

MACAO (CHINA)

1. CONTEXT

1.1 Demographics

With an annual growth rate of 5.8%, Macao (China) had a year-end estimated resident population of 513 427 in 2006, 49.2% male and 50.8% female; 14.7% of the population were aged 0-14 and 70% were 65 years and above. The population density was 17 952 persons per square kilometre, with the entire resident population urban dwellers.

In 2006, there were 4058 live births, up by 10.5% compared with 2005, while 1566 deaths were recorded, a decrease of 3.0%. The natural growth rate for the same year was 0.5%, with a crude birth rate of 8.1% and a crude death rate of 3.1%. The infant mortality rate was 2.7% and the under-five mortality rate 3.2%, while the total fertility rate was 0.9 birth per woman (aged 15-49), with no recorded maternal mortality. Life expectancy at birth for males was 77.6 years in 2005, and 82.3 years for females.

Besides natural increases, migration flow is another important factor in determining population growth. In 2006, an estimated inflow of 27 585 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 the Macao Special Administrative Region (SAR) of China on 20 December 1999, entering a new era in its development with the return of its administration to China. Under the principle of “one country, two systems” articulated in the Basic Law of Macao, Macao (China) will continue to enjoy a high degree of autonomy with its present political, judicial, social, cultural and economic systems for the next 50 years.

The Chief Executive of Macao (China), Edmund Ho Hau Wah, was appointed by the Central Government of the People’s Republic of China. The Chief Executive’s cabinet comprises five policy secretaries. He is advised by an Executive Council that has 11 members. The Legislative Assembly is a 29-member body comprising 12 directly elected members, 10 appointed members, representing functional constituencies, and seven members appointed by the Chief Executive.

1.3 Socioeconomic situation

Macao’s economy settled down to sustainable and solid growth in 2005 after rapid expansion in 2004. The real growth rate of gross domestic product (GDP) resumed a normal pace at 6.9%, and per capita GDP rose by 2.7% in 2005. The prosperity of the gaming and tourism sector brought about a large amount of investment, which soared on the back of the construction of gaming and tourism facilities and became an impetus for economic growth. An improvement in the residents’ employment situation and a rise in income stimulated private consumption. Exports of services continued to be bolstered by growth in the number of tourists from Mainland China. On the other hand, the cancellation of the global textile and garment quota system and a weak economy in the Euro Zone resulted in a fall in exports.

The health expenditure share of GDP was 2.6% in 2005, higher than the 2.5% in 2004, with government expenditure accounting for 70%.

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 2006, the total local labour force was estimated to be 277 052, of which 266 675 were employed, giving an unemployment rate of 3.7%, down by 0.4% compared with 2005; the underemployment rate also decreased by 0.4 percentage point to 1.0%.

1.4 Vulnerabilities and hazards

Macao is located at the Pearl River Delta of the southeastern coast of Mainland China. It is humid and rainy in spring and summer, while in autumn and winter the relative humidity and rainfall drop. The rainy season is normally between April and September. Rain can be particularly heavy and persistent from May to August, causing severe traffic disruption and occasionally major floods and landslides. Waterspouts can be seen occasionally. In 2005, there were 140 rainy days recorded, with a total rainfall of 1899 mm, 235 mm less than the 30-year average value observed from 1971 to 2000. The typhoon season runs from May to October, with the highest frequency from July to September. During 2006, two tropical storms, one severe tropical cyclone and one typhoon were recorded.

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. Incidence of HIV/AIDS 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 2006, cancer was the leading cause of mortality; it was followed by hypertension and hypertensive renal disease; heart diseases; pneumonia; bronchitis, emphysema and asthma; nephritis, nephrotic syndrome and nephrosis; suicide; cerebrovascular diseases; accidents and noxious effects; and septicaemia. Among the 1566 deaths, 33.5% were attributable to neoplasms, 24.3% to diseases of the circulatory system and 13.9% to diseases of the respiratory system.

In terms of causes of morbidity, the top three most common notifiable diseases in 2006 were varicella (53.0%), enterovirus infection (26.3%) and tuberculosis of the lung (9.7%).

