

World Health Day – 7 April

2008 - 2019

Key health indicators point to improvement in recent years, although some remain below the European Union average (EU-28)

On the occasion of the World Health Day that will be celebrated tomorrow, Statistics Portugal publishes some fundamental health indicators and releases the publication "[Health Statistics 2018](#)". In the present context, this retrospective information is of particular relevance by providing a framework for the information made available every day about the pandemic COVID-19. In addition to the fundamental indicators, this press release includes a text box that recalls the importance, as a cause of death, of the diseases of the respiratory system.

Some results:

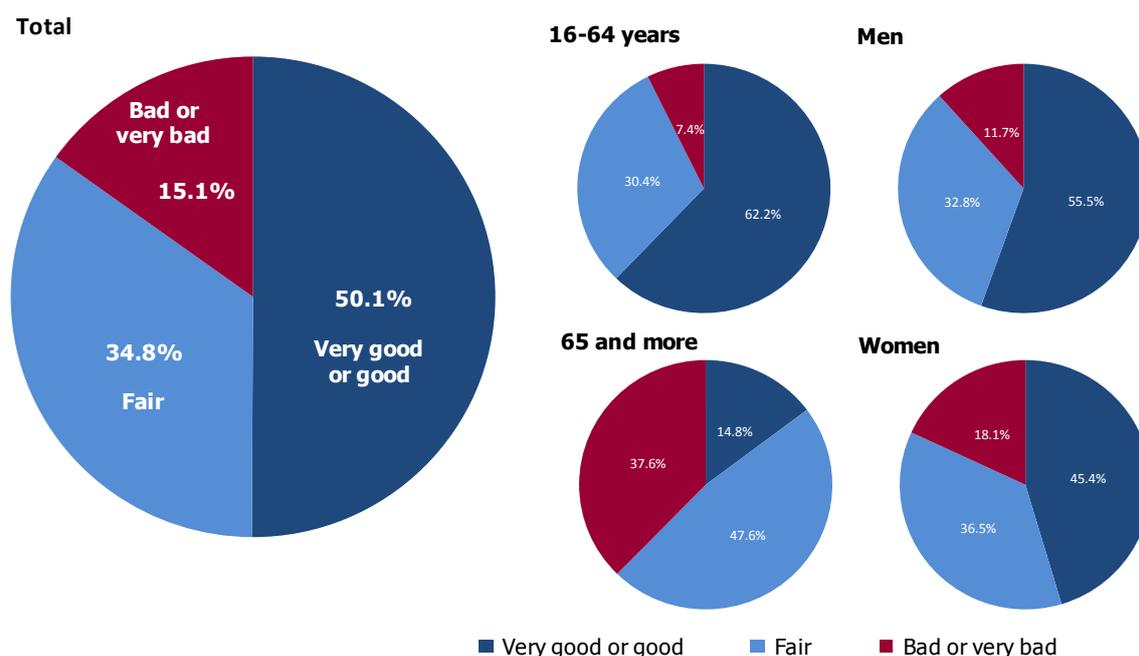
- In 2019, half of the population aged 16 and over perceived their health status as good or very good that year, 34.8% reported their health status as fair and 15.1% as bad or very bad. Despite the recent improvement in the positive appreciation that residents make of their health status (4.1 pp more in 2019 up from 2014), Portugal remains one of the EU-28 countries with a lower health status assessment: 49.3% in 2018, almost 20 pp less than the average obtained for the EU-28 (69.2%).
- In the three-year period ended in 2018, the life expectancy for a 65-year-old was around 19.5 years (17.6 years for men and 20.9 years for women of the same age). The adjustment for limitations due to health problems shows a much lower expectation of a healthy life at the age of 65: 7.3 years for the whole population, 8.2 years for men and 6.9 for women.
- In 2018, Portugal had 230 hospitals, 5 more than in the previous year, of which 111 belonging to the official health services (107 public hospitals and 4 hospitals in public-private partnership). There were 35.4 thousand beds available for the immediate hospitalisation of patients (68.1% of which in public or public-private partnership hospitals and 31.9% in private hospitals). Despite the increase in the number of hospital beds in 2018 when compared with the previous year, this level is still slightly below the one recorded in 2008 (35.8 thousand), as there has been a progressive reduction in the provision of this service over the decade by the public sector.
- Public or public-private partnership hospitals continued to be the main producers of medical services in 2018, namely more than 80% of emergency care attendances, 75% of hospitalisations, almost 70% surgeries and about 64% of medical appointments. However, it was among private hospitals that this production increased the most in relation to the previous year, with 12.5% more surgeries, 10.4% more in urgent care, 6.9% more in medical consultations and another 4, 3% of hospitalizations.

- In 2018, there were 53,657 doctors certified by the Portuguese Medical Association, 14.7 thousand more than in 2008, reaching an average of 5.3 doctors per 1,000 inhabitants (3.7 in 2008). This increase has been consistently higher (3.4% on an annual average from 2009 to 2017) than that recorded in the EU-28 (1.3%).
- In 2018, 73,650 professionals were certified by the Portuguese Nursing Association, 16.9 thousand more than in 2008 (they were 56,709 in 2008), reaching a ratio of nurses per 1,000 inhabitants of 7.2 (5.8 in 2008).

Portugal remained in 2018 one of the EU-28 countries with a lower self-perceived health status

Half (50.1%) of the population aged 16 and over perceived their health status in 2019 as good or very good, a value higher than that obtained in the previous year (49.3%); 34.8% classified their health status as fair and 15.1% as bad or very bad. In general, men were the ones who most positively perceived their health status (55.5% in 2019, compared to 45.4% for women); on the other hand, the proportion of people aged 65 and over who positively rated their health (14.8%) is much lower than that of people aged 16 to 64 years (62.2%).

