



MEDICAL APPOINTMENTS AND AUXILIARY EXAMS IN 2021 HIGHER THAN BEFORE THE PANDEMIC

On the occasion of the World Health Day that will be celebrated tomorrow, Statistic Portugal publishes a new edition of the publication "Estatísticas da Saúde" (Health Statistics in English), mainly with statistical indicators for 2021. This information includes data on the second year of the COVID-19 pandemic.

The following results stand out:

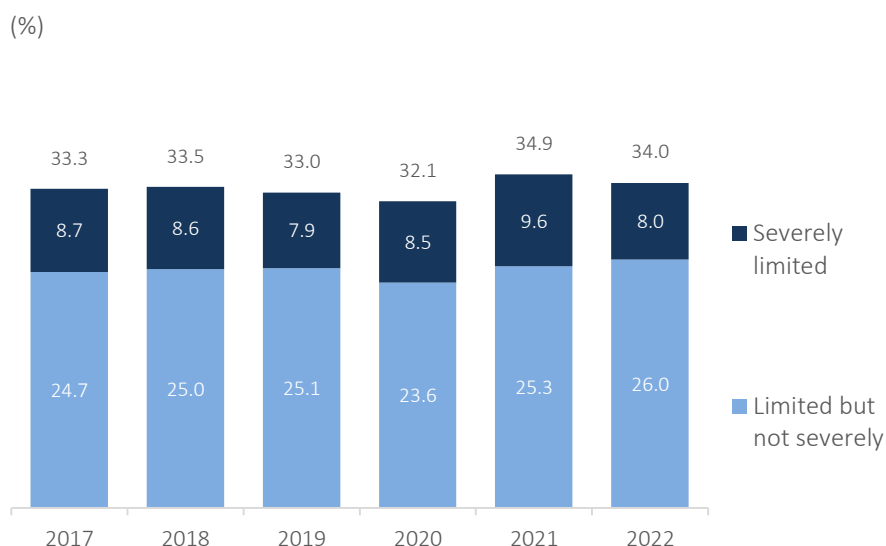
- The percentage of the population with limitations in performing activities people usually do as a result of health problems reached the highest value (34.9%) in 2021, with a higher proportion being kept in 2022 (34.0%) vs. the pre-pandemic period. Portugal remained one of the countries of the European Union (EU-27) in which this indicator reached the highest expression (25.2% for the EU-27).
- The healthy life expectancy at age 65 for the residents in Portugal was 7.7 years, 2.1 years less than the European average (9.8 years).
- In 2021, there were 58,735 doctors and 80,238 nurses in Portugal, respectively 2.7% more doctors and 2.9% more nurses than in 2020.
- After the strong impact of the pandemic on hospital activity experienced in 2020, there was a recovery of care acts provided by hospitals in 2021. Medical appointments and diagnostic or therapeutic complementary acts increased to values higher than those recorded before the COVID-19 pandemic, but emergency services attendances, hospitalisations, and surgeries in operating rooms did not reach the values recorded in 2019, despite their growth.
- The recovery in activity carried out during 2021 covers both public and private providers. Public sector hospitals increased in all dimensions, especially surgeries in operating room (+22.4%). The activity of private hospitals had significant increases in diagnosis or therapy complementary acts (+27.2%), in hospitalisations (+27.0%) and in medical appointments (+22.7%).
- Public or public-private partnership hospitals continued in 2021 to be the main providers of health services, producing 86.2% of diagnostic or therapeutic complementary acts, 84.2% of emergency care attendances, 72.3% of hospitalisations, 72.1% of surgeries in operating room and 63.2% of medical appointments.



On average, women live longer than men, but in a worse health condition

In 2022, 34.0% of people aged 16 years or older reported being limited in performing activities due to health problems, 0.9 p.p. less than in the previous year. The decrease in the proportion of people with severe limitation by 1.6 p.p., from 9.6% in 2021 to 8.0% in 2022, was the main contributor to this evolution. The proportion of people with a less severe limitation increased from 25.3% to 26.0%, the highest figure in the last six years.

Figure 1. Population aged 16 or over with limitation in activities because of health problems by degree of severity, Portugal, 2017-2022

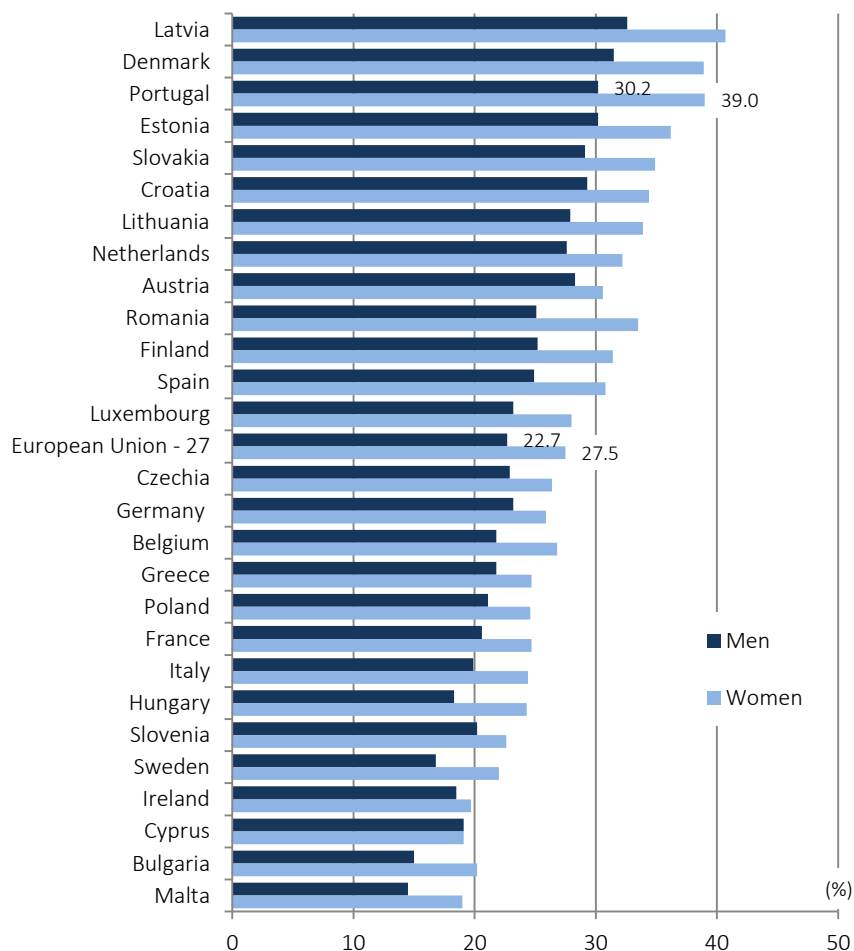


Source: Statistics Portugal, EU-SILC: Statistics on Income and Living Conditions.

In Portugal and 2022, as in previous years, the proportion of women with limitation in performing activities people usually do as a result of a health problem (38.2%, 0.8 p.p. less than in 2021) was significantly higher than for men (29.8%, 1.0 p.p. less than in 2021).

Considering the most recent data for the European Union, i.e. 2021, Portugal remains among the countries with the highest proportions of people with limitation in performing everyday activities due to a health problem is higher (3rd country with the highest value). Portugal's relative position is considerably worse for women (39.0%, 11.5 p.p. more than the 27.5% average for the EU-27) than for men (30.2%, 7.5 p.p. more than the EU-27 average of 22.7%).

