

DECENTRALIZATION OF HEALTH COMPETENCIES IN THE PORTUGUESE MUNICIPALITIES – A FIRST PORTRAIT

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Políticas públicas para la salud:
perspectivas desde la economía y la sanidad



HELLO!

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OUTLINE

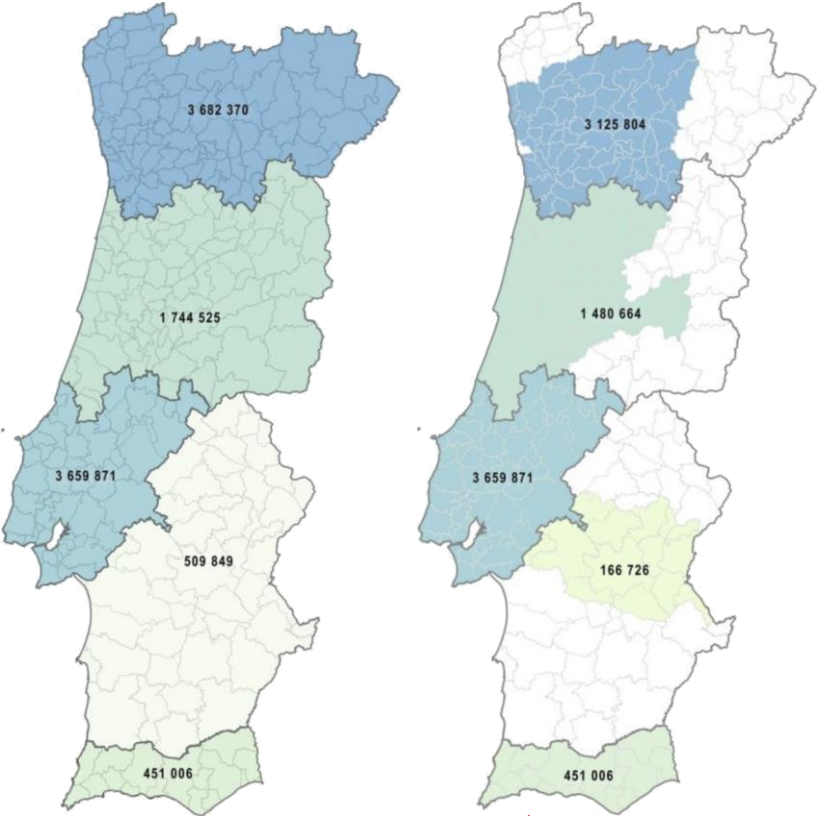
- Background
- Aim
- Methods
- Results and discussion
- Conclusions
- Next steps



*It is a first analysis. We're thinking
about the next steps...*

*But since the beginning of 2024
we've had changes in the NHS and a
new government...*

BACKGROUND



5 Health Regions

Population

10.047.621

Primary care

8.884.071 (88%)

Beginning 2024

The Local Health Unities (hospital care and primary care are merged and managed by the same executive board) was extended for all the country (7 to 39)

Since 10th March

A new government, with a different agenda and opposition to the LHU model

BACKGROUND

- Portuguese municipalities are the territorial base of public administration and have many social or proximity policies adapted to population needs and regional reality
- In 2019 the Government, from a decentralization perspective, materialized the transfer of some health competencies to municipalities (health municipalization), implying changes in the local governance model

Analyze the process of health municipalization (2019-2023) from 3 different perspectives

- The evolution of the transfer process
- The evolution of the annual costs and transfers from the central Government to municipalities
- Compliance with the legal requirements, namely the Municipal Health Strategy (MHS) and the Municipal Health Council (MHC)

Data base creation for national and regional analysis

- Portal of Portuguese Municipalities - transfer of competencies and the associated annual costs (buildings, logistics costs, operational staff)
- INE – statistical data
- ACSS and NHS Portal – organization data
- Picking websites (**one by one!**) – related data with decentralization process



