

World Health Day – 7 April
2004-2014

In 2014, 10.1 million of hospitalisation days

- In 2014 half of the hospitals were under the administrative supervision of the State and of universal access
 - Emergency service care in private hospitals increased
 - The number of beds in official hospitals declined
 - Almost three quarters of major and medium surgeries were held in official hospitals
 - In 2014 there were 1/4 less birth deliveries than in 2004
 - Almost 31% of total deaths in 2014 were caused by diseases of the circulatory system and and 25% by malignant neoplasms
 - Deaths from HIV/AIDS affected mostly men
 - More than half of the population aged 18 or more years was overweighted or obese
 - In 10 years outpatient medical appointments and complementary diagnostic and therapeutic procedures mainly increased in private hospital
 - Infant mortality declined by more than 40%, neonatal mortality by almost 40% and foetal deaths by almost 30%
 - More than 50% of current health expenditure was funded by the National Health Service and the Regional Health Services of the Autonomous Regions between 2012 and 2014
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On the occasion of the World Health Day, on 7 April, Statistics Portugal presents a number of health indicators for the 2004-14 period. The publication Health Statistics 2014 is also released with information organised in the following thematic areas: hospitals, pharmacies and medicines, health professionals, births and mortality, main results of the National Health Survey 2014, and current expenditure on health.

Half of the hospitals in 2014 were under the administrative supervision of the State and were of universal access

In 2014 there were 225 hospitals in Portugal, 118 of which were under the administrative supervision of the State (52.4% of the total), and 107 were private hospitals (47.6%). Official hospitals were broken down into 113 hospitals with universal access and five military or prison hospitals.

In 2014 around 75% of hospitals were general hospitals, i.e. they covered more than one area of expertise. Among the 56 specialised hospitals (covering only one area of expertise) Psychiatry was the predominant area (26 hospitals), as in previous years.

On the Mainland most hospitals were official (112, vis-à-vis 96 private hospitals). By contrast, in the autonomous regions the number of private hospitals exceeded the number of official hospitals (in the Azores: three official hospitals and five private, in Madeira: three official hospitals and six private).

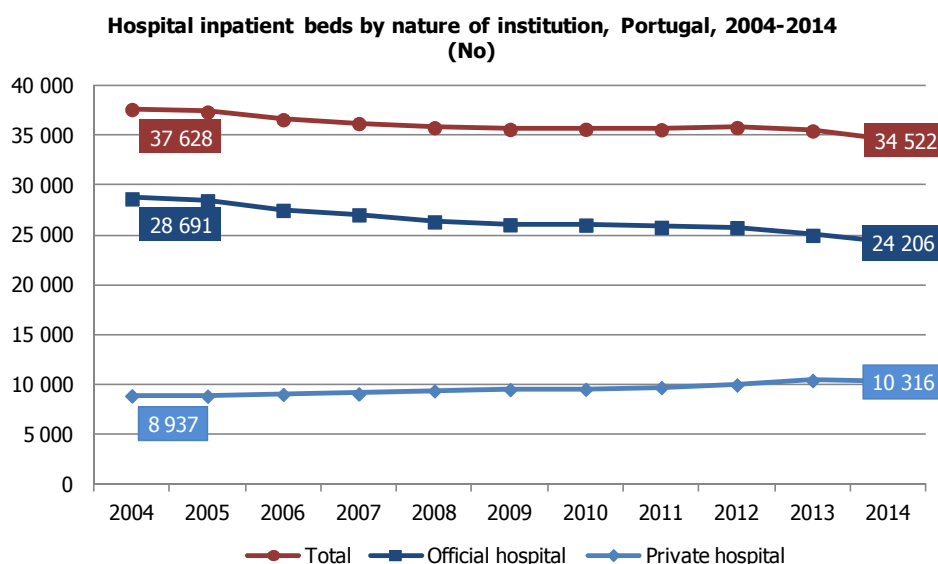
Emergency service care in private hospitals increased

In 2014 around 7.3 million attendances were carried out in hospital emergency services, 86.5% of which in official hospitals. Most visits to hospital emergency services were caused by diseases (82.9%), while accidents caused 10.8% of visits, and 6.3% were due to other causes (namely injuries due to aggression and self-inflicted injuries).

The number of attendances in hospital emergency services increased in the ten years prior to 2014 (+ 3.1% vis-à-vis 2004), specially in the case of private hospitals, where the number of visits to emergency departments in 2014 almost doubled since 2004.

The number of beds in official hospitals declined

In 2014 hospitals had 34,522 available beds equipped for the immediate hospitalisation of patients, 70.1% of which in official hospitals (24,206) and the remaining 29.9% in private hospitals (10,316). Of the total beds in hospitals, 2.7 % were long term care beds.



Source: Statistics Portugal, Hospitals survey.

In the year under review, official hospitals had approximately 4,500 fewer beds than in 2004. In contrast, the number of hospital beds increased by almost 1,400 between 2004 and 2014, which was not sufficient to maintain the global capacity of 2004. Indeed, there was a decrease in the average number of hospital beds per 1,000 people of 3.6 in 2004 to 3.3 in 2014.

Almost 90% of beds in official hospitals in 2014 were integrated in wards, i.e. functional structures with at least three beds.

In the case of private hospitals, the share of beds in wards, although in majority, did not reach 60%. In these hospitals, semi-private and private rooms accounted for around one third of beds (3,510, compared to 264 beds in official hospitals).

10.1 million hospitalisation days

In 2014 there were around 1.2 million hospitalisations in Portuguese hospitals (79.0% of which in hospitals under the administrative supervision of the State) and close to 10.1 million hospitalisation days (72.9% of which in official hospitals). The average length of stay in hospitalisation, i.e. the average number of days per each stay, was 8.7 days, with Psychiatry recording the longest period of hospitalisation, i.e. an average 67.5 days in Portuguese hospitals as a whole.

In official hospitals, around 95% of hospitalisations in 2014 were in wards (particularly in specialties such as Internal Medicine, General Surgery, and Gynaecology / Obstetrics), and the average length of hospitalisation was 8.0 days. The longest period of hospitalisation was in Psychiatry (25.6 days per hospitalisation on average).