Figure 2. Population aged 16 or over with limitation in activities because of health problems, EU-27, 2021



Source: Eurostat [hlth_silc_20]

Notes: (*) data of 2020; data are ordered by total of both sex.

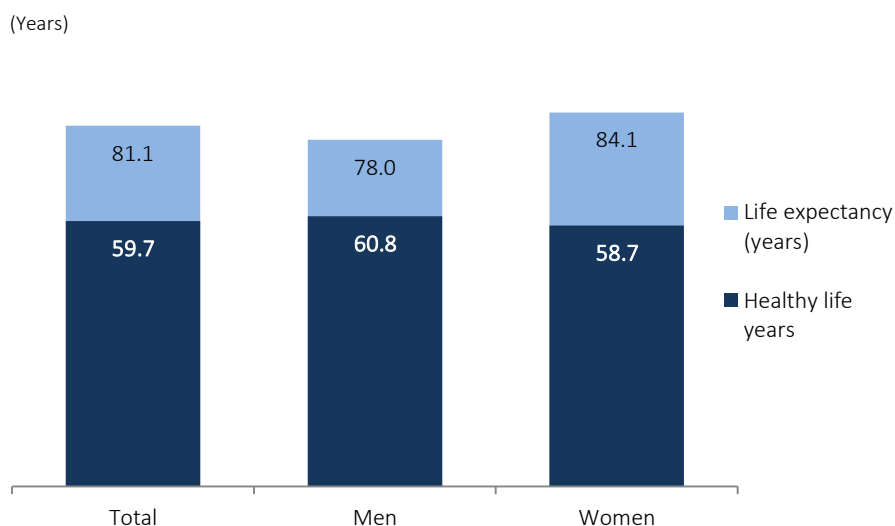
The results of this indicator, which can be considered a fair estimate of the proportion of people with disabilities, are used in calculating the indicator "Healthy life years", which allows to assess whether or not the increase in life expectancy is accompanied by an increase of time lived in good health.

Life expectancy at birth in Portugal was estimated at 81.1 years for the total population in 2020, higher for women (84.1 years) than for men (78.0 years). Considering the information regarding the existence of limitations due to



health problems, the estimate of healthy life years at birth was 59.7 years in 2020¹, lower for women (58.7 years) than for men (60.8 years).

Figure 3. Life expectancy and healthy life years at birth by sex, Portugal, 2020



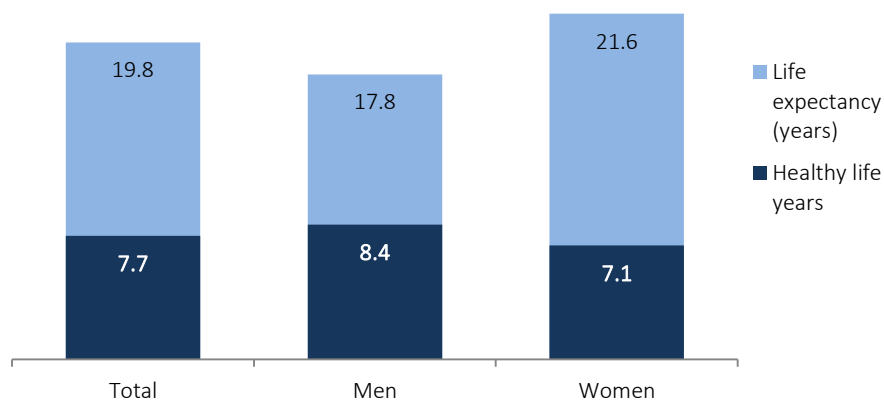
Source: Statistics Portugal, EU-SILC: Statistics on Income and Living Conditions; Eurostat [demo_mlifetable; hlth_hlye].

In 2020, the average life expectancy for a 65-year-old was 19.8 years, respectively 17.8 years for men and 21.6 years for women of the same age. The adjustment for limitations due to health problems results in a healthy life expectancy of an additional 7.7 years at age 65 in 2020 for the general population, which is more penalizing for women (7.1 years in 2020) than for men (8.4 years).

¹ In addition to data from the Statistics on Income and Living Conditions data, the calculation of the indicator "Healthy years of life" is anchored in life tables calculated by Eurostat for the year of interest. The results for the indicator "Healthy life years" in 2021 are not presented in this press release as the model for obtaining the life tables was recently revised (March 14, 2023) and led to a break in series in 2021, currently under analysis by Statistics Portugal.

Figure 4. Life expectancy and healthy life years at 65 years by sex, Portugal, 2020

(Years)



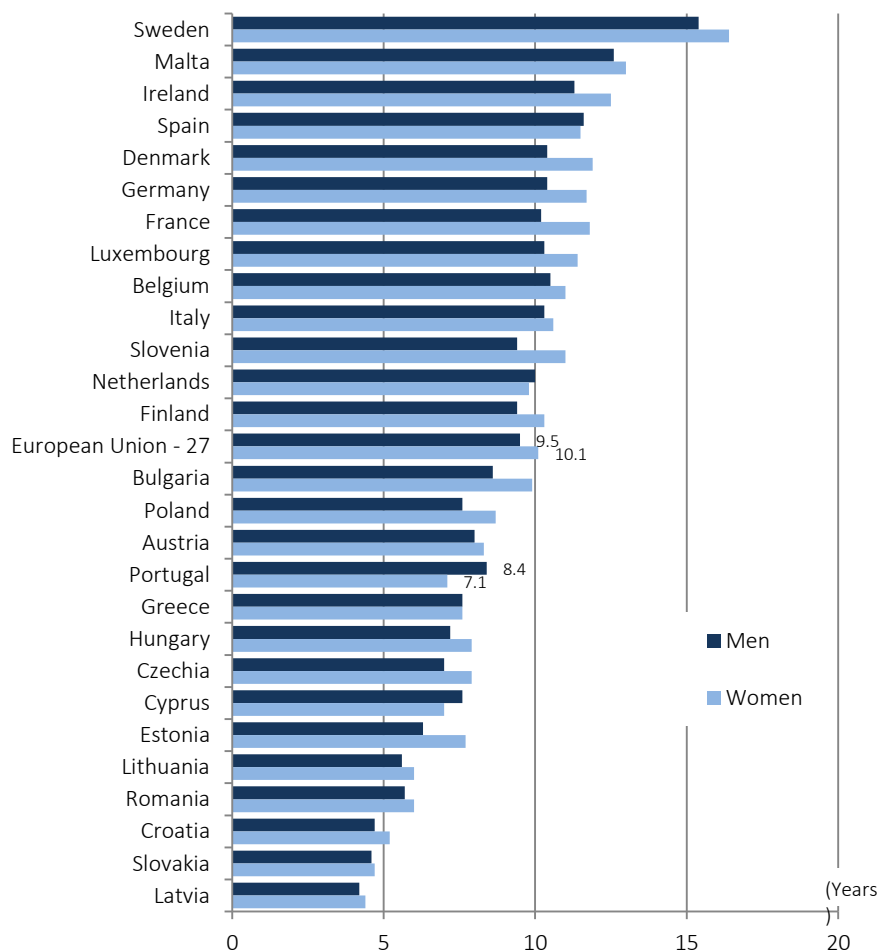
Source: Statistics Portugal, EU-SILC: Statistics on Income and Living Conditions; Eurostat [demo_mlifetable; hlth_hlye].