Self perceived health status by sex and age group, Portugal, 2019

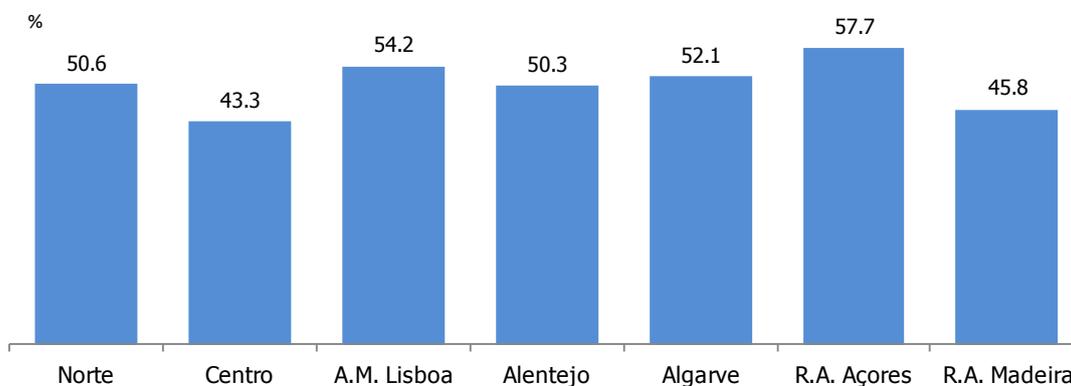


Source: Statistics Portugal, Statistics on Income and Living Conditions years

Note: Population with 16 and more years

The proportion of resident population with a good or very good perception of their health status was higher in Região Autónoma dos Açores (57.7% in 2019) and lower in region Centro (43.3%) and in Região Autónoma da Madeira (45.8%).

Proportion of the population that perceive their health status as very good or good, NUTS II, 2019

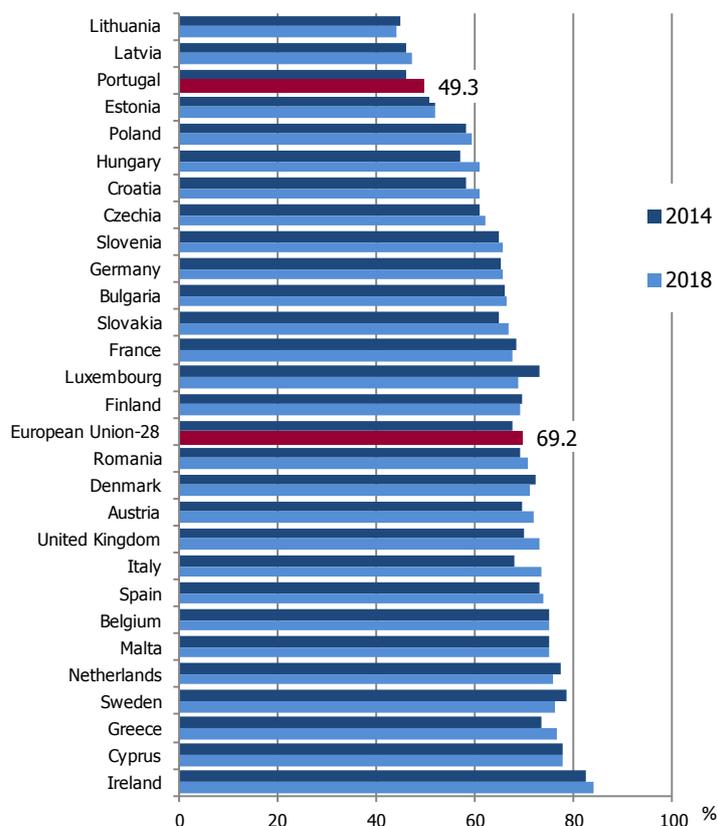


Source: Statistics Portugal, Statistics on Income and Living Conditions

Note: Population with 16 and more years

Despite the recent improvement in the resident population's assessment of their health status (4.1 pp more in 2019 up from 2014), Portugal remains one of the EU-28 countries in a lower assessment: 49.3% in 2018, almost 20 pp less than the EU-28 average (69.2%).

Proportion of the population that perceive their health status as very good or good, EU-28, 2014 and 2018



Source: Eurostat [hlth_silc_10]

In 2019, healthy life expectancy at age 65 was 7.3 years in Portugal, lower than the European average (10.0 years)

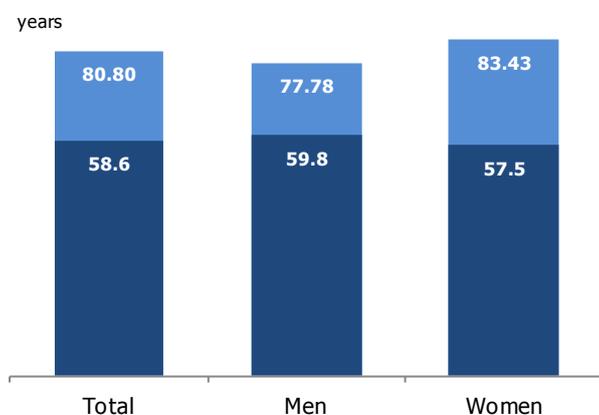
About a third of the population aged 16 or over indicated feeling limited in carrying out activities people usually does because of a health problem: 33.6% in 2018 and 33.0% in 2019.

These results can be used as an approximation of the proportion of disabled people, insofar contributing to the calculation of the indicator "Healthy life years" allowing assessing whether the increase in life expectancy is followed by an increase in the number of years lived in good health.

Life expectancy at birth in Portugal was estimated at 80.80 years for the total population in the three-year period ended in 2018, higher for women (83.43 years) than for men (77.78 years). Taking into account the information regarding the existence of limitations due to health problems, the estimated healthy life years at birth was 58.6 years, lower for women (57.5 years) than for men (59.8 years).

