

5 April 2019

World Health Day – 7 April  
2007 - 2017

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### **Public sector hospitals provided more than 70% of hospitalizations and surgeries**

There were 225 hospitals in Portugal in 2017, the same number and composition as in the previous year, namely 111 hospitals belonging to the official health services (107 public hospitals and 4 hospitals in public-private partnership).

There were almost 35 thousand beds available for the immediate hospitalisation of patients, of which 68.8% in public or public-private partnership hospitals (around 24 thousand) and the remaining 31.2% in private hospitals (almost 11 thousand).

Public and public-private partnership hospitals continued to be the main producers of medical services in 2017, namely more than 80% of emergency care attendances, more than 70% of hospitalisations and surgeries, and about 65% of medical appointments. However, as in the previous year, the production of medical services increased more in private hospitals: 3.6% more surgeries, 4.0% more hospitalizations, 4.5% more medical appointments and 7.1% more complementary acts of therapy.

The number of doctors and nurses registered in their professional associations increased again in 2017, respectively, by 3.4% and 3.0%. The increase in the number of doctors and nurses was more significant in hospitals, respectively by 4.7% and 3.2%. At the end of 2017, there were 5.0 doctors per 1,000 inhabitants in Portugal (1.4 pp more than in 2007) and 7.0 nurses per 1,000 inhabitants (1.9 pp more than in 2007).

In 2017, there were 2,925 pharmacies and 193 mobile medicine depots in Portugal, more 33 pharmacies and the same number of mobile medicine depots than in the previous year. In that year, there were 9,002 medicines (brands) available in the Portuguese pharmaceutical market, corresponding to 54,529 presentations.

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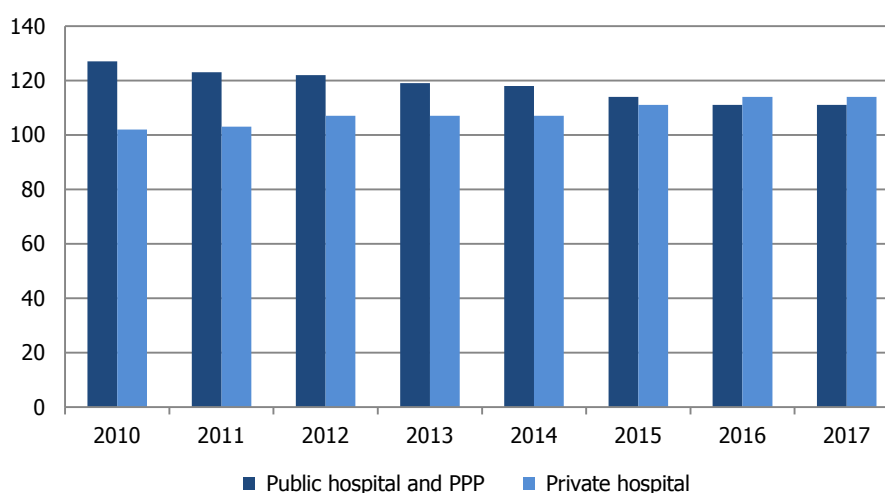
On the occasion of the World Health Day, on 7 April, Statistics Portugal publishes some fundamental health indicators for the 2007-2017 period. The publication [Health Statistics 2017](#) is also released with information organised in the following thematic areas: hospitals, pharmacies and medicines, health professionals, childbirths, morbidity for notifiable diseases, mortality and current expenditure on health.

## The number of hospitals and their distribution between public and private remained unchanged in 2017

There were 225 hospitals in Portugal in 2017, 111 of which integrating 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 accessed hospitals per 100,000 inhabitants was 1.0 in 2017, the same as in the two previous years.

In the year under review, there were 114 private hospitals, the same as in 2016, the year in which the number of hospitals integrating the official health services was overcome for the first time.

