

4<sup>TH</sup> Cycle of Review and Appraisal of The  
Implementation of The MADRID  
INTERNACIONAL PLAN OF ACTION ON  
AGEING and its REGIONAL  
IMPLEMENTATION STRATEGY  
(MIPAA/RIS)

PORTUGAL REPORT  
2018 - 2022



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## Part I

### Executive Summary

This is the report of the fourth review and cycle appraisal of the implementation of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS) with the purpose of evaluating the three main objectives of the Lisbon Ministerial Declaration of 2017 and the 10 Commitments of the United Nations Economic Commission for Europe, of the Regional Implementation Strategy (RIS) with greater relevance for Portugal, in the period from 2017 to 2021.

The report was developed by the Ministry of Labour, Solidarity and Social Security, within the framework of its Strategy and Planning Office (GEP), having collected contributions from the institutions responsible for the development and implementation of programs and measures to support the senior population, also from the Ministry of Health and other relevant Civil Society Organizations in the field of support to older people. From the 17 entities consulted, 8 contributions were received. The report, which begins by identifying the methodology adopted in its development, provides a general framework of ageing in Portugal and illustrates the various measures that have been implemented since 2017 in response to the three objectives of the 2017 Lisbon Ministerial Declaration and the 10 UNECE commitments of the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA).

#### → **Three to five major achievements since 2017**

One of the major achievements has been, the **increase in the qualifications** of the population, in general, and of the older population, in particular, as a result of the strong investments in adult education and training policies implemented in Portugal, especially in the last twenty years. Between 2017 and 2020, and according to Eurostat (Labour Force Survey), there was a reduction of 8.4 pp in the proportion of people between 55 and 64 years old with lower educational levels (65%, in 2020 | 73.4% in 2017), which compares with a growth of 4.8 pp in the proportion of people in this age group with secondary and post-secondary education (18.2% in 2020 | 13.4% in 2017) and 3.7 pp with higher education (16.9% in 2020 | 13.2% in 2017). By gender, there was a higher reduction in the incidence of low education qualifications among men (-9.2 pp) than among women (-7.8 pp), but a greater increase in higher education qualifications among women (18.7 pp) than in men (14.7 pp). It should also be noted that, in the last decade, the proportion of older people with lower qualifications decreased by about 19.3 pp.

Another major achievement has been the **increased participation in the labour market** of the older population, resulting from the slow improvement in the level of qualifications of this population and, mainly, of the social policies that have encouraged the permanence of men and women in the labour market, deterring the access to early retirement and waning the possibility of unemployment. During this period, there was

an increase in the activity rate of 4 pp in the population aged 55 to 64 years (62.8% in 2020 | 58.7% in 2017), more pronounced in women (5.9 pp) than in men (1.9 pp), which also points to a reduction of the gender gap in labour market participation – which went from 13.7 pp (2017) to 9.7 pp (2020). Between 2011 and 2020, the activity rate grew by around 15.4 pp in the population aged 55 to 64 years (13.4 pp for men | 17.4 pp for women).

Indeed, higher participation in the labour market has accompanied the increase in the average retirement age for new pensioners, including for new disability pensioners, which has resulted in a sharp reduction in the incidence of inactivity in this population, in the inverse proportion to the activity, for both men and women. Accordingly, the difference observed in pensions awarded to men and women has been narrowing from year to year, especially among generations who have recently retired. According to information provided by Eurostat, the gender pension gap for the 65 to 74 age group decreased by 8.3 pp in 2020, compared to 2017, and by 12.8 pp, compared to 2011. This evolution reflects a very positive trend in the reduction of pension disparities between men and women, even though they are still at very high levels (23.2% in 2020).

Finally, it is also important to highlight the constant **enlargement of social measures** aimed at elderly people who are in a situation of higher economic and social fragility, either because they have low pension incomes, or because they find themselves in situations of loneliness, isolation or insecurity. For pensioners with low incomes, the Solidarity Supplement for the Elderly, created in 2005 and whose scope was expanded in 2017, is noteworthy to also include disability pensioners who are not beneficiaries of the Social Benefit for Inclusion. Beneficiaries of this supplement may also benefit from other social support, which may be cumulative among themselves, such as: (i) reduction in the price of electricity, natural gas and water supply; (ii) 50% reduction on the amount in force of tickets in collective passenger transport; (iii) additional health benefits in the form of a refund of a percentage of the amount paid for medicines (50%), glasses and lenses or dental prostheses (75%), as well as access to two dental appointments per year. For the elderly in situations of loneliness, isolation or insecurity, the diversity of solutions provided by social security services stands out, in close coordination with the municipalities, which currently consist of seven types of responses: home support services, social centres, day centres, night centres, family care services, residential structures and holiday and leisure centres. In addition to these solutions, there is also the Support 65 Program – Elderly in Security, a proximity patrolling initiative by the Ministry of Internal Administration, which aims to provide support to the elderly, especially those living further away or isolated from population centres, through the intervention of the Public Security Police (PSP – urban centres) and the National Republican Guard (GNR – rural areas). Through this program, the GNR and the PSP began to carry out the survey and signalling of the elderly in isolation, the establishment of networks of direct and immediate contacts between the elderly and law enforcement,

in case of need, and the articulation with other entities that provide support to this population.

→ **Three to five important aspects to be improved in the future**

Despite positive trends shown by in the indicators, much remains to be done, including in the areas mentioned above. It is therefore important to continue adult education and training policies, guaranteeing equal pay and adequate pensions in order to promote a better and active participation in society and with a view to improving the living conditions and well-being of older people.

Indeed, although relevant economic and social advances have been made, they are still scarcely reflected in the indicators of **poverty and deprivation reduction** of older people, in particular, of the more advanced age groups, which have remained relatively constant over the years, throughout the period under review. In fact, the COVID-19 pandemic seems to have contributed to its slight worsening, which will need to be monitored in the coming years. In this context, it seems to make sense to continue and, eventually, reinforce public policy measures to support the income of elderly people, such as the Solidarity Supplement for the Elderly, for example, which still covers more than 170 thousand elderly people with low incomes.

Another area that will need to be improved in the short and medium term is the preparation of older people for the **digital society and economy**, as well as for practices that contribute to **environmental sustainability**. This will require a combined and articulated effort of the different economic and social agents, covering the different levels of government (national, regional and local), companies, social partners, social solidarity institutions and the different associative groups (including NGOs, among others), in order to enhance access to training and resources that enable the use of digital technologies, as well as the implementation of more sustainable practices by older citizens. These are areas of intervention that could benefit from greater and better intergenerational cooperation, through which young people – usually closer to new technologies and with greater environmental concerns – will be able to work with seniors in the development of knowledge and digital and sustainable practices. This could, therefore, also be an opportunity to reduce and eliminate stereotypes and age-based discrimination between both age groups. In this context, we are looking forward to the results of the implementation of the Digital Inclusion Program<sup>1</sup>.

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<sup>1</sup> [Programa EUSOUDIGITAL, aimed at developing digital skills in info-excluded adults, including seniors.](#)

## General information

**1. Name of the country:**

Portugal.

**2. Report authors:**

Gabinete de Estratégia e Planeamento – Ministério do Trabalho, Solidariedade e da Segurança Social (Strategy and Planning office of the Ministry of Labour, Solidarity and Social Security).

**3. National focal point on ageing:**

**a. Edmundo Martinho**

Ombudsman of the Santa Casa da Misericórdia de Lisboa/ Ministry of Labour, Solidarity and Social Security.

[Edmundo.martinho@scml.pt](mailto:Edmundo.martinho@scml.pt)

**b. Gabinete de Estratégia e Planeamento – Ministério do Trabalho, Solidariedade e da Segurança Social**

[Gep.ri@gep.mtsss.pt](mailto:Gep.ri@gep.mtsss.pt)

**4. Status of preparation of the national action plan:**

Portugal has been preparing a national action plan for ageing - National Strategy for an Active and Healthy Ageing 2017 - 2025 - and although ready it's awaiting political approval. Nevertheless, Portugal has been progressing in this matter through several measures and policies to improve the country ageing situation across all sectors in a mainstreaming way which will be presented in this report.