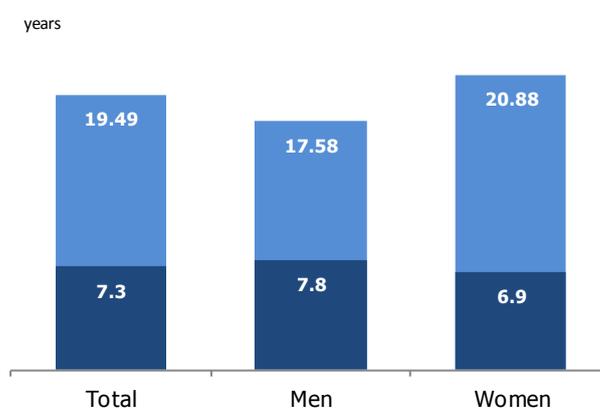
In the same three-year period, life expectancy at 65 years old was 19.49 years, with 17.58 years for men and 20.88 years women of the same age. The adjustment for limitations due to health problems shows a much lower expectation of a healthy life at age 65: 7.3 years for the whole population, 8.2 for men and 6.9 for women.

Life expectancy and healthy life years at birth by sex, Portugal, 2018



Sources: Statistics Portugal, Complete life tables and Eurostat [hlth_silc_20]

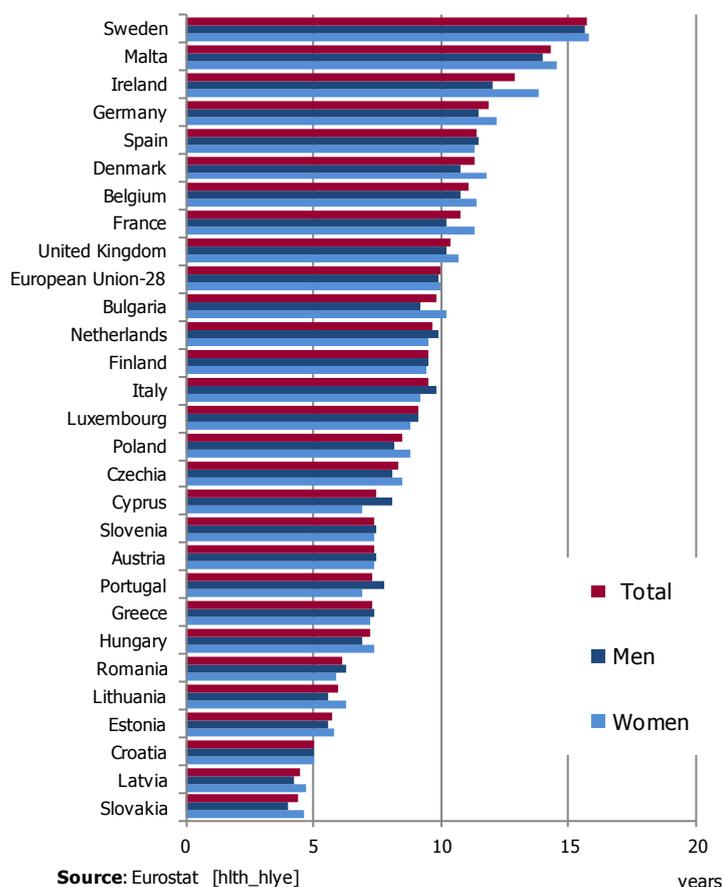
Life expectancy and healthy life years at 65 years by sex, Portugal, 2018



Sources: Statistics Portugal, Complete life tables and Eurostat [hlth_silc_20]

In 2018 and in comparison with the other EU-28 countries, Portugal ranked 9th, with a value of 7.3 healthy life years at 65, 2.7 years below the European average (10.0 years). On the other hand, Portugal was in 2018 one of the EU-28 countries with the greatest difference between the expectation of healthy life years at 65 for men and women (0.9 more years in favour of men).

Healthy life years at 65 years by sex, EU-28, 2018

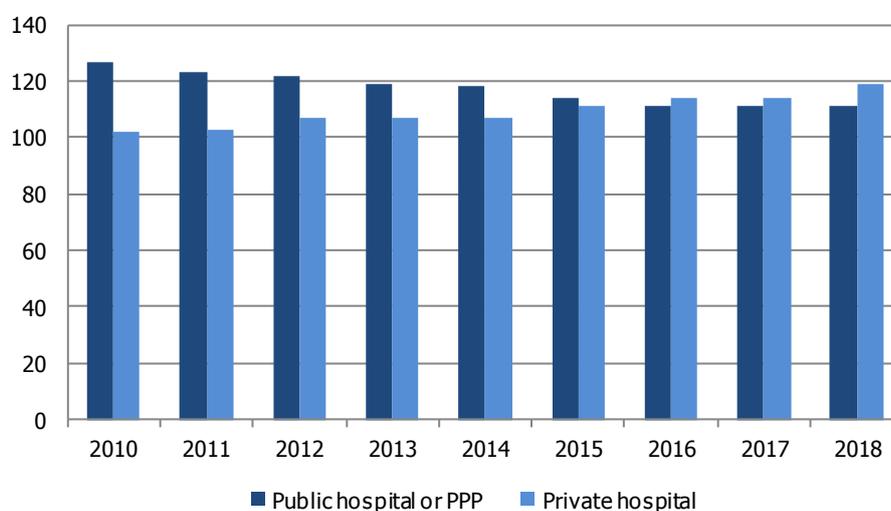


The number of private hospitals increased in 2018

There were 230 hospitals in Portugal in 2018, 111 of which integrating the official health services (107 public hospitals and 4 hospitals in public-private partnership). Public hospitals were broken down into 102 hospitals with universal access and 5 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 2018, the same as in the three previous years.

