April, 6th 2017

World Health Day – 7 April
2005-2015

About 19 million medical appointments in the outpatient unit of hospitals in 2015

On the occasion of the World Health Day, on 7 April, Statistics Portugal presents health indicators for the 2005-2015 period.

Main developments in 2015:

- Private hospitals kept expanding from 91 in 2005 to 111 in 2015
- Admissions in emergency services of private hospitals increased (+14.5% compared to 2014)
- Beds available for hospitalization in private hospitals continued to increase (880 beds in plus vis-à-vis 2014, accounting for an increase of 8.5%)
- Almost 3/4 of the surgeries were performed in public or public-private partnership hospitals, which account for more than 660 thousand surgeries in a total of 910 thousand surgeries
- The increasing trend in medical appointments in the outpatient unit remained, especially in private hospitals (in plus, 500 thousand medical appointments vis-à-vis 2014, accounting for an increase of 9.5%)
- Complementary acts of diagnosis performed in private hospitals declined (-7.4% in 2015 compared to 2014), but the number of complementary acts of therapeutics increased (+11.9% in 2015)
- The number of doctors certified by the Portuguese Medical Association kept increasing (+3,7%), as well as the number of nurses certified by the Portuguese Nursing Association (+2,1%)
- There were 84,584 birth deliveries, almost 3 thousand more than in the previous year, of which 1478 multiple births
- Deaths caused by diseases of the circulatory system increased (+0.5% vis-à-vis 2014), as well as those caused by malignant tumours (+1.6%)
- Deaths from HIV/AIDS declined (from 419 in 2014 to 392 in 2015), continuing to affect mostly men (76.8%)
- Between 2013 and 2015, more than half of current health expenditure was funded by the National Health Service and the Regional Health Services of the Autonomous Regions

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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 2005-2015 period. The publication *Health Statistics 2015* is also released with information organised in the following thematic areas: hospitals, pharmacies and medicines, health professionals, births, mortality and current expenditure on health.

In 2015, continued the increase in the number of private hospitals

In 2015 there were 225 hospitals in Portugal, 114 of which belonged to the official health services (110 public hospitals and 4 hospitals in public-private partnership, which corresponds to 50.7% of the total) and 111 were private hospitals (49.3%). Public hospitals were broken down into 104 hospitals with universal access (46.2% of the total of existent hospitals) and six military or prison hospitals. Taking into account that all public-private partnership hospitals were also universally accessible, the number of universal access hospitals per 100,000 inhabitants was 1.1% in 2015, the same as in the previous year.

In 2015 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 belonged to the National Health Service (108, vis-à-vis 100 private hospitals). By contrast, in the autonomous regions the private hospitals were predominant (in the Azores: 3 public hospitals and 5 private, in Madeira: 3 public hospitals and 6 private).

Emergency care in private hospitals increased by 14.5% vis-à-vis the previous year

In 2015 around 7.3 million attendances were carried out in hospital emergency services, 84.8% of which in public or in public-private partnership hospitals. This number reflects the increase in the number of attendances in hospital emergency services in relation to the beginning of the previous decade (+0.6% vis-à-vis 2005), specially in the case of private hospitals, where the number of visits to emergency departments in 2015 more than doubled since 2005 (representing 15.2% of total attendances in 2015 compared to 7.1% in 2005).

Most visits to hospital emergency services were caused by diseases (81.5%), while accidents caused 11.2% of visits and 7.3% were due to other causes (including injuries due to aggression and self-inflicted injuries).

Inpatient beds continued to increase in private hospitals...

In 2015 hospitals had 35,223 available beds equipped for the immediate hospitalisation of patients, 68.2% of which in public or in public-private partnership hospitals (24,027) and the remaining 31.8% in private hospitals (11,196).

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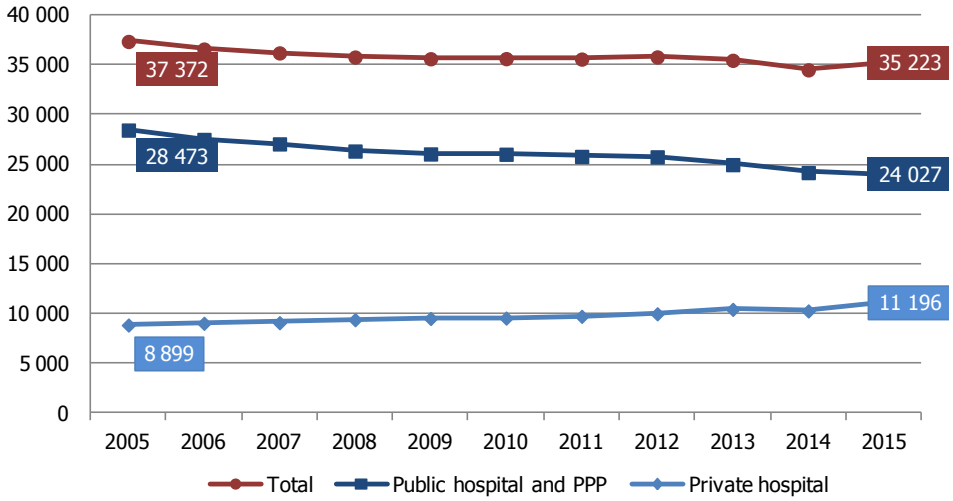
Hospital inpatient beds by nature of institution, Portugal, 2005-2015 (No)