DATABASE OVERVIEW

VAR	DESCRIÇÃO	FONTE
ID_MUN	Municipality code	INE
MUNICÍPIO	Municipality name	INE
NUT1	NUT1 of the municipality	INE
NUT2	NUT2 of the municipality	INE
NUT3	NUT2 of the municipalityCode of the district to which the municipality belongs	INE
DD	District name	CTT
DISTRITO	District name	CTT
IDARS	ARS code	NHS
ARS	Name of the ARS	NHS
S2019	Situation in 2019 (who accepted)	Local Government Portal
S2020	Situation in 2020 (who accepted)	Local Government Portal
S2021	Situation in 2021 (who accepted)	Local Government Portal
ASSINATURA	Year in which the municipality signed (1st time)	Own calculation
EDI 2019	Building costs	Local Government Portal
CLOG 2019	Logistical costs	Local Government Portal
OPER 2019	Charges for operational assistants	Local Government Portal
EDI 2023	Charges for buildings	Local Government Portal
CLOG 2023	Logistical costs	Local Government Portal
OPER 2023	Charges for operational assistants	Local Government Portal
EDI 19-23	Growth rate between 2019-2023 for buildings	Own calculation
CLOG 19-23	Growth rate between 2019-2023 for buildings	Own calculation
OPER 19-23	Growth rate between 2019-2023 for buildings	Own calculation

ACEITOU	Accepted the transfer of duties (Y/N/REV/N.A.)?	Municipality website
DATA_TF	Date of transfer of functions.	Municipality website
DOC_EMS	Drawn up the Municipal Health Strategy (Y/N)?	Municipality website
LINK_EMS	Drawn up the MHE, please provide a link to it.	Municipality website
DATA_AEMS	Date of approval of the MHS by the Municipal Assembly.	Municipality website
CMS	Create the Municipal Health Council (Y/N)?	Municipality website
DATA_ACMS	Date of approval of the Municipal Health Council.	Municipality website
DATA_ARCMS	Date of approval of the regulations of the Municipal Health Council.	Municipality website
CAM	Set up the Follow-up and Monitoring Committee (Y/N)?	Municipality website
DATA_CCAM	Date of creation of the Follow-up and Monitoring Committee.	Municipality website
NR_CAM	Number of meetings held by the Follow-up and Monitoring Committee.	Municipality website
DATA_PRCAM	Date of publication of the Follow-up and Monitoring Committee's final report.	Municipality website
REL_CAM	Link to the final report of the Follow-up and Monitoring Committee.	Municipality website



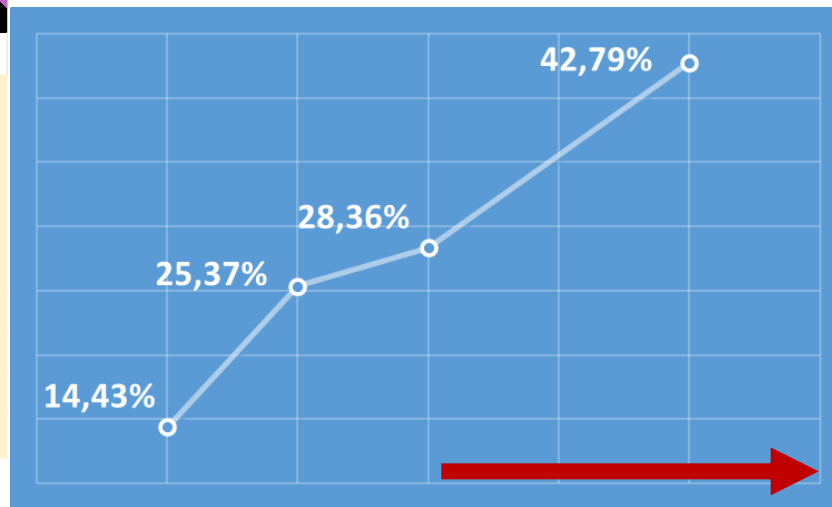
Possibility of adding other variables and linking to other databases...



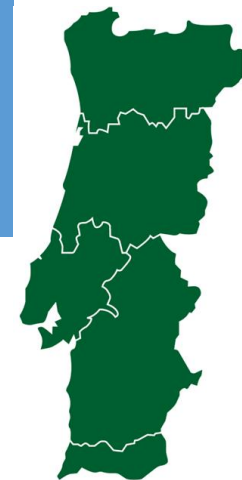
RESULTS AND DISCUSSION

Evolution (2019-2023)

	2019	2020	2021	2023
Accepted	29	51	57	86
(1)	0	0	0	
n.a.	77	77	77	77
	172	150	144	115
1	278	278	278	278
	201	201	201	201
	14,43%	25,37%	28,36%	42,79%



Negotiations between the Government and the National Association of Municipalities