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 health centres, half of them with prenatal ultrasound examination equipment. More than 95% of pregnant women receive prenatal care and almost 100% of births are in hospital. No maternal deaths were recorded during the period from 1992 to 2006. Diarrhoea among infants and children is common, but rarely causes death.

2.5 Burden of disease

A study in 1999 indicated injuries 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 health of the population.

In the future, the Government will continue to implement its policy of "a sound health care system and putting prevention first". In particular, it focuses on promoting health education, disease-prevention awareness and a healthy lifestyle.

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. The latter include medical entities subsidized by the Government and other institutions, such as Kiang Wu Hospital, the Workers' Clinic and Tung Sin Tong Clinic, as well as various private clinics and laboratories.

To realize the objective of "Health for All", Macao's health authorities have established a primary health care network with health centres as the operational units offering all Macao 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.

3.3 Health policy, planning and regulatory framework

The health authorities continue to address their policy agenda and to proceed with their proposed plans, consolidating external medical cooperation and communication and actively developing collaboration with WHO on traditional medicines, as well as promoting cooperation between government, non-profit and private medical clinics, thus raising overall medical capacity and efficacy. At the same time, through revision of legislation, they are strengthening infrastructures and ensuring a sound medical and health system; optimizing a full range of medical services; enhancing prevention and control activities for public health, as well as health promotion; training staff etc. Their aim is to create a favourable environment for medical consultation and to ensure that residents have a satisfying and convenient community medical care service, hence strengthening public health and improving the quality of life of the population.

3.4 Health care financing

The Government attaches great importance to the resources allocated to medical and health care. In 2005, it spent US\$ 212 million on related services, up by 19.8% from the US\$ 177 million in 2004.

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 age or occupation, are entitled to free services at health centres (except for the physical check-ups required for driving licence applications or renewals) and supplementary check-ups at Conde S. Januario Hospital by referral from health centres. Non-residents pay for such services according to rates established by the Health Bureau.

3.5 Human resources for health

In 2006, there were 1149 physicians, 391 traditional Chinese medicine doctors, 166 dentists and 1212 nurses, equivalent to a physician-to-population ratio of 1:434, a traditional Chinese medicine doctor-to-population ratio of 1:1276, a dentist-to-population ratio of 1:3005 and a nurse-to-population ratio of 1:412.

In order to update health care and medical technology and to raise the standard of medical services, the Government devotes considerable resources to medical and health care workers every year, supporting external training for health personnel and inviting relevant professionals and experts to give lectures and supervise health service operations. In 2005, a total of 102 training courses were held, 71 of them overseas training activities, and 121 staff, including doctors, nurses, administrative staff, and diagnostic and therapeutic technicians, were sent to Australia, China, France, Hong Kong (China), Malaysia, Portugal, Republic of Korea, Singapore, Switzerland and Taiwan (China), among others.

Continuing the Cardiology Intervention Programme and the Cardiac Surgery Development Programme established in 2004, the Health Bureau has sent a number of doctors and nurses to China, Portugal and Singapore for training on cardiac surgery, cardiology interventions, cardiac anesthesia and perfusion, and peri-operative and post-operative care.

3.6 Partnerships

The health system is mainly financed by the Government. On 8 January 2005, the Dr Stanley Ho Medical Development Foundation was launched, with the objective of further improving the standards of medical services in Macao. The Foundation sponsors Macao doctors to receive professional and continuing medical education.

In 2005, the Government signed the Memorandum of Understanding in the Area of Health with the Ministry of Health of Singapore. Promoting deeper collaboration in medical research, closer exchange of medical information and strengthening training and continuing education for medical personnel will benefit both.

In addition, on 21 October 2005, a Cooperation Agreement on a Response Mechanism for Public Health Emergencies was signed between China's Ministry of Health, Hong Kong (China) and Macao, establishing a cooperation mechanism for the prevention and control of emergency public health incidents and enhancing collaboration in training and scientific research.