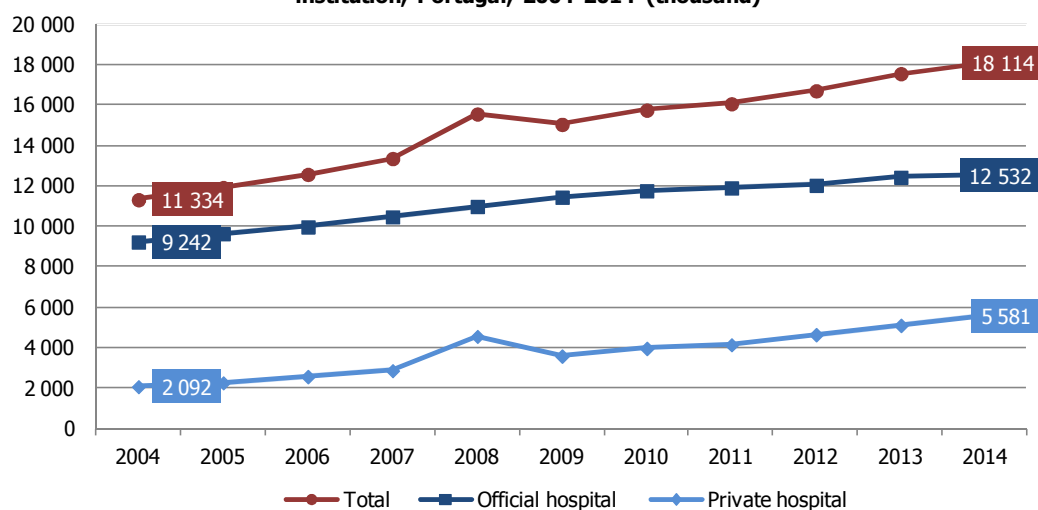
Most hospitalisations in private hospitals were in semi-private or private rooms (63.7%), and patients were hospitalised for 11.2 days on average. Psychiatry recorded the longest average length of hospitalisation (177.0 days per hospitalisation on average).

In 10 years outpatient medical appointments mainly increased in private hospitals

In 2014 hospitals recorded around 18.1 million outpatient medical appointments, of which close to 70% in official hospitals.

The number of outpatient medical appointments in hospitals increased in the ten years prior to 2014 (with the sole exception of 2009), from 11.3 million to 18.1 million appointments. This trend was common to official and private hospitals, although more noticeable in the latter. In 2004 these hospitals accounted for 18.5% of total outpatient medical appointments in Portuguese hospitals (around 2.1 million appointments), while in 2014 they accounted for 30.8% (around 5.6 million appointments).

Medical consultations in hospital external consultation by nature of institution, Portugal, 2004-2014 (thousand)



Source: Statistics Portugal, Hospitals survey.

The specialties with the highest number of outpatient medical appointments in official hospitals in 2014 were, in descending order, Ophthalmology, Gynaecology / Obstetrics, Orthopaedics and General Surgery. In private hospitals, these specialties were Orthopaedics, Ophthalmology, and Gynaecology / Obstetrics.

In 2014 three quarters of major and medium surgeries were held in official hospital

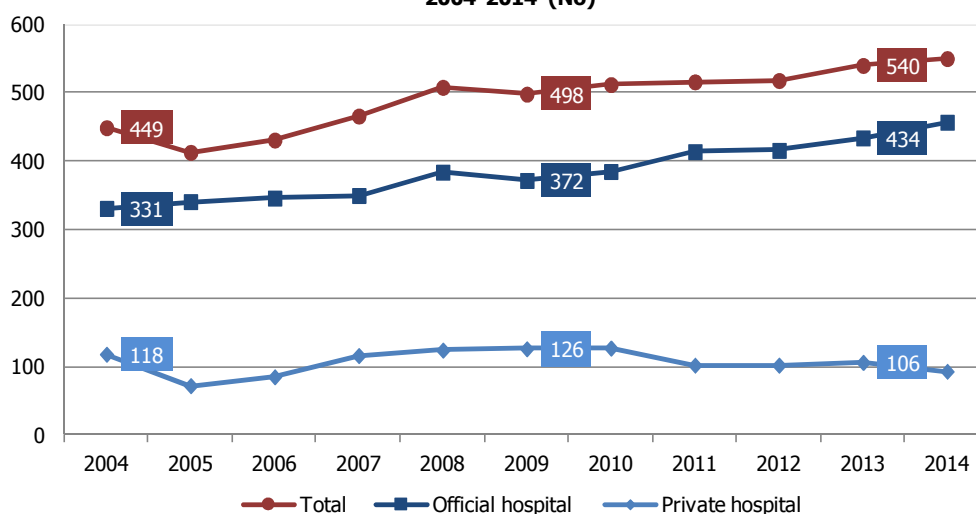
In 2014, 906 thousand major and medium surgeries and around 200 thousand minor surgeries were performed in Portuguese hospitals. 74.0% of major and medium surgeries were performed in official hospitals, and 84.5% of which were scheduled in advance. In the case of private hospitals, the share of scheduled surgeries was higher, i.e. 96.2% of total major and medium surgeries performed in 2014.

The available haemodialysis equipment increased over the past few years

As regards diagnosis and therapeutic equipment as a whole, 73.3% of hospitals had X-ray equipment, 66.7% had ultrasound equipment, and 60.0% had endoscopic equipment.

In turn, the diagnosis and therapeutic equipment with the highest number of units in Portuguese hospitals was the haemodialysis machine, which has followed an upward trend in the past few years (449 such machines in 2004 and 550 in 2014). In total, from the existent 550 haemodialysis machines, 457 belonged to official hospitals (83.1%).

Haemodialysis equipments of hospitals by nature of institution, Portugal, 2004-2014 (No)



Source: Statistics Portugal, Hospitals survey.

Official hospitals also had the highest number of radiotherapy equipments (88.1%, i.e. 37 out of 42), nuclear medicine gamma cameras (86.2%, i.e. 25 out of 29), and computer tomography scanners (71.1%, i.e. 162 out of 228).

In 10 years complementary diagnostic procedures mainly increased in private hospitals ...

In 2014 there were approximately 136.2 million complementary diagnostic procedures in Portuguese hospitals, i.e. exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others). Approximately 91% of these procedures were performed in official hospitals, but the number of complementary diagnosis procedures mainly increased in private hospitals (from 4.6 million in 2004 to 12.8 million in 2014).

