



32.0% OF THE POPULATION WITH SYMPTOMS OF GENERALIZED ANXIETY IN 2024

On the occasion of World Health Day, which will be celebrated on April 7, Statistics Portugal is releasing a new edition of "Health Statistics", mainly with indicators for 2023. The following results stand out:

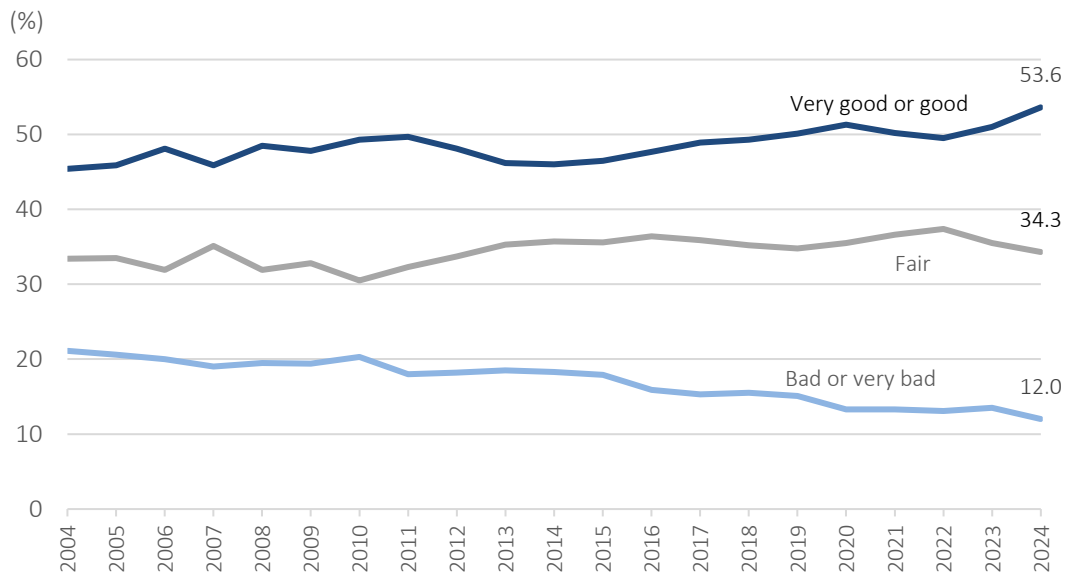
- In 2024, according to the Generalised Anxiety Disorder 2-item model (GAD-2), 32.0% of the population aged 16 and over had symptoms of generalised anxiety and 10.4% more severe levels of anxiety.
- The proportion of the population with limitations in carrying out usual activities due to health problems, which is an internationally recognized approximation to the concept of disability, reached 28.7% in 2024.
- The "Healthy life years" indicator, which combines information of the life expectancy of the population and the incidence of limitations in carrying out usual activities due to health problems, reveals that, in 2022, healthy life expectancy at age 65 was 8.6 years for men and 7.3 years for women. In both cases, the figures are lower than the averages in the European Union (EU-27), of 8.9 for men and 9.2 years for women.
- In 2023, there were 62,132 doctors and 83,538 nurses in Portugal, respectively 2.9% more doctors and 2.1% more nurses than in 2022. The number of doctors per 1,000 inhabitants was highest in the region of Grande Lisboa region (8.2 doctors per 1,000 inhabitants) and lowest in the Oeste e Vale do Tejo region (2.5), while the number of nurses per 1,000 inhabitants was highest in the Região Autónoma da Madeira e in Região Autónoma dos Açores (10.3 and 10.0 nurses per 1,000 inhabitants, respectively) and lowest in the Oeste e Vale do Tejo region (5.0).
- After hospital activity was strongly affected by the pandemic period, in 2023 there continues to be a recovery in care provided in hospital settings. Medical appointments, operating room surgeries and diagnostic and therapeutic complementary acts recorded, in 2023, the maximum values of the series started in 1999.
- Emergency room services and hospitalisations are dimensions of hospital activity that in 2023 remained below the activity recorded in 2019, despite the recovery seen since 2021.
- Public or public-private partnership hospitals continued to be the main providers of healthcare services in 2023, providing 85.1% of diagnostic and/or therapeutic complementary acts, 80.8% of emergency care attendances, 73.0% of hospitalisations and 71.6% of operating room surgeries. Public sector hospitals also provided the majority of medical appointments, but this is the component of activity in which private hospitals were able to reach the most expressive weight, accounting for 39.2% of the total.



More than 5 out of 10 people rate their health status positively

In 2024, 53.6% of the population aged 16 and over perceived their health as very good or good, confirming the indicator's upward variation for the second year running and reaching the highest value in the last 20 years. On the other hand, the percentage of people who rated their health negatively (12.0% in 2024) was the lowest since the start of the series, representing a reduction of 1.5 percentage points (pp) compared to the previous year and significantly lower than those recorded from 2004 to 2014 (between 18% and 21%).

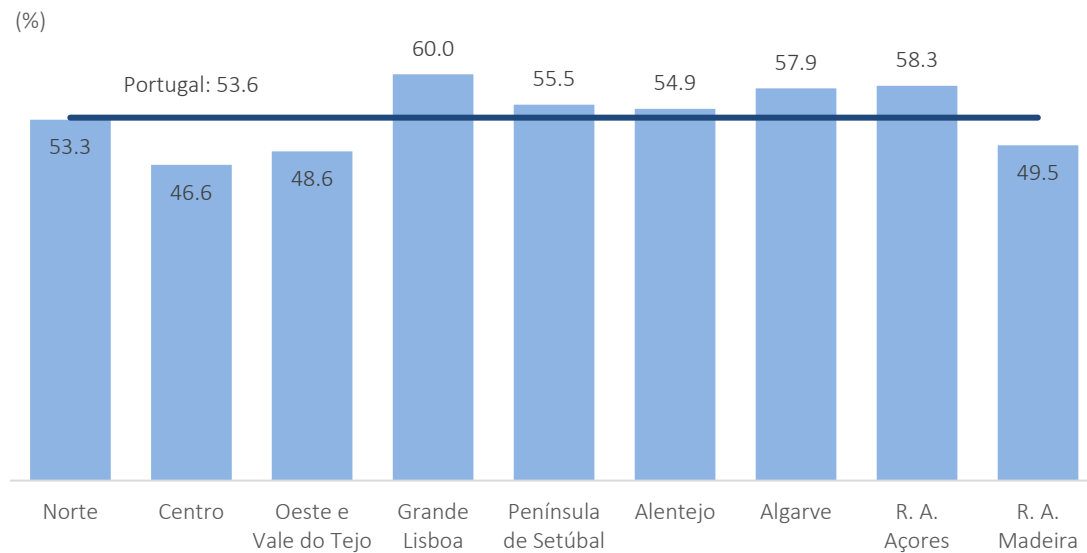
Figure 1. Proportion of population aged 16 or over by self perception of health, Portugal, 2004-2024



Source: INE, Survey on Living Conditions and Income.

In 2024, the Grande Lisboa region recorded the highest proportion of people aged 16 and over with a very good or good perception of their health status (60.0%), followed by Região Autónoma dos Açores (58.3%) and Algarve (57.9%). Centro region recorded the lowest frequency of the population with positive self-assessment of their health status (46.6%), followed by Oeste e Vale do Tejo and by Região Autónoma da Madeira, both below 50%.

Figure 2. Proportion of population aged 16 or over with self perception of health as "good or very good", Portugal and NUTS 2, 2024



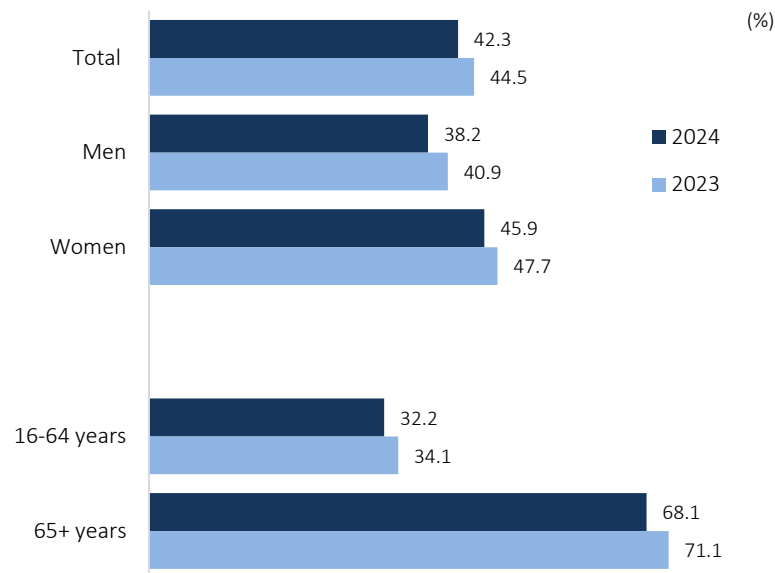
Source: INE, Survey on Living Conditions and Income.

Women and the elderly are the most affected by the prevalence of chronic morbidity

In 2024, 42.3% of the population aged 16 and over reported having a chronic disease or long-term health problem (i.e., one that lasts or can last six or more months), 2.2 pp less than the proportion reported in the previous year (44.5%).

