

AP



General data

POPULATION, 2023
678,800
SURFACE, KM², 2022
N/A
PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
N/A
HUMAN DEVELOPMENT INDEX RANKING, 2021
N/A
GDP PER CAPITA (US\$), 2023
67476,5
HEALTH EXPENDITURE (% GDP), 2021
N/A
UNIVERSAL HEALTH COVERAGE, 2021
N/A



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



LEVEL OF DEVELOPMENT

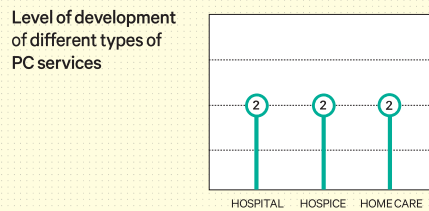
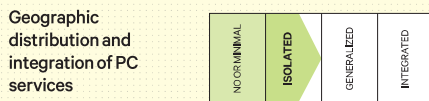
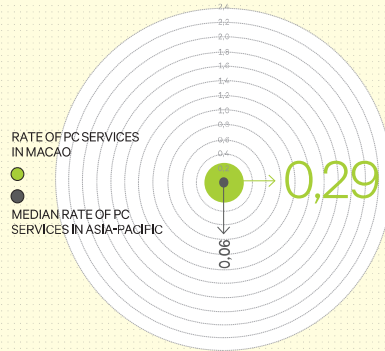
1 EMERGING
2 PROGRESSING
3 ESTABLISHED
4 ADVANCED

Macao SAR (China)

F Provision of PC (Specialized Services)

Total number of Specialized PC services **2**
Rate of PC services per 100,000 inhabitants **0,29**

Macao in the context of Asia-Pacific regions



Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**
TOTAL NUMBER **0**

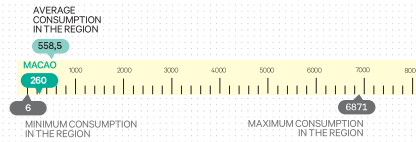
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Macao SAR (China)

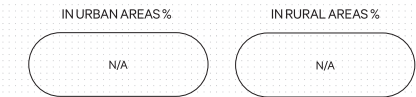
D Use of essential medicines

Opioids consumption (excluding methadone) **260**
S-DDD/MILL INHABITANTS/DAY

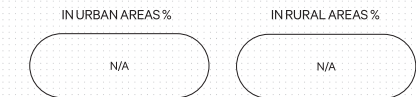
Macao in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **4**
Existence of PC congresses or scientific meetings **2**

National Association: -
Consultants: -
Data gathered through a literature review.
Data collected: February 2023
Report validated by consultants: October - November 2024
Report sponsored by National Association: -
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/1**

Nursing schools with mandatory PC teaching **1/2**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **1**

Inclusion of PC in the basic health package at the primary care level **1**

A Empowerment of people and communities

Groups promoting the rights of PC patients **2**
Advanced care planning-related policies **1**


<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	<p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>Several organizations in Macao SAR advocate for palliative care patients, caregivers, and survivors. Some examples include the Association of Friends of Charity of Macao (AFCM), which offers counselling and financial assistance to cancer patients, and We Care – Cancer Support Group Macau, which provides a space for individuals to share experiences and receive peer support. The Macao Society of Clinical Oncology (MSCO) fosters collaboration among healthcare professionals to enhance oncology and palliative care services. Additionally, Kiang Wu Hospital Hospice & Palliative Care Center offers comprehensive palliative care, including inpatient and home-based services, ensuring support for patients and their families.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p>There is no national policy or guideline on advance care planning.</p>	<p>Macao currently lacks specific legislation recognizing advance directives (ADs) or advance care planning. While patients can express their healthcare preferences, these directives have no formal legal status, and healthcare professionals are not obligated to follow them. There are also no clear legal guidelines for surrogate decision-making, leaving medical practitioners to rely on consultations with family members or their own discretion when patients are incapacitated. Despite the absence of formal policies, public interest in ADs is growing. A 2021 study involving 724 residents revealed that 73.6% would be willing to complete an advance directive (AD) if it were legally recognized, highlighting a societal shift toward greater patient autonomy in healthcare decisions.</p>
<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p>Developed over 5 years ago.</p> <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>Macao SAR does not have a standalone national palliative care strategy, though its 2016 10-year action plan for elderly services includes objectives to expand existing palliative and end-of-life care services, particularly within nursing homes. The plan does not specify measurable indicators or targets to monitor the progress of palliative care initiatives. Despite this framework, there has been limited advancement in community-based palliative care services, and no official evaluations have been conducted to assess the outcomes of the plan.</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p>Not at all.</p>	<p>Macao SAR does not include palliative care services in the essential list of health services at the primary care level under Universal Health Coverage (UHC). Currently, palliative care services are mainly hospital-based, focusing on inpatient care for terminal patients. The 2016 Ten-Year Action Plan for Elderly Services outlines objectives to expand end-of-life care, particularly within nursing homes, but its implementation and impact on palliative care access have not been formally evaluated.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p>There is no authority defined.</p> <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>Macao SAR does not have a dedicated national authority or department within its government or the Health Bureau specifically overseeing palliative care services. The Health Bureau (Serviços de Saúde de Macau) is responsible for the overall health care system in Macao, but there is no indication of a specialized unit for palliative care within its structure.</p>


