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WORLD HEALTH DAY - 7 APRIL
1999-2025

POST-PANDEMIC RECOVERY IN HOSPITAL ACTIVITY CONTINUES

By the occasion of World Health Day, celebrated on 7 April, Statistics Portugal is releasing a new edition of "Health Statistics", mainly with indicators for 2024.

The following results stand out:

- After hospital activity had been severely affected by the pandemic, a recovery in the number of medical procedures carried out in hospitals continued to be observed in 2024. In 2024, the number of medical appointments, operating room surgeries and diagnostic and/or therapeutic complementary acts reached their highest levels since the series began in 1999.
- In 2024, the number of hospital hospitalisations exceeded the 2019 figure for the first time, whilst the number of emergency attendances remained slightly below the level recorded in 2019, despite the recovery seen since 2021.
- In 2024, public hospitals and those operating under public-private partnerships remained the main providers of healthcare services, accounting for 85.1% of diagnostic and/or therapeutic procedures, 79.9% of emergency care attendances, 73.5% of operating room surgeries and 73.0% of hospitalisations. Public sector hospitals accounted for over 60% of medical consultations, but this is the area of activity in which private hospitals achieved the most significant share, accounting for 37.6% of the total.
- The proportion of the population aged 16 and over with limitations in carrying out usual activities due to health problems, which is an internationally recognized approximation to the concept of disability, reached 23.8% in 2025.
- In 2023, life expectancy at age 65 was 22.7 years for women and 19.2 years for men. The adjustment for limitations due to health problems reduced the healthy life expectancy of the general population by almost 13 years, with this expectation being more penalizing for women (7.8 years) than for men (9.1 years).
- In 2025, the Generalized Anxiety Disorder 2-item (GAD-2) model indicates an increase in the population aged 16 and over with symptoms of generalized anxiety (39.4% compared to 32.0% in the previous year).

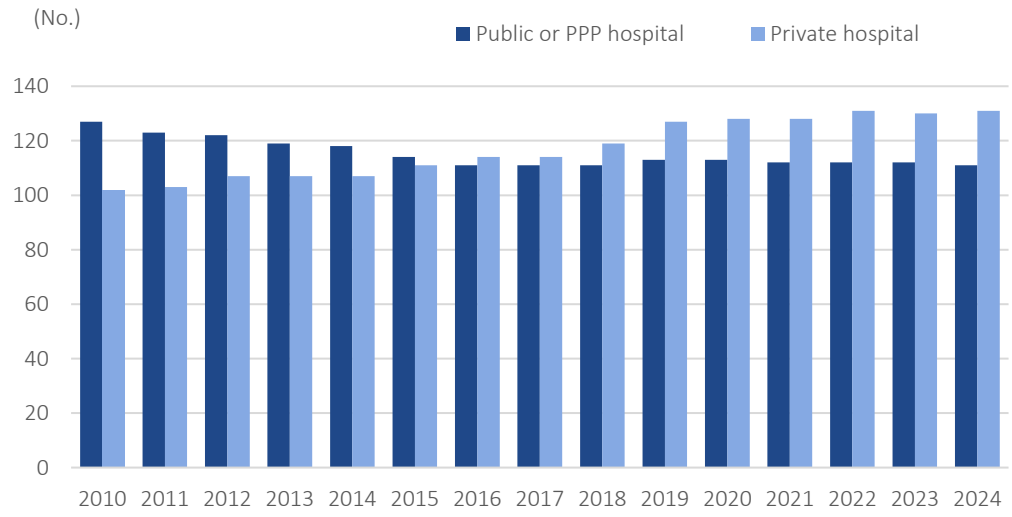
1. 35.4 THOUSAND INPATIENT BEDS IN 2024

In 2024, there were 242 hospitals in Portugal, 111 of which belonged to public health services. The number of public sector hospitals has remained relatively stable since 2016. The ratio of universal access hospitals per 100 thousand inhabitants was 1.0 in 2024, as in the previous year.

In 2024, 131 private hospitals were in operation, 29 more than in 2010. The predominance of private hospitals began in 2016 and covers the mainland and the Autonomous Regions.

Figure 1

HOSPITALS BY INSTITUTIONAL NATURE, PORTUGAL, 2010-2024



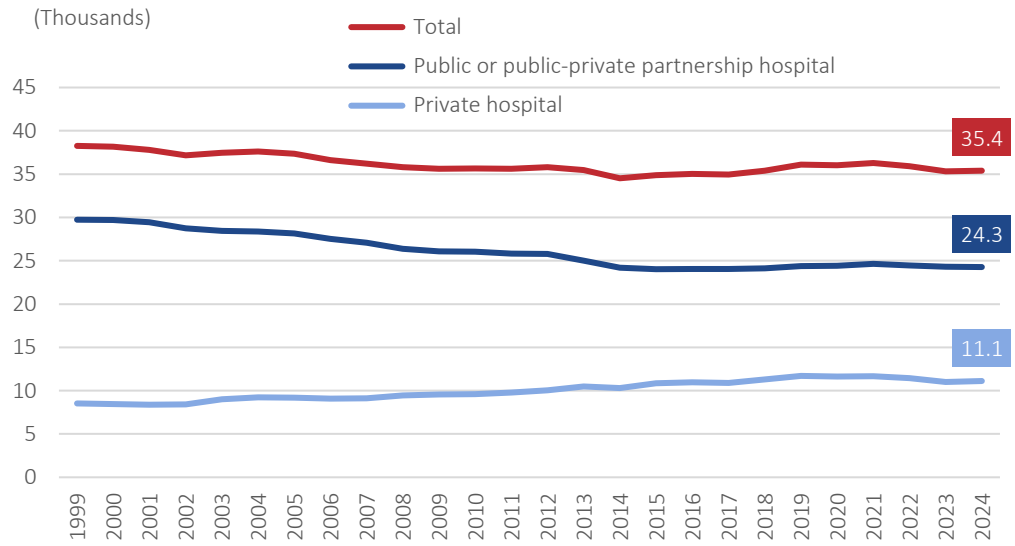
Around 75% of the hospitals in existence in 2024 were general hospitals, offering more than one type of specialist care. Among the 61 specialist hospitals, Psychiatry remained the most common area of specialisation (23 hospitals).

In 2024, hospitals had 35.4 thousand beds available and equipped for immediate hospitalisation, 91 more beds than in 2023 and corresponding to 3.3 beds per thousand inhabitants. Of the total beds, 68.6% were in public or public-private partnership hospitals.