**Hospitals by nature of institution, Portugal, 2010-2017 (No)**



Source: Statistics Portugal, Hospitals survey

In Mainland, the majority of hospitals integrated the official health services (99 hospitals were part of the National Health Service and 6 were military or prison hospitals, and 103 were private). By contrast, private hospitals were predominant in the autonomous regions (in the Azores: 3 public hospitals and 5 private; in Madeira: 3 public hospitals and 6 private).

Around 75% of hospitals in 2017 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.

## More than 80% of emergency care attendances were provided by public or public-private partnership hospitals

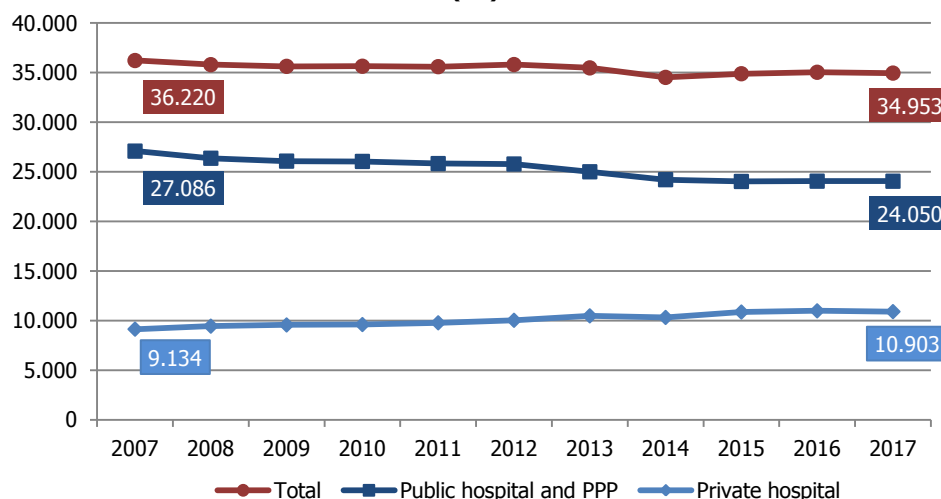
In 2017 around 7.6 million attendances were carried out in hospital emergency services, a decrease of 1.2% in relation to the previous year. Despite the predominance of public and public-private partnership hospitals (accounting for 83.8% of emergency care attendances), private hospitals increased their importance in the provision of this care over the 10 years under review, with a figure (1.2 million attendances) almost doubling that of 2007 (665 thousand attendances).

Most attendances at the hospital emergency services were caused by diseases (81.9%), while accidents motivated 10.6% of visits and 7.5% were due to other injuries or causes (including injuries due to aggression and self-harm injuries).

## The number of beds available remained at 3.4 per 1,000 inhabitants

In 2017 hospitals had 34,953 available beds equipped for the immediate hospitalisation, 68.8% of which in public or public-private partnership hospitals and the remaining 31.2% in private hospitals (10,903). The average number of in-patient beds per 1,000 inhabitants was 3.4.

**Hospital inpatient beds by nature of institution, Portugal, 2007-2017 (No)**



Source: Statistics Portugal, Hospitals survey, provisional data for 2017

There was a slight decrease in the number of hospital beds in relation to 2016 (minus 84 beds), mainly in private hospitals (minus 78 beds). The 2015-2017 period was characterized by the stabilization of the number of beds in public and public-private partnership hospitals around 24 thousand, and in private hospitals beds (almost 11 thousand beds).

Around 90% of inpatient beds in public and public-private partnership hospitals in 2017 were integrated in infirmaries, i.e. functional units with at least three beds.

In private hospitals, the share of beds in infirmaries corresponded to more than half the available beds (53.1%) and semi-private and private rooms accounted for 37.6% of beds (4,099 beds, compared to 275 beds in public and public-private partnership hospitals).

### **Hospitalisations in private hospitals continued to increase in 2017**

In 2017, there were around 1.2 million hospitalisations in Portuguese hospitals (77.9% of which in official health services hospitals) and 10.3 million inpatient bed-days (72.8% 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 8.9, higher than in 2016 (8.8).

