Health Policy xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Health Reform Monitor

The 2019 Health Basic Law in Portugal: Political arguments from the left and right*

Jorge Simões*, Inês Fronteira, Gonçalo Figueiredo Augusto

Global Health and Tropical Medicine, GHTM, Instituto de Higiene e Medicina Tropical, IHMT, Universidade NOVA de Lisboa, UNL, Lisbon, Portugal

ARTICLE INFO

Article history:
Received 15 December 2019
Received in revised form 2 October 2020
Accepted 2 November 2020

Keywords:
Health system
Portugal
Private sector
Public-private partnerships

ABSTRACT

The Portuguese National Health Service (NHS) was established in 1979. Since its inception, the relationship of the NHS with private-for-profit and private-non-profit organisations has been controversially discussed between left and right-wing political parties, and this has also led also to academic debate. In 1990, a Health Basic Law was approved by right-wing parties, which allowed public-private partnerships (PPPs) in the health system and led to an increased role of the private sector in health care provision. During the 2015 general elections, the role of PPPs in the health system was an important topic of discussion, with all left-wing parties calling for an end of PPPs in the NHS. In 2019, after two years of intense political controversies, left-wing parties supporting the minority socialist government approved a new Health Basic Law. This paper analyses the process of policy formulation, tracing the process of adoption and the views of the main political parties involved.

Although some parties wished to eliminate PPPs and to mandate that services in the NHS should be provided exclusively by public providers, this was not included in the final version of the law. Nevertheless, the new Health Basic Law re-enhances the central role of the NHS in the health system, clarifying that the private and non-profit sectors should only play a complementary role.

1. Introduction

There are three relevant institutional stakeholders in the Portuguese health system: the State, which acts simultaneously as regulator and manager of the health system and as provider and funder of the universal National Health Service (NHS); the social sector (non-profit sector), which has a relevant role particularly in providing long-term care; and the private sector, which has an important role in providing certain types of care, such as diagnostic exams, outpatient consultations and inpatient care [1]. Since the Portuguese NHS was established in 1979, the roles of the public, social and private sectors have changed, both in their definition and in the relationships established among them.

In 1976, the new Portuguese democratic Constitution established the citizens' right to health that should be accomplished through the creation of a *"universal, general and free of charge national health service"* and established the State's responsibility of *"working towards the socialisation of the costs of medical care and medicines"* [2]. Hence, the Portuguese NHS was established in 1979 by Law No. 56/79, in line with the constitutional principle of every citizen's right to health protection, and establishing the universal, comprehensive and free of charge nature of the NHS and the supplementary role of the private sector [3]. The 1979 Law also established that *"until it is possible to ensure all service provision in the official network, access to healthcare can be facilitated through entities which are not part of the NHS by means of contractual arrangements or, exceptionally, direct reimbursement of patients"* [3]. The creation of the NHS was approved in Parliament by all left-wing parties: Socialist Party (PS, *Partido Socialista*), Communist Party (PCP, *Partido Comunista Português*) and Popular Democratic Union (UDP, *União Democrática Popular*); while the right-wing parties – Social Democratic Party (PSD, *Partido Social Democrata*) and Democratic Social Centre (CDS, *Centro Democrático Social*) – voted against it.

Since the NHS was created, both its development and relationship with the social and private sectors have been strongly connected with political cycles in Portugal [4].

Since the mid 1980s the right-wing government of the PSD (1985–1995) operated a reform of the health system, aiming to give the private sector a more active role. These reforms were strongly influenced by market ideology, as a way of increasing efficiency.

* Open Access for this article is made possible by a collaboration between Health Policy and The European Observatory on Health Systems and Policies.