Clinical Pathology, a medical specialty devoted to the laboratory diagnosis of diseases, accounted for 80.4% of procedures performed in official hospitals in 2014. In private hospitals this specialty, although in majority, accounted for only 66.9% of these complementary procedures. In specialties such as Endoscopy, Imaging, and Pathological Anatomy private hospitals held a higher share in total complementary procedures performed in Portuguese hospitals, i.e. 44.2%, 26.2%, and 18.5% respectively.

... And complementary therapeutic procedures almost doubled

In 2014 around 22.7 million complementary therapeutic procedures were performed, i.e. procedures to provide curative care following diagnosis and prescribed therapy (physical therapy, radiotherapy, lithotripsy, immunohemotherapy, among others). The share of such procedures performed in official hospitals was considerable (73.2%), although the number of therapeutic diagnosis procedures mainly increased in private hospitals (from 3.1 million in 2004 to 6.1 million in 2014). Physical therapy played the most relevant role in 2014 in official hospitals (64.8%) and especially in private hospitals (89.5%).

The number of medicines increased by almost 20% from 2004 to 2014

In 2014 Portugal had 2,889 pharmacies and 196 mobile medicine depots, i.e. 130 more pharmacies and 57 fewer mobile medicine depots than in 2014, with the average number of pharmacies (including mobile depots) per thousand inhabitants remaining at 0.3.

There were 8,852 medicines (brands) in the Portuguese pharmaceutical market in 2014, corresponding to 57,742 presentations, i.e. medicine package contents with a specific dosage and number of units or volume of pharmaceutical forms. From 2004 to 2014 the number of medicines increased by 19.2% (from 7,425 to 8,852), and the presentations by circa 70% (from 33,998 to 57,742).

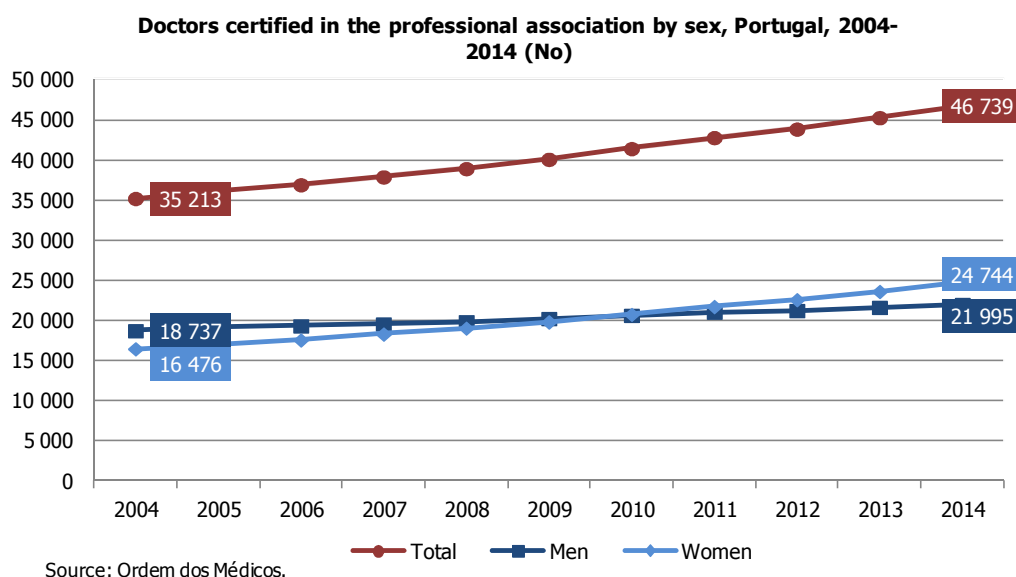
Around 43% of medicines and 16% of presentations existing in 2014 benefited from co-funding. In terms of pharmacotherapeutical groups, more than half of co-funded presentations were for the cardiovascular system (30.3%) and the central nervous system (26.9%).

The number of doctors continue to increase ...

In 2014, 46,739 doctors were certified by the Portuguese Medical Association. Of these, 29,127 (62.3%) were specialists, i.e. they were authorised to practice at least one medical specialty.

The number of doctors certified by the Portuguese Medical Association increased from 2004 to 2014, recording a positive balance of almost 11.5 thousand professionals in 10 years. In the same period, the number of doctors per 1,000 inhabitants also increased, from 3.4 to 4.5.

In 2010, for the first time, the number of female doctors certified by the Portuguese Medical Association surpassed the number of male doctors, a trend since remained. In 2014, 24,744 female doctors were certified by said Association, corresponding to 52.9% of the total.



The 29,127 specialist doctors certified by the Portuguese Medical Association in 2014 practiced 30,564 specialties, 1,498 sub-specialties, and/or had 2,030 fields of competence. Family Medicine, Paediatrics, Anaesthetics, Internal Medicine, and Gynaecology/Obstetrics were the most frequent specialties among female doctors, and Family Medicine, General Surgery, Internal Medicine and Orthopaedics were the most frequent among male doctors.

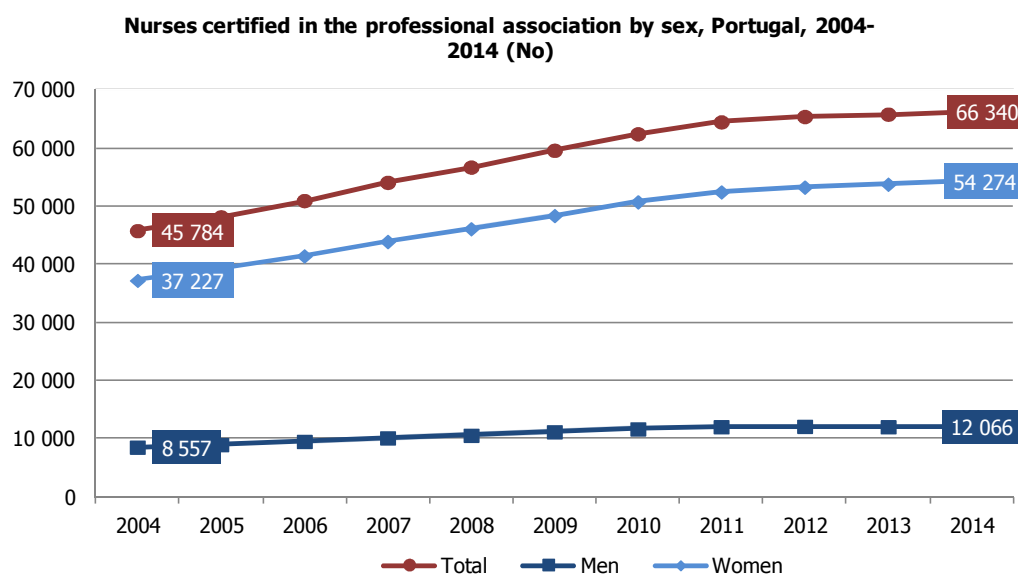
In 2014 nearly 22,000 doctors were working at Portuguese hospitals, of which almost 90% in official hospitals (19,000 doctors (about 19,000 doctors)).