Compared with the start of the series in 1999, there was a reduction in the total number of inpatient beds in Portuguese hospitals (2.9 thousand fewer beds, equivalent to a 7.5% decrease), caused mainly by developments in public hospitals or those operating under public-private partnerships (5.5 fewer beds, equivalent to an 18.4% decrease). In contrast, between 1999 and 2024, there was an increase of 2.6 inpatient beds in private hospitals (an increase of 30.4%).

Figure 2

HOSPITAL INPATIENT BEDS BY INSTITUTIONAL NATURE, PORTUGAL, 1999-2024



2. 1.2 MILLION HOSPITALISATIONS AND 10.5 MILLION HOSPITAL DAYS

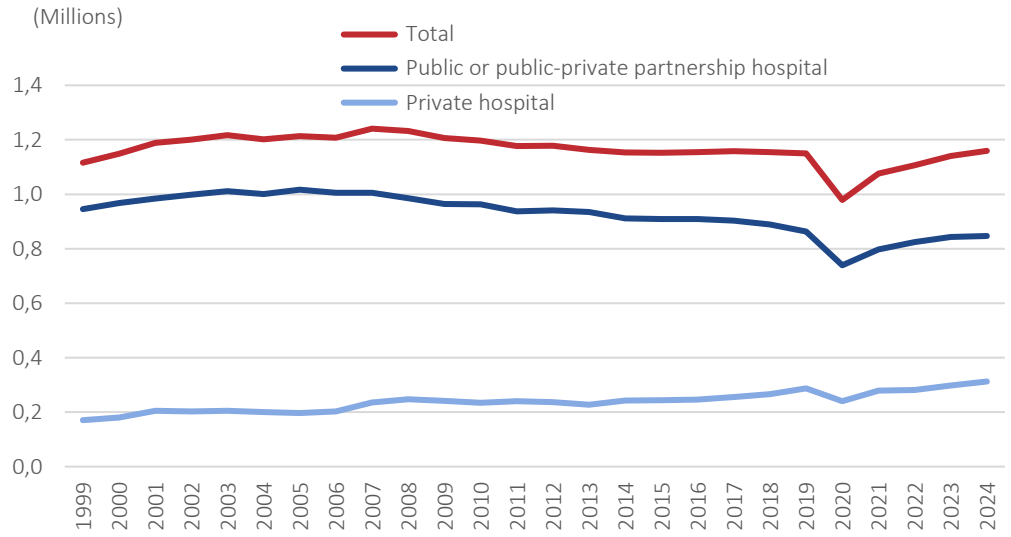
In 2024, there were around 1.2 million hospitalisations in Portuguese hospitals and 10.5 million days of hospitalisation. After the lowest figure in the series, which began in 1999, was recorded in 2020, the number of hospitalisations rose steadily and, in 2024, exceeded the 2019 figure for the first time, with 18.7 thousand hospitalisations than in 2023 (an increase of 1.6%).

In 2024, public or in public-private partnership hospitals ensured 846.8 thousand hospitalisations (73.0% of the total) and 7.6 million days of hospitalisation (72.3% of the total). These figures mean an increase of 3.4 thousand hospitalisations and 13.7 thousand fewer days of hospitalisation, equivalent to 0.4% more and 0.2% less compared to the activity recorded in 2023. In private hospitals, 312.5 thousand hospitalisations were carried out, resulting in 2.9 million days of stay, that is, about 15.3 thousand more hospitalisations (5.1% more) and 90.2 thousand more days of hospitalisation (3.2% more).

Of the total number of hospitalisations in 2024, 74.3% occupied infirmary beds, particularly in the specialties of Internal Medicine, General Surgery and Gynecology-Obstetrics, respectively with 24.6%, 14.7% and 11.8% 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 (23.0%) and Psychiatry (13.0%) stood out in private hospitals.

Figure 3

HOSPITALISATIONS BY INSTITUTIONAL NATURE, PORTUGAL, 1999-2024



In 2024, patients remained hospitalised in Portuguese hospitals for an average of 9.1 days, 0.1 less days than in 2023. In public and in public-private partnership hospitals, the average length of stay was 9.0 days (as in 2023), while in private hospitals the average length of hospital stay was 9.3 days (9.5 days in 2023).

3. MORE THAN 8 MILLION ATTENDANCES IN HOSPITAL EMERGENCY SERVICES

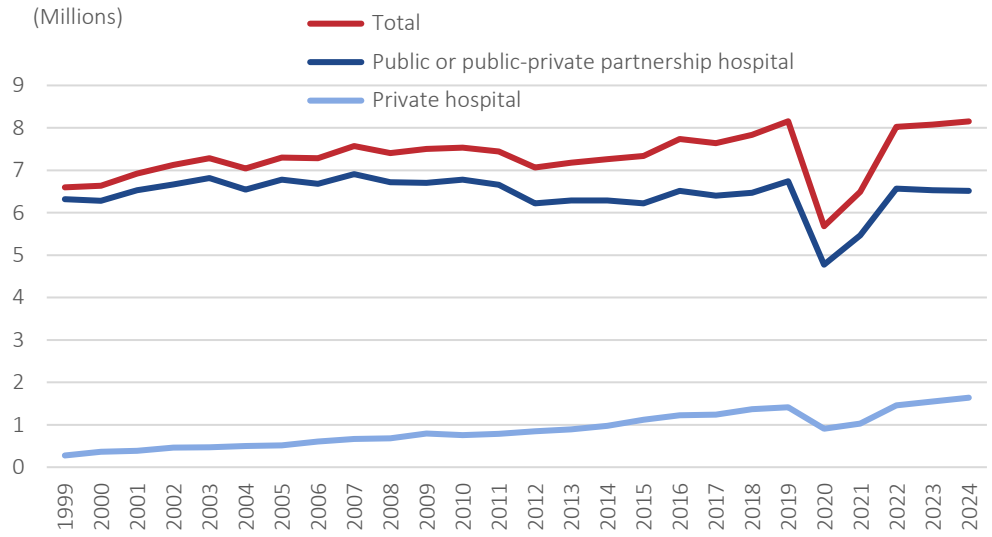
In 2024, around 8.2 million attendances were carried out in the emergency services of Portuguese hospitals, 77.5 thousand more attendances than in 2023 (1.0% more). The recovery observed from 2022 onwards has brought figures close to the level prior to 2020, the year in which emergency room attendances 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 2024, which represents 15.0 thousand fewer attendances compared to 2023 (0.2% less). In private hospitals, there were 1.6 million attendances in 2024, 92.5 thousand more than in the previous year (6.0% more) and the highest number since 1999.

