

MACAO (CHINA)

1. CONTEXT

1.1 Demographics

With an annual growth rate of 4.7%, Macao (China) had a year-end estimated resident population of 538 100 in 2007, 50.6% female and 49.4% male; 13.5% of the population were aged 0-14 and 7.1% were 65 years and above. The population density was 18 428 persons per square kilometre, with the entire resident population urban dwellers.

In 2007, there were 4537 live births, up by 11.8% compared with 2006, while mortality decreased by 1.3% to 1545. The natural growth rate for the same year was 5.7, with a crude birth rate of 8.6 and a crude death rate of 2.9 per 1000 population. The infant mortality rate was 2.4 per 1000 live births and the under-five mortality rate 3.5 per 1000 live births, while the total fertility rate was 1.0 birth per woman (aged 15-49), with no recorded maternal mortality. Life expectancy at birth for males was 79.0 years in 2003-2006, and 83.8 years for females.

Besides natural increases, migration flow is another important factor in determining population growth. In 2007, an estimated inflow of 22 500 persons was recorded, including legal and illegal immigrants from Mainland China, persons authorized to reside in Macao and non-resident workers.

1.2 Political situation

Macao became a Special Administrative Region of the People's Republic of China on 20 December 1999. The constitutional document, the Basic Law of the Macao Special Administrative Region, came into force on the same day. It stipulates the system to be practised in Macao, and lays down the political and administrative framework for 50 years from 1999.

Under the Basic Law, Macao is entitled to a high degree of autonomy in all areas except defence and foreign affairs. The principles of "One country, two systems", "Macao people governing Macao" and "a high degree of autonomy" have passed their initial tests with flying colours, and are now broadly recognized in Macao and infused into its social and political culture.

The first Chief Executive, Edmund Ho Hau Wah, is currently serving his second term of office. The Government will soon begin preparing for the elections of the third-term Chief Executive and the fourth-term Legislative Assembly in 2009.

1.3 Socioeconomic situation

With the support of Mainland China, the economy of Macao has remained strong. The real gross domestic product (GDP) growth rate for 2007 was 27.3% higher than for 2006 in real terms and per capita GDP rose by 26% year on year. Prosperity in the gaming and tourism sector has brought about a large amount of investment, which has soared on the back of the construction in gaming and tourism facilities and has become an impetus for economic growth, along with improvements in residents' employment conditions and the rise in income-stimulated private consumption expenditure. Exports of services have continued to be bolstered by the growth in the number of tourists from Mainland China. On the other hand, the cancellation of the global textile and garment quota system and the weak economy in the Euro Zone have resulted in a fall in exports.

The health expenditure share of GDP was 2.2% in 2006, less than the 2.6% in 2005, with government expenditure accounting for 69.3%.

Macao has maintained sound economic and trade relations with more than 120 countries and regions, particularly with the European Union and Portuguese-speaking countries.

In 2007, the total local labour force was estimated to be 309 800, of which 300 400 were employed, giving an unemployment rate of 3.1%, down by 0.7% compared with 2006; the underemployment rate held stable at 1.0%.

1.4 Vulnerabilities and hazards

Located at the Pearl River Delta of the southeastern coast of Mainland China, Macao is humid and rainy in spring and summer. Thunderstorms and heavy rain always occur from May to September. Macao is occasionally hit by tropical storms, tropical cyclones and typhoons during summer and autumn, causing traffic disruption and, on occasions, major floods and landslips, but seldom casualties.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Having gone through the process of a demographic and epidemiological transition, the population of Macao enjoys a fairly low mortality rate and a long life expectancy. They also enjoy a high standard of health, as reflected in the general decline in the incidence of communicable diseases and the increase in life expectancy, as well as the improvement in health indices. Noncommunicable diseases are the main causes of morbidity and mortality. However, like other developed areas, the threat from re-emerging and newly emerging infectious diseases continues. The HIV/AIDS incidence rate is increasing.

2.2 Outbreaks of communicable diseases

There was a dengue fever outbreak in 2001. Outbreaks of influenza and norovirus gastroenteritis occur from time to time.