In 2020 and compared to the other EU-27 countries, Portugal ranked 11th, with a value (7.7 years) lower by 2.1 years of healthy life at 65 years compared to the European average, which was 9.8 years.

Portugal was in 2020 among the countries of the European Union with the largest difference of healthy life years at 65 between men and women (plus 1.3 years in favour of men). For the EU-27 average, women could expect to live with health 0.6 years longer than men.



Figure 5. Healthy life years at 65 years by sex, EU-27, 2020



Source: Eurostat [hlth_hlye]

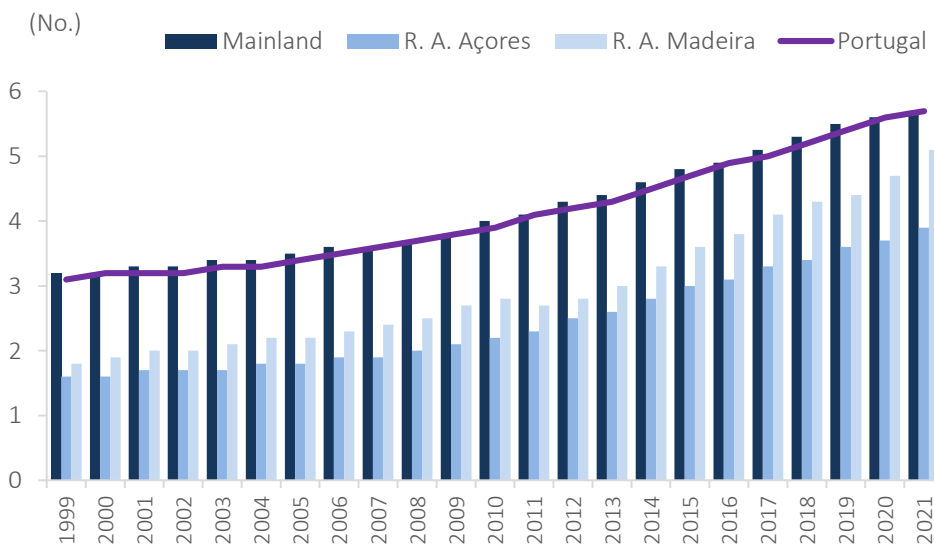
Note: data are ordered by total of both sex.

The number of doctors increased to 5.7 per 1,000 inhabitants in 2021

In 2021, 58,735 professionals were enrolled in the Portuguese Medical Association, of which 56,535 were registered in Mainland, 929 in Região Autónoma dos Açores and 1,271 in Região Autónoma da Madeira. Thus, there were 5.7 registered doctors per 1,000 inhabitants, 0.1 more doctors per 1,000 inhabitants than in 2020.

The increase in the number of doctors between 2020 and 2021 followed the trend of continuous growth of the series observed since 2004, more intensely in Região Autónoma dos Açores (with a mean growth annual rate of 5.3% between 2004 and 2021) and in Região Autónoma da Madeira (with a mean growth annual rate of 4.6% in the same period). Alentejo and Região Autónoma dos Açores maintained in 2021 the lowest values in the country, with respectively 3.2 and 3.9 doctors per 1,000 inhabitants.

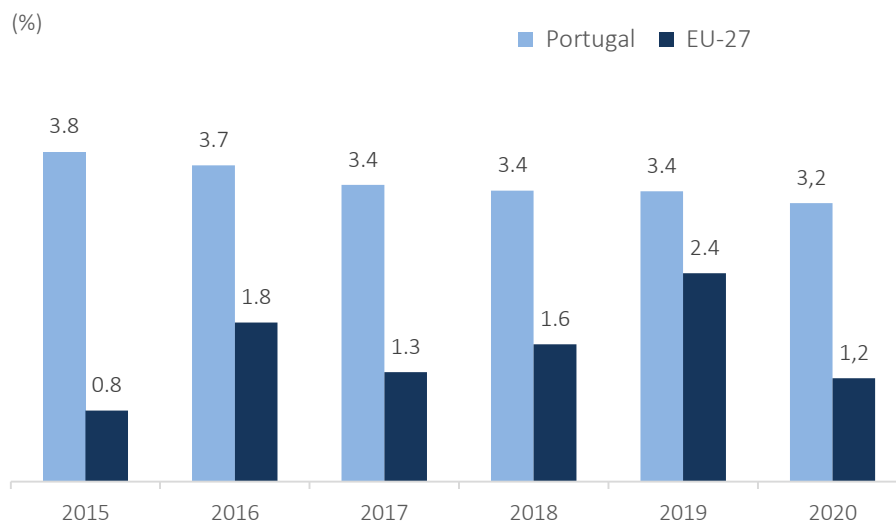
Figure 6. Doctors per 1,000 inhabitants, Portugal and NUTS 1, 1999-2021



Source: Statistics Portugal, Health professionals.

The comparison with the results currently available for the EU-27 indicates a higher growth in the number of doctors in Portugal: 22.4% between 2014 and 2020, with a mean growth annual rate of 3.4%. In the same period, the number of doctors in the EU-27 increased by 9.5%, accounting for a mean growth rate of 1.5% per year.

Figure 7. Rates of change in the number of doctors, Portugal and UE-27, 2015-2020



Sources: Statistics Portugal, Health professionals; Eurostat [hlth_rs_phys].



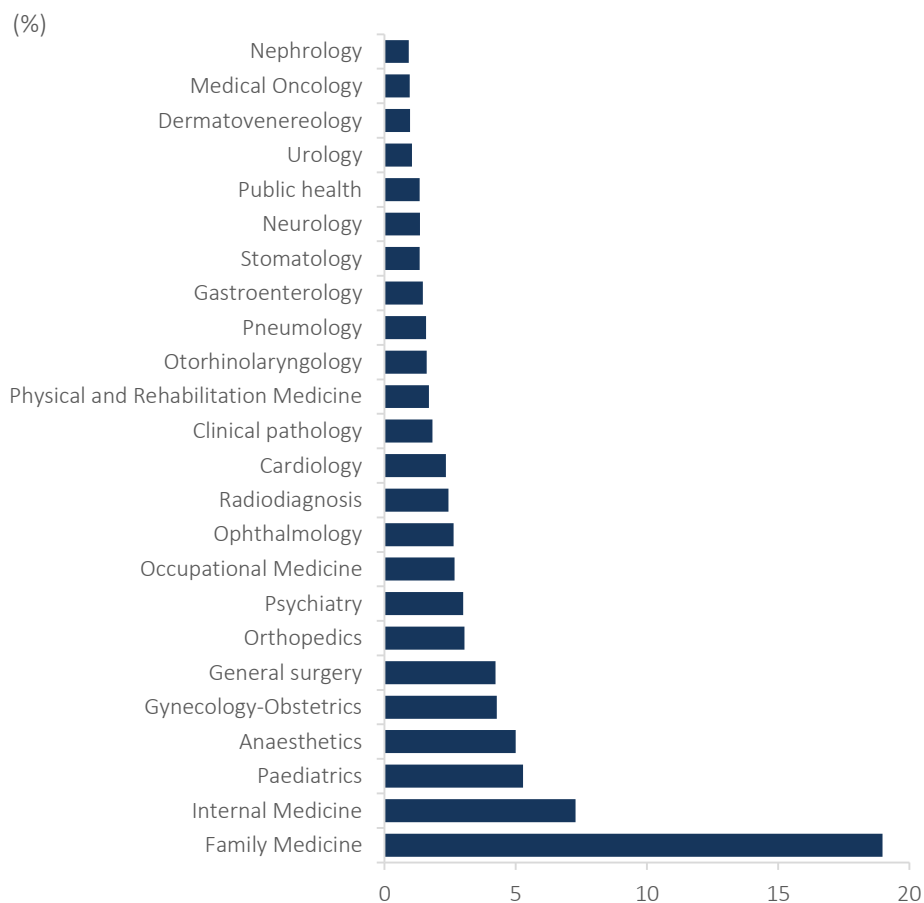
In just over 20 years, the ratio between women and men doctors changed significantly in Portugal, from 81.4 women per 100 men in 2000 to 131.8 women per 100 men in 2021, well above the ratio of 106.4 obtained for the EU-27 in 2020.

