

AUSTRALIA

1. DEMOGRAPHICS, GENDER AND POVERTY

Australia had a population of 20 328 609 in 2005, 76.0% Australian-born, 2.4% with indigenous status and 24.0% overseas-born. The average age of the population is 37.6 years, with a life expectancy at birth of 78.1 years for men and 83.0 years for women. In 2004, Australia's fertility rate was 1.77 live births per woman, slightly higher than in 2001 (1.73). It is one of the world's most urbanized countries, with about 70% of the population living in the 10 largest cities. Most of the population is concentrated along the eastern seaboard and the south-eastern corner of the continent.

Population	[Total]	20 328 609	Life expectancy at birth (years)	[Both]	...
	[0-14 years]	3 978 221 (19.60%)		[Male]	78.10 (2002-2004)
	[65+ years]	2 668 001 (13.10%)		[Female]	83.00 (2002-2004)
Crude birth rate (per 1000 population)		12.70 (2004)	Total fertility rate		1.77 (2004)
Crude death rate (per 1000 population)		6.60 (2004)	% of population served with safe water	[Total]	100.00 (2002)
				[Urban]	100.00 (2002)
				[Rural]	100.00 (2002)
Infant mortality rate (per 1000 live births)		4.70 (2004)	% of population with adequate sanitary facilities	[Total]	100.00 (2002)
				[Urban]	100.00 (2002)
				[Rural]	100.00 (2002)
Maternal mortality ratio (per 100 000 live births)		8.20 (1997-1999)			

2. POLITICAL AND SOCIOECONOMIC SITUATION

2.1 Political situation

Australia was created in 1901 when former British colonies (now the six states) agreed to federate. The Government is based on a popularly elected parliament with two chambers, the House of Representatives and the Senate. Ministers appointed from these chambers conduct executive government. Policy decisions are made in meetings of the Cabinet. Ministers are bound by the principle of Cabinet solidarity. Although Australia is an independent nation, Queen Elizabeth II of the United Kingdom of Great Britain and Northern Ireland is also formally Queen of Australia. The Queen appoints a Governor-General (on the advice of the elected Australian Government) to represent her. The Governor-General has wide powers, but by convention acts only on the advice of ministers on virtually all matters.

Australia's system of government is based on the liberal democratic tradition, which includes religious tolerance and freedom of speech and association. Its institutions and practices reflect British and North American models, but are uniquely Australian.

Australia has a written constitution that defines the responsibilities of the Federal Government, which include foreign relations and trade, defence and immigration. Governments of states and territories are responsible for all matters not assigned to the Commonwealth. State parliaments are subject to the national constitution as well as their state constitutions. A federal law overrides any state law not consistent with it.

A national general election must be held within three years of the first meeting of a new federal parliament. The average life of parliaments is about two-and-a-half years. The Australian colonies inherited an electoral tradition from the United Kingdom that included limited franchise and public and plural voting. Abuses, such as bribery and intimidation of voters, stimulated electoral reform. Australia pioneered reforms that underpin the electoral practices of modern democracies.

2.2 Economic situation

Australia has had one of the strongest economies in the world over the past decade: more competitive, open and vibrant than ever before. Australia's high level of economic performance, resting on strong growth, low inflation and low interest rates, has been the result of effective economic management and ongoing structural reform, along with a competitive and dynamic private sector and a skilled, flexible workforce.

With its abundant physical resources, Australia has enjoyed a high standard of living since the nineteenth century. It has made a comparatively large investment in social infrastructure, including education, training, health and transport.

In recent decades, the shift from manufacturing to services has been rapid, with most new jobs created in the services sector, which accounted for 75% of total employment in Australia across all industries in 2002-2003. The new economy is characterized in part by the increasing pace of technological and social change, with innovation leading to higher productivity, and the development of information and knowledge in all industries.

3. HEALTH SITUATION

3.1 Health trends

The twentieth century was a period of great social, economic and scientific development in Australia. In health, these developments brought better nutrition and living conditions from the start of the century, widespread immunization and improvements in medical treatment in the second half, and a growing awareness of the effects of lifestyle and socioeconomic factors on health in more recent times. Such advances have resulted in death rates that are now less than one-third of those in 1900, an improvement in life expectancy at birth of over 20 years, and a dramatic decline in perinatal mortality and deaths from infectious diseases. However, there has also been a greater prominence of chronic diseases (e.g. cardiovascular diseases and cancer) and the rise and partial fall of two epidemics, coronary heart disease and lung cancer. Although most Australians enjoy good health today, some groups in the population continue to suffer poor health, in particular Aboriginal and Torres Strait Islander peoples.