Public or public-private hospitals provided 79.9% of all emergency service attendances (80.8% in 2023 e 95.8% in 1999) and private hospitals 20.1% (19.2% in 2023 and 4.2% in 1999).

Figure 4

ATTENDANCES IN THE EMERGENCY SERVICES BY INSTITUCIONAL NATURE, PORTUGAL, 1999-2024

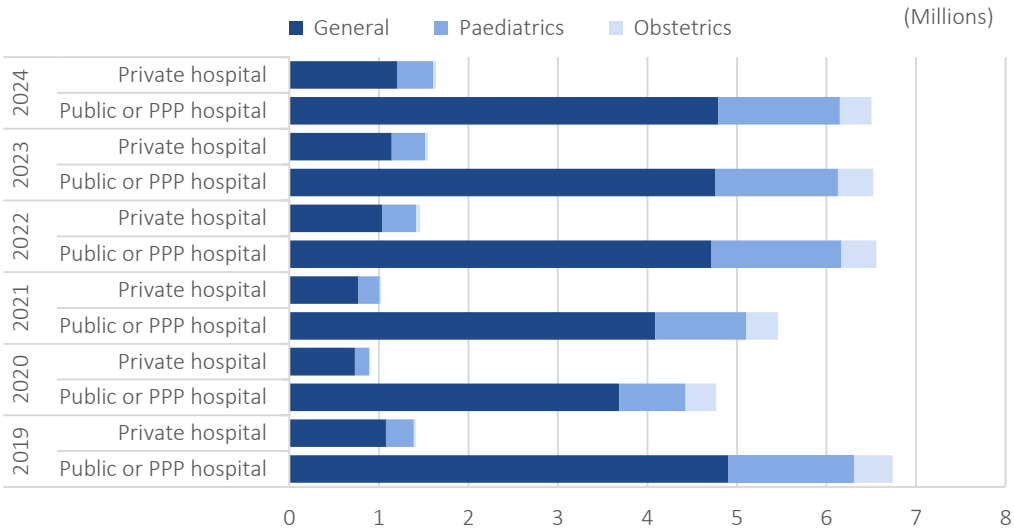


Most emergency attendances in hospitals in 2024 were provided by general emergency (73.6%), whilst Pediatrics and Obstetrics accounted for, respectively, 21.5% and 4.8% of attendances.

The number of general emergency attendances rose by 1.7% compared with the previous year. In total, 6.0 million attendances were made in the general emergency departments in Portuguese hospitals in 2024, representing an increase of 98,4 thousand compared with the previous year. Of these 98,4 thousand additional attendances, 63,4 thousand were in private hospitals and 35,0 thousand in public sector hospitals, corresponding to increases of 5.5% and 0.7% respectively compared to 2023.

Figure 5

ATTENDANCES IN THE EMERGENCY SERVICES BY TYPE OF EMERGENCY, PORTUGAL, 2019-2024



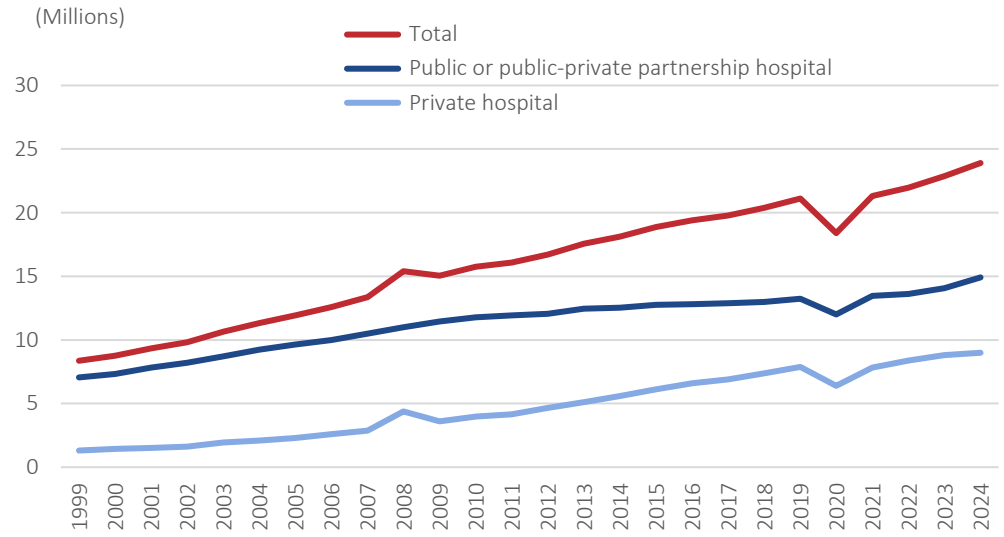
4. THE NUMBER OF MEDICAL APPOINTMENTS IN HOSPITALS REACHED A NEW MAXIMUM

In 2024, 23.9 million medical consultations were carried out in the external appointment units of Portuguese hospitals, 1.0 million more appointments (an increase of 4.5%) than in the previous year. This rise in the number of medical consultations carried out in hospitals marked a new high in the series started in 1999.

Compared to 2023, public or public-private partnership hospitals carried out 835.6 thousand more medical consultations (an increase of 5.9%), accounting for 62.4% of all appointments in Portuguese hospitals' outpatient units (84.4% in 1999). Private sector hospitals carried out 193.6 thousand more medical appointments (2.2% more), accounting for 37.6% of the total (15.6% in 1999). This is the area where private hospitals have achieved the highest percentage of the total.

Figure 6

MEDICAL APPOINTMENTS IN EXTERNAL APPOINTMENT UNIT BY INSTITUTIONAL NATURE, PORTUGAL, 1999-2024



In 2024, Ophthalmology, Orthopaedics, Gynecology-Obstetrics, General Surgery and Medical Oncology were, in descending order, the specialties with the highest number of medical appointments in the outpatient units of public or public-private partnership hospitals. In private hospitals, the specialties with more external appointments were Orthopaedics, Ophthalmology, Gynecology-Obstetrics, Otorhinolaryngology and Paediatrics.

In relation to 2023, the increases in the number of appointments in Ophthalmology (143.7 thousand more), Gynecology-Obstetrics (79.4 thousand more), Orthopaedics (75.6 thousand more) and Otorhinolaryngology (65.0 thousand more) stood out. Public sector hospitals contributed the most to the increase in appointments in the specialties of Ophthalmology and Gynecology-Obstetrics, while private hospitals contributed most to the increase in activity in the specialties of Orthopaedics and Otorhinolaryngology.