Hospitalisations in private hospitals continued to increase in 2017: 4.0% in number and 0.4% in hospitalisation days, in relation to the previous year. On the other hand, the number of hospitalizations decreased by 0.7% in public and public-private partnership hospitals, but the number of hospitalisation days increased by 0.8% in relation to 2016.

In public and public-private partnership hospitals, around 95% of hospitalisations in 2017 were in infirmaries (particularly in specialties such as Internal Medicine, General Surgery and Gynaecology/Obstetrics) and the average length of hospitalisation was 8.3 days. Most hospitalisations in private hospitals were in semi-private or private rooms (62.6%) and patients were hospitalised for 10.9 days on average.

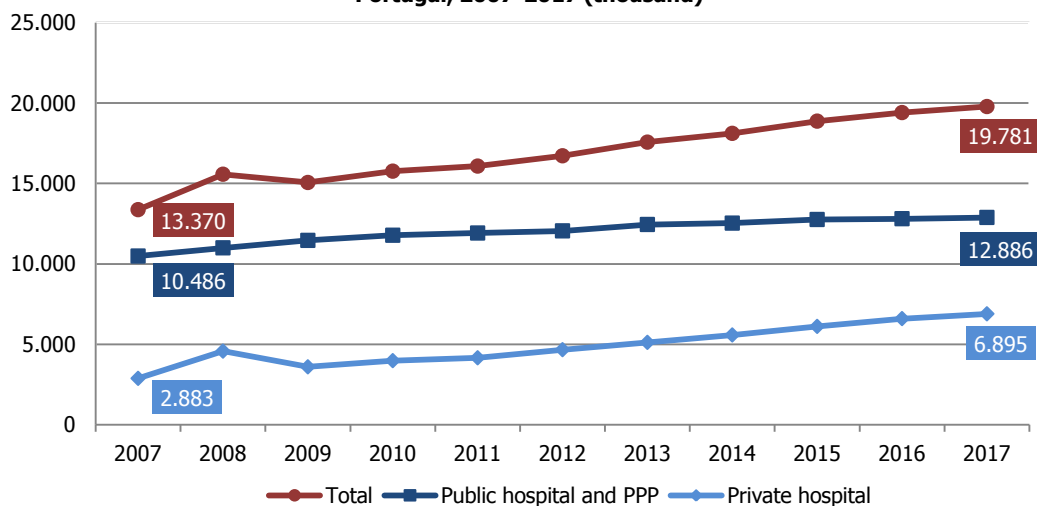
The specialty with a longer length of hospitalisation was Psychiatry, with an average of 71.0 days (67.9 bed-days in the previous year). Regarding Psychiatry, it also stands out the difference between the average length of stay in private hospitals (192.5 bed-days per hospitalisation) and the average length of stay in public and public-private partnership hospitals (25.6 bed-days per hospitalisation).

### **The number of medical appointments continued to increase, especially in private hospitals**

Hospitals recorded around 19.8 million outpatient medical appointments in 2017, 65.1% of which in public and public-private partnership hospitals (66.0% in the previous year).

The number of medical appointments in the outpatient unit of hospitals increased by 1.9% between 2016 and 2017, more significantly in private hospitals (4.5% more) than in public and public-private partnership hospitals (0.6% more). In 2017, private hospitals accounted for 34.9% of the total of outpatient medical appointments (almost 300 thousand more appointments than in the previous year, representing 79.3% of the total increase in the number of outpatient appointments).

**Medical appointments in external appointment unit by nature of institution, Portugal, 2007-2017 (thousand)**



Source: Statistics Portugal, Hospitals survey, provisional data for 2017

The specialties with the highest number of outpatient medical appointments in public and public-private partnership hospitals in 2017 were, by descending order, Ophthalmology, Gynaecology/Obstetrics, Orthopaedics and General Surgery. In private hospitals, it were Orthopaedics, Ophthalmology and Gynaecology/Obstetrics.