PREVIEW FOR NEXT SLIDES

POP	Total population of ARS
POPNA	Total population of the ARS for municipalities where not applicable (N.A.)
NMUN	Number of municipalities in the ARS
N.A.	Number of ARS municipalities where not applicable (N.A.)
MABRA	Number of municipalities covered (excluding N.A.) - $NMUN - N.A.$
ACEITE	Number of ARS municipalities that accepted
% ACEITER	% of ARS municipalities that have accepted - $ACEITE / MABRA$
%ACEITEP	% of municipalities that accepted taking into account national figures - $ACEITE / PT$
POPA	ARS population covered by municipalities that have accepted
% POPA	% of ARS population covered by municipalities that accepted - $POPA / (POP - POPNA)$



RESULTS AND DISCUSSION



ARS	POP	POPNA	NMUN	N.A.	MABRA	2019					2020					2021				2023					
						ACEITE	% ACEITER	% ACEITEP	POPA	% POPA	ACEITE	% ACEITER	% ACEITEP	POPA	% POPA	ACEITE	% ACEITER	POPA	% POPA	ACEITE	% ACEITER	POPA	% POPA		
ARS Alentejo	403.699	250.846	43	29	14	1	7,14%	3,45%	5.732	3,75%	1	7,14%	1,96%	5.732	3,75%	1	7,14%	1,75%	5.732	3,75%	11	78,57%	12,79%	128.424	84,02%
ARS Algarve	472.000	0	16	0	16	3	18,75%	10,34%	138.691	29,38%	6	37,50%	11,76%	285.564	60,50%	6	37,50%	10,53%	285.564	60,50%	11	68,75%	12,79%	393.869	83,45%
ARS Centro	2.261.958	235.028	101	21	80	8	10,00%	27,59%	120.820	5,96%	19	23,75%	37,25%	533.006	26,30%	22	27,50%	38,60%	575.466	28,39%	25	31,25%	29,07%	618.216	30,50%
ARS Lisboa e Vale do Tejo	3.623.614	67.623	50	4	46	10	21,74%	34,48%	1.140.214	32,06%	15	32,61%	29,41%	1.417.128	39,85%	17	36,96%	29,82%	1.455.326	40,93%	16	34,78%	18,60%	1.442.788	40,57%
ARS Norte	3.212.894	531.055	68	23	45	7	15,56%	24,14%	82.995	3,09%	10	22,22%	19,61%	239.816	8,94%	11	24,44%	19,30%	245.032	9,14%	23	51,11%	26,74%	1.102.034	41,09%
Portugal	9.974.165	1.084.552	278	77	201	29	14,43%		1.488.452	16,74%	51	25,37%		2.481.246	27,91%	57	28,36%		2.567.120	28,88%	86	42,79%		3.685.331	41,46%

- Alentejo always presents the lowest value (12.79%)
- 2019, Lisbon and Tagus Valley presented the highest number (34.48%)
- In 2020, 2021 and 2023, it is the Centre (29.07%) followed by the North (26.74%)
- The covered population increased by 147.59% (1,488,452 to 3,685,331).



RESULTS AND DISCUSSION

						2019				2023				Δ 19-23			
ARS	POP	POPNA	NMUN	N.A.	MABRA	EDI	CLOG	OPER	TOTAL	EDI	CLOG	OPER	TOTAL	EDI	CLOG	OPER	TOTAL
ARS Alentejo	403.699	250.846	43	29	14	285.073,00 €	1.396.305,00 €	719.738,00 €	2.401.116,00 €	308.230,00 €	1.403.277,00 €	1.220.744,00 €	2.932.251,00 €	8,12%	0,50%	69,61%	22,12%
ARS Algarve	472.000	0	16	0	16	567.084,00 €	1.811.632,00 €	1.222.961,00 €	3.601.677,00 €	612.182,00 €	2.097.231,00 €	2.136.499,00 €	4.845.912,00 €	7,95%	15,76%	74,70%	34,55%
ARS Centro	2.261.958	235.028	101	21	80	744.713,00 €	4.167.086,00 €	1.678.447,00 €	6.590.246,00 €	1.097.951,00 €	5.422.287,00 €	2.261.722,00 €	8.781.960,00 €	47,43%	30,12%	34,75%	33,26%
ARS Lisboa e Vale do Tejo	3.623.614	67.623	50	4	46	1.618.433,00 €	11.342.772,00 €	2.141.120,00 €	15.102.325,00 €	1.749.103,00 €	14.506.162,00 €	4.110.138,00 €	20.365.403,00 €	8,07%	27,89%	91,96%	34,85%
ARS Norte	3.212.894	531.055	68	23	45	2.024.521,00 €	6.694.816,00 €	3.080.194,00 €	11.799.531,00 €	2.299.672,00 €	9.528.923,00 €	5.039.770,00 €	16.868.365,00 €	13,59%	42,33%	63,62%	42,96%
Portugal	9.974.165	1.084.552	278	77	201	5.239.824,00 €	25.412.611,00 €	8.842.460,00 €	39.494.895,00 €	6.067.138,00 €	32.957.880,00 €	14.768.873,00 €	53.793.891,00 €	15,79%	29,69%	67,02%	36,20%

