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World Health Day – 7 April

2006-2016

Public sector hospitals remain the main providers of health care, despite the strong increase of the private sector

In 2016, there were 225 hospitals in Portugal, of which 111 belonged to the official health services, 49.3% of the total. The number of private hospitals continued to increase, surpassing for the first time that of hospitals belonging to the official health services.

In that year, hospitals had 35,337 beds equipped for the immediate hospitalisation of patients, of which 24,056 in the official health services hospitals. These hospitals showed, for the first time in ten years, an increase in the number of beds available for hospitalisation, although small (more 29 beds than in 2015). The number of beds available in private hospitals kept increasing with a total of 11,281 beds in 2016 (plus 418 than in 2015).

The number of attendances in hospital emergency services, as well as medical appointments, complementary acts of diagnosis and complementary acts of therapy in hospitals increased between 2015 and 2016, always more significantly in private hospitals than in public and public-private partnership hospitals, even though it is in these that most of these medical acts continue to be carried out.

In 2016, the number of doctors and nurses certified by their respective professional associations kept increasing (+3.6% doctors and +2.6% nurses).

In the same year, around 54% of total deaths were caused by diseases of the circulatory system and malignant neoplasms. Deaths caused by diseases of the respiratory system (which accounted for 12.1% of all deaths) were also relevant, including pneumonia which caused 5.4% of deaths. Endocrine, nutritional and metabolic diseases caused 5.0% of all deaths, including deaths from diabetes mellitus which represented 3.9% of the total. Deaths due to external causes of injury and poisoning accounted for 4.4% of total deaths in 2016, with emphasis on the relative importance of deaths due to accidents (2,847 deaths) and suicide and other intentional self-inflicted injuries (981 deaths).

Between 2014 and 2016, more than half of current health expenditure was funded by the National Health Service and by the Regional Health Services of the autonomous regions.

On the occasion of the World Health Day, on 7 April, Statistics Portugal presents some fundamental health indicators for the 2006-2016 period. The publication Health Statistics 2016 is also released with information organised in the following thematic areas: hospitals, pharmacies and medicines, health professionals, childbirths, morbidity for notifiable diseases, mortality and current expenditure on health.

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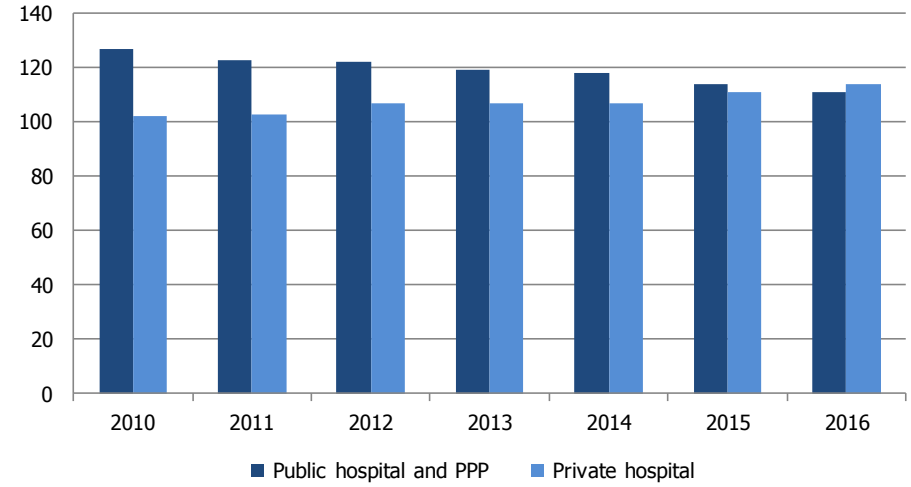
The number of private hospitals kept increasing

In 2016 there were 225 hospitals in Portugal, of which 111 belonged to the official health services (107 public hospitals and 4 hospitals in public-private partnership). Public hospitals were broken down into 101 hospitals with universal access and 6 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 1.0 in 2016, the same as in previous years.

In the year under review, the number of private hospitals reached 114 units, three more than in the previous year, and surpassing for the first time the number of hospitals belonging to the official health services.

Hospitals by nature of institution, Portugal, 2010-2016 (No)



Source: Statistics Portugal, Hospitals survey

On the Mainland most hospitals belonged to the official health services (99 hospitals part of the National Health Service and 6 military or prison hospitals, vis-à-vis 103 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).

In 2016 around 75% of hospitals were general hospitals, i.e. they covered more than one area of expertise. Among the 54 specialised hospitals (covering only one area of expertise) Psychiatry was the predominant area (26 hospitals) as in previous years.

Emergency care attendances are mostly provided by public or public-private partnership hospitals