Of the total of 58,735 doctors enrolled in the Portuguese Medical Association in 2021, more than 60% were specialists (36,145), that is, they were qualified to practice at least one specialty in Medicine. In 2021, Family Medicine, Paediatrics, Internal Medicine and Anaesthetics continued to be the specialties held by a larger number of medical specialists.

In that year, there were 0.9 specialists in Family Medicine per 1,000 inhabitants aged 15 years or older and 0.3 specialists in Paediatrics per 1,000 inhabitants under 15 years of age. Between 2000 and 2021, the number of specialists in Paediatrics increased by 74.8% and the number of specialists in Family Medicine increased by 81.0% (on average, 3.7% per year), representing an increase of 0.9 doctors specialized in Family Medicine per 1,000 inhabitants aged 15 or over.

Also in 2021, regarding some medical specialties with more interest in the context of the COVID-19 pandemic, there were 224 specialists in Infectious Diseases (more than doubling those existing in 2000 and 1/3 more than in 2014), 687 doctors specialists in Pulmonology (more than 40% compared to 2000 and 16.2% compared to 2014) and 582 specialists in Public Health (an increase of more than 1/3 compared to 2000 and 19.8% in relation to 2014).

Figure 8. Main medical specialties, Portugal, 2021

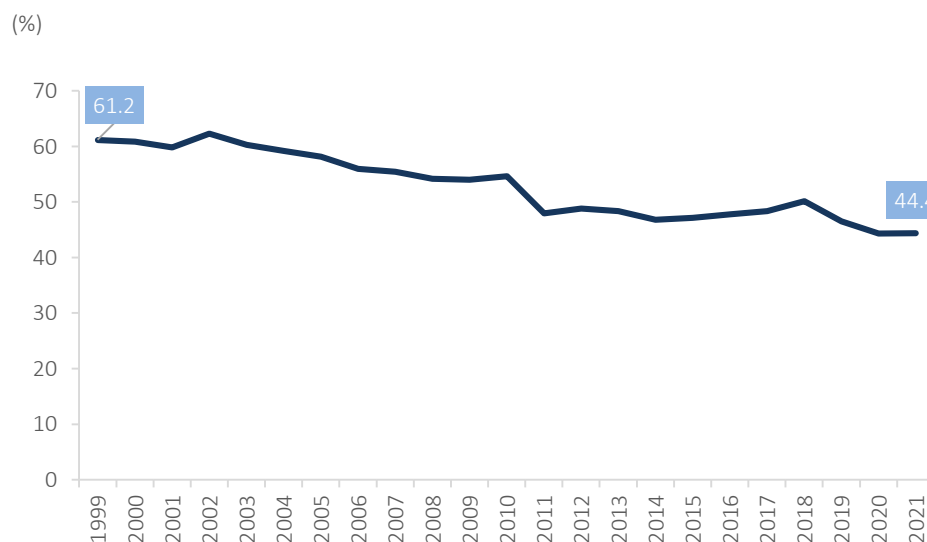


Source: Statistics Portugal, Health professionals.

In 2021, 44.4% (26,079) of all doctors enrolled in the Portuguese Medical Association worked in a hospital, 0.1 p.p. more than in 2020. The proportion of doctors working in hospitals has been decreasing in the last 22 years: in 1999 it was 61.2%.



Figure 9. Proportion of doctors working in Portuguese hospitals, Portugal, 1999-2021



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

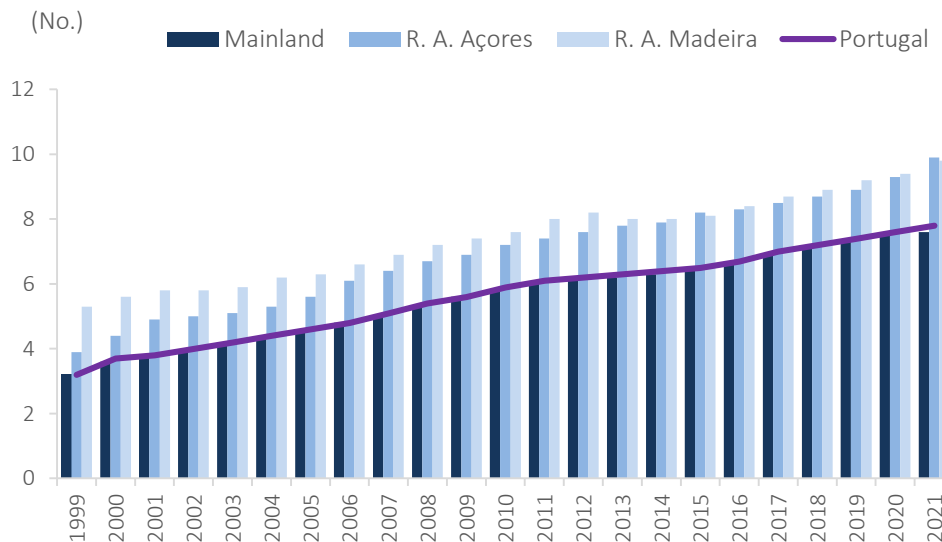
The number of nurses kept a 2.9% annual growth rate

In 2021, 80,238 professionals were certified by the Portuguese Nurses Association, i.e. 7.8 nurses per 1,000 inhabitants, representing an increase of 0.2 nurses per 1,000 inhabitants compared to 2020 (when there were 7.6 nurses per 1,000 inhabitants).

The increase in the number of nurses from 2020 to 2021 followed the trend of continuous growth of the series started in 1999, in particular a 2.9% mean annual growth rate since 2017.

The number of nurses per 1,000 inhabitants remains consistently higher in the autonomous regions, with 9.9 and 9.8 nurses per 1,000 inhabitants in 2021, respectively in Região Autónoma dos Açores and in Região Autónoma da Madeira.

Figure 10. Nurses per 1,000 inhabitants, Portugal and NUTS 1, 1999-2021



Source: Statistics Portugal, Health professionals.

