OECD Health Statistics 2025

Definitions, Sources and Methods

Gamma cameras

Number of Gamma cameras.

A Gamma camera (including Single Photon Emission Computed Tomography, SPECT) is used for a nuclear medicine procedure in which the camera rotates around the patient to register gamma rays emission from an isotope injected to the patient's body. The gathered data are processed by a computer to form a tomographic (cross-sectional) image.

Inclusion

- SPECT-CT systems using image fusion (superposition of SPECT and CT images).

Sources and Methods

Australia

Source of data: **Department of Health**. Unpublished data from Location Specific Practice Number register.
Reference period: Years reported are financial years 1st July to 31st June (e.g. data for 2012 are as at 30th June 2012).
Coverage: Data from 2008 onwards represent the number of units approved for billing to Medicare only. Units may be removed from one location and re-registered in another location.
Note: During the first wave of COVID-19 in Australia at the beginning of 2020, diagnostic imaging services decreased significantly. Existing imaging practices have chosen to consolidate their existing practices and services, resulting in a halt in the expansion of diagnostic imaging practices in Australia. In addition, there have been significant delays in the global supply chain for the replacement and upgrade of machines. All of these issues have combined to result in the observed changes to the number of machines that are being reported for 2020 and 2021.

Austria

Source of data: **Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection** (Gesundheit Österreich GmbH, Monitoring of Medical Technology Development).
Reference period: 31st December.
Coverage: Included are:

- Gamma cameras units in hospitals as defined by the Austrian Hospital Act (KAKuG) and classified as HP.1 (HP.1. to HP.1.3) according to the System of Health Accounts (OECD, 2011 Edition)
- Gamma cameras units in the ambulatory sector (HP.3)

Deviation from the definition:
Estimation method:
Break in time series:

Belgium

Source of data: **Federal Service of Public Health**, DGGS "Organisation of health provisions"; Ministry of the Flemish community and Ministry of the French community.
Reference period: 31st December.
Coverage:
- *Ambulatory care providers (HP.3)*: Data on high-tech equipment in cabinets of ambulatory care providers are not available.
Deviation from the definition:
Estimation method:
Break in time series:

Canada

Source of data:
- 2003-2012: **Canadian Institute for Health Information**, National Survey of Selected Medical Imaging Equipment. See https://www.cihi.ca/en/types-of-care/specialized-services/medical-imaging.
- 2017, 2019 and 2022: **Canadian Agency for Drugs and Technology in Health (CADTH)**, *The Canadian Medical Imaging Inventory, 2017 ,The Canadian Medical Imaging Inventory 2019-2020 and* The 2022 – 2023 Canadian Medical Imaging Inventory report. SeeCanadian Medical Imaging Inventory | CADTH (https://www.cadth.ca/canadian-medical-imaging-inventory)
- No distinction between cameras in hospitals and free-standing imaging facilities is available for the year 2017.
Coverage:
- 2003-2012 data: Includes Gamma (planner) cameras, SPECT cameras and SPECT-CT systems.
- 2017,2019 and 2022 data: Includes SPECT and SPECT-CT.
Break in time series: 2017.

Chile

Source of data: **Ministry of Health**, **Investment Division**.
- The data collection was conducted through an annual survey from the Ministry of Health to all Country Health Services (by the office of Secretary for Care Networks, addressed to the Directors of Health and Experimental Centres, and Chief of the local Imaging Departments).
Methodology: the methodology used was to ask providers of this type of equipment their installed base of equipment in operation, for both public and private area.
Coverage:
- Public and private sector
- The information submitted considers the capacity at 31st December, available in both public and private sectors of Health.
- Hospitalisation (Hospitals and Clinics) and ambulatory care (Medical Offices and clinics of specialties). Some equipment may be used for both hospital and outpatient care (they are shared equipment).
Break in time series: in 2013, there was a change in the methodology of the survey.

Colombia

Data not available.