Source: Statistics Portugal, Hospitals survey.

In the last year under review, official health services hospitals had approximately 4,500 fewer beds than in 2005, with a decrease in the average number of in-patient beds per 1,000 inhabitants from 3.6 in 2005 to 3.4 in 2015.

On the other hand, in the same period, there was an increase in the number of in-patient beds of private hospitals, although not enough (about 2 300 beds) to maintain the installed capacity existing ten years before.

Almost 90% of beds in public or in public-private partnership hospitals in 2015 were integrated in infirmaries, i.e. functional units with at least three beds.

In the case of private hospitals, the share of beds in infirmaries, although in majority, did not reach 55%. In these hospitals, semi-private and private rooms accounted for around 40% of beds (4,629, compared to 268 beds in public or public-private partnership hospitals).

Less 0.8% of inpatient bed-days in 2015

In 2015 there were around 1.2 million hospitalisations in Portuguese hospitals (78.6% of which in official health services hospitals) and close to 10.0 million inpatient bed-days (73.0% of which in official health services hospitals). The average length of stay in hospitalisation, i.e. the average number of days per each stay, was 8.6 days, with Psychiatry recording the longest period of hospitalisation, i.e. an average 67.2 days in Portuguese hospitals as a whole. In the previous year there were 10.1 million inpatient bed-days with an average length of stay was 8.7 days.

In public or public-private partnership hospitals, around 95% of hospitalisations in 2015 were in infirmaries (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 (23.9 bed-days per hospitalisation on average).

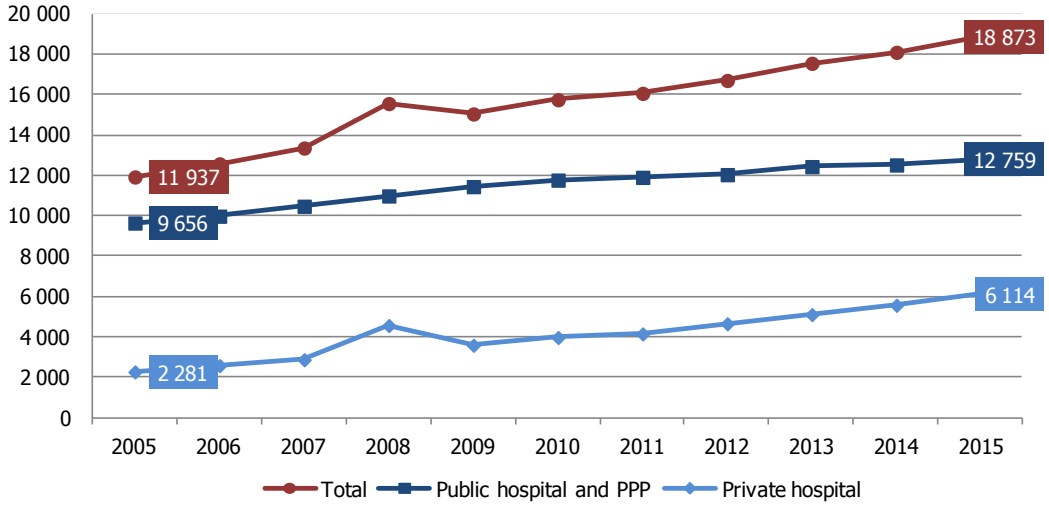
Most hospitalisations in private hospitals were in semi-private or private rooms (67.7%), and patients were hospitalised for 10.9 days on average. Psychiatry recorded the longest average length of hospitalisation (175.8 days per hospitalisation on average).

The increasing trend in medical appointments in the outpatient unit remained, especially in private hospitals

In 2015 hospitals recorded around 18.9 million outpatient medical appointments, of which close to 68% in public or public-private partnership hospitals.