This condition was more frequent in women (45.9%) than in men (38.2%) and affected the elderly population much more: 68.1% of the population aged 65 and over compared to 32.2% of the population under 65 years of age. Compared to the previous year, this indicator registered a decrease in both sexes and in both age groups.

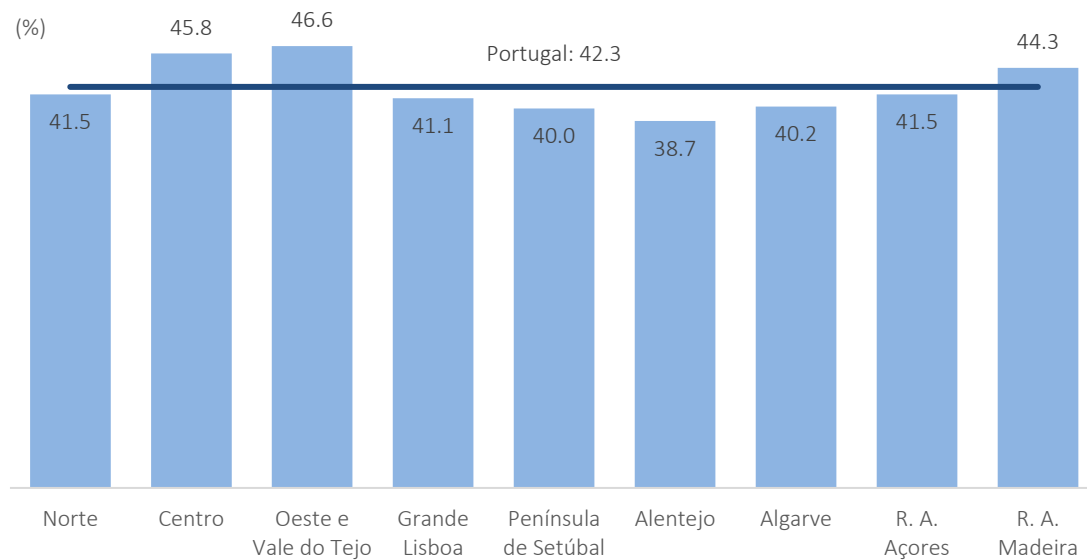
Figure 3. Proportion of population aged 16 or over having a chronic disease or long-standing health problem, by sex and age group, Portugal, 2023-2024



Source: INE, Survey on Living Conditions and Income.

The prevalence of chronic morbidity in 2024 was highest in Oeste e Vale do Tejo (46.6%), followed by Centro (45.8%) and by Região Autónoma da Madeira (44.3%). The remaining regions recorded values below the national average (42.3%), in particular Alentejo (38.7%) and Algarve and Península de Setúbal (both regions with about 40%).

Figure 4. Proportion of population aged 16 or over having a chronic disease or long-standing health problem, Portugal and NUTS 2, 2024



Source: INE, Survey on Living Conditions and Income.

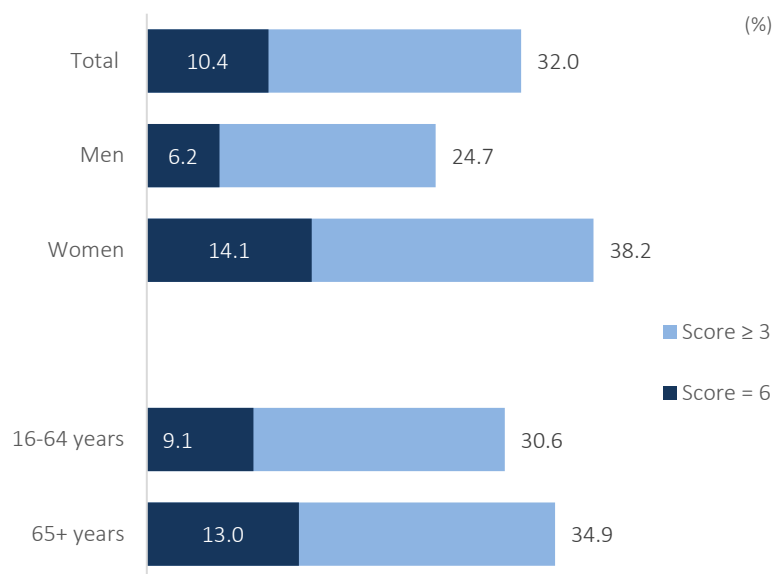
Women are twice as affected by generalised anxiety disorder as men

In 2024, 32.0% of the population aged 16 and over would have symptoms of generalised anxiety, corresponding to a score of 3 or more points, according to the Generalized Anxiety Disorder 2-item model (GAD-2)¹, and 10.4% showed more severe levels of anxiety, corresponding to a score of 6 points (maximum score for the model adopted).

This condition affected women more than men: 38.2% of women, compared to 24.7% of men, considering the indicator with a score of 3 or more points, with the disparity worsening for the most severe level of the indicator (14.1% of women, compared to 6.2% of men). The overall indicator for generalized anxiety disorder was also higher for the elderly population (4.3 pp more than for the population aged 15 to 64 years).

¹ A simplified version of the GAD-7 model (see Methodological note).

Figure 5. Proportion of the population aged 16 or over with generalized anxiety disorder (GAD-2), by sex and age group, Portugal, 2024



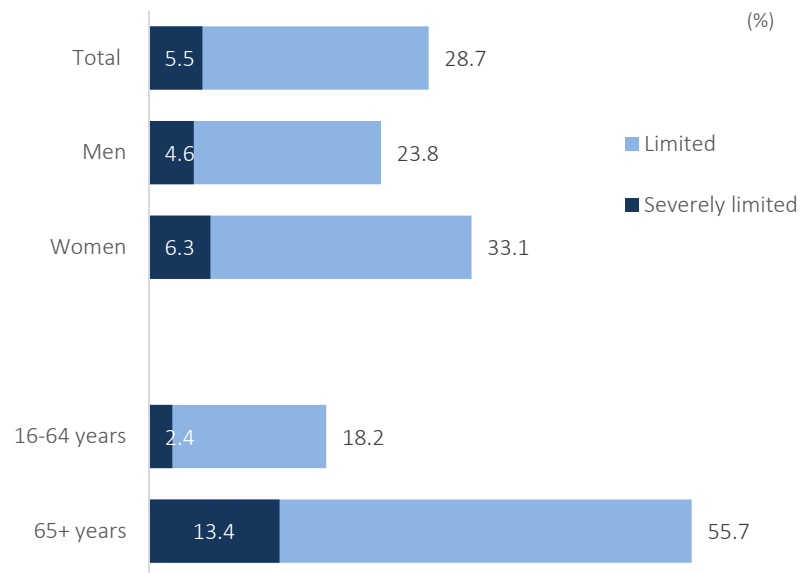
Source: INE, Survey on Living Conditions and Income.

More than half of the elderly report feeling limited in carrying out activities due to health problems

In 2024, 28.7% of the population aged 16 and over indicated that they felt limited in carrying out activities considered usual for most people due to health problems. Of these, 23.2% reported feeling limited, but not severely, while 5.5% reported severe limitation.

Women and the elderly more frequently reported some limitation in the performance of activities (in the first case, 33.1% in relation to 23.8% of men; in the second case, 55.7%, in relation to 18.2% for the population under 65 years of age). The age difference was more evident in the category of severe limitations: 13.4% for people aged 65 and over and 2.4% for people under 65 years old.

Figure 6. Proportion of population aged 16 or over with limitation in activities due to health problems, by sex and age group, Portugal, 2024



Source: INE, Survey on Living Conditions and Income.

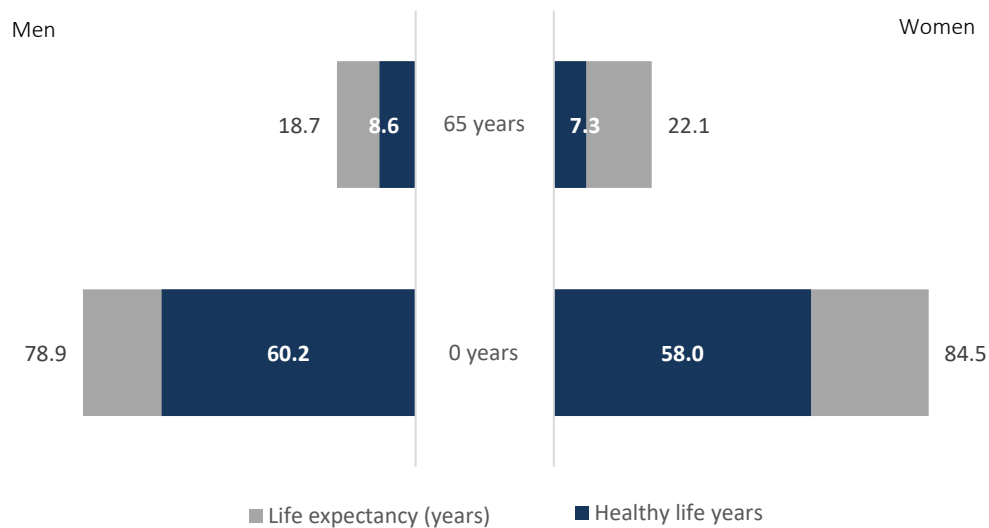
Healthy life expectancy is lower for women

The results of the indicator relating to the existence of long-standing limitations in usual activities are normally considered as an estimate of the proportion of people with disabilities and, to that extent, integrated into the calculation of the indicator "Healthy life years", which allows to assess whether or not the increase in life expectancy is accompanied by an increase in the time spent in good health. The "Healthy life years" indicator combines morbidity with mortality, using information on the life expectancy of the population (mortality) as well as the rates of existence of long-standing limitations due to health problems (morbidity).