Costa Rica

Source of data:
- *From 2022*: **Ministry of Health through reports given by public and private hospitals** - *Till 2021*: Sistema Contable de Bienes Muebles de la **Caja Costarricense de Seguro Social** (Accounting System of Personal Property of the National Social Security Fund).
Coverage:
- Provisional data for 2023: Only includes data for public hospitals.
- *From 2022*: All public hospitals and some private hospitals.
- *Till 2021*: Data correspond only to public hospitals belonging to the Social Insurance.

Break in time series: 2022 (inclusion of some private hospitals), 2023 Only includes data for public hospitals.
Deviation from the definition: 2023: Only includes data for public hospitals.

Czechia

Source of data: **Institute of Health Information and Statistics of the Czech Republic**; Survey on medical apparatus in health establishments.
Reference period: 31st December.
Coverage:
- From the year 2000, data cover all sectors.
Deviation from the definition:
Estimation method:
Break in time series:

Denmark

Source of data: **Danish Health Authority, Radiation Protection**. Annual survey of nuclear medicine equipment. It is required for departments to submit data in survey.
Reference period: 31st of December.
Coverage:
Deviation from the definition:
Estimation method:
Break in time series: In 2004, some PET/CTs might have been registered as gamma cameras, which could be the reason for the large changes in numbers of gamma cameras and PET units from 2004 till 2005. Until 2022, the numbers have included the Faroe Islands (1 Gamma camera); From 2023, the Faroe Islands have been excluded.

Estonia

Source of data: **National Institute for Health Development**, Department of Health Statistics. (since 2005)
Reference period: 31st of December.
Coverage:
- All providers. Since 2006 data have been included in the annual reports ("Health Care Provider").
- Data on equipment were not collected routinely before 2005. Since 2006 data have been included in the annual reports of health care providers.
- The devices may also include combined devices like SPECT-CT, and it is possible that up to 2014 these devices are counted under both categories (i.e., under SPECT and CT units). The number of combined devices is not available. The first combined devices were purchased in 2007. From 2015 the combined devices SPECT-CT are counted only under gamma cameras (SPECT) category.
- Data are collected from hospitals and ambulatory care providers.
Deviation from the definition:
Estimation method:
Break in time series:

Finland

Magnetic Resonance Imaging units
Source of data: **Radiation and Nuclear Safety Authority Finland** and **university hospitals**.
Reference period: At the end of year.
Coverage: All hospitals.
Deviation from the definition:
Estimation method:
Break in time series:
Positron Emission Tomography scanners
Source of data: **Radiation and Nuclear Safety Authority Finland and university hospitals.**

Reference period: At the end of year.
Coverage: All hospitals.
Deviation from the definition:
Estimation method:
Break in time series:
Gamma cameras
Source of data: **Radiation and Nuclear Safety Authority Finland** and **university hospitals**.
Reference period: At the end of year.
Coverage: All hospitals.
Deviation from the definition:
Estimation method:
Break in time series: Note: Previously number of all kinds of CT scanners have been reported in the column “CT scanners”. That was justified, because most of the SPECT-CT and PET-CT scanners were used more than 50 % for CT only. Now the practice has changed so that most gamma cameras are equipped with CT and all these hybrid equipment are reported in the column “Gamma cameras” together with few gamma cameras without CT. Though, the total number of CTs has not changed dramatically, but we have changed the reporting to be in line with the given instructions.

France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques** (DREES), Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Établissements de santé. Data are from **FINESS**.
Reference period: Equipment in service during the year (not necessarily during the whole year).
Coverage: Data refer to metropolitan France and D.R.O.M. (overseas departments).
Deviation from the definition:
Estimation method:
Break in time series: 2015, 2019.
- During the year 2015, the source of data FINESS has been improved concerning the equipment: the source keeps now a better record of all the equipment actually in use. This improvement results in a higher number of equipment for 2015.
- Count of equipment in FINESS data changed in 2019: the repartition between ambulatory care equipment and hospital equipment has changed.

Germany

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2024, Statistischer Bericht: Grunddaten der Krankenhäuser, table 23111-28 and Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Vorsorge- oder Rehabiltationseinrichtungen*, table 23112-17; http://www.destatis.de or http://www.gbe-bund.de.
Reference period: 31st December.
Coverage:
- Data on medical technology include equipment installed in all types of hospitals (HP.1) in all sectors (public, not-for-profit and private).
- Additional equipment in the ambulatory sector is not counted in official statistics.
- Data before 2002 not available.
Deviation from the definition:
Estimation method:
Break in time series:

Greece

Source of data: **The Greek Atomic Energy Commission (**for HP1 & HP3) and **the Hospital Census of ELSTAT** (HP1).
Reference period: 31st December.