2.3 Leading causes of mortality and morbidity

In 2007, cancer was the leading cause of mortality, followed by heart diseases; pneumonia and influenza; hypertension; diabetes mellitus; bronchitis, emphysema and asthma; nephritis; suicide, unintentional and adverse; and cerebrovascular diseases. Among the 1545 deaths, 32.2% were attributable to neoplasms, 23.9% to diseases of the circulatory system and 15.7% to diseases of the respiratory system.

In terms of causes of morbidity, the top three most common notifiable diseases in 2007 were varicella (60.5%), tuberculosis of the lung (15.6%) and enterovirus infection (6.2%).

Morbidity and mortality from most vaccine-preventable communicable diseases have remained very low for many years. There is no risk of malaria, but dengue fever occurs sometimes. The hepatitis B carrier rate among adults is around 11.5%, and is less than 1% among vaccinated children. HIV/AIDS prevalence remains low, at less than 0.1%.

2.4 Maternal, child and infant diseases

Maternal, child and infant care services are available in all highly accessible health centres, half of them equipped with prenatal ultrasound examination equipment. More than 95% of pregnant women receive prenatal care and almost 100% deliver in hospital. No maternal death was recorded during the period from 1992 to 2007. Diarrhoea among infants and children is common, but rarely causes death.

2.5 Burden of disease

A study in 1999 indicated injury and intoxication and cancer as the leading causes of potential years of life lost (PYLL) in Macao.

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

In line with the Government's policy of building a quality society, a long-term objective of Macao's health authorities is to enhance the quality of medical and health care, thus safeguarding and improving the public's health.

The Health Bureau is tasked with coordinating the activities of public and private organizations in the domain of public health and assuring the health of citizens through specialized and primary health care services, as well as disease prevention and health promotion.

3.2 Organization of health services and delivery systems

Medical and health service providers in Macao are classified as either governmental or nongovernmental. The former mainly include government health centres that provide primary health care, as well as the Conde S. Januário Hospital, which provides specialist medical services. Nongovernmental providers include medical entities subsidized by the Government and other institutions, such as Kiang Wu Hospital, the University Hospital, the Workers' Clinic and Tung Sin Tong Clinic, as well as various private clinics and laboratories.

The departments of Conde S. Januário Hospital include Inpatient, Outpatient, Emergency, Surgery, Intensive Care, Coronary Intensive Care, Burns Service, Physiotherapy and Rehabilitation Medicine, Haemodialysis and Peritoneal Dialysis, Medical Imaging, Laboratory, and Haematological Oncology. The 73 types of service offered by the Outpatient Department include anaesthesiology, cardiology, chest clinic, surgery, plastic and reconstructive surgery, dermatology, stomatology, gynaecology and obstetrics, haematological oncology, physiotherapy and rehabilitation, internal medicine, general medicine, nephrology, neurosurgery, ophthalmology, orthopaedics, otorhinolaryngology, paediatrics, psychiatry and urology.

With regards to the private sector, there are two nongovernmental hospitals that play complementary roles in providing health care services. Founded in 1871, Kiang Wu Hospital has three departments: Emergency, Outpatient and Inpatient. It is a modern general hospital that integrates treatment, prevention, teaching and research. The University Hospital, established on 25 March 2006, integrates clinical services, teaching and scientific research, and is Macao's first hospital dedicated to both Chinese and Western medicine.

To realise the objective of "Health for All" advocated by WHO, Macao's health authorities have established a primary health care network with health centres as the operational units offering all residents easy access to primary health care services in their own neighbourhoods. There are six health centres and two health stations distributed throughout the various districts of Macao. Of these, the Fai Chi Kei Health Centre and Areia Preta Health Centre also have traditional Chinese medicine clinics. By the end of 2007, 105 doctors (including general practitioners, practitioners of Chinese medicine and dentists) and 146 nurses had provided primary health care services to 449 657 outpatients during the year. Most outpatients had attended the adult health care, child health care and family planning clinics, which accounted for 59.6%, 13.5% and 9.0%, respectively, of total outpatient visits.

3.3 Health policy, planning and regulatory framework

"A sound health care system and putting prevention first" is the Government's policy. In particular, it focuses on promoting health education, disease-prevention awareness and a healthy lifestyle.