In 2024, 321.9 thousand virtual appointments were carried out in Portuguese hospitals, 67.1 thousand more than the previous year (26.4% more). The increase in the total number of virtual appointments is due to 60.2 thousand more virtual appointments carried out by public sector hospitals (31.3% more) and 6.9 thousand more virtual appointments carried out by private hospitals (10.9% more).

5. A NEW RECORD FOR OPERATING ROOM SURGERIES, WITH 1.3 MILLION IN 2024

In Portuguese hospitals, 1.3 million surgeries were performed in operating room in 2024, 96.7 thousand more surgeries than in the previous year and the highest figure in the series started in 1999.

In public sector hospitals, 923.8 thousand operating room surgeries were carried out, which represents an increase of 10.2% compared to the previous year. In private hospitals, 332.9 thousand surgeries of this nature were performed, representing an increase of 3.6%.

Ophthalmology, General Surgery and Orthopaedics saw the biggest increases in the number of surgeries performed in operating room, having jointly ensured 59.8 thousand more surgeries (61.8% of the increase between 2023 and 2024 in the total number of surgeries). Public sector hospitals were the ones that contributed the most to the reinforcement of activity in these three specialties.

Of all operating room surgeries performed in 2024, 73.5% took place in public or public-private partnership hospitals, of which 88.2% were scheduled, i.e., resulted from prior appointments. In private hospitals, scheduled surgeries had a higher weight, accounting for 95.7% of the total.

In 2024, 188.7 thousand minor surgeries were carried out in Portuguese hospitals, 117.4 thousand of which (62.2%) performed in public sector hospitals. The total number of minor surgeries performed in 2024 increased compared to the previous year (6.7 thousand more, corresponding to 3.7% more).

6. MORE THAN 230 MILLION COMPLEMENTARY DIAGNOSTIC AND/OR THERAPEUTIC ACTS CARRIED OUT BY HOSPITALS

In 2024, 230.2 million diagnostic and/or therapeutic complementary acts were performed 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 19.9 million complementary acts compared to 2023 (9.5% more) and sets a new maximum for the period 1999 to 2024.

The three main complementary acts performed in hospitals increased in 2024. Overall, 152.9 million clinical analyses were carried out, 19.0 million complementary acts of Physical Medicine and Rehabilitation and 15.1 million Radiology exams. These values mean 15.1 million more clinical analyses, 888.6 thousand more complementary acts of Physical Medicine and Rehabilitation, and 1.1 million more Radiology exams compared to 2023.

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).

7. THE NUMBER OF MEDICINES (BRANDS) IN THE PHARMACEUTICAL MARKET INCREASED IN 2024

In 2024, there were 2,921 pharmacies and 202 mobile medicine depots in Portugal, i.e., one more pharmacy than in the previous year and four more mobile medicine depot. The average number of pharmaceutical establishments was 29 per 100 thousand inhabitants.

Also in 2024, there were 9,063 medicines (brands) in the pharmaceutical market, which corresponded to 49,555 pharmaceutical presentations. Between 2023 and 2024, the number of medicines (brands) increased from 9,023 to 9,063 and the number of presentations increased, from 49,044 to 49,555.

In 2024, 40% of medicines (brands) and 17.9% of existing presentations were reimbursed. In terms of pharmacotherapeutic groups, almost 60% of the presentations reimbursed in 2024 concerned the central nervous system (31.6%) and the cardiovascular system (28.0%).

8. MORE THAN HALF OF CURRENT HEALTH SPENDING WAS FUNDED BY THE SNS AND THE SRS

Between 2022 and 2024, 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, 54.9% of the total. In those years, on average, 28.9% of current expenditure was paid directly by households.

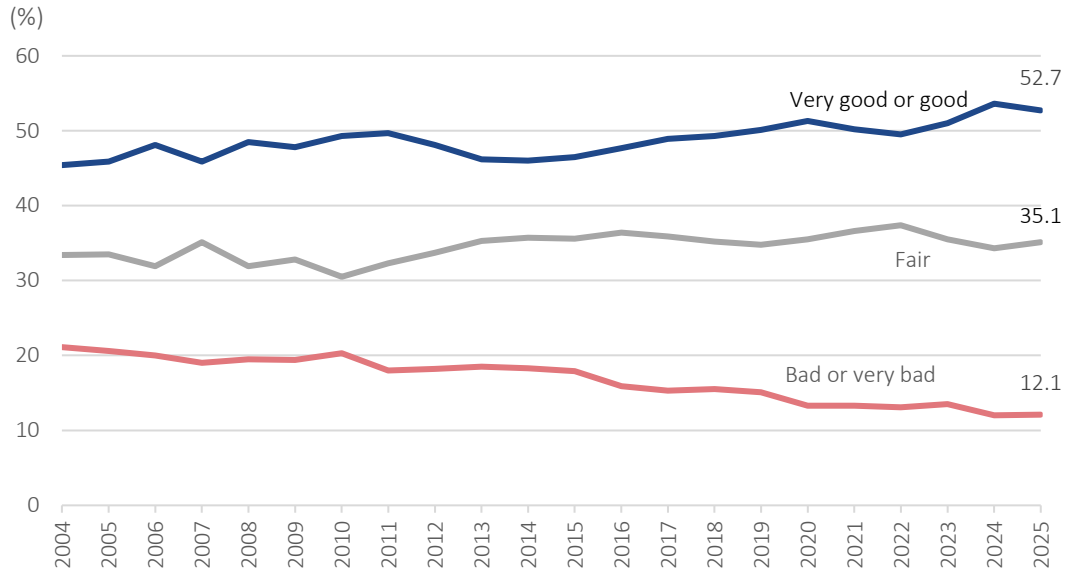
In structural terms, between 2022 and 2024, there was a decrease in the relative weight of household expenditure stands out (28.2% of current expenditure in 2024, 0.9 p.p. less than in 2022) and an increase of 1.0 p.p. in the relative weight of insurance company expenditure.

9. MOST PEOPLE RATE THEIR HEALTH AS VERY GOOD OR GOOD

In 2025, according to the results of the Survey on Living Conditions and Income, 52.7% of the population aged 16 or overrated their health status as good or very good, a lower figure than in the previous year (53.6% in 2024), but still higher than in the first three years of this decade (between 49.5% and 51.0%). On the other hand, the proportion of people who rated their health negatively (12.1%) in 2025 was close to the figure recorded in the previous year (12.0% in 2024), lower than that recorded from 2021 to 2023 (between 13.1% and 13.5%) and, above all, considerably lower than the results obtained between 2004 and 2015.