## National ageing situation

In 2020, according to data from the Statistics Portugal (INE), Portugal had 10 298 252 inhabitants living in its territory. Of these 4 858 749 are male and 5 439 503 are female. These data show that Portugal has stagnated in terms of resident population because there have been almost no significant changes in recent decades, this does not mean, however, that its configuration and composition remained the same.

The resident population in 2001 included 16.4% of the population over 65 years old; however, in 2011, this population was already 19% and it is expected to reach 23.4% in 2021.

Additionally, in 2020, demographic ageing continued to increase. The ageing ratio, which compares the population aged 65 and over with the population aged 0 to 14 (younger population), reached the value of 167.0 elderly people for 100 young people (163.2 in 2019). The median age of the resident population in Portugal, which corresponds to the age that divides the population into two groups of equal size, rose from 45.5 years in 2019 to 45.8 years in 2020. In 2019, the most recent year for which there are comparable data provided by Eurostat, Portugal had the third highest median age in the European Union (EU 27: 43.9 years).

These data show the pressing need to develop inclusive policies for older populations, so that, as envisaged in the Lisbon ministerial declaration, decent ageing is provided by recognizing the potential and encouraging them to have a longer and better active life. Portugal recognizes the importance of inclusive policies for ageing - as reinforced and defended during the Presidency of the Council of the European Union in the first half of 2021, with one of its priorities being the approval of the Council Conclusions on Mainstreaming on Ageing. However, it is also aware that there is still much to be done in order to achieve higher levels of health and activity among the older population.

There has been a clear commitment to improve the living conditions of the population and one of the indicators that shows how certain policies have positive results is average life expectancy. In 2002, the average life expectancy at birth was 77 years old. While men had an average life expectancy of 73.6 years, women had 80.6 years. As we go forward, the average life expectancy at birth has been consistently increasing and by 2020, the average life expectancy at birth was at 81.6 years of age. While men would expect to live to 78.7 years, women would be up to 83.6 years. In the last 20 years, this is an increase of 4 years and 6 months in total average life expectancy. This reinforces the increase in living conditions in general and, in particular, in better social, economic and health conditions.

Also, there is an enormous demographic pressure on the increasing of the working age: total dependency ratio continued to rise. Between 2010 and 2020, the evolution of measures concerning the resident population's age structure highlights the worsening of demographic ageing in Portugal. The ageing ratio, which compares the population aged 65 and over (elderly population) with the population from 0 to 14 years (younger

population) continued to rise. In 2010, per 100 youngest residing in Portugal there were 123.9 elderly, a number that rose to 167.0 in 2020. Similarly, the total dependency ratio, which corresponds to the number of young and elderly people per 100 persons aged from 15 to 64 years, continued to increase, stressing the demographic pressure on the working age population. In 2010, for every 100 persons at working age residing in Portugal there were 51.0 young and elderly people, a number that increased to 55.9 in 2020. The renewal index of the population in active age, which corresponds to the number of people aged between 20 and 29 per 100 people aged between 55 to 64, assumes, since 2010, values below 100, that is, the number of people potentially leaving the labour market has not been compensated by the number of people potentially entering the labour market. In 2020 this index was 77.8.

## Method

This report was elaborated by the Strategy and Planning Office of the Ministry of Labour, Solidarity and Social Security in accord to the Guidelines for National Reports for the fourth appraisal cycle of the implementation of the MIPAA/RIS, adopted by the Bureau of the Standing Working Group on Ageing in September 2020.

In order to provide a more comprehensive and holistic response, contributions were asked not only from the different bodies of this Ministry but also from the Ministry of Health and, as foreseen and recommended, civil society organizations linked to older people. We tried, in order to not exceed the length of the report, just give the more relevant reports, studies, legal sources, quantitative and qualitative data concerning all contributions received.



## Part II: 20 Years of MIPAA/RIS

### Main actions and progress in implementation of MIPAA/RIS and the 2017 Lisbon Ministerial Declaration goals

To respond to the priorities of the MIPAA/RIS process and the goals defined in the Lisbon Ministerial Declaration, Portugal has worked on implementing and improving different measures and politics, namely:

#### **a) Active Social Policy Measures**

In this context, it is worth highlighting the gradual implementation by the Social Security Institute (ISS, IP) of a set of active social policy measures, social responses and services network.

Of these, the following are particularly noteworthy:

- The Dependency Supplement attributed to pensioners of the Social Security regimes who are in a situation of dependency;
- Solidarity Supplement for the Elderly (CSI)

CSI is an extraordinary benefit aimed at combating poverty of elderly people, which aims at improving their income level. They can also access other rights, like:

1. Additional Health Benefits
2. Extraordinary Social Support for Energy Consumers (Social Tariff for Electricity and Social Tariff for Natural Gas)

Economically more vulnerable individuals and families can benefit from a discount on their electricity and natural gas bills. The adhesion to the support is done at the electricity or natural gas supplier, not being necessary, for that purpose, the presentation of a Social Security Declaration.

Since 2017, the annual update of the CSI has also taken place, under the terms previously established (see previous Reports). Its application was also extended to disability pensioners and maintained the additional health benefits (for the purchase of medicines, eyeglasses and lenses and dental prostheses), and extraordinary social support for energy consumers (electricity and natural gas).

In 2021 the reference amount of the CSI is €5258.63 per year, that is, a maximum value of €438.21 per month (423.69 in 2017 and 431.32 in 2018) being the poverty threshold set at €554,42/month.

More recently, it was decided that elderly people with income up to the 3<sup>rd</sup> level no longer need to present their children's income, i.e. the income of their descendants is no longer considered for the purposes of attribution or not to the CSI, which previously, only happened with the elderly placed in the 1st echelon.

Together, these changes make access to the CSI more comprehensive and flexible, facilitating the take-up of the benefit, as the fact of having to present their children's income, prevent, in many cases, the granting of support for the elderly.

**b) The Support Product Allocation System (SAPA)**

The SAPA guarantees, free of charge, clear compensation of functional limitations and restrictions at the level of participation in the general context of life, namely for the elderly. Support products include devices, equipment, instruments, technology and software, available to prevent, compensate, monitor, alleviate or neutralise disabilities, activity limitations and participation restrictions for older people.

**c) Senior Universities - Protocol between the MTSS and the Universities of the Third Age Network Association (RUTIS)**

The Universities of the Third Age Network (RUTIS) aims to encourage the development of strategies and actions to promote active and successful ageing, to prevent the isolation and loneliness of elderly people and intergenerational solidarity, as well as inclusive actions for the same group.

The MTSSS has been supporting the development of this Association for several years, through the existence of a specific protocol.

**d) Pensions**

In addition to the regular update of pensions in August 2017, in 2018, in 2019, 2020 and 2021, there was an extraordinary update per pensioner, of the lowest pensions.

**e) Widening of Social Responses - PROCOOP**

Program for the Conclusion or Extension of Cooperation Agreements for the Development of Social Responses: ERPI, Day Centre, Centre for Activities and Empowerment for Inclusion and Residential Home;

**f) Law nº 100/2019, of 6 September I Which Approves the Statute of the Informal Caregiver**

It gives recognition and support for informal caregivers who support dependent persons. The “Estatuto do Cuidador Informal – ECI” (Informal Caregiver Statute) was approved on September 6, 2019, through Law no. 100/2019. It is a social policy measure that aims to regulate the rights and duties of citizens (caregivers) who provide regular or permanent care to others who are in a situation of dependency (person cared for). The same diploma also establishes the respective support measures. In this sense, the recognition of the Statute is not limited to the attribution of a mere cash benefit (subsidy), since it incorporates a vast set of support measures, foreseen in article 7 of the ECI. Among other rights, the Statute provides that the caregiver's rest is ensured.

After evaluating the pilot experiences, the support measures for the informal carer are generalised through specific regulations.

A large part of elderly care is provided by informal carers, most of whom are women, with the role of the father/mother 44%, the children 24% and the spouse 16.7% (figure 1 and 2).

With regard to the age of the person being cared for: 62% are over 65 years old, 28% are between 18 and 65 years old and 10% are under 18 years old.