* Corresponding author at: Instituto de Higiene e Medicina Tropical, Rua da Junqueira 100, 1349-008, Lisbon, Portugal.
E-mail address: jsimoes@ihmt.unl.pt (J. Simões).

https://doi.org/10.1016/j.healthpol.2020.11.005

The Health Basic Law of 1990, approved under the ruling of the PSD (centre-right), introduced the possibility of privatizing public provision of healthcare, and allowed for private management of public sector services [5]. The Law also established incentives for private health insurance and clearly stated that "*the development of the private sector should be supported, particularly the initiatives from social solidarity institutions, in competition with the public sector*"; and promoted the mobility of health care workers between the public and private sectors [5]. The first experience of a public hospital being managed by a private group took place in 1996, with the Hospital Fernando da Fonseca (Amadora, Lisbon Metropolitan Area).

The socialist government (1995–2002) ensured the public sector remained a strong provider of healthcare – with increasing investment in the NHS – but there was an effort to introduce changes in hospital management. In 1998, the process of corporatization of public hospitals in Portugal was initiated through the adoption of private sector rules in human resource management and procurement of services, while keeping the public management of NHS hospitals [6].

The right-wing coalition government of the PSD-CDS (2002–2005) advocated for a mixed system where the social and private sectors were complementary to the public sector. During this period 31 public hospitals were turned into companies (limited companies), aiming at improving hospital management and efficiency in the NHS [7]. Additionally, new legislation defined the principles and instruments to create public-private partnerships (PPP) [8], which were enacted in the following locations and years: the Southern Rehabilitation Centre in Algarve (2007) and hospitals in Cascais (2009), Braga (2011), Vila Franca de Xira (2011) and Loures (2012) [1].

After the 2005 general elections, the socialist government (2005–2011) sought to balance the original ideology of the NHS with the need to modernize the system and make it financially sustainable. Public expenditure on health increased during this period and important reforms were implemented such as the primary care reform with the creation of Family Health Units [9], the creation of the National Network of Long-Term Care, with services being contracted to the social sector [10], or the launch of the dental voucher, with public funding but private provision [11].

Overall, the role of the private sector in the health system increased in the first decade of the twenty first century, shifting from a model primarily based on specialist consultations and diagnostic and medical services, to investment in progressively more differentiated health services that could compete with the public sector in some areas [4]. The private sector also assumed a relevant role as an operator in areas where the NHS was only a financier. This was the case in services contracted between the NHS and private sector, which represent an important share of health expenditure, corresponding largely to diagnostic tests (clinical analysis and imaging), rehabilitation services and haemodialysis. The changes introduced in public sector management, including the use of market-type mechanisms, liberalization and market opening, and the private sector participation in public delivery of healthcare services, have created new and complex problems.

In 2011, following the bailout that Portugal requested from the European Union, European Central Bank and International Monetary Fund, a right-wing coalition government of the PSD-CDS took office. The Memorandum of Understanding between the Portuguese government and the three international institutions (signed in May 2011, by the socialist government, before the anticipated general elections of June 2011) established several cost containment measures across all sectors. Specifically in the health sector, professionals working in the NHS saw their salaries cut (as civil servants), while public pharmaceutical expenditure was reduced, as well as NHS spending [12]. As a result, public expenditure on health decreased during this period, while out-of-pocket payments and private expenditure increased.

The minority socialist government that took office in 2015, with the parliamentary support from other left-wing parties (Left Bloc, Communist Party and Ecological Party "The Greens"), has scaled-up a number of measures in the health sector that have already began being implemented by the previous government, namely reversing salary cuts, hiring new healthcare professionals, and increasing the NHS budget [1].

2. Purpose of the reform: The management of the NHS

The solution found by the Socialist Party to form a minority government with parliamentary support from the left-wing parties represented an opportunity for these parties to bring some issues to the political agenda. This was the case with the PPP in the health sector. All left-wing parties emphasised in their electoral manifestos the need to end all existing PPP in the health sector and give back hospitals to public management [13,14]. The Socialist Party only stated the need to *"evaluate existing public-private partnership experiences, clarifying its advantages and disadvantages in order to introduce improvements either by corrections or revision of the contracts"* [15].

