

## Information by the Portugal on “Preventable maternal mortality and morbidity and human rights

1. What steps has your Government or organization taken to utilize a human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?
2. Has the technical guidance assisted your Government or organization in building enhanced understanding of the requirements of a human rights-based approach? If so, please expand upon the impact that such enhanced understanding has for the design and implementation of policies and programmes in this area.
3. What challenges does your Government or organization face in implementing a human rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity? Please elaborate on the nature of these challenges and steps taken to address them.

The goal of decreasing preventable maternal mortality and morbidity has been incorporated into several national programmes. In the area of sexual and reproductive health and rights mainly, but also in programmes that contribute indirectly to this objective. The most important example is the National Vaccination Plan.

Some good practices are:

1. Migrant women´s access to health care

All foreigners legally residing in Portugal have access to the National Health Service (NHS) under the same conditions as those applied to Portuguese citizens.

Public health services cannot refuse access to the NHS for reasons related to one´s nationality, lack of economic means or legal status.

Regarding payment, all Portuguese citizens and regular immigrants pay a user fee to access the NHS. Several population groups are exempted from paying this fee, like children (<18 years), pregnant women and in puerperium, people with 60% or more disability and patients in a situation of proven economic failure, as well as dependents of their household, among others.

Asylum seekers and refugees, and their families, do not pay user fees in the NHS. Immigrants which do not hold a residence permit or are in an irregular situation under the immigration legislation in force also have full access to the NHS, but pay for the total cost of the health service provided (not the standard NHS fees). These irregular immigrants have access to the NHS under the same conditions as nationals (i.e. payment of user fees or exemption in cases of

proven economic failure) in the following situations: urgent and vital health care; communicable diseases that pose a danger or threat to public health (tuberculosis or AIDS, for example); maternal and child health and reproductive health care; children; immunization, according to the National Immunization Plan in force.

Portugal's commitment to ensuring immigrant's access to health care is also embodied in its 2015-2020 Strategic Plan for Migrations. This plan foresees several measures to improve immigrant's access to the National Health Service, such as giving training to health professionals on migration and conducting studies.

## 2. Access of rural women to health care

Portugal has a National Health Service (NHS) established 38 years ago, universal, comprehensive and tending-towards-free care.

Primary health care is the gatekeeper of the system, provided in the 390 health centres across the country.

## 3. Roma women's access to health care

Portuguese Roma are not treated as a minority group but as citizens benefiting from all the rights and duties like the rest of the population. ROMA women enjoy full access to the National Health Service (NHS).

The 1998 law on the protection of personal data does not allow the NHS to register or collect health data according to race or ethnicity, which means that it is not possible to measure Roma women access to the NHS.

In 2014 the High Commission for Migration, through the Observatory of Roma Communities, published a National Study on Roma Communities. More than 24000 Roma were contacted, of which 92% state that all members of the family have a family doctor; 71,3% of individuals with underage children (< 18 years) follow the Immunization National Plan; 39,5% use some kind of contraceptive, mainly the birth control pill (47,8%); 50,6% state not using any contraceptive, especially low educated men.

## 4. Access to contraception/access to safe abortion

In Portugal, until 2007, illegal abortion was an important cause of morbidity and mortality. In 2007, after a national referendum, the practice of abortion on request within 10 weeks gestation was decriminalized. Since then it has been performed within the National Health Service (NHS) or on officially recognized private clinics. All of them are obliged to report to a central database.

NHS is legally obliged to provide free abortion within 5 days of women's request. Along the years 67 - 72% of all the abortions were held in the NHS Units, the others were fulfilled in officially recognized private clinics. Women can choose to access directly to private clinics (which represent 20% of all abortions done on private clinics).

About two thirds of these abortions occur in women aged between 20 - 34 years (64% - 65%), which is consistent with the national distribution of live births by the mother's age group. Abortions in women under 20 years remained low (10 - 12%).

Resident migrants have access to free abortion services, as all Portuguese.

Women who underwent an abortion (94%-97%), had access to free a contraceptive method. Among women who had contraception, almost a third chose a long-term contraceptive method (26,5% para 38%) . Both aspects had an upward trend along the years.

Until 2007 there were 14 maternal deaths due to illegal abortion. Published reports show a decrease in complications in illegal abortions. On legal abortions, complications remain low .