Almost 68% of doctors at hospitals had one specialty, less than 2% were general practitioners, and the remaining 31.2% were doing their general and complementary internship.

... and so did the number of nurses

In 2014, 66,340 professionals were certified by Ordem dos Enfermeiros (the Portuguese Nurses Professional Association), 81.8% of whom were women. In the 10 years prior to 2014, the number of certified nurses rose on an ongoing basis, and there was a total increase of around 20,500 professionals (vis-à-vis 45,784 in 2004). This increase was stronger in the case of women (+45.8% over 2004) than in men (+ 41.0% compared to 2004).

The ratio of nurses per 1,000 inhabitants rose from 4.4 in 2004 to 6.4 in 2014.



In 2014 hospitals employed around 36,5 thousand of all active nurses, 90.7% of whom were assigned to official hospitals. 83,0% of nurses assigned to hospitals in the year under review were general care nurses. The remaining 17,0% were authorised to practice a Nursing specialty, particularly Medical-surgical nursing and Maternal Health and Obstetrics.

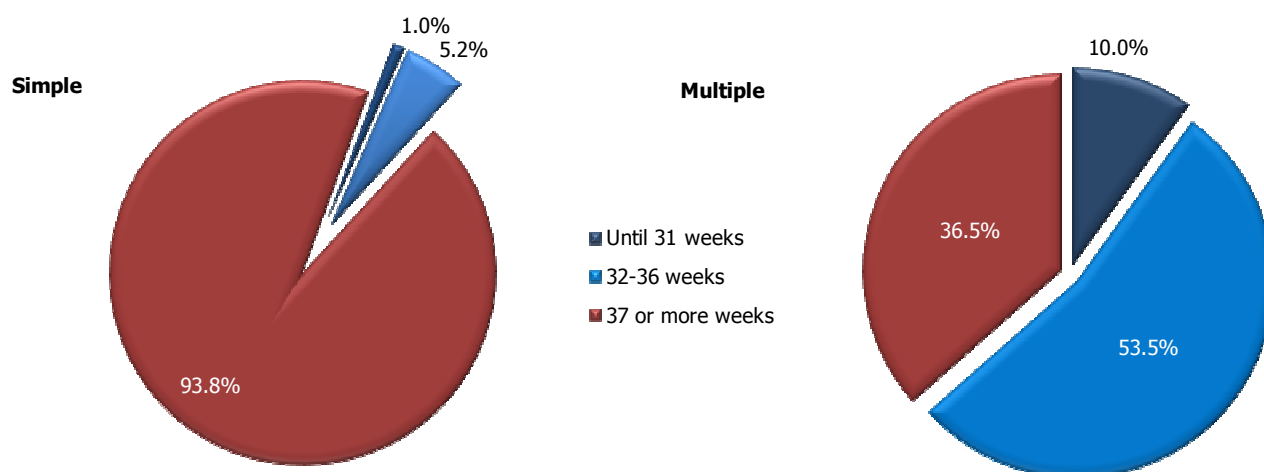
In 2014 there were 81,591 birth deliveries in Portugal, i.e. 1/4 less than in 2004

In 2014 there were 81,591 birth deliveries in Portugal, i.e. 473 fewer than in 2013 (-0.6%) and 1/4 less than in 2004 (108,258). 99.7% of birth deliveries in 2014 (81,352) were by women residing in the country, while 0.3% (239) were by women residing abroad.

In 2014 single birth deliveries corresponded to 98.4% of the total, and in 99.6% of cases they resulted in a live birth. There were 1,306 multiple birth deliveries (1.6% of total birth deliveries), of which 98.8% of twins (1,279 with live births only, 10 mixed¹, and one with stillbirths only) and 1.2% of triplets.

In 93.5% of single births women had a pregnancy lasting from 37 to 41 weeks. In multiple births 53.5% of pregnancies lasted from 32 to 36 weeks, and 36.5% from 37 to 41 weeks.

Distribution of deliveries according to the nature and duration of pregnancy, Portugal, 2014 (%)



Fonte: Statistics Portugal, Childbirths.

A breakdown of the number of birth deliveries by age of the mother showed that 1/3 corresponded to women aged 30 to 34 (34.7%), 23.2% to women between 25 and 29 years old and to women aged 35 to 29 years, and 4.9% between 40 and 44 years of age. In the year under review there were 44 birth deliveries (0.05%) by women aged under 15, and 209 (0.26%) by women aged 45 and over.

Compared to birth deliveries registered a decade earlier, there was a decrease in the proportion of younger mothers (19.4% of mothers under 25 years in 2004 and 13.8% in 2014) and an increase in the proportion of births at older ages (3.5% of mothers in childbirth aged 40 and over in 2004 and 5.1% in 2014).