### More than 70% of surgeries were performed in public or public-private partnership hospitals

In 2017, approximately 942 thousand surgeries were performed in operating rooms by surgeons in Portuguese hospitals. The number of surgeries increased by 1.2% in relation to 2016, more significantly in private hospitals (3.6%) than in public and public-private partnership hospitals (0.3%).

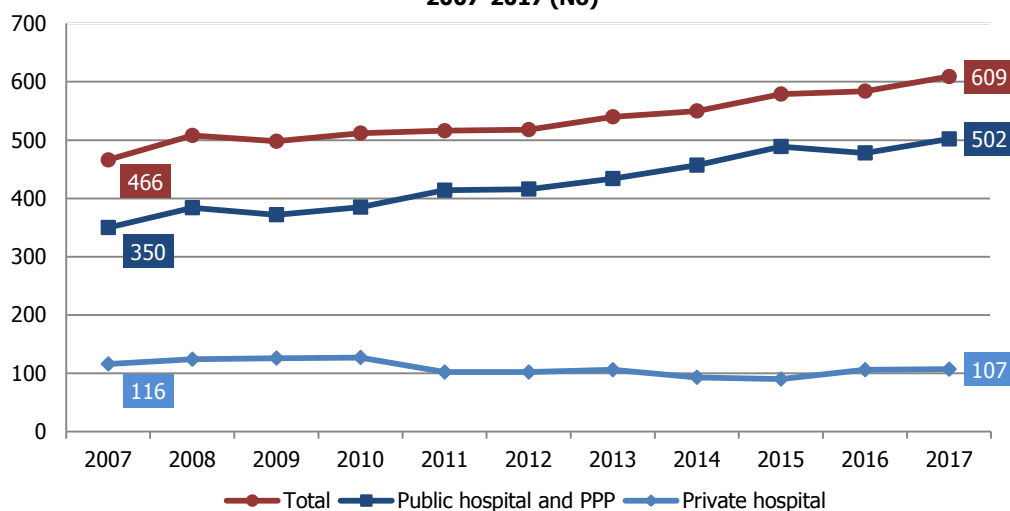
Approximately 72% of surgeries were performed in public or public-private partnership hospitals in 2017, 85.1% of which were scheduled, that is, resulted from admissions with prior appointment. The share of scheduled surgeries was higher in private hospitals, accounting for 96.8% of total surgeries performed in 2017.

### Haemodialysis devices increased particularly in public and public-private partnership hospitals

Of all diagnosis and therapeutic devices in 2017, 74.7% of hospitals had X-ray devices, 68.9% had ultrasound devices and 60.9% had endoscopic equipment.

The hemodialysis device was the diagnostic and therapeutic equipment in greater number in Portuguese hospitals, with 609 devices in 2017, 4.3% more than in the previous year. Of these, 502 belonged to public or public-private partnership hospitals, 5.0% more than in 2016.

**Haemodialysis equipments of hospitals by nature of institution, Portugal, 2007-2017 (No)**



Source: Statistics Portugal, Hospitals survey, provisional data for 2017

Public or public-private partnership hospitals had the highest number of radiotherapy devices (86.7%), nuclear medicine gamma cameras (83.9%), scanners for positron emission tomography (62.5%) and computer tomography scanners (61.6%).

### **More than 90% of complementary acts of diagnosis were performed in public or public-private partnership hospitals**

Portuguese hospitals performed approximately 154 million complementary acts of diagnosis in 2017, i.e. exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others), 10.1 million more than in the previous year.

Around 91% of these acts (140 million) were carried out in public or public-private partnership hospitals, 7.3% more than in 2016 (130 million). There was also an increase in the number of complementary acts of diagnosis performed by private hospitals, however less significant (4.8% more, from 13.8 million in 2016 to 14.4 million in 2017).