The complementary role of the private sector is not limited to PPP, since the NHS contracts a number of services provided by the private and social sectors including diagnostic exams, rehabilitation and long-term care, for example. However, the fact that public hospitals could be managed by private groups always created profound division between left-wing parties (Left Bloc and Communist Party) and all the other political parties. In a PPP, the public third-party payers are organisationally separated from service providers and the operations of the providers are managed by contracts [16]. The incentives built into this contractual relationship are believed to lead to improvements, including cost containment, greater efficiency, organisational flexibility and improved responsiveness of services to patient needs [17]. But there is no consensus on how the purchasing function should be formulated or organised in order to achieve these goals [18]. Several countries have adopted those models, including England, Sweden and New Zealand, and several others have explored the implementation of that idea, with intense political debate [17]. For example, in Spain, the evaluation of a PPP model led to a revision of the law to safeguard public provision as the preferred model of health care delivery, despite proven enhanced productivity [19].

Although very circumscribed, the Portuguese experiences have been evaluated several times in recent years. In 2019, the Court of Auditors analysed the performance of the Hospital in Vila Franca de Xira between 2013 and 2017 and concluded that the PPP model had allowed the State to save around EUR 30 million [20]. In contrast, in 2016, the Health Regulatory Agency analysed all four PPP hospitals and did not find any relevant advantages in comparison to the publicly managed hospital. Although PPP hospitals were overall more effective than the comparable publicly managed hospitals, the study found no statistically significative differences regarding efficiency and quality [21].

The issue of the PPP in the health sector was brought to the political agenda in 2017 by a member of the Socialist Party and author of the founding law that created the NHS, who presented a book, co-authored by a member of the Left Bloc, which served as a proposal for a new Health Basic Law, [22]. The Left Bloc (BE, *Bloco de Esquerda*) immediately committed to present the proposal in Parliament, while the Ministry of Health created a commission to deliver a proposal for a new Health Basic Law [23,24].

Since the very beginning of the process, it became clear that the relationship between public and private sectors would be the

Table 1
Comparison of the five proposals for the Health Basic Law by main area.

	LEFT WING			RIGHT WING	
	Government (PS)	Left Bloc (BE)	Communist Party (PCP)	Social Democrats (PSD)	Centrists (CDS)
Health workforce	*Eliminates support to mobility of healthcare workers between public and private sectors; foresees "progressive evolution towards the creation of mechanisms of full dedication" of healthcare workers to the NHS*	*Exclusivity of healthcare workers in the NHS; avoid conflict of interest between public and private practice*	*Incentive to full-time and exclusive work by healthcare workers in the NHS; eliminates contracts of external healthcare personnel*	*Promotes mobility of healthcare workers between public and private sectors; incentives to exclusivity of healthcare workers in the NHS; permission to private practice*	*Creation of financial incentives to promote exclusivity of healthcare workers in the NHS*
Public-Private Partnerships	*Foresees private management of NHS units in exceptional situations (supplementary and temporary)*	*NHS management is exclusively public and no public-private partnerships are allowed*	*End of all public-private partnerships*	*NHS management can be assured by private and social sector entities, as long as there are evident health gains for the citizens and there are economic advantages for the State*	*Promotes competition between public, private and social sectors in order to obtain better outcomes and improved efficiency*
NHS funding	*State Budget; the law can establish minimum amounts according to demographic, social and health indicators*	*State Budget*	*State Budget; the amounts must be sufficient to allow fully response to the needs*	*State Budget*	*State Budget*
Public, private and social sectors	*Elimination of support to private sector in competition with the NHS; the NHS can contract with private and social sector, based on needs assessment*	*Three sectors are complementary; NHS can contract with private and social sector where is not able to provide timely response, but prices cannot be higher than those in the NHS*	*The role of the NHS must enhanced and relations with private and social sector must be supplementary and temporary*	*Three sectors must cooperate in competition; foresees incentives to private sector units and subsidies to social sector units*	*Three sectors must cooperate, with transparency, based on needs*
User charges	*Foresees user charges in the NHS but with limits and exemptions*	*End of user charges in the NHS for care prescribed within the NHS; exemptions for primary healthcare, emergency and transportation*	*End of all user charges in the NHS*	*Foresees user charges in the NHS but with limits and exemptions*	*Foresees user charges in the NHS but with limits and exemptions*