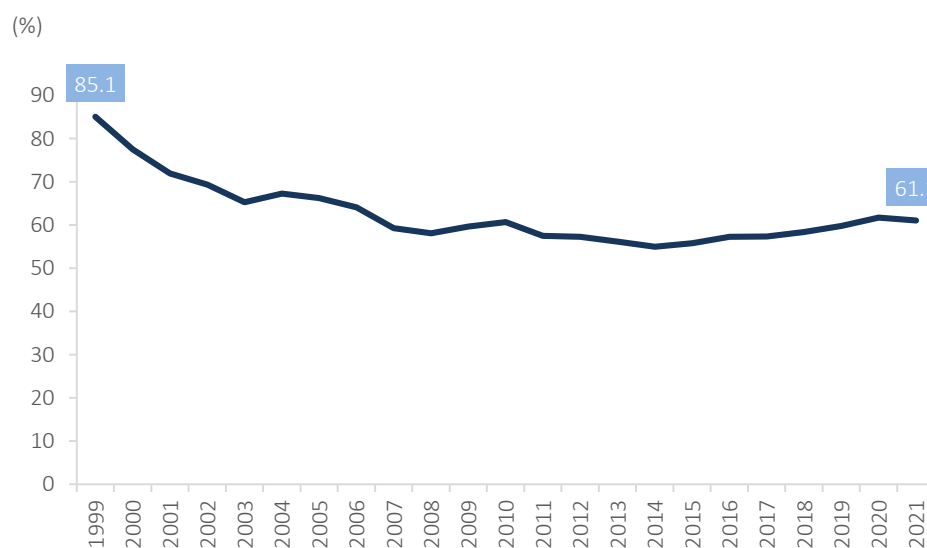
In 2021, women continued to represent more than 80% of nursing professionals, with a 1.3% increase in the ratio between women nurses and men nurses in relation to 2000 (from 461.3 to 467.4).

Of the total number of nurses in activity in 2021, 58,168 were generalists (72.5%) and 22,070 were specialists (27.5%), with a predominance of specialists in Rehabilitation nursing (22.0%) and Medical-Surgical nursing (21.6%).

More than half of the nurses worked in a hospital in Portugal in 2021: 49,002, i.e. 61.1% of the total number of nurses enrolled in 2021, 0.7 p.p. less than in 2020 and 6.0 p.p. more than in 2014. The proportion of nurses working in hospitals decreased in general until 2014 (from 85.1% in 1999 to 55.1% in 2014), followed by a period of annual growth between 2015 and 2020 and a decrease from 61.8% in 2020 to 61.1% in 2021.



Figure 11. Proportion of nurses working in Portuguese hospitals, Portugal, 1999-2021



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

Although the increase in working nurses was higher in hospitals with non-universal access, it were the hospitals with universal access that contributed the most for the growth of nurses' employment between 2015 and 2021 (80.2% of the overall increase). From 2020 to 2021, the contribution of universal access hospitals was even greater, since it represented 82.0% of the increase in the number of nurses.

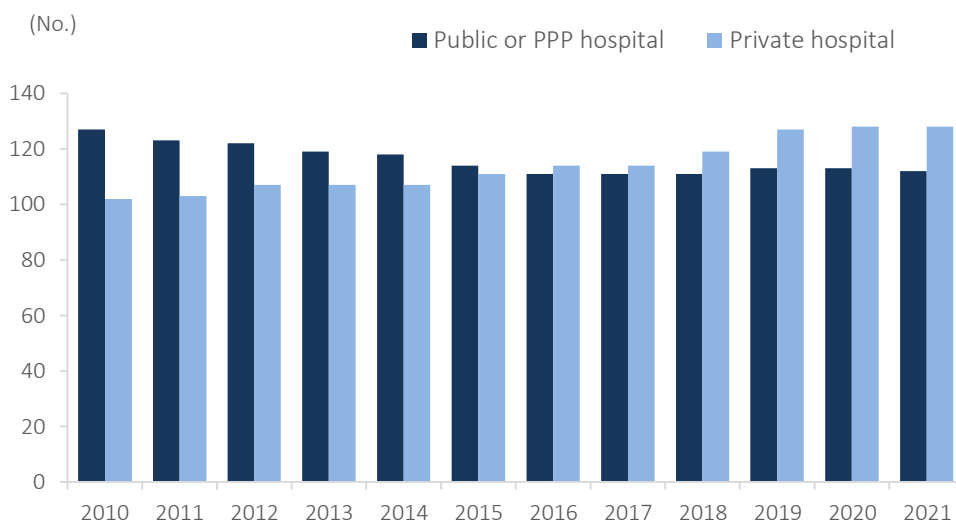
Reinforcement of the number of infirmary beds in 2021

In 2021, there were 240 hospitals in Portugal, 112 of which belonged to official health services. The number of public sector hospitals has remained relatively stable since 2016, but there has been a decrease of 15 hospitals in relation to 2010. The ratio of universal access hospitals (public hospitals with universal access or in public-private partnership) per 100 thousand inhabitants was 1.1 in 2021, as in the previous year.

By 2021, 128 private hospitals were in operation, 26 more than in 2010. The predominance of private hospitals began in 2016 and covers the mainland and the autonomous regions.



Figure 12. Hospitals by institutional nature, Portugal, 2010-2021



Source: Statistics Portugal, Hospitals Survey, provisional data for 2021.

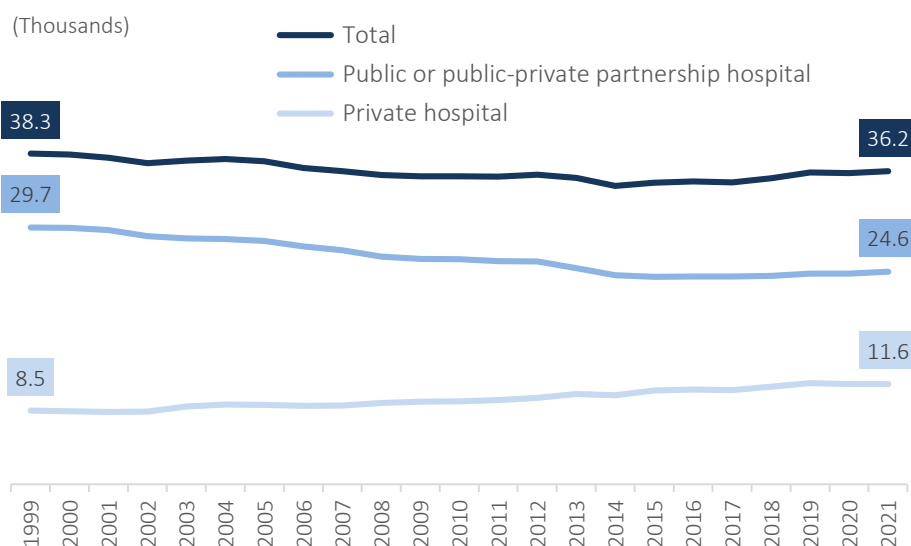
About 75% of the existing hospitals in 2021 were general hospitals, that is, they had more than one area of expertise. Among the 61 specialized hospitals, Psychiatry was kept as the predominant area (23 hospitals).

In 2021, hospitals had 36.2 thousand beds available and equipped for immediate hospitalisation, 230 more beds than in 2020 and corresponding to 3.5 beds per 1,000 inhabitants. Of the total beds, 67.9% were in public or public-private partnership hospitals.

In relation to the beginning of the series, in 1999, there was a reduction in the total number of inpatient beds in Portuguese hospitals (minus 2.0 thousand beds, equivalent to -5.3%) mainly caused by developments in public or public-private partnership hospitals (minus 5.1 thousand beds, equivalent to -17.2%). In turn, between 1999 and 2021 there was an increase of 3.1 thousand inpatient beds in private hospitals (+36.3%).



Figure 13. Hospital inpatient beds by institutional nature, Portugal, 1999-2021



Source: Statistics Portugal, Hospitals Survey, provisional data for 2021.

Of the total beds available for hospitalisation in 2021, 26.9 thousand were infirmery beds (functional unit equipped with a minimum of three beds). In public or in a public-private partnership hospitals, these beds accounted for 87.1% of the total. In private hospitals, infirmery beds accounted for less than half of the available beds (46.8%) and semi-private or private rooms accounted for 47.5% (about 5.5 thousand beds, compared to 300 beds in public or in a public-private partnership hospitals).