Coverage: Country Total.
Deviation from the definition:
Estimation method:
Break in time series:

Hungary

Source of data:
- Until 2007: **Hungarian National Institute for Hospital and Medical Engineering** (ORKI in Hungarian). www.orki.hu.
- From 2008 until 2011: **Healthcare Quality Improvement and Hospital Engineering** (EMKI in Hungarian). www.emki.hu.
- From 2012 until 2013: **National Institute for Quality- and Organizational Development in Healthcare and Medicines** (GYEMSZI in Hungarian), www.gyemszi.hu.
- From 2014: **National Healthcare Service Center** (ÁEEK in Hungarian), www.aeek.hu.

Reference period: 31st December.
Coverage:
- The number includes only those units that are owned by health care institutions contracted by the health insurance company.
- In 2014, a new institution, the National Center for Health Care (ÁEEK), started collecting data, and unfortunately not all data providers responded to their request. Therefore, between 2014 and 2017, we were only able to provide estimates.

Deviation from the definition:
Estimation method:
Break in time series:

Iceland

Source of data: Until 2022: **Icelandic Radiation Safety Authority**. As of 2023: The Directorate of Health in Iceland.
Reference period: 31st December.
Coverage: All Gamma cameras registered in Iceland.
Deviation from the definition:
Estimation method:
Break in time series:

Ireland

Source of data:
- From 2020: **Irish Association of Physicists in Medicine** (https://iapm.ie/).
- From 2017: **National Clinical Head of Medical Devices (HSE)** for Public Hospitals (https://www.hse.ie/eng/).
- Pre 2017: **Department of Health** (https://www.gov.ie/en/organisation/department-of-health/).

Reference period: Figures as at end of December.
Coverage: Refers to the number of Gamma cameras in the Nuclear Medicine Departments in both public and private hospitals/clinics.
- All figures are taken from the Association of Physicists in Medicine's licensing database and were calculated at the end of each calendar year.
- Figures reflect the number of machines licensed by the Association in Ireland. This designation is based upon data supplied from equipment users. Therefore, the figures reflect how the original users obtaining the license describe the equipment.

Deviation from the definition:
Estimation method:
Break in time series:

Israel

Source of data: The data are based on the Medical Institutions License Registry maintained by the Department of Medical Facilities and Equipment Licensing and the Health Information Division in the **Ministry of Health**.
Reference period: End of the year.
Coverage: Includes all licensed Gamma camera units.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source of data: **Ministry of Health -** General Directorate of digitalisation, health information system and statistics **- Office of Statistics**. www.salute.gov.it/statistiche.
Reference period: 1st January.
Coverage: Available equipment both in hospital and territorial facilities is counted. Territory private facilities not accredited by the National Health Service are not covered. However, data on equipment in hospitals refer to both public and private hospitals, including private hospitals not accredited by the National Health Service.
Deviation from the definition: Territory private facilities not accredited by the National Health Service are not covered.
Estimation method: None.
Break in time series: None.

Japan

Source of data: **Ministry of Health, Labour and Welfare**, Survey of Medical Institutions (several issues).
Coverage:
- In hospitals only; excludes medical clinics. The survey items on medical technology are included in the large-scale survey conducted every three years.
- Figures of 2011 exclude data of Ishinomaki medical area and Kesennuma medical area of Miyagi Prefecture, and Fukushima Prefecture.

Korea

Source of data: **Health Insurance Review & Assessment Service**, Health care resources by provider.