Source: Authors' elaboration

central issue of the debate. The Left Bloc advocated for a universal, free and equitable NHS, with public, decentralised and participated organisation and funding, where *"the administration, management and funding of NHS institutions is exclusively public and cannot by any means be delivered to private or social sector entities"* [25]. The minority socialist government presented its own proposal for a new Health Basic Law, where it was clearly stated that *"management of [NHS] facilities that deliver healthcare is public, but may be supplementary and temporally assured by contracts with private or social sector entities"* [26]. Both the Left Bloc and the Communist Party presented proposals where NHS management would be exclusively public and no PPP were to be allowed, but all of them acknowledged the complementary role of the private sector, particularly when the NHS was not able to deliver a timely response (Table 1) [25,27]. Right-wing parties also presented their proposals. PSD proposal stated that management of NHS units *"was public, but can be assured by private and social sector entities, as long as there are evident health gains for the citizens and there are economic advantages to the State"* [28]. The CDS proposal advocated for competition between public, private and social sectors *"in order to obtain better outcomes and improved efficiency"* [29].

3. Content: debating the proposals for the Health Basic Law

By the beginning of 2019, all proposals for the new Health Basic Law had been presented. Just like the relationship between the NHS and private and social sectors, other areas provoked intense debate (Table 1). The initial idea of all political parties was to use the new Health Basic Law to defined long-term measures to the health system and to the NHS, including the PPP, user charges, or exclusivity of health care workforce in the NHS.

All parties agreed that the main source of NHS funding should be the State Budget, but the issue of the NHS workforce was still under of intense debate. As the NHS was understaffed, more doctors, nurses and other health personnel had to be hired. Given the growth of the private sector in Portugal, which offered better salaries than the public sector, and the increasing demand for healthcare workers in other European countries, the debate on how to attract healthcare workers to the NHS without sacrificing its sustainability became increasingly important. Many NHS hospitals tackled their needs by contracting external personnel to assure emergency duties. The socialist minority government and left-wing parties propose the "full dedication" of healthcare workers to the NHS. The CDS and PSD also proposed incentives to work exclusively in the NHS, but the latter still advocates to *"facilitate mobility between the public and the private and social sectors"* [28].

User charges in the NHS were also subject to debate. Although most of the population (around 6 million people) is exempted from paying user charges in the NHS, left-wing parties have always advocated for a free and universal NHS. The proposals by right-wing parties and the socialist government foresaw user charges in the NHS, with limits and exemptions, while the Communist Party proposed to eliminate them [27]. The Left Bloc suggested the elimination of user charges for all care prescribed within the NHS, primary healthcare outpatient consultations, emergency visits and patient transportation [25].

Finally, with regard to private and social sectors, the socialist government and left-wing parties acknowledged the complementary role of both sectors and foresaw contracts of services between

Table 2
Main differences between the 1990 and 2019 Health Basic Laws.

	Law No. 48/90, of 24 August 1990	Law No. 95/2019, of 4 September 2019
Health workforce	*The human resources policy aims to promote full dedication, avoiding conflicts of interest between public and private practice, to facilitate mobility between the public and the private sectors and seek adequate coverage in the territory.*	*The State must promote a human resources policy that values full dedication as a work regime for health professionals in the NHS, and may, for this purpose, establish incentives*
Public-Private Partnerships	*The State supports the development of the private health care sector, in competition with the public sector.* *That support can be achieved, by facilitating the mobility of personnel of the NHS wishing to work in the private sector, by establishing incentives for the creation of private units.*	*NHS management is to be defined in future legislation. However, foresees the possibility of contracts with private entities and the social sector, on a supplementary and temporary basis, and after evaluation of that need*
NHS funding	*State Budget, but the NHS can have its own sources of revenue*	*State Budget with pluriannual planning of investment* *The law can establish minimum amounts according to demographic, social and health indicators*
Public, private and social sectors	*The State promotes and ensures access to all citizens to health care, limited by the available human, technical and financial resources.* *Private sector development is encouraged, particularly non-profit organisations, in competition with the public sector.*	*The State's responsibility for ensuring the right health protection is primarily achieved the NHS and other public services, with the possibility, on a supplementary and temporary basis, of contracts with private entities and the social sector, upon evaluation of that need.* *The functioning of the health system cannot jeopardize the central role of the NHS as a cornerstone of the right to health.*
User charges	*Foresees user charges in the NHS but exempting population groups with higher risks and people financially disadvantaged*	*Foresees user charges in the NHS but with limits and exemptions: patients with chronic conditions and people with low income* *Exemption from user charges in primary care and also for procedures referred by primary care, within the NHS*

