All policies and interventions are established in the National Health Plan in the area of Reproductive Health. Their implementation (as measures of effective community intervention) is the challenge that health professionals have to face every day.

Recognizing that European Society has become a complex, multi-cultural structure, it seems important to consider interventions based on different cultures, and not on uniform strategies. Portugal, which currently receives immigrants from various origins, will, undoubtedly, be one of the EU countries that should reconsider strategies in this regard.

In terms of specific objectives for reproductive health, to be achieved by 2015, i.e., reducing maternal mortality and infant mortality under the age of 5, the Portuguese situation is quite positive, especially, in what regards the first two following issues. Insofar as mortality rates are low and ranking among the best indicators in European countries:

- Reducing maternal mortality rate
- Reducing mortality rate in children under 5 years of age
- Reducing the incidence of HIV infection
- Reducing the incidence of abortion.

In this context, and in order to ensure equity and universal access to reproductive and sexual health services, some recent measures have been taken, as to strengthen the capacity of the system in several areas, namely, voluntary pregnancy interruption (VPI), infertility and prevention of cervical cancer.

Among these areas, we wish to point out following measures, in the field of Sexual and Reproductive Health:

- **Infertility Referral Network**, established and approved, and investment made in logistic conditions for all those Services providing care in the area of Infertility and Medically Assisted Procreation (MAP). Establishing of an online registration system, mandatory, to monitor the whole process. Financing of the first cycle of treatments for those couples, who have been in ‘waiting list’ for over one year. Increase to 69% of the co participation in some medicines used for treatment of Infertility and MAP.
• Introduction in the National Immunisation Plan of the vaccine against HPV infection. Routine universal immunisation with HPV vaccine aims to prevent infections caused by Human Papilloma Virus, and to decrease, at long term, the incidence of cervical cancer.

• Implementation of a network for the practice of safe VPI (Voluntary Pregnancy Interruption). Presently in operation is the on-line mandatory registration network for continuous monitoring of the whole process (March 2007).

• Free access to infant formula during the first year of children’s life, and thereby, avoiding mother-to-child transmission of HIV infection through breastfeeding. Normative Circular-letter from this Directorate General of Health: ‘Supply of infant formula to mothers infected by HIV virus’ (December 2009).

• Implementation of a data-base for monitoring breastfeeding. This record ensures comparability across countries, responds to basic statistical requirements, and is in full conformity with what is recommended by WHO. Normative Circular-letter from this Directorate General of Health: ‘Registration of maternal breastfeeding’ (June 2010).

• Implementation of a national data-base for monitoring births, as well as citizens’ registration, in all maternity Services. This record allowed minimizing a few risk situations. Normative Circular-letter from this Directorate General of Health: “To-be-born-a-Citizen” Project (July 2007).

• Informative Circular-letter from this Directorate-General of Health: ‘Commitment to the principles announced in the “Millennium Development Goals” relating to maternal and child health’. This Circular recommends the application of those principles enunciated in the MDG, in terms of maternal and child health, to all Services in the field of Sexual and Reproductive Health (August 2010).

• In order to respond to the Influenza (A) Pandemics, technical guidelines and leaflets to support pregnant and postpartum women have been elaborated. Free administration of the “Pandemix” vaccine to this vulnerable group (2010).
• With a view to guarantee the access to quality reproductive health services, the *Infertility Standards* for primary healthcare and hospital care have been reviewed, developed and published, and further dedicated to specialist doctors, respectively, in General and Family Medicine and in Gynaecology/Obstetrics (2010).

• Legalization of VPI, *by option of the woman*, up to 10 weeks of pregnancy, and implementation of a services network for its performing (costless and exempt of any admission fee). Developing of an *on-line* mandatory registration system for continuous monitoring of the process (Law no. 16/2007).

Also considered as priorities, are those strategies that benefit deprived groups, but also minorities and adolescents, as well as those activities aiming at monitoring all actions taken, such as:

1. Access to reproductive health care (family planning and prenatal surveillance, birth delivery and *puerperium*), exempt of admission fee, also for the migrant population, independently of its legal status (since 1984).

2. Free distribution of regular contraception (condoms, pills, IUD, implants), as well as of emergency contraception, in Family Planning Services at hospitals and health centres (since 1984).

3. Extension of social protection to maternity. In Portugal, maternity leave is 120 days at 100%, or 150 days at 80% allowance, with extra 15 days, for the father, at 100% (Law no 7/2009).


5. Activities addressed to urban deprived peripheries, as for instance, those actions developed by Mobile Units (since 1994).

7. Establishing ‘Sexual Education’ as a curricular module at school (Law no 60/2009).

8. Publication of epidemiological studies in the area of anti-natal, neonatal and maternal mortality (since 1993).

9. Promotion of a written Consensus, as regards the definition of ‘normal delivery’ (2009).