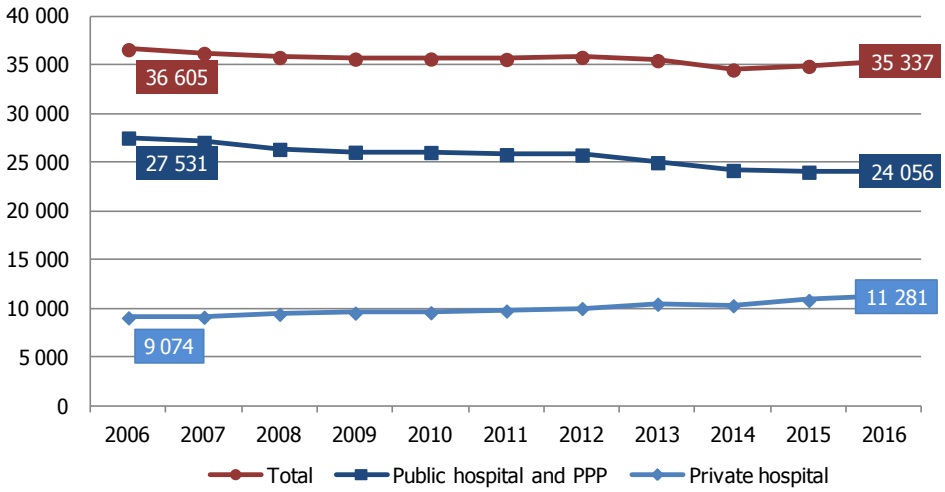
In 2016 around 7.7 million attendances were carried out in hospital emergency services, an increase of 5.4% over the previous year. Despite the predominance of public or public-private partnership hospitals (with 84.2% of emergency care attendances), private hospitals increased their importance in the provision of this care over the 10 years under review, with a value (1.2 million attendances) which doubles that of 2006 (about 600 thousand attendances).

Most attendances at the hospital emergency services were caused by diseases (81.9%), while accidents motivated 10.8% of visits and 7.4% were due to other injuries or causes (including injuries due to aggression and self-inflicted injuries).

The number of beds available in public or public-private partnership hospitals increased for the first time in 10 years

In 2016 hospitals had 35,337 available beds equipped for the immediate hospitalisation, 68.1% of which in public or in public-private partnership hospitals and the remaining 31.9% in private hospitals (11,281). In that year, the average number of in-patient beds per 1,000 inhabitants was 3.4.

Hospital inpatient beds by nature of institution, Portugal, 2006-2016 (No)



Source: Statistics Portugal, Hospitals survey, provisional data for 2016

Hospitals had 35,337 beds equipped for the immediate hospitalisation of patients in 2016, with an increase in the number of beds available for hospitalization in official health services hospitals for the first time in 10 years, although small (more 29 beds than in 2015). The number of beds available in private hospitals kept an increasing trend (more 418 beds than in 2015).

Approximately 90% of beds in public or in public-private partnership hospitals in 2016 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 40.0% of beds (4,508 beds, compared to 299 beds in public or public-private partnership hospitals).

The role of private hospitals is particularly relevant in hospitalization in Psychiatry

In 2016 there were around 1.2 million hospitalisations in Portuguese hospitals (78.7% of which in official health services hospitals) and close to 10.2 million inpatient bed-days (72.7% 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 8.8 days, slightly higher than in 2015 (8.7 days).

In public or public-private partnership hospitals, around 95% of hospitalisations in 2016 were in infirmaries (particularly in specialties such as Internal Medicine, General Surgery and Gynaecology/Obstetrics) and the average length of hospitalisation was 8.1 days. Most hospitalisations in private hospitals were in semi-private or private rooms (67.3%) and patients were hospitalised for 11.3 days on average.

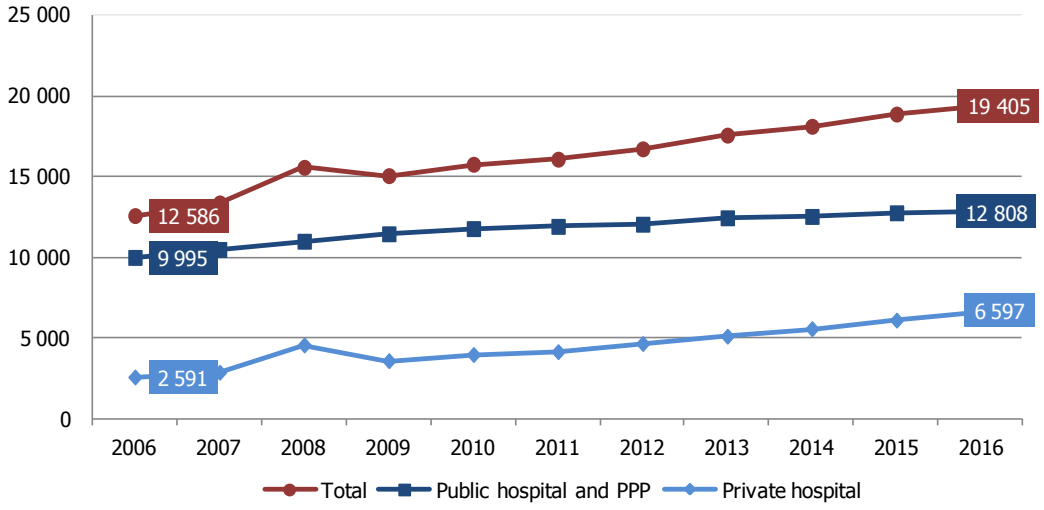
The specialty with a longer length of hospitalisation was, as expected, Psychiatry, with an average of 67.9 days (67.2 bed-days in the previous year). In the context of Psychiatry, it stands out the difference between the average length of stay in the private hospitals (181.9 bed-days per hospitalisation) vis-à-vis the average length of stay in public or in public-private partnership hospitals (24.1 bed-days per hospitalisation).

The number of medical appointments increased more significantly in private hospitals

In 2016 hospitals recorded around 19.4 million outpatient medical appointments, 66.0% of which in public or public-private partnership hospitals (67.6% in the previous year).