In 2022, life expectancy at birth in Portugal was estimated at 84.5 years for women and 78.9 years for men. The estimated healthy life years at birth was lower for women (58.0 years) than for men (60.2 years).

In the same year, life expectancy at age 65 was 22.1 years for women and 18.7 years for men. The adjustment for limitations due to health problems reduces the healthy life expectancy of general population by almost 8 years, with this expectation being more penalizing for women (7.3 years) than for men (8.6 years).

Figure 7. Life expectancy and healthy life years at birth and at 65 years, by sex, Portugal, 2022



Source: Eurostat [hlth_hlye], [demo_mlifetable].

In 2022, Portuguese men aged 65 had a healthy life expectancy higher than women by 1.3 years

In 2022, healthy life expectancy at birth in Portugal was 60.2 years for men, 2.2 years less than the European average (62.4 years). In the case of women, the difference was more penalizing: 4.8 years less than the European average (58.0 in Portugal and 62.8 years in the EU-27).

Portugal was one of the eight Member States in which the difference, in relation to the European average, of years of life without limitations at birth was greater in men, with an expression equal to that observed for Sweden. The Netherlands had the largest difference in favour of men and Bulgaria in favour of women.

In the same year, and in terms of healthy life expectancy at the age of 65, Portugal was close to the European average for men (8.6 years in Portugal and 8.9 years in the EU-27), but further away for women, with a difference of 1.9 years less (7.3 years in Portugal and 9.2 in the EU-27). In the same year, Portugal had the biggest gap in favour of men (1.3 years) and Bulgaria in favour of women (1.7 years). The European average (EU-27) recorded a difference of 0.3 years between the sexes, which was greater for women.

Figure 8. Healthy life years at birth and at 65 years, by sex, EU-27, 2022

	at birth			at age 65 years			
	Males	Females	Difference	Males	Females	Difference	
Bulgaria	64.5	68.9	4.4	9.2	10.9	1.7	
Lithuania	58.2	62.3	4.1	10.6	12.2	1.6	
Slovenia	65.0	68.5	3.5	France	10.2	11.7	1.5
Poland	60.8	64.1	3.3	Lithuania	6.2	7.7	1.5
Estonia	58.0	60.6	2.6	Estonia	7.1	8.1	1.0
Hungary	61.3	63.9	2.6	Hungary	6.6	7.5	0.9
Croatia	59.0	61.5	2.5	Sweden	13.5	14.3	0.8
Latvia	53.0	55.4	2.4	Poland	7.8	8.6	0.8
Ireland	65.2	66.8	1.6	Czechia	7.1	7.7	0.6
Greece	66.2	67.8	1.6	Ireland	11.3	11.9	0.6
France	63.7	65.2	1.5	Denmark	10.0	10.4	0.4
Slovakia	56.6	58.0	1.4	Germany	8.2	8.6	0.4
Czechia	61.2	62.4	1.2	Greece	8.6	9.0	0.4
Italy	67.1	67.8	0.7	Croatia	5.2	5.6	0.4
Austria	60.6	61.3	0.7	Latvia	4.1	4.4	0.3
Romania	58.7	59.3	0.6	EU-27	8.9	9.2	0.3
Cyprus	65.7	66.3	0.6	Slovakia	4.7	4.9	0.2
EU-27	62.4	62.8	0.4	Finland	8.9	9.1	0.2
Germany	60.9	61.2	0.3	Luxembourg	9.7	9.8	0.1
Malta	70.1	70.3	0.2	Austria	9.4	9.5	0.1
Belgium	64.1	63.3	-0.8	Belgium	10.8	10.8	0.0
Spain	61.7	60.6	-1.1	Malta	12.2	12.0	-0.2
Luxembourg	60.7	59.4	-1.3	Romania	4.0	3.8	-0.2
Portugal	60.2	58.0	-2.2	Cyprus	8.8	8.6	-0.2
Sweden	67.5	65.3	-2.2	Spain	9.8	9.5	-0.3
Denmark	57.1	54.6	-2.5	Netherlands	9.3	8.9	-0.4
Finland	59.3	56.5	-2.8	Italy	10.4	9.9	-0.5
Netherlands	60.7	56.3	-4.4	Portugal	8.6	7.3	-1.3

Source: Eurostat [hlth_hlye].

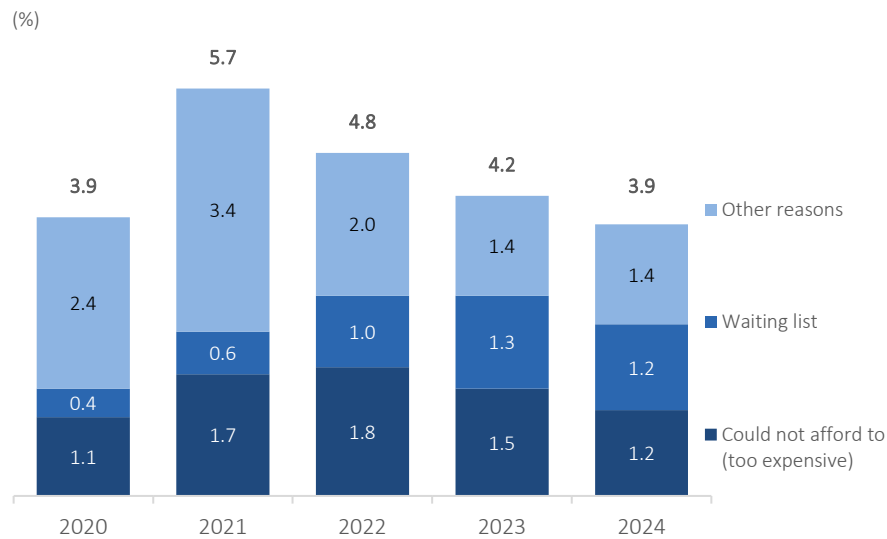
10% of people do not meet their dental care needs

In 2024, 3.9% of persons aged 16 and over did not get a medical appointment in the 12 months prior to the interview whenever they needed it. The indicator maintains the downward trend that has been observed since 2022 (1.8 pp less than in 2021).

The reasons given are equally divided between financial difficulties and waiting time (1.2%), while 1.4% of people indicated other reasons².

² Other reasons include lack of time (due to professional, domestic or other activities), distance (too far or lack of transportation), fear of doctors, hospitals, treatments, etc., the decision to wait to see if the problem improves, or not to know a good doctor/dentist, among others; in 2021, the reason related to the COVID-19 pandemic was also included.

Figure 9. Proportion of population aged 16 or over with unmet need for medical care in the 12 months prior to the interview, by main reason, Portugal, 2020-2024

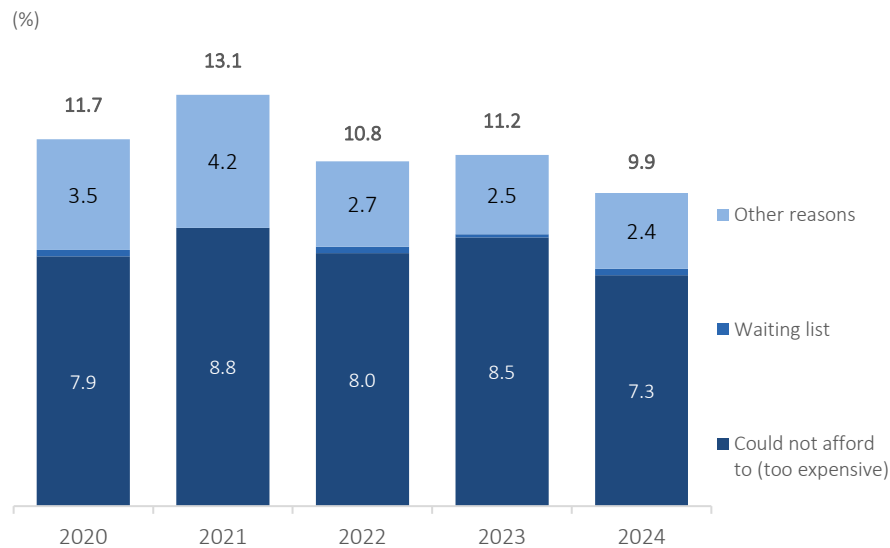


Source: INE, Survey on Living Conditions and Income.

The proportion of people who needed dental care in the 12 months prior to the interview and could not meet this need reached, in 2024, the lowest value in the last five years, still affecting 9.9% of the population aged 16 and over.

