Early Childhood Intervention, a set of integrated support measures centered in the child and families, including activities of preventive and rehabilitative nature, in education, health and social action.

SNIPI is developed through the coordinated action of the Ministry of Health, the Ministry of Solidarity, Employment and Social Security and the Ministry of Education and Science, with the involvement of families and the community.

Children between 0 and 6 years old with disabilities or at risk of severe developmental delay and their families should benefit from early intervention programs when fulfilling the following conditions:

1. "Changes in body function or structure" that limit normal development and participation in typical activities, taking into account the developmental benchmarks for the respective age and social context;
2. "Serious risk of developmental delay" by the existence of biological conditions, psycho-affective or environmental, which implies a high probability of significant delay in the development of the child.

All children in the first and the second categories are eligible when accumulating four or more biological and/or environmental risk factors.

From the age of 6, the multidisciplinary support to these children is no longer articulated among the three ministries, but rather more directed to the pedagogical support legislation framed by the Ministry of Education (Decree-Law n. 3 /2008 of 7 January and Law. ° 21/2008 of 21 May).

## **2. Does your government collect data on the health status of children under five, including information on vulnerable and disadvantaged groups?**

Yes, the agencies of the Portuguese Ministry of Health collect data on the health status of children under five.

The Directorate's-General of Health ensures the production and dissemination of appropriate information within the national statistical system, namely health statistics.

Data on the health status of children is collected by routine when families contact the National Health Service institutions: generally, in Primary Health Care, in routine child health evaluations or in Hospital Care, in situations of acute illness or accident.

Data is collected for all children contacting health care institutions, with no reference to the socioeconomic status of families.

Regarding mortality data of children under five, it is possible to assign some socioeconomic variables to characterize the child's family, because that information is recorded in death registries.

The Directorate-General of Health/Ministry of Health as part of the National System for Early Childhood Intervention (SNIPI) gathers information on children between 0 and 6 years old with disabilities or at risk of severe developmental delay.

### **How is this data used in the development, implementation, monitoring and evaluation of policies, programmes and services relating to mortality and morbidity of children under five?**

The Directorate-General of Health ensures the development and implementation of the National Health Plan, coordinating, at national level, the definition and development of health programs, based on an integrated information system, linked with other health system departments and agencies.

The Health Action Programme on Child and Youth, created in 1992, has proven to be a health surveillance program that provides adequate and effective health care, with the contribution and commitment of all those involved in it.

Over the years, the changes occurred in this guidance document emerged in response, first, to the improvement of quality standards, harmonizing the content of health with new scientific evidence and new morbidities and, secondly, the greater importance of pre-existing health problems.

The new National Health Program for Children and Youth maintains the existing structure (2005 version), but introduces several important changes, like:

- Timing of consultations concerning key ages of surveillance;
- Adoption of the World Health Organization's growth curves;
- New focus on issues related to child development, emotional and behavioral disorders and abuse.

### **3. What coordination, monitoring and redress mechanisms are in place to ensure effective implementation of the national policy/strategy/action plan at all levels?**

The Directorate's-General of Health mission is to regulate, guide and coordinate the activities of health promotion and disease prevention. It defines the technical conditions for the provision of adequate health care, plan and program the national policy for quality in the health system, as well as ensures the development and implementation of the National Health Plan 2012-2016.

It further elaborates and discloses standards and clinical guidelines, like the new National Health Programme for Children and Youth, mandatory at national level for all health professionals, as well as to promote and develop the implementation of public health programs.

**Please provide information on how such mechanisms ensure transparency, as well as participation of all relevant stakeholders, including national human rights institutions, civil society and community representation.**

The new National Health Programme for Children and Youth was developed through extensive consultation with several stakeholders, namely the Ministry for Solidarity, Employment and Social Security, the Ministry of Education and Science, the Commission for Citizenship and Gender Equality, the High Commission for Immigration and Intercultural Dialogue, including, as well, inputs from civil society through National Programmes, Plans, Strategies and Actions (see below).