The number of medical appointments in the outpatient unit of hospitals increased by 2.8% between 2015 and 2016, more significantly in private hospitals (+7.9%) than in public or in public-private partnership hospitals. In 2016, private hospitals accounted for 34.0% of total outpatient medical appointments (484 thousand appointments in plus than in the previous year, representing 90.7% of the total increase in the number of outpatient appointments).

Medical appointments in external appointment unit by nature of institution, Portugal, 2006-2016 (thousand)



Source: Statistics Portugal, Hospitals survey, provisional data for 2016

The specialties with the highest number of outpatient medical appointments in public or public-private partnership hospitals in 2016 were, in descending order, Ophthalmology, Gynaecology/Obstetrics, Orthopaedics and General Surgery. In private hospitals, these specialties were Orthopaedics, Ophthalmology and Gynaecology/Obstetrics.

Most surgeries were carried out in the official health services hospitals

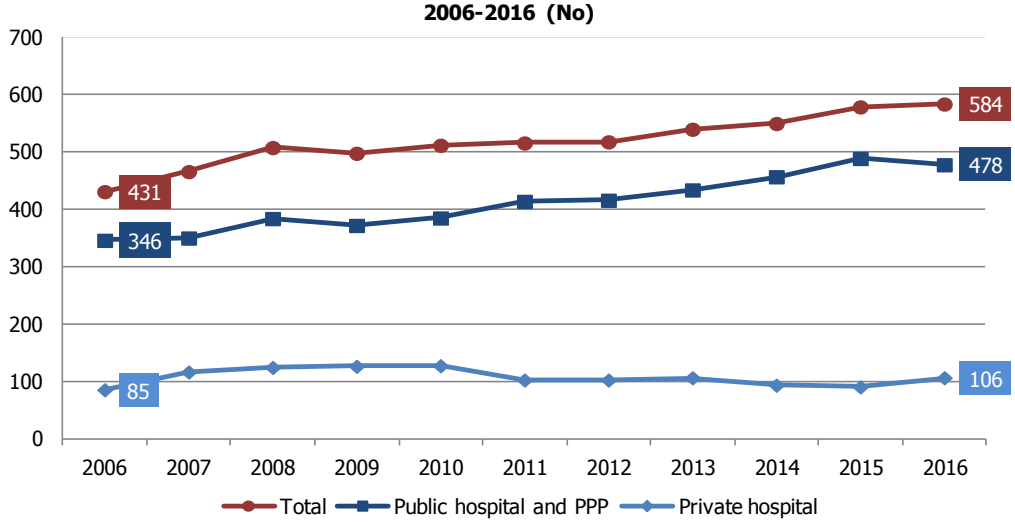
In 2016, approximately 1.1 million surgeries were performed in Portuguese hospitals, of which 178 thousand were minor surgeries. Approximately 73% of surgeries (except minor surgeries) were performed in public or public-private partnership hospitals, and 85.0% of which were scheduled, that is, followed a programmed admission. In the case of private hospitals, the share of scheduled surgeries was higher, accounting for 89.4% of total surgeries (except minor surgeries) performed in 2016.

There was an increase in haemodialysis equipment available in private hospitals

As regards diagnosis and therapeutic equipment as a whole, 75.6% of hospitals had X-ray equipment, 68.4% had ultrasound equipment and 60.4% had endoscopic equipment in 2016.

The diagnosis and therapeutic equipment with the highest number of units in Portuguese hospitals was the haemodialysis machine (584 such machines in 2016, 68.4% of which in public and public-private partnership hospitals). In 2016, the increase of 16 haemodialysis machines in private hospitals was particularly relevant.

Haemodialysis equipments of hospitals by nature of institution, Portugal, 2006-2016 (No)



Source: Statistics Portugal, Hospitals survey, provisional data for 2016

Public or public-private partnership hospitals had the highest number of radiotherapy equipments (88.6%, i.e. 39 out of 44), nuclear medicine gamma cameras (86.7%, i.e. 26 out of 30), and computer tomography scanners (67.1%, i.e. 188 out of 280).

The number of complementary acts of diagnosis and of therapy carried out increased in private hospitals

In 2016 there were approximately 144 million complementary acts of diagnosis in Portuguese hospitals, i.e. exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others), more 4.5 million than in the previous year.

More than 90% of these acts (around 130 million) were carried out in public or public-private partnership hospitals, with an increase of 2.1% vis-à-vis 2015 (127 million). However, between 2015 and 2016, it was among private

hospitals that the number of complementary acts of diagnosis increased the most (+16.2%, from 11.8 million in 2015 to 13.8 million in 2016).

Clinical Pathology, a medical specialty devoted to the laboratory diagnosis of diseases, accounted for 80.5% of procedures performed in official health services hospitals in 2016. In private hospitals, this specialty, although in majority, accounted for only 65.8% 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. 51.5%, 28.2% and 23.6% respectively.

In 2016 around 24.1 million complementary acts of therapy were performed, i.e. 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 (70.2%), although the number of complementary acts of therapy increased mainly in private hospitals (from 6.8 million in 2015 to 7.2 million in 2016). Physical therapy played the most relevant role in 2016 in public or public-private partnership hospitals (57.7%) and mostly in private hospitals (91.3%).

The number of pharmacies kept unchanged between 2015 and 2016

In 2016 there were 2,892 pharmacies and 193 mobile medicine depots in Portugal, i.e. the same number of pharmacies and less 1 mobile medicine depot than in the previous year, with the average number of pharmaceutical units per thousand inhabitants remaining at 0.3.