The number of outpatient medical appointments in hospitals increased almost uninterruptedly in the ten years prior to 2015 (with the sole exception of 2009), from 11.9 million to 18.9 million appointments. This trend was common to official health services hospitals and private hospitals, although more noticeable in the latter. In 2005 these hospitals accounted for 19.1% of total outpatient medical appointments in Portuguese hospitals (around 2.3 million appointments), while in 2015 they accounted for 32.4% (around 6.1 million appointments).

Medical appointments in external appointment unit by nature of institution, Portugal, 2005-2015 (thousand)



Source: Statistics Portugal, Hospitals survey.

The specialties with the highest number of outpatient medical appointments in public or public-private partnership hospitals in 2015 were, in descending order, Ophthalmology, Gynaecology / Obstetrics, General Surgery and Orthopaedics. In private hospitals, these specialties were Orthopaedics, Ophthalmology, and Gynaecology / Obstetrics.

Almost three quarters of surgeries continued to be held in public and public-private partnership hospitals

In 2015, around 911 thousand surgeries (except minor surgeries) and around 189 thousand minor surgeries were performed in Portuguese hospitals. Approximately 73% of surgeries (except minor surgeries) were performed in public

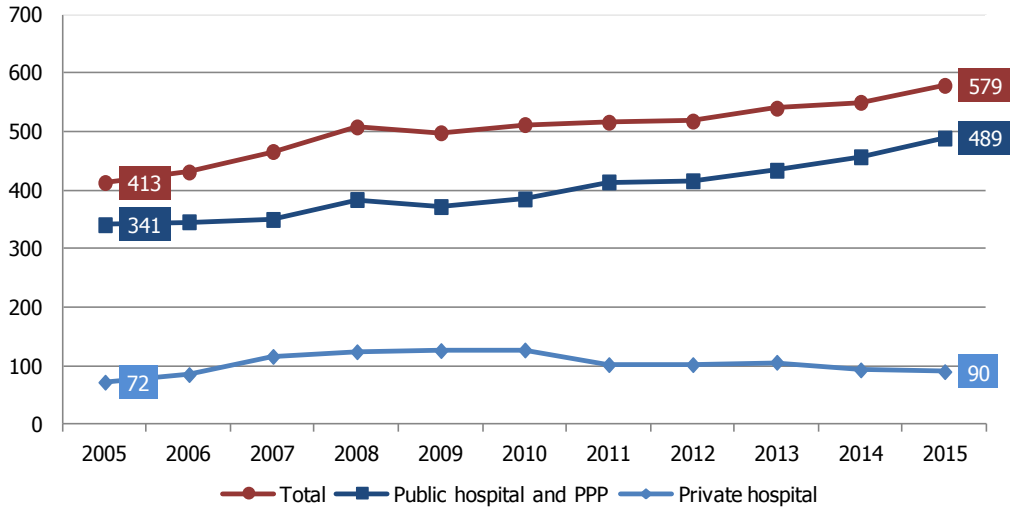
or public-private partnership hospitals, and 84.2% of which were scheduled, that is, followed a programmed admission. In the case of private hospitals, the share of scheduled surgeries was higher, accounting for 97.3% of total surgeries (except minor surgeries) performed in 2015.

More haemodialysis equipment was available, especially in public and public-private partnership hospitals

As regards diagnosis and therapeutic equipment as a whole, 74.7% of hospitals had X-ray equipment, 67.1% had ultrasound equipment and 58.7% had endoscopic equipment in 2015.

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 (413 such machines in 2005 and 579 in 2015). In 2015, 489 of the existent haemodialysis machines belonged to public or public-private partnership hospitals (84.5%).

Haemodialysis equipments of hospitals by nature of institution, Portugal, 2005-2015 (No)



Source: Statistics Portugal, Hospitals survey.

Public or public-private partnership hospitals also had the highest number of radiotherapy equipments (88.4%, i.e. 38 out of 43), nuclear medicine gamma cameras (86.2%, i.e. 25 out of 29), and computer tomography scanners (70.8%, i.e. 165 out of 233).

In 2015, fewer complementary acts of diagnosis were carried out in private hospitals

In 2015 there were approximately 140 million complementary acts of diagnosis in Portuguese hospitals, i.e. exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others). Approximately 92% of these acts were carried out in public or public-private partnership hospitals, representing a percentage increase in

relation to 2014, in contrast with the decrease in the number of complementary acts of diagnosis performed by private hospitals (from 12.8 million in 2014 to 11.8 million in 2015).