The number of Older People aged over 65 recognised as Carers is quite significant and continues to grow. It should also be noted that the age group with the highest number of caregivers is aged 60 and over (figure 2).

**Figure 1 - Family relationship Applicant Carer/Caregiver**



Source: Strategy and Planning Office of ISS, IP.

**Subtitles:**

	Cônjuge - Spouse	Sogra/a – In laws
Pai/Mãe – Father/Mother	Companheiro/a - Companion	Tio/a – Uncle/Aunt
Filho/a – Son/ daughter	Irmão/irmã – Brother/Sister	Avô/ó - Granparents

**Figure 2 - Age range of applicant to carer**



Source: Strategy and Planning Office of ISS, IP.

### **g) National Network of Integrated Long-Term Care**

The National Network of Integrated Long-Term Care, named “Rede Nacional de Cuidados Continuados Integrados (RNCCI)” was created in 2006 (Decree-Law No. 101/2006 of 6 June) as a result of a partnership between the Ministry of Labour, Solidarity and Social Security (MTSSS) and the Ministry of Health (MS).

The RNCCI is at an intermediate level, in between community services (such as health centres, home support service, and nursing homes) and hospital care. RNCCI objectives are the provision of healthcare and social support in a continuous and integrated way, for those who regardless of their age, are in a situation of dependency, following an episode of acute illness or as way of preventing further development of chronic illnesses. The Integrated Long-Term Care are focused on the overall person's recovery process, promoting their self-sufficiency, in line with the levels of dependency in which the person finds itself, to provide a social and family integration.

The general RNCCI includes the following typology:

- Convalescence Units (UC) – internment up to 30 days;
- Medium Duration and Rehabilitation Units (UMDR) - internment up to 90 days;
- Long Term and Maintenance Units (ULDM) - internment over 6 months;
- Integrated Long Term Care Teams - Home Care (ECCI).

The RNCCI also includes:

- Pediatric Integrated Long-Term Care, which started activity in 2016, in the following typologies:
  - Pediatric Ambulatory Units;
  - Pediatric Integrated Care Units.
- Mental Health Integrated Long-Term Care, which started activity in 2017, as a pilot experience, and definitely implemented in 2021, in the following typologies:
  - Home Support Teams (EAD);
  - Autonomous Residence (RA);
  - Maximum Support Residence (RAMa);
  - Moderate Support Residence (RAMo);
  - Autonomy Training Residence (RTA);
  - Autonomy Training Residence Type A - Childhood and Adolescence (RTA-A);
  - Social-Occupational Unit (USO);
  - Social-Occupational Unit - Childhood and Adolescence (USO-IA);
  - Home Support Teams - Childhood and Adolescence (EAD-IA).

**Figure 3 - RNCCI evolution in terms of the total number of places/visits in operation by Typology from 2018 to 30 of June 2021**

Distribution by n <sup>o</sup> of places/visits per year	Typology															Total
	General RNCCI				Pediatric CCI		Mental Health CCI									
	ULDM	UMDR	UC	ECCI (visits)	UAP	UCIP-1	EAD (visits)	EAD/IA (visits)	RA	RAMa	RAMo	RTA	RTA-A	USO	USO-IA	
2018	4794	2674	935	5728	10	10	24		27	48	28	19	18	85	30	14430
2019	4916	2873	1078	5651	20	17	24		27	48	28	19	7	115	10	14833
2020	5115	3060	1147	5637	20	17	56	8	27	48	28	19	7	155	30	15374
June 2021	5071	3090	1128	5652	20	17	56	8	27	60	28	19	7	155	30	15368
Total in June 2021	9289			5652	37		390									15368

Source: Strategy and Planning Office of ISS, IP.

From 2018 to June 2021, there was a gradual increase in the number of places in the RNCCI internment units. Quantitatively, this increase means that went from 8553 places in 2018, to 9447 in June 31<sup>st</sup> 2021, with the distribution in table above. The typology with highest number of places is Long Term and Maintenance Units (ULDM) representing approximately 54% of the total number of internment places existing in the RNCCI. The number of internment places at the RNCCI increased by an average of 300 places per year, reaching 9447 places in June 2021.

The number of contracted places is distributed over 384 Internment Units, 192 of which are *Santa Casa da Misericórdia*, 106 are Private Social Solidarity Institutions (IPSS), 79 are Private Institutions and 7 are from the National Health Service.

We observe a decrease in the number of places in home care. ECCI are multidisciplinary teams (doctor, nurse, physiotherapist, psychologist, social worker, nutritionist, etc.) and are under the oversight of the Health Centre Groups, fully supported by the National Health Service, which is a service free of charge for the population.

The Health Centres have been facing resource constraints, in order to be able to respond to the demand in their local jurisdictions. This is the main reason, why we are seeing the number of places in home care decreasing.

This downward scenario is a key concern that we aim to reverse, by increasing the home care services (health and social support). This is one of the projects that we applied for, under the resilience program in the European Commission.

We verified that the number of users admitted in 2020 is significantly lower than that registered in 2019, which may be justified by the context of the COVID-19 global pandemic and the adaptations imposed by General Health Department.

The accumulated number of users assisted in June 2021, since the beginning of the RNCCI in 2006, is 235 914 of which 17556 between 2018 and June 2021.

#### **h) Resolution of the Assembly of the Republic n<sup>o</sup> 163/2021, of 9<sup>th</sup> June 2021**

The Assembly of the Republic resolved, pursuant to paragraph 5 of Article 166 of the Constitution, to recommend to the Government that there was a need to:

1. Strengthen the home support teams in terms of health services, in order to ensure an effective response to the elderly, particularly those in situations of greater vulnerability;
2. Ensure permanent (bimonthly) follow-up and contact between primary health care units and users aged over 65;
3. Strengthen human resources in primary health care in order to provide an adequate response at mental health level, particularly as regards the elderly population;
4. Create mechanisms and support for municipalities so that they may guarantee the necessary follow-up for the elderly population, in particular for elderly people who live alone or isolated, ensuring access to food, medicine and energy;
5. Investigate situations in which support for dependent elderly people is provided exclusively by elderly carers, namely spouses, and draw up a plan that enables an immediate response to dependent elderly people in the face of any adversity that may occur with carers;
6. Promote programs, in articulation with the municipalities, encouraging people close to the elderly to provide them company, comfort and support, avoiding social isolation;
7. Encourage door-to-door commerce activities, allowing guaranteeing the elderly access to basic goods and reducing social isolation.

#### **i) State Budget**

In 2022, the Government shall launch an investment program to expand and upgrade the social facilities of the public network and the social and solidarity-based sector, which may also be financed through the PRR or other European Union financing instruments.

Also, in order to do a better signalization and monitoring of elderly people at risk, the Government shall extend the Social Radar program to the whole country. The Radar Project is a community intervention and local development plan. Based on a pioneering concept, it aims to identify the 65+ population of the city of Lisbon and to know their expectations, needs and abilities, detecting risk situations early on. After this analysis, there will be an adequate intervention, with specific answers considering the profile of each person and their life contexts.

Its objective is to recognize and accompany people 65+ who are in a situation of isolation and solitude, providing conditions so that they can live longer in their homes. One of the priorities is to set up community-based Radars (volunteers, neighbours and local businesses) in order to detect situations of risk and speed up an intervention adjusted to each situation.

#### **1. Recognizing the potential of older persons**

In the European Union framework, the adaptation and translation of the Green Paper on Ageing to the Portuguese reality, during the Portuguese Presidency of the European

Union, understood as a stimulus to concerted dialogue between countries, enabling the sharing of common indicators on ageing/longevity, fostering a more sustainable and participative European vision and identity.

Resulting from the partnership with the Lisbon City Council, Santa Casa da Misericórdia de Lisboa (SCML), the Social Security Institute, the Regional Health Authority of Lisbon and Tagus Valley and the Public Security Police, the "Lisbon, City of All Ages" Programme was launched in 2018 the need to envision a society for all people and in view of the potential for people to live longer in their places of belonging in the community, where we sought to reflect on the importance of the theme, based on 3 dimensions: Active Life, Independent Life and Supported Life. Alongside the valorisation of images and positive language, a brochure was produced and distributed free of charge presenting intergenerational solutions and good practices.