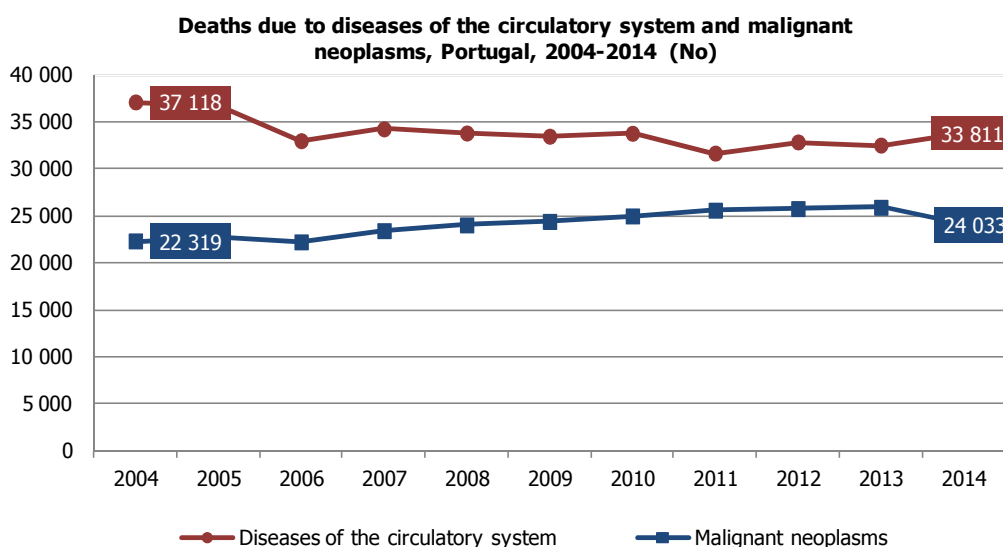
Almost 31% of total deaths in 2014 were caused by diseases of the circulatory system ...

In 2014 there were 105,219 deaths in the country (including 376 of people residing abroad). 55.6% of total deaths were caused by diseases of the circulatory system and malignant neoplasms as a whole.

¹ Birth deliveries including both live-birth(s) and stillbirth(s).

Close to 93% of the 104,843 deaths of Portuguese residents were from natural causes (diseases or health conditions), while the share of unnatural deaths (deaths from external causes as a consequence of injuries caused, for example, by accidents, suicide, homicide, or natural catastrophes) was 2.1%, and those under medical investigation was 4.7%.

Diseases of the circulatory system caused the majority of deaths (32,288) and accounted for 30.7% of total deaths in 2014. Compared to the previous year there was an increase of 2.4% in the number of deaths and a 13.0% decline from 2004.



Source: Statistics Portugal, Mortality by causes of death.

In 2014, in the group of causes related to diseases of the circulatory system, 11,808 deaths were caused by cerebrovascular diseases and 7,456 by ischaemic heart diseases.

Also in 2014, 90.7% of total deaths from diseases of the circulatory system were of people aged 65 and over and the majority (54.9%) of deaths from these causes were of women. Nevertheless these causes affected women later than men: while over 3/4 of women having died from diseases of the circulatory system were aged 80 and over, in the case of men there were approximately 80% of deaths from these causes as from 70 years old.

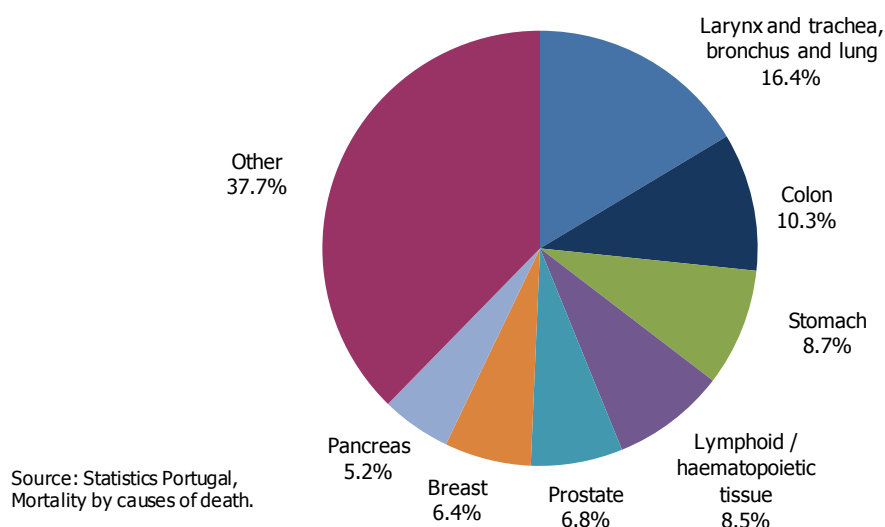
... and 24.9% of total deaths in 2014 were caused by malignant neoplasms

In 2014 malignant neoplasms continued to be the second main underlying cause of death in the country – 26,220 deaths – accounting for 24.9% of total deaths. The number of deaths from malignant neoplasms rose by 1.2% from the previous year, and 17.5% from 2004.

Most deaths from malignant neoplasms (73.8%) were of persons aged 65 and over. A breakdown by sex shows that almost 60% of deaths from malignant neoplasms were of men. Compared to deaths caused by diseases of the circulatory system, the fatal impact of malignant neoplasms occurred at younger ages and affected more intensively men.

Among deaths caused by malignant neoplasms as a whole reference should be made to deaths from malignant neoplasm of the larynx and trachea, bronchus and lung (4,301 deaths), malignant neoplasm of colon (2,690), malignant neoplasm of stomach (2,293), and malignant neoplasm of lymphoid, haematopoietic and related tissue (2,219).

Deaths due to diseases caused by malignant neoplasms, Portugal, 2014 (%)



11.6% of total deaths in 2014 were caused by diseases of the respiratory system

In 2014 deaths caused by diseases of the respiratory system were also relevant (12,164 deaths), accounting for 11.6% of total deaths, including pneumonia, which caused 5.3% of deaths (5,629).

Endocrine, nutritional, and metabolic diseases caused 5,497 deaths, corresponding to 5.2% of the total. This included 4,275 deaths from diabetes mellitus, i.e. 4.1% of total deaths.

Deaths from external causes of injury and poisoning accounted for 4.6% of total deaths in 2014 (4,818 deaths), stress being laid on the relative importance of deaths by accident (2,356), and suicide and other intentional self-harm (1,233 deaths).

The majority of deaths caused by diseases occurred in the winter months (December, January, February, and March)

An analysis by month of occurrence shows that the seasonality pattern of deaths caused by diseases is different from the pattern of deaths from external causes.

The majority of deaths from diseases occurred in the winter months (December, January, February, and March), in particular diseases of the respiratory system like pneumonia.

The mortality peaks of deaths from external causes were in January, August, and December.