3.7 Challenges to health system strengthening

Accompanied by rapid economic growth and dramatic social change, health care and medical demand is increasing with the growing population, rising birth rate, ageing population and enormous in-flow of travellers. During 2001 and 2005, the total number of primary health care consultations increased from 414 583 to 427 645, while the total number of consultations in the outpatient department in Conde S. Januário Hospital jumped from 175 360 to 251 676, up by 43.5%. The number of registered patients reached 342 244 in 2005.

The Health Bureau has implemented the Priority-Based Waiting List System and the Triage Scale in Accident and Emergency departments to guarantee patients timely treatment. In addition, the health authorities have made sustainable efforts to improve medical facilities, merging departments and divisions, recruiting medical personnel and health care workers, restructuring land use and seeking other means to shorten waiting times in outpatient clinics.

The Health Bureau refers necessary cases to receive treatment in neighbouring regions, pursuant to laws and legislations. With the continuous progress and development in medical equipment and techniques in Macao, accompanied by closer cooperation with Kiang Wu Hospital, the majority of cases are currently referred to Kiang Wu Hospital.

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>2006 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.html

5. ADDRESSES

HEALTH BUREAU

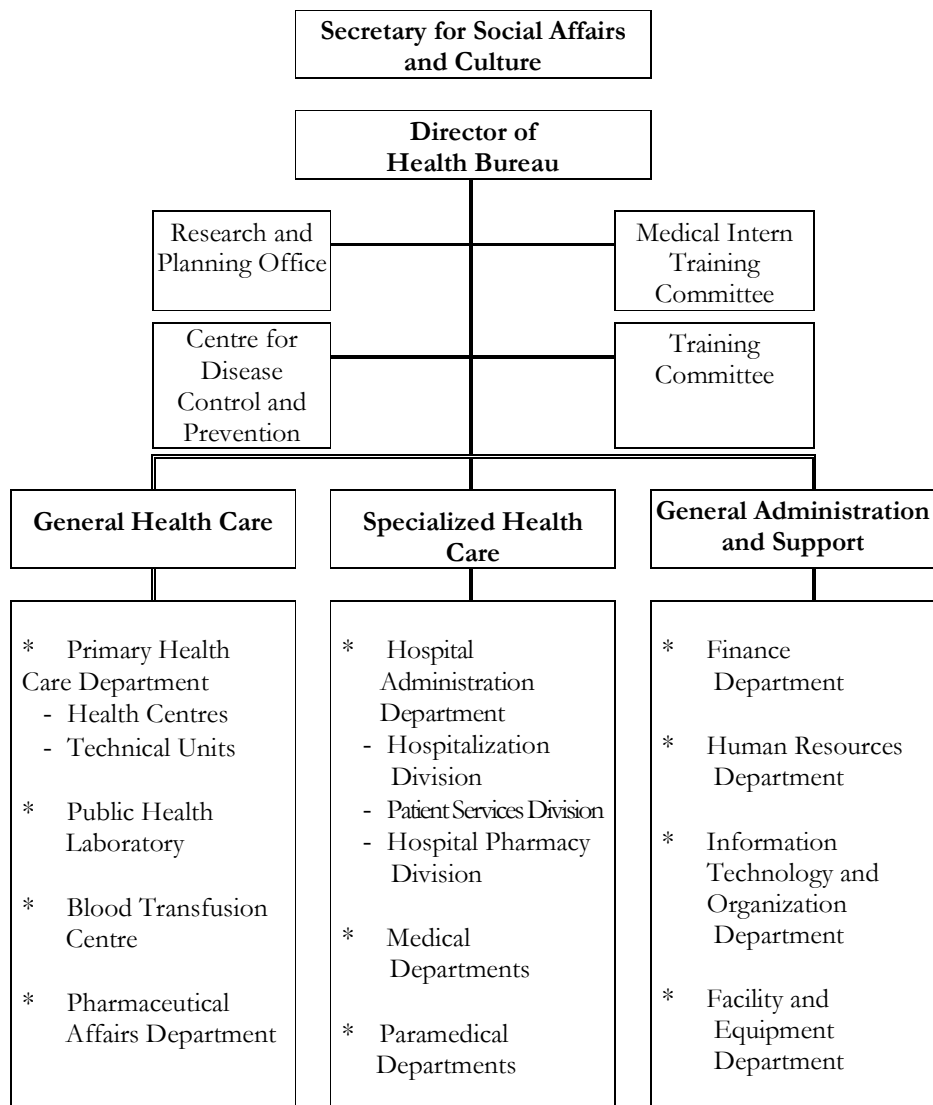
<i>Office Address</i>	:	Estrada do Visconde de S. Januário, Macau
<i>Postal Address</i>	:	Caixa Postal 3002 – Macau
<i>Official Email Address</i>	:	seg@ssm.gov.mo
<i>Telephone</i>	:	(853) 28313731
<i>Fax</i>	:	(853) 28713105
<i>Website</i>	:	http://www.ssm.gov.mo