There were 8,819 medicines (brands) available in the Portuguese pharmaceutical market in 2016, corresponding to 53,617 presentations, i.e. medicine package contents with a specific dosage and number of units or volume of pharmaceutical forms. Between 2015 and 2016, the number of medicines remain practically identical (from 8,821 to 8,819), and the presentations decreased by 3.8% (from 55,726 to 53,617).

Around 43% of medicines and 17.9% of presentations existing in 2016 benefited from co-funding. In terms of pharmacotherapeutical groups, more than half of co-funded presentations were for the cardiovascular system (29.1%) and the central nervous system (29.8%).

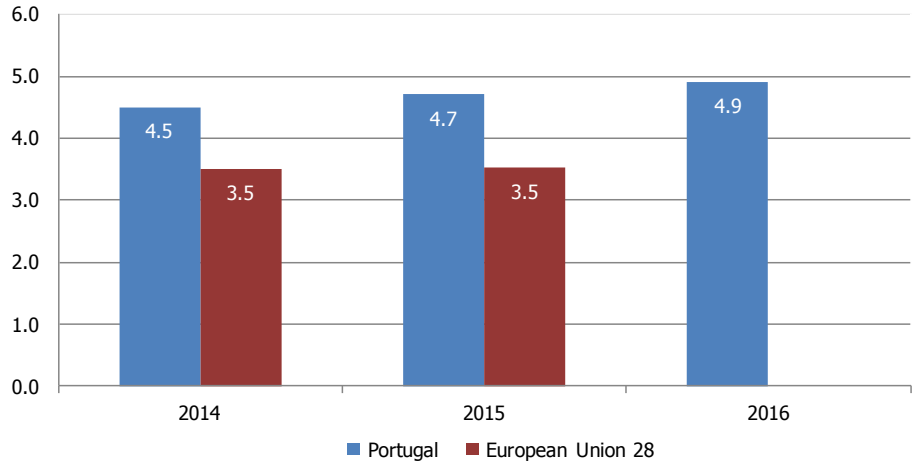
The number of medical doctors continued to increase, as did the number of nurses

In 2016, 50,239 doctors were certified by the Portuguese Medical Association, an increase of 3.6% compared to 2015, in line with the upward trend of the series: +13.3 and +21.9 thousand professionals, respectively compared to 2006 and to 1991. By 2016 the number of doctors per thousand inhabitants was 4.9 (3.5 in 2006 and 2.8 in 1991).

Os dados disponíveis permitem concluir que a disponibilidade de médicos por habitante é bastante maior em Portugal do que na União Europeia, sendo que em 2015 existiam 4,7 médicos por mil habitantes em Portugal e 3,5 médicos por mil habitantes na UE-28.

Based on the most recent information available for the EU-28, it is possible to conclude for a higher coverage of doctors per inhabitant in Portugal than in the European Union, with 4.7 physicians per thousand inhabitants in Portugal and 3.5 physicians per thousand inhabitants in the EU-28 in 2015.

Physicians per 1000 inhabitants, Portugal and European Union 28, 2014-2016 (No)

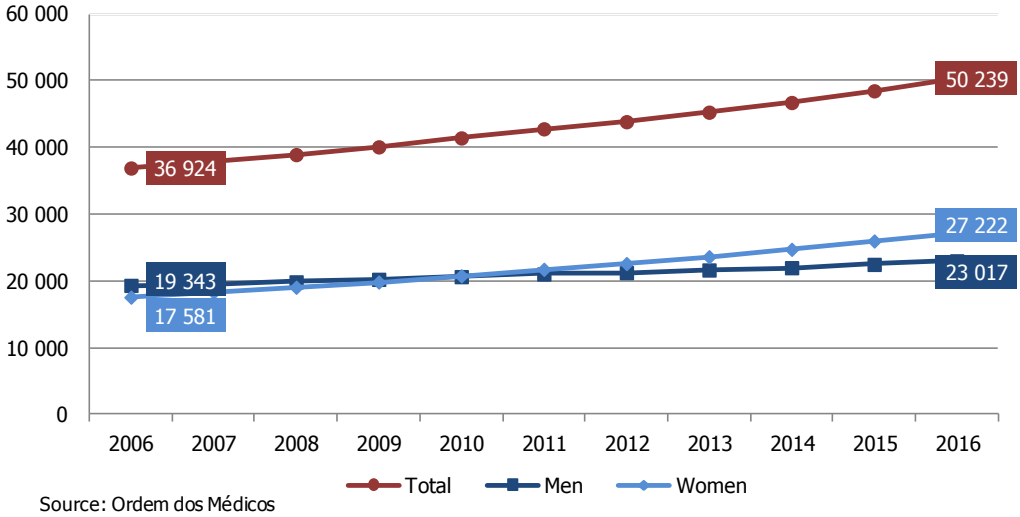


Sources: Statiscs Portugal, Portuguese Medical Association and Eurostat

Of the total number of doctors enrolled in 2016, 30,669 (61.0%) were specialists, that is, they were qualified to practice at least one specialty in Medicine.

In 2016, 27,222 female doctors were enrolled, 54.2% of the total.