- Increase of 36.20% in total cost (buildings - 15.79%; logistic costs - 29.69%; operational assistants - 67.02%) for municipalities that signed
- By health region, we find variations between 22.12% (Alentejo) and 42.96% (North)



RESULTS AND DISCUSSION

ARS	POP	POPNA	NMUN	N.A.	MABRA	2023 per capita (população abrangida)				2023	
						EDI	CLOG	OPER	TOTAL	POPA	
ARS Alentejo	403.699	250.846	43	29	14	2,40 €	10,93 €	9,51 €	22,83 €	128.424	84,02%
ARS Algarve	472.000	0	16	0	16	1,55 €	5,32 €	5,42 €	12,30 €	393.869	83,45%
ARS Centro	2.261.958	235.028	101	21	80	1,78 €	8,77 €	3,66 €	14,21 €	618.216	30,50%
ARS Lisboa e Vale do Tejo	3.623.614	67.623	50	4	46	1,21 €	10,05 €	2,85 €	14,12 €	1.442.788	40,57%
ARS Norte	3.212.894	531.055	68	23	45	2,09 €	8,65 €	4,57 €	15,31 €	1.102.034	41,09%
Portugal	9.974.165	1.084.552	278	77	201	1,65 €	8,94 €	4,01 €	14,60 €	3.685.331	

- The per capita total costs, considering the covered population, vary between 12.39€ (Algarve) and 22.83€ (Alentejo)
- Alentejo has 84,02% of covered population and Centro only 30,50%



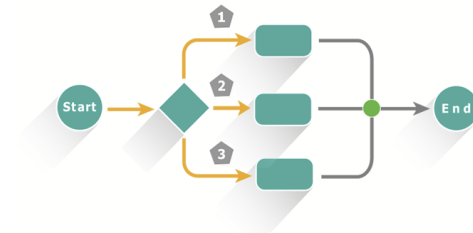
RESULTS AND DISCUSSION

Compliance with legal requirements

- Municipal Health Strategy (MHS)
- Municipal Health Council (MHC)

2023

- 86 municipalities that signed
- Only **11** (12.79%) have elaborated the MHS
- Only **7** (8,14%, 63.64% from 11) make the MHS document publicly available on the website
- Only **18** (24.93%) have created the MHC



CONCLUSIONS

- Municipalities that accepted the decentralization **evolved positively**, representing 42.79% with variability between the several health regions
- There has been an **increase** of 147.59% in the covered population since 2019 (under this process)



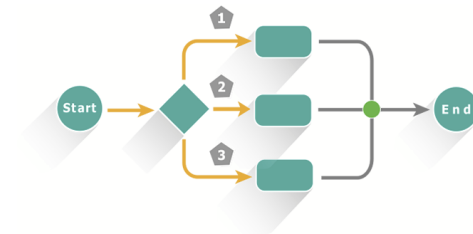
CONCLUSIONS

- The total costs had a positive variation over time of about 36.20% probably related from the negotiations between the Government and the National Association of Municipalities
- This increase may have contributed to the rise in the number of municipalities signing the transfer that considered some of their requirements, namely related to costs, had been satisfied
- There is a significant variability when looking at the different cost items and per capita costs that reflect the differences between regions (territorial dispersion, population, access, etc.).



CONCLUSIONS

- There is a **low compliance rate** regarding the legal process
 - Only 20.93% (18/86) have created the MHC
 - Only 12.79% (11/86) have elaborated on the MHS
- **Transparency is also relatively low since** only seven(7/86) publicly disclose the MHS on their websites



NEXT STEPS

- Impacts of decentralization on achieving the population's health needs and health outcomes?
- Mayors' perceptions of the decentralization process - what dictated the decision to accept/not accept, other areas where they want to have a greater intervention, problems/barriers/facilitators detected in the process, etc.
- What will be the future of this process with ULS extension and the new relationship with Executive Board of the NHS? (If the new government decides to maintain the ULS model decided by the previous government)

THANKS!

Any questions?

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