Source: Authors' elaboration

the NHS and private and social sector entities where the NHS is not able to provide timely response (Table 1). Right-wing parties advocated for competition among all sectors and even incentives and subsidies (Social Democratic Party) [28].

4. Process: approving the Health Basic Law

During the partisan discussions of the new Health Basic Law, the Portuguese President (and former leader of the centre-right party PSD) also stated publicly that, ideally, the new law should ideally be the result of a large consensus, meaning that the Social Democratic Party should be included in that consensus instead of being approved with left-wing parties votes only. All negotiations were unsuccessful almost until the very end of the process.

A few days before the final vote in plenary, the socialist government, the Left Bloc and the Communist Party agreed to eliminate the article on PPP in order to approve the socialist government's proposal. Hence, with the approval of the new Health Basic Law, there was a provision that would revoke the 2002 Decree-Law regulating PPP when a new Decree-Law defining the terms of NHS management was approved [30]. This took place in May 2020.

The new Health Basic Law was approved on 19 July 2019, with the votes from the Socialist Party, the Left Bloc, the Communist Party, the Ecological Party "The Greens" and the Party "People, Animals and Nature"; the Social Democratic Party and the Democratic Social Centre voted against the law. The President enacted the law regretting that the *"party with the largest parliamentary representation [PSD]"* was excluded from the parliamentary approval. He also acknowledged that the new law did not bind the actions of future governments, as it did not explicitly exclude PPP in the health sector and left the definition of the terms of NHS management to future legislators to determine [31].

The final version of the 2019 Law mentions that *"the State must promote a human resources policy that values full dedication as a work regime for health professionals in the NHS, and may, for this purpose, establish incentives"* (Basis 29) [30]. Although the 1990 Law aimed to promote full dedication of health care workers, it also promoted the mobility of personnel between the public and the private sectors. According to the 2019 Law, when the NHS is not able to provide timely healthcare to its beneficiaries, the Law foresees the contracting of services with private or social sectors, but the need for these contracts must subject to evaluation (Basis 25). That is a fundamental difference regarding the previous Law: in the 1990 Law, the development of private sector was clearly encouraged, in competition with the public sector, not only by facilitating mobility of health care workers but also by establishing incentives for the creation of private units (Table 2) [5]. The funding of the NHS by the State Budget was a common feature of both Health Basic Laws, although the 2019 Law foresees a pluriannual planning of NHS investment. [30].

Finally, the central issue of PPP in the health sector was only legislated in May 2020. In the new political context and exempt from parliamentary approval, the re-elected government established PPP in the health sector on a supplementary and temporary basis, and dependent on the justification of the need for such contract [32]. The Decree-Law defines that the need for a PPP contract must be supported by a study conducted by the Central Administration of the Health System and the respective Regional Health Administration where the NHS institution is located. Furthermore, this study must analyse the health needs of the population, the services provided by other entities and the possibility of celebrating contracts of provision with the NHS, and the length of time that the NHS would take to respond effectively to those needs without contracts of provision [32].