Between 2020 and 2021, there was an increase in the number of infirmery beds (plus 395) and a decrease in the number of beds for hospitalisation in Intensive Care Units (minus 134). These changes result from the evolution observed in public sector hospitals in 2021, accounting for 365 more beds for infirmery hospitalisation and 146 fewer beds for hospitalisation in Intensive Care Units.

In 2021, there were 1,393 beds for hospitalisation in Intensive Care Units and 727 beds for hospitalisation in Intermediate Care Units. Beds in Intensive Care Units included 262 for neonatal care, 72 for pediatric care and 1,059 for adult hospitalisation.

The second lowest number of hospitalisations since 1999

In 2021, there were around 1.1 million hospitalisations in Portuguese hospitals and 9.9 million days of hospitalisation. After the lowest values in the series started in 1999 were recorded in 2020, the number of hospitalisations in 2021 exceeded again 1 million and the number of days of hospitalisation was close to 10 million, as a result of 122.4 thousand more hospitalisations and 416.3 thousand more days of hospitalisation than in 2020

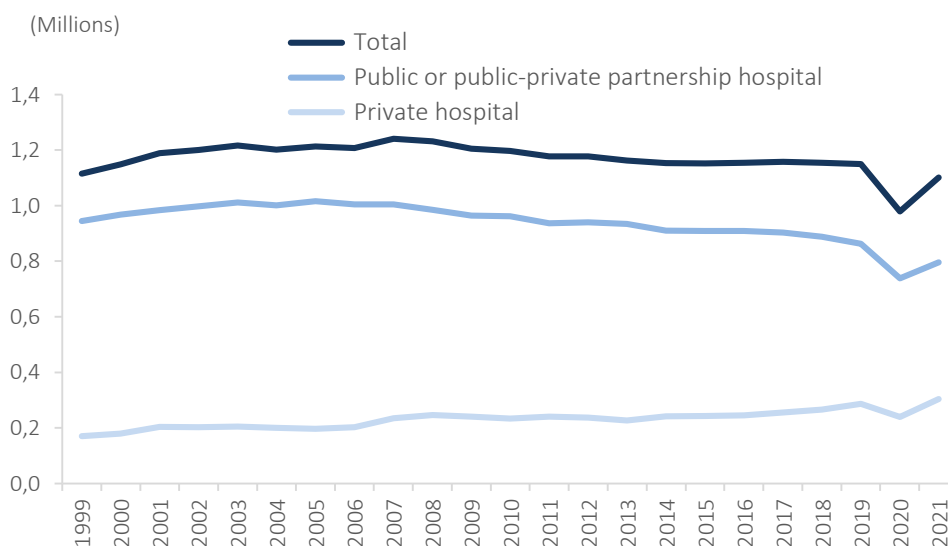


(+12.5% and +4.4%, respectively). Despite this recovery, the 2021 outcomes are the second lowest values in the period between 1999 and 2021, only being overtaken by the first year of the COVID-19 pandemic.

In 2021, public or in public-private partnership hospitals ensured around 797 thousand hospitalisations (72.3% of the total) and 7.1 million days of hospitalisation (71.4% of the total). These quantities reflect an increase of approximately 58 thousand hospitalisations and 364 thousand days of hospitalisation, equivalent to 7.8% more and 5.4% more compared to the activity recorded in 2020. Around 305 thousand hospitalisations were carried out in private hospitals which originated 2.8 million days of stay, that is, about 65 thousand more hospitalisations (+27.0%) and more 52 thousand days of hospitalisation (+1.9%).

Of the total number of hospitalisations in 2021, 75.0% occupied infirmary beds, with special emphasis on the specialties of Internal Medicine, General Surgery and Gynecology-Obstetrics, respectively with 23.6%, 14.1% and 11.6% of the total hospitalisations in infirmary. In the remaining beds, there was an increase in hospitalisations in semi-private or private rooms and in the Adult Intensive Care Unit. Private hospitals contributed the most to this evolution, as they registered 35.5 thousand more hospitalisations in semi-private or private rooms and 21.5 thousand more hospitalisations in the Adult Intensive Care Unit.

Figure 14. Hospitalisations by institutional nature, Portugal, 1999-2021



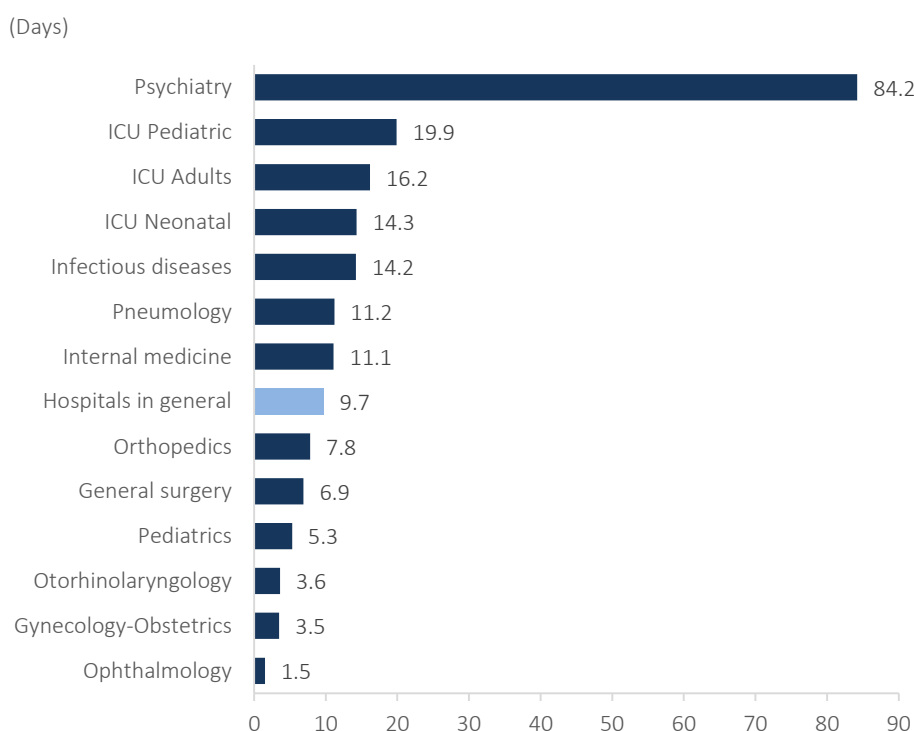
Source: Statistics Portugal, Hospitals Survey, provisional data for 2021.

In 2021, on average, patients remained hospitalised 9.0 days in Portuguese hospitals, 0.7 days less than in 2020. In public and in public-private partnership hospitals, the average length of stay was 8.9 days (9.1 days in 2020), while in private hospitals the average length of hospital stay was 9.3 days (11.6 days in 2020).



The average length of stay in Infectious Diseases, Pulmonology and Internal Medicine was higher than that observed in hospitalisations in general: 13.6 days in the Infectious Diseases infirmaries, 11.2 days in the Pulmonology infirmaries and 10.9 days in the Internal Medicine infirmaries. The stay for a longer period of time is also characteristic of the hospitalisation in Intensive Care Units, with 17.7 days in pediatric intensive care, 16.5 days in neonatal intensive care and 9.0 days in adult intensive care.