Financial difficulties were the main reason pointed out by the population throughout the period under analysis. In 2024, this reason accounted for almost 3/4 of individuals with unmet dental care needs.

Figure 10. Proportion of population aged 16 or over with unmet need for dental care in the 12 months prior to the interview, by main reason, Portugal, 2020-2024



Source: INE, Survey on Living Conditions and Income.

The prevalence of food insecurity decreased in 2024

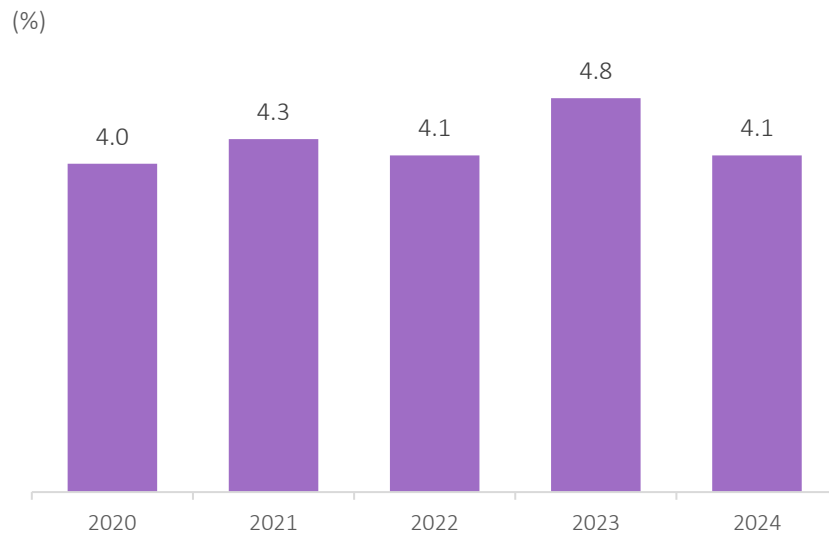
The Survey on Living Conditions and Income also allows to calculate the prevalence of food insecurity in the population, using an indicator based on the food insecurity scale (FIES)³ that contributes to monitoring progress in access to sufficient, safe and nutritious food by the population.

In 2024, the proportion of the population residing in Portugal that was in a situation of moderate or severe food insecurity, i.e., with a low-quality diet or with a reduction in the amount of food a few times during the year, reached 4.1%, 0.7 pp less than in 2023.

Severe food insecurity, i.e. the situation in which people stand several days without eating due to a lack of resources, financial or otherwise, to obtain food, affected about 0.5% of the population in 2024.

³ Food Insecurity Experience Scale (see Methodological note).

Figure 11. Prevalence rate of moderate or severe food insecurity of resident population, Portugal, 2020-2024



Source: INE, Survey on Living Conditions and Income.

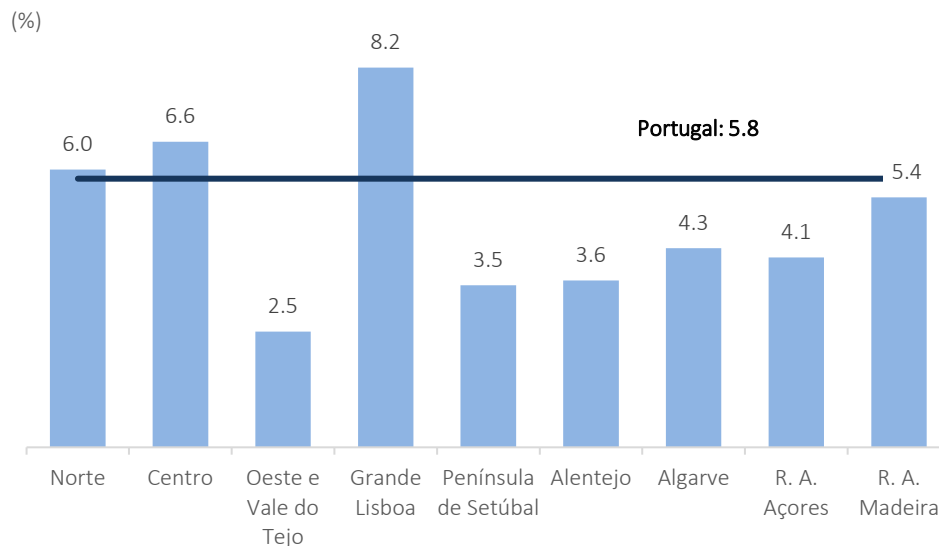
The number of doctors remained at 5.8 per 1,000 inhabitants in 2023

In 2023, 61,132 professionals were registered in the Portuguese Medical Association, of which 59,733 were registered in Mainland, 984 in Região Autónoma dos Açores and 1,375 in Região Autónoma da Madeira. That year, there were 5.8 registered doctors per 1,000 inhabitants, the same number as in 2022.

More than half of the doctors in 2023 (57.8%) were women, and 49.6% were aged 31 to 60 years. The number of doctors aged up to 30 years (10,239, 0.8% less than in the previous year) was higher than those aged 61 to 65 (4,822, 7.8% less than in 2022). Going back to 2013, there was a 8.0 pp drop in the proportion of doctors aged 30 to 61 (from 57.6% in 2013 to 49.6% in 2023), accompanied by an increase in the proportion of those over 65 years old (from 13.8% in 2013 to 26.2% in 2023). In the same period, the proportion of doctors aged up to 30 years decreased, from 17.6% to 16.5%, and of doctors aged 61 to 65 years, from 11.0% to 7.8%.

35.7% of the doctors lived in the Norte region and 28.1% in the Grande Lisboa region. The number of doctors per 1,000 inhabitants was highest in the Grande Lisboa region (8.2 doctors per 1,000 inhabitants) and lowest in the Oeste e Vale do Tejo region (2.5 doctors per 1,000 inhabitants).

Figure 12. Number of doctors registered with the Portuguese Medical Association per 1,000 inhabitants, NUTS 2, 2023



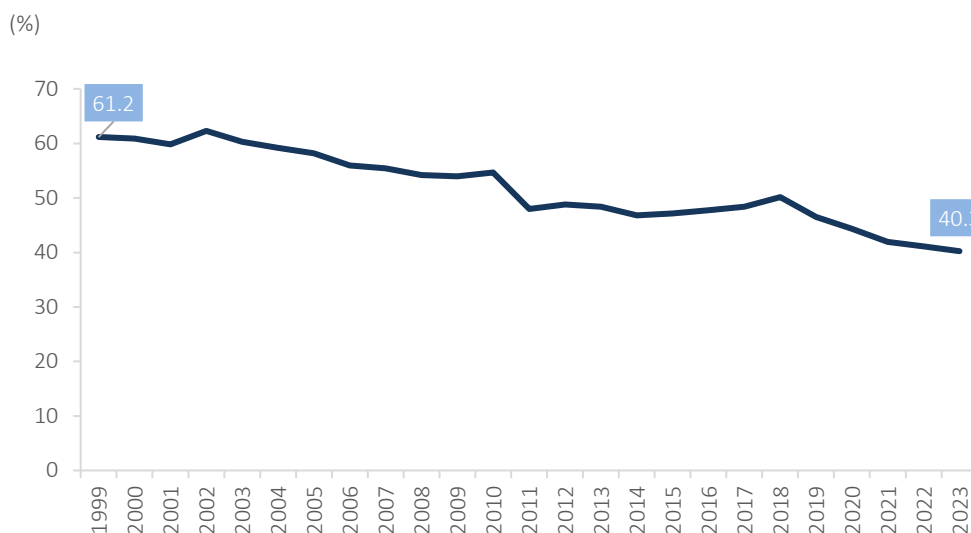
Source: Statistics Portugal, Health professionals.

Of the total of 62,132 doctors enrolled in the Portuguese Medical Association in 2023, more than 60% were specialists (38,385), that is, they were qualified to practice at least one specialty in Medicine. In 2023, Family Medicine, Internal Medicine, Paediatrics and Anaesthetics continued to be the specialties held by a larger number of medical specialists.

In that year, there were 6.0 specialists in Family Medicine per 1,000 inhabitants aged 16 and over and 0.3 specialists in Paediatrics per 1,000 inhabitants under 16 years. Between 2000 and 2023, the number of specialists in Family Medicine almost doubled and the number of specialists in Paediatrics increased by 82.6% (respectively, 3.0% and 2.9% on average per year).

In 2023, 40.3% (25,016) of all doctors enrolled in the Portuguese Medical Association worked in a hospital, 0.9 pp less than in 2022. The proportion of doctors working in hospitals has been decreasing in the last 24 years: in 1999 they represented 61.2%.

Figure 13. Proportion of doctors working in Portuguese hospitals, Portugal, 1999-2023



Sources: Statistics Portugal, Hospitals Survey; Statistics Portugal, Health professionals.