5. Conclusion

The Health Basic Law of 1990, approved by right-wing parties, introduced major changes to the basic principles underlying the functioning of the NHS, and encouraged the development of the private sector, which later led to the establishment of public-private partnerships in the Portuguese health system [5]. In the 2000s the role of the private sector in the health system grew stronger with investments being made in progressively more differentiated services capable of competing with the public sector in some areas. Following the 2015 general elections, left-wing parties supporting the minority Socialist government became meaningful actors in the political debate and influenced the discussion on a new Health Basic Law. In 2019, this left-wing majority approved a new Health Basic Law, which re-enhanced the central role of the NHS in the Portuguese health system, by clearly stating: *"the functioning of*

the health system cannot jeopardize the central role of the NHS as a cornerstone of the right to health" [30].

However, the initial goals of some political parties were not achieved due to some concessions that had to be made in order to pass the law in a particular political context of a minority government with parliamentary support from left-wing parties. The new law did not ban PPP; it did not define the management of the NHS as exclusively public; and it did not enforce exclusivity for its workforce. However, the new law provided a pathway to the adoption of important new provisions. The role of informal carers is now acknowledged in the Basic Law and the regulation of informal carer status was approved in September 2019 [33]. In addition, the State Budget for 2020 eliminated user charges in the NHS for primary care, foreseeing a phased elimination of user charges in the NHS [34].

Prior evaluation of the PPP in Portugal has proved inconclusive. Evaluating the impact of health care reforms is a challenging and complex issue already addressed in other literature [35,36]. The particular political and social context in which the health care system operates strongly influences the success or failure of these initiatives [35]. The new Health Basic Law in Portugal foresees the evaluation of public or private programmes, plans and projects that could affect the health of citizens and should inform decision-making. However, there has been no such tradition in Portugal, with reforms and policies being implemented without the necessary evaluation of their success or failure. This could be the case of PPP in the health sector. Nevertheless, in several countries, the debate around PPP as preferred model of health care provision is ongoing with a general tendency towards public provision and accepting private provision only as supplementary and when the formed is neither possible nor feasible [37].

The political process of approving the new Health Basic Law highlighted the conceptual differences of political parties in Portugal regarding the relationship between public, private and social sectors in health care provision. In contrast with the 1990 Law, the new Law is essentially focused on the NHS, leaving for the private sector with a secondary and complementary role to the NHS [30].

Acknowledgement

The authors with to thank FCT (Fundação para a Ciência e Tecnologia) for funds to GHTM – UID/.