Doctors certified in the professional association by sex, Portugal, 2006-2016 (No)



Source: Ordem dos Médicos

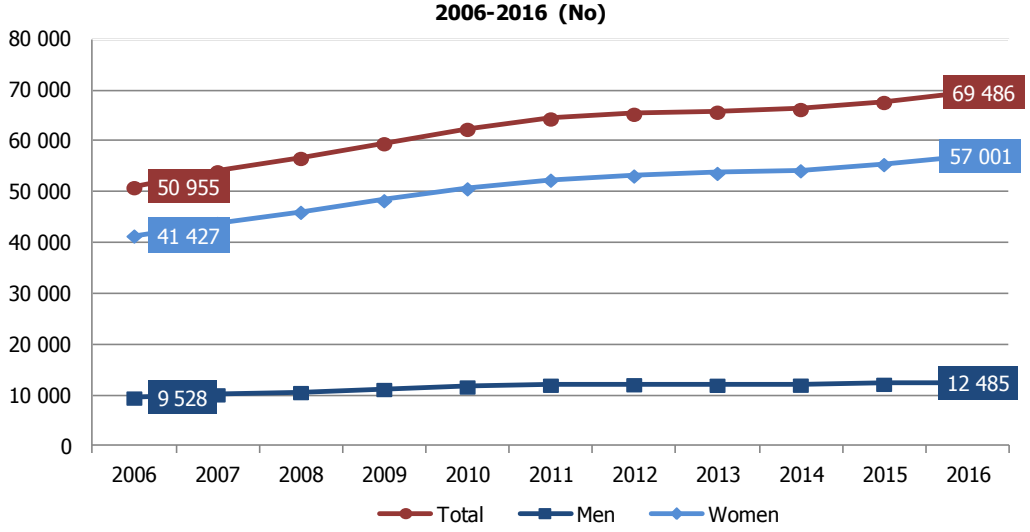
The 30,669 specialist doctors certified by the Portuguese Medical Association in 2016 practiced 32,123 specialties, 1,667 sub-specialties, and/or had 2,550 fields of competence. Family Medicine, Paediatrics, Internal Medicine, Anaesthetics,

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 2016 around 24 thousand medical doctors were working at Portuguese hospitals, of which 87.2% in public or public-private partnership hospitals (about 21 thousand medical doctors). 68.6% of medical doctors at hospitals had one specialty, around 3% were general practitioners and the remaining 29.3% were doing their general and complementary internship.

In 2016, 69,486 professionals were certified by the Portuguese Nursing Association, 2.6% more than in the previous year. The number of registered nurses in 2016 confirms the steadily increase of these professionals (they were 50,955 in 2006), as well as a more intensive increase in the case of women (+37.6% compared to 2006) than in men (+31.0% compared to 2006). The ratio of nurses per 1,000 inhabitants increased from 4.8 in 2006 to 6.7 in 2016.

Nurses certified in the professional association by sex, Portugal, 2006-2016 (No)



Source: Ordem dos Enfermeiros

In 2016 hospitals employed around 39.7 thousand of all active nurses, of which 90.8% were assigned to public or public-private partnership hospitals. 85.8% of nurses assigned to hospitals were general care nurses. The remaining 14.2% were authorised to practice a Nursing specialty, particularly Medical-surgical nursing and Maternal Health and Obstetrics.

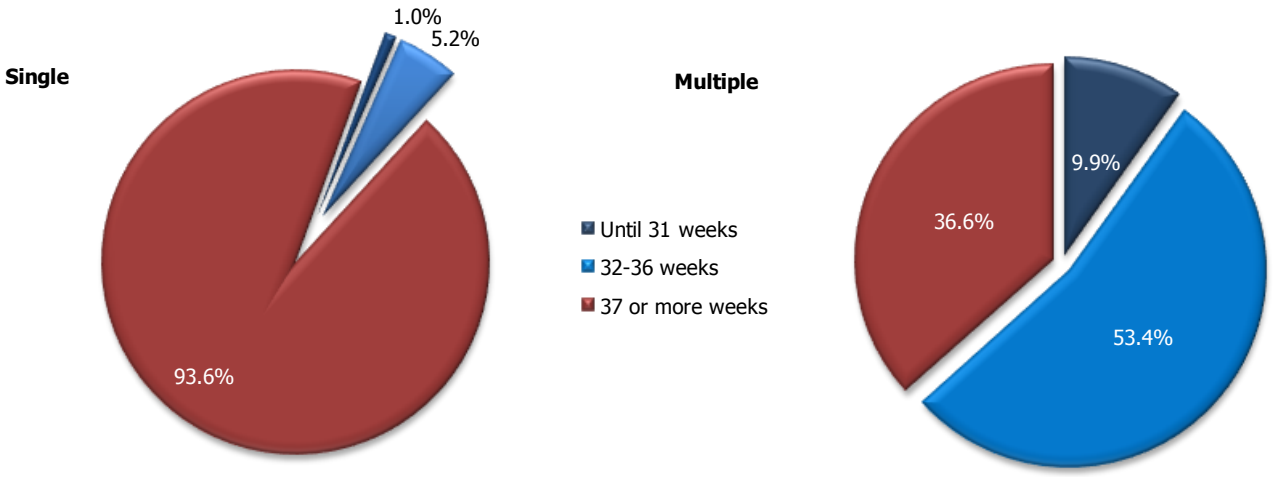
In 2016 there were almost 2 thousand birth deliveries more than in the previous year

In 2016 there were 86,281 birth deliveries in Portugal, i.e. more 1,697 than in 2015 (+2.0%) and less 17.7% than in 2006 (104,494).