Clinical Pathology, a medical specialty devoted to the laboratory diagnosis of diseases, accounted for 80.1% of procedures performed in official health services hospitals in 2015. In private hospitals, this specialty, although in majority, accounted for only 63.2% of these complementary acts. In specialties such as Endoscopy, Imaging and Pathological Anatomy private hospitals held a higher share in total complementary acts performed in Portuguese hospitals, i.e. 49.1%, 27.4% and 21.2% respectively.

... but the complementary acts of therapy carried out by private hospitals continued to increase

In 2015 around 23.7 million complementary acts of therapy were performed, i.e. acts to provide curative care after diagnosis and therapeutic prescription (physical therapy, radiotherapy, lithotripsy, immunohemotherapy, among others). The share of such acts performed in public or public-private partnership hospitals was considerable (71.3%), although the number of complementary acts of therapy increased mainly in private hospitals (from 6.1 million in 2014 to 6.8 million in 2015). Physical therapy played the most relevant role in 2015 in public or public-private partnership hospitals (64.3%) and mostly in private hospitals (91.4%).

The number of medicines available decreased 0.4% between 2014 and 2015

In 2015 Portugal had 2,892 pharmacies and 192 mobile medicine depots, i.e. 117 more pharmacies and 67 fewer mobile medicine depots than in 2005, with the average number of pharmacies (including mobile depots) per thousand inhabitants remaining at 0.3.

There were 8,821 medicines (brands) in the Portuguese pharmaceutical market in 2015, corresponding to 55,726 presentations, i.e. medicine package contents with a specific dosage and number of units or volume of pharmaceutical forms. Between 2014 and 2015, the number of medicines decreased by 0.4% (from 8,852 to 8,821), and the presentations declined by 3.6% (from 57,742 to 55,726).

Around 44% of medicines and 17% of presentations existing in 2015 benefited from co-funding. In terms of pharmacotherapeutical groups, more than half of co-funded presentations were for the cardiovascular system (29.7%) and the central nervous system (28.8%).

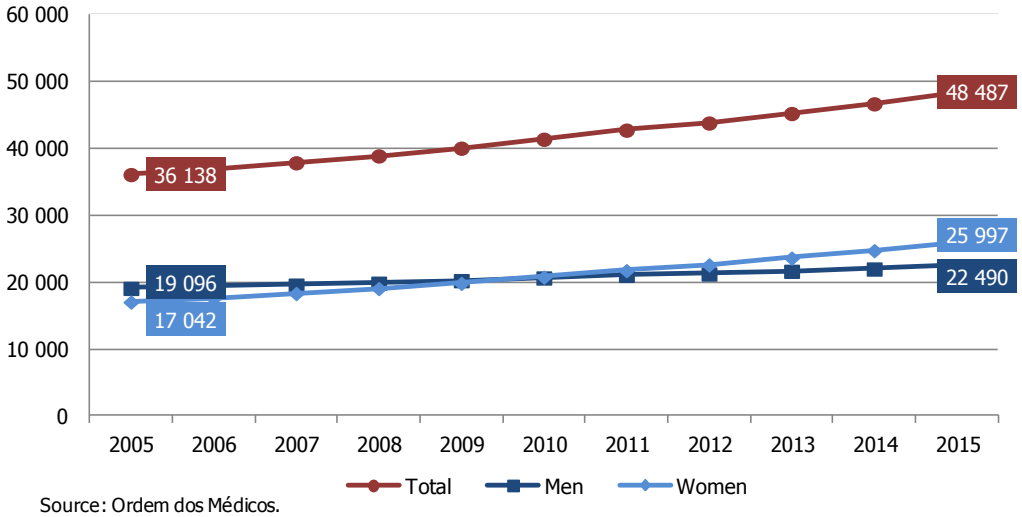
The number of medical doctors continued to increase ...

In 2015, 48,487 doctors were certified by the Portuguese Medical Association, an increase of 3.7% compared to 2014, in line with the upward trend of the series: +12.3 and +20.2 thousand professionals, respectively compared to 2005 and to 1991. By 2015 the number of doctors per thousand inhabitants was 4.7 (3.4 in 2005 and 2.8 in 1991).

Of the total number of doctors enrolled in 2015, 29,919 (61.7%) were specialists, that is, they were qualified to practice at least one specialty in Medicine.

In 2015, 25,997 female doctors were enrolled, corresponding to 53.6% of the total.

Doctors certified in the professional association by sex, Portugal, 2005-2015 (No)



Source: Ordem dos Médicos.

The 29,919 specialist doctors certified by the Portuguese Medical Association in 2015 practiced 31,363 specialties, 1,577 sub-specialties, and/or had 2,284 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 2015 nearly 23 thousand medical doctors were working at Portuguese hospitals, of which about 88% in public or public-private partnership hospitals (about 20 thousand medical doctors).