**4. How is your government ensuring that underlying determinants such as safe drinking water and adequate sanitation, safe food and adequate nutrition, adequate housing, healthy environmental conditions and gender equality are taken into consideration in the prevention of child mortality and morbidity?**

The Directorate's-General of Health coordinates and ensures epidemiological surveillance of health determinants and of communicable and non-communicable diseases, as well as the early warning and appropriate response systems to public health emergencies at national and international levels.

The new National Health Programme for Children and Youth was elaborated consulting several institutions and integrating inputs from other National Programmes, Plans and Strategies, as the following ones:

- National Programme for Diabetes;
- National Programme for Infection HIV/AIDS;
- National Programme for the Prevention and Control of Tobacco;
- National Programme for the Promotion of Healthy Eating;
- National Programme for Mental Health;
- National Programme for Oncological Diseases;
- National Programme for Respiratory Diseases;
- National Programme for Brain Cardiovascular Diseases;
- National Programme for the Prevention of Accidents 2010-2016;
- National Plans for Equality, Citizenship and Gender 2011-2013;
- National Plans against Domestic Violence 2011-2013;
- Action Programs for the Elimination of Female Genital Mutilation 2011-2013;
- Plan for the Integration of Immigrants 2010-2013;
- National Strategies for Disability 2011-2013;
- National Program on School Health 2007-2014;
- Health Action for Children and Youth at Risk;
- Health Action on Gender, Violence and Lifecycle.

The Ministry of Health is either responsible or part in each of these National Programmes, Plans, Strategies and Actions.

**5. How has your government incorporated human rights in planning and implementing universal coverage of primary health services for children? In particular, how have the criteria of availability, accessibility, acceptability and quality of health services been considered?**

The Constitution of the Portuguese Republic states in its article 13 (Principle of equality) that: "1. Every citizen shall possess the same social dignity and shall be equal before the law. 2. No one shall be privileged, favored, prejudiced, deprived of any right or exempted from any duty on the basis of

ancestry, sex, race, language, place of origin, religion, political or ideological beliefs, education, economic situation, social circumstances or sexual orientation”.

- The National Health Service (NHS) is enshrined in article 64 (Health) of the Constitution of the Portuguese Republic as “universal and general and, with particular regard to the economic and social conditions of the citizens who use it, shall tend to be free of charge”.

This article also states that: “1. Everyone shall possess the right to health protection and the duty to defend and promote health. (...) 3. In order to ensure enjoyment of the right to the protection of health, the state shall be under a primary duty: a) To guarantee access by every citizen, regardless of his economic situation, to preventive, curative and rehabilitative medical care”.

These principles are also present in the Basic Law on Health (Law nº 48/90 of 24 August, with the amendments by Law nº 27/2002 of 8 November).

This Law not only reaffirms the principle of equality, as it develops it by stating that regarding the national health policy: “b) It is a fundamental goal to obtain equal citizens’ access to health care, whatever their economic status and wherever they live, as well as ensure equity in resources’ distribution and utilization of services; c) Special measures are taken regarding groups subject to higher risks, such as children, adolescents, pregnant women, the elderly, the disabled, drug addicts and workers whose professions so justify”.

The Medical Code of Ethics states in its article 6 that “The physician shall render his professional activity without any form of discrimination” and the Nurses Code of Ethics also refers in its article 81 that “The nurse, in its profession, observes the human values which are governed by the individual and the groups in which it is part and assumes the duty to: a) Caring for people without any economic, social, political, ethnic, ideological or religious discrimination; b) Safeguarding the rights of children, protecting them from any form of abuse”.

The Department of Quality in Health, implemented by Order nº 155/ 2009, of 10 February, has technical autonomy within the Directorate General of Health and expertise in the areas of planning and programming the national policy for quality in the health system.

The National Strategy for Quality in Health has adopted the following strategic priorities for its action:

- Clinical and organizational quality;
- Transparent information to the citizen;
- Patient safety;
- National qualification and accreditation of health facilities;
- Integrated disease management and innovation;
- Management of international mobility of patients;
- Assessment and guidance complaints and suggestions of users of the National Health Service.

In order to implement these strategic priorities, the Department of Quality in Health is scientifically supported by an advisory board.