Single birth deliveries corresponded to 98.3% of the total, and in 99.7% of cases they resulted in a live birth (84,560 deliveries with live birth and 283 with stillbirths). There were 1,438 multiple birth deliveries (1.7% of total birth deliveries).

In 93.5% of single births, women had a pregnancy lasting from 37 to 41 weeks. In multiple births 53.4% of pregnancies lasted from 32 to 36 weeks, and 36.6% from 37 to 41 weeks.

Distribution of birth deliveries according to the nature and duration of pregnancy, Portugal, 2016 (%)



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 (34.1%), 21.7% to women between 25 and 29 years old, 24.9% to women aged 35 to 39 years, and 6.1% to women aged between 40 and 44 years. In the year under review there were 43 birth deliveries (0.05%) by women aged under 15, and 278 (0.32%) 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 2006 and 12.9% in 2016) and an increase in the proportion of births at older ages (3.1% of mothers in childbirth aged 40 and over in 2006 and 6.4% in 2016).

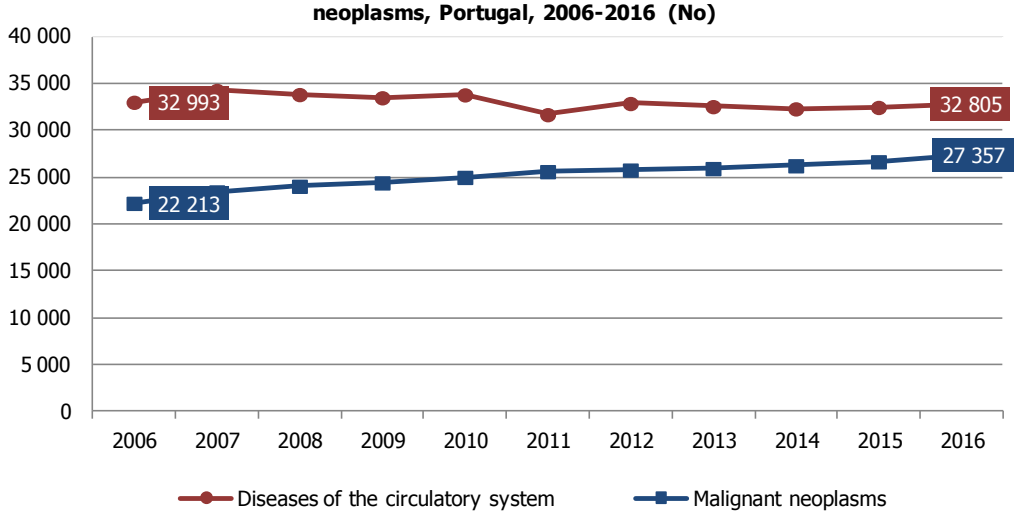
In 2016, deaths caused by diseases of the circulatory system increased by 1.1%, and those due to malignant neoplasms by 2.7%

In 2016 there were 110,970 deaths in the country (including 397 of people residing abroad). 54% of total deaths were caused by diseases of the circulatory system and malignant neoplasms as a whole.

95.7% of the 110,573 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 4.3%.

In 2016 the diseases of the circulatory system were the main underlying cause of death, with 32,805 deaths accounting for 29.6% of total deaths in 2016. Compared to the previous year there was an increase of 1.1% in the number of deaths due to these diseases (32,443 deaths in 2015) and a 0.6% decline from 2006.

Deaths due to diseases of the circulatory system and malignant neoplasms, Portugal, 2006-2016 (No)



Source: Statistics Portugal, Mortality by causes of death, provisional data for 2016

In 2016, in the group of causes related to diseases of the circulatory system, 11,738 deaths were caused by cerebrovascular diseases and 7,368 by ischaemic heart diseases.

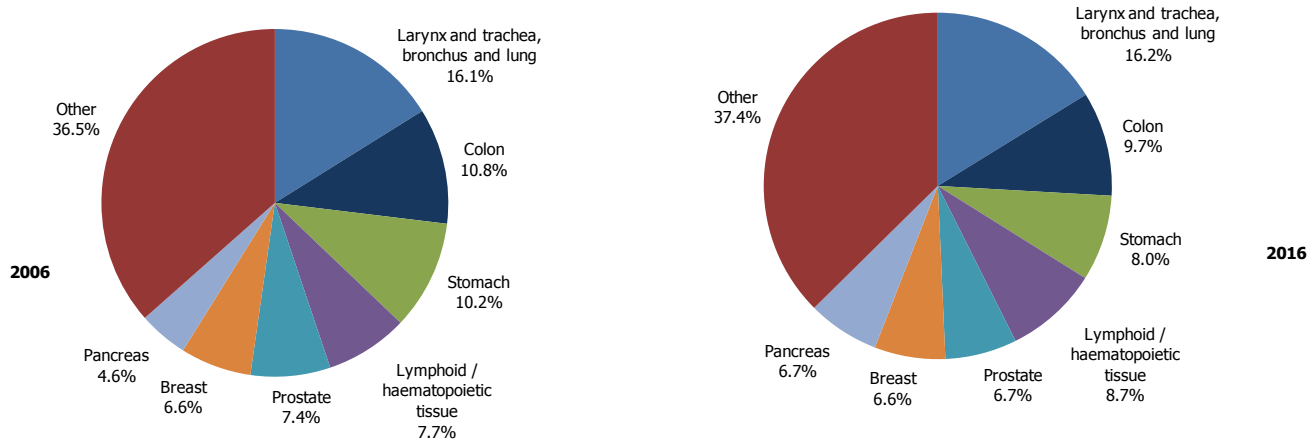
Also in 2016, 91.1% of total deaths from diseases of the circulatory system were of people aged 65 and over and the majority (55.1%) of deaths from these causes were of women. Nevertheless these causes affected women later than men: while over 3/4 of women (77.7%) having died from diseases of the circulatory system were aged 80 and over, in the case of men there were approximately 78.5% of deaths from these causes as from 70 years old.

