

Introduction

Public Health in Portugal – Past and Future

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Public health has converged in Western European countries during the last century as science, policy as well as demographic outcome. The road to this situation has, however, differed, for instance through a relatively early “modernization” towards a welfare state in the north compared with a later and less straightforward development in the south. Amongst the latter countries, Portugal’s history during the 20th century has specific traits. It started with a monarchy, followed by a republic that evolved into a conservative dictatorship. Welfare was for long mostly handled by the *Misericórdias*, a non-state institution with deep historical roots, and religious foundations. Life expectancy quite low while fertility remained high. This situation changed rapidly after the democratic revolution in the 1970s. A new public health policy was formulated and implemented within a welfare state influenced by the British example. Simultaneously, both mortality and fertility dropped rapidly. Portuguese life expectancy approached the more favorable ones in Europe. Consequently, the population has been aging rapidly. International and domestic migration had for a long time been considerable with different shapes. In recent times it has mainly consisted of a population movement from the interior to the urban economically more expansive centers by the coast. Welfare and public health is therefore threatening to result in mismatches of the regional and local allocations of public resources, complicated by the economic crisis during the first decade of this century.

The present issue is a report from an ambitious project that analyses the demographic development and public health policies in Portugal from the onset of the 20th century until the year 2013. This history is followed by 20 year-projections of the country’s demography from 2011 to 2031. The aim of this endeavor is to formulate realistic estimates of a continued ageing process and its impact on future regional and national expenditures for the support of a healthy population. Ageing and the development of new, costly medical treatments can for instance be expected to increase these expenses during the 20 years ahead. Introducing the potential effects of other structural factors, the project finds this challenge to be less massive than

expected. It is a common finding in today's Portugal and elsewhere that the individuals' educational levels are significantly, positively correlated with their health – from the lowest to the highest levels. The Portuguese projections suggest that the present trend towards an increase of the higher educational levels in the younger generations will continue. At the same time, as an undeniable event, the oldest generations with predominantly low educations will be replaced by younger peers with generally higher educations. This implies less need of health services among the elderly, at least partly counteracting the process of ageing.

After the reports of the main findings of the project *Pedro Guedes de Carvalho* gives a number of convincing arguments for the value of a multidisciplinary approach to issues concerning health and health policies.

Finally, *Pedro Pitta Barros* reports on studies of an expected but absent negative correlation between self-assessed health and tobacco consumption. Generally, it has been observed many a time that self-assessed health is a good indicator of a person's physically observable health. In the present study the said connection does not appear, whilst tobacco consumption is correlated with certain negative physical complaints that can be linked to the same factor. The author explains the contradiction as a psychological tendency of smokers to deny their health problems and over-estimate their subjective health.

The main objectives of this project has been to combine demographic and political data of past and present in order to be better prepared for the future. Present trends can of course not automatically be expected to continue. Results must therefore be handled with a considerable amount of caution by agents planning and investing in health services, which the authors are naturally aware of. Making cautious estimations based on the best available knowledge is, however, better than waiting and hoping for the best. The estimations may also be tested against the outcomes after some time, indicating whether the projections were trustworthy or not.