Figure 15. Average length of stay in hospital infirmaries, by specialty, and in Intensive Care Units (ICU), Portugal, 2021



Source: Statistics Portugal, Hospitals Survey, provisional data.

The specialty with a longer hospitalisation period is, however, Psychiatry, with an average of 78.2 days in Portuguese hospitals in 2021 (84.2 days in the previous year), with a marked difference between the average duration in private hospitals (211.2 days per hospitalisation) and the average duration in public or public-private partnership hospitals (with 21.8 days per hospitalisation).

810.8 thousand more attendances in the hospital emergency services

During 2021, approximately 6.5 million attendances were performed in the emergency services of Portuguese hospitals, 810.8 thousand more attendances than in 2020. The recovery observed in 2021 does not compensate

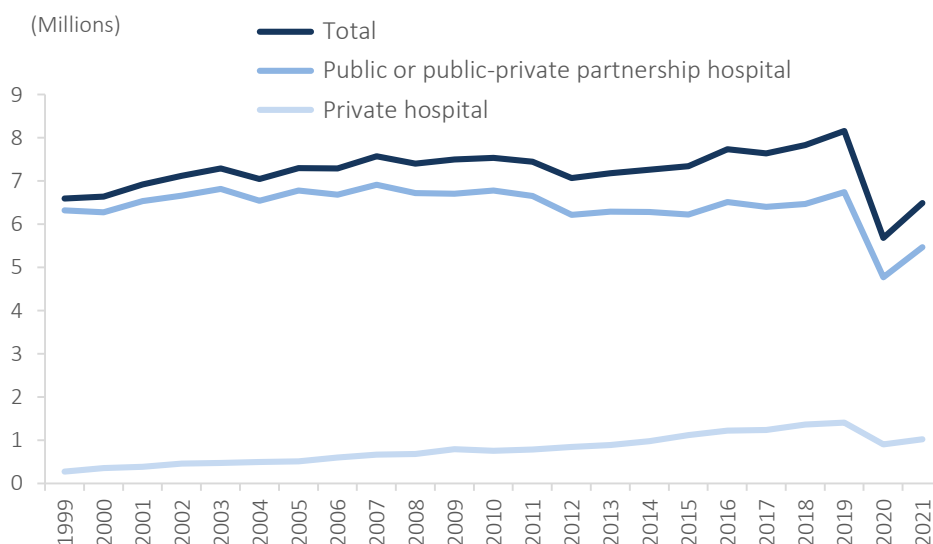


for the drop in 2020, the year in which the number of emergency room attendances decreased by 30.3% and reached the lowest value in the time series started in 1999.

In public sector hospitals, 5.5 million attendances were performed in 2021, representing 690.3 thousand more attendances than in 2020 (+14.5%) and the second lowest number of attendances between 1999 and 2021. In private hospitals, there were 1.0 million attendances in 2021, 120.6 thousand more than in the previous year (+13.3%) and the second lowest outcome since 2015.

In 2021, public or public-private hospitals provided 84.2% of all emergency service attendances (84.1% in 2020) and private hospitals 15.8% (15.9% in 2020).

Figure 16. **Attendances in the emergency services by institucional nature, Portugal, 1999-2021**

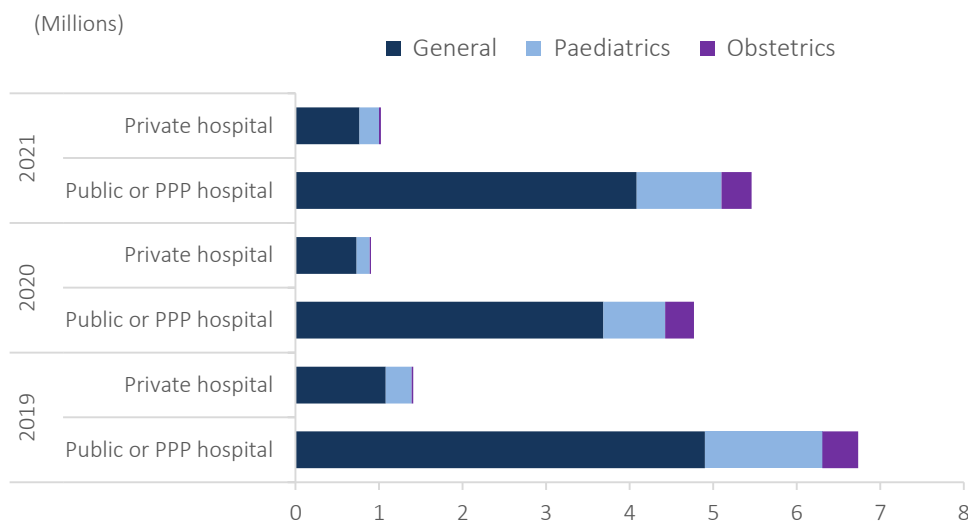


Source: INE, Hospital Survey, provisional data for 2021.

In 2021, the vast majority of emergency attendances in hospitals were provided by general urgency (78.0%), while Paediatrics and Obstetrics accounted, respectively, for 15.6% and 6.3% of all attendances.

Paediatric urgency was the type of urgency with the highest percentage increase in 2021 (+39.4%), after having suffered the sharpest drop in 2020 (-47.7%). In total, in 2021, 1.2 million attendances were performed in the pediatric emergency service of Portuguese hospitals, which represents 353.0 thousand more than in the previous year. Of these 353.0 thousand more attendances, 274.7 thousand were carried out in the public sector and 78.3 thousand in private hospitals, which corresponds respectively to increases of 37.1% and 50.1% when compared to 2020.

Figure 17. **Attendances in the emergency services by type of emergency, Portugal, 2019 to 2021**



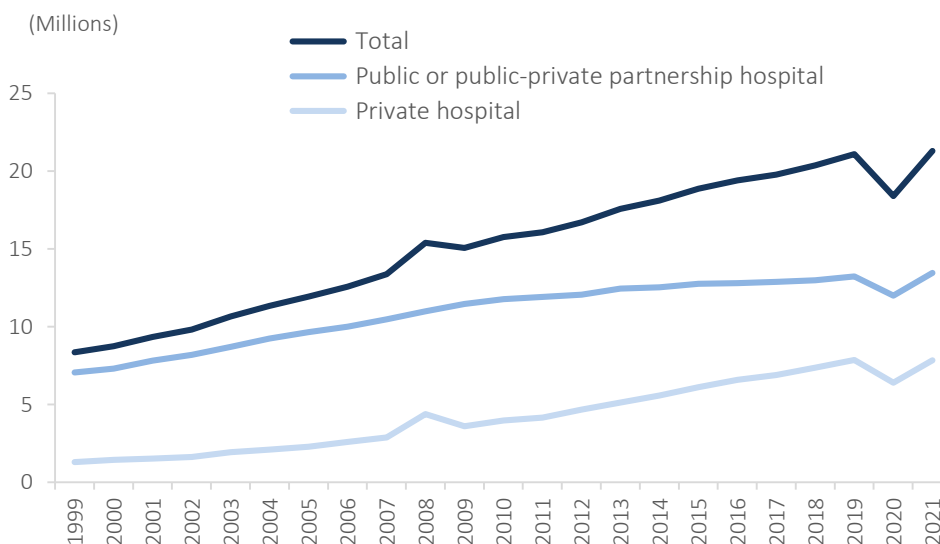
Source: Statistics Portugal, Hospitals Survey, provisional data for 2021.