WHO REPRESENTATIVE

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

<i>Postal Address</i>	:	Director, Programme Management World Health Organization Regional Office for the Western Pacific United Nations Avenue, P.O. Box 2932, 1000 Manila, Philippines
<i>Official Email Address</i>	:	Postmaster@wpro.who.int
<i>Telephone</i>	:	(63 2) 528 8001/ 303 1000
<i>Fax</i>	:	(63 2) 526 0279
<i>Office Hours</i>	:	7:00–15:30
<i>Website</i>	:	http://www.wpro.who.int

6. ORGANIZATIONAL CHART: Health Bureau



COUNTRY HEALTH INFORMATION PROFILE

MACAO (CHINA)

WESTERN PACIFIC REGION HEALTH DATABANK, 2007 Revision

INDICATORS		DATA			Year	Source
		Total	Male	Female		
1	Area (1 000 km ²)	0.03			2006	1
2	Estimated population ('000s)	513.43 ^a	252.48 ^a	260.95 ^a	2006	1
3	Annual population growth rate (%)	5.84	...	...	2006	1
4	Percentage of population					
	- 0-4 years	3.30	3.50	3.10	2006	1
	- 5-14 years	11.40	12.00	10.90	2006	1
	- 65 years and above	7.00	6.20	7.80	2006	1
5	Urban population (%)	100.00	100.00	100.00	2006	1
6	Crude birth rate (per 1000 population)	8.10	...	...	2006	1
7	Crude death rate (per 1000 population)	3.10	...	...	2006	1
8	Rate of natural increase of population (% per annum)	0.50	...	...	2006	1
9	Life expectancy (years)					
	- at birth	79.40	77.60	82.30	2002-05	1
	- Healthy Life Expectancy (HALE) at age 60	...	...	...
10	Adult literacy rate (%)	93.50	96.50	90.70	2006	1
11	Neonatal mortality rate (per 1000 live births)	1.72	1.89	1.54	2006	1
12	Infant mortality rate (per 1000 live births)	2.71	2.84	2.57	2006	1
13	Under-five mortality rate (per 1000 live births)	3.20	3.31	3.08	2006	1
14	Total fertility rate (women aged 15-49 years)	0.95			2006	1
15	Maternal mortality ratio (per 100 000 live births)	0.00			2006	1
16	Percentage of newborn infants weighing at least 2500 g at birth	92.88	93.61	92.08	2006	1
17	Prevalence of underweight children under five years of age	...	...	...
18	Percentage of pregnant women with anaemia			...		
19	Percentage of teenage pregnancy			...		
20	Immunization coverage for infants (%)					
	- BCG	100.00	100.00	100.00	2006	4
	- DTP3	90.00	...	...	2006	4
	- POL3	92.00	...	...	2006	4
	- Measles	90.00	...	...	2006	4
	- Hepatitis B III	90.00	...	...	2006	4
21	MCH coverage (pregnancies, deliveries, infant care)					
	- Percentage of pregnant women cared for by skilled health personnel	100.00			2006	2
	- Percentage of pregnant women immunized with tetanus toxoid (TT2)	68.00			2003	2
	- Percentage of deliveries attended by skilled health personnel	100.00			2006	1
	- Percentage of deliveries at home by skilled health personnel (as % of total deliveries)	0.00			2006	1
	- Percentage of deliveries in health facilities (as % of total deliveries)	100.00			2006	1
22	Percentage of women in the reproductive age group using modern contraceptive methods			...		
23	Condom use rate of the contraceptive prevalence rate	...	...	...
24	HIV prevalence among 15-24 year-old pregnant women			0.00	2006	2
25	Number of children orphaned by HIV/AIDS ^{ab}	...	...	...