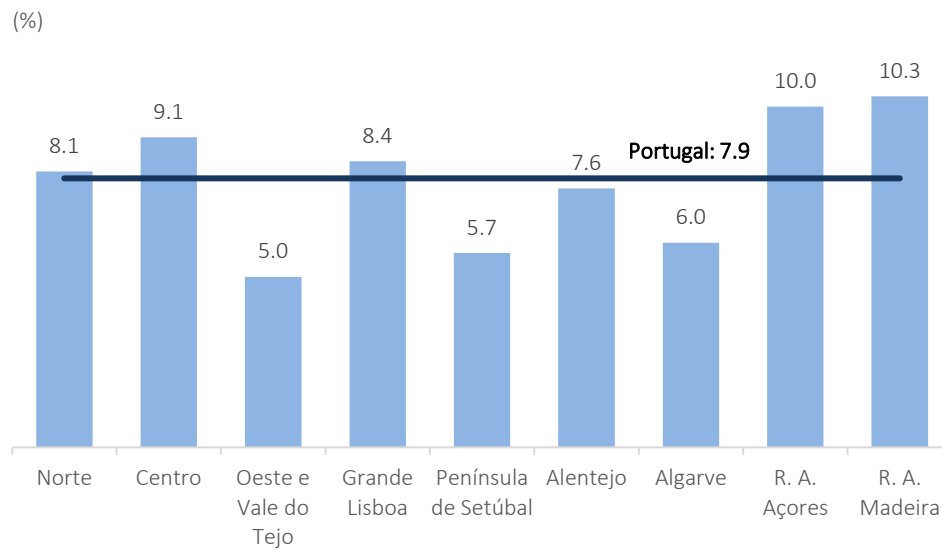
The number of nurses maintained the annual growth trend

In 2023, 83,538 professionals were certified by the Portuguese Nurses Association, which corresponds to 7.9 nurses per 1,000 inhabitants, 0.1 more nurses than in 2022.

The number of nurses increased by 2.1% between 2022 and 2023, not following the annual increase trend of 2.8%, on average, that had been observed since 2017.

According to the breakdown by place of work, 35.5% of nurses were in the Norte, 21.4% in Grande Lisboa and 18.5% in Centro. The number of nurses per 1,000 inhabitants was highest in Região Autónoma da Madeira and in Região Autónoma dos Açores (10.3 and 10.0 nurses per 1,000 inhabitants, respectively) and lowest in Oeste e Vale do Tejo (5.0).

Figure 14. Number of nurses registered with the Portuguese Nurses Association per 1,000 inhabitants, NUTS 2, 2023

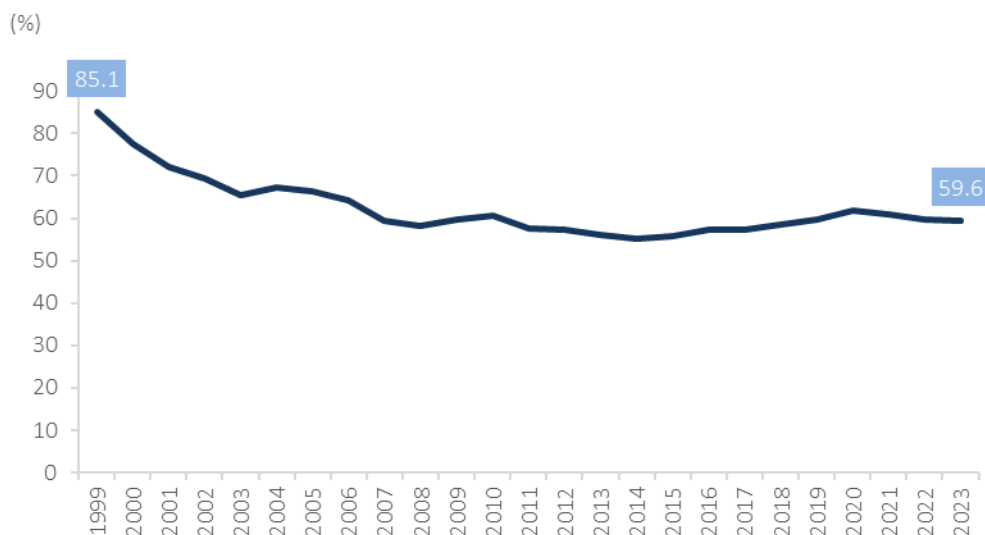


Source: Statistics Portugal, Health professionals.

Of the total number of nurses in activity in 2023, 59,085 were generalists (70.7%) and 24,453 were specialists (29.3%), with a predominance of specialists in rehabilitation nursing (21.6%) and medical-surgical nursing (20.8%).

More than half of the nurses worked in a hospital in Portugal in 2023: 49,759, i.e. 59.6% of the total number of nurses enrolled in 2023, 0.3 pp less than in 2022 and 4.5 pp more than in 2014. The proportion of nurses working in hospitals decreased broadly until 2014 (from 85.1% in 1999 to 55.1% in 2014), followed by a period of annual growth between 2015 and 2020 and a decrease thereafter, from 61.8% in 2020 to 59.6% in 2023.

Figure 15. Proportion of nurses working in Portuguese hospitals, Portugal, 1999-2023



Sources: Statistics Portugal, Hospitals Survey; Statistics Portugal, Health professionals.

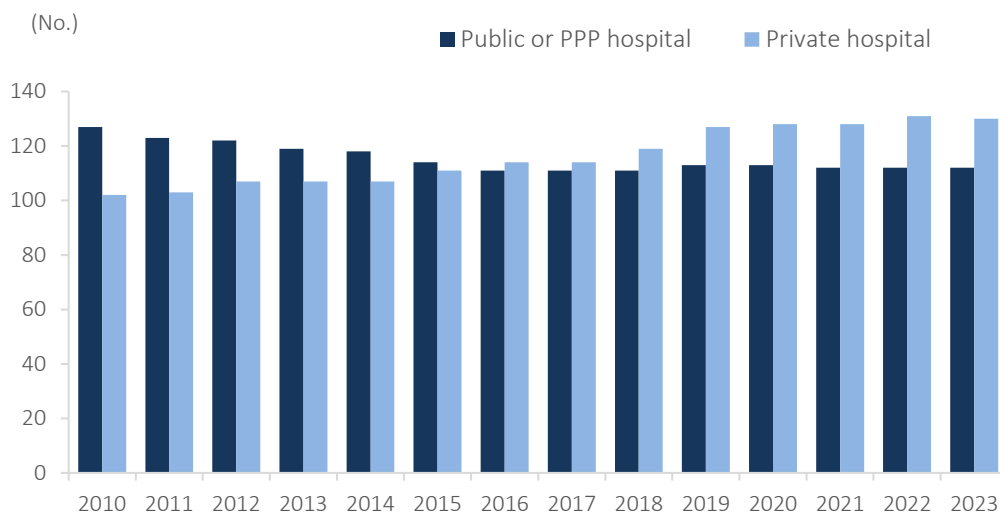
Although the increase in working nurses was higher in private hospitals, it was public or public-private partnership hospitals that contributed the most for the growth of nurses' employment between 2015 and 2023 (79.8% of the overall increase).

35.7 thousand inpatient beds in 2023

In 2023, there were 242 hospitals in Portugal, 112 of which belonged to public healthcare services. The number of public sector hospitals has remained relatively stable since 2016, but there has been a decrease of 15 hospitals in relation to 2010. The ratio of universal access hospitals per 100,000 inhabitants was 1.1 in 2023, as in the previous year.

In 2023, 130 private hospitals were in operation, 28 more than in 2010. The predominance of private hospitals began in 2016 and covers the Mainland and the Autonomous Regions.

Figure 16. Hospitals by institutional nature, Portugal, 2010-2023



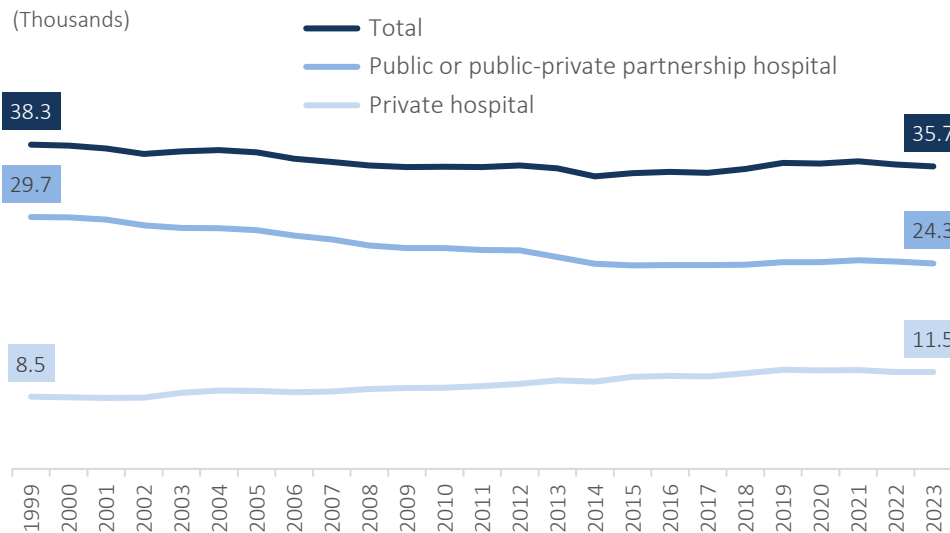
Source: Statistics Portugal, Hospitals Survey, provisional data for 2022 and 2023.