Latvia

Source of data: **Centre for Disease Prevention and Control**; Statistical Report.
Reference period: 31 December.
Coverage:
Deviation from the definition:
Estimation method:
Break in time series:

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania" available from https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika. Available on Official Statistics Portal of Statistics Lithuania http://osp.stat.gov.lt/en.
Reference period: 31st December.
Coverage: The number of functioning equipment.
Deviation from the definition:
Estimation method:

Break in time series:

Luxembourg

Source of data: **Direction de la Santé**, Division de la Radioprotection.
Reference period: data as of December 31.
Coverage: Includes all equipment in use.
Deviation from the definition:
Estimation method:
Break in time series:

Mexico

Source of data: **Ministry of Health**. National Health Information System (SINAIS).
- For 2012 to 2023, it was possible to identify information by type of provider, based on the same sources, because they have information on medical unit and not aggregated as in previous years.
Coverage:
- Includes information only from public institutions (MOH, IMSS-Bienestar, Services of the Federal District, IMSS, ISSSTE, PEMEX, SEDENA, SEMAR, state health hospitals, university hospitals).
- From 2004 onwards, the equipment was identified by type of provider, using the same source, associating the unique ID included in the catalog of health establishments of health facilities (CLUES) by medical unit to confirm whether it is a hospital or ambulatory unit.

Netherlands

Source of data:
- 2006 onwards: **Annual reports social account** (DigiMV) which the hospitals are required to deliver; the survey on imaging diagnostics is included in this report.
Reference period:
Coverage:
Deviation from the definition:
Estimation method:
Break in time series:

New Zealand

Source of data: Data are an estimate sourced from the **Office of Radiation Safety, Ministry of Health**. It is based on knowledge of the number of facilities carrying out nuclear medicine.
Coverage:
- Traditional gamma cameras are not recorded because they don't have CT and so are not considered radiation sources to be recorded in the database. Traditional gamma cameras are obsolete technology, and they are replaced by SPECT/CT gamma cameras when they need replacement.
- The figures provided include all health care facilities, both public and private providers.
- The database does not distinguish between hospital and ambulatory care settings.
- The database does not record how many cameras a centre has in its database since these are ancillary equipment that do not produce radiation themselves.

Norway

Source of data: **The Norwegian Radiation and Nuclear Safety Authority (DSA).** Undertakings that expect to acquire, lease, use or handle radiation sources that are subject to registration shall register their activities and each radiation source to DSA via DSA's radiation source registration system (https://ems.dsa.no/). Equipment that is no longer in use is also reported through the same registration system.

Reference period: The reported data include registrations of equipment that have been registered and processed by DSA as of December 31 each year. Due to delays in the processing of registrations the actual number of equipment might be slightly higher or lower than reported on this date.
Coverage:
- Ordinary gamma cameras are not included, only gamma cameras with CT and SPECT/CT.
- Equipment is reported for HP.1 and HP.3 together (hospital and ambulatory sector). It is not possible to differentiate between HP.1 and HP.3 in the source data.
- The reported data is limited to equipment that is subject to authorization from DSA according to the Radiation Protection Regulations (see "Strålevernforskriften på engelsk" here: https://dsa.no/regelverk). DSA's radiation source registration system was updated in 2016, and data before this is therefore not easily accessible.
Deviation from the definition:
Estimation method:
Break in time series:

Poland

Source of data:
In year 2013 and earlier:
Ministry of Health:
- MZ-12 - report on activity and workers in outpatient specialised health care.
- MZ-29 - report on activity of general hospital.
Ministry of Interior and Administration:
- MSW-33 Report on nursing and residential care facilities. Data are collected on an annual basis.
From 2014 to 2018:
Ministry of Health:
- MZ-11 - report on activity and workers in outpatient health care.
- MZ-29 - report on activity of general hospital.
Ministry of Interior and Administration:
- MSW-33 - report on nursing and residential care facilities. Data are collected on an annual basis.
Since 2019:
Ministry of Health:
- MZ-11 - report on activity and workers in outpatient health care.
- MZ-29 - report on activity of general hospital.
Ministry of Interior and Administration:
- MSWiA-32 - report on the outpatient activities of independent public health care units.
- MSWiA-43 - report on activities of general hospital and specialised hospital.
Reference period: Data as at 31st December.
Coverage:
Deviation from the definition:
Estimation method:
Break in time series:
- 2014: change in data source as described above.
- 2019: change in data source as described above.