Deaths from HIV/AIDS affected mostly men

In 2014 there were 598 deaths from mandatory notification diseases in Portugal, i.e. 26 fewer than in 2013, affecting more men (447) than women (151). In 2014, as regards mandatory notification diseases as a whole, 419 deaths were caused by human immunodeficiency virus (HIV/AIDS) infection and 92 by respiratory tuberculosis. This means that there were 485 fewer deaths from HIV/AIDS (-53.7%) and 63 fewer deaths from respiratory tuberculosis (-40.6%) than in 2004.

There was excess male mortality in deaths from HIV/AIDS in 2014 (75.7% deaths of men). A breakdown by age also shows that more than 60% of deaths were of persons aged 35-54.

Infant mortality declined by more than 40% from 2004 to 2014

There were 238 deaths of children under the age of 1 in 2014, i.e. 8 fewer than in 2013 and 189 fewer than in 2004, accounting for a decline of over 40% in a decade. Of total infant deaths in 2014, 73.5% were neonatal deaths (before reaching 28 days of life).

In the year under review the mortality of children under the age of 1 was mainly caused by infections and disorders originating in the perinatal period classified under 'Remainder of perinatal conditions'², corresponding to 12.6% of infant deaths, especially from birth to 2 months of life. In the previous year this cause of death accounted for 20.3% of infant deaths.

Among the other causes of death, maternal factors and complications of pregnancy, labour and delivery were the most frequent (11.8%), as well as haemorrhagic and haematological disorders of foetus and newborn (8.8%), congenital malformations of the heart (8.4%) and other congenital malformations (8.4%).

Neonatal mortality declined by almost 40% from 2004 to 2014

In 2014 there were 175 deaths of children aged under 28 days in Portugal, i.e. 13 fewer than in 2013 and 111 fewer than in 2004, accounting for a decline of 38.8% from 2004 to 2014. For 40.6% of neonatal deaths the weight at birth stood between 500 and 999 grams, and for 10.9% it was less than 500 grams. Neonatal deaths were more frequent (44.0%) between 22 and 27 weeks of pregnancy.

In the year under review 15.4% of neonatal deaths were caused by causes classified under the 'Remainder of perinatal conditions', especially (40.7%) in children with a weight at birth of between 500 and 999 grams and mainly between 22 and 27 weeks of pregnancy (59.3%).

Deaths related to maternal factors and complications of pregnancy, labour and delivery also accounted for 15.4% of total neonatal deaths in 2014, mainly affecting live births with a weight at birth of between 500 and 999 grams (37.0%) and 22 and 27 weeks of pregnancy (44.4%).

² It refers to "cardiovascular disorders originating in the perinatal period", "congenital viral diseases", "other congenital infectious and parasitic diseases and specific infections of the perinatal period", "transitory endocrine and metabolic disorders specific to fetus and newborn and digestive system disorders of the fetus or newborn", "affections involving the integument and temperature regulation of fetus and newborn" and "other disorders originating in the perinatal period".

Foetal deaths declined by almost 30% from 2004 to 2014

In Portugal 300 foetal deaths were recorded in 2014, i.e. 53 more deaths than in 2013 (+21.5%) and 128 fewer than in 2004 (-29.9%). Most were recorded in health establishments with inpatient care (89.7%).

Maternal factors and complications of pregnancy, labour and delivery were the main underlying causes of foetal deaths (158 deaths, i.e. 52.7% of the total). Deaths from intrauterine hypoxia and birth asphyxia and those classified under 'Remainder of perinatal conditions' accounted for 20.7% and 16.3% respectively of total foetal deaths.

In 2014, more than half of the population aged 18 or more years was overweighted or obese

According to the results of the National Health Survey 2014, 52.8 % of the resident population in Portugal with 18 or more years reported a Body Mass Index (BMI) corresponding to overweight or obesity, i.e. of at least 25 kg per m².

Women in a condition of obesity accounted for a greater proportion (17.5%) than men (15.1%), while the condition of overweight mostly affected men (42.0% of men with overweight of first or second degree, which compares with 31.5% of women).

A breakdown by age group shows that obesity mostly affected the population aged 45 to 74 years old (with proportions higher than the national average), while overweight of degree II was mainly observed in the population between 65 and 74 years.

1/3 of the population aged 15 or older reported having low back disorder

Low back disorder or other chronic back defect constituted in 2014 the chronic disease most often reported by the resident population aged 15 and over (32.9%), while high blood pressure (25.3%), and neck disorder or other chronic neck defect and arthrosis (24.1% in both cases) were also frequently reported.

Overall, chronic diseases were reported more frequently by women than men, especially among people suffering from arthrosis, low back disorder and depression, with a gap between sexes of more than 10 percentage points.

Among the chronic diseases mentioned more frequently, there was a strong increase associated with ageing: more than half of the population aged 75 years or over referred suffering from arthrosis (61.1%), low back disorder (58.6%) and high blood pressure (56.2%).

Women worried more about monitoring of women's cancers than screening for colon

Also according to the results of the National Health Survey, in 2014 more than 2/3 of the population 15 years or older reported having had their blood pressure (76.8%), blood cholesterol (67.5%) and/or blood sugar/glycaemia (67.1%) measured by a health professional.

More than 1/3 of the population aged 50 and over (35.1%) reported having a colonoscopy performed in the 10 years prior to 2014, with the proportion of men who underwent this diagnostic procedure higher than for women.

Regarding the diagnostic procedures for the screening of cancer in the female population, 84.2% of women living in Portugal aged 50 to 69 mentioned having had a mammography in the two years prior to the interview, while the proportion of women aged 20 to 69 who reported having performed a cervical smear test in the three years prior to the interview was 70.7 %.

In the same year, 47.2 % of the elderly population reported having taken the flu vaccine, with increasing proportions according to age group: 41.2% for people aged 65 to 74 years, 52.1 % for people between 75 to 84 years and 57.3 % for those with 85 or more years.

Consumption of medicines not prescribed by a doctor was around 30% among the population aged 25 to 34 years

The results of the National Health Survey, carried out between September and December 2014, indicate that about 56% of the population 15 years or older took prescribed medicines by a doctor in the two weeks preceding the interview. This proportion strongly increased with age, from less than 30% under 35 years of age, to 54.1% between 45 and 54 years and over 90% for those with 75 or more years. The consumption of prescribed medicines was higher among women: 62.7%, compared with 48.6% for men.

In contrast to the consumption of prescribed medicines, the consumption of not prescribed medicines decreased with increasing age, with the highest proportion among people between 25 and 34 years (29.8%), i.e. 5.9 percentage points above the average for the total population (23.9%).