It is also important to mention the constitution of two consultative bodies - the Consultative Council and the Monitoring Committee - composed of people with a multiplicity of experiences in the most varied life contexts, who give opinions and contribute to the development of the program and of the project. This commitment with people, incorporating in these bodies people 65+ from the community, fostering the sharing of knowledge and experience, establishing mechanisms that promote citizenship, self-determination, trust and satisfaction. People 65+ as agents of development in different aspects and throughout the life cycle. One of the measures of this Program that stood out was the Radar Project, whose focus was the survey of about 30,000 people 65+ in the 24 parishes of the city of Lisbon centred on recognition and geo-referencing, developing a digital platform integrating information about life circumstances, namely whether they live alone or accompanied by other(s) of the same age group. Under this design, the Project leveraged its action with the support of young multidisciplinary teams, in order to recognize their expectations, deprivations and potentialities, calling for expression regarding the issues that concern them. The consistency of the work done before the pandemic, made it possible that during the confinement people integrated in the project benefited from systematic telephone follow-up, preventing the aggravation of situations of social isolation and unwanted loneliness.

Also, the Santa Casa Longevity Awards (PSCL) arise in response to the new and demanding challenges of society. SCML develops and supports scientific research in various areas related to its intervention.

The PSCL are part of the Programme "Lisbon, City of all ages" and its 3 Strategic Axes:

1. Active life (promotion of dynamic lifestyles in the 65+ population, whether cultural, sporting, training or civic intervention);
2. Autonomous life (improvement of the physical conditions of the public space and buildings; requalification, innovation and diversification of the network of

equipment and services that promote the autonomy of the 65+ population, as an alternative to institutionalization);

3. Supported life (improvement and expansion of the social and health equipment network, as well as guaranteeing care in situations of dependence).

## 2. Encouraging longer working life and ability to work

**Measures that have been implemented to recognizing the potential embedded in the employment of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages, including measures to:**

### a) *Promoting lifelong learning opportunities*

Since 2017, we highlight the implementation of the *Qualifica Program*<sup>2</sup>, aimed at the qualification of adults and whose purpose is to improve the levels of education and training of adults, contributing to the improvement of the population's qualification levels and the employability of individuals. This program is based on a qualification strategy that integrates education and training offers and different instruments from the National Qualifications System, which promote the qualification of adults through a wide network of public and private operators, at national, regional and local levels.

The education and training offer mostly promote the dual certification of individuals (school and professional), which may be developed through flexible and modular pathways adapted to the profiles of adults, by reference to qualification frameworks integrated in the *National Qualifications Catalogue*<sup>3</sup>, the instrument for regulating the national offer of education and training. Among the instruments aimed at adults, it is also important to highlight the *Qualifica Centres*, specialized in adult counselling and guidance, that promote their referral to vocational education and training, as well as the development of recognition, validation and certification processes of competences. Currently, there are operating 310 *Qualifica Centers* throughout the country. From January 2017 to August 2021, there were more than 650,000 enrolments in the *Qualifica Program*, of which around 12% corresponded to adults aged 55 and over.

In the context of digital training, it is important to mention the approval of the Action Plan for the Digital Transition<sup>4</sup> – in April 2020, a cross public policy intervention aimed at the digital transition of services and people in public administration, companies and citizen in general. This Plan is based on three fundamental pillars of action: (i) Training and digital inclusion of people; (ii) Digital transformation of businesses; (iii) Digitization of the State. Within the scope of the 12 measures approved in this plan, we highlight measure 3: Digital Inclusion Program<sup>5</sup>, consisting in the development of a project

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<sup>2</sup> [Programa Qualifica](#)

<sup>3</sup> [Catálogo Nacional de Qualificações](#)

<sup>4</sup> [Portugal Digital](#)

<sup>5</sup> [Programa EUSOUDIGITAL](#)



towards educational digital inclusion that aims to cover one million info-excluded adults by 2023, based on a national network of young volunteers and training centres, who voluntarily associate for this purpose, in the framework of a wide network of intergenerational cooperation. The training contents covered in the program involve, among others, the creation and management of an email account, the ability to search online, the consultation and use of digital public services, and access to services such as homebanking or social networks.

Entirely dedicated to adults aged 50 and over, the more than 300 "senior universities" operating in Portugal have been formally recognized as socio-educational responses since 2016 and cover, in 2021, around 45 thousand senior students and 5 thousand volunteer teachers and trainers. These academies are supervised by the Association of Third Age Universities Network<sup>6</sup> (), a private social solidarity institution (IPSS) and of public utility to support the community and seniors, with a seat on the Economic and Social Council.

Finally, it is also noteworthy the signing, by the Permanent Commission for Social Concertation (CPCS), of the Agreement on Professional Training and Qualification, which aims to modernize and strengthen professional training within the scope of the National Qualifications System, in order to improve access and the participation of companies, workers and citizens in lifelong learning. This agreement was signed in July 2021, and an action plan is expected to be drawn up to promote its implementation.

*b) Fight unemployment at all ages, reducing financial inequalities and poverty, taking up measures to reduce the gender pay gap; encouraging employers to value the experience of, and to retain and hire, older workers*

In this context, we highlight active policy measures to support employment, which aim to promote the (re)insertion of the unemployed in the labour market and that continue to privilege access to the most disadvantaged groups, namely the older unemployed (aged 45 years and over), usually in the majority in the statistics of long-term and very long-term unemployment, either by age or by lower levels of qualification, when compared to the younger population. Portugal continues to implement a positive differentiation of these groups in terms of professional internships, support for hiring, professional insertion in social work and encouragement to accept job offers, in addition to a percentage of the unemployment benefit.

During the COVID-19 pandemic, these supports were fully maintained, with an increase in some of them, namely those relating to the professional insertion of the unemployed in social work carried out by public entities or private non-profit collective entities, with activity in the social and health area (health services, hospitals, continuing care units, residential structures or home support services for the elderly and people with disabilities, or that are necessarily related to situations of overload in the activities

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<sup>6</sup> [RUTIS](#)

performed by the entities for increased activity resulting from the pandemic, or even by preclusion of their workers due to illness, prophylactic isolation, assistance to family members or dependents, within the scope of the pandemic.

To these measures are also added the policy measures to support income in situations of unemployment, of which we stand out the one with the greatest impact on older workers. In this context, we highlight the extraordinary measure of support to the long-term unemployed, in implementation since 2016, that was integrated in the legal regime of social protection in the event of unemployment of employees from 2019. This measure foresees the access to a monthly cash benefit equal to 80% of the amount of the last unemployment social benefit paid, in case of remaining unemployed

Within the scope of the COVID-19 pandemic, several measures were implemented with a view to mitigating the loss of income by workers affected by the suspension of work activities, such as access to simplified lay-off, that allowed the maintenance of employment for workers through the allocation of a retributive compensation corresponding to 100% of their normal gross remuneration, with a limit of three times the minimum wage. This compensation was partially guaranteed by the Social Security, which ensured the payment of 2/3 of the normal gross salary of each worker. In April 2020, the month in which there was the greatest adherence of companies to the simplified lay-off, this measure reached more than 775,000 workers, of which around 25% were aged 50 and over.

There have also been implemented specific subsidies applied to employees, self-employed workers and domestic workers who are unable to work due to illness related to COVID-19 or in prophylactic isolation. Finally, as of January 1, 2021, it was created and made available an extraordinary financial support granted by Social Security to workers, with the objective of ensuring the continuity of income of people in a situation of particular economic lack of protection caused by the COVID-19 disease, by the extension of their unemployment situation.