Figure 7

PROPORTION OF POPULATION AGED 16 OR OVER BY SELF PERCEPTION OF HEALTH, PORTUGAL, 2004-2025



10. WOMEN AND THE ELDERLY HAVE A HIGHER PREVALENCE OF CHRONIC ILLNESS AND LIMITATIONS IN CARRYING OUT ACTIVITIES DUE TO HEALTH PROBLEMS

The results for 2025 confirm that a positive assessment of health status is more common among men (56.5%) than among women (49.3%) and substantially higher in the population aged 16 to 64 (66.0%) compared to the population aged 65 or over (19.1%).

Self-reported chronic illness or long-standing health problems were also more common among women (47.6%) than men (40.2%) and affected the elderly population much more: 69.7% of the population aged 65 or over, compared with 33.9% of the population under 65.

In the same period, 23.8% of the population aged 16 or over reported feeling limited in carrying out activities considered normal for most people due to health problems: 19.0% reported feeling somewhat limited, but not severely, whilst 4.8% reported severe limitation. As with the two previous indicators, women and the elderly population reported some limitation in carrying out activities more frequently (in the first case, 27.2% compared to 19.9% of men, and, in the second case, 47.5% compared to 14.4% for the non-elderly population), with the age difference being most evident where severe limitations exist: 11.4% among people aged 65 or over and 2.1% among those under 65.

Figure 8

SELF-REPORTED HEALTH INDICATORS, BY SEX AND AGE GROUP, PORTUGAL, 2025

unit: %

	Self percetion of health status		Chronic disease	Limitation in activities because of health problems		
	Very good or good	Bad or very bad	with long-standing illness or health problem	Without limitation	Limited non severely	Severely limited
Total	**52.7**	**12.1**	**44.1**	**76.2**	**19.0**	**4.8**
16-64 years	66.0	5.8	33.9	85.6	12.2	2.1
65+ years	19.1	28.1	69.7	52.5	36.2	11.4
Men	**56.5**	**10.2**	**40.2**	**80.1**	**15.7**	**4.2**
16-64 years	68.8	5.2	30.9	87.6	10.2	2.1
65+ years	21.6	24.6	66.6	58.5	31.5	10.1
Women	**49.3**	**13.9**	**47.6**	**72.8**	**22.0**	**5.3**
16-64 years	63.4	6.5	36.8	83.7	14.2	2.1
65+ years	17.2	30.7	72.1	47.9	39.7	12.3

In 2025, the proportion of people with a good or very good perception of their health status (60.8%) was highest in Grande Lisboa region and lowest in Centro (44.8%), which, along with the Oeste e Vale do Tejo region, recorded the highest proportions of negative self-assessments of health status (15.5% and 15.6%, respectively).

Figure 9

SELF-REPORTED HEALTH INDICATORS, NUTS 2, 2025

unit: %

	Self percetion of health status		Chronic disease	Limitation in activities because of health problems		
	Very good or good	Bad or very bad	with long-standing illness or health problem	Without limitation	Limited non severely	Severely limited
Portugal	**52.7**	**12.1**	**44.1**	**76.2**	**19.0**	**4.8**
Norte	51.9	12.3	45.2	76.1	19.4	4.5
Centro	44.8	15.5	46.8	73.1	20.9	6.0
Oeste e Vale do Tejo	47.9	15.6	46.7	71.6	22.2	6.3
Grande Lisboa	60.8	8.8	42.1	80.6	15.6	3.8
Península de Setúbal	55.4	10.9	40.3	77.6	18.2	4.2
Alentejo	53.2	12.5	41.0	75.2	20.3	4.5
Algarve	56.3	10.7	38.5	77.9	17.4	4.7
R. A. Açores	56.4	10.1	43.2	75.8	19.6	4.5
R. A. Madeira	48.1	11.8	47.5	73.3	21.5	5.2

The highest proportions of residents with some limitation in carrying out activities due to a health problem (28.5%) and of those with a severe limitation (6.3%) were recorded in the Oeste e Vale do Tejo region, and the lowest in Grande Lisboa region (19.4% with somewhat limited and 3.8% with a severe limitation).

The proportion of residents who reported having a chronic illness or long-standing health problem was highest in Região Autónoma da Madeira (47.5%) and in Centro (46.8%), Oeste e Vale do Tejo (46.7%) and Norte (45.2%) regions. The remaining regions recorded figures below the national average (44.1%), with the Algarve region standing out as having the lowest figure (38.5%) and the only one below 40%.

11. LOWER HEALTHY LIFE EXPECTANCY FOR WOMEN

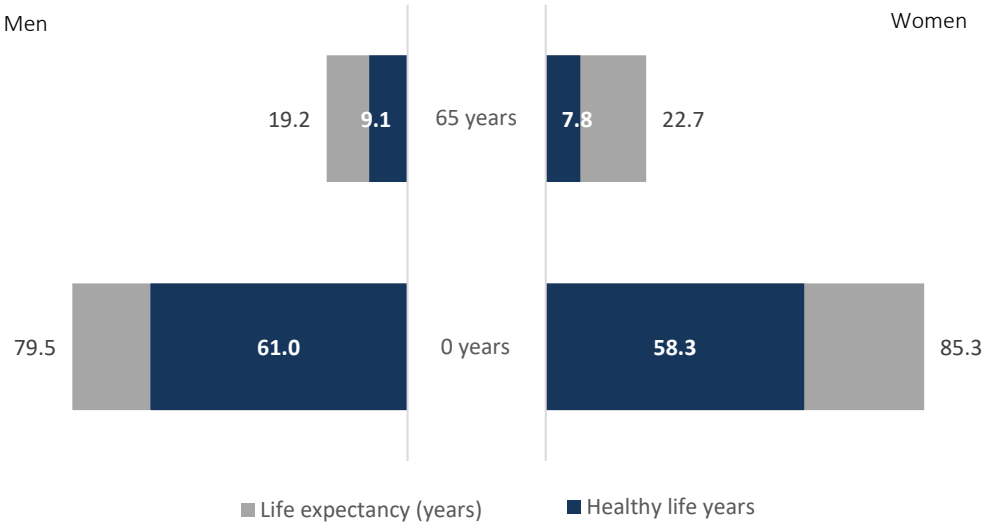
The results of the indicator relating to the existence of long-standing limitations in usual activities are normally considered as an estimate of the proportion of people with disabilities and, to that extent, integrated into the calculation of the indicator "Healthy life years", which allows to assess 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 2023, average life expectancy at birth in Portugal was estimated at 85.3 years for women and 79.5 years for men. The estimate of healthy life years at birth was lower for women (58.3 years) than for men (61.0 years).