In the year under review, there were 119 private hospitals (5 more than in 2017) and, therefore, the predominance of private hospitals that started in 2016 was reinforced. The predominance of private hospitals existed both on the Mainland and in the Autonomous Regions.

Hospitals by nature of institution, Portugal, 2010-2018 (No)



Source: Statistics Portugal, Hospitals survey

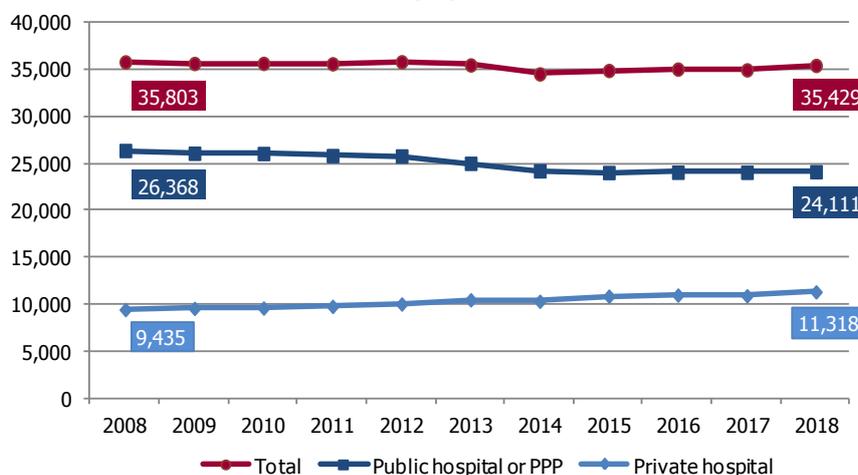
Around 76% of hospitals in 2018 were general hospitals, i.e. they covered more than one area of expertise. Among the 56 specialised hospitals (covering only one area of expertise), Psychiatry was the predominant area (25 hospitals).

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

In 2018 hospitals had 35,429 available beds equipped for the immediate hospitalisation, 68.1% of which in public or public-private partnership hospitals and the remaining 31.9% in private hospitals (11,318). The average number of in-patient beds per 1,000 inhabitants was 3.4.

There was a slight increase in the number of hospital beds in relation to 2017 (476 more beds), mainly due to private hospitals (415 more beds).

Hospital inpatient beds by nature of institution, Portugal, 2008-2018 (No)



Source: Statistics Portugal, Hospitals survey, provisional data for 2018

Of the total beds available for hospitalisation in the country in 2018, 27,485 were infirmary beds (functional unit equipped with a minimum of three beds). In public or public-private partnership hospitals, this proportion corresponded to 90.0% of the total number of hospital beds. In private hospitals, infirmary beds accounted for just over half of the available beds (51.2%) and semi-private and private rooms accounted for almost 40% (4,463 beds, compared with 325 beds in public or public-private partnership hospitals).

In the same year, there were 952 beds for admission to the Intensive Care Units (74 of which for paediatric care and 878 for adults care) and 866 beds for admission to the Intermediate Care Units.

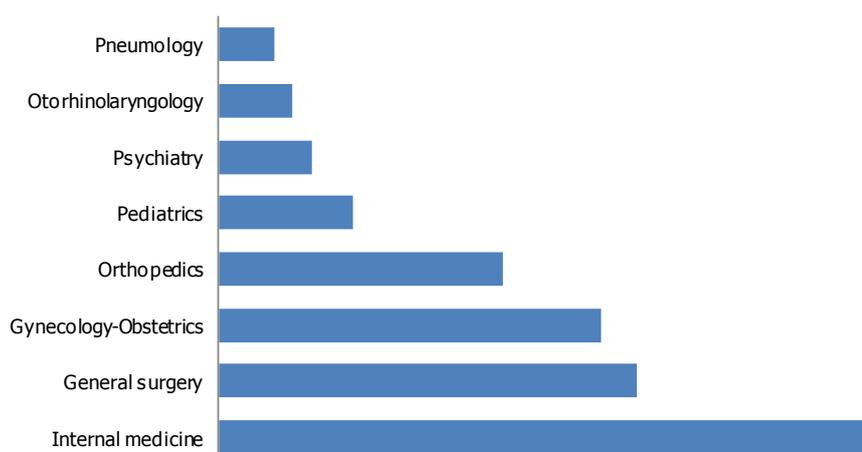
Hospitalisations in private hospitals continued to increase in 2018

In 2018, there were around 1.2 million hospitalisations in Portuguese hospitals (76.9% of which in official health services hospitals) and 10.3 million inpatient bed-days (72.1% 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, the same as in 2017.

Public or public-private partnerships hospitals ensured around 889 thousand hospitalizations (76.9% of the total) and 7.4 million hospitalization days (72.1% of the total) in 2018, with an average hospital stay of 8.4 days. Hospitalizations in private hospitals continued to increase: 266 thousand, that is, 4.3% more than in the previous year and 2.8 million days in hospital (3.0% more than in 2017); in this case, on average, patients were hospitalized for 10.8 days.

Of the hospitalizations occurred in Portugal in 2018, 78.9% occupied infirmary beds, with special emphasis on the specialties of Internal Medicine, General Surgery and Gynecology-Obstetrics, with respectively 21.9%, 14.0% and 12.8% of the total hospitalizations in wards.