*c) Providing incentives for longer working life opportunities and more flexible retirement choices, and*

*d) Planning and implementing pension reforms, that take into account the increasing longevity and the extension of working lives*

Since 2017, statistical indicators point to a higher permanence of older workers in the labour market, which has been more significant for women than for men. In 2020, the population aged 55 or over was about 21% of the active population (18.7% in 2017), having increased by 11.7% compared to 2017, more in women (16.6%) than in men (7.6%). In the 55 to 64 age group, the activity rate reached the highest levels on record – 62.8% (58.7% in 2017). The 2021 information maintains this growing trend, with the activity rate of individuals aged 55 to 64 years growing to 67.3% in the 3<sup>rd</sup> quarter of 2021 (59.3% in the 3<sup>rd</sup> quarter of 2017). It should also be noted that this adherence to working life is based on high employment rates, with 94% of this population employed,

in 2020, and an unemployment rate of only 6%, with a higher employment ratio for women (94.8 %), than for men (93.1%). The figures for the 3<sup>rd</sup> quarter point to an even higher employment ratio (94.9%), higher for women (95.1%) compared to men (94.8%). On the contrary, the incidence of inactivity has been decreasing in the older population, covering, in 2020, about 37.2% of individuals aged 55 to 64 years (32% for men | 41.7% for women), a value substantially lower than that of 2017 (41.3%) and, in particular, than the value of 2011 (52.7%). In the 3<sup>rd</sup> quarter of 2021, the inactivity rate of this population was 32.7% (25.7% for men | 38.7% for women).

This positive evolution of older workers in the labour market is correlated with the changes introduced to pension systems from 2008, including the application of the sustainability factor. Throughout the period under review, its application to old-age pensions was maintained, in general. However, from 2017 onwards, its application was progressively withdrawn in specific situations, in order to allow early retirement without penalties, such as:

- Workers with very long contributory careers, that is, those who are 60 years of age or older and have at least 48 years of contributory career; or who are 60 years of age or over and have, at least, 46 years of contributory career, having started to pay before the age of 17;
- Workers aged at least 60 years old and with 40 years or more of deductions, who wish to anticipate their retirement within the scope of the flexible age regime;
- Workers who carry out fast-wearing jobs, covered by special pension schemes for bringing forward the old-age pension age;
- Disability pensioners who reach the normal age for accessing an old-age pension.

The implementation of the regime of flexible access to old-age pension was aimed to enhance contributory careers and make the system more fair, equitable and transparent, allowing each worker, depending on their own contributory career, to adjust their age of reform. In this context, the personal age for accessing the old-age pension was defined as that resulting from the reduction, in relation to the normal age for accessing the pension in force, of 4 months for each calendar year that exceeds 40 years of contributory career with registration of relevant remunerations for calculating the pension, although the reduction may not result in access to the old-age pension before the age of 60 years. Thus, it became possible to bring forward the retirement age, without penalties, or to prolong working life through bonuses.

In 2020, the average retirement age of new pensioners was 65.29 years, with a small increase compared to 2017 (65.16 years), which corroborates the information on the evolution of the labour market regarding the trend for prolonging working life.

*e) Facilitating the reconciliation of employment and care work*

Within the scope of policies for reconciling employment and care work, we highlight the legal enshrinement of the Informal Caregiver Statute, in 2019, which aims to support people who informally provide care to people in a situation of dependency. This Statute

defines who may be considered an informal caregiver (principal – on a permanent basis; not principal – on a regular basis, but not on a permanent basis), regulates the rights and duties of the caregiver, as well as the person cared for, and establishes the respective support measures, namely:

- the allocation of a support allowance for caregivers;
- the constitution of social support networks that support the caregiver and the person being cared for, and that include: (i) the reference professionals who support caregivers in the fields of health and social security, through the preparation of a specific intervention plan (PIE) to the caregiver and the person being cared for, which includes follow-up, counselling, training and training strategies that the caregiver must pursue to meet or minimize the needs arising from the situation of the person being cared for; (ii) self-help groups, created in the health services responsible for their monitoring and promoted by health professionals from a perspective of mutual help and sharing of experiences, made up of people who live or have experienced similar situations and/or difficulties, in order to minimize its eventual isolation; (iii) psychosocial support;
- access to training and specific information suited to the needs of the person being cared for and the best way to provide the necessary care, in collaboration with the services;
- the right to rest, within the framework of the PIE; and
- measures to support integration into the labour market.

Currently, the application of this Statute is being implemented within the scope of pilot projects covering 30 municipalities, during 12 months, after which it will be evaluated and, eventually, adjusted and extended to the rest of the territory.

### **Special measures set to close the gender pay and pension gap as well to consider the special situation of older women**

The National Strategy for Equality and Non-Discrimination 2018-2030 «Portugal + Equal» (ENIND) was approved in 2018, and includes three action plans that bring together the concrete policy measures to be developed by 2021, namely:

- Action plan for equality between men and women;
- Action plan for preventing and combating violence against women and domestic violence;
- Action plan to fight against discrimination based on sexual orientation, gender identity and expression, and sexual characteristics.

One of the strategic goals of the action plan for equality between men and women (PAIHM), aims to "ensure the conditions for full and equal participation of women and men in the labour market and professional activity", integrating four specific objectives: (i) fight sexual segregation in the professions; (ii) eliminate income disparities between

women and men; (iii) guarantee protection in parenting and promote a balance between professional, personal and family life; (iv) promote balanced representation in decision making.

In order to respond to the second specific goal, Law nº 60/2018, of August 21, was published, which approves measures to promote transparency and equal remuneration between women and men for equal work or work of equal value, such as:

- The implementation of a statistical information system on gender pay differences, translated into the annual publication of a general and sectorial barometer of these differences, as well as a balance of pay differences between women and men per company, which must be communicated to the service responsible for labour inspection, for the purpose of investigation and correction, in conjunction with the company;
- The obligation for companies, when cases of wage discrimination are detected, to draw up and implement plans to assess differences in remuneration;
- The possibility of a worker or his/her union representative to request the issuing of an opinion on the existence of remuneration discrimination based on sex for equal work or work of equal value, with the services responsible for equal opportunities between men and women, which is of mandatory response and may result, if this discrimination is found, in the notification of its final and binding opinion to the applicant, the employer and the service responsible for labour inspection.

Between 2019 and 2021, were published three [general and sectoral barometers of wage differences](#) between men and women (one per year), and the respective balances of these differences are available for companies that delivered the Single Report/Lists of Personnel, since the end of 2020.

**The most important achievement during the last 20 years in recognizing the potential embedded in the employment of older workers and developing labour market strategies to promote maximum participation opportunities for workers of all ages**

Over the last twenty years, it must be stated the relevance of the integrated set of policies aimed at extending the working lives of older people, men and women.

These naturally include adult education, training and qualification policies, which aim to support and reinforce lifelong learning, in a perspective of continuous adaptation to ongoing changes in the labour market and in society in general, through continuous improvement of their employability, which may, in this way, facilitate labour mobility, at a geographical, professional and economic level. Also included are measures to support employment and the professional (re)insertion of adults, who have sought to reduce discrimination against older workers, encouraging their hiring by companies and, therefore, restricting the incidence of long-term unemployment among this population.

In a broader perspective, labour regulation has been aimed at improving labour relations between employers and workers, prohibiting any type of discrimination and fostering employment and working conditions in close coordination with social protection policies, emphasizing here protection in parenting, and policies to promote gender equality. In force since 2009, it is emphasised the Labour Code and other related legislation (including the labour regulation instruments arising from collective bargaining – IRCT), an instrument that has been continuously updated and improved over the years, in a manner to materialize innovative responses to emerging situations in the world of work, such as anticipating the possibility of telework in parenting and/or in situations of domestic violence, or the incorporation of the principles of lifelong learning in business practices and in workers themselves, foreseeing the conciliation between work and education/training. Although horizontal in application, it is understood that the permanent updating of labour regulations, within the macro-political framework, has contributed decisively to the enhancement of the contribution of older workers and, thus, to their permanence in the labour market.

On the social protection policies, we stand out the measures that have contributed the most to supporting workers in situations of unemployment or socio-economic need. In this context, it must be highlighted the systematic adaptation of the conditions for attributing unemployment benefit to workers, in order to guarantee greater protection for older workers, who usually have greater difficulties in re-entering employment and, therefore, more likely to become long-term unemployed. The Social Integration Income (RSI) is also highlighted, a measure designed to support people (of any age) or families in extreme poverty, including unemployed workers with very low incomes. Over the years, the RSI has also been adapted to the evolution of the social and economic situations of people and families legally resident in Portugal, covering, in 2020, more than 250 thousand people, of which around 53 thousand had 55 and more years (about 20.8%).