In 2016 malignant neoplasms continued to be the second main underlying cause of death in the country – 27,357 deaths – accounting for 24.7% of total deaths. The number of deaths from malignant neoplasms rose by 2.7% from the previous year, and 23.2% from 2006.

Most deaths from malignant neoplasms (74.5%) were of persons aged 65 and over and 73.0% 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 (4,434 deaths), malignant neoplasm of colon (2,655), malignant neoplasm of stomach (2,197), and malignant neoplasm of lymphoid, haematopoietic and related tissue (2,375).

Deaths due to diseases caused by malignant neoplasms, Portugal, 2006 and 2016 (%)



Source: Statistics Portugal, Mortality by causes of death, provisional data for 2016

Between 2006 an 2016, the proportion of deaths due to malignant neoplasm of pancreas and the proportion of malignant neoplasms of lymphoid/hematopoietic tissue were the ones increasing the most, respectively by 2.1 pp and 1.0 pp. On the other hand, there was a decrease of 2.2 pp in the deaths caused by malignant neoplasms of stomach, of 1.1 pp in those caused by the malignant neoplasms of colon, and of 0.7 pp in those caused by malignant neoplasms of prostate.

Deaths from respiratory diseases continued to increase in 2016

In 2016 deaths caused by diseases of the respiratory system were also relevant with 13,474 deaths in Portugal (13,470 deaths in 2015), accounting for 12.1% of total deaths, including pneumonia, which caused 5.4% of deaths with 6,006 deaths (6,126 deaths in 2015).

Endocrine, nutritional, and metabolic diseases caused 5,599 deaths (5,766 deaths in 2015), corresponding to 5.0% of the total. This included 4,359 deaths from diabetes mellitus (4,406 deaths in 2015), i.e. 3.9% of total deaths.

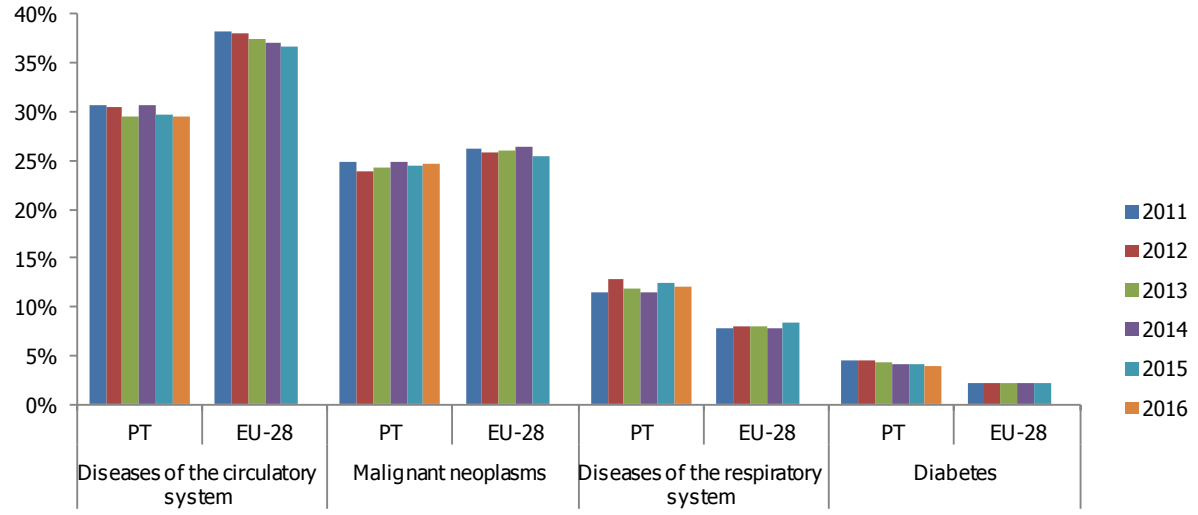
Deaths from external causes of injury and poisoning accounted for 4.4% of total deaths in 2016 (4,856 deaths), stress being laid on the relative importance of deaths by accident (2,847), and suicide and other intentional self-inflicted injuries (981 deaths).

Deaths due to diseases of the respiratory system and Diabetes mellitus are more fatal in Portugal than in than in the EU-28

Taking into account data available for the European Union, the diseases of the circulatory system cause relatively fewer deaths in Portugal than in the EU-28 in general (in 2015, the national percentage of deaths due to these diseases was 29.8%, while in the EU-28 it was 36.7%). As for malignant neoplasms, the incidence of deaths in Portugal is quite close to the EU-28, although slightly lower (in 2015, the percentage of deaths due to malignant neoplasms in Portugal was 24.5% and in the EU-28 was 25.4%). In turn, in Portugal, there are relatively more deaths due to diseases of the

respiratory system (in 2015, 12.4% of deaths in Portugal and 8.5% of deaths in the EU-28) and, especially, those due to Diabetes mellitus (4.0% in Portugal vs. 2.3% in the EU-28 in 2015).