The Health Bureau is a public entity, endowed with administrative, financial and patrimonial autonomy, under the supervision of the Secretary for Social Affairs and Culture. The Health Bureau's task is to assure the health of citizens, prevent diseases, provide health care and rehabilitation services, train professional health workers, supervise and support entities in the health sector, and provide forensic services.

3.4 Health care financing

The health system in Macao is financed mainly by the Macao Government, which attaches great importance to the resources allocated to medical and health care. In 2006, it spent US\$ 224.6 million on related services, up by 5.9% from the US\$ 212 million in 2005.

The medical services provided by health centres and the Tung Sin Tong Clinic are basically free of charge. All legal residents of Macao, regardless of their age or occupation, are entitled to free services at health centres (except for physical check-ups required for driving licence applications or renewals) and supplementary check-ups at Conde S. Januário Hospital by referral from health centres. Nonresidents pay for such services according to rates established by the Health Bureau.

3.5 Human resources for health

Human resources for health (HRH) planning in Macao is based on the Government's policy objectives in terms of its programmes and activities. The Human Resources Department of the Health Bureau is responsible for collecting and compiling HRH opinions from sub-units of the Health Bureau, analysing human resource needs, integrating those needs and drawing up the annual human resources programme, and coordinating the recruitment of relevant human resources.

According to the Public Administration Reform Roadmap of 2007-2009, the Macao Government is currently studying the feasibility of introducing a central recruitment system for the public services. For 2008, recruitment of medical personnel has been identified as one of the priorities, particularly specialized physicians for the Department of Accident and Emergency and the relevant manpower to launch an aged psychiatry service, as well as fulfilling the terms of the Framework Convention on Tobacco Control. At the same time, the health authorities are conducting a review of the existing grade structures of doctors and nurses, as well as diagnostic and therapeutic personnel. This is considered necessary given the rapid development and increasing medical and health care demands. People are the most important asset and assuring quality of care through provision of a more motivating and positive work environment is one of the key objectives of the reform.

To remain in line with the development of Macao, collaboration with neighbouring countries and regions will be further enhanced, launching various training programmes in the health domain.

3.6 Partnerships

Maintaining good communications and cooperation with nearby regions and international organizations is key to preventing infectious diseases and improving other health-related work. In 2006, the Macao Government continued to strengthen connections with the health authorities of the central Government of China, Guangdong Province and Hong Kong (China), and signed several mutual agreements.

To strengthen exchanges of ideas and experiences in health care, the Fifth Joint Meeting of Senior Health Officials of the Mainland, Hong Kong and Macao was held in November 2006. There were in-depth discussions on issues such as emergency response cooperation, tobacco control, health systems, community health, traditional Chinese medicine and hospital management.

Since the signing of Memorandum of Understanding in the Area of Health between the governments of Macao and Singapore in October 2005, the two have persisted in strengthening

cooperation and information exchange, as well as developing and continuing all-round, multilevel academic exchanges, professional training and technical support.

3.7 Challenges to health system strengthening

The health authorities continue to follow their policies and plans to create a favourable environment and conditions for medical consultation and to ensure that Macao residents receive a satisfying and convenient community medicare service, hence strengthening public health and improving the quality of life of the population. However, factors such as a population increase, population ageing, rising health consciousness among the public and changes in lifestyles, mean the demand for medical services is increasing continuously. In addition, driven by the completion of the construction of a series of tourism-resort facilities and a sports stadium, as well as the holding of large-scale international conferences and sports activities, the recent mobile population of Macao has grown rapidly. According to statistics, the resident population surged to 538 100 in 2007.

Statistics from the Conde de S. Januário Hospital indicate that hospital admissions increased from 14 056 in 2003 to 15 746 in 2007, an increase of 12.9%. Outpatient and emergency consultations were up by 27.4% and 12.9%, respectively. In 2007, the bed occupancy rate stood at 85.7%, and patients stayed at the hospital for an average of nine days. To respond to the rising demand for medical services, the health authorities are studying the feasibility of establishing a second public hospital in Taipa. Meanwhile, they intend to extend the service hours of two health centres and to hire more physicians from different regions.

4. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

<i>Title 1</i>	:	<i>Health statistics</i>
<i>Operator</i>	:	Statistics and Census Service
<i>Specification</i>	:	Contains analyses and tables in relation to health care of Macao
<i>Web address</i>	:	http://www.dsec.gov.mo/index.asp?src=/english/indicator/e_dem_indicator.html
<i>Title 2</i>	:	<i>Principal statistical indicators</i>
<i>Operator</i>	:	Statistics and Census Service
<i>Specification</i>	:	Provides principal statistical indicators of Macao.
<i>Web address</i>	:	http://www.dsec.gov.mo/index.asp?src=/english/indicator/e_piem_indicator.html
<i>Title 3</i>	:	<i>2007 Macao in figures</i>
<i>Operator</i>	:	Statistics and Census Service
<i>Specification</i>	:	Includes latest general information
<i>Web address</i>	:	http://www.dsec.gov.mo/index.asp?src=/english/indicator/e_mn_indicator.aspx
<i>Title 4</i>	:	<i>Macao yearbook 2007</i>
<i>Operator</i>	:	Government Information Bureau
<i>Specification</i>	:	Outlines major events, progresses and changes on a yearly basis
<i>Web address</i>	:	http://yearbook.gcs.gov.mo

5. ADDRESSES

HEALTH BUREAU

<i>Office Address</i>	:	Estrada do Visconde de S. Januário, Macau
<i>Postal Address</i>	:	Caixa Postal 3002 – Macau
<i>Official Email Address</i>	:	seg@ssm.gov.mo
<i>Telephone</i>	:	(853) 28313731
<i>Fax</i>	:	(853) 28713105
<i>Website</i>	:	http://www.ssm.gov.mo

WHO REPRESENTATIVE

There is no WHO Representative in Macao (China). Queries about the WHO programme of collaboration with Macao (China) should be directed to:

Office Address : Director, Programme Management
 World Health Organization
 Regional Office for the Western Pacific
 United Nations Avenue
 P.O. Box 2932, 1000
 Manila, Philippines

Postal Address : P.O. Box 2932, 1000 Manila, Philippines

Official Email Address : postmaster@wpro.who.int

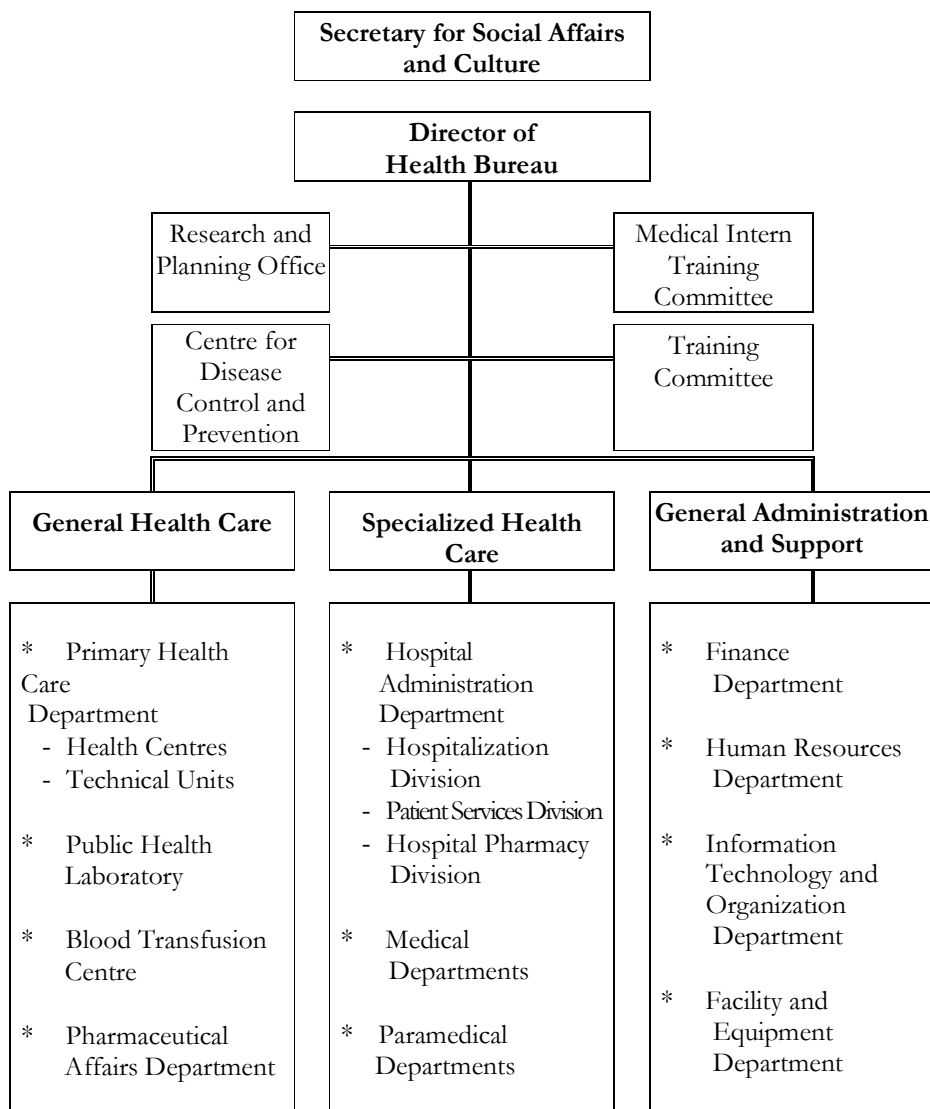
Telephone : (632) 528 8001
 (632) 3031000