INDICATORS		DATA					Year	Source					
		Total	Urban	Rural									
26	Proportion of population with sustainable access to an improved water source	100.00	100.00	NR			2006 est	1					
27	Proportion of population with access to improved sanitation	100.00	100.00	NR			2006 est	1					
28	Proportion of the population using solid fuels (%)	...	...	...						
29	Proportion of households with access to secure tenure	99.60					2006	1					
30	Proportion of vehicles using unleaded gasoline (%)	...	...	...						
31	Health care waste generation (metric tons per year)	7494.36 ^b	...	...			2006	1			
32	Human development index					0.91	2004	1					
33	Per capita GDP at current market prices (US\$)					24 369.00	2005	1					
34	Rate of growth of per capita GDP (%)					2.70	2005	1					
35	Health expenditure												
	Total health expenditure												
	- amount (in million US\$)					303.00	2005	1					
	- total expenditure on health as % of GDP					2.60	2005	1					
	- per capita total expenditure on health (in US\$)					620.72	2005	1					
	Government expenditure on health												
	- amount (in million US\$)					212.00	2005	1					
	- general government expenditure on health as % of total expenditure on health					70.00	2005	1					
	- general government expenditure on health as % of total general government expenditure					8.02	2005	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					30.00	2005	1					
	Exchange rate in US\$ of local currency is: 1 US\$ =					8.01	2005	3					
36	Health insurance coverage as % of total population					...							
		Number					Rate per 10 000 population						
37	Health workforce	Total	Male	Female	Public	Private	Total	Male	Female	Public	Private		
	- physicians	1540 ^c	906	634	356	1184	30.87	37.28	24.78	7.14	23.73	2006	2
	- dentists	166	121	45	12	154	3.33	4.98	1.76	0.24	3.09	2006	2
	- pharmacists	170	62	108	3.41	2.45	4.13	2006	2
	- nurses	1212	67	1145	735	477	24.30	2.76	44.75	14.73	9.56	2006	1
	- midwives		
	- other nursing / auxiliary staff	686	217	469	14.17	9.29	18.71	2005	1
	- other paramedical staff (e.g. medical assistants, laboratory technicians, X-ray technicians)	455	223	232	9.40	9.55	9.25	2005	1
	- other health personnel (health inspectors, assistant sanitarians, traditional workers, etc.)	733	251	482	15.14	10.75	19.22	2005	1
38	Workforce losses/ attrition									
39	Yearly new graduates - physicians									
40	Yearly new graduates - nurses									