Clinical Pathology, the medical specialty devoted to the laboratory diagnosis of diseases, accounted for 80.1% of procedures performed in official health services hospitals in 2017. Despite the predominance of this specialty in private hospitals, it accounted for only 66.9% of complementary acts of diagnosis. The production of complementary acts of diagnosis by private hospitals was more significant regarding Endoscopy, Imaging and Pathological Anatomy, with 49.4%, 28.0% and 23.0% of the total number of acts performed in the country, respectively.

In 2017, around 24.2 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

these acts performed in public or public-private partnership hospitals was large (68.1%), but private hospitals showed an increase in the number of complementary acts of therapy performed (from 7.2 million in 2016 to 7.7 million in 2017). Physical therapy was the main area in official health service hospitals in 2017 (58.4%) and especially in private hospitals (92.6%).

### **The number of pharmacies increased from 2016 to 2017**

In 2017 there were 2,925 pharmacies and 193 mobile medicine depots in Portugal, more 33 pharmacies and the same number of mobile medicine depots than in the previous year. However, the average number of pharmaceutical units per 1,000 inhabitants remained at 0.3.

In the same year, there were 9,002 medicines (brands) available in the Portuguese pharmaceutical market, corresponding to 54,529 presentations, i.e. medicine package contents with a specific dosage and number of units or volume of pharmaceutical forms. Between 2016 and 2017, the number of medicines increased (from 8,819 to 9,002), and well as the number of presentations (from 53,617 to 54,529).

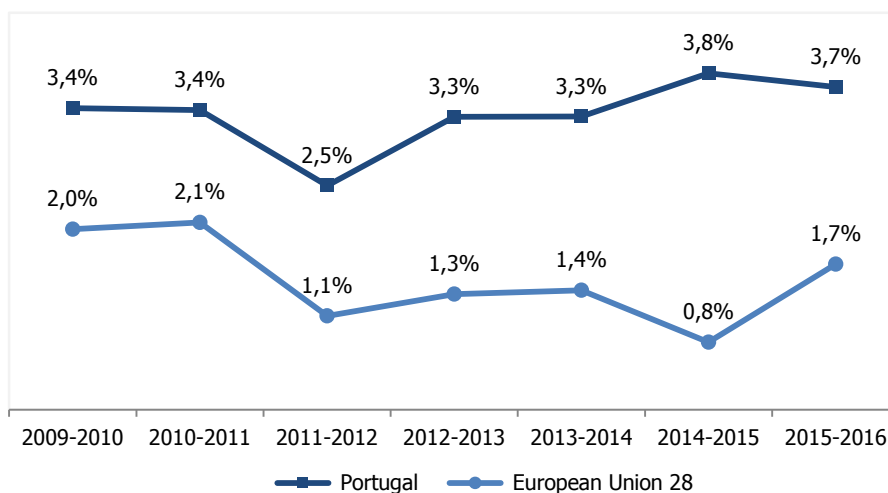
Around 43.2% of medicines and 18.3% of presentations existing in 2017 were reimbursable. In terms of pharmacotherapeutical groups, more than half of reimbursable presentations were related to the cardiovascular system (29.8%) and the central nervous system (29.8%).

### **In 2017, the number of medical doctors and nurses continued to increase**

In 2017, there were 51,937 doctors certified by the Portuguese Medical Association, increasing by 3.4% in relation to 2016, in line with the upward trend of the series: 14.0 thousand more than in 2007 and 23.6 thousand more than in 1991. The number of doctors per 1,000 inhabitants was 5.0 (3.6 in 2007 and 2.8 in 1991).

The comparison with data available for the European Union (EU-28) shows a growth in the number of doctors consistently higher in Portugal: 26.0% between 2009 and 2016, resulting in an annual average rate of increase of 3.4%. Over the same period, the number of doctors increased by 10.8% in the EU-28, with an average rate of increase of 1.5% per year.