Fax : (632) 5260279

Office Hours : 7:00–15:30

Website : <http://www.wpro.who.int>

6. ORGANIZATIONAL CHART: Health Bureau



COUNTRY HEALTH INFORMATION PROFILE

MACAO (CHINA)

WESTERN PACIFIC REGION HEALTH DATABANK, 2008 Revision

INDICATORS		DATA					Year	Source
Demographics		Total	Male	Female				
1	Area (1 000 km ²)	0.03				2007	1	
2	Estimated population ('000s)	538.10 ^a	265.70 ^a	272.40 ^a		2007	1	
3	Annual population growth rate (%)	4.70	...	...		2007	1
4	Percentage of population							
	- 0-4 years	3.40	3.60	3.20		2007	1	
	- 5-14 years	10.10	10.60	9.70		2007	1	
	- 65 years and above	7.10	6.30	7.80		2007	1	
5	Urban population (%)	100.00	100.00	100.00		2007	1	
6	Crude birth rate (per 1000 population)	8.60	...	...		2007	1
7	Crude death rate (per 1000 population)	2.90	...	...		2007	1
8	Rate of natural increase of population (% per annum)	0.60	...	...		2007	1
9	Life expectancy (years)							
	- at birth	81.50	79.00	83.80		2003-06	1	
	- Healthy Life Expectancy (HALE) at age 60	...	...	...	
10	Total fertility rate (women aged 15-49 years)	1.00	...	...		2007	1
Socioeconomic indicators								
11	Adult literacy rate (%)	95.00 ^b	97.70 ^b	92.40 ^b		2007	1	
12	Per capita GDP at current market prices (US\$)	36 357.00	...	...		2007	1
13	Rate of growth of per capita GDP (%)	20.40	...	...		2007	1
14	Human development index	0.93				2005	1	
Environmental indicators		Total	Urban	Rural				
15	Proportion of vehicles using unleaded gasoline (%)	...	...	...	
16	Health care waste generation (metric tons per year)	189 718.01 ^c	...	...		2007	1
Communicable and noncommunicable diseases		Number of new cases			Number of deaths			
17	Selected communicable diseases	Total	Male	Female	Total	Male	Female	
	Hepatitis viral							
	- Type A	8	5	3	0	0	0	2007 2
	- Type B	16	8	8	0	0	0	2007 2
	- Type C	18	16	2	0	0	0	2007 2
	- Type E	1	1	0	0	0	0	2007 2
	- Unspecified	0	0	0	0	0	0	2007 2
	Cholera	0	0	0	0	0	0	2007 2
	Dengue/DHF	8	6	2	0	0	0	2007 2
	Encephalitis	5	2	3	0	0	0	2007 2
	Gonorrhoea	21 ^d	13	7	0	0	0	2007 2
	Leprosy	0	0	0	0	0	0	2006 4
	Malaria	0	0	0	0	0	0	2007 2
	Plague	0	0	0	0	0	0	2007 2
	Syphilis	10	7	3	0	0	0	2007 2
	Typhoid fever	0	0	0	0	0	0	2007 2