The number of medical appointments in hospitals reaches a new maximum

In 2021, approximately 21.3 million medical appointments were made in the external appointment unit of Portuguese hospitals, 2.9 million more, that is, 15.8% more than in the previous year. This increase in medical appointments carried out in a hospital context made it possible to exceed the pre-COVID-19 pandemic number and to reach the highest value for the period starting in 1999.

For the global increase of 2.9 million medical appointments, both public and private hospitals contributed with approximately 1.5 million more appointments. This value, however, has a different impact in the activity of the two sectors, representing an increase of 12.2% in appointments carried out in public sector hospitals and of 22.7% in medical appointments carried out in private hospitals.

Figure 18. Medical appointments in external appointment unit by institutional nature, Portugal, 1999-2021



Source: Statistics Portugal, Hospitals Survey, provisional data for 2021.

In 2021, Ophthalmology, Gynecology-Obstetrics, Orthopedics, General Surgery and Psychiatry were, in descending order, the specialties from the external appointment unit of public or public-private partnership hospitals with the highest number of medical appointments. In private hospitals, the specialties with more external appointments were Orthopedics, Ophthalmology, Gynecology-Obstetrics, Physical Medicine and Rehabilitation and Otorhinolaryngology.

When compared to 2020, the increases in the number of appointments in Ophthalmology (308.8 thousand more), Orthopedics (267.6 thousand more) and Physical Medicine and Rehabilitation (204.1 thousand more) stand out. This increase in activity is a result from an effort both by public hospitals and private hospitals in the case of Ophthalmology and Orthopedics appointments, but private hospitals contributed most notably to the increase in Physical Medicine and Rehabilitation appointments. Of the 204.1 thousand more Physical Medicine and Rehabilitation appointments between 2020 and 2021, 146.5 thousand were performed in private hospitals (71.8%).

In parallel with the increase in the number of medical appointments performed in the external unit of hospitals, there was a strong growth in the number of virtual appointments. In all Portuguese hospitals, there were 464.4 thousand virtual appointments in 2021, more than tripling the number recorded in the previous year. This increase is due to the growth in public sector hospitals, which carried out 327.7 thousand more virtual appointments and ensured 83.0% of virtual appointments carried out in hospitals in 2021.



156.1 thousand more surgeries in operating room and 22.6 thousand more minor surgeries

In Portuguese hospitals, 1.0 million surgeries were performed in operating room in 2021, 156.1 thousand more surgeries than in the previous year.

In public sector hospitals, approximately 134.0 thousand more surgeries were performed in operating room, which represents an increase of 22.4% and surpassed the figure for 2019. In private hospitals, 22.2 thousand more surgeries of this nature were performed, which represents an increase of 8.5% and falls short of the number reached in 2019.

Ophthalmology, Orthopedics and General Surgery were the specialties with the largest increases in the number of surgeries performed in operating room, with respectively 61.0 thousand more, 25.0 thousand more and 18.6 thousand more surgeries, outcomes that depend mainly on the activity carried out by the public sector hospitals.

About 72% of surgeries in operating room took place in public or public-private partnership hospitals, of which 86.3% were scheduled, i.e., resulted from prior appointments. In private hospitals, scheduled surgeries had a higher weight, representing 95.5% of the total.

In 2021, 173.0 thousand minor surgeries were performed in Portuguese hospitals. This number reflects an increase of 22.6 thousand minor surgeries compared to 2020 (+15.0%).

New maximum in diagnostic or therapeutic complementary acts carried out by hospitals

In 2021, 191.7 million diagnostic or therapeutic complementary acts were performed in Portuguese hospitals, i.e., exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others) or curative care after diagnosis and therapeutic prescription (physical therapy, radiotherapy, lithotripsy, immunohemotherapy, among others).

The value for 2021 corresponds to an increase of 29.0 million complementary acts compared to 2020, 23.4 million of which were performed in public sector hospitals and 5.6 million in private hospitals. The activity recorded in 2021 also represents an increase compared to 2019 (9.5 million more) and sets a new maximum for the period 1999 to 2021.

The three main complementary acts performed in hospitals increased in 2021. Overall, 129.3 million clinical analyses, 14.8 million complementary acts of Physical Medicine and Rehabilitation and 12.9 million of Radiology exams, i.e. 18.7 million more clinical analyses, 3.2 million more complementary acts of Physical Medicine and Rehabilitation, and 2.2 million more Radiology exams in relation to 2020.

A proportion of 86.4% of these exams or curative care were carried out in public or public-private partnership hospitals. Private hospitals accounted for the remaining 13.6% of the diagnostic or therapeutic complementary acts performed in the country.



The number of medicines (brands) in the pharmaceutical market decreased in 2021

In 2021, there were 2,921 pharmacies and 191 mobile medicine depots in Portugal, 1 pharmacy less than in the previous year. The average number of pharmaceutical units remained at 0.3 per 1,000 inhabitants.

In the country, there were 8,855 medicines (brands) in the pharmaceutical market in 2021, corresponding to 49,874 pharmaceutical presentations. Between 2020 and 2021, the number of medicines (brands) decreased (from 8,889 to 8,855), as well as the number of presentations, from 50,498 to 49,874.

In 2021, 41.5% of medicines (brands) and 19.4% of existing presentations were reimbursed (42.7% and 19.7%, respectively, in 2020). In terms of pharmacotherapeutic groups, more than half of the presentations reported in 2021 concerned the cardiovascular system (31.5%) and the central nervous system (29.7%).

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

Between 2019 and 2021, the National Health Service (SNS in Portuguese) and the Regional Health Services of the Autonomous Regions (SRS in Portuguese), as a whole, were the main funding agents of current expenditure on health, supporting, on average, 55.4% of the total. In those years, on average, 29.0% of current expenditure was paid directly by households.

In structural terms, between 2019 and 2021, there was an increase in the relative weight of the expenditure by SNS and SRS (56.3% of current expenditure in 2021, 2.7 p.p. more than in 2019) and a decrease of 2.0 p.p. in the relative weight of household expenditure.



METHODOLOGICAL NOTE

Survey on Income and Living Conditions

The Inquérito às Condições de Vida e Rendimento das Famílias (in english, Survey on Income and Living Conditions) is carried out annually aiming to estimate data on the sources of income of households, their socioeconomic characteristics and also a large number of variables related to their living conditions, including those related to health. Its implementation, by means of a representative sample of households living in Portugal, allows for the annual dissemination of statistical indicators on the at-risk-of-poverty and inequality in income distribution, as well as the material and social deprivation, housing deprivation, besides being the source of data for the annual update of population-based indicators on health status and for the calculation of indicators related to healthy life years.

The survey follows the harmonised program of EU statistics on income and living conditions, EU-SILC.

Data on health professionals

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

Hospitals Survey

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

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



INSTITUTO NACIONAL DE ESTATÍSTICA
STATISTICS PORTUGAL

press release

DIHSTAQUE

Pharmacies and medicines

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

Health Satellite Account

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



CONCEPTS

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

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

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

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

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

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

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

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

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

General hospital: Hospital that integrates several specialties.

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

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

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.

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.

Length of stay: 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 from the health facility.

Medical appointment: Appointment made by a doctor.



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

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

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

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

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

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

Pathological anatomy: Specialty 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 to the public medicines that are or are not subject to a prescription.

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

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

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

Private room: Single room with private bathroom.

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

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

Scheduled surgery: Surgery following a scheduled admission.

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

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

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



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

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

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

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

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

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