The percentage of male smokers was more than twice the percentage of women smokers

In 2014, tobacco consumption stood at 20.0% for the population aged 15 or more years. Of these, 16.8% smoked daily. The proportion of male smokers was more than twice that of women (27.8% vis-à-vis 13.2% of women). In contrast, the proportion of women who reported never having smoked was quite higher than for men (73.9% and 40.3%, respectively).

A breakdown by age group highlighted the highest proportions of people who never smoked among young people (15 to 24 years) and 65 years (with frequencies higher than the total population). On the other hand, the highest proportion of regular smokers was among those aged between 25 and 54 years old (between 26% and 32%), and the highest proportion of former smokers reaches among those 55 years old and over.

Nearly 35 % of the population 15 years or older consumed alcohol daily

The results of the National Health Survey also showed that 70.0% of the population 15 years or older reported having consumed alcohol at least once in the 12 months preceding the interview. The proportions of alcohol consumption were higher than 75% for people between 25 and 54 years old.

The young population (15 to 24 years) and the elderly (65 or older) reported more frequently never consumed alcohol: 28.4% and 25.3%, respectively.

For the population that consumed alcohol drinks in the 12 months preceding the interview, the survey also showed that the daily frequency of alcohol consumption stood at 34.5% and increased with age: 10.1% between 25 and 34 years old, 40.1% between 45 and 54 years and 61.1 % for the elderly. In contrast, the proportion of sporadic alcohol consumption was higher among young people: 70.1% of people aged between 15 and 24 reported having drunk alcohol monthly or occasionally over the previous year, compared with 38.2% for the general population.

More than 50% of current health expenditure was funded by the National Health Service and the Regional Health Services of the Autonomous Regions

According to the Health Satellite Account, between 2012 and 2014, 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 health expenditure, supporting, on average, 57.9% of the total. In said years, on average, 27.7% of current expenditure was financed directly by households.

In structural terms, between 2012 and 2014, there were minor changes in the main funding agents. However, with regard to the other agents, there was an increase in the relative weight of insurance companies' expenditure (3.4% in 2012, 3.5% in 2013, and 3.6% in 2014) and, conversely, a decline in the importance of funding by other general government units (including personal income tax rebates for healthcare) (3.1% in 2012, 3.0% in 2013, and 2.9% in 2014). Between 2012 and 2013, the decline in the share of expenditure funded by public health subsystems (4.3% in 2012 and 4.0% in 2013) was mainly due to a decrease in the cost of medicines, which was supported by the National Health Service since April 2013.

Concepts

Alcoholic drink: drink for human consumption that contains ethanol.

Allergy: set of diseases whose immune responses to environmental antigens (allergens) cause inflammation and damage to the body itself.

Angina pectoris: chronic disease whose symptom is chest pain caused by decreased blood that irrigates the myocardium, usually by narrowing of the coronary arteries.

Arthrosis: degenerative chronic disease that affects the joints, particularly the hands, knee, hip, spine and foot.

Attendance in an emergency service: assistance act provided in a health facility, official clinics or hospitals, in specific facilities, to an individual with sudden change or worsening of his health status.

Bed: hospital equipment for the hospitalization of inpatients in a health establishment.

Blood pressure: pressure exerted by circulating blood upon the walls of blood vessels that oscillates periodically cardiac function, namely the contraction of the left ventricle, between a maximum and a minimum value.

Body mass index: international index adopted by the World Health Organization (WHO) that allows determining whether an individual is underweight, normal weight, overweight or obese.

Cerebrovascular accident: blockage of the blood flow to a part of the brain either by a blockage or a rupture of a blood vessel, causing injuries of those brain's cell.

Cervical cytology: complementary diagnosis procedure consisting in the collection and laboratory study of the morphology of the cells of the outer layer of the epithelium and the inner wall of the vagina.

Childbirth with care assistance: Childbirth performed with the medical care or nurse.

Childbirth: The complete expulsion or extraction from the mother of one or more foetuses with 22 weeks of gestation or more, weighing 500 grams or more, regardless of the existence of life and whether it is spontaneous or induced.

Cholesterol: chemical synthesized in the organism or from the diet which is comprised of a steroid nucleus and a precursor of the synthesis of all steroid hormones in the body, having an essential role in the metabolism of fats.

Chronic bronchitis: bronchitis persisting for a long period of time or recurrent

Chronic disease: expected permanent disease that requires medical intervention for their monitoring and control.

Cirrhosis of the liver: liver disease that is characterized by alteration of its structure, the formation of fibrous tissue and the appearance of scars

Colonoscopy: complementary diagnosis and therapeutic procedure consisting of visual examination of the colon.

Complementary diagnosis procedure: an exam or test providing the required results to make a diagnosis.

Complementary therapeutic procedure: provision of curative care, following diagnosis and prescribed therapy.

Coronary disease: progressive narrowing of the coronary arteries by the accumulation of atherosclerotic plaques in its wall which hinder the flow of blood to the myocardium.

Death: permanent disappearance of vital functions.

Depression: common mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-esteem, disturbed sleep or appetite and lack of concentration.

Diabetes mellitus: disease in which the body does not produce enough insulin and / or is resistant to its action, characterized by high glycaemia.

Disease: state of the body where there are anatomical changes or functional disorders that make it deviate from the normal conditions.

Doctor: health professional qualified with medical education and legally authorized to practice medicine.

Duration of pregnancy / gestational age: period of time, measured in full weeks, from the first day of the last normal menstrual period until the date of childbirth.

Emergency service: organizational unit of a hospital for the treatment of medical, surgical, pediatric and obstetric emergencies of outpatients at any time of day or night.

External cause of death (unnatural death): external factors responsible for the pathological state that caused death, namely by type of suicide, type of accident, type of homicide, natural catastrophe and other.

Flu: acute communicable disease caused by influenza virus and is characterized by a general discomfort, fever, muscle pain and coughing of the upper respiratory tract.

General hospital: a hospital providing care in various areas of expertise.

Glycaemia: glucose / sugar concentration in blood.

Health professional: professional qualified and involved in health care.

Hospital ward: functional division of a health establishment, with at least the three beds, that includes the location of inpatient services where patients remain.