The 2004 infant mortality rate was 4.7 deaths per 1000 live births, a 2% decrease from the previous year, and a decline from 5.9 in 1994 and 9.2 in 1984. In 2004, 39% of all infant deaths occurred within one day of birth. The current infant and child death rates are low by international standards. Although infant and child deaths form only a small proportion (less than 1%) of all deaths, they nevertheless have important public health policy significance. In the four years from 2000 to 2003, two major groups of causes accounted for 94% of neonatal deaths: conditions originating in the perinatal period (68%), and congenital malformations (26%). Conditions originating in the perinatal period include causes that relate to pregnancy, foetal growth, labour and delivery. Congenital malformations are conditions present at birth that are either hereditary or originating from pregnancy, including deformities and chromosomal abnormalities. Between 1987-1990 and 2000-2003, the neonatal death rate for congenital malformations halved, declining from 1.6 to 0.08 deaths per 1000 live births, partly due to improved screening methods to detect such conditions (including amniocentesis and ultrasound) and greater awareness of preventive measures during pregnancy.

There has also been a dramatic decline in mortality rates for women during childbirth. Maternal death rates remained relatively high until a dramatic decline in 1937, when antibacterial drugs became available. Improved nutrition, better general health, the advent of medical interventions like antiseptic procedures, a decrease in pregnancies (due to contraception and family planning), use of blood transfusions and the professional training of those attending births have all contributed to a sustained decrease in deaths of women following childbirth. In the triennium 1997-1999, the maternal mortality ratio (MMR) was 8.2 deaths per 100 000 confinements. The risk of death was highest for women aged 40-44 years, who had an MMR of 23.2 deaths per 100 000 confinements, and lowest for women aged 20-24 years, who had an MMR of 4.0 deaths. The MMR for Aboriginal and Torres Strait Islander women continues to be higher than the rate for non-indigenous women, with an MMR of 23.5 deaths for 100 000 confinements, compared with 6.7 for non-indigenous women. There is justification for continuing concern about this disparity.

Significant increases in life expectancy have occurred throughout the twentieth century, reductions in infant and child mortality being the most significant contributing factors. Life expectancy at birth continued to increase, reflecting the general decrease in death rates. A boy born in 2002-2004 could expect to live 78.1 years, while a girl could expect to live 83.0 years. Since 1984, life expectancy at birth has increased by 5.6 years for males and 4.1 years for females. In 2002-2004, life expectancy at birth for males and females varied across the regions of Australia by up to 10 years. Indigenous life expectancy at birth was almost 20 years less than for the total population, at 59.4 years for indigenous males and 64.8 years for indigenous females (1996-2001).

There were 132 508 deaths registered in 2004, 68 395 male and 64 113 female, a rise of 0.2% on the corresponding figure for 2003 (132 292). There has been a corresponding decrease in the standardized death rate of 22%, from 8.1 deaths per 1000 population in 1994 to 6.3 deaths per 1000 population in 2004, which is consistent with continuing improvements in life expectancy.

The leading underlying causes of death in 2004 were generally consistent with 2003 data with respect to standardized death rates and relative proportions. However, there have been some changes in these relative proportions since 1994. In 2004, malignant neoplasms (29%) and ischaemic heart diseases (18%) were responsible for 47% of all deaths, while in 1994 these two causes contributed almost equally (27% and 24%) and were responsible for 51% of all deaths.

The most serious health issues are related to the increase in chronic diseases associated with lifestyle and health risk factors, often with their roots in improper nutrition and lack of physical activity. Significant increases in the prevalence of obesity, in both sexes and at increasingly younger ages, are associated with a number of these conditions. Hypertension, cardiovascular diseases, cerebrovascular diseases, diabetes and its complications, arthritis and some forms of cancer are among these important chronic diseases.

An estimated 14 840 people were living with HIV/AIDS in Australia in 2004. There was a reduction in the annual number of newly acquired HIV infections, adjusted for multiple reporting, from 281 cases in 2003 to 253 cases in 2004. However, there was an increase in the annual number of new HIV diagnoses, adjusted for multiple reporting, from 782 cases in 2003 to 820 cases in 2004. The rate of AIDS diagnosis among Australian-born people declined from 2.6 to 1.1 per 100 000 population from 1995-1999 to 2000-2004. The rate of AIDS diagnosis among overseas-born people declined from 3.2 to 1.2 per 100 000 population over the same period. The per capita rate of HIV and AIDS diagnosis among indigenous people was similar to that found among non-indigenous people, but a higher proportion of HIV diagnoses in indigenous people were among women (33% compared with 11%). Transmission of HIV infection in Australia continues to be mainly through sexual contact between men, as reported in 86% of cases of newly acquired HIV infections diagnosed in 2000-2004. However, an almost equal proportion of diagnoses among indigenous people are attributed to male homosexual contact as heterosexual contact. Survival following AIDS in Australia increased from 17 months for cases diagnosed prior to 1996 to 45 months for cases diagnosed in 2001.