About 75% of the existing hospitals in 2023 were general hospitals, that is, they had more than one area of expertise. Among the 59 specialized hospitals, Psychiatry was kept as the predominant area (23 hospitals).

In 2023, hospitals had 35.7 thousand beds available and equipped for immediate hospitalisation, 211 less beds than in 2022 and corresponding to 3.4 beds per 1,000 inhabitants. Of the total beds, 67.9% were in public or public-private partnership hospitals.

Compared to the beginning of the series, in 1999, there was a reduction in the total number of inpatient beds in Portuguese hospitals (2.5 thousand fewer beds, equivalent to 6.7% less) mainly due to developments in public or public-private partnership hospitals (5.5 thousand fewer beds, equivalent to 18.4% less). On the other hand, between 1999 and 2023 there was an increase of 2.9 thousand inpatient beds in private hospitals (34.4% more).

Figure 17. Hospital inpatient beds by institutional nature, Portugal, 1999-2023



Source: Statistics Portugal, Hospitals Survey, provisional data for 2022 and 2023.

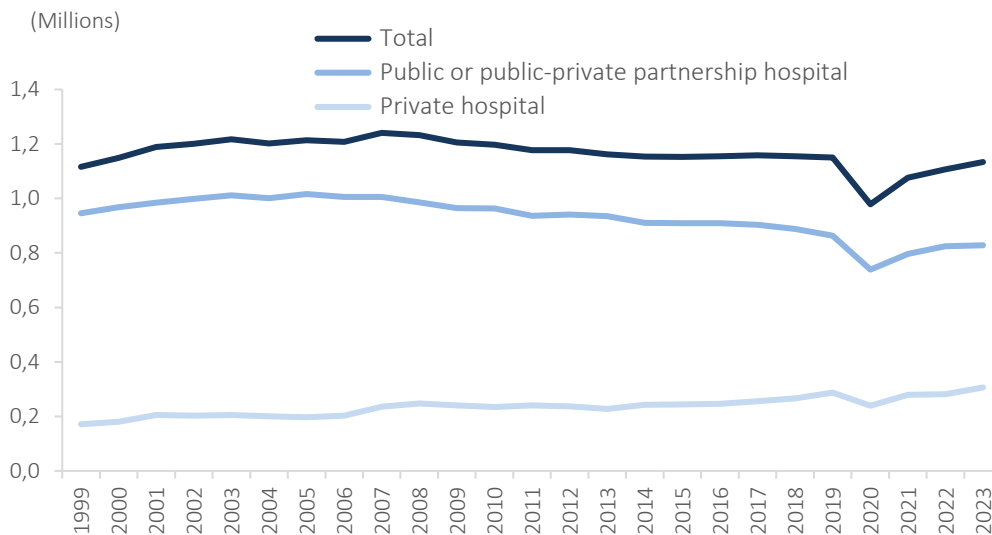
1.1 million hospitalisations and 10.1 million hospital days

In 2023, there were around 1.1 million hospitalisations in Portuguese hospitals and 10.1 million days of hospitalisation. After the lowest values in the series started in 1999 were recorded in 2020, the number of hospitalisations in 2023 exceeded again 1 million and the number of days of hospitalisation exceeded 10 million, with 27.5 thousand more hospitalisations and 36.2 thousand fewer days of hospitalisation than in 2022 (2.5% more and 0.4% less, respectively).

In 2023, public or in public-private partnership hospitals ensured around 828 thousand hospitalisations (73.0% of the total) and 7.3 million days of hospitalisation (71.9% of the total). These figures mean an increase of approximately 3 thousand hospitalisations and 123 thousand fewer days of hospitalisation, equivalent to 0.4% more and 1.7% less compared to the activity recorded in 2022. In private hospitals, about 307 thousand hospitalisations were carried out, resulting in 2.8 million days of stay, that is, about 25 thousand more hospitalisations (8.7% more) and 87 thousand more days of hospitalisation (3.2% more).

Of the total number of hospitalisations in 2023, 74.9% occupied infirmary beds, with special emphasis on the specialties of Internal Medicine, General Surgery and Gynecology-Obstetrics, respectively with 25.0%, 14.6% and 12.1% of the total hospitalisations in infirmary. In the case of public and public-private partnership hospitals, these were the three specialties with the highest percentages, but the specialties of Orthopaedics (18.5%) and Psychiatry (12.0%) stand out in private hospitals.

Figure 18. Hospitalisations by institutional nature, Portugal, 1999-2023



Source: Statistics Portugal, Hospitals Survey, provisional data for 2022 and 2023.

In 2023, patients remained hospitalised in Portuguese hospitals for an average of 8.9 days, 0.2 less days than in 2022. In public and in public-private partnership hospitals, the average length of stay was also 8.9 days (8.8 days in 2022), while in private hospitals the average length of hospital stay was 9.0 days (10.1 days in 2022).

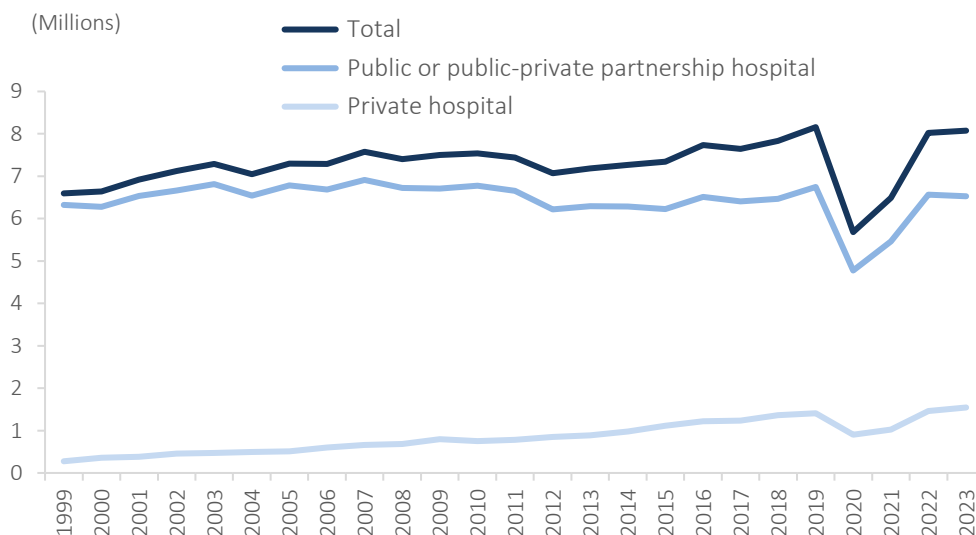
More than 8 million attendances in hospital emergency services

In 2023, around 8.1 million attendances were carried out in the emergency services of Portuguese hospitals, 48.1 thousand more attendances than in 2022 (0.6% more). The recovery observed from 2022 onwards allowed to get closer to the level prior to 2020, the year in which emergency room attendances fell by 30.3% and reached the lowest value in the series started in 1999.

In public sector hospitals, 6.5 million attendances were carried out in 2023, which represents 37.2 thousand fewer attendances compared to 2022 (0.6% less). In private hospitals, there were 1.5 million attendances in 2023, 85.3 thousand more than in the previous year (5.8% more) and the highest number since 1999.

Public or public-private hospitals provided 80.8% of all emergency service attendances (81.8% in 2022 e 95.8% in 1999) and private hospitals 19.2% (18.2% in 2022 and 4.2% in 1999).

Figure 19. **Attendances in the emergency services by institucional nature, Portugal, 1999-2023**

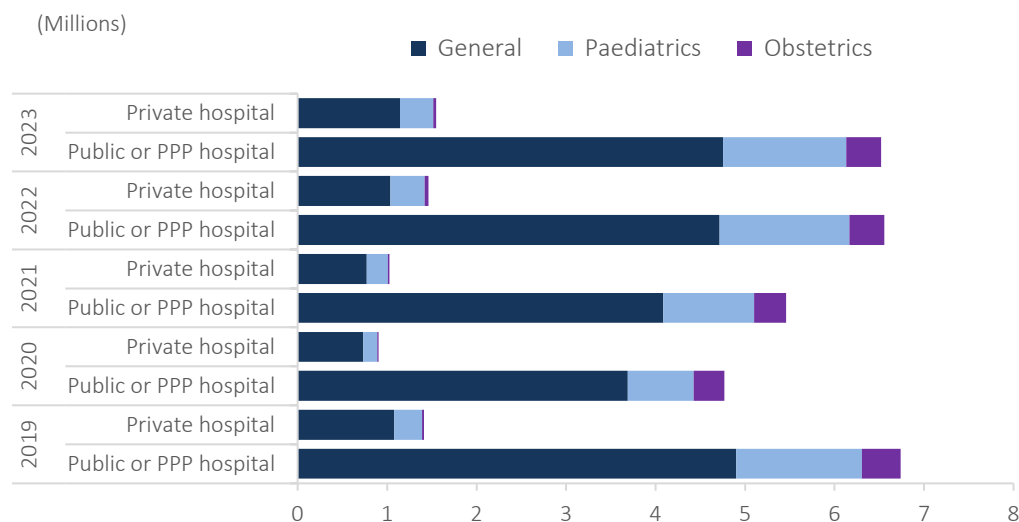


Source: INE, Hospital Survey, provisional data for 2022 and 2023.