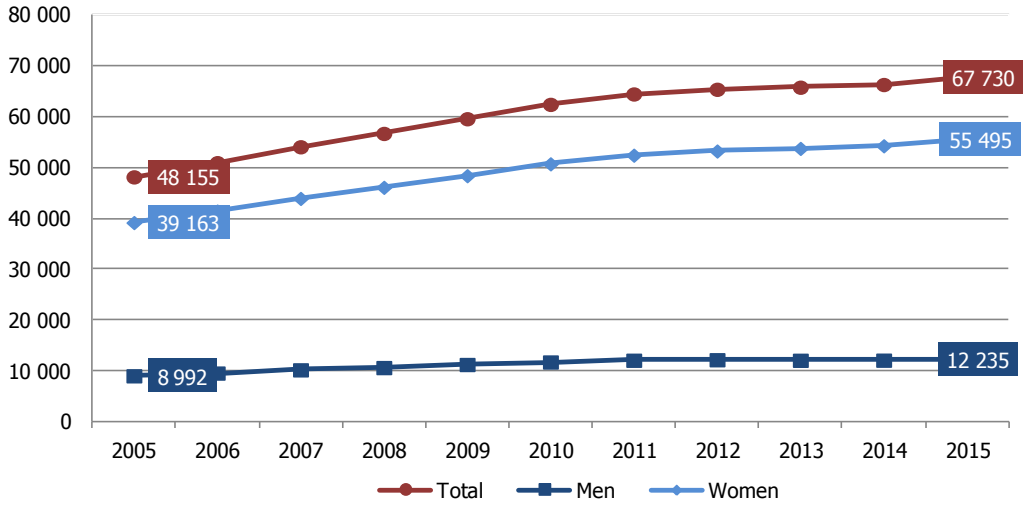
Approximately 68% of medical doctors at hospitals had one specialty, less than 3% were general practitioners and the remaining 29.5% were doing their general and complementary internship.

... and so did the number of nurses

In 2015, 67,730 professionals were certified by the Portuguese Nursing Association, of which 81.9% were women. In the decade prior to 2015, the number of registered nurses increased steadily, accounting for more 19,600 professionals vis-à-vis 48,155 in 2005. This increase was stronger in the case of women (+41.7% over 2005) than in men (+36.1% compared to 2005). Compared to 2014, the increase was higher in women (+2.3%) than in men (+1.4%).

The ratio of nurses per 1,000 inhabitants rose from 4.6 in 2005 to 6.5 in 2015.

Nurses certified in the professional association by sex, Portugal, 2005-2015 (No)



Source: Ordem dos Enfermeiros.

In 2015 hospitals employed around 37.9 thousand of all active nurses, of which 90.9% were assigned to public or public-private partnership hospitals. 84.7% of nurses assigned to hospitals were general care nurses. The remaining 15.3% were authorised to practice a Nursing specialty, particularly Medical-surgical nursing and Maternal Health and Obstetrics.

In 2015 there were 84,584 birth deliveries in Portugal, almost 3 thousand more than in the previous year

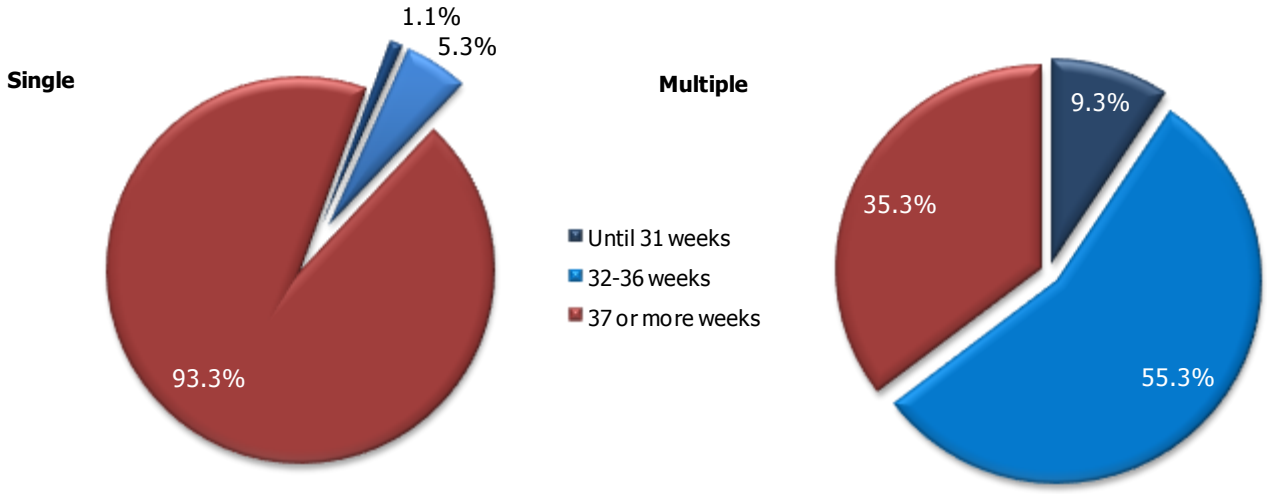
In 2015 there were 84,584 birth deliveries in Portugal, i.e. more 2,993 than in 2014 (+3.7%) and 1/4 less than in 2005 (108,431). 99.7% of birth deliveries in 2015 (84,315) were by women residing in the country, while 0.3% (269) were by women residing abroad.