Finally, it is important to highlight the reforms introduced in **pension regimes** and which definitively contributed to the retention of older workers in the labour market, through the introduction of the sustainability factor as a deterrent to early retirement. The sustainability factor arose from the need for financial adequacy of the pension system to demographic and economic changes in Portugal, having been created in 2007 and applied to the statutory pension amount, from 2008 on, when calculating the old-age pension or in the date of conversion of the disability pension into old-age pension. Since 2017, the sustainability factor is no longer applicable to old-age pensions due to the flexible age scheme for accessing the old-age pension (except in situations where, at age 60, there are no 40 or more years of contributions), in old-age pensions resulting from the convolution of disability pensions, and in old-age pensions from the anticipation regime for very long contributory careers. More recently, the introduction of some

flexibility in pension systems is noteworthy, which make it possible to reward workers with longer careers and who, eventually, started them very young.

### 3. Ensuring ageing with dignity

Maintaining the objective of improving pensioners' income without harming the sustainability of the pension system, the annual update of pensions and other social benefits, which was restarted in 2016, was carried out, and automatically based on real GDP growth and average variation of the consumer price index, without housing.

In the period under review, and in order to compensate for the loss of purchasing power caused by the suspension, between 2011 and 2015, of the annual updating for invalidity, old age, and survivors' pensions, as well as to increase the income of pensioners with lower pensions, extraordinary cumulative annual updates were approved. They corresponded to a maximum amount of €10 for pensioners with an overall pension amount equal to or less than 1.5 times the IAS value (IAS = €421.32 in 2017, and €438.81 in 2021); and €6 for pensioners who had at least one updated pension in the period between 2011 and 2015

In this context, an extraordinary supplement for minimum disability and old-age pensions of the social security system and the convergent scheme was created to be paid from 1/1/2019, with the objective of harmonizing the values the beneficiaries of these pensions receive with the amounts that pensioners under the same conditions and who benefited from the extraordinary updates receive.

Referring to the Social protections systems, the flexible early retirement scheme was reassessed with the social partners, having been decided, in a first phase, to value the very long contributory careers and the workers who start working at very young ages, implementing in a second phase, the new scheme of early retirements under the flexibility scheme in its entirety.

Early access to the old-age pension without any penalty on the value of the pensions was then established for beneficiaries (of the general social security scheme and the convergent social protection scheme) having contributory careers of at least 48 years or 46 years (at the age of 60) and who started working at the age of 14 years or less. This measure was also extended to workers aged 60 years or over and with at least 46 years of contributory career, who started the contributory career when they were 16 years old or less.

this context, the existing measures that led to a double penalty for the increase in the normal retirement age and the increase in the sustainability factor were corrected in order to enhance contributory careers and to allow that each worker can adjust his/her retirement age, depending on his/her own contributory career. Accordingly, it is possible to reduce the pensionable age by 4 months for each year of career above 40 years, without the limitation previously in force at 65 years of age. On the other hand, for beneficiaries aged at least 60 years and who have at least 40 years with earnings

registration, the sustainability factor will no longer apply, thus eliminating the aforementioned double penalty, while safeguarding the principle of the most favourable treatment (i.e. the most favourable scheme for which the beneficiary meets the conditions of access should be applied). The changes thus make the calculation of early pensions for beneficiaries with long contributory careers more advantageous, encouraging the existence of longer contributory careers.

Additionally, the application of the sustainability factor to disability pensions was eliminated, at the time of the respective conversion into an old-age pension. Workers in physically hard jobs also began to benefit from the end of the application of the sustainability factor in calculating their pensions.

Likewise, during this period, the normal age for accessing the old-age pension was increased, taking into account the effects of the evolution of average life expectancy at 65 years between the second and third year prior to the beginning of the pension, such as results from its calculation rules. Thus, it was established in 2017 at 66 years and 3 months, and in 2021 at 66 years and 6 months, demonstrating the will to extend the working lives of older workers and to adjust the pension system to demographic changes. Similarly, the normal ages for accessing old-age pensions for some professional sectors were also increased.

In order to adjust the social security system to demographic changes and their economic and social consequences, there was an increased effort to ensure the sustainability of the pension system, namely through the investment in the diversification of funding sources, with the allocation to the Social Security Financial Stabilization Fund (FEFSS)<sup>7</sup> from certain tax revenues.

During this same period, changes were also made to the rules of the social security contribution scheme for self-employed workers, with the aim of combating precarious employment, with a view to promoting social development. The new rules focused on establishing the reference to be taken into account for contributions, in the most recent income period, and on the reassessment of the scheme applicable to contracting entities, with a view to greater justice in the distribution of the contribution effort between contracting entities and self-employed workers economically dependent on a single entity.

Also, during the period under review, there were changes in the scheme of incentives for hiring young people looking for their first job (up to 30 years old) and long-term unemployed (registered at job centres for 12 months or more), and very long-term unemployed (people aged 45 or more registered at the job centres for 25 months or more).

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<sup>7</sup> Reserve fund created in 1989 intended to ensure the financial stabilization of the contributory Social Security system and cover, in case of need, foreseeable expenses with pensions, namely in periods when the contributory revenue is lower than the contributory expenditure



From the point of view of social security, the measure resulted in a partial exemption from the payment of the social contribution paid by the employer for hiring young people looking for their first job and long-term unemployed, for periods of five and three years, respectively, and a total exemption from payment of social contribution, for a period of three years, in the case of hiring very long-term unemployed.

Another measure relevant in this field was the launch of the "Contrato-Geração", an employment support program for employers that simultaneously hire young unemployed first-time jobseekers and long-term unemployed, according to certain conditions and that combines financial support for concluding an employment contract, with access to the partial exemption or total exemption from the payment of contributions to the social security.

## Part III: Healthy and Active Ageing in a Sustainable World

### 1. Contribution of ageing-related policies to the implementation of the 2030 Agenda and its Sustainable Development Goals

In 2017 Portugal was one of the first countries to present the VNR, volunteering itself to present its report in 2017 and also proceeding to the presentation of the report and its oral defence in 2018. The report is available for consultation<sup>8</sup>.

All national measures presented aim to contribute to the achievement of sustainable development goals, drawing attention to the following:

- SDG 1: End poverty in all its forms everywhere
- SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- SDG 5: Achieve gender equality and empower all women and girls
- SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- SDG 10: Reduce inequality within and among countries

### 2. Lessons learnt from managing the consequences and impacts for older people in emergency situations: the COVID-19 pandemic

As a response to the needs arising from the demographic transition and consequent epidemiological transition that are reflected in the increase in situations of dependency, Portugal has been pursuing the adoption of a long-term care policies, including the National Network of Integrated Long-Term Care (RNCCI).

RNCCI will continue to expand with improvements and increase the capacity of existing responses, but also through the development and diversification of new responses, considering a better understanding of the phenomenon of aging and dependency and the needs associated with it.

The development of the RNCCI plans to strengthen the outpatient component, through the implementation of Day Units and Promotion of Autonomy and the increase of domiciliary care. They are proximity responses, so the implementation must be based on knowledge of the territory, accessibility, economic issues and patient and family preferences.

Furthermore, between March 16, 2020, the day in which Portugal notified the first death related to COVID-19, and December 31, 2020, there were 11736 more deaths due to natural causes than those that would be expected (based on the average mortality of the last five years), ie. there was an excess mortality rate of 13.6%. Of these 11736, 6906 (59%) were due to COVID-19 and 4830 (41%) were due to other natural causes, called

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<sup>8</sup>[https://sustainabledevelopment.un.org/content/documents/15771Portugal2017\\_PT\\_REV\\_FINAL\\_28\\_06\\_2017.pdf](https://sustainabledevelopment.un.org/content/documents/15771Portugal2017_PT_REV_FINAL_28_06_2017.pdf)

Collateral Mortality. The existence of collateral mortality identified may have several explanations, for example, a) less access to or demand for follow-up appointments for chronic diseases, b) performance of lower volume of complementary diagnostic tests c) less or later demand for urgent health care (especially during the first wave of the pandemic).