References

[1] Simões J, Augusto GF, Fronteira I, Hernandez-Quevedo C. Portugal: health system review. Health Systems in Transition 2017;19(2):1–184. Available at: http://www.euro.who.int/__data/assets/pdf_file/0007/337471/HiT-Portugal.pdf?ua=1.
[2] Constitution of the Portuguese Republic, Available at: VII revision; 1976 https://dre.pt/constitution-of-the-portuguese-republic.
[3] Law No. 56/79, of 15 September 1979. *National Health Service. Diário da República [Government Gazette]*, No. 214, Serie I, 15 September 1979. Available at: https://dre.pt/application/conteudo/369864.
[4] Simões J, Fronteira I. Ciclos políticos, em Portugal, e papel do Estado e dos setores privado e social, na saúde. e-Pública 2019;6(1):004–14. Available at: https://www.e-publica.pt/volumes/v6n1/pdf/a2n1v6.pdf.
[5] Law No. 48/90, of 24 August 1990. *Health Basic Law. Diário da República [Government Gazette]*, No. 195, Serie I, 24 August 1990. Available at: https://dre.pt/application/conteudo/574127.
[6] Simoes J. Retrato Político da Saúde – Dependência de percurso e inovação em Saúde: da ideologia ao desempenho. Coimbra: Almedina; 2004.
[7] Law No. 27/2002, of 8 November 2002. Approves the new legal framework for hospital management and makes the first amend to the Law No. 48/90, of 24 August. *Diário da República [Government Gazette]*, No. 258, Serie I-A, 8 November 2002. Available at: https://dre.pt/application/conteudo/425487.
[8] Decree-Law No. 185/2002, of 20 August 2002. Defines the legal framework for health partnerships with private management and funding. *Diário da República [Government Gazette]*, No. 191, Serie I-A, 20 August 2002. Available at: https://dre.pt/application/conteudo/171692.
[9] Decree-Law No. 298/2007, of 22 August 2007. Establishes the legal framework for organization and operation of Family Health Units. *Diário da República [Government Gazette]*, No. 161, Serie I, 22 August 2007. Available at: https://dre.pt/application/conteudo/640665.
[10] Decree-Law No. 101/2006, of 6 June 2006. Creates the National Network of Long-Term Care. *Diário da República [Government Gazette]*, No. 109, Serie I-A, 6 June 2006. Available at: https://dre.pt/application/conteudo/353934.
[11] Dispatch No. 4324/2008, of 19 February 2008. Expands the National Programme for Oral Health Promotion. *Diário da República [Government Gazette]*, Serie II, No. 35, 19 February 2008. Available at: https://dre.pt/application/conteudo/3484128.
[12] Memorandum of understanding on specific economic policy conditionality. Government of Portugal, European Central Bank, European Commission, International Monetary Fund; 2017, 17 May 2011. Available at: http://ec.europa.eu/economy_finance/eu_borrower/mou/2011-05-18-mou-portugal_en.pdf.
[13] Electoral Manifesto – Left Bloc – Parliamentary Elections 2015. Available at: http://www.bloco.org/media/manifestolegislativas2015.pdf.
[14] Electoral Programme of the Portuguese Communist Party – Parliamentary Elections 2015. Available art: http://www.pcp.pt/sites/default/files/documentos/programa_eleitoral_pcp_legislativas_2015.pdf.
[15] Electoral Programme of the Socialist Party – Parliamentary Elections 2015. Available at: https://www.ps.pt/wp-content/uploads/2016/06/programa_eleitoral-PS-legislativas2015.pdf.
[16] Robinson R, Jakubowski E, Figueras J. Organization of purchasing in Europe. In: Figueras J, Robinson R, Jakubowski E, editors. Purchasing to improve health systems performance. Berkshire: Open UniversityPress; 2004. p. 11–43.
[17] Tynkkynen LK, Keskimäki I, Lehto J. Purchaser-provider splits in health care-the case of Finland. Health Policy 2013;111(3):221–5, http://dx.doi.org/10.1016/j.healthpol.2013.05.012.
[18] Richard Lewis R, Smith J, Harrison A. From quasi-market to market in the National Health Service in England: what does this mean for the purchasing of health services? The Journal of Health Services Research & Policy 2009;14(1):44–51, http://dx.doi.org/10.1258/jhsrp.2008.008054.
[19] Comendeiro-Maaløe M, Ridao-López M, Gorgemans S, Bernal-Delgado E. Public-private partnerships in the spanish national health system: the reversion of the alzira model. Health Policy 2019;123(4):408–11, http://dx.doi.org/10.1016/j.healthpol.2019.01.012.
[20] Court of Auditors, Report No. 24/2019, Available at: Audit to the management of the Hospital of Vila Franca de Xira under PPP [Auditoria de resultados à execução do contrato de gestão do Hospital de Vila Franca de Xira em PPP]. Lisbon; 2019 https://www.tcontas.pt/pt-pt/ProdutosTC/Relatorios/RelatoriosAuditoria/Documents/2019/rel024-2019-2s.pdf.
[21] Health Regulatory Agency, Available at: Estudo de Avaliação das Parcerias Público-Privadas na Saúde [Assessment of the Public-Private Partnerships in the Health Sector]. Porto; 2016 https://www.ers.pt/uploads/writer_file/document/1841/ERS_-_Estudo_PPP.pdf.
[22] Arnaut A, Semedo J. Salvar o NHS – Uma nova Lei de Bases da Saúde para defender a democracia [Saving the NHS – A new Health Basic Law to defend democracy]. Porto Editora; 2017.
[23] Dispatch No. 1222-A/2018, of 2 February 2018. Creates the Commission for the Revision of the Health Basic Law. *Diário da República [Government Gazette]*, Serie II (1st Suppl), No. 24, 2 February 2018. Available at: https://dre.pt/application/conteudo/114626954.
[24] Commission for the Revision of the Health Basic Law. Pre-proposal for the review of the Health Basic Law. Available at: https://www.sns.gov.pt/wp-content/uploads/2018/06/LEI_BASES_18062018_pre_proposta_apresentacao_INSA.pdf.
[25] Parliamentary Group of the Left Bloc (BE). *Draft Law No.914/XIII/3rd*. Available at: http://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679595842774f6a63334e7a637664326c756157357059326c6864476c3259584d7657456c4a535339305a58683062334d76634770734f5445304c56684a53556b755a47396a&fich=pjl914-XIII.doc&Inline=true.
[26] Presidency of the Council of Ministers. Legislative Proposal No. 171/XIII. Available at: http://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679595842774f6a63334e7a637664326c756157357059326c6864476c3259584d7657456c4a535339305a58683062334d76634842734d5463784c56684a53556b755a47396a&fich=ppl171-XIII.doc&Inline=true.
[27] Parliamentary Group of the Portuguese Communist Party (PCP). *Draft Law No.1029/XIII/4th*. Available at: http://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679595842774f6a63334e7a637664326c756157357059326c6864476c3259584d7657456c4a535339305a58683062334d76634770734d5441794f53315953556c4a4c6d527659773d3d&fich=pjl1029-XIII.doc&Inline=true.
[28] Parliamentary Group of the Social Democratic Party (PSD). *Draft Law No.1065/XIII/4th*. Available at: http://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679595842774f6a63334e7a637664326c756157357059326c6864476c3259584d7657456c4a535339305a58683062334d76634770734d5441324e53315953556c4a4c6d527659773d3d&fich=pjl1065-XIII.doc&Inline=true.
[29] Parliamentary Group of the Democratic Social Centre (CDS). *Draft Law No.1066/XIII/4th*. Available at: http://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679595842774f6a63334e7a637664326c756157357059326c6864476c3259584d7657456c4a535339305a58683062