Hospital: health establishment with internment, outpatient services and diagnostic and therapeutic means, with the aim of providing curative and rehabilitation medical care to the population, collaborating also on disease prevention, education and scientific research.

Hypertension: chronic disease in which the blood pressure in the arteries is persistently elevated, namely systolic pressure greater than or equal to 140 mm Hg (millimeters of mercury) and / or diastolic pressure values above 90 mmHg.

Infant mortality: Deaths of live-born children aged less than one year.

Inpatient care: provision of healthcare to patients formally admitted to a health establishment for diagnosis, treatment, and/or palliative care, accommodated in a bed (or neonatology or paediatrics cradle), and staying for a minimum of 24 hours.

Inpatient days / period of hospitalisation: the total days spend by all inpatients in the different services of a health establishment, excluding the discharge day. Days of stay in maternity ward nurseries or under observation in emergency services are not included.

Integrated continuum care: health care and social support that aims at promoting the autonomy and improving person's functionality in situations of dependency, through their rehabilitation, readaptation and social and family reintegration, actively and continuously.

Intentional self-injury: Injury resulting from an individual act of aggression on himself, including suicide attempt.

Level of cholesterol: cholesterol concentration in the blood.

Live birth: complete expulsion or extraction from the mother's body, irrespective of the duration of the pregnancy, of a product of fertilisation that, after separation, breathes or shows any other signs of life, such as a beating of the heart or umbilical cord or actual contraction of any muscle subject to voluntary movement, whether or not the umbilical cord has been severed and whether or not the placenta is retained.

Live births: The product of a live birth. (See "live birth".)

Low back disorder: pain located in the lumbar segment of the spine.

Major surgery: surgery with K value greater than or equal to 110 K according to the table of the Ordem dos Médicos.

Mammography: complementary diagnosis procedure intended to allow the visualization of breast tissue through a radiological examination.

Mandatory notification diseases: disease, constant of a list periodically reviewed and approved by legal ruling, which must be notified to the competent authority for any physician who makes the diagnosis, both in case of illness as in case of death.

Medical consultation: assistance act provided by a doctor to an individual, which may consist of clinical observation, diagnosis, prescribed therapy, counselling or health check-up.

Medical specialisation: title that recognizes a distinction which corresponds to a set of specific knowledge in medicine.

Medicine: any substance or composition that has healing or preventive properties of diseases and their symptoms, in human or animal, with the aim of making a medical diagnosis or restoring, correcting or modifying their functions.

Medium surgery: surgery with K value less than 110 K and greater than or equal to 50K according to the table of the Ordem dos Médicos.

Minor surgery: surgery with K value less than 50K, according to the table of the Ordem dos Médicos.

Mobile medicine depot: establishment for dispensing medicines to the public, in charge of a pharmacist and dependent of a pharmacy to whose license is associated. It has special conditions properly regulated of installation and operation.

Myocardial infarction: interruption of the blood flow of the heart muscle (myocardium), usually due to obstruction of a coronary artery, causing damage in that muscle.

Nature of childbirth: The classification of the childbirth as regards the number of births (multiple birth or simple birth).

Neck disorder: pain located in the cervical spinal segment.

Neonatal mortality: Deaths of live-born children aged less than 28 days.

Nurse: health professional that programs, executes and evaluates general nursing care, required by the health status of the individual, family and community, in the context of pathology, prevention, treatment and rehabilitation of disease and the type of service intervention.

Official hospital: a hospital under the administration of the State, regardless of the ownership of the facilities. It may be: Public – under the administration of the Ministry of Health or Regional Health Secretariats, with universal access; Military – under the administration of the Ministry of National Defence; Paramilitary – under the administration of the Ministry of Internal Administration; Prison hospital – under the administration of the Ministry of Justice.

Outpatient consultation: organic functional unit of a hospital where outpatients, by scheduled appointment, are attended for observation, diagnosis, therapy and monitoring, as well as for minor surgeries or similar treatments.

Pharmacy: health facility with a license granted only to pharmacists by the National Institute of Pharmacy and Medicine (INFARMED) through public contest. The exercise of its activity is properly regulated, competing to pharmacists or their employees, under its responsibility, the task of preparing, control, store and dispense medicines to the public. In properly regulated conditions, it may have two new pharmaceutical services.

Prescription: medical act which consists in the indication of medicines or complementary diagnosis and therapeutic procedures.

Presentation of a medicine: the contents of a medicine package, expressed in number of units or volume of a pharmaceutical form, in a given dosage.

Private hospital: a hospital whose ownership and administration are under a private entity, either profit or non-profit.

Private room: hospital room equipped with bed for one patient, private bathroom and accommodations for guest.

Pulmonary emphysema: chronic pulmonary disease in which there is the destruction of the alveolar wall (alveoli) with loss of elasticity.

Scheduled surgery: intervention / surgery performed in a date previously scheduled.

Semi-private room: hospital room equipped with beds for two patients and a private bathroom.

Specialised hospital: a hospital in which most beds are assigned to a specific area of expertise or providing care only or especially to patients of a given age group.

Specialised nurse: a nurse authorised to practice a Nursing specialty.

Specialist doctor: doctor who, due to his expertise and/or experience, is an expert in a particular field of medicine, recognized as a specialty.

Stillbirth: product of fertilisation whose death occurs before delivery or complete extraction from the mother's body, regardless of the duration of the pregnancy. Death is indicated by the fact that, after separation, the foetus has not breathed or shown any signs of life such as heartbeat, umbilical pulse or actual contractions of any muscles subject to voluntary action.

Sub-specialty: title recognizing a differentiation in a particular area of specialty.

Surgery: one or more surgical procedures with the same therapeutic goal and/or diagnosis, made by one or more surgeons in an operating room, in the same session, with loco-regional or local anaesthesia, with or without the presence of an anaesthesiologist.

Underlying cause of death: disease or injury that initiated the train of morbid events leading to death or the circumstances of the accident or violence that produced the injury.

Urinary incontinence: disease characterized by involuntary loss of urine.

Vaccine: preparation produced from biological organisms (viruses or bacteria) killed (inactive), attenuated or its toxins which is administered to induce immunity against a specific disease.

Weight at birth: First measure of weight (in grams) of live birth obtained after birth. Weighing taken preferably during the first hour, before a significant loss that occurs post-cream weight.