The implementation of abortion services was made possible within the NHS throughout a national network, along with the availability of mifepristone and misoprostol, the publication of national guidelines and the creation of a national online registry, mandatory for all health care units.

## 5. Caesareans

Caesarean section is one of the most common surgeries in the world, with rates continuing to rise, particularly in high and middle-income countries. Portugal is one of the European countries with the highest rate of C-section deliveries (35% in 2013).

With the purpose of reducing this rate, in 2013 a National Commission for the Reduction of Cesarean Deliveries was created. The Commission has issued one technical norm and 5 guidelines for health professionals and produced information for the civil society.

National Health Service Hospitals are reducing the number of c-section deliveries, but private hospitals are not, where 2 out of 3 women have their babies using this method.

The Ministry of Health's goal is to have a global rate of 25% in 2016. With this purpose several measures are being implemented, such as training of health professionals, promote national rules regarding this practice and inform civil society on the risks regarding c-sections deliveries.

## 6. Female Genital Mutilation

In February 2012, the Directorate General of Health issued technical guidelines targeted at all health professionals regarding the identification and referral of possible cases and potential future cases of FGM. Awareness among health professionals to this issue is crucial and will be an ongoing process until it is part of the training curricula for health professionals.

So far, 3 post-graduate courses on sexual and reproductive health and FGM were given in Lisbon (2013/2014 and 2015) and in Setúbal (2015), cities with the highest migration communities. These courses were possible due to the protocol signed between the Directorate-General of Health, the Association for Family Planning, the Commission for Citizenship and Gender Equality, the Lisbon Nursing School and the Setúbal Nursing School. Porto will possibly have such post-graduate course, but the purpose now is to create working groups (with nurses, doctors, psychologists and social assistants) who will train and support health professionals within their own institutions.

Health professionals of the Public Health Helpline – Health24 have also undergone training on “Conduct and response to women with FGM”.

Judges, teachers and professionals working at the Commissions for the Protection of Children and Youth at Risk have also attended training sessions of FGM.

Because this traditional practice affects mainly children, the Child and Youth Health Care Programme (revised in June 2013) includes questions and information on FGM.

The Health Data Platform on FGM has registered 85 cases of FGM until 30/09/2015. Most cases are type I and II mutilations performed abroad in Guinea-Bissau women. Reporting on the platform was done by health professionals who have attended FGM training sessions or courses.

The World Health Organization Joint Declaration on the Elimination of Female Genital Mutilation was translated and published with the support of the Association for Family Planning and the Ministry of Foreign Affairs/Camões Institute, in 2009.

The Ministry of Health participated in the 2011-2012 “Study to map the current situation and trends of FGM in 27 EU Member States and Croatia”, commissioned by the European Institute for Gender Equality (EIGE), including in the in-depth phase of research. The elaboration of this report led to the publication of national factsheets, which were reviewed by the Portuguese Ministry of Health, Ministry of Justice, the Commission for Citizenship and Gender Equality and the Association for Family Planning. Independent Portuguese researchers participated in this initiative.

More recently, the Directorate-General of Health was part of the expert team who designed the 2014-2015 study on FGM conducted by the Faculty of Social and Human Sciences / Nova University of Lisbon.

4. With evidence indicating that a majority of maternal deaths occur in fragile and humanitarian settings and that pregnant women may have increased medical risks in crises settings, how does your Government or organization work to apply a human rights based approach to reducing maternal mortality and morbidity in these contexts? Please elaborate on good practices and challenges in this regard.

5. Does your Government or organization regularly collect data on sexual and reproductive health in crisis settings? Please elaborate on good practices and challenges in this regard.

Since September 2013, WHO has worked with the Ministry of Health in Portugal to analyse and report on the health sector's preparedness to deal with large influxes of migrants. The recommendations were taken into account, although the possibility of a large influx of migrants/crisis settings was considered unlikely.

Portugal participated in the relocation programme under the European Agenda for Migration and recently the Office of the High Commissioner for Migration took stock of the reception of some 1520 applicants for international protection (October 2015 to October 2017). The Portuguese NHS has guaranteed access to health to 100% of the migrants established in Portugal (a universe of 697 people). The reported assessment of access to health rated it "prompt and effective". It should also be noted that there were 29 births (safe births, in hospital settings,) in the national territory.