The vast majority of emergency attendances in hospitals in 2023 were provided by general emergency (73.1%), while Paediatrics and Obstetrics accounted, respectively, for 21.6% and 5.2% of attendances.

The general emergency registered an increase of 2.5% compared to the previous year. In total, in 2023, 5.9 million attendances were made in the general emergency department of Portuguese hospitals, which represents 146.4 thousand more attendances than in the previous year. Of these 146.4 thousand more attendances, 106.8 thousand were carried out in private hospitals and 39.7 thousand in public sector hospitals, which corresponds to increases of 10.3% and 0.8%, respectively, in relation to 2022.

Figure 20. **Attendances in the emergency services by type of emergency, Portugal, 2019 to 2023**



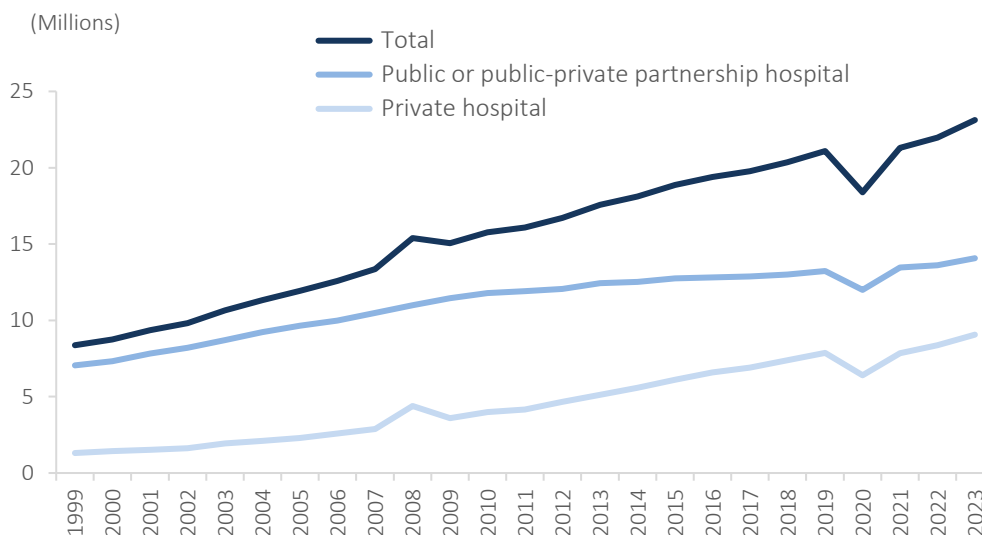
Source: Statistics Portugal, Hospitals Survey, provisional data for 2022 and 2023.

The number of medical appointments in hospitals reached a new maximum value

In 2023, 23.1 million medical appointments were carried out in the external appointment unit of Portuguese hospitals, 1.2 million more appointments (5.3% more) than in the previous year. This increase in medical appointments carried out in a hospital context made it possible to exceed the pre-COVID-19 pandemic number and reach the highest value in the series started in 1999.

Compared to 2022, public or public-private partnership hospitals carried out 469.8 thousand more medical appointments (+3.5%), accounting for 60.8% of all appointments carried out in Portuguese hospitals' outpatient units (84.4% in 1999). Private sector hospitals carried out 689.9 thousand more medical appointments (8.2% more), accounting for 39.2% of the total (15.6% in 1999). This is the area where private hospitals have achieved the highest percentage of the total.

Figure 21. Medical appointments in external appointment unit by institutional nature, Portugal, 1999-2023



Source: Statistics Portugal, Hospitals Survey, provisional data for 2022 and 2023.

In 2023, Ophthalmology, Orthopaedics, Gynecology-Obstetrics, General Surgery and Medical Oncology were, in descending order, the specialties from the external appointment unit of public or public-private partnership hospitals with the highest number of medical appointments. In private hospitals, the specialties with more external appointments were Orthopaedics, Ophthalmology, Gynecology-Obstetrics, Physical Medicine and Rehabilitation and Otorhinolaryngology.

In relation to 2022, the increases in the number of appointments in Physical Medicine and Rehabilitation (104.9 thousand more), Ophthalmology (96.3 thousand more) and Otorhinolaryngology (79.4 thousand more) stand out. Private hospitals contributed the most to the increase in activity in these specialties, as they were responsible for 86.2% of the increase in Physical Medicine and Rehabilitation appointments, 69.2% of the increase in Ophthalmology appointments and 77.3% of the increase in Otorhinolaryngology appointments.

In 2023, 254.3 thousand virtual appointments were carried out in Portuguese hospitals, 27.8 thousand fewer than the previous year (9.9% less). This decrease in the total number of virtual appointments is due to 29.7 thousand fewer teleconsultations (13.4% less) carried out by public sector hospitals.



New maximum of operating room surgeries, with 1.2 million in 2023

In Portuguese hospitals, 1.2 million surgeries were performed in operating room in 2023, 80.4 thousand more surgeries than in the previous year and the highest figure in the series started in 1999.

In public sector hospitals, 838.4 thousand operating room surgeries were carried out, which represents an increase of 7.4% compared to the previous year. In private hospitals, 333.0 thousand surgeries of this nature were performed, representing an increase of 7.2%.

Ophthalmology, Orthopaedics, General Surgery and Otorhinolaryngology saw the biggest increases in the number of surgeries performed in operating room, having jointly ensured 46.6 thousand more surgeries (58.0% of the increase between 2022 and 2023 in the total number of surgeries). Public sector hospitals were the ones that contributed the most to the reinforcement of activity in the specialties of Ophthalmology, Orthopaedics and General Surgery, while the increase in Otorhinolaryngology surgeries results more from the activity of private hospitals.

About 72% of operating room surgeries took place in public or public-private partnership hospitals, of which 87.1% were scheduled, i.e., resulted from prior appointments. In private hospitals, scheduled surgeries had a higher weight, accounting 96.2% of the total.

In 2023, 182.0 thousand minor surgeries were carried out in Portuguese hospitals, 115.4 thousand of which (63.4%) performed in public sector hospitals. The total number of minor surgeries performed in 2023 decreased compared to the previous year (774 less, corresponding to 0.4% less).

More than 210 million complementary diagnostic and therapeutic acts carried out by hospitals

In 2023, 210.7 million diagnostic and therapeutic complementary acts were carried out in Portuguese hospitals, i.e., exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others) or curative care after diagnosis and therapeutic prescription (physical therapy, radiotherapy, lithotripsy, immunohemotherapy, among others).

That number reflects an increase of 3.4 million complementary acts compared to 2022 (1.6% more) and sets a new maximum for the period 1999 to 2023.

The three main complementary acts performed in hospitals increased in 2023. Overall, 138.0 million clinical analyses were carried out, 18.1 million complementary acts of Physical Medicine and Rehabilitation and 14.2 million Radiology exams. These values mean 408.9 thousand more clinical analyses, 1.3 million more complementary acts of Physical Medicine and Rehabilitation, and 174.5 thousand more Radiology exams compared to 2022.

85.1% of these exams or curative care took place in public or public-private partnership hospitals (94.5% in 1999), while private hospitals were responsible for the remaining 14.9% of diagnostic and/or therapeutic complementary acts carried out in the country (5.5% in 1999).



The number of medicines (brands) in the pharmaceutical market increased in 2023

In 2023, there were 2,920 pharmacies and 198 mobile medicine depots in Portugal, i.e., one less pharmacy than in the previous year and one more mobile medicine depot. The average number of pharmaceutical establishments was 29 per 100 thousand inhabitants.

Also in 2023, there were 9,023 medicines (brands) in the pharmaceutical market, which corresponded to 49,044 pharmaceutical presentations. Between 2022 and 2023, the number of medicines (brands) increased from 8,935 to 9,023, but the number of presentations decreased, from 49,888 to 49,044.

About 40% of medicines (brands) and 18.3% of existing presentations were reimbursed. In terms of pharmacotherapeutic groups, more than half of the presentations reimbursed in 2023 concerned the central nervous system (31.3%) and the cardiovascular system (28.7%).

More than half of current health spending was funded by the SNS and the SRS

Between 2021 and 2023, the National Health Service (SNS in Portuguese) and the Regional Health Services of the Autonomous Regions (SRS in Portuguese), as a whole, were the main funding agents of current expenditure on health, supporting, on average, 55.0% of the total. In those years, on average, 29.6% of current expenditure was paid directly by households.

In structural terms, between 2021 and 2023, there was a decrease in the relative weight of the expenditure by SNS and SRS (54.5% of current expenditure in 2023, 0.5 pp less than in 2021) and an increase of 0.4 pp in the relative weight of household expenditure.



METHODOLOGICAL NOTE

Survey on Living Conditions and Income

The Survey on Living Conditions and Income is a statistical operation carried out annually with a representative sample of households residing in Portugal, whose scope covers the valuation of the various sources of income of households, their socioeconomic characterization and also a wide range of variables related to living conditions, of which those related to health stand out. Its implementation allows the annual dissemination of statistical indicators on the at-risk-of-poverty rate and inequality in income distribution and on material and housing deprivation, and is also the source of data for the annual update of population-based indicators on health status and for the calculation of indicators related to disability-free life expectancy (healthy life years). In this context, the survey is part of the harmonised programme of European statistics on the income and living conditions of private households, EU-SILC.