COVID-19 has been affecting older people more aggressively. There were relatively few deaths among COVID-19 patients under 51 years of age (only 4% of all registered deaths). On the contrary, about 70% of deaths were registered in people over 80 years of age<sup>9</sup>.

In weeks 4 and 5 of 2021, 4711 and 3825 deaths were registered in Portugal, respectively, 1878 and 1131 more deaths than the average for 2015-2019. The number of deaths from COVID-19 in these weeks was 2036 and 1597, representing, respectively, 43.2% and 41.8% of the total number of deaths. Of the 8536 deaths in this period, more than 75% corresponded to people aged 75 years and over. However, the greatest excess of mortality was found in people aged 90 years and over (+74.1% compared to the 2015-2019 average). The North, Center and Lisbon Metropolitan Area regions concentrated 82.6% of deaths in weeks 4 and 5. However, in terms of the number of deaths per 100 thousand inhabitants, only the Alentejo Region (130.0), Center Region (103) and the Lisbon Metropolitan Area (90.5) presented values higher than the national figure (83.0%). In weeks 4 and 5, 65.2% of deaths occurred in a hospital setting<sup>10</sup>.

Based on these statistics, it is safe to say that older people in Portugal were definitely affected by COVID-19 and there was a higher share of hospitalizations and rate of deaths among older people in 2020 than for the population in general and in relation to previous long-term observations.

We also consider important to mention that the coordinator of the task force for vaccination against covid-19 ordered the calling of the elderly aged 80 and over and the highest risk patients aged 50 or more years, ensuring that the elderly population are taken into consideration and a priority.

The Government launched the integrated program of the Ministry of Labour, Solidarity and Social Security to support elderly homes due to the Covid-19 pandemic. Although increased age is associated with worse outcomes in COVID-19, age in isolation cannot be used for triage decisions but should be integrated with other clinical parameters.

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<sup>9</sup> Source: André Vieira, Vasco Ricoca Peixoto, Pedro Aguiar, Paulo, Sousa, Alexandre Abrantes. Excesso de Mortalidade Colateral e devido à COVID-19: 10 meses de pandemia. Escola Nacional de Saúde Pública, Universidade NOVA de Lisboa; Escola Nacional de Saúde Pública, Universidade NOVA de Lisboa; 2021.

<sup>10</sup> Source: INE, 2021. A mortalidade em Portugal no contexto da pandemia covid-19  
[https://www.ine.pt/ngt\\_server/attachfileu.jsp?look\\_parentBoui=482309074&att\\_display=n&att\\_download=y](https://www.ine.pt/ngt_server/attachfileu.jsp?look_parentBoui=482309074&att_display=n&att_download=y).

The approach taken, on an extraordinary and temporary basis, in order to address this pandemic context, had a financial and organizational impact on the Integrated Long-Term Care Units (UCCI). Mainly due to:

- High increase of purchase of personal protective equipment;
- Hiring more staff to ensure the provision of care by different teams (COVID and NON COVID)
- Adapt premises to accommodate patients admitted from hospitals or from the community, requiring to be self-isolated, has often led to a reduction of the number of places in operation.
- Longer admission times, as patients have to undergo a COVID 19 test and wait for a negative result before admission. The place is secured until the test result is known.
- Aforementioned constraints caused reduction of usage rates and increased costs.

**Steps taken by the National Health Service, to mitigate the impacts of this pandemic**

- Prioritise the admission of patients with medical release, but still hospitalized, in the RNCCI;
- Order nº 3871/2020 of March 30 - 107 new places in integrated continuous care were authorized, through capacity upgrading in units with ongoing program contracts, allowing, during the current pandemic context, to increase the placement of users coming from hospitals and needing this type of response and no longer need hospital care, enhancing their capacity;
- Guideline nº 1 / CNCNRNCC / 2020 of March 31 - Defines the operating conditions of Home Support Teams and Socio-Occupational Units (Mental Health) under the COVID 19 contingency plan - flexible rule in order to minimize billing loss;
- Guideline nº 2 / CNCNRNCC / 2020 of April 21 - Defines the operating conditions of Pediatric Outpatient Units, within the scope of the COVID 19 contingency plan - norm for the face-to-face contact to be replaced by an appropriate one without loss of billing - flexible standard in order to adapt the monitoring and minimize billing loss;
- Guideline nº 3 / CNCNRNCC / 2020 of May 26 - Defines the operating conditions of Pediatric Outpatient Units, Home Support Teams and Social Occupational Units (the last two of Mental Health) within the scope of the COVID 19 contingency plan - standard for contact face-to-face was replaced by an appropriate one without loss of billing - flexible standard in order to minimize billing loss;
- Joint Normative Circular nº 2/2020 of March 12, 2020 ACSS and ISS, IP - Preferred units under the COVID 19 contingency plan. During the COVID 19 contingency period, the user remains able to choose preferred units, being informed that the allocation of vacancy will, however, be conditioned (as far as existing resources are concerned) to the vacancy that will occur first in any provider in the Region;

- Order nº 5638-A/2020, May 20, and Order No. 8422/2020, September 2 – exempts the UCCIs from paying VAT of the protective equipment, until 31/10/2020.
- Ordinance nº 307/2020 de 30 de December - Approval of an exceptional and temporary payment regime for health care and social support provided in the inpatient units of the National Care Network Continuous Integrated, resulting from organizational adjustments motivated by COVID-19 pandemic.

**Various rules of the General Direction of Health:**

- Rule nº 004/2020 of April 10<sup>th</sup> - COVID-19: Approach to the Patient with Suspicion or Infection with SARS-CoV-2;
- Rule nº 007/2020 of March 29<sup>th</sup> - Prevention and Control of Infection by SARS-CoV-2 (COVID-19): Personal Protective Equipment (PPE). Repeals Guideline No. 003/2020 of 30/01/2020;
- Rule nº 008/2020 of March 28<sup>th</sup> - updated to 26/05/2020 COVID-19: MITIGATION PHASE - Patients with Chronic Kidney Disease on Haemodialysis. Repeals Guideline No. 017/2020 of 25 March;
- Rule nº 011/2020 of April 18<sup>th</sup> COVID-19: MITIGATION PHASE - Mental Health;
- Rule nº 019/2020 of October 24<sup>th</sup> updated to 06/11/2020 COVID-19: National Testing Strategy for SARS-CoV-2.

**Recovery and Resilience Plan – RNCCI**

Given the serious impacts of the pandemic on European economies, a strategic instrument was created to mitigate the economic and social impact of the crisis, capable of promoting economic convergence and resilience, contributing to ensure long-term sustainable growth and to respond to the challenges of transition to a greener and digital society.

The Recovery and Resilience Plan (PRR) brings together a strategic vision, reforms and structuring investments to be implemented by 2026, in order to promote a transformative, lasting, fair, sustainable and inclusive recovery and evolve towards a more sustainable and more digital country.

The PRR is an investment plan for all Portuguese, which will prepare the country for the future.

**Investment RE-C01-i02: National Network of Continuing Integrated Care and National Network of Palliative Care (205 M€)**

This investment is articulated with the New Generation of Equipment and Social Responses Reform of Component 3, which advocates the development of a new generation of social protection responses to older citizens and/or dependents, based not only on residential structures, but also in community responses.

The completion of the investment consists of a structured and phased program to financially support promoters of the public, social or private sector (replicating the

Modular Program model that was used successfully previously, and which allowed the rapid construction of new inpatient units for the RNCCI and for RNCP), in order to achieve the following objectives:

- To increase RNCCI's inpatient responses by 5.500 beds, completing the construction of 275 new 20-bed modules (in existing units or units to be built, with the construction being the responsibility of the owner/promoter);
- Create 20 units to promote autonomy, to respond to 500 patients who can stay at home, but have the continuity of care necessary for their rehabilitation;
- Create 50 integrated continuous care home teams, in order to be able to respond to 1,000 patients at home (support for material resources and electric vehicles, with human resources being the responsibility of the NHS or candidate promoters);
- Expand up to 1.000 places, from the responses of continuous integrated mental health care, in 50 residences and socio-occupational units (support for the construction of new responses or expansion of existing responses);
- Expand up to 100 places, in 10 mental health home support teams (support for the acquisition of necessary material resources and electric vehicles for the teams' activities);
- Build or expand 20 palliative care inpatient units, to respond to 400 patients (support to attract new promoters);
- Expand up to 100 places in 10 community palliative care teams (support for the acquisition of necessary material resources and electric vehicles for the teams' activities).