In the same year, life expectancy at age 65 was 22.7 years for women and 19.2 years for men. The adjustment for health-related limitations reduced the expected healthy life expectancy for the general population by almost 13 years, with this reduction being greater for women (7.8 years) than for men (9.1 years).

Figure 10

LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT BIRTH AND AT 65 YEARS, BY SEX, PORTUGAL, 2022



12. IN PORTUGAL, WOMEN LIVE 5 YEARS LONGER WITHOUT DISABILITIES THAN THE EUROPEAN AVERAGE

In 2023, healthy life expectancy at birth in Portugal was 61.0 years for men, 1.8 years less than the European average (62.8 years). For women, the difference was even greater: 5.0 years less than the European average (58.3 years in Portugal and 63.3 years in the EU-27).

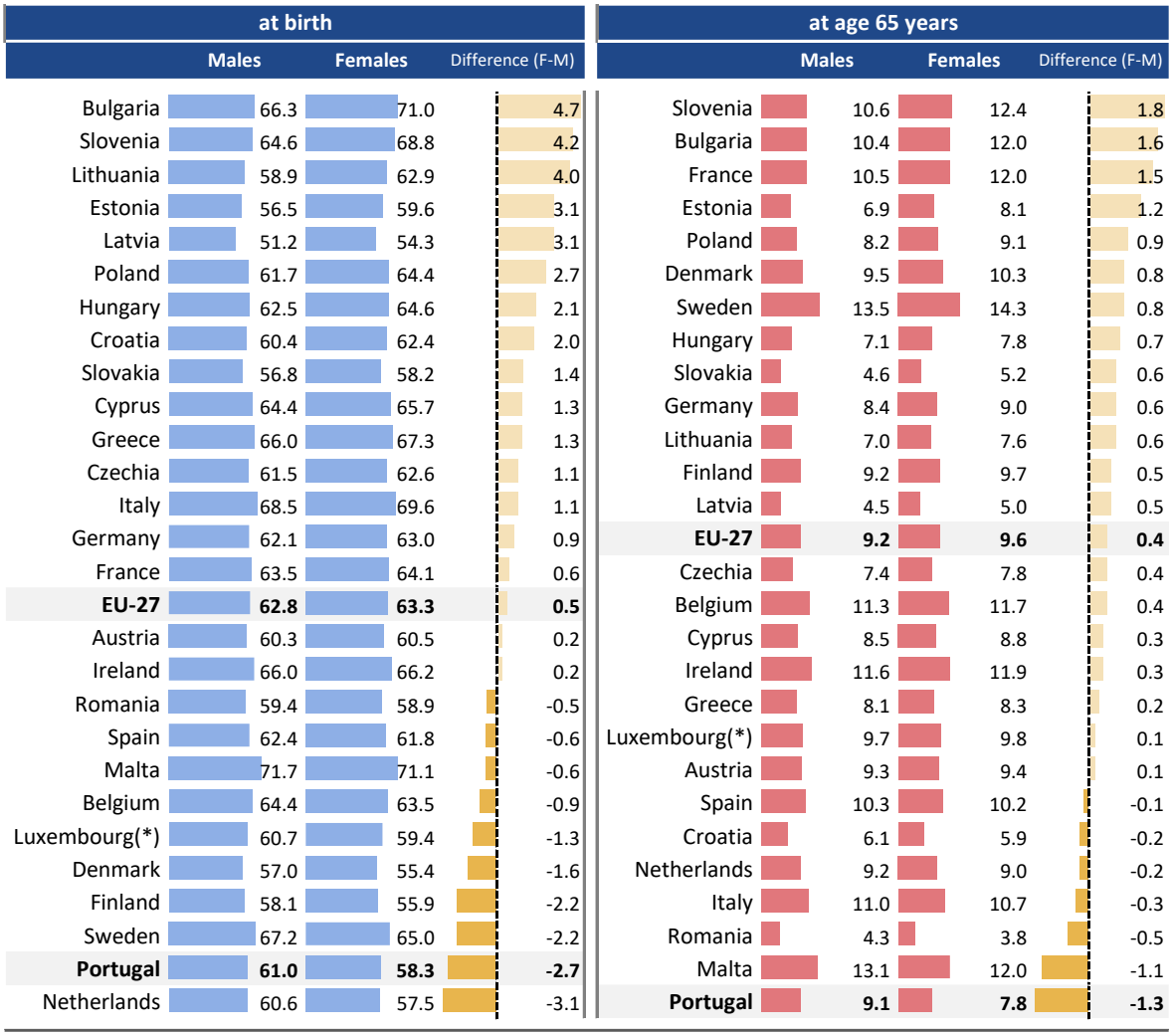
In 2023, Portugal was also one of the ten Member States where the difference in healthy life expectancy at birth between a male and a female newborn was greatest, recording the second-largest difference (2.7 years), surpassed only by the 3.1 years recorded in the Netherlands.

In the same year, and considering healthy life expectancy at age 65, Portugal was close to the European average for the male population (9.1 years in Portugal and 9.2 years in the EU-27), but lagged further behind for women, with a difference of 1.8 years (7.8 years in Portugal and 9.6 years in the EU-27).

Portugal was the 7th country in the European Union with the lowest healthy life expectancy at age 65 for women, and had the widest gender gap (1.3 years in favour of men), compared with an average of 0.4 years more for women than for men across the EU-27.

Figure 11

HEALTHY LIFE YEARS AT BIRTH AND AT 65 YEARS, BY SEX, EU-27, 2023



Note: (*) data from 2022.

13. A SIGNIFICANT INCREASE IN THE PROPORTION OF THE POPULATION EXPERIENCING SYMPTOMS OF GENERALISED ANXIETY DISORDER

By 2025, 39.4% of the population aged 16 or over would have symptoms of generalised anxiety, corresponding to a score of 3 or more points according to the Generalised Anxiety Disorder 2-item (GAD-2) [1] scale, and 11.3% show more severe levels of anxiety, corresponding to a score of 6 points (the maximum score for the model used). These

[1] This is a simplified version of the GAD-7 model (see Technical note).

results reflect a significant increase in the proportion of the population affected by symptoms of generalised anxiety (up 7.4 percentage points (pp) from the 32.0% recorded the previous year).