The Government's domestic response to HIV/AIDS is guided by the principles and priorities outlined in the fifth *National HIV/AIDS Strategy 2005–2008*. Australia's achievements in relation to HIV/AIDS have been largely attributed to the cooperative partnership between all levels of government; community organizations; the medical, health care and scientific communities; and people living with or affected by HIV/AIDS. The *National HIV/AIDS Strategy 2005–2008* identifies five priority areas for action to be addressed over the life of the Strategy: development of a targeted prevention education and health promotion programme for HIV; improvement of the health of people living with HIV/AIDS; development of an effective response to the changing care and support needs of people living with HIV/AIDS; review of the National HIV Testing Policy; and provision of a clearer direction for HIV/AIDS research.

3.2 Health systems

In 2003–2004, there were 1304 hospitals in Australia, 761 of them public hospitals and 543 private. The number of beds per 1000 population in health care institutions is a useful indicator of the comparative supply of health care services between public and private beds across the states and territories. In 2003–2004, there were 2.67 available hospital beds per 1000 population in public hospitals, and 1.33 available beds per 1000 population in private hospitals, providing a total of 4.00 beds per 1000 population.

In 2005, approximately 440 000 people were employed in health occupations, comprising 4.4% of the total number of employed persons in Australia. The health occupation workforce grew by an annual average of 3.2% from 1998, higher than the rate of growth for total employment (2.2%). Registered nurses and registered midwives increased in number between 1999 and 2003, while the number of enrolled nurses remained steady, reflecting the structural changes in nursing occupations. More than one-third (38%) of the health workforce are employed on a part-time basis, compared with 27% for the total Australian workforce.

In 2002–03, health expenditure was US\$ 38 502 million, an average of US\$ 1960 per person. Health expenditure represented 9.3% of gross domestic product (GDP) for the same period, approximately double the percentage in 1960–1961 (4.3%).

4. NATIONAL HEALTH PLAN AND PRIORITIES

In view of the importance, high cost and complexity of maintaining health, it is necessary to coordinate activities, set priorities and monitor the performance of the health system. Priority areas and performance indicators are widely used and include those for Aboriginal and Torres Strait Islander health, hospital services, and the National Chronic Disease Health Strategy, covering the national health priority areas of: asthma; cancer; diabetes; heart, stroke and vascular disease; osteoarthritis, rheumatoid arthritis and osteoporosis. In 2006, health ministers established a new Australian Health Development Committee to coordinate the development and implementation of national strategies relating to primary and secondary prevention of chronic and noncommunicable disease.

The type of evidence and information required to support informed priority setting in health depends on the societal goals for health. Improving the overall health of the population is a major goal of all societies. However, priority-setting based on the potential for health gain is not the only goal that Australians might value. Others might be:

- to give priority to those most disadvantaged, so that inequalities in health are reduced;
- to attach greater priority to large benefits than to the sum of many small ones, with lifesaving counting the most of all;
- to attach greater importance to giving everyone some benefits as opposed to larger benefits for a few; and
- to attach less importance to life extension past a normal lifespan, thus attaching greater moral weight to the quality of life.

There are a number of issues that are currently influencing decisions on health priorities to some extent and are likely to take on greater significance in coming years. These include: demographic changes, such as population ageing; changes in service delivery models, including a move to greater emphasis on community care; and coordinated care.