In 2015 single birth deliveries corresponded to 98.3% of the total, and in 99.7% of cases they resulted in a live birth. There were 1,478 multiple birth deliveries (1.7% of total birth deliveries), of which 99.0% of twins (1,452 with live births only, 10 mixed[1]) and 1.0% of triplets.

In 93.3% 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 35.3% from 37 to 41 weeks.

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

Distribution of birth deliveries according to the nature and duration of pregnancy, Portugal, 2015 (%)



Source: Statistics Portugal, Birth deliveries.

A breakdown of the number of birth deliveries by age of the mother showed that 1/3 corresponded to women aged 30 to 34 (35.2%), 22.4 to women between 25 and 29 years old, 24.0% to women aged 35 to 29 years, and 5.2% to women aged between 40 and 44 years. In the year under review there were 45 birth deliveries (0.05%) by women aged under 15, and 203 (0.24%) by women aged 45 and over.

Compared to birth deliveries registered a decade earlier, there was a decrease in the proportion of younger mothers (18.5% of mothers under 25 years in 2005 and 13.0% in 2015) and an increase in the proportion of births at older ages (3.5% of mothers in childbirth aged 40 and over in 2005 and 5.5% in 2015).

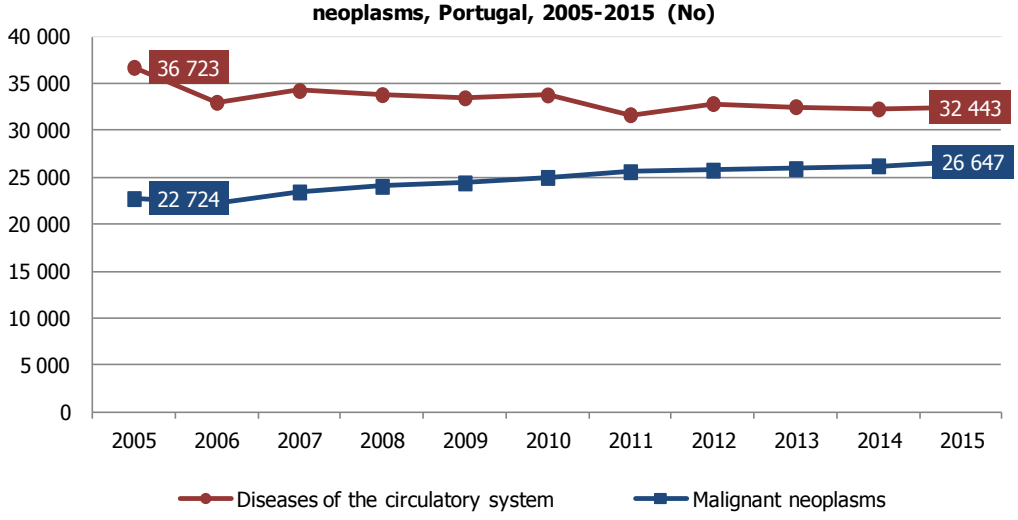
In 2015, deaths caused by diseases of the circulatory system increased by 0.5%, and those due to malignant tumours by 1.6%

In 2015 there were 108,922 deaths in the country (including 383 of people residing abroad). 54% of total deaths were caused by diseases of the circulatory system and malignant neoplasms as a whole.

95.6% of the 103,738 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 4.4%, and those under medical investigation was 4.5%.

In 2015 the diseases of the circulatory system were the main underlying cause of death: 32,443 deaths accounting for 29.8% of total deaths in 2015. Compared to the previous year there was an increase of 0.5% in the number of deaths due to these diseases (32,288 deaths in 2014) and a 11.7% decline from 2005.

Deaths due to diseases of the circulatory system and malignant neoplasms, Portugal, 2005-2015 (No)



Source: Statistics Portugal, Mortality by causes of death.