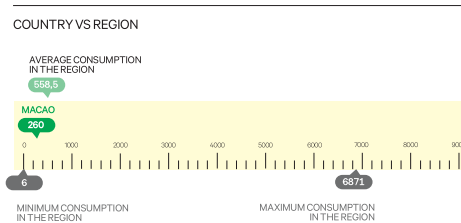
AP Macao SAR (China)

Research

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>While there isn't a regular national congress dedicated solely to palliative care, there have been notable efforts to address the subject through symposiums and training programs. In 2024, Kiang Wu Nursing College organized the 4th End-of-Life Care Symposium, which gathered around 200 participants from the healthcare sector and the public to discuss community hospice care development. Additionally, Macao hosted its first Quality End of Life Care for All (QELCA) program, where eight clinicians completed a six-month training to improve end-of-life care services.</p>
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<p>Ind7</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	 <p>Very High: Denotes an extensive number of articles published on the subject.</p>	
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Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 260 S-DDD</p>  <p>S-DDD PER MILLION INHAB /DAY</p> <p>COUNTRY VS REGION</p>  <table border="1"> <caption>COUNTRY VS REGION</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Average consumption in the region</td> <td>558.5</td> </tr> <tr> <td>Macao</td> <td>260</td> </tr> <tr> <td>Minimum consumption in the region</td> <td>6</td> </tr> <tr> <td>Maximum consumption in the region</td> <td>6871</td> </tr> </tbody> </table>	Category	Value	Average consumption in the region	558.5	Macao	260	Minimum consumption in the region	6	Maximum consumption in the region	6871
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AP Macao SAR (China)

Medicines

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	<p>N/A</p> <p>N/A</p>	<p>There is no available data on the percentage of primary health-care facilities in Macao that provide pain and palliative care medications from the WHO Model List of Essential Medicines. Macao has 9 health centers, 2 health stations, and 1 Hengqi in Macao New Neighborhood Health Station, with recognized quality. The healthcare system includes regional drug collaboration, medical subsidies, and specialist hospital services, including cancer care. In addition, the government offers free primary care at health centers and subsidized specialist services at Conde S. Januário Hospital, along with electronic healthcare vouchers.</p>
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<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>N/A</p> <p>N/A</p>	
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Education & Training	Ind11		
	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country	0/1	
	11.2. The proportion of medical schools with OPTIONAL teaching in PC...	0/1	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.	1/2	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC...	1/2	
	Ind12		
	12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.		There is no evidence available about an official specialization process in palliative medicine for physicians recognized by the competent authority in Macau.
			There is no process on specialization for palliative care physicians.

Provision of PC / Services	Ind13		
	13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.		Isolated provision: Exists but only in some geographic areas.
	13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.		Ad hoc/ in some parts of the country.
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).		Ad hoc/ in some parts of the country.
	13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.		Ad hoc/ in some parts of the country.
	13.5. Please enter the total number of specialized PC services or teams in the country.		<p>In Macao, specialized palliative care is mainly inpatient-based, with limited community and home care services. The Kiang Wu Hospital Hospice & Palliative Care Center, established in 2000, initially served only cancer patients until a palliative care ward was added in 2019, expanding services to non-cancer terminal illnesses. While the center offers homecare services, community-based palliative care remains underdeveloped, with only limited consultation-based home support. The 2016-2025 government action plan aims to enhance end-of-life care in the community, but implementation and evaluation remain uncertain. Macao lacks an integrated palliative care system with geographic coverage and diverse service platforms, leading to significant gaps in specialized palliative care access beyond hospital settings.</p> <p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>MACAO 0.23</p> <p>0.05</p> <p>0 2.58</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>2 ← SPECIALIZED PALLIATIVE CARE SERVICES</p>
	Ind14		
	14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.		No or minimal provision of palliative care specialized services or teams for children exists in country.
	14.2. Please enter the total number of pediatric specialized PC services or teams in the country		PPC TEAMS