5. MAJOR INFORMATION SOURCES

- Australian Bureau of Statistics. *Year Book Australia*, ABS Cat. No. 1301.0
- Australian Bureau of Statistics. *Australian demographic statistics*, ABS Cat. No. 3101.0
- Australian Bureau of Statistics. *Births Australia*, ABS Cat. No. 3301.0
- Australian Bureau of Statistics. *Deaths Australia*, ABS Cat. No. 3302.0
- Australian Bureau of Statistics. *Causes of death, Australia*, ABS Cat. No. 3303.0
- Australian Bureau of Statistics. *Australian social trends*, ABS Cat. No. 4102.0
- Australian Bureau of Statistics. *National nutrition survey: nutrient intakes and physical measurements, Australia*, ABS Cat. No. 4805.0
- Australian Bureau of Statistics. *National health survey Australia*, ABS Cat. No. 4364.0
- Australian Bureau of Statistics. *National income, expenditure and product*, ABS Cat. No. 5206.0
- Australian Bureau of Statistics. *Labour force survey*, ABS Cat. No. 6291.0.55.001
- Australian Bureau of Statistics. *Employed Persons by Sex, Occupation, State, Status in Employment*, ABS Cat. No. 6291.0.55.003
- Australian Institute of Health and Welfare. *Australia's health*
- Australian Institute of Health and Welfare. *Australian hospital statistics*
- Australian Institute of Health and Welfare. *The burden of disease and injury in Australia*.
- Australian Institute of Health and Welfare, National Perinatal Statistics Unit. *Australia's Mothers and Babies*
- Australian Institute of Health and Welfare and Australian Association of Cancer Registries (AACR). *Cancer in Australia*
- Australian Government Department of Health and Ageing. *Communicable diseases intelligence*
- OECD health data: a comparative analysis of 30 countries (CD-ROM). Paris, Organisation for Economic Co-operation and Development.
- Private Health Insurance Administration Council. *Statistical trends*
- United Nations Development Programme. *Human development report*
- United Nations. Millenium indicators database.
- World health report*. Geneva, World Health Organization

6. ADDRESSES

AUSTRALIAN DEPARTMENT OF HEALTH AND AGEING

Office Address :
Postal Address : The Secretary
Australian Department of Health and Ageing
Attention: Assistant Secretary
International Strategies Branch
G.P.O. Box 9848, MDP 85
Canberra, A.C.T. 2601
Australia

Official Email Address :
Telephone : (612) 6289 1555
Fax : (612) 6289 7087
Office Hours : Mon–Fri 0830-1700
Website : www.health.gov.au

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Office Address : Australian Institute of Health and Welfare
6A Traeger Court, Fern Hill Park
Bruce ACT 2617
Australia

Postal Address : The Director
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Australia

Official Email Address :
Telephone : (612) 6244 1000
Fax : (612) 6244 1299
Office Hours : Mon-Fri 0830-1700
Website : www.aihw.gov.au

WHO REPRESENTATIVE

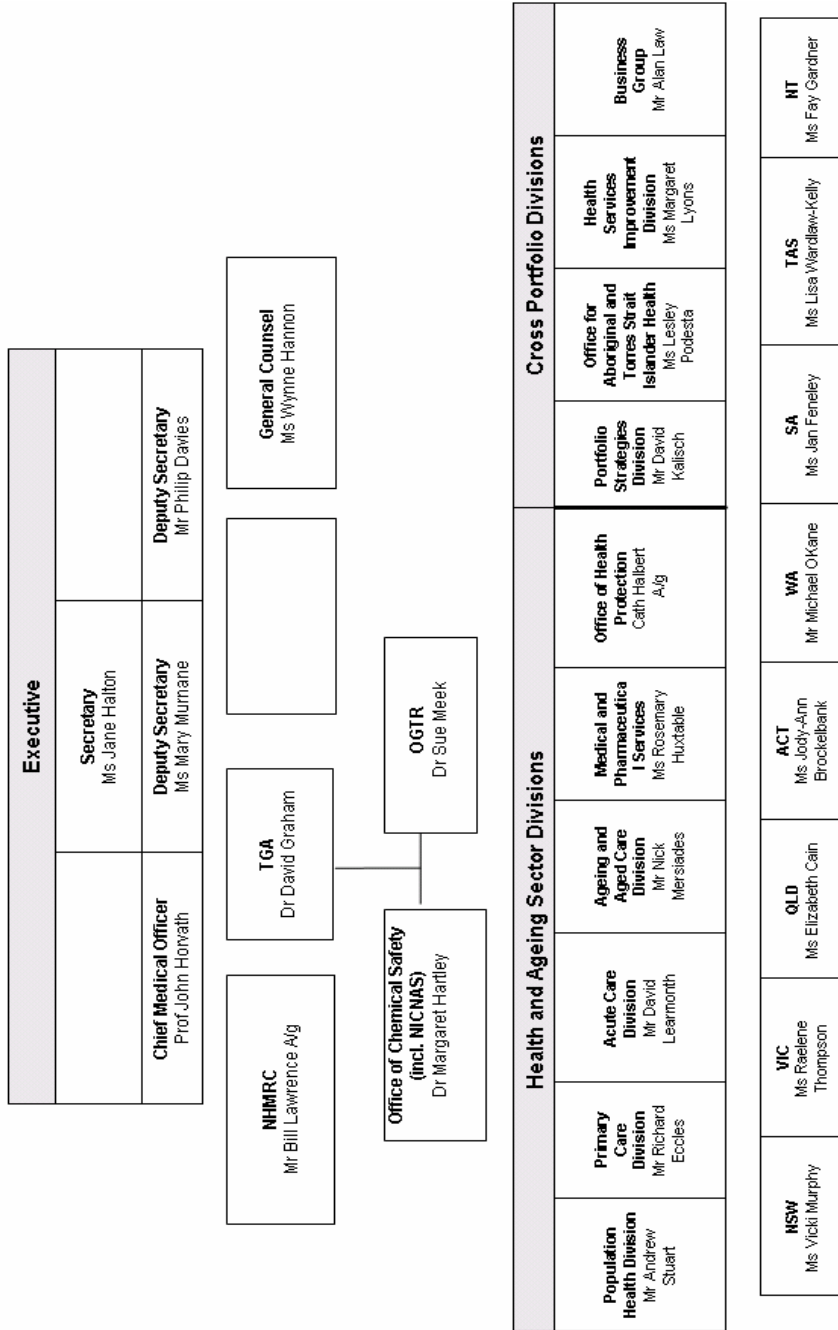
There is no WHO Representative in Australia. Queries about WHO's programme of collaboration with Australia should be directed to Director, Programme Management, WHO Regional Office for the Western Pacific.