In 2015, in the group of causes related to diseases of the circulatory system, 11,778 deaths were caused by cerebrovascular diseases and 7,328 by ischaemic heart diseases.

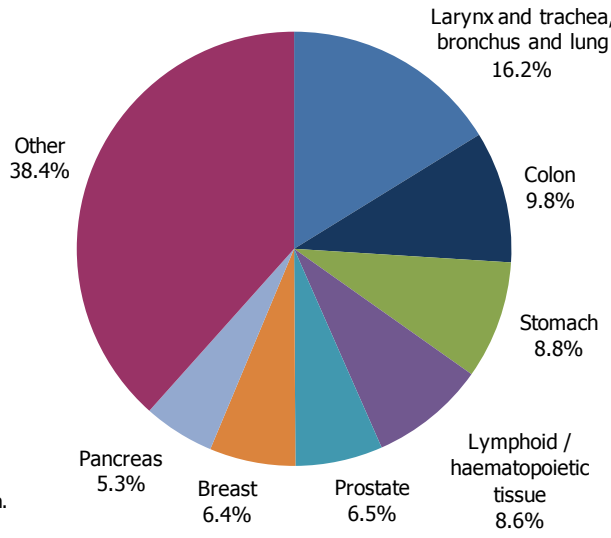
Also in 2015, 91.1% of total deaths from diseases of the circulatory system were of people aged 65 and over and the majority (55.5%) of deaths from these causes were of women. Nevertheless these causes affected women later than men: while over 3/4 of women (77.1%) having died from diseases of the circulatory system were aged 80 and over, in the case of men there were approximately 78.1% of deaths from these causes as from 70 years old.

In 2015 malignant neoplasms continued to be the second main underlying cause of death in the country – 26,647 deaths – accounting for 24.5% of total deaths. The number of deaths from malignant neoplasms rose by 1.6% from the previous year, and 17.3% from 2005.

Most deaths from malignant neoplasms (73.9%) were of persons aged 65 and over and 72.4% of deaths were of men in this age group. 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 (4,326 deaths), malignant neoplasm of colon (2,621), malignant neoplasm of stomach (2,340), and malignant neoplasm of lymphoid, haematopoietic and related tissue (2,303).

Deaths due to diseases caused by malignant neoplasms, Portugal, 2015
(%)



Source: Statistics Portugal, Mortality by causes of death.

Deaths from respiratory diseases and diabetes mellitus continued to rise in 2015

In 2015 deaths caused by diseases of the respiratory system were also relevant (13,470 deaths, which compares with 12,164 deaths in 2014), accounting for 12.4% of total deaths, including pneumonia, which caused 5.6% of deaths (6,126 in 2015, which compares with 5,629 in 2014).

Endocrine, nutritional, and metabolic diseases caused 5,766 deaths (5,497 deaths in 2014), corresponding to 5.3% of the total. This included 4,406 deaths from diabetes mellitus (4,275 deaths in 2014), i.e. 4.0% of total deaths.

Deaths from external causes of injury and poisoning accounted for 4.5% of total deaths in 2015 (4,870 deaths), stress being laid on the relative importance of deaths by accident (2,583), and suicide and other intentional self-harm (1,132 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 (around 10%), February, March and July (with about 9% of mortality in each of these months).

Deaths from HIV/AIDS declined

In 2015 there were 392 deaths caused by human immunodeficiency virus (HIV/AIDS), 27 fewer deaths than in 2014.

There was excess male mortality in deaths from HIV/AIDS in 2015 (76.8% deaths of men). A breakdown by age also shows that more than 60% of deaths were of persons aged 35-54 (234 deaths).

Infant mortality declined by more than 34% from 2005 to 2015

There were 254 deaths of children under the age of 1 in 2015, i.e. 16 more than in 2014 and 132 fewer than in 2005, accounting for a decline of over 34% in a decade. Of total infant deaths in 2015, 69.7% 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 11.8% of infant deaths, especially from birth to 2 months of life. In the previous year this cause of death accounted for 12.6% of infant deaths.

Among the other causes of death, maternal factors and complications of pregnancy, labour and delivery and other respiratory affections of the newborn were the most frequent (10.6% each), other congenital malformations (9.8%) as well as haemorrhagic and haematological disorders of foetus and newborn (9.1 %) and congenital malformations of the heart (8.3%).

Neonatal mortality declined more than 27% from 2005 to 2015

In 2015 there were 177 deaths of children aged under 28 days in Portugal, i.e. 2 more than in 2014 and 66 fewer than in 2005, accounting for a decline of 27.2% from 2005 to 2015. For 41.8% of neonatal deaths the weight at birth stood between 500 and 999 grams, and for 9.6% it was equal to or less than 500 grams. Neonatal deaths were more frequent (41.2%) between 22 and 27 weeks of pregnancy.