As a response to the needs arising from the demographic transition and consequent epidemiological transition that are reflected in the increase in situations of dependency, Portugal has been pursuing the adoption of a long-term care policies, including the National Network of Integrated Long-Term Care (RNCCI).

RNCCI will continue to expand with improvements and increase the capacity of existing responses, but also through the development and diversification of new responses, considering a better understanding of the phenomenon of aging and dependency and the needs associated with it.

The development of the RNCCI plans to strengthen the outpatient component, through the implementation of Day Units and Promotion of Autonomy and the increase of domiciliary care. They are proximity responses, so the implementation must be based on knowledge of the territory, accessibility, economic issues and patient and family preferences.

Furthermore, between March 16, 2020, the day in which Portugal notified the first death related to COVID-19, and December 31, 2020, there were 11736 more deaths due to natural causes than those that would be expected (based on the average mortality of the last five years), ie. there was an excess mortality rate of 13.6%. Of these 11736, 6906

(59%) were due to COVID-19 and 4830 (41%) were due to other natural causes, called Collateral Mortality. The existence of collateral mortality identified may have several explanations, for example, a) less access to or demand for follow-up appointments for chronic diseases, b) performance of lower volume of complementary diagnostic tests c) less or later demand for urgent health care (especially during the first wave of the pandemic).

COVID-19 has been affecting older people more aggressively. There were relatively few deaths among COVID-19 patients under 51 years of age (only 4% of all registered deaths). On the contrary, about 70% of deaths were registered in people over 80 years of age<sup>11</sup>.

In weeks 4 and 5 of 2021, 4711 and 3825 deaths were registered in Portugal, respectively, 1878 and 1131 more deaths than the average for 2015-2019. The number of deaths from COVID-19 in these weeks was 2036 and 1597, representing, respectively, 43.2% and 41.8% of the total number of deaths. Of the 8536 deaths in this period, more than 75% corresponded to people aged 75 years and over. However, the greatest excess of mortality was found in people aged 90 years and over (+74.1% compared to the 2015-2019 average). The North, Center and Lisbon Metropolitan Area regions concentrated 82.6% of deaths in weeks 4 and 5. However, in terms of the number of deaths per 100 thousand inhabitants, only the Alentejo Region (130.0), Center Region (103) and the Lisbon Metropolitan Area (90.5) presented values higher than the national figure (83.0%). In weeks 4 and 5, 65.2% of deaths occurred in a hospital setting<sup>12</sup>.

Based on these statistics, it is safe to say that older people in Portugal were definitely affected by COVID-19 and there was a higher share of hospitalizations and rate of deaths among older people in 2020 than for the population in general and in relation to previous long-term observations.

We also consider important to mention that the coordinator of the task force for vaccination against covid-19 ordered the start of the calling for the vaccine by the elderly, aged 80 and over and the highest risk patients aged 50 or more years,, ensuring that the elderly population are taken into consideration and a priority.

The Government launched the integrated program of the Ministry of Labour, Solidarity and Social Security to support elderly homes due to the Covid-19 pandemic. The Although increased age is associated with worse outcomes in COVID-19, age in isolation

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<sup>11</sup> Source: André Vieira, Vasco Ricoca Peixoto, Pedro Aguiar, Paulo, Sousa, Alexandre Abrantes. *Excesso de Mortalidade Colateral e devido à COVID-19: 10 meses de pandemia. Escola Nacional de Saúde Pública, Universidade NOVA de Lisboa: Escola Nacional de Saúde Pública, Universidade NOVA de Lisboa; 2021.*

<sup>12</sup> Source: INE, 2021. *A mortalidade em Portugal no contexto da pandemia covid-19*  
[https://www.ine.pt/ngt\\_server/attachfileu.jsp?look\\_parentBoui=482309074&att\\_display=n&att\\_download=y](https://www.ine.pt/ngt_server/attachfileu.jsp?look_parentBoui=482309074&att_display=n&att_download=y).

cannot be used for triage decisions but should be integrated with other clinical parameters.

### 3. Activities in preparation and implementation of the WHO Decade of Healthy Ageing 2020 – 2030

Portugal has a **National Strategy for an Active and Healthy Ageing 2017 - 2025** that is it's awaiting political approval.

In terms of healthy ageing, Portugal is committed to the WHO Global Strategy and Action Plan for Healthy Ageing and to the European Union's fundamental values and objectives, which regard the promotion of active ageing and are reflected in initiatives such as the EU Action Proposals to promote Active and Healthy Ageing and Solidarity between Generations.

Like other public bodies, the Ministry of Health, through the Directorate-General of Health (DGS), has, within the scope of Active and Healthy Ageing, a remarkable track record in the development of programs, of which the National Program for Health of the Elderly (2004) is an example.

Continuing to develop cross-cutting policies and multidisciplinary, flexible and proximity strategies, which allow all elderly people to enjoy an active and healthy life, is an ethical imperative.

It is also important to give substance and coherence to the action in the context of promoting active and healthy ageing, in line with the commitments assumed with the WHO and the European Union, namely with regard to the adoption of common strategies and indicators that allow international and interregional comparison.

Increasing the functional capacity of elderly people is a reference point for the formulation of a guiding intervention model that defines priorities, monitoring and evaluation parameters, and imprints dynamics and synergies of cooperation between interveners and institutions within the scope of the various Priority Program and others Health program and projects and various partners committed to improving health, participation, safety and research standards.

We would also like to make aware that Portugal is totally open to report on the implementation of the WHO Decade of Healthy Ageing 2020-2030 in the framework of the next national reviews and appraisals of MIPAA/RIS.



## Conclusions and priorities for the future

The increase in the participation of the older population in the **labour market** in Portugal is one of the main indicators of the positive effects of the policies that have been implemented to prolong working lives. However, this population still has the lowest levels of education, including low levels of digital skills, and is at greater risk of long-term unemployment.

The ongoing economic changes, driven by a growth in digitalization and automation in the various sectors of activity, including agriculture, raise the usual challenges for governments, businesses and individuals: matching people's skills and qualifications to the needs of the economy. On the other hand, the urgent implementation of policies and measures aimed at the greening of economic and social activities also call for more sustainable individual practices, supported by new professional and social skills. In this context, it is considered essential to continue policies that **promote education and professional training for adults**, particularly older citizens, in order to facilitate their transition to a more digital and green society and economy. It is even understood that these policies should cover all age groups and extend beyond working life, promoting the active and participating exercise of citizenship throughout life.

The participation of older workers in active life also generates the need to promote **healthier and safer working conditions** for a population that tends to become more fragile physically and mentally. This also raises greater investment in policies and measures to promote health and safety at work, articulated with policies that ensure greater flexibility in the organization of times and places of work, including through telework, when possible. Greater attention should be given to those in the process of retirement, ensuring that this transition can be carried out in a phased manner, whenever possible.

Regarding older citizens who are withdrawn from active life, conditions that facilitate their **active and healthy participation in society** must be guaranteed, accompanied, whenever necessary, by social support suited to their specific needs. In this context, it is important not only to ensure the financial complements essential to the maintenance of a dignified social and economic situation, in case of very low pensions, but also access to geriatric care oriented towards each physical and mental health condition, that promotes the well-being and the autonomy of the elderly, preferably in a family context. In addition to the social facilities aimed at institutionalizing the elderly, it will be necessary to develop and promote innovative social responses that protect and guarantee, whenever possible and appropriate, their autonomy, reducing the always high and often harmful costs of their closure in monogenerational contexts. In this domain, it is understood as fundamental to promote investment in family solutions or, in their absence, in alternative solutions that facilitate social inclusion through a multigenerational context.