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

Official Email Address :
Telephone :
Fax :
Office Hours : 7:00-15:30
Website : www.wpro.who.int

ORGANIZATIONAL CHART: DEPARTMENT OF HEALTH AND AGEING

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING ORGANISATIONAL CHART APRIL 2006



	INDICATORS	DATA			Year	Source
		Total	Male	Female		
1	Area (1 000 km ²)	7692.02			2006	1
2	Estimated population ('000s)	20 328.60	10 110.80	10 217.80	2005	2
3	Annual population growth rate (%)	1.18	...	...	2004-2005	2
4	Percentage of population					
	- 0-14 years	19.60	20.20	19.00	2005	2
	- 65+ years	13.10	11.90	14.40	2005	2
5	Urban population (%)	86.50	...	...	2001	1
6	Crude birth rate (per 1 000 population)	12.70	13.10	12.20	2004	3
7	Crude death rate (per 1 000 population)	6.60	6.80	6.30	2004	4
8	Rate of natural increase of population (% per annum)	0.63	...	...	2004-2005	2
9	Life expectancy (years)					
	- at birth	...	78.10	83.00	2002-2004	2
	- Health-adjusted Life Expectancy (HALE) at age 60	...	16.90	19.50	2002	5
10	Adult literacy rate (%)	88.20 ^a	...	...	2003	6
11	Neonatal mortality rate (per 1 000 live births)	3.20	3.60	2.80	2004	4
12	Infant mortality rate (per 1 000 live births)	4.70	5.20	4.10	2004	4
13	Under-five mortality rate (per 1 000 live births)	5.70	6.30	5.00	2004	4
14	Total fertility rate (women aged 15-49 years)			1.77	2004	3
15	Maternal mortality ratio (per 100 000 live births)			8.20 ^b	1997-1999	7
16	Percentage of newborn infants weighing at least 2500 g at birth	93.70	94.20	93.10	2003	8
17	Prevalence of underweight children under five years of age	...	...	...
18	Percentage of pregnant women with anaemia			6.90 ^d	2003	9
19	Immunization coverage for infants (%)					
	- BCG	NR	NR	NR	2005	10
	- DPT3	92.30	...	...	2005	10
	- OPV3	92.20	...	...	2005	10
	- Measles	93.40 ^e	...	...	2005	10
	- Hepatitis B III	94.60	...	...	2005	10
20	MCH coverage (pregnancies, deliveries, infant care)					
	- Percentage of pregnant women cared for by skilled health personnel			99.00	2001	24
	- Percentage of pregnant women immunized with tetanus toxoid (TT2)			NR	2005	10
	- Percentage of deliveries at home by skilled health personnel (as % of total deliveries)			0.20	2003	8
	- Percentage of deliveries in health facilities (as % of total deliveries)			99.80	2003	8
21	Percentage of women in the reproductive age group using modern contraceptive methods			65.00 ^f	2001	11
22	Condom use rate of the contraceptive prevalence rate	36.00	...	...	2001	11
23	HIV prevalence among 15-24 year-old pregnant women			0.01	2004 est	12
24	Number of children orphaned by HIV/AIDS ^{ab}	...	...	...