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INDICATORS		DATA						Year	Source
Communicable and noncommunicable diseases		Number of new cases			Number of deaths				
		Total	Male	Female	Total	Male	Female		
18	Acute respiratory infections	...	...	...	10	3	7	2007	2
19	Diarrhoeal diseases	...	...	...	...	...	...
20	Tuberculosis								
	- All forms	283	...	...	...	...	...	2006	4
	- New pulmonary tuberculosis (smear-positive)	127	...	...	...	...	...	2006	4
21	Cancers								
	All cancers (malignant neoplasms only)	1 223	622	601	538	325	213	2006	2
	- Breast	138		138	27		27	2006	2
	- Colon and rectum	152	75	77	65	29	36	2006	2
	- Cervix			40			10	2006	2
	- Oesophagus	15	12	3	23	18	5	2006	2
	- Leukaemia	29	16	13	15	11	4	2006	2
	- Lip, oral cavity and pharynx	91	62	29	44	35	9	2006	2
	- Liver	68	53	15	65	54	11	2006	2
	- Stomach	53	39	14	30	17	13	2006	2
	- Trachea, bronchus, and lung	164	109	55	126	85	41	2006	2
22	Circulatory								
	All circulatory system diseases	...	...	...	369	182	187	2007	2
	- Acute myocardial infarction	...	...	...	26	17	9	2007	2
	- Cerebrovascular diseases	...	...	...	28	16	12	2007	2
	- Hypertension	...	...	...	145	69	76	2007	2
	- Ischaemic heart disease	...	...	...	80	45	35	2007	2
	- Rheumatic fever and rheumatic heart diseases	...	...	...	4	1	3	2007	2
23	Diabetes mellitus	...	...	...	65	23	42	2007	2
24	Mental disorders	...	...	...	5	3	2	2007	2
25	Injuries								
	All types	...	...	...	101	74	27	2007	2
	- Homicide and violence	...	...	...	7	5	2	2007	2
	- Motor and other vehicular accidents	...	...	...	18	11	7	2007	2
	- Occupational injuries	...	...	...	1	0	1	2007	2
	- Suicide	...	...	...	49	37	12	2007	2
Leading causes of mortality and morbidity		Number of cases			Rate per 100 000 population				
26	Leading causes of morbidity (inpatient care)	Total	Male	Female	Total	Male	Female		
	1.	...	...	...	...	...	...
	2.	...	...	...	...	...	...
	3.	...	...	...	...	...	...
	4.	...	...	...	...	...	...
	5.	...	...	...	...	...	...
	6.	...	...	...	...	...	...
	7.	...	...	...	...	...	...
	8.	...	...	...	...	...	...
	9.	...	...	...	...	...	...
	10.	...	...	...	...	...	...