This condition affected women more than men: 46.2% of women and 31.2% of men, based on the indicator with a score of 3 or more points, a disparity that was more pronounced in the case of more severe anxiety levels, which stood at 14.6% of women and 7.2% of men.

The overall indicator for generalised anxiety disorder was also higher among the elderly population (3.0 pp higher when considering the overall indicator for generalised anxiety disorder, and 3.5 pp higher when considering the criterion for greater severity).

Figure 12

PROPORTION OF POPULATION AGED 16 OR OVER WITH GENERALIZED ANXIETY DISORDER (GAD-2), BY SEX AND AGE GROUP, PORTUGAL, 2025

unit: %

	Generalized anxiety disorder (GAD-2)		
	No symptoms (score <3)	With symptoms	
		Score ≥ 3	of which, score = 6
Total	**60.6**	**39.4**	**11.3**
16-64 anos	61.6	38.4	10.1
65 ou mais anos	58.6	41.4	13.6
Homens	**68.8**	**31.2**	**7.2**
16-64 anos	69.7	30.3	6.8
65 ou mais anos	67.0	33.0	8.3
Mulheres	**53.8**	**46.2**	**14.6**
16-64 anos	54.6	45.4	13.1
65 ou mais anos	52.2	47.8	17.6

14. THE PREVALENCE OF FOOD INSECURITY IN PORTUGAL DECREASED IN 2025

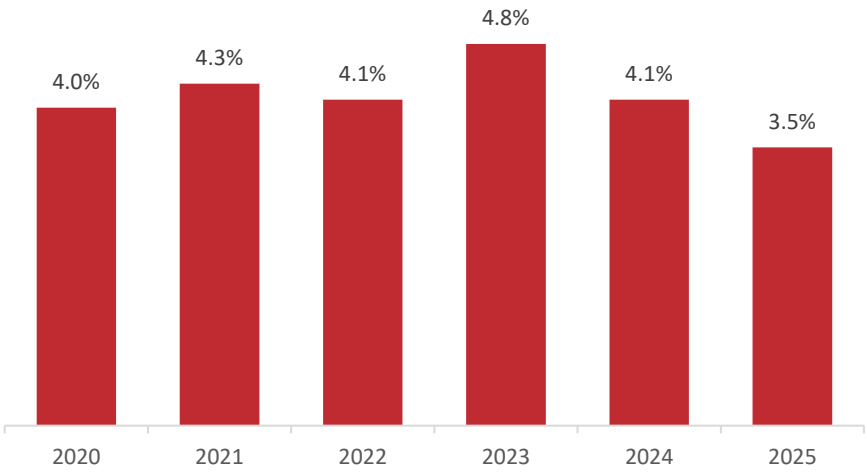
The Survey on Living Conditions and Income also enables the prevalence of food insecurity among the population to be assessed, using an indicator based on the Food Insecurity Scale (FIES), which helps to monitor progress in the population's access to sufficient, safe and nutritious food.

In 2025, the proportion of the population residing in Portugal who were experiencing moderate or severe food insecurity – that is, with a low-quality diet or reduced food intake at times during the year – stood at 3.5%, the lowest figure recorded since 2020.

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 0.4% of the population in 2025.

Figure 13

PREVALENCE RATE OF MODERATE OR SEVERE FOOD INSECURITY OF RESIDENT POPULATION, PORTUGAL, 2020-2025



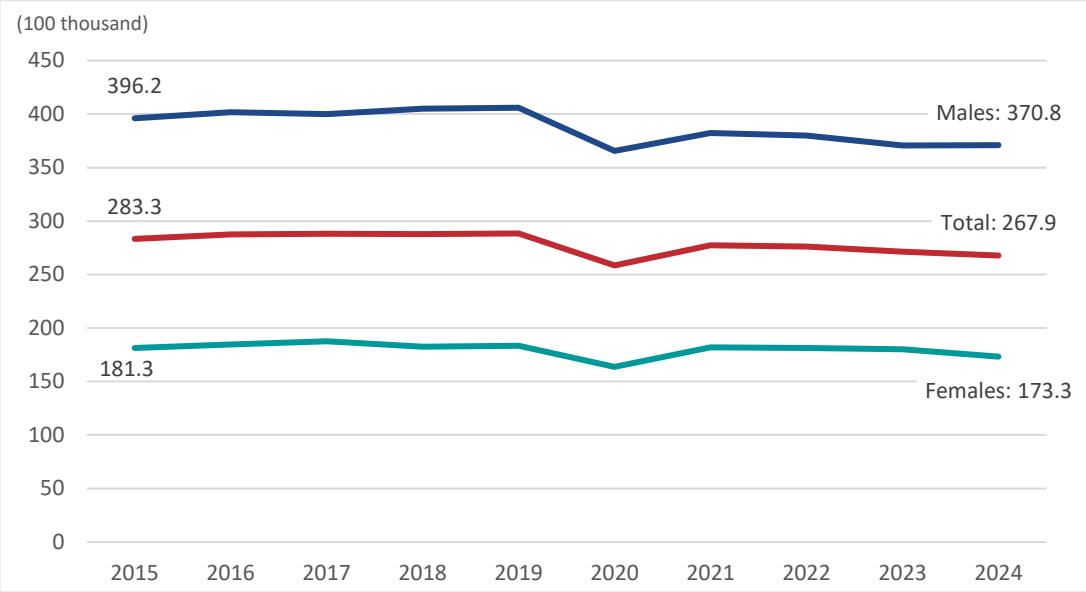
Box | Road traffic accidents deaths affect relatively more young people and the elderly

*The number of deaths among residents in Portugal due to **road traffic accidents** in 2024 was 6.0 per 100 thousand inhabitants (6.7 in the previous year), higher for men than for women (9.9 and 2.3, respectively). Mortality rates rise significantly from the 15 to 24 age group, with a rate of 8.3 deaths per 100 thousand people in 2024; rates for the 25 to 34 and 75 and over age groups are also notable: 7.7 in both cases. In 2024, the highest mortality rate from road traffic accidents was recorded in the Alentejo region (11.8).*

*In 2024, the mortality rate from **diseases of the circulatory system, malignant neoplasms, diabetes mellitus and chronic respiratory diseases** among those aged 30 to 70 was 267.9 per 100 thousand inhabitants, lower than that recorded in the previous year (271.3) and in 2015 (283.3). The mortality rate for men due to the four diseases under consideration has, over the last two decades, been around twice that of women: in 2024, it stood at 370.8 for men and 173.3 for women.*