COUNTRY HEALTH INFORMATION PROFILE

INDICATORS		DATA			Year	Source			
		Total	Urban	Rural					
25	Proportion of population with sustainable access to an improved water source	100.00	100.00	100.00 ^g	2002	13			
26	Proportion of population with access to improved sanitation	100.00	100.00	100.00 ^g	2002	13			
27	Proportion of the population using solid fuels for cooking or heating (%)	< 5.00	...	...	2003	21	
28	Proportion of households with access to secure tenure	99.50 ^h	...	...	2001	27	
29	Proportion of vehicles using unleaded gasoline (%)	76.04	...	...	2005	14	
30	Health care waste generation (metric tons per year)	...	...	...		
31	Human development index	0.96	...	...	2003	15	
32	Per capita GDP at current market prices (US\$)	33 241.00	...	...	2004-05	16	
33	Rate of growth of per capita GDP (%)	6.40	...	...	2004-05	16	
34	Health expenditure								
	Total health expenditure								
	- amount (in million US\$)			38 502.00	2002-03	17			
	- total health expenditure on health as % of GDP			9.30	2002-03	17			
	- per capita total expenditure on health (in US\$)			1960.00	2002-03	17			
	Government expenditure on health								
	- amount (in million US\$)			25 982.00	2002-03	17			
	- general government expenditure on health as % of total expenditure on health			67.50	2002-03	17			
	- general government expenditure on health as % of total general government expenditure			17.50	2002-03	17			
	External source of government health expenditure								
	- external resources for health as % of general government expenditure on health			NR					
	Private health expenditure								
	- private expenditure on health as % of total expenditure on health			32.50	2002-03	17			
	Exchange rate in US\$ of local currency is: 1 US\$ =			AUD 1.28	2005				
35	Health insurance coverage as % of total population			43.10	2005	18			
INDICATORS		DATA			Year	Source			
		Total	Male	Female			Total	Male	Female
36	Health workforce	Number			Rate per 10 000 population				
	- physicians	54 800	36 500	18 300	27.20	36.50	18.10	Nov 2004	19
	- dentists	9 400	6700	2700	4.70	6.70	2.70	Nov 2004	19
	- pharmacists	18 600	6100	12 500	9.20	6.10	12.40	Nov 2004	19
	- nurses	159 600	12 600	147 000	79.40	12.60	145.30	Nov 2004	19
	- midwives	14 500	0	14 500	7.20	0.00	14.30	Nov 2004	19
	- other nursing/ auxiliary staff	21 900	4100	17 800	10.90	4.10	17.60	Nov 2004	19
	- other paramedical staff (e.g. medical assistants, laboratory technicians, X-ray technicians)	52 400	16 400	36 000	26.10	16.40	35.60	Nov 2004	19
	- other health personnel (health inspectors, assistant sanitarians, traditional workers, etc.)	11 400	2700	8700	5.70	2.70	8.60	Nov 2004	19
37	Yearly new graduates – physicians ⁱ	1385	711	674				2003	20
38	Yearly new graduates – nurses ⁱ	5306	578	4728				2003	20

INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
39	Ten leading causes of morbidity	Number			Rate per 100 000 population				
	1.								
	2.								
	3.								
	4.								
	5.								
	6.								
	7.								
	8.								
	9.								
	10.								
40	Ten leading causes of mortality	Number			Rate per 100 000 population				
	1. Malignant neoplasms	37 980	21 376	16 604	189.00	214.00	164.40	2004	22
	2. Ischaemic heart disease	24 502	13 099	11 403	122.00	131.10	112.90	2004	22
	3. Cerebrovascular disease (stroke)	12 034	4 821	7 213	59.90	48.30	71.40	2004	22
	4. Chronic lower respiratory diseases (inc asthma, emphysema, bronchitis)	5 777	3 182	2 595	28.80	31.90	25.70	2004	22
	5. Accidents	5209	3245	1964	25.90	32.50	19.40	2004	22
	6. Diabetes mellitus	3 592	1 865	1 727	17.90	18.70	17.10	2004	22
	7. Influenza & pneumonia	3 362	1 486	1 876	16.70	14.90	18.60	2004	22
	8. Organic (inc symptomatic) mental disorders	2 879	904	1 975	14.30	9.10	19.60	2004	22
	9. Disease of arteries (inc atherosclerosis and aortic aneurism)	2 469	1 258	1 211	12.30	12.60	12.00	2004	22
	10. Heart failure	2 276	881	1 395	11.30	8.80	13.80	2004	22
41	Selected diseases under the WHO-EPI	Number of cases (C)			Number of deaths (D)			C: 2004 D: 2003	C: 21 D: 22
	- Diphtheria	0	0	0	0	0	0		
	- Pertussis (whooping cough)	8676	...	...	0	0	0		
	- Tetanus	5	...	...	0	0	0		
	- Neonatal tetanus	0	0	0	0	0	0		
	- Poliomyelitis	0	0	0	0	0	0		
	- Hib meningitis	...	...	...	0	0	0		
	- Measles	45 °	...	...	0	0	0		
	- Mumps	106	...	...	0	0	0		
	- Rubella	44	...	...	0	0	0		
- Congenital rubella syndrome	1	...	...	0	0	0			
42	Selected communicable diseases	Number of cases ^{aa} (C)			Number of deaths (D)				
	Hepatitis viral								
	- Type A	418	...	...	6	...	...	2003	C:23, D:21
	- Type B	6 170	...	...	4	...	...	2003	C:23, D:21
	- Type C	14 629	...	...	0	0	0	2003	C:23, D:21
	- Type E	...	...	...	...	...	...
	- Unspecified	36	...	...	3	1	2	2003	C:23, D:22
	Cholera	0	0	0	0	0	0	2003	C:23, D:21
	Typhoid fever	51	...	...	0	0	0	2003	C:23, D:21
	Encephalitis	0	0	0	28	16	12	2003	C:23, D:21