It also collects a set of information that can only be provided by the respondent himself, namely the overall satisfaction with life; the *generalized anxiety disorder 2-item* (GAD-2) screening instrument, consisting of two questions assessing the likelihood of generalized anxiety disorder and other anxiety disorders in the past two weeks; and the *Food Insecurity Experience Scale* (FIES) of eight questions that allow two indicators to be calculated: an indicator that considers segments of the population in moderate or severe food insecurity.

In the GAD-2 (*Generalized Anxiety Disorder 2-item*) model, the score results from the sum of both. A score of 3 points is the suggested cut-off point for identifying possible cases with additional diagnostic evaluation for generalized anxiety disorder which, however, alone is not sufficient to diagnose, monitor treatment or classify severity.

The items of the Food Insecurity Experience Scale (FIES) were designed to cover the severity of food insecurity and should be analyzed together. The scale's data are analysed through the application of the *Rasch* model, widely used in health studies, and provides the statistical basis for the measurement of food security based on experience, and makes it possible to produce comparable data on food insecurity across countries. The scale makes it possible to calculate two indicators: an indicator that considers segments of the population in moderate or severe food insecurity, that is, people with a low-quality diet or with a reduction in the amount of food a few times during the year; and a second indicator that makes it possible to estimate the proportion of the population that suffers from severe food insecurity, i.e. people that stands several days without eating due to a lack of resources, financial or otherwise, to obtain food.

Data on health professionals

The data of registered health professionals result from the use of administrative data for statistical purposes provided by the respective professional associations. Information on doctors registered in the Portuguese Medical Association (active or not) and dentists registered with the Medical Dentists Association (active or not) is made available geographically according to the residence declared by health professionals, while that relating to nurses registered in the Portuguese Nurses Association (active) and pharmacists registered in the Pharmacists Association (active) are obtained according to the place of activity of health professionals.



Hospitals Survey

The Hospital Survey collects data on equipment and facilities, human resources and the activity carried out by hospitals located in mainland and in the autonomous regions. This survey was first implemented in 1986 (on data from 1985) and has since been carried out annually.

Since 2020 (2019 data), it has integrated administrative-based data for public hospitals with universal access located in mainland and survey data for private hospitals, for public hospitals with restricted access in mainland and for all hospitals, public and private, in the Região Autónoma dos Açores and Região Autónoma da Madeira. The use of administrative data for statistical purposes is carried out under a cooperation protocol established between Statistics Portugal (INE, I.P.), Central Administration of the Health System (ACSS, I.P.) and Shared Services of the Ministry of Health (SPMS, E.P.E.).

Pharmacies and medicines

Data on pharmacies and medicines result from the use of administrative data for statistical purposes provided annually by INFARMED - National Authority of Medicines and Health Products, I. P., for the mainland, and by the Regional Statistical Services of Açores and Madeira, for the Autonomous Regions. Statistics Portugal later organizes the data for dissemination.

Health Satellite Account

The main objective of the Health Satellite Account is to evaluate the economic resources of a country used in the provision of health care services. In general, it seeks to measure total expenditure on health care, integrating the different dimensions that constitute a National Health System, i.e. health care providers, funding agents and health care functions.



CONCEPTS

Age group: The age interval in years to which a person belongs at the time of reference.

Appointment: Health act in which a health professional evaluates the clinical situation of a person and plans the provision of health care.

Bed: Equipment intended for the stay of an individual in a health care establishment.

Complementary act of diagnosis: Examination or test that provides results necessary for the establishment of a diagnosis.

Complementary act of therapy: Provision of curative care, after diagnosis and therapeutic prescription.

Disease: Disturbance of the normal state of a living being that disrupts the performance of vital functions, manifests itself through signs and symptoms and is a response to environmental factors, specific infectious agents, organic changes or combinations of these factors.

Emergency service: Clinical functional unit of a health establishment that provides health care to individuals who access from outside with a sudden change or worsening of health status, at any time of the day or night during 24 hours.

External appointment unit: Organic-functional unit of a hospital where the patients are admitted for appointment.

Family medicine: Specialty in medicine that deals with the health problems of individuals and families on an ongoing basis and in the context of the community.

General hospital: Hospital that integrates several specialties.

Health: A state of complete physical, mental and social well-being and not merely the absence of disease.

Health problem: Health-related problem leading to the need for healthcare.

Health status: Health profile of an individual or population that can be measured using an organized set of indicators.

Healthy life years: Average number of years that an individual of a certain age is expected to live without long-term limitations to perform activities people usually does, on the assumption that the mortality pattern observed in the period of reference remains unchanged.

Hospital: Health establishment that provides curative and rehabilitation health care in inpatient and outpatient services, which may collaborate in the prevention of diseases, teaching and scientific research.

Hospital emergency service: Emergency service of a hospital equipped with specialised physical, technical and human resources for the treatment of emergency situations.

Hospitalisation: Modality of health care to individuals who, after admission to a health establishment, occupy a bed (or neonatal bed or paediatric bed) for diagnosis, treatment or palliative care, with a stay of at least 24 hours.

Disability: Interaction of a person's health condition with his/her contextual, environmental and personal factors resulting in a limitation in activity or participation.

Food insecurity: Deprivation of guaranteed access to a sufficient quantity of food adequate for normal growth and development for an active and healthy life. Note: food insecurity can occur due to the unavailability of food, the inability to



acquire it, inappropriate distribution or inadequate utilisation of food at household level. Food insecurity can be chronic, seasonal or transitory.

Infirmary: Functional unit of the inpatient services of a health establishment where patients remain and which has at least three beds.

Inpatient bed-days: Total days used by all patients hospitalized in the various services of a health establishment in a reference period, except for the days of discharge of the same patients of that health establishment.

Life expectancy at birth (e0): The mean number of years that a newborn child can expect to live if subjected throughout his life to the current mortality conditions (age specific probabilities of dying).

Life expectancy at certain ages (ex): The mean number of years still to be lived by a person who have reached a certain exact age, if subjected throughout the rest of his life to the current age specific probabilities of dying.

Long-standing health problem: Health problem that lasts or is expected to last for six months or more.

Medical appointment: Appointment made by a doctor.

Medical doctor: Health professional with a degree in medicine and authorization by the respective professional order for the practise of medicine.

Medical specialist: Doctor qualified to practice a specialty in medicine.

Medicine: Substance or combination of substances with curative or preventive properties of diseases and their signs or symptoms, aiming to establish a medical diagnosis or to restore, correct or modify their physiological functions.

Mental health: Health condition related to a person's ability to realise their own potential, cope with daily stress, work productively and contribute to his/her community.

Minor surgery: Surgery that, although performed in safety and asepsis conditions, and with the use of local anesthesia, does not require to be performed in an operating room, direct support of a helper, anesthesia monitoring and the stay in recovery, having immediate discharge after the intervention.

Mobile pharmaceutical station: Establishment that provides medicines and health products to the public, under the supervision of a pharmacist and dependent on a pharmacy to whose license is associated.

Moderate food insecurity: Food insecurity that stems from uncertainty in obtaining food, the risk of missing meals or running out of food, being forced to compromise on the nutritional quality and/or quantity of food consumed.

Nurse: Qualified health professional with a degree in Nursing and authorization of the respective professional council for the exercise of Nursing.

Pharmacy: Establishment duly authorized to dispense to the public medicines that are or are not subject to a prescription.

Presentation of a medicine: Contents of a package of a medicinal product, expressed in number of units or volume of a pharmaceutical form, at a given dosage.

Private hospital: Hospital whose owner and main financier is a private entity, whether or not for profit, having universal or restricted access.



Public hospital: Hospital whose owner, main financier or administrative guardian is the State, having universal or restricted access.

Public-private partnership hospital: Hospital whose main financier or administrative guardian is the State and whose management is controlled and carried out by a private entity through a contract established with the State, having universal or restricted access.

Scheduled surgery: Surgery following a scheduled admission.

Self-assessment of health status: Subjective appreciation that each person makes of his health.

Severe food insecurity: Food insecurity that stems from the total absence of food or for a day or two, extreme hunger.

Specialist nurse: Nurse qualified to practice a specialty in nursing.

Specialized hospital: Hospital in which predominates a number of beds assigned to a specific specialty or that provides care only or especially to patients of a certain age group.

Specialty appointment: Medical appointment carried out within a specialty or subspecialty of hospital basis that should follow a clinical indication.

Specialty in Medicine: Set of specific knowledge and skills, obtained after successful attendance of postgraduate training and which gives a specialisation in a particular field of Medicine.

Surgery: One or more surgical procedures with the same therapeutic and/or diagnostic goal, performed by a surgeon in the operating room in the same session.

Virtual appointment: Appointment performed at a distance using interactive, audiovisual and data communications (includes video call, mobile or landline telephone, email and other digital media), with optional registration in the equipment and mandatory registration in the patient's clinical process.