INDICATORS		DATA						Year	Source
		Number of deaths			Rate per 100 000 population				
		Total	Male	Female	Total	Male	Female		
27	Leading causes of mortality								
	1. Malignant neoplasms	488	284	204	92.82	109.61	76.50	2007	2
	2. Heart disease	168	80	88	31.95	30.88	33.00	2007	2
	3. Pneumonia and influenza	151	69	82	28.72	26.63	30.75	2007	2
	4. Hypertension	145	69	76	27.58	26.63	28.50	2007	2
	5. Diabetes Mellitus	65	23	42	12.36	8.88	15.75	2007	2
	6. Bronchitis, emphysema, asthma	60	42	18	11.41	16.21	6.75	2007	2
	7. Nephritis	53	24	29	10.08	9.26	10.88	2007	2
	8. Suicide	49	36	13	9.32	13.89	4.88	2007	2
	9. Unintentional injuries & adverse effects	33	26	7	6.28	10.03	2.63	2007	2
	10. Cerebrovascular disease	28	16	12	5.33	6.18	4.50	2007	2
	Maternal, child and infant diseases	Total	Male	Female					
28	Percentage of women in the reproductive age group using modern contraceptive methods						...		
29	Percentage of pregnant women immunized with tetanus toxoid (TT2)						...		
30	Percentage of pregnant women with anaemia						...		
31	Neonatal mortality rate (per 1000 live births)		1.50		1.70		1.40	2007	1
32	Percentage of newborn infants weighing at least 2500 g at birth		93.10		94.20		91.90	2007	1
33	Immunization coverage for infants (%)								
	- BCG		99.70		...		...	2007	2, 4
	- DTP3		90.20		...		...	2007	2, 4
	- POL3		90.00		...		...	2007	2, 4
	- Hepatitis B III		90.00		...		...	2007	2, 4
		Number of cases			Number of deaths				
		Total	Male	Female	Total	Male	Female		
34	Maternal causes								
	- Abortion			...			0	2007	2
	- Eclampsia			...			0	2007	2
	- Haemorrhage			...			0	2007	2
	- Obstructed labour			...			0	2007	2
	- Sepsis			...			0	2007	2
35	Selected diseases under the WHO-EPI								
	- Congenital rubella syndrome	0	0	0	0	0	0	2007	2, 4
	- Diphtheria	0	0	0	0	0	0	2007	2, 4
	- Hib meningitis	0	0	0	0	0	0	2007	2
	- Measles	0	0	0	0	0	0	2007	2, 4
	- Mumps	54	32	22	0	0	0	2007	2, 4
	- Neonatal tetanus	0	0	0	0	0	0	2007	2, 4
	- Pertussis (whooping cough)	0	0	0	0	0	0	2007	2, 4
	- Poliomyelitis	0	0	0	0	0	0	2007	2, 4
	- Rubella	4	2	2	0	0	0	2007	2, 4
	- Total Tetanus	0	0	0	0	0	0	2007	2, 4

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INDICATORS		DATA						Year	Source		
Health facilities		Number			Number of beds						
36	Facilities with HIV testing and counseling services	3							2		
37	Health infrastructure										
	Public health facilities - General hospitals	1			553			2007	1		
	- Specialized hospitals	0			0			2007	1		
	- District/first-level referral hospitals	...			...		
	- Primary health care centres	8 ^g			0			2007	1		
	Private health facilities - Hospitals	2			602			2007	1		
	- Outpatient clinics	684			...			2007	2		
Health care financing											
38	Total health expenditure										
	- amount (in million US\$)	323.90						2006	1		
	- total expenditure on health as % of GDP	2.20						2006	1		
	- per capita total expenditure on health (in US\$)	648.70						2006	1		
	Government expenditure on health										
	- amount (in million US\$)	224.60						2006	1		
	- general government expenditure on health as % of total expenditure on health	69.30						2006	1		
	- general government expenditure on health as % of total general government expenditure	10.30						2006	1		
	External source of government health expenditure										
	- external resources for health as % of general government expenditure on health	...									
	Private health expenditure										
	- private expenditure on health as % of total expenditure on health	30.70						2006	1		
	Exchange rate in US\$ of local currency is: 1 US\$ =	8.00						2006	3		
39	Health insurance coverage as % of total population	...									
INDICATOR		DATA						Year	Source		
40	Human resources for health	Total	Male	Female	Urban	Rural	Public	Private			
	Physicians	- Number	1 666 ^h	981	685	1 666		360	1306	2007	1
		- Rate per 1000 population	3.10	1.82	1.27	3.10		0.67	2.43	2007	1
	Dentists	- Number	177	126	51	177		13	164	2007	1
		- Rate per 1000 population	0.33	0.23	0.09	0.33		0.02	0.3	2007	1
	Pharmacists	- Number	170	62	108	2006	2
		- Rate per 1000 population	0.34	0.12	0.20	2006	2
	Nurses	- Number	1 335	82	1 253	1 335		783	552	2007	1
		- Rate per 1000 population	2.48	0.15	2.33	2.48		1.46	1.03	2007	1
	Midwives	- Number		
		- Rate per 1000 population		
	Paramedical staff	- Number	1 207	456	751	1 207		2006	1
		- Rate per 1000 population	2.35	0.89	1.46	2.35		2006	1
	Community health workers	- Number	817	279	538	817		2006	1
		- Rate per 1000 population	1.59	0.54	1.05	1.59		2006	1
41	Annual number of graduates	Physicians			
		Dentists			