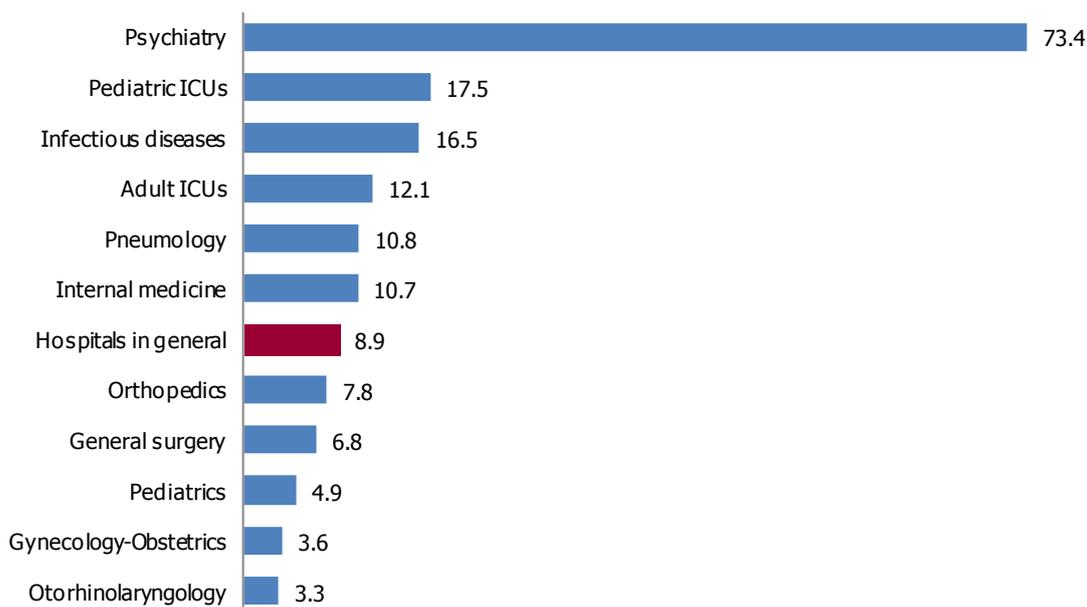
Hospitalisations in infirmary by specialty, Portugal, 2018 (%)



Source: Statistics Portugal, Hospitals survey, provisional data

Hospitalizations in Pulmonology accounted for 1.9% of the same total and hospitalizations in Infectious Diseases wards accounted for 0.5%. The average length of stay in these two specialties was higher than that obtained (8.9 days) for hospital admissions in general: 16.5 days in the case of Infectious Diseases wards and 10.8 days in the case of Pulmonology wards. Staying for a longer period of time is also characteristic of hospitalization in paediatric Intensive Care Units, with an average length of stay of 17.5 days, and in adults Intensive Care Units, with an average of 12.1 days of stay.

Average length of stay in hospital inpatient wards, by specialty, and in pediatric and adult ICUs, Portugal, 2018 (Days)



Source: Statistics Portugal, Hospitals survey, provisional data

Nevertheless, the specialty with the longest length of hospitalisation is Psychiatry, with an average of 73.4 days in all Portuguese hospitals in 2018 (71.0 bed-days in the previous year), with emphasis to the difference between the average length of stay in private hospitals (185.8 bed-days per hospitalisation) and in public or public-private partnership hospitals (26.9 bed-days per hospitalisation).

2.5% more attendances in hospital emergency services

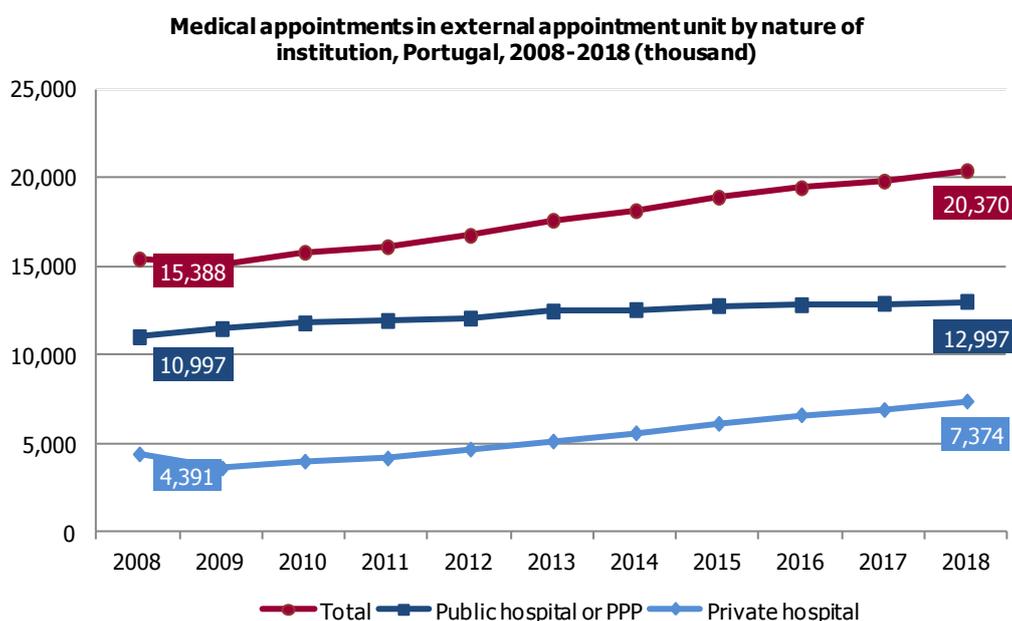
In 2018 around 7.8 million attendances were carried out in hospital emergency services, an increase of 2.5% over the previous year. Public or public-private partnership hospitals accounted for 82.6% of the total of emergency attendances and private hospitals 17.4%, 8.2 p.p. more than in 2008.

Most attendances in the hospital emergency services were caused by diseases (82.4%), while accidents motivated 10.4% of visits and 7.3% resulted from other injuries or causes (including injuries caused by aggression and suicide attempts).

3.0% more medical appointments in hospitals

Hospitals recorded around 20.4 million outpatient medical appointments in 2018, 63.8% of which in public or public-private partnership hospitals (65.1% in the previous year).