Figure 14

MORTALITY RATE (30 TO 70 YEARS) DUE TO DISEASES OF THE CIRCULATORY SYSTEM, MALIGNANT NEOPLASMS, DIABETES MELLITUS AND CHRONIC RESPIRATORY DISEASES PER 100,000 INHABITANTS, BY SEX, PORTUGAL, 2015-2025



*In 2024, the **suicide mortality rate** stood at 9.0 per 100 thousand inhabitants, lower than the figure recorded the previous year (9.8). Over the last 20 years, the suicide mortality rate has consistently been higher among men: between 3 and 4 times that of women (in 2024, 14.2 compared to 4.3 for women). Since 2015, the highest rates have been recorded in Alentejo and Algarve regions and the Região Autónoma dos Açores. In 2024, the highest suicide mortality rate was recorded in Alentejo (17.3), followed by Algarve (12.9) and Região Autónoma dos Açores (12.0).*

*The **mortality rate due to unsafe water, unsafe sanitation and lack of hygiene** was 4.0 per 100 thousand inhabitants in 2024, decreasing from the previous year (4.9).*

TECHNICAL NOTE

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.

Survey on Living Conditions and Income

The Survey on Living Conditions and Income is an annual statistical survey conducted amongst a representative sample of households residing in Portugal. Its scope covers the assessment of households' various sources of income, their socio-economic profile, and an extensive set of variables relating to living conditions, with particular emphasis in this case on health-related factors. The survey enables the annual publication of statistical indicators on the at-risk-of-poverty rate and inequality in income distribution, as well as on material and housing deprivation. It also serves as the data source for the annual updating of population-based indicators on health status and for the calculation of indicators relating to healthy life expectancy (healthy life years). In this context, the survey forms

part of the harmonised programme of European statistics on the income and living conditions of private households, EU-SILC.

It also collects a range of information that can only be provided by the respondent themselves, namely their opinion on their level of satisfaction with life in general; a simplified screening tool for generalised anxiety disorder (Generalised Anxiety Disorder 2-item, or GAD-2), comprising two questions that assess the likelihood of Generalised Anxiety Disorder and other anxiety disorders over the past two weeks; and a scale (Food Insecurity Experience Scale, or FIES) of eight questions that enable the calculation of two indicators: one indicator that identifies segments of the population experiencing 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 comprising the Food Insecurity Scale (FIES) were designed to capture the severity of food insecurity and should be analysed collectively. Data from the scale are analysed using the Rasch model, providing the statistical basis for measuring food security based on experience and producing data on food insecurity that are comparable across countries. The scale allows for the calculation of two indicators: an indicator that considers segments of the population experiencing moderate or severe food insecurity, i.e. people with a poor-quality diet or who experience reduced food availability at times during the year; and a second indicator that estimates the proportion of the population suffering from severe food insecurity, i.e. people who go several days without eating due to a lack of resources, financial or otherwise, to obtain food.

SOME 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.

Death: The permanent disappearance of vital functions.

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.

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.

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 anaesthesia, does not require to be performed in an operating room, direct support of a helper, anaesthesia 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.

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 financer is a private entity, whether or not for profit, having universal or restricted access.

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

Public-private partnership hospital: Hospital whose main financer 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.

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.

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.

Underlying cause of death: Disease or injury that initiated the chain of pathological events leading to death or the circumstances of the accident or act of violence that produce the fatal injury. Note: the cause of death is classified according to the International Classification of Diseases and Related Health Problems (ICD) in use.

Virtual appointment: Appointment preformed 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.

INDICATORS

With the release of these results, Statistics Portugal updates the following set of indicators on www.ine.pt:

Hospitals

Hospitals (No.) by Geographic localization (NUTS - 2024) and Nature of institution; Annual

Hospitals (No.) by Geographic localization (NUTS - 2024) and Modality; Annual

Beds (No.) of hospitals by Geographic localization (NUTS - 2024) and Modality; Annual

Internments (No.) in hospitals by Geographic localization (NUTS - 2024); Annual

Period of hospitalisation (Day) in hospitals by Geographic localization (NUTS - 2024); Annual

Attendances at emergency services (No.) in hospitals by Geographic localization (NUTS - 2024); Annual

Medical appointments in external appointments unit (No.) of hospitals by Geographic localization (NUTS - 2024) and Appointment´s medical speciality; Annual

Surgeries (except small surgeries) per day (No.) in hospitals by Geographic localization (NUTS - 2024); Annual

Pharmacies

Pharmacies and mobile medicine depots (No.) by Geographic localization (NUTS - 2024) and Type of local pharmaceutical unit; Annual

Pharmacies and mobile medicine depots per 1000 inhabitans (No.) by Geographic localization (NUTS - 2024); Annual

Health status

Distribution of resident population with 16 and more years old (%) by Sex, Age group and Self perceived health status; Annual

Distribution of resident population with 16 and more years old (%) by Place of residence (NUTS - 2024) and Self perceived health status; Annual

Proportion of resident population with 16 and more years old reporting any chronic disease or long-standing health problem (%) by Sex and Age group; Annual

Proportion of resident population with 16 and more years old reporting any chronic disease or long-standing health problem (%) by Place of residence (NUTS - 2024); Annual

Distribution of resident population with 16 and more years old (%) by Sex, Age group and Limitation in performing activities due to health problem; Annual

Distribution of resident population with 16 and more years old (%) by Place of residence (NUTS - 2024) and Limitation in performing activities due to health problem; Annual

Healthy life years at birth (Year) by Sex; Annual

Healthy life years at 65 years (Year) by Sex; Annual

Prevalence rate of moderate or severe food insecurity (%) of resident population; Annual

Mortality by cause of death

Mortality rate due to road accidents per 100 000 inhabitants (No.) by Place of residence (NUTS - 2024), Sex and Age group; Annual

Mortality rate (30 to 70 years) due to diseases of the circulatory system, malignant neoplasms, diabetes mellitus and chronic respiratory diseases per 100 000 inhabitants (No.) by Sex; Annual

Mortality rate due to intentional self-harm (suicide) per 100 000 inhabitants (No.) by Place of residence (NUTS - 2024), Sex and Age group; Annual

Mortality rate attributable to unsafe water, unsafe sanitation and lack of hygiene per 100 000 inhabitants (No.) by Sex and Age group; Annual