COUNTRY HEALTH INFORMATION PROFILE

INDICATORS		DATA						Year	Source
		Number			Rate per 100 000 population				
		Total	Male	Female	Total	Male	Female		
41	Leading causes of morbidity								
	1. Varicella (chickenpox)	2067	1110	957	414.35	456.77	374.06	2006	1
	2. Enterovirus infection	1023	594	429	205.07	244.44	167.68	2006	1
	3. Tuberculosis of lung	379	255	124	75.97	104.93	48.47	2006	1
	4. Salmonella infection	115	48	67	23.05	19.75	26.19	2006	1
	5. Mumps	66	46	20	13.23	18.93	7.82	2006	1
	6. Bacterial food intoxication	38	13	25	7.62	5.35	9.77	2006	1
	7. Acute norovirus gastroenteropathy	34	6	28	6.82	2.47	10.94	2006	1
	8. Other respiratory tuberculosis	30	16	14	6.01	6.58	5.47	2006	1
	9. Acute hepatitis C	29	23	6	5.81	9.46	2.35	2006	1
	10. Tuberculosis of other organs	28	11	17	5.61	4.53	6.64	2006	1
42	Leading causes of mortality								
	1. Malignant neoplasms (140-208)	517	313	204	103.63	128.80	79.74	2006	1
	2. Hypertension and hypertensive renal disease (401, 403)	169	86	83	33.87	35.39	32.44	2006	1
	3. Heart diseases (390-398, 402,404-429)	159	84	75	31.87	34.57	29.31	2006	1
	4. Pneumonia (480-487)	112	69	43	22.45	28.39	16.81	2006	1
	5. Bronchitis, emphysema, asthma (490-496)	72	58	14	14.43	23.87	5.47	2006	1
	6. Nephritis, nephrotic syndrome, nephrosis (580-589)	52	27	25	10.42	11.11	9.77	2006	1
	7. Suicide (E950-E959)	51	34	17	10.22	13.99	6.64	2006	1
	8. Cerebrovascular (430-438)	35	16	19	7.01	6.58	7.43	2006	1
	9. Accident and noxious effect (E800-E949)	31	20	11	6.21	8.23	4.30	2006	1
	10. Septicaemia (038)	17	7	10	3.41	2.88	3.91	2006	1
43	Selected diseases under the WHO-EPI	Number of cases			Number of deaths				
	- Congenital rubella syndrome	0	0	0	0	0	0	2006	4
	- Diphtheria	0	0	0	0	0	0	2006	4
	- Hib meningitis	0	0	0	0	0	0	2005	4
	- Measles	2	...	...	...	...	...	2006	4
	- Mumps	66	...	...	...	...	...	2006	4
	- Neonatal tetanus	0	0	0	0	0	0	2006	4
	- Pertussis (whooping cough)	0	0	0	0	0	0	2006	4
	- Poliomyelitis	0	0	0	0	0	0	2006	4
	- Rubella	0	0	0	0	0	0	2006	4
	- Total Tetanus	0	0	0	0	0	0	2006	4
44	Selected communicable diseases	Number of cases			Number of deaths				
	Hepatitis viral	...	...	...	7	4	3	2006	1
	- Type A	2	2	0	...	...	...	2006	1
	- Type B	13	7	6	...	...	...	2006	1
	- Type C	29	23	6	...	...	...	2006	1
	- Type E	1	1	0	...	...	...	2006	1
	- Unspecified	0	0	0	...	...	...	2006	1