The number of medical appointments in the outpatient unit of hospitals increased by 3.0% between 2017 and 2018, more significantly in private hospitals (6.9% more) than in public or public-private partnership hospitals (0.9% more). In 2018, private hospitals accounted for 36.2% of the total of outpatient medical appointments (almost 480 thousand more appointments than in the previous year, which represents 81.2% of the total increase in appointments).



Source: Statistics Portugal, Hospitals survey, provisional data for 2018

The specialties with the highest number of outpatient medical appointments in public or public-private partnership hospitals in 2018 were, by descending order, Ophthalmology, Gynaecology-Obstetrics, Orthopaedics and General Surgery. In private hospitals, it was Orthopaedics, Ophthalmology and Gynaecology-Obstetrics.

The surgeries performed in hospitals increased by 3.0%

In 2018, approximately 970 thousand surgeries were performed in operating rooms by surgeons in Portuguese hospitals. The number of surgeries increased 3.0% in relation to 2017, due to the growth observed in private hospitals (12.5% more).

Approximately 70% of surgeries were performed in public or public-private partnership hospitals in 2018, 84.9% of which were scheduled, that is, resulted from admissions with prior appointment. The share of scheduled surgeries was higher in private hospitals, accounting for 95.5% of total surgeries performed in 2018.

Around 90% of complementary acts of diagnosis were performed in public or public-private partnership hospitals

Portuguese hospitals performed 154.6 million complementary acts of diagnosis in 2018, i.e. exams or tests needed for diagnosis (laboratory testing, imaging tests, endoscopies, biopsies, among others), 467 thousand more than in the previous year.

Around 90% of these acts (139.1 million) were carried out in public or public-private partnership hospitals, 0.5% less than in 2017 (139.7 million). In contrast, private hospitals had an increase in the number of complementary acts of diagnosis (7.8% more, from 14.4 million in 2017 to 15.5 million in 2018).

Clinical Pathology, the medical specialty devoted to the laboratory diagnosis of diseases, accounted for 80.7% of procedures performed in official health services hospitals in 2018. Despite the predominance of this specialty in private hospitals, it accounted for only 68.6% of complementary acts of diagnosis. The production of complementary acts of diagnosis by private hospitals was more significant regarding Endoscopy, Imaging and Pathological Anatomy, respectively with 53.0%, 28.2% and 21.7% of the total number of acts performed in the country.

In 2018, around 23.4 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 continued to be dominant (68.6%). Physical therapy was the main area in official health service hospitals in 2018 (58.8%) and especially in private hospitals (91.7%).

The number of medicines (brands) in the pharmaceutical market increased in 2018

In 2018 there were 2,923 pharmacies and 196 mobile medicine depots in Portugal, the same number of pharmacies and 3 more mobile medicine depots than in the previous year. The average number of pharmaceutical establishments per 1,000 inhabitants remained at 0.3.

There were 9,113 medicines (brands) available in the Portuguese pharmaceutical market in 2018, corresponding to 53,700 presentations, i.e. medicine package contents with a specific dosage and the number of units or volume of pharmaceutical forms. Between 2017 and 2018, the number of medicines (brands) increased (from 9,002 to 9,113), and the number of presentations decreased (from 54,529 to 53,700).

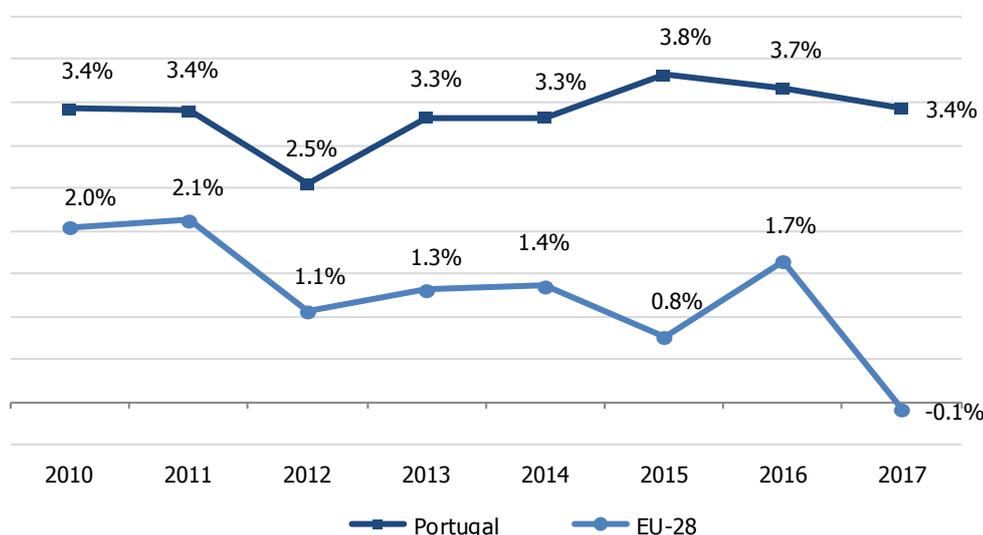
In 2018, 42.8% of medicines (brands) and 18.9% of the existing presentations were reimbursed (43.2% and 18.3%, respectively, in 2017). In terms of pharmacotherapeutical groups, more than half of reimbursed presentations, in 2018, were related to the cardiovascular system (31.2%) and the central nervous system (29.8%).

In 2018, the number of medical doctors and nurses continued to increase

In 2018, there were 53,657 doctors certified by the Portuguese Medical Association, increasing by 3.3% in relation to 2017, in line with the upward trend of the series: 14.7 thousand more than in 2008. The number of doctors per 1,000 inhabitants was 5.3 (3.7 in 2008). In 2018, 55.3% of doctors were women (29,682).

The comparison with data available for the European Union (EU-28) shows an increase in the number of doctors consistently higher in Portugal: 30.3% between 2009 and 2017, resulting in an annual average rate of increase of 3.4%. Over the same period, the number of doctors increased by 10.7% in the EU-28, with an average rate of increase of 1.3% per year.