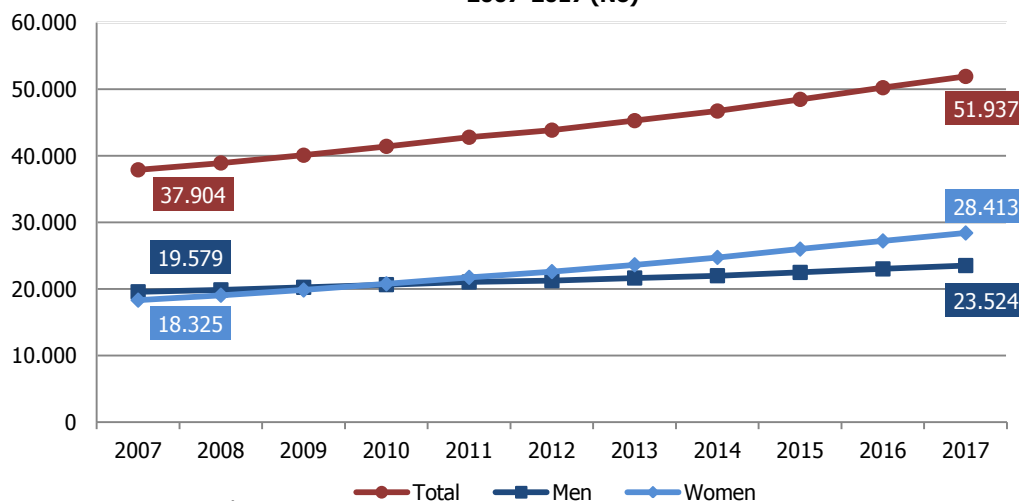
**Annual rate of increase of the number of doctors, Portugal and European Union 28, 2009-2016 (%)**



Sources: Ordem dos Médicos and Eurostat

In 2017, 54,7% of doctors were women (28,413).

**Doctors certified in the professional association by sex, Portugal, 2007-2017 (No)**



Source: Ordem dos Médicos

Of the total number of doctors enrolled in 2017, 31,709 (61.1%) were specialists, that is, qualified to practice at least one specialty in Medicine.

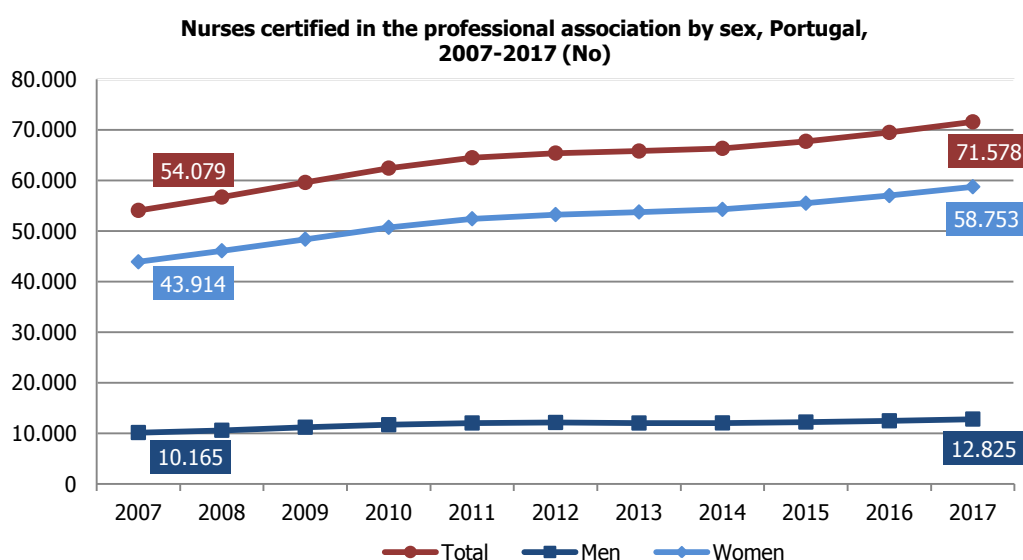
The 31,709 specialist doctors certified by the Portuguese Medical Association in 2017 practiced 33,186 specialties, 1,722 sub-specialties, and/or had 2,724 fields of competence. Family Medicine, Paediatrics, Internal Medicine, Anaesthetics, and Gynaecology/Obstetrics were the most frequent specialties among female doctors, and Family Medicine, General Surgery, Internal Medicine and Orthopaedics were the most frequent among male doctors.