334d76634770734d5441324e69315953556c4a4c6d527659773d3d&fich=pjl1066-XIII.doc&Inline=true.
[30] Law No. 95/2019, of 4 September 2019. Approves de Health Basic Law and revokes Law No. 48/1990, of 24 August 1990 and Decree- Law No. 185/2002, of 20 August 2002. *Diário da República [Government Gazette]*, No. 169, Serie I, 4 September 2019. Available at: https://dre.pt/application/conteudo/124417108.
[31] Presidente promulga sete diplomas da Assembleia da República [President enacts seven Parliament legislations]. Available at: http://www.presidencia.pt/?idc=10&idi=168194.
[32] Decree-Law No. 23/2020, of 22 May 2020. Establishes the rules for public-private partnerships in the health sector. *Diário da República [Government Gazette]*, Serie I, No. 100, 22 May 2020. Available at: https://dre.pt/application/conteudo/134305980.
[33] Law No. 100/2019, of 6 September. Approves the Informal Carer Status. *Diário da República [Government Gazette]*, Serie I, No. 171, 6 September 2019. Available at: https://dre.pt/application/conteudo/124500714.
[34] Law No. 2/2020, of 31 March 2020. State Budget 2020. *Diário da República [Government Gazette]*, Serie I, No. 64, 31 March 2020. Available at: https://dre.pt/application/conteudo/130893436.
[35] Saltman RB. The context for health reform in the United Kingdom, Sweden, Germany, and the United States. Health Policy 1997;41:S9–26, http://dx.doi.org/10.1016/s0168-8510(97)00050-x.
[36] Vittal Katikireddi S, McKee M, Craig P, Stuckler D. The NHS reforms in England: four challenges to evaluating success and failure. Journal of the Royal Society of Medicine 2014;107(10):387–439, http://dx.doi.org/10.1177/0141076814550358.
[37] Filc D, Rasooly A, Davidovitch N. From public vs. private to public/private mix in healthcare: lessons from the Israeli and the Spanish cases. Israel Journal of Health Policy Research 2020;9(1):31, http://dx.doi.org/10.1186/s13584-020-00391-4.