Annual rate of increase in the number of doctors, Portugal and EU-28, 2009-2017 (%)



Sources: Ordem dos Médicos and Eurostat

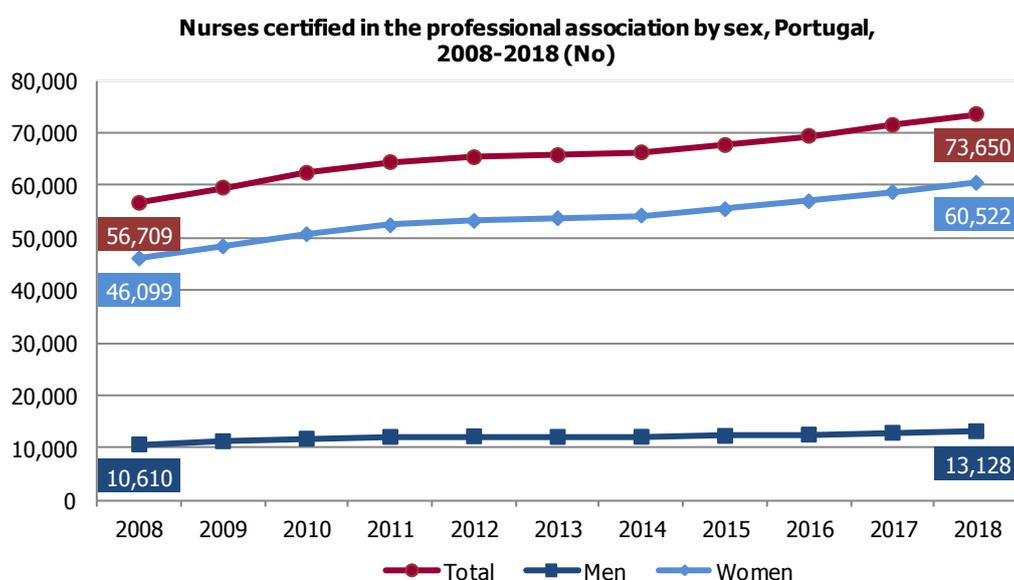
Of the total number of doctors enrolled in 2018, 33,270 (62.0%) were specialists, that is, qualified to practice at least one specialty in Medicine.

The 33,270 specialist doctors certified by the Portuguese Medical Association in 2018 practiced 34,941 specialties, 1,855 sub-specialties, and/or had 2,722 fields of competence. Family Medicine (4,507), Paediatrics (1,525), Internal Medicine (1,481), Anaesthetics (1,346), and Gynaecology/Obstetrics (1,143) were the most frequent specialties among female doctors, and Family Medicine (2,770), Internal Medicine (1,275), General Surgery (1,252) and Orthopaedics (1,102) were the most frequent among male doctors. There were also 649 doctors specialized in Pulmonology, 547 specialists in Public Health and 194 specialists in Infectious Diseases.

In 2018, around 27 thousand medical doctors worked in Portuguese hospitals, 83.0% of which in public or public-private partnership hospitals (about 22 thousand medical doctors). 71.0% of medical doctors in hospitals had a specialty, 2.6% were general practitioners and the remaining 26.5% were attending the general or complementary internship.

In 2018, 73,650 professionals were certified by the Portuguese Nursing Association, 2.9% more than in the previous year. The number of registered nurses in 2018 not only confirms the trend of increase of these professionals (they were 56,709 in 2008), but also a higher increase in women (more 31.3% more than in 2008).

The ratio of nurses per 1,000 inhabitants increased from 5.8 in 2008 to 7.2 in 2018.



In 2018, hospitals employed around 43 thousand of all active nurses, 88.1% of which were assigned to public or public-private partnership hospitals. In the national total, 71.9% of nurses working in hospitals were general care nurses. The remaining 28.1% were qualified to practice a Nursing specialty, particularly Medical-surgical nursing, Rehabilitation and Maternal Health and Obstetrics.

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 2016 and 2018, 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, 57.0% of the total. In those years, on average, 27.6% of current expenditure was financed directly by households.

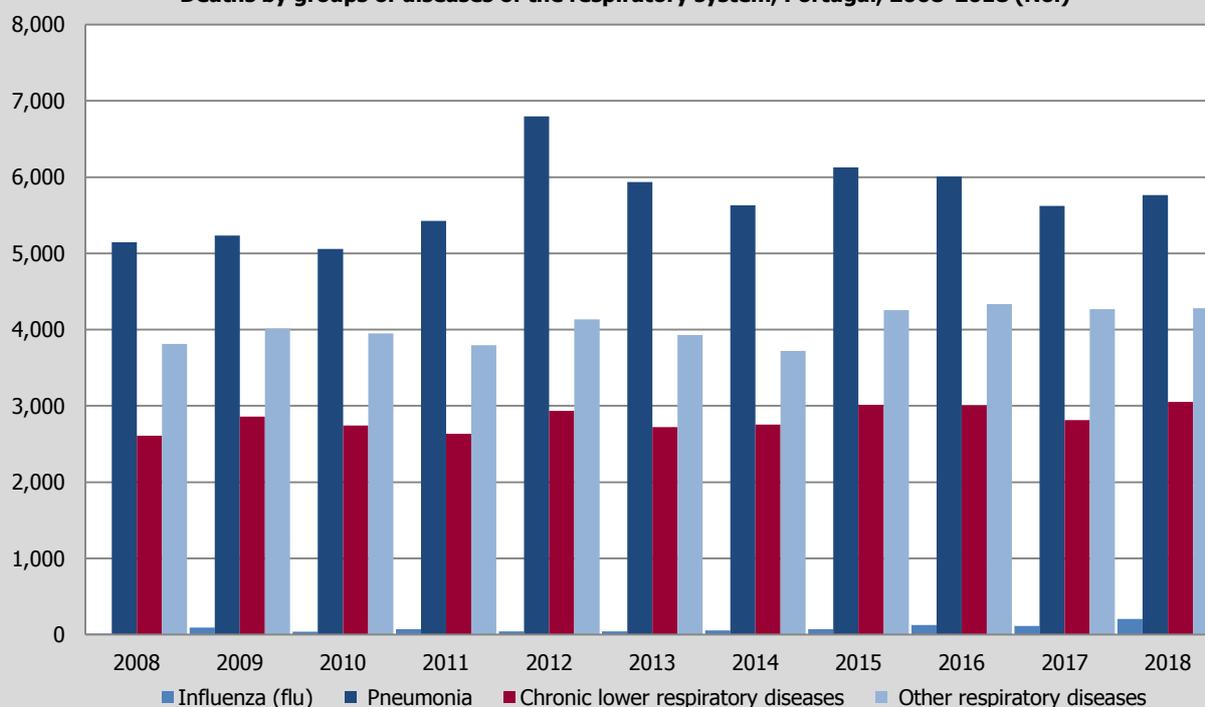
In structural terms, between 2016 and 2018 there was an increase in the relative weight of expenditure by insurance companies (4.2% of 2018 current expenditure, 0.5 pp more than in 2016) and a decrease of 0.4 pp of the relative weight of household expenditure.