INDICATORS		DATA						Year	Source
		Total	Male	Female	Urban	Rural	Public	Private	
41	Annual number of graduates	Pharmacists	
		Nurses	
		Midwives	
		Paramedical staff	
		Community health workers	
42	Workforce losses/ Attrition	Physicians	
		Dentists	
		Pharmacists	
		Nurses	
		Midwives	
		Paramedical staff	
		Community health workers	
INDICATORS		DATA						Year	Source
Health-related Millennium Development Goals (MDGs)		Total	Male	Female					
43	Prevalence of underweight children under five years of age					
44	Infant mortality rate (per 1000 live births)	2.40	3.00	1.80	2007	1			
45	Under-five mortality rate (per 1000 live births)	3.50	4.30	2.70	2007	1			
46	Proportion of 1 year-old children immunised against measles	89.90	...	...	2007	2, 4		
47	Maternal mortality ratio (per 100 000 live births)	0.00	...	...	2007	1		
48	Proportion of births attended by skilled health personnel	100.00	...	...	2007	1		
	- Percentage of deliveries at home by skilled health personnel (as % of total deliveries)	0.00	...	...	2007	1		
	- Percentage of deliveries in health facilities (as % of total deliveries)	100.00	...	...	2007	1		
49	Contraceptive prevalence rate	...	...	...		
50	Adolescent birth rate	3.40	...	...	2007	1		
51	Antenatal care coverage - At least one visit	89.20 ^e	...	...	2007	2		
	- At least four visits	...	...	...		
52	Unmet need for family planning	...	...	...		
53	HIV prevalence among population aged 15-24 years	...	...	...		
54	Estimated HIV prevalence in adults ^a	0.06	...	...	2007	2		
55	Percentage of people with advanced HIV infection receiving ART	...	...	...		
56	Malaria incidence rate per 100 000 population	0.00	0.00	0.00	2007	1			
57	Malaria death rate per 100 000 population	0.00	0.00	0.00	2007	1			
58	Proportion of population in malaria-risk areas using effective malaria prevention measures	...	...	...		
59	Proportion of population in malaria-risk areas using effective malaria treatment measures	...	...	...		
60	Tuberculosis prevalence rate per 100 000 population	59.00	...	...	2006	4		
61	Tuberculosis death rate per 100 000 population	4.00	...	...	2006	4		
62	Proportion of tuberculosis cases detected under directly observed treatment short-course (DOTS)	113.00	...	...	2006	4		
63	Proportion of tuberculosis cases cured under directly observed treatment short-course (DOTS)	93.00	...	...	2005	4		
		Total	Urban	Rural					
64	Proportion of population using an improved drinking water source	100.00	100.00	...	2007	1			
65	Proportion of population using an improved sanitation facility	100.00	100.00	...	2007	1			
66	Proportion of population with access to affordable essential drugs on a sustainable basis	...	...	...		

MACAO (CHINA)

Notes:

...	Data not available
p	Provisional
est	Estimate
NR	Not relevant
a	Figure refers to resident population
b	Figure refers to resident population, but excludes the marine population and those residing in collective living quarters, such as military camp, hospital, prison, student dormitory and elderly home. Source form the Employment Survey of Statistics and Census Service, Macao SAR.
c	Figure refers to 7 689.72 metric tons of general solid waste, 237.29 metric tons pathological solid waste and 181 791 m ³ liquid effluent from hospital
d	Figure includes 1 case of unknown gender
e	Figure refers to services provided by public health facilities
f	Not included in the official list of MDG indicators
g	Figure refers to 6 health centres and 2 health stations
h	Figure refers to general practitioners and practitioners of Chinese medicine

Sources:

1	Statistics and Census Service, Macao, SAR
2	Health Bureau, Macao (SSM)
3	Monetary Authority of Macao
4	WHO Regional Office for the Western Pacific, data received from the technical units