COUNTRY HEALTH INFORMATION PROFILE

INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
42	Selected communicable diseases	Number of cases ^{aa}			Number of deaths				
	Syphilis	2 066	...	...	5	2	3	2003	C:23, D:22
	Plague	0	0	0	0	0	0	2003	C:23, D:21
	Gonorrhoea	6 611	...	...	0	0	0	2003	C:23, D:22
	Leprosy	5	...	...	...	...	...	2004	21
	Malaria	601	...	...	3	2	1	2003	C:23, D:22
	Dengue/DHF	352	...	...	1	...	...	2004	21
43	Malaria	Prevalence rates (P)			Death rates (D)				
	- Rates associated with malaria (per 100 000 population)	3.00	...	...	0.02	0.02	0.01	2003	P:23, D:22
	- Proportion of population in malaria-risk areas using effective malaria prevention measures ^l							NR	
	- Proportion of population in malaria-risk areas using effective malaria treatment measures ^k							NR	
44	Tuberculosis	Number of cases			Number of deaths				
	- All types	1059	...	...	...	...	...	2004	21
	- New pulmonary tuberculosis (smear-positive)	285	...	...	...	...	...	2004	21
		Prevalence rates			Death rates				
	- Rates associated with tuberculosis (per 100 000 population)	6.00	...	...	1.00	...	...	2004	21
		Detection rates			Success rates				
- Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS)	33.00	...	...	82.00 (2003)	...	...	2004	21	
		Number of cases			Number of deaths				
45	Acute respiratory infections	...	...	...	3675	1605	2070	2003	22
46	Diarrhoeal diseases	...	...	...	153	60	93	2003	22
47	Cancers								
	All cancers (malignant neoplasms only)	88 398	47 820	40 578	37 980	21 376	16 604	C: 2001 D: 2004	C:25, D:22
	- Trachea, bronchus, and lung	8275	5384	2891	7262	4731	2531	C: 2001 D: 2004	C:25, D:22
	- Stomach	1902	1202	700	1093	772	321	C: 2001 D: 2004	C:25, D:22
	- Colon and rectum	12 619	6859	5760	4391	2391	2000	C: 2001 D: 2003	C:25, D:22
	- Lip, oral cavity and pharynx	2686	1878	808	693	473	220	C: 2001 D: 2003	C:25, D:22
	- Liver	853	617	236	892	560	332	C: 2001 D: 2004	C:25, D:22
	- Cervix			735			238	C: 2001 D: 2003	C:25, D:22
- Leukaemia	2516	1465	1051	1446	841	605	C: 2001 D: 2004	C:25, D:22	
48	Circulatory								
	All circulatory system diseases	...	...	...	47 512	22 837	24 675	2004	22
	- Ischaemic heart disease	...	...	...	24 502	13 099	11 403	2004	22
	- Acute myocardial infarction	...	...	...	12 735	6 650	6 085	2004	22
	- Rheumatic fever and rheumatic heart diseases	...	...	...	256	83	173	2004	22
	- Cerebrovascular diseases	...	...	...	12 034	4821	7213	2004	22
	- Hypertension	...	...	...	1337	501	836	2004	22