In 2018, 5.1% of deaths were caused by pneumonia

Diseases of the respiratory system caused 13,305 deaths in 2018, 3.8% more than in the previous year (12,819 deaths), and representing 11.7% of the country's mortality.

In this group, deaths from pneumonia stood out, with 5,764 deaths, representing 5.1% of the mortality in 2018 and registering an increase of 2.5% in relation to the previous year. The average age at death for 2018 was 83.9 years. The crude death rate by pneumonia was 55.9 deaths per 100 thousand inhabitants, with values significantly higher for 65 and more years.

Deaths by groups of diseases of the respiratory system, Portugal, 2008-2018 (No.)

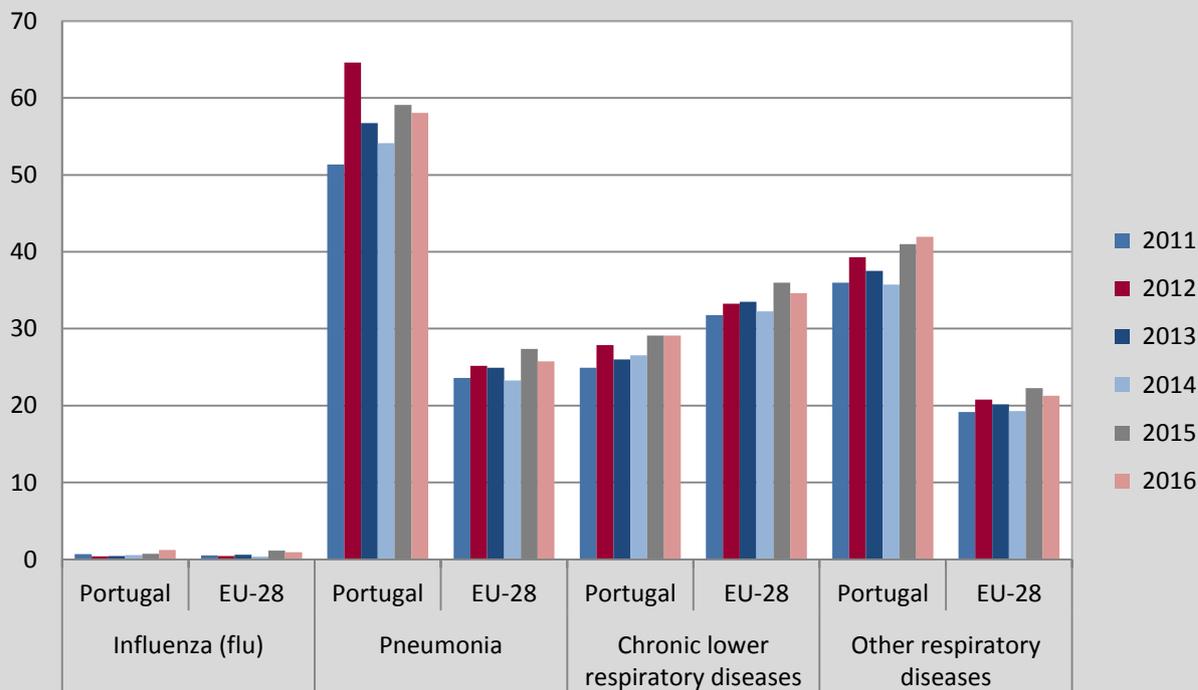


Source: Statistics Portugal, Mortality by causes of death

Among the diseases of the respiratory system, chronic lower respiratory diseases are also relevant, with 3,054 deaths, 2,834 of which caused by chronic obstructive pulmonary disease. With less importance in relation to global mortality, deaths due to influenza stand out (205 deaths).

In Portugal, relatively more people die of respiratory diseases than in the EU-28, especially due to pneumonia. However, there is the exception of deaths caused by chronic lower respiratory diseases, with a higher lethality per 100,000 inhabitants in the EU-28.

Crude death rate by groups of diseases of the respiratory system , Portugal and EU-28, 2011-2016 (per 100,000 inhabitants)



Source: Statistics Portugal, Mortality by causes of death

Definitions

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: 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.

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

Healthy life years: Average number of years that an individual of a certain age is expected to live without long-term limitations to perform activities people usually does, on the assumption that the mortality pattern observed in the period of reference remains unchanged.

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.

Longstanding health problem: Health problem that lasts or is expected to last more than six months.

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.

Self perception of health status: Subjective appreciation that each person makes of their health.

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.