In the year under review 15.3% of neonatal deaths were caused by causes classified under the "maternal factors and complications of pregnancy, labour and delivery", especially (48.2%) in children with a weight at birth of between 500 and 999 grams and mainly between 22 and 27 weeks of pregnancy (48.2%).

Deaths related to "remainder of perinatal conditions" accounted for 14.7% of total neonatal deaths in 2015, mainly affecting live births with a weight at birth less than 500 grams (26.9%) and 22 and 27 weeks of pregnancy (34.6%).

[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 around 31% from 2005 to 2015

In Portugal 299 foetal deaths were recorded in 2015, i.e. 1 fewer death than in 2014 and 135 fewer than in 2005 (-31.1%). Most were recorded in health establishments with inpatient care (89.3%).

Maternal factors and complications of pregnancy, labour and delivery were the main underlying causes of foetal deaths (139 deaths, i.e. 46.5% of the total). Deaths from intrauterine hypoxia and birth asphyxia and those classified under "remainder of perinatal conditions" accounted for 25.1% and 17.7% respectively of total foetal deaths.

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 2013 and 2015, 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, 58.3% of the total. In those years, on average, 27.4% of current expenditure was financed directly by households.

In structural terms, between 2013 and 2015, 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 (3.5% in 2013, 3.6% in 2014, 3.7% in 2015). On the other hand, in 2014 and 2015, the relative weight of the financing of other public administration units (including deductions in IRS for health care) (2.9% in 2014 and 2015), of public health subsystems (3.8% in 2014 and 2015), of social security funds (1.3% in 2014 and 2015) and of corporations (0.8% in 2014 and 2015) was maintained.

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Concepts

Acquired Immunodeficiency Syndrome: See AIDS

AIDS: Chronic human immune system disease, reflecting the late clinical status of human immunodeficiency virus (HIV) infection.

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.

Childbirth: Complete expulsion or extraction from the mother's body of one or more foetuses with 22 weeks or more of gestation or with 500 or more grams in weight, regardless of the existence or non-existence of life and of being spontaneous or induced.

Complementary act of diagnosis: Exam or test that provides the required results to establish 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, that manifests itself through signs and symptoms and that is a response to environmental factors, specific infectious agents, organic changes or combinations of these factors.

Elective surgery: Surgery following a scheduled admission.

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.

External cause of death: External factor responsible for the pathological condition that caused death, namely accident, self-inflicted injury, aggression or other.

General and family medicine: Specialisation 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 specialities.

HIV infection: Disease caused by the human immunodeficiency virus (HIV) that consists on the infection of the cells of the immune system, destroying them or damaging their function, evolving slowly and progressing at different clinical stages.

HIV: Retrovirus transmitted, directly or indirectly, by an infectious human source, through unprotected sexual contacts and contaminated blood, including transfusion of blood or derived products, among others.

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

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.

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

Human Immunodeficiency Virus: See HIV

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

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.

Live births: Births of children that showed any sign of life.

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 exercise of medicine.

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

Medicine: Substance or association of substances which have curative or preventive properties of diseases and their signs or symptoms, with the goal of establishing a medical diagnosis or restoring, correcting or modifying the physiological functions.

Mobile medicine depot: Establishment for dispensing medicines and health products to the public, under the supervision of a pharmacist and dependent on a pharmacy to whose license is associated.

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

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

Pathological anatomy: Speciality in medicine dedicated to the scientific study of functional and structural changes (macroscopic, microscopic, cellular and molecular) of diseases with the objective of identifying their causes, to allow the practice of a suitable predictive and preventive medicine, as well as the effective therapy and prognosis of diseases.

Pharmacy: Establishment duly authorized to dispense medicines to the public, which may or may not need medical prescription.

Physiotherapy: Treatment of diseases and their alterations or injuries through physical agents (heat, cold, water, electricity, ultrasound, diathermy, among others) or mechanical means (massages, gymnastics, active or passive movements, among others).

Presentation of a medicine: Content of a medicine package, expressed in number of units or volume of a pharmaceutical form, in 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.

Private room: Single room with private bathroom.

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.

Semi-private room: Room for two patients with private bathroom.

Small surgery: Surgery that, although executed 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.

Specialisation 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.

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

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

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

Stillbirth: A 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.

Subspecialty in Medicine: Title that recognizes a differentiation in a particular area of a speciality in medicine to members of the respective College of the Medical Doctors' Council.

Surgery: One or more surgical procedures with the same therapeutic goal and/or diagnosis, 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.

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