INDICATORS		DATA						Year	Source
		Total	Male	Female	Total	Male	Female		
		Number of cases			Number of deaths				
49	Maternal causes								
	- Haemorrhage			...			1	2003	22
	- Abortion			...			0	2003	22
	- Eclampsia			...			1	2003	22
	- Sepsis			...			0	2003	22
	- Obstructed labour			...			0	2003	22
50	Diabetes mellitus	...	...	...	3592	1865	1727	2004	22
51	Mental disorders	...	...	...	3382	1209	2173	2004	22
52	Injuries								
	- All types	...	...	...	7749	5273	2476	2003	22
	- Motor and other vehicle accidents	...	...	...	1811	1336	475	2003	22
	- Suicide	...	...	...	2213	1736	477	2003	22
	- Homicide and violence	...	...	...	278	196	82	2003	22
	- Occupational injuries	...	...	...	...	...	...
53	Proportion of population with access to affordable essential drugs on a sustainable basis						100.00	2006p	28
54	Health infrastructure	Number			Number of beds				
	Public health facilities								
	- General hospitals			741			50 915	2003-04	26
	- Specialized hospitals			20 ⁱ			2413 ⁱ	2003-04	26
	- District/first-level referral hospitals			...			...
	- Primary health care centres			...			...
	Private hospitals			543			26 580	2003-04	26
Notes:									
Red text	Millennium Development Goals (MDG) indicators								
...	Data not available								
NR	Not relevant								
est	Estimate								
p	Provisional								
C	Cases								
P	Prevalence								
D	Deaths								
aa	Figures refer to number of new reported cases.								
ab	Proxy indicator for MDG indicator 20: Ratio of school attendance of orphans to school attendance of non-orphans age 10-14 years.								
a	Data for 15-year-old schoolchildren. Literacy defined as Levels 2-5 using OECD PISA (Programme for International Student Assessment) standards.								
b	Direct and indirect maternal deaths per 100 000 live births over the triennium 1997-1999.								
c	Revised data.								
d	No national data available. South Australia only.								
e	Measles as at age 2.								
f	Percentage of women aged 18–49 (or their partners) reporting using contraceptive methods (including hysterectomy, tubal ligation and partner vasectomy).								
g	A relatively small number of indigenous people, particularly in remote areas, do not always have access to water which passes quality testing or access to adequate sewerage systems.								
h	Persons without secure tenure include those sleeping rough (primary homeless), in stop-gap housing (secondary homeless) and boarding house residents (tertiary homeless).								
i	Course completions in medical field, and in nursing.								
j	Prevention is measured by the percentage of children ages 0–59 months sleeping under insecticide-treated bednets.								

COUNTRY HEALTH INFORMATION PROFILE

<p>^k</p> <p>^l</p> <p>Sources:</p>	<p>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.</p> <p>Figure refers to psychiatric hospitals.</p> <ol style="list-style-type: none"> 1 Year Book Australia 2006. Australian Bureau of Statistics (ABS) (Cat. No. 1301.0) 2 Australian Demographic Statistics, June Quarter 2005. ABS (Cat. No. 3101.0) 3 Births Australia 2004. ABS (Cat. No. 3301.0) 4 Deaths Australia 2004. ABS (Cat. No. 3302.0) 5 The World Health Report 2004. World Health Organization 6 Learning for Tomorrow's World. First results from PISA 2003. Organisation for Economic Co-operation and Development (OECD) 7 Slaytor EK, Sullivan EA & King JF. Maternal deaths in Australia 1997-1999. Australian Institute of Health and Welfare (AIHW) (Cat. No. PER 24) 8 Australia's Mothers and Babies 2003. AIHW National Perinatal Statistics Unit 9 Pregnancy Outcome in South Australia 2003. Pregnancy Outcome Unit, Department of Human Services 10 Communicable Diseases Intelligence 29(3), September 2005. Australian Government Department of Health and Ageing 11 National Health Survey Australia 2001. ABS (Cat. No. 4364.0, and unpublished) 12 National Centre in HIV Epidemiology and Clinical Research, personal communication 13 United Nations Millennium Indicators Database 14 Motor vehicle census, Australia, 2005. ABS (Cat. No. 9309.0) 15 Human Development Report 2005. New York, United Nations Development Programme, 2005. 16 National Income, Expenditure and Product, June quarter 2005. ABS (Cat. No. 5206.0) 17 OECD Health Data 2005: a comparative analysis of 30 countries (CD-ROM). Paris, OECD 18 Statistical Trends, June 2005. Private Health Insurance Administration Council 19 Labour force survey, November 2004. ABS (Cat. No. 6291.0.55.001) 20 Australia's Health 2006. AIHW 21 WHO Regional Office for the Western Pacific, data received from technical units 22 Causes of Death, Australia 2004. ABS (Cat. No. 3303.0) 23 Communicable Diseases Intelligence 29(1), March 2005. Australian Government Department of Health and Ageing 24 Reproductive Health Indicators, Australia 2002. AIHW 25 Cancer in Australia 2001. AIHW & Australian Association of Cancer Registries (AACR) 26 Australian hospital statistics 2003-04. AIHW 27 Australian social trends 2004. ABS (Cat. No. 4102.0) 28 Information furnished by the Australian Government of Health and Ageing, 21 April 2006.
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