Deaths caused by some causes of death, Portugal 2011-2016 and EU-28 2011-2015 (% of total)



Sources: Statistics Portugal, Mortality by causes of death, provisional data for 2016 and Eurostat

Infant mortality declined by around 20% between 2006 and 2016

There were 283 deaths of children under the age of 1 in 2016, i.e. 29 more than in 2015 and 69 fewer than in 2006, accounting for a decline of around 20% in a decade. Of total infant deaths in 2016, 71.4% were neonatal deaths (before reaching 28 days of life).

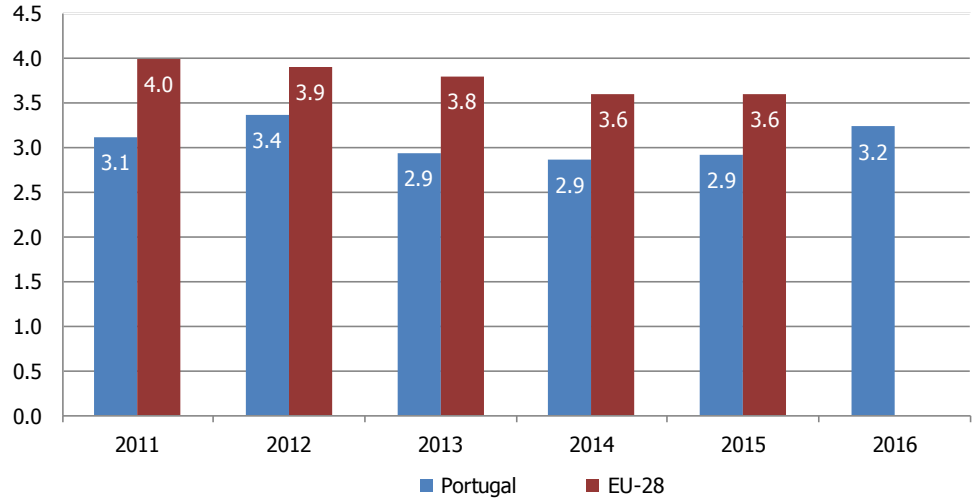
In the year under review the mortality of children under the age of 1 was mainly caused by infections and disorders originating in the perinatal period classified under "Remainder of perinatal conditions"[1], corresponding to 15.5% of infant deaths, especially from birth to 2 months of life. In the previous year this cause of death accounted for 11.8% of infant deaths.

Among the other causes of death, maternal factors and complications of pregnancy, labour and delivery (13.8%), other respiratory affections of the newborn were the most frequent (9.9% each), and congenital malformations of the heart (8.8%) as well as haemorrhagic and haematological disorders of foetus and newborn (8.5%).

Considering data available for the EU-28, it shows that infant mortality in Portugal affects quite significantly fewer children than in the EU-28.

[1] 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".

Infant mortality rate, Portugal and EU-28, 2011-2016
(‰)



Sources: Statistics Portugal, Demographic indicators and Eurostat

Neonatal mortality declined 11% from 2006 to 2016

In 2016 there were 202 deaths of children aged under 28 days in Portugal, i.e. 25 more than in 2015 and 25 fewer than in 2006, accounting for a decline of 11% from 2006 to 2016. For 43.6% of neonatal deaths the weight at birth stood between 500 and 999 grams, and for 7.9% it was equal to or less than 500 grams. Neonatal deaths were more frequent (47.5%) between 22 and 27 weeks of pregnancy.

In the year under review 18.8% of neonatal deaths were caused by causes classified under the "maternal factors and complications of pregnancy, labour and delivery", especially (47.4%) in children with a weight at birth of between 500 and 999 grams and mainly between 22 and 27 weeks of pregnancy (57,9%).

Deaths related to "remainder of perinatal conditions" accounted for 18.8% of total neonatal deaths in 2016, mainly affecting live births with a weight at birth between 500 and 999 grams (52.6%) and 22 and 27 weeks of pregnancy (50%).

Foetal deaths declined around 27% from 2006 to 2016

In Portugal 306 foetal deaths were recorded in 2016, i.e. 7 more death than in 2015 and 111 fewer than in 2006 (-26.6%). Most were recorded in health establishments with inpatient care (91.5%).

Maternal factors and complications of pregnancy, labour and delivery were the main underlying causes of foetal deaths (145 deaths, i.e. 47.4% of the total). Deaths from intrauterine hypoxia and birth asphyxia and those classified under "remainder of perinatal conditions" accounted for 19.0% and 13.4% 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 2014 and 2016, 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, 57.6% of the total. In those years, on average, 27.6% of current expenditure was financed directly by households.

In structural terms, between 2014 and 2016, 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 (4.0% of current expenditure in 2016, plus 0.4 pp than in 2014). In turn, in 2015, there was a 1.0 pp increase in the relative weight of the expenditure of other public administration units (which include deductions in IRS for health care) (3.9% in 2015 and 2016).

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Definitions

Acquired Immunodeficiency Syndrome (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.

Foetal death: Death of a product of fertilisation 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.

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: 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 paediatric bed) for diagnosis, treatment or palliative care, with a stay of at least 24 hours.

Human Immunodeficiency Virus (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.

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.

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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.

Minor 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.

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.

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.

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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