In 2017, around 25 thousand medical doctors worked in Portuguese hospitals, 87.1% of which in public or public-private partnership hospitals (about 22 thousand medical doctors). 68.1% medical doctors in hospitals had one specialty, 3.8% were general practitioners and the remaining 28.1% were attending the general or complementary internship.

In 2017, 71,578 professionals were certified by the Portuguese Nursing Association, 3.0% more than in the previous year. The number of registered nurses in 2017 not only confirms the trend of increase of these professionals (they were 54,079 in 2007), but also the higher increase in women (more 33.8% than in 2007).

The ratio of nurses per 1,000 inhabitants increased from 5.1 in 2007 to 7.0 in 2017.



In 2017, hospitals employed around 41 thousand of all active nurses, 89.7% of which were assigned to public or public-private partnership hospitals. 83.5% of nurses working in hospitals were general care nurses. The remaining 16.5% were authorised to practice a Nursing specialty, particularly Medical-surgical nursing, Rehabilitation and Maternal Health and Obstetrics.

### **Tuberculosis was the mandatory notification disease with the highest incidence rate**

In 2017, of all mandatory notification diseases, tuberculosis had the highest incidence rate, with 17.1 cases per 100,000 inhabitants, the same as in the previous year. It also stood out the incidence rates of syphilis (excluding congenital syphilis) and gonococcal infection, with 8.8 and 6.2 cases per 100,000 inhabitants in 2017, both higher than in the previous year (7.5 and 4.6), as well as the incidence rate of campylobacteriosis, with 5.8 cases per 100,000 inhabitants, higher than in 2016 (3.5).

Among the most common mandatory notification diseases, and besides the increase of hepatitis A (with 545 cases in 2017 and 51 in 2016), there were remarkable increases in campylobacteriosis (63.6%), chlamydia trachomatis infection (excluding lymphogranuloma) (70.1%) and pneumococcal invasive disease (85.2%). Tuberculosis affected 14 more persons in 2017 than in 2016 (equivalent to an increase of 0.8%).

In 2017, there were 234 cases of AIDS in Portugal, 30.6% less than in the previous year (337 cases in 2016) and 81.8% less than the maximum of 1,284 cases registered in 1999.

### **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 2015 and 2017, 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, 57.3% of the total. In those years, on average, 27.6% of current expenditure was financed directly by households.

Between 2015 and 2017, 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 public health subsystems (4.0% of current expenditure in 2017, plus 0.3 pp than in 2015) and of insurance companies' expenditure (3.9% of current expenditure in 2017, plus 0.2 pp than in 2015). In turn, in 2016, there was a 0.3 pp decrease in the relative weight of the expenditure of private health subsystems.

## 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.

**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.

**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.

**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.

**Gonococcal infection:** Infectious disease that is sexually transmitted and caused by the bacterium *Neisseria gonorrhoea*.

**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.

**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.

**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.

**Mandatory notification disease:** Infectious disease with impact on public health, as set out in specific legislation, being subject to mandatory declaration as soon as the diagnosis is made.

**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.

**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 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.

**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.

**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.

**Syphilis:** Infectious disease sexually transmitted and caused by the bacterium *Treponema pallidum* that can also be acquired congenitally or through contaminated blood.

**Tuberculosis:** Infectious disease caused by *Mycobacterium tuberculosis* (also called Koch's bacillus) and acquired through the inhalation of infectious aerosols by exposure to an infectious human source (a phase known as latent infection) that doesn't generally give rise to external clinical manifestations, but which initial infection may, in some cases, progress rapidly to active tuberculosis.