Portugal

Source of data:
- For all sectors (inpatient and outpatient facilities) of public hospitals in the mainland: **Ministry of Health**
- Survey of High-tech Facilities.
Reference period: Annual.
Coverage:
- Data include the total installed equipment.
- Since 2011, data are only available for gamma cameras in hospitals.
Deviation from the definition:
Estimation method:

Break in time series: Data for 2019, 2020 and 2021 includes gamma cameras, cyclotrons, and Nuclear Medicine osteodensitometers in hospitals.

Slovak Republic

Source of data: **National Health Information Center**.
Reference period: 31st December.
Coverage: Medical technologies available regardless of frequency of use.
Type of health care facilities:
- HP.1 (hospital) - Institutional care including out-patient units included in general hospital, specialised hospital and sanatorium.
- HP.3 (ambulatory sector) - Out-patient healthcare included in general out-patient care unit, specialised out-patient care unit, emergency out-patient unit, facility providing day care, residential healthcare unit, healthcare centre, nursing care service, facility for common.
Deviation from the definition:
Estimation method:
Break in time series:

Slovenia

Source of data: **Slovenian Radiation Protection Administration**, registry of radiation sources in medicine and veterinary medicine.
Reference period: 31st December.
Coverage: Refers to all institutions in Slovenia.
Deviation from the definition:
Estimation method:
Break in time series:

Spain

Source of data:
- Up to 2009: **Ministry of Health** from **National Catalogue of Hospitals** (several issues).
- Since 2010: **Ministry of Health** from **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE).
http://www.sanidad.gob.es/estadEstudios/estadisticas/estHospiInternado/inforAnual/homeESCRI.htm
Reference period: 31st December.
Coverage:
- Until 2009, data relate only to devices available in hospitals; they do not include equipment in other health care facilities.
- Since 2010, data are available for equipment in hospitals and ambulatory sector.
Deviation from the definition:
Estimation method:
Break in time series: 2010.
- Change in data source.
- Information about medical technology and diagnostic activity for centers HP.3 included since 2010.

Sweden

Source of data:
- Swedish Association of Local Authorities and Regions (earlier Federation of Swedish County Councils). Statistics collected mainly from health care Regions and The Swedish Radiation Safety Authority.
Reference period:
- 2015-2021: December.
- From 2022: January the year after.
Coverage:

- Most of the health care givers from local regions are included. Some non-radiation equipment owned by private health care providers may be excluded.
- Three regions, Blekinge, Värmland and Jämtland, have no reported data for 2022 and 2023. And for 2024 two regions, Blekinge and Kronoberg, have no reported data. For these regions imputation has been done using their data from past years.
Deviation from the definition:
Estimation method: For regions missing data for some years imputation has been done using their data from past years.
Break in time series:

Switzerland

Source of data:
- HP.1: **Federal Statistical Office (FSO)**, Neuchâtel Hospitals statistics; yearly census.
Reference period: Data as of December 31.
Coverage:
Only hospitals are covered (full-survey).
Deviation from the definition: Number of health care providers with a valid permit to run gamma cameras; it is assumed that hospitals have more than one gamma camera, but the total number of units is unknown.
Estimation method:
Break in time series:

Türkiye

Source of data: **General Directorate for Health Services, Ministry of Health**.
Reference period: It is the number of gamma cameras belonging to the institutions serving during the year. If the institution closed during the year, the data belongs to the date of closing. If not, the data dated 31 December is used.
Coverage:
- Data cover the number of devices in the MoH, university hospitals, private and other sector (other public establishments, local administrations, and MoND-affiliated facilities) in addition to those used by outsourcing in Türkiye.
- The strong increase in 2012 is mainly due to improvements in data reporting and not to a real increase in the capacity.
Deviation from the definition:
Estimation method:
Break in time series:

United Kingdom

Source of data:
- Medical technology data are not collected on a regular basis. UK data for 1989/1990, 1992/1993 and 2003/2004 are from **HPA** - http://www.hpa.org.uk/web/HPAwebFile/HPAweb_c/1194947340193. But since 2004 no England data were available so a UK level estimate was not created.
- 2019 onwards: NHS Improvement Annual Census.
-2023 onwards: England: NHS England. National Imaging Data Collection (https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/national-imaging-data-collection/) analysed at a more granular level than the publicly available resource.
Coverage:
- 2019 onwards: England only at HP.1 hospitals.
- No data has been available from sources in Northern Ireland, Scotland and Wales in recent years.
-2023 onwards: Covers assets from acute NHS imaging services only.
Reference period:
-Position at end of financial year (31st March 2023, and 31st March 2024 for 2023 and 2024 data respectively).