INDICATORS		DATA					Year	Source	
		Number of cases			Number of deaths				
44	Selected communicable diseases	Total	Male	Female	Total	Male	Female		
	Cholera	0	0	0	0	0	0	2006	1
	Dengue/DHF	2	1	1	0	0	0	2006	1
	Encephalitis	0	0	0	0	0	0	2006	1
	Gonorrhoea	0	0	0	0	0	0	2006	1
	Leprosy	0	0	0	0	0	0	2005	2
	Malaria	0	0	0	0	0	0	2006	1
	Plague	0	0	0	0	0	0	2006	1
	Syphilis	4	2	2	0	0	0	2006	1
	Typhoid fever	0	0	0	0	0	0	2006	1
45	Malaria	Prevalence rates			Death rates				
	- Rates associated with malaria (per 100 000 population)	0.00	0.00	0.00	0.00	0.00	0.00	2006	1
	- Proportion of population in malaria-risk areas using effective malaria prevention measures ^{ab}						...		
	- Proportion of population in malaria-risk areas using effective malaria treatment measures ^{ac}						...		
46	Tuberculosis	Number of cases			Number of deaths				
	- All types	355	...	...	...	...	...	2005	4
	- New pulmonary tuberculosis (smear-positive)	136	...	...	...	...	...	2005	4
		Prevalence rates			Death rates				
	- Rates associated with tuberculosis (per 100 000 population)	87.00	...	...	9.00	...	...	2005	4
		Detection rates			Success rates				
	- Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)	81.00	...	...	89.00 (2004)	...	...	2005	4
		Number of cases			Number of deaths				
47	Acute respiratory infections	...	...	...	4	2	2	2006	1
48	Diarrhoeal diseases	...	...	...	...	...	...
49	Cancers								
	All cancers (malignant neoplasms only)	1108 ^d	543	564	485	287	198	2005	1
	- Breast	131	1	130	21	0	21	2005	1
	- Colon and rectum	155	70	85	60	30	30	2005	1
	- Cervix			23			0	2005	1
	- Oesophagus	21	16	5	7	6	1	2005	1
	- Leukaemia	19	9	10	10	4	6	2005	1
	- Lip, oral cavity and pharynx	95 ^d	67	27	43	31	12	2005	1
	- Liver	57	42	15	66	44	22	2005	1
	- Stomach	48	30	18	25	21	4	2005	1
	- Trachea, bronchus, and lung	151	99	52	121	81	40	2005	1
50	Circulatory								
	All circulatory system diseases	...	...	...	381	197	184	2006	1
	- Acute myocardial infarction	...	...	...	30	22	8	2006	1
	- Cerebrovascular diseases	...	...	...	19	10	9	2006	1
	- Hypertension	...	...	...	168	85	83	2006	1
	- Ischaemic heart disease	...	...	...	47	24	23	2006	1
	- Rheumatic fever and rheumatic heart diseases	...	...	...	1	0	1	2006	1

COUNTRY HEALTH INFORMATION PROFILE

INDICATORS		DATA					Year	Source	
		Number of cases			Number of deaths				
		Total	Male	Female	Total	Male	Female		
51	Maternal causes								
	- Abortion			...			0	2006	1
	- Eclampsia			...			0	2006	1
	- Haemorrhage			...			0	2006	1
	- Obstructed labour			1423			0	2006	1
	- Sepsis			...			0	2006	1
52	Diabetes mellitus	...	...	...	66	32	34	2006	1
53	Mental disorders	...	...	...	26	16	10	2006	1
54	Injuries								
	All types	...	...	...	99	60	39	2006	1
	- Homicide and violence	...	...	...	8	2	6	2006	1
	- Motor and other vehicular accidents	...	...	...	17	11	6	2006	1
	- Occupational injuries	...	...	...	...	...	...
	- Suicide	...	...	...	51	34	17	2006	1
55	Proportion of population with access to affordable essential drugs on a sustainable basis						...		
56	Health infrastructure				Number	Number of Beds			
	Public health facilities								
	- General hospitals				1	539		2006	1
	- Specialized hospitals				0	0		2006	1
	- District/first-level referral hospitals				...	...	
	- Primary health care centres				8 ^e	0		2006	1
	Private hospitals				2	581		2006	1
Notes:									
Red text	Millennium Development Goals (MDG) indicators								
...	Data not available								
p	Provisional								
est	Estimate								
NR	Not relevant								
aa	Proxy indicator for MDG indicator 20: Ratio of school attendance of orphans to school attendance on non-orphans age 10-14 years								
ab	Prevention is measured by the percentage of children ages 0-59 months sleeping under insecticide-treated bednets								
ac	Treatment is measured by the proportion of children ages 0-59 months who were ill with the fever in the two weeks before the survey and who received appropriate antimalarial drugs								
a	Figure refers to resident population								
b	Figure refers to 7106.5 metric tons of general solid waste, 218.044 metric tons pathological waste and 169.42 m ³ liquid effluent from hospitals								
c	Figure refers to 1149 physicians and 391 traditional Chinese medicine doctors								
d	Genders of some cases were not notified								
e	Figure includes 6 health centres and 2 health stations								
Sources:									
1	Statistics and Census Service, Macao SAR Government (DSEC).								
2	Health Bureau, Macao (SSM).								
3	Macao Monetary Authority (AMCM).								
4	World Health Organization Regional Office for the Western Pacific, data received from technical units.								