Estimation method:
- 2019 onwards England only census is adjusted (grossed up) to represent a UK value based upon a pro-rate population using the official Mid Year Population Estimates of UK Nations and the UK as a whole.
Break in time series:
- 2019 onwards data represent a break in any previous time series. From 2019, data is available for hospitals (HP.1) only.
-2023 onwards data represent a break in previous time series. From 2023, the England data source is the National Imaging Data Collection.

United States

Source of data:
IMV Medical Information Division: *Benchmark Reports*, Nuclear Medicine, selected years: 2019, 2013, 2011, and 2008. http://www.imvinfo.com.
Coverage:
- Nationwide. IMV's nuclear medicine reports utilize a survey methodology to query hospital and non-hospital sites in the United States performing NM procedures using fixed SPECT/CT, SPECT, and planar-only cameras. The survey results are projected to the universe of identified sites. Candidate sites are identified using proprietary IMV databases, supplemented by the American Hospital Association's AHA guide (The AHA Guide to the Health Care Field), licensing lists obtained from the Nuclear Regulatory Commission and state licensing agencies, and site lists identified through secondary research.
- The U.S. ambulatory sector data provides the estimated number of units in non-hospitals sites which includes: 1) imaging centres/outpatient locations owned by hospital organizations, and 2) those owned by cardiology practices, radiology practices, multi-specialty physician practices, or companies that own multiple outpatient nuclear medicine locations.
- A source of error in the sample is the possible omission of sites from the universe of all sites, which have thus far still escaped identification, particularly non-hospital sites.
- U.S. territories are not included. - Excludes units in mobile vans that serve multiple sites (hospitals and non-hospitals).
Deviation from the OECD definition: Data match OECD definition.
- U.S. provides the numbers of units, not the number of sites. A single site may own two or more units.
Estimation method: Further information on the estimation method for the selected IMV Benchmark Reports can be found at http://www.imvinfo.com.
Break in time series: No breaks in time series.

NON-OECD ECONOMIES

Bulgaria

Source of data: **National Centre for Public Health and Analyses at the Ministry of Health.**
Reference period: 31st of December.
Coverage: The study is with annual periodicity. All types of health establishments except hospices are included.
Deviation from the definition:
Estimation method:
Break in time series: 2009 data are not available.
Note: 2014: The increase of the number of these devices is related to the process of modernization of equipment of these health care facilities.

Croatia

Source of data: Croatian Institute of Public Health, Medical Equipment Database.
Reference period: Status on December 31st.
Coverage: Data includes gamma cameras (including SPECT) and SPECT/CT in all public and private hospitals and other health care providers in Croatia, except prison hospital.

Deviation from the definition:
Estimation method:
Break in time series:

Cyprus

Source of data:
Up to 2004: **Nicosia General Hospital**, Medical Physics Department.
From 2005: **Ministry of Labour and Social Insurance**, Department of Labour Inspection, Radiation Inspections and Control Service (actual data).
Reference period: 31st December.
Coverage: Complete coverage, all the equipment for which license has been issued from the Department of Labour Inspection.
Deviation from the definition: No deviation.
Estimation method:
Break in time series: The disaggregation between HP.1 and HP.3 is feasible only from year 2021 onwards.

Romania

Source of data: **National Institute of Statistics**, The activity of the sanitary and health care network– annual survey performed by NIS.
Reference period: data as of 31st December.
Coverage: For the period 2005-2006, the data covers all hospitals from public sector, starting with 2007 data refers to hospitals and ambulatory care units of public and private sector. Data collection for 2005 and 2006 does not cover ambulatory care sector (HP